

---

## Table of Contents

**State/Territory Name:** Montana

**State Plan Amendment (SPA) #:** MT-14-0046

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1600 Broadway, Suite 700  
Denver, CO 80202-4967



## Region VIII

---

January 15, 2015

Mary Dalton, Medicaid & Health Services Manager  
Montana Department of Health & Human Services  
1400 Broadway  
PO Box 202951  
Helena, MT 59620

Re: SPA MT-14-0046

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-14-0046. This Tribal consultation amendment changes the notification period from 45 days with 30 day comment period, to 28 days with 21 day comment period.

Please be informed that this State Plan Amendment was approved today with an effective date of December 1, 2014. We are enclosing the summary page and the amended plan page(s).


If you have any questions regarding this SPA please contact Cindy Smith at 303-844-7041.

Sincerely,

/s/

Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid and Children's Health Operations

Cc: Richard Opper, Department Director  
Duane Preshinger  
Jo Thompson  
Mary Eve Kulawik

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 14-0046	2. STATE Montana
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
<b>TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>		4. PROPOSED EFFECTIVE DATE December 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(73)		7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$ 0.00 b. FFY 2016 \$ 0.00 c. FFY 2017 \$ 0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Tribal Consultation, pages 1-2 of 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Citation 1.4, pages 1-3 of 3	
10. SUBJECT OF AMENDMENT:  Tribal consultation State Plan Amendment changes the notification period from 45 days with 30-day comment period, to 28 days with 21-day comment period.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Single Agency Director Review <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Montana Dept. of Public Health and Human Services Mary E. Dalton State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210 Helena, MT 59604	
13. TYPED NAME: Mary E. Dalton			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED:  12-19-14			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:  12/14/14		18. DATE APPROVED: 01/15/15	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  12/01/14		20. SIGNATURE OF REGIONAL OFFICIAL:  /s/	
21. TYPED NAME:  Richard C. Allen		22. TITLE:  ARA, DMCHO	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: Montana

A3, State Plan Administration Assurances, supersedes Citation 1.4, effective 10/01/13 (MT-13-0048-MM)

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 (IHCA). 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.*

The Department of Public Health and Human Services (DPHHS), as a state agency, shall establish and promote a relationship of cooperation, coordination, open communication and good will. DPHHS will work in good faith to amicably and fairly resolve issues and differences. DPHHS Medicaid and CHIP staff will interact with Tribal governments, and the parties noted above, on a government-to-government basis to provide services to Montana's American Indians.

Each of the parties respects the roles and responsibilities of the other party. In executing this policy, no party waives any rights, including treaty rights; immunities, including sovereign immunities; or jurisdiction. This policy does not diminish any rights or protections afforded other Indian persons or entities under State or Federal law. Through this policy, the parties strengthen their collective ability to successfully resolve issues of mutual concern. While the relationship described by this policy provides increased ability to solve problems, it may not result in resolution of all issues. Therefore, inherent in their relationship is the right of each of the parties to elevate an issue of importance to any decision-making authority of another party, including, where appropriate, that party's executive office.

*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 "I/T/Us" referenced below mean Tribal Chairs and Tribal Presidents from federally recognized Tribes, Urban Indian Center Directors, and Indian Health Service.

Montana

A letter was sent on October 24, 2014, inviting representatives from Montana's Tribal Governments, Tribal Health Programs, Urban Indian Centers, and the Indian Health Service, to a meeting on November 6, 2014, to discuss consultation.

On November 6, 2014, a consultation was held at DPHHS to discuss revision of consultation guidelines.

- Blackfeet Tribe: Tribal Health Administrator, and 2 Personal Care Assistance program staff.
- Chippewa Cree Tribe: Acting Executive Director, Clinical Director, Health Resource Division Chief, Health Center Medicaid Supervisor, and Business Committee member.
- Confederated Salish & Kootenai Tribes: Tribal Health Director of Operations, Planning and Policy.
- Crow Tribe: Tribal Senator, Health and Human Service Director, and Staff Attorney.
- Fort Peck Tribe: Tribal Executive Board member, Medical Director, 2 Health Promotion/Disease Prevention Program staff, and 3 consultants.
- Northern Cheyenne Tribe: Director and Tribal Health Administrator.
- Indian Health Service: CEO of IHS Crow Service Unit.
- Great Falls Indian Family Health Clinic: Biller/Coder.
- Indian Health Board of Billings: Health Site Manager.
- North American Indian Alliance-Butte: 1 attendee.
- Missoula Urban Indian Health: Executive Director.

On December 9, 2014, a teleconference was held at DPHHS to finalize revision of consultation guidelines.

- Blackfeet Tribe: Tribal Business Council member, and Staff Attorney.
- Crow Tribe: Tribal Senator, Vice-Secretary, Health and Human Service Director, Human Resources Cabinet Head, and Staff Attorney.

After consultation, the following guidelines are adopted for consultation: consultation with I/T/Us has occurred for Medicaid or CHIP State Plan Amendments or Medicaid Waivers when the following process has been met. For all waivers or amendments, DPHHS will consult with I/T/Us by standard mail or email 28 days in advance of amendment or waiver submission to CMS. This timeframe includes 21 days for I/T/Us to send responses to DPHHS for consideration before submission. At the Department's discretion or by request from I/T/Us, DPHHS may elect to host meetings with I/T/Us to discuss any amendment or waiver.

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.  
CMS-10293 (07/2013)