

CENTERS for MEDICARE & MEDICAID SERVICES

APR 1 3 2010

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 #09-017

Payment Rates for Chemical Dependency Treatment Services --Effective Date: August 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.

-

Sincerely,

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

cc: Lisa Knazan, MDHS

Enclosure