

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-009	2. STATE Minnesota
	FOR: HEALTH CARE FINANCING ADMINISTRATION	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
	4. PROPOSED EFFECTIVE DATE July 1, 2010	

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: §§1902(e) (4); 1903(v)(4); 2107(e)(1)	7. FEDERAL BUDGET IMPACT: a. FFY '10 \$ 1,089,109 b. FFY '11 \$ 3,948,019
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 6 of Attachment 2.2-A Page 25 of Attachment 2.2-A Page 2 of Attachment 2.6-A New pages 2a & 2b of Attachment 2.6-A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Pages 6 and 25 of Attachment 2.2-A Page 2 of Attachment 2.6-A

10. SUBJECT OF AMENDMENT: Adopting CHIP RA option to cover lawfully residing noncitizen pregnant women and children; eliminating sponsor deeming for noncitizen pregnant women and children; eliminating requirement that automatically eligible newborn live with mother.

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: Ann Berg Minnesota Department of Human Services 540 Cedar Street, PO Box 64983 St. Paul, MN 55164-0983
13. TYPED NAME: Ann Berg	
14. TITLE: Deputy Medicaid Director	
15. DATE SUBMITTED: May 25, 2010	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: May 25, 2010	18. DATE APPROVED: AUG 19 2010
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2010	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Verlon Johnson	22. TITLE: Associate Regional Administrator