

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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