

1 Department of Human Services

2

3 Adopted Permanent Rules Relating to Health Care Programs

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5 Rules as Adopted

6 9505.0445 PAYMENT RATES.

7 The maximum payment rates for health services established
8 as covered services by parts 9505.0170 to 9505.0475 shall be as
9 in items A to N.

10 [For text of items A to L, see M.R.]

11 M. For EPSDT services, the rate shall be the lower of
12 the provider's submitted charge or the 75th percentile of all
13 complete EPSDT screening charges submitted for complete EPSDT
14 screenings during the prior state fiscal year, July 1 to the
15 following June 30. The adjustment necessary to reflect the 75th
16 percentile shall be effective annually on October 1.

17 [For text of items N to U, see M.R.]

18 9505.1693 SCOPE AND PURPOSE.

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

21 Parts 9505.1693 to 9505.1748 must be read in conjunction
22 with section 1905(a)(4)(B) of the Social Security Act, as
23 amended through December 31, 1981, and the Code of Federal
24 Regulations, title 42, part 441, subpart B, as amended through
25 October 1, 1987, and section 6403 of the Omnibus Budget
26 Reconciliation Act of 1989. The purpose of the EPSDT program is
27 to identify potentially handicapping conditions in children
28 eligible for medical assistance, to provide diagnosis and
29 treatment for conditions identified, and to encourage parents
30 and their children to use health care services when necessary.

31 9505.1718 SCREENING STANDARDS FOR AN EPSDT CLINIC.

32 [For text of subpart 1, see M.R.]

33 Subp. 2. Health and developmental history. A history of a
34 child's health and development must be obtained from the child,

1 parent of the child, or an adult who is familiar with the
2 child's health history. The history must include information on
3 sexual development, lead and tuberculosis exposure, nutrition
4 intake, chemical abuse, and social, emotional, and mental health
5 status.

6 [For text of subps 3 to 8, see M.R.]

7 Subp. 9. **Development.** A child must be screened for the
8 following according to the screening provider's standard
9 procedures: fine and gross motor development, speech and
10 language development, social development, cognitive development,
11 and self-help skills. Standardized tests that are used in
12 screening must be culturally sensitive and have norms for the
13 age range tested, written procedures for administration and for
14 scoring and interpretation that are statistically reliable and
15 valid. The provider must use a combination of the child's
16 health and developmental history and standardized test or
17 clinical judgment to determine the child's developmental status
18 or need for further assessment.

19 [For text of subps 10 and 11, see M.R.]

20 Subp. 12. **Immunizations.** The immunization status of a
21 child must be compared to the "Recommended Schedule for Active
22 Immunization of Normal Infants and Children," current edition.
23 Immunizations that the comparison shows are needed must be
24 offered to the child and given to the child if the child or
25 parent of the child accepts the offer. The "Recommended
26 Schedule for Active Immunization of Normal Infants and
27 Children," current edition, is developed and distributed by the
28 Minnesota Department of Health, 717 Delaware Street Southeast,
29 Minneapolis, Minnesota 55440. The "Recommended Schedule for
30 Active Immunization of Normal Infants and Children," current
31 edition, is incorporated by reference and is available at the
32 State Law Library, Ford Building, 117 University Avenue, Saint
33 Paul, Minnesota 55155. It is subject to frequent change.

34 Subp. 13. **Laboratory tests.** Laboratory tests must be done
35 according to items A to F.

36 [For text of item A, see M.R.]

1 B. A child aged one to five years must initially be
 2 screened for lead through the use of either an erythrocyte
 3 protoporphyrin (EP) test or a direct blood lead screening test
 4 until December 31, 1992. Beginning January 1, 1993, a child age
 5 one to five must initially be screened using a direct blood lead
 6 screening test. Either capillary or venous blood may be used as
 7 the specimen for the direct blood lead test. Blood tests must
 8 be performed at a minimum of once at 12 months of age and once
 9 at 24 months of age or whenever the history indicates that there
 10 are risk factors for lead poisoning. When the result of the EP
 11 or capillary blood test is greater than the maximum allowable
 12 level set by the Centers for Disease Control of the United
 13 States Public Health Service, the child must be referred for a
 14 venous blood lead test. A child with a venous blood lead level
 15 greater than the maximum allowable level set by the Centers for
 16 Disease Control must be referred for diagnosis and treatment.

17 [For text of items C to F, see M.R.]

18 [For text of subp 14, see M.R.]

19 Subp. 14a. **Health education and health counseling.** Health
 20 education and health counseling concerning the child's health
 21 must be offered to the child who is being screened and to the
 22 child's parent or representative. The health education and
 23 health counseling are for the purposes of assisting the child or
 24 the parent or representative of the child to understand the
 25 expected growth and development of the child and of informing
 26 the child or the parent or representative of the child about the
 27 benefits of healthy lifestyles and about practices to promote
 28 accident and disease prevention.

29 Subp. 15. **Schedule of age related screening standards.** An
 30 early and periodic screening, diagnosis, and treatment screening
 31 for a child at a specific age must include, at a minimum, the
 32 screening requirements of subparts 2 to 14 as provided by the
 33 following schedule:

34 Schedule of age related screening standards

35 A. Infancy:

36 Standards	Ages
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	By 1 month	2 months	4 months	6 months	9 months	12 months
4 Health History	X	X	X	X	X	X
6 Assessment of Physical Growth:						
8 Height	X	X	X	X	X	X
9 Weight	X	X	X	X	X	X
10 Head Circumference	X	X	X	X	X	X
11 Physical Examination	X	X	X	X	X	X
12 Vision	X	X	X	X	X	X
13 Hearing	X	X	X	X	X	X
15 Development	X	X	X	X	X	X
17 Health Education/ 18 Counseling	X	X	X	X	X	X
20 Sexual Development	X	X	X	X	X	X
22 Nutrition	X	X	X	X	X	X
24 Immunizations/Review		X	X	X	X	X
26 Laboratory Tests:						
27 Tuberculin						
28 Lead Absorption						X
29 Urinalysis	←	←	←	X	←	←
30 Hematocrit or Hemoglobin	←	←	←	←	X	X
31 Sickle Cell						
32 Other Laboratory Tests						
34 Oral Examination	X	X	X	X	X	X
35 X = Procedure to be completed.						

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

38 B. Early Childhood:

Standards	Age				
	15 months	18 months	24 months	3 years	4 years
44 Health History	X	X	X	X	X
46 Assessment of Physical Growth:					
47 Height	X	X	X	X	X
48 Weight	X	X	X	X	X
49 Head Circumference	X	X	X	X	X
50 Physical Examination	X	X	X	X	X
51 Vision	X	X	X	X	X
52 Hearing	X	X	X	X	X
53 Blood Pressure				X	X
55 Development	X	X	X	X	X
57 Health Education/Counseling	X	X	X	X	X
59 Sexual Development	X	X	X	X	X
61 Nutrition	X	X	X	X	X
63 Immunizations/Review	X	X	X	X	X
65 Laboratory Tests:					
66 Tuberculin					
67 Lead Absorption	X	X	X	X	X

1		<u>if history</u>		<u>if history</u>	
2		<u>indicates</u>		<u>indicates</u>	
3	Urinalysis	←	←	X	←
4	Bacteriuria (females)				X
5	Hematocrit or Hemoglobin	←	←	←	←
6	Sickle Cell	at parent's or child's request			
7	Other Laboratory Tests	as indicated			
8					
9	Oral Examination	X	X	X	X
10	X = Procedure to be completed.				

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

13 C. Late childhood:

14	Standards	Ages				
15						
16		5	6	8	10	12
17		years	years	years	years	years
18						
19	Health History	X	X	X	X	X
20						
21	Assessment of Physical Growth:					
22	Height	X	X	X	X	X
23	Weight	X	X	X	X	X
24	Physical Examination	X	X	X	X	X
25	Vision	X	X	X	X	X
26	Hearing	X	X	X	X	X
27	Blood Pressure	X	X	X	X	X
28						
29	Development	X	X	X	X	X
30						
31	Health Education/Counseling	X	X	X	X	X
32						
33	Sexual Development	X	X	X	X	X
34						
35	Nutrition	X	X	X	X	X
36						
37	Immunizations/Review	X	X	X	X	X
38						
39	Laboratory Tests:					
40	Tuberculin					
41	Lead Absorption	X				
42	Urinalysis	←	←	X	←	←
43	Bacteriuria (females)	←	←	X	←	←
44	Hemoglobin or Hematocrit	←	←	X	←	←
45	Sickle Cell	at parent's or child's request				
46	Other Laboratory Tests	as indicated				
47						
48	Oral Examination	X	X	X	X	X
49	X = Procedure to be completed.					

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

52 D. Adolescence:

53	Standards	Ages			
54		14	16	18	20
55		years	years	years	years
56					
57	Health History	X	X	X	X
58					
59	Assessment of Physical Growth:				
60	Height	X	X	X	X
61	Weight	X	X	X	X
62	Physical Examination	X	X	X	X
63	Vision	X	X	X	X

1	Hearing	X	X	X	X
2	Blood Pressure	X	X	X	X
3					
4	Development	X	X	X	X
5					
6	Health Education/Counseling	X	X	X	X
7					
8	Sexual Development	X	X	X	X
9					
10	Nutrition	X	X	X	X
11					
12	Immunizations/Review	X	X	X	X
13					
14	Laboratory Tests:				
15	Tuberculin			if history indicates	
16	Lead Absorption			if history indicates	
17	Urinalysis	+		X	
18	Bacteriuria (females)	+		+	
19	Hemoglobin or Hematocrit	+		X	
20	Sickle Cell			at parent's or child's request	
21	Other Laboratory Tests			as indicated	
22					
23	Oral Examination	X		X	
24	X = Procedure to be completed.				

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

27 Subp. 15a. **Additional screenings.** A child may have a
28 partial or complete screening between the ages specified in the
29 schedule under subpart 15 if the screening is medically
30 necessary or a concern develops about the child's health or
31 development.

32 9505.1748 CONTRACTS FOR ADMINISTRATIVE SERVICES.

33 Subpart 1. **Authority.** A local agency may contract with a
34 county public health nursing service, a community health clinic,
35 a Head Start agency, a community action agency, or a school
36 district for early and periodic screening, diagnosis, and
37 treatment administrative services. Early and periodic
38 screening, diagnosis, and treatment administrative services
39 include outreach; notification; appointment scheduling and
40 transportation; follow-up; and documentation. For purposes of
41 this subpart, "community action agency" means an entity defined
42 in Minnesota Statutes, section 268.53, subdivision 1, and
43 "school district" means a school district as defined in
44 Minnesota Statutes, section 120.02, subdivisions 13 to 15.

45 [For text of subps 2 and 3 , see M.R.]

46 Subp. 4. **Approval.** A contract for administrative services
47 must be approved by the local agency and submitted to the

1 department for approval by November 1 of the year before the
2 beginning of the calendar year in which the contract will be
3 effective. A contract must contain items A to L to be approved
4 by the department for reimbursement:

5 [For text of items A to F , see M.R.]

6 G. a clause that stipulates that the contracting
7 parties will provide program and fiscal records and maintain all
8 nonpublic data required by the contract according to the
9 Minnesota Government Data Practices Act and will cooperate with
10 state and federal program reviews;

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

13 I. methods by which the local agency will monitor and
14 evaluate the contract;

15 J. signatures of the representatives of the
16 contracting parties with the authority to obligate the parties
17 by contract and dates of those signatures;

18 K. a clause that stipulates that the services
19 provided under contract must be performed by or under the
20 supervision of skilled medical personnel; and

21 L. a clause that stipulates that the contracting
22 parties will comply with state and federal requirements for the
23 receipt of medical assistance funds.