

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-03	2. STATE Minnesota
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE October 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)

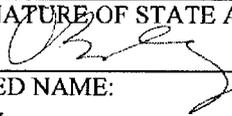
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §440.130(d)	7. FEDERAL BUDGET IMPACT: a. FFY '11: \$ 444,000 b. FFY '12: \$ 1,020,500
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-A, pages 54j, 54j.1, 54j.2, 54j.3 Att. 3.1-B, pages 53j, 53j.1, 53j.2, 53j.3 Att. 4.19-B, page 45c-3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att. 3.1-A, page 54j Att. 3.1-B, page 53j Att. 4.19-B, page 45c-3

10. SUBJECT OF AMENDMENT:

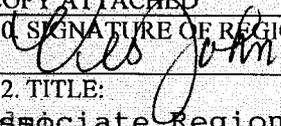
Dialectical behavior therapy

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 PO Box 64983 St. Paul, MN 55164-0983
13. TYPED NAME: Ann Berg	
14. TITLE: Deputy Medicaid Director	
15. DATE SUBMITTED: February 25, 2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: February 25, 2010	18. DATE APPROVED: May 24, 2010
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2010	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Verlon Johnson	22. TITLE: Associate Regional Administrator

23. REMARKS: