

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

1. TRANSMITTAL NUMBER

25 — 0014

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, 2025

5. FEDERAL STATUTE/REGULATION CITATION  
Section 1905(a)(9) 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 19a-20e

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Supplement to Attachment 3.1-A, Pages 19a and 20 (TN# 94-0001)

9. SUBJECT OF AMENDMENT

The purpose of this SPA is to adopt usage of a SPA template for clinic services as required by CMS for SPA submissions consistent with 42 CFR § 430.12. The SPA template serves as a standardized format for the Medicaid clinic services benefit state plan pages. This SPA does not change the scope of services that can be covered as a clinic service.

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. SIGNATURE OF STATE AGENCY OFFICIAL



11. TYPED NAME

Meghan Groen

12. TITLE

Chief Deputy Director

13. DATE SUBMITTED

September 25, 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

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 of MICHIGAN**

**Section 1905(a)(9) Clinic Services**

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The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

**General Assurances**

**[Select all three checkboxes below.]**

- ☒ The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

**Types of Clinic Services and Limitations in Amount, Duration, or Scope**

**[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

- ☒ Limitations apply to all services within the benefit category.

Limits may be exceeded when medically necessary.

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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)(9) 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 #91). 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 PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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**Section 1905(a)(9) Clinic Services**

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Types of Clinics and Services:

**[Select all that apply and describe below as applicable]**

☒ Behavioral Health Clinics **[Describe the types of behavioral health clinics below and select below if applicable.]:**

Behavioral health clinic services are covered benefits when provided under the auspices of an approved behavioral health clinic. To obtain approval, clinics must demonstrate the capacity to provide, either directly or under contract, a full continuum of behavioral health services, which includes the services listed below.

Services must be medically necessary, and must be preventive, diagnostic, therapeutic, rehabilitative, or palliative. They must be provided under the direction of a physician and delivered according to a person-centered plan of service, under client services management, and by staff meeting appropriate professional qualifications.

Covered services are available for persons living in their own homes or supervised residential situations, who require a continuum of behavioral health services to meet their needs.

Persons who, upon assessment at intake are determined to require only psychotherapy provided by a physician, and who do not require access to a continuum of mental health services, will be subject to the same services limitations as are applicable to non-behavioral health clinic services recipients.

Covered services include:

- A. Psychological Testing
- B. Other Assessments and Testing
- C. Psychiatric Evaluation
- D. Quarterly Review of Treatment
- E. Medication Review and Administration
- F. Treatment Planning
- G. Behavioral Health Interventions
  - a. Individual Therapy
  - b. Group Therapy
  - c. Family Therapy
  - d. Child Therapy
  - e. Crisis Intervention
  - f. Assertive Community Treatment (ACT)
  - g. Psychosocial Rehabilitation – Clubhouse
- H. Physical Therapy
- I. Occupational Therapy
- J. Speech, Hearing and Language Services
- K. Health Services
- L. Transportation
- M. Professional Treatment Monitoring
- N. Nursing Home Behavioral Health Monitoring

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☒ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

Limitations may be exceeded when medically necessary.

☒ IHS and Tribal Clinics **[Select below if applicable.]**:

☒ Limitations apply only to this clinic type within the benefit category.  
**[describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].**

Preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services are covered with the same limitations as services provided in the practitioner's office (see Items 5 and 6), when furnished to an outpatient by or under the direction of a physician or dentist in a facility which is not part of a hospital but which is organized and operated to provide medical care to outpatients. Limits may be exceeded when medically necessary.

☒ Renal Dialysis Clinics **[Select below if applicable.]**:

☒ Limitations apply only to this clinic type within the benefit category.  
**[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

Outpatient and emergency dialysis services, including peritoneal dialysis or hemodialysis, are covered when medically necessary when provided by Medicare certified dialysis facilities as described in 42 CFR §494. Individuals may opt to do in-home dialysis or receive dialysis at a free-standing dialysis center. Dialysis self-care training provided by outpatient dialysis clinics is covered. A session is considered as one training day, and a complete course is considered 10-15 sessions. Additional sessions may be covered when determined to be medically necessary. The agency may exceed limitations based on medical necessity.

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☒ Other Clinics [Describe the types of clinics, if any limitations apply, and select below if applicable.]:

1. Ambulatory Surgical Centers - Ambulatory Surgical Centers (ASCs). An ASC is limited to any distinct outpatient facility that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed 24 hours following an admission. ASCs must be licensed with the State of Michigan. To be eligible for Michigan Medicaid enrollment and payment, ASCs must be certified as meeting the requirements for a Medicare ASC and must enter into an agreement with the Centers for Medicare & Medicaid Services (CMS).
2. Public Clinics - Preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a public facility (defined below) that is not part of a hospital but is organized and operated to provide medical care to outpatients. Public clinic services include services furnished at the clinic by, or under the direction of, a physician or dentist. Public clinic services may include EPSDT screenings, maternal support services, family planning services, laboratory services, dental services, as well as child health, prenatal and primary care services and immunizations.

☒ Limitations apply only to this clinic type within the benefit category. [Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.

1. Ambulatory Surgical Centers - ASCs are limited to medically necessary surgical procedures approved by the Michigan Department of Health and Human Services (MDHHS). MDHHS follows Medicare's ASC coverage policies, with Medicaid-specific exceptions published on the MDHHS website <http://michigan.gov/MDHHS>.
2. Public Clinics - Limits may be exceeded when medically necessary. A public facility is defined at one of the following sections of the Michigan Public Health Code (PA 368 of 1978, as amended): Section 333.2413, Section 333.2415, or Section 333.2421.

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***Section 1905(a)(9) Clinic Services***

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**Four Walls Exceptions**

The state assures that the following services may be furnished outside of the clinic.

**[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]:**

☒ Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).

☒ Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic **[Select all that apply.]:**

☐ Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) **[Describe the types of behavioral health clinics such exception applies to below.]:**

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☐ Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) **[Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]**:

☐ A definition adopted and used by a federal governmental agency for programmatic purposes **[Describe below.]**:

☐ A definition adopted by a state governmental agency with a role in setting state rural health policy **[Describe below.]**:

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The state attests that **[Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]**:

- ☐ The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:
- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
  - The population experiences issues accessing services due to lack of transportation;
  - The population experiences a historical mistrust of the health care system; and
  - The population experiences high rates of poor health outcomes and mortality.

**Additional Benefit Description (Optional)**

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. **[Describe below.]**:

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STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ELIZABETH HERTEL  
DIRECTOR

July 30, 2025

NAME  
TITLE  
ADDRESS  
CITY STATE ZIP

Dear Tribal Chair and Health Director:

**RE:** Clinic Services Benefit State Plan Amendment Template

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 State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS).

The purpose of this SPA is to adopt usage of a SPA template for clinic services as required by CMS for SPA submissions consistent with 42 CFR § 430.12. The SPA template serves as a standardized format for the Medicaid clinic services benefit state plan pages. This SPA does not change the scope of services that can be covered as a clinic service.

MDHHS expects this SPA to have no impact on AI/AN beneficiaries as this is a technical change only. The anticipated effective date of this SPA is July 1, 2025.

There is no public hearing scheduled for this SPA. Input regarding this SPA 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](mailto:Elliott-EganL@michigan.gov). **Please provide all input by September 15, 2025.**

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss the SPA, 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.

MDHHS appreciates the continued opportunity to work collaboratively with you to care for the residents of our state.

An electronic copy of this letter is available at [www.michigan.gov/medicaidproviders](http://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, flowing style.

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  
Asha Petoskey, Acting Area Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS

**Distribution List for L 25-40**  
**July 30, 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  
Mr. Daryl Wever, Health Director, Little River Band of Ottawa Indians  
Ms. Regina Gasco, Tribal Chairman, 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. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- 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

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