

SEP 2 3 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 #11-003 - Penalty Period Elimination for Transfer of Assets --Effective Date: Jan 1, 2011

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