

## **Table of Contents**

**State/Territory Name: Michigan**

**State Plan Amendment (SPA) #: 25-0014**

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  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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December 5, 2025

Meghan E. Groen  
Senior Deputy Director  
Behavioral and Physical Health and Aging Services Administration  
Michigan Department of Health and Human Services  
400 S Pine Street, 7th Floor  
Lansing, MI 48933-2250

Re: Michigan State Plan Amendment (SPA) - 25-0014

Dear Director Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0014. This amendment updates Attachment 3.1-A of the Medicaid State Plan for clinic services with the required SPA template.

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 Michigan's Medicaid SPA TN 25-0014 was approved on December 5, 2025, effective July 1, 2025.

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

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

Sincerely,

A black rectangular box redacting the signature of Wendy E. Hill Petras.

Wendy E. Hill Petras, Acting Director  
Division of Program Operations

Enclosures

cc: Erin Black, MI DHHS  
Jacqueline Coleman, MI DHHS  
Brandon Smith, CMCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

<b>TO: CENTER DIRECTOR</b> CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	1. TRANSMITTAL NUMBER <u>25</u> — <u>0014</u>	2. STATE <u>MI</u>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT	
	3. PROPOSED EFFECTIVE DATE July 1, 2025	
5. FEDERAL STATUTE/REGULATION CITATION Section 1905(a)(9) of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2026 \$0 b. FFY 2027 \$0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Supplement to Attachment 3.1-A, Page 19a-20e	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement to Attachment 3.1-A, Pages 19a and 20 (TN# 94-0001)	

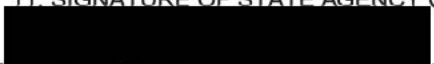
## 9. SUBJECT OF AMENDMENT

The purpose of this SPA is to adopt usage of a SPA template for clinic services as required by CMS for SPA submissions consistent with 42 CFR § 430.12. The SPA template serves as a standardized format for the Medicaid clinic services benefit state plan pages. This SPA does not change the scope of services that can be covered as a clinic service.


## 10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO  Health Services Administration— Federal Liaison Capitol Commons Center – 7 <sup>th</sup> Floor 400 South Pine Lansing, Michigan 48933  Attn: Erin Black
11. TYPED NAME Meghan Groen	
12. TITLE Chief Deputy Director	
13. DATE SUBMITTED September 25, 2025	

**FOR CMS USE ONLY**

16. DATE RECEIVED September 25, 2025	17. DATE APPROVED December 5, 2025
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2025	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Wendy E. Hill Petras	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

## 22. REMARKS

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State of MICHIGAN**

**Section 1905(a)(9) Clinic Services**

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The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

**General Assurances**

**[Select all three checkboxes below.]**

- ☒ The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

**Types of Clinic Services and Limitations in Amount, Duration, or Scope**

**[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

- ☒ Limitations apply to all services within the benefit category.

Limits may be exceeded when medically necessary.

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PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State of MICHIGAN**

***Section 1905(a)(9) Clinic Services***

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Types of Clinics and Services:

**[Select all that apply and describe below as applicable]**

☒ Behavioral Health Clinics **[Describe the types of behavioral health clinics below and select below if applicable.]:**

Behavioral health clinic services are covered benefits when provided under the auspices of an approved behavioral health clinic. To obtain approval, clinics must demonstrate the capacity to provide, either directly or under contract, a full continuum of behavioral health services.

Services must be medically necessary, and must be preventive, diagnostic, therapeutic, rehabilitative, or palliative. They must be provided under the direction of a physician and delivered according to a person-centered plan of service, under client services management, and by staff meeting appropriate professional qualifications.

Persons who, upon assessment at intake are determined to require only psychotherapy provided by a physician, and who do not require access to a continuum of mental health services, will be subject to the same services limitations as are applicable to services in the practitioner's office (see Physician Services and Medical Care Furnished by Practitioners within the Scope of their Practice as Defined by State Law).

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State of MICHIGAN**

**Section 1905(a)(9) Clinic Services**

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☒ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

Limitations may be exceeded when medically necessary.

☒ IHS and Tribal Clinics **[Select below if applicable.]**:

☒ Limitations apply only to this clinic type within the benefit category.  
**[describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].**

Preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services are covered with the same limitations as services provided in the practitioner's office (see Physician Services and Medical Care Furnished by Practitioners within the Scope of their Practice as Defined by State Law), when furnished to an outpatient by or under the direction of a physician or dentist in a facility which is not part of a hospital but which is organized and operated to provide medical care to outpatients. Limits may be exceeded when medically necessary.

☒ Renal Dialysis Clinics **[Select below if applicable.]**:

☐ Limitations apply only to this clinic type within the benefit category.  
**[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

Outpatient and emergency dialysis services, including peritoneal dialysis or hemodialysis, are covered when medically necessary when provided by Medicare certified dialysis facilities as described in 42 CFR §494. Dialysis self-care training provided by outpatient dialysis clinics is covered. A self-care training session is considered as one training day, and a complete course is considered 10-15 sessions. Additional sessions may be covered when determined to be medically necessary. The agency may exceed limitations based on medical necessity.

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☒ Other Clinics [Describe the types of clinics, if any limitations apply, and select below if applicable.]:

1. Ambulatory Surgical Centers - Ambulatory Surgical Centers (ASCs). An ASC is limited to any distinct outpatient facility that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed 24 hours following an admission. ASCs must be licensed with the State of Michigan. ASCs must be certified as meeting the requirements for a Medicare ASC and must enter into an agreement with the Centers for Medicare & Medicaid Services (CMS).
2. Public Clinics - Preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a public facility (defined below) that is not part of a hospital but is organized and operated to provide medical care to outpatients. Public clinic services include services furnished at the clinic by, or under the direction of, a physician or dentist. Public clinic services may include EPSDT screenings, maternal support services, family planning services, laboratory services, dental services, as well as child health, prenatal and primary care services and immunizations.

☒ Limitations apply only to this clinic type within the benefit category. [Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.

1. Ambulatory Surgical Centers - ASCs are limited to medically necessary surgical procedures approved by the Michigan Department of Health and Human Services (MDHHS). MDHHS follows Medicare's ASC coverage policies, with Medicaid-specific exceptions published on the MDHHS website <http://michigan.gov/MDHHS> .
2. Public Clinics – Public Clinics are limited to medically necessary procedures approved by the MDHHS and are subject to the same limitations as are applicable to services being provided in a non-public health clinic (for example Physician Services, Medical Care Furnished by Practitioners within the Scope of their Practice as Defined by State Law, EPSDT, Diagnostic Services , Screening Services, Preventive Services, Dental Services). Limits may be exceeded when medically necessary.

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***Section 1905(a)(9) Clinic Services***

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**Four Walls Exceptions**

The state assures that the following services may be furnished outside of the clinic.

**[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]:**

☒ Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).

☒ Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic **[Select all that apply.]:**

☐ Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) **[Describe the types of behavioral health clinics such exception applies to below.]:**

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**Section 1905(a)(9) Clinic Services**

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☐ Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) **[Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]**:

☐ A definition adopted and used by a federal governmental agency for programmatic purposes **[Describe below.]**:

☐ A definition adopted by a state governmental agency with a role in setting state rural health policy **[Describe below.]**:

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The state attests that **[Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]**:

- ☐ The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:
- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
  - The population experiences issues accessing services due to lack of transportation;
  - The population experiences a historical mistrust of the health care system; and
  - The population experiences high rates of poor health outcomes and mortality.

**Additional Benefit Description (Optional)**

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. **[Describe below.]**:

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