

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **New York**

1.4 State Medical Care Advisory Committee (**42 CFR 431.12(b)**)

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

Tribal Consultation Requirements

Section 1902(a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHICIA). Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

Please describe the process the State uses to seek advice on a regular, ongoing basis from federally-recognized tribes, Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to CMS. Please include information about the frequency, inclusiveness and process for seeking such advice.

Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

Tribal Consultation Process

For changes to the State's Medicaid Plan (Plan) that require a State Plan Amendment (SPA), Indian nation leaders and health clinic administrators and Urban Indian Organization leaders and health department administrators will be sent a copy of the Federal Public Notice related to a particular SPA, along with a cover letter offering the availability of State staff to meet with respective Indian leaders in person upon requests made within two weeks of the date of notification. At least two weeks' prior to submitting a SPA to CMS for approval, a draft copy of the proposed amendment will be forwarded to the above Indian representatives, allowing for a two-week comment period. Indian health clinic administrators will be notified via e-mail, and all other Indian representatives will be notified via U.S. Postal Service.

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For Medicaid policy changes that do not require a SPA, a draft copy of the Administrative Directive related to the change will be forwarded to Indian representatives, as outlined above, for a two-week comment period. A State contact person will be identified for each draft directive.

Written notification of the State's intent to submit proposals for demonstration projects or new applications, amendments, extension requests or renewals for waivers that have an impact on Indians, Indian health providers or Urban Indian Organizations will be made to Indian representatives, as identified above, at least 60 days prior to the publication and submission of such. Indian health clinic administrators will be notified via e-mail, and all other Indian representatives will be notified via U.S. Postal Service.

Tribal Consultation Process Development

State representatives attended the 2011 Department of Health and Human Services (HHS) Annual Regional Tribal Consultation Session held on March 29, 2011. At that meeting, State staff distributed and discussed the draft Federal Public Notice which contained a summary description of the proposed tribal consultation policy. State staff also distributed a draft SPA and conducted a PowerPoint presentation, both of which elaborated on the proposed tribal consultation policy. Tribal representatives received contact information for various State staff who could answer any questions that may arise. As of May 1, 2011, no questions or comments were received by the State subsequent to the above meeting.

In addition, copies of all handouts were left with HHS IHS representatives to share with those Indian nations and Urban Indian Organizations who did not have representatives in attendance. Further, on April 29, 2011, the State mailed a package to Indian nation and organization leaders and Indian health clinic administrators, which discussed the March 29, 2011 presentation, included the handouts from the presentation, and offered a two-week period of time in which to comment or request a personal meeting with State staff. No responses to our mailing were received as of May 13, 2011.

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