NEW YORK STATE OF OPPORTUNITY. Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Acting Executive Deputy Commissioner

September 29, 2023

Todd McMillion
Director
Department of Health and Human Services
Centers for Medicare and Medicaid Services
233 North Michigan Ave, Suite 600
Chicago, IL 60601

RE: SPA #23-0080
Non-Institutional Services

Dear Mr. McMillion:

The State requests approval of the enclosed amendment #23-0080 to the Title XIX (Medicaid) State Plan for non-institutional services to be effective November 3, 2023 (Appendix I). This amendment is being submitted based on enacted legislation. A summary of the plan amendment is provided in Appendix II.

The State of New York reimburses these services through the use of rates that are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area as required by § 1902(a)(30) of the Social Security Act and 42 CFR § 447.204.

A copy of pertinent sections of enacted legislation is enclosed for your information (Appendix III). A copy of the public notice of this plan amendment, which was given in the New York State Register on August 23, 2023, is also enclosed for your information (Appendix IV). In addition, responses to the five standard funding questions also enclosed (Appendix V).

If you have any questions regarding this State Plan Amendment submission, please do not hesitate to contact Regina Deyette, Medicaid State Plan Coordinator, Division of Finance and Rate Setting, Office of Health Insurance Programs at (518) 473-3658.

Sincerely,

[redacted]

Amir Bassiri
Medicaid Director
Office of Health Insurance Programs

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 23-0080

2. STATE: NY

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: November 3, 2023

5. FEDERAL STATUTE/REGULATION CITATION: § 1905(a)(13) Other Diagnostic, Screening, Preventive, & Rehabilitat

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 11/3/23-09/30/24 $ 11,250,000
b. FFY 10/1/24-09/30/25 $ 20,625,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B Page: 8(c), 8(d)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: NEW

9. SUBJECT OF AMENDMENT: CCBHC Uncompensated Care

10. GOVERNOR'S REVIEW *(Check One)*
(●) GOVERNOR'S OFFICE REPORTED NO COMMENT
( ) COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
( ) NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
( ) OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL: [redacted]

12. TYPED NAME: Amir Bassiri

13. TITLE: Medicaid Director

14. DATE SUBMITTED: September 29, 2023

15. RETURN TO
New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1432
Albany, NY 12210

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Instructions on Back

Appendix I
2023 Title XIX State Plan
Third Quarter Amendment
Amended SPA Pages

New York
8(c)

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

Certified Community Behavioral Health Clinic (CCBHC) Safety Net Payments (Indigent Care Program)

For the period November 3, 2023 through March 31, 2024, and for annual state fiscal years thereafter, additional payments will be made to Eligible Medicaid Safety Net CCBHCs to sustain access to services, as follows: For November 3, 2023 to March 31, 2024, payments up to $22,500,000; for the period of April 1, 2024 through March 31, 2025, payments up to $41,250,000; and for annual state fiscal years thereafter, payments up to $45,000,000 will be made available. Payments will be calculated as follows:

1. Eligible Medicaid Safety Net CCBHCs, for purposes of this section, will mean voluntary non-profit or publicly sponsored CCBHCs licensed by the Office of Mental Health and the Office of Addiction Services and Supports and participating in the federal CCBHC demonstration pursuant to Section 223 of the Protecting Access to Medicare Act (P.L. 113-93), as amended or CCBHCs certified by the State pursuant to Article 36 of the NYS Mental Hygiene Law, and must meet the following criteria: deliver the comprehensive range of mental health and addiction services required for CCBHCs; provide at least 3% of their annual visits to uninsured individuals; and have a process in place to collect payment from third party payers.

2. The base year data used for the period commencing on November 3, 2023, through March 31, 2024, will be the 2021 annual certified cost report or supplemental certified financial report if required by the State and will be advanced one year thereafter for each subsequent period. To be included in the distribution calculation, a provider must timely submit an annual certified cost or financial report for the base year used in the distribution calculation.

3. New providers which do not have a full year cost or visit experience in the base year used for the distribution will qualify to be included in the distribution as follows:

    a. The provider meets the criteria in paragraph (1).

    b. The provider must be eligible to receive a Medicaid rate.

    c. The provider must submit a request to the State to participate in the distribution. This request must include annualized patient visits, by payer source, which are certified by the Chief Executive Officer, or a similar executive position.

    d. The effective date to be included in the distribution will be the first state fiscal year distribution calculation after the provider qualifies to be included based on the requirements in paragraphs (3)(a) through (c) (herein after referred to as paragraph (3)) or the first state fiscal year distribution calculation after the date a request is made to the Department of Health to be included in the distribution, whichever is later.

New York
8(d)

1905(a)(13) Other Diagnostic, Screening, Preventive, and Rehabilitative Services

e. The distribution method applied to a new provider that qualifies to be included in the distribution based on paragraph (3) of this section will be in accordance with the distribution method for other providers in this section.

f. The distribution for a provider that qualifies based on paragraph (3) of this section will be included in the total safety net distribution amount as described in this section.

4. For each Eligible Medicaid Safety Net CCBHC, a per visit safety net payment will be calculated by dividing the applicable available funding amount by the sum of the total number of uninsured and Medicaid fee-for-service visits for all Eligible Medicaid Safety Net CCBHCs reported on the base year certified cost reports. The per visit safety payment amount will then be multiplied by the sum of each Eligible Medicaid Safety Net CCBHC's uninsured and Medicaid fee-for-service visits reported on their base year certified cost report to determine the CCBHC's total distribution, however, the total distribution to a CCBHC will not exceed the value of the CCBHC's losses attributed to uninsured visits.

5. Payments made pursuant to this section will be made annually for the period ending March 31, 2024, and no more frequently than quarterly thereafter. Payments to eligible CCBHCs will not be subject to subsequent adjustment or reconciliation.

Appendix II
2023 Title XIX State Plan
Third Quarter Amendment
Summary

SUMMARY
SPA #23-0080

This State Plan Amendment proposes to establish a methodology to fund uncompensated care for Certified Community Behavioral Health Clinics providing Medicaid demonstration services provided pursuant to section 223 of the Protecting Access to Medicare Act of 2014.

Appendix III
2023 Title XIX State Plan
Third Quarter Amendment
Authorizing Provisions

SPA 23-0080

Mental Hygiene Law § 36.05 (effective November 3, 2023, pursuant to Section 1 of Part HH of Chapter 57 of the laws of 2023.

§ 36.05 Certified community behavioral health clinics indigent care program.

(a) (1) For periods on and after July first, two thousand twenty-three, the commissioners are authorized to make payment to eligible certified community behavioral health clinics, to the extent of funds appropriated therefor to assist in meeting losses resulting from uncompensated care. In the event federal financial participation is not available for such payments to eligible certified community behavioral health clinics, payments shall be made solely on the basis of available state general fund appropriations for this purpose in amounts to be determined by the director of the division of the budget.

(2) For purposes of this section, "eligible certified community behavioral health clinics" shall mean voluntary non-profit certified community behavioral health clinics participating in the federal certified community behavioral health clinic demonstration awarded to the state by the United States department of health and human services substance abuse and mental health services administration and other certified community behavioral health clinics certified pursuant to section 36.04 of this article, which demonstrate that a minimum of three percent of total visits reported during the applicable base year period, as determined by the commissioners, were to uninsured individuals.

(3) For purposes of this section, "losses resulting from uncompensated care" shall mean losses from reported self-pay and free visits multiplied by the clinic's medical assistance payment rate for the applicable distribution year, offset by payments received from such patients during the reporting period.

(b) A certified community behavioral health clinic qualifying for a distribution pursuant to this section shall provide assurances satisfac-

tory to the commissioners that it shall undertake reasonable efforts to maintain financial support from community and public funding sources and reasonable efforts to collect payments for services from third-party insurance payors, governmental payors and self-paying patients.

(c) (1) Funding pursuant to this section shall be allocated to eligible certified community behavioral health clinics based on actual, reported losses resulting from uncompensated care in a given base year period and shall not exceed one hundred percent of an eligible clinic's losses in the same period.

(2) If the sum of actual, reported losses resulting from uncompensated care for all certified community behavioral health clinics exceeds the amount appropriated therefor in a given base year period, allocations of funds for each eligible certified community behavioral health clinic shall be assessed proportionately based upon the percentage of the total number of uncompensated care visits for all clinics that each clinic provided during the base year and shall not exceed amounts appropriated in the aggregate.

(d) Except as provided in subdivision (e) of this section, for periods on and after July first, two thousand twenty-three through June thirtieth, two thousand twenty-six, funds shall be made available for payments pursuant to this section for eligible certified community behavioral health clinics for the following periods in the following aggregate amounts:

(1) For the period of July first, two thousand twenty-three through June thirtieth, two thousand twenty-four, up to twenty-two million five hundred thousand dollars;

(2) For the period of July first, two thousand twenty-four through June thirtieth, two thousand twenty-five, up to forty-one million two hundred fifty thousand dollars; and

(3) For the period of July first, two thousand twenty-five through June thirtieth, two thousand twenty-six, up to forty-five million dollars.

(e) In the event that federal financial participation is not available for rate adjustments pursuant to this section, funds available for payments pursuant to this section for each eligible certified community behavioral health clinic shall be limited to the non-federal share equivalent of the amounts specified in subdivision (d) of this section.

(f) Eligible certified community behavioral health clinics receiving funding under this section shall not be eligible for comprehensive diagnostic and treatment centers indigent care program funding pursuant to section two thousand eight hundred seven-p of the public health law.

(g) The commissioners may require facilities receiving distributions pursuant to this section as a condition of participating in such distributions, to provide reports and data to the office of mental health and the office of addiction services and supports as the commissioners deem necessary to adequately implement the provisions of this section.

Appendix IV
2023 Title XIX State Plan
Third Quarter Amendment
Public Notice

MISCELLANEOUS
NOTICES/HEARINGS

Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311
or visit our web site at:
www.osc.state.ny.us

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12236.

PUBLIC NOTICE
Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services to comply with section 1 of part HH of Chapter 57(2023) for Certified Community Behavioral Health Clinics (CCBHCs). The following changes are proposed:

Non-Institutional Services

Effective on or after November 3, 2023, the State proposes to adopt a methodology to fund uncompensated care for CCBHCs providing Medicaid demonstration services provided pursuant to section 223 of P.L. 113-93, as amended.

The estimated net aggregate increase in gross Medicaid expenditures attributable to this initiative contained in the budget for state fiscal year 2023-2024 is $23 million and for state fiscal year 2024-2025, $42 million.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

For the New York City district, copies will be available at the following places:

New York County
250 Church Street
New York, New York 10018

Queens County, Queens Center
3220 Northern Boulevard
Long Island City, New York 11101

Kings County, Fulton Center
114 Willoughby Street
Brooklyn, New York 11201

Bronx County, Tremont Center
1916 Monterey Avenue
Bronx, New York 10457

Richmond County, Richmond Center
95 Central Avenue, St. George
Staten Island, New York 10301

For further information and to review and comment, please contact: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE
Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Non-Institutional Services

The following is a clarification to the February 25, 2022, noticed provision to provide temporary rate adjustments for providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. With clarification, this revises the category to "Non-Institutional Services". There is no change to the previously noticed fiscals.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Non-Institutional Services

The following is a clarification to the August 31, 2022, noticed provision to provide temporary rate adjustments for providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. With clarification, this revises the category to "Non-Institutional Services". There is no change to the previously noticed fiscals.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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PUBLIC NOTICE

Department of Health

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The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Non-Institutional Services

The following is a clarification to the November 9, 2022, noticed provision to provide temporary rate adjustments for providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. With clarification, this revises the category to "Non-Institutional Services". There is no change to the previously noticed fiscals.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

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For further information and to review and comment, please contact: Department of Health, Division of Finance and Rate Setting, 99 Washington Ave., One Commerce Plaza, Suite 1432, Albany, NY 12210, spa_inquiries@health.ny.gov

PUBLIC NOTICE

Department of Health

Pursuant to 42 CFR Section 447.205, the Department of Health hereby gives public notice of the following:

The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for non-institutional services as authorized by § 2826 of New York Public Health Law. The following changes are proposed:

Non-Institutional Services

The following is a clarification to the November 30, 2022, noticed provision to provide temporary rate adjustments for providers that are undergoing closure, merger, consolidation, acquisition or restructuring themselves or other health care providers. With clarification, this revises the category to "Non-Institutional Services". There is no change to the previously noticed fiscals.

The public is invited to review and comment on this proposed State Plan Amendment, a copy of which will be available for public review on the Department's website at http://www.health.ny.gov/regulations/state_plans/status. Individuals without Internet access may view the State Plan Amendments at any local (county) social services district.

For the New York City district, copies will be available at the following places:

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New York, New York 10018
Queens County, Queens Center

Appendix V
2023 Title XIX State Plan
Third Quarter Amendment
Responses to Standard Funding Questions

NON-INSTITUTIONAL SERVICES
State Plan Amendment #23-0080

CMS Standard Funding Questions

The following questions are being asked and should be answered in relation to all payments made to all providers reimbursed pursuant to a methodology described in Attachment 4.19-B of the state plan.

1. **Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.)**

   Response: Providers receive and retain 100 percent of total Medicaid expenditures claimed by the State and the State does not require any provider to return any portion of such payments to the State, local government entities, or any other intermediary organization.

2. **Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local government entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:**
   - **(i) a complete list of the names of entities transferring or certifying funds;**
   - **(ii) the operational nature of the entity (state, county, city, other);**

(iii) the total amounts transferred or certified by each entity;
(iv) clarify whether the certifying or transferring entity has general taxing authority: and,
(v) whether the certifying or transferring entity received appropriations (identify level of appropriations).

Response: The Non-Federal share Medicaid provider payment is funded by a combination of the following funds/funding sources through enacted appropriations authority to the Department of Health (DOH) for the New York State Medicaid program.

		4/1/23 – 3/31/24	
Payment Type	**Non-Federal Share Funding**	**Non-Federal**	**Gross**
Supplemental	General Fund	$11.3M	$22.5M

A. **General Fund:** Revenue resources for the State's General Fund includes taxes (e.g., income, sales, etc.), and miscellaneous fees (including audit recoveries). Medicaid expenditures from the State's General Fund are authorized from Department of Health Medicaid.

1) New York State Audit Recoveries: The Department of Health collaborates with the Office of the Medical Inspector General (OMIG) and the Office of the Attorney General (AG) in recovering improperly expended Medicaid funds. OMIG conducts and coordinates the investigation, detection, audit, and review of Medicaid providers and recipients to ensure they are complying with all applicable laws and regulation. OMIG recovers any improper payments through cash collections and voided claim recoveries. Cash collections are deposited into the State's General Fund to offset Medicaid costs.

In addition to cash collections, OMIG finds inappropriately billed claims within provider claims. To correct an error, OMIG and DOH process the current accurate claim, and reduce this claim by the inappropriate claim value to recoup the previous overclaim and decrease state spending.

3. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.

Response: The Medicaid payments authorized under this State Plan Amendment are supplemental payments and total $22.5 million for State Fiscal Year 2023-24.

	Private	**State Government**	**Non-State Government**	**4/1/23-3/31/24 Total**
Supplemental	$22.5M	N/A	N/A	$22.5M

4. **For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (state owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration. Under regulations at 42 CFR 447.272, States are prohibited from setting payment rates for Medicaid inpatient services that exceed a reasonable estimate of the amount that would be paid under Medicare payment principals.**

   Response: The Medicaid payments authorized under this State Plan Amendment do not impact the UPL demonstrations.

5. **Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?**

   Response: Providers do not receive payments that in the aggregate exceed their reasonable costs of providing services. If any providers received payments that in the aggregate exceeded their reasonable costs of providing services, the State would recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report.

ACA Assurances:

1. **Maintenance of Effort (MOE). Under section 1902(gg) of the Social Security Act (the Act), as amended by the Affordable Care Act, as a condition of receiving any Federal payments under the Medicaid program during the MOE period indicated below, the State shall not have in effect any eligibility standards, methodologies, or procedures in its Medicaid program which are more restrictive than such eligibility provisions as in effect in its Medicaid program on March 10, 2010.**

   MOE Period.
   - **Begins on: March 10, 2010, and**
   - **Ends on: The date the Secretary of the Federal Department of Health and Human Services determines an Exchange established by a State under the provisions of section 1311 of the Affordable Care Act is fully operational.**

   Response: This SPA complies with the conditions of the MOE provision of section 1902(gg) of the Act for continued funding under the Medicaid program.

2. **Section 1905(y) and (z) of the Act provides for increased FMAPs for expenditures made on or after January 1, 2014 for individuals determined eligible under section 1902(a)(10)(A)(i)(VIII) of the Act. Under section 1905(cc) of the Act, the increased FMAP under sections 1905(y) and (z) would not be available for States that require local political subdivisions to contribute amounts toward the**

non-Federal share of the State's expenditures at a greater percentage than would have been required on December 31, 2009.

Prior to January 1, 2014 States may potentially require contributions by local political subdivisions toward the non-Federal share of the States' expenditures at percentages greater than were required on December 31, 2009. However, because of the provisions of section 1905(cc) of the Act, it is important to determine and document/flag any SPAs/State plans which have such greater percentages prior to the January 1, 2014 date in order to anticipate potential violations and/or appropriate corrective actions by the States and the Federal government.

Response: This SPA would [ ] / would not [✓] violate these provisions, if they remained in effect on or after January 1, 2014.

3. **Please indicate whether the State is currently in conformance with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.**

   Response: The State complies with the requirements of section 1902(a)(37) of the Act regarding prompt payment of claims.

Tribal Assurance:

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 HIS 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.

a) **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.**
b) **Please include information about the frequency inclusiveness and process for seeking such advice.**
c) **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.**

Response: Tribal consultation was performed in accordance with the State's tribal consultation policy as approved in SPA 17-0065, and documentation of such is included with this submission. To date, no feedback has been received from any tribal representative in response to the proposed change in this SPA.