

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

- | | |
|--|-------------------|
| 1. TRANSMITTAL NUMBER:
13-008-UT | 2. STATE:
Utah |
| 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| 4. PROPOSED EFFECTIVE DATE
July 1, 2013 | |

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

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 440.60

7. FEDERAL BUDGET IMPACT:
a. FFY 2013 \$0
b. FFY 2014 \$0 *Final 5/26/13*


8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment #6d of ATTACHMENTS 3.1-A and 3.1-B
Page 9 of Attachment #4b of ATTACHMENTS 3.1-A and 3.1-B is removed
Page 29c of ATTACHMENT 4.19-B is removed
Page 35 of ATTACHMENT 4.19-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment #6d of ATTACHMENTS 3.1-A and 3.1-B
Page 9 of Attachment #4b of ATTACHMENTS 3.1-A and 3.1-B is removed
Page 29c of ATTACHMENT 4.19-B is removed

10. SUBJECT OF AMENDMENT: Psychologist 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, 2013

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:
6/15/13

18. DATE APPROVED:
8/7/13

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:
7/1/13

21. TYPED NAME:
Richard C. ALLEN

20. SIGNATURE OF REGIONAL OFFICIAL:


22. TITLE:
ARAM DMCHO