

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Forkner</i>	DATE <i>4-20-09</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>.101587</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	<input type="checkbox"/> FOIA DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: CMS Files</i>	<input checked="" type="checkbox"/> Necessary Action		

Send to Alicia & ask if Strawell can attend. Think he attended last year.

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>Alexander</i>	<i>4/22/09</i>		<i>conference idea not feasible at least year. He will not attend.</i>
2.			<i>Review - Please contact all party members</i>
3.			<i>4/23</i>
4.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909



April 14, 2008

RECEIVED

APR 20 2009

Ms. Emma Forkner, Director
Department of Health & Human Services
P.O. Box 8206
1801 Main Street
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

We are pleased to extend an invitation to you to participate in the **2009 Department of Health and Human Services (HHS) Annual Regional Tribal Consultation Session, which will be held Tuesday, May 12 and Wednesday, May 13, 2009**. Similar to last year's session, The United South and Eastern Tribes (USET) asked us to combine several of the regional sessions in 2009 to include one session that includes all the Indian Health Service (IHS) Nashville Area Tribes, and we are pleased to conduct a joint session. We will forward the session agenda once it is finalized.

The combined session will include Regions I, II, IV, and VI. It will be held at the **Paragon Casino Resort in Marksville, Louisiana**.

For travel planning purposes, we expect the session to start the afternoon of Tuesday, May 12 and to conclude at 4:30 p.m. on Wednesday, May 13. Each participant is responsible for arranging their own travel and securing a hotel room.

We encourage your participation and that of your fellow Tribal leaders for, as you know, the success of the session is dependent on your involvement. Please respond with your attendance plans to Karen Ashton at (404) 562-7910, or email her at karen.ashton@hhs.gov.

Sincerely,

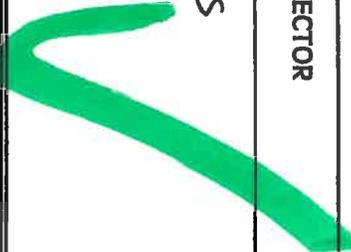
A handwritten signature in black ink, appearing to read "Mary Kaye Justis".

Mary Kaye Justis, RN, MBA
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Forkner</i>	DATE <i>4-20-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>.100587</i>	I <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: CMS Files</i>	I <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	I <input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

Department of Health & Human Services
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