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State Plan under Title XIX of the Social Security Act

State/Territory: Wisconsin

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

[Select all three checkboxes below.]

- 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.
- 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.]

1	Limitations	apply to	all services	within t	the benefit	category
√	Liiiillalioiis	apply to	all selvices	vviti iii i	uie bellelli	category.

Prior authorization requirements apply as required by the service type. Limits may be exceeded based upon 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 ur	nder Title XIX of the Social Securi	ity Act	
		State/Territo	ry: Wisconsin		
		Sect	tion 1905(a)(9) Clinic Services		
Т	ypes of Clinic	cs and Services:			
[\$	Select all tha	it apply and descr	ribe below as applicable]		
	1 1		ics [Describe the types of behavion lect below if applicable.]:	oral health	
		[Describe below	y only to this clinic type within the be w and indicate if limits may be exc ermined medical necessity criteria	ceeded based	
	IHS	and Tribal Clinics	[Select below if applicable.]:		
		[describe below	y only to this clinic type within the be w and indicate if limits may be ex- ed medical necessity criteria].	9 7	
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TN:	25-0020		Appro	val Date: 10/20/2025	

Effective: 7/1/2025

Attachment 3.1-A and 3.1-B

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cs [Describe below if approper has general the property of the	Select below only to this cli and indicate d medical ned the types of plicable.]:	Clinic Service if applicable.] inic type within if limits may cessity criteria	the benefit be exceede a.] r limitations	ed based upor
cs [Describe below if approper has general the property of the	only to this cli and indicate d medical ned the types of plicable.]:	if applicable.] inic type within if limits may cessity criteria f clinics, if any	the benefit be exceede a.] r limitations	ed based upor
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cs [Describe below if app has general therapeutic,	and indicated medical neo	e if limits may cessity criteria	be exceede a.] / limitations	ed based upor
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has general, therapeutic,	plicable.]: freestanding	clinics. These	clinics provi	
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edical care to	•	ital but is orgar		are furnished
scribe below	and indicate	•	be exceed	0 ,
	scribe below	scribe below and indicate	scribe below and indicate if limits may	scribe below and indicate if limits may be exceed in 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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\ttach	nment	3.1-A	and	3.1-B
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State/Territory: Wisconsin

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).
	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	e 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.]:

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:	Visconsin				
Section 1	1905(a)(9) Clinic Services				
Services furnished outside of a clinic that is located in a rural area and is no rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) [Select one of the checkboxes below and describe the definition of a rural area that app this exception.]:					
	and used by a federal governmental agency urposes [Describe below.]:				
	by a state governmental agency with a role in ealth policy [Describe below.]:				
Centers for Medicare & Medicaid Services in the Privacy Act of 1974, any personally identifiaw. An agency may not conduct or sponsor, unless it displays a currently valid Office of Number for this project is 0938-1148 (CMS-1) requirements under this control number is estregarding this burden estimate or any other as	form is mandatory and the information is being collected to assist the implementing section §1905(a)(9) of the Social Security Act. Under ifying information obtained will be kept private to the extent of the and a person is not required to respond to a collection of information Management and Budget (OMB) control number. The OMB control 0398 #91). Public burden for all of the collection of information timated to take about 25 hours per response. Send comments aspect of this collection of information, including suggestions for Boulevard, Attn: Paperwork Reduction Act Reports Clearance land 21244-1850.				
TN: 25-0020	Approval Date: 10/20/2025				
Supersedes TN: NEW	Effective: 7/1/2025				

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	State Plan under Title	XIX of the Social Secur	ity Act		
	State/Territory: Wisco	nsin			
	Section 1905(a)(9) Clinic Services			
	tate attests that [Select the checkl de of a clinic that is located in a r		cover se	rvices	
	The selected definition of a r rural individuals that meets r and barriers to access expen	nore of the four criteria th	nat mirror t	he needs	
	diagnoses or difficulty aThe population experie transportation;The population experie	ences high rates of behave accessing behavioral hea ences issues accessing se ences a historical mistrust	alth service ervices du	es; e to lack of	
	system; andThe population experie mortality.	ences high rates of poor h	nealth outc	omes and	
At its benef	cional Benefit Description (Option option the state may provide addition it, beyond what is included in the feescriptions. [Describe below.]:	onal descriptive information			
Centers for law. An ager unless it dis number for trequirement regarding this reducing this	sure Statement - This use of this form is Medicare & Medicaid Services in imple Act of 1974, any personally identifying incy may not conduct or sponsor, and a splays a currently valid Office of Managhis project is 0938-1148 (CMS-10398 stander this control number is estimate is burden estimate or any other aspect is burden, to CMS, 7500 Security Boul Stop C4-26-05, Baltimore, Maryland 2	menting section §1905(a)(9) information obtained will be person is not required to reement and Budget (OMB) of \$91). Public burden for all of to take about 25 hours perform of this collection of informatic evard, Attn: Paperwork Recommendation of the section of	of the Soc kept private espond to a control numl f the collect er response tion, includi	cial Security Act. to the extent of collection of info cor. The OMB cor. The OMB cor. ion of information . Send comment of suggestions	Under f the ormatior ontrol on ts for
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