

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



Refer to:

DEC 15 2009

Jason A. Helgersen, 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. Helgersen:

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

Transmittal #09-007 Cost sharing for Medicaid recipients  
-- Effective April 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, written over the printed name.

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

Enclosure