

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Alaska

SMCAC section is superseded
by MAGI

Tribal Consultation Requirements
Section remains active.

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.

1. Tribal Consultation Policy

In order to comply with Section 1902(a)(73) and Section 2107(e)(1) of the Social Security Act, the State of Alaska Department of Health & Social Services (Department) establishes this formal policy on tribal consultation for Medicaid and the Children's Health Insurance Program (CHIP). This relationship enhances and improves existing communication between parties and facilitates the exchange of ideas regarding state plan amendments, waivers, and demonstrations related to Medicaid and Denali Kid Care (the Federal Children's Health Insurance Program).

It is the intent and commitment of the Department to solicit advice, review, seek clarification, and utilize the aforementioned as appropriate from the federally recognized tribal health programs and the Indian Health Service (IHS) to ensure that they are included in the decision making prior to changes in programs that are likely to have a direct effect on American Indians or Alaska Natives (AI/ANs), tribal health programs or IHS, while preserving the right of the Department to make appropriate decisions. *Amendments to the State Plan, waivers, or demonstrations are considered to have direct effects on American Indians or Alaska Natives (AI/ANs), tribal health programs or IHS if the changes impact eligibility determinations, reduce payment rates, change payment methodologies, reduce covered services, or change provider qualifications/requirement. Proposals for new demonstrations or waivers will also be included in consultation.*

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The following Tribal Consultation policy statement includes an overview of the notification process the Department utilizes to inform identified/required parties with the timeline that allows for reasonable response time for tribal health programs and IHS to review and comment and for the Department to review and integrate input as deemed appropriate. It will detail the identification of the proposed changes, anticipated impacts on AI/ANs and/or tribal health programs and IHS describe how to provide comment and offer an opportunity to request more direct interaction with the Department regarding proposed changes. The Department will summarize comments received and which, if any, influenced the Department's submission and or changes

2. Communication Methods

The Department will use the following methods to provide notice and request input from tribal health programs and IHS on all issues likely to have an effect on AI/AN beneficiaries.

2.1 Written Correspondence (Dear Tribal Leader Letter)

The Department will deliver written notices of state plan amendments, waivers, and demonstrations related to Medicaid and Denali Kid Care (the Federal Children's Health Insurance Program) to designated entities. Designated entities include but are not limited to:

- a. Tribal health programs
 - i. Health Director
 - ii. Board Chair
- b. Alaska Native Health Board
- c. Director, Alaska Area Native Health Service
- d. State/Tribal Medicaid Task Force

The written notice (Dear Tribal Leader Letter) will include, but is not limited to:

- a. Purpose of the proposal/change and proposed implementation plan; and
- b. Anticipated impact on AI/ANs and tribal health programs and IHS as determined by the Department;
- c. Method for providing comments/questions; and
- d. Timeframe for responses

The Department may consolidate notice of multiple changes into a single letter. At the option of the tribal health program, the Department may substitute notification by email or other electronic means for delivery by mail.

2.2 Meetings

Quarterly joint meetings with tribal health programs and IHS and/ or their designees, the Department, and the Alaska Native Health Board or other

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designated groups. The Department must be notified in writing if the designees change. This will suffice as documentation that the Department informed the appropriately designated entities.

2.3 Committees/Work Groups

Round tables and work groups should be used for discussions, problem resolution and preparation for communication and consultation. These will provide the opportunity for technical assistance teams from the Department and tribal health programs and IHS to address challenges or barriers and work collaboratively on development of solutions

The Department and/or tribal health programs and IHS will designate technical representation on special workgroups as needed or recommended.

3. Consultation Timeframes

The Department will request consultation at the earliest opportunity, no later than 60 days in advance of submission to the Centers for Medicare and Medicaid (CMS) to give appropriate tribal contact(s) adequate time to consider and respond to the impact of the communication. The tribal health programs and IHS should submit written comment within 30 days so the Department has time to review and incorporate changes as deemed appropriate. If there is a request for a face to face meeting, the Department needs to receive written request within 15 days of the initial notice in order to facilitate a meeting and make changes as deemed appropriate.

4. Implementation Process and Responsibilities

As a component of continued systems accountability, this process will be reviewed and evaluated for effectiveness every four years, or as necessary. A report will be issued 90 days after the Alaska Medicaid and Denali KidCare Tribal Consultation Policy and Procedure review that summarizes the evaluation and details any new strategies and/or specific agreements.

4.1 Department of Health and Social Services

- Solicit advice with tribal health programs and IHS as outlined in the State Plan by Tribal Consultation amendment.
- Maintain electronic information for posting of the Department's Medicaid information for tribal health programs and IHS.
- Provide electronic and or written information through all the methods above.
- Consider input and document action taken with the tribal health programs and IHS prior to final submission of all SPAs, waiver requests, and proposals for demonstration projects to CMS.

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- Provide written documentation of responses to Tribal health programs and IHS comments.

4.2 Tribal Health Programs and IHS

- In order to ensure the success of the Department's commitment to solicit and utilize input from tribal health programs and IHS, the following are strongly encouraged.
- Provide effective representatives to the appropriately designated Quarterly Meetings.
- Representatives share information from committee meetings to others, as appropriate (representatives are responsible to disseminate information from the committee meeting to the appropriate tribal health organizations).
- Identify and facilitate effective participation on issue specific subject matter from representatives on special work groups as requested.
- Keep electronic site updated with current contact information.
- Provide comments/input/advice to help inform the process and ensure that Alaska Medicaid and Denali KidCare meet the needs of AI/ANs and tribal health programs and IHS.
- When specially requested to provide input on a proposed change, please document a response even if there are no comments.

5. Procedures

The Department will notify tribal health programs and IHS, at the earliest opportunity, no later than 60 days in advance of submission to the Centers for Medicare and Medicaid (CMS) of state plan amendments, waiver requests, and proposals for demonstration projects and on a quarterly basis when state plan amendments are submitted and require consultation under this Policy with tribal health programs and IHS.

Tribal health programs and IHS may identify a critical event or issue of concern and make a formal request for consultation with the Department, through the Commissioner's office.

The Department and tribal health programs and IHS will determine the level of consultation needed (written, face to face meeting, or both) to address items #1 and #2, and request consultation as needed.

The parties will determine if work groups should be tasked to work on technical questions in preparation for consultation and the timeline for process completion.

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The Department shall review the results of the consultation policy with tribal health programs and IHS and consider recommended changes.

The Department shall post within 60 days from the close of the consultation period, or as soon as feasible, a summary of the outcome of consultation with tribal health programs and IHS, which may be in the form of a submitted State Plan amendment.

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