

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

1. TRANSMITTAL NUMBER:  
12-03

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  
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:  
42 CFR §§447.53-.55

7. FEDERAL BUDGET IMPACT: (in thousands)  
a. FFY '12: (\$1,639)  
b. FFY '13: (\$2,267)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 4.18-A, pp. 1  
Att. 4.18-C, pp. 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

10. SUBJECT OF AMENDMENT:

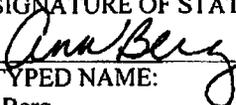
Recipient cost sharing and similar charges

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:  
Ann Berg

14. TITLE:  
Deputy Medicaid Director

15. DATE SUBMITTED:

March 30, 2012

16. RETURN TO:

Lisa Knazan  
Minnesota Department of Human Services  
Federal Relations Unit  
PO Box 64983  
St. Paul, MN 55164-0983

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

March 30, 2012

18. DATE APPROVED:

6/25/12

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Alan Freund

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS: