

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Section1: 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)(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.

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.

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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.

Native American Lifelines of Boston: During a conference call on 10/27/11 with the Acting Site Director, the MassHealth Director of Outreach and Education suggested a consultation policy consisting of quarterly meetings (both in-person and by conference call) with email contact between meetings as needed. The Acting Site Director confirmed on the call that he 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 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

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stakeholder processes ask stakeholders, including the Tribes, to give us their advice and feedback on the initiatives.

During the call on October 27, 2011 with Native American Lifelines of Boston, the Acting Site Director indicated he agreed with the approach and timeframes for consultation as described above.