

Center for Medicaid and CHIP Services (CMCS)

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

DEC 23 2011

RE: Minnesota State Plan Amendment (SPA) 11-08

Dear Mr. Godfrey:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 11-08. Effective for services on or after June 28, 2011, this amendment revises methodology for determining payment rates for services provided by nursing facilities (NF). Specifically, this amendment increases the moratorium-exception project rate adjustment for a 137-bed nursing facility in Bloomington, MN.

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 11-08 is approved effective June 28, 2011. 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