

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



FEB - 3 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 #11-024 - Recipient Cost Sharing and Similar Charges  
--Effective Date: October 1, 2011

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

Sincerely,

A handwritten signature in black ink that reads "Verlon Johnson". The signature is written in a cursive style with a long horizontal flourish at the end.

Verlon Johnson  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

cc: Lisa Knazan, MDHS

Enclosure