

AUG 05 2011

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

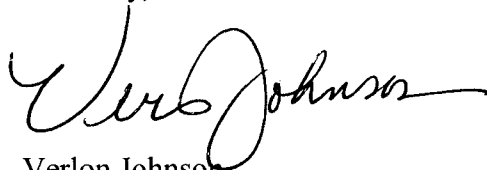
Dear Mr. Godfrey:

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

Transmittal #10-029 - Home Infusion Therapy Services
--Effective Date: October 1, 2011

Please note that this approval letter replaces the approval letter issued on July 5, 2011 which indicated an effective date of January 1, 2011. The July 5 approval letter has been rescinded. If you have any additional questions, please have a member of your staff contact Keri Toback at (312) 353-1754 or by e-mail at Keri.Toback@cms.hhs.gov.

Sincerely,



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

cc: Lisa Knazan, MDHS

Enclosure