

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



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

March 21, 2011

Michael P. Starkowski, Commissioner
Department of Social Services
25 Sigourney Street
Hartford, Connecticut 06106

Dear Mr. Starkowski:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 10-021, submitted to my office on December 30, 2010. This SPA transmitted a proposed revision to Connecticut's approved Title XIX State Plan in order to describe its process for consultation with Connecticut's federally-recognized Indian Tribes. This SPA has been approved effective October 1, 2010, as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Section 1.4, page 8a
- Section 1.4, page 9

If you have any questions regarding this matter you may contact Marie Montemagno at (617) 565-1227 or by e-mail at Marie.Montemagno@cms.hhs.gov.

Sincerely,

Richard R. McGreal
Associate Regional Administrator

cc: Mark Schaefer, Director, Medical Care Administration

Enclosure/s

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: 10-021	2. STATE: CT
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE 10-1-2010	

TO: REGIONAL ADMINISTRATOR
CMS/CMSO
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF STATE 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: Section 1902(a)(73) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2011 - No Fiscal Impact b. FFY 2012 - No Fiscal Impact
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 1.4, page 8a (new) Section 1.4, page 9	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Section 1.4, page 9

10. SUBJECT OF AMENDMENT: The Department of Social Services is proposing to revise its Medicaid State Plan effective October 1, 2010, in order to describe its process for consultation with Connecticut's federally-recognized Indian Tribes. Section 1902(a)(73) of the Social Security Act requires the Department to consult with tribal representatives on State Plan Amendments; waiver proposals, extensions, amendments and renewals; and demonstration projects. As part of this process, the Department also consults with the tribes on other Medicaid and Children's Health Insurance Program (CHIP) matters having a direct impact on tribal health programs. The Department has been consulting with tribal representatives on Medicaid and CHIP matters on an ongoing basis for several years; this State Plan amendment will formalize the existing process for SPA consultation. No fiscal impact is expected as a result of the Department's continuation of this consultation process.

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: State of Connecticut Department of Social Services - 11 th floor 25 Sigoumey Street Hartford, CT 06106-5033 Attention: Ginny Mahoney
13. TYPED NAME: Michael P. Starkowski	
14. TITLE: Commissioner	
15. DATE SUBMITTED: December 30, 2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/30/2010	18. DATE APPROVED: 3/21/11
-------------------------------	----------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/10	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Operations

23. REMARKS: State approved pen and ink change to CMS 179 Box 8 and 9 from Section 1.4, page 1 to Section 1.4, page 8a and page 9 in box 8 and from Section 1.4, page 1 to Section 1.4, page 9 in box 9.

State: CONNECTICUT

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.

- The State enrolls recipients in MCO, PIHP, PAHP, and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.

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 (IHCA). 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.

The State uses the following process 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. The State includes information about the frequency, inclusiveness and process for seeking such advice below:

The State seeks advice from the two Connecticut federally-recognized tribes, the Mashantucket Pequot Tribal Nation and The Mohegan Tribe, through periodic meetings with tribal health representatives and by ongoing written and electronic communications. Prior to submission of a State Plan Amendment, waiver, waiver amendment or other change, or demonstration project proposal to CMS, the Department sends a copy of the public notice for the amendment or other submission. If the amendment or submission does not require public notice, the State sends a brief summary of the proposed change.

TN #: 10-21
Supersedes
TN #: NEW

Approval Date: 3/21/11

Effective Date 10/1/10

The State sends the notices via e-mail. If the State has not received comments or questions concerning the State Plan Amendment, waiver or other submission within 2 (two) weeks, the State determines that the tribe does not have any questions or concerns regarding the proposal. In addition to this consultation process, for State Plan Amendments that may have a unique or particular impact on tribal members, for example, a program or plan change that exempts tribal members from a requirement or provision, the State will also arrange for a meeting or teleconference with the tribal representatives to discuss the proposed change.

In addition to the ongoing consultation process on SPAs and waivers, the State tribal leads for the HUSKY and CHIP programs also meet with tribal representatives at least once annually to update the representatives on developments in the Medicaid and CHIP programs. These meetings include a discussion of program changes, including, but not limited to, waivers, demonstration projects and State Plan Amendments.

The consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved is described below.

The process that led to the development of this State Plan Amendment included introductory meetings with tribal representatives in May 2010 to describe the State Plan Amendment process and the tribal consultation requirement. The State met with the health directors for the two federally recognized tribes. At the meetings, the Department's tribal leads described the Medicaid State Plan Amendment process and discussed the method of consultation and communication that would best serve the tribal representatives' needs. The tribal representatives agreed to a process in which the Department sends copies of the public notice for proposed State Plan Amendments via e-mail prior to submission to CMS.

TN #: 10-21
Supersedes
TN #: 74-17

Approval Date: 3/21/11

Effective Date 10/1/10