



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 25 2011

Patricia McManaman
Director, Department of Human Services
P.O. Box 339
Honolulu, HI 96809-0339

Dear Ms. McManaman:

Enclosed is an approved copy of Hawaii State Plan Amendment (SPA) No. 10-010 which provides a process under which the State seeks advice from designees of Indian Health Programs and Urban Indian Organization on State Plan Amendments, waivers, and proposal for demonstration projects that may affect Indian Health, Indians, or Urban Indian Organizations. This SPA is effective December 31, 2010.

If you have any questions, please feel free to contact Brian Zolynas at (415) 744-3601 or Brian.Zolynas@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Gloria Nagle.

Gloria Nagle, Ph.D., M.P.A.
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Kenneth Fink, Med-QUEST Administrator
Michele Bowser, CMS Center for Medicaid and State Operations (two copies)
Mary Rydell, Pacific Area Representative

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
10-010

2. STATE
HAWAII

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)
MEDICAL ASSISTANCE

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
December 31, 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:
1902(a)(73) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 \$ 0.00
b. FFY 2012 \$ 0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 1.4, page 8a (new)
Section 1.4, page 9

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Section 1.4, page 9

10. SUBJECT OF AMENDMENT:

To comply with Section 1902(a)(73) of the Social Security Act, to provide a process under which the State seeks advice from designees of such Indian Health Programs and Urban Indian Organization on State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects that may affect Indians, Indian Health Programs, or Urban Indian Organizations.

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
AS APPROVED BY GOVERNOR

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME:

Kenneth S. Fink, MD, MGA, MPH

14. TITLE:

Med-QUEST Division Administrator

15. DATE SUBMITTED:

December 30, 2010

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

December 30, 2010

18. DATE APPROVED:

MAR 25 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

December 31, 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Gloria Nagle, Ph.D., MPA

22. TITLE:

Associate Regional Administrator
Division of Medicaid & Children's
Health Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **HAWAII****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.

☒ 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 Advisory Committee in their review of marketing material.

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)(l) 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 Hawaii, Department of Human Services, Med-QUEST Division (MQD) engages in consultation with the Urban Indian Organization contractor on State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to CMS as described below:

Written Correspondence

A. The State shall solicit consultation, feedback and recommendations on matters related to Medicaid and CHIP programs for State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to Centers of Medicare and Medicaid (CMS) through written correspondence that includes the following:

- (i) The purpose of the new or revised action
- (ii) A copy of the Public Notice
- (iii) A copy of the documents to be submitted to CMS or
- (iv) A summary of the intended action

Contact for consultation shall occur 45 days prior to submission to CMS. The Urban Indian Organization will have 30 days to comment.

In situations that require immediate submission, an expedited process to include notification and a comment period of 14 days shall occur prior to submittal to CMS.

- B. The State shall review the feedback and recommendations received from the Urban Indian Organization and amend the requests to the extent that is practicable and compliant with federal and state regulations.
- C. The State shall continue to engage the Urban Indian Organization to provide additional information through written correspondence, email or face-to-face meetings as appropriate.

TN No. 10-010
 Supersedes
 TN No. New

Approval Date: MAR 25 2011 Effective Date: December 31, 2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **HAWAII**

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.

On August 19, 2009, the State of Hawaii, Department of Human Services, Med-QUEST Division (MQD) contacted the Urban Indian Organization to solicit their input in the consultation process required under Section 5006 (e) of the American Recovery and Reinvestment Act.

On September 15, 2009, the State presented a draft of the intended consultation process to the Urban Indian Organization for their review and comment. The Urban Indian Organization informed the State of their acceptance of the proposed consultation process without amendment for immediate implementation.

On December 15 2010, the State contacted the Urban Indian Organization to determine if amendments were necessary to further promote the effectiveness of the process since implementation and was informed that no further changes were necessary. The State is amenable to mutually agreed changes to the adopted consultation process that will promote transparency and partnership for American Indian and Alaska Natives in our community.

TN No. 10-010
Supersedes
TN No. 03-003

Approval Date: MAR 25 2011 Effective Date: December 31, 2010