

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No. 0938-

State/Territory: TENNESSEE

SECTION 7 - GENERAL PROVISIONS

Citation 7.1 Plan Amendments

42 CFR 430.12(c)

The plan will be amended whenever necessary to reflect new or revised Federal statutes or regulations or material change in State law, organization, policy or State agency operation.

TN No. 92-4 Approval Date 2/21/92 Effective Date 1/1/92
Supersedes 77-10
TN No.

HCFA ID: 7982E

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This page is intentionally left blank. State Plan Section 7.3 on Maintenance of AFDC Effort was removed per communication from CMS by Transmittal Notice - Region IV dated April 27, 1992. Tennessee State Plan Amendment 92-37 allowed for removal of the page.

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Citation 7.4 State Governor's Review

42 CFR 430.12(b) The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Center for Medicare and Medicaid Services with such documents.

Not applicable. The Governor –

Does not wish to review any plan material.

Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION
(Designated Single State Agency)

Date: 10/11/16

Wendy Long MD
(Signature)

Director, Division of Healthcare Finance & Administration
(Title)

TN No. TN-16-0003
Supersedes
TN No. 06-010

Approval Date 10-17-16

Effective 10/1/2016