

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

1. TRANSMITTAL NUMBER:  
13-026-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

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 440.110

7. FEDERAL BUDGET IMPACT:  
a. FFY 2013 \$0  
b. FFY 2014 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Page 1 of Attachment #11a in ATTACHMENTS 3.1-A and 3.1-B  
Page 1 of Attachment #11b in ATTACHMENTS 3.1-A and 3.1-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)  
  
Page 1 of Attachment #11a in ATTACHMENTS 3.1-A and 3.1-B  
Page 1 of Attachment #11b in ATTACHMENTS 3.1-A and 3.1-B

10. SUBJECT OF AMENDMENT: Physical Therapy and Occupational Therapy

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:



13. TYPED NAME: Michael Hales

14. TITLE: Deputy Director, Utah Department of Health

15. DATE SUBMITTED: September 30, 2013

16. RETURN TO:

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

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17. DATE RECEIVED

9/30/13

18. DATE APPROVED


10/28/13

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL

7/1/13

20. SIGNATURE OF REGIONAL OFFICIAL



21. TYPED NAME

RICHARD C. ALLEN

22. TITLE

ARA, DMCH6

23. REMARKS

PLAN APPROVED - ONE COPY ATTACHED