

9. Clinic Services

Coverage for clinic services is limited to services provided by the following clinics and includes:

1. Mental health centers licensed in accordance with applicable state laws and regulations. However, services rendered by community mental health centers to skilled nursing or intermediate care facility patients/residents are not covered.
2. Family planning clinics.
3. Clinics engaging in screening for the purposes of the early and periodic screening, diagnosis, and treatment component of the Medicaid Program.
4. Out-patient surgical clinics.
5. Other clinics authorized under 42 CFR 440.90.
6. Rural Emergency Hospital (REH) is allowed to provide:
 - Emergency department services
 - Observation and care and
 - Additional outpatient medical and health services if elected by the REH, that do not exceed an annual per patient average length of stay of 24 hours.

REHs are prohibited from providing inpatient services, except those furnished in a distinct part licensed as a skilled nursing facility to furnish post-hospital extended care services.

Since REHs provide emergency department services, they must comply with:

- The Emergency Medical Treatment and Labor Act at section 1867 of the Act
- Accompanying regulations in 42 CFR 489.24
- Related requirements at 42 CFR 489.20(l), (m), (q), and (r)

The following are eligible to convert to a RHE if they were enrolled and certified to participate in Medicare as of December 27, 2020:

- Critical Access Hospitals (CAH)
- A subsection (d) hospital in section 1886(d)(1)(B) of the Social Security Act with not more than 50 beds located in a county in a rural area (as defined in section 1886(d)(2)(D) of the Act) (referred to as rural hospital)
- A subsection (d) hospital (as so defined) with not more than 50 beds that was treated as being in a rural area pursuant to section 1886(d)(8)(E) of the Act (referred to as rural hospital)

- 9a. Abortion services are reimbursable under the Medical Assistance Program only when service to provide an abortion or induce miscarriage is, in the opinion of the physician, necessary for the preservation of the life of the woman seeking such treatment or to comply with federal court order in the case of *Hope vs. Childers*. Any request for program payment for an abortion or induced miscarriage must be justified by a signed physician certification documenting that in the physician's opinion the appropriate circumstances, as outlined in sentence one of this paragraph, existed. A copy of the completed certification form and an operative report shall accompany each claim submitted for payment. However, when medical services not routinely related to the uncovered abortion service are required, the utilization of an uncovered abortion service shall not preclude the recipient from receipt of medical services normally available through the Medical Assistance Program.

9b. Specialized Children's Services Clinics

Specialized Children's Services Clinics provide a comprehensive interdisciplinary evaluation, assessment, and treatment of sexually and physically abused children under the age of 21, based on medical necessity. A team of professionals representing a variety of medical, social, and legal disciplines and advocates assesses the child and coordinates and/or provides needed services.

Medicaid coverage of services provided by clinics is limited to medical examinations and ongoing mental health treatment.

Providers of clinic services are employed by, under contract, or have a signed affiliation agreement with the clinic.

Reimbursement methodology is described in Attachment 4.19-B, Section XXXII.

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