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**State/Territory Name: IL**

**State Plan Amendment (SPA) #: 14-0028**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



November 7, 2014

Julie Hamos, Director  
Illinois Department of Healthcare and Family Services (HFS)  
Prescott E. Bloom Building  
201 South Grand Avenue East  
Springfield, Illinois 62763-0001

ATTN: Theresa Eagleson

RE: TN 14-0028

Dear Ms. Hamos:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA).

Transmittal #14-0028 - Approves Illinois' request to authorize the Chicago Public Schools to procure a vendor or vendors to manufacture eyeglasses for individuals enrolled in a CPS system school.

--Effective Date: September 1, 2014

If you have any questions, please have a member of your staff contact Cathy Song at (312) 353-5184 or by email at [Catherine.Song1@cms.hhs.gov](mailto:Catherine.Song1@cms.hhs.gov).

Sincerely,

/s/ Mara Siler-Price, acting

Verlon Johnson  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosure

cc: Mary Doran, HFS  
Teresa Hursey, HFS


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER <b>14-0028</b>	2. STATE: <b>ILLINOIS</b>
	3. PROGRAM IDENTIFICATION: <b>Title XIX of the Social Security Act (Medicaid)</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: <b>September 1, 2014</b>	

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: <b>Section 1902 of the Social Security Act</b>	7. FEDERAL BUDGET IMPACT a. FFY 2014 \$0.0 b. FFY 2015 \$0.0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Appendix to Attachment 3.1-A, Page 13</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Appendix to Attachment 3.1-A, Page 13</b>
10. SUBJECT OF AMENDMENT: <b>Eyeglass Vendor(s)</b>	
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not submitted for review by prior approval.	

12. SIGNATURE OF AGENCY OFFICIAL: 	16. RETURN TO: <b>Department of Healthcare and Family Services Bureau of Program and Reimbursement Analysis Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001</b>
13. TYPED NAME: <u>Julie Hamos</u>	
14. TITLE: <b>Director of Healthcare and Family Services</b>	
15. DATE SUBMITTED: <u>8/15/14</u>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <u>8/15/14</u>	18. DATE APPROVED: <u>11/7/14</u>
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>9/1/14</u>	20. SIGNATURE OF REGIONAL OFFICIAL: <u>/s/</u>
21. TYPED NAME <u>Mara Siler-Price</u>	22. TITLE: <u>Acting Associate Regional Administrator</u>

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Illinois**

AMOUNT, DURATION, AND SCOPE OF SERVICES

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- 07/14
- Lenses and frames obtained from a source other than the DOC (Department of Corrections) laboratory or a vendor or vendors procured by the Chicago Public Schools (CPS) to manufacture eyeglasses for individuals enrolled in a school with the CPS system, unless the specific type of eyeglasses or frames is not available from the DOC laboratory or the CPS vendor or vendors, and prior approval is obtained to secure the item from another source.
  - Trifocals.
  - Tinted lenses.
  - Provider's transportation cost.

07/14 All lenses and frames shall be obtained from the DOC laboratory or a vendor or vendors procured by the CPS serving individuals enrolled in a school within the CPS system, unless the particular type of eyeglasses or frames is not available from the DOC laboratory or the CPS vendor or vendors, and prior approval is obtained to secure the item from another source. DOC shall not engage in "office" services, e.g., examinations or dispensing of eyeglasses to recipients, ~~but shall be the State's primary laboratory for fabrication of eyeglasses.~~ Individual optical suppliers shall continue to provide examinations, frame parts for eyeglasses and frames not available from the DOC laboratory or CPS vendor(s), frame repairs, contact lenses, artificial eyes and low vision devices, as well as dispensing of eyeglasses obtained from the DOC laboratory or CPS vendor(s).

13b. SCREENING

Medically necessary screening and diagnostic tests and procedures, in accordance with generally accepted medical practice, for the prevention or diagnosis of a primary disease, or the prevention of complications of a chronic disease are covered. Screening and diagnostic tests and procedures are provided by or under the direction of a physician.

13c. PREVENTIVE SERVICES

Medically necessary preventive services, in accordance with generally accepted medical practice, to prevent, correct, or lessen health problems are covered. Preventive services are provided by or under the direction of a physician.

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TN # 14-0028

Approval date: 11/7/14

Effective date: **09/01/2014**

Supersedes  
TN # 07-13