

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 235
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

May 31, 2011

Charles M. Palmer
Department of Human Services
Hoover State Office Building
1305 East Walnut, 5th Floor
Des Moines, Iowa 50319-0119

Dear Mr. Palmer:

On November 30, 2010, the Centers for Medicare & Medicaid Services (CMS) received Iowa's State Plan Amendment (SPA), transmittal #10-24. This SPA establishes the tribal consultation process the State of Iowa will follow to inform and seek advice from all federally recognized Native American Tribes and Indian Health Programs within the State of Iowa.

Based on the information provided, this SPA is approved as of May 27, 2011 with an effective date of December 1, 2010 as requested by the State. Enclosed is a copy of the CMS 179 form, as well as, the approved pages for incorporation into the Iowa State Plan. If you have any questions regarding this amendment, please call Sharon Taggart at (816) 426-5925.

Sincerely,

A handwritten signature in cursive script that reads "Mandy Hanks".

Mandy Hanks
Acting Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosure

cc: Jennifer Vermeer
Alisa Horn

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 0 — 0 2 4</u>	2. STATE IOWA
	3. PROGRAM IDENTIFICATION: 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 <p style="text-align: center;">December 1, 2010</p>	

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)

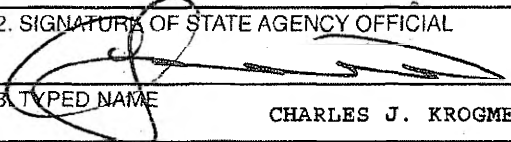
6. FEDERAL STATUTE/REGULATION CITATION <i>Section 1902(a)(73) of the Social Security Act</i>	7. FEDERAL BUDGET IMPACT a. FFY '11 \$ <u>0</u> b. FFY '12 \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <i>Section 1.4, Page 9 Section 1.4, page 9.1</i>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <i>Section 1.4, Page 9</i>

10. SUBJECT OF AMENDMENT

This amendment describes the steps the State of Iowa will take regarding Tribal Consultations.

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 CHARLES J. KROGMEIER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114
13. TYPED NAME <p style="text-align: center;">CHARLES J. KROGMEIER</p>	
14. TITLE <p style="text-align: center;">DIRECTOR</p>	
15. DATE SUBMITTED <p style="text-align: center;"><i>11-30-10</i></p>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED <i>November 30, 2010</i>	18. DATE APPROVED <i>May 27, 2011</i>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL <i>December 1, 2010</i>	20. SIGNATURE OF REGIONAL OFFICIAL <i>Mandy J Hanks</i>
21. TYPED NAME <i>Mandy Hanks</i>	22. TITLE <i>Acting Associate Regional Administrator for Medicaid and Children's Health Operations</i>

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: IOWA

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 (IHCIA). 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:

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

- The State of Iowa will send all federally-recognized tribes, Indian Health Programs and Urban Indian Organizations within the State of Iowa an electronic notification for all Medicaid and SCHIP programs regarding state plan amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to CMS in order for tribal leaders to provide feedback. The electronic notice will be provided to all I/T/U Tribal Leaders and Tribal Medical Directors. The Iowa Indian Health Services Liaison will be responsible for maintaining this list.

Normally, these tribal notifications will be sent at least 60 days prior to submission to CMS and will give a comprehensive summary/outline of the purpose of the state plan amendment and/or waiver request or renewal; and the notification will describe a method for the Tribes to provide comments/questions within a reasonable timeframe. Tribes will have 30 days to respond, allowing 30 days for further discussion, as may be necessary.

TN No: MS-10-024 Approval Date: MAY 27 2011

Supersedes TN No: MS-03-14 Effective Date: DEC 01 2010

STATE: IOWA

If the state plan amendment needs to be submitted to CMS under circumstances that would require less than 60 days notice, the State would notify the tribe, via a phone call and a follow-up with electronic notification by the State of Iowa's Indian Health Services Liaison, within 10 days of notification from Iowa's Executive branch. This notice will include the authoritative directive and will indicate whether there is any impact to the tribe. An example would be if there is a legislative mandate or Governor's Executive Order that would take effect immediately.

The notification will also describe a method for appropriate Tribal leaders to provide official written comments and questions within a time frame that allows adequate time for State analysis, consideration of any issues that are raised, and time for discussion between the State and Tribes responding to the notification (i.e., 30 days).

The State, if requested by the Tribal Government(s), will provide for an in-person meeting with Tribal representatives. The State does not need to have separate meetings with each Tribe, but may conduct one or more joint meetings with Tribes to discuss issues.

The State will provide a comprehensive summary/outline of all correspondence or other written documentation of contacts, face-to-face meetings, etc. to CMS.

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.

As required, on October 14, 2010, an electronic notification was sent by the Iowa Indian Health Services (IHS) Liaison to all I/T/U Tribal Leaders and Medical Directors within the CMS Region 7 notifying them of this state plan amendment request. The Iowa IHS Liaison requested in this electronic notification that it be shared with all staff as appropriate. The Iowa IHS Liaison asked that any questions or concerns be relayed to the Iowa IHS Liaison by November 19, 2010. No responses were received by the Iowa IHS Liaison from any I/T/U Tribal Leader or Medical Director with any concerns regarding this consultation process as proposed by the State of Iowa.

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.

CMS-10293 (07/2013)

TN No: MS-10-024 Approval Date: MAY 27 2011

Supersedes TN No: None Effective Date DEC 01 2010