

## CENTERS for MEDICARE & MEDICAID SERVICES

## MAR 0 9 2010

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 # 09-021

Premium Assistance Program
-- Effective October 1, 2009

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

Sincerely,

Verlon Johnson

Associate Regional Administrator

Division of Medicaid & Children's Health Operations

Enclosure

cc: Al Matano