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**State/Territory Name: Ohio** 

State Plan Amendment (SPA) #: 24-0002

This file contains the following documents in the order listed:

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

## DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 (300) Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

April 3, 2024

Maureen M. Corcoran, Director Ohio Department of Medicaid P.O. Box 182709 50 West Town Street, Suite 400 Columbus, Ohio 43218

Re: Ohio State Plan Amendment (SPA) 24-0002

Dear Director Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0002. This amendment clarifies coverage and prior authorization provisions for eyeglasses.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Ohio's Medicaid SPA TN 24-0002 was approved on April 3, 2024, with an effective date of January 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Ohio State Plan.

If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at Christine. Davidson@cms.hhs.gov.

Sincerely

James G. Scott, Director Division of Program Operations

**Enclosures** 

cc: Rebecca Jackson, ODM Gregory Niehoff, ODM Tamara Edwards, ODM Myla Adams, CMCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	<u>2 4 — 0 0 2 — 0 H</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES	4. PROPOSED EFFECTIVE DATE  January 1, 2024
DEPARTMENT OF HEALTH AND HUMAN SERVICES	
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2024 \$ 0
Section 1905(a)(5) and (a)(12) of the Act; 42 CFR 440.50, 440.12	a FFY 2024 \$ 0 b. FFY 2025 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 12-d, page 1 of 1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, Item 12-d, page 1 of 1 (TN 23-002)
9. SUBJECT OF AMENDMENT  Eyeglasses: Clarifying coverage and prior authorization provisions	
10. GOVERNOR'S REVIEW (Check One)	<del></del>
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED: The State Medicaid Director is the Governor's designee
11 SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
12. TYPED NAME MAUREEN M. CORCORAN	Greg Niehoff Ohio Department of Medicaid P.O. BOX 182709
13. TITLE	Columbus, Ohio 43218
14. DATE SUBMITTED February 16, 2024	
FOR CMS USE ONLY	
16. DATE RECEIVED	17. DATE APPROVED 04/03/2024
February 16, 2024	CONTRACTOR SECURITION OF THE S
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL  January 1, 2024	19. SIG
20. TYPED NAME OF APPROVING OFFICIAL	21. TITL
James G. Scott	Director, Division of Program Operatons
22. REMARKS	

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

## d. Eyeglasses.

The provision of eyeglass frames and lenses is covered under a volume purchase contract with one or more participating vendors.

Payment may be made for the following eyeglass-related items and services if medical necessity is determined through prior authorization (PA):

- Eyeglass lenses and frames that are not listed in a current volume purchase contract
- Orthoptic or pleoptic training
- Frames or lenses provided by a source other than a participating vendor
- Lenses prescribed as supplementary sunglasses in addition to regular eyeglasses
- For individuals 21 years of age or older but younger than 60 years of age, frames and lenses in excess of one complete set of eyeglasses every 24 months
- For individuals younger than 21 years of age or 60 years of age or older, frames and lenses in excess of one complete set of eyeglasses every 12 months

TN: <u>24-002</u> Approval Date: <u>04/03/2024</u> Supersedes:

TN: <u>23-002</u> Effective Date: 01/01/2024