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State/Territory Name: Michigan

State Plan Amendment (SPA) #: 25-0020

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

February 19, 2026

Meghan E. Groen
Chief 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) - 25-0020

Dear Director Groen:

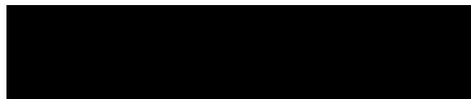
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) MI-25-0020. This amendment clarifies Behavioral Health Treatment, Applied Behavior Analysis service access for Medicaid beneficiaries and increases the ability for children with a diagnosis of Autism Spectrum Disorder to receive early interventions and supports.

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 MI-25-0020 was approved on February 19, 2026, with an effective date of June 1, 2026.

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,



Nicole McKnight, 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**

1. TRANSMITTAL NUMBER
25 — 0020

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
June 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.225

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 13a
Supplement to Attachment 3.1-A, Page 13a Continued (p.1)
Supplement to Attachment 3.1-A, Page 13a Continued (p.3)
Supplement to Attachment 3.1-A, Page 13a Continued (p.4)
Supplement to Attachment 3.1-A, Page 13a Continued (p.7)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Supplement to Attachment 3.1-A, Page 13a (TN# 15-0010)
Supplement to Attachment 3.1-A, Page 13a Continued (p.1)(TN# 15-0010)
Supplement to Attachment 3.1-A, Page 13a Continued (p.3) (TN# 15-0010)
Supplement to Attachment 3.1-A, Page 13a Continued (p.4) (TN# 15-0010)
Supplement to Attachment 3.1-A, Page 13a Continued (p.7) (TN# 15-0010)

9. SUBJECT OF AMENDMENT

This SPA will clarify Behavioral Health Treatment, Applied Behavior Analysis (ABA) service access for Medicaid beneficiaries and increase the ability for children who have a diagnosis of Autism Spectrum Disorder (ASD) to receive early interventions and supports.

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. 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

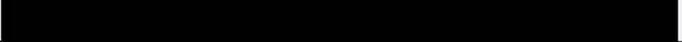
16. DATE RECEIVED
December 1, 2025

17. DATE APPROVED
February 19, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
June 1, 2026

20. TYPED NAME OF APPROVING OFFICIAL
Nicole McKnight

19. SIGNATURE OF APPROVING OFFICIAL


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

***Amount, Duration and Scope of Medical and Remedial Care
Services Provided to the Categorically and Medically Needy***

4b. EPSDT (continued)

In addition, the EPSDT program covers medically necessary screening and preventive support services for children, including nutritional and at-risk assessments as well as resulting health education and mental health services. These services are provided to all Medicaid-eligible children for the purpose of screening and identifying children that may be at risk for, but not limited to, drug or alcohol abuse, child abuse or neglect, failure to thrive, low birth weight, low functioning/impaired parent, or homeless or dangerous living situations. The screening and preventive support services are provided by Medicaid enrolled providers.

Behavioral Health Treatment (BHT) –1905 (a)(13)(c) Preventative Services

Behavioral Health Treatment (BHT) services, including applied behavior analysis (ABA), prevent the progression of autism spectrum disorder (ASD), prolong life, and promote the physical and mental health and efficiency of the beneficiary. The recommendation for BHT services is made by a physician, or other licensed practitioners working within their scope of practice under state law. Direct patient care services that treat or address ASD under the state plan are available to children under 21 years of age as required by the early and periodic screening, diagnosis and treatment (EPSDT) benefit.

Evaluations for Behavioral Health Treatment (BHT) Services

These evaluations are covered under the Physician Services or Other Licensed Practitioner benefit category, as applicable.

- a) Medical / Physical Evaluation: This evaluation is a review of the individual's overall medical health, hearing, speech, and vision, including relevant information and should include a validated ASD screening tool. The evaluation also designed to rule out medical or behavioral conditions other than ASD, including those that may have behavioral implications and/or may co-occur with ASD. These evaluations are provided by a physician, advanced practice registered nurse (APRN) / nurse practitioner, or physician assistant.
- b) Comprehensive Diagnostic Evaluation: This evaluation is a neurodevelopmental review of cognitive, behavioral, emotional, adaptive, and social functioning, and should use validated evaluation tools. The evaluation must be performed before the individual receives BHT services. Based on the evaluation, the practitioner determines the individual's diagnosis, recommends general ASD treatment interventions, and refers the individual for a behavior assessment. The practitioner who conducts the behavior assessment recommends more specific ASD treatment interventions. These evaluations are performed by a qualified licensed practitioner (physician with a specialty in psychiatry or neurology; physician with a sub-specialty in developmental pediatrics, developmental-behavioral pediatrics or a related discipline; physician with a specialty in pediatrics or other appropriate specialty with training, experience or expertise in ASD and/or behavioral health;

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4b. EPSDT (continued)

Behavioral Health Treatment (BHT) – (continued)

psychologist; advanced practice registered nurse with training, experience, or expertise in ASD and/or behavioral health; physician assistant with training, experience, or expertise in ASD and/or behavioral health; or clinical social worker) working within their scope of practice and who is qualified and experienced in diagnosing ASD. A child with a confirmed diagnosis of autism spectrum disorder is not required to have a re-evaluation to determine continued eligibility for behavioral health treatment unless a re-evaluation is medically necessary.

Prior Authorization or Other Requirements

BHT services are authorized for a time period not to exceed 365 days. The 365 day authorization period for services may be re-authorized annually based on recommendation of medical necessity by a licensed professional.

Behavioral Assessment

Behavior assessments must use a validated assessment instrument and can include direct observational assessment, observation, record review, data collection and analysis. Examples of behavior assessments include function analysis and functional behavior assessments. The behavior assessment must include the current level of functioning of the individual using a validated data collection method. Behavioral assessments and ongoing measurements of improvement must include behavioral outcome tools. Examples of behavioral outcome tools include Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP), Assessment of Basic Language and Learning Skills revised (ABLLS-R), and Assessment of Functional Living Skills (AFLS).

TN NO.: 25-0020

Approval Date: 02/19/2026

Effective Date: 06/01/2026

Supersedes

TN No.: 15-0010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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4b. EPSDT (continued)

Behavioral Health Treatment (BHT) – (continued)

Behavioral Observation and Direction

Behavioral observation and direction is the clinical direction and oversight by a qualified provider to a lower level provider based on the required provider standards and qualifications regarding the provision of services to a child. The qualified provider delivers face-to-face observation and direction to a lower level provider regarding developmental and behavioral techniques, progress measurement, data collection, function of behaviors, and generalization of acquired skills for each child. This service is for the direct benefit of the child and provides a real time response to the intervention to maximize the benefit for the child. It also informs any modifications needed to the methods to be implemented to support the accomplishment of outcomes in the Individual Treatment Plan.

Behavioral Health Treatment (BHT) Provider Qualifications

Board Certified and licensed Behavior Analyst (BCBA/LBA, BCBA-D/LBA)

- Services Provided: Behavioral assessment, behavioral treatment, and behavioral observation and direction.
- License / Certification: Current certification as a BCBA through the Behavior Analyst Certification Board (BACB). The BACB is the national entity accredited by the National Commission of Certifying Agencies. licensure in Michigan is required by Licensing and Regulatory Affairs (LARA).
- Education and Training: Minimum of a master's degree from an accredited institution conferred in a degree program in which the candidate completed a BACB approved course sequence.

Board Certified and licensed Assistant Behavior Analyst (BCaBA/LABA)

- Services Provided: Behavioral assessment, behavioral treatment, and behavioral observation and direction.
- License / Certification: Current certification as a BCaBA through the BACB. The BACB is the national entity accredited by the National Commission of Certifying Agencies. Licensure in Michigan is required by Licensing and Regulatory Affairs (LARA)
- Education and Training: Minimum of a bachelor's degree from an accredited institution conferred in a degree program in which the candidate completed a BACB approved course sequence.

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4b. EPSDT (continued)
Behavioral Health Treatment (BHT) – (continued)

- Other Standard: Work is overseen by an LBA.

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4b. EPSDT (continued)

Behavioral Health Treatment (BHT) – (continued)

Behavior Technician

- Services Provided: Behavioral treatment under the supervision of an LBA.
- License / Certification: A license or certification is not required.
- Education and Training: Will receive BACB-registered behavioral technician (RBT) training conducted by a professional experienced in ABA services (BCBA/LBA, BCaBA/LABA, LP, and/or LLP), but is not required to register with the BACB upon completion to furnish services. Work under the supervision of the BCBA/LBA or other professional overseeing the BHT services (LLP, LP, or BCaBA/LABA).

Must be at least 18 years of age, be able to practice universal precautions to protect against the transmission of communicable disease, be able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedures, be able to report on activities performed, and be in good standing with the law (i.e. not a fugitive from justice, a convicted felon who is either under jurisdiction or whose felony relates to the kind of duty to be performed or an illegal alien). Must be able to perform and be certified in basic first aid procedures, and is trained in the individual plan of service utilizing the person centered planning process.

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Approval Date: 02/19/2026

Effective Date: 06/01/2026

Supersedes

TN No.: 15-0010