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.

The Commissioner is authorized to promulgate public necessity rules and regulations to “comply with or to implement the provisions of any federal waiver” permitted under the TennCare Medical Assistance Program (T.C.A. §§ 71-5-101 et seq.). T.C.A. § 71-5-134.

The Terms of the Demonstration Waiver approved by CMS allow TennCare to non-cover Convalescent care services and Sitter services for children as well as adults. Effective February 1, 2007, TennCare no longer has the authority to cover Convalescent Care and Sitter Services for children. To implement the discontinuance of these services effective February 1, 2007, the Bureau of TennCare hereby proceeds pursuant to T.C.A. § 71-5-134 to adopt these public necessity rules.

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.

_________________________________
Darin J. Gordon
Deputy Commissioner
Tennessee Department of Finance
and Administration
Part 5. (Convalescent Care) of subparagraph (b) of paragraph (1) of rule 1200-13-14-.04 Covered Services is amended by adding the sentence “Effective February 1, 2007 not covered” in the “Benefit for Persons Under Age 21” column so as amended part 5. 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 OLDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Convalescent Care {defined as care provided in a nursing facility after a hospitalization}.</td>
<td>Upon receipt of proof that an enrollee has incurred medically necessary expenses related to convalescent care, TennCare shall pay for up to an including the one hundredth (100th) day of confinement during any calendar year for convalescent facility room, board, and general nursing care, provided that: (A) a physician recommends confinement for convalescence; (B) the enrollee is under the continuous care of a physician during the entire period of convalescence; and (C) the confinement is required for other than custodial care. Effective February 1, 2007 not covered.</td>
<td>Not covered.</td>
</tr>
</tbody>
</table>

Part 40. (Sitter Services) of subparagraph (b) of paragraph (1) of rule 1200-13-14-.04 Covered Services is amended by adding the sentence “Effective February 1, 2007 not covered” in the “Benefit for Persons Under Age 21” column so as amended part 40. 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 OLDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>40. Sitter Services {defined as nursing services provided in the hospital by a nurse who is not an employee of the hospital}.</td>
<td>Covered as medically necessary when a sitter who is not a relative is needed for an enrollee who is confined to a hospital as a bed patient. Certification must be made by a network physician that an R.N. or L.P.N. is needed, and neither is available. Effective February 1, 2007 not covered.</td>
<td>Not covered.</td>
</tr>
</tbody>
</table>
Part 7. (Convalescent care) of subparagraph (a) of paragraph (3) of rule 1200-13-14-.10 Exclusions is deleted in its entirety and part 8. renumbered as part 7. and subsequent parts renumbered accordingly.

Part 28. (Sitter services) of subparagraph (a) of paragraph (3) of rule 1200-13-14-.10 Exclusions is deleted in its entirety and subsequent parts renumbered accordingly.

Subparagraph (b) of paragraph (3) of rule 1200-13-14-.10 Exclusions is amended by adding a new part 19. and current part 19. renumbered as part 20. and subsequent parts renumbered accordingly so as amended the new part 19. shall read as follows:

19. Convalescent care

Subparagraph (b) of paragraph (3) of rule 1200-13-14-.10 Exclusions is amended by adding a new renumbered part 71. and subsequent renumbered parts are renumbered accordingly so as amended the new renumbered part 71. shall read as follows:

71. Sitter services

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

Legal Contact and/or party who will approve final copy for publication and disk acquisition:

(Name) George Woods
(Address) Bureau of TennCare
310 Great Circle Road
Nashville, TN 37243
(Telephone) (615) 507-6446

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Signature of the agency or officers directly responsible for proposing and/or drafting these rules:

_____________________________________
Darin J. Gordon
Deputy Commissioner
Tennessee Department of Finance
and Administration

I certify that this is an accurate and complete copy of Public Necessity rules lawfully promulgated and adopted by the Tennessee Department of Finance and Administration on the ______ day of __________________________, 20___.

_____________________________________
M.D. Goetz, Jr.
Commissioner
Department of Finance and Administration

Subscribed and sworn to before me this the__________ day of ___________________, 20_____.

_____________________________________
Notary Public

My Commission expires on the ______day of ____________________________, ________.

All Public Necessity rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

____________________________
Robert E. Cooper, Jr.
Attorney General and Reporter

The Public Necessity rules set out herein were properly filed in the Department of State on the ______ day of _________________________, 20_____, and will be effective from the date of filing for a period of ______ days. The Public Necessity rules remain in effect through the _____ day of _________________________, 20______.

____________________________
Riley C. Darnell
Secretary of State

By: _______________________________

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