

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

1. TRANSMITTAL NUMBER:  
12-008

2. STATE  
Wisconsin

FOR: 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  
10/01/2012

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 1945 of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2013 ..... \$752K  
b. FFY 2014 ..... \$752K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19-H Pages 1 through ~~13~~ <sup>13</sup>

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

10. SUBJECT OF AMENDMENT:  
Health home for individuals with HIV and AIDS.

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

*Michelle Gauger*

12. SIGNATURE OF STATE AGENCY OFFICIAL:  
*Brett Davis*

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

13. TYPED NAME:  
Brett Davis

14. TITLE:  
State Medicaid Director

15. DATE SUBMITTED:

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
June 28, 2012

18. DATE APPROVED: January 29, 2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
October 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:  
*Verlon Johnson*

21. TYPED NAME:  
Verlon Johnson

22. TITLE:  
Associate Regional Administrator

23. REMARKS: