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## Table of Contents

**State/Territory Name:** Utah

**State Plan Amendment (SPA) #:** UT-16-0017

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



**Region VIII**

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June 23, 2016

Joseph K. Miner, M.D., MSPH, Executive Director  
Utah Department of Health  
P.O. Box 141000  
Salt Lake City, UT 84114-1000

RE: Utah #16-0017

Dear Dr. Miner:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0017. This State Plan Amendment updates the effective date of eyeglasses' rates to July 1, 2016.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2016. 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: Nathan Checketts, Acting Medicaid Director, UT  
Craig Devashrayee, UT

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

1. TRANSMITTAL NUMBER:  
16-0017-UT

2. STATE:  
Utah

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

4. PROPOSED EFFECTIVE DATE  
July 1, 2016

TO: REGIONAL ADMINISTRATOR  
HEALTHCARE FINANCING ADMINISTRATION  
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 AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.120

7. FEDERAL BUDGET IMPACT:

a. SFY 2017 \$0  
b. SFY 2018 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 8 of ATTACHMENT 4.19-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Page 8 of ATTACHMENT 4.19-B

10. SUBJECT OF AMENDMENT: Reimbursement for Eyeglasses 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:



13. TYPED NAME: Joseph K. Miller, M.D.

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: June 6, 2016

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

June 6, 2016

18. DATE APPROVED

June 23, 2016

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL



21. TYPED NAME

Richard C. Allen

22. TITLE

ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

23. REMARKS

H. EYEGLASSES

The fee schedule was established from professional judgment, Medicaid historical data, and discounts from Medicare rates. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of eyeglasses services. The agency's rates were set and are effective for services on or after July 1, 2016.

Payments for covered eyeglass services are based on the established fee schedule unless a lower amount is billed. All rates are published on the agency's website at <https://medicaid.utah.gov/>.

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T.N. # 16-0017

Approval Date 6/23/2016

Supersedes T.N. # 15-0012

Effective Date 7-1-16