



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10  
2201 Sixth Avenue, MS/RX 43  
Seattle, Washington 98121

**JUN 06 2011**

Richard Armstrong, Director  
Department of Health and Welfare  
Towers Building, Tenth Floor  
Post Office Box 83720  
Boise, Idaho 83720-0036

**RE: Idaho State Plan Amendment (SPA) Transmittal Number 10-010**

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 10-010. This amendment implements the solicitation of advice from Indian Health providers prior to the submission of any plan amendments, waivers, or demonstrations in compliance with Section 1902(a)(73) of the Social Security Act.

This SPA is approved effective August 1, 2010.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Maria Garza at (206) 615-2542 or via email at [maria.garza@cms.hhs.gov](mailto:maria.garza@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink that reads "Carol J.C. Peverly".

Carol J.C. Peverly  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc: Leslie Clement, Administrator, Idaho Department of Health and Welfare

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**10-010**

2. STATE  
**IDAHO**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**August 1, 2010**

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)(73)

7. FEDERAL BUDGET IMPACT:  
No fiscal impact

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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:

Tribal consultation policy

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
LESLIE M. CLEMENT

14. TITLE:  
Administrator

15. DATE SUBMITTED:

9/27/10

16. RETURN TO:

Leslie M. Clement, Administrator  
Idaho Department of Health and Welfare  
Division of Medicaid  
PO Box 83720  
Boise ID 83720-0036

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **SEPTEMBER 28 2010**

18. DATE APPROVED: **JUN 06 2011**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**AUG 09 2010**

21. TYPED NAME:

**Carol J.C. Peverly**

23. REMARKS:

20. SIGNATURE OF REGIONAL OFFICIAL:

**Carol J.C. Peverly, Acting**

22. TITLE:

**Associate Regional Administrator  
Division of Medicaid &  
Children's Health**

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

State: Idaho

## 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 MCP, 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.

Idaho Medicaid, in consultation with the Tribes of Idaho and Indian health providers, developed an "Idaho Medicaid Tribal Consultation Policy & Procedures" document that describes the mutually agreed upon consultation process that Medicaid follows. A current version of this document is posted on Idaho Medicaid's main web page, [www.medicaid.idaho.gov](http://www.medicaid.idaho.gov) and also on the Tribal website described in the policy document.

The document is a "living document" that may be changed in collaboration with Tribes of Idaho and Indian health providers. Idaho Medicaid assures that it will forward a copy of any revision made to the document within 30 days of such revision.

According to policies and procedures outlined in the "Idaho Medicaid Tribal Consultation Policy & Procedures" document, the SPA preprint was shared with the Tribes and Indian health providers at the quarterly meeting held on August 12, 2010 in Coeur d'Alene, Idaho. On September 20, 2010, the Tribal Leaders were supplied with a copy of the proposed SPA language and a copy of the draft SPA was posted to the Tribal website.

Determination of Direct Effect

The following policy changes represent a direct effect to the Tribes and Indian health providers:

- a. Decrease/increase in Medicaid services.
- b. Change in Medicaid provider qualifications/requirements.
- c. Change Medicaid service eligibility requirements (i.e. prior authorization).
- d. Place compliance costs on IHS, Tribal health programs or Urban Indian Organizations.
- e. Change in Medicaid reimbursement rate or methodology.
- f. Negative impact or change to eligibility for, or access to, Tribal members' Medicaid

Timeframe for Consultation

The State will request consultation at the earliest opportunity and to the extent possible give the appropriate tribal and Indian health provider contact(s) an appropriate amount of time to consider and respond to the impact of the consultation request. Whenever possible, the State will provide notification to the Tribes and Indian health providers 60 days prior to submission and allow 30 days for response. Whenever possible, in expedited circumstances, 14 day notice will be given with 7 days allowed for response. The request may be in writing or communicated verbally as part of a quarterly Tribal meeting.