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State/Territory Name: MI

State Plan Amendment (SPA): MI-25-0017

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn Street
Chicago, Illinois 60604

Financial Management Group

August 11, 2026

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

RE: TN 25-0017

Dear Deputy Director Groen:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Michigan state plan amendment (SPA) to Attachment 4.19-B of 25-0017, which was submitted to CMS on December 1, 2025. This plan amendment updates the payment methodology for speech and oral function therapy.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of October 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 410-786-1167 or via email at jerica.bennett@cms.hhs.gov.

Sincerely,

[redacted]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH ANDHUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25 — 0017

2. STATE: MI

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

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3. PROPOSED EFFECTIVE DATE
October 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447

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
Attachment 4.19-B, Page 5c.1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTIONOR ATTACHMENT *(If Applicable)*
Attachment 4.19-B, Page 5c.1 (TN# 24-0018)

9. SUBJECT OF AMENDMENT

The purpose of the SPA is to correct language within the Medicaid State Plan page related to reimbursement rates for speech and oral function therapy to reflect the payment methodology as originally noticed and intended under SPA 24-0018.

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
[redacted]

11. TYPED NAME
Meghan Groen

12. TITLE
Chief Deputy Director

13. DATE SUBMITTED
December 1, 2025

15. RETURN TO

Health Services Administration– Federal Liaison
Capitol Commons Center – 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Erin Black

FOR CMS USE ONLY

16. DATE RECEIVED
12/1/2025

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
10/1/2025

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

FORM CMS-179 (09/24)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Policy and Methods for Establishing Payment Rates
Other than Inpatient Hospital and Long-Term-Care Facilities

C. Speech-language pathologists

Except as otherwise specified in the State Plan, payment rates are established utilizing the following methodology:

- Speech-language assessments and treatment, oral function services, and Cognitive therapy: Medicare's January National Physician Fee Schedule Relative Value File values multiplied by the statewide conversion factor of $26.20.
- All other services and procedures: Methodology described for physician services located in Attachment 4.19-B Page 1.

State-developed payment rates are uniform for both private and governmental providers. This reimbursement methodology applies to services rendered on or after 10/01/2025. All Medicaid fee schedule rates are published at www.michigan.gov/medicaidproviders

D. Audiologists

Except as otherwise noted in the plan, payment rates are established utilizing the following methodology effective 10/01/2025:

- Hearing aid related services and devices and cochlear implant services are paid using the methodology described under prosthetic devices on Attachment 4.19-B Page 3. These calculated rates are located on Hearing Aid Services and Device fee schedule.
- All other audiology services and procedures are paid using the methodology described under physician services on Attachment 4.19-B Page 1. These calculated rates are located on Hearing Services fee schedule.

State-developed payment rates are uniform for both private and governmental providers. All rates are published on the agency's website at www.michigan.gov/medicaidproviders.