

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

1. TRANSMITTAL NUMBER:  
10-001

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  
01/01/2010

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:  
42 CFR 440.169 (b)

7. FEDERAL BUDGET IMPACT:  
a. FFY 2010 .....\$223K  
b. FFY 2011 ..... \$223K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A Supplement 1 pages 1-P-1 and 1-P-2 <sup>through 5</sup> (cb)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

10. SUBJECT OF AMENDMENT:

Targetted case management for postpartum women and their infants.

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:

*Alata Swartz*

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
Jason Helgerson

14. TITLE:  
State Medicaid Director

15. DATE SUBMITTED:  
March 30, 2010

16. RETURN TO:  
Jason 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:  
March 30, 2010

18. DATE APPROVED:  
DEC 17 2010

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
January 1, 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
Verlon Johnson

22. TITLE:  
Associate Regional Administrator

23. REMARKS: