

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: 11-009	2. STATE Montana
		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 April 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: Section 1902(a)(73)		7. FEDERAL BUDGET IMPACT: a. FFY 2011      \$ 0.00 b. FFY 2012      \$ 0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Citation 1.4		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Citation 1.4	
10. SUBJECT OF AMENDMENT: Tribal consultation State Plan Amendment as required.			
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      Single State Agency <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Mary E Dalton		Montana Dept. of Public Health and Human Services Mary E. Dalton State Medicaid Director	
14. TITLE: State Medicaid Director		Attn: Jo Thompson PO Box 4210 Helena, MT 59604	
15. DATE SUBMITTED: 3-31-11			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 3/31/11		18. DATE APPROVED: 4/5/11	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/11		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, BUNCHO	
23. REMARKS:			

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Montana

Citation 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(e)(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 Department of Public Health and Human Services (DPHHS), as a state agency, shall establish and promote a relationship of cooperation, coordination, open communication and good will. DPHHS will work in good faith to amicably and fairly resolve issues and differences. DPHHS Medicaid and CHIP staff will interact with Tribal governments, and the parties noted above, on a government-to-government basis to provide services to Montana's American Indians.

TN 11-009  
Supersedes TN 75-11

Approval Date 4/5/11

Effective Date 4/1/11

Each of the parties respects the roles and responsibilities of the other party. In executing this policy, no party waives any rights, including treaty rights; immunities, including sovereign immunities; or jurisdiction. This policy does not diminish any rights or protections afforded other Indian persons or entities under State or Federal law. Through this policy, the parties strengthen their collective ability to successfully resolve issues of mutual concern. While the relationship described by this policy provides increased ability to solve problems, it may not result in resolution of all issues. Therefore, inherent in their relationship is the right of each of the parties to elevate an issue of importance to any decision-making authority of another party, including, where appropriate, that party's executive office.

*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 letter was sent on January 19, 2011, inviting the 7 Federally-recognized Tribes, Tribal Health Departments, and Social Service Directors to a meeting on February 3, 2011 to discuss consultation.

On January 27, 2011, Tribal consultation letters regarding this State Plan Amendment were sent to the 7 Federally-recognized Tribes in Montana, Tribal Health Departments, Social Service Directors and Urban Center Directors. These letters included an options attachment as a basis for discussion of how consultation would take place and a reminder of the February 3, 2011 meeting. For Medicaid and CHIP State Plan Amendments and Medicaid Waivers, options included:

- how much information I/T/Us wanted to receive, all or only those with a "direct effect" as determined by the Department,
- how I/T/Us wanted to receive the information,
- how much in advance of CMS submission I/T/Us wanted to receive the information and how many days of response time for I/T/Us, and
- who I/T/Us wanted DPHHS to contact.

On February 3, 2011, a meeting was held at the State Capitol to discuss the consultation options described above. Representatives of I/T/Us and others included:

- Blackfeet Tribe: Tribal Business Council Chairman, Vice Chairman, 2 Councilmen, Montana Representative, honored guest and 3 attendees.
- Confederated Salish & Kootenai Tribes: Tribal Health Department Head, Deputy Director of Department of Agriculture, and 2 attendees.
- Northern Cheyenne: Councilman and Director of Community Health.
- Chippewa Cree Tribe: Vice Chairman and Montana Representative.
- Crow Tribe: Montana Senator, Montana Representative, and 4 attendees.
- Fort Belknap Tribe: 1 attendee.
- Fort Peck Tribe: Montana Representative.
- Indian Health Service: IHS Area Representative.

On February 22, 2011, a meeting was held at DPHHS to discuss the consultation options described above. Representatives of I/T/Us and others included:

- Billings Indian Health Board: 2 attendees.
- Missoula Indian Center.
- North American Indian Alliance.
- Helena Indian Alliance: 2 attendees.

As a result of consultation the following is the preferred option. Consultation with I/T/Us has occurred for Medicaid or CHIP State Plan Amendments or Medicaid Waivers when the following process has been met. For all waivers or amendments, DPHHS will consult with I/T/Us by standard mail or email 45 days in advance of amendment or waiver submission to CMS. This timeframe includes 30 days for I/T/Us to send responses to DPHHS for consideration before submission. At the Department's discretion or by request from I/T/Us, DPHHS may elect to host meetings with I/T/Us to discuss any amendment or waiver.

"I/T/Us" mean Tribal Presidents or Tribal Chairmen from Federally recognized Tribes, the Director of the Billings Area Indian Health Service, Urban Indian Organizations and Tribal Health Departments.

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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)