

AUG 08 2011

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

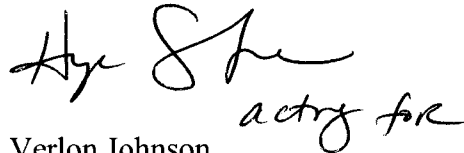
Dear Mr. Godfrey:

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

Transmittal #11-011 - Agreement with Department of Health for Title XIX
Responsibilities (Certification and Inspection of ICFs/MR and
NFs) --Effective Date: July 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