

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 12-09	2. STATE Minnesota
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2012	

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(r)(2) of the Social Security Act Federal district court order	7. FEDERAL BUDGET IMPACT: a. FFY '12 \$0 b. FFY '13 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 6 of Supplement 8a to Attachment 2.6-A New page 5 of Supplement 8b to Attachment 2.6-A Pages 2 & 3 of Supplement 13 to Attachment 2.6-A Page 1 of Supplement 12 to Attachment 2.6-A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 6 of Supplement 8a to Attachment 2.6-A Pages 2 & 3 of Supplement 13 to Attachment 2.6-A Page 1 of Supplement 12 to Attachment 2.6-A

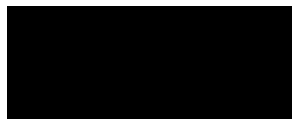
10. SUBJECT OF AMENDMENT:

More liberal disregards of income and asset methods & exclusion from post-eligibility income pursuant to court order.

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:
David Godfrey
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:

February 22, 2012

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

February 22, 2012

18. DATE APPROVED:

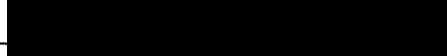
SEP 2 5 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Celestine Curry

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS: