

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER: 11-04	2. STATE Minnesota
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE June 28, 2011	

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

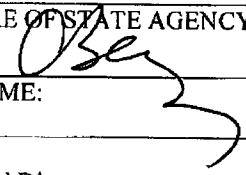
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.20, 440.50, 440.60; 440.130, 441.55	7. FEDERAL BUDGET IMPACT: a. FFY '11: \$ 0 b. FFY '12 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, pages 12, 17, 17a-1, 17a-2, 17b, 17d, 19, 25, 25a, 54a-1, 54a-2, 54b, 54j, 54j.2, 54j.3, 54j.4 Attachment 3.1-B, pages 11, 16, 16a-1, 16a-2, 16b, 16d, 18, 24, 24a, 53a-1, 53a-2, 53b, 53j, 53j.2, 53j.3, 53j.4 Attachment 4.19-B, pages 10f, 16 and 16a.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, pages 12, 17, 17a, 17b, 17d, 19, 25, 54a, 54b, 54j, 54j.2, 54j.3. Attachment 3.1-B, pages 11, 16, 16a, 16b, 16d, 18, 24, 53a, 53b, 53j, 53j.2, 53j.3. Attachment 4.19-B, pages 10f, 16 and 16a

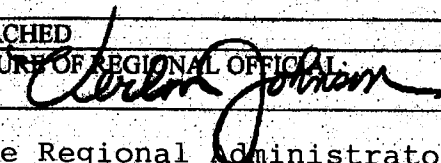
10. SUBJECT OF AMENDMENT:
Miscellaneous mental health changes

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: Lisa Knazan Minnesota Department of Human Services Federal Relations Unit P.O. Box 64983 St. Paul, MN 55164-0983
13. TYPED NAME: Ann Berg	
14. TITLE: Deputy Medicaid Director	
15. DATE SUBMITTED: June 13, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: JUN 13 2011	18. DATE APPROVED: FEB 28 2012
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUN 28 2011	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Verlon Johnson	22. TITLE: Associate Regional Administrator

23. REMARKS: