JUL 29 2010

Jason A. Helgerson, Administrator
Division of Health Care Access and Accountability
Wisconsin Department of Health Services
1 West Wilson Street
P. O. Box 309
Madison, Wisconsin 53701-0309

Dear Mr. Helgerson:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #09-020  Tribal Consultation Requirements
-- Effective October 1, 2009

If you have any additional questions, please have a member of your staff contact Cynthia Garraway at (312) 353-8583 or Cynthia.Garraway@cms.hhs.gov.

Sincerely,

Verlon Johnson
Associate Regional Administrator
Division of Medicaid & Children’s Health Operations

Enclosure

Cc: Al Matano, Wisconsin Department of Health Services
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

1. **TRANSMITTAL NUMBER:** 09-020
2. **STATE:** Wisconsin
3. **PROGRAM IDENTIFICATION:** TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
4. **PROPOSED EFFECTIVE DATE:** 10/01/2009
5. **TYPE OF PLAN MATERIAL (Check One):**
   - [ ] NEW STATE PLAN
   - [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN
   - [X] AMENDMENT
   
   **COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)**

6. **FEDERAL STATUTE/REGULATION CITATION:**
   - Section 1902(a)(73) SSA

7. **FEDERAL BUDGET IMPACT:**
   - a. FFY 2010 .................................................. $0K
   - b. FFY 2011 .................................................. $0K

8. **PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:**
   - Page 9 ................................................................

9. **PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):**
   - Same

10. **SUBJECT OF AMENDMENT:**
    
    Tribal consultation requirements.

11. **GOVERNOR’S REVIEW (Check One):**
    - [X] GOVERNOR’S OFFICE REPORTED NO COMMENT
    - [ ] COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
    - [ ] NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. **SIGNATURE OF STATE AGENCY OFFICIAL:**

13. **TYPED NAME:**
    - Jason A. Helgerson

14. **TITLE:**
    - State Medicaid Director

15. **DATE SUBMITTED:**
    - December 21, 2009

16. **RETURN TO:**
    - Jason A. Helgerson
    - State Medicaid Director
    - Division of Health Care Access and Accountability
    - 1 W. Wilson St.
    - P.O. Box 309
    - Madison, WI 53701-0309

17. **DATE RECEIVED:**
    - December 21, 2009

18. **DATE APPROVED:**
    - JUL 29 2010

19. **EFFECTIVE DATE OF APPROVED MATERIAL:**
    - October 1, 2009

20. **SIGNATURE OF REGIONAL OFFICIAL:**

21. **TYPED NAME:**
    - Verlon Johnson

22. **TITLE:**
    - Associate Regional Administrator

23. **REMARKS:**
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

Citation

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.

42 CFR 438.104

X 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.

Tribe Consultation Requirements

Section 1902(a)(73) of the Social Security 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 the Indian Health Service (IHS), including programs operated by Indian tribes under P.L. 93-638, and Urban Indian Organizations concerning Medicaid matters having a direct impact on these IHS and Urban Indian Organizations. Please indicate below whether the State, as part of its consultation process, appoints an advisory committee or appoints a designee of the IHS and Urban Indian Organizations to the State medical care advisory committee, both of these, or something else.

☐ State appoints a tribal advisory committee.

☐ State appoints a designee of the IHS and Urban Indian Organizations to the State medical care advisory committee.

☒ Other. Specify:

Wisconsin Department of Health Services staff will meet with tribal Health Directors and designees of Indian Health Service and Urban Indian Organizations during the last month in each quarter to discuss state plan amendments before they are submitted to CMS. A Consultation Implementation Plan is maintained which documents what the State and the tribes have agreed to do for the next period.

☐ Not applicable because the State does not have at least one Indian Health Program or Urban Indian Organization furnishing health care services.