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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-17-0011

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

May 15, 2017

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

RE: Utah #17-0011

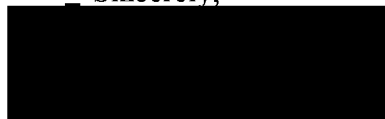
Dear Mr. Checketts:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0011. This State Plan Amendment updates the effective date of eyeglasses services to July 1, 2017.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2017. 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
OR: HEALTH CARE FINANCING ADMINISTRATION**

- | | |
|--|-------------------|
| 1. TRANSMITTAL NUMBER:
17-0011-UT | 2. STATE:
Utah |
| 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| 4. PROPOSED EFFECTIVE DATE
July 1, 2017 | |

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. FFY 2017 \$0
b. FFY 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Nate Checketts

14. TITLE: Deputy Director, Utah Department of Health

15. DATE SUBMITTED: March 31, 2017

16. RETURN TO:

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

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17. DATE RECEIVED:

March 31, 2017

18. DATE APPROVED:

May 15, 2017

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME

Richard C. Allen

22. TITLE

ARA, DMCHO

23. REMARKS

PLAN APPROVED - ONE COPY ATTACHED

H. EYEGLASSES

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. Payment will be based on the established fee schedule unless a lesser amount is billed. The amount billed cannot exceed usual and customary charges to private pay patients. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page. These rates are published at <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>.

T.N. # 17-0011

Approval Date 5/15/17

Supersedes T.N. # 16-0017

Effective Date 7-1-17