STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: ___________________________ UTAH ________________________

SECTION 1 - SINGLE STATE AGENCY ORGANIZATION (Continued)

Citation 1.2 Organization for Administration

42 CFR 431.11  (a) ATTACHMENT 1.2-A refers to the Utah Department of
Health website for a description of the organizations and
functions of the Department. It also refers to the
organization chart on the Department website.

AT-79-29  (b) ATTACHMENT 1.2-B refers to the Utah Medicaid website for
a description of the organization and functions of the Division
of Medicaid and Health Financing.

(c) ATTACHMENT 1.2-C refers to the Utah Medicaid website for
a description of the organization and functions of the Division
and its bureaus.

(d) Eligibility determinations are made by State or local staff of
an agency other than the agency named in paragraph 1.1(a).

___ Not applicable. Only staff of the agency named in
paragraph 1.1(a) make such determinations.

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