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Attachment 1.1A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State of Tennessee

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION is the single State agency responsible for:

X administering the plan.

The legal authority under which the agency administers the plan on a Statewide basis is

STATE OF TENNESSEE EXECUTIVE ORDER NO. 23 (statutory citation)

supervising the administration of the plan by local political subdivisions.

The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in

(statutory citation)

The agency's legal authority to make rules and regulations that are binding on the political subdivisions administering the plan is

(statutory citation)

<u>||-16-06</u> DATE

Attorney General of Tennessee Title

D1016312

TN # <u>06-015</u> Supersedes TN # <u>99-6</u>

Approval Date <u>12/01/06</u>

Effective Date 11/01/06