

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Jacob K. Javits Federal Building
26 Federal Plaza
Room 37-100
New York, New York 10278-0063



December 02, 2010

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs
New York State Department of Health
Coming Tower, Room 1466
Empire State Plaza
Albany, New York 12237

Dear Ms. Frescatore:

We have completed our review of New York state Plan Amendment (SPA) submittal 10-24, Public Assistance Reporting Information System (PARIS) (page 79 and Attachment 4.32-A: Page 1), and find it acceptable for incorporation into New York's Medicaid Plan, effective July 1, 2010. Enclosed please find copies of state plan Amendment 10-24 and Form CMS-179.

This amendment satisfies all of the statutory requirements at Section 1903(r) of the Social Security Act, and implementing regulations at 42 CFR 435.940-435.960.

We would like to take this opportunity to thank you for the courtesies and assistance provided to our office by State staff during the approval process for this State Plan Amendment. If you have any questions, please contact Kanoena Cook at (212) 616-2210.

Sincerely,

/s/

Sue Kelly
Associate Regional Administrator
Division of Medicaid & Children's Health
Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 10-24	2. STATE New York
		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 July 1, 2010	
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			
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, and 42 CFR 435.940-435.960		7. FEDERAL BUDGET IMPACT: a. FFY 07/01/10-09/30/10 \$0 b. FFY 10/01/10-09/30/11 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 79 Attachment 4.32-A: Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 79 Attachment 4.32-A: Page 1	
10. SUBJECT OF AMENDMENT: Public Assistance Reporting Information System (PARIS) (FMAP = 61.59% based on effective date)			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237	
13. TYPED NAME: Donna Frascatore			
14. TITLE: Medicaid Director & Deputy Commissioner Department of Health			
15. DATE SUBMITTED: SEP 30 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: December 02, 2010	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 01, 2010		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Sue Kelly		22. TITLE: Associate Regional Administrator Division of Medicaid & State Operations	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New York

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 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.

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#: 10-24

Approval Date: DEC 02 2018

Supersedes TN#: 88-7

Effective Date: JUL 01 2010

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New York

**Income and Eligibility Verification System Procedures
Requests to Other State Agencies**

[New York State does not routinely match or request information from any other State in order to verify Medicaid eligibility.]

New York State routinely matches its Medicaid recipient/applicant files against:

- 1) New York State employee payroll file;
- 2) Death Certificates filed with the New York State Department of Health; and
- 3) Public Assistance Reporting Information System (PARIS), a system that matches data from federal and state public assistance programs.

TN#: 10-24

Approval Date: DEC 02 2010

Supersedes TN#: 86-28

Effective Date: JUN 01 2010