State/Territory Name: New York
State Plan Amendment (SPA) # 17-0065

This file contains the following documents in the order listed:

1. Approval Letter
2. CMS 179 Form
3. Approved SPA pages
March 12, 2018

Jason Helgerson
Deputy Commissioner
Office of Health Insurance Programs
NYS Department of Health
Corning Tower (OCP- 1211)
Albany, New York 12237

Dear Mr. Helgerson:

We have completed our review of the submission of New York’s State Plan Amendment (SPA) 17-0065 for incorporation into the Medicaid State Plan with an effective date of December 1, 2017. This SPA is submitted based on enacted legislation and proposes to revise the State Plan to amend procedures for soliciting advice for designees of the State’s Indian Health Programs concerning Medicaid and CHIP matters that may have an impact on Indians or Indian Health Programs.

Enclosed is the copy of the approved SPA # 17-0065. If you have any questions, concerns, or wish to discuss this further, please contact Vennetta Harrison at 212-616-2214.

Sincerely,

Michael Melendez, LMSW
Associate Regional Administrator
Division of Medicaid & Children’s Health Operations

Cc: C. Gillaspie
    L. Terwilliger
    R. Deyette
    D. Cater
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

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:
   §1902(a) of the Social Security Act and 42 CFR 447

7. FEDERAL BUDGET IMPACT: (in thousands)
   a. FFY 12/01/17-09/30/18 $0
   b. FFY 10/01/18-09/30/19 $0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   Attachment 1.1: Page 9

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
   Attachment 1.1: Page 9

10. SUBJECT OF AMENDMENT:
    Tribal Consultation Procedures
    (FMAP = 50%)

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Jason A. Helgerson

14. TITLE: Medicaid Director
    Department of Health

15. DATE SUBMITTED: DEC 18 2017

16. RETURN TO:
    New York State Department of Health
    Division of Finance and Rate Setting
    99 Washington Ave – One Commerce Plaza
    Suite 1432
    Albany, NY 12210

17. DATE RECEIVED:

18. DATE APPROVED: MARCH 12, 2018

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: MICHAEL MELENDEZ

22. TITLE: Associate Regional Administrator
    Division of Medicaid & Children’s Health Operations

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

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.

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.

Tribal Consultation Process
For changes to the State's Medicaid Plan (Plan) that require a State Plan Amendment (SPA), Indian nation leaders and health clinic administrators and Urban Indian Organization leaders and health department administrators will be sent a letter altering that a new tribal consultation has been posted. This notification will be accompanied by summaries of each proposed amendment, an offer of availability of State staff to meet with respective Indian leaders in person upon request made within two weeks of the date of the notification, and also a weblink to the Department of Health website where you may also view the draft plan pages and Federal Public Notice for each proposal. Tribal consultations will be sent at least two weeks prior to submitting a SPA to CMS for approval, allowing for a two-week comment period. [copy of the Federal Public Notice related to a particular SPA, along with a cover letter offering the availability of State staff to meet with respective Indian leaders in person upon requests made within two weeks of the date of notification. A least two weeks’ prior to submitting a SPA to CMS for approval, a draft copy of the proposed amendment will be forwarded to the above Indian representatives, allowing for a two-week comment period.] Indian health clinic administrators will be notified via e-mail, and all other Indian representatives will be notified via U.S. Postal Service.
For Medicaid policy changes that do not require a SPA, a draft copy of the Administrative Directive related to the change will be forwarded to Indian representatives, as outlined above, for a two-week comment period. A State contact person will be identified for each draft directive.

Written notification of the State’s intent to submit proposals for demonstration projects or new applications, amendments, extension requests or renewals for waivers that have an impact on Indians. Indian health providers or Urban Indian Organizations will be made to Indian representatives, as identified above, at least 60 days prior to the publication and submission of such. Indian health clinic administrators will be notified via e-mail, and all other Indian representatives will be notified via U.S. Postal Service.

**Tribal Consultation Process Development**

State representatives attended the 2011 Department of Health and Human Services (HHS) Annual Regional Tribal Consultation Session held on March 29, 2011. At that meeting, State staff distributed and discussed the draft Federal Public Notice which contained a summary description of the proposed tribal consultation policy. State staff also distributed a draft SPA and conducted a PowerPoint presentation, both of which elaborated on the proposed tribal consultation policy. Tribal representatives received contact information for various State staff who could answer any questions that may arise. As of May 1, 2011, no questions or comments were received by the State subsequent to the above meeting.

In addition, copies of all handouts were left with HHS IHS representatives to share with those Indian nations and Urban Indian Organizations who did not have representatives in attendance. Further, on April 29, 2011, the State mailed a package to Indian nation and organization leaders and Indian health clinic administrators, which discussed the March 29, 2011 presentation, included the handouts from the presentation, and offered a two-week period of time in which to comment or request a personal meeting with State staff. No responses to our mailing were received as of May 13, 2011.

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**TN No. #11-06**

Supersedes TN No. **NEW**

Effective Date **APR 01 2011**

Approval Date **AUG 04 2011**