

Center for Medicaid, CHIP, and Survey & Certification (CMCS)

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

JAN 19 2011

RE: Minnesota State Plan Amendment (SPA) 10-13

Dear Mr. Osberg:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 10-13. Effective for services on or after May 14, 2010, this amendment reflects a change made to nursing facility (NF) payment rates. Specifically, this amendment proposes to allow consolidation and relocation of NF beds to a new site in Goodhue County and provides for methodology for calculation of the property payment component of the NF reimbursement rate.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 10-13 is approved effective May 14, 2010. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Todd McMillion at (608) 441-5344.

Sincerely,


Cindy Mann,
Director (CMCS)

Enclosure