

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



Refer to:

A handwritten signature in cursive script that reads "Nancy Bishop". The signature is written in black ink and is located to the right of the "Refer to:" text.

DEC 01 2006

Paul Reinhart, Director
Medical Services Administration
Michigan Department of Community Health
Federal Liaison Unit
400 South Pine, 7th Fl.
P. O. Box 30479
Lansing, Michigan 48933

ATTN: Nancy Bishop

Dear Mr. Reinhart:

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

Transmittal #06-019 – State Audiologists –Licensing Requirement
-- Effective January 1, 2007

If you have any additional questions, please have a member of your staff contact Cynthia Garraway by telephone at (312) 353-8583 or e-mail at Cynthia.Garraway@cms.hhs.gov.

Sincerely,

A handwritten signature in cursive script that reads "Verlon Johnson". The signature is written in black ink and is located below the "Sincerely," text.

Verlon Johnson
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:
06 - 19
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
January 1, 2007

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(c)(3)(i)

7. FEDERAL BUDGET IMPACT:
a. FFY 07 _____ \$ -0- _____
b. FFY 08 _____ \$ -0- _____

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):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:
Audiologists - licensing requirement

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Paul Reinhart, Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Paul Reinhart

16. RETURN TO:
Medical Services Administration
Program/Eligibility Policy Division - Federal Liaison Unit
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933
Attn: Nancy Bishop

13. TYPED NAME:
Paul Reinhart

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:
October 18, 2006

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
October 19, 2006

18. DATE APPROVED:
DEC 01 2006

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2007

20. SIGNATURE OF REGIONAL OFFICIAL:
Verlon Johnson

21. TYPE NAME:
Verlon Johnson

22. TITLE:
Associate Regional Administrator

23. REMARKS:
RECEIVED
001 10/2006
DMCH - Lansing, MI

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***

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).
- A licensed audiologist 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 center.

TN No. 06-19

Approval Date DEC 01 2006

Effective Date: 01-01-2007

Supersedes
TN No. 04-18