

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>10 - 13</u>	2. STATE: <u>Michigan</u>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH FINANCING ADMINISTRATION DEPARTMENT OF HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2010	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(73)	7. FEDERAL BUDGET IMPACT: a. FFY 10 _____ \$ -0- _____ b. FFY 11 _____ \$ -0- _____
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Preprint page 9, <i>page 9 continuation</i>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Preprint page 9
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See per State approval

10. SUBJECT OF AMENDMENT:
Tribal consultation requirements

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Stephen Fitton, Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Stephen Fitton</i>	16. RETURN TO: Medical Services Administration Program/Eligibility Policy Division - Federal Liaison Unit Capitol Commons Center - 7 th Floor 400 South Pine Lansing, Michigan 48933 Attn: Nancy Bishop
13. TYPED NAME: Stephen Fitton	
14. TITLE: Director, Medical Services Administration	
15. DATE SUBMITTED: August 31, 2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <i>September 1, 2010</i> 8-31-10	18. DATE APPROVED: MAR 30 2011
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>July 1, 2010</i>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Verlon Johnson</i>
21. TYPE NAME: Verlon Johnson	22. TITLE: Associate Regional Administrator

23. REMARKS:

MICHIGAN MEDICAID STATE PLAN

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

State: Michigan

Citation
42 CFR
431.12(b)

1.4.a. State Medical Care Advisory Committee

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.

42 CFR
438.104

The State enrolls recipients in MCO, PIHP, PAHP, and/or 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.

B. 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 (ihcia). 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.

The tribal liaison is to be informed of all proposed state plan amendments, proposals for demonstration projects, waiver requests, renewals, extensions or amendments that may have a direct impact on services provided for native americans, indian health programs or urban indian organizations. This would apply to any changes that are more restrictive for eligibility determinations, changes that reduce payment rates or changes in payment methodologies to providers, reimbursement to providers, or reductions in covered services.

The tribal chairperson, tribal health directors, urban indian health director, and indian health services representative will receive written notification from the tribal liaison of all proposed state plan amendments, proposals for demonstration projects, waiver requests, renewals, extensions or amendments that may have a direct or adverse effect on native americans, indian health programs or urban indian organizations.

The notice will be sent sixty (60) days prior to the submission date and provide a brief synopsis of the proposal and impact on the native american beneficiaries, tribal health clinics and urban indian organizations. In situations where it is not possible to adhere to the sixty (60) days notification, the tribes will be notified as soon as possible. The procedures and timeline for submitting comments on the proposed changes will also be addressed in the notice. Additional information for a proposal will be provided by the liaison upon request. A cover letter is included in the correspondence encouraging input regarding the proposed changes through in person consultation or by telephone conference depending on the tribe's preference. A consultation meeting is set up either as a group or individually, again according to the tribe's preference. During the consultation, concerns are addressed and any suggestions revisions or objections voiced by the tribes are noted and relayed to the author of the proposal.

MICHIGAN MEDICAID STATE PLAN
9 (continued)

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

State: Michigan

Occasionally, federal policy changes require immediate implementation. When this occurs, tribes are notified as soon as the tribal liaison is made aware of the proposed changes. Consultation is then held within twenty-one (21) days of notification.

Consultation with tribal chair representatives, tribal health directors, and indian health services representatives will be conducted at the quarterly tribal health director meetings, or another venue at the request of the tribes. Consultation may be in person or by conference call.

The tribal liaison will acknowledge electronic mail or regular mail, all comments received during the consultation period.

All comments submitted by tribes will be forwarded by the tribal liaison to the medicaid policy staff responsible for the proposed changes.

The tribal liaison will ensure that tribes commenting on proposed changes receive a response to their concerns arising from the proposed changes.

Tribes requesting changes to the proposed state plan amendment, waiver request, renewal, or amendment will receive confirmation from the tribal liaison regarding their request, and whether their comments have been included in the proposals submitted to cms. If the tribe's comments are not included in the proposed changes when submitted to cms, it is the liaison's responsibility to explain why their comments were not included.

Tribes will be informed by the liaison when cms approves or denies state plan or waiver changes. The liaison will also be responsible for including the rationale for cms denials.

The tribal liaison will be responsible for maintaining records of the notification process, consultation process, all written correspondence from tribes and tribal representatives, meeting notes, and all other discussions such as conference calls for all state plan or waiver changes that may impact the tribes. The tribal liaison will also document the outcome of the consultation process.

The spa was sent to all of the tribes for review in march 2010. Consultation with the tribal health directors was held in april 2010 at the quarterly tribal health directors meeting and discussed at length. The tribal health directors concurred that the proposed spa language was acceptable with no objections or revisions.