



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

1945A Geographic Limitations Reviewable Unit PRA Document

Version 1.0
6/24/2022

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1. 1945A Geographic Limitations Reviewable Unit Screenshots

1.1 Banner

Records / Submission Packages - Your State

TN - Submission Package - TN2022MS0344O - (TN-22-0510-test) - Health Homes

Summary Reviewable Units News **Related Actions**

1945A Geographic Limitations

MEDICAID | Medicaid State Plan | Health Homes | TN2022MS0344O | TN-22-0510-test | May 10 Test

[Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID	TN2022MS0344O	SPA ID	TN-22-0510-test
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Figure 1: Banner

1.2 Option 1 – Health Home services will be available statewide

☒ Health Home services will be available statewide

☐ Health Home services will be limited to the following geographic areas

☐ Health Home services will be provided in a geographic phased-in approach

Figure 2: Option 1 – Health Home services will be available statewide

1.3 Option 2a – Health Home services will be limited to the following geographic areas: By county

☐ Health Home services will be available statewide

☒ Health Home services will be limited to the following geographic areas

☐ Health Home services will be provided in a geographic phased-in approach

Specify the geographic limitations of the program *

☒ By county

☐ By region

☐ By city/municipality

☐ Other geographic area

* Specify which counties:

Figure 3: Option 2a – Health Home services will be limited to the following geographic area: By county

1.4 Option 2b – Health Home services will be limited to the following geographic areas: By region

<input type="radio"/> Health Home services will be available statewide <input checked="" type="radio"/> Health Home services will be limited to the following geographic areas <input type="radio"/> Health Home services will be provided in a geographic phased-in approach	<p>Specify the geographic limitations of the program *</p> <input type="radio"/> By county <input checked="" type="radio"/> By region <input type="radio"/> By city/municipality <input type="radio"/> Other geographic area
<p>* Specify which regions</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>Character count: 0/4000</p>	

Figure 4: Option 2b – Health Home services will be limited to the following geographic area: By region

1.5 Option 2c – Health Home services will be limited to the following geographic areas: By city

<input type="radio"/> Health Home services will be available statewide <input checked="" type="radio"/> Health Home services will be limited to the following geographic areas <input type="radio"/> Health Home services will be provided in a geographic phased-in approach	<p>Specify the geographic limitations of the program *</p> <input type="radio"/> By county <input type="radio"/> By region <input checked="" type="radio"/> By city/municipality <input type="radio"/> Other geographic area
<p>* Specify which cities/municipalities:</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>Character count: 0/4000</p>	

Figure 5: Option 2c – Health Home services will be limited to the following geographic area: By city

1.6 Option 2d – Health Home services will be limited to the following geographic areas: Other geographic area

<input type="radio"/> Health Home services will be available statewide <input checked="" type="radio"/> Health Home services will be limited to the following geographic areas <input type="radio"/> Health Home services will be provided in a geographic phased-in approach	<p>Specify the geographic limitations of the program *</p> <input type="radio"/> By county <input type="radio"/> By region <input type="radio"/> By city/municipality <input checked="" type="radio"/> Other geographic area
<p>* Describe the area(s):</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>Character count: 0/4000</p>	

Figure 6: Option 2d – Health Home services will be limited to the following geographic area: Other geographic area

1.7 Option 3 – Health Home services will be provided in a geographic phased-in approach

☐ Health Home services will be available statewide

☐ Health Home services will be limited to the following geographic areas

☒ Health Home services will be provided in a geographic phased-in approach

Title of phase	Geographic Area	Implementation Date
No items available		

You must enter at least one phase

ADD PHASE

Figure 7: Option 3 – Health Home services will be provided in a geographic phase-in approach

1.8 1945A Geographic Limitations – Add or Edit Phase: By county with Health Home services now available statewide

Records / Submission Packages - Your State
TN - Submission Package - TN2022MS0344O - (TN-22-0510-test) - Health Homes

Summary Reviewable Units News **Related Actions**

1945A Geographic Limitations - Add or Edit Phase

[Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Title of phase
Phase 1

Implementation Date *

Phase-in will be done by the following geographic area *

☒ By county
☐ By region
☐ By city/municipality
☐ Other geographic area

Specify which counties: *

Health Home services are now available state-wide *

☒ Yes
☐ No

Effective date of state-wide service implementation *

Enter any additional narrative necessary to fully describe this phase

Character count: 0/4000

Saved Documents

- Maximum file size : 10MB
- Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx

<input type="checkbox"/>	Name	Date Created
No items available		

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Figure 8: 1945A Geographic Limitations – Add or Edit Phase: By county with Health Home services now available statewide

1.9 1945A Geographic Limitations – Add or Edit Phase: By county with Health Home services not available statewide

Records Submission Packages - Your state

TN - Submission Package - TN2022MS03440 - (TN-22-0510-test) - Health Homes

Summary Reviewable Units News **Related Actions**

1945A Geographic Limitations - Add or Edit Phase

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CMS-10434 OMB 0938-1188

Title of phase
Phase 1

Implementation Date *

Phase-in will be done by the following geographic area *

☒ By county
☐ By region
☐ By city/municipality
☐ Other geographic area

Specify which counties: *

Health Home services are now available state-wide *

☐ Yes
☒ No

Enter any additional narrative necessary to fully describe this phase

Character count: 0/4000

Saved Documents

- Maximum file size : 10MB
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Figure 9: 1945A Geographic Limitations – Add or Edit Phase: By county with Health Home services not available statewide

1.10 1945A Geographic Limitations – Add or Edit Phase: By region with Health Home services now available statewide

Records / Submission Packages - Your State
TN - Submission Package - TN2022MS03440 - (TN-22-0510-test) - Health Homes

Summary Reviewable Units News **Related Actions**

1945A Geographic Limitations - Add or Edit Phase

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CMS-10434 OMB 0938-1188

Title of phase
 Phase 1

Phase-in will be done by the following geographic area *

☐ By county
☒ **By region**
☐ By city/municipality
☐ Other geographic area

Implementation Date *
 mm/dd/yyyy

Specify which regions: *

Character count: 0/4000

Health Home services are now available state-wide *

☒ **Yes**
☐ No

Effective date of state-wide service implementation *
 mm/dd/yyyy

Enter any additional narrative necessary to fully describe this phase

Character count: 0/4000

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Figure 10: 1945A Geographic Limitations – Add or Edit Phase: By region with Health Home services now available statewide

1.11 1945A Geographic Limitations – Add or Edit Phase: By region with Health Home services not available statewide

Records / Submission Packages / Your State

TN - Submission Package - TN2022MS03440 - (TN-22-0510-test) - Health Homes

Summary Reviewable Units News **Related Actions**

1945A Geographic Limitations - Add or Edit Phase

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CMS-10434 OMB 0938-1188

Title of phase
Phase 1

Implementation Date *

Phase-in will be done by the following geographic area *

☐ By county
☒ **By region**
☐ By city/municipality
☐ Other geographic area

Specify which regions: *

Character count: 0/4000

Health Home services are now available state-wide*

☐ Yes
☒ **No**

Enter any additional narrative necessary to fully describe this phase

Character count: 0/4000

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Figure 11: 1945A Geographic Limitations – Add or Edit Phase: By region with Health Home services not available statewide

1.12 1945A Geographic Limitations – Add or Edit Phase: By city/municipality with Health Home services now available statewide

Records / Submission Packages / Your State

TN - Submission Package - TN2022MS03440 - (TN-22-0510-test) - Health Homes

Summary Reviewable Units News **Related Actions**

1945A Geographic Limitations - Add or Edit Phase

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CMS-10434 OMB 0938-1188

Title of phase

Phase 1

Implementation Date *

mm/dd/yyyy

Phase-in will be done by the following geographic area *

☐ By county
☐ By region
☒ By city/municipality
☐ Other geographic area

Specify which cities/ municipalities: *

Character count: 0/4000

Health Home services are now available state-wide*

☒ Yes
☐ No

Effective date of state-wide service implementation *

mm/dd/yyyy

Enter any additional narrative necessary to fully describe this phase

Character count: 0/4000

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CANCEL **SAVE PHASE**

Figure 12: 1945A Geographic Limitations – Add or Edit Phase: By city/municipality with Health Home services now available statewide

1.13 1945A Geographic Limitations – Add or Edit Phase: By city/municipality with Health Home services not available statewide

Records / Submission Packages - Your State
TN - Submission Package - TN2022MS0344O - (TN-22-0510-test) - Health Homes

Summary Reviewable Units News **Related Actions**

1945A Geographic Limitations - Add or Edit Phase

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CMS-10434 OMB 0938-1188

Title of phase
 Phase 1

Implementation Date *

Phase-in will be done by the following geographic area *

☐ By county
☐ By region
☒ **By city/municipality**
☐ Other geographic area

Specify which cities/ municipalities: *

Character count: 0/4000

Health Home services are now available state-wide *

☐ Yes
☒ **No**

Enter any additional narrative necessary to fully describe this phase

Character count: 0/4000

Saved Documents

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Figure 13: 1945A Geographic Limitations – Add or Edit Phase: By city/municipality with Health Home services not available statewide

1.14 1945A Geographic Limitations – Add or Edit Phase: Other geographic area with Health Home services now available statewide

Records / Submission Packages - Your State

TN - Submission Package - TN2022MS0344O - (TN-22-0510-test) - Health Homes

Summary Reviewable Units News **Related Actions**

1945A Geographic Limitations - Add or Edit Phase

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CMS-10434 OMB 0938-1188

Title of phase
Phase 1

Implementation Date *

Phase-in will be done by the following geographic area *

☐ By county
☐ By region
☐ By city/municipality
☒ **Other geographic area**

Describe the area(s): *

Character count: 0/4000

Health Home services are now available state-wide*

☒ Yes
☐ No

Effective date of state-wide service implementation *

Enter any additional narrative necessary to fully describe this phase

Character count: 0/4000

Saved Documents

- Maximum file size : 10MB
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CANCEL **SAVE PHASE**

Figure 14: 1945A Geographic Limitations – Add or Edit Phase: Other geographic area with Health Home services now available statewide

1.15 1945A Geographic Limitations – Add or Edit Phase: Other geographic area with Health Home services not available statewide

Records - Submission Packages - Your State

TN - Submission Package - TN2022MS03440 - (TN-22-0510-test) - Health Homes

Summary Reviewable Units News **Related Actions**

1945A Geographic Limitations - Add or Edit Phase

[Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Title of phase
Phase 1

Implementation Date *

Phase-in will be done by the following geographic area *

☐ By county
☐ By region
☐ By city/municipality
☒ **Other geographic area**

Describe the area(s): *

Character count: 0/4000

Health Home services are now available state-wide *

☐ Yes
☒ **No**

Enter any additional narrative necessary to fully describe this phase

Character count: 0/4000

Saved Documents

- Maximum file size: 10MB
- Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx

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CANCEL **SAVE PHASE**

Figure 15: 1945A Geographic Limitations – Add or Edit Phase: Other geographic area with Health Home services not available statewide

1.16 Additional Information (optional) and Validation & Navigation

Additional Information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☒ Yes
 ☐ No

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Note: If validation fails, errors will appear in red above.

Not Started

In Progress

Complete

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

Figure 16: Additional Information (optional) and Validation & Navigation

1.17 1945A Geographic Limitations (entire Reviewable Unit)

News

Tasks

Records

Reports

Actions

1945A Geographic Limitations

MEDICAID | Medicaid State Plan | Health Homes | CT2022MS00060 | CT-22-0510-Test | test

[Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package Header

Package ID

CT2022MS00060

Submission Type

Official

Approval Date

N/A

Superseded SPA ID

N/A

SPA ID

CT-22-0510-Test

Initial Submission Date

N/A

Effective Date

N/A

☐ Health Home services will be available statewide

☒ Health Home services will be limited to the following geographic areas

☐ Health Home services will be provided in a geographic phased-in approach

Specify the geographic limitations of the program *

☒ By county

☐ By region

☐ By city/municipality

☐ Other geographic area

* Specify which counties:

Additional Information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☒ Yes
 ☐ No

Note: If validation fails, errors will appear in red above.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started

In Progress

Complete

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12i) which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

Figure 17: 1945A Geographic Limitations (entire Reviewable Unit)

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
PRA	Paperwork Reduction Act of 1995