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State/Territory Name: Michigan

State Plan Amendment (SPA) #: 26-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 3) Approved SPA Page

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

June 12, 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) - 26-0006

Dear Director Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number MI-26-0006. This amendment clarifies Medicaid-covered services provided by pharmacists in alignment with federal statute.

We conducted our review of your submittal according to statutory requirements in section 1905(a)(6) of the Social Security Act and implementing regulations. This letter informs you that Michigan's Medicaid SPA TN MI-26-0006 was approved on June 12, 2026, with an effective date of July 1, 2026.

Enclosed are copies of the Form CMS-179 and the approved SPA page to be incorporated in 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 Nicole McKnight.

Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Erin Black, MDHHS
Jacqueline Coleman, MDHHS
Brandon Smith, CMCS

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

1. TRANSMITTAL NUMBER
26 — 0006

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
July 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
§ 1905(a)(6)

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.1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Supplement to Attachment 3.1-A Page 17a.1
(TN:17-0005)

9. SUBJECT OF AMENDMENT
This SPA provides clarification of covered services by pharmacists in alignment with Social Security Act § 1905(a)(6) which require states to include the medical and remedial care and services they will cover in their Medicaid State Plan.

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
April 13, 2026

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
April 13, 2026

17. DATE APPROVED
June 12, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2026

20. TYPED NAME OF APPROVING OFFICIAL
Nicole McKnight

19. [REDACTED]

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***

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

d. Other Practitioner Services (continued)

Pharmacists –

- 1) Effective June 1, 2015, the administration of vaccines is covered when provided by a licensed pharmacist as authorized by the State within their scope of practice. Limited to administration of vaccines and toxoids as allowed by applicable state authority. Prior authorization is generally not required.
- 2) Effective July 1, 2017, Medication Therapy Management Services are provided by qualified, licensed pharmacists to recipients taking a prescription drug to treat or prevent one or more chronic conditions as identified in the list of chronic conditions for medication therapy management eligibility located at www.Michigan.gov/medicaidproviders. Pharmacists must have completed a Medication Therapy Management Program approved by the American Council of Pharmaceutical Education.

A qualified pharmacist may provide MTM services via telepractice. Services are subject to the same provision of services that are provided to a recipient in person. Providers must ensure the privacy of the recipient and secure any information shared via telepractice.

- a. One initial and seven follow-up services are reimbursable per beneficiary per 365-day period unless additional visits are justified due to medical necessity.
 - b. Up to 75 minutes of time spent with the beneficiary per service is reimbursable.
- 3) Effective July 1, 2026, qualified, licensed pharmacists may provide additional covered services as permitted under their scope of practice and in accordance with state laws, rules, and regulations.