

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



CENTERS for MEDICARE & MEDICAID SERVICES

Division of Medicaid and Children's Health Operations / Boston Regional Office

March 7, 2011

Michael P. Starkowski, Commissioner
Department of Social Services
25 Sigourney Street
Hartford, Connecticut 06106

Dear Mr. Starkowski:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 10-026, submitted to my office on December 30, 2010. This SPA transmitted a proposed amendment to the Public Assistance Reporting Information System (PARIS) language, Section 4.32, page 79 of the State Plan as required in Section 3 of the Qualifying Individual (QI) Program Supplemental Funding Act of 2008 (the QI Funding Act). This SPA has been approved effective October 1, 2010, as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Section 4.32, page 79

If you have any questions regarding this matter you may contact Marie Montemagno at (617) 565-1227 or by e-mail at Marie.Montemagno@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Mark Schaefer, Director, Medical Care Administration

Enclosure/s

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 10-026	2. STATE: CT
	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 10-1-10
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5. TYPE OF STATE PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1903 (r) of the Social Security Act Qualifying Individual Program Supplemental Funding Act of 2008	7. FEDERAL BUDGET IMPACT: a. FFY 2011 None b. FFY 2012 None
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4.32, page 79	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Section 4.32, page 79
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10. SUBJECT OF AMENDMENT: Data matching through the use of the Public Assistance Reporting Information System (PARIS).

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: State of Connecticut Department of Social Services 25 Sigourney Street Hartford, CT 06106-5033 Attention: Steve Markoski
13. TYPED NAME: Claudette J. Beaulieu	
14. TITLE: Deputy Commissioner	
15. DATE SUBMITTED: December 30, 2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 30, 2010	18. DATE APPROVED: March 2, 2011
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2010	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Howard E. McNeal	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations

23. REMARKS:
State approved a pen and ink change
to citation Box 6 on the 179
to include "Qualifying Individual Program
Supplemental Funding Act of 2008"

Revision: HCFA-PM-87-14 (BERC)
October 1987

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: CONNECTICUT

Citation

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

4.31 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 specified in 42 CFR 455.104 through 455.106 and sections 1128(b)(9) and 1902(a)(38) of the Act.

435.940
through 435.960
52 FR 5967

4.32 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 or the correct payment amount and the agencies and the State(s) from which that information will be requested.
- (c) The state has an eligibility determination system that provides for data matching through the Public Assistance Reporting Information System (PARIS), or any successor system, including matching with medical assistance programs operated by other states. The information that is requested will be exchanged with states and other entities legally entitled to verify Title XIX applicants and individuals eligible for covered Title XIX services consistent with applicable PARIS agreements.

TN No. 10-026 Approval Date 3/2/11 Effective Date 10-1-10
 Supersedes
 TN No. 88-050