

APR 28 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 #09-025 - Miscellaneous Payment Rate Reductions for Various
Providers
--Effective Date: July 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,

Handwritten signature of Verlon Johnson in black ink, with the letters 'acty' and 'ARA' written below the signature.

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

cc: Lisa Knazan, MDHS