

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



CENTERS for MEDICARE & MEDICAID SERVICES

Division of Medicaid and Children's Health Operations / Boston Regional Office

April 12, 2011

JudyAnn Bigby, M.D., Secretary
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

Dear Dr. Bigby:

We have reviewed Massachusetts' State Plan Amendment ("SPA") No. 10-004, received in the Boston Regional Office on September 29, 2010. This amendment documents that the Commonwealth has established a process consistent with section 5006(e) of the Recovery Act to consult with Indian Health Programs, which include Indian Health Service programs, Tribal health programs operated under P.L. 93-638 and urban Indian organizations (I/T/Us) receiving funding under Title V of the Indian Health Care Improvement Act, on all Medicaid or CHIP SPAs, waivers, or proposals for demonstration projects that have a direct effect on those populations.

Based on the information provided, we are pleased to inform you that Massachusetts SPA 10-004 is approved, effective July 1, 2010. Enclosed is a copy of the CMS-179 form, as well as the approved pages for incorporation in the Massachusetts Medicaid State Plan.

We note that, based on consultations between the Commonwealth and representatives from the Mashpee Wampanoag Tribe, the Wampanoag Tribe of Gay Head (Aquinnah) and the Indian Health Programs, it was determined that any SPAs, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects will be considered to have a direct effect on Tribal members. Therefore, the Commonwealth will seek advice and feedback from the Tribes and Indian Health Program on all such changes to be submitted to CMS. In future submissions of the actions identified as having a direct effect on Tribal members, please also submit to CMS documentation that confirms that this consultation has occurred.

If you have any questions, please contact Aaron Wesolowski of my staff. Aaron Wesolowski can be reached at 617-565-1325 or by email at aaron.wesolowski@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosures

cc: Terry Dougherty, Medicaid Director
Michael Coleman, State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 10-004	2. STATE: MA
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
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		4. PROPOSED EFFECTIVE DATE 07/01/10	
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(73) and 2107(e)(1)(C) of the Act		7. FEDERAL BUDGET IMPACT: a. FFY10 \$ 00.00 b. FFY11 \$ 00.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section One, pages 9, 9.1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Section One, page 9	
10. SUBJECT OF AMENDMENT: Tribal Consultation			
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 Not required under <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL. 42 CMR 430.12(b)(2)(ii)			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Judy Ann Bigby 14. TITLE: Secretary 15. DATE SUBMITTED: 09/29/10		16. RETURN TO: Michael P. Coleman State Plan Coordinator Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, 11 th Floor Boston, MA 02108	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 09/29/2010		18. DATE APPROVED: 04/12/2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/2010		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Richard R. McGreal		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: Massachusetts
Section 1: Single State Agency Organization

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.

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.

While MassHealth has a long history of interaction with the two federally recognized tribes in the state (Mashpee Wampanoag Tribe and Wampanoag Tribe of Gay Head (Aquinnah)), the Commonwealth is now establishing quarterly meetings with the tribes, both in-person and by conference call, with email contact as needed between meetings. These quarterly meetings will serve as a formal mechanism to seek advice from and provide information to the tribes regarding State Plan Amendments, waiver proposals and the other program changes listed above that would impact tribe members.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
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The consultation process used for the development and submission of this State Plan Amendment is described below.

Mashpee Wampanoag Tribe: The MassHealth Director of Outreach and Education sent an email on 7/28/10 to the tribe's Health Director, MassHealth Insurance Coordinator and Outreach and Enrollment Specialist, suggesting a consultation policy consisting of quarterly meetings (both in-person and by conference call) with email contact between meetings as needed. The Health Director, the Health and Human Services Liaison to the Tribal Council, the MassHealth Insurance Coordinator, and the Outreach and Enrollment Specialist, sent an email to the MassHealth Director of Outreach and Education on 8/2/10 confirming that the tribe agrees with this approach.

Wampanoag Tribe of Gay Head (Aquinnah): During a conference call on 9/15/10 with the Chairwoman and the Acting Health Director of the tribe, the MassHealth Director of Outreach and Education and the Member Education Clinical Coordinator suggested a consultation policy consisting of quarterly meetings (both in-person and by conference call) with email contact between meetings as needed. The Chairwoman and the Acting Health Director confirmed on the call that they agreed with this approach.

During quarterly consultation calls on January 19, 2011, the representatives from the Mashpee Wampanoag Tribe, the Wampanoag Tribe of Gay Head (Aquinnah) and the Indian Health Programs confirmed that they considered any State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects to have a direct effect on Tribal members. The Commonwealth will therefore seek advice and feedback from the Tribes and Indian Health Program on all such changes to be submitted to CMS.

During quarterly consultation calls on January 19, 2011, the representatives from the Mashpee Wampanoag Tribe, the Wampanoag Tribe of Gay Head (Aquinnah) and the Indian Health Programs confirmed that the Commonwealth will raise issues identified as having a direct effect on the Tribes in the quarterly consultation calls or via email at least a month in advance of submission to CMS; and when notice is provided in calls or via email, the Tribes will have at least two weeks to respond with advice to the Commonwealth. For major initiatives the Commonwealth will notify the Tribes early in the process of development through the stakeholder processes associated with each initiative. These stakeholder processes ask stakeholders, including the Tribes, to give us their advice and feedback on the initiatives.