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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: RI 12-008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

November 28, 2012

Mr. Steven M. Costantino
Secretary, RI EOHHS
57 Howard Avenue, LP Building
Cranston, RI 02920

Re: Rhode Island State Plan Amendment (SPA) 12-008 Tribal Consultation Requirements

Dear Mr. Costantino:

The Centers for Medicare & Medicaid Services (CMS) has finalized its review of Rhode Island's SPA 12-008, which relates to the State Medical Care Advisory Committee and Tribal Consultation requirements under Section 1902(a)(73) of the Social Security Act and P.L. 111-148, Section 10201(i). Following our review, CMS finds the SPA approvable. Enclosed is a copy of the approved SPA and signed CMS-179 form. The effective date is July 1, 2012.

We appreciate the cooperation and effort provided by your staff during the process related to this request. Should you have any questions, please contact Gilson DaSilva at (617) 565-1227 or by e-mail at Gilson.dasilva@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosures

cc: Kimberly Merolla-Brito, RI DHS
Cynthia Gillaspie, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 12-008	2. STATE R.I.
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE July 1, 2012	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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)

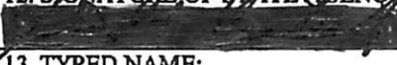
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 431.12 (b); Section 1902 (a)(73) of the Social Security Act, P.L. 111-148 (Section 10201(i))	7. FEDERAL BUDGET IMPACT: \$zero
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9, Section 1.4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 9, Section 1.4
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10. SUBJECT OF AMENDMENT:
State Medical Care Advisory Committee – Tribal Consultation Requirements

11. GOVERNOR'S REVIEW (Check One):


GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED see attached letter
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Kimberly Merolla-Brito Chief Policy and Systems Specialist RI Department of Human Services Office of Policy Analysis, Research and Development Louis Pasteur Building 57 Howard Avenue, Fl # Cranston, RI 0292 Phone 401 462-623 Fax 401 462-616 kmerollabrito@ohhs.ri.gov
13. TYPED NAME: Steven M. Costantino	
14. TITLE: Secretary, EOHHS	
15. DATE SUBMITTED: September 7 2012	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 6, 2012 (by e-mail)	18. DATE APPROVED: November 21, 2012
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2012	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office

23. REMARKS:

Approved OMB#: 0938-1098

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Rhode Island

Citation
42 CFR
431.12(b)
AT-78-90

1.4 State Medical Care Advisory Committee
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

Under the Tribal Consultation Requirements Section 1902(a)(73) of the Social Security Act (the Act), a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services must 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 Health Care Improvement Act (IHCIA). This includes communicating on State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to CMS.

In accordance with section 10201(i) of the Patient Protection and Affordable Care Act, P.L. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010; P.L. 111-152, the Rhode Island Executive Office of Health and Human Services (EOHHS) will communicate with the Narragansett Indian Tribal Chief and the Narragansett Indian Health Center Director, with a copy to the Health Center Director's Assistant. (The Tribe may request additional individuals be copied on communications.) EOHHS will communicate all proposed changes related to the Medicaid Program including State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects, and any proposed changes to benefits and eligibility. Communication will occur via email and US mail.

EOHHS will provide the Tribe a 30 day period, unless otherwise specified, in which to discuss, question, comment or provide input to EOHHS on the topic communicated. A lack of response will be considered an indication that the Tribe has no comment on the topic. In those rare instances where a more immediate response is needed (e.g., the Department is asked to provide a response to the Legislature or Governor's office in an expedited manner, a state law is passed which requires immediate implementation, etc.), EOHHS will contact the Tribe via email and phone identifying the issue, the reason for the urgency of the request, and the date by which a response is requested. That date should be no less than 14 calendar days from the date of request.

TN No: 12-008

Approval Date: 11/21/2012 Effective Date: July 1, 2012

Supersedes
TN No: 75-08

In addition to the above processes, the Tribe has been and will continue to be invited to attend several Medicaid-related committees. As an active participant of these meetings, the Tribe can remain regularly informed and provide input to relevant Medicaid issues. Those committees are:

- **Consumer Advisory Committee:** Over the last several years, staff from the NIHC have been invited to and, on occasion, have attended the Consumer Advisory Committee (CAC) meetings. The CAC is comprised of advocates and consumers who meet every other month with EOHHS representatives to discuss Medicaid-related issues such as budget, pertinent legislation, waiver/SPA amendments, policy and/or procedural changes, research and evaluation, health reform, etc.
- **Medical Care Advisory Committee:** The NIHC Medical Director has a seat on the Medical Care Advisory Committee (MCAC). The MCAC is comprised of physicians statewide who meet monthly with the EOHHS Medicaid Director to discuss medical issues and clinical policies related to the Medicaid program.
- **Global Waiver Task Force:** The State's Medicaid program now operates almost exclusively under a single waiver from the federal government. The waiver is referred to as the Global Consumer Compact Waiver. EOHHS has a task force, representing the myriad of Medicaid stakeholders, to advise EOHHS about issues, policies and operational requirements related to Rhode Island's Global Waiver.
- **Interested Parties Distribution List for Public Notice:** EOHHS maintains an "interested parties" list to notify stake holders of pending public hearings that will be held on Medicaid-related policy.
- **Family Resource Counselor Trainings:** Family Resource Counselors (FRCs) are located in community health centers and hospitals to provide assistance to individuals applying for Rite Care/Rite Share. FRCs are required to attend quarterly trainings provided by EOHHS so that they are kept aware of any changes in policy, procedures, etc. The NIHC has an identified staff person who serves as the FRC at their site.
- **Health Reform-related Meetings:** As the State creates meetings/forums in which to engage community stakeholders, the Tribe will be invited to attend.

In closing, the Executive Office of Health and Human Services has and will continue to inform, notify and seek input from the Narragansett Indian Tribe on a regular, ongoing basis. We are interested and committed to working collaboratively with the Tribe to better understand the issues and needs of the Tribal community so as to ensure that members of that community are afforded access to high quality, cost-effective health care and coverage.

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