



Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

SEP 23 2010

William Hogan, Commissioner
Department of Health and Social Services
Post Office Box 110601
Juneau, Alaska 99811-0601

RE: Alaska State Plan Amendment (SPA) Transmittal Number 10-006


Dear Mr. Hogan:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 10-006. This amendment implements the required eligibility determination data match system using the Public Assistance Reporting Information System (PARIS) to facilitate appropriate enrollment and retention in public programs in compliance with Section 3 of the Qualifying Individual Program Supplemental Funding Act of 2008. The changes are reflected in the General Administration, Section 4.32, page 79 and Attachment 4.32-A, page 1.

This SPA is approved effective July 1, 2010.

If you have any additional questions or require any further assistance, please contact me or have your staff contact Maria Garza at (206) 615-2542 or maria.garza@cms.hhs.gov.

Sincerely,


Barbara K. Richards
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

William J. Streur, Deputy Commissioner, Department of Health and Social Services
Jon Sherwood, Senior Medicaid Policy Analyst for Health Care Services
Alice Rarig, State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-06	2. STATE Alaska
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: July 1, 2010	
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: P.L. 110-379, Qualifying Individual(QI) Program Supplemental Funding Act of 2008 (P&I) Sections 1137 of the Act and 42 CFR 435.940 through 435.960.		7. FEDERAL BUDGET IMPACT: a. FFY 11 \$ 0 b. FFY 12 \$ 0 Please see Box 10, below	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 79(P&I) Section 4.32, page 179 ; Attachment 4.32-A, page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 79(P&I) Section 4.32, page 179 ; Attachment 4.32-A, page 1	
10. SUBJECT OF AMENDMENT: Public Assistance Reporting Information System (PARIS) Income and Eligibility System update			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Governor does not wish to comment. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: Alaska Department of Health and Social Services Office of the Commissioner P.O. Box 110601 Juneau, Alaska 99811-0601	
13. TYPED NAME: William J. Streur			
14. TITLE: Deputy Commissioner			
15. DATE SUBMITTED: July 19, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: JULY 19 2010		18. DATE APPROVED: SEP 23 2010	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2010		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: BARBARA K. RICHARDS		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: 9/06/2010 State authorized pen and ink change to boxes 6, 8, & 9.			

INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROCEDURES
REQUESTS TO OTHER STATE AGENCIES

The State of Alaska conducts a data match with the Public Assistance Reporting Information System (PARIS) for its public assistance recipients on at least an annual basis. The PARIS match helps the State maintain program integrity by detecting and deterring improper payments.

The PARIS match collects data from three separate data matches: Federal, Veterans Affairs (VA), and Interstate. The Federal match provides information about recipient's military and civil service benefits. The VA match provides information about veterans' pension and compensation benefits. The Interstate provides information about recipients' possible receipt of duplicative TANF, Medicaid, and Food Stamp benefits issued by the 50 states, Washington D.C., and Puerto Rico.

TN No.: 10-06
Supersedes
TN No.: 87-2

Approval Date: SEP 23 2010

Effective Date: July 1, 2010

State Plan for Title XIX

State/Territory: AlaskaCitation

455.103 4.31
 44 FR 41644
 1902(a)(38)
 of the Act
 P.L. 100-93
 (sec.8(f))

Disclosure of Information by Providers and Fiscal Agents

The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specific in 42 CFR 455.104 through 455.106 and sections 1128(b)(9) and 1902(a)(38) of the Act.

Section 1137 4.32
 Of the Act
 435.940
 through
 435.960

Income and Eligibility Verification System

(a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of Section 1137 of the Act and 42 CFR 435.940 through 435.960.

(b) ATTACHMENT 4.32-A describes, in accordance with 42 CFR 435.948(a)(6), the information that will be requested in order to verify eligibility of the correct payment amount and the agencies and the State(s) from which that information will be requested.

TN No.: 10-06
 Supersedes
 TN No.: 87-10

Approval Date: _____

Effective Date: July 1, 2010**SEP 23 2010**