

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

1. TRANSMITTAL NUMBER:
12-001

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
01/01/2012

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:
Sections 1902(a)(39) and (77) and (kk) of the Social
Security Act and 42 CFR Part 455 Subpart E

7. FEDERAL BUDGET IMPACT:
a. FFY 2012\$0K
b. FFY 2013\$0K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.46 Pages 1 and 2.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

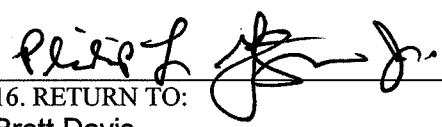
New

10. SUBJECT OF AMENDMENT:

Provider screening and enrollment

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:



12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Brett Davis

14. TITLE:

State Medicaid Director

15. DATE SUBMITTED:

3/26/12 March 30, 2012

16. RETURN TO:

Brett Davis
State Medicaid Director
1 W. Wilson St.
P.O. Box 309
Madison, WI 53701-0309

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
March 30, 2012

18. DATE APPROVED: **MAY 30 2012**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:
Alan Freund

22. TITLE: *Acting*
Associate Regional Administrator

23. REMARKS:

RECEIVED

APR - 9 2012

DMCH - ARA