

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-02	2. STATE Minnesota
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FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
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TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE March 2, 2010	
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5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §431.54(d)	7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY '10: \$ (873,570) b. FFY '11: \$ (1,288,685)	
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-A, pages 49, 49a Att. 3.1-B, pages 48, 48a Att. 4.19-B, pages 27, 40	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
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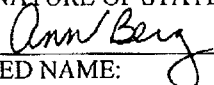
10. SUBJECT OF AMENDMENT:
Volume purchasing of eyeglasses

11. GOVERNOR'S REVIEW (Check One):


GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:	
13. TYPED NAME: Ann Berg	Lisa Knazan Minnesota Department of Human Services Federal Relations Unit PO Box 64983 St. Paul, MN 55164-0983	
14. TITLE: Deputy Medicaid Director		
15. DATE SUBMITTED: March 11, 2010		

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: March 11, 2010	18. DATE APPROVED: MAY 11 2010
PLAN APPROVED - ONE COPY ATTACHED	

19. EFFECTIVE DATE OF APPROVED MATERIAL: March 2, 2010	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Verlon Johnson	22. TITLE: Associate Regional Administrator	

23. REMARKS: