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State/Territory Name: Michigan

State Plan Amendment (SPA)#: 25-0011

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

November 14, 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) 25-0011

Dear Director Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0011. This SPA removes copayments for Human Immunodeficiency Virus (HIV) Pre-Exposure Prophylaxis (PrEP) and HIV Post-Exposure Prophylaxis (PEP) drug products to align with both the United States' Preventive Services Task Force Guidelines for prevention of acquisition of HIV and the Center for Disease Control's Clinical Guidance for HIV PEP.

We conducted our review of your submittal in accordance with the statutory requirements of Title XIX of the Social Security Act and its implementing regulations. This letter informs you that Michigan's Medicaid SPA TN 25-0011 was approved on November 14, 2025, effective November 1, 2025.

Enclosed are copies of Form CMS-179 and the approved SPA Page 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
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Erin Black, MI DHHS
Jacqueline Coleman, MI DHHS
Debra Harris, CMCS
Abigail Kahn, CMCS
Eleni Salyers, CMCS

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

1. TRANSMITTAL NUMBER <u>25</u> — <u>0011</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
November 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
1916
1916A
42 CFR 447.52 through 54

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

Cost Sharing Amounts – Categorically Needy Individuals
G2a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Cost Sharing Amounts – Categorically Needy Individuals G2a (TN# 20-0501)

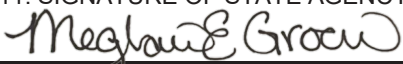
9. SUBJECT OF AMENDMENT
This SPA removes copayments for HIV PrEP (pre-exposure prophylaxis) and HIV PEP (post-exposure prophylaxis) drug products to align with both the US Preventive Services Task Force Guidelines for prevention of acquisition of HIV and the CDC's Clinical Guidance for HIV PEP.

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. SIGNATURE OF STATE AGENCY OFFICIAL


11. TYPED NAME
Meghan Groen

12. TITLE
Chief Deputy Director

13. DATE SUBMITTED
August 28, 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
August 28, 2025

17. DATE APPROVED
November 14, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
November 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Nicole McKnight

21. TITLE OF APPROVING OFFICIAL
On Behalf of Courtney Miller, Medicaid and CHIP Operations Group Director

22. REMARKS



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: MI - 25 - 0011

Cost Sharing Amounts - Categorically Needy Individuals G2a

1916
1916A
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.

Services or Items with the Same Cost Sharing Amount for All Incomes

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	Physician Office Visit	2.00	\$	Visit		Remove
Add	Outpatient Hospital Clinic Visit	2.00	\$	Visit		Remove
Add	Emergency Room Visit for Non-Emergency Service	3.00	\$	Visit		Remove
Add	Inpatient Hospital Stay	50.00	\$	Entire Stay	No co-payment for emergent admissions.	Remove
Add	Chiropractic Visit	1.00	\$	Visit		Remove
Add	Dental Visit	3.00	\$	Visit		Remove
Add	Podiatric Visit	2.00	\$	Visit		Remove
Add	Vision Visit	2.00	\$	Visit		Remove
Add	Hearing Aids	3.00	\$	Item		Remove
Add	Pharmacy, Preferred	1.00	\$	Prescription	No copayment on central nervous system drugs, psychotherapeutic drugs, sedative/hypnotics, anti-alcoholic preparations, selective serotonin reuptake inhibitors, narcotic withdrawal therapies, and neuropathic agents. No copayment on any opioid antidotes. No copayment on products used to treat substance use disorder, including tobacco use disorder. NO COPAYMENT ON HIV PRE-EXPOSURE AND POST-EXPOSURE PROPHYLAXIS DRUG PRODUCTS.	Remove



Medicaid Premiums and Cost Sharing

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	Pharmacy, Non-Preferred Drug	3.00	\$	Prescription	No copayment on central nervous system drugs, psychotherapeutic drugs, sedative/hypnotics, anti-alcoholic preparations, selective serotonin reuptake inhibitors, narcotic withdrawal therapies, and neuropathic agents. No copayment on any opioid antidotes. No copayment on products used to treat substance use disorder, including tobacco use disorder. NO COPAYMENT ON HIV PRE-EXPOSURE AND POST-EXPOSURE PROPHYLAXIS DRUG PRODUCTS.	Remove
Add	Urgent Care Center	2.00	\$	Visit		Remove

Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item: **Remove Service or Item**

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add							Remove

Add Service or Item

Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-preferred drugs (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.

Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.



Medicaid Premiums and Cost Sharing

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20181119