

**INTERAGENCY AGREEMENT  
BETWEEN THE MINNESOTA DEPARTMENTS OF  
HUMAN SERVICES AND HEALTH**

**AMENDMENT NO. 1 TO INTERAGENCY AGREEMENT 441241**

Contract Start Date: _____ 7/1/2011 _____	Total Contract Amount: _____ -0- _____
Original Contract Expiration Date: _____ 6/30/2011 _____	Original Contract Amount: _____ -0- _____
Current Contract Expiration Date: _____ 6/30/2011 _____	Previous Amendment(s) Total: _____ -0- _____
Requested Contract Expiration Date: _____ 12/31/2011 _____	Amendment Amount: _____ -0- _____

This amendment is by and between the respective Commissioners of the Minnesota Department of Human Services (hereinafter "DHS") and the Minnesota Department of Health (hereinafter "MDH"), identified as the Interagency Agreement to provide for the: survey and certification of nursing facilities (NFs), intermediate care facilities (ICFs/MR), and nursing facility/institutions for mental diseases (NF/IMDs); compliance and complaint investigations of ICFs/MR, the quality assurance review of Medicaid-certified NFs and NF/IMDs; the classification for the reimbursement of residents in MA-certified NFs; nursing assistant training and competency evaluation programs; and the maintenance of the nurse aide registry.

WHEREAS, both parties have agreed to extend the Agreement for six months; and

WHEREAS, the DHS and the MDH have mutually agreed that additional time is necessary for the review and satisfactory completion of the full biennial Interagency Agreement.

Therefore, the parties agree that:

**REVISION 1.** Section VI is amended as follows:

**TERMS OF AGREEMENT** This agreement shall be effective on July 1, 2009 and shall remain in effect until ~~June 30, 2011~~ **December 31, 2011**, or until all obligations set forth in this agreement have been satisfactorily fulfilled, whichever occurs first.

EXCEPT AS AMENDED HEREIN, THE TERMS AND CONDITIONS OF THE ORIGINAL AGREEMENT AND ALL PREVIOUS AMENDMENTS REMAIN IN FULL FORCE AND EFFECT.

STATE: Minnesota  
Effective: July 1, 2011  
TN: 11-11  
Approved: **AUG 08 2011**  
Supercedes: 09-11, (08-05, 07-18)

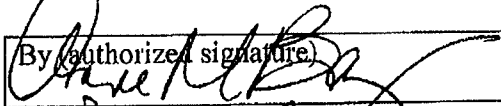
IN WITNESS WHEREOF, the parties have caused this amendment to be duly executed intending to be bound thereby.

APPROVED:

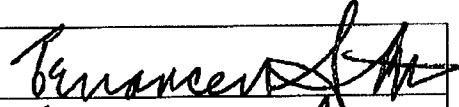
1. STATE ENCUMBRANCE VERIFICATION:

By (authorized signature)	N/A
Date	N/A

3. DHS - MEDICAID AGENCY:

By (authorized signature)	
Title	Deputy Commissioner
Date	6/24/11

2. MDH - SURVEY AGENCY:

By	
Title	Fed Grant Admin
Date	6/27/11