

Department of State**Division of Publications**

312 Rosa L. Parks Ave., 8th Floor, Snodgrass/TN Tower
Nashville, TN 37243
Phone: 615-741-2650
Email: publications.information@tn.gov

For Department of State Use Only

Sequence Number: 03-16-22
Notice ID(s): 3468
File Date: 3/23/2022

Notice of Rulemaking Hearing

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, T.C.A. § 4-5-204. For questions and copies of the notice, contact the person listed below.

Agency/Board/Commission:	Tennessee Department of Finance and Administration
Division:	Division of TennCare
Contact Person:	George Woods
Address:	Division of TennCare 310 Great Circle Road Nashville, TN 37243
Phone:	(615) 507-6446
Email:	george.woods@tn.gov

Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:

ADA Contact:	Talley A. Olson, Director TennCare Office of Civil Rights Compliance
Address:	Division of TennCare 310 Great Circle Road Nashville, TN 37243
Phone:	855) 857-1673 TTY dial 711 and ask for 855-857-1673
Email:	hcfa.fairtreatment@tn.gov

Hearing Location(s) (for additional locations, copy and paste table)

Address 1:	Division of TennCare 310 Great Circle Road, Conference Room 4 East A		
City:	Nashville, TN		
Zip:	37243		
Hearing Date:	May 12, 2022		
Hearing Time:	2:00 pm	<input checked="" type="checkbox"/> CST/CDT	<input type="checkbox"/> EST/EDT

Additional Hearing Information:

--

Revision Type (check all that apply):

☒ Amendments
☐ New
☐ Repeal

Rule(s) (**ALL** chapters and rules contained in filing must be listed. If needed, copy and paste additional tables to accommodate more than one chapter. Please enter only **ONE** Rule Number/Rule Title per row.)

Chapter Number	Chapter Title
1200-13-02	Nursing Facility Provider Reimbursement
Rule Number	Rule Title
1200-13-02-.06	Reimbursement Methodology for Nursing Facilities

Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to <https://sos.tn.gov/products/division-publications/rulemaking-guidelines>.

Subparagraph (c) of Paragraph (2) of Rule 1200-13-02-.06 Reimbursement Methodology for Nursing Facilities is deleted in its entirety.

Subpart (iii) of Part 3 of Subparagraph (a) of Paragraph (5) of Rule 1200-13-02-.06 Reimbursement Methodology for Nursing Facilities is deleted in its entirety and subsequent subparts renumbered accordingly.

Subpart (v) renumbered as (iv) of Part 3 of Subparagraph (a) of Paragraph (5) of Rule 1200-13-02-.06 Reimbursement Methodology for Nursing Facilities is deleted in its entirety and replaced with a new renumbered Subpart (iv) which shall read as follows:

- (iv) The Medicaid direct care cost per diem used in the direct care spending floor calculation is established as follows:

Item (I) of renumbered Subpart (iv) of Part 3 of Subparagraph (a) of Paragraph (5) of Rule 1200-13-02-.06 Reimbursement Methodology for Nursing Facilities is deleted in its entirety and replaced with a new Item (I) which shall read as follows:

- (I) Utilize the most recently audited or desk reviewed cost reports covering a period of six (6) months or more, with an end date eighteen (18) months or more prior to each July 1 rate setting period.

Item (VII) of renumbered Subpart (iv) of Part 3 of Subparagraph (a) of Paragraph (5) of Rule 1200-13-02-.06 Reimbursement Methodology for Nursing Facilities is deleted in its entirety.

Item (VIII) of renumbered Subpart (iv) of Part 3 of Subparagraph (a) of Paragraph (5) of Rule 1200-13-02-.06 Reimbursement Methodology for Nursing Facilities is deleted in its entirety.

Item (IX) of renumbered Subpart (iv) of Part 3 of Subparagraph (a) of Paragraph (5) of Rule 1200-13-02-.06 Reimbursement Methodology for Nursing Facilities is deleted in its entirety.

Statutory Authority: T.C.A §§ 4-5-202, 4-5-203, 71-5-105 and 71-5-109.

I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

Date: March 23, 2022

Signature: 

Name of Officer: Stephen Smith

Director, Division of TennCare

Title of Officer: Tennessee Department of Finance and Administration

Department of State Use Only

Filed with the Department of State on: 3/23/2022


Tre Hargett
Secretary of State

GW10122053

RECEIVED

MAR 23 2022

Secretary of State
Division of Publications