DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 1301 Young Street, Room 833 Dallas, Texas 75202



# Division of Medicaid & Children's Health, Region VI

March 28, 2011

Our Reference: SPA OK 10-38

Dr. Garth Splinter, State Medicaid Director Oklahoma Health Care Authority 2401 NW 23<sup>rd</sup> St., Suite 1A Oklahoma City, OK 73107 Attention: Tywanda Cox

Dear Dr. Splinter:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 10-38. This state plan amendment revises the plan language regarding tribal consultation and removes the marketing provision of MCOs, PIHPS, PAHPS, and or PCCM programs as stated in 42 CFR 438.104.

In the future, when the State submits a State Plan Amendment (SPA), waiver implementation or renewals, demonstration projects, or rules changes, CMS will look for evidence of the State's tribal consultation process for the State Plan Amendment (SPA) in accordance with this SPA. Pursuant to section 1902 (a) (73) of the Act added by section 5006 (e) of the Recovery and Reinvestment Act of 2009, the State must submit evidence to CMS regarding the solicitation of advice prior to submission of the SPA. This consultation must include all federally recognized tribes, 638 Tribal Facilities, facilities operated by Indian Health Service (IHS) and Urban Indian Organizations within the state.

Transmittal Number 10-38 is approved with an effective date of December 1, 2010 as requested. A copy of the HCFA - 179, Transmittal No. 10-38 dated December 30, 2010 is enclosed along with the approved plan pages.

If you have any questions please contact Jeoffrey Branch at (214) 767-6449.

Sincerely,

Bill Brooks

Associate Regional Administrator

Enclosures

	1. TRANSMITTAL NUMBER	2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	1 0 - 3 8	Oklahoma
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	Docombor 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One)	December 1, 2010	····
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS A NEW PLAN ☐ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT	
Section 1902(a)(73) of the Social Security Act, Section 5006 ARRA	a. FFY <u>2010</u> <u>\$0</u> b. FFY <u>2011</u> <u>\$0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	PAGE NUMBER OF THE SUPERSED     OR ATTACHMENT (If Applicable)	ED PLAN SECTION
Section 1.4, Page 9	Same Page, Revised 08-13-03,	TN# 03-12
10. SUBJECT OF AMENDMENT		
Tribal Consultation		
11. GOVERNOR'S REVIEW (Check One)		
GOVERNOR'S OFFICE REPORTED NO COMMENT	X OTHER, AS SPECIFIED	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	The Governor does not review State Plan	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	material.	
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO	
13. TYPED NAME	Oklahoma Health Care Autho	ritv
Mike Fogarty	Attn: Cindy Roberts 2401 NW 23rd Street, Suite 1A	
14. TITLE		
Chief Executive Officer	Oklahoma City, OK 73107	
15. DATE SUBMITTED		
December 30, 2010	APUSE AND	
	ATE APPROVED	ning maning panggalang dan dala Panggalang dan dan dan dan dalah
30 December, 2010	25 March, 2011	
PLAN APPROVED ONE .  19. EFFECTIVE DATE OF APPROVED MATERIAL	ega	- Oldie - Oldina, Alba - Milia - Oldie - Oldina, Oldina, Alba - Milia
1 December, 2010		n and a life
21) 11 TENNY   1	TITLE Associate Regional Administa	
Bill Brooks	Division of Medicaid & Chidirer	i's Health .
23. REMARKS c. Mike Fogarty	Mark (Mark)	
C indy Roberts		
Tywanda Cox		ur ingle dilik ing 1975 Banggaran
Traylor Rains		ira Gilijos (100 - 110) Principal
		Signification of the super-
	10、建设、全部的基础。	

FORM CMS-179 (07/92)

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

### 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)(I) 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.

Oklahoma has three different tribal provider types including 638 tribal facilities, facilities operated by the Indian Health Service, and Urban Indian clinics (This collective group is referred to as Indian Tribal Units I/T/Us). The agency has quarterly meetings with all of the Indian Health Service business office managers, and meets on an as needed basis with any of the three tribal provider types, as well as conducts site visits and trainings as needed. Additionally, the agency hosts an annual tribal consultation meeting each year in which all tribal provider types are invited.

In regard to rule, waiver implementations or renewals, state plan changes, and demonstrations projects, the agency issues an I/T/U Public Notice provider letter to each I/T/U provider(s) advising them of all proposed rule, waiver implementations or renewals, state plan changes, and demonstrations projects, and/or state plan changes. The I/T/Us are encouraged to offer feedback on proposed changes. The letter is also posted to our public website under I/T/U Public Notification which is a designated place for I/T/Us updates and information. The agency also has a proposed rule change page on our public website that allows public comment on proposed rule changes and offers web alerts for future updates and comment opportunities. Notification to tribes for consultation under normal circumstances is provided at least 60 days prior to a rule change or waiver/SPA submission. In the event of abnormal circumstances (such as, but not exclusive to Federal Regulatory changes, judgments from lawsuits, etc.), I/T/Us are given as much notice for consultation as possible; if such an abnormal process has been identified, notification to tribes for consultation could be as short as 14 days prior to submission of the waiver implementations or renewals, state plan changes, and/or demonstrations projects, in conjunction with email notification to the I/T/Us of the proposed changes.

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.

The agency developed and issued a survey and letter to I/T/Us to ascertain if the tribes were satisfied with the current process and to offer suggestions for improvement. Of the respondents, approximately 80% indicated that they were satisfied or very satisfied with the current process.

Revised 12-01-10

TN# 10-38 Approval Date 3-25-11
Supersedes
TN# 03-12 Effective Date 12-1-10

SUPERSEDES: TN- 03-12

STATE\_OKlahoma\_

DATE REC'B.\_\_12-30-10

DATE APPV'D\_\_\_3-25-11

DATE EFF\_\_\_\_12-1-10

HC.FA 179\_\_\_\_10-38\_\_\_\_\_

## Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)

Sent: Wednesday, April 13, 2011 12:05 PM CMS SPA; CMS CMSO\_508\_SPA

Cc: Branch, Jeoffrey A. (CMS/CMCHO); Dasheiff, Sandra (CMS/CMCHO); Jones, Michael J.

(CMS/SC)

**Subject:** Final Approval Pkg for OK 10-38

Attachments: OK1038APPROVAL.docx; Final Approval Ltr for OK 10-38.pdf

See Attached.

State: Oklahoma

Brief Description: The plan amendment complies with section 1902(a)(73) of Social Security Act the requiring States with one or more Indian Health Programs and who furnishes health care services, to establish a process for the State Medicaid agency to seek advice on a regular basis, from designees of Indian Health programs.

Approval Date: 25 March, 2011

Effective Date: 1 December, 2010

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // marsha.marks@cms.hhs.gov