



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

DEC 28 2018

National Institutional Reimbursement Team
Attention: Mark Cooley
CMS, CMCS
7500 Security Boulevard, M/S S3-14-28
Baltimore, MD 21244-1850

Re: SPA #18-0064
Inpatient Hospital Services

Dear Mr. Cooley:

The State requests approval of the enclosed amendment #18-0064 to the Title XIX (Medicaid) State Plan for inpatient hospital services to be effective November 1, 2018 (Appendix I). This amendment is being submitted based upon enacted statute. A summary of the proposed amendment is contained in Appendix II.

This amendment is submitted pursuant to §1902(a) of the Social Security Act (42 USC 1396a(a)) and Title 42 of the Code of Federal Regulations (CFR), Part 447, Subpart C.

Notice of the changes in the methods and standards for setting payment rates for general hospital inpatient services were given in the New York State Register on October 31, 2018.

A copy of pertinent section of enacted statute is enclosed for your information (Appendix III). In addition, responses to the five standard funding questions are also enclosed (Appendix V).

If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact Regina Deyette, Medicaid State Plan Coordinator, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 473-3658.

Sincerely,


Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

Enclosures
cc: Mr. Michael Melendez
Mr. Tom Brady

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 8 — 0 0 6 4</u>	2. STATE New York
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE November 1, 2018	

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) of the Social Security Act, and 42 CFR 447	7. FEDERAL BUDGET IMPACT a. FFY 11/01/18-09/30/19 \$ 27,860.65 b. FFY 10/01/19-09/30/20 \$ 30,393.44
---	--

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A Page: A(1)(c)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment:
---	--

10. SUBJECT OF AMENDMENT
Across the Board Hospital Inpatient Investment (FMAP=50%)

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210
13. TYPED NAME Donna Frescatore	
14. TITLE Medicaid Director, Department of Health	
15. DATE SUBMITTED DEC 28 2018	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED
-------------------	-------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME	22. TITLE

23. REMARKS

Appendix I
2018 Title XIX State Plan
Fourth Quarter Amendment
Amended SPA Pages

New York
A(1)(c)

Across the Board Hospital Inpatient Investment

- (1) For dates of service on and after November 1, 2018, the operating component of the inpatient rates of reimbursement for Article 28 hospitals, as calculated pursuant to Part 1 of this Attachment, will be adjusted to reflect an across the board investment not to exceed two percent (2%).
- a. Sections in this Attachment subject to the maximum two percent (%) hospital inpatient investment are as follows:
 - i. Hospital Inpatient Acute Reimbursement
 - ii. Exempt units and hospitals
 - iii. Graduate Medical Education – Medicaid Managed Care Reimbursement
 - iv. Alternate level of care payments (ALC)
 - b. The capital component and minimum wage add-ons of the hospital inpatient rates are not subject to the maximum two percent (%) hospital inpatient investment.

TN #18-0064

Approval Date _____

Supersedes TN #NEW

Effective Date _____

Appendix II
2018 Title XIX State Plan
Fourth Quarter Amendment
Summary

SUMMARY
SPA #18-0064

This State Plan Amendment proposes to adjust the operating component of the inpatient rates of reimbursement for hospitals, certified under Article 28 of the Public Health Law, to reflect an across the board investment not to exceed two percent effective for dates of service on and after November 1, 2018.

Appendix III
2018 Title XIX State Plan
Fourth Quarter Amendment
Authorizing Provisions

SPA 18-0064

State Finance Law - Article 6, Section 92-hh

§ 92-hh. Health care transformation fund. 1. There is hereby established in the joint custody of the state comptroller and the commissioner of taxation and finance a fund to be known as the "health care transformation fund".

2. Such fund shall consist of moneys paid thereto from (a) contingent reserves redeployed pursuant to section forty-four hundred sixteen of the public health law, (b) moneys transferred to such fund pursuant to law, and (c) contributions, consisting of grants of any money, including grants or other financial assistance from any agency of government or any other source, to be paid into this fund.

3. Moneys in the health care transformation fund shall be kept separate and shall not be commingled with any other moneys in the custody of the state comptroller and the commissioner of taxation and finance.

4. Notwithstanding any provision of law to the contrary, moneys of the health care transformation fund shall be available for transfer to any other fund of the state as authorized and directed by the director of the budget to support health care delivery, including for capital investment, debt retirement or restructuring, housing and other social determinants of health, or transitional operating support to health care providers.

5. Within fifteen days after executing or modifying an allocation, transfer, distribution or other use of the health care transformation fund, the commissioner shall provide written notice to the chairs of the senate finance committee, the assembly ways and means committee, the senate and assembly insurance committees, and the senate and assembly health committees. Such notice shall include, but shall not be limited to, information on the amount, date, and purpose of the allocation, transfer, distribution, or other use, and the methodology used to distribute the moneys.

6. The director of the budget shall provide quarterly reports to the chair of the senate finance committee and the chair of the assembly ways and means committee on the receipts and distributions of the health care transformation fund, including an itemization of such receipts and disbursements, the historical and projected expenditures, and the projected fund balance.

**Appendix IV
2018 Title XIX State Plan
Fourth Quarter Amendment
Public Notice**

state annulled in the manner prescribed by Section 203-b of the Tax Law, have complied with the provisions of subdivision (7) of Section 203-b of the Tax Law, annulling all of the proceedings theretofore taken for the annulment of authority of each such corporation. The appropriate entries have been made on the records of the Department of State.

COUNTY: ALBANY

ENTITY NAME: MESSAGE CENTER MANAGEMENT, INC.
 JURIS: DELAWARE
 REINSTATE: 12/23/16
 ANNUL OF AUTH: 06/26/02

ENTITY NAME: TOUTON U.S.A. LIMITED
 JURIS: INDIANA
 REINSTATE: 10/17/16
 ANNUL OF AUTH: 08/31/16

COUNTY: MONROE

ENTITY NAME: MIDWEST FINANCIAL ACCEPTANCE CORPORATION
 JURIS: MISSOURI
 REINSTATE: 11/17/16
 ANNUL OF AUTH: 10/28/09

COUNTY: NEW YORK

ENTITY NAME: BNN GROUP, INC.
 JURIS: NEW JERSEY
 REINSTATE: 12/05/16
 ANNUL OF AUTH: 07/27/11

ENTITY NAME: BRATTFORD INVESTMENTS LIMITED
 JURIS: ALL OTHERS
 REINSTATE: 12/08/16
 ANNUL OF AUTH: 10/26/11

ENTITY NAME: BUJEON ELECTRONICS CO., LTD.
 JURIS: KOREA
 REINSTATE: 11/23/16
 ANNUL OF AUTH: 07/27/11

ENTITY NAME: MEDIANEWS GROUP, INC.
 JURIS: DELAWARE
 REINSTATE: 11/04/16
 ANNUL OF AUTH: 08/31/16

ENTITY NAME: MONTROSE SECURITIES INTERNATIONAL
 JURIS: CALIFORNIA
 REINSTATE: 10/19/16
 ANNUL OF AUTH: 06/25/03

ENTITY NAME: ONB INSURANCE GROUP, INC.
 FICT NAME: ONB INSURANCE GROUP AGENCY
 JURIS: INDIANA
 REINSTATE: 12/02/16
 ANNUL OF AUTH: 10/27/10

ENTITY NAME: QUOVERA, INC.
 JURIS: CALIFORNIA
 REINSTATE: 10/03/16
 ANNUL OF AUTH: 10/26/11

ENTITY NAME: R2 SYSTEMS, INC.
 JURIS: CALIFORNIA
 REINSTATE: 12/28/16
 ANNUL OF AUTH: 06/29/16

ENTITY NAME: TRIPLE CANOPY, INC.
 JURIS: ILLINOIS
 REINSTATE: 12/09/16
 ANNUL OF AUTH: 10/26/16

ENTITY NAME: UJA, INC.
 JURIS: NEW JERSEY
 REINSTATE: 12/06/16
 ANNUL OF AUTH: 01/26/11

COUNTY: SUFFOLK

ENTITY NAME: PRECISION TIME SYSTEMS, INC.
 JURIS: PENNSYLVANIA
 REINSTATE: 11/10/16
 ANNUL OF AUTH: 04/27/11

PUBLIC NOTICE

Department of Civil Service

PURSUANT to the Open Meetings Law, the New York State Civil Service Commission hereby gives public notice of the following:

Please take notice that the regular monthly meeting of the State Civil Service Commission for November 2018 will be conducted on November 13 and November 14 commencing at 10:00 a.m. This meeting will be conducted at NYS Media Services Center, Suite 146, South Concourse, Empire State Plaza, Albany, NY with live coverage available at <https://www.cs.ny.gov/commission/>.

For further information, contact: Office of Commission Operations, Department of Civil Service, Empire State Plaza, Agency Bldg. One, Albany, NY 12239, (518) 473-6598

PUBLIC NOTICE

Office of General Services

Pursuant to Section 33 of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Office for People with Developmental Disabilities has determined property identified as Tax Map Section 25.008, Block 2, Lot 20.120, located on Kickerville Lane in the Town of Long Lake, Hamilton County, New York State, a 2.49± vacant land parcel, as surplus and no longer useful or necessary for state program purposes, and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Thomas Pohl, Esq., Office of General Services, Legal Services, 41st Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831, (518) 473-4973 fax

PUBLIC NOTICE

Office of General Services

Pursuant to Section 33 of the Public Lands Law, the Office of General Services hereby gives notice to the following:

Notice is hereby given that the Office for People with Developmental Disabilities has determined property identified as Tax Map Section 25.008, Block 2, Lot 20.200, located on Kickerville Lane in the Town of Long Lake, Hamilton County, New York State, a 2.449± vacant land parcel, as surplus and no longer useful or necessary for state program purposes, and has abandoned the property to the Commissioner of General Services for sale or other disposition as Unappropriated State land.

For further information, please contact: Thomas Pohl, Esq., Office of General Services, Legal Services, 41st Fl., Corning Tower, Empire State Plaza, Albany, NY 12242, (518) 474-8831, (518) 473-4973 fax

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for Long Term Care and Institutional services. The following changes are proposed:

Long Term Care Services

Effective on or after November 1, 2018, the Department of Health will adjust the operating component of rates of reimbursement for nursing homes, certified under Article 28 of the Public Health Law, to reflect an across the board investment not to exceed one and one-half percent (1.5%).

Institutional Services

Effective on or after November 1, 2018, the Department of Health will adjust the operating component of inpatient rates of reimbursement for hospitals, certified under Article 28 of the Public Health Law, to reflect an across the board investment not to exceed two percent (2%).

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, or e-mail: spa_inquiries@health.ny.gov

PUBLIC NOTICE

Office of Parks, Recreation and Historic Preservation

Pursuant to section 14.07 of the Parks, Recreation and Historic Preservation Law, the Office of Parks, Recreation and Historic Preservation hereby gives notice of the following:

In accordance with subdivision (c) of section 427.4 of title 9 NYCRR notice is hereby given that the New York State Board for Historic Preservation will be considering nomination proposals for listing of properties in the State and National Register of Historic Places at a meeting to be held on Thursday, December 6th, 2018 at the New York State Museum, Seventh Floor, 222 Madison Avenue, Empire State Plaza, Albany, NY 12230.

The following properties will be considered:

1. Monarch Knitting Company Factory, Buffalo, Erie County
2. Payne Avenue High School, North Tonawanda, Niagara County
3. Buildings at Niagara and Seventh Streets, Niagara Falls, Niagara County
4. First Presbyterian Church of Lewiston and Lewiston Village Cemetery, Lewiston, Niagara County

5. Schoharie Village Historic District, Schoharie, Schoharie County
6. Robinwood Historic District, Ossining, Westchester County
7. Rensselaer Society of Engineers House, RPI, Troy, Rensselaer County
8. Hotel Saranac, Saranac Lake, Franklin County
9. Col. Peter B. Vrooman House, Schoharie, Schoharie County
10. Dresden School No. 2, Dresden, Washington County
11. Rockefeller Pocantico Hills Estate Historic District, Pocantico Hills, Westchester County
12. Ashokan Field School, Olive Bridge, Ulster County
13. Richmond Hill Historic District, Queens County
14. German Evangelical Lutheran Church, Brooklyn, Kings County
15. Triboro Hospital for Tuberculosis, Jamaica, Queens County
16. St. Anthony of Padua Church Complex, Syracuse, Onondaga County
17. McNaught Family Farm, Bovina Center Vicinity, Delaware County
18. Hazard Wilcox Jr. Farm, Smyrna Vicinity, Chenango County
19. St. Johnsville Historic District (Boundary Correction), St. Johnsville, Montgomery County

To be considered by the board, comments may be submitted to Daniel Mackay, Deputy Commissioner for Historic Preservation and Deputy State Historic Preservation Officer, Division for Historic Preservation, Peebles Island, P.O. Box 189, Waterford, New York 12188-0189, no later than Wednesday, December 5th or may be submitted in person at the meeting by contacting Daniel Mackay at the same address no later than December 5th.

For further information, contact: Daniel Mackay, Deputy Commissioner for Historic Preservation and Deputy State Historic Preservation Officer, Division for Historic Preservation, Peebles Island, P.O. Box 189, Waterford, NY 12188-0189, (518) 268-2171

PUBLIC NOTICE

Department of State

Proclamation

Revoking Limited Liability Partnerships

WHEREAS, Article 8-B of the Partnership Law, requires registered limited liability partnerships and New York registered foreign limited liability partnerships to furnish the Department of State with a statement every five years updating specified information, and

WHEREAS, the following registered limited liability partnerships and New York registered foreign limited liability partnerships have not furnished the department with the required statement, and

WHEREAS, such registered limited liability partnerships and New York registered foreign limited liability partnerships have been provided with 60 days notice of this action;

NOW, THEREFORE, I, Rossana Rosado, Secretary of State of the State of New York, do declare and proclaim that the registrations of the following registered limited liability partnerships are hereby revoked and the status of the following New York foreign limited liability partnerships are hereby revoked pursuant to the provisions of Article 8-B of the Partnership Law, as amended:

DOMESTIC REGISTERED LIMITED LIABILITY PARTNERSHIPS

- A
- ARMAO LLP (13)
- B
- BALLARD SPAHR STILLMAN & FRIEDMAN, LLP (13)
- BEATTY HARVEY COCO ARCHITECTS, LLP (98)
- BELFORD & NORNES, LLP (13)
- BSD MEDICAL LLP (08)
- C
- CHENG & FASANYA, LLP (03)
- COLLERAN, O'HARA & MILLS, L.L.P. (03)

Appendix V
2018 Title XIX State Plan
Fourth Quarter Amendment
Responses to Standard Funding Questions

APPENDIX V
HOSPITAL SERVICES
State Plan Amendment #18-0064

CMS Standard Funding Questions (NIRT Standard Funding Questions)

The following questions are being asked and should be answered in relation to all payments made to all providers under Attachment 4.19-A of your state plan.

- 1. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.)**

Response: Providers do retain the payments made pursuant to this amendment. However, this requirement in no way prohibits the public provider, including county providers, from reimbursing the sponsoring local government for appropriate expenses incurred by the local government on behalf of the public provider. The State does not regulate the financial relationships that exist between public health care providers and their sponsoring governments, which are extremely varied and complex. Local governments may provide direct and/or indirect monetary subsidies to their public providers to cover on-going unreimbursed operational expenses and assure achievement of their mission as primary safety net providers. Examples of appropriate expenses may include payments to the local government which include reimbursement for debt service paid on a provider's behalf, reimbursement for Medicare Part B premiums paid for a provider's retirees, reimbursement for contractually required health benefit fund payments made on a provider's behalf, and payment for overhead expenses as allocated per federal Office of Management and Budget Circular CFR 200 regarding Cost Principles for State, Local, and Indian Tribal Governments. The existence of such transfers should in no way negate the legitimacy of these facilities' Medicaid payments or result in reduced Medicaid federal financial participation for the State. This position was further supported by CMS in review and approval of SPA 07-07C when an on-site audit of these transactions for New York City's Health and Hospitals Corporation was completed with satisfactory results.

- 2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental,**

enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local government entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:

- (i) a complete list of the names of entities transferring or certifying funds;
- (ii) the operational nature of the entity (state, county, city, other);
- (iii) the total amounts transferred or certified by each entity;
- (iv) clarify whether the certifying or transferring entity has general taxing authority; and,
- (v) whether the certifying or transferring entity received appropriations (identify level of appropriations).

Response: Payments made to service providers under the provisions of this SPA are funded through a budget appropriation received by the State agency that oversees medical assistance (Medicaid), which is the Department of Health.

The source of the appropriation is the health care transformation fund from the 2018/19 enacted State Budget.

3. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.

Response: The payments authorized for this provision are not supplemental or enhanced payments.

4. Please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e. applicable to the current rate year) UPL demonstration. Under regulations at 42 CFR 447.272, States are prohibited from setting payment rates for Medicaid inpatient services that

exceed a reasonable estimate of the amount that would be paid under Medicare payment principals.

Response: The state and CMS are working toward completing and approval of current year UPL.

5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

Response: The rate methodology included in the approved State Plan for institutional services is prospective payment. We are unaware of any requirement under current federal law or regulation that limits individual provider payments to their actual costs.

ACA Assurances:

1. **Maintenance of Effort (MOE).** Under section 1902(gg) of the Social Security Act (the Act), as amended by the Affordable Care Act, as a condition of receiving any Federal payments under the Medicaid program during the MOE period indicated below, the State shall not have in effect any eligibility standards, methodologies, or procedures in its Medicaid program which are more restrictive than such eligibility provisions as in effect in its Medicaid program on March 10, 2010.

MOE Period.

- **Begins on:** March 10, 2010, and
- **Ends on:** The date the Secretary of the Federal Department of Health and Human Services determines an Exchange established by a State under the provisions of section 1311 of the Affordable Care Act is fully operational.

Response: This SPA complies with the conditions of the MOE provision of section 1902(gg) of the Act for continued funding under the Medicaid program.

2. Section 1905(y) and (z) of the Act provides for increased FMAPs for expenditures made on or after January 1, 2014 for individuals determined eligible under section 1902(a)(10)(A)(i)(VIII) of the Act. Under section 1905(cc) of the Act, the increased FMAP under sections 1905(y) and (z) would not be available for States that require local political subdivisions to contribute amounts toward the non-Federal share of the State's expenditures at a greater percentage than would have been required on December 31, 2009.

Prior to January 1, 2014 States may potentially require contributions by local political subdivisions toward the non-Federal share of the States' expenditures at percentages greater than were required on December 31, 2009. **However,** because of the provisions of section 1905(cc) of the Act, it is

important to determine and document/flag any SPAs/State plans which have such greater percentages prior to the January 1, 2014 date in order to anticipate potential violations and/or appropriate corrective actions by the States and the Federal government.

Response: This SPA would [] / would not [✓] violate these provisions, if they remained in effect on or after January 1, 2014.

3. Please indicate whether the State is currently in conformance with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.

Response: This State does comply with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.

Tribal Assurance:

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 HIS 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.

a) 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.

b) Please include information about the frequency inclusiveness and process for seeking such advice.

c) 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.

Response: Tribal consultation was performed in accordance with the State's tribal consultation policy as approved in SPA 17-65, and documentation of such is included with this submission. To date, no feedback has been received from any tribal representative in response to the proposed change in this SPA.