

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

January 18, 2011

Russell J. Begin, Acting Commissioner
Department of Health and Human Services
Commissioner's Office
11 State House Station
August, Maine 04333-0011

Dear Mr. Begin:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 11-001. This SPA is effective October 1, 2009 as requested.

SPA 11-001 transmitted a proposed amendment to your Department's approved Title XIX State plan concerning an eligibility determination system that provides for data matching through the Public Assistance Reporting Information System (PARIS) project or any successor system. Section 1903(r) of the Social Security Act as amended by §3 of the Qualifying Individual Program Supplemental Funding Act of 2008, Public Law 110-379, requires that States have eligibility determination systems that provide for data matching through the PARIS project or any successor system. PARIS is a system for matching data from certain public assistance programs, including State Medicaid programs, with selected Federal and State data for purposes of facilitating appropriate enrollment and retention in public programs. This provision took effect on October 1, 2009.

We reviewed this SPA for compliance with §1902(a)(73) of the Act as added by §5006(e) of the Recovery Act, Public Law 111-5. We have determined that tribal consultation is not mandatory for this SPA because this is a federally mandated change. Although tribal consultation is not mandatory, we ask that your Department inform the federally recognized tribes in your state of the changes brought forth by the approval of this SPA.

If there are questions, please contact Robert Cruz. He can be reached at (617) 565-1257.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 11 -- 001	2. STATE: MAINE
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE(S) OCTOBER 1, 2009	

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: Qualifying Individual (QI) Program Supplemental Funding Act of 2008	7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$ 0 b. FFY 2011 \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SECTION 4.32 SUBSECTION "C"	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): REPLACES PAGES OF SAME NUMBER
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10. SUBJECT OF AMENDMENT:
PARIS

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED COMMISSIONER, DEPT. OF HEALTH AND HUMAN SERVICES
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. STATE AGENCY OFFICIAL: 13. TYPED NAME: BRENDA M. HARVEY	16. RETURN TO: TONY MARPLE, DIRECTOR Office of MaineCare Services #11 State House Station 442 Civic Center Drive Augusta, ME 04333-0011
14. TITLE: COMMISSIONER, DEPARTMENT OF HEALTH AND HUMAN SERVICES	
15. DATE SUBMITTED: 12/22/2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/22/2010	18. DATE APPROVED: 01/18/2011
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/2009	20. SIGNATURE OF REGIONAL ADMINISTRATOR: Richard R. McGreal
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office

23. REMARKS
In box 6, the State agreed to replace "1903 (R)" with "Qualifying Individual (QI) Program Supplemental Funding Act of 2008."

State/Territory: Maine

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 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.