

SEP 25 2009

Jason A. Helgeson
Medicaid Director
Division of Health Care Access and Accountability
Wisconsin Department of Health and Family Services
1 West Wilson Street
P.O. Box 309
Madison, Wisconsin 53701-0309

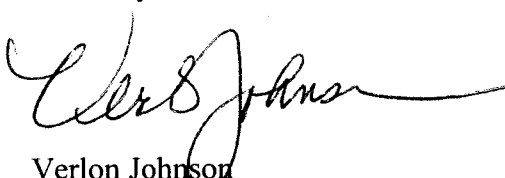
Dear Mr. Helgeson:

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

Transmittal #09-009 12 Month Transitional Medical Assistance
– Effective date July 1, 2009

If you have any questions, please have a member of your staff contact Cynthia Garraway at (312) 353-8583 or by e-mail at Cynthia.Garraway@cms.hhs.gov.

Sincerely,



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

Enclosure

cc: Alfred Matano