

**CHAPTER 4705**  
**DEPARTMENT OF HEALTH**  
**SERVICES FOR CHILDREN WITH HANDICAPS**

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**4705.0100 DEFINITIONS.**

*[For text of subps 1 to 9, see M.R. 1987]*

Subp. 9a. **Copayment.** "Copayment" means the financial participation in the cost of a diagnostic evaluation on the part of an applicant and established on the basis of ability to pay under part 4705.0300.

*[For text of subps 10 to 31, see M.R. 1987]*

**Statutory Authority:** *MS s 144.05 to 144.07; 144.09 to 144.12*

**History:** *12 SR 846*

**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 agree to make a copayment if any is required under this part. An applicant shall be required to make use of available third party reimbursement sources for the examinations and tests necessary for a diagnostic evaluation. Prior written authorization shall be required for a diagnostic evaluation to be reimbursed in full or in part by SCH.

No copayment shall be required from an applicant whose adjusted gross income is equal to or less than 60 percent of the state gross median income for a household of the same size as the applicant's. A copayment of \$7.50 shall be required from an applicant whose adjusted gross income is greater than 60 percent but less than 100 percent of the state gross median income for a household of the same size as the applicant's, and a copayment of \$15 shall be required from an applicant whose adjusted gross income is equal to or greater than 100 percent of the state gross median income for a household of the same size as the applicant's.

**Statutory Authority:** *MS s 144.05 to 144.07; 144.09 to 144.12*

**History:** *12 SR 846*

**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 \$15,000 for the care of an individual. SCH shall not authorize reimbursement for treatment service(s) not associated with an individual's eligi-

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ble condition. An exception shall be made and treatment services not associated with an individual's eligible condition shall be authorized, subject to the \$15,000 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:** *12 SR 846*