

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

1 TRANSMITTAL NUMBER
11-008-UT

2 STATE
Utah

3. PROGRAM IDENTIFICATION TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

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

4. PROPOSED EFFECTIVE DATE
September 1, 2011

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)

FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440 20

7. FEDERAL BUDGET IMPACT

a. FFY 2011 \$0
b. FFY 2012 \$0 *Bob*

PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT.

~~Page 8 of Attachment 4.19-A~~ *TP*
Pages 1, 2d and 32 of Attachment 4.19-B
3.1A + 3.1B, Att. 2

9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

~~Page 8 of Attachment 4.19-A~~ *TP*
Pages 1 and 2d of Attachment 4.19-B
3.1A + 3.1B, att 2

10 SUBJECT OF AMENDMENT Hospital Payments

11 GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED

12 SIGNATURE OF STATE AGENCY OFFICIAL



13 TYPED NAME W David Patton, Ph.D

14 TITLE Executive Director, Utah Department of Health

15 DATE SUBMITTED. September 8, 2011

16. RETURN TO:

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

17 DATE RECEIVED

9/1/11

18 DATE APPROVED:

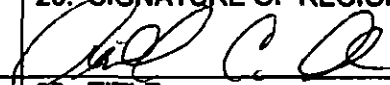
11/22/11

FOR REGIONAL USE ONLY

19 EFFECTIVE DATE OF APPROVED MATERIAL

9/1/11

20. SIGNATURE OF REGIONAL OFFICIAL:



21 TYPED NAME

RICHARD G. ALLEN

22 TITLE.

ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

3 REMARKS

Pen & ink changes made per State's request. See 9/8/11 email. T. Turner