

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-02-26  
Baltimore, Maryland 21244-1850



**Center for Medicaid, CHIP and Survey & Certification**

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**TO:** Cindy Mann  
Director  
Center for Medicaid, CHIP and Survey & Certification

**FROM:** Vikki Wachino  
Director  
Children and Adults Health Program Group

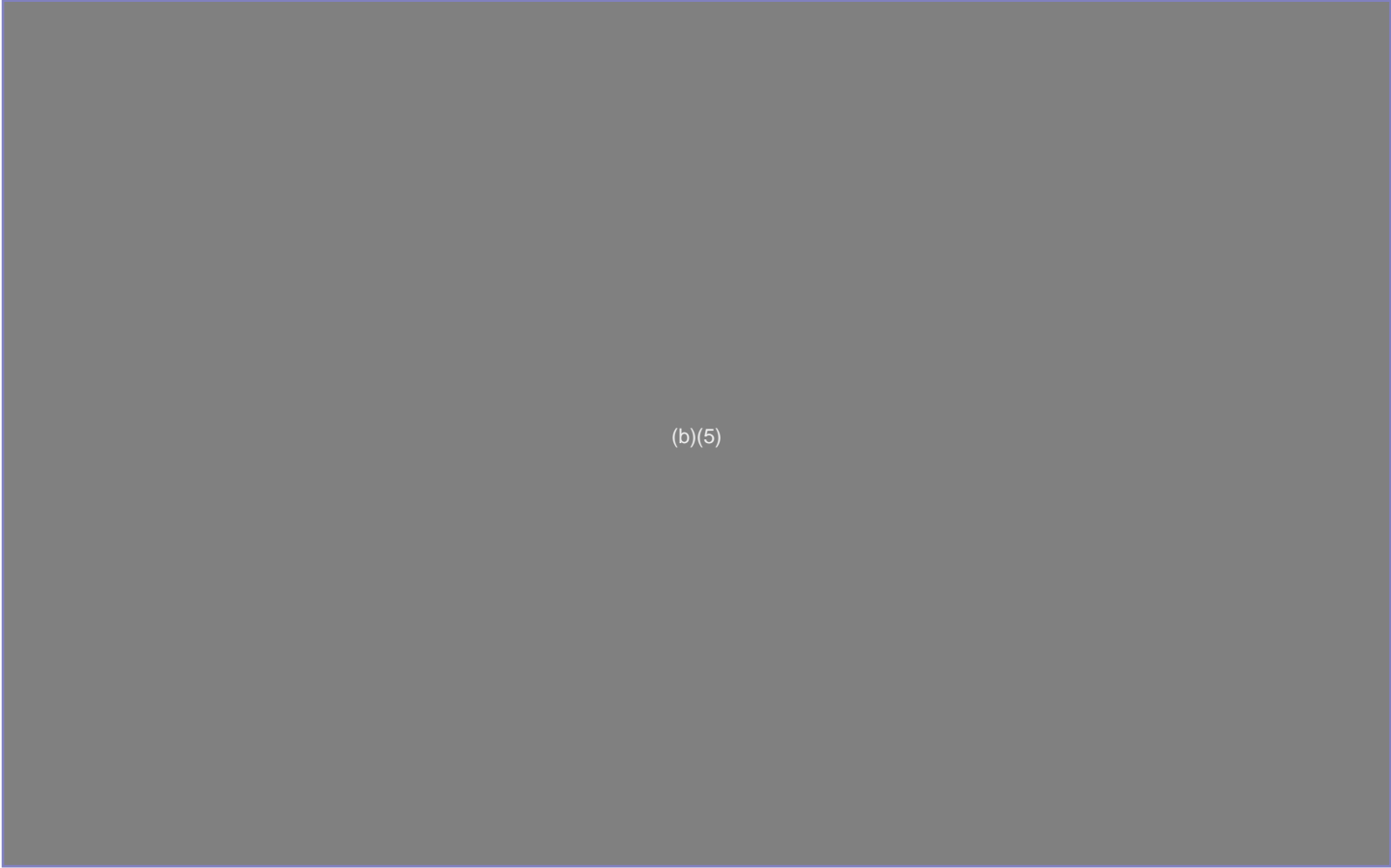
**SUBJECT:** Minnesota Section 1115 Demonstration Amendment – **APPROVAL**

**Approval Requested No Later Than July 29, 2011**

**BACKGROUND**

(b)(5)

(b)(5)



(b)(5)

**DECISION**

Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Other \_\_\_\_\_ Date \_\_\_\_\_

Attachments