

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



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

February 2, 2011

JudyAnn Bigby, M.D., Secretary
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

Dear Dr. Bigby:

We have reviewed Massachusetts' State Plan Amendment ("SPA") No. 10-009, received in the Boston Regional Office on December 7, 2010. This amendment documents Massachusetts' participation in the Public Assistance Reporting Information System (PARIS). Section III of the Qualifying Individual Program Supplemental Funding Act of 2008 amended section 1903(r) of the Social Security Act (the Act) to require that States have eligibility determination systems for data matching through the PARIS project or any successor system.

Based on the information provided, we are pleased to inform you that Massachusetts SPA 10-009 is approved, effective October 1, 2010. Enclosed is a copy of the CMS-179 form, as well as the approved pages for incorporation in the Massachusetts Medicaid State Plan. The Remarks section of the CMS-179 indicates the changes that were mutually agreed to during the processing of this SPA.

If you have any questions, please contact Aaron Wesolowski of my staff. Aaron Wesolowski can be reached at 617-565-1325 or by email at aaron.wesolowski@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Terry Dougherty, Medicaid Director
Michael Coleman, State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 10-009	2. STATE MA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 10/01/10	

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 1137 of the Act and 42 CFR 435.940 through 435.960	7. FEDERAL BUDGET IMPACT: a. FFY11 \$ 00.00 b. FFY12 \$ 00.00
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4, Page 79	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same
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10. SUBJECT OF AMENDMENT:

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 Not required under
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 42 CFR 430.12(b)(2)(i)

12. SIGNATURE OF STATE AGENCY OFFICIAL: Judy Ann Bigby	16. RETURN TO: Michael P. Coleman State Plan Coordinator Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, 11th Floor Boston, MA 02108
13. TYPED NAME: Judy Ann Bigby	
14. TITLE: Secretary	
15. DATE SUBMITTED: 12/07/10	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 7, 2010	18. DATE APPROVED: February 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: [Signature]
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid & Children's Health Operations

23. REMARKS:
During the review of this SPA, CMS and EOHHS mutually agreed to the following change to the CMS-179 form:
-Item 6 is amended to include this additional citation: "Qualifying Individual (QI) Program Supplemental Funding Act of 2008"

State Plan Under Title XIX of the Social Security Act
State: Massachusetts
Section 4 – General Program Administration

Citation

4.31 Disclosure of Information by Providers and Fiscal Agents

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

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) of the Act.

435.940
through 435.960
52 FR 5967
54 FR 8738

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 42 CFR 435.940 through 435.960. **(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.