Tennessee Department of Finance and Administration

Bureau of TennCare

Chapter 1200-13-1
General Rules

Statement of Necessity Requiring Public Necessity Rules

I am herewith submitting amendments to the rules of the Tennessee Department of Finance and Administration, Bureau of TennCare, for promulgation pursuant to the public necessity provisions of the Uniform Administrative Procedures Act, T.C.A. § 4-5-209 and the Medical Assistance Act, T.C.A. § 71-5-134.

On June 08, 2005, the State of Tennessee received federal approval for certain amendments to the benefits covered under the amendments to the TennCare Demonstration Project (No. 11-W-0015 1/4). Approval of the project modification is granted under the authority of Section 1115 (a) of the Social Security Act. The amendments are approved through the period ending June 30, 2007. The TennCare program is a managed care program for both the Medicaid population and the expansion population.

This rule is being amended to point out that effective August 1, 2005, coverage of payments to reserve a level I (intermediate) bed during a recipient’s temporary absence from a nursing facility care is eliminated.

Tennessee Code Annotated, Section 71-5-134, states that in order to comply with or to implement the provisions of any federal waiver or state plan amendment obtained pursuant to the Medical Assistance Act as amended by Acts 1993, the Commissioner of Finance and Administration is authorized to promulgate public necessity rules pursuant to Tennessee Code Annotated, Section 4-5-209.

I have made a finding that these amendments are required to conform the current TennCare Medicaid rules to reflect changes resulting from the amendment of the TennCare waiver.

For a copy of this public necessity rule, contact George Woods at the Bureau of TennCare by mail at 310 Great Circle Road, Nashville, Tennessee 37243 or by telephone at (615) 507-6446.

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J. D. Hickey
Deputy Commissioner
Tennessee Department of Finance and Administration
Public Necessity Rules

of

Tennessee Department of Finance and Administration

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Chapter 1200-13-1

General Rules

Amendments

Subparagraphs (r), (u), and (v) of paragraph (1) of rule 1200-13-1-.03 Amount, Duration, and Scope of Assistance is deleted in their entirety and replaced with new subparagraphs which shall read as follows:

(r) Intermediate Care Facility services for individuals age 65 or older in institutions for tuberculosis will be covered for those who require institutional health services below the level of care rendered in skilled nursing facilities. Effective August 1, 2005, no reimbursement shall be made for days when the patient is not physically present in the facility.

(u) Intermediate Care facility services for individuals age 65 or older in institutions for mental diseases will be covered for those who require institutional health services below the level of care rendered in skilled nursing facilities. Effective August 1, 2005, no reimbursement shall be made for days when the patient is not physically present in the facility. However, this policy shall not apply to Intermediate Care Facility services for the Mentally Retarded (ICFs/MR).

(v) Intermediate Care Facility services other than services in an institution for tuberculosis or mental diseases will be covered. Effective August 1, 2005, no reimbursement shall be made for days when the patient is not physically in the facility.

Subparagraph (b) of paragraph (4) of rule 1200-13-1-.06 Provider Reimbursement is amended by adding part 3. which shall read as follows:

3. Effective August 1, 2005, no reimbursement shall be made for days when the patient is not physically present in the Level I nursing facility.

Statutory Authority: T.C.A. 4-5-209, 71-5-105, 71-5-109, Executive Order No. 23.

The Public Necessity rules set out herein were properly filed in the Department of State on the 1st day of July, 2005, and will be effective from the date of filing for a period of 165 days. The Public Necessity rules remain in effect through the 13th day of December, 2005.