

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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

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

NOV 15 2010

RE: Minnesota 10-17

Dear Mr. Osberg:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 10-17. Effective for services on or after July 1, 2010, this amendment revises methods and standards for intermediate care facility for the mentally retarded services payment rates.

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 implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment 10-17 is approved effective July 1, 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,

A handwritten signature in black ink that reads "Bill Lounsbury". The signature is written in a cursive, flowing style.

1 Cindy Mann  
Director

Center for Medicaid, CHIP, and Survey & Certification