

Revision: HCFA-91-4 (FPD)  
August 1991

OMB No. 0938-

State: MINNESOTA

Citation

7.4 State Governor's Review

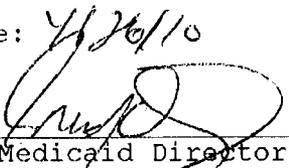
42 CFR §430.12(b)

The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare & Medicaid Services with such documents.

- Not applicable. The Governor:
- Does not wish to review any plan material.
- Wishes to review only the plan materials specified in the enclosed document.
- The Governor's designee is the head of the Medicaid agency.

I hereby certify that I am authorized to submit this plan on behalf of the  
MINNESOTA DEPARTMENT OF HUMAN SERVICES.  
(Designated Single State Agency)

Date: 7/26/10

  
\_\_\_\_\_  
Medicaid Director  
Health Care Administration

TN No. 10-07

Supersedes

Approval Date

JUL 23 2010

Effective Date 4/1/10

TN No. 04-22(98-01, 96-03)