

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



**Centers for Medicaid and CHIP Services (CMCS)**

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Mr. Scott Leitz  
Assistant Commissioner of Health Care  
Acting State Medicaid Director  
Minnesota Department of Human Services  
540 Cedar Street  
P.O. Box 64983  
St. Paul, MN 55164-0983

**SEP 26 2012**

RE: Minnesota State Plan Amendment (SPA) 12-15

Dear Mr. Leitz:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 12-15. Effective for services on or after June 5, 2012, this amendment raises the replacement cost limits for nursing facility (NF) building projects for purposes of establishing the property component of the NF 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 12-15 is approved effective June 5, 2012. 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 "Cindy Mann". The signature is written in a cursive, flowing style.

Cindy Mann,  
Director (CMCS)

Enclosure