



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

I4-Tribal Input PRA document

Version 1.0

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1. I4-Tribal Input – Screenshots

1.1 Tribal Input – Path 1

Submission - Tribal Input

MEDICAID | Medicaid State Plan | CA2017MS0013D

[Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package Header

Package ID	CA2017MS0013D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

[View Implementation Guide](#)

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state *

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations *

- Yes
- No

- The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

Figure 1: Tribal Input – 1

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>

[Add a Solicitation/Consultation](#)

All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>

[Add a Solicitation/Consultation](#)

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:
<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>

[Add a Consultation](#)

Figure 2: Tribal Input – 2

Add a Consultation


The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; pptx

<input type="checkbox"/>	Name	Date Created	↑	Type
No items available				

A document is required



Indicate the key issues raised (optional)

Figure 3: Tribal Input – 3

Indicate the key issues raised (optional)

Access

Quality

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Figure 4: Tribal Input – 4

Cost

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Payment methodology

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Figure 5: Tribal Input – 5

Eligibility

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Benefits

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Figure 6: Tribal Input – 6

Service delivery

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Other issue

Name of issue:	Summarize comments:	Summarize response:
<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>		

+Add an Other Issue

Figure 7: Tribal Input – 7

1.2 Tribal Input – Path 2

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state *

Yes

No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations *

Yes

No

* Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations

Character count: 0/4000

- Even though not required, the state has solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA
- The state has not solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
<div style="border: 1px solid #ccc; padding: 2px;">mm/dd/yyyy</div>	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>

Add a Solicitation/Consultation

Figure 8: Tribal Input – 8

Add a Solicitation/Consultation

All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>

Add a Solicitation/Consultation

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:
<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>

Add a Consultation

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Saved Documents

Figure 9: Tribal Input – 9

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx

<input type="checkbox"/>	Name	Date Created	Type
No items available			

A document is required

Indicate the key issues raised (optional)

Access

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Figure 10: Tribal Input – 10

The screenshot shows a web form with two sections. The first section is titled "Quality" and has a checked checkbox. Below it is a large empty text box. To the right of this box is a "Summarize comments:" label and a "Character count: 0/4000" indicator. The second section is titled "Cost" and also has a checked checkbox. It follows the same layout with a large empty text box, a "Summarize comments:" label, and a "Character count: 0/4000" indicator.

Figure 11: Tribal Input – 11

The screenshot shows a web form with two sections. The first section is titled "Payment methodology" and has a checked checkbox. Below it is a large empty text box. To the right of this box is a "Summarize comments:" label and a "Character count: 0/4000" indicator. The second section is titled "Eligibility" and also has a checked checkbox. It follows the same layout with a large empty text box, a "Summarize comments:" label, and a "Character count: 0/4000" indicator.

Figure 12: Tribal Input – 12

Benefits

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Service delivery

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Figure 13: Tribal Input – 13

Other issue

Name of issue:	Summarize comments:	Summarize response:

+Add an Other Issue

Validation & Navigation

Would you like to validate the reviewable unit data?

Yes No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started
In Progress
Complete

PRA Disclosure Statement: 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 0938-1188. The time required to complete this information collection is estimated to average 40 hours 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.

EXIT
SAVE REVIEWABLE UNIT
GO TO SELECTED REVIEWABLE UNIT

Figure 14: Tribal Input – 14