

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

- 1. TRANSMITTAL NUMBER: 12-010-UT
- 2. STATE: Utah
- 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
- 4. PROPOSED EFFECTIVE DATE: October 1, 2012

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:
Section 1940(a) of the Social Security Act

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

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Pages 1 through 3 of Supplement 16 in Attachment 2 6-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT, (If Applicable)

10. SUBJECT OF AMENDMENT:
Asset Verification System

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:
December 31, 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: 12/31/12

18. DATE RECEIVED: 2/7/13

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/12

20. TYPED NAME: RICHARD C. ALLEN

21. SIGNATURE OF REGIONAL OFFICIAL:


22. TITLE: ARA, DMCHO

23. REMARKS: PLAN APPROVED - ONE COPY ATTACHED