

STATE: TENNESSEE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

NONDISCRIMINATION

Previously approved Statements of federal Non-Discrimination Compliance are on file in the Department of Health and Human Services, Office for Civil Rights.

## STATE OF TENNESSEE

METHODS OF ADMINISTRATION FOR TITLE VI  
CIVIL RIGHTS ACT OF 1964, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, SECTION 504 OF  
THE REHABILITATION ACT OF 1973, THE AGE DISCRIMINATION ACT OF 1975, AND THE AMERICANS  
WITH DISABILITIES ACT

## A. ASSIGNMENT OF AUTHORITY

The Commissioner and the Deputy Commissioner of Finance and Administration

The Tennessee Code Annotated states that each authorized department in the State of Tennessee shall have a chief executive officer and that officer will be called Commissioner. The Commissioner is the administrative head of the department and has charge and general supervision of the department operations. T.C.A., Section 4-3-1001 creates the Department of Finance and Administration ("TDFA"). State of Tennessee Executive Order of the Governor No. 23 ("An Order Transferring the TennCare Program and Its Related Functions and Administrative Support From the Department of Health to the Department of Finance and Administration") transferred the Bureau of TennCare from the Tennessee Department of Health to TDFA on October 19, 1999. As a result, TDFA became responsible for the administration of the State Title XIX Program, including the TennCare Program and TennCare Partners Program.

The TDFA Commissioner, being chief executive officer for the single state agency with Medicaid/TennCare funding and in which the Bureau of TennCare resides, designated the ultimate and complete authority and responsibility for Civil Rights for the TennCare Program, TennCare Partners, and the Bureau of TennCare to the TDFA Deputy Commissioner for the TennCare Bureau.

In July 2002 the administrative responsibilities of the oversight of services provided by the TennCare Partners Program were transferred to the Tennessee Department of Mental Health and Developmental Disabilities ("TDMHDD"). The TDMH/DDS Commissioner has assigned the primary authority for the continuing implementation of Title VI, Title IX, Section 504, the Age Discrimination Act, and the Americans with Disabilities Act in the TennCare Partners Program to the Department's Non-Discrimination Compliance Coordinator. However, the ultimate and complete authority and responsibility for Civil Rights compliance related to the TennCare Partners Program remained the responsibility of the TDFA Commissioner for the TennCare Bureau.

B. Civil Rights Compliance Officers

As they are related to the State's Title XIX Programs, the TennCare Program (MCOs, DBM and TennCare Partners Programs), the continuing implementation of Title VI of the Civil Rights Act of 1964 (Title VI), Title IX of the Education Amendments of 1972, as amended (Title IX), the Age Discrimination Act of 1975 (Age Discrimination Act), Section 504 of the Rehabilitation Act of 1973 (Section 504), and the Americans with Disabilities Act of 1990 (Americans with Disabilities Act) for the Bureau of TennCare is assigned to the Deputy Commissioner for TennCare and its Director of Non-Discrimination Compliance. Within the Bureau of TennCare, the Deputy Commissioner has assigned the primary authority for the continuing implementation of Title VI, Title IX, Section 504, the Age Discrimination Act, and the Americans with Disabilities Act in TennCare Programs to the Director of Non-Discrimination Compliance.

The Director's responsibilities, limitations and authority include:

1. Dissemination of information and the oversight of dissemination of information concerning the obligation of all State Title XIX Programs, the TennCare Program and TennCare Partners Program under the following federal laws.
  - a. Title VI of the Civil Rights Act of 1964;
  - b. Title IX of the Education Amendments of 1972, as amended;
  - c. Age Discrimination Act of 1975;
  - d. Section 504 of the Rehabilitation Act of 1973; and
  - e. Americans with Disabilities Act of 1990.
2. Providing and monitoring the training sessions, written material, meetings, notices and public announcements relative to the federal and state regulations applicable to this amendment.
3. Maintaining and reviewing reports on initial and annual reviews of the Bureau's own operations, vendors, contractors and other providers of services to assure compliance with all federal and state non-discrimination laws.
4. Receiving, investigating, resolving and monitoring all discrimination complaints from applicants, recipients, and other interested parties related to the State's Title XIX Program, including the TennCare Program (MCOs, DBM and TennCare Partners Program). When Title VI, Title IX, Age Discrimination, Section 504, and Americans with Disabilities deficiencies are validated, the TennCare Director of Non-Discrimination Compliance, the TDMHDD Non-discrimination Compliance Coordinator and the State Title XIX Program contractor's Non-Discrimination Coordinator will assure prompt corrective actions as are applicable.

Any State Title XIX Program, including the TennCare Program (MCOs, DBM and TennCare Partners Program) found out of compliance with the provisions of above stated federal non-discrimination law(s) will be given a written notice by certified mail. Failure to correct non-compliance within thirty (30) days of receipt of notice will be considered a violation of the terms of the contract/Risk Agreement, the Statement of Assurance and the applicable federal non-discrimination laws held between the Contractor and the Bureau of TennCare. A validated violation will be basis for capitation payment withhold, or contract suspension, termination or rejection.

Any MCO/BHO/DBM/GME Contractor determined by the Bureau of TennCare to be out of compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, as amended, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 can request assistance with interpretation of statutes or regulations of that law that it may find unclear from the Bureau of TennCare.

5. Acting for the Bureau in Title VI, Title IX, Age Discrimination, Section 504, Americans with Disabilities and GME Program civil rights compliance matters with departmental staff, other state agencies, local governments, providers or recipients of departmental program services, the general public and federal agencies.
6. Assuring that contracts or agreements are not negotiated with non-complying vendors such as State Title XIX Programs, including the TennCare Program (MCOs, DBM and TennCare Partners Program), doctors, hospitals, nursing homes, higher education institutions, and other applicable vendors, or if compliance issues cannot be resolved, these contracts or agreements will not be maintained. Also, taking steps to assure that referrals are not made to non-complying facilities, agencies, or other providers of services.

C. State Title XIX Program/TennCare/MCO/DBM/GME Contractor Non-Discrimination Compliance Coordinators

Each Contractor will have a designated Non-Discrimination Compliance Coordinator that acts as a liaison to the Bureau of TennCare's Director of Non-Discrimination Compliance. The responsibility, limitations and authority of this position includes:

1. Dissemination of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, as amended, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 information to staff and clients. Orienting staff to Title VI, Title IX, Age Discrimination Act, Section 504, and Americans with Disabilities Act responsibilities;

2. Assist with assuring their organization's compliance with Title VI, Title IX, the Age Discrimination Act, Section 504 and the Americans with Disabilities Act and other applicable state and federal laws;
3. Assuring that the practices of the State Title XIX Program/TennCare MCO/BHO/DBM/GME Contractor are in compliance with Title VI, Title IX, Age Discrimination Act, Section 504, and Americans with Disabilities Act guidelines;
4. Making certain that Discrimination complaint forms, complaint procedures, and the Statement of Assurance is on file and available, non-discrimination notices are placed in required locations, language assistance (LEP) is provided, accommodations are made in assisting in the filing of complaints as needed and that all complaints are documented to the Bureau's Director of Non-discrimination compliance;
5. Informing TennCare enrollees that LEP and communication assistance in alternative format are available as required by Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, as amended, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990;
6. Assuring that courtesy titles and racial designation (i.e., African-American, Asian, etc.) are properly utilized.

D. Division of TennCare Oversight and EQRO

The Division of TennCare Oversight in the Tennessee Department of Commerce and Insurance and the Bureau of TennCare's External Quality Review Organization (Health Services Advisory Group) in their audits of the TennCare MCOs/BHOs/DBM and other Contractors have the following responsibilities, limitations, and authority vested in them:

1. Completing necessary forms for on-site compliance reviews and submitting the findings to the Bureau of TennCare's Director of Non-Discrimination Compliance;
2. Forwarding all Title VI, Title IX, Section 504, ADA and Age Discrimination compliance information obtained during compliance reviews to the Bureau of TennCare's Director of Non-Discrimination Compliance for review.

E. DISSEMINATION OF INFORMATION

The following methods will be utilized to apprise State Title XIX Program/TennCare/TDM-DDS/GME employees, TennCare's MCOs/BHOS/DBM/GME

Contractor employees, TennCare applicants, enrollees and subcontractors of their requirements and responsibilities under Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, as amended, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990:

1. An in-service training program for all managerial and supervisory staff of the Bureau of TennCare and TDMH/DDS conducted by the Bureau's Director of Non-Discrimination Compliance or the TDMH/DDS Non-discrimination Compliance Coordinator, as is applicable, (with assistance from the Tennessee Human Rights Commission, the Tennessee Title VI Commission, and/or OCR as needed). State Title XIX Program compliance training is provided and documented by the Tennessee Department of Health;
2. An annual in-service training program for each MCO/BHO/DBM/GME Contractor concerning: its responsibilities applicable to Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, as amended, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990; the responsibilities of its Non-Discrimination Compliance contact person; and its responsibility to provide a non-discrimination training program for all their new employees. Assistance by the Bureau's Director of Non-Discrimination Compliance, or the TDMH/DDS Non-discrimination Compliance Coordinator, as is applicable, the Tennessee Title VI Commission, and the Tennessee Human Rights Commission will be provided as necessary;
3. State and Federal non-discrimination law information will be provided to new employees in the employee orientation program provided by the Bureau of TennCare's Director of Non-Discrimination Compliance and the Bureau's Personnel Director or the TDMH/DDS Non-discrimination Compliance Coordinator and TDMH/DDS Personnel Director, as is applicable;
4. A poster 14 inches by 11 inches stating the Bureau of TennCare's and TDMH/DDS' policy concerning Availability of Services, Availability of Accommodations and the Right to complain relating to Title VI will be posted in a highly visible area in the central office of the Bureau of TennCare and TDMH/DDS, as is applicable, and in a similar area of any off-site facility functioning as an extension of the Bureau of TennCare or TDMH/DDS. All MCOs/BHOs/DBM/GME Contractors contracted with the Bureau of TennCare or TDMH/DDS will make the same posting;
5. All contracts for service will contain a statement of assurance in regard to non-discrimination laws;

6. Information, regarding the Bureau of TennCare's/TDMH/DDS' non-discrimination policy will be provided each TennCare enrollee via the incorporation of an assurance of non-discrimination statement in each MCO's/BHO's/DBM's/GME's Contractor's member and provider handbooks. Also, this statement shall be placed on all other media used by a MCO/BHO/DBM/GME Contractor as part of its marketing and outreach plans.

F. MAINTAINING AND ASSURING COMPLIANCE

The following methods will be utilized by TennCare and between TennCare and the MCOs/DBM/GME Contractors in order to maintain and assurance compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, as amended, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.

1. TENNCARE

Maintaining and assuring compliance at the Bureau of TennCare will be accomplished in the following manner.

- a. As part of the annual TennCare Title VI Plan and Title IX Plan, a review of quarterly discrimination complaint reporting, and as necessary, in conjunction with the TennCare Personnel Officer, the Director of Non-Discrimination Compliance will conduct routine compliance reviews of the TennCare Bureau. The routine review will be based on, but not limited to, such factors as:
  - (1) A periodic assessment of non-discrimination compliance;
  - (2) A significant increase in complaints in relationship to applicable federal non-discrimination laws;
  - (3) Racial staffing patterns that may represent a problem.
- b. In order to report on the TennCare Bureau's compliance, the Director of Non-Discrimination Compliance for TennCare will complete a Title VI Plan, Title IX for the GME Program, and annually submit it to OCR, Tennessee Comptroller's Office as required by state law, the Tennessee Title VI Compliance Commission, and the Tennessee Title VI Compliance Rights Commission.
- c. The Bureau will maintain racial and ethnic data showing the extent to which members of minority groups are beneficiaries of and participants of the program.

- d. On-site reviews and/or desk reviews will be made as necessitated by complaints and other pertinent data obtained by the Bureau's Director of Non-Discrimination Compliance in review of quarterly reports required under the MCOs/DBM/GME Contractors Risk Agreement as outlined in the administration of TennCare Programs.

G. TITLE IX: HIGHER EDUCATION INSTITUTIONS

1. TennCare Bureau Title IX Coordinator

The TDFA Commissioner has designated the ultimate authority for the Bureau of TennCare's Title IX compliance to the Deputy Commissioner for the Bureau of TennCare. The Deputy Commissioner has assigned the day-to-day administration and monitoring of Title IX and oversight of compliance with Title IX and all other civil rights legislation, which include Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990 to the Bureau's Director of Non-Discrimination Compliance.

The Director is responsible for developing the Bureau's policies, procedures, and for monitoring the recipients of federal Graduate Medical Education (GME) funding with respect to the requirements of Title IX guidelines. The Director's responsibilities also include preparation of the annual Title IX implementation plan, its updates and related reports, and investigation of Title IX complaints with applicable funding recipients. The Director also works with TennCare's Office of Fiscal Budget on issues regarding the Title IX contract compliance of the medical institutions participating in the State's GME program.

2. Civil Rights Policy

a. General

The Bureau of TennCare has established policies which promote equal employment opportunity and which prohibit discrimination on the basis of legally protected classes, including gender, race, color, religion, national origin, age, or disability. Sexual harassment is also specifically prohibited under the Bureau's policies.

The medical schools receiving TennCare GME funding are contractually required to provide assurances that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of the GME contract or by virtue of the medical institution's employment practices on the grounds of disability,



age, race color, religion, gender, national origin or any other classification protected by Federal, or State constitutional or statutory law.

b. Specific Prohibitions Against Discriminatory Practices

A recipient or Medical School of any federal funds through the Bureau of TennCare may not, directly or through contractual or other arrangements, on the grounds of gender:

- (1) Treat one person differently from another in determining whether such person satisfies any requirement or condition for the provision of such aid, benefit, or service;
- (2) Provide different aid, benefits, or services or provide aid, benefits or services in a different manner;
- (3) Deny any person such aid, benefit, or service;
- (4) Subject any person to different rules of behavior, sanctions, or other treatment;
- (5) Apply any rule concerning the domicile or residence of a student or applicant including eligibility for in-state fees and tuition;
- (6) Aid or perpetuate discrimination against any person by providing significant assistance to any agency, organization, or person that discriminates on the basis of gender in providing any aid benefit, or service to students or employees;
- (7) Otherwise limit any person in the enjoyment of any right, privilege, advantage, or opportunity;
- (8) Addressing an individual of a different gender in a manner that denotes inferiority.

Title IX of the Education Amendments of 1972: The federal regulation mandating that, "No person in the United States shall, on the basis of gender, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance."

## c. Title IX Compliance and Monitoring

Responsibility for Title IX daily monitoring and compliance will rest with the Bureau's Director of Non-Discrimination Compliance. The Tennessee Comptroller of the Treasury also monitors the Bureau of TennCare's compliance with the requirements of Title IX.

To ensure that its contractors comply with the requirements of Title IX, the Bureau has established a program to improve its monitoring of GME contractors and recipients of Title IX funds. In preparing the Bureau's Title IX Implementation Plan, the Bureau requires each institution receiving GME funding, (i.e., Vanderbilt Medical Center, McHarry Medical College, East Tennessee University, and the University of Memphis) to submit a listing of each GME Program resident by name, gender, and program. Each institution also provides copies of their Title IX and other civil rights policies and complaint procedures.

Additionally, the Bureau requires an assurance of non-discrimination on the grounds of gender, race, color, national origin, or disability from all its Contractors. This assurance applies to all programs and services that the Bureau supports financially in part, or fully, with federal and/or state funds. Recipients participating in the GME program are required to submit the following information on an annual basis:

- (1) A description of how the contract was used in support of GME;
- (2) A list of health care providers participating in the GME training program and the amount of funds received from the Contractor;
- (3) The number of residents in each year of training by specialty;
- (4) The names and gender of the residents receiving stipend supplements; and
- (5) Placement sites of physicians graduating from the residency program.

## d. Title IX Assurance of Compliance Statements – GME Recipients

Additionally, the Bureau requires each institution receiving GME funding to sign a Bureau of TennCare Title IX of the Education Amendments of 1972 Assurance of Compliance. This Title IX Assurance of Compliance states that each recipient of GME funding will comply with the provision of Title IX. Copies of each signed Assurance of Compliance are on file with the TennCare Bureau's Director of Non-Discrimination Compliance.

## e. Amendment of GME Contracts – Title IX Reporting and Requirements

The GME contracts have been amended in order to strengthen and ensure accurate Title IX reporting and compliance monitoring.

## f. Title IX - TennCare Bureau Statement of Assurance

The Department of Finance, Bureau of TennCare hereby agrees that it will comply with the requirements of Title IX and its implementing regulations. The Bureau therefore submits the following assurance and declares that it will take measures necessary to realize compliance with this assurance:

The Bureau will not, based on gender:

- (1) Deny an individual any service, opportunity, or other benefit provider under the program;
- (2) Provide any service, or other benefit to an individual which is different, or is provided in a different manner from that provided to others under the program;
- (3) Subject an individual to segregation or separate treatment in— any matter related to his receipt of service, or other benefit under the program;
- (4) Restrict an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service, or other benefit under the program;
- (5) Treat any individual differently from others in determining whether he satisfies any admission criteria, enrollment goals, eligibility, membership, or other requirement or condition which individuals must meet in order to be provided any service, or other benefit provided under the program;
- (6) Deny any individual an opportunity to participate in the program through the provision of services or otherwise afford him an opportunity to do so which is different from that afforded others under the program; or
- (7) Deny a person the opportunity to participate as a member of a planning or advisory body, which is an integral part of the program.

H. State Title XIX/OTHER CONTRACTORS

Maintaining and assuring compliance of all contractors will be accomplished in the following manner:

1. Assurance of Compliance Form (HHS 690) must be signed and returned to the Bureau.
2. Reviews of other contractors will be completed by the Director of Non-Discrimination Compliance.
3. The Bureau will conduct routine compliance reviews of each contractor, as needed. The selection for a routine review will be based on, but not limited to, such factors as:
  - a. A periodic assessment of non-discrimination compliance;
  - b. A significant increase in discrimination complaints;
  - c. Failure to file non-discrimination compliance reports or reports that show patterns of discrimination;
  - d. Non-compliance determined by other agencies;
  - e. Racial staffing patterns that may represent a problem.
4. In order to ensure compliance with Title VI, Contractors will have available racial and ethnic data showing the extent to which members of minority groups are participants in the businesses, i.e., staff, board members, etc.

I. COMPLAINT POLICY

The following methods will be utilized for handling complaints alleging discrimination in any program that the Bureau of TennCare has the ultimate responsibility of discrimination under Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, as amended, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.

1. A complaint must be filed no later than 90 days from the alleged discriminatory act or acts; however, the time for filing may be extended by the responsible State Agency or O.C.R. official;

2. All information necessary for filing a complaint will be provided to Bureau employees through the employee handbook and other notices;
3. Information necessary for filing a discrimination complaint will be provided in written form for those individuals who want to take the information with them;
4. Individuals who wish to file a complaint will be assisted in completing the required data if they so request and any necessary accommodations are to be provided. **The Bureau of TennCare's Discrimination Complaint Form is available in English and Spanish (See Attachments 1 and 2). Translation and interpretation services are available for individuals that speak other languages. Also, assistance in filing a discrimination complaint is available for individuals that need assistance in alternative formats (i.e. services for the blind, deaf/hard of hearing) at no charge;**
5. Complaints may be resolved at the point where it is filed, when filed. The TennCare Director of Non-Discrimination Compliance must be notified in writing by the contracting agencies of all complaints of alleged discrimination;
6. The Bureau of TennCare's Director of Non-Discrimination Compliance will investigate and resolve those complaints that are not resolved at the originating point as indicated;
7. Complainants will be advised of the option of filing discrimination complaints with the Bureau of TennCare and applicable state and federal agencies such as the Tennessee Title VI Commission, Tennessee Human Rights Commission, and OCR. Complainants will also be provided language assistance and other reasonable accommodations consistent with state and federal law;
8. A written notification of receipt of complaint will be sent to complainant by U.S. mail to advise that action is being taken to investigate the complaint;
9. All complaints will have an initial or preliminary investigation after complaint is received;
10. Complainants shall be advised in writing of the findings of the State Agency regarding the complaint. In the written notice, the complainant shall be advised that if not satisfied with the decision, he/she may appeal to the Department of Health and Human Services Office for Civil Rights, Atlanta, GA and applicable state agencies which have statutory authority for discrimination complaint investigation;
11. After the complaint has been investigated, the Bureau of TennCare's Director of Non-Discrimination Compliance shall determine if discrimination did in fact

occur, action as may be necessary shall be taken to correct the discriminatory practice and to prevent any recurrence of such discrimination.

J. RETALIATION

No State Title XIX Program/TennCareMCO/BHO/DBM/GME Contractor, other contractor, subcontractor, applicant, enrollee, employee, beneficiary, or other person may be retaliated against in response for pursuing any right or privilege. In accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, as amended, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, no State Title XIX Program/TennCare MCO/BHO/DBM/GME Contractors, other contractor, subcontractor, applicant, enrollee, employee, beneficiary, or other person shall be intimidated, threatened, coerced, or discriminated against for the purpose of interfering with any right or privilege secured by the above mentioned federal laws because he or she has made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding or hearing provided under the authority of the above mentioned laws.

K. CONFIDENTIALITY OF INFORMATION

The identity of complainants shall be kept confidential except to the extent necessary to carry out the above mentioned federal laws, including the conduct of any investigation, hearing or judicial proceeding arising thereunder in accordance with the applicable confidentiality sections specified in Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, as amended, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.

**ATTACHMENT 1**

TN A045



STATE OF TENNESSEE  
Bureau of TennCare

**Unfair Treatment Complaint**  
Versión en español atrás

Federal law says that unfair treatment is not allowed. No one can be treated in a different way because of race, color, birthplace, language, sex, age, beliefs or disability. If you feel that you have been treated unfairly for any of these reasons, you have the right to complain. We do not allow unfair treatment in TennCare.

We need the following facts so we can look into your complaint. If you need help to fill out this page, let us know.

1. **Are you filing this complaint for yourself?** ☐ Yes ☐ No

If yes, go to question number 2.

If no, tell us your name:

Give us a phone number where we can reach you: ( )

2. **What is the name of the person you feel was treated unfairly?**

Name of Person You Feel Was Treated Unfairly			Date of Birth
_____ Last First Middle Initial			_____/_____/_____ Month Day Year
Full Mailing Address:			Social Security Number:
_____ Street Number and Name, Rural Route, Apartment Number, Lot Number, PO Box, etc.			
City:	State:	Zip:	Daytime Phone ( )
			Evening Phone ( )

3. **Who do you think treated this person unfairly?**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Phone Number ( ) - or - ( )

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Supersedes

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**4. Give us facts about the unfair treatment.**

Check the box or boxes that you think were the reason for the unfair treatment.

Race ☐ Color ☐ Birthplace ☐ Language spoken ☐

Sex ☐  
Religion ☐ Beliefs ☐ Age ☐ Disability ☐

What date did the unfair treatment take place?

Do you think it has happened other times? ☐ Yes ☐ No If yes, how many other times?

Have you complained about this problem before and tried to have it stopped? ☐ Yes  
☐ No

If yes, who have you talked to about it? Name: \_\_\_\_\_

When did you talk to them about it? \_\_\_\_\_

Have you filed this complaint with another federal, state, or local agency? ☐ Yes ☐ No

Have you filed this complaint with any federal or state court? ☐ Yes ☐ No

If yes, check all that apply. Federal agency ☐ Federal court ☐  
State agency ☐ State court ☐ Local agency ☐

If yes, tell us the name of the contact person at the agency/court where you filed the complaint.

Name \_\_\_\_\_

Agency/Court Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_



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5. In your own words, tell us what happened. You can attach more pages if you need them.

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Please sign below. Attach any other information that you think will be helpful.

Sign here. X \_\_\_\_\_ Date: \_\_\_\_\_

If you filled out this page for someone else, sign here. X \_\_\_\_\_

[Note: if you helped someone file this complaint, you don't have to sign.]

Print your name: \_\_\_\_\_ Date: \_\_\_\_\_

Mail these pages to: Bureau of TennCare  
Attn: Director of Non-discrimination Compliance  
729 Church Street  
Nashville, TN 37247-6501

If you have questions, please call (615) 741-0155 or 1-800-342-3145 (toll-free) for help.

To get help in another language, call one of these numbers:

<u>Language</u>	<u>Toll Free Number</u>	<u>Nashville Number</u>
Arabic	1-877-652-3046	313-9840
Bosnian	1-877-652-3069	313-9382
Kurdish-Badinani	1-877-652-3046	313-9840
Kurdish-Sorani	1-877-652-3046	313-9840
Somali	1-877-652-3054	313-9894
Spanish	1-800-254-7568	227-7568
Vietnamese	1-800-269-4901	313-9899

TennCare does not allow unfair treatment based on race, color, language spoken, sex, sexual orientation, religion, beliefs, handicap/disability or age.

**ATTACHMENT 2**

TN A045

STATE OF TENNESSEE  
Bureau of TennCare**Queja por trato injusto**

Version in English on other side

La ley federal dice que el trato injusto no está permitido. Nadie puede recibir un trato diferente debido a su raza, color de la piel, lugar de nacimiento, idioma, sexo, edad, creencias o discapacidad.

Si piensa que ha sido tratado de manera injusta por alguno de esos motivos, usted tiene el derecho de quejarse. TennCare no permite el trato injusto.

Necesitamos la siguiente información para que podamos evaluar su queja. Si necesita ayuda para llenar esta hoja, avísenos.

1. ¿Está completando esta queja para usted mismo(a)? ☐ Sí ☐ No

Si respondió "sí", pase a la pregunta número 2.

De lo contrario, díganos el nombre de usted: \_\_\_\_\_

Anote un número de teléfono en donde nos podemos comunicar con usted:

( ) \_\_\_\_\_

2. ¿Cuál es el nombre de la persona que usted piensa que fue tratada injustamente?

Nombre de la persona que usted piensa fue tratada injustamente			Fecha de nacimiento		
_____			____/____/____		
Apellido	Nombre	Inicial	Mes	Día	Año
Dirección postal completa:			Número de Seguro Social:		
N.º de casa y nombre de la calle, Rural Route, n.º de departamento, n.º de lote, PO Box, etc.			_____		
Ciudad:	Estado:	Código postal:	Teléfono durante el día ( )		
			Teléfono durante la noche ( )		

3. ¿Quién piensa usted que trató de manera injusta a esta persona?

Nombre \_\_\_\_\_

Dirección \_\_\_\_\_

Ciudad, Estado y Código postal \_\_\_\_\_

Número de teléfono ( ) \_\_\_\_\_ - 0 - ( ) \_\_\_\_\_

4. Díganos los hechos sobre el trato injusto.

Marque la casilla o casillas que usted piensa fueron el motivo del trato injusto.

Raza ☐ Color ☐ Lugar de nacimiento ☐ Idioma hablado ☐ Sexo ☐

Religión ☐ Creencias ☐ Edad ☐ Discapacidad ☐

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¿Cuál fue la fecha en que tuvo lugar el trato injusto? \_\_\_\_\_

¿Piensa usted que ha ocurrido otras veces? ☐ Sí ☐ No

Si respondió "sí", ¿en cuántas ocasiones? \_\_\_\_\_

¿Se ha quejado previamente de este problema y ha intentando que lo dejen de hacer?

☐ Sí ☐ No

Si respondió "sí", ¿con quién habló sobre eso? Nombre: \_\_\_\_\_

¿Cuándo habló con esa persona sobre eso? \_\_\_\_\_

Dev: 18Dec03  
1

Línea de Información de TennCare: 1-800-669-1851

**TN A045**

¿Ha presentado esta queja con alguna otra agencia federal, estatal o local? ☐ Sí ☐ No

¿ha presentado esta queja ante un tribunal federal o estatal? ☐ Sí ☐ No

Si respondió "sí", marque todo lo que corresponda: Agencia federal ☐

Tribunal federal ☐ Agencia estatal ☐ Tribunal estatal ☐

Agencia local ☐

Si respondió "sí", díganos el nombre de la persona de contacto en la agencia/tribunal donde presentó la queja.

Nombre \_\_\_\_\_

Nombre de la agencia/tribunal \_\_\_\_\_

Dirección \_\_\_\_\_

Ciudad, Estado y Código postal \_\_\_\_\_

Número de teléfono (\_\_\_\_) \_\_\_\_\_

- 5. Díganos, en sus propias palabras, lo que ocurrió.** Si es necesario, puede adjuntar más hojas.

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**Por favor abajo. Adjunte cualquier otra información que piense que podría ser útil.**

**Firme aquí X** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

**Si usted completó esta hoja para otra persona, firme aquí. X** \_\_\_\_\_

[Nota: si usted le ayudó a alguien completar esta queja, no tiene que firmar.]

TN No. 05-001

Supersedes

TN No. NEW

Approval Date: 03/31/05

Effective Date: 01/01/05

Escriba su nombre en letra de imprenta: \_\_\_\_\_ Fecha: \_\_\_\_\_

Envíe estas páginas por correo a: Bureau of TennCare  
Attn: Director of Non-discrimination Compliance  
729 Church Street  
Nashville, TN 37247-6501

Si tiene preguntas, llame al (615) 741-0155 ó 1-800-342-3145 (llamada gratuita) para pedir ayuda.

Para obtener ayuda en otro idioma, llame a uno de los siguientes números:

<u>Idioma</u>	<u>Llamada gratuita</u>	<u>Teléfono en Nashville</u>
Arabe	1-877-652-3046	313-9840
Bosnio	1-877-652-3069	313-9382
Kurdish-Badinani	1-877-652-3046	313-9840
Kurdish-Sorani	1-877-652-3046	313-9840
Somali	1-877-652-3054	313-9894
Español	1-800-254-7568	227-7568
Vietnamita	1-800-269-4901	313-9899

TennCare está no tolera el trato injusto por motivo de raza, color de la piel, idioma hablado, sexo, orientación sexual, religión, creencias, discapacidad/incapacidad o edad del individuo.

**Vaccine and Vaccine Administration at Section 1905(a)(4)(E) of the Social Security Act**

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

**Coverage**

  X   The state assures coverage of COVID-19 vaccines and administration of the vaccines.<sup>1</sup>

  X   The state assures that such coverage:

1. Is provided to all eligibility groups covered by the state, including the optional Individuals Eligible for Family Planning Services, Individuals with Tuberculosis, and COVID-19 groups if applicable, with the exception of the Medicare Savings Program groups and the COBRA Continuation Coverage group for which medical assistance consists only of payment of premiums; and
2. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(H) and section 1916A(b)(3)(B)(xii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

  N/A   Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing or similar charge, pursuant to section 1937(b)(8)(A) of the Act.

  X   The state provides coverage for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to §§1902(a)(11), 1902(a)(43), and 1905(hh) of the Act.

  X   The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration, with respect to the providers that are considered qualified to prescribe, dispense, administer, deliver and/or distribute COVID-19 vaccines.

Additional Information (Optional):

<sup>1</sup> The vaccine will be claimed under this benefit once the federal government discontinues purchasing the vaccine.

**Reimbursement**

  X   The state assures that the state plan has established rates for COVID-19 vaccines and the administration of the vaccines for all qualified providers pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

List Medicaid state plan references to payment methodologies that describe the rates for COVID-19 vaccines and their administration for each applicable Medicaid benefit:

Attachment 4.19B, Item 13.c (Preventive services)

       The state is establishing rates for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

       The state's rates for COVID-19 vaccines and the administration of the vaccines are consistent with Medicare rates for COVID-19 vaccines and the administration of the vaccines, including any future Medicare updates at the:

       Medicare national average, OR

       Associated geographically adjusted rate.

       The state is establishing a state specific fee schedule for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location:

       The state's fee schedule is the same for all governmental and private providers.

       The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 vaccines and the administration of the vaccines are described under the benefit payment methodology applicable to the provider type:

\_\_\_\_The payment methodologies for COVID-19 vaccines and the administration of the vaccines for providers listed above are described below:

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\_\_\_\_The state is establishing rates for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to sections 1905(a)(4)(E), 1905(r)(1)(B)(v) and 1902(a)(30)(A) of the Act.

\_\_\_\_The state's rate is as follows and the state's fee schedule is published in the following location:

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**PRA Disclosure Statement** Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**COVID-19 Testing at section 1905(a)(4)(F) of the Social Security Act**

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

**Coverage**

X The state assures coverage of COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

X The state assures that such coverage:

1. Includes all types of FDA authorized COVID-19 tests;
2. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
3. Is provided to the optional COVID-19 group if applicable; and
4. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Please describe any limits on amount, duration or scope of COVID-19 testing consistent with 42 CFR 440.230(b).

Over-the-counter, at-home COVID-19 tests are limited to 8 per member per month.

N/A Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):



**Reimbursement**

\_\_\_\_\_ The state assures that it has established state plan rates for COVID-19 testing consistent with the CDC definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 testing for each applicable Medicaid benefit:

  X   The state is establishing rates for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

\_\_\_\_\_ The state's rates for COVID-19 testing are consistent with Medicare rates for testing, including any future Medicare updates at the:

\_\_\_\_\_ Medicare national average, OR

\_\_\_\_\_ Associated geographically adjusted rate.

  X   The state is establishing a state specific fee schedule for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location :

Over-the-counter, at-home COVID-19 tests are reimbursed according to the reimbursement methodology for pharmacies described in Attachment 4.19B, Item 12.a (prescription drugs), up to a maximum reimbursement amount. These maximum amounts are listed at  
<https://www.optumrx.com/content/dam/openenrollment/pdfs/TennCare/home-page/recent-tenncare-updates/2022/COVID%20Test%20Pharmacy%20Processing%20Update%2001.15.2022.pdf>

  X   The state's fee schedule is the same for all governmental and private providers.

\_\_\_\_ The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 testing is described under the benefit payment methodology applicable to the provider type:

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*Additional Information (Optional):*

\_\_\_\_ The payment methodologies for COVID-19 testing for providers listed above are described below:

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**COVID-19 Treatment at section 1905(a)(4)(F) of the Social Security Act**

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

**Coverage for the Treatment and Prevention of COVID**

X The state assures coverage of COVID-19 treatment, including specialized equipment and therapies (including preventive therapies).

X The state assures that such coverage:

1. Includes any non-pharmacological item or service described in section 1905(a) of the Act, that is medically necessary for treatment of COVID-19;
2. Includes any drug or biological that is approved (or licensed) by the U.S. Food & Drug Administration (FDA) or authorized by the FDA under an Emergency Use Authorization (EUA) to treat or prevent COVID-19, consistent with the applicable authorizations;
3. Is provided without amount, duration or scope limitations that would otherwise apply when covered for purposes other than treatment or prevention of COVID-19;
4. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
5. Is provided to the optional COVID-19 group, if applicable; and
6. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

N/A Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

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**Coverage for a Condition that May Seriously Complicate the Treatment of COVID**

X The state assures coverage of treatment for a condition that may seriously complicate the treatment of COVID-19 during the period when a beneficiary is diagnosed with or is presumed to have COVID-19.

X The state assures that such coverage:

1. Includes items and services, including drugs, that were covered by the state as of March 11, 2021;
2. Is provided without amount, duration or scope limitations that would otherwise apply when covered for other purposes;
3. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
4. Is provided to the optional COVID-19 group, if applicable; and
5. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

N/A Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

**Reimbursement**

X The state assures that it has established state plan rates for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies).

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 treatment for each applicable Medicaid benefit:

Attachment 4.19B, Item 12.a (prescription drugs)

\_\_\_\_ The state is establishing rates or fee schedule for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies) pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

\_\_\_\_ The state's rates or fee schedule is the same for all governmental and private providers.

\_\_\_\_ The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 vaccines and the administration of the vaccines are described under the benefit payment methodology applicable to the provider type:

Additional Information (Optional):

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