

MAY 17 2012

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 #11-015

- Changes to dental services and rates for adults

-- Effective Date: September 1, 2011

If you have any additional questions, please have a member of your staff contact Courtenay Savage at (312) 353-3721 or Courtenay.Savage@cms.hhs.gov.

Sincerely,

Alan Freund

Acting Associate Regional Administrator

Division of Medicaid and Children's Health Operations

cc: Lisa Knazan

Enclosure