

February 17, 2011

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

Dear Mr. Godfrey:

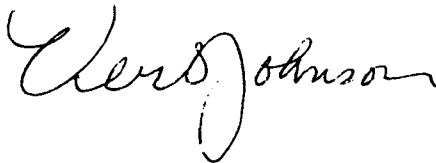
Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #11-001 - Eligibility and Coverage Expansion

--Effective Date: March 1, 2011

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