



Region 10
M/S RX-40
2201 Sixth Avenue
Seattle, Washington 98121

August 17, 2001

Dear Tribal Leader:

This is one in a series of letters regarding American Indian and Alaska Native (AI/AN) health policy issues and the Medicaid program. This letter addresses the request of Federally recognized Tribes (hereafter known as "Tribes") to more actively participate in the planning and development of Medicaid and State Children's Health Insurance Program (SCHIP) waiver proposals and renewals.

One of the desires the Centers for Medicare and Medicaid Services (CMS), formerly known as the Health Care Financing Administration, heard Tribes express was to be allowed to design and implement their own Medicaid or SCHIP programs in order to ensure that the programs would be responsive to the health care needs of Tribal members and of providers who care for them. While we understand and appreciate the position that the Tribes have expressed, unless legislation is passed by the United States Congress to change Title XIX and Title XXI of the Social Security Act, CMS is only allowed to consider SCHIP and Medicaid waivers proposals from States and Territories--we are unable to consider proposals from Tribal governments.

Although CMS cannot consider Medicaid and SCHIP proposals from Tribes, we are taking action to ensure that States consult with those Tribes within their borders. Therefore, CMS has established a policy as delineated on the enclosed letter to the State Medicaid Directors, that requires States to consult with Tribes on Medicaid Section 1115, 1915(b), 1915(c) waiver proposals and waiver renewals prior to submission of the request to CMS.

Section 1915(b) and 1915(c) waiver proposals and waiver renewals are reviewed within a statutorily mandated 90-day time period. CMS is not able to stop a review of a Section 1915(b) or 1915(c) proposal to allow for additional time to review the proposal once it has been submitted. Therefore, we strongly encourage your Tribe to work closely with the State during the proposal development process to ensure your issues and concerns are included with the State's final submission to CMS.

Page 2 – Tribal Leader

If you have any questions on these scenarios or would like to discuss these further, please feel free to call me or the Native American Contact (NAC) in your CMS Regional Office. A list of the NACs and the States they cover is enclosed with this letter. A copy of this letter will be sent to the Medicaid Directors in your State.

We look forward to working with you on this and other initiatives.

Sincerely,

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Linda A. Ruiz
Regional Administrator

Enclosure

cc:

State Medicaid Directors

Tribal Health Directors

Indian Health Services Area Directors, Alaska and Oregon

Barbara Namias, President, National Council of Urban Indian Health

Paul Orbuck, Western Governors' Association

Lee Partridge, Director, Health Policy Unit, American Public Health Services Association

Joy Wilson, Director, Health Committee, National Conference of State Legislatures

Matt Salo, Director of Health Legislation, National Governors' Association

Sally Smith, Chairperson, National Indian Health Board

Merle Boyd, Chair, Tribal Self-Governance Advisory Committee, Indian Health Service

James Mason, Acting Director, Intergovernmental Affairs, Indian Health Service

Michael Trujillo, MD, Director, Indian Health Service

Sue Masten, President, National Congress of American Indians