

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

1. TRANSMITTAL NUMBER <u>25</u> — <u>0021</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
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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 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 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

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

***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 – EFFECTIVE APRIL 1, 2026, LICENSED MIDWIVES WILL BE ENROLLED TO 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.

TN NO.: 25-0021

Approval Date: _____

Effective Date: 04/01/2026

Supersedes TN No.: 18-0011

MI Response to Funding Questions for
SPA 25-0021 Licensed Midwives
Submitted December 10, 2025

Funding Questions

1. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.)?

State Response: Providers receive and retain the total Medicaid expenditures claimed.

2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share.

State Response: The state share is funded with general fund as appropriated by the Legislature to the Medicaid State agency.

3. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.

State Response: Not applicable.

MI Response to Funding Questions for
SPA 25-0021 Licensed Midwives
Submitted December 10, 2025

4. For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration.

State Response: Not applicable.

5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

State Response: No.

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.

ROBERT REDFORD (1986-2025)

Solution: 5 letters

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

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Actor, Barefoot, Broadway, Candidate, Cassidy, Charisma, Charles, Chase, Conor, Conservation, Downhill, Dylan, Eden, Freedom, Game, James, Jeremiah, Legacy, Lena, Mica, Natural, Ordinary, Oscar, Political, Preservation, Racer, Redford, Robert, Scott, Screenwriter, Shauna, Sibylle, Sneakers, Soldier, Sting, Sundance, Venice, Wagenen

Yesterday's Answer: Protect

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ANNOUNCEMENTS

PUBLIC NOTICES

BID NOTICE
Service Vehicle

NOTICE TO BIDDERS: Davison Community Schools will be receiving sealed bids from qualified dealers for a service vehicle. Bids will be received at the Cardinal Station, 10183 Lapeer Rd., Davison, MI 48423 until Monday, November 24, 2025, at 2:00 p.m. local time. Bids will be opened publicly and read aloud at that time. Bids received after 2:00 p.m. will be returned unopened. All Bids shall be submitted by the prime bidder only and shall include the bidder's name and address.

The RFP will be for a service vehicle with the following specifications:

Year: 2022 or Newer
Make: Chevrolet
Model: Silverado 2500
Trans: Auto Cyl: 8
Body: PU (Pick up)
Style: HD 2500 4wd 8'bed
Mileage: 40,000 or less

Please visit the Davison Community Schools District Bid Page located at <https://www.davisonschools.org/departments/facilities-and-operations/bid-documents>, call the Davison Cardinal Station at 810-600-0306, email rhoover@davisonschools.org.

The owner reserves the right to accept or reject any and all bids, to waive any irregularities in the bidding, and to refrain from accepting or rejecting all bids for a period of thirty (30) days after the bid



ANNOUNCEMENTS

PUBLIC NOTICES

opening.
Each bid shall be accompanied by a completed Iran Sanctions Form. Each bid shall be accompanied by a sworn and notarized Familial Affidavit

Public Notice
Michigan Department of Health and Human Services
Health Services

Licensed Midwife 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 add Licensed Midwives as providers to the Michigan Medicaid program and a corresponding alternative benefit plan (ABP) SPA.

The effective date for the Licensed Midwife SPAs is on or after April 1, 2026.

If approved, this SPA will add Licensed Midwives as healthcare providers to the Michigan Medicaid program. This change adds a new provider to already budgeted services.

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,



ANNOUNCEMENTS

PUBLIC NOTICES

diagnosis and treatment (EPSDT) benefit as defined in Section 1905(r) of the Social Security Act.

The SPAs are estimated to be budget neutral.

There is no public meeting scheduled regarding this notice. Any interested party wishing to request a written copy of the SPAs 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 December 22, 2025. A copy of the proposed SPAs will also be available for review at: <https://www.michigan.gov/mdhhs/inside-mdhhs/budgetfinance/264/state-plan-amendments>.



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STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

July 15, 2025

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Coverage of Licensed Midwifery Services

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) and Alternative Benefit Plan (ABP) Amendment request to the Centers for Medicare & Medicaid Services (CMS).

The purpose of these amendments is to update the Medicaid State Plan and ABP to include coverage of and reimbursement for Licensed Midwifery services for eligible Michigan Medicaid beneficiaries. MDHHS expects this change to have positive impacts on Native American beneficiaries, Tribal Health Clinics and Urban Indian Organizations by increasing access to Medicaid covered prenatal, labor and delivery, and postpartum services. The anticipated effective date of these amendments is April 1, 2026.

There is no public hearing scheduled for the SPA and ABP amendment. 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 August 29, 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.

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

L 25-37
July 15, 2025
Page 2

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

Distribution List for L 25-37
July 15, 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. Phyllis Davis, Tribal Council Member, Match-E-Be-Nash-She-Wish Potawatomi
Ms. Mariah Austin, 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