

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

1. TRANSMITTAL NUMBER:
10-009

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
11/01/2010

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:
1902(a)(10)(A)(ii)(XXI), 1902(ii), and 1920C of the Social
Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 \$2,800K
b. FFY 2012 \$4,480K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 2.2-A page 23g	New
Attachment 2.6-A Supplement 8a page 4	Same
Attachment 3.1-A Supplement 1 pages 13b, 13c, and 13d	New (CG)
Attachment 3.1-A Supplement 1 page 14	Same (CG)
Attachment 3.1-B Supplement 1 page 12b	New (CG)
Attachment 3.1-A Page 2 (CG)	Same (CG)

10. SUBJECT OF AMENDMENT:

Adding family planning eligibility category to the state plan.

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:

Christa Swartz

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Jason Helgerson

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

13. TYPED NAME:
Jason Helgerson

14. TITLE:
State Medicaid Director

15. DATE SUBMITTED:
June 29, 2010

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
06-29-10

18. DATE APPROVED: **DEC 23 2010**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
11-01-10

20. SIGNATURE OF REGIONAL OFFICIAL:
Verlon Johnson

21. TYPED NAME:
Verlon Johnson

22. TITLE:
Associate Regional Administrator

23. REMARKS: