

## **Table of Contents**

**State/Territory Name: Oregon**

**State Plan Amendment (SPA) #: 25-0003**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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March 27, 2025

Emma Sandoe, PhD  
Medicaid Director  
Oregon Health Authority  
500 Summer Street Northeast, E-65  
Salem, OR 97301-1079

Re: Oregon State Plan Amendment (SPA) – OR-25-0003

Dear Dr. Sandoe:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OR-25-0003. This amendment was submitted to revise Oregon's Tribal Consultation Policy.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 1902(a)(73). This letter informs you that Oregon's Medicaid SPA TN OR-25-0003 was approved on March 27, 2025, with an effective date of January 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Oregon State Plan.

If you have any questions, please contact Nikki Lemmon via email at [Nicole.Lemmon@cms.hhs.gov](mailto:Nicole.Lemmon@cms.hhs.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "James G. Scott", is located below the word "Sincerely,".

Digitally signed by James G. Scott  
-S  
Date: 2025.03.27 17:08:32 -05'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Jesse Anderson

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 3

2. STATE

OR

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT ☒ XIX ☐ XXI

4. PROPOSED EFFECTIVE DATE

1/1/25

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID &amp; CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

1902(a)(73)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Admin page 9, 9a-9d NEW 9e-9z, 9aa-9bb 9cc8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)Attachment 3.1-A, Admin page 9, 9a-9d

9. SUBJECT OF AMENDMENT

This transmittal is being submitted to include the revised Tribal consultation policy

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Emma Sandoe, PhD

13. TITLE

Medicaid Director

14. DATE SUBMITTED

2/3/25

15. RETURN TO

Oregon Health Authority  
Medical Assistance Programs  
500 Summer Street NE E-65  
Salem, OR 97301

ATTN: Jesse Anderson, State Plan Manager

**FOR CMS USE ONLY**

16. DATE RECEIVED

February 4, 2025

17. DATE APPROVED

March 27, 2025**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S  
Date: 2025.03.27 17:09:32 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

**2/12/25: State authorized P&I change to boxes 7 and 8 to delete reference to attachment 3.1-A, and add "admin".****3/5/25: State authorized P&I change to box 7 to delete 9bb and add 9cc**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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**State/Territory:** OREGON

Citation(s)

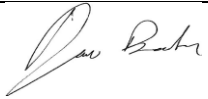

1902(a)(73)

Tribal Consultation Requirements



**Tribal Affairs**



<b>Title:</b>	Tribal Consultation and Urban Indian Health Program Confer Policy
<b>Policy number:</b>	ODHSOHA 010-028
<b>Effective Date:</b>	October 6, 2023  
<b>Nine Federally Recognized Tribes of Oregon:</b>	Burns Paiute Tribe Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians Confederated Tribes of Grand Ronde Confederated Tribes of Siletz Indians Confederated Tribes of the Umatilla Indian Reservation Confederated Tribes of Warm Springs Coquille Indian Tribe Cow Creek Band of Umpqua Tribe of Indians Klamath Tribes
<b>Urban Indian Health Program:</b>	Native American Rehabilitation Association

**I. Purpose**

The State of Oregon, the Oregon Health Authority (OHA) and the Oregon Department of Human Services (ODHS) share the goal to establish clear policies establishing the tribal

TN 25-0003

Supersedes TN 10-21

Approval Date: 3/27/25

Effective Date: 1/1/25

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Citation(s)

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1902(a)(73) Tribal Consultation Requirements (Cont)

consultation and urban confer requirements to further the government-to-government relationship between the State and the Nine Federally Recognized Tribes of Oregon (Tribes) as well as strengthen the relationship with the Urban Indian Health Program (UIHP).

This policy:

- Identifies individuals within OHA and ODHS who are responsible for developing and implementing programs that affect Tribes.
- Establishes a process to identify the OHA and ODHS programs that impact Tribes.
- Promotes communication between OHA, ODHS and the Tribes.
- Promotes positive government-to-government relations between OHA, ODHS and Tribes.
- Establishes a method for notifying OHA and ODHS employees of ORS 182.162 to 182.168 and this policy.

Meaningful consultation between tribal leadership and or designee and agency leadership shall result in information exchange, mutual understanding, and informed decision-making on behalf of the Tribes and the State. The goal of this policy includes, but is not limited to: eliminating health and human service disparities of Indians; ensuring that access to critical health and human services is maximized; advancing and enhancing the social, physical, behavioral and oral health of Indians; making accommodations in State programs when possible to account for the unique nature of Indian health programs and ensuring that the Tribes are consulted to ensure meaningful and timely tribal input as required under Federal and State law when health and human service policies have an impact on Indians and the Tribes.

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Citation(s)

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1902(a)(73) Tribal Consultation Requirements (Cont)

To achieve this goal, and to the extent practicable and permitted by law, it is essential that the Tribes, and OHA and ODHS engage in open, continuous, and meaningful consultation.

This policy applies to OHA, ODHS and all its divisions, programs, services, projects, activities, and employees and shall serve as a guide for the Tribes to participate in OHA and ODHS policy development to the greatest extent allowable under Federal and State law. The relationship between OHA, ODHS and the Tribes is built on a foundation of trust and mutual respect. It is important for OHA and ODHS to work closely with Tribes on issues related to

- OHA Programs-Medicaid, Children's Health Insurance Program (CHIP), Behavioral Health, Oregon State Hospital, the Public Health Division and the Health Insurance Marketplace.
- ODHS Programs - including services and supports through the Aging and People with Disabilities Program, the Office of Developmental Disabilities Services, Child Welfare, Vocational Rehabilitation and Self-Sufficiency Programs.
- Also, in partnership with Oregon Housing and Community Services, Department of Consumer and Business Services, Youth Development Oregon, Early Learning Division, and the Oregon Department of Veteran's Affairs to promote the participation of Indians in these programs.

**II. Background**

The United States Government has a unique legal relationship with American Indian tribal governments as set forth in the Constitution of the United States, numerous treaties, statutes, Federal court decisions and Executive Orders.

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Supersedes TN 10-21

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1902(a)(73) Tribal Consultation Requirements (Cont)

This relationship is derived from the political and legal relationship that Indian Tribes have with the federal government and is not based upon race.

Section 1902 (a) (73) of the Social Security Act which requires a state in which one or more Indian health programs or UIHP 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 ISDEAA, or UIHP under the Indian Health Care Improvement Act (IHCIA). Section 2107 (e)(I) of the Act was also amended to apply these requirements to CHIP.

The importance of tribal consultation with Indian tribes was affirmed through various statutes and Presidential Executive Orders including, but not limited to:

- Older Americans Act, P.L. 89-73, as amended.
- Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended.
- Native American Programs Act, P.L. 93-644, as amended.
- Indian Health Care Improvement Act, P.L. 94-437, as amended.
- Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L.104-193.
- Presidential Executive Memorandum to the Heads of Executive Departments, April 29, 1994.
- Presidential Executive Order 13175, Consultation and Coordination with Indian Tribal Governments, November 6, 2000.

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1902(a)(73)

Tribal Consultation Requirements (Cont)

- Presidential Memorandum, Government-to-Government Relationship with Tribal Governments, September 23, 2004.
- Presidential Memorandum, Tribal Consultation, November 5, 2009.
- American Recovery and Reinvestment Act of 2009, P.L. 111-5, 123 Stat. 115, February 17, 2009.
- Children's Health Insurance Program Reauthorization Act of 2009, P.L. 111-3, 123 Stat. 8, February 4, 2009.
- Patient Protection and Affordable Care Act of 2010, P.L. 111-148, 124 Stat. 119, March 23, 2010.
- "Medicaid and CHIP Managed Care Rule CMS-2390-F, 42 CFR §438.14 and §457.1209.
- Department of Health and Human Services Tribal Consultation Policy, December 14, 2010.
- Centers for Medicare and Medicaid Services Tribal Consultation Policy, Section 8, December 10, 2015.
- Social Security Act, P.L. 74-271, as amended.
- Child Abuse Prevention and Treatment Act, P.L. 100-294, as amended.
- Workforce Innovation and Opportunity Act of 2014, P.L. 113-128, 128 Stat. 1425, July 22, 2014.
- Bipartisan Budget Act, P.L. 115-123, as amended; and
- Agricultural Improvement Act of 2018, P.L. 115-334, 132 Stat. 4490, December 20, 2018.

In addition, there are statutory and regulatory requirements for states to consult with federally recognized tribes and to obtain advice from Indian health providers.



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Citation(s)

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1902(a)(73) Tribal Consultation Requirements (Cont)**III. OHA and ODHS Commitment to Tribal Consultation**

OHA and ODHS was established by the Oregon State Legislature and is accountable to the people of Oregon, acknowledges this unique relationship, the statutory and regulatory framework for states to consult with Tribes, and recognizes the right of Indian tribes to self-determination and self-governance. The special government-to-government relationship between the Tribes and federal and state governments will be respected in all dealings with the Tribes and OHA and ODHS. Relationship of State Agencies with Indian Tribes, ORS 182.162 to 182.168.

The State specifically acknowledges the State-Tribal consultation process for new and renewal submissions of: Medicaid and CHIP 1115 demonstration waivers; other Medicaid waivers, such as, 1915 waivers; 1332 waivers and changes to the Health Insurance Marketplace; and any amendments to the State Plan, waivers, or demonstrations that are considered to have an impact on AI/ANs and Indian health programs if the changes impact eligibility determinations, payment rates, payment methodologies, covered services, or provider qualifications and requirements that it is driven by federal law and regulations and/or guidance issued by CMS. These requirements are set forth in: Section 5006(e) of the American Recovery and Reinvestment Act; Section 1115 Transparency Regulations, as found in 42 CFR Part 431; July 17, 2001 State Medicaid Director Letter #01-024; April 27, 2012 State Medicaid Director letter, SHO # 12-001; and CMS Regulations regarding State/Partnership Marketplaces; Department of Health and Human Services Tribal Consultation Policy, December 14, 2010; Centers for Medicare and Medicaid Services (CMS) Tribal Consultation Policy, Section 8, December 10, 2015.

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1902(a)(73) Tribal Consultation Requirements (Cont)

The State acknowledges under the Agricultural Improvement Act and Food and Nutrition Service (FNS) regulations there are specific requirements related to State-Tribal consultations. ODHS is required to consult with Tribes on various aspects of SNAP administration. Specifically, the State must adhere to all relevant regulations regarding State Plans of Operation, Supplemental Nutrition Assistance Program Nutrition Education (SNAP-Ed) Plans, and Supplemental Nutrition Assistance Employment and Training (SNAP E&T) Plans regarding Tribal Consultation. These requirements are set forth in Sections 3(v) and 11(d) of the Food and Nutrition Act of 2008 as amended; USDA Departmental Regulation 1350-002; September 13, 2022, Food and Nutrition Service Memorandum on Tribal Consultation Requirements.

The State acknowledges requirements for State-Tribal consultations for new and renewal submissions of Title IV-E demonstration waiver demonstration grants; Administration for Children and Families (ACF) State Plan and amendments; Annual Services and Progress Report; self-assessments related to Child and Family Services Reviews; and amendments to the Family First Prevention Services Act Prevention Plan. Additionally, State-Tribal consultation is required for changes in administration of child welfare services impacting tribal human and social services programs when the changes impact eligibility determinations, payment rates, payment methodologies, covered services or provider qualifications or requirements that are driven by federal law and regulation or guidance issued by ACF. These requirements are set forth in Part A, Section 403, Part B, Section 422, Part D, Section 454, Part E, Section 471 of the Social Security Act of 1935 as amended; Child Abuse Prevention and Treatment Act (CAPTA), P.L. 115-271, as amended; Bipartisan Budget Act of 2018 as amended.

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TN 25-0003  
Supersedes TN NEW

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1902(a)(73) Tribal Consultation Requirements (Cont)

The State acknowledges under the Older Americans Act and Administration for Community Living guidance there are specific requirements related to State provided assurances related to services and increased access to services for older individuals who are AI/AN. These requirements are set forth in Sections 306 (a)(11) and 307(a)(21) of the Older Americans Act of 1965 as amended; August 5, 2021, State Unit on Aging Directors Letter #01-2021.

To fully effectuate this consultation policy, OHA and ODHS will:

1. Ensure inclusion of the Tribes prior to the development of policies and program activities that impact Tribes, utilizing a formal notice that provides descriptive content and a timeline.
2. Create opportunities for Tribes to raise issues with OHA and ODHS and for OHA and ODHS to seek consultation with Tribes.
3. Establish a minimum set of requirements and expectations with respect to consultation and participation of OHA and ODHS leadership.
4. Conduct tribal consultation regarding OHA and ODHS policies and actions that have tribal implications.
5. Establish improved communication channels with Tribes to increase knowledge and understanding of OHA and ODHS programs.
6. Enhance partnerships with Tribes that will include technical assistance and access to OHA and ODHS programs and resources.
7. Support tribal self-determination in programs and resources made available to the Tribes and in working with the Tribes.
8. Include tribal representatives on advisory committees and task forces when subject matter is relevant.

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1902(a)(73) Tribal Consultation Requirements (Cont)**IV. Tribal Consultation Principles**

Consultation is an enhanced form of communication that emphasizes trust, respect, and shared responsibility. It is an open and free exchange of information and opinion among parties, which leads to mutual understanding and comprehension. Consultation is integral to a deliberative process that results in effective collaboration and informed decision-making, with the goal of reaching consensus on issues and better outcomes.

To establish and maintain a positive government-to-government relationship, communication and consultation must occur on an ongoing basis so that Tribes have an opportunity to provide meaningful, and timely input on issues that may have an impact on Tribes. This government-to-government relationship applies between the Tribes and the State.

Consultation with the Tribes is important in the context of health and human service programs because the Tribes serve many roles in their communities:

- Tribes and tribal governments are sovereign nations with inherent authority over their internal affairs; have a government-to-government relationship with the federal government, state governments, and other sovereigns; and have the responsibility to ensure the health and well-being of their tribal citizens, among various other governmental responsibilities.
- Tribal governments operate businesses, are employers, and are health care and human service providers, through administration of clinics and other health and human service programs, which includes public health and services to promote well-being.

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1902(a)(73) Tribal Consultation Requirements (Cont)

- Tribal members are beneficiaries of services provided by the Indian Health Services (IHS), tribal health programs operating under the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638, as amended, and by urban Indian health programs operating under Title V of the Indian Health Care Improvement Act.
- Tribal members are also eligible to enroll in Medicare, Medicaid, the Children's Health Insurance Program (CHIP), the Health Insurance Marketplace, (Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP) and other health and human services programs in the state.

Tribal consultation is not invoked when this policy is not followed. For example, sending an email to Tribes is not considered tribal consultation or discussing a topic that involves Tribes without proper notice is not tribal consultation.

**V. Conferring with Urban Indian Health Program**

The Tribes direct OHA and ODHS and all its divisions, programs, services, projects, activities, and employees to confer with the Urban Indian Health Program (UIHP) to ensure the exchange of information, mutual understanding, and informed decision making on behalf of American Indians and Alaska Natives living in Oregon. UIHPs serve an important role in Oregon by providing critical health and wellness services to members of Oregon Tribes as well as members of other federally recognized Tribes.

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 Supersedes TN NEW


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1902(a)(73) Tribal Consultation Requirements (Cont)

UIHPs, authorized by Title V of the Indian Health Care Improvement Act P.L. 94-437, exist as a direct response to the Termination and Relocation Era policies which left American Indians and Alaska Natives displaced to urban centers across the country with few resources and little access to the Federal programs. UIHPs exist as a critical part of the Indian health system in the provision of health care to American Indians and Alaska Natives which is part of the Federal government's trust responsibility and treaty obligations to Tribes.

State agrees to notify UIHP when all Oregon Tribes are provided notice of Tribal consultation under this policy and/or as specified in Addendum A- Conferring with UIHP.

**VI. Policy**

It is the intent of OHA and ODHS to meaningfully consult with Tribes on any policy, development and implementation of programs that will impact the Tribes before any action is taken.

Such policies include those that:

1. Have significant, specific, and/or disproportionate implications on Indian or Tribal Members of the Nine Federally Recognized Tribes of Oregon, or
2. Have implications on the Indian Health Service, tribal health programs or urban Indian health program, or
3. Have a direct effect on one or more Tribes, or
4. Have a direct effect on the relationship between the state and Tribes, or
5. Have a direct effect on the distribution of power and responsibilities between the state and Tribes, or

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1902(a)(73) Tribal Consultation Requirements (Cont)

6. Are a federally or statutorily mandated proposal or change in which OHA or ODHS, has flexibility in implementation, or
7. Any topic area that is on the OHA or ODHS Tribal Priority List.

If the proposal or change requires CMS or another federal entity approval and directly affects Indians, the Indian Health Service, tribal health programs or urban Indian health program, but is federally or statutorily mandated with no state flexibility in implementation, consultation will be offered, but the 60 day time line is not required, and can be expedited; the proposal or change will be communicated through written updates from OHA and ODHS to individuals on Official Notification List and pursuant to communication mechanism and communication method requirements described in Section VII.

Tribal Consultation may occur in the development of Tribal/State Agreements for the provision of Tribally administered health, human and social services including vocational rehabilitation services.

**VII. Tribal Consultation Process**

An effective consultation between OHA or ODHS and the Tribes requires trust between all parties which is an indispensable element in establishing a good consultative relationship. The degree and extent of consultation will depend on the identified Critical Event. A Critical Event must be formally identified by OHA, ODHS or Tribes.

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1902(a)(73) Tribal Consultation Requirements (Cont)

A Critical Event includes, but is not limited to:

- Policy development impacting Tribes.
- Program activities impacting Tribes.
- A State Plan Amendment (SPA), demonstration proposal or renewal, waiver proposal or renewal, or state Medicaid regulations changes with a compliance cost or impacting Tribes.
- Results of monitoring, site visits or audit findings impacting Tribes.
- Data collection and reporting activities impacting Tribes.
- Funding or budget developments impacting Tribes.
- Rulemaking impacting Tribes; or
- Any other event with significant, specific, and/or disproportionate impact to Tribes.

Upon identification of a Critical Event impacting one or more Tribes OHA or ODHS will initiate consultation regarding the event.

To initiate and conduct consultation, the following serves as a guideline to be utilized by OHA, ODHS and the Tribes:

1. Identify the Critical Event: complexity, implications, time constraints, deadlines, and issue(s).
2. Identify how the Critical Event impacts Tribes.
3. Identify affected/potentially affected Tribes.



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1902(a)(73) Tribal Consultation Requirements (Cont)

***Determining Consultation Mechanism:*** The most useful and appropriate consultation mechanisms can be determined by OHA, ODHS and Tribes after considering the Critical Event and Tribes affected/potentially affected. Consultation mechanisms include but are not limited to one or more of the following:

- a. Mailings, including electronic mail.
- b. Teleconferences.
- c. Webinars.
- d. Virtual Meetings.
- e. Face-to-Face Meetings at SB 770 Health and Human Service Cluster Committee Meetings and other meetings.
- f. Roundtables.
- g. Annual meetings.
- h. Other regular or special OHA and ODHS or program level consultation sessions.

OHA and ODHS will maintain electronic information on the agreed upon consultation mechanism and communicate with Indian health and human service programs.

***Communication Methods:*** The determination of the Critical Event and the level of consultation mechanism to be used by OHA or ODHS shall be communicated to affected/potentially affected Tribes using all appropriate methods and with as much advance notice as practicable or as required under this policy. These methods include but are not limited to the following:

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1902(a)(73) Tribal Consultation Requirements (Cont)

1. Official Notification: Upon the determination of the consultation mechanism, proper notice of the Critical Event and the consultation mechanism utilized shall be communicated to affected/potentially affected Tribes using all appropriate methods including mailing and broadcast e-mail. Such notice shall be provided to the appropriate officials which may include:
  - a. Tribal Chairman or Chief and their designated representative(s)
  - b. Tribal Health Clinic Executive Directors of Oregon's 638/FQHC providers
  - c. IHS Clinic(s) Executive Director
  - d. Tribal Organization(s) Health Director and/or designated representative(s)
  - e. Tribal Organizations established to partner with IHS and Tribal health programs such as the Northwest Portland Area Indian Health Board Executive Director or designee(s)
  - f. UIHP Executive Director or designee(s)
  - g. Tribal General Manager
  - h. Tribal Human Services, Social Services, or Vocational Rehabilitation Directors and/or designated representative(s)

State must annually update their mailing/email list to ensure notice is being provided to designated leadership. Each Tribe is responsible for providing this information to OHA and ODHS's Tribal Affairs Director to regularly update the list.

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1902(a)(73) Tribal Consultation Requirements (Cont)

2. Correspondence: Written communications shall be issued within 14 calendar days of an identified Critical Event except that state plan amendments, waiver and rule making changes require additional notice as described below. The communication should clearly provide affected/potentially affected Tribes with detail of the Critical Event, clear and explicit instructions on the manner and timeframe in which to provide comments. A "Dear Tribal Leader Letter" (DTLL) format should be used to notify individual Tribes of consultation activities. The written notice DTLL will include, but is not limited to:

- a. Purpose of the proposal/change and proposed implementation plan.
- b. Anticipated impact on Indians and Indian health programs and the UIHP as determined by OHA or ODHS.
- c. Method for providing comments/questions; and
- d. Timeframe for response.

In addition to the DTLL requirements above, state plan amendments, waivers, rulemaking, Food and Nutrition Service Plans and funding opportunities have additional requirements that must be included in the DTLL:

- a. State Plan Amendments: Prior to a State Plan submission to CMS, OHA must distribute documents describing the proposed Medicaid State Plan Amendment (SPA). The DTLL will include the proposed change; anticipated impact; method for providing comments/questions; timeframe for feedback; and an opportunity for discussion. This process will include a 60-day timeline. OHA will provide the draft SPA with proposed changes tracked and related documents to Tribes 60 days prior to state's submission to CMS.

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1902(a)(73) Tribal Consultation Requirements (Cont)

- b. This will allow Tribes 30 days to review the draft SPA and documents, and request consultation, and 30 days to provide written comments and participate in a consultation meeting. For tracking purposes OHA will share a status/approved report of pending, upcoming and approved SPAs monthly. During a federal public health emergency, timelines may be modified per federal guidelines.
- c. Waivers: Pursuant to the CMS's transparency regulations at 42 CFR 431.408(b), State Medicaid Director Letter #01-024 and Section 8 of CMS's Tribal Consultation Policy, OHA must consult with Tribes prior to submitting any Section 1115 and 1915 waiver request to CMS. OHA must consult with Tribes at least 60 days before OHA intends to submit a Medicaid waiver request or waiver renewal to CMS. The DTLL or notification required by SMD #01-024 must describe the purpose of the waiver or renewal and its anticipated impact on tribal members. For Tribes to understand the impact on its tribal members, the notification should include the actual language from the demonstration waiver or renewal that has tribal implications and should not be in summary or outline form.
- d. Rulemaking: For permanent rulemaking with significant, specific and/or disproportionate impact to impacting one or more Tribes, OHA and ODHS will send Tribes a DTLL letter including an invite to attend Rule Advisory Committee (RAC) meetings, and the rules text with proposed changes tracked, no less than 30 days before the RAC.

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1902(a)(73) Tribal Consultation Requirements (Cont)

A RAC is not a substitute for Tribal Consultation.

- a. In addition, OHA and ODHS will provide Tribes with monthly updates on all rules including temporary rulemaking. Division Rules Coordinator will provide the list to Tribal Affairs to be sent to Tribes.
- e. Food and Nutrition Service Plans: Prior to submission of SNAP State Plans of Operation, SNAP-Ed Plans, SNAP E&T Plans, for State administered SNAP ODHS will coordinate the development of plans with Tribes prior to each Federal Fiscal Year starting in October. The DTLL will include the dates, times, and locations for plan development meetings. During these meetings Tribes will be engaged in the development of the plans which will include methods for providing comments/questions; timeframe for feedback; and an opportunity for discussion. For tracking purposes ODHS must explicitly describe any consultation that occurred with Tribes in the annual SNAP State Plans of Operation, SNAP-Ed Plans, and SNAP E&T Plans. ODHS will notify Tribes of any related FNS change in requirements during the process and of final approval with a DTLL.
- f. Funding opportunities: In honoring the government-to-government relationship OHA and ODHS shall provide set-aside funding to Tribes whenever possible. The DTLL will include amount of funding available or to be discussed, funding formula options, and deadline to respond by.

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Citation(s)

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1902(a)(73) Tribal Consultation Requirements (Cont)

3. Meeting(s): OHA and ODHS shall convene a formal consultation meeting as requested within 30 calendar days of the request (or sooner with affected/potentially affected Tribe(s) approval), to discuss all pertinent issues when the Critical Event is determined to have an impact. Scheduling of a Tribal Consultation Meeting may be a part of the following meetings per requirements below or near these meeting times to accommodate OHA, ODHS and Tribes availability.

*SB770 Health and Human Services Cluster Meeting*: When Tribal Consultation is scheduled at an SB 770 Health and Human Services Cluster Meeting, the agenda must clearly indicate that the item is a Tribal Consultation request and clearly state on the agenda "Tribal Consultation: [agenda item]. Such request at an SB 770 Health and Human Services Cluster meeting must provide at least 30 days' advance calendar notice.

*ODHS Directors/Oregon Tribes Quarterly Convening Meeting*: When Tribal Consultation is scheduled at an ODHS Directors/Oregon Tribes Quarterly Convening Meeting, the agenda must clearly indicate that the item is a Tribal Consultation request and clearly state on the agenda Tribal Consultation: [agenda item]. Such request at an ODHS Directors/Oregon Tribes Quarterly Convening Meeting must provide at least 30 days' advance calendar notice.

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1902(a)(73) Tribal Consultation Requirements (Cont)

*Quarterly Indian Child Welfare Act Advisory Council Meeting:* When Tribal Consultation on an ODHS Child Welfare proposed change is scheduled at a Quarterly Indian Child Welfare Act (ICWA) Council Meeting, the agenda must clearly indicate that the item is a Tribal Consultation request and clearly state on the agenda Tribal Consultation: [agenda item]. Such request at a Quarterly ICWA Advisory Council Meeting must provide at least 30 days' advance calendar notice.

4. Creation of Committees/Work Group(s): Round tables and work groups should be used for discussions, problem resolution, and preparation for communication and consultation related to a Critical Event but do not replace formal tribal consultation. Round tables and work groups will provide the opportunity for technical assistance from OHA or ODHS to Indian health programs, Tribal Human/Social Services and the UIHP to address challenges or barriers and work collaboratively on development of solutions to bring to the meetings. OHA and ODHS will work with Indian health programs, Tribal Human/Social Services and the UIHP to designate technical representation on special workgroups as needed or recommended.

**Reporting of Outcome:** OHA and ODHS shall report on the outcomes of the consultation within 30 calendar days of final consultation by letter or email. For ongoing issues identified during the consultation, OHA and ODHS shall provide status reports throughout the year to the Tribes and prepare an annual tribal consultation report.

**Implementation Process and Responsibilities:** The process should be reviewed and evaluated for effectiveness every 3 years, or as requested.

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1902(a)(73) Tribal Consultation Requirements (Cont)**VIII. Tribal Consultation Performance Evaluation**

OHA and ODHS are responsible for evaluating its performance under this Tribal Consultation Policy. To effectively evaluate the results of the consultation process and the ability of OHA and ODHS to incorporate tribal recommendations, OHA and ODHS will assess its performance and seek tribal input on a quarterly and annual basis in tribal consultation reports. The State will provide performance data in its reports.

**IX. Meeting Records and Additional Reporting**

OHA and ODHS are responsible for making and keeping records of its tribal consultation activity. All such records shall be made readily available to Tribes an annual tribal consultation report and all data. OHA and ODHS shall make and keep records of all proceedings and recommendations and will have these records readily available upon request and/or posted online.

**X. Role of Tribal Affairs Director**

The OHA and ODHS Tribal Affairs Director is responsible for coordinating with OHA and ODHS staff including directors, Tribal Liaisons, and other designated staff in developing and implementing programs that affect Tribes. The Tribal Affairs Director will communicate with staff on a regular basis to identify the OHA and ODHS programs that affects Tribes. Tribal Affairs will convene quarterly with all staff working with Tribes to assure that they are aware of the current Tribal Affairs practices, and policies as well as an opportunity to communicate about ongoing work with Tribes. Tribal Affairs will provide training to notify OHA and ODHS employees of ORS 182.162 to 182.168 and this policy.

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1902(a)(73) Tribal Consultation Requirements (Cont)**XI. Tribal Technical Advisory Board**

Through ongoing communications (e.g., emails) and during a standing meeting on a quarterly basis, the State will solicit advice and guidance from the Board on policies, guidelines, and programmatic issues affecting the delivery of health care for tribal members and to ensure that Indians receive quality care and access to services. The role of the Tribal Technical Advisory Board is not meant to replace the tribal consultation process.

**XII. Definitions**

1. Indian or American Indian/Alaska Native (AI/AN). Indian and/or American Indian/Alaska Native (AI/AN) means any individual defined at 25 USC 1603(13), 1603(28), or 1679(a), or who has been determined eligible as an Indian, under 42 CFR 136.12. This means the individual:
  - a. Is a member of a Federally recognized Indian Tribe.
  - b. Resides in an urban center and meets one or more of the four criteria:
    - i. Is a member of a Tribe, band, or other organized group of Indians, including those Tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree of any such member.
    - ii. Is an Eskimo or Aleut or another Alaska Native.

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1902(a)(73) Tribal Consultation Requirements (Cont)

- iii. Is considered by the Secretary of the Interior to be an Indian for any purpose; or
    - iv. Is determined to be an Indian under regulations issued by the Secretary.
  - c. Is considered by the Secretary of the Interior to be an Indian for any purpose; or
  - d. Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native.
- 2. Tribe. Tribe means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. The Nine Federally Recognized Tribes of Oregon include:

Burns Paiute Tribe  
 Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians  
 Confederated Tribes of Grand Ronde  
 Confederated Tribes of Siletz Indians  
 Confederated Tribes of the Umatilla Indian Reservation  
 Confederated Tribes of Warm Springs

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1902(a)(73) Tribal Consultation Requirements (Cont)Coquille Indian Tribe  
Cow Creek Band of Umpqua Tribes of Indians  
Klamath Tribes

3. Tribal sovereignty in the United States is the inherent authority of indigenous tribes to govern themselves within the borders of the United States of America. The U.S. federal government recognizes tribal nations as "domestic dependent nations" and has established several laws attempting to clarify the relationship between the federal, state, and tribal governments.
4. Urban Indian Health Program (UIHP). Urban Indian Health Program means an urban Indian organization which is a nonprofit corporate body situated in an urban center governed by a board of directors of whom at least 51 percent are AI/ANs, who have been contracted through Title V of Public Law 94-437. Oregon's UIHP is the:

Native American Rehabilitation Association (NARA)

4. Technical Advisory Board. This board will consist of Tribal Health Directors and or designated representatives from each of the nine federally recognized tribes, NARA, and the Northwest Portland Area Indian Health Board.

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1902(a)(73) Tribal Consultation Requirements (Cont)**XIII. Disclaimer**

OHA and ODHS respects the sovereignty of each of Oregon's Tribes. In executing this policy, no party waives any rights, including treaty rights; immunities, including sovereign immunities; or jurisdictions. This policy does not diminish any rights or protections afforded other Indian persons or entities under state or federal law. Through this policy, the parties strengthen their collective ability to successfully resolve issues of mutual concern. While the relationship described by this policy provides increased ability to solve problems, it likely will not result in a resolution of all issues. Therefore, inherent in their relationship is the right of each of the parties to elevate an issue of importance to any decision-making authority of another party, including, where appropriate, that party's executive office.

**XIV. Effective date**

This policy will be effective on March 1, 2018, and may be reviewed at the request of the Tribes or OHA. This policy was reviewed and updated to include ODHS and is now effective October 6, 2023.

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Citation(s)

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1902(a)(73) Tribal Consultation Requirements (Cont)  
**Addendum A****Conferring with Urban Indian Health Program (UIHP)**

The objective of conferring with the UIHP is to ensure the open and free exchange of information and opinions that leads to mutual understanding and comprehension; and emphasizes trust, respect, and shared responsibility. See 25 USC §1660d (a). It is the intention of OHA to confer with the UIHP on any policy or decision that would impact the urban Indian community before any such policy or decision is put into effect.

A policy or decision that would trigger conferring with the UIHP includes those that:

1. Have implications for the urban Indian community, or
2. Have implications on the Indian Health Service or urban Indian health program, or
3. Are a Federally or statutorily mandated proposal or change in OHA has flexibility in implementation.

If the proposal or change directly affects Indians, the Indian Health Service, the urban Indian community, or urban Indian program, but is Federally or statutorily mandated with no State flexibility in implementation, conferring will not be required; however, the proposal or change will be communicated through written updates from OHA to the UIHP Health Director within 30 days.

The basis of the conferring process is mutual trust between OHA and the UIHP. The nature of the Critical Event will determine the depth of the conferring process. A Critical Event may be identified by either OHA or the UIHP.

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1902(a)(73) Tribal Consultation Requirements (Cont)

A Critical Event includes, but is not limited to:

- Policy development impacting the UIHP.
- Program activities that have an impact on the UIHP.
- A State Plan Amendment (SPA), demonstration proposal or renewal, waiver proposal or renewal, or state Medicaid regulations changes with a compliance cost or impact on the UIHP.
- Results of monitoring, site visits or audit findings impacting the UIHP.
- Data collection and reporting activities impacting the UIHP.
- Funding or budget developments impacting the UIHP; or
- Any other event impacting the UIHP.

Once a Critical Event has been identified by OHA or the UIHP the OHA will initiate the conferring process.

Initiation of the conferring process by either OHA or the UIHP will be guided by the following outline:

1. Identify the Critical Event: complexity, implications, time constraints, and issue(s).
2. Identify how the Critical Event impacts the UIHP.
3. Identify affected/potentially affected the UIHP.

**Determining the method of conferring:** the process of conferring will be agreed upon by OHA and the UIHP after the determination of the Critical Event. Mechanisms for conferring will include any options that provide the opportunity for an open and free exchange of information and opinions that lead to mutual understanding and comprehension, and emphasize trust, respect, and shared responsibility.

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1.5 Pediatric Immunization Program-1928 of the Act

1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
  - a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
  - b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
  - b. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.

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1.5 Pediatric Immunization Program- 1928 of the Act (Cont)

- d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.
  - e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.
  - f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.
  - g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.
2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.



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1.5 Pediatric Immunization Program-1928 of the Act (Cont)

3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:
  - ☐ State Medicaid Agency
  - ☒ State Public Health Agency (Both agencies are under the single state agency authority)

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