DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

SEP 23 2010

Richard Armstrong, Director
Department of Health and Welfare
Towers Building – Tenth Floor
Post Office Box 83720
Boise, Idaho 83720-0036

RE: Idaho State Plan Amendment (SPA) Transmittal Number 10-009

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 10-009. 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 in the General Administration, Section 4.32, page 79 and Attachment 4.32-A, page 1.

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.

Sincerely,

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

cc:
Leslie Clement, Administrator, Idaho Department of Health and Welfare
Rachel Strutton, State Plan Coordinator, Idaho Department of Health and Welfare

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **10-009**

2. STATE: IDAHO

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
~~October 1, 2009~~ **July 1, 2010 (P&I)**

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN X 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 (the QI Funding Act)

7. FEDERAL BUDGET IMPACT: ~~$12,795~~ **(P&I)**
FY 2010=$12,795.00(P&I)
FY 2011=$9,822.00(P&I)
FY 2012=$9,822.00(P&I)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Section 4.32, page 79

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Section 4.32, page 79

10. SUBJECT OF AMENDMENT:
To demonstrate compliance with the requirement, in the QI Funding Act, for States to document participation in the Public Assista Reporting Information System (PARIS).

11. GOVERNOR'S REVIEW *(Check One)*:
X 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:
LESLIE M. CLEMENT

14. TITLE:
Administrator

15. DATE SUBMITTED: 8/5/10

16. RETURN TO:
Leslie M. Clement, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0036

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **AUGUST 16 2010**

18. DATE APPROVED: **SEP 23 2010**

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **JUL 01 2010**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: BARBARA K RICHARDS

22. TITLE: Associate Regional Administrator
Division of Medicaid &
Children's Health

23. REMARKS:
9/08/2010 State authorized pen and ink changes to box 7.
9/21/2010 State authorized pen and ink changes to box 4.

Citation		
	4.31	Disclosure of Information by Providers and Fiscal Agents
455.103		The Medicaid agency has established procedures for the
44 FR 41644		disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106.
435. 940	4.32	Income and Eligibility Verification System
through 435.960		(a) The Medicaid agency has established a system for
52 FR 5967		income and eligibility verification in accordance 54 FR 8738 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. Idaho will transmit and receive data matches through PARIS quarterly.