

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAMState/Territory: WASHINGTON

## 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.

X The State enrolls recipients in MCO, PIHP, PAHP, and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials. *See Editorial Note in footer.*

**Tribal Consultation Requirements under the Social Security Act**

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)(l) 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 State uses several avenues to seek advice on a regular, ongoing basis for its Medicaid, Medicaid-related, and CHIP programs. For organizations that have regularly scheduled meetings, State staff request items of interest to be added to the agenda as needed. Staff attend the bi-monthly meetings of the American Indian Health Commission for Washington State (AIHC) and participate in ad hoc workgroups created by the Commission to address policy issues. In addition, the AIHC receives notification of new SPAs and annual SPA updates are offered. The State also attends the quarterly Indian Policy Advisory Committee (IPAC) meetings and participates in subcommittee meetings regarding specific topics, as requested. (IPAC is an advisory committee created to work with the State's Department of Social and Health Services). Information is also shared with the Northwest Portland Area Indian Health Board which sends information on a weekly basis to the health board delegates – the State regularly sends information to be included in those mailings. The State also regularly sends specific program information via electronic messages (email) to tribal health administrators, tribal clinic directors, pharmacists, tribal billing staff, and tribal chemical dependency and mental health program managers. All communications offer the opportunity for participation and cooperation.

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- 1.4 In addition to the processes described above, the State has a process in place to notify its tribes, Indian Health Programs, and Urban Indian Health Organizations about specific State Plan Amendments; waiver proposals, extensions, amendments, and renewals; and demonstration projects. After the need for a SPA, waiver, or demonstration project is identified, the tribal notification process is initiated:
- 1) A Dear Tribal Leader notification letter is drafted and sent a minimum of 60 days prior to submitting the SPA, waiver, or project, whenever possible. In expedited circumstances (e.g., in severely time limited situations), the State sends a notification letter a minimum of 10 days in advance of the action whenever possible. The notification letter includes:
    - A description of the purpose of the SPA, waiver, or project. A review SPA or waiver is included with the letter when one is available. If a review document is not available, the letter describes the intent of the SPA, waiver, or project.
    - A description of any anticipated impact on tribes, including any tribal-specific impact. If no tribal impact is identified, an explanation of how that determination was made is included.
    - A method for providing comments with a due date at least 30 days in the future. In expedited circumstances, the State allows 7 days for response whenever possible.
    - Contact information for program- or tribal-specific questions, and for tribes to request an in-person meeting or formal consultation (for scheduling, the request must be received within 30 days of the date of the notice, or in expedited circumstances, the request must be received within the expedited response period.).
  - 2) The notification letter is mailed hard copy to tribal chairs. Hard copies may also be mailed to other identified tribal leaders upon request.
  - 3) Electronic notification messages are sent to the following – the notification letter is attached to the email:
    - Tribal clinic directors
    - Tribal health administrators as requested by the tribe
    - Indian Health Service Chief Executive Officer (for direct service tribes)
    - Urban Indian Health Organization directors
    - The American Indian Health Commission (AIHC)
    - The Indian Health Service (IHS), Portland area office
    - The Northwest Portland Area Indian Health Board
    - The Senior Director for the Office of Indian Policy (within the State's Department of Social and Health Services) to forward to IPAC delegates
  - 4) All responses (verbal and written) are documented. Responses are sent to the originator. Suggested changes are reviewed and, if appropriate, are included in a revised document.
  - 5) If requested, in-person meeting(s) are scheduled.

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- 1.4 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 process above is described in the single state agency's Administrative Procedure 1-15-01, which is associated with Administrative Policy 1-15 regarding State Plan Amendments (SPAs).

- 1) The draft Policy and Procedure were sent electronically to the American Indian Health Commission (AIHC) on June 6, 2011, as appendices to a draft Communication Protocol for the single state agency. These documents were then presented at the AIHC meeting on June 10, 2011.
- 2) The draft Policy and Procedure were distributed to tribal leaders at the State's Centennial Accord meeting on June 9, 2011.
- 3) Electronic and written notification and a review copy of this SPA (TN#11-25) was sent on July 28, 2011, as follows (a Dear Tribal Leader notification letter was attached to the email):
  - Tribal chairpersons (hard copy letter)
  - Tribal clinic directors
  - Indian Health Service Chief Executive Officer (for direct service tribes)
  - Urban Indian Health Organizations
  - The American Indian Health Commission (AIHC)
  - The Indian Health Service (IHS), Portland area office
  - The Northwest Portland Area Indian Health Board
  - Senior Director for the Office of Indian Policy (within the State's Department of Social and Health Services) to forward to IPAC delegates