



Janice K. Brewer, Governor  
Thomas J. Betlach, Director

*Our first care is your health care*  
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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March , 2011

Mark Wong  
Centers for Medicare and Medicaid Services  
75 Hawthorne St., 5th Floor  
San Francisco, California 94105

Dear Mr. Wong:

Enclosed is State Plan Amendment (SPA) #11-00 , which attests to AHCCCS' use of the Public Assistance Reporting Information System (PARIS) for data matching to support the State's eligibility determination systems.


If you have any questions about the enclosed SPA, please contact Christine Goldberg at (602) 417-4616.

Sincerely,

A handwritten signature in black ink, appearing to read 'Monica Coury', is written over a large, light gray 'DRAFT' watermark.

Monica Coury  
Assistant Director  
Office of Intergovernmental Relations

Cc: Cheryl Young  
Jessica Schubel

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: Centers for Medicare and Medicaid Services</b>		1. TRANSMITTAL NUMBER: 11-00	2. STATE Arizona
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2009	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <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 ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  1903(r) of the Social Security Act		7. FEDERAL BUDGET IMPACT:  \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Sec 4.32 (c), p. 79		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Same	
10. SUBJECT OF AMENDMENT:  Attests to an eligibility determination system that provides for data matching through the Public Assistance Reporting Information System (PARIS) project			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <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: Monica Coury 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034	
13. TYPED NAME: Monica Coury			
14. TITLE: Assistant Director			
15. DATE SUBMITTED: March , 2011			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

Revision: HCFA-PM-87-14 (BERC)  
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Arizona

Citation

455.103 4.31 Disclosure of Information by Providers and Fiscal Agents  
44 FR 41644 The Medicaid agency has established procedures for  
1902(a)(38) the disclosure of information by providers and  
of the Act fiscal agents as specified in 42 CFR 455.104  
P.L. 100-93 through 455.106 and sections 1128(b)(9) and  
(sec. 8(f)) 1902(a)(38) of the Act.

435.940 4.32 Income and Eligibility Verification System  
through 435.960  
52 FR 5967  
(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 elibility determination system that provides for data matching through the Public Assistance Reporting Information System (PARIS), or any successor system, including matching with 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.

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- Deleted: 88
- Deleted: 1
- Deleted: June 21, 1980
- Deleted: Apr
- Deleted: 1988
- Deleted: 87

TN No. 11-00  
Supersedes  
TN No. 88-1

Approval Date Effective Date Oct 1, 2009

HCFA ID: 1010P/0012P