

Tennessee Department of Finance and Administration

Bureau of TennCare

Chapter 1200-13-14
TennCare Standard

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.

These rules are being amended to point out that effective January 1, 2006 persons who are determined to be Severely and/or Persistently Mentally Ill are subject to lifetime limitations. The rules also allow for the discontinuance of coverage of benzodiazepines and barbiturates drugs effective January 1, 2006.

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.

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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Amendments

Part 12. of subparagraph (b) of paragraph (1) of rule 1200-13-14-.04 Covered Services is amended by deleting the last sentence of the first paragraph of the “Benefit for Persons Aged 21 and Older” column so as amended part 12. shall read as follows:

SERVICE	BENEFIT FOR PERSONS UNDER AGE 21	BENEFIT FOR PERSONS AGED 21 AND OLDER
12. Inpatient and Outpatient Substance Abuse Benefits [defined as services for the treatment of substance abuse that are provided (a) in an inpatient hospital (as defined at 42 CFR §440.10) or (b) as outpatient hospital services (see 42 CFR §440.20(a)].	Covered as medically necessary.	Covered as medically necessary, with a maximum lifetime limitation of ten (10) detoxification days and \$30,000 in substance abuse benefits (inpatient, residential, and outpatient). When medically appropriate and cost effective as determined by the BHO, services in a licensed substance abuse residential treatment facility may be provided as a substitute for inpatient substance abuse services.

Subparagraph (c) of paragraph (1) of rule 1200-13-14-.04 Covered Services is amended by adding a new part 6. and renumbering the current part 6. as 7. and subsequent parts renumbered accordingly so as amended the new part 6. shall read as follows:

- 6. Agents which are benzodiazepines or barbiturates.

Statutory Authority: T.C.A. 4-5-209, 71-5-105, 71-5-109, 71-5-134, Executive Order No. 23.

The Public Necessity rules set out herein were properly filed in the Department of State on the 29th day of December, 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 12th day of June, 2006.