

Center for Medicaid and CHIP Services

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

DEC -7 2011

RE: Minnesota State Plan Amendment (SPA) 11-14

Dear Mr. Godfrey:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 11-14. Effective for services on or after September 1, 2011, this amendment revises methods and standards for intermediate care facility for the mentally retarded services payment rates. Specifically, this amendment increases payment rates to a certain ICF/MR located in Clearwater County. Additionally, this amendment decreases the operating payment rates for all ICF/MRs in the State except for the facility located in Clearwater County and then proposes an additional decrease to the operating payment rate for all ICF/MRs including the one in Clearwater County.

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 11-14 is approved effective September 1, 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