

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State: MINNESOTA

Citation 1.4 State Medical Care Advisory Committee

42 CFR 431.12(b)  
AT-78-90

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.

42 CFR 438.104(c)

The State enrolls recipients in MCOs. The State assures that it complies with the requirements of 42 CFR §438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.

1902(a)(73)  
2107(e)(I)

Tribal Consultation Requirements

In compliance with §1902(a)(73) of the Social Security Act, the state agency meets on a quarterly basis with tribal health directors of federally-recognized tribes, Indian Health Service representatives, and urban Indian health care providers to seek advice on matters related to Medicaid and CHIP programs, including consultation on state plan amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prepared for submission to CMS.

**Ongoing consultation:** Since 1999, the state has met on a quarterly basis with tribal health directors, Indian Health Service representatives, and urban Indian health care providers. The quarterly meetings provide a forum for the state to solicit input from the providers on any issues of interest to them, including proposed changes to state health care programs, updates on state and federal law and regulation changes and funding opportunities. State agency policy staff attend the meetings to provide information, respond to questions, and accept comments from the providers.

**Tribal participation on Medicaid Citizens' Advisory Committee:** The state Medicaid Citizens' Advisory Committee advises the state agency on issues affecting populations served by Medicaid.

TN No. 10-26  
Supersedes 05-03

Approval Date MAR 28 2011 Effective Date October 1, 2010

Representatives of the tribes who have volunteered to participate have been appointed by the state Medicaid director to serve on the Committee.

**Consultation regarding state plan amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects:** The state agency has designated a staff person in the Medicaid director's office to act as a liaison to the Indian health care providers regarding consultation. The state agency liaison sends written notification to Tribal chairs via U.S. mail, and to Tribal health Directors, Tribal social services directors, the Indian Health Service Area office director, and the director of the Minneapolis Indian Health Board clinic via electronic mail at least 60 days prior to the anticipated submission of all state plan amendments and waiver requests, renewals, or amendments. When a 60-day notice is not possible, the longest practicable notice timeframe is utilized.

Notices include a brief description of the proposal, its likely impact on Indian people or Indian health care providers, and a process and timeline for comment. At the request of an Indian health care provider, the state agency liaison will send more information about any proposal.

The state agency liaison arranges for appropriate state agency policy staff to meet with Indian health care providers to receive their input and to answer questions. This consultation may take place as part of a quarterly tribal health directors' meeting or via a separate meeting, conference call, or other mechanism, as appropriate. The state agency liaison forwards all comments received from Indian health care providers to appropriate state policy staff for their response.

When an Indian health care provider has requested changes to a proposed state plan amendment or waiver request, renewal, or amendment, the state agency liaison reports back on whether the change is included in the submission, or why it is not included. The state agency liaison informs the Indian health care providers when the State's waiver or state plan changes are approved or disapproved by CMS, and would include CMS' rationale for disapproval.

9.2

For each state plan or waiver change, the state agency liaison maintains a record of the notification process; the consultation process, including written correspondence from Indian health care providers and notes of meetings or other discussions with them; and the outcome of the process.

The state conducted extensive consultation with Indian health providers in the course of developing the formal consultation policy:

- October 21, 2009: An email describing the new consultation requirements and asking for a discussion of how they should be implemented was sent to all Minnesota Indian health care providers, including 11 tribes, the Indian Health Service, and the Minneapolis Indian Health Board clinic.
- November 17, 2009: The consultation requirements were an agenda item for the quarterly tribal health directors' meeting. It was determined there that the state would draft a proposed policy for consideration by the providers. Health directors from five tribes and the Indian Health Service were present.
- February 2, 2010: A draft consultation policy was sent to all Indian health care providers, with request for comments and request for discussion at the next meeting.
- February 18, 2010: At the quarterly tribal health directors' meeting, a discussion of the draft policy resulted in requests for several revisions. Representatives of seven tribes were present. Notes and materials from the meeting were subsequently sent to all Indian health care providers, with a request for comments on the draft consultation policy. No additional comments were received.
- May 2, 2010: A revised draft policy was sent to providers
- May 12, 2010: At the quarterly tribal health directors' meeting, the revised draft policy was discussed; no further changes were requested. Representatives of five tribes were present. Notes and materials from the meeting were subsequently sent to all Indian health care providers, with a request for comments on the draft consultation policy. Because no additional comments were received, the policy was considered final.