

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER: 14-0004MM	STATE: Utah	
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: A1 – A3	COMPLETE PAGES SUPERSEDED: Page 1 Section 1.1 (pages 2-6) Section 1.2 (page 7) Section 1.3 (page 8) Attachment 1.1-A (Attorney General certification) Attachment 1.2-A Attachment 1.2-B (Description of the functions of the single state agency) Attachment 1.2-C (Description of professional medical and supporting staff)	PARTIAL PAGES SUPERSEDED: Section 1.4 (page 9)(State Medical Care Advisory Committee only. Tribal consultation will remain in the state plan.)
A1-A2	Notwithstanding any other provisions of the Medicaid State Plan, the agencies designated in A1 and A2 will determine eligibility for coverage to the extent specified in A1 and A2.	