

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MARYLAND

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.

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.

**In November, 2010, the State appointed a designee of the Urban Indian organizations operating health programs under the IHCIA to the State Maryland Medicaid Advisory Committee (MMAC). The MMAC meets monthly and receives updates on demonstration projects, pertinent policy issues, waivers, regulations and State Plan Amendments for all Medicaid Programs. These communications occur prior to the submission of waivers, amendments and other policy changes. Feedback from authorizing agencies is also shared with the MMAC as needed. For instance, follow up issues significantly impacting the implementation as previously stated would be brought before the MMAC for discussion.**

**In response to the ISDEAA, the State will also consult with the Urban Indian Organization on an as needed basis to develop SPAs and regulations which will have a direct impact on the provision of care to or access for Indian populations. Maryland statute also requires that the MMAC receive copies of any State Plan Amendments within five days of submission to CMS.**

TN 10-16

Supersedes

TN NEW Approval Date

**MAR 21 2011**

Effective Date

OCTOBER 1, 2010

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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 State contacted the Urban Indian Organization in April 2010 to begin developing a relationship and feedback loop on Medicaid issues. Prior to that, the State worked with CMS to understand the requirements of the legislation so that they would be correctly implemented. A member of the organization was invited to join the MMAC in July 2010 and accepted in August 2010.

In November 2010, the State met with representatives from IHS, CMS and the Urban Indian Organization to further develop the process for reviewing State Plan Amendments. Based on feedback from the Urban Indian Organization, the State agreed to forward all proposed waivers, waiver extensions, waiver amendments, waiver renewals and pending SPAs to the Urban Indian Organization, and specifically highlight any SPA affecting access or the provision of care to Indian populations in Maryland.

The State contacted the UIO to further develop the communication efforts to ensure the UIO has sufficient time to present feedback to the State on SPAs, proposed waivers, waiver extensions, waiver amendments and waiver renewals. The UIO and the State agreed to the following:

- 1) Monthly electronic updates to be confirmed electronically by the UIO of proposed submissions to CMS related to SPAs, proposed waivers, waiver extensions, waiver amendments, and waiver renewals.
- 2) The UIO agrees that one week prior to submission to CMS for receipt of any SPA/Waiver which has a direct impact on the UIO / American Indians is considered sufficient time for feedback.
- 3) The majority of contact between the State and the UIO will occur electronically, however, in instances where there is a direct impact on Indians with regard to care or access, telephone, letter, or face-to-face consultation may be necessary and a minimum of a business week will be provided to the UIO for feedback post meeting.
- 4) A follow-up conference call between the State and the UIO on February 25, 2011 confirmed agreement of all parties to electronic delivery and confirmation of pending SPA/Waivers in accordance with the process outlined above to be initiated with the current SPA discussed herein and to continue with all SPA/Waivers as of January 2011.

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1098. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.  
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