

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

1. TRANSMITTAL NUMBER:  
11-009-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  
July 1, 2011, and July 1, 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:  
42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903

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

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Page 7 of Attachment 4.19-A  
Pages 18 and 18a of Attachment 4.19-A  
Page 22 of Attachment 4.19-B  
33

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Page 7 of Attachment 4.19-A

10. SUBJECT OF AMENDMENT:  
Provider-Preventable Conditions

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:  
*Michael Hales*

13. TYPED NAME:  
Michael Hales

14. TITLE:  
Deputy Director, Utah Department of Health

15. DATE SUBMITTED:  
September 30, 2011

16. RETURN TO:  
Craig Devashrayee, Manager  
Technical Writing Unit  
Utah Department of Health  
PO Box 143 ruz  
Salt Lake City, UT 84114-3102

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:      18. DATE APPROVED: AUG - 1 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL - 1 2011      JUL - 1 2012

20. SIGNATURE OF REGIONAL OFFICIAL:  
*Thermy*

21. TYPED NAME: PENNY THOMPSON

22. TITLE: Deputy Director, CMCS

23. REMARKS: