

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



**JUN 28 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 #10-003 Asset Verification System  
-- Effective September 30, 2010

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](mailto:Cynthia.Garraway@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Verlon Johnson". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

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

Enclosure