

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

1. TRANSMITTAL NUMBER:
11-014-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
November 1, 2011

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 440 120

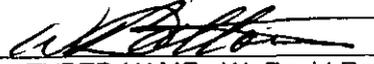
7. FEDERAL BUDGET IMPACT *Bob*
a. FFY 2011 \$0
b. FFY 2012 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Pages 1 and 1a of Attachment #12a in ATTACHMENTS 3.1-A and 3.1-B
Pages 19 and 19a of ATTACHMENT 4 19-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Pages 1 and 1a of Attachment #12a in ATTACHMENTS 3.1-A and 3.1-B
Pages 19 and 19a of ATTACHMENT 4 19-B

10. SUBJECT OF AMENDMENT Pharmacy Services

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: W David Patton, Ph.D

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: November 30, 2011

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

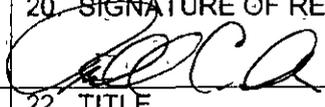
17. DATE RECEIVED: 11/30/11

18. DATE APPROVED: 8/2/12

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/1/11

21. TYPED NAME: Richard C Allen

20. SIGNATURE OF REGIONAL OFFICIAL:


22. TITLE: ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

3. REMARKS