Table of Contents

State/Territory Name: Ohio

State Plan Amendment (SPA) #: 17-025

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



September 5, 2017

Barbara R. Sears, Director Ohio Department of Medicaid P.O. Box 182709 50 West Town Street, Suite 400 Columbus, Ohio 43218

RE: State Plan Amendment Transmittal Number 17-025

Dear Ms. Sears:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #17-025

- Payment for Services: Selective Contracting for EyeglassesEffective Date: July 1, 2017
- Approval Date: September 5, 2017

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at <u>christine.davidson@cms.hhs.gov</u>.

Sincerely,

/s/

Ruth A. Hughes Associate Regional Administrator Division of Medicaid and Children's Health Operations

Enclosure

cc: Sarah Curtin, ODM Carolyn Humphrey, ODM Becky Jackson, ODM Greg Niehoff, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
		1
STATE PLAN MATERIAL	17-025	OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES	July 1, 2017	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
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 AME		amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
Sections 1923(a) and 1915(a)(1)(B) of the Act;	a. FFY 2017 \$0	
42 CFR 431.54(d), 440.120	b. FFY 2018 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Item 12-d (TN 13-019)	
Attachment 4.19-B, Item 12-d		
10. SUBJECT OF AMENDMENT: Payment for Services: Selective Co.	ntracting for Eyeglasses	
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	⊠ OTHER, AS SPEC	
GOVERNOR'S OFFICE REPORTED NO COMMENT	— ·	IFIED: or is the Governor's designee
GOVERNOR'S OFFICE REPORTED NO COMMENT	— ·	
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The State Medicaid Direct	
GOVERNOR'S OFFICE REPORTED NO COMMENT	— ·	
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The State Medicaid Direct	
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The State Medicaid Direct 16. RETURN TO: Carolyn Humphrey	
GOVERNOR'S OFFICE REPORTED NO COMMENT GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL SIGNATURE OF STATE AGENCY OFFICIAL: BARBARA R. SEARS	The State Medicaid Direct 16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid	
GOVERNOR'S OFFICE REPORTED NO COMMENT GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The State Medicaid Direct 16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709	
GOVERNOR'S OFFICE REPORTED NO COMMENT GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: BARBARA R. SEARS 14. TITLE: STATE MEDICAID DIRECTOR	The State Medicaid Direct 16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid	
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The State Medicaid Direct 16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709	
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: BARBARA R. SEARS 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: July 7, 2017	The State Medicaid Direct 16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: BARBARA R. SEARS 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: July 7, 2017 FOR REGIONAL OF	The State Medicaid Direct 16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 FICE USE ONLY	
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: BARBARA R. SEARS 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: July 7, 2017 FOR REGIONAL OF 17. DATE RECEIVED:	The State Medicaid Direct 16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 FICE USE ONLY 18. DATE APPROVED:	or is the Governor's designee
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: BARBARA R. SEARS 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: July 7, 2017 FOR REGIONAL OF 17. DATE RECEIVED: July 7, 2017	The State Medicaid Direct 16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 FICE USE ONLY 18. DATE APPROVED: September	or is the Governor's designee
GOVERNOR'S OFFICE REPORTED NO COMMENT GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: BARBARA R. SEARS 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: July 7, 2017 PLAN APPROVED - ON	The State Medicaid Direct 16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 FICE USE ONLY 18. DATE APPROVED: September E COPY ATTACHED	or is the Governor's designee
GOVERNOR'S OFFICE REPORTED NO COMMENT GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: BARBARA R. SEARS 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: July 7, 2017 FOR REGIONAL OF 17. DATE RECEIVED: July 7, 2017 PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL:	The State Medicaid Direct 16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 FICE USE ONLY 18. DATE APPROVED: September	or is the Governor's designee
GOVERNOR'S OFFICE REPORTED NO COMMENT GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: BARBARA R. SEARS 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: July 7, 2017 PLAN APPROVED - ON	The State Medicaid Direct 16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 FICE USE ONLY 18. DATE APPROVED: September E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFI	or is the Governor's designee
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: BARBARA R. SEARS 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: July 7, 2017 FOR REGIONAL OF 17. DATE RECEIVED: July 7, 2017 PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017 21. TYPED NAME:	The State Medicaid Direct 16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 FICE USE ONLY 18. DATE APPROVED: September E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE:	or is the Governor's designee 5, 2017 TCIAL: /s/
GOVERNOR'S OFFICE REPORTED NO COMMENT GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: BARBARA R. SEARS 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: July 7, 2017 FOR REGIONAL OF 17. DATE RECEIVED: July 7, 2017 PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017	The State Medicaid Direct 16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 FICE USE ONLY 18. DATE APPROVED: September E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFI	or is the Governor's designee 5, 2017 TCIAL: /s/
GOVERNOR'S OFFICE REPORTED NO COMMENT GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: BARBARA R. SEARS 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: July 7, 2017 FOR REGIONAL OF 17. DATE RECEIVED: July 7, 2017 PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017 21. TYPED NAME: Ruth A. Hughes	The State Medicaid Direct 16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 FICE USE ONLY 18. DATE APPROVED: September E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE:	or is the Governor's designee 5, 2017 TCIAL: /s/
GOVERNOR'S OFFICE REPORTED NO COMMENT GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: BARBARA R. SEARS 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: July 7, 2017 FOR REGIONAL OF 17. DATE RECEIVED: July 7, 2017 PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017 21. TYPED NAME: Ruth A. Hughes	The State Medicaid Direct 16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 FICE USE ONLY 18. DATE APPROVED: September E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE:	or is the Governor's designee 5, 2017 TCIAL: /s/
GOVERNOR'S OFFICE REPORTED NO COMMENT GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: BARBARA R. SEARS 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: July 7, 2017 FOR REGIONAL OF 17. DATE RECEIVED: July 7, 2017 PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017 21. TYPED NAME: Ruth A. Hughes	The State Medicaid Direct 16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 FICE USE ONLY 18. DATE APPROVED: September E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE:	or is the Governor's designee 5, 2017 TCIAL: /s/
GOVERNOR'S OFFICE REPORTED NO COMMENT GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: BARBARA R. SEARS 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: July 7, 2017 FOR REGIONAL OF 17. DATE RECEIVED: July 7, 2017 PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017 21. TYPED NAME: Ruth A. Hughes	The State Medicaid Direct 16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 FICE USE ONLY 18. DATE APPROVED: September E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE:	or is the Governor's designee 5, 2017 TCIAL: /s/
GOVERNOR'S OFFICE REPORTED NO COMMENT GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: BARBARA R. SEARS 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: July 7, 2017 FOR REGIONAL OF 17. DATE RECEIVED: July 7, 2017 PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017 21. TYPED NAME: Ruth A. Hughes	The State Medicaid Direct 16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 FICE USE ONLY 18. DATE APPROVED: September E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE:	or is the Governor's designee 5, 2017 TCIAL: /s/
GOVERNOR'S OFFICE REPORTED NO COMMENT GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: BARBARA R. SEARS 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: July 7, 2017 FOR REGIONAL OF 17. DATE RECEIVED: July 7, 2017 PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017 21. TYPED NAME: Ruth A. Hughes	The State Medicaid Direct 16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218 FICE USE ONLY 18. DATE APPROVED: September E COPY ATTACHED 20. SIGNATURE OF REGIONAL OFF 22. TITLE:	or is the Governor's designee 5, 2017 TCIAL: /s/

- 12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist, continued.
 - d. Eyeglasses.

Eyeglass services, including lenses, frames, fitting and dispensing of ophthalmic materials, are also provided by enrolled retail optical establishments or self-employed ophthalmic dispensers (opticians).

Payment is the lesser of the billed charge or an amount based on the Medicaid maximum for the item. The Medicaid maximum is the amount listed on the Department's fee schedule.

All rates are published on the agency's website at medicaid.ohio.gov/PROVIDERS/FeeScheduleandRates.aspx.

The agency's eyeglasses fees were set as of July 1, 2013, and are effective for services provided on or after that date.

Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.

Ohio meets the certification requirements of Section 1902(a)(23) of the Social Security Act to permit the selection of one or more providers, through a competitive bidding process, to deliver eyeglasses on a statewide basis under the authority of Section 1915(a)(1)(B) of the Social Security Act and 42 CFR 431.54(d).

Approval Date: <u>9/5/17</u>