

1 Department of Human Services

2

3 Adopted Permanent Rules Relating to Early and Periodic
4 Screening, Diagnosis, and Treatment Program

5

6 Rules as Adopted

7 9505.0275 EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT.

8 Subpart 1. Definition. "Early and periodic screening,
9 diagnosis, and treatment service" means a service provided to a
10 recipient under age 21 to identify a potentially handicapping
11 condition and to provide diagnosis and treatment for a condition
12 identified according to the requirements of the Code of Federal
13 Regulations, title 42, section 441.55 and parts 9505.1693 to
14 9505.1748.

15 Subp. 2. Duties of provider. The provider shall sign a
16 provider agreement stating that the provider will provide
17 screening services according to standards in parts 9505.1693 to
18 9505.1748 and Code of Federal Regulations, title 42, sections
19 441.50 to 441.62.

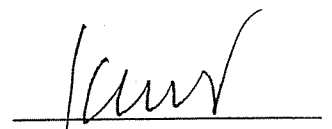
20 9505.1693 SCOPE AND PURPOSE.

21 Parts 9505.1693 to 9505.1748 govern the early and periodic
22 screening, diagnosis, and treatment (EPSDT) program.

23 Parts 9505.1693 to 9505.1748 must be read in conjunction
24 with section 1905(a)(4)(B) of the Social Security Act, as
25 amended through December 31, 1981, and the Code of Federal
26 Regulations, title 42, part 441, subpart B, as amended through
27 October 1, 1987. The purpose of the EPSDT program is to
28 identify potentially handicapping conditions in children
29 eligible for medical assistance, to provide diagnosis and
30 treatment for conditions identified, and to encourage parents
31 and their children to use health care services when necessary.

32 9505.1696 DEFINITIONS.

33 Subpart 1. Applicability. As used in parts 9505.1693 to
34 9505.1748, the following terms have the meanings given them.



1 Subp. 2. Child. "Child" means a person who is eligible
2 for early and periodic screening, diagnosis, and treatment under
3 part 9505.1699.

4 Subp. 3. Community health clinic. "Community health
5 clinic" means a clinic that provides services by or under the
6 supervision of a physician and that:

7 A. is incorporated as a nonprofit corporation under
8 Minnesota Statutes, chapter 317;

9 B. is exempt from federal income tax under Internal
10 Revenue Code of 1986, section 501(c)(3), as amended through
11 December 31, 1987;

12 C. is established to provide health services to
13 low-income population groups; and

14 D. has written clinic policies describing the
15 services provided by the clinic and concerning (1) the medical
16 management of health problems, including problems that require
17 referral to physicians, (2) emergency health services, and (3)
18 the maintenance and review of health records by the physician.

19 Subp. 4. Department. "Department" means the Minnesota
20 Department of Human Services.

21 Subp. 5. Diagnosis. "Diagnosis" means the identification
22 and determination of the nature or cause of a disease or
23 abnormality through the use of a health history; physical,
24 developmental, and psychological examination; and laboratory
25 tests.

26 Subp. 6. Early and periodic screening clinic or EPS clinic.
27 "Early and periodic screening clinic" or "EPS clinic" means an
28 individual or facility that is approved by the Minnesota
29 Department of Health under parts 4615.0900 to 4615.2000.

30 Subp. 7. Early and periodic screening, diagnosis, and
31 treatment program or EPSDT program. "Early and periodic
32 screening, diagnosis, and treatment program" or "EPSDT program"
33 means the program that provides screening, diagnosis, and
34 treatment under parts 9505.1693 to 9505.1748; Code of Federal
35 Regulations, title 42, section 441.55, as amended through
36 October 1, 1986; and Minnesota Statutes, section 256B.02,

1 subdivision 8, paragraph (12).

2 Subp. 8. **EPSDT clinic.** "EPSDT clinic" means a facility
3 supervised by a physician that provides screening according to
4 parts 9505.1693 to 9505.1748 or an EPS clinic.

5 Subp. 9. **EPSDT provider agreement.** "EPSDT provider
6 agreement" means the agreement required by part 9505.1703,
7 subpart 2.

8 Subp. 10. **EPSDT screening form.** "EPSDT screening form"
9 means a form supplied by the department that contains the
10 information required under part 9505.1709.

11 Subp. 11. **Follow-up.** "Follow-up" means efforts by a local
12 agency to ensure that a screening requested for a child is
13 provided to that child and that diagnosis and treatment
14 indicated as necessary by a screening are also provided to that
15 child.

16 Subp. 12. **Head Start agency.** "Head Start agency" refers
17 to the child development program administered by the United
18 States Department of Health and Human Services, Office of
19 Administration for Children, Youth and Families.

20 Subp. 13. **Local agency.** "Local agency" means the county
21 welfare board, multicounty welfare board, or human service
22 agency established in Minnesota Statutes, section 256B.02,
23 subdivision 6, and Minnesota Statutes, chapter 393.

24 Subp. 14. **Medical assistance.** "Medical assistance" means
25 the program authorized by title XIX of the Social Security Act
26 and Minnesota Statutes, chapters 256 and 256B.

27 Subp. 15. **Outreach.** "Outreach" means efforts by the
28 department or a local agency to inform eligible persons about
29 early and periodic screening, diagnosis, and treatment or to
30 encourage persons to use the EPSDT program.

31 Subp. 16. **Parent.** "Parent" refers to the genetic or
32 adoptive parent of a child.

33 Subp. 17. **Physician.** "Physician" means a person who is
34 licensed to provide health services within the scope of the
35 person's profession under Minnesota Statutes, chapter 147.

36 Subp. 18. **Prepaid health plan.** "Prepaid health plan"

1 means a health insurer licensed and operating under Minnesota
 2 Statutes, chapters 60A, 62A, and 62C, and a health maintenance
 3 organization licensed and operating under Minnesota Statutes,
 4 chapter 62D to provide health services to recipients of medical
 5 assistance entitlements.

6 Subp. 19. Public health nursing service. "Public health
 7 nursing service" means ~~a-community~~ the nursing service program
 8 ~~provided by a Medicare-certified-home-health-care-agency-that-is~~
 9 ~~a-department-of-or-operates-under-the-direct-authority-of-a-unit~~
 10 ~~of-government~~ board of health under Minnesota Statutes, section
 11 145A.10, subdivision 1.

12 Subp. 20. Screening. "Screening" means the use of quick,
 13 simple procedures to separate apparently well children from
 14 those who need further examination for possible physical,
 15 developmental, or psychological problems.

16 Subp. 21. Skilled professional medical personnel and
 17 supporting staff. "Skilled professional medical personnel" and
 18 "supporting staff" means persons as defined by Code of Federal
 19 Regulations, title 42, section 432.2, as amended through October
 20 1, 1987.

21 Subp. 22. Treatment. "Treatment" means the prevention,
 22 correction, or amelioration of a disease or abnormality
 23 identified by screening or diagnosis.

24 9505.1699 ELIGIBILITY TO BE SCREENED.

25 A person under age 21 who is eligible for medical
 26 assistance is eligible for the EPSDT program.

27 9505.1701 CHOICE OF PROVIDER.

28 Subpart 1. Choice of screening provider. Except as
 29 provided by subpart 3, a child or parent of a child who requests
 30 screening may choose any screening provider who has signed an
 31 EPSDT provider agreement and a medical assistance provider
 32 agreement.

33 Subp. 2. Choice of diagnosis and treatment provider.
 34 Except as provided by subpart 3, a child or parent of a child
 35 may choose any diagnosis and treatment provider as provided by

1 part 9505.0190.

2 Subp. 3. Exception to subparts 1 and 2. A child who is
3 enrolled in a prepaid health plan must receive screening,
4 diagnosis, and treatment from that plan.

5 9505.1703 ELIGIBILITY TO PROVIDE SCREENING.

6 Subpart 1. Providers. An EPSDT clinic or a community
7 health clinic shall be approved for medical assistance
8 reimbursement for EPSDT services if it complies with the
9 requirements of parts 9505.1693 to 9505.1748. A Head Start
10 agency shall be approved as provided by subpart 2.

11 Subp. 2. EPSDT provider agreement. To be eligible to
12 provide screening and receive reimbursement under the EPSDT
13 program, an individual or facility must sign an EPSDT provider
14 agreement provided by the department and a medical assistance
15 provider agreement under part 9505.0195 or be a prepaid health
16 plan.

17 Subp. 3. Terms of EPSDT provider agreement. The EPSDT
18 provider agreement required by subpart 2 must state that the
19 provider must:

20 A. screen children according to parts 9505.1693 to
21 9505.1748;

22 B. report all findings of the screenings on EPSDT
23 screening forms; and

24 C. refer children for diagnosis and treatment if a
25 referral is indicated by the screening.

26 The EPSDT provider agreement also must state that the
27 department will provide training according to part 9505.1712 and
28 will train and consult with the provider on billing and
29 reporting procedures.

30 9505.1706 REIMBURSEMENT.

31 Subpart 1. Maximum payment rates. Payment rates shall be
32 as provided by part 9505.0445, item M.

33 Subp. 2. Eligibility for reimbursement; Head Start
34 agency. A Head Start agency may complete all the screening
35 components under part 9505.1718, subparts 2 to 14 or those

1 components that have not been completed by another provider
2 within the six months before completion of the screening
3 components by the Head Start agency. A Head Start agency that
4 completes the previously incomplete screening components must
5 document on the EPSDT screening form that the other screening
6 components of part 9505.1718, subparts 2 to 14, have been
7 completed by another provider.

8 The department shall reimburse a Head Start agency for
9 those screening components of part 9505.1718, subparts 2 to 14,
10 that the Head Start agency has provided. The amount of
11 reimbursement must be the same as a Head Start agency's usual
12 and customary cost for each screening component or the maximum
13 fee determined under subpart 1, whichever is lower.

14 Subp. 3. Prepaid health plan. A prepaid health plan is
15 not eligible for a separate payment for screening. The early
16 and periodic screening, diagnosis, and treatment screening must
17 be a service included within the prepaid capitation rate
18 specified in its contract with the department.

19 9505.1709 EPSDT SCREENING FORM.

20 A screening provider must complete and submit to the
21 department an EPSDT screening form for each screening the
22 provider completes. The form must report the findings of the
23 screening and the provider's charge for services.

24 9505.1712 TRAINING.

25 The department must train the staff of an EPSDT clinic that
26 is supervised by a physician on how to comply with the
27 procedures required by part 9505.1718 if the EPSDT clinic
28 requests the training.

29 9505.1715 COMPLIANCE WITH SURVEILLANCE AND UTILIZATION REVIEW.

30 A screening provider must comply with the surveillance and
31 utilization review requirements of parts 9505.1750 to 9505.2150.

32 9505.1718 SCREENING STANDARDS FOR AN EPSDT CLINIC.

33 Subpart 1. Requirement. An early and periodic screening,
34 diagnosis, and treatment screening must meet the requirements of

1 subparts 2 to 15 except as provided by part 9505.1706, subpart 2.

2 Subp. 2. **Health and developmental history.** A history of a
3 child's health and development must be obtained from the child,
4 parent of the child, or an adult who is familiar with the
5 child's health history. The history must include information on
6 sexual development, lead and tuberculosis exposure, nutrition
7 intake, and chemical abuse.

8 Subp. 3. **Assessment of physical growth.** The child's
9 height or length and the child's weight must be measured and the
10 results plotted on a growth grid based on data from the National
11 Center for Health Statistics (NCHS). The head circumference of
12 a child up to 36 months of age or a child whose growth in head
13 circumference appears to deviate from the expected circumference
14 for that child must be measured and plotted on an NCHS-based
15 growth grid.

16 Subp. 4. **Physical examination.** The following must be
17 checked according to accepted medical procedures: pulse;
18 respiration; blood pressure; head; eyes; ears; nose; mouth;
19 pharynx; neck; chest; heart; lungs; abdomen; spine; genitals;
20 extremities; joints; muscle tone; skin; and neurological
21 condition.

22 Subp. 5. **Vision.** A child must be checked for a family
23 history of maternal and neonatal infection and ocular
24 abnormalities. A child must be observed for pupillary reflex;
25 the presence of nystagmus; and muscle balance, which includes an
26 examination for esotropia, exotropia, phorias, and extraocular
27 movements. The external parts of a child's eyes must be
28 examined including the lids, conjunctiva, cornea, iris, and
29 pupils. A child or parent of the child must be asked whether he
30 or she has concerns about the child's vision.

31 Subp. 6. **Vision of a child age three or older.** In
32 addition to the requirements of subpart 5, the visual acuity of
33 a child age three years or older must be checked by use of the
34 Screening Test for Young Children and Retardates (STYCAR) or the
35 Snellen Alphabet Chart.

36 Subp. 7. **Hearing.** A child must be checked for a family

1 history of hearing disability or loss, delay of language
2 acquisition or history of such delay, the ability to determine
3 the direction of a sound, and a history of repeated otitis media
4 during early life. A child or parent of the child must be asked
5 whether he or she has any concerns regarding the child's hearing.

6 Subp. 8. Hearing of a child age three or older. In
7 addition to the requirements of subpart 7, a child age three or
8 older must receive a pure tone audiometric test or referral for
9 the test if the examination under subpart 7 indicates the test
10 is needed.

11 Subp. 9. Development. The Denver Prescreening
12 Developmental Questionnaire (PDQ) or the Denver Developmental
13 Screening Test (DDST) must be administered to a child under six
14 years of age. The DDST must be administered to a child whose
15 score on the PDQ is below the age norms for that test. The
16 provider may use an alternative developmental screening test in
17 place of the PDQ or DDST, if approval of the alternative test is
18 given by the department in writing. The alternative test must
19 be standardized, must have norms for the age range tested, and
20 must have written procedures for its administration, scoring,
21 and interpretation.

22 A child six to 20 years of age must be screened for the
23 following according to the screening provider's standard
24 procedures: fine and gross motor development, speech and
25 language development, social development, and cognitive
26 development.

27 Subp. 10. Sexual development. A child must be evaluated
28 to determine whether the child's sexual development is
29 consistent with the child's chronological age. A female must
30 receive a breast examination and pelvic examination when
31 indicated. A male must receive a testicular examination when
32 indicated. If it is in the best interest of a child, counseling
33 on normal sexual development, information on birth control and
34 sexually transmitted diseases, and prescriptions and tests must
35 be offered to a child when-appropriate. If it is in the best
36 interest of a child, a screening provider may refer the child to

1 other resources for counseling or a pelvic examination.

2 Subp. 11. Nutrition. When the assessment of a child's
3 physical growth performed according to subpart 3 indicates a
4 nutritional risk condition, the child must be referred for
5 further assessment, receive nutritional counseling, or be
6 referred to a nutrition program such as the Special Supplemental
7 Food Program for Women, Infants, and Children; food stamps;
8 Expanded Food and Nutrition Education Program; or Head Start.

9 Subp. 12. Immunizations. The immunization status of a
10 child must be compared to the 1983 "Recommended Schedule for
11 Active Immunization Schedule of Normal Infants and Children,"
12 June 1988. Immunizations that the comparison shows are needed
13 must be offered to the child and given to the child if the child
14 or parent of the child accepts the offer. The "Recommended
15 Schedule for Active Immunization Schedule of Normal Infants and
16 Children," June 1983 1988, is developed and distributed by the
17 Minnesota Department of Health, 717 Delaware Street,
18 Minneapolis, Minnesota 55440. The "Recommended Schedule for
19 Active Immunization Schedule of Normal Infants and
20 Children," June 1988, is incorporated by reference and is
21 available at the State Law Library, Ford Building, 117
22 University Avenue, Saint Paul, Minnesota 55155. It is not
23 subject to frequent change.

24 Subp. 13. Laboratory tests. Laboratory tests must be done
25 according to items A to F.

26 A. A Mantoux test must be administered yearly to a
27 child whose health history indicates ongoing exposure to
28 tuberculosis, unless the child has previously tested positive.
29 A child who tests positive must be referred for diagnosis and
30 treatment.

31 B. An erythrocyte protoporphyrin (EP) test must be
32 done for a child whose physical examination under subpart 4
33 indicates possible lead toxicity; and for a child age nine
34 months to six years whose health history indicates that the
35 child:

36 (1) has lived in or frequently visited houses

1 built before 1950;

2 (2) has shared the residence of a parent or other
3 person who participates in a lead-related occupation or hobby;

4 (3) has lived near roadways with heavy traffic,
5 hazardous waste sites, lead smelters, or processing plants;

6 (4) has a sibling or playmate known to have lead
7 toxicity; or

8 (5) is at risk of possible exposure to lead
9 through the use of folk medicines.

10 If an EP test is elevated above the level of 35 micrograms
11 of lead per deciliter of whole blood, the child must be referred
12 for further testing.

13 C. The urine of a child must be tested for the
14 presence of glucose, ketones, protein, and other abnormalities.
15 A female at or near the age of four and a female at or near the
16 age of ten must be tested for bacteriuria.

17 D. Either a microhematocrit determination or a
18 hemoglobin concentration test for anemia must be done.

19 E. A test for sickle cell~~7~~-hemoglobin
20 concentration or other hemoglobinopathy, or abnormal blood
21 conditions must be offered to a child who is at risk of such
22 abnormalities and who has not yet been tested. ~~This-test~~ These
23 tests must be provided if accepted or requested by the child or
24 parent of the child. If the ~~test-identifies~~ tests identify a
25 hemoglobin abnormality or other abnormal blood condition, the
26 child must be referred for genetic counseling.

27 F. Other laboratory tests such as those for cervical
28 cancer, sexually transmitted diseases, pregnancy, and parasites
29 must be performed when indicated by a child's medical or family
30 history.

31 Subp. 14. Oral examination. An oral examination of a
32 child's mouth must be performed to detect deterioration of hard
33 tissue, and inflammation or swelling of soft tissue. Counseling
34 about the systemic use of fluoride must be given to a child when
35 fluoride is not available through the community water supply or
36 school programs.

1 Subp. 15. Schedule of age-related screening standards. An
 2 early and periodic screening, diagnosis, and treatment screening
 3 for a child at a specific age must include the screening
 4 requirements of subparts 2 to 14 as provided by the following
 5 schedule:

6 Schedule of age-related screening standards

7 A. Infancy:

8 Standards	9 Ages				
	10 By 1	11 2	12 4	13 6	14 7-11
	15 month	16 months	17 months	18 months	19 months
12 Health History	X	X	X	X	X
14 Assessment of Physical Growth:					
15 Height	X	X	X	X	X
16 Weight	X	X	X	X	X
17 Head Circumference	X	X	X	X	X
18 Physical Examination	X	X	X	X	X
19 Vision	X	X	X	X	X
20 Hearing	X	X	X	X	X
22 Development:					
23 PDQ/DDST			X	X	X
25 Sexual Development	X	X	X	X	X
27 Nutrition	X	X	X	X	X
29 Immunizations		X	X	X	X
31 Laboratory Tests:					
32 Tuberculin			if history indicates		
33 Lead Absorption			if history indicates		
34 Urine	←	←	←	X	←
35 Bacteriuria (females)					
36 Anemia					X
37 Sickle Cell			at parent's or child's request		
38 Other Laboratory Tests			as indicated		
40 Oral Examination	X	X	X	X	X

42 X = Procedure to be completed.

43 ← = Procedure to be completed if not done at the previous
 44 visit, or on the first visit.

45 B. Early Childhood:

46 Standards	47 Ages		
	48 12-15	49 16-19	50 20-35
	51 months	52 months	53 months
50 Health History	X	X	X
52 Assessment of Physical Growth:			
53 Height	X	X	X
54 Weight	X	X	X
55 Head Circumference	X	X	X
56 Physical Examination	X	X	X
57 Vision	X	X	X
58 Hearing	X	X	X
60 Development:			
61 PDQ/DDST	X	X	X

1				
2	Sexual Development	X	X	X
3				
4	Nutrition	X	X	X
5				
6	Immunizations	X	X	X
7				
8	Laboratory Tests:			
9	Tuberculin			if history indicates
10	Lead Absorption			if history indicates
11	Urine	←	←	X
12	Anemia	←	←	←
13	Sickle Cell			at parent's or child's request
14	Other Laboratory Tests			as indicated
15				
16	Oral Examination	X	X	X

18 X = Procedure to be completed.

19 ← = Procedure to be completed if not done at the previous
20 visit, or on the first visit.

21 C. Late childhood:

22	Standards					
23			Ages			
24		3-4	5-7	8-10	11-13	
25		years	years	years	years	
26	Health History	X	X	X	X	
27						
28	Assessment of Physical Growth:					
29	Height	X	X	X	X	
30	Weight	X	X	X	X	
31	Physical Examination	X	X	X	X	
32	Vision	X	X	X	X	
33	Hearing	X	X	X	X	
34						
35	Development:					
36	PDQ/DDST	X	X			
37	Fine & Gross Motor, Speech &		X	X	X	
38	Language, Social, Cognitive					
39						
40	Sexual Development	X	X	X	X	
41						
42	Nutrition	X	X	X	X	
43						
44	Immunizations	X	X	X	X	
45						
46	Laboratory Tests:					
47	Tuberculin				if history indicates	
48	Lead Absorption				if history indicates	
49	Urine	←	←	X	←	
50	Bacteriuria (females)	X	←	X	←	
51	Anemia	←	←	X	←	
52	Sickle Cell				at parent's or child's request	
53	Other Laboratory Tests				as indicated	
54						
55	Oral Examination	X	X	X	X	

57 X = Procedure to be completed.

58 ← = Procedure to be completed if not done at the previous
59 visit, or on the first visit.

60 D. Adolescence:

61	Standards			
62		14-17	Ages	
63		years	18-20	years
64				
65	Health History	X		X

1			
2	Assessment of Physical Growth:		
3	Height	X	X
4	Weight	X	X
5	Physical Examination	X	X
6	Vision	X	X
7	Hearing	X	X
8			
9	Development:		
10	PDQ/DDST		
11	Fine & Gross Motor, Speech &	X	X
12	Language, Social, Cognitive		
13			
14	Sexual Development	X	X
15			
16	Nutrition	X	X
17			
18	Immunizations	X	X
19			
20	Laboratory Tests:		
21	Tuberculin		if history indicates
22	Lead Absorption		if history indicates
23	Urine	+	X
24	Bacteriuria (females)	+	+
25	Anemia	+	X
26	Sickle Cell		at parent's or child's request
27	Other Laboratory Tests		as indicated
28			
29	Oral Examination	X	X
30			

31 X = Procedure to be completed.

32 + = Procedure to be completed if not done at the previous
33 visit, or on the first visit.

34 9505.1724 PROVISION OF DIAGNOSIS AND TREATMENT.

35 Diagnosis and treatment identified as needed under part
36 9505.1718 shall be eligible for medical assistance payment
37 subject to the provisions of parts 9505.0170 to 9505.0475.

38 9505.1727 INFORMING.

39 A local agency must inform each child or parent of a child
40 about the EPSDT program no later than 60 days after the date the
41 child is determined to be eligible for medical assistance. The
42 information about the EPSDT program must be given orally and in
43 writing, indicate the purpose and benefits of the EPSDT program,
44 indicate that the EPSDT program is without cost to the child or
45 parent of the child while the child is eligible for medical
46 assistance, state the types of medical and dental services
47 available under the EPSDT program, and state that the
48 transportation and appointment scheduling assistance required
49 under part 9505.1730 is available.

50 The department must send a written notice to a child or

1 parent of a child who has been screened informing the child or
2 parent that the child should be screened again. This notice
3 must be sent at the following ages of the child: six months,
4 nine months, one year, 18 months, two years, four years, and
5 every three years after age four.

6 Each year, on the date the child was determined eligible
7 for medical assistance entitlements, the department must send a
8 written notice to a child or parent of a child who has never
9 been screened informing the child or parent that the child is
10 eligible to be screened.

11 9505.1730 ASSISTANCE WITH OBTAINING A SCREENING.

12 Within ten working days of receiving a request for
13 screening from a child or parent of a child, a local agency must
14 give or mail to the child or parent of the child:

15 A. a written list of EPSDT clinics in the area in
16 which the child lives; and

17 B. a written offer of help in making a screening
18 appointment and in transporting the child to the site of the
19 screening.

20 If the child or parent of the child requests help, the
21 local agency must provide it.

22 Transportation under this item must be provided according
23 to part 9505.0140, subpart 1.

24 9505.1733 ASSISTANCE WITH OBTAINING DIAGNOSIS AND TREATMENT.

25 An EPSDT clinic must notify a child or parent of a child
26 who is referred for diagnosis and treatment that the local
27 agency will provide names and addresses of diagnosis and
28 treatment providers and will help with appointment scheduling
29 and transportation to the diagnosis and treatment provider. The
30 notice must be on a form provided by the department and must be
31 given to the child or parent of the child on the day the child
32 is screened.

33 If a child or parent of a child asks a local agency for
34 assistance with obtaining diagnosis and treatment, the local
35 agency must provide that assistance within ten working days of

1 the date of the request.

2 9505.1736 SPECIAL NOTIFICATION REQUIREMENT.

3 A local agency must effectively inform an individual who is
4 blind or deaf, or who cannot read or understand the English
5 language, about the EPSDT program.

6 9505.1739 CHILDREN IN FOSTER CARE.

7 Subpart 1. **Dependent or neglected state wards.** The local
8 agency must provide early and periodic screening, diagnosis, and
9 treatment services for a child in foster care who is a dependent
10 or neglected state ward under parts 9560.0410 to 9560.0470, and
11 who is eligible for medical assistance unless the early and
12 periodic screening, diagnosis, and treatment services are not in
13 the best interest of the child.

14 Subp. 2. **Other children in foster care.** The local agency
15 must discuss the EPSDT program with a parent of a child in
16 foster care who is under the legal custody or protective
17 supervision of the local agency or whose parent has entered into
18 a voluntary placement agreement with the local agency. The
19 local agency must help the parent decide whether to accept early
20 and periodic screening, diagnosis, and treatment services for
21 the child. If a parent cannot be consulted, the local agency
22 must decide whether to accept early and periodic screening,
23 diagnosis, and treatment services for the child and must
24 document the reasons for the decision.

25 Subp. 3. **Assistance with appointment scheduling and**
26 **transportation.** The local agency must help a child in foster
27 care with appointment scheduling and transportation for
28 screening, diagnosis, and treatment as provided by parts
29 9505.1730 to 9505.1733.

30 Subp. 4. **Notification.** The department must send a written
31 notice to the local agency stating that a child in foster care
32 who has been screened should be screened again. This notice
33 must be sent at the following ages of the child: six months,
34 nine months, one year, 18 months, two years, four years, and
35 every three years thereafter.

1 Each year, by the anniversary of the date the child was
2 determined eligible for medical assistance entitlements, the
3 department must send a written notice to the local agency that a
4 child in foster care who has never been screened is eligible to
5 be screened.

6 If a written notice under this subpart pertains to a child
7 who is a dependent or neglected state ward, the local agency
8 must proceed according to subpart 1. The local agency must
9 proceed according to subpart 2 if the written notice pertains to
10 a child who is not a dependent or neglected state ward.

11 9505.1742 DOCUMENTATION.

12 The local agency must document compliance with parts
13 9505.1693 to 9505.1748 on forms provided by the department.

14 9505.1745 INTERAGENCY COORDINATION.

15 The local agency must coordinate the EPSDT program with
16 other programs that provide health services to children as
17 provided by Code of Federal Regulations, title 42, section
18 441.61(c), as amended through October 1, 1986. Examples of such
19 agencies are a public health nursing service, a Head Start
20 agency, and a school district.

21 9505.1748 CONTRACTS FOR ADMINISTRATIVE SERVICES.

22 Subpart 1. Authority. A local agency may contract with a
23 county public health nursing service or a community health
24 clinic for early and periodic screening, diagnosis, and
25 treatment administrative services. Early and periodic
26 screening, diagnosis, and treatment administrative services
27 include outreach; notification; appointment scheduling and
28 transportation; follow-up; and documentation.

29 Subp. 2. Federal financial participation. The percent of
30 federal financial participation for salaries, fringe benefits,
31 and travel of skilled professional medical personnel and their
32 supporting staff shall be paid as provided by Code of Federal
33 Regulations, title 42, section 433.15(b)(5), as amended through
34 October 1, 1986.

1 Subp. 3. State reimbursement. State reimbursement for
 2 contracts for EPSDT administrative services under this part
 3 shall be as provided by Minnesota Statutes, section 256B.19,
 4 subdivision 1, except for the provisions under subdivision 1
 5 that pertain to a prepaid health plan.

6 Subp. 4. Approval. A contract for administrative services
 7 must be approved by the local agency and submitted to the
 8 department for approval by January 1 of each year in which the
 9 contract will be effective. A contract must contain items A to
 10 K to be approved by the department for reimbursement:

11 A. names of the contracting parties;

12 B. purpose of the contract;

13 C. beginning and ending dates of the contract;

14 D. amount of the contract, budget breakdown, and a

15 clause that stipulates that the department's procedures for
 16 certifying expenditures will be followed by the local agency;

17 E. the method by which the contract may be amended or
 18 terminated;

19 F. a clause that stipulates that the contract will be
 20 renegotiated if federal or state program regulations or federal
 21 financial reimbursement regulations change;

22 G. a clause that stipulates that the local public
 23 health nursing service or the community health clinic will
 24 provide program and fiscal records according to the Minnesota
 25 Government Data Practices Act and will cooperate with state and
 26 federal program reviews;

27 H. a description of the services contracted for and
 28 the agency that will perform them;

29 I. names of the skilled professional medical
 30 personnel and their supporting staff;

31 J. methods by which the local agency will monitor and
 32 evaluate the contract; and

33 K. signatures of the representatives of the
 34 contracting parties and dates of those signatures.

35

36 REPEALER. Minnesota Rules, parts 9505.1500; 9505.1510;

09/22/88

[REVISOR] KMT/MM AR1070

- 1 9505.1520; 9505.1530; 9505.1540; 9505.1550; 9505.1560;
- 2 9505.1570; 9505.1580; 9505.1590; 9505.1600; 9505.1610;
- 3 9505.1620; 9505.1630; 9505.1640; 9505.1650; 9505.1660;
- 4 9505.1670; 9505.1680; and 9505.1690, are repealed.