		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	10-20	Minnesota
SIMIDI DAN MALEMAD		
	3. PROGRAM IDENTIFICATION: TI	TI E VIV OF THE
FOR: HEALTH CARE FINANCING ADMINISTRATION		
	SOCIAL SECURITY ACT (MEDIC	AID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION		
	August 1, 2010	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	X AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amenament)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR §440.130(d)	a. FFY '10: 0	
	b. FFY '11: 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
	OR ATTACHMENT (If Applicable)	
Attachment 2.1 A magaz 54a 54a 1		,
Attachment 3.1-A, pages, 54q. 54q.1	Same	
Attachment 3.1-B, pages, 53q, 53q.1		
10 OUD IDOT OF AMENDMENT		A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.
10. SUBJECT OF AMENDMENT:		
Chemical dependency treatment services		
11 COVERNIONIA RELIGIO (CL. 1. O. 1.		
11. GOVERNOR'S REVIEW (Check One):	<u></u>	
X GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECI	FIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	,	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
The Mark Medicine William to Britis of Sobiat Mile		
10 CIONIAMIDE OF COLORE ACENION OFFICIAL		
	1/ DETUDALTO	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		
Un Blix	16. RETURN TO: Lisa Knazan	
13. TYPED NAME:	Lisa Knazan	ces
13. TYPED NAME: Ann Berg	Lisa Knazan Minnesota Department of Human Servi	ces
13. TYPED NAME: Ann Berg 14. TITLE:	Lisa Knazan Minnesota Department of Human Servi Federal Relations Unit	ces
13. TYPED NAME: Ann Berg	Lisa Knazan Minnesota Department of Human Servi Federal Relations Unit P.O. Box 64983	ces
13. TYPED NAME: Ann Berg 14. TITLE: Deputy Medicaid Director	Lisa Knazan Minnesota Department of Human Servi Federal Relations Unit	ces
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