

1 Department of Health

2

3 Adopted Rules Relating to Services for Children with Handicaps

4

5 Rules as Adopted

6 4705.0100 DEFINITIONS.

7 Subpart 1. and 2. [Unchanged.]

8 Subp. 3. **Administrative review committee.** "Administrative
9 review committee" means the committee, as identified by the
10 commissioner of health, composed of administrative personnel
11 from the Maternal and Child Health Division and the SCH program
12 and a representative from the SCH field staff who have
13 responsibility for the review of SCH decisions relating to
14 eligibility and cost sharing for those applicants who wish
15 review.

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

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

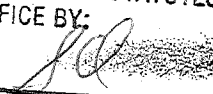
23 B. transportation costs in order to obtain
24 medical/dental care and services during the previous 12 months.
25 Travel expenses by car are calculated at 27 cents a mile.
26 Actual costs of train, airplane, bus, and taxi fares.

27 Subp. 5. to 10. [Unchanged.]

28 Subp. 11. **Cost-sharing schedule.** "Cost-sharing schedule"
29 means the schedule which specifies income levels by number of
30 members in the household and the corresponding percentage of
31 that income level an applicant shall be required to share in the
32 cost of treatment service(s), depending upon the level of their
33 SCH adjusted income.

34 Subp. 12. to 26. [Unchanged.]

35 Subp. 27. **State gross median income.** "State gross median

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

13 Subp. 28. to 31. [Unchanged.]

14 4705.0300 APPLICANT ELIGIBILITY FOR DIAGNOSTIC EVALUATION.

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

- 19 A. a resident of Minnesota; and
 20 B. a child under 21 years of age with a suspected
 21 handicap, or an adult 21 years of age or over with cystic
 22 fibrosis or hemophilia.

23 In addition to items A and B, an applicant shall be
 24 required to make use of available third-party reimbursement
 25 sources for the examinations and tests necessary for a
 26 diagnostic evaluation. There shall be no out-of-pocket cost to
 27 the applicant for the actual examinations and tests. Prior
 28 written authorization shall be required for a diagnostic
 29 evaluation to be reimbursed in full or for that part not
 30 reimbursed by third-party payers by SCH.

31 4705.0400 APPLICANT ELIGIBILITY FOR TREATMENT SERVICES.

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

- 1 A. a resident of Minnesota; and
- 2 B. a child under 21 years of age who has a diagnosed
- 3 handicapping condition as defined in parts 4705.0100 to
- 4 4705.1600, or an adult 21 years of age or older with cystic
- 5 fibrosis or hemophilia.

6 In addition to items A and B, an applicant shall agree to

7 participate in cost sharing if any is required, according to the

8 specifications in part 4705.0600. An applicant shall be

9 required to make use of available third-party reimbursement

10 sources for treatment service(s). Prior written authorization

11 shall be required for treatment service(s) to be reimbursed in

12 full or in part by SCH.

13 An applicant who meets all of the criteria and requirements

14 for eligibility, but whose handicapping condition may not

15 require extended or sequential care, shall be eligible for SCH

16 reimbursement to service providers in those instances where the

17 cost of treatment is anticipated to exceed 40 percent of the

18 applicant's adjusted gross income as defined in parts 4705.0100

19 to 4705.1600.

20 4705.0500 APPLICATION FOR SERVICE(S).

21 Subpart 1. to 3. [Unchanged.]

22 Subp. 4. **Financial responsibility under cost-sharing**

23 **schedule.** For applicants for treatment service(s), SCH shall

24 give a written explanation to the applicant detailing the

25 applicant's financial responsibility under the cost-sharing

26 schedule, if cost-sharing is indicated under part 4705.0600.

27 Subp. 5. [Unchanged.]

28 Subp. 6. **Period of eligibility.** The period in which an

29 applicant shall remain eligible for SCH authorization for

30 reimbursement to service providers of treatment costs shall be

31 as follows:

32 A. One year from the date of the original eligibility

33 determination.

34 B. SCH shall make an exception regarding the

35 beginning date of eligibility in those instances where the child

1 is in an unanticipated treatment situation and the applicant was
2 unaware of the program before this time. Where the time
3 required to process the application will cause delay in the
4 provision of treatment service(s), a documented, initial contact
5 with SCH shall be considered the beginning of eligibility if the
6 application is received within 60 days of the initial contact.

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

11 4705.0600 COST-SHARING.


12 Subpart 1. **Applicants who must cost-share.** Any applicant
13 whose SCH adjusted income as defined and described in part
14 4705.0100, subpart 24 is above 60 percent of the state gross
15 median income shall be required to share in the treatment costs
16 of all service(s) authorized by SCH. SCH shall reimburse
17 service providers for remaining expenses for authorized
18 treatment service(s) which are not covered by the applicant's
19 cost-sharing or third-party reimbursement sources. No cost
20 sharing is required of an applicant who is a ward of the state
21 or whose SCH adjusted income falls below 60 percent of the state
22 gross median income.

23 Subp. 2. **Adjusted gross income.** The adjusted gross income
24 used in any cost-sharing calculations shall be that of the
25 applicant as applicant is defined in part 4705.0100, subpart 5.
26 The income of a stepparent who does not adopt a child is not
27 considered in cost-sharing calculations.

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

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

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

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

4 D. [See Repealer.]

5 E. Step No. 4: The percentage that the applicant
6 must share in the cost of treatment is based on the applicant's
7 SCH adjusted income level and on the number of members in the
8 household. This percentage is calculated according to the SCH
9 cost-sharing schedule which must be updated annually to reflect
10 any change in the state median income. The cost share schedule
11 is determined for each household size, by establishing a zero
12 cost share level for applicant families whose SCH adjusted
13 income is equal to or less than 60 percent of the state gross
14 median income. Increments of \$1,000 are used to establish each
15 succeeding cost share level for each size household. The
16 percentage that an applicant family will share in the cost of
17 treatment increases one percent for each \$1,000, or fraction
18 thereof, of applicant income above 60 percent of the state gross
19 median income for that size household. For example, if X equals
20 60 percent of the state gross median income for Minnesota
21 families with four members, applicant families of four members
22 who have SCH adjusted incomes equal to or less than X will have
23 a zero cost share obligation. Applicant families of four
24 members whose SCH adjusted incomes fall between X and X plus
25 \$1,000 will have a one percent cost share obligation. The SCH
26 cost-sharing schedule is incorporated by reference. It is
27 subject to frequent change. The SCH cost-sharing schedule shall
28 be published annually in the State Register no later than 30
29 days prior to the effective date of the schedule. It is
30 available at the Ford Law Library, 117 University Avenue, Saint
31 Paul, Minnesota 55155.

32 Subp. 4. to 6. [Unchanged.]

33 4705.0900 LIMITATIONS ON AUTHORIZATION OF REIMBURSEMENT FOR
34 TREATMENT SERVICE(S).

35 SCH shall authorize reimbursement to a service provider

1 only for treatment that is part of the treatment plan for an
2 individual's handicapping condition. SCH shall not authorize
3 reimbursement for the treatment of conditions determined by SCH
4 to be primarily cosmetic in nature. SCH shall not authorize
5 reimbursement for costs of equipment such as hospital beds or
6 wheelchairs unless no other resource is available. Within any
7 12-month period, SCH shall pay no more than \$10,000 for the care
8 of an individual. SCH shall not authorize reimbursement for
9 treatment service(s) not associated with an individual's
10 eligible condition. An exception shall be made and treatment
11 services not associated with an individual's eligible condition
12 shall be authorized, subject to the \$10,000 per 12-month period
13 limit, when the SCH medical director has determined that medical
14 conditions exist which, if left untreated, could have a
15 deleterious impact upon the applicant's health status.

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

19 4705.1400 RESPONSIBILITIES BETWEEN SCH AND SERVICE PROVIDERS.

20 Subpart 1. [Unchanged.]

21 Subp. 2. Payment of service providers. SCH shall pay
22 service providers at the same rates for medical, dental, and
23 hospital care up to the maximum allowable charges as set forth
24 in the most current Medical Assistance Rates Schedule
25 established by the Minnesota Department of Human Services
26 pursuant to its authority found in parts 9500.0750 to
27 9500.1080. A copy of the most current Medical Assistance Rates
28 Schedule is incorporated by reference, and is available at the
29 Ford Law Library, 117 University Avenue, Saint Paul, Minnesota
30 55155. It is subject to frequent change. In instances where
31 there are not established rates, SCH shall reimburse service
32 providers at rates based upon the following criteria:

- 33 A. complexity of service;
34 B. time involved in completing the service;
35 C. training and skills of the service provider; and

1 D. reasonableness of fees in the context of the
2 community.

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

7 Subp. 3. to 6. [Unchanged.]

8

9 REPEALER. Minnesota Rules, parts 4705.0600, subpart 3, item D;
10 and 4705.1600 are repealed.