

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



January 5, 2011

Ms. Roberta K. Bradford
Deputy Secretary for Medicaid
2727 Mahan Drive, MS #8
Tallahassee, FL 32308

Re: Florida Title XIX State Plan Amendment, Transmittal #10-011

Dear Ms. Bradford:

We have reviewed the proposed Florida State plan amendment (SPA) 10-011, which was submitted to the Atlanta Regional Office on October 20, 2010.

This Tribal consultation process was established as part of an agreement between the State and the Tribes, and complies with Section 5006 of the American Recovery and Reinvestment Act of 2009 (ARRA). ARRA provides protections for Indians in Medicaid and the Children's Health Insurance Program. This amendment establishes Florida's Tribal consultation process, which consists of Florida Medicaid sending written notices to the Miccosukee Tribe of Florida and the Seminole Tribe of Florida.

Based on the information provided, the Medicaid State plan amendment FL 10-011 was approved on January 4, 2011. The signed CMS-179 and the approved plan pages are enclosed. The effective date of this amendment is October 1, 2010.

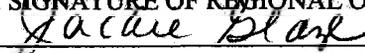
If you have any additional questions or need further assistance, please contact Crystal Francis at (404) 562-7464 or Crystal.Francis@cms.hhs.gov.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 2010-011	2. STATE Florida
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 October 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One): <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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(73) of the Act		7. FEDERAL BUDGET IMPACT: (in thousands) No Fiscal Impact.	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 1.4 Tribal Consultation Requirements		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Section 1.4 Tribal Consultation Requirements	
10. SUBJECT OF AMENDMENT: Tribal Consultation			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Reviewed by the Deputy Secretary for Medicaid <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL who is the Governor's designee.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Ms. Roberta K. Bradford Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308 Attention: Robin Ingram	
13. TYPED NAME: Ms. Roberta K. Bradford			
14. TITLE: Deputy Secretary for Medicaid			
15. DATE SUBMITTED: 10/20/10			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: 01-04-11	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10-01-10		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Opns	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Florida

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.

X 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)(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.

10/1/10 Florida has two known federally recognized tribes: the Miccosukee Tribe of Florida and the Seminole Tribe of Florida. Each tribe has their own Indian Health Service (IHS) program. Florida will notify the two tribes in writing 60 days in advance of the following: Medicaid Title XIX state plan amendments, an initial waiver, a waiver amendment or a waiver renewal. Florida will provide the tribes an opportunity to comment on the proposed change, prior to submission to the Centers for Medicare and Medicaid Services, whether or not it is anticipated to have a direct impact on the tribe.

This Tribal Consultation Process was finalized through a telephone conference May 18, 2010, with Denise Ward of the Miccosukee Tribe of Florida, Roberta K. Bradford, Deputy Secretary for Medicaid, Linda Macdonald and Robin Ingram of Florida Medicaid. Further consultation was held via formal written communication May 25, 2010, to Cassandra Osceola, Health Director, Miccosukee Tribe of Florida, and Connie Whidden, Health Director, Seminole Tribe of Florida.

TN No: 2010-011

Approval Date: 01-04-11

Effective Date: 10/01/10

Supersedes TN: 2003-017

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1098**. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.