

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

1. TRANSMITTAL NUMBER:
12-025

2. STATE
Montana

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: Title XIX of the
Social Security Act (Medicaid)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01/2012

04/18/12

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:
N/A

7. FEDERAL BUDGET IMPACT

a. FFY 2012: \$63 Hearing Aids
FFY 2013: \$126 Hearing Aids

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page(s) 1 of 1

Attachment 4 19B

Methods & Standards For Establishing Payment Rates

12.c Hearing Aids

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Page(s) 1 of 1

Attachment 4 19B

Methods & Standards For Establishing Payment Rates

12.c Hearing Aids

10. SUBJECT OF AMENDMENT

Hearing Aid fee schedule change.

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Mary E. Dalton

14. TITLE: State Medicaid Director

15. DATE SUBMITTED:

6/22/2012

16. RETURN TO:

Montana Dept. of Public Health and Human Services

Mary E. Dalton

State Medicaid Director

Attn: Jo Thompson

PO Box 4210

Helena, MT 59604

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

6/22/12

18. DATE APPROVED:

9/19/12

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

4/1/12

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

RICHARD C. ALLEN

22. TITLE:

ARA DMCHO

23. REMARKS:

8/9/12 Pen & ink changes authorized by State in email