

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1 TRANSMITTAL NUMBER
11-005

2 STATE
WYOMING

FOR: HEALTH CARE FINANCING ADMINISTRATION

3 PROGRAM IDENTIFICATION TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4 PROPOSED EFFECTIVE DATE
September 30, 2011

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)

7 FEDERAL BUDGET IMPACT

a FFY 2010 \$

b FFY 2011 \$

8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 1 4, Page 1

9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Section 1 4, Page 1

10 SUBJECT OF AMENDMENT

The proposed changes will update Section 1 4 to include written affirmation that the State will follow the same tribal consultation process for the separate Children's Health Insurance Program (CHIP) as for the Medicaid program

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
- OTHER, AS SPECIFIED

12 SIGNATURE OF STATE AGENCY OFFICIAL

13 TYPED NAME TERI GREEN

14 TITLE STATE MEDICAID AGENT

15 DATE SUBMITTED

8/1/11

16 RETURN TO

TERI GREEN
STATE MEDICAID AGENT
DIVISION OF HEALTH CARE FINANCING
6101 YELLOWSTONE ROAD, SUITE 210
CHEYENNE, WY 82002

CC TAMMY ARNOLD, MANAGEMENT ASSISTANT
(SAME ADDRESS)

FOR REGIONAL OFFICE USE ONLY

17 DATE RECEIVED

8/1/11

18 DATE APPROVED

12/7/11

PLAN APPROVED - ONE COPY ATTACHED

19 EFFECTIVE DATE OF APPROVED MATERIAL

9/30/11

20 SIGNATURE OF REGIONAL OFFICIAL

21 TYPED NAME

RICHARD C. ALLEN

22 TITLE

ARA, DANCHO

23 REMARKS

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

December 7, 2011

Teri Green, Medicaid Director
Wyoming Division of Health Care Financing
401 Hathaway Building
Cheyenne, WY 82002

RE Wyoming #11-005

Dear Ms Green

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 11-005. This SPA concerns Tribal Consultation Compliance Requirements.

Please be informed that this State Plan Amendment is approved effective September 30, 2011. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Cindy Smith at (303) 844-7041.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Allen". The signature is fluid and cursive.

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

CC. Tammy Arnold
Lee Clabots, Deputy Director

Approved OMB# 0938-1098

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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.

Wyoming will use the process identified in the section to seek advice on a regular, ongoing basis from Indian Health Services located at Fort Washakie (IHS) and the federally recognized Wyoming tribes on matters related to the Medicaid and/or CHIP Program and for consultation on all State Plan Amendments (SPA), waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to the Centers for Medicare and Medicaid Services (CMS).

- A The State will assure that representatives of both the Eastern Shoshoni and Northern Arapahoe tribes and IHS are notified at least 30 days prior to the above changes to being submitted to CMS. This will allow time for the tribes to review and provide recommendations and advice on current and future policy initiatives and pending changes to the Medicaid and/or CHIP programs.
- B The Wyoming Department of Health, Division of Health Care Financing will appoint a designated liaison for Medicaid and CHIP to facilitate the intergovernmental relationship between Medicaid, CHIP, the Wyoming Tribes and Wyoming IHS or other entities meeting the definition under the Act to assure compliance with the federal provisions for consultation and to expedite communications.
- C The Medicaid Agency will implement the following process to seek advice on a regular and ongoing basis on matters related to Medicaid and CHIP:
 - 1 Convene as needed face-to-face meetings with representatives from both Tribes, IHS and the State to discuss any items of importance to the parties.
 - 2 Provide both Tribes and IHS with a current list of Division contacts for the Medicaid and CHIP Programs.

TN No 11-005Approval Date 12/7/11Effective Date 09/30/2011

Supersedes

TN NO 75-8

- 3 Medicaid Agency will make an annual onsite visit to federally recognized Tribal Programs and/or facilitate collaboration and understanding among all parties

Tribal Consultation Development Process

The consultative process that occurred for the development of this State Plan Amendment was based on a series of previous visits, contacts and discussions between the Tribes, I H S and Wyoming Medicaid Medicaid met with Eastern Shoshone Tribal Leaders and Northern Arapahoe Tribal Leaders by and through their respective Business Councils as well as with I H S Representatives on the following dates. March 23rd 2011, April 19th 2011 and May 9th 2011 During these meetings the Consultation process was discussed and it was mutually decided that the tribes will be notified via email in letter format of any and all State Plan Amendments (SPA), waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to the Centers for Medicare and Medicaid Services (CMS) In addition to the in-person meetings, the Tribes were notified on May 17th 2011 of this SPA After 30 days there were no objections, changes or suggestions were received Wyoming does not at this time have any Urban Indian Clinics