

**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

FEB -9 2011

RE: Minnesota State Plan Amendment (SPA) 10-15

Dear Mr. Osberg:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 10-15. Effective for services on or after August 1, 2010, this amendment revises methods and standards for nursing facility services payment rates. Specifically, this amendment proposes to suspend the phase-in of the new rebasing rate-setting methodology until October 1, 2013. Additionally, this amendment proposes that, for rate years beginning on or after August 1, 2010, adjustments relating to provisions for raw food costs related to special diets based on religious beliefs will be excluded in determining future rate adjustments.

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 10-15 is approved effective August 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,

  
Cindy Mann,  
Director (CMCS)

Enclosure