TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
	09-12	
STATE PLAN MATERIAL	09-12	Minnesota
	3. PROGRAM IDENTIFICATION: TI	PLE VIV OF THE
FOR: HEALTH CARE FINANCING ADMINISTRATION	I .	
	SOCIAL SECURITY ACT (MEDIC	AID)
	· ·	,
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	July 1, 2009	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
DAIDM GTATE DI AM		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	X AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NIDMENT Comments Transmitted for and	J
COMI ELTE DECORS O TIRO TO IT TIME IS AN AIVIE		(amenament)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR §§431.53 and 440,170(a)		
42 CFR 99451.55 and 440.170(a)	a. FFY '09 \$313,674	
	b. FFY '010 \$4,264,214	
9 DACE NUMBER OF THE BLANGE CHON OR ATTACH CIRCLE.		EDED DI INIGEOMICIA
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
	OR ATTACHMENT (If Applicable):	•
AH A 10 D - C0- C01	OKTATACITALIAT (IJ Applicable).	
Att. 4.19-B, p. 68c, 68d		
	Att. 4.19-B, p.68c	
	7tt. 4.17-13, p.000	
10 CUDING OF INCENTS		
10. SUBJECT OF AMENDMENT:		
Transportation Services and Assurance of Transportation		
Transportation of the said Assardine of Transportation		
11. GOVERNOR'S REVIEW (Check One):		
X GOVERNOR'S OFFICE REPORTED NO COMMENT	C OTTED ACCIDED	PIPD.
	OTHER, AS SPECI	FIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
_ consist of constant of the brief		
TAIO DEDI VIDEOEUVED MUTUBLAS DAVO OB OUDLANDEAT		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATUKE)OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	16. RETURN TO:	
12. SIGNATURE) OF STATE AGENCY OFFICIAL:	16. RETURN TO: Lisa Knazan	
12. SIGNATURE) OF STATE AGENCY OFFICIAL: 13. TYPED NAME:	Lisa Knazan	CAS
12. SIGNATURE) OF STATE AGENCY OFFICIAL: 13. TYPED NAME:	Lisa Knazan Minnesota Department of Human Servi	ces
12. SIGNATURE) OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Ann Berg	Lisa Knazan	ces
12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Ann Berg 14. TITLE:	Lisa Knazan Minnesota Department of Human Servi Federal Relations Unit	ces
12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Ann Berg 14. TITLE:	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983	ces
12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Ann Berg 14. TITLE: Deputy Medicaid Director	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983	ces
12. SIGNATURE) OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Ann Berg 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED:	Lisa Knazan Minnesota Department of Human Servi Federal Relations Unit	ces
12. SIGNATURE) OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Ann Berg 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED:	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983	ces
12. SIGNATURE) OF STATE AGENCY OFFICIAL: M. Jer. 13. TYPED NAME: Ann Berg 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED: Toly 17, 2009	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983	ces
12. SIGNATURE) OF STATE AGENCY OFFICIAL: M. Jew. 13. TYPED NAME: Ann Berg 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED: Toly 17, 2009 FOR REGIONAL OF	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983	ces
12. SIGNATURE) OF STATE AGENCY OFFICIAL: M. Jew. 13. TYPED NAME: Ann Berg 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED: Toly 17, 2009 FOR REGIONAL OF	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 RFICE USE ONLY	
12. SIGNATURE) OF STATE AGENCY OFFICIAL: MM Serv 13. TYPED NAME: Ann Berg 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED: Joly 11, 2009 FOR REGIONAL OF	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 RFICE USE ONLY	
12. SIGNATURE) OF STATE AGENCY OFFICIAL: MM Server 13. TYPED NAME: Ann Berge 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED: Toly 11, 2009 FOR REGIONAL OF 17. DATE RECEIVED: July 17, 2009	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 PFICE USE ONLY 18. DATE APPROVED:	0 5 2010
12. SIGNATURE) OF STATE AGENCY OFFICIAL: MM Server 13. TYPED NAME: Ann Berge 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED: Toly 11, 2009 FOR REGIONAL OF 17. DATE RECEIVED: July 17, 2009	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 PFICE USE ONLY 18. DATE APPROVED:	
12. SIGNATURE) OF STATE AGENCY OFFICIAL: March Section	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 FICE USE ONLY 18. DATE APPROVED: MAR E COPY ATTACHED	0 5 2010
12. SIGNATURE) OF STATE AGENCY OFFICIAL: MM Server 13. TYPED NAME: Ann Berge 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED: Toly 11, 2009 FOR REGIONAL OF 17. DATE RECEIVED: July 17, 2009	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 FICE USE ONLY 18. DATE APPROVED: MAR E COPY ATTACHED 20. SIGNATURE OF REGIONAL OF	0 5 2010
12. SIGNATURE) OF STATE AGENCY OFFICIAL: March Support	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 FICE USE ONLY 18. DATE APPROVED: MAR E COPY ATTACHED 20. SIGNATURE OF REGIONAL OF	0 5 2010
12. SIGNATURE) OF STATE AGENCY OFFICIAL: March July 17, 2009	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 FFICE USE ONLY 18. DATE APPROVED: MAR E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF	0 5 2010
12. SIGNATURE) OF STATE AGENCY OFFICIAL: March Support	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 FICE USE ONLY 18. DATE APPROVED: MAR E COPY ATTACHED 20. SIGNATURE OF REGIONAL OF	0 5 2010
12. SIGNATURE) OF STATE AGENCY OFFICIAL: MM SUL 13. TYPED NAME: Ann Berg 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED: July 17, 2009 FOR REGIONAL OF 17. DATE RECEIVED: July 17, 2009 PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2009 21. TYPED NAME:	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 EFICE USE ONLY 18. DATE APPROVED: MAR E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE:	0 5 2010 PICIAL:
12. SIGNATURE) OF STATE AGENCY OFFICIAL: March Section State agency official: 13. TYPED NAME: Ann Berg 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED: FOR REGIONAL OF 17. DATE RECEIVED: July 17, 2009 17. DATE RECEIVED PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2009 21. TYPED NAME: Verlon Johnson Ver	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 FFICE USE ONLY 18. DATE APPROVED: MAR E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF	0 5 2010 PICIAL:
12. SIGNATURE) OF STATE AGENCY OFFICIAL: MM SUL 13. TYPED NAME: Ann Berg 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED: July 17, 2009 FOR REGIONAL OF 17. DATE RECEIVED: July 17, 2009 PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2009 21. TYPED NAME:	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 EFICE USE ONLY 18. DATE APPROVED: MAR E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE:	0 5 2010 PICIAL:
12. SIGNATURE) OF STATE AGENCY OFFICIAL: March Section State agency official: 13. TYPED NAME: Ann Berg 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED: FOR REGIONAL OF 17. DATE RECEIVED: July 17, 2009 17. DATE RECEIVED PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2009 21. TYPED NAME: Verlon Johnson Ver	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 EFICE USE ONLY 18. DATE APPROVED: MAR E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE:	0 5 2010 PICIAL:
12. SIGNATURE) OF STATE AGENCY OFFICIAL: March Section State agency official: 13. TYPED NAME: Ann Berg 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED: FOR REGIONAL OF 17. DATE RECEIVED: July 17, 2009 17. DATE RECEIVED PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2009 21. TYPED NAME: Verlon Johnson Ver	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 EFICE USE ONLY 18. DATE APPROVED: MAR E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE:	0 5 2010 PICIAL:
12. SIGNATURE) OF STATE AGENCY OFFICIAL: March Section State agency official: 13. TYPED NAME: Ann Berg 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED: FOR REGIONAL OF 17. DATE RECEIVED: July 17, 2009 17. DATE RECEIVED PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2009 21. TYPED NAME: Verlon Johnson Ver	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 EFICE USE ONLY 18. DATE APPROVED: MAR E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE:	0 5 2010 PICIAL:
12. SIGNATURE) OF STATE AGENCY OFFICIAL: March Section State agency official: 13. TYPED NAME: Ann Berg 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED: FOR REGIONAL OF 17. DATE RECEIVED: July 17, 2009 17. DATE RECEIVED PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2009 21. TYPED NAME: Verlon Johnson Ver	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 EFICE USE ONLY 18. DATE APPROVED: MAR E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE:	0 5 2010 PICIAL:
12. SIGNATURE) OF STATE AGENCY OFFICIAL: March Section State agency official: 13. TYPED NAME: Ann Berg 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED: FOR REGIONAL OF 17. DATE RECEIVED: July 17, 2009 17. DATE RECEIVED PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2009 21. TYPED NAME: Verlon Johnson Ver	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 EFICE USE ONLY 18. DATE APPROVED: MAR E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE:	0 5 2010 PICIAL:
12. SIGNATURE) OF STATE AGENCY OFFICIAL: March Section State agency official: 13. TYPED NAME: Ann Berg 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED: FOR REGIONAL OF 17. DATE RECEIVED: July 17, 2009 17. DATE RECEIVED PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2009 21. TYPED NAME: Verlon Johnson Ver	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 EFICE USE ONLY 18. DATE APPROVED: MAR E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE:	0 5 2010
12. SIGNATURE) OF STATE AGENCY OFFICIAL: March Section State agency official: 13. TYPED NAME: Ann Berg 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED: FOR REGIONAL OF 17. DATE RECEIVED: July 17, 2009 17. DATE RECEIVED PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2009 21. TYPED NAME: Verlon Johnson Ver	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 EFICE USE ONLY 18. DATE APPROVED: MAR E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE:	0 5 2010
12. SIGNATURE) OF STATE AGENCY OFFICIAL: March Section State agency official: 13. TYPED NAME: Ann Berg 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED: FOR REGIONAL OF 17. DATE RECEIVED: July 17, 2009 17. DATE RECEIVED PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2009 21. TYPED NAME: Verlon Johnson Ver	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 EFICE USE ONLY 18. DATE APPROVED: MAR E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE:	0 5 2010
12. SIGNATURE) OF STATE AGENCY OFFICIAL: March Section State agency official: 13. TYPED NAME: Ann Berg 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED: FOR REGIONAL OF 17. DATE RECEIVED: July 17, 2009 17. DATE RECEIVED PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2009 21. TYPED NAME: Verlon Johnson Ver	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 EFICE USE ONLY 18. DATE APPROVED: MAR E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE:	0 5 2010
12. SIGNATURE) OF STATE AGENCY OFFICIAL: March Section State agency official: 13. TYPED NAME: Ann Berg 14. TITLE: Deputy Medicaid Director 15. DATE SUBMITTED: FOR REGIONAL OF 17. DATE RECEIVED: July 17, 2009 17. DATE RECEIVED PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2009 21. TYPED NAME: Verlon Johnson Ver	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 EFICE USE ONLY 18. DATE APPROVED: MAR E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE:	0 5 2010
12. SIGNATURE) OF STATE AGENCY OFFICIAL: March Section Section	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 EFICE USE ONLY 18. DATE APPROVED: MAR E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE:	0 5 2010
12. SIGNATURE) OF STATE AGENCY OFFICIAL: March Section Section	Lisa Knazan Minnesota Department of Human Service Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983 EFICE USE ONLY 18. DATE APPROVED: MAR E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE:	0 5 2010