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State/Territory Name: Michigan

State Plan Amendment (SPA) #: 25-0018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 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

December 31, 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) - 25-0018

Dear Director Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0018. This amendment proposes to remove the September 30, 2025, sunset date for the Medication-Assisted Treatment (MAT) benefit making the MAT benefit permanent under the Medicaid State Plan in accordance with federal statute.

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 25-0018 was approved on December 31, 2025, with an effective date of October 1, 2025.

Enclosed are copies of Form CMS-179 and 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.

Sincerely,

A solid 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

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

1. TRANSMITTAL NUMBER

25 — 0018

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
1905(a)(29) 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 43-48

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Supplement to Attachment 3.1-A, Page 43-48
(TN# 21-0005)

9. SUBJECT OF AMENDMENT

The purpose of this SPA is to comply with Federal law (section 201 of the Consolidated Appropriations Act of 2024 [CAA, 2024, Pub. L. 118-42]) by using the federal template to remove the previously established end date for coverage of MAT under Michigan Medicaid. This establishes MAT as a permanent benefit.

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:

14. SIGNATURE OF STATE AGENCY OFFICIAL

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

December 1, 2025

17. DATE APPROVED

December 31, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2025

19.

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/Territory: Michigan

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Citation: 3.1-A Amount, Duration, and Scope of Services

[Please check the box below to indicate if this benefit is provided for the categorically needy (3.1-A) or medically needy only (3.1-B)]

☒ 1905(a)(29) MAT as described and limited in Supplement to Attachment 3.1-A.

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)(29) 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 #68). 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.

TN NO.: 25-0018

Approval Date: 12/31/25

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Supersedes

TN No.: 21-0005

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

Section 1905(a)(29) Medication Assisted Treatment (MAT)

General Assurances

[Select all three checkboxes below.]

☒ MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020.

☒ The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

☒ The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT:

Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

| Service Components | Description |
|--|--|
| Medication Management | Assessing, ordering, administering, reassessing, and regulating medication and dose levels appropriate to the individual, and overseeing and facilitating access to appropriate treatment for opioid use disorder |
| Individual, Group, and/or Family Therapy | Helps patients identify treatment goals and potential solutions to problems that cause emotional stress and trigger opioid use; seeks to restore communication and coping skills; strengthens self-esteem; builds recovery capital and promotes behavior change and sustained recovery. Individual, group, and/or family therapy that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service |

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State/Territory: Michigan**

Section 1905(a)(29) Medication Assisted Treatment (MAT)

| Service Components | Description |
|--------------------------------|--|
| Psychotherapy | Behavioral cognitive services and other opioid use disorder-focused counseling |
| Care Coordination | Includes integrating behavioral health into primary care and specialty medical settings through interdisciplinary care planning and monitoring beneficiary progress and tracking beneficiary outcomes; linking beneficiaries with community resources to facilitate referrals and respond to peer supports; and tracking and supporting beneficiaries when they obtain medical or behavioral health outside the practice. |
| Peer Recovery Support Services | Nonmedical peer-to-peer activities that engage and support an individual's and as applicable the caregiver's self-help efforts to improve health recovery, resiliency, and wellness. Peer Recovery Support Services that involve the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service |

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State/Territory: Michigan**

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include each practitioner and provider entity that furnishes each service and component service.

| Service Component | Practitioner and Provider Entity that Furnishes Each Service and Component Service |
|---|---|
| Medication Management | Physician, Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Midwife, Physician Assistant |
| Individual, Group and/or Family Therapy | SUD Treatment Professional |
| Psychotherapy | SUD Treatment Professional |
| Care Coordination | Peer Recovery Coach, Physician, Pharmacist, Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Midwife, Physician Assistant, Registered Nurse, or Practical Nurse |
| Peer Recovery Support Services | Peer Recovery Coach |

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Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

1. SUD treatment professional – Certified Addiction Treatment Professional, Certified Alcohol and Drug Counselor (CADC), Certified Advanced Alcohol and Drug Counselor (CAADC), Certified Clinical Supervisor (CCS), appropriately supervised individuals with development plans for these International Certification & Reciprocity Consortium (IC&RC) certifications and Other providers who, Working within their Scope of practice, are Licensed or certified to render behavioral and counseling services.
2. Peer Recovery coach – Certified through the MDHHS peer recovery coach certification program
3. Practitioner, including Physician, Pharmacist, Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Midwife, Physician Assistant, Registered Nurse, or Practical Nurse – Must be licensed, meet Drug Enforcement Administration (DEA) requirements for training to prescribe Buprenorphine, and enrolled in the program.

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Section 1905(a)(29) Medication Assisted Treatment (MAT)

Utilization Controls

[Select all applicable checkboxes below.]

☒ The state has drug utilization controls in place. (Check each of the following that apply)

- ☐ Generic first policy
- ☒ Preferred drug lists
- ☒ Clinical criteria
- ☒ Quantity limits

☐ The state does not have drug utilization controls in place.

Limitations

[Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.]

Clinical prior authorization is required on claims for MAT drugs that exceed quantity limits, and for products that do not have a Federal Medicaid Drug Rebate.

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