



December 19, 2012

Stephen Fitton, Medicaid Director  
Medical Services Administration  
Federal Liaison Unit  
Michigan Department of Community Health  
400 South Pine  
Lansing, Michigan 48933

ATTN: Loni Hackney

Dear Mr. Fitton:

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

- Transmittal: #12-013 Reinstates Vision Services to adults
- Effective: October 1, 2012.

If you have any questions, please contact Leslie Campbell at (312) 353-1557 or [Leslie.Campbell@cms.hhs.gov](mailto:Leslie.Campbell@cms.hhs.gov).

Sincerely,

A handwritten signature in cursive script that reads "Verlon Johnson". The signature is written in black ink and is positioned above the printed name and title.

Verlon Johnson  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

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

1. TRANSMITTAL NUMBER:  
12 - 13

2. STATE:  
Michigan

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

TO: REGIONAL ADMINISTRATOR  
HEALTH FINANCING ADMINISTRATION  
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
October 1, 2012

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 440.225

7. FEDERAL BUDGET IMPACT:  
a. FFY 2013 \$ 2,963,000  
b. FFY 2014 \$ 2,963,000

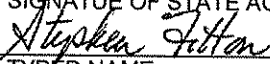
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Supplement to Attachment 3.1-A, Page 17

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Supplement to Attachment 3.1-A, Page 17

10. SUBJECT OF AMENDMENT:  
As a result of Public Act 200 of 2012, this SPA restores vision services to beneficiaries ages 21 and older.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Stephen Fitton, Director  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:  


16. RETURN TO:  
Medical Services Administration  
Actuarial Division  
Capitol Commons Center - 7th Floor  
400 South Pine Street  
Lansing, Michigan 48933  
  
Attn: Loni Hackney

13. TYPED NAME:  
Stephen Fitton

14. TITLE:  
Director, Medical Services Administration

15. DATE SUBMITTED:  
September 25, 2012

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
September 25, 2012

18. DATE APPROVED:  
12/19/12

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
October 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:  


21. TYPE NAME:  
Verlon Johnson

22. TITLE:  
Associate Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

*Amount, Duration and Scope of Medical and Remedial Care  
Services Provided to the Categorically and Medically Needy*

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d. Eyeglasses

Corrective lenses and/or frames are covered if determined to be medically necessary by a licensed Optometrist or Ophthalmologist.

Determination of medical necessity is based on specific diopter criteria and/or concurrent complicating medical conditions. Criteria for diopter change are defined for the State Agency by the Michigan Department of Community Health.

The replacement of lost, stolen, broken or outgrown frames and/or lenses is covered without prior authorization as follows:

- One pair of replacement eyeglasses or contact lenses in a year for recipients age 21 and over
- Two pair of replacement eyeglasses or contact lenses in a year for recipients under age 21

Prior authorization is required for eyeglasses that exceed the replacement limits.

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TN NO.: 12-13

Approval Date: 12-19-12

Effective Date: 10/01/2012

Supersedes  
TN No.: 10-24