
NOV 22 2010

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

Dear Mr. Osberg:

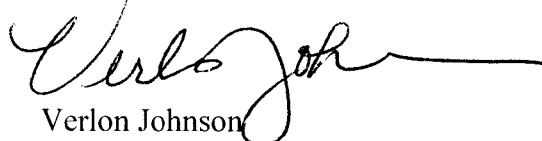
Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #10-021 - Provider rate reduction

--Effective Date: July 1, 2010

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