

Approved OMB#: 0938-1098

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana**1.6 Tribal Consultation****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.

- Louisiana Medicaid recognizes the primary objective for the required consultations set forth in the Act is to keep Indian Health programs informed of changes to Medicaid/CHIP (submitted through State Plan amendments (SPAs), proposed waivers, waiver extensions, waiver amendments or waiver renewals) that are more restrictive for eligibility determinations, changes that reduce payment rates or changes in payment methodologies to Indian Tribe, Tribal Organization, Urban Indian Organization (ITU) providers or for services reimbursed to ITU providers, reductions in covered services, changes in consultation policies, and proposals for demonstrations or waivers that may impact Indians or ITU providers.
- Each month, or more frequently in the case of emergency situations, the State Medicaid Agency's (SMA) Policy and Compliance Section creates and submits a letter to the State's federally recognized tribal organizations detailing the name, purpose, and effective date of all SPAs, new waivers, waiver renewals, extensions, amendments and demonstrations that have been proposed. The letter provides a summary of the actions the SMA will take and the impact those actions may have on Medicaid recipients.
- Upon request, the appointed SMA Designee of Indian Health Services will speak (i.e. teleconference) with the chosen representative (s) of the federally recognized tribes, including: Chitimacha, Coushatta, Jena Band of Choctaw and Tunica/Biloxi tribes, as well as the CMS Native American contact, to discuss relevant Medicaid/CHIP matters that are outlined in the letter and that may affect the tribe's health care.

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- Louisiana has only one Indian Health Service (IHS 638) clinic also known as the “Chitimacha Health Clinic” located in Charenton, Louisiana. This clinic will be informed of any proposed changes to the Medicaid Program through an emailed summary. The Tribes, or their appointed representatives, will have 30 days to respond with any comments, unless the date for CMS submission of the SPA or waiver becomes critical and needs to be expedited. In this case, the appointed representatives will have 7 days to respond with any comments they may have.
- The CMS Native American Contact is copied on all correspondence in this process by the agency designee to communicate our efforts to secure comments/input from the Tribes.
- If comments are received, they will be forwarded to the Medicaid Director for further consideration. A written response will be given to any written comments received.
- If no comments are received within the 30-day or 7-day time frame, the State will make the assumption the Tribes agree with the provisions in the proposed SPAs and waiver amendments.
- Comments from the Tribes, or lack thereof, will also be reported to the CMS Native American contact.
- The anticipated impact on Indians, Indian health providers, and Indian tribes will be improved communication and feedback concerning changes made to the Medicaid State Plan and approved waiver programs. These changes can effect provider payments and services, especially with regard to a reduction in services. The Indian health providers can better prepare for any negative impacts and have an avenue to express opinions to the State on these issues. The consultation process further aides in the implementation of Medicaid policy and works to ensure that policy plays a meaningful role in addressing issues affecting Indian tribes.

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.

- On January 22, 2010 the State received guidance from CMS on the implementation of the American Recovery and Reinvestment Act of 2009, Public Law 111-5. The act includes general requirements expected of States to alert Tribal entities to proposed SPAs.
- Written notification of individual SPAs as well as a summary was sent to the four tribes and health clinic on the following dates: February 18, 2010, March 25, 2010, June 25, 2010, September 21, 2010, September 23, 2010, December 2, 2010 and December 17, 2010.
- On January 31, 2011 the state Medicaid Director, Deputy Director and State Plan Unit Program Manager visited the Chitimacha Health Clinic and spoke to representatives about the federal requirements.

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- The Chitimacha representatives expressed a preference for an abbreviated description of the SPA and waiver submissions as opposed to the existing practice of sending a longer description which included the actual State Plan pages. They noted they would notify the State if they wanted any further information or had any comments on the individual amendments.
- On July 18, 2011 a review of Idaho and Texas tribal consultation process was done by the Program Manager.
- As requested, the State began to send only monthly summaries of the purpose of SPAs / waiver amendments to the individual tribes via email, also listing the name, description and effective date of the individual SPAs and waiver submissions.
- A formal summary letter signed by the Medicaid Director was sent to the Chitimacha Health Clinic with the instructions to call or send any written questions or comments to the Policy and Compliance Section Chief.
- Notifications have been emailed and mailed on the following dates in 2011: March 3, 2011, March 10, 2011 (Coordinated Systems of Care notice), June 20, 2011, July 27, 2011, August 25, 2011 and November 14, 2011.
- On December 8, 2011, a review of several other states' (i.e. Arizona, New Mexico and Nebraska) tribal consultation process was completed by the Program Monitor.
- The current practice is to send on-going, frequent written summaries which are emailed to the four Tribes and to the Chitimacha Health Clinic. A teleconference can be requested by the tribes at any time to give the tribal representatives more opportunity to ask any questions directly to the State or Federal staff. The SMA designee will follow-up as needed.
- On March 10, 2016, the SMA submitted a letter to the Louisiana federally recognized tribal organizations notifying them of a SPA submission (LA TN 16-0006) to make changes to the tribal consultation process to clarify the provisions for waiver submissions. The SMA did not receive any comments relative to the March 10th correspondence. Per CMS' recommendation, on July 26, 2016, the SMA sent a follow-up letter to the federally recognized tribes which included the SPA pages being revised, highlighting the specific changes to the pages. The follow-up letter was sent to ensure the tribal organizations were in agreement with the proposed changes. The SMA did not receive any comments on the proposed changes.

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