

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

MAR 21 2011

Susan J. Tucker
Acting Deputy Secretary
Health Care Financing
MD Department of Health and Mental Hygiene
201 West Preston Street, Suite 525
Baltimore, MD 21201

Dear Ms. Tucker:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 10-16. This SPA ensures compliance with the consultation requirements of Section 5006(e) of the American Recovery and Reinvestment Act. In Maryland's case, it requires consultation with the one Urban Indian Organization (UIO) in the State, on Medicaid and Children's Health Insurance Program SPAs, proposed waivers, waiver extensions, waiver amendments, and waiver renewals having a direct impact on Indians, Indian health programs, and/or UIOs.

The effective date for this amendment is October 1, 2010. The signed CMS-179 form and the approved State Plan pages are enclosed.

If you have questions about this SPA, please contact Rosemary Feild, at (215) 861-4278.

Sincerely,

A handwritten signature in black ink that reads "Ted Gallagher". The signature is written in a cursive style with a large, looped "G" at the end.

Ted Gallagher
Associate Regional Administrator

Enclosure

cc: Debbie Ruppert – MD DHMH
Rebecca Hyman – MD DHMH

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 10-16	2. STATE Maryland
	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 October 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)

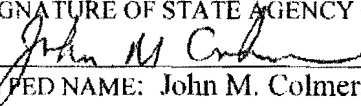
6. FEDERAL STATUTE/REGULATION CITATION: SECTION 1902(a)(13) OF THE SSA SECTION 2107(2)(1) OF THE SSA	7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$ 0 b. FFY 2011 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 1.4 page 9A (SECTION 1.4) 1.4 page 9B (SECTION 1.4)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): New New

10. SUBJECT OF AMENDMENT: Establishes a process for the State Medicaid Agency to seek advice on a regular ongoing basis from designees of Urban Indian Organizations.

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


X OTHER, AS SPECIFIED: The Secretary of the Department of Health and Mental Hygiene

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Susan Tucker Executive Director Office of Health Services Department of Health & Mental Hygiene 201 W Preston St, 1 st floor Baltimore MD 21201
13. TYPED NAME: John M. Colmers	
14. TITLE: Secretary, Department of Health & Mental Hygiene	
15. DATE SUBMITTED: 12/27/2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/27/2010	18. DATE APPROVED: MAR 21 2011
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: OCTOBER 1, 2010	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Ted Gallagher	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS:
BLOCK #6 PEN AND INK ADDITION IS MADE IN ACCORDANCE WITH MARYLAND MEDICAID OFFICIALS.
BLOCK #8 AND #9 PEN AND INK ADDITIONS WERE INSERTED BY MARYLAND MEDICAID OFFICIALS.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MARYLAND

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.

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.

In November, 2010, the State appointed a designee of the Urban Indian organizations operating health programs under the IHCIA to the State Maryland Medicaid Advisory Committee (MMAC). The MMAC meets monthly and receives updates on demonstration projects, pertinent policy issues, waivers, regulations and State Plan Amendments for all Medicaid Programs. These communications occur prior to the submission of waivers, amendments and other policy changes. Feedback from authorizing agencies is also shared with the MMAC as needed. For instance, follow up issues significantly impacting the implementation as previously stated would be brought before the MMAC for discussion.

In response to the ISDEAA, the State will also consult with the Urban Indian Organization on an as needed basis to develop SPAs and regulations which will have a direct impact on the provision of care to or access for Indian populations. Maryland statute also requires that the MMAC receive copies of any State Plan Amendments within five days of submission to CMS.

TN 10-16

Supersedes

TN NEW Approval Date

MAR 21 2011

Effective Date

OCTOBER 21, 2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MARYLAND

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.

The State contacted the Urban Indian Organization in April 2010 to begin developing a relationship and feedback loop on Medicaid issues. Prior to that, the State worked with CMS to understand the requirements of the legislation so that they would be correctly implemented. A member of the organization was invited to join the MMAC in July 2010 and accepted in August 2010.

In November 2010, the State met with representatives from HHS, CMS and the Urban Indian Organization to further develop the process for reviewing State Plan Amendments. Based on feedback from the Urban Indian Organization, the State agreed to forward all proposed waivers, waiver extensions, waiver amendments, waiver renewals and pending SPAs to the Urban Indian Organization, and specifically highlight any SPA affecting access or the provision of care to Indian populations in Maryland.

The State contacted the UIO to further develop the communication efforts to ensure the UIO has sufficient time to present feedback to the State on SPAs, proposed waivers, waiver extensions, waiver amendments and waiver renewals. The UIO and the State agreed to the following:

- 1) Monthly electronic updates to be confirmed electronically by the UIO of proposed submissions to CMS related to SPAs, proposed waivers, waiver extensions, waiver amendments, and waiver renewals.
- 2) The UIO agrees that one week prior to submission to CMS for receipt of any SPA/Waiver which has a direct impact on the UIO / American Indians is considered sufficient time for feedback.
- 3) The majority of contact between the State and the UIO will occur electronically, however, in instances where there is a direct impact on Indians with regard to care or access, telephone, letter, or face-to-face consultation may be necessary and a minimum of a business week will be provided to the UIO for feedback post meeting.
- 4) A follow-up conference call between the State and the UIO on February 25, 2011 confirmed agreement of all parties to electronic delivery and confirmation of pending SPA/Waivers in accordance with the process outlined above to be initiated with the current SPA discussed herein and to continue with all SPA/Waivers as of January 2011.

Supersedes TN No.

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 10-16

Supersedes

TN NEW Approval Date

MAR 21 2011

Effective Date

OCTOBER 1, 2010