

Revision: HCFA-PM-91-4

(BPD)

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

State: UTAH

SECTION 7 - GENERAL PROVISIONS - (Continued)

Citation 7.4 State Governor's Review

42 CFR 430.12(b)

The Medicaid agency will provide opportunity for the Office of the Governor to review State Plan Amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare & Medicaid Services with such documents.

Not applicable. The Governor--

Does not wish to review any plan material.

Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

UTAH DEPARTMENT OF HEALTH
(Designated Single State Agency)

Date: 04/10/2018

Joseph K. Miner, M.D.
(Signature)
JOSEPH K. MINER, M.D.
EXECUTIVE DIRECTOR
UTAH DEPARTMENT OF HEALTH
(Title)

T.N. # 18-0001

Approval Date 4-12-18

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