

## **Table of Contents**

**State/Territory Name: Michigan**

**State Plan Amendment (SPA) #: 25-0021**

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

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March 6, 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 St., 7th Fl  
Lansing, MI 48933-2250

Re: Michigan State Plan Amendment (SPA) - 25-0021

Dear Director Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) MI-25-0021. This amendment updates the State Plan to include coverage and reimbursement for licensed midwifery services for eligible Medicaid beneficiaries.

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 25-0021 was approved on March 6, 2026, with an effective date of April 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](mailto: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  
Myla Adams, CMCS  
Robert Bromwell, CMCS

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

1. TRANSMITTAL NUMBER <u>25</u> — <u>0021</u>	2. STATE <u>MI</u>
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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  
April 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 440.60

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 17a.4 (New)  
Attachment 4.19-B, Page 5b.3 (New)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT  
  
The purpose of this SPA is to update the Medicaid State Plan to include coverage of and reimbursement for Licensed Midwifery services for eligible Michigan Medicaid beneficiaries. There will also be a related ABP SPA.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. TYPED NAME  
Meghan Groen

12. TITLE  
Chief Deputy Director

13. DATE SUBMITTED  
December 10, 2025

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

**FOR CMS USE ONLY**

16. DATE RECEIVED  
December 10, 2025

17. DATE APPROVED  
March 6, 2026

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
April 1, 2026

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

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

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6. Medical Care Furnished by Practitioners within the Scope of their Practice as Defined by State Law  
(continued)

d. Other Practitioner Services (continued)

LICENSED MIDWIVES –LICENSED MIDWIVES WILL PROVIDE HEALTH SERVICES.  
COVERED SERVICES ARE LIMITED TO THOSE UNDER THE LICENSED MIDWIVES SCOPE  
OF PRACTICE AS DEFINED BY STATE LAW.

**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***

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O. LICENSED MIDWIVES

EXCEPT AS OTHERWISE NOTED IN THE PLAN, STATE-DEVELOPED PAYMENT RATES ARE THE SAME FOR BOTH GOVERNMENTAL AND PRIVATE PROVIDERS OF LICENSED MIDWIFE SERVICES. RATES ARE ESTABLISHED UTILIZING THE SAME METHODOLOGY DESCRIBED FOR PHYSICIAN SERVICES LOCATED IN ATTACHMENT 4.19-B PAGE 1. THE AGENCY'S FEE SCHEDULE RATE WAS SET AS OF 4/1/2026 AND ARE EFFECTIVE FOR SERVICES PROVIDED ON OR AFTER THAT DATE. ALL RATES ARE PUBLISHED ON THE AGENCY'S WEBSITE AT [WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS](http://WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS).