

NOV 13 2009

Brian Osberg, State Medicaid Director  
Minnesota Department of Human Services  
P.O. Box 64983  
St. Paul, MN 55164-0983

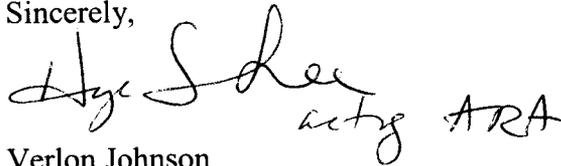
Dear Mr. Osberg:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #09-027 - Recipient Cost Sharing and Similar Charges  
--Effective Date: July 1, 2009

If you have any additional questions, please have a member of your staff contact Charles Friedrich at (608) 442-9125 or by e-mail at [Charles.Friedrich@cms.hhs.gov](mailto:Charles.Friedrich@cms.hhs.gov).

Sincerely,

Handwritten signature of Verlon Johnson in cursive, with the text "acting ARA" written below it.

Verlon Johnson  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

cc: Lisa Knazan, MDHS

Enclosure