



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region IX

Division of Medicaid & Children's Health Operations

90 Seventh Street, Suite 5-300 (5W)

San Francisco, CA 94103-6706

MAR 16 2011

Thomas J. Betlach, Director
Arizona Health Care Cost Containment System
801 East Jefferson Street
Phoenix, AZ 85034

Dear Mr. Betlach:

Enclosed is an approved copy of Arizona State Plan Amendment (SPA) 10-014. This SPA implements Section 5006(e) of the Recovery Act, which mandates that States consult with Tribes and designees of Indian health programs on State plan amendments, waiver requests, or proposals for a demonstration project that are likely to have a direct effect on Indians, Indian health programs, or urban Indian organizations. This SPA is effective October 1, 2010.

If you have any questions, please contact Cindy Lemesh by phone at (415) 744-3571 or by email at Cynthia.Lemesh@cms.hhs.gov.

Sincerely,

Gloria Nagle, Ph.D., MPA

Associate Regional Administrator

Division of Medicaid & Children's Health Operations

cc: Jessica Schubel
HeeYoung Ansell

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: Arizona

Citation 1.4 State Medical Care Advisory Committee
42 CFR
431.12(b) There is an advisory committee to the Medicaid
AT-78-90 agency director on health and medical care
services established in accordance with and
meeting all the requirements of 42 CFR 431.12.

42 CFR X The state enrolls recipients in MCO, PIHP, PAHP, and/or
438.104 PCCM programs. The State assures that it complies with 42 CFR 438.104(c)
to consult with the Medical Care Advisory Committee in the review of
marketing materials. *

Tribal Consultation Requirements

SSA 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 (IHCA). 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.

The State of Arizona seeks advice on a regular, ongoing basis from all of the federally-recognized tribes, Indian Health Service (IHS) Area Offices, tribal health programs operated under P.L. 93-638, and urban Indian health programs in Arizona regarding Medicaid and CHIP matters. These matters include but are not limited to State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals, and proposals for demonstration projects. The AHCCCS Tribal Consultation Policy serves as a guidance document that includes the process by which reasonable notice and opportunity for consultation should occur and scenarios in which AHCCCS shall engage in the consultative process.

The frequency of consultation is dependent on the frequency in which policy changes are proposed. When a proposed policy change requires consultation, the State will to its best ability provide notice of the tribal consultation meeting date as well as a description of the proposed policy change to be discussed. Ideally, a consultation meeting, which provides an opportunity for discussion and verbal comments to be made regarding a proposed change, will occur either in-person or by conference call 45 days prior to the submission of the policy change to CMS. The State will also provide an opportunity for written comments. Ideally, during the 45-day period, tribes and I/T/U will be provided at least 30 days to submit written comments regarding the policy change for consideration. Verbal comments presented at the meeting as well as written comments will be included in an attachment to accompany the submission of a State Plan Amendment, waiver proposal, waiver renewal, or proposal for a demonstration project.

In situations that require immediate submission of a policy change to CMS, an expedited process may be implemented that will have the effect of lessening the time between the consultation meeting and submission of the policy change to CMS. This process may require for consultation to occur one day prior to the submission of the policy change to CMS. In order to expedite the process, written comments may be solicited in the meeting notification with a description of the policy change and the date when the change will be submitted to CMS. At least 14 days will be provided for the submission of written comments to be considered. This process would be completed prior to submission to CMS.

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.

A series of meetings with tribes as well as the IHS, tribal health programs operated under P.L. 93-638, and urban Indian health programs (collectively referred to as "I/T/U") have occurred and will continue to occur in order to make appropriate revisions to the AHCCCS Tribal Consultation Policy, which serves as a document that guides how the State will consult with tribes and I/T/U.

More specifically, the consultation process for the development and submission of this State Plan Amendment occurred on February 23, 2010. The attachment submitted to CMS describes in more detail which parties were notified of the consultation meeting and opportunity for comment, the meeting agenda, individuals that participated in the meeting, relevant materials that were discussed, and verbal comments received. It is important to note that this process was intended to be as inclusive as possible. The following entities in Arizona were notified of the consultation process regarding this State Plan Amendment.

- Tribal Leaders
- Tribal Health Directors
- Directors of Indian Health Service Area Offices
- Directors of Tribal Health Programs Operated under P.L. 93-638
- Directors of Urban Indian Health Programs
- Director of Inter Tribal Council of Arizona, Inc.
- Director of the Advisory Council on Indian Health Care

* Members are enrolled with MCOs and receive most behavioral health services through the PIHPs