

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



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September 20, 2012

Walter R. Dobek-Barreiro, Acting Executive Director
Puerto Rico Medicaid Program
Puerto Rico Department of Health
P.O. Box 70184
San Juan, Puerto Rico 00935-8184

Dear Mr. Dobek-Barreiro:

We have completed our review of Puerto Rico State Plan Amendment submittal 12-003, "Public Assistance Reporting Information System (PARIS)" (Attachment 4.32) and find it acceptable for incorporation into Puerto Rico's Medicaid Plan, effective April 1, 2012. Enclosed please find copies of State Plan Amendment 12-003 and Form CMS-179.


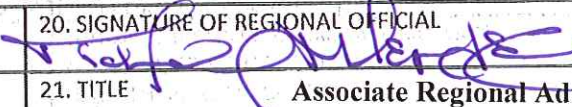
Please note that as discussed, we have made pen and ink changes to the state plan page to read Attachment 4.32, added TN# 12-003 to the footer of the page and changed the effective date to read April 1, 2012 on the CMS-179.

If you have any questions or wish to discuss this further, please contact Patricia Ryan of my staff at 212-616-2436.

Sincerely,

Michael Melendez
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosures

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|--|--|---|-------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES | | 1. TRANSMITTAL NUMBER 1 2 0 0 3 | 2. STATE Puerto Rico |
| TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| 5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT | | 4. PROPOSED EFFECTIVE DATE April 1, 2012 | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 435.940 through 435.960. (Section 1137 of the Act and 42 CFR 435.940 through 435.960) | | 7. FEDERAL BUDGET IMPACT a. FFY 2012 \$ 0 b. FFY 2013 \$ 0 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHEMENT Attachment 4.32-A | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) | |
| **SEE REMARKS BELOW** | | | |
| 10. SUBJECT OF AMENDMENT Public Assistance Reporting Information System (PARIS) | | | |
| 11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" 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 PUERTO RICO MEDICAID PROGRAM PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN PR 00935-8184 | |
| 13. TYPE NAME WALTER R. DOBEK-BARREIRO | | | |
| 14. TITLE EXECUTIVE ACTING DIRECTOR | | | |
| 15. DATE SUBMITTED June 25, 2012 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED | | 18. DATE APPROVED September 20, 2012 | |
| PLAN APPROVED -- ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL April 01, 2012 | | 20. SIGNATURE OF REGIONAL OFFICIAL  | |
| 21. TYPED NAME Michael Melendez | | 21. TITLE Associate Regional Administrator Division of Medicaid and State Operations | |
| 23. REMARKS **By means of this SPA, Puerto Rico brings its State Plan into compliance with Section 1903(r) of the Act and 42 CFR 435.960, which requires States to have an eligibility determination system that provides data matching with other State's medical assistance systems through the Public Assistance Reporting Information System (PARIS). Puerto Rico began using PARIS in 2007. | | | |

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

4.32 Income and Eligibility Verification System

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)

(c) 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# 12-003

Effective Date: APR 01 2012

Approval Date: SEP 20 2012