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Sequence Number: 06-11-13  
 Notice ID(s): 2028  
 File Date: 6/17/13

# 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.

<b>Agency/Board/Commission:</b>	Tennessee Department of Finance and Administration
<b>Division:</b>	Bureau of TennCare
<b>Contact Person:</b>	George Woods
<b>Address:</b>	Bureau of TennCare 310 Great Circle Road Nashville, TN 37243
<b>Phone:</b>	(615) 507-6446
<b>Email:</b>	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:

<b>ADA Contact:</b>	ADA Coordinator
<b>Address:</b>	Bureau of TennCare 310 Great Circle Road Nashville, TN 37243
<b>Phone:</b>	(615) 507-6474
<b>Email:</b>	helen.moore@tn.gov

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

Address 1:	310 Great Circle Road		
Address 2:			
City:	Nashville, TN		
Zip:	37243		
Hearing Date :	08/08/2013		
Hearing Time:	9:00 a.m.	<input checked="" type="checkbox"/> CST/CDT	<input type="checkbox"/> EST/EDT

**Additional Hearing Information:**

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**Revision Type (check all that apply):**

- Amendment
- 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
1200-13-13	TennCare Medicaid

<b>Rule Number</b>	<b>Rule Title</b>
1200-13-13-.02	Eligibility

(Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to <http://state.tn.us/sos/rules/1360/1360.htm>)

Part 3. of Subparagraph (b) of Paragraph (1) of Rule 1200-13-13-.02 Eligibility 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: 6/17/2013

Signature: D-J Gordon

Name of Officer: Darin J. Gordon

Director, Bureau of TennCare

Title of Officer: Tennessee Department of Finance and Administration



Subscribed and sworn to before me on: 6/17/13

Notary Public Signature: Cheryl D. Kline

My commission expires on: 8/23/16

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Filed with the Department of State on: 6/17/13

Tre Hargett

Tre Hargett  
Secretary of State

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