

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 42 CFR

435.940 through 435.960

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.

(b) ATTACHMENT 4.32-A describes in accordance with 42 CFR 35.948(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.

TN No. \_\_\_\_\_  
Supersedes  
TN No. \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

79a

Revision

State/Territory: \_\_\_\_\_

Citation

Section 1902(a)(48) of the Act

4.33 Medicaid Eligibility Cards for Homeless Individuals

The Medicaid agency has a method for making cards evidencing eligibility for medical assistance available to an individual eligible, under the State's approved plan, who does not reside in a permanent dwelling or does not have a fixed home or mailing address.

(b) ATTACHMENT 4.33-A specifies the method for issuance of Medicaid eligibility cards to homeless individuals.

TN No. \_\_\_\_  
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TN No.

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. \_\_\_\_\_

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Effective Date \_\_\_\_\_

TN No.

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 number for this information collection is 0938-0193 (Expires: TBD). The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21224-1850.