

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

1. TRANSMITTAL NUMBER:  
10-016-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, 2010

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:  
*Section 1902(m)(1)*  
~~Section 1902(a)(13)(A) of the Social Security Act~~

7. FEDERAL BUDGET IMPACT:  
a. FFY 2010 \$[16,400] *DMU*  
b. FFY 2011 \$[65,600]

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Supplement 1 to Attachment 4.19-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Supplement 1 to Attachment 4.19-B

10. SUBJECT OF AMENDMENT:  
Crossover Payments

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: *[Signature]*  
13. TYPED NAME: David N. Sundwall, MD  
14. TITLE: Executive Director, Utah Department of Health  
15. DATE SUBMITTED: June 15, 2010

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:  
*6/15/10*

18. DATE APPROVED:  
*8/23/10*

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
*7/1/10*

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
*Richard C. Allen*

22. TITLE:  
*ARA*

PLAN APPROVED - ONE COPY ATTACHED

3. REMARKS

