

Minnesota Department of Human Services

PLEASE DO NOT REPLY TO THIS AUTOMATED E-MAIL. INSTEAD, USE THE "CONTACT US" OPTION IN THE [LEARNING CENTER](#) IF YOU HAVE QUESTIONS.

To: **MELANIE R KROLL**

Unique Key: **C0121102**

From: Mental Health

Congratulations! You have successfully completed the following training:

Course **MA MODULE 5: MEDICAID DOCUMENTATION GUIDELINES FOR REHAB SVCS:**
Name: **SERVICE PLANNING**

Start Date: **8/1/2024**

Total Hours: **1.00**

Instructor:

This class is now part of your training transcript.