

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

**CMS**

CENTERS for MEDICARE & MEDICAID SERVICES

Refer to: IIO2

*Original → Nancy Bishop*

005

Paul Reinhart, Director  
Medical Services Administration  
Federal Liaison Unit  
Michigan Department of Community Health  
400 South Pine St.  
P. O. Box 30479  
Lansing, Michigan 48909

ATTN: Nancy Bishop

Dear Mr. Reinhart:

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

Transmittal #04-018      Hearing Aids--Effective October 1, 2004

If you have any additional questions, please have a member of your staff contact Ms. Hye Sun Lee at (312) 353-1565.

Sincerely,



Cheryl A. Harris  
Associate Regional Administrator  
Division of Medicaid & Children's Health

Enclosure

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 2. STATE:

04 - 18 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, 2004

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 440.110 and 440.225

7. FEDERAL BUDGET IMPACT:  
a. FFY 05 \$ 1.5 million  
b. FFY 06 \$ 1.5 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment 3.1-A, page 25b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Supplement to Attachment 3.1-A, page 25b

10. SUBJECT OF AMENDMENT:

Hearing Aids

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:  
Paul Reinhart, Director  
Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Paul Reinhart*

13. TYPED NAME:

Paul Reinhart

14. TITLE:

Director, Medical Services Administration

15. DATE SUBMITTED:

*November 24 2004*

16. RETURN TO:

Medical Services Administration  
Program/Eligibility Policy Division - Federal Liaison Unit  
Capitol Commons Center - 7<sup>th</sup> Floor  
400 South Pine  
Lansing, Michigan 48933

Attn: Nancy Bishop

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

11/26/04

18. DATE APPROVED:

*2/4/05*

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

*Cheryl A. Harris*

21. TYPE NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's Health

23. REMARKS:

REC  
NOV 26 2004  
DMCH - ARA

**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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**12. Drug Products, Dentures, Prosthetic and Orthotic Devices, Eyeglasses (continued)**

**h. Hearing Aids**

Hearing aids and accessories are provided under the following conditions:

A physician provides medical concurrence that there are no contraindications to the use of a hearing aid(s). A medical concurrence must be within six months prior to dispensing the hearing aid(s).

- An audiologist possessing a current Certificate of Clinical Competence from the American Speech-Language Hearing Association must complete a written recommendation for the hearing aid. Services must be provided under the auspices of (and be billed by) a Medicaid enrolled outpatient hospital or hearing and speech center.

Prior approval is not required for "standard" hearing aids if hearing loss meets Medicaid criteria. If the hearing loss does not meet the criteria or if the hearing aid is not "standard," the hearing aid dealer must obtain prior approval.

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TN No. 04-18

Approval Date

Effective Date: 10-01-2004

Supersedes  
TN No. 03-11