



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services

Region IX

Division of Medicaid & Children's Health Operations

90 Seventh Street, Suite 5-300 (5W)

San Francisco, CA 94103-6706

FEB 15 2011

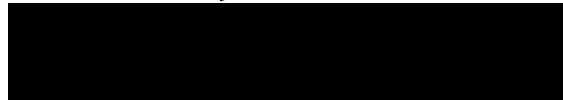
Patricia McManaman  
Director, Department of Human Services  
P.O. Box 339  
Honolulu, HI 96809-0339

Dear Ms. McManaman:

Enclosed is an approved copy of Hawaii State Plan Amendment (SPA) Number 10-009, which documents the State's participation in the Public Assistance Reporting Information System (PARIS). The SPA is effective October 1, 2010.

If you have any questions, please contact Brian Zolynas at (415) 744-3601 or by email at [brian.zolynas@cms.hhs.gov](mailto:brian.zolynas@cms.hhs.gov).

Sincerely,



Gloria Nagle  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

cc: Kenneth Fink, Med-QUEST Administrator  
Dena Greenblum, CMS Center for Medicaid, CHIP and Survey & Certification  
Mary Rydell, Pacific Area Representative

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: TN No. 10-009	2. STATE HAWAII
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) MEDICAL ASSISTANCE	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE October 1, 2010	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF 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 (QI) Program Supplemental Funding Act 2009 of

7. FEDERAL BUDGET IMPACT:  
FFY 2011      \$ ~~4,516.70~~      \$(78,727.40)  
FFY 2012                \$(114,785.80)


8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Section 4 - General Program Administration, page 79


9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  
Section 4 - General Program Administration, page 79

10. SUBJECT OF AMENDMENT:  
To comply with Section 1903(r) of the Social Security Act, the State of Hawaii will utilize income information received through the Public Assistance Reporting Information System (PARIS) project when determining Medicaid program eligibility.

11. GOVERNOR'S REVIEW (Check One):

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

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:
13. TYPED NAME: LILLIAN B. KOLLER	
14. TITLE: DIRECTOR	
15. DATE SUBMITTED: DEC 08 2010	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: December 8, 2010	18. DATE APPROVED: FEB 15 2011
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2010	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Gloria Nagle	22. TITLE: Associate Regional Administrator

23. REMARKS:  
Pen and ink changes to Boxes 6 and 7 confirmed via email dated 1/26/11

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: HAWAII

Medical Assistance Program

Citation455.103  
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.

4.32 Income and Eligibility Verification SystemSection 1137  
of the Act  
42 CFR  
435.940  
through  
435.960  
52 FR 5967

- (a) The Medicaid agency has established a system for Income and eligibility verification in accordance with the requirements of 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. 10-009  
Supersedes

Approval Date:

FEB 15 2011Effective Date: 10/01/2010TN No. 88-24