

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
OR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: 11-003-UT	2. STATE: Utah
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE <del>May 1, 2011</del> April 1, 2011	

TO: REGIONAL ADMINISTRATOR  
HEALTHCARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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:  
~~Pub. L. No. 111-312~~ Section 1902(r) and 1931 of the Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2011 \$0  
b. FFY 2012 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Supplement 8b to Attachment 2.6-A, Page 2  
Supplement 12a to Attachment 2.6-A, Page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Supplement 12a to Attachment 2.6-A, Page 2

10. SUBJECT OF AMENDMENT:  
~~Resources~~ - Exclusion of State Income Tax Returns from Countable Resources

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:  
W. David Patton, PhD.

14. TITLE:  
Executive Director, Utah Department of Health

15. DATE SUBMITTED:  
May 31, 2011

16.

17. DATE RECEIVED:  
5/31/11

16. RETURN TO:

Craig Devashrayee, Manager  
Technical Writing Unit  
Utah Department of Health  
PO Box 143102  
Salt Lake City, UT 84114-3102

18. DATE APPROVED:  
8/5/11

FOR REGIONAL USE ONLY

9. EFFECTIVE DATE OF APPROVED MATERIAL:  
4/1/11

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
Richard C. Allen

22. TITLE:  
ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

3. REMARKS  
Changes to 179 made by request of State by email, 8/3/11 TJ Turner



