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Sequence Number: 02-08-09
 Notice ID(s): 1011-1012
 File Date: 02/13/2009

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

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

Address 1:	Bureau of TennCare 1 st Floor East Conference Room 310 Great Circle Road		
Address 2:			
City:	Nashville, Tennessee		
Zip:	37243		
Hearing Date :	04/16/2009		
Hearing Time:	9:00a.m.	<input checked="" type="checkbox"/> CDT	<input type="checkbox"/> EST

Additional Hearing Information:

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Revision Type (check all that apply):

- Amendments
 New
 Repeal

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

Chapter Number	Chapter Title
1200-13-13	TennCare Medicaid
Rule Number	Rule Title
1200-13-13-.04	Covered Services

Chapter Number	Chapter Title
1200-13-14	TennCare Standard
Rule Number	Rule Title
1200-13-14-.04	Covered Services

Substance of Proposed Rules

Chapter 1200-13-13
TennCare Medicaid

Amendment

Part 1. of subparagraph (a) of paragraph (2) of rule 1200-13-13-.04 Covered Services is amended by deleting the phrase "TSOP 032" and replacing it with the phrase "Policy BEN 08-001" so as amended part 1. shall read as follows:

1. These services are listed in the MCC contract and/or in Policy BEN 08-001; and,

Statutory Authority: T.C.A. 4-5-202, 4-5-203, 71-5-105, 71-5-109.

Chapter 1200-13-14
TennCare Standard

Amendment

Part 1. of subparagraph (a) of paragraph (2) of rule 1200-13-14-.04 Covered Services is amended by deleting the phrase "TSOP 032" and replacing it with the phrase "Policy BEN 08-001" so as amended part 1. shall read as follows:

1. These services are listed in the MCC contract and/or in Policy BEN 08-001; and,

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: 2/12/2009

Signature: D. J. Gordon

Name of Officer: Darin J. Gordon

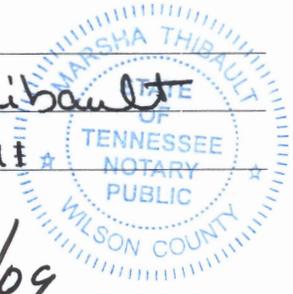
Director, Bureau of TennCare

Title of Officer: Tennessee Department of Finance and Administration

Subscribed and sworn to before me on: 2-12-09

Notary Public Signature: Marsha Thibault

My commission expires on: 10/25/2011



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Filed with the Department of State on: 2/13/09

Tre Hargett

Tre Hargett
Secretary of State

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