

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-012	2. STATE Minnesota
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE April 1, 2010
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

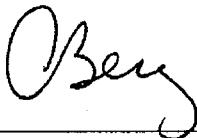
5. TYPE OF PLAN MATERIAL (Check One):


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(a)(E)(i) - (iv), 1902(r)(2), 1905(p), and 1917(b)(1)	7. FEDERAL BUDGET IMPACT: a. FFY '10: \$ 0 b. FFY '11: \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Medicaid State Plan, page 53a Medicaid State Plan, page 79 Attachment 2.2-A, pp. 9b, 9b1, 9b2 Attachment 2.6-A, p. 22 Attachment 2.6-A, Supplement 8b, page 2; new page 2a Attachment 2.6-A, Supplement 8b, page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Medicaid State Plan, pages 53a, 79 Attachment 2.2-A, pp. 9b, 9b1, 9b2 Attachment 2.6-A, p. 22 Attachment 2.6-A, Supplement 8b, pages 1 and 2

10. SUBJECT OF AMENDMENT:
Adding estate recovery exemption under section 115 of the Medicare Improvements for Patients and Providers Act of 2008; revising QMB, SLMB, QI resource limit with 1902(r)(2) method; technical revisions to 1902(r)(2) resource method

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: June 30, 2010	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED June 30, 2010	18. DATE APPROVED FEB 23 2011
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2010	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Verlon Johnson	22. TITLE Associate Regional Administrator