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State/Territory Name: Utah

State Plan Amendment (SPA) #: 14-026

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII - DENVER

April 9, 2018

Nathan Checketts, Medicaid Director
Utah Department of Health
P.O. Box 141000
Salt Lake City, UT 84114-1000

Dear Mr. Checketts:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-026. This State Plan Amendment clarifies coverage and limitations on Eyeglasses services. Eyeglasses are no longer covered; removes EPSDT and pregnant women coverage because the enhanced pregnant women section and EPSDT section contain the necessary language to cover all medically necessary services; and removes problematic cost effective/medical necessity language from the page.

Please be informed that this State Plan Amendment was approved April 6, 2018, with an effective date of March 1, 2018. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Mandy Strom at (303) 844-7068.

Sincerely,



Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: John Curless, UT
Craig Devashrayee, UT

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTHCARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
14-026-UT

2. STATE:
Utah

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTHCARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
March 1, 2018

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:
42 CFR 440.120(d)

7. FEDERAL BUDGET IMPACT:
a. SFY 2018 \$0
b. SFY 2019 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Page 5 of ATTACHMENTS 3.1-A and 3.1-B;
Deletes Page 1, Attachment #12d of ATTACHMENTS 3.1-A and 3.1-B.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Page 5 of ATTACHMENTS 3.1-A and 3.1-B;
Deletes Page 1, Attachment #12d of ATTACHMENTS 3.1-A and 3.1-B.

10. SUBJECT OF AMENDMENT: Eyeglasses Services

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:


16. RETURN TO:
Craig Devashrayee, Manager
Technical Writing Unit
Utah Department of Health
PO Box 143102
Salt Lake City, UT 84114-3102

13. TYPED NAME: Joseph K. Miner, MD

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: May 15, 2014

16.

17. DATE RECEIVED:
May 15, 2014

18. DATE APPROVED:
April 6, 2018

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:
March 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:


21. TYPED NAME:
Richard C. Allen

22. TITLE:
ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

3. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY (Continued)

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in disease of the eye or by an optometrist.

1. Prescribed drugs.

Provided: No limitations With limitations*
 Not provided.

2. Dentures.

Provided: No limitations With limitations*
 Not provided.

3. Prosthetic devices.

Provided: No limitations With limitations*
 Not provided.

4. Eyeglasses.

Provided: No limitations With limitations*
 Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

1. Diagnostic services.

Provided: No limitations With limitations*
 Not provided.

*Description provided on attachment.

T.N. # 14-026

Approval Date 4/6/18

Supersedes T.N. # 15-0001

Effective Date 3-1-18

EYEGASSES SERVICES

Deleted 3-1-18

T.N. # 14-026

Approval Date 4/6/18

Supersedes T.N. # 08-020

Effective Date 3-1-18

EYEGASSES SERVICES

Deleted 3-1-18

T.N. # 14-026

Approval Date 4/6/18

Supersedes T.N. # 08-020

Effective Date 3-1-18

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY (Continued)

- c. Prosthetic devices.
 Provided: No limitations With limitations*
- d. Eyeglasses.
 Provided: No limitations With limitations*
 Not provided.
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.
- a. Diagnostic services.
 Provided: No limitations With limitations*
- b. Screening Services.
 Provided With limitations* With limitations*
- c. Preventive Services.
 Provided With limitations* With limitations*
- d. Rehabilitative Services.
 Provided With limitations* With limitations*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient Hospital Services.
 Provided: No limitations With limitations*
- b. Skilled nursing facility services.
 Provided With limitations* With limitations*

*Description provided on attachment.

T.N. # 14-026

Approval Date 4/6/18

Supersedes T.N. # 15-0001

Effective Date 3-1-18