Revision:		
	State/Territory:	

4.31 Disclosure of Information by Providers and Fiscal Agents

Sections 1128 (b)(9) and 1902 (a)(38) of the Act,

P.L. 100-93 (sec. 8(f)) and

42 CFR 455.1033

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.

Revision:		
Citation(s) Section 1137		State/Territory:
of the Act and	l 42 CFR	
435.940 throu	ıgh 435.960	4.32 <u>Income and Eligibility Verification System</u>
	accordance with the control of the c	ency has established a system for income and eligibility verification in the requirements of 42 CFR 435.940 through 435.960.  NT 4.32-A describes in accordance with 42 CFR 35.948(a)(6) the will be requested in order to verify eligibility or the correct payment gencies and the State(s) from which that information will be requested.
	TN No Supersedes	Approval Date Effective Date
	TN No	

<del>/9a</del>							
Revision		State/Territory:					
<u>Citation</u> Section 1902(a	)(48) of	the Act					
	4.33	Medicaid Elig	ibility Cards fo	or Homeless Inc	<u>lividuals</u>		
	assistar	edicaid agency h nce available to ide in a permane	an individual e	ligible, under tl	ne State's a	pproved plan, wl	ho does
		TACHMENT 4.  o homeless indiv		the method for	issuance o	f Medicaid eligil	bility
	TN No.		Approval Dat	e		Effective Date	
	TN No.		11				

Revision:	
	State/Territory:
Citation(s)	
Section 1137 (	d)(3) of the Act
	4.34 Systematic Alien Verification for Entitlements
	The State Medicaid agency has established procedures for the verification of alien status through the Department of Homeland Security's designated system, System Alien Verification for Entitlements (SAVE).
	The State Medicaid agency has received the following type(s) of waiver from participation in SAVE.
	Total waiver
	Alternative System
	Partial Implementation
	Explain the nature of the waiver and the State Medicaid agency's established procedures for verification of alien status:
TN No Supersedes TN No.	Approval Date Effective Date