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Notice ID(s):

Sequence Number: 06-35-09 File Date: 06/30/2009

Notice of Rulemaking Hearing

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, Tennessee Code Annotated, Section 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:	Bureau of TennCare	
Contact Person:	George Woods	
	Bureau of TennCare	
	310 Great Circle Road	
Address:	Nashville, Tennessee 37243	
Phone:	(615) 507-6446	
Email:	george.woods@state.tn.us	

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

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

Address 1:	Bureau of TennCare 1 st Floor East Conference Roo 310 Great Circle Road	m
Address 2:		
City:	Nashville, Tennessee	
Zip:	37243	
Hearing Date :	08/17/09	
Hearing Time:	9:00a.m.	X CDTEST

Additional Hearing Information:

Revision Type (check all that apply):

X Amendment New

Repeal

Rule(s) (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables)

Chapter Number	Cha
1200-13-13	Ten
Rule Number	Rul
1200-13-1304	Cov

Chapter Title TennCare Medicaid Rule Title Covered Services

Substance of Proposed Rules

Chapter 1200-13-13 TennCare Medicaid

Amendment

Subparagraph (b) of paragraph (7) of rule 1200-13-13-.04 Covered Services is deleted in its entirety and replaced with a new subparagraph (b) which shall read as follows:

(b) Home health nurses and aides and private duty nurses will never be authorized to personally transport a TennCare enrollee. Home health nurses and aides delivering prior approved home health care services may accompany an enrollee outside the home in accordance with T.C.A. § 71-5-107(a)(12).

Statutory Authority: T.C.A. 4-5-202, 4-5-203, 71-5-105, 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:	6/29/2009
Signature:	D-g.C.
Name of Officer:	Darin J. Gordon
	Director, Bureau of TennCare
Title of Officer:	Tennessee Department of Finance and Administration
Subscribed and sworn to before Notary Public Si My commission ex	ignature: Marsha Thibans
Department of State Use Only	SON COUP
Filed with the Departm	nent of State on: 6/30/09

Tre Hargett Secretary of State

SECRETARY OF STATE 2009 JUN 30 PM IS: 11

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