

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
09-018

2. STATE
Wisconsin

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
10/01/2009

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN
- AMENDMENT TO BE CONSIDERED AS NEW PLAN
- AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 319 of the Public Health Service Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2010 \$62.5 K (CG)
b. FFY 2011 \$OK (CG)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A Supplement 1 page 6. *and 4* (CG)
Attachment 3.1-B Supplement 1 page 5. *and 3* (CG)
Attachment 3.1-A Supplement 1 page 59 (CG)
Attachment 3.1-B Supplement 1 page 49 (CG)
Attachment 4.19-B page 18 (CG)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same
Same
New (CG)
New (CG)
New (CG)

10. SUBJECT OF AMENDMENT:

2009 H1N1 Influenza.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Laura A. Palumbo

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Jason A. Helgerson

14. TITLE:

State Medicaid Director

15. DATE SUBMITTED:

November 10, 2009

16. RETURN TO:

Jason A. Helgerson
State Medicaid Director
Division of Health Care Access and Accountability
1 W. Wilson St.
P.O. Box 309
Madison, WI 53701-0309

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

November 10, 2009

18. DATE APPROVED:

July 16, 2010

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2009

20. SIGNATURE OF REGIONAL OFFICIAL:

Verlon Johnson

21. TYPED NAME:

Verlon Johnson

22. TITLE:

Associate Regional Administrator

23. REMARKS: