CHAPTER 4705
DEPARTMENT OF HEALTH
SERVICES FOR CHILDREN WITH HANDICAPS

4705.0100 DEFINITIONS.

Subpart 1. **Scope.** For the purposes of parts 4705.0100 to 4705.1600, the following terms shall have the meaning given them.

Subp. 2. **Adjusted gross income.** "Adjusted gross income" means all of the income received by the applicant, less the deductions allowed by the IRS for business and professional expenses as declared on the most recent IRS statement of federal adjusted gross income for the immediately preceding tax year.

Subp. 3. **Administrative review committee.** "Administrative review committee" means the committee, as identified by the commissioner of health, composed of administrative personnel from the Division of Community Services and the SCH program and a representative from the SCH field staff who have responsibility for the review of SCH decisions relating to eligibility and cost sharing for those applicants who wish such reconsideration.

Subp. 4. **Allowable deductions.** "Allowable deductions" means those expenses incurred by household members for the following items:

A. medical/dental expenses for treatment and other health-care-related expenses paid during the previous 12 months which were not reimbursed by a third-party payer such as insurance or title XIX (medical assistance); and

B. transportation costs in order to obtain medical/dental care and services during the previous 12 months. Travel expenses by car are calculated at 17 cents a mile. Actual costs of train, airplane, bus, and taxi fares.

Subp. 5. **Applicant.** "Applicant" means the individual who requests the services offered by SCH or the parent(s) or legal guardian(s) of such an individual.

Subp. 6. **Application.** "Application" means a written request for service and/or cost-sharing determination signed by the applicant on forms specified by SCH.

Subp. 7. **Authorization forms.** "Authorization form" means the document designed and supplied by SCH to the service provider with a copy to the applicant, outlining the service(s) requested for the individual and the conditions of payment by SCH to the service provider.

Subp. 8. **Child with a handicap.** "Child with a handicap" means an individual under 21 years of age who has a disease or physiological condition which might hinder the achievement of normal growth and development.

Subp. 9. **Comprehensive care center.** "Comprehensive care center" (applicable to services for hemophiliacs only) means a medical facility in which a multidisciplinary team coordinates a program of total care for hemophiliacs, including emergency and consultation services.

Subp. 10. **Cost sharing.** "Cost sharing" means the financial participation in the cost of treatment service(s) on the part of the applicant and established on the basis of ability to pay pursuant to parts 4705.0100 to 4705.1600.

Subp. 11. **Cost-sharing schedule.** "Cost-sharing schedule" means the schedule set out in part 4705.0600, subpart 3 which specifies income levels by number of members in the household and the corresponding percentage of that income level an applicant shall be required to share in the cost of treatment service(s), depending upon the level of their SCH adjusted income.

Subp. 12. **Diagnostic evaluation.** "Diagnostic evaluation" means the initial history, examination, and necessary tests to establish the diagnosis and outline the plan of treatment. This evaluation is performed by a team of professionals under the direction of a physician who is board-certified or board-eligible in a specialty area.

Subp. 13. **Federal act.** "Federal act" means the Social Security Act, as amended, title V, United States Code, title 42, chapter 7.

Subp. 14. **Handicapping condition.** "Handicapping condition" means a physical condition which requires extended, sequential, medical, surgical, and/or rehabilitative intervention as determined by a diagnostic evaluation and approved by SCH.

Subp. 15. **Hemophilia.** "Hemophilia" means a bleeding tendency resulting from a genetically determined deficiency and/or abnormality of a blood plasma factor or component.

Subp. 16. **Household member.** "Household member" means any of the following individuals who shall be counted as part of a household for the purposes of parts 4705.0100 to 4705.1600: spouse; parent(s) and their children who are not self-supporting whether residing in the household or absent from the home; the unborn child/children of a current pregnancy of a spouse. Self-supporting individuals 18 years and over shall not be included as members of the household.

Subp. 17. **Household member deduction.** "Household member deduction" means an amount of $1,000 for each household member which is deducted from the total of the includable assets.

Subp. 18. **Includable assets.** "Includable assets" means cash and those fluid assets readily convertible into cash such as commercial paper and negotiable paper instruments. The amount of these instruments is added by SCH to the adjusted gross income. Includable assets include: cash; checking accounts; certificates of deposit; savings accounts; bonds; stocks; and income not reportable to IRS.

Subp. 19. **Medical director.** "Medical director" means the physician assigned responsibility by the commissioner of health for the administration and management of SCH in the state of Minnesota.

Subp. 20. **One-person household.** "One-person household" means any of the following individuals who shall be counted as a one-person household for the purposes of these rules:

A. an adult living alone;

B. an adult living with individual(s) other than a spouse or children who are not self-supporting;

C. a child living with a relative other than a parent or legal guardian; or

D. an individual 18 years of age or over who is a self-supporting individual and living with parent(s).

Subp. 21. **Prior authorization.** "Prior authorization" means a written agreement between SCH and a service provider which details service(s) requested for payment by SCH for the benefit of an applicant. The service(s) and conditions of payment must be approved by an agent of SCH prior to provision of the service(s).

Subp. 22. **Reimbursement.** "Reimbursement" means the payment by SCH to a service provider for diagnostic evaluation or treatment service(s) of SCH eligible individuals.

Subp. 23. **SCH.** "SCH" means the Services for Children with Handicaps program.

Subp. 24. **SCH adjusted income.** "SCH adjusted income" means the income figure derived after SCH applies cost-sharing calculations pursuant to part 4705.0600, subpart 3.

Subp. 25. **Self-supporting individual.** "Self-supporting individual" means an individual who contributes 50 percent or more toward his/her living costs.

Subp. 26. **Service provider.** "Service provider" means any of those facilities and personnel whose services are requested by SCH and who meet the criteria for participation as specified in these rules.

Subp. 27. **State gross median income.** "State gross median income" is $25,394 annually for a family of four as developed by the Bureau of the Census and released by the Social Security Administration (Information Memorandum 82-13, September 24, 1982). "State gross median income" adjusted for households of different sizes in accordance with Federal Register, volume 45, page 56710 (Code of Federal Regulations, title 45, section 1396.60, removed) is: households of one, $13,205; two, $17,268; three, $21,331; five, $29,457; six, $33,520; seven, $34,282; eight, $35,044; nine, $35,806; ten, $36,567; more than ten, 144 percent of $25,394 plus three percent of $25,394 for each household member in excess of ten.

Subp. 28. **Third-party reimbursement sources.** "Third-party reimbursement sources" means a third-party payer, other than the applicant who pays for service(s) not directly received by the payer, such as insurance (including health maintenance organizations) and/or title XIX (medical assistance).

Subp. 29. **Title XIX.** "Title XIX" (medical assistance) means the program authorized by the Social Security Act, United States Code, title 42, sections 1901 to 1910 to provide reimbursement for medical care for individuals whose resources do not enable them to purchase such care.

Subp. 30. **Treatment plan.** "Treatment plan" means a written statement developed by a physician who is board-certified or board-eligible in a specialty area in concert with other professionals and which delineates the service(s) required to correct or ameliorate an individual's physically handicapping condition.

Subp. 31. **Treatment service(s).** "Treatment service(s)" means the ongoing medical case management for a child diagnosed as having a handicapping condition. This medical case management includes definitive medical, surgical, dental, rehabilitative, and follow-up services related to the condition.

Statutory Authority: *MS s 144.05; 144.06; 144.07; 144.09; 144.10; 144.11; 144.12; 144.146*

History: *8 SR 1821*

4705.0200 DECLARATION OF PURPOSE, SCOPE, AND APPLICABILITY.

Parts 4705.0100 to 4705.1600 apply to the parent(s) or guardian(s) of handicapped and potentially handicapped children under the age of 21, self-supporting handicapped and potentially handicapped individuals under 21 years of age, individuals 21 years of age or over with cystic fibrosis or hemophilia, and those health professionals and institutions that provide services

to eligible individuals with handicaps. The federal act (title V, United States Code, title 42, chapter 7) authorizing Services for Children with Handicaps (SCH) provides annual formula funds to the state, which are augmented by state appropriation; therefore, reimbursement to providers under these rules is subject to the limitation of these funds and the funds appropriated under Minnesota law.

The purpose and scope of parts 4705.0100 to 4705.1600 is to specify the Services for Children with Handicaps (SCH) criteria, procedures, and responsibilities relating to applicant eligibility, applicant cost-sharing, and reimbursement to service providers for service(s) authorized by SCH for physically handicapping conditions in children.

Statutory Authority: *MS s 144.05; 144.06; 144.07; 144.09; 144.11; 144.12; 144.146*

4705.0300 APPLICANT ELIGIBILITY FOR DIAGNOSTIC EVALUATION.

An applicant shall complete an application provided by SCH as described in part 4705.0500. Any applicant, regardless of income, who meets all of the following criteria shall be eligible for a diagnostic evaluation authorized by SCH:

A. a resident of the state of Minnesota;

B. a child under 21 years of age or an adult 21 years of age or over with cystic fibrosis or hemophilia;

C. a child who is suspected to be a child with a handicap.

In addition to the above criteria, an applicant shall be required to make use of available third-party reimbursement sources for the examinations and tests necessary for a diagnostic evaluation. There shall be no out-of-pocket cost to the applicant. Prior written authorization shall be required for a diagnostic evaluation to be reimbursed in full or for that part not reimbursed by third-party payers by SCH.

Statutory Authority: *MS s 144.05; 144.06; 144.07; 144.09; 144.11; 144.12; 144.146*

4705.0400 APPLICANT ELIGIBILITY FOR TREATMENT SERVICES.

An applicant shall complete an application provided by SCH and described in part 4705.0500. Any applicant who meets all of the following criteria shall be eligible for SCH reimbursement to service providers for the cost of treatment service(s):

A. a resident of the state of Minnesota;

B. a child under 21 years of age or an adult 21 years of age or older with cystic fibrosis or hemophilia;

C. a child who has a diagnosed handicapping condition as defined in parts 4705.0100 to 4705.1600.

In addition to the above criteria, an applicant shall agree to participate in cost sharing if any is required, according to the specifications set out in part 4705.0600. An applicant shall be required to make use of available third-party reimbursement sources for treatment service(s). Prior written authorization shall be required for treatment service(s) to be reimbursed in full or in part by SCH.

An applicant who meets all of the criteria and requirements for eligibility, but whose handicapping condition may not require extended or sequential care, shall be eligible for SCH reimbursement to service providers in those instances where the cost of treatment is anticipated to exceed 40 percent of the applicant's adjusted gross income as defined in parts 4705.0100 to 4705.1600.

Statutory Authority: *MS s 144.05; 144.06; 144.07; 144.09; 144.11; 144.12; 144.146*

4705.0500 APPLICATION FOR SERVICE(S).

Subpart 1. **Application form.** SCH shall provide an application form upon request. Each submitted application shall contain a signed statement by the applicant that the information given is true and complete to the best of his/her ability and knowledge.

Subp. 2. **Review of the application.** SCH shall review the completed application within 30 days of receipt. This review determines whether the applicant is eligible for SCH reimbursement of treatment service(s) pursuant to part 4705.0400 and determines any cost-sharing requirements.

Subp. 3. **Notification to applicant.** SCH shall notify the applicant in writing of any decision related to eligibility for SCH reimbursement to service providers for service(s).

Subp. 4. **Preparation of cost-sharing agreement.** For applicants for treatment service(s), SCH shall prepare the cost-sharing agreement, if cost-sharing is indicated under part 4705.0600. An applicant shall not be eligible to have treatment service(s) authorized through SCH until the cost-sharing agreement is signed by the applicant and received in the SCH office.

Subp. 5. **Reapplication.** An applicant who is determined ineligible for reimbursement of treatment costs may reapply when and if he/she feels there are changes of circumstances which are related to the eligibility criteria as contained in parts 4705.0100 to 4705.1600.

Subp. 6. **Eligibility.** The period in which an applicant shall remain eligible for SCH authorization for reimbursement to service providers of treatment costs shall be as follows:

A. one year from the date of receipt by SCH of the signed cost-sharing agreement, when cost sharing is required;

B. one year from the date of the original eligibility determination, when no cost sharing is required;

C. SCH shall make an exception regarding the beginning date of eligibility in those instances where the child is in an unanticipated treatment situation and the applicant was unaware of the program before this time. Where the time required to process the application will cause delay in the provision of treatment service(s), the documented, initial contact with SCH shall be considered the beginning of eligibility if the application and signed cost-sharing agreement are received within 60 days of this initial contact.

SCH shall send the applicant written notification of the date upon which eligibility begins. To maintain eligibility, an applicant must complete another application at the end of the eligibility period.

Statutory Authority: *MS s 144.05; 144.06; 144.07; 144.09; 144.11; 144.12; 144.146*

4705.0600 COST-SHARING.

Subpart 1. **Applicants who must cost-share.** Any applicant whose SCH adjusted income as defined and described in part 4705.0100, subpart 24 is above 60 percent of the state gross median income shall be required to share in the treatment costs of all service(s) authorized by SCH. SCH shall reimburse service providers for remaining expenses for authorized treatment service(s) which are not covered by the applicant's cost-sharing or third-party reimbursement sources. No cost sharing shall be required of an applicant who is currently eligible for medical assistance (title XIX), a ward of the state or whose SCH adjusted income falls below 60 percent of the state gross median income.

Subp. 2. **Adjusted gross income.** The adjusted gross income used in any cost-sharing calculations shall be that of the applicant as defined in part 4705.1000, subpart 5. The income of a stepparent who does not adopt a child is not considered in cost-sharing calculations.

Subp. 3. **Amount of cost-sharing.** The amount of cost-sharing required of an applicant is determined in the following manner:

A. Step No. 1: The includable assets are totaled. If applicable, the household member deduction is subtracted from this total.

B. Step No. 2: The amount derived in Step No. 1 is then added to the adjusted gross income.

C. Step No. 3: The total of the allowable deductions is subtracted from the amount derived in Step No. 2. This figure indicates the SCH adjusted income.

D. Step No. 4: The percentage that the applicant must share in the cost of treatment is based on the applicant's SCH adjusted income level and on the number of members in the household. This percentage is calculated according to the following schedule:

SCH Cost-sharing Schedule

The applicant's share is one percent of cost for each $1,000 or fraction of $1,000 of income above 60 percent of the state gross median income for a household of the same size as the applicant's. The applicant's percent share is found on the schedule by looking under the number which is the number of members of applicant's household to find the income level which includes the applicant's annual household income. The applicant's percent share is shown to the far left of that income level. To extend the schedule to households of more than ten members add $457 for each household member in excess of ten to the income levels for a household of ten members.

Percentage which eligible applicants share in the cost of treatment	Income Levels by Number of Members in the Household	
	1	2
0	0-$ 7,923	0-$10,361
1	7,924- 8,923	10,362- 11,361
2	8,924- 9,923	11,362- 12,361
3	9,924- 10,923	12,362- 13,361
4	10,924- 11,923	13,362- 14,361
5	11,924- 12,923	14,362- 15,361
6	12,924- 13,923	15,362- 16,361
7	13,924- 14,923	16,362- 17,361
8	14,924- 15,923	17,362- 18,361
9	15,924- 16,923	18,362- 19,361
10	16,924- 17,923	19,362- 20,361
11	17,924- 18,923	20,362- 21,361
12	18,924- 19,923	21,362- 22,361
13	19,924- 20,923	22,362- 23,361
14	20,924- 21,923	23,362- 24,361
15	21,924- 22,923	24,362- 25,361
16	22,924- 23,923	25,362- 26,361
17	23,924- 24,923	26,362- 27,361
18	24,924- 25,923	27,362- 28,361
	3	4
0	0- 12,799	0- 15,236
1	12,800- 13,799	15,237- 16,236
2	13,800- 14,799	16,237- 17,236
3	14,800- 15,799	17,237- 18,236
4	15,800- 16,799	18,237- 19,236
5	16,800- 17,799	19,237- 20,236

6	17,800- 18,799	20,237- 21,236
7	18,800- 19,799	21,237- 22,236
8	19,800- 20,799	22,237- 23,236
9	20,800- 21,799	23,237- 24,236
10	21,800- 22,799	24,237- 25,236
11	22,800- 23,799	25,237- 26,236
12	23,800- 24,799	26,237- 27,236
13	24,800- 25,799	27,237- 28,236
14	25,800- 26,799	28,237- 29,236
15	26,800- 27,799	29,237- 30,236
16	27,800- 28,799	30,237- 31,236
17	28,800- 29,799	31,237- 32,236
18	29,800- 30,799	32,237- 33,236

	5	6
0	0- 17,674	0- 20,112
1	17,675- 18,674	20,113- 21,112
2	18,675- 19,674	21,113- 22,112
3	19,675- 20,674	22,113- 23,112
4	20,675- 21,674	23,113- 24,112
5	21,675- 22,674	24,113- 25,112
6	22,675- 23,674	25,113- 26,112
7	23,675- 24,674	26,113- 27,112
8	24,675- 25,674	27,113- 28,112
9	25,675- 26,674	28,113- 29,112
10	26,675- 27,674	29,113- 30,112
11	27,675- 28,674	30,113- 31,112
12	28,675- 29,674	31,113- 32,112
13	29,675- 30,674	32,113- 33,112
14	30,675- 31,674	33,113- 34,112
15	31,675- 32,674	34,113- 35,112
16	32,675- 33,674	35,113- 36,112
17	33,675- 34,674	36,113- 37,112
18	34,675- 35,674	37,113- 38,112

	7	8
0	0- 20,569	0- 21,026
1	20,570- 21,569	21,027- 22,026
2	21,570- 22,569	22,027- 23,026
3	22,570- 23,569	23,027- 24,026
4	23,570- 24,569	24,027- 25,026
5	24,570- 25,569	25,027- 26,026
6	25,570- 26,569	26,027- 27,026
7	26,570- 27,569	27,027- 28,026
8	27,570- 28,569	28,027- 29,026
9	28,570- 29,569	29,027- 30,026
10	29,570- 30,569	30,027- 31,026
11	30,570- 31,569	31,027- 32,026
12	31,570- 32,569	32,027- 33,026
13	32,570- 33,569	33,027- 34,026
14	33,570- 34,569	34,027- 35,026
15	34,570- 35,569	35,027- 36,026
16	35,570- 36,569	36,027- 37,026
17	36,570- 37,569	37,027- 38,026
18	37,570- 38,569	38,027- 39,026

	9	10
0	0- 21,484	0- 21,940
1	21,485- 22,484	21,941- 22,940
2	22,485- 23,484	22,941- 23,940
3	23,485- 24,484	23,941- 24,940
4	24,485- 25,484	24,941- 25,940
5	25,485- 26,484	25,941- 26,940
6	26,485- 27,484	26,941- 27,940
7	27,485- 28,484	27,941- 28,940
8	28,485- 29,484	28,941- 29,940
9	29,485- 30,484	29,941- 30,940
10	30,485- 31,484	30,941- 31,940
11	31,485- 32,484	31,941- 32,940
12	32,485- 33,484	32,941- 33,940
13	33,485- 34,484	33,941- 34,940
14	34,485- 35,484	34,941- 35,940
15	35,485- 36,484	35,941- 36,940
16	36,485- 37,484	36,941- 37,940
17	37,485- 38,484	37,941- 38,940
18	38,485- 39,484	38,941- 39,940

Subp. 4. **Adjustments in cost sharing.** Adjustments in cost sharing shall be made when extenuating circumstances occur which may alter the ability of an applicant to assume cost-sharing in the amount indicated. The following constitute criteria for a review of an applicant's cost-sharing requirement during the eligibility period:

A. an increase or decrease of five percent in the annual adjusted gross income from that indicated on the application;

B. a change in the number of members included in the household from that indicated on the application;

C. uninsured property damage of at least $2,500; and

D. extraordinary expenses for travel, lodging, child care incurred by families as a result of current treatment of eligible children.

Subp. 5. **Reporting change in income.** An applicant shall be responsible for reporting any change in the number of household members or a change of five percent of the adjusted gross income to SCH within 15 days. Failure to provide such information shall constitute grounds for review of an applicant's cost sharing.

Subp. 6. **Change in amount paid.** The amount that an eligible applicant shall share in the cost of treatment shall remain the same regardless of the number of children in the household eligible for treatment under the SCH program. For example, if the cost-sharing amount is $780, this amount is not changed if there are two or more children in the household eligible for service.

Statutory Authority: *MS s 144.05; 144.06; 144.07; 144.09; 144.10; 144.11; 144.12; 144.146*

History: *8 SR 1821*

4705.0700 REIMBURSEMENT FOR DIAGNOSTIC EVALUATION.

SCH shall only reimburse for diagnostic evaluation and/or treatment service(s) for which a prior written authorization has been provided in a format designated by SCH.

Statutory Authority: *MS s 144.05; 144.06; 144.07; 144.09; 144.11; 144.12; 144.146*

4705.0800 EMERGENCY AUTHORIZATION OF REIMBURSEMENT.

Emergency authorization of reimbursement for treatment service(s) shall be provided by SCH in situations which are later determined by the SCH medical director to be life-threatening or to have the potential for irrevocable damage, injury, or long-term consequences if treatment is not provided immediately. In these instances, SCH shall be notified by the physician or hospital staff within 72 hours after admission to a hospital. Eligibility for further authorization shall be determined according to the criteria contained in parts 4705.0100 to 4705.1600.

Statutory Authority: *MS s 144.05; 144.06; 144.07; 144.09; 144.11; 144.12; 144.146*

4705.0900 LIMITATIONS ON AUTHORIZATION OF REIMBURSEMENT FOR TREATMENT SERVICE(S).

SCH shall authorize reimbursement to a service provider only for treatment that is part of the treatment plan for an individual's handicapping condition. SCH shall not authorize reimbursement for the treatment of conditions determined by SCH to be primarily cosmetic in nature. SCH shall not authorize reimbursement for costs of equipment such as hospital beds or wheelchairs unless no other resource is available. Within any 12-month period, SCH shall pay no more than $10,000 for the care of an individual. SCH shall not authorize reimbursement for treatment service(s) not associated with an individual's eligible condition. An exception shall be made and routine care shall be authorized by the SCH medical director when, as the result of the eligible condition, it is more probable than not that a life-threatening situation or irrevocable damage or injury might occur during what otherwise would be routine care.

SCH shall not authorize reimbursement for treatment services for individuals 21 years of age or over with hemophilia except as specified in part 4705.1000.

Statutory Authority: *MS s 144.05; 144.06; 144.07; 144.09; 144.11; 144.12; 144.146*

4705.1000 REIMBURSEMENT FOR CARE AND TREATMENT OF HEMOPHILIACS.

Reimbursement for care and treatment of hemophiliacs 21 years of age or over shall be available for:

A. blood, blood components, blood derivatives;

B. home infusion kits;

C. other chemical agents suitable for effective treatment in hospitals, medical and dental facilities, and at home;

D. orthopedic braces, splints, and special shoes; and

E. periodic evaluation at a comprehensive care center.

Statutory Authority: *MS s 144.05; 144.06; 144.07; 144.09; 144.11; 144.12; 144.146*

4705.1100 SERVICES NOT REIMBURSABLE.

The following services are not reimbursable under parts 4705.0100 to 4705.1600 for hemophiliacs 21 years of age or over:

A. hospital care other than that hospital care necessary to provide those services as specified in part 4705.1000;

B. physician care other than that physician care necessary to provide those services as specified in part 4705.1000;

C. dental care other than that dental care necessary to provide those services as specified in part 4705.1000; and

D. medical transportation unless it is a medical emergency as determined by the medical director.

Statutory Authority: *MS s 144.05; 144.06; 144.07; 144.09; 144.11; 144.12; 144.146*

4705.1200 ADMINISTRATIVE REVIEW PROCEDURES.

Subpart 1. **Review request.** An applicant and/or staff person of any agency may request, at any time, a review by the administrative review committee of their eligibility status or cost-sharing requirement. A written request for review shall be submitted to the SCH medical director containing the reasons for the request, the issues involved and a brief summary of any previous actions.

Subp. 2. **Review.** The review shall take place within 30 days of the receipt of the request. The applicant shall be notified at least 15 days in advance of the date, time, and place of the review. If an applicant, through no fault of his/her own, cannot attend the review and wishes to do so, the reasons should be stated in writing. SCH will then reschedule the review. The applicant and/or his/her representative may be present at this review. During this review, the applicant shall have further opportunity to explain his/her circumstances.

Subp. 3. **Notice in writing.** SCH shall inform the applicant in writing of the decision and the grounds upon which the decision is based.

Statutory Authority: *MS s 144.05; 144.06; 144.07; 144.09; 144.11; 144.12; 144.146*

4705.1300 FORMAL HEARING.

In the event that an applicant seeks to appeal the decision of SCH such an appeal shall be conducted by the Minnesota Department of Health pursuant to the Minnesota Administrative Procedure Act and the rules of the Office of Administrative Hearings.

Statutory Authority: *MS s 144.05; 144.06; 144.07; 144.09; 144.11; 144.12; 144.146*

4705.1400 RESPONSIBILITIES BETWEEN SCH AND SERVICE PROVIDERS.

Subpart 1. **Referral information.** SCH shall supply, with the written consent of the applicant, referral information to service providers for applicants authorized to receive diagnostic evaluations or treatment service(s).

Subp. 2. **Payment of service providers.** SCH shall pay service providers at the same rates for medical, dental, and hospital care up to the maximum allowable charges as set forth in the Medical Assistance Rates Schedule (revised September 7, 1978) established by the Minnesota Department of Human Services (title XIX) pursuant to its authority found in parts 9500.0750 to 9500.1080. In instances where there are not established rates, SCH shall reimburse service providers at rates based upon the following criteria: complexity of service; time involved in completing the service; training and skills of the service provider; reasonableness of fees in the context of the community.

SCH is the payer of last resort. SCH reimbursement of treatment costs to service providers shall be made only after arrangements have been made by the service provider to collect third-party and cost-sharing payments.

Subp. 3. **Review of reimbursement requests.** SCH shall review reimbursement requests submitted by service providers within 45 days of receipt. This review shall be made to assure that the service(s) rendered were in keeping with those detailed on the authorization form and that arrangements have been made by the service provider for all other third-party and cost-sharing payments.

Subp. 4. **Submission of credentials by service providers.** Potential service providers must submit their credentials to the SCH medical director. Those service providers who shall be utilized by SCH shall meet the following criteria and, if acceptable, indicate in writing a willingness to participate in the SCH program in keeping with the goals and procedures of SCH.

Hospitals and specialized medical centers shall be approved by the Joint Commission on the Accreditation of Hospitals (JCAH) or their appropriate accreditation body and licensed by the Minnesota Department of Health or their respective states.

Physicians and dentists shall:

A. be board-eligible or board-certified or, in the instances of dentists not certified, have demonstrated special expertise in pediatric dentistry either through the percentage of their patients, publications they have written, or training;

B. be part of a multi-disciplinary group or work closely with other specialists to provide a comprehensive approach to the care of the identified handicapping conditions; and

C. be licensed to practice medicine and/or dentistry in Minnesota or their respective states.

Other service provider personnel shall be licensed by their respective boards or associations in the state of Minnesota. Those service provider personnel whose professions do not require licensure may be utilized when they have completed the training and experience requirement specified by the individual professional association to be considered qualified and the child's treatment plan indicates their services are necessary.

Service provider personnel who provide a product such as hearing aids or orthopedic appliances shall be registered with the Department of Human Services as approved title XIX vendors.

Subp. 5. **Reconsideration of credentials.** Service providers who are not approved to provide service(s) to SCH eligible children may request reconsideration of their credentials by the SCH medical director. In the event that a service provider seeks to appeal the decision of SCH, such an appeal shall be conducted by the Minnesota Department of Health pursuant to the Minnesota Administrative Procedure Act and the rules of the Office of Administrative Hearings.

Subp. 6. **Retention of records.** SCH shall maintain case records containing administrative, medical, and case planning information, and shall, consistent with state and federal law and rule, protect the privacy of individual case records.

Statutory Authority: *MS s 144.05; 144.06; 144.07; 144.09; 144.11; 144.12; 144.146*

History: *L 1984 c 654 art 5 s 58*

4705.1500 SERVICE PROVIDERS.

A service provider shall receive prior written authorization before providing service to a SCH eligible child, with the exception of emergency situations as specified in part 4705.0800. A service provider shall supply case report and cost-related information in a format as specified by SCH. A service provider shall arrange for third-party reimbursement and the cost sharing prior to billing SCH for the remaining costs. In instances where third-party reimbursements are delayed more than 90 days, a service provider may bill SCH for reimbursement and refund SCH within 90 days of the receipt of third-party reimbursements.

A service provider shall not charge the applicant for treatment service(s) authorized by SCH beyond the cost-sharing amount detailed on the authorization

form.

Statutory Authority: *MS s 144.05; 144.06; 144.07; 144.09; 144.11; 144.12; 144.146*

4705.1600 ILLUSTRATION OF COST-SHARING DETERMINATION.

This part illustrates the cost-sharing determination described in part 4705.0600:

A. Step No. 1: Total of includable assets ($6,000) minus household member deduction, if applicable, ($4,000) equals $2,000.

B. Step No. 2: Adjusted gross income ($12,000) plus amount derived in Step No. 1 ($2,000) equals $14,000.

C. Step No. 3: Amount derived in Step No. 2 ($14,000) minus total of allowable deductions ($1,300) equals SCH adjusted income, $12,700.

D. Step No. 4: Using the cost-sharing schedule, take the percentage for the income level indicated in Step No. 3 and adjusted for the number of members in the household. The figure obtained from this calculation equals the amount of cost sharing an applicant will be required to share for the cost of treatment.

Number of members in the household = 4. The percentage for this income level is two percent. Two percent of $12,700 = $254. $254 is the amount required for this applicant.

Statutory Authority: *MS s 144.05; 144.06; 144.07; 144.09; 144.11; 144.12; 144.146*