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State/Territory Name: Michigan

State Plan Amendment (SPA) #: 25-0021

This file contains the following documents in the order listed:

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

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

March 6, 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 St., 7th Fl
Lansing, MI 48933-2250

Re: Michigan State Plan Amendment (SPA) - 25-0021

Dear Director Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) MI-25-0021. This amendment updates the State Plan to include coverage and reimbursement for licensed midwifery services for eligible Medicaid beneficiaries.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Michigan's Medicaid SPA TN 25-0021 was approved on March 6, 2026, with an effective date of April 1, 2026.

Enclosed are copies of Form CMS-179 and approved SPA pages 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,

Wendy E. Hill Petras, Acting Director
Division of Program Operations

Enclosures

cc: Erin Black, MI DHHS
Jacqueline Coleman, MI DHHS
Myla Adams, CMCS
Robert Bromwell, CMCS

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

1. TRANSMITTAL NUMBER 25 — 0021	2. STATE MI
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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
April 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.60

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.4 (New)
Attachment 4.19-B, Page 5b.3 (New)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

The purpose of this SPA is to update the Medicaid State Plan to include coverage of and reimbursement for Licensed Midwifery services for eligible Michigan Medicaid beneficiaries. There will also be a related ABP SPA.

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
Meghan Groen

11. TYPED NAME
Meghan Groen

12. TITLE
Chief Deputy Director

13. DATE SUBMITTED
December 10, 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
December 10, 2025

17. DATE APPROVED
March 6, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Wendy E. Hill Petras

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)

LICENSED MIDWIVES –LICENSED MIDWIVES WILL PROVIDE HEALTH SERVICES.
COVERED SERVICES ARE LIMITED TO THOSE UNDER THE LICENSED MIDWIVES SCOPE
OF PRACTICE AS DEFINED BY STATE LAW.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates
Other than Inpatient Hospital and Long-Term-Care Facilities***

O. LICENSED MIDWIVES

EXCEPT AS OTHERWISE NOTED IN THE PLAN, STATE-DEVELOPED PAYMENT RATES ARE THE SAME FOR BOTH GOVERNMENTAL AND PRIVATE PROVIDERS OF LICENSED MIDWIFE SERVICES. RATES ARE ESTABLISHED UTILIZING THE SAME METHODOLOGY DESCRIBED FOR PHYSICIAN SERVICES LOCATED IN ATTACHMENT 4.19-B PAGE 1. THE AGENCY'S FEE SCHEDULE RATE WAS SET AS OF 4/1/2026 AND ARE EFFECTIVE FOR SERVICES PROVIDED ON OR AFTER THAT DATE. ALL RATES ARE PUBLISHED ON THE AGENCY'S WEBSITE AT WWW.MICHIGAN.GOV/MEDICAIDPROVIDERS.