

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



JUL 16 2010

Jason A. Helgeson, Administrator
Division of Health Care Access and Accountability
Wisconsin Department of Health Services
1 West Wilson Street
P. O. Box 309
Madison, Wisconsin 53701-0309

Dear Mr. Helgeson:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #09-018 2009 H1N1 Influenza
-- Effective October 1, 2009

If you have any additional questions, please have a member of your staff contact Cynthia Garraway at (312) 353-8583 or Cynthia.Garraway@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 & Children's Health Operations

Enclosure

Cc: Al Matano, Wisconsin Department of Health Services