

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

1. TRANSMITTAL NUMBER:  
11-15

2. STATE  
Minnesota

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
September 1, 2011

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 §440.100

7. FEDERAL BUDGET IMPACT: (in thousands)  
a. FFY '10: \$ 180,583  
b. FFY '11: \$ 2,252,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Att. 3.1-A, pages 40, 40a, 40b, 40c, 40d  
Att. 3.1-B, pages 39, 39a, 39b, 39c, 39d  
Att. 4.19-B, pages 31a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Same

10. SUBJECT OF AMENDMENT:  
Dental Services

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:  
September 27, 2011

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

September 27, 2011

MAY 17 2012

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

September 1, 2011

Alan Freund  
Acting Associate Regional Administrator

21. TYPED NAME:

22. TITLE:

Alan Freund

23. REMARKS: