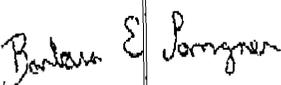
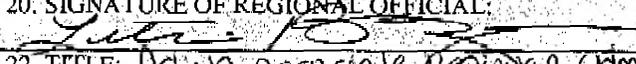


DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: SPA #10-16	2. STATE Kansas
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 431.12		7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$ 0 b. FFY 2012 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Preprint Page 9 & 9a (New Page)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Preprint Page 9	
10. SUBJECT OF AMENDMENT: Tribal Consultation Requirements			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Andy Allison, PhD. is the <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL. Governor's Designee			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Andy Allison, PhD. Kansas Health Policy Authority Landon State Office Building 900 SW Jackson, Room 900-N Topeka, KS 66612-1220	
13. TYPED NAME: for Andy Allison, PhD.			
14. TITLE: Executive Director of the Kansas Health Policy Authority			
15. DATE SUBMITTED: December 2, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 2, 2010		18. DATE APPROVED: July 11, 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 7, 2011		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Leticia Barraza		22. TITLE: Acting Associate Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS:			

Revised 7/5/11

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Approved OMB#: 0938-1098

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Kansas

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 (IHCIA). Section 2107(c)(1) 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 Kansas Health Policy Authority will consult and obtain feedback from the Indian Health Clinic Directors and/or Tribal contacts, prior to implementation of any state plan amendments, waiver requests and proposals for demonstration projects likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations. The process includes the following:

- The Agency will seek advice concerning changes that have a direct impact on Indians, Indian health programs, or Urban Indian Organizations. For example, such changes may be items such as more restrictive eligibility determinations, changes to reduce payment rates or changes in payment methods, or covered services and changes in consultation policies. Advice will be sought as early as possible in the process and within a reasonable amount of time before the submission of a SPA (30 days). The State may expedite this process with notification 15 days in advance for items where the agency is not provided sufficient time to provide notice sooner. The agency will consider input even if received after the date of the initial SPA submission.
- Advice will be sought through phone calls and emails directly to the Kansas Indian Health Services Tribal and Urban Indian (I/I/Us) Programs.

TN # #10-16
Supersedes TN # 03-28

Effective Date January 1, 2011
Approval Date July 11, 2011

Revised 7/5/11

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

- Documents relevant to the proposed change will be shared for comments and advice through email. The Indian organizations will not be required to provide input should they choose not to.
- If Indian organizations, desire to have a face-to-face meeting, or conference call concerning the proposed change, such meetings will be arranged.
- The agency will respond back to specific questions and concerns by directly emailing back to the individual commenting. This communication will indicate whether or not suggestions can be incorporated.

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.

The State notified the Indian Health Services Tribal and Urban Indian Programs of its intent to submit the Tribal Consultation Requirements SPA. The State communicated verbally with each Tribe and UIO on October 14, 2010 and on April 14, 2011. The State asked for their input on how to improve upon the existing Tribal Consultation process in which the State seeks advice on a regular on-going basis. Currently, the Tribal Leaders from Prairie Band Pottawatomie, Iowa Tribe of Kansas and Nebraska, Kickapoo Health Center, Sac and Fox Nation, the White Cloud Health Station, Haskell Indian Health Center, and Hunter Health Center, were each notified and asked to respond with their comments to the State Tribal Liaison no later than November 19, 2010 and May 16, 2011.

The State will maintain a tribal contact listing and will update it periodically as changes to the list become known.

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Supersedes TN # 03-28

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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 0938-1098. The time required to complete this information collection is estimated to average 1 hour per response, 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.

CMS-10293 (07/2013)