

## Table of Contents

**State/Territory Name: New York**

**State Plan Amendment (SPA) # 17-0065**

This file contains the following documents in the order listed:

1. Approval Letter
2. CMS 179 Form
3. Approved SPA pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



**DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS**

---

DMCHO: VH: SPA NY- 17-0065

March 12, 2018

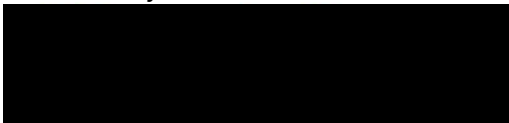
Jason Helgersen  
Deputy Commissioner  
Office of Health Insurance Programs  
NYS Department of Health  
Corning Tower (OCP- 1211)  
Albany, New York 12237

Dear Mr. Helgersen:

We have completed our review of the submission of New York's State Plan Amendment (SPA) 17-0065 for incorporation into the Medicaid State Plan with an effective date of December 1, 2017. This SPA is submitted based on enacted legislation and proposes to revise the State Plan to amend procedures for soliciting advice for designees of the State's Indian Health Programs concerning Medicaid and CHIP matters that may have an impact on Indians or Indian Health Programs.

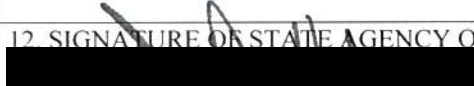
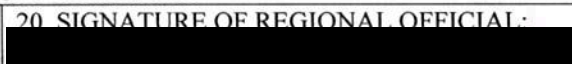
Enclosed is the copy of the approved SPA # 17-0065. If you have any questions, concerns, or wish to discuss this further, please contact Vennetta Harrison at 212-616-2214.

Sincerely,



Michael Melendez, LMSW  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Cc: C. Gillaspie  
L. Terwilliger  
R. Deyette  
D. Cater

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>17-0065</b>	2. STATE <b>New York</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>December 1, 2017</b>	
5. TYPE OF PLAN MATERIAL <i>(Check One)</i> :  <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 <i>(Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION: <b>§1902(a) of the Social Security Act and 42 CFR 447</b>		7. FEDERAL BUDGET IMPACT: <i>(in thousands)</i> a. FFY 12/01/17-09/30/18 \$ 0 b. FFY 10/01/18-09/30/19 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 1.1: Page 9</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> :  <b>Attachment 1.1: Page 9</b>	
10. SUBJECT OF AMENDMENT: <b>Tribal Consultation Procedures (FMAP = 50%)</b>			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: <b>New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210</b>	
13. TYPED NAME: <b>Jason A. Helgerson</b>			
14. TITLE: <b>Medicaid Director Department of Health</b>			
15. DATE SUBMITTED: <b>DEC 18 2017</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>MARCH 12, 2018</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>DECEMBER 01, 2017</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>MICHAEL MELENDEZ</b>		22. TITLE: <b>Associate Regional Administrator Division of Medicaid &amp; Children's Health Operations</b>	
23. REMARKS:			

New York  
9

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

### 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.

### Tribal Consultation Process

For changes to the State's Medicaid Plan (Plan) that require a State Plan Amendment (SPA), Indian nation leaders and health clinic administrators and Urban Indian Organization leaders and health department administrators will be sent a letter altering that a new tribal consultation has been posted. This notification will be accompanied by summaries of each proposed amendment, an offer of availability of State staff to meet with respective Indian leaders in person upon request made within two weeks of the date of the notification, and also a weblink to the Department of Health website where you may also view the draft plan pages and Federal Public Notice for each proposal. Tribal consultations will be sent at least two weeks prior to submitting a SPA to CMS for approval, allowing for a two-week comment period. [copy of the Federal Public Notice related to a particular SPA, along with a cover letter offering the availability of State staff to meet with respective Indian leaders in person upon requests made within two weeks of the date of notification. A least two weeks' prior to submitting a SPA to CMS for approval, a draft copy of the proposed amendment will be forwarded to the above Indian representatives, allowing for a two-week comment period.] Indian health clinic administrators will be notified via e-mail, and all other Indian representatives will be notified via U.S. Postal Service.

TN #17-0065

Approval Date 03/12/2018

Supersedes TN #13-0056

Effective Date 12/01/2017