

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

August 1, 2011

Steven M. Costantino, Secretary
Office of Health & Human Services
57 Howard Avenue
Louis Pasteur Building
Cranston, RI 02920

Dear Secretary Costantino:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 11-003. This SPA is effective April 1, 2011 as requested.

SPA 11-003 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.

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

cc: Sandra Powell, Director, Department of Human Services
Elena Nicoletta, Medicaid Director
Kimberly Merolla-Brito, Chief Policy and Systems Specialist

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

1. TRANSMITTAL NUMBER:
11-003

2. STATE
RI

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
April 1, 2011

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

XX ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
435.940 through 435.960 52 FR 5967
Qualifying Individual (QI) Program Supplemental Funding Act of 2008

7. FEDERAL BUDGET IMPACT:
Though PARIS is intended to be a cost saving program, Rhode
Island has been participating since 2008 so no additional impact is
anticipated.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
79 Revision: HCFA-PM-87-14 (BERC) OMB no:0938-0193

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
79 Revision: HCFA-PM-87-14 (BERC) OMB no:0938-0193

10. SUBJECT OF AMENDMENT:

4.32 Income and Eligibility Verification System; 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

XX ☐ OTHER, AS SPECIFIED:
(See Attached Letter)

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Elena Nicoletta

14. TITLE: Director, Medicaid

15. DATE SUBMITTED: May 17, 2011

16. RETURN TO:
Kimberly Merolla-Brito
Chief Policy and Systems Specialist
RI Department of Human Services
Office of Policy Analysis, Research and Development
Louis Pasteur Building
57 Howard Avenue, Fl #
Cranston, RI 0292
Phone 401 462-623
Fax 401 462-616
kmerollabrito@ohhs.ri.gov

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: May 17, 2011

18. DATE APPROVED: August 1, 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2011

20. SIGNATURE OF REGIONAL OFFICIAL: *[Signature]*

21. TYPED NAME: Richard McGreal

22. TITLE: Associate Regional Administrator, Division of Medicaid and
Children's Health Operations, Boston Regional Office

23. REMARKS: The State agreed to the following changes:

Form CMS-179

- Box 1: Changed the SPA transmittal number to 11-003
 - Box 4: Changed date from April 1, 2010 to April 1, 2011
 - Box 6: Added "Qualifying Individual (QI) Program Supplemental Funding Act of 2008"
 - Box 7: Added the following statement: "Though PARIS is intended to be a cost saving program, Rhode Island has been participating since 2008 so no additional impact is anticipated."
 - Box 10: Added "Public Assistance Reporting Information System (PARIS)"
- Plan page
- Changed the effective date to 4/1/2011

Revision: HCFA-PM-87-14
October 1987

79
(BERC)

OMB No: 0938-0193

State/Territory: Rhode Island

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.

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 applications and individuals eligible for covered title XIX services consistent with applicable PARIS agreements.

- (c) ATTACHMENT 4.32-B describes, in accordance with 42 CFR 435.953, the targeting methodology used in match information received through the income and Eligibility Verification System.

TN No.11-003
Supersedes
TN No.90-03

Approval Date 8/1/2011

Effective Date 4/1/2011

HCFA ID: 1010P/0012P