



Department of Health

ANDREW M. CUOMO
Governor

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

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

SEP 07 2017

Mr. Michael Melendez
Associate Regional Administrator
Department of Health & Human Services
Centers for Medicare & Medicaid Services
New York Regional Office
Division of Medicaid and Children's Health Operations
26 Federal Plaza - Room 37-100 North
New York, New York 10278

RE: SPA #17-0051
Non-Institutional Services

Dear Mr. Melendez:

The State requests approval of the enclosed amendment #17-0051 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective July 1, 2017 (Appendix I). This amendment is being submitted based on enacted legislation. A summary of the plan amendment is provided in Appendix II.

The State of New York reimburses these services through the use of rates that are consistent with and promote efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area as required by §1902(a)(30) of the Social Security Act and 42 CFR §447.204.

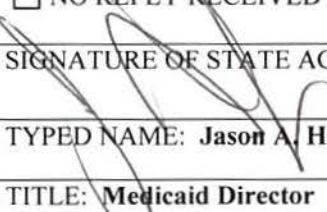
Copies of pertinent sections of State legislation are enclosed for your information (Appendix III). A copy of the public notice of this plan amendment, which was given in the New York State Register on June 21, 2017 is also enclosed for your information (Appendix IV). In addition, responses to the five standard funding questions are also enclosed (Appendix).

If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact John E. Ulberg, Jr., Medicaid Chief Financial Officer, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 474-6350.

Sincerely,


Jason A. Helgerson
Medicaid Director
Office of Health Insurance Programs

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 17-0051	2. STATE New York
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2017	
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: § 1902(a) of the Social Security Act and 42 CFR 447		7. FEDERAL BUDGET IMPACT: <i>(in thousands)</i> a. FFY 07/01/17-09/30/17 \$ 225.00 b. FFY 10/01/17-09/30/18 \$ 0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: 4(10)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Attachment 4.19-B: 4(10)	
10. SUBJECT OF AMENDMENT: Note: the period is 02/01/16-03/31/16 North Country Homes (LHCSA-Safety Net/VAP) (FMAP = 50%)			
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: 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: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: SEP 07 2017			
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
2017 Title XIX State Plan
Third Quarter Amendment
Amended SPA Pages

Appendix II
2017 Title XIX State Plan
Third Quarter Amendment
Summary

SUMMARY
SPA #17-0051

This amendment proposes to grant temporary adjustments to Medicaid rates for eligible Licensed Home Care Services Agencies that are subject to or impacted by the closure, merger, consolidation, acquisition or restructuring of a health care provider. The provider for which approval is being requested is North Country Homes.

Appendix III
2017 Title XIX State Plan
Third Quarter Amendment
Authorizing Provisions

Public Health

§ 3605. Licensure of home care services agencies.

14. Notwithstanding any contrary provision of law and subject to the availability of federal financial participation, for periods on and after April first, two thousand fourteen, the commissioner is authorized to make temporary periodic lump-sum Medicaid payments to licensed home care service agencies ("LHCSA") principally engaged in providing home health services to Medicaid patients, in accordance with the following:

(a) Eligible LHCSA providers shall include:

- (i) providers undergoing closure;
- (ii) providers impacted by the closure of other health care providers;
- (iii) providers subject to mergers, acquisitions, consolidations or restructuring;
- (iv) providers impacted by the merger, acquisition, consolidation or restructuring of other health care providers; or
- (v) providers seeking to ensure that access to care is maintained.

(b) Providers seeking Medicaid payments under this subdivision shall demonstrate through submission of a written proposal to the commissioner that the additional resources provided by such Medicaid payments will achieve one or more of the following:

- (i) protect or enhance access to care;
- (ii) protect or enhance quality of care;
- (iii) improve the cost effectiveness of the delivery of health care services; or
- (iv) otherwise protect or enhance the health care delivery system, as determined by the commissioner.

(c) (i) Such written proposal shall be submitted to the commissioner at least sixty days prior to the requested commencement of such Medicaid payments and shall include a proposed budget to achieve the goals of the proposal. Any Medicaid payments issued pursuant to this subdivision shall be made over a specified period of time, as determined by the commissioner, of up to three years. At the end of the specified timeframe such payments shall cease. The commissioner may establish, as a condition of receiving such Medicaid payments, benchmarks and goals to be achieved in conformity with the provider's written proposal as approved by the commissioner and may also require that the provider submit such periodic reports concerning the achievement of such benchmarks and goals as the commissioner deems necessary. Failure to achieve satisfactory progress, as determined by the commissioner, in accomplishing such benchmarks and goals shall be a basis for ending the provider's Medicaid payments prior to the end of the specified timeframe.

(ii) The commissioner may require that applications submitted pursuant to this subdivision be submitted in response to and in accordance with a Request For Applications or a Request For Proposals issued by the commissioner.

Appendix IV
2017 Title XIX State Plan
Third Quarter Amendment
Public Notice

MISCELLANEOUS NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

PUBLIC NOTICE Office of General Services Interagency Committee on Sustainability and Green Procurement

Pursuant to Executive Order No. 4: Establishing a State Green Procurement and Agency Sustainability Program, April 24, 2008 ("EO 4"), the Interagency Committee on Sustainability and Green Procurement hereby gives public notice of the following:

Two green specifications were tentatively approved by the Interagency Committee on Sustainability and Green Procurement and have been posted for public comment. These include a specification regarding AAA, AA, and D Batteries and amendments to an existing Single-Use Food Containers specification.

Both of these specifications are available for viewing at: <https://www.ogs.state.ny.us/green/ny/green-tentative.asp>

Comments may be submitted electronically to GreenEO4@ogs.ny.gov

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 362 and 372 Prospect Street, Town of Dickinson, Broome County, New York State, improved with a 8,408+/- square foot church situated on a.612+/- acre lot, and a 19,360+/- square foot school situated on a.417+/- acre lot, 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 institutional services related to temporary rate adjustments to Licensed Home Care Service Agencies (LHCSAs) that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. These payments are authorized by current State statutory and regulatory provisions.

The temporary rate adjustments have been reviewed and approved for North Country Home Services, Inc., with aggregate payment amounts totaling up to \$450,000 for the period July 1, 2017 through March 31, 2018.

The estimated net aggregate increase in Gross Medicaid Expenditures attributable to this initiative contained in the budget for State Fiscal Year 17/18 by provider category, is as follows: LHCSA \$450,000.

The public is invited to review and comment on this proposed State Plan Amendment. Copies of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status.

Copies of the proposed State Plan Amendments will be on file in each local (county) social services district and available for public review.

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 1460, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of Motor Vehicles

Local Regulation of Transportation Network Companies

Part AAA of Chapter 59 of the Laws of 2017 provides that every county, and any city with a population of 100,000 or more as of the last decennial census, may prohibit the pick-up of any person by a transportation network company (TNC), as defined by article 44-b of the Vehicle and Traffic Law, within their geographic boundaries pursuant to an enactment of a local law or ordinance, except that any county that contains a city with a population of 100,000 or more as of the last decennial census shall only be authorized to prohibit the pick-up of any person by a TNC outside of the geographic boundaries of such city.

A county or city that enacts such a local law must notify the Department of Motor Vehicles, by sending a certified copy of the local law to the Department at: Rideshare Unit, P.O. Box 2603, Albany, NY 12220-0603

The Department will maintain a list of the counties and cities on its website, www.dmv.ny.gov

PUBLIC NOTICE

Department of State

Routine Program Change

New York State's Coastal Management Program

On September 16, 2016, the New York State Department of State (DOS) submitted a Routine Program Change to the federal Office for Coastal Management (OCM) in the National Oceanic and Atmospheric Administration of the U.S. Department of Commerce. The changes to the New York State Coastal Management Program covered by this request were the rewording of New York State's Coastal Policy #29 with an updated explanation; an update to the state authorities supporting the Coastal Management Program's implementing and enforceable forty-four policies based on recent state laws and regulations; conforming edits to update policy language to reflect current New York State policy, and removal of typographical errors within New State's York's Coastal Management Plan.

Pursuant to 15 C.F.R. § 923.84(b)(4), DOS hereby provides notice that OCM concurred on May 7, 2017 with the DOS determination that program changes do constitute a Routine Program Change and approved the changes as a component of the New York Coastal Management Program with the exception of the addition of New York State Law Article 2, Section 7-a: Jurisdiction and Ownership of Offshore Waters and Lands Thereunder.

The text of enforceable Coastal Policies # 1-28 and 30-44 and the Long Island Sound Coastal Policies # 1-13 that DOS uses for federal consistency decision-making remain unchanged. OCM has approved the modified language to Coastal Policy # 29 to now read as:

- The development of offshore uses and resources, including renewable energy resources, shall accommodate New York's long-standing ocean and Great Lakes industries, such as commercial and recreational fishing and maritime commerce, and the ecological functions of habitats important to New York.

The following State authorities are incorporated into the New York Coastal Management Program.

- New York State Environmental Conservation Law Article 6: State Smart Growth Public Infrastructure Policy Act
 - New York State Energy Law Article 6: Energy Planning
 - New York State Energy Plan
- New York State Public Service Law Article 10: Siting of Major Electric Generating Facilities
 - New York State Environmental Conservation Law Article 13, Title 7: Seagrass Protection Act
 - New York State Environmental Conservation Law Article 14: New York Ocean and Great Lakes Ecosystem Conservation Act
 - New York State Environmental Conservation Law Article 15, Title 15: New York Water Resources Protection Act of 2011
 - Community Risk and Resiliency Act (Chapter 355 of the Laws of 2014)

- New York Codes, Rules and Regulations Title 6, Chapter IV, Subchapter H, Part 487: Analyzing Environmental Justice Issues in Siting of Major Electric Generating Facilities Pursuant to Public Service Law Article 10

- New York Codes, Rules and Regulations Title 9, Subtitle BB, Chapter III, Subchapter B, Parts 7844-7852: State Energy Planning Procedures

- New York Codes, Rules and Regulations Title 16, Chapter X, Subchapter A, Parts 1000-1002 Regulations Implementing Article 10 of the Public Service Law as Enacted by Chapter 388, Section 12, of the Laws of 2011

- New York State Public Service Commission Order Adopting a Clean Energy Standard (Cases 15-E-0302 and 16-E-0270 - Issued and Effective August 1, 2016)

Removal of expired or repealed New York State statutes include:

- Section 923 of Article 42 of the Executive Law (Waterfront Revitalization of Coastal Areas and Inland Waterways) [repealed effective March 30, 2012]

Federal consistency provisions in 15 CFR Part 930 will apply with the approved changes effective on the date of publication of this notice.

For further information related to these changes and the Routine Program Change contact: Greg Capobianco, Office of Planning and Development at (518) 474-6000

For further information, see New York State's Office of Planning and Development website at: <http://www.dos.ny.gov/opd/publicNotices/notices.html>

PUBLIC NOTICE

Uniform Code Regional Boards of Review

Pursuant to 19 NYCRR 1205, the petitions below have been received by the Department of State for action by the Uniform Code Regional Boards of Review. Unless otherwise indicated, they involve requests for relief from provisions of the New York State Uniform Fire Prevention and Building Code. Persons wishing to review any petitions, provide comments, or receive actual notices of any subsequent proceeding may contact Brian Tollisen, Building Standards And Codes, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, NY 12231, (518) 474-4073 to make appropriate arrangements.

2017-0154 Matter of Legal Assistance of Western New York, David Kagel, 16 West William Street, PO Box 272, Bath, NY 14810 for an appeal of a decision of a Code Official regarding a building, located at 12 South Street, Village of Addison, County of Steuben, State of New York.

2017-0215 Matter of Darien Lake Amphitheater. The location of the property is at 9993 Alleghany Road, Town of Darien (Genesee County). The petitioner requests a variance from 2015 NYS Property Maintenance Code reference 702.1 Means of Egress Requirements. The petitioner request relief from the unimpeded open egress pathway".

2016-0216 Matter of Randolph N. Smith, 9632 SR 96, Trumansburg, NY 14886 for a variance concerning safety requirements, including sprinkler system and fire rated partitions in a building, located at 9632 Route 96, Town of Covert, County of Seneca, State of New York.

Appendix V
2017 Title XIX State Plan
Third Quarter Amendment
Responses to Standard Funding Questions

NON-INSTITUTIONAL SERVICES
State Plan Amendment #17-0051

CMS Standard Funding Questions

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-B of the state plan. For SPAs that provide for changes to payments for clinic or outpatient hospital services or for enhanced or supplemental payments to physician or other practitioners, the questions must be answered for all payments made under the state plan for such service.

- 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 payments, a complete listing of providers that return a portion of their payments, 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 2 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 through 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 governmental 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 **general** appropriation received by the State agency that oversees medical assistance (Medicaid), which is the Department of Health.

The source of the appropriation is the Medicaid General Fund Local Assistance Account, which is part of the Global Cap. The Global Cap is funded by General Fund and HCRA resources. There have been no new provider taxes and no existing taxes have been modified as a result of this State Plan Amendment.

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 add-on services payments made to those providers listed who will receive temporary rate adjustments to be paid quarterly during each period in equal installments.

4. **For clinic or outpatient hospital services 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.**

Response: This is not applicable to this SPA. NCHS is a Licensed Home Care Services Agencies (LHCSA). By this definition, it is required to meet the definition of a home care services agency as well as comply with New York State regulations to ensure the maintenance of a consistently high level of services by all home care services agencies as set forth in Article 36 of the Public Health Law. We do not believe these services are subject to the outpatient hospital or clinic 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: Not Applicable.

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 FMAs 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 11-06, 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.