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Section 1905(a)(9) Clinic Services

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:

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 furnish accordance with 42 C.F.R. 440.90.	ned by a facility that is not part of a hospital in
	rnished by facilities that are organized and atients in accordance with 42 C.F.R. 440.90.
☐ The state assures that services are fu dentist in accordance with 42 C.F.R. 440	rnished under the direction of a physician or 0.90(a).
Types of Clinic Services and Limitations in A Select if applicable, describe below, and ind state determined medical necessity criteria.]	
☐ Limitations apply to all services within Click or tap here to enter text.	the benefit category.
Types of Clinics and Services: Select all that apply and describe below as a	applicable]
☐ Behavioral Health Clinics [Describe t and select below if applicable.]: Click or tap here to enter text.	he types of behavioral health clinics below
	linic type within the benefit category. [Describe y be exceeded based upon state determined
PRA Disclosure Statement - This use of this form is mandato Centers for Medicare & Medicaid Services in implementing services Act of 1974, any personally identifying information of agency may not conduct or sponsor, and a person is not requidisplays a currently valid Office of Management and Budget project is 0938-1148 (CMS-10398 #91). Public burden for all control number is estimated to take about 25 hours per responsible raspect of this collection of information, including sugges Boulevard, Attn: Paperwork Reduction Act Reports Clearance 21244-1850.	section §1905(a)(9) of the Social Security Act. Under the obtained will be kept private to the extent of the law. An red to respond to a collection of information unless it (OMB) control number. The OMB control number for this I of the collection of information requirements under this use. Send comments regarding this burden estimate or any estions for reducing this burden, to CMS, 7500 Security
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Section 1905(a)(9) C	Clinic Services
☐ IHS and Tribal Clinics [Select below	if applicable.]:
	linic type within the benefit category. [describe y be exceeded based upon state determined
☐ Renal Dialysis Clinics [Select below	if applicable.]:
	linic type within the benefit category. [Describe y be exceeded based upon state determined
☐ Other Clinics [Describe the types of below if applicable.]: Click or tap here to enter text.	clinics, if any limitations apply, and select
	linic type within the benefit category. [Describe y be exceeded based upon state determined
PRA Disclosure Statement - This use of this form is mandato Centers for Medicare & Medicaid Services in implementing a Privacy Act of 1974, any personally identifying information of agency may not conduct or sponsor, and a person is not requidisplays a currently valid Office of Management and Budget project is 0938-1148 (CMS-10398 #91). Public burden for all control number is estimated to take about 25 hours per respondent aspect of this collection of information, including sugges Boulevard, Attn: Paperwork Reduction Act Reports Clearance 21244-1850.	section §1905(a)(9) of the Social Security Act. Under the obtained will be kept private to the extent of the law. An red to respond to a collection of information unless it (OMB) control number. The OMB control number for this I of the collection of information requirements under this use. Send comments regarding this burden estimate or any estions for reducing this burden, to CMS, 7500 Security
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Section 1905(a)(9) Clinic Services

Four Walls Exceptions	
The state assures that the following services marker and second checkbox; Do not select the enroll IHS or Tribal facilities as providers of	
physician, to an eligible individual who	by clinic personnel under the direction of a does not reside in a permanent dwelling or does ss in accordance with 42 C.F.R. 440.90(b).
whether operated by the Indian Health (as authorized by the Indian Self-Determ	at is a facility of the Indian Health Service, Service (IHS) or by a Tribe or Tribal organization nination and Education Assistance Act rsonnel under the direction of a physician in
The state elects to cover the following services	outside of the clinic [Select all that apply.]:
treatment of outpatients with behavioral substance use disorders, by clinic personal transfer of the substance with the substance of the subst	that is primarily organized for the care and health disorders, including mental health and onnel under the direction of a physician in Describe the types of behavioral health clinics
health clinic (as referenced in section § of this subpart) by clinic personnel under	that is located in a rural area and is not a rural 1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) or the direction of a physician in accordance with checkboxes below and describe the to this exception.]:
project is 0938-1148 (CMS-10398 #91). Public burden for a	g section §1905(a)(9) of the Social Security Act. Under the a obtained will be kept private to the extent of the law. An uired to respond to a collection of information unless it of (OMB) control number. The OMB control number for this all of the collection of information requirements under this conse. Send comments regarding this burden estimate or any gestions for reducing this burden, to CMS, 7500 Security
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Section 1905(a)(9) Clinic Services
Four Walls Exceptions (continued)
☐ A definition adopted and used by a federal governmental agency for programmatic purposes [Describe below.] : Click or tap here to enter text.
☐ A definition adopted by a state governmental agency with a role in setting state rural health policy [Describe below.]: Click or tap here to enter text.
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.]: Click or tap here to enter text.
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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