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State Name: Virginia

State Plan Amendment (SPA) #: 12-16

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT #111520124035

JAN 04 2013

Cynthia B. Jones, Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

Dear Ms. Jones:

We have reviewed State Plan Amendment (SPA) 12-16, Public Assistance Reporting and Information System (PARIS) in which you propose to incorporate into the Virginia Title XIX Plan the federally mandated requirement for PARIS. This State Plan Amendment asserts that Virginia has an eligibility determination system that provides for data matching through PARIS, or any successor system, including matching with medical assistance programs operated by other States.

This SPA is acceptable. Therefore, we are approving SPA 12-16 with an effective date of January 1, 2013. Enclosed are the approved SPA pages and signed CMS-179 form.

If you have further questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288.

Sincerely,

/S/

fr Francis McCullough
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 1 2 - 1 6	2. STATE Virginia
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
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		4. PROPOSED EFFECTIVE DATE January 1, 2013	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 435		7. FEDERAL BUDGET IMPACT a. FFY 2013 \$ 0 b. FFY 2014 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attach. 4.32-A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same page	
10. SUBJECT OF AMENDMENT Public Assistance Reporting and Information System (PARIS)			
11. GVERNOR'S REVIEW (Check One) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Secretary of Health and Human Resources <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL /S/		16. RETURN TO	
13. TYPED NAME Cynthia B. Jones		Dept. of Medical Assistance Services 600 East Broad Street, #1300 Richmond VA 23219	
14. TITLE Director		Attn: Regulatory Coordinator	
15. DATE SUBMITTED 11/13/2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 11/14/2012		18. DATE APPROVED JAN 04 2013 JAN 04 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL JANUARY 1, 2013		20. SIGNATURE OF REGIONAL OFFICIAL /S/	
21. TYPED NAME for FRANCIS McCullough		22. TITLE Associate Regional Administrator/DMD/CHO	
23. REMARKS			

Revision: HCFA-AT-87-14
October, 1987

(BERC)

OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

- | | | |
|---|-------------|--|
| <p>455.103
44 FR 41644
1902(a)(38)
of the Act
P.L. 100-93
(Sec. 8(f))</p> | <p>4.31</p> | <p><u>Disclosure of Information by Providers and Fiscal Agents</u></p> <p>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.</p> |
| <p>435.940 through
435.960
52 FR 5967</p> | <p>4.32</p> | <p><u>Income and Eligibility Verification System</u></p> <p>(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.</p> <p>(b) <u>ATTACHMENT 4.32-A</u> describes, in accordance with 42 CFR 435.958(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.</p> |
| <p>1903(r)(3) of the
Act; 42 CFR §
435.940 through
42 CFR § 435.960</p> | <p>(c)</p> | <p>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.</p> |

TN No. 12-16
Supersedes
TN No. 88-02

Approval Date | JAN 04 2013

Effective Date 01-01-13