Part 21. of subparagraph (b) of paragraph (1) of rule 1200-13-13-.04 Covered Services is amended by deleting the sixth paragraph in the "Benefit for Persons Under Age 21" column and replacing it with a new sixth paragraph; by deleting the third paragraph in the "Benefit for Persons 21 and Over" column and replacing it with a new paragraph; and by deleting the "(34)" in the last sentence of the last paragraph in each column so as amended, part 21. shall read as follows:

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>BENEFIT FOR PERSONS Under Age 21</th>
<th>BENEFIT FOR PERSONS Age 21 AND OVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Non-Emergency Transportation</td>
<td>Covered as necessary for enrollees lacking accessible transportation for covered services. Emphasis shall be placed on the utilization of fixed route and/or public transportation where appropriate and available.</td>
<td>Covered as necessary for enrollees lacking accessible transportation for covered services. Emphasis shall be placed on the utilization of fixed route and/or public transportation where appropriate and available.</td>
</tr>
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<td></td>
<td>The travel to access primary care and dental services must meet the requirements of the TennCare demonstration project terms and conditions. The availability of specialty services as related to travel distance should meet the usual and customary standards for the community. However, in the event the MCC is unable to negotiate such an arrangement for an enrollee, transportation must be provided regardless of whether the enrollee has access to transportation.</td>
<td>The travel to access primary care and dental services must meet the requirements of the TennCare demonstration project terms and conditions. The availability of specialty services as related to travel distance should meet the usual and customary standards for the community. However, in the event the MCC is unable to negotiate such an arrangement for an enrollee, transportation must be provided regardless of whether the enrollee has access to transportation.</td>
</tr>
<tr>
<td></td>
<td>If the enrollee is a minor child, transportation must be provided for the child and an accompanying adult. However, transportation for a minor child shall not be denied pursuant to any policy which poses a blanket restriction due to enrollee’s age or lack of parental accompaniment. Any decision to deny transportation of a minor child due to an enrollee’s age or lack of parental accompaniment must be made on a case-by-case basis and must be based on the individual facts surrounding the request. As with any denial, all notices and actions must be in accordance with the appeals process.</td>
<td>For persons dually eligible for Medicare and Medicaid, non-emergency transportation to access medical services covered by Medicare is provided, as long as these services would be covered by TennCare for the enrollee if he did not have Medicare. The Medicare provider of the medical service does not have to participate in TennCare. Transportation to these medical services is covered within the same access standards as those applicable for TennCare.</td>
</tr>
<tr>
<td></td>
<td>Tennessee recognizes the “mature minor exception” to permission for</td>
<td></td>
</tr>
</tbody>
</table>

For persons dually eligible for Medicare and Medicaid, non-emergency transportation to access medical services covered by Medicare is provided, as long as these services would be covered by TennCare for the enrollee if he did not have Medicare. The Medicare provider of the medical service does not have to participate in TennCare. Transportation to these medical services is covered within the same access standards as those applicable for TennCare.
medical treatment.
The provision of transportation to and from covered dental services is the responsibility of the MCO.

For persons dually eligible for Medicare and Medicaid, non-emergency transportation to access medical services covered by Medicare is provided, as long as these services would be covered by TennCare for the enrollee if he did not have Medicare. The Medicare provider of the medical services does not have to participate in TennCare. Transportation to these medical services is covered within the same access standards as those applicable for TennCare enrollees who are not also Medicare beneficiaries.

One escort is allowed per enrollee if the enrollee requires assistance. Assistance is defined for purposes of this rule as help provided to the enrollee that enables the enrollee to receive a medically necessary service. Examples of assistance are: physical assistance such as holding doors or pushing wheelchairs; language assistance such as interpreter services or reading for someone who is illiterate; or decision making assistance. See rule 1200-13-13-.01 for a definition of who may be an escort.

The rulemaking hearing rules set out herein were properly filed in the Department of State on the 19th day of August, 2008 and will become effective on the 2nd day of November, 2008. (FS 08-06-08; DBID)

Rule 1200-13-13-.04(1)(b)21. COVERED SERVICES – TennCare Medicaid

**STATEMENT OF ECONOMIC IMPACT TO SMALL BUSINESSES**

1. **Name of Bureau:** Bureau of TennCare
2. **Rulemaking Hearing Date:** April 16, 2008
3. **Types of small Businesses that will be directly affected by, bear cost of, and/or directly benefit from the proposed rules:** Not Applicable
4. **A description of how small businesses will be adversely impacted:** Not Applicable
5. **Whether, and to what extent, alternative means exist for accomplishing the objectives of the proposed rule that might be less burdensome to small**
6. **A comparison of the proposed rule with federal or state counterparts:** This rule points out that for persons dually eligible for Medicare and Medicaid, non-emergency transportation to access medical services covered by Medicare is provided, as long as these services would be covered by TennCare for the enrollee if he did not have Medicare. The Medicare provider of the medical services does not have to participate in TennCare. Transportation to these medical services is covered within the same access standards as those applicable for TennCare enrollees who are not also Medicare beneficiaries. The proposed rule does not represent a change in TennCare policy. It is merely a clarification of existing TennCare policy.