

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



Refer to:

JUN 26 2009

Jason A. Helgerson, 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. Helgerson:

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

Transmittal #09-002 Cost of living adjustments for eligibility requirements
-- Effective January 1, 2009

If you have any additional questions, please have a member of your staff contact Cynthia Garraway at (312) 353-8583.

Sincerely,

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

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

Enclosure