

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

1 TRANSMITTAL NUMBER
11-011-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

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)

5 FEDERAL STATUTE/REGULATION CITATION:
42 CFR 430.12

7 FEDERAL BUDGET IMPACT

a FFY 2011 \$0

b FFY 2012 \$0

red

6 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Page 2 of Attachments 3 1-A and 3 1-B

9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Page 2 of Attachments 3 1-A and 3 1-B

10 SUBJECT OF AMENDMENT Tobacco Cessation Counseling Services for Pregnant Women

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
W. David Patton

16 RETURN TO

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

13 TYPED NAME: W David Patton, Ph D

14 TITLE Executive Director, Utah Department of Health

15 DATE SUBMITTED September 15, 2011

16

17 DATE RECEIVED
9/14/11

18 DATE APPROVED
12/7/11

FOR REGIONAL USE ONLY

19 EFFECTIVE DATE OF APPROVED MATERIAL
7/1/11

20 SIGNATURE OF REGIONAL OFFICIAL:
Richard C. Allen

21 TYPED NAME
Richard C. Allen

22 TITLE
ARA, DMC10

PLAN APPROVED - ONE COPY ATTACHED

23 REMARKS