Revision:		ATTACHMENT 4.32-A PAGE
State/Terr	itory:	
Citation		
Section 1137 of the Act and 42 CFR 435.940 Through 435.960	(a) The N incon	and Eligibility Verification System Medicaid agency has established a system for the and eligibility verification in accordance with equirements of 42 CFR 435.940 through
	that p Assis (PAR matc opera reque entiti and i	State has an eligibility determination system provides for data matching through the Public stance Reporting Information System (IS), or any successor system, including thing with medical assistance programs atted by other States. The information that is ested will be exchanged with States and other less legally entitled to verify title XIX applicants andividuals eligible for covered title XIX services istent with applicable PARIS agreements.
42 CFR 435.948 (a)(6)	ordei amoi	ribe the information that will be requested in to verify eligibility or the correct payment unt and the agencies and the State(s) from that information will be requested.
TN No	Approval Date _	Effective Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-0467**. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.