

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER <u>25</u> — <u>0018</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
October 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
1905(a)(29) of the Social Security Act

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 43-48

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Supplement to Attachment 3.1-A, Page 43-48 (TN# 21-0005)

9. SUBJECT OF AMENDMENT

The purpose of this SPA is to comply with Federal law (section 201 of the Consolidated Appropriations Act of 2024 [CAA, 2024, Pub. L. 118-42]) by using the federal template to remove the previously established end date for coverage of MAT under Michigan Medicaid. This establishes MAT as a permanent benefit.

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
Meghan Groen

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

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

State Plan under Title XIX of the Social Security Act
State/Territory: Michigan

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Citation: 3.1-A Amount, Duration, and Scope of Services

[Please check the box below to indicate if this benefit is provided for the categorically needy (3.1-A) or medically needy only (3.1-B)]

1905(a)(29) MAT as described and limited in Supplement to Attachment 3.1-A.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN NO.: 25-0018

Approval Date: _____

Effective Date: 10/01/25

Supersedes

TN No.: 21-0005

**State Plan under Title XIX of the Social Security Act
State/Territory: Michigan**

Section 1905(a)(29) Medication Assisted Treatment (MAT)

General Assurances

[Select all three checkboxes below.]

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020.

The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT:

Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

Service Components	Description
Medication Management	Assessing, ordering, administering, reassessing, and regulating medication and dose levels appropriate to the individual, and overseeing and facilitating access to appropriate treatment for opioid use disorder
Individual, Group, and/or Family Therapy	Helps patients identify treatment goals and potential solutions to problems that cause emotional stress and trigger opioid use; seeks to restore communication and coping skills; strengthens self-esteem; builds recovery capital and promotes behavior change and sustained recovery. Individual, group, and/or family therapy that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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State/Territory: Michigan**

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Service Components	Description
Psychotherapy	Behavioral cognitive services and other opioid use disorder-focused counseling
Care Coordination	Includes integrating behavioral health into primary care and specialty medical settings through interdisciplinary care planning and monitoring beneficiary progress and tracking beneficiary outcomes; linking beneficiaries with community resources to facilitate referrals and respond to peer supports; and tracking and supporting beneficiaries when they obtain medical or behavioral health outside the practice.
Peer Recovery Support Services	Nonmedical peer-to-peer activities that engage and support an individual's and as applicable the caregiver's self-help efforts to improve health recovery, resiliency, and wellness. Peer Recovery Support Services that involve the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service

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**State Plan under Title XIX of the Social Security Act
State/Territory: Michigan**

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include each practitioner and provider entity that furnishes each service and component service.

Service Component	Practitioner and Provider Entity that Furnishes Each Service and Component Service
Medication Management	Physician, Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Midwife, Physician Assistant
Individual, Group and/or Family Therapy	SUD Treatment Professional
Psychotherapy	SUD Treatment Professional
Care Coordination	Peer Recovery Coach, Physician, Pharmacist, Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Midwife, Physician Assistant, Registered Nurse, or Practical Nurse
Peer Recovery Support Services	Peer Recovery Coach

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**State Plan under Title XIX of the Social Security Act
State/Territory: Michigan**

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

1. SUD treatment professional – Certified Addiction Treatment Professional, Certified Alcohol and Drug Counselor (CADC), Certified Advanced Alcohol and Drug Counselor (CAADC), Certified Clinical Supervisor (CCS), appropriately supervised individuals with development plans for these International Certification & Reciprocity Consortium (IC&RC) certifications and Other providers who, Working within their Scope of practice, are Licensed or certified to render behavioral and counseling services.
2. Peer Recovery coach – Certified through the MDHHS peer recovery coach certification program
3. Practitioner, including Physician, Pharmacist, Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Midwife, Physician Assistant, Registered Nurse, or Practical Nurse – Must be licensed, meet Drug Enforcement Administration (DEA) requirements for training to prescribe Buprenorphine, and enrolled in the program.

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State/Territory: Michigan

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Utilization Controls

[Select all applicable checkboxes below.]

- The state has drug utilization controls in place. (Check each of the following that apply)
- Generic first policy
 - Preferred drug lists
 - Clinical criteria
 - Quantity limits
- The state does not have drug utilization controls in place.

Limitations

[Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.]

Clinical prior authorization is required on claims for MAT drugs that exceed quantity limits, and for products that do not have a Federal Medicaid Drug Rebate.

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WONDERWORD®

By DAVID OUELLET

HOW TO PLAY: All the words listed below appear in the puzzle — horizontally, vertically, diagonally and even backward. Find them, circle each letter of the word and strike it off the list. The leftover letters spell the WONDERWORD.

THINGS THAT ARE RANKED

Solution: 8 letters

S	S	G	T	Y	Y	E	T	L	Ⓢ	T	E	S	T	D
R	T	R	M	S	T	N	A	R	U	Ⓐ	T	S	E	R
S	E	R	E	B	E	T	A	T	A	Ⓡ	S	C	E	
T	A	L	O	D	I	W	R	P	N	V	T	Ⓢ	H	D
A	S	O	I	P	A	O	O	D	M	I	E	C	N	R
R	K	I	S	A	S	E	I	L	N	O	C	L	O	O
S	C	O	T	E	T	N	L	A	T	O	C	A	L	R
H	H	H	R	R	G	E	T	S	L	S	L	S	O	A
I	A	O	T	N	A	I	R	L	I	N	E	S	G	T
G	R	C	R	G	O	I	E	A	L	C	T	M	Y	I
H	T	K	U	N	F	G	B	E	P	T	O	E	A	N
E	S	E	S	R	E	A	V	A	E	M	H	A	L	G
S	S	Y	T	S	R	E	Y	A	L	O	O	H	C	S
T	I	E	R	S	L	S	M	S	E	L	A	C	S	H
C	R	U	I	S	E	S	E	N	I	Z	A	G	A	M

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Yesterday's Answer: Breed

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STATE OF MICHIGAN 10TH JUDICIAL CIRCUIT COURT SAGINAW COUNTY
Case No. 25-001304-ND
Auto-Owners Insurance, Subrogee of Monica Vasquez-Landin, Plaintiff,
v.
Daquyantaé Quamane Key Aris Page, a minor, and Dorita Denae Adams, Defendant.
ORDER FOR SERVICE BY PUBLICATION / NOTICE TO THE DEFENDANT
TO: Daquyantaé Quamane Key Aris Page and Dorita Denae Adams
You are being sued in the 10th Circuit Court for Saginaw County by the Plaintiff, Auto-Owners Insurance, Subrogee of Monica Vasquez-Landin, in a case involving a March 26, 2025, automobile accident. You must file an answer or take other action permitted by law within 21 days after the date of this publication. If you do not answer or take action, a judgment may be entered against you for the relief demanded in the complaint. This notice is published pursuant to an order entered by the court allowing service by publication. A copy of the complaint and summons may be obtained by contacting the Saginaw County Circuit Court Clerk's Office.
Dates of Publication: 09/04/2025, 09/11/2025, 09/18/2025.
STATE OF MICHIGAN PROBATE COURT COUNTY OF SAGINAW PUBLICATION OF NOTICE OF HEARING
FILE NO. 2025-147508-GA
In the matter of Jerome W. Lee, an Alleged Incapacitated Individual
TO ALL INTERESTED PERSONS including: any and all children/heirs of Jerome W. Lee, whose address(es) is/are unknown and whose interest in the matter may be barred or affected by the following:
TAKE NOTICE: A hearing will be held on October 6, 2025 at 10:00 am at 111 S. Michigan Ave, Saginaw, MI 48602 before Judge Patrick J. McGraw P34450 for the following purpose: Petition for Appointment of Guardian of Incapacitate Individual 9/5/2025
Lebenbom & Rothman, P.C. Andrew R. Rothman P34237 2701 Troy Center Drive, Suite 450 Troy, MI 48064 (248) 362-9699
Lindsay Jankowiak on behalf of Saginaw Senior Care & Rehab Center 4322 Mackinaw Rd Saginaw, MI 48603 (989) 792-8729
STATE OF MICHIGAN PROBATE COURT SAGINAW COUNTY NOTICE TO CREDITORS
Decedent's Estate CASE NO. 25-147505-DE 111 S. Michigan Avenue Saginaw, MI 48602 989-790-5279
Estate of ALICE D. JEFFERSON, DECEASED. Date of birth: 9/12/20
TO ALL CREDITORS:
NOTICE TO CREDITORS: The decedent, ALICE D. JEFFERSON, died 5/22/22. Creditors of the decedent are notified that all claims

against the estate will be forever barred unless presented to JAMAL HILL, personal representative, or to both the probate court at COURTHOUSE, SAGINAW and the personal representative within 4 months after the date of publication of this notice. September 18, 2025
18800 W. Camelback Road Unit #57 Litchfield Park, Arizona 85340 (248) 978-5520
Public Notice
Michigan Department of Health and Human Services Health Services
Permanent Continuation of Medication Assisted Treatment (MAT) Coverage
State Plan Amendment Requests
The Michigan Department of Health and Human Services (MDHHS) plans to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS). The request includes a SPA to remove the sunset date, establishing MAT coverage as an ongoing benefit and a corresponding alternative benefit plan (ABP) SPA.
The effective date for the Permanent Continuation of MAT Coverage SPAs is October 1, 2025.
Federal law (Section 201 of the Consolidated Appropriations Act, 2024 [CAA, 2024], Pub. L. 118-42) made the mandatory MAT benefit permanent. In compliance with this law, and by using the federal template, MAT will remain a covered benefit under the Michigan Medicaid program. Previously, coverage for MAT was scheduled to conclude on September 30, 2025.
In compliance with 42 CFR § 440.345, individuals under 21 years of age receiving Medicaid benefits will continue to have access to services within the full early and periodic screening, diagnosis and treatment (EPSDT) benefit as defined in Section 1905(r) of the Social Security Act.
The SPAs are budget neutral.
There is no public meeting scheduled regarding this notice. Any interested party wishing to request a written copy of the SPA or wishing to submit comments may do so by sending an e-mail to MSADraftPolicy@michigan.gov or submitting a request in writing to: MDHHS/Health Services Administration, Program Policy Division, PO Box 30479, Lansing MI 48909-7979 by October 20, 2025. A copy of the proposed SPA will also be available for review at https://www.michigan.gov/mdhhs/inside-mdhhs/budgetfinance/264/slate-plan-amendments.
STATE OF MICHIGAN PROBATE COURT SAGINAW COUNTY NOTICE TO CREDITORS
Decedent's Estate CASE NO. and JUDGE 25-147409-DE Patrick J. McGraw 111 S. Michigan Avenue Saginaw, MI 48602 (989) 790-5279
Estate of Glenda Fay McGoron. Date of Birth: October 30, 1946
TO ALL CREDITORS:
NOTICE TO CREDITORS: The decedent, Glenda Fay McGoron, died July 24, 2025. Creditors of the decedent are notified that all claims against the estate will be forever barred unless presented to Dale McGoron, personal representative, or to both the probate court at 111 S. Michigan Avenue, Saginaw, MI 48602 and the personal representative within 4 months after the date of publication of this

JAMAL HILL 2745 SCHEMM SAGINAW, MI 48602
NOTICE INVITING SEALED BIDS
Sealed bids will be received in the City of Saginaw Purchasing Office, Room 105 - First Floor, temporary location Room 208 - Second Floor, 1315 S. Washington Avenue, Saginaw, Michigan 48601 until 11:00 A.M. on Friday, September 26 for work at the following job site(s):
GENERAL REPAIR AND REHABILITATION
455 S 10TH ST. 3245 MACKINAW 2003 ADAMS BLVD 1908 DELAWARE ST.
Mandatory Pre-bid inspection with contractor(s) and specification writer held at each location. Detailed specifications and bid proposal forms may be obtained at the City Purchasing Office. Specifications and/or bid forms will not be mailed. All bids must be on the forms supplied by the City.
Contractors will be required to comply with all applicable Equal Employment Opportunity laws and regulations. All bidders will be required to certify that they are not on the Comptroller General's list of ineligible contractors or the City of Saginaw's debarred rehab contractors list.
No proposal may be withdrawn for at least 90 days after the scheduled closing time of the bid.
If you are disabled and need accommodation to provide you with an opportunity to participate, you may call (989) 759-1430 for assistance. WIM JAIME, PURCHASING OFFICER

NOTICE OF STORAGE UNIT LIEN AUCTION
Tittabawassee Rd 9/18/25, 3 PM In-Person at . Cash only U-Stor Tittabawassee we will sell personal property from the following units to satisfy liens:
Adam R Yard Equip; Donald P Household; Edward N Household; Eli C Household; Fernando B Household; Gary K Household; Larry H Household. All sales final. Cleaning deposit required. 989-792-7867

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PETS & FARMS

GOOD THINGS TO EAT

GOOD THINGS TO EAT

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STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

September 25, 2025

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Permanent Continuation of Medication Assisted Treatment (MAT) Coverage
State Plan Amendment (SPA) Request

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice to all Tribal Chairs and Health Directors of the intent by the Michigan Department of Health and Human Services (MDHHS) to submit a SPA and Alternative Benefit Plan (ABP) SPA request to the Centers for Medicare & Medicaid Services (CMS).

The purpose of this request is to comply with Federal law (section 201 of the Consolidated Appropriations Act of 2024 [CAA, 2024, Pub. L. 118-42]) by using the federal template to remove the previously established end date for coverage of MAT under Michigan Medicaid. This establishes MAT as a permanent benefit. This update positively impacts Tribal Health Centers by ensuring uninterrupted access to substance use disorder treatments for Medicaid beneficiaries. The effective date of this SPA and ABP SPA request is on or after October 1, 2025.

There is no public hearing scheduled for the SPA and ABP SPA. Input regarding these Amendments is highly encouraged, and comments regarding this notice of intent may be submitted to Lorna Elliott-Egan, MDHHS Liaison to the Michigan tribes. Lorna can be reached at 517-512-4146, or via email at Elliott-EganL@michigan.gov. **Please provide all input by November 10, 2025.**

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss the Amendments, according to the tribe's preference. Consultation meetings allow tribes the opportunity to address any concerns and voice any suggestions, revisions, or objections to be relayed to the author of the proposal. If you would like additional information or wish to schedule a consultation meeting, please contact Lorna Elliott-Egan at the telephone number or email address provided above.

L 25-54
September 25, 2025
Page 2

MDHHS appreciates the collaboration with our partners and community stakeholders in continuing access to care.

An electronic copy of this letter is available at www.michigan.gov/medicaidproviders >>
Policy, Letters & Forms.

Sincerely,

A handwritten signature in black ink that reads "Meghan E. Groen". The signature is written in a cursive style with a large, stylized "M" and "G".

Meghan E. Groen, Chief Deputy Director
Health Services

CC: Keri Toback, CMS
Nancy Grano, CMS
Chasity Dial, CEO, American Indian Health and Family Services of Southeastern
Michigan
Chris Poole, Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

Distribution List for L 25-54
September 25, 2025

Ms. Whitney Gravelle, President, Bay Mills Indian Community
Ms. Lucy DeWildt, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Ms. Sandra Witherspoon, Chairperson, Grand Traverse Band Ottawa & Chippewa Indians
Ms. Sonya Zotigh, Health Director, Grand Traverse Band Ottawa/Chippewa
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center
Mr. RD Curtis, Tribal President, Keweenaw Bay Indian Community
Ms. Deanna Foucault, Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility
Mr. James Williams, Jr., Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians
Ms. Sadie Valliere, Health & Human Services Director, Lac Vieux Desert Band
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians
Dr. Daryl Wever, Health Director, Little River Band of Ottawa Indians
Ms. Winnay Wemigwase, Tribal Chairperson, Little Traverse Bay Band of Odawa Indians
Ms. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa
Mr. Bob Peters, Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)
Ms. Mallory Horwath, Interim Tribal Council Member, Match-E-Be-Nash-She-Wish Potawatomi
Ms. Dorie Rios, Tribal Chairperson, Nottawaseppi Huron Band of Potawatomi Indians
Ms. Nichol Bremer, Nottawaseppi Huron Band of Potawatomi Indians - Tribal Health Department
Mr. Andrew Straatsma, Nottawaseppi Huron Band of Potawatomi Indians – Tribal Health Department
Mr. Matthew Wesaw, Tribal Chairman, Pokagon Band of Potawatomi Indians
Ms. Priscilla Gatties, Interim Health Director, Pokagon Potawatomi Health Services
Mr. Tim Davis, Tribal Chief, Saginaw Chippewa Indian Tribe
Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center
Mr. Austin Lowes, Tribal Chairperson, Sault Ste. Marie Tribe of Chippewa Indians
Mr. James Benko, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

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