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State/Territory Name: IL

State Plan Amendment (SPA) #: 17-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



January 16, 2018

Felicia Norwood, Director
Illinois Department of Healthcare and Family Services
Prescott E. Bloom Building
201 South Grand Avenue East
Springfield, Illinois 62763-0001

Attn: Teresa Hursey

Dear Ms. Norwood:

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

Transmittal #17-0013 – Eyeglasses or Lenses Following Surgery
– Effective Date: October 1, 2017
– Approval Date: December 19, 2017

If you have any questions, please have a member of your staff contact Courtenay Savage at 312-353-3721 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,

/s/

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

Enclosure


cc: Sara Barger, HFS
Kimberley Cox, HFS
Mary Doran, HFS

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES | 1. TRANSMITTAL NUMBER 17-0013 | 2. STATE: ILLINOIS |
| | 3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid) | |
| TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE: October 1, 2017 | |

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)

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| 6. FEDERAL STATUTE/REGULATION CITATION: Section 1902 of the Social Security Act | 7. FEDERAL BUDGET IMPACT a. FFY 2018 \$40,000 b. FFY 2019 \$40,000 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Appendix to Attachment 3.1-A, Page 12 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Appendix to Attachment 3.1-A, Page 12 |
| 10. SUBJECT OF AMENDMENT: Second pair of eyeglasses for adults after surgery | |
| 11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not submitted for review by prior approval. | |
| 12. SIGNATURE OF AGENCY OFFICIAL:  | 16. RETURN TO: Department of Healthcare and Family Services Bureau of Program and Policy Coordination Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001 |
| 13. TYPED NAME: Felicia F. Norwood | |
| 14. TITLE: Director of Healthcare and Family Services | |
| 15. DATE SUBMITTED 11/17/17 | |

FOR REGIONAL OFFICE USE ONLY

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| 17. DATE RECEIVED: November 17, 2017 | 18. DATE APPROVED: December 19, 2017 |
| PLAN APPROVED—ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2017 | 20. SIGNATURE OF REGIONAL OFFICIAL: /s/ |
| 21. TYPED NAME Ruth A. Hughes | 22. TITLE: Associate Regional Administrator |
| 23. REMARKS: | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION, AND SCOPE OF SERVICES

- Bifocal lenses only when the following conditions are met:
 - For the first bifocals, the power of the bifocal addition is at least 1.00 diopter; or
 - For a change in bifocal lenses, the power of the bifocal addition is changed by at least 0.50 diopters or the distance power represents a change of at least 0.75 diopters.
- More than one examination per year only when the vendor documents in the participant's patient record, the need for the additional examination.
- 07/4210/17 ● Payment shall be made for one pair of eyeglasses or set of lenses for adults in a 24 month period. Effective October 1, 2017, adults 21 years of age and older may receive an additional pair of eyeglasses or set of lenses within the 24-month period if the patient has had a surgical procedure that necessitates a new pair. More than one pair of eyeglasses per year for children through age 20 only when the additional pair is medically necessary and one of the following circumstances apply:
 - The eyeglasses being replaced were lost or stolen.
 - The eyeglasses being replaced were broken beyond repair.
 - For single vision lenses the difference between the old and new prescription is at least 0.75 diopters in either the sphere or cylinder component.
 - For bifocal lenses the power of the bifocal addition is changed by at least 0.50 diopters or the distance power represents a change of at least 0.75 diopters.
- 07/95 Eyeglasses and optical services will be provided to EPSDT recipients beyond and above limitations based on the determinations of medical necessity.

Eye care materials dispensed by a supplier other than a physician or optometrist except for replacement and repair items are covered only when prescribed by a licensed physician or optometrist.

The following items require prior approval. Approval shall be given when, in the judgment of a Department consultant, the requested item or service is appropriate:
- 11/00 ● Contact lenses and related contact lens services.
- 10/17 ● ~~A third or subsequent pair of eyeglasses in one year for an adult 21 years of age or older~~
An additional pair of eyeglasses or set of lenses within a 24-month period for adults 21 years of age and older after eye surgery.
 - Custom made artificial eye
 - Low- vision devices
 - Any item or service not specifically included in the schedule of procedures for optical services and supplies.
 - Eye care services and materials, which are not covered:
 - Services, which are not provided to address a recipient's particular visual problems or complaints.