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State/Territory Name: Michigan

State Plan Amendment (SPA)#: 21-0014

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179
- 3) Approved SPA Pages

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION</p>	1. TRANSMITTAL NUMBER: 21 - 0014	2. STATE: Michigan
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH FINANCING ADMINISTRATION DEPARTMENT OF HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2022	

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

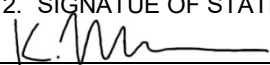
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.100	7. FEDERAL BUDGET IMPACT: a. FFY 2022 \$0 b. FFY 2023 \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A Pages 21 and 21a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement to Attachment 3.1-A Pages 21 and 21a
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10. SUBJECT OF AMENDMENT:
This SPA provides authority for Dental Therapists to become enrolled with Michigan Medicaid and be reimbursed for their services.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **Kate Massey, Director**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL **Medical Services Administration**

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Medical Services Administration Actuarial Division - Federal Liaison Capitol Commons Center - 7th Floor 400 South Pine Lansing, Michigan 48933 Attn: Erin Black
13. TYPED NAME: Kate Massey	
14. TITLE: Director, Medical Services Administration	
15. DATE SUBMITTED: September 20, 2021	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 09/20/2021	18. DATE APPROVED: 11/18/2021

PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2022	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPE NAME: James G. Scott	22. TITLE: Director, Division of Program Operations

23. 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***

10. Dental Services

- Services provided by licensed dentists within their scope of practice as defined by state law, are
 - Services provided by licensed dental therapists within their scope of practice as defined by state law and performed under the supervision of a Medicaid-enrolled dentist within the terms of the written practice agreement, are
- A. covered for beneficiaries ages 21 and older:
1. Diagnostic and therapeutic services necessary to diagnose and treat conditions relating to a specific medical problem. Approval for these services will be given only when the physician and the dentist concur that the dental care is critical to the treatment of the medical problem for which the attending physician is treating the client.
 2. Emergency treatment such as extraction of teeth or palliative treatment for relief of pain or acute infection.
 3. Examinations and preventive and therapeutic services as needed for relief of pain and infections, restoration of teeth and maintenance of dental health.
 4. Preparation for, adjustments to, and repair of necessary dentures as described in item 12.b. of this attachment.

TN NO.: 21-0014

Approval Date: 11/18/2021

Effective Date: 1/01/2022

Supersedes

TN No.: 10-24

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***

10. Dental Services (CONTINUED)

- Services provided by licensed dentists within their scope of practice as defined by state law, are
 - Services provided by licensed dental therapists within their scope of practice as defined by state law and performed under the supervision of a Medicaid-enrolled dentist within the terms of the written practice agreement, are
- B. covered for beneficiaries under the EPSDT program:
1. Examinations and preventive services in accordance with the State's periodicity schedule; therapeutic services as needed for pain relief, infections, restoration of teeth and maintenance of dental health.
 2. Diagnostic and therapeutic services necessary to diagnose and treat conditions relating to a specific medical problem. Approval for these services will be given only when the physician and the dentist concur that the dental care is critical to the treatment of the medical problem for which the attending physician is treating the client.
 3. Emergency treatment such as extraction of teeth or palliative treatment for relief of pain or acute infection.
 4. Preparation for, adjustments to, and repair of necessary dentures as described in item 12.b. of this attachment.
 5. Other medically necessary dental services.
 6. Any limitations to these dental services can be exceeded based on medical necessity under the Early and Periodic Screening Diagnostic and Treatment (EPSDT) program.

TN NO.: 21-0014

Approval Date: 11/18/2021

Effective Date: 1/01/2022

Supersedes

TN No.: 10-24