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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-14-030

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
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII - DENVER

November 3, 2017

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

RE: Utah #14-030

Dear Mr. Checketts:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-030. This State Plan Amendment clarifies coverage and limitations on Optometry Services.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2014. 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: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
14-030-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
July 1, 2014

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 440.60

7. FEDERAL BUDGET IMPACT:

a. SFY 2015 \$0
b. SFY 2016 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 1 of Attachment #6b within ATTACHMENTS 3.1-A and 3.1-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Page 1 of Attachment #6b within ATTACHMENTS 3.1-A and 3.1-B

10. SUBJECT OF AMENDMENT: Optometry Services

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Redacted Signature]

13. TYPED NAME: W. David Patton, Ph.D.

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: May 15, 2014

16. RETURN TO:

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

16.

17. DATE RECEIVED

May 15, 2014

18. DATE APPROVED

November 3, 2017

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

[Redacted Signature]

21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

23. REMARKS

OPTOMETRY SERVICES

SERVICES

Optometry services include examination, evaluation, diagnosis, and treatment of eye disease or eye injury.

LIMITATIONS

The following services are excluded from coverage:

1. Vision training;
2. Pathology services, as specified in the optometry license;
3. Medications dispensed in an office;
4. Eyeglasses are addressed in Attachment #12d of ATTACHMENT 3.1-A;
5. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
 - a. the proposed services are medically appropriate; and
 - b. the proposed services are more cost effective than alternative services.

T.N. # 14-030

Approval Date 11/03/2017

Supersedes T.N. # 08-020

Effective Date 7-1-14

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T.N. # 14-030

Approval Date 11/03/2017

Supersedes T.N. # 08-020

Effective Date 7-1-14