

## **Table of Contents**

**State/Territory Name: WI**

**State Plan Amendment (SPA) #: 11-001**

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

JUN 16 2011

Brett Davis, Medicaid Director  
Division of Health Care Access and Accountability  
1 West Wilson St.  
P.O. Box 309  
Madison, WI 53701-0309

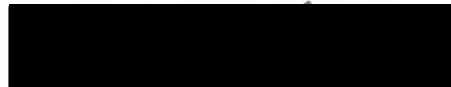
Dear Mr. Davis:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #11-001 - Public Assistance Reporting Information System (PARIS)  
--Effective Date: January 1, 2011

If you have any additional questions, please have a member of your staff contact Charles Friedrich at (608) 442-9125 or by e-mail at [Charles.Friedrich@cms.hhs.gov](mailto:Charles.Friedrich@cms.hhs.gov).

Sincerely,



*Acting*  
Verlon Johnson  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

cc: Rob Hamilton, WI DHS

Enclosure

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
11-001

2. STATE  
Wisconsin

FOR: HEALTH CARE FINANCING ADMINISTRATION

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  
01/01/2011

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) SSA

7. FEDERAL BUDGET IMPACT:  
a. FFY 2011 .....\$0  
b. FFY 2012 .....\$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Page 79 .....

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
  
Same

10. SUBJECT OF AMENDMENT:

Public Assistance Reporting Information System (PARIS)

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
Brett Davis

14. TITLE:  
State Medicaid Director

15. DATE SUBMITTED: 3/25/2011

16. RETURN TO:

Brett Davis  
State Medicaid Director  
Division of Health Care Access and Accountability  
1 W. Wilson St.  
P.O. Box 309  
Madison, WI 53701-0309

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 3-29-2011

18. DATE APPROVED: 6/16/2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01-01-11

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: VERLON JOHNSON

22. TITLE: Acting Associate Regional Administrator

23. REMARKS:

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

State: Wisconsin

Citation	Condition or Requirement
42 CFR 455.103 1902(a)(38) of the Act Sec. 8(f) of P.L. 100-93	4.31 <u>Disclosure of Information by Providers and Fiscal Agents</u> 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.
Section 1137 of the Act 42 CFR 435.940 through 435.960	4.32 <u>Income and Eligibility Verification System</u> (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.
1903(r)(3) of the Act	(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.