Revision:	HCFA PM-91- August 1991	4	(E	PD)	OMB No.: 0938-
State/Territory: <u>Ne</u>	•				
<u>Citation</u>					
	7.4	State (	Gove	ernor'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 Health Care Financing Administration with such documents.				
			Not applicable. The Governor -		
			$\boxtimes$	Does not wish to review a	any plan material.
				Wishes to review only the in the enclosed document	• •

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

Nebraska Department of Health and Human Services (Designated Single State Agency)

8 Date:

Christine Z. Reterson, Chief Executive Officer Department of Health and Human Services

-OR-

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Vivianne M. Chaumont, Director Division of Medicaid & Long-Term Care Department of Health and Human Services

TN No. MS-07-05 Supersedes

Approval Date Nov 29 2007

Effective Date Jul 01 2007

TN No. MS-00-07