

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>1-29-09</i>
---------------------------	-------------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000407</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-9-09</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR <i>Close per attach & note 02/03/09</i>			

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason disapproval & return to preparer.)
1.		
2.		
3.		
4.		

*Please close per ?
I responded
to survey
2/3/09
TCM*

Please log to
Fm

From: "Cohen, Ilana" <ICohen@aphsa.org>
To:
Date: 1/29/2009 12:09 PM
Subject: Brief survey on coding

*NASMD members blind carbon copied

Good Morning:

Please respond to this brief survey relating to coding procedures. We would like to get your responses by next week if possible. If not, please respond as soon as you are able.
You can access the survey by going to:
http://www.surveymonkey.com/s.aspx?sm=GLYtqnMB1ZmniWvmSWWjw_3d_3d

This request comes from a contract NASMD has with a contractor working on this and other mental health related matters for SAMHSA. Thus, please note that the information you provide will be shared.

Thank you for your time and attention to this request.

Regards,
Ilana

Ilana Cohen, JD
Senior Health Policy Associate
American Public Human Services Association
National Association of State Medicaid Directors
1133 19th Street, NW
Suite 400
Washington, DC 20036
202-682-0100 x270
icohen@aphsa.org
www.aphsa.org
www.nasmd.org

RECEIVED

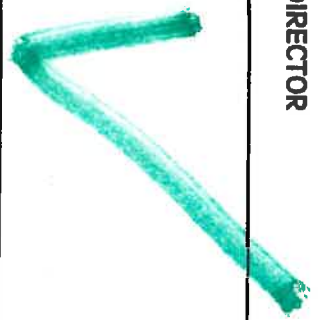
JAN 29 2009

Department of Health & Human Services
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		<input type="checkbox"/> Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
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