

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

1. TRANSMITTAL NUMBER:
12-007-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, 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 440.100

7. FEDERAL BUDGET IMPACT
a. FFY 2012 \$+145,556
b. FFY 2013 \$+582,224

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment #10, Page 1 of Attachments 3.1-A and 3.1-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment #10, Page 1 of Attachments 3.1-A and 3.1-B

10. SUBJECT OF AMENDMENT Dental Services

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: June 15, 2012

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: 6/15/12

18. DATE APPROVED: 9/5/12

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/12

OFFICIAL:

20. TYPED NAME: RICHARD C. ALLEN

21. TITLE: ARA, DMCHD

22. REMARKS: PLAN APPROVED - ONE COPY ATTACHED