

August 22, 2013

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

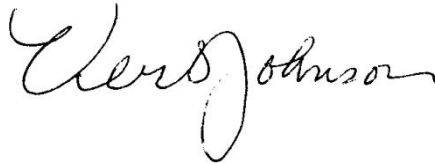
Dear Ms. Backstrom:

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

Transmittal #13-001 - HCDS Revisions
--Effective Date: January 1, 2013

If you have any questions related to this approval, please have a member of your staff contact Courtenay Savage at (312) 353-3721 or via e-mail at Courtenay.Savage@cms.hhs.gov.

Sincerely,



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

cc: Ann Berg, MDHS
Sean Barrett, MDHS

Enclosure