



Region 10  
2201 Sixth Avenue, MS/RX 43  
Seattle, Washington 98121

**OCT 06 2010**

Susan Dreyfus, Secretary  
Department of Social and Health Services  
Post Office Box 45010  
Olympia, Washington 98504-5010

**RE: Washington State Plan Amendment (SPA) Transmittal Number 10-015**

Dear Ms. Dreyfus:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 10-015. This amendment implements the required eligibility determination data match system using the Public Assistance Reporting Information System (PARIS) facilitating appropriate enrollment and retention in public programs in compliance with Section 3 of the Qualifying Individual Program Supplemental Funding Act of 2008. The changes are reflected the General Administration, Section 4.32, page 79.

This SPA is approved effective July 1, 2010.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Maria Garza at (206) 615-2542 or [maria.garza@cms.hhs.gov](mailto:maria.garza@cms.hhs.gov).

Sincerely,

Barbara K. Richards  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc:

Douglas Porter, Assistant Secretary, Health and Recovery Services Administration  
Ann Meyers, State Plan Coordinator, Washington Department of Social and Health Services

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>10-015</b>	2. STATE Washington
	3. PROGRAM IDENTIFICATION; TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE July 1, 2010	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

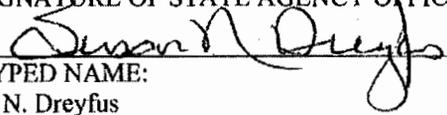
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: P.L. 110-379 Qualifying Individual (QI) Program Supplemental Funding Act of 2008 (P&I)	7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$0 b. FFY 2011 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Numbered Page 79a (P&I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Numbered Page 79a (P&I)

10. SUBJECT OF AMENDMENT:  
PARIS (Public Assistance Reporting Information System)

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED: Exempt  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Ann Myers Department of Social and Health Services Medicaid Purchasing Administration 626 8 <sup>th</sup> Ave SE MS: 45504 POB 5504 Olympia, WA 98504-5504
13. TYPED NAME: Susan N. Dreyfus	
14. TITLE: Secretary	
15. DATE SUBMITTED: 9/14/10 9-14-10	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <b>SEPTEMBER 14 2010</b>	18. DATE APPROVED: <b>OCT 06 2010</b>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JUL 01 2010</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <b>Barbara K. Richards</b>	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS:  
Pen and Ink (P&I) changes authorized by the State on 9/29/2010.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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.