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**State/Territory Name: Minnesota** 

State Plan Amendment (SPA) #: 25-0028

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 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

November 24, 2025

John Connolly
Assistant Commissioner and State Medicaid Director
Minnesota Department of Human Services
540 Cedar Street
P.O. Box 64983
St. Paul, MN 55164-0983

Re: Minnesota State Plan Amendment (SPA) 25-0028

Dear State Medicaid Director Connolly:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0028. This SPA updates the clinic services benefit pages in the state plan utilizing OMB's/CMS' required SPA Template (CMS-10398 #91). Minnesota submits this SPA utilizing the required template in response to CMS companion letter enclosed in CMS' approval package for MN SPA 24-0050.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR §440.90. This letter informs you that Minnesota's Medicaid SPA 25-0028 was approved on November 21, 2025, with an effective date of October 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Minnesota State Plan.

If you have any questions, please contact Sandra Porter at (312) 353-8310, or via email at Sandra.Porter@cms.hhs.gov.

Sincerely,

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

**Enclosures** 

cc: Patrick Hultman Alexandra Zoellner

Leah Montgomery

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES  TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. FEDERAL STATUTE/REGULATION CITATION 1905(a)(9) of the Social Security Act and 42 CFR 440.90  7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Page 39 (08-13), 39a (08-13), 39a1 (NEW), 39a2	1. TRANSMITTAL NUMBER  2 5 — 0 0 2 8 MN  3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  XIX XXI  4. PROPOSED EFFECTIVE DATE  October 1, 2025  6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  a. FFY 2026 \$ 0  b. FFY 2027 \$ 0  8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)		
(NEW), 39b (24-50), 39b1 (NEW), 39c (NEW) Attachment 3.1-B Page 38 (08-13), 38a (08-13), 38a1 (NEW), 38b (24-50), 38b1 (NEW), 38c (NEW)	Attachment 3.1-A Page 39 (08-13), 39a (08-13), <del>39a1 (NEW), 39a2 (NEW), 39b (24-50), 39b1 (NEW), 39c (NEW) (NEW), 38a1 (NEW), 38a2 (NEW), 38b (24-50), 38b1 (NEW), 38c (NEW) (NEW), 38c (NEW) (NEW), 38c (NEW)</del>		
9. SUBJECT OF AMENDMENT  Implements the new CMS template for Clinic Services.			
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, ASSPECIFIED:		
	. RETURN TO		
	Patrick Hultman		
12. TYPED NAME	Minnesota Department of Human Services Federal Relations Unit		
Patrick Hultman 54	540 Cedar Street, PO Box 64983		
13. TITLE Deputy Medicaid Director	int Paul, MN 55164		
14. DATE SUBMITTED October 14, 2025			
FOR CMS USE			
NOTE AND THE STATE OF THE STATE	. DATE APPROVED		
October 14, 2025  PLAN APPROVED - ONE	November 21, 2025		
	SIGNATURE OF APPROVING OFFICIAL		
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October 1, 2025  20. TYPED NAME OF APPROVING OFFICIAL  21	. TITLE OF APPROVING OFFICIAL		
Wendy E. Hill Petras  22. REMARKS	Acting Director, Division of Program Operations		
Block 8: Pen and ink changes approved by the state on 11/21/2025.			

[Enter Supplement or Addendum if applicable	Enter	Sup	plement	or A	ddendum	if	app	licable
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Supplen	nent or Addendum if applicable]	Attachment 3.1-A
		Page 39
	State Plan under Title XIX of the Social Secu	urity Act
	State/Territory: Minnesota	7
	Section 1905(a)(9) Clinic Services	_
	provides coverage for this benefit as defined at section § curity Act (the Act) and 42 C.F.R. 440.90 and as describe	The state of the s
General A	Assurances	
[Select all	I three checkboxes below.]	
✓	The state assures services are furnished by a facility the in accordance with 42 C.F.R. 440.90.	nat is not part of a hospital
<b>✓</b>	The state assures that services are furnished by facilities operated to provide medical care to outpatients in account 440.90.	사람 하다 맛있다면 하나가 하는 아이들이 살아가지 않는 것이다. 나는 사람들이 없는 사람들이 없는 사람들이 되었다. 그런 사람들이 되었다면 하다면 살아보다.
<b>√</b>	The state assures that services are furnished under the dentist in accordance with 42 C.F.R. 440.90(a).	e direction of a physician or
Types of	Clinic Services and Limitations in Amount, Duration,	, or Scope
	applicable, describe below, and indicate if limits may te determined medical necessity criteria.]	y be exceeded based
	Limitations apply to all services within the benefit category	ory.
nters for Me Privacy Ac	re Statement - This use of this form is mandatory and the infor edicare & Medicaid Services in implementing section §1905(a) at of 1974, any personally identifying information obtained will be by may not conduct or sponsor, and a person is not required to	(9) of the Social Security Act. Undo be kept private to the extent of the

PRA Disc he Centers fo er the Privac law. An ac on 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

State/Territory: Minnesota

Section 1905(a)(9) Clinic Services

Types of Clinics and Services:

[Select all that apply and describe below as applicable]

		vioral Health Clinics [Describe the types of behavioral health s below and 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.]
<b>√</b>	IHS a	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].

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 State/Territory: Minnesota Section 1905(a)(9) Clinic Services 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.] Other Clinics [Describe the types of clinics, if any limitations apply, and select below if applicable.]: Ambulatory surgical center services covered under this item are facility servicesfurnished in connection with a covered surgical procedure. 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.] The following ambulatory surgical center services are covered: 1. Nursing services and other related services of practitioners who are involved in the recipient's health care. 2. Drugs, medical supplies, and equipment commonly furnished by the ambulatory surgical center in connection with surgical

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State Plan under Title XIX of the Social Security Act

State/Territory: Minnesota

Section 1905(a)(9) Clinic Services

procedures. Drugs are limited to those which cannot be self-administered.

- 3. Diagnostic or therapeutic services that are directly related to the provision of a surgical procedure.
- 4.Blood, blood plasma, and platelets.
- 5. Anesthetics and any medical supplies, whether disposable or reusable, necessary for the administration of the anesthetics.

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[Enter Supplement	or Addendum	if applicable]
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State Plan under	Title XIX	of the Soc	ial Security Act

State/Territory: Minnesota

Section 1905(a)(9) Clinic Services

## **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.]:

1	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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[Enter	Supplement	or	Addendum	if	applicable]	
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			State/Territo	ry: Minnesota				
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		rural h C.F.R physic check	nealth clinic (as i . 440.20(b) of th cian in accordan	referenced in se is subpart) by c ce with 42 C.F.I	that is located in a rection §1905(a)(2)(B linic personnel unde R. 440.90(e) <b>[Select</b> e definition of a ru	of the Acer the direct one of the	ct and 42 ction of a ne	
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				Market State	e governmental ager / <b>[Describe below.]</b>		role in	
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State Plan under Title XIX of the Social Secu State/Territory: Minnesota Section 1905(a)(9) Clinic Services	Page 39c urity Act
State/Territory: Minnesota	urity Act
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Section 1905(a)(9) Clinic Services	
	_
The state attests that [Select the checkbox if the state elects outside of a clinic that is located in a rural area.]:	to cover services
The selected definition of a rural area best captures rural individuals that meets more of the four criteria and barriers to access experienced by individuals w	that mirror the needs
<ul> <li>The population experiences high rates of behadiagnoses or difficulty accessing behavioral here.</li> <li>The population experiences issues accessing transportation;</li> <li>The population experiences a historical mistru system; and</li> <li>The population experiences high rates of poor mortality.</li> </ul>	ealth services; services due to lack of ust of the health care
Additional Benefit Description (Optional)	
At its option the state may provide additional descriptive information benefit, beyond what is included in the federal statutory and regard descriptions. [Describe below.]:	
PRA Disclosure Statement - This use of this form is mandatory and the information for Medicare & Medicaid Services in implementing section §1905(a) the Privacy Act of 1974, any personally identifying information obtained will be	(9) of the Social Security Act. Under

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	State	Plan	under	Title	XIX	of th	e Soci	al Securi	ty Act
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State/Territory: Minnesota

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:

## **General Assurances**

1	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.
<b>V</b>	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.

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

State/Territory: Minnesota

Section 1905(a)(9) Clinic Services

Types of Clinics and Services:

[Select a	Ill that apply and describe below as applicable]
	Behavioral Health Clinics [Describe the types of behavioral health clinics below and 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.]
✓	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].

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	State Plan under Title XIX of the Social Security Act
	State/Territory: Minnesota
	Section 1905(a)(9) Clinic Services
✓	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.]
<b>√</b>	Other Clinics [Describe the types of clinics, if any limitations apply, and select below if applicable.]:
	Ambulatory surgical center services covered under this item are facility servicesfurnished in connection with a covered surgical procedure.
	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.]
	The following ambulatory surgical center services are covered:  1.Nursing services and other related services of practitioners who are involved in the recipient's health care.  2.Drugs, medical supplies, and equipment commonly furnished by the ambulatory surgical center in connection with surgical

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Enter Supplement	or Addendum	if applicable]
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State Plan under	Title XIX of th	e Social Security Ac
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State/Territory: Minnesota

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

procedures. Drugs are limited to those which cannot be self-administered.

- 3.Diagnostic or therapeutic services that are directly related to the provision of a surgical procedure.
- 4.Blood, blood plasma, and platelets.
- 5.Anesthetics and any medical supplies, whether disposable or reusable, necessary for the administration of the anesthetics.

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[Enter Supplement or Addendum if applicable]	Enter	Sup	plement	or	Addendum	if	applicable]
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Attachment 3.1-B	
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State Plan under	Title XIX of the	Social Security	y Act
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State/Territory: Minnesota

Section 1905(a)(9) Clinic Services

#### **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).
-	Coming fuminhad autoids a slinis that is a facility of the Indian Haalth Coming

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.]:

treatme and su in acco	es furnished outside of a clinic that is primarily organized for the casent of outpatients with behavioral health disorders, including mental ostance use disorders, by clinic personnel under the direction of a rdance with 42 C.F.R. 440.90(d) [Describe the types of behavious such exception applies to below.]:	al health physician

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State Plan under Title XIX of the Soc	cial Security Act
State/Territory: Minnesota	

	Section 1905(a)(9) Clinic Services
rural he C.F.R. physici checkl	es furnished outside of a clinic that is located in a rural area and is not a ealth clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 440.20(b) of this subpart) by clinic personnel under the direction of a an in accordance with 42 C.F.R. 440.90(e) [Select one of the boxes below and describe the definition of a rural area that applies to ception.]:
	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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State Plan under Title XIX of the Social S	ecurity Act	
State/Territory: Minnesota		
Section 1905(a)(9) Clinic Service	es	
The state attests that [Select the checkbox if the state elec- outside of a clinic that is located in a rural area.]:	cts to cover services	
The selected definition of a rural area best capturural individuals that meets more of the four crite and barriers to access experienced by individual	eria that mirror the needs	
<ul> <li>The population experiences high rates of be diagnoses or difficulty accessing behaviora</li> <li>The population experiences issues accession transportation;</li> <li>The population experiences a historical mississystem; and</li> <li>The population experiences high rates of population.</li> </ul>	al health services; ing services due to lack of strust of the health care	
Additional Benefit Description (Optional)		
At its option the state may provide additional descriptive infor benefit, beyond what is included in the federal statutory and and descriptions. [Describe below.]:		
PRA Disclosure Statement - This use of this form is mandatory and the in Centers for Medicare & Medicaid Services in implementing section §1905 the Privacy Act of 1974, any personally identifying information obtained we law. An agency may not conduct or sponsor, and a person is not required unless it displays a currently valid Office of Management and Budget (Office of this project is 0938-1148 (CMS-10398 #91). Public burden for	5(a)(9) of the Social Security Act. Under will be kept private to the extent of the d to respond to a collection of information MB) control number. The OMB control	

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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