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	State/Territory:	Minnesota	
	Section	1905(a)(9) Clinic Services	
		benefit as defined at section §1 C.F.R. 440.90 and as described	() ()
General A	<u>Assurances</u>		
[Select al	I three checkboxes below	/ .]	
\checkmark	The state assures service in accordance with 42 C.	es are furnished by a facility tha F.R. 440.90.	it is not part of a hospital
✓		rvices are furnished by facilities cal care to outpatients in accord	-
\checkmark	The state assures that se dentist in accordance with	rvices are furnished under the an 42 C.F.R. 440.90(a).	direction of a physician or
Types of	Clinic Services and Limit	ations in Amount, Duration, o	or Scope
-	applicable, describe belo te determined medical ne	w, and indicate if limits may cessity criteria.]	be exceeded based
	Limitations apply to all ser	vices within the benefit categor	у.
Centers for Me the Privacy Ac law. An agenc unless it displ number for this requirements regarding this reducing this between the control of	edicare & Medicaid Services in the of 1974, any personally ider y may not conduct or sponsor ays a currently valid Office of s project is 0938-1148 (CMS- under this control number is e burden estimate or any other	n implementing section §1905(a)(9) tifying information obtained will be a required to remain a person is not required to remain a management and Budget (OMB) of 10398 #91). Public burden for all continuated to take about 25 hours personally aspect of this collection of information and a management and the stimated to take about 25 hours personally aspect of this collection of information.	espond to a collection of information control number. The OMB control of the collection of information er response. Send comments ation, including suggestions for
TN: 25-28		Appro	oval Date:
Supersedes TI	N: 08-13, 00-11, 97-07	Effect	tive: October 1, 2025

State Plan under Title XIX of the Social Security Act

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State I	Plan under Title	KIX of the Social Secu	rity Act	
State/	Territory: Minnes	sota		
	Section 1905(a	ı)(9) Clinic Services	-	
Types of Clinics and Servi	ces:			
[Select all that apply and	describe below	as applicable]		
I I	th Clinics [Descri nd select below	be the types of behavi if applicable.]:	oral health	
[Describe	e below and indi	s clinic type within the b cate if limits may be ex edical necessity criter	ceeded based	
✓ IHS and Tribal	Clinics [Select be	low if applicable.]:		
[describ	e below and indi	is clinic type within the b cate if limits may be ex I necessity criteria].	9 0	
PRA Disclosure Statement - Thi Centers for Medicare & Medicaithe Privacy Act of 1974, any per law. An agency may not conduct unless it displays a currently vanumber for this project is 0938-7 requirements under this control regarding this burden estimate or reducing this burden, to CMS, 7 Officer, Mail Stop C4-26-05, Ball	d Services in impler sonally identifying in tor sponsor, and a lid Office of Manage 148 (CMS-10398 # number is estimated or any other aspect 500 Security Boule	nenting section §1905(a)(9) information obtained will be person is not required to rement and Budget (OMB) (91). Public burden for all of to take about 25 hours por this collection of informatical paperwork Research (1998).	9) of the Social Security Act e kept private to the extent of espond to a collection of information control number. The OMB of the collection of information er response. Send commer ation, including suggestions	t. Under of the formation control on ts for
TN: 25-28		Appro	oval Date:	
Supersedes TN: 08-13, 00-1	1, 97-07	Effec	tive: October 1, 2025]

Supersedes TN: NEW

Attachment 3.1-A and 3.1-B

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Effective: October 1, 2025

					<u> </u>
			State Plan u	nder Title XIX of the Social Secu	rity Act
			State/Territo	ry: Minnesota	
			Sect	tion 1905(a)(9) Clinic Services	_
	\checkmark	Rena	l Dialysis Clinics	[Select below if applicable.]:	
			[Describe belo	oly only to this clinic type within the ow and indicate if limits may be need medical necessity criteria.]	• .
	√	Amb	elect below if a	be the types of clinics, if any linapplicable.]: center services covered under this connection with a covered surgica	s item are facility
		✓	[Describe below upon state de	oly only to this clinic type within the ow and indicate if limits may be termined medical necessity crit	exceeded based eria.]
			surgical centers. 1.Nursing servare involved in 2.Use by the	items and services are include or facility services payment: vices and other related services in the recipient's health care. recipient of the facilities of the a ing operating and recovery roon	s of employees who
Center the F law. A unless number requireductions	ers for Me Privacy Act An agency ss it displa- per for this irements u rding this b	dicare of 197 of	& Medicaid Servion 4, any personally of conduct or spourrently valid Office to 1148 (Control number estimate or any out of CMS, 7500 Section 5.	f this form is mandatory and the information implementing section §1905(a) identifying information obtained will be used in the property of the of Management and Budget (OMB) MS-10398 #91). Public burden for allowing is estimated to take about 25 hours pather aspect of this collection of information in the property of the property of the property of the Maryland 21244-1850.	(9) of the Social Security Act. Under the kept private to the extent of the respond to a collection of information control number. The OMB control of the collection of information per response. Send comments nation, including suggestions for
N:	25-28			Аррг	roval Date:

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State/Territory:	Minnesota
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Section 1905(a)(9) Clinic Services

areas, waiting rooms, and other areas used by the patient or offered for use by those persons accompanying the recipient in connection with surgical procedures.

- 3.Drugs, medical supplies, and equipment commonly furnished by the ambulatory surgical center in connection with surgical procedures. Drugs are limited to those which cannot be selfadministered.
- 4.Diagnostic or therapeutic items and services that are directly related to the provision of a surgical procedure.
- 5.Administrative, record keeping, and housekeeping items and services necessary to run the ambulatory surgical center.
- 6.Blood, blood plasma, and platelets.
- 7. Anesthetics and any materials, whether disposable or reusable, necessary for the administration of the anesthetics.

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.

TN:	25-28		Approval Date:				
Super	sedes TN:	IEW		Effective:	Octob	er 1, 2025	

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	State Plan under Title	XIX of the Social Secur	ity Act			
	State/Territory: Minnes	sota				
	Section 1905(a	a)(9) Clinic Services				
<u>Four</u>	Walls Exceptions					
the f	state assures that the following service rst and second checkbox; Do not something or Tribal facilities as proven	select the second chec	kbox if the state does			
✓	Services furnished outside the cliphysician, to an eligible individual does not have a fixed home or m 440.90(b).	Il who does not reside in	a permanent dwelling or			
\checkmark	Services furnished outside a clini whether operated by the Indian Forganization (as authorized by the Assistance Act (ISDEAA), Pub. La physician in accordance with 42	lealth Service (IHS) or b e Indian Self-Determinat 93-638), by clinic perso	y a Tribe or Tribal tion and Education			
The s	tate elects to cover the following serv	ices 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.]:					
Centers for the Privacy law. An ago unless it con number for requirement regarding to	osure Statement - This use of this form is a Medicare & Medicaid Services in impler Act of 1974, any personally identifying it ency may not conduct or sponsor, and a displays a currently valid Office of Manager this project is 0938-1148 (CMS-10398 # ats under this control number is estimated this burden estimate or any other aspect on burden, to CMS, 7500 Security Bould Stop C4-26-05, Baltimore, Maryland 21	menting section §1905(a)(9) information obtained will be person is not required to resement and Budget (OMB) of the formal of this collection of information and paperwork Receivers and the second of the collection of the person of the collection	b) of the Social Security Act. Under kept private to the extent of the espond to a collection of information control number. The OMB control of the collection of information er response. Send comments action, including suggestions for	r		
TN: 25-2	8	Appro	oval Date:			
Supersede	s TN: NEW	Effect	ive: October 1, 2025			

Attachment 3.1-A and 3.1-B

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		State Plan under Title 2	XIX of the Social Secur	rity Act	
		State/Territory: Minnes	sota		
		Section 1905(a	a)(9) Clinic Services	•	
	rural I C.F.R physic chec l	ces furnished outside of a classification of the clinic (as referenced at 440.20(b) of this subpart) cian in accordance with 42 (as the context of the conte	in section §1905(a)(2)(B by clinic personnel unde C.F.R. 440.90(e) [Selec t	B) of the Act and 42 er the direction of a t one of the	
		A definition adopted and ufor programmatic purpose	•	ımental agency	
	\checkmark	A definition adopted by a setting state rural health p	•	•	
		The state assures that se facility of the Indian Health Health Service (IHS) or by authorized by the Indian SAssistance Act (ISDEAA) under the direction of a phwith C.F.R 440.90(c).	n Service, whether opera y a Tribe or Tribal organi Self-Determination and E , Pub . L. 93- 638) , by o	ated by the Indian ization (as Education clinic personnel	
Centers for the Privacy law. An age unless it dis number for requirement regarding the reducing thi	Medicare Act of 19 ncy may not be splayed a country this projects under the spurden as burden,	ement - This use of this form is & Medicaid Services in impler 74, any personally identifying in not conduct or sponsor, and a currently valid Office of Manage at is 0938-1148 (CMS-10398 # his control number is estimated to cms, 7500 Security Bould -26-05, Baltimore, Maryland 24	menting section §1905(a)(9) Information obtained will be person is not required to rement and Budget (OMB) (91). Public burden for all od to take about 25 hours perforthis collection of informatic evard, Attn: Paperwork Research	9) of the Social Security Act be kept private to the extent of espond to a collection of infocontrol number. The OMB confirmation of the collection of information of the collection of commendation, including suggestions	. Under of the control on ts
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Attachment 3.1-A and 3.1-B

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			- age ere arrait age	
	State Plan under Title	XIX of the Social Secur	ity Act	
	State/Territory: Minnes	sota		
	Section 1905(a	a)(9) Clinic Services		
	The state attests that [Select the checkle outside of a clinic that is located in a r		o cover services	
	The selected definition of a r rural individuals that meets n and barriers to access exper	nore of the four criteria tl	hat mirror the needs	
	 diagnoses or difficulty a The population experie transportation; The population experie system; and 	nces high rates of behave accessing behavioral hea nces issues accessing s nces a historical mistrus nces high rates of poor l	alth services; services due to lack of st of the health care	
	Additional Benefit Description (Option At its option the state may provide addition benefit, beyond what is included in the fe	onal descriptive informati		
	and descriptions. [Describe below.]:			
Cer the law unle nun req reg	A Disclosure Statement - This use of this form is a ters for Medicare & Medicaid Services in impler Privacy Act of 1974, any personally identifying in the Amagement of Amagement of Privacy Act of 1974, any personally identifying in the Amagement of Amagement of State of Management of this project is 0938-1148 (CMS-10398 # Luirements under this control number is estimated arding this burden estimate or any other aspect using this burden, to CMS, 7500 Security Bould cer, Mail Stop C4-26-05, Baltimore, Maryland 27	menting section §1905(a)(§ nformation obtained will be person is not required to re ement and Budget (OMB) (§ \$\frac{49}{91}\$). Public burden for all of d to take about 25 hours pe of this collection of informate evard, Attn: Paperwork Re-	9) of the Social Security Act be kept private to the extent of espond to a collection of infection of number. The OMB control number. The OMB confit the collection of information of response. Send commentation, including suggestions	. Under of the cormation control on ts
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Supe	ersedes TN: NEW	Effect	tive: October 1, 2025]