

1 Department of Health

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3 Adopted Permanent Rules Relating to Services for Children with
4 Handicaps

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6 Rules as Adopted

7 4705.0100 DEFINITIONS.

8 Subpart 1. to 9. [Unchanged.]

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

13 Subp. 10. 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 agree to
24 make a copayment if any is required under this part. An
25 applicant shall be required to make use of available third-party
26 reimbursement sources for the examinations and tests necessary
27 for a diagnostic evaluation. Prior written authorization shall
28 be required for a diagnostic evaluation to be reimbursed in full
29 or in part by SCH.

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

1 household of the same size as the applicant's, and a copayment
2 of \$15 shall be required from an applicant whose adjusted gross
3 income is equal to or greater than 100 percent of the state
4 gross median income for a household of the same size as the
5 applicant's.

6 4705.0900 LIMITATIONS ON AUTHORIZATION OF REIMBURSEMENT FOR
7 TREATMENT SERVICE(S).

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

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