

## **Table of Contents**

**State/Territory Name: Tennessee**

**State Plan Amendment (SPA) #: 13-003**

This file contains the following documents in the order listed:

- 1) RO Follow-Up Approval Letter
- 2) Pharmacy Approval Letter
- 3) CMS 179 Form
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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December 17, 2013

Mr. Darin J. Gordon  
Director  
Bureau of TennCare  
Tennessee Department of Finance and Administration  
310 Great Circle Road  
Nashville, TN 37243

RE: Title XIX State Plan Amendment, TN 13-003

Dear Mr. Gordon:

This is to affirm approval of the above referenced State Plan Amendment which was submitted to the Regional Office on October 28, 2013. The State's requested effective date of January 1, 2014 has been accepted.

Enclosed for your records are:

1. a copy of the approval letter dated December 13, 2013 that was submitted to the State by Larry Reed, Director, Division of Pharmacy;
2. the original signed 179; and
3. the approved plan page.

If you have any additional questions regarding this amendment, please contact Kenni Howard, State Coordinator for Tennessee, at 404-562-7413.

Sincerely,

//s//

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Disabled & Elderly Health Programs Group**

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December 13, 2013

Mr. Darin J. Gordon  
Director  
Tennessee Department of Finance and Administration  
Bureau of TennCare  
310 Great Circle Road  
Nashville, Tennessee 37243

Attention: Mr. George Woods

Dear Mr. Gordon:

We have reviewed the Tennessee State Plan Amendment (SPA) 13-003 received in the Atlanta Regional Office on October 28, 2013. Under this SPA, the state proposes to remove barbiturates, benzodiazepines, and prescription and non-prescription drugs used to promote smoking cessation from the list of drugs the state may exclude from coverage or otherwise restrict under the Medicaid program in accordance with section 2502 of the Affordable Care Act which amends section 1927(d)(2) of the Social Security Act.

We are pleased to inform you that the Tennessee SPA 13-003 is approved, effective January 1, 2014. The Atlanta Regional Office will forward to you a copy of the CMS-179 form, as well as the pages approved for incorporation into the Tennessee Medicaid State Plan. If you have any questions regarding this amendment, please contact Bernadette Leeds at (410) 786-9463.

Sincerely,

/s/

Larry Reed  
Director  
Division of Pharmacy

cc: Jackie Glaze, ARA, Atlanta Regional Office  
Kenni Howard, Atlanta Regional Office  
Susie Baird, Bureau of TennCare

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:  
13-003

2. STATE  
TENNESSEE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
January 1, 2014

5. TYPE OF PLAN MATERIAL (Check One):  
 NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT  
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 USC 1397r-8(d)(7)

7. FEDERAL BUDGET IMPACT:  
a. FFY 2014 \$6,604,000  
b. FFY 2015 \$9,343,800

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Attachment 3.1.A.1, unnumbered page of the Attachment that begins with item (12) The member is entitled to an emergency supply...;  
  
Attachment 3.1.B.1, unnumbered page of the Attachment that begins with item (12) The member is entitled to an emergency supply...

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
Attachment 3.1.A.1, unnumbered page of the Attachment that begins with item (12) The member is entitled to an emergency supply...;  
  
Attachment 3.1.B.1, unnumbered page of the Attachment that begins with item (12) The member is entitled to an emergency supply...

10. SUBJECT OF AMENDMENT:  
Limitation on Amount Duration and Scope of Medical Care and Services Provided – Prescribed Drugs – Barbiturates and Benzodiazepines No Longer Excluded.

11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:  
  
13. TYPED NAME: Darin J. Gordon  
  
14. TITLE: Director, Bureau of TennCare  
  
15. DATE SUBMITTED: 10/28.13

16. RETURN TO:  
Tennessee Department of Finance and Administration  
Bureau of TennCare  
Nashville, Tennessee 37243  
  
Attention: George Woods

**FOR REGIONAL OFFICE USE ONLY**  
17. DATE RECEIVED:  
09/28/13

18. DATE APPROVED: 12/13/13

**PLAN APPROVED – ONE COPY ATTACHED**  
19. EFFECTIVE DATE OF APPROVED MATERIAL:  
01/01/14

20. SIGNATURE OF REGIONAL OFFICIAL:  
  
21. TYPED NAME:  
Jackie Glaze

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children Health Opns

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

LIMITATION ON AMOUNT DURATION AND SCOPE OF MEDICAL  
CARE AND SERVICES PROVIDED

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- (12) The member is entitled to an emergency supply of the prescribed drug provided that:
- (a) The manufacturer has a rebate agreement and the medication is not classified by the FDA or regarded by CMS to be less than effective (DESI, LTE or IRS drug); or
  - (b) The medication is not a drug in a non-covered TennCare therapeutic category or class of drugs or products such as:
    - 1. Agents used for anorexia, weight loss or weight gain;
    - 2. Agents used to promote fertility;
    - 3. Agents not listed on the TennCare preferred drug list used for the symptomatic relief of cough and colds;
    - 4. Agents used for cosmetic purposes or hair growth;
    - 5. Agents not listed on the TennCare preferred drug list which are vitamin and mineral products;
    - 6. Agents not listed on the TennCare preferred drug list which are nonprescription (over-the-counter) products and drugs, except for nonprescription drugs for smoking cessation.
- TennCare will exclude from coverage all of the allowable exclusions described above; or
- (c) Use of the medication has not been determined to be medically contraindicated because of the member's medical condition or possible adverse drug interaction; or
  - (d) The prescriber did not prescribe a total quantity less than an emergency supply, in which case the pharmacist must provide a supply up to the amount prescribed.
- (13) There are some cases in which it is not feasible for the pharmacist to dispense an emergency supply because the drug is packaged by the manufacturer to be sold as the original unit or because the usual and customary pharmacy practice would be to dispense the drug in the original packaging (inhalers, eye drops, topicals, etc.). When coverage of an emergency supply of a prescription would otherwise be required and when, as described above, it is not feasible for the pharmacist to

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

LIMITATION ON AMOUNT DURATION AND SCOPE OF MEDICAL  
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    - 2. Agents used to promote fertility;
    - 3. Agents not listed on the TennCare preferred drug list used for the symptomatic relief of cough and colds;
    - 4. Agents used for cosmetic purposes or hair growth;
    - 5. Agents not listed on the TennCare preferred drug list which are vitamin and mineral products;
    - 6. Agents not listed on the TennCare preferred drug list which are nonprescription (over-the-counter) products and drugs, except for nonprescription drugs for smoking cessation.
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