CHAPTER 4705
DEPARTMENT OF HEALTH
SERVICES FOR CHILDREN WITH HANDICAPS

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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 Maternal and Child Health Division 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 review.

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 27 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 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" means the income level at which 50 percent of the people in the state have incomes higher than the gross median income and 50 percent of the people in the state have incomes which are lower, as determined by the United States Secretary of Health and Human Services in accordance with procedures established in United States Code, title 42, section 2002 (a)(6), as amended through August 12, 1981, adjusted in accordance with regulations prescribed by the secretary to take into account the number of individuals in a household, at Code of Federal Regulations, title 45, section 96.85, as amended through November 16, 1983. State median income figures for each household size are published annually in the Federal Register.

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 to 144.07; 144.09 to 144.12*

History: *8 SR 1821; 11 SR 104*

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 responsi-

bilities 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 Minnesota; and

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

In addition to items A and B, 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 for the actual examinations and tests. 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 to 144.07; 144.09 to 144.12*

History: *11 SR 104*

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 Minnesota; and

B. a child under 21 years of age who has a diagnosed handicapping condition as defined in parts 4705.0100 to 4705.1600, or an adult 21 years of age or older with cystic fibrosis or hemophilia.

In addition to items A and B, an applicant shall agree to participate in cost sharing if any is required, according to the specifications 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 to 144.07; 144.09 to 144.12*

History: *11 SR 104*

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. **Financial responsibility under cost-sharing schedule.** For applicants for treatment service(s), SCH shall give a written explanation to the applicant detailing the applicant's financial responsibility under the cost-sharing schedule, if cost-sharing is indicated under part 4705.0600.

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. **Period of 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 the original eligibility determination.

B. 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), a documented, initial contact with SCH shall be considered the beginning of eligibility if the application is received within 60 days of the 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 to 144.07; 144.09 to 144.12*

History: *11 SR 104*

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 is required of an applicant who is 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 applicant is defined in part 4705.0100, 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 totalled. 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. [Repealed, 11 SR 104]

E. 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 SCH cost-sharing schedule which must be updated annually to reflect any change in the state median income. The cost share schedule is determined for

each household size, by establishing a zero cost share level for applicant families whose SCH adjusted income is equal to or less than 60 percent of the state gross median income. Increments of $1,000 are used to establish each succeeding cost share level for each size household. The percentage that an applicant family will share in the cost of treatment increases one percent for each $1,000, or fraction thereof, of applicant income above 60 percent of the state gross median income for that size household. For example, if X equals 60 percent of the state gross median income for Minnesota families with four members, applicant families of four members who have SCH adjusted incomes equal to or less than X will have a zero cost share obligation. Applicant families of four members whose SCH adjusted incomes fall between X and X plus $1,000 will have a one percent cost share obligation. The SCH cost-sharing schedule is incorporated by reference. It is subject to frequent change. The SCH cost-sharing schedule shall be published annually in the State Register no later than 30 days prior to the effective date of the schedule. It is available at the Ford Law Library, 117 University Avenue, Saint Paul, Minnesota 55155.

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 to 144.07; 144.09 to 144.12*

History: *8 SR 1821; 11 SR 104*

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 treatment services not associated with an individual's eligible condition shall be authorized, subject to the $10,000 per 12-month period limit, when the SCH medical director has determined that medical conditions exist which, if left untreated, could have a deleterious impact upon the applicant's health status.

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 to 144.07; 144.09 to 144.12*

History: *11 SR 104*

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 most current Medical Assistance Rates Schedule established by the Minnesota Department of Human Services pursuant to its authority found in parts 9500.0750 to 9500.1080. A copy of the most current Medical Assistance Rates Schedule is incorporated by reference, and is available at the Ford Law Library, 117 University Avenue, Saint Paul, Minnesota 55155. It is subject to frequent change. In instances where there are not established rates, SCH shall reimburse service providers at rates based upon the following criteria:

A. complexity of service;

B. time involved in completing the service;

C. training and skills of the service provider; and

D. 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 multidisciplinary 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 to 144.07; 144.09 to 144.12*

History: *L 1984 c 654 art 5 s 58; 11 SR 104*

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 [Repealed, 11 SR 104]