

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

1. TRANSMITTAL NUMBER:  
09-023

2. STATE  
Wisconsin

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  
10/01/2009

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:  
Section 1903(v) SSA

7. FEDERAL BUDGET IMPACT:  
a. FFY 2010 ..... \$580K (CG)  
b. FFY 2011 ..... \$580K (CG)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 2.6-A, page 1a .....  
Attachment 2.6-A, pages 2 and 3 .....  
↳ 2a, 2b (CG)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

10. SUBJECT OF AMENDMENT:

Exemption of Immigrant Children and Pregnant Women from the 5-Year Bar

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
Jason A. Helgerson

14. TITLE:  
State Medicaid Director

15. DATE SUBMITTED:  
December 21, 2009

16. RETURN TO:  
Jason A. Helgerson  
State Medicaid Director  
Division of Health Care Access and Accountability  
1 W. Wilson St.  
P.O. Box 309  
Madison, WI 53701-0309

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
December 21, 2009

18. DATE APPROVED:  
March 9, 2010

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
October 1, 2009

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
Verlon Johnson

22. TITLE:  
Associate Regional Administrator

23. REMARKS: