May 22, 1980

State TENNESSEE

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation

1.1 Designation and Authority

42 CFR 431.10 AT-79-29

(a) The Tennessee Department of Finance and Administration is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program.

D1045039

TN No. <u>99-6</u> Supersedes TN No. <u>97-1</u>

Approval Date ____NSV 17 1999

Effective Date 10/19/99

Revision: HCFA-AT-80-38 (BPP) May 22, 1980

State TENNESSEE

Citation Sec. 1902(a) of the Act 1.1(b)

The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

Yes. The State agency so designated is

This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.

Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

TN # 76-/3 Supersedes TN #

Approval Date 2/16/77

Effective Date 12/3/76

Revision: HCFA-AT-80-38 (BPP) May 22, 1980

State TENNESSEE

Citation
Intergovernmental
Cooporation Act
of 1968

1.1(c) Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements.

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Not applicable. Waivers are no longer in effect.

Not applicable. No waivers have ever been granted. Revision: HCFA-AT-80-38 (BPP) May 22, 1980

tate TENNESSEE

Citation 42 CFR 431.10 AT-79-29

1.1(d) The agency named in paragraph
1.1(a) has responsibility for
all determinations of
eligibility for Medicaid under
this plan.

Determinations of eligibility for Medicaid under this plan are made by the agency (ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency (ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

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TENNESSEE

Revision: HCPA-AT-80-38 (BPP) May 22, 1980

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Citation 42 CFR 431.10 AT-79-29

1.1(e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.

(f) All other requirements of 42 CFR 431.10 are met.

TN # 76-/3
Supersedes
TN #

May 22, 1980

State **TENNESSEE**

Citation_ 42 CFR 432.11 AT-79-29

1.2 Organization for Administration

(a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.

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(b) Within the State agency, the

BUREAU OF TENNCARE has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.

- (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.
 - Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determination.

TN No. 06-008 Supersedes TN No. 86-4

Approval Date: 01/18/07 Effective Date: 10/01/06

May 22, 1980

State

TENNESSEE

Citation 42 CFR 431.50 (b) AT-79-29

1.3 Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

The plan is State administered.

The plan is administered by the political subdivisions of the State and is mandatory on them.

May 22, 1980

TENNESSEE State

Citation 42 CFR

431.12(b) AT-78-90

1.4 State Medical Care Advisory Committee

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

Supersedes

Approval Date 4/2/75 Effective Date 1//74

Revision: HCFA-PM-94-3

(MB)

APRIL 1994 State/Territory:

Tennessee

Citation

1.5 Pediatric Immunization Program

1928 of the Act

- The State has implemented a program for the distribution of pediatric vaccines to programregistered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
 - The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
 - b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
 - c. With respect to any population of vaccineeligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.
 - d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.
 - The State will assure that no programregistered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform programregistered providers of the maximum fee for the administration of vaccines.
 - f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.
 - g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.

TN No. 94-9 Supersedes TN No. NEW

2/22/95 Approval Date

Effective Date 10/1/94

9b

Revision: HCFA-PM-94-3

(MB)

APRIL 1994 State/Territory:

Tennessee

Citation

1928 of the Act

- The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.
- 3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
- 4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

State Medicaid Agency

X State Public Health Agency

TN No. 94-9 Supersedes Approval Date _ 2/22/95 Effective Date 10/1/94 TN No. NEW