Revision:	HCFA-PM-91 AUGUST 1991	- 4 (BPD))	OMB No. 0938-
State/Terri		tory: Ari	zona	
Citation	7.4	State Gove	rnor's Review	
42 CFR 430	j.12(b)	Office of long-range periodic r statistica made will	the Governor plan eports thereol, budget and	l provide opportunity for the to review State plan amendments, ning projections, and other n, excluding periodic fiscal reports. Any comments d to the Health Care Financing h documents.
•		// Not	applicable.	The Governor
	*	<u>_</u>	oes not wish	to review any plan material.
·		/ <u>_x</u> / s	pecified in t	ew only the plan materials he enclosed document. ew only the Plan Materials as
I hereby o	certify that			it this plan on behalf of
Arizona	Health Care		nment System	·
		(Designat	ed Single Sta	te Agency)
Date: Marc	h 25, 1992			
			gralul (Chen for Leonard J. Knows
		•	Direct	or
	•			(Title)
	i .			
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TN No. 92 Supersedes	Appro	val Date _	6/18/92	Effective Date January 1, 1992
TN No. N	one		-	HCFA ID: 7982E