

Minnesota Attorney General: Administrative Rules Proceedings

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Version 3
August 20, 2018

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Department of Human Services Rules Governing Early and Periodic Screening, Diagnosis and Treatment, Minnesota Rules, Parts 9505.1693 to 9505.1748	SUPPLEMENTAL FINDING AND ORDER ADOPTING RULE WITHOUT PUBLIC HEARING

Notice of the Commissioner's intent to adopt the above-entitled rule was published in the State Register on April 4, 1988 and was sent by United States mail to all persons on the list maintained by the agency pursuant to Minnesota Statutes, sections 14.14, subdivision 1a and 14.22, on March 30, 1988. The statement of need and reasonableness was prepared before the notice of intent to adopt a rule without a public hearing was mailed to all persons on the rulemaking mailing list and published in the State Register and was available to the public.

All persons were given the opportunity to submit comment on the rule for 30 days after notice of proposed rulemaking. No requests for a public hearing on the rule were received within the time period stated in the notice published in the State Register. Therefore, the agency did not receive requests for a public hearing from 25 or more persons which were not withdrawn. No requests for notice of submission to the attorney general were received by the agency.

The order adopting the rule was sent to the Office of the Attorney General, Administration Division. The rule was withdrawn in response to

DEPARTMENT : ATTORNEY GENERAL

STATE OF MINNESOTA

Office Memorandum

DATE : October 12, 1988

TO : ELEANOR WEBER
Rules and Bulletins Division
Human Services Department

FROM : JULIE A. LEPPINK
Special Assistant
Attorney General

PHONE : 6-9422

SUBJECT : In the Matter of the Adopted Rule Relating to Early and Periodic Screening, Diagnosis, and Treatment Program

The above-refernced rule has been approved as to its legality by the Attorney General on October 12, 1988.

Enclosed is the agency's copy of the approved rule. This office has already filed two copies with the Secretary of State who will forward one copy to the Revisor of Statutes. The fourth is being retained by this division of the Attorney General's Office for its records.

Also enclosed are any petitions, requests, submission or comments received by the agency and any extra copies of documents which the agency submitted to the Attorney General.

In order for a permanent rule without a hearing to become effective, your agency must publish a notice of adoption in the State Register in accoradance with Minn. Stat. §14.27. An emergency rule becomes effective five working days after approval by the Attorney General; however, the agency must publish a notice in the State Register in accordance with Minn. Stat. §14.34.

If you have any questions in this regard, please contact me.

JAL:rer

Enclosures

cc: Maryanne Hruby
Executive Director
Legislative Commission to Review
Administrative Rules

William Brown
Chief Administrative Law Judge
Office of Administrative Hearings

RULE REVIEW CHECKLIST
RESUBMITTED RULE

File No. 1510 Docket No. 05.0009.0866

RESUBMISSION DATE 10/5/88 ADOPTED W/O HEARING ✓
DATE DUE _____ EMERGENCY RULE _____

APPROVED _____ REVISOR APPROVED _____
DISAPPROVED _____ REVISOR DISAPPROVED _____
WITHDRAWM _____ FILED W/SEC. STATE _____
RETURNED TO AGENCY _____

____ **Does the revision raise significant new legal issues?**

_____ Review date

✓ Rule as adopted (4 copies)

✓ Supplemental Findings of Fact, Conclusions & Order Adopting

____ ~~Board's Supplemental Resolution Adopting~~

____ ~~Notice of submission to Attorney General~~

____ ~~Affidavit of Mailing Notice to Attorney General~~

JdL File No. 1510 Docket No. DS.0009.~~1288~~.0866

DATE RECEIVED 8/15/88 ADOPTED W/O HEARING ✓

REVIEW DATE 8/24/88 EMERGENCY RULE _____

DUE DATE 8/29/88 REVISOR APPROVED _____

APPROVED _____ REVISOR DISAPPROVED _____

DISAPPROVED _____ FILED W/SEC. OF STATE _____

WITHDRAWN 8/29/88 RETURNED TO AGENCY _____

✓ Rule as adopted (4 copies)

✓ Notice to Solicit Outside Information/Opinion (if applicable)

2/3/86 Date published in State Register
none Comments

~~Petition for Adoption of a Rule (if applicable)~~

~~Board's Authorizing Resolution~~

~~Date adopted~~

✓ Proposed Rule

yes Revisor's Certificate

✓ Notice of Intent to Adopt Rule

256B.04
256B.02 Statutory Authority
n/a Small Business Statement
yes Expenditure of public money statement
yes Signature

✓ Statement of Need and Reasonableness (if applicable)

no Small Business Statement
n/a Fees - § 16A.128

✓ Affidavit of Mailing Notice of Intent to Adopt Rule

3/30/88 Date (30)/25 days before adoption
yes Notice attached
~~Copy of rule or summary attached~~

✓ Publication in State Register

4/4/88 Date (30)/25 days before adoption

180-day deadline from:

2/29/88 end of comment period (§ 14.26) (rules without hearing)

~~effective date of statutory authority (§ 14.29) (emergency rules)~~

~~Resolution Adopting~~

~~Date adopted~~

✓ Findings of Fact, Conclusions & Order Adopting

8/4/88 Date

✓ Written requests, submissions or comments (6)

✓ Declaration of attorney

James Alexander Name of SAAG representing agency

~~Notice of Submission to Atty. Gen. (if applicable)~~

~~Aff. of Mailing Notice to Atty. Gen. (if applicable)~~

Department of Human Services

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

Rules as Adopted

9505.0275 EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT.

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

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

9505.1693 SCOPE AND PURPOSE.

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

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

9505.1696 DEFINITIONS.

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

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

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

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

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

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

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

Subp. 4. **Department.** "Department" means the Minnesota Department of Human Services.

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

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

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

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subdivision 8, paragraph (12).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9505.1699 ELIGIBILITY TO BE SCREENED.

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

9505.1701 CHOICE OF PROVIDER.

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

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

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part 9505.0190.

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

9505.1703 ELIGIBILITY TO PROVIDE SCREENING.

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

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

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

A. screen children according to parts 9505.1693 to 9505.1748;

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

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

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

9505.1706 REIMBURSEMENT.

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

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

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

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

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

9505.1709 EPSDT SCREENING FORM.

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

9505.1712 TRAINING.

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

9505.1715 COMPLIANCE WITH SURVEILLANCE AND UTILIZATION REVIEW.

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

9505.1718 SCREENING STANDARDS FOR AN EPSDT CLINIC.

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

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

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

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

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

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

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

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

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

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

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

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

Subp. 10. **Sexual development.** A child must be evaluated to determine whether the child's sexual development is consistent with the child's chronological age. A female must receive a breast examination and pelvic examination when indicated. A male must receive a testicular examination when indicated. <u>If it is in the best interest of a child,</u> counseling on normal sexual development, information on birth control and sexually transmitted diseases, and prescriptions and tests must be offered to a child ~~when appropriate~~. If it is in the best interest of a child, a screening provider may refer the child to

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other resources for counseling or a pelvic examination.

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

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

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

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

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

(1) has lived in or frequently visited houses

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built before 1950;

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

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

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

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

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

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

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

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

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

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

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

Schedule of age-related screening standards

A. Infancy:

Standards	Ages				
	By 1 month	2 months	4 months	6 months	7-11 months
Health History	X	X	X	X	X
Assessment of Physical Growth:					
Height	X	X	X	X	X
Weight	X	X	X	X	X
Head Circumference	X	X	X	X	X
Physical Examination	X	X	X	X	X
Vision	X	X	X	X	X
Hearing	X	X	X	X	X
Development:					
PDQ/DDST			X	X	X
Sexual Development	X	X	X	X	X
Nutrition	X	X	X	X	X
Immunizations		X	X	X	X
Laboratory Tests:					
Tuberculin		if history indicates			
Lead Absorption		if history indicates			
Urine	←	←	←	X	←
Bacteriuria (females)					
Anemia					X
Sickle Cell	at parent's or child's request				
Other Laboratory Tests	as indicated				
Oral Examination	X	X	X	X	X

X = Procedure to be completed.

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

B. Early Childhood:

Standards	Ages		
	12-15 months	16-19 months	20-35 months
Health History	X	X	X
Assessment of Physical Growth:			
Height	X	X	X
Weight	X	X	X
Head Circumference	X	X	X
Physical Examination	X	X	X
Vision	X	X	X
Hearing	X	X	X
Development:			
PDQ/DDST	X	X	X

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Sexual Development	X	X	X
Nutrition	X	X	X
Immunizations	X	X	X
Laboratory Tests:			
Tuberculin	if history indicates		
Lead Absorption	if history indicates		
Urine	←	←	X
Anemia	←	←	←
Sickle Cell	at parent's or child's request		
Other Laboratory Tests	as indicated		
Oral Examination	X	X	X

X = Procedure to be completed.

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

C. Late childhood:

Standards	Ages 3-4 years	5-7 years	8-10 years	11-13 years
Health History	X	X	X	X
Assessment of Physical Growth:				
Height	X	X	X	X
Weight	X	X	X	X
Physical Examination	X	X	X	X
Vision	X	X	X	X
Hearing	X	X	X	X
Development:				
PDQ/DDST	X	X		
Fine & Gross Motor, Speech & Language, Social, Cognitive		X	X	X
Sexual Development	X	X	X	X
Nutrition	X	X	X	X
Immunizations	X	X	X	X
Laboratory Tests:				
Tuberculin	if history indicates			
Lead Absorption	if history indicates			
Urine	←	←	X	←
Bacteriuria (females)	X	←	X	←
Anemia	←	←	X	←
Sickle Cell	at parent's or child's request			
Other Laboratory Tests	as indicated			
Oral Examination	X	X	X	X

X = Procedure to be completed.

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

D. Adolescence:

Standards	Ages 14-17 years	18-20 years
Health History	X	X

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Assessment of Physical Growth:		
Height	X	X
Weight	X	X
Physical Examination	X	X
Vision	X	X
Hearing	X	X
Development:		
PDQ/DDST		
Fine & Gross Motor, Speech & Language, Social, Cognitive	X	X
Sexual Development	X	X
Nutrition	X	X
Immunizations	X	X
Laboratory Tests:		
Tuberculin	if history indicates	
Lead Absorption	if history indicates	
Urine	←	X
Bacteriuria (females)	←	←
Anemia	←	X
Sickle Cell	at parent's or child's request	
Other Laboratory Tests	as indicated	
Oral Examination	X	X

X = Procedure to be completed.

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

9505.1724 PROVISION OF DIAGNOSIS AND TREATMENT.

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

9505.1727 INFORMING.

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

The department must send a written notice to a child or

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

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

9505.1730 ASSISTANCE WITH OBTAINING A SCREENING.

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

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

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

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

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

9505.1733 ASSISTANCE WITH OBTAINING DIAGNOSIS AND TREATMENT.

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

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

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the date of the request.

9505.1736 SPECIAL NOTIFICATION REQUIREMENT.

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

9505.1739 CHILDREN IN FOSTER CARE.

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

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

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

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

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

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

9505.1742 DOCUMENTATION.

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

9505.1745 INTERAGENCY COORDINATION.

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

9505.1748 CONTRACTS FOR ADMINISTRATIVE SERVICES.

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

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

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

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

A. names of the contracting parties;

B. purpose of the contract;

C. beginning and ending dates of the contract;

D. amount of the contract, budget breakdown, and a clause that stipulates that the department's procedures for certifying expenditures will be followed by the local agency;

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

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

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

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

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

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

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

REPEALER. Minnesota Rules, parts 9505.1500; 9505.1510;

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

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STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

OCT 12 1988

Joan Anderson Growe

Secretary of State

9:20 AM

APPROVED AS TO FORM AND LEGALITY

October 10 19 88

HUBERT H. HUMPHREY, III
ATTORNEY GENERAL

BY Julie A Zuppke
SPECIAL ASSISTANT ATTORNEY GENERAL

RECEIVED
MAR 16 1988
ADMINISTRATIVE
HEARINGS

Department of Human Services

Proposed Permanent Rules Relating to Early and Periodic Screening, Diagnosis, and Treatment Program

Rules as Proposed

9505.0275 EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT.

Subpart 1. **Definition.** "Early and periodic screening, diagnosis, and treatment service" means a service provided to a recipient under age 21 to identify a potentially handicapping condition and to provide diagnosis and treatment for a condition identified according to the requirements of the Code of Federal Regulations, title 42, section 441.55 and parts ~~9505.1500 to 9505.1690~~ 9505.1693 to 9505.1748.

Subp. 2. **Duties of provider.** The provider shall sign a provider agreement stating that the provider will provide screening services according to standards in parts ~~9505.1500 to 9505.1690~~ 9505.1693 to 9505.1748 and Code of Federal Regulations, title 42, sections 441.50 to 441.62.

Rules as Proposed (all new material)

9505.1693 SCOPE AND PURPOSE.

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

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

9505.1696 DEFINITIONS.

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

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

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

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

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

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

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

Subp. 4. **Department.** "Department" means the Minnesota Department of Human Services.

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

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

Subp. 7. **Early and periodic screening, diagnosis, and treatment program or EPSDT program.** "Early and periodic screening, diagnosis, and treatment program" or "EPSDT program" means the program that provides screening, diagnosis, and treatment under parts 9505.1693 to 9505.1748; Code of Federal

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Regulations, title 42, section 441.55, as amended through October 1, 1986; and Minnesota Statutes, section 256B.02, subdivision 8, paragraph (12).

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

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

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

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

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

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

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

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

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

Subp. 17. **Physician.** "Physician" means a person who is licensed to provide health services within the scope of the

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person's profession under Minnesota Statutes, chapter 147.

Subp. 18. **Prepaid health plan.** "Prepaid health plan" means a health insurer licensed and operating under Minnesota Statutes, chapters 60A, 62A, and 62C, and a health maintenance organization licensed and operating under Minnesota Statutes, chapter 62D to provide health services to recipients of medical assistance entitlements.

Subp. 19. **Public health nursing service.** "Public health nursing service" means a community nursing service provided by a Medicare certified home health care agency that is a department of or operates under the direct authority of a unit of government.

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

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

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

9505.1699 ELIGIBILITY TO BE SCREENED.

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

9505.1701 CHOICE OF PROVIDER.

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

Subp. 2. **Choice of diagnosis and treatment provider.** Except as provided by subpart 3, a child or parent of a child

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may choose any diagnosis and treatment provider as provided by part 9505.0190.

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

9505.1703 ELIGIBILITY TO PROVIDE SCREENING.

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

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

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

A. screen children according to parts 9505.1693 to 9505.1748;

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

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

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

9505.1706 REIMBURSEMENT.

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

Subp. 2. **Eligibility for reimbursement; Head Start agency.** A Head Start agency may complete all the screening

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

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

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

9505.1709 EPSDT SCREENING FORM.

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

9505.1712 TRAINING.

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

9505.1715 COMPLIANCE WITH SURVEILLANCE AND UTILIZATION REVIEW.

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

9505.1718 SCREENING STANDARDS FOR AN EPSDT CLINIC.

Subpart 1. **Requirement.** An early and periodic screening,

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diagnosis, and treatment screening must meet the requirements of subparts 2 to 15 except as provided by part 9505.1706, subpart 2.

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

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

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

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

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

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Subp. 7. **Hearing.** A child must be checked for a family history of hearing disability or loss, delay of language acquisition or history of such delay, the ability to determine the direction of a sound, and a history of repeated otitis media during early life. A child or parent of the child must be asked whether he or she has any concerns regarding the child's hearing.

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

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

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

Subp. 10. **Sexual development.** A child must be evaluated to determine whether the child's sexual development is consistent with the child's chronological age. A female must receive a breast examination and pelvic examination when indicated. A male must receive a testicular examination when indicated. Counseling on normal sexual development, information on birth control and sexually transmitted diseases, and prescriptions and tests must be offered to a child when appropriate. If it is in the best interest of a child, a

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screening provider may refer the child to other resources for counseling or a pelvic examination.

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

Subp. 12. **Immunizations.** The immunization status of a child must be compared to the 1983 Recommended Immunization Schedule. Immunizations that the comparison shows are needed must be offered to the child and given to the child if the child or parent of the child accepts the offer. The "Recommended Immunization Schedule," June 1983, is developed and distributed by the Minnesota Department of Health, 717 Delaware Street, Minneapolis, Minnesota 55440. The "Recommended Immunization Schedule" is incorporated by reference and is available at the State Law Library, Ford Building, 117 University Avenue, Saint Paul, Minnesota 55155. It is not subject to frequent change.

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

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

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

(1) has lived in or frequently visited houses built before 1950;

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

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

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

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

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

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

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

E. A test for sickle cell, hemoglobin concentration, or abnormal blood conditions must be offered to a child who is at risk of such abnormalities and who has not yet been tested. This test must be provided if accepted or requested by the child or parent of the child. If the test identifies a hemoglobin abnormality, the child must be referred for genetic counseling.

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

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

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

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Schedule of age-related screening standards

A. Infancy:

Standards	Ages				
	By 1 month	2 months	4 months	6 months	7-11 months
Health History	X	X	X	X	X
Assessment of Physical Growth:					
Height	X	X	X	X	X
Weight	X	X	X	X	X
Head Circumference	X	X	X	X	X
Physical Examination	X	X	X	X	X
Vision	X	X	X	X	X
Hearing	X	X	X	X	X
Development:					
PDQ/DDST			X	X	X
Sexual Development	X	X	X	X	X
Nutrition	X	X	X	X	X
Immunizations		X	X	X	X
Laboratory Tests:					
Tuberculin		if history indicates			
Lead Absorption		if history indicates			
Urine	←	←	←	X	←
Bacteriuria (females)					
Anemia					X
Sickle Cell	at parent's or child's request				
Other Laboratory Tests	as indicated				
Oral Examination	X	X	X	X	X

X = Procedure to be completed.

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

B. Early Childhood:

Standards	Ages		
	12-15 months	16-19 months	20-35 months
Health History	X	X	X
Assessment of Physical Growth:			
Height	X	X	X
Weight	X	X	X
Head Circumference	X	X	X
Physical Examination	X	X	X
Vision	X	X	X
Hearing	X	X	X
Development:			
PDQ/DDST	X	X	X
Sexual Development	X	X	X
Nutrition	X	X	X
Immunizations	X	X	X
Laboratory Tests:			
Tuberculin	if history indicates		
Lead Absorption	if history indicates		

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Urine	←	←	X
Anemia	←	←	←
Sickle Cell	at parent's or child's request		
Other Laboratory Tests	as indicated		
Oral Examination	X	X	X

X = Procedure to be completed.

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

C. Late childhood:

Standards	Ages			
	3-4 years	5-7 years	8-10 years	11-13 years
Health History	X	X	X	X
Assessment of Physical Growth:				
Height	X	X	X	X
Weight	X	X	X	X
Physical Examination	X	X	X	X
Vision	X	X	X	X
Hearing	X	X	X	X
Development:				
PDQ/DDST	X	X		
Fine & Gross Motor, Speech & Language, Social, Cognitive		X	X	X
Sexual Development	X	X	X	X
Nutrition	X	X	X	X
Immunizations	X	X	X	X
Laboratory Tests:				
Tuberculin	if history indicates			
Lead Absorption	if history indicates			
Urine	←	←	X	←
Bacteriuria (females)	X	←	X	←
Anemia	←	←	X	←
Sickle Cell	at parent's or child's request			
Other Laboratory Tests	as indicated			
Oral Examination	X	X	X	X

X = Procedure to be completed.

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

D. Adolescence:

Standards	Ages	
	14-17 years	18-20 years
Health History	X	X
Assessment of Physical Growth:		
Height	X	X
Weight	X	X
Physical Examination	X	X
Vision	X	X
Hearing	X	X
Development:		
PDQ/DDST		

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Fine & Gross Motor, Speech & Language, Social, Cognitive	X	X
Sexual Development	X	X
Nutrition	X	X
Immunizations	X	X
Laboratory Tests:		
Tuberculin	if history indicates	
Lead Absorption	if history indicates	
Urine	←	X
Bacteriuria (females)	←	←
Anemia	←	X
Sickle Cell	at parent's or child's request	
Other Laboratory Tests	as indicated	
Oral Examination	X	X

X = Procedure to be completed.

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

9505.1724 PROVISION OF DIAGNOSIS AND TREATMENT.

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

9505.1727 INFORMING.

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

The department must send a written notice to a child or parent of a child who has been screened informing the child or parent that the child should be screened again. This notice must be sent at the following ages of the child: six months, nine months, one year, 18 months, two years, four years, and every three years after age four.

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

9505.1730 ASSISTANCE WITH OBTAINING A SCREENING.

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

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

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

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

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

9505.1733 ASSISTANCE WITH OBTAINING DIAGNOSIS AND TREATMENT.

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

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

9505.1736 SPECIAL NOTIFICATION REQUIREMENT.

A local agency must effectively inform an individual who is blind or deaf, or who cannot read or understand the English

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language, about the EPSDT program.

9505.1739 CHILDREN IN FOSTER CARE.

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

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

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

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

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

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Office of the Revisor of Statutes

Administrative Rules

TITLE: Proposed Permanent Rules Relating to Early and Periodic Screening, Diagnosis, and Treatment Program

AGENCY: Department of Human Services

MINNESOTA RULES: Chapter 9505

INCORPORATION BY REFERENCE:

Rule Number: 9505.1718, subpart 12
Material Incorporated: Recommended Immunization Schedule, June 1983, developed and distributed by the Minnesota Department of Health

The attached rules are approved for publication in the State Register

Kathleen M. Traxler
Assistant Revisor

STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Department of Human Services Rules Governing Early and Periodic Screening, Diagnosis, and Treatment, Minnesota Rules, Parts 9505.1693 to 9505.1748

NOTICE OF HEARING AND NOTICE OF INTENT TO CANCEL HEARING IF FEWER THAN TWENTY-FIVE PERSONS REQUEST A HEARING IN RESPONSE TO NOTICE OF INTENT TO ADOPT RULES WITHOUT A PUBLIC HEARING

NOTICE IS HEREBY GIVEN that a public hearing on the above-entitled matter will be held in Room 300 South, State Office Building, 100 Constitution Avenue, St. Paul, MN 55155 on May 18, 1988 commencing at 9:00 a.m. and continuing until all interested or affected persons have an opportunity to participate. The proposed rules may be modified as a result of the hearing process. Therefore, if you are affected in any manner by the proposed rules, you are urged to participate in the rule hearing process.

PLEASE NOTE, HOWEVER, THAT THE HEARING WILL BE CANCELLED IF FEWER THAN TWENTY-FIVE PERSONS REQUEST A HEARING IN RESPONSE TO THE NOTICE OF INTENT TO ADOPT THESE SAME RULES WITHOUT A PUBLIC HEARING PUBLISHED IN THIS STATE REGISTER AND MAILED TO PERSONS REGISTERED WITH THE DEPARTMENT OF HUMAN SERVICES. To verify whether a hearing will be held, please call the Department of Human Services between May 5 and May 17, 1988 at (612) 297 4301.

Following the agency's presentation at the hearing, all interested or affected persons will have an opportunity to participate. Such persons may present their views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should be pertinent to the matter at hand. Written material not submitted at the time of the hearing which is to be included in the hearing record may be mailed to Howard L. Kaibel,Jr., Administrative Law Judge, Office of Administrative Hearings, 500 Flour Exchange Building, 310 Fourth Avenue South, Minneapolis, Minnesota 55415; telephone (612) 341 7608, either before the hearing or within five working days after the public hearing ends. The Administrative Law Judge may at the hearing, order the record be kept open for a longer period not to exceed 20 calendar days. The comments received during the comment period shall be available for review at the Office of Administrative Hearings. Following the close of the comment period the agency and all interested persons have three business days to respond in writing to any new information submitted during the comment period. During the three-day period, the agency may indicate in writing whether there are amendments suggested by other persons which the agency is willing to adopt. No additional evidence may be submitted during the three-day period. The written responses shall be added to the rulemaking record. Upon the close of the record the Administrative Law

Judge will write a report as provided for in Minnesota Statutes, sections 14.15 and 14.50. The rule hearing is governed by Minnesota Statutes, sections 14.14 to 14.20 and by Minnesota Rules, parts 1400.0200 to 1400.1200. Questions about procedure may be directed to the Administrative Law Judge.

Minnesota Rules, Parts 9505.2390 to 9505.2500 establish the requirements that govern early and periodic screening, diagnosis, and treatment services provided to medical assistance recipients under age 21. The rules establish who is eligible to receive the services, the recipient's right to choose the provider, who is eligible to be a provider, training requirements, a schedule of age-related screening standards, information and assistance that a local agency must give to eligible children or their parents, interagency coordination required of the local agency, requirements for contracts between local agencies and EPSDT providers, and provider eligibility for medical assistance reimbursement. The proposed rules, if adopted, will repeal the present rule, parts 9505.1500 to 9505.1690, and are necessary in order to ensure consistency with 1985 Federal Regulations (Code of Federal Regulations, title 42, subpart B), to improve clarity and organization of rule parts, and to reflect current medical practice.

The agency's authority to adopt the proposed rules is contained in Minnesota Statutes, sections 256B.02, subd. 8 (12) and 256B.04, subd. 2. Adoption of these rules will not result in additional spending by local public bodies in excess of $100,000 per year for the first two years following adoption under the requirements of Minnesota Statutes, section 14.11.

Copies of the proposed rules are now available and at least one free copy may be obtained by writing to:

Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816

This rule is also available for viewing at each of the county welfare or human service agencies in the State of Minnesota.

Additional copies will be available at the hearing. If you have any questions on the content of the rule contact Patricia Massopust (612) 296-3883.

NOTICE: Any person may request notification of the date on which the Administrative Law Judge's report will be available, after which date the agency may not take any final action on the rules for a period of five working days. If you desire to be notified, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the Administrative Law Judge. Any person may request notification of the date on which the rules were adopted and filed with the secretary of state. The notice must be mailed on the same day the rules are filed. If you want to be so notified you may so indicate at the hearing or send a request in writing to the agency at any time prior to the filing of the rules with the secretary of state.

NOTICE IS HEREBY GIVEN that a Statement of Need and Reasonableness is now available for review at the agency and at the Office of Administrative Hearings. The Statement of Need and Reasonableness includes a summary of all the evidence and argument which the agency anticipates presenting at the hearing justifying both the need for and reasonableness of the proposed rules. Copies of the Statement of Need and Reasonableness may be reviewed at the agency or the Office of Administrative Hearings and copies may be obtained from the Office of Administrative Hearings at the cost of reproduction.

Minnesota Statutes, chapter 10a, requires each lobbyist to register with the State Ethical Practices Board within five days after he or she commences lobbying. A lobbyist is defined in Minnesota Statutes, section 10A.01, subdivision 11, as any individual:

(a) engaged for pay or other consideration, or authorized by another individual or association to spend money, who spends more than five hours in any month or more than $250, not including travel expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communication or urging others to communicate with public officials; or

(b) who spends more than $250, not including traveling expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials.

The statute provides certain exceptions. Questions should be directed to the Ethical Practices Board, 625 North Robert Street, St. Paul, Minnesota 55101, telephone (612) 296-5148.

Dated 3-10-88

SANDRA S. GARDEBRING
Commissioner

STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Rules of the State Department of Human Services Governing Early and Preadmission Screening, Diagnosis, and Treatment, Minnesota Rules, Parts 9505.1693 to 9505.1748

NOTICE OF INTENT TO ADOPT A RULE WITHOUT A PUBLIC HEARING AND NOTICE OF INTENT TO ADOPT A RULE WITH A PUBLIC HEARING IF TWENTY-FIVE OR MORE PERSONS REQUEST A HEARING

Notice is hereby given that the State Department of Human Services proposes to adopt the above-entitled rule without a public hearing following the procedures set forth in Minnesota Statutes, section 14.22 to 14.28. The specific statutory authority to adopt the rule is Minnesota Statutes, sections 256B.02, subd. 8 (12) and 256B.04, subd. 2.

Persons interested in this rule shall have 30 days in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule and comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to Minnesota Statutes, section 14.131 to 14.20. PLEASE NOTE THAT IF TWENTY-FIVE OR MORE PERSONS SUBMIT WRITTEN REQUESTS FOR A PUBLIC HEARING WITHIN THE 30-DAY COMMENT PERIOD, A HEARING WILL BE HELD ON May 18, 1988, UNLESS A SUFFICIENT NUMBER WITHDRAW THEIR REQUEST, IN ACCORDANCE WITH THE NOTICE OF PUBLIC HEARING ON THESE SAME RULES PUBLISHED IN THIS STATE REGISTER AND MAILED TO PERSONS REGISTERED WITH THE DEPARTMENT OF HUMAN SERVICES. To verify whether a hearing will be held, please call the Department of Human Services between May 5 and May 17, 1988 at (612) 297 4301.

Persons who wish to submit comments or a written request for a public hearing must submit such comments or requests to:

Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816

Comments or requests for a public hearing must be received by the Department by 4:30 p.m. on May 4, 1988.

The proposed rule may be modified if the modifications are supported by data and views and do not result in a substantial change in the proposed rule as noticed.

A free copy of this rule is available upon request for your review from:
Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816
(612) 297 4301

A copy of the proposed rule may be viewed at any of the county welfare or human service agencies in the State of Minnesota.

Minnesota Rules, Parts 9505.2390 to 9505.2500 establish the requirements that govern early and periodic screening, diagnosis, and treatment services provided to medical assistance recipients under age 21. The rules establish who is eligible to receive the services, the recipient's right to choose the provider, who is eligible to be a provider, training requirements, a schedule of age-related screening standards, information and assistance that a local agency must give to eligible children or their parents, interagency coordination required of the local agency, requirements for contracts between local agencies and EPSDT providers, and provider eligibility for medical assistance reimbursement. The proposed rules, if adopted, will repeal the present rule, parts 9505.1500 to 9505.1690, and are necessary in order to ensure consistency with 1985 Federal Regulations (Code of Federal Regulations, title 42, subpart B), to improve clarity and organization of rule parts, and to reflect current medical practice.

A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed rule and identifies the data and information relied upon to support the proposed rule has been prepared and is available upon request from:
Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816
9612) 297 4301

Adoption of these rules will not result in additional spending by local public bodies in the excess of $100,000 per year for the first two years following adoption under the requirements of Minnesota Statutes, section 14.11.

If no hearing is required upon adoption of the rule, the rule and the required supporting documents will be delivered to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this

material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit the written request to:

Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155

State of Minnesota

Sandra Gardebring

SANDRA S. GARDEBRING, Commissioner
Department of Human Services

Dated: 3-10-88

STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE PROPOSED
ADOPTION OF MINNESOTA RULES,
PARTS 9505.1693 TO 9505.1748
GOVERNING ADMINISTRATION OF
THE EARLY AND PERIODIC SCREENING,
DIAGNOSIS, AND TREATMENT PROGRAM

STATEMENT OF NEED
AND REASONABLENESS

INTRODUCTION

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a program of comprehensive health care for people under age 21 who are eligible for medical assistance benefits. The program informs eligible children or their parents of the availability of EPSDT; screens eligible children for health disorders; provides diagnosis and treatment indicated as needed by a screening; ensures that screening, diagnosis and treatment are available on a periodic basis; helps make appointments for EPSDT services; and helps with transportation to EPSDT services.

The goal of EPSDT is to provide comprehensive health care to a large segment of the population not previously served (f1). Secondarily, "The [United States] Department of Health and Human Services and HCFA [Health Care Financing Administration] strongly believe that EPSDT, when properly implemented, has the potential for assuring the accomplishment of an important long range goal the reduction and prevention of public dependency by giving health care to poor youngsters to assure that they move into the mainstream of life" (f2).

The EPSDT program was established by Public Law Number 90-248, Social Security Amendments of 1967. The federal government imposed financial penalties for non-implementation of the program because states were implementing the EPSDT program too slowly. However, Public Law Number 97-35, (the Omnibus Budget Reconciliation Act of 1981), amending section 1902 (a) of the Social Security Act, eliminated the penalty and required states to:

> inform all Medicaid recipients under age 21, who are eligible for EPSDT under the plan, of EPSDT availability;
>
> provide or arrange for requested screening services; and
>
> arrange for corrective treatment of health problems found as a result of screening.

New federal EPSDT regulations, which became final on January 29, 1985, encourage continuing care for clients; emphasize the involvement of health professionals in designing and implementing EPSDT; require coordination with related programs; and give states the flexibility to design preventive health care programs for children which are best suited to the needs in each state (Code of Federal Regulations, title 42, part 441, subpart B, as amended through October 1, 1986).

Minnesota implemented the EPSDT Program in 1974. A law suit initiated in August 1975 by Legal Aid Society of Minneapolis on behalf of

recipients, which was settled out-of-court in April 1977, was the impetus for an effort to recruit EPSDT providers by the then Department of Public Welfare. Early and periodic screening, diagnosis, and treatment providers now serve children in every county in Minnesota.

To govern the EPSDT program in Minnesota, Minnesota Rules, parts 9505.1500 to 9505.1690 were promulgated on June 6, 1978. Parts 9505.1500 to 9505.1690 provide criteria for the eligibility of recipients and providers of EPSDT services; screening standards; periodicity; outreach and follow-up; and documentation of EPSDT program activities.

County social service agencies manage EPSDT administrative services, such as outreach and follow-up, under state supervision. Some counties contract with a local public health agency or community health clinic to provide EPSDT administrative services. Currently there are 40 such contracts, including contracts in Hennepin, Ramsey, and St. Louis counties.

The proposed amendments, parts 9505.1693 to 9505.1748, have been developed to ensure consistency between Minnesota's EPSDT rules and the 1985 federal EPSDT regulations, to improve clarity and organization of rule parts, and to reflect current medical practice.

To prepare the amendments proposed in parts 9505.1693 to 9505.1748 the Department followed procedures mandated by the Administrative Procedures Act and the rules of the Office of Administrative Hearings. A notice to solicit outside opinion concerning the proposed rule parts was published in the State Register on Monday, February 3, 1986.

The Department also used a public advisory committee of persons familiar with the EPSDT program to amend the rules. The public advisory committee was formed by the department in January of 1986. The committee consisted of the persons listed in Appendix A.

The committee met three times for a total of about nine hours. Members discussed the screening standards and considered changes in the assessment of physical growth, vision, hearing, developmental testing, sexual development, nutritional status, laboratory testing, and dental examinations. They also discussed and considered changes in rule parts on outreach and follow-up, appropriate providers, and periodicity. Additional physicians were consulted for their opinions on medical aspects of the EPSDT program. Drafts of the rule were circulated to the optometric and nurses associations and to each person requesting a copy of the draft rule after publication of the notice of intent to solicit outside opinion. Comments received were reviewed and considered by the department when it drafted the proposed rule parts.

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM.

9505.0275 EARLY AND PERIODIC, SCREENING, DIAGNOSIS, AND TREATMENT

Part 9505.0275 is an existing rule that establishes early and periodic screening, diagnosis, and treatment as a covered service under medical assistance. This part contains two citations to the present rules setting standards for the EPSDT program. If the proposed parts 9505.1693 to 9505.1748 are adopted, present rule parts 9505.1500 to 9505.1690 will be repealed and the citations contained in part 9505.0275 will be obsolete. It is, therefore, necessary and reasonable to amend part 9505.0275 so that it is accurate and consistent with other rules of the department.

9505.1693 SCOPE AND PURPOSE.

This part is needed to provide readers of Minnesota Rules with a reference that enables them to easily distinguish parts 9505.1693 to 9505.1748 from other parts of Minnesota Rules; to determine whether parts 9505.1693 to 9505.1748 pertain to them; and to understand better the organization of parts 9505.1693 to 9505.1748. Part 9505.1693 is consistent with the purpose of EPSDT services described under the Code of Federal Regulations, Title 42, Section 441.50. The part is reasonable because it informs affected persons of the reason for the program.

9505.1696 DEFINITIONS.

Applicability under subpart 1 and the definitions under subparts 2 to 23 are needed to clarify which parts of Minnesota Rules the definitions apply to; to provide consistent terminology for use by persons and organizations affected by the EPSDT program; to provide a basis for evaluating compliance with Minnesota Statutes, other rules promulgated by the State of Minnesota, and federal laws and regulations; and to identify and clarify terms used in parts 9505.1500 to 9505.1690.

Subpart 1. **Applicability.** This subpart is reasonable because the terms as defined are unique to the EPSDT program and do not necessarily apply to other parts of Minnesota Rules.

Subp. 2. **Child.** This definition is reasonable because it is consistent with the Code of Federal Regulations, Title 42, section 441.50 and provides an abbreviation to describe the person eligible to receive EPSDT services.

Subp. 3. **Community health clinic.** "Community health clinic" as used in parts 9505.1500 to 9505.1690 is the same type of clinic that is referred to in the term "nonprofit community health clinic services" under Minnesota Statutes, section 256B.02, subdivision 8(4). Minnesota Statutes, section 256B.02, subdivision 8(4) does not, however, define the term "nonprofit community health clinic" or "nonprofit community health clinic service". The definition of "community health clinic" is consistent with the definition given "community health clinic service" by other rules of the department that specify which services are eligible for payments from the Medical Assistance program (see part 9505.0255, subpart 1).

A. Minnesota Statutes, chapter 317 specifies the requirements an organization must meet to incorporate in Minnesota as a nonprofit corporation. This item is consistent with Minnesota Statutes, section 256B.02, subdivision 8(4) which requires the clinic to have nonprofit status.

B. Similarly this item is consistent with the statutory requirement of nonprofit status because tax exempt status under the Internal Revenue Code, section 501(c)(3), is available only to an organization that is organized and operated for certain specified nonprofit purposes.

C. People with a low income have difficulty in paying for health services and are often unable to obtain necessary health care. They are, therefore, an underserved population. Defining community health

clinic as a clinic formed to serve low income people is consistent with Minnesota Statutes, section 317.05, which specifies the purposes for which a non-profit corporation may be formed.

D. Community health clinics are the urban counterparts of rural health clinics which provide alternative primary care services for low income population living in an area with a paucity of health services. The Code of Federal Regulations, title 42, section 491.9(b) requires rural clinics to have written policies about the health services they provide. This item is reasonable because it is consistent with the federal requirement placed on a clinic providing similar services to a similar population.

Subp. 4. **Department.** This definition is reasonable because it provides an abbreviation for the state agency responsible for supervising the administration of the EPSDT program and, thereby, makes the rule more concise.

Subp. 5. **Diagnosis.** This definition is consistent with the definition of EPSDT given under the Code of Federal Regulations, Title 42, section 440.40(b), with the definition given for diagnosis in The American Heritage Dictionary, Houghton Mifflin Company, Boston, Massachusetts, and with common usage in medical practice.

Subp. 6. **Early and periodic screening clinic or EPS clinic.** The Minnesota Department of Health is responsible for setting the standards for EPS clinics. These standards for obtaining MDH approval are found in parts 4615.0900 to 4615.2000. Therefore, the definition is reasonable because it informs affected persons of existing standards and thereby coordinates rules governing the same program, EPSDT.

Subp. 7. **Early and periodic screening, diagnosis, and treatment program or EPSDT program.** This definition is reasonable because it provides an abbreviation for referring to all aspects of the EPSDT program. It is consistent with the Code of Federal Regulations, Title 42, section 440.40(b).

Subp. 8. **EPSDT clinic.** This definition is reasonable because it provides an abbreviation used in the rule to refer to the individuals and facilities that provide screening under the EPSDT program.

Subp. 9. **EPSDT provider agreement.** This definition is reasonable because it refers to the part which sets forth the provisions of the agreement.

Subp. 10. **EPSDT screening form.** This definition is reasonable because it clarifies a term used in this rule. It is consistent with the Code of Federal Regulations, Title 42, sections 441.56(d)(1) and 431.107.

Subp. 11. **Follow-up.** This definition is reasonable because it is an abbreviation in common use to refer to the activities required under parts 9505.1620 and 9505.1640.

Subp. 12. **Head Start agency.** This definition is reasonable because it is an abbreviation in common usage to refer to the agency that may

provide a portion of a screening according to part 9505.1590.

Subp. 13. **Local agency.** This definition is reasonable because it provides an abbreviation in common usage to refer to the agency that administers the MA program. Minnesota Statutes, section 256B.02, subdivision 6 defines and chapter 393 governs the establishment of a local agency.

Subp. 14. **Medical assistance.** EPSDT is a component of medical assistance. This definition is reasonable because it defines the medical assistance program by citing the federal and state laws establishing the program.

Subp. 15. **Outreach.** This definition is consistent with the Code of Federal Regulations, Title 42, section 441.56(a), which requires the state to effectively inform persons of the availability and benefits of EPSDT services. This definition is reasonable because it provides an abbreviation for referring to the activities required by the federal regulation.

Subp. 16. **Parent.** This definition clarifies who is a parent. It is reasonable because it provides an abbreviation for referring to the "genetic or adoptive parent of a child".

Subp. 17. **Physician.** Minnesota Statutes, Chapter 147 specifies the licensure requirements for and scope of practice of a physician. This definition is consistent with statute.

Subp. 18. **Prepaid health plan.** This definition is consistent with the cited statutes. It is also consistent with Minnesota Statutes, section 256B.69, which authorizes prepaid health programs in a demonstration project (also see part 9505.0175, subpart 13).

Subp. 19. **Public health nursing service.** Minnesota Statutes, sections 145.08 to 145.12 and 145.125 specify the standards for a public health nursing service. The definition is consistent with statute.

Subp. 20. **Screening.** The term "screening" is in common use among EPSDT providers and local agencies to refer to the procedures used to implement Code of Federal Regulations, title 42, section 441.50. The definition is consistent with the federal regulation.

Subp. 21. **Skilled professional medical personnel and their supporting staff.** This definition clarifies a term used in these rules. The definition is consistent with the definitions of "skilled professional medical personnel" and "supporting staff" given in the Code of Federal Regulations, title 42, section 432.2.

Subp. 22. **Treatment.** This term is in common usage by health care providers to refer to a spectrum of health services. It is consistent with the definition of EPSDT given under the Code of Federal Regulations, Title 42, section 440.40(b)(2) and the definition of "treatment" in Dorland's Illustrated Medical Dictionary, 24th edition, W.B. Saunders and Company.

9505.1699 ELIGIBILITY TO BE SCREENED

This part is necessary to identify who is eligible for screening under the EPSDT program. It is reasonable because it is based on the Code of Federal Regulations, Title 42, section 441.50, which limits participation in the EPSDT program to persons "under age 21" who are eligible for Medical Assistance.

9505.1701 CHOICE OF PROVIDER.

Subpart 1. **Choice of screening provider.** This subpart and subpart 2, choice of diagnosis and treatment provider, are necessary and reasonable because they are consistent with the Code of Federal Regulations, Title 42, section 431.51, which requires a state to "provide that any [medical assistance] recipient may obtain [medical] services from any institution, agency, pharmacy, person, or organization that is qualified to perform the services ...".

Subp. 2. **Choice of diagnosis and treatment provider.** The need and reasonableness of subpart 2 is given under subpart 1.

Subp. 3. **Exception to subparts 1 and 2.** Requiring a child who is enrolled in a prepaid health plan to receive screening, diagnosis and treatment from that plan is necessary and reasonable because it is consistent with the Code of Federal Regulations, title 42, section 431.55(f).

9505.1703 ELIGIBILITY TO PROVIDE SCREENING.

Subpart 1. **Providers.** This subpart is needed to identify who is eligible to provide EPSDT services under the Code of Federal Regulations, title 42, section 441.55.

Subpart 2. **EPSDT Provider agreement.** It is reasonable to require an EPSDT provider to sign an EPSDT provider agreement because the agreement establishes the business relationship between the Department and the provider and helps to prevent misunderstanding of what is required under the EPSDT program. It is reasonable to require that EPSDT providers sign a Medical Assistance provider agreement because the EPSDT program is part of the Medical Assistance program.

Subpart 3. **Terms of EPSDT Provider Agreement.** This part is needed to define parameters of the EPSDT provider agreement, to require contractual compliance with these rules and to delineate the respective obligations of the provider and the Department. The requirements are reasonable because they require screening according to this rule, reporting of findings and referral for diagnosis and treatment if indicated. Screening alone, without reporting and referral, would be inadequate.

9505.1706 REIMBURSEMENT.

Subp. 1. **Maximum payment rates.** The fee for EPSDT screenings already has been established in the medical assistance rule, part 9505.0445, item M. It is necessary and reasonable to refer to that rule to give notice of the fee rule.

Subp. 2. **Eligibility for reimbursement; Head Start agency.** This subpart is needed to increase the effectiveness of the EPSDT program through cooperation with related services. Head Start agencies share some of the same preventive health goals as the EPSDT program and conduct some health screenings of children. By having Head Start agencies document screening activities completed by themselves and other medical service providers, the EPSDT program is able to prevent "double screenings" of children while assuring those children receive a complete EPSDT screening. This subpart is reasonable because it is consistent with the Code of Federal Regulations, title 42, section 441.61(c).

Subp. 3. **Prepaid health plan.** This subpart is needed and reasonable to coordinate the EPSDT program with medical assistance programs involving prepaid health plans.

9505.1709 EPSDT SCREENING FORM.

Documentation of services is needed for the department to determine the amount a provider will be reimbursed for a screening, to ensure that a complete screening is performed for each child, and to evaluate the EPSDT program. This part is reasonable because it is consistent with the Code of Federal Regulations, title 42, section 433.32(a) and 441.56(d)(1).

9505.1712 TRAINING. ✓ specific court language

This part is necessary to inform providers of the training the Department will make available to a provider that signs an EPSDT provider agreement and to ensure compliance with minimum standards for screenings established according to the Code of Federal Regulations, title 42, section 441.56(b). The training provided under this part is reasonable because it is consistent with the the Code of Federal Regulations, title 42, section 431.105. The availability of this training is part of the Department's written agreement with the EPSDT screening provider.

9505.1715 COMPLIANCE WITH SURVEILLANCE AND UTILIZATION REVIEW.

This part is necessary and reasonable to refer EPSDT providers to other rule parts with which they must comply.

9505.1718 SCREENING STANDARDS FOR AN EPSDT CLINIC.

This part is necessary for the state to specify procedures that are consistent with the Code of Federal Regulations, title 42, sections 441.50 and 441.56(b). Also, it is necessary to clearly specify the procedures to be included in the screening so that the state can operate a uniform program on a statewide basis and ensure that the goals of the program are met.

Subpart 1. **Requirement.** The screening components in subparts 2 to

14 are reasonable because they are required by or are consistent with the Code of Federal Regulations, Title 42, section 441.56(b). The standards have been found by the public advisory committee to meet "reasonable standards of medical and dental practice" as required by the Code of Federal Regulations, title 42, section 441.56(b)(2). The above regulations provide minimum standards for screening and require states to develop and specify those standards. The standards developed and specified for Minnesota by the department and the public advisory committee are given in subparts 2 to 14.

Subp. 2. **Health history.** This subpart is necessary and reasonable because information from a health history can affect the screening standards in subparts 3 to 13. This subpart is reasonable because it is consistent with the Code of Federal Regulations, title 42, section 441.56(b)(1)(i).

Subp. 3. **Assessment of physical growth.** This subpart is reasonable because the use of growth grids to determine deviations from normal growth is accepted by the medical community nationwide. The National Center for Health Statistics' (NCHS) growth grids were developed in the mid-1970's by a task force consisting of experts on child development. The task force used data from the Fels Research Institute (Wright State University School of Medicine, Yellow Springs, Ohio) and NCHS health examination surveys. The growth grids were developed from that data using all recent advances in data analysis and computer technology (f3). This subpart is also reasonable because it is consistent with part 4615.1100, subpart 3, item D.

Subp. 4. **Physical examination.** This subpart is reasonable because it was developed for the original rule in 1978 by a group of physicians on the EPSDT advisory committee and mailed for comment to all primary care physicians in Minnesota. The comments received were incorporated into the physical examination standards. The 1986 public advisory committee also reviewed the physical examination standard and did not recommend any changes.

Subp. 5. **Vision.** This subpart and subpart 6, vision of a child age three or older, are reasonable because the standards are based on the Minnesota Department of Health's Preschool and School Vision Screening Manual. The manual was developed by an ad hoc Vision Committee whose members were selected for their knowledge and interest in the areas of child vision screening, referral, medical follow-up and education. The 1986 public advisory committee reviewed the vision standard but did not recommend any changes.

Subp. 6. **Vision of a child age three or older.** The reasonableness for Subpart 6 is the same as for subpart 5.

Subp. 7. **Hearing.** Subparts 7 and 8 are reasonable because the standards are based on the Minnesota Department of Health's Preschool and School Hearing Screening Manual. Development of the "manual" included staff review and analysis of scientific literature and information on programs in Minnesota and other states followed by the review and input of a panel of experts. The panel consisted of experts on child hearing screening, referral, and follow-up. The pure tone audiometric test

required by subpart 8 is reasonable because it is also required by the Department of Health's Early and Periodic Health and Developmental Screening Program under Minnesota Rules, part 4615.1100, subpart 3, item H. The 1986 public advisory committee reviewed but did not recommend changing subparts 7 or 8.

Subp. 8. **Hearing of a child age three or older.** The reasonableness for subpart 8 is given under subpart 7.

Subp. 9. **Development.** It is reasonable to require the Denver Prescreening Developmental Questionnaire (PDQ) and the Denver Developmental Screening Test (DDST) because these tests have proven to be valid and reliable means of detecting significant development problems in children (f4 and f5). Under Minnesota Rules, part 4615.1100, subpart 3, item G, the Department of Health also requires EPS clinics to use the PDQ and DDST. These tests require minimal time and expertise. It is reasonable to allow an alternative test because this provides flexibility to the screener while still guaranteeing reliability standards to ensure the instrument is appropriate for the purposes for which it is being used.

It is reasonable to specify developmental areas to be screened for children ages six through 20 years because there is no specific screening tool for this age group.

Subp. 10. **Sexual development.** This subpart is reasonable because it incorporates recommendations of the public advisory committee and staff of the Maternal and Child Health Unit of the Minnesota Department of Health. It is also reasonable because it is consistent with the Code of Federal Regulations, Title 42, sections 441.56(b)(1)(ii), and 441.56(b)(2).

Subp. 11. **Nutrition.** The reasonableness of requiring the use of the NCHS growth grids is explained in this statement of need and reasonableness under part 9505.1718, subpart 3.

It is reasonable to require that a child receive or be referred for nutrition counseling if subpart 3 indicates a risk condition because such counseling is consistent with the purpose of the EPSDT program as described under the Code of Federal Regulations, title 42, section 441.50, and with the "timeliness" provision of the Code of Federal Regulations, title 42, section 441.56(e) as those provisions relate to treatment.

Referral to a nutrition program is reasonable because such referrals are consistent with the requirements of the the Code of Federal Regulations, Title 42, section 441.61(c).

Subp. 12. **Immunizations.** This subpart is reasonable because the Recommended Immunization Schedule was developed by the Minnesota Department of Health and approved by the Minnesota Medical Association.

Subp. 13. **Laboratory tests.**

A. This item is reasonable because it is the recommendation of the Tuberculosis Control Program of the Minnesota Department of Health, the state agency responsible for the control and prevention of disease.

B. This item is reasonable because it is based on the Center for Disease Control's priority listing for lead screening, published in the Center's booklet, "Preventing Lead Poisoning in Young Children" (f6).

The suggested level of lead at which further testing should be done came from the same source. The Center for Disease Control is the Federal agency responsible for the control and prevention of disease.

C. and D. These items are reasonable because they were developed for the original rule in 1978 by a group of physicians on the EPSDT advisory committee and mailed for comment to all primary care physicians in Minnesota. The comments received were incorporated into the final standards. The policies under these items are the same as current part 9505.1550, subpart 14, items C and D. The 1986 public advisory committee reviewed but did not recommend changing these items.

E. This item is reasonable because it is the recommendation of the Human Genetics Unit of the Minnesota state Department of Health.

F. This item is reasonable because it was developed for the original rule in 1978 by a group of physicians on the EPSDT advisory committee and mailed for comment to all primary care physicians in Minnesota. The comments received were incorporated into the final standards. This item is consistent with the present part 9505.1718, subpart 14, item F. The 1986 public advisory committee reviewed but did not recommend changing this item.

Subp. 14. **Oral examination.** This subpart is reasonable because it was developed and recommended by representatives of the Minnesota Dental Association as meeting standards of professional dental care and oral hygiene. This subpart is consistent with the requirements of the Code of Federal Regulations, Title 42, sections 441.56(b)(1), (b)(2), and (c).

Subp. 15. **Schedule of age-related screening standards.** This subpart is necessary because the Code of Federal Regulations, Title 42, section 441.58 requires the state to develop a schedule for screening services "that meets reasonable standards of medical and dental practice determined by the agency after consultation with recognized medical and dental organizations involved in child health care" and that "specifies screening services applicable at each stage of the recipient's life . . ." The schedule of age-related screening standards is reasonable because it reflects contemporary standards of medical practice as indicated by physicians and nurses participating on the 1986 public advisory committee. Thus the requirement is consistent with the requirements of the Code of Federal Regulations, title 42, section 441.58.

9505.1724 PROVISION OF DIAGNOSIS AND TREATMENT.

This part is necessary and reasonable because eligibility to receive diagnosis and treatment services identified as needed by a screening is governed by parts 9505.0010 to 9505.0150 and eligibility to receive medical assistance payment for diagnosis and treatment services is governed by parts 9505.0170 to 9505.0475.

9505.1727 INFORMING.

This part is necessary to clarify the local agency's responsibility to inform recipients about the EPSDT program and its benefits in a timely manner. This part is reasonable because it is consistent with the Code of Federal Regulations, Title 42, section 441.56(a); section 441.56(d)(3), and 441.56(e).

It is necessary and reasonable to send a written notice on screening eligibility periodically to a child or parent who has been screened

because it is consistent with the Code of Federal Regulations, Title 42, sections 441.56(a)(4), 441.56(b)(1) and 441.58. It is necessary and reasonable to send a written notice annually to a child or parent who has never been screened because this is also consistent with the above cited regulations. It is also reasonable for the state to send the notices because the state has the computer capability to automatically generate the notices at the specified times.

9505.1730 ASSISTANCE WITH OBTAINING A SCREENING.

This part is necessary to specify responsibilities for helping a child obtain a screening that the state delegates to local agencies according to the Medical Assistance State Plan.

A. This item is consistent with the Code of Federal Regulations, Title 42, section 441.56(a)(2)(ii).

B. Item B is reasonable because the Code of Federal Regulations, Title 42, section 441.62 requires a state to provide assistance with appointment scheduling and transportation. Item B is also reasonable because it can improve a recipient's ability to use EPSDT services. One of the reasons for initial implementation of the EPSDT program was the belief that individuals, and especially children, do not receive needed health care because the health care system is often inaccessible or confusing to an individual.

The requirement that items A and B be done within 10 days of receiving a request for screening from a child or parent of a child is consistent with the requirements of the Code of Federal Regulations, title 42, section 441.56(a)(4).

9505.1733 ASSISTANCE WITH OBTAINING DIAGNOSIS AND TREATMENT.

This part is necessary because it is consistent with the Code of Federal Regulations, Title 42, sections 441.50 and 441.62. This part is reasonable because screening is of little value if needed diagnosis and treatment are not received. It is reasonable for the state to require an EPSDT clinic to inform the parent or child of the offer of assistance because the EPSDT clinic has in-person contact with each child that the clinic screens. Using forms prescribed by the Department is reasonable because it enables the Department to administer the program in a uniform manner.

It is necessary and reasonable that the assistance be provided within ten days of a request for the assistance because this insures that diagnosis and treatment is provided according to the Code of Federal Regulations, title 42, section 441.56(a)(4).

9505.1736 SPECIAL NOTIFICATION REQUIREMENT.

This part is necessary because all eligible individuals have the right to be notified of their eligibility for EPSDT services. This part is consistent with the Code of Federal Regulations, Title 42, section 441.56(a)(3).

9505.1739 CHILDREN IN FOSTER CARE

Subpart 1. **Dependent or neglected state wards.** This subpart is necessary because the state, through local social service agencies, is responsible for the health care of children who are dependent or neglected state wards. It is reasonable for the state to require a local agency to provide EPSDT services for its dependents and state wards because this is consistent with the purposes of the EPSDT program. The exception, identical to that of the existing rule, is provided for cases in which EPSDT is inappropriate because other comparable health care services are provided or other circumstances make EPSDT unnecessary.

Subp. 2. **Other children in foster care.** This subpart is necessary to clarify that foster children who are eligible for Medical Assistance are also eligible for EPSDT services. Because foster children are not in the custody of their genetic or adoptive parents, it is necessary to establish special requirements to provide access to EPSDT services.

It is reasonable that the local agency consult with the genetic or adoptive parent and help the genetic or adoptive parent decide whether to accept EPSDT services, because this is consistent with the Code of Federal Regulations, title 42, section 441.56(a)(1). It is reasonable that the local agency decide whether to use EPSDT services for "other children in foster care" if the genetic or adoptive parent is not available to decide and if the local agency has responsibility for the child's welfare under Minnesota Rules, chapter 9560.

Subp. 3. **Assistance with appointment scheduling and transportation.** This subpart is necessary and reasonable to inform affected persons that the local agency must provide scheduling and transportation assistance for children in foster care and for dependent or neglected state wards just as it does for other eligible clients.

Subp. 4. **Notification.** This subpart is necessary to clarify that in the case of children in foster care, notification of eligibility to be screened the first time and of periodic rescreenings must be sent to the local agency. It is reasonable to notify the local agency because the local agency is responsible for the health care of the foster child.

9505.1742 DOCUMENTATION.

Documentation required under this part is necessary and reasonable because it is consistent with the Code of Federal Regulations, title 42, sections 431.15, 431.16, 431.17, and 441.56(d), and with Minnesota Statutes, section 256.01, subdivision 4(4), and section 256B.04, subdivision 2.

9505.1645 INTERAGENCY COORDINATION.

This part is necessary and reasonable because it is consistent with The Code of Federal Regulations, Title 42, section 441.61(c), which requires the state to make appropriate use of other agencies.

9505.1748 CONTRACTS FOR EPSDT ADMINISTRATIVE SERVICES.

Subpart 1. **Authority.** This subpart is necessary to authorize local agencies to contract with public health nursing services or community health clinics for EPSDT administrative services, and to clarify which administrative services may be provided under contract. It is reasonable for a local agency to contract with public health nursing services and community health clinics because the services and clinics have staff with the skills and experience needed to perform outreach and follow-up, and to maintain EPSDT program administrative documents. This subpart is also reasonable because it is consistent with the Code of Federal Regulations, Title 42, section 441.61(c).

Subp. 2. **Federal financial participation.** This subpart is necessary and reasonable to clarify the amount of federal reimbursement for contracts for administrative services if those services are performed by skilled professional medical personnel and their directly supporting staff.

Subp. 3. **State reimbursement.** This subpart is necessary and reasonable to clarify that the amount of state reimbursement for administrative contracts is according to Minnesota Statutes, section 256B.19, subdivision 1.

Subp. 4. **Approval.** This section is necessary to identify articles that EPSDT administrative contracts must contain to be approved by the Department. It is reasonable for the state to approve these contracts because the state is responsible for the administration of the EPSDT program under the Code of Federal Regulations, Title 42, section 441.55.

Items A to K are reasonable because they contain the information necessary to enable the department to determine whether the contracts meet the requirements of the Code of Federal Regulations, Title 42, section 441.50.

Item A is reasonable because it identifies the two parties of the contract.

Item B is reasonable because it helps the contracting parties understand their role and purpose in the program.

Item C is reasonable because it clarifies to the parties when their responsibilities begin and end.

Item D is reasonable because it authorizes the Department to establish the appropriateness of the costs in each county and provides statewide data on the costs of administrative contracts.

Item E is reasonable because it allows for contracts to be changed or terminated if the contract conditions change during the contract period.

Item F is reasonable because these contracts must be consistent with state and federal regulations.

Item G is reasonable because it is consistent with the Code of Federal Regulations, Title 42, sections 441.55 and 441.56(d).

Item H is reasonable because the Department must ensure that the administrative services contracted for and the agency contracted with meet state and federal regulations.

Item I is reasonable because skilled professional medical staff and their directly supporting staff qualify for enhanced federal financial participation under the Code of Federal Regulations, Title 42, sections 432.2 and 433.15(b)(5), and because the Department needs to know the qualifications of the staff involved in the contract to claim this higher reimbursement.

Item J is reasonable because it helps ensure that the contracts are implemented in a way that is consistent with the terms of the contract.

Item K is reasonable because the contract needs to be signed by appropriate individuals to be valid.

REFERENCES

1. EPSDT: organization. HCFA Publication No. 77-24526. Health Care Financing Administration, Baltimore, MD, 1977.

2. EPSDT: a selected annotated bibliography. Introduction. HCFA Publication No. 20042. Health Care Financing Administration, Baltimore, MD, 1981, p. (i).

3. Hamill PVV, Drizd TA, Johnson CL, Reed RB, Roche AF, Moore WM (1979). Physical Growth: Natural Center for Health Statistics Percentiles. American Journal of Clinical Nutrition 32, 607-629.

4. Frankenburg, Goldstein, and Camp (1971). The Revised Denver Developmental Screening Test: its accuracy as a screening instrument. Journal of Pediatrics, 79, 988-95.

5. Stangler, Huber, and Routh (1980). Screening growth and development of preschool children: a guide for test selection. New York: McGraw-Hill.

6. Preventing Lead Poisoning in Young Children. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Environmental Health, Chronic Diseases Division; Atlanta, Georgia, 1985.

EXPERT WITNESSES

The department will not present expert witnesses to testify concerning the provisions of these proposed rules on behalf of the department.

3-11-88
DATE

Sandra Gardebring
SANDRA S. GARDEBRING, Commissioner
Department of Human Services

APPENDIX A
1986 PUBLIC ADVISORY COMMITTEE

MEMBER	REPRESENTING
Alpha Adkins	Minnesota Department of Health
Sanford Anderson, M.D., Park Nicollet Medical Center	Health Maintenance Organizations
Ann Bettenburg	Minnesota Department of Education
Toni Braness, Willmar Medical Center	Clinic Providers
Andrea Christianson	Child Net
Jean Cronje	Minnesota Department of Health
Judy Deslauriers, Willmar Medical Center	Clinic Providers
Amos Deinard, M.D.	Community University Health Care Center
Mary Donohue	Minnesota Department of Health
Ingrid Neal, M.D., Olmsted Medical Group	American Academy of Pediatrics, Minnesota Chapter
Robert Harder	Minnesota Dental Association
Sandra Fink	Developmental Disabilities Council
Deborah Glass	Minnesota Medical Association
Anne Griffith	Hennepin County EPSDT Program
Kay Hackett	Minnesota Nurses Association
Betty Kaplan	Ramsey County Nursing Services
Lucy Kapp	Ramsey County Child Health Consortium
Ruth Ellen Luehr	Minnesota Department of Education
Luanne Nyberg	Children's Defense Fund, Minnesota Chapter
LaVonne Reinke, Waseca County Social Service Department	County Financial Workers
Sally Retka	Minnesota Department of Health
Monica Sausen	Hennepin County EPSDT Program
Gwen Stallkamp, Freeborn County Welfare Department	County Social Service Directors

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE PROPOSED ADOPTION OF THE RULES OF THE STATE DEPARTMENT OF HUMAN SERVICES GOVERNING EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT, MINNESOTA RULES, PARTS 9505.1693 TO 9505.1748

AFFIDAVIT OF MAILING

Nancy Bishop, being first duly sworn, deposes and says:

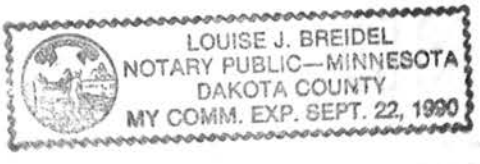
That on the 30th day of March, 1988, at the City of St. Paul, County of Ramsey, State of Minnesota, I mailed the attached Notices by depositing in the State of Minnesota Central Mail System for first class mailing, a copy thereof, properly enveloped, with postage prepaid, to all persons and associations who have requested that their names be placed on file with the Department of Human Services for the purpose of receiving notice of hearing by this Department.

Nancy Bishop

Subscribed and sworn to before me

this 30 day of March, 1988

Louise J. Breidel



STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Department of Human Services Rules Governing Early and Periodic Screening, Diagnosis, and Treatment, Minnesota Rules, Parts 9505.1693 to 9505.1748

NOTICE OF HEARING AND NOTICE OF INTENT TO CANCEL HEARING IF FEWER THAN TWENTY-FIVE PERSONS REQUEST A HEARING IN RESPONSE TO NOTICE OF INTENT TO ADOPT RULES WITHOUT A PUBLIC HEARING

NOTICE IS HEREBY GIVEN that a public hearing on the above-entitled matter will be held in Room 300 South, State Office Building, 100 Constitution Avenue, St. Paul, MN 55155 on May 18, 1988 commencing at 9:00 a.m. and continuing until all interested or affected persons have an opportunity to participate. The proposed rules may be modified as a result of the hearing process. Therefore, if you are affected in any manner by the proposed rules, you are urged to participate in the rule hearing process.

PLEASE NOTE, HOWEVER, THAT THE HEARING WILL BE CANCELLED IF FEWER THAN TWENTY-FIVE PERSONS REQUEST A HEARING IN RESPONSE TO THE NOTICE OF INTENT TO ADOPT THESE SAME RULES WITHOUT A PUBLIC HEARING PUBLISHED IN THIS STATE REGISTER AND MAILED TO PERSONS REGISTERED WITH THE DEPARTMENT OF HUMAN SERVICES. To verify whether a hearing will be held, please call the Department of Human Services between May 5 and May 17, 1988 at (612) 297 4301.

Following the agency's presentation at the hearing, all interested or affected persons will have an opportunity to participate. Such persons may present their views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should be pertinent to the matter at hand. Written material not submitted at the time of the hearing which is to be included in the hearing record may be mailed to Howard L. Kaibel,Jr., Administrative Law Judge, Office of Administrative Hearings, 500 Flour Exchange Building, 310 Fourth Avenue South, Minneapolis, Minnesota 55415; telephone (612) 341 7608, either before the hearing or within five working days after the public hearing ends. The Administrative Law Judge may at the hearing, order the record be kept open for a longer period not to exceed 20 calendar days. The comments received during the comment period shall be available for review at the Office of Administrative Hearings. Following the close of the comment period the agency and all interested persons have three business days to respond in writing to any new information submitted during the comment period. During the three-day period, the agency may indicate in writing whether there are amendments suggested by other persons which the agency is willing to adopt. No additional evidence may be submitted during the three-day period. The written responses shall be added to the rulemaking record. Upon the close of the record the Administrative Law

Judge will write a report as provided for in Minnesota Statutes, sections 14.15 and 14.50. The rule hearing is governed by Minnesota Statutes, sections 14.14 to 14.20 and by Minnesota Rules, parts 1400.0200 to 1400.1200. Questions about procedure may be directed to the Administrative Law Judge.

Minnesota Rules, Parts 9505.2390 to 9505.2500 establish the requirements that govern early and periodic screening, diagnosis, and treatment services provided to medical assistance recipients under age 21. The rules establish who is eligible to receive the services, the recipient's right to choose the provider, who is eligible to be a provider, training requirements, a schedule of age-related screening standards, information and assistance that a local agency must give to eligible children or their parents, interagency coordination required of the local agency, requirements for contracts between local agencies and EPSDT providers, and provider eligibility for medical assistance reimbursement. The proposed rules, if adopted, will repeal the present rule, parts 9505.1500 to 9505.1690, and are necessary in order to ensure consistency with 1985 Federal Regulations (Code of Federal Regulations, title 42, subpart B), to improve clarity and organization of rule parts, and to reflect current medical practice.

The agency's authority to adopt the proposed rules is contained in Minnesota Statutes, sections 256B.02, subd. 8 (12) and 256B.04, subd. 2. Adoption of these rules will not result in additional spending by local public bodies in excess of $100,000 per year for the first two years following adoption under the requirements of Minnesota Statutes, section 14.11.

Copies of the proposed rules are now available and at least one free copy may be obtained by writing to:

Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816

This rule is also available for viewing at each of the county welfare or human service agencies in the State of Minnesota.

Additional copies will be available at the hearing. If you have any questions on the content of the rule contact Patricia Massopust (612) 296-3883.

NOTICE: Any person may request notification of the date on which the Administrative Law Judge's report will be available, after which date the agency may not take any final action on the rules for a period of five working days. If you desire to be notified, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the Administrative Law Judge. Any person may request notification of the date on which the rules were adopted and filed with the secretary of state. The notice must be mailed on the same day the rules are filed. If you want to be so notified you may so indicate at the hearing or send a request in writing to the agency at any time prior to the filing of the rules with the secretary of state.

NOTICE IS HEREBY GIVEN that a Statement of Need and Reasonableness is now available for review at the agency and at the Office of Administrative Hearings. The Statement of Need and Reasonableness includes a summary of all the evidence and argument which the agency anticipates presenting at the hearing justifying both the need for and reasonableness of the proposed rules. Copies of the Statement of Need and Reasonableness may be reviewed at the agency or the Office of Administrative Hearings and copies may be obtained from the Office of Administrative Hearings at the cost of reproduction.

Minnesota Statutes, chapter 10a, requires each lobbyist to register with the State Ethical Practices Board within five days after he or she commences lobbying. A lobbyist is defined in Minnesota Statutes, section 10A.01, subdivision 11, as any individual:

(a) engaged for pay or other consideration, or authorized by another individual or association to spend money, who spends more than five hours in any month or more than $250, not including travel expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communication or urging others to communicate with public officials; or

(b) who spends more than $250, not including traveling expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials.

The statute provides certain exceptions. Questions should be directed to the Ethical Practices Board, 625 North Robert Street, St. Paul, Minnesota 55101, telephone (612) 296-5148.

Dated 3-10-88

SANDRA S. GARDEBRING
Commissioner

STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Rules of the State Department of Human Services Governing Early and Preadmission Screening, Diagnosis, and Treatment, Minnesota Rules, Parts 9505.1693 to 9505.1748

NOTICE OF INTENT TO ADOPT A RULE WITHOUT A PUBLIC HEARING AND NOTICE OF INTENT TO ADOPT A RULE WITH A PUBLIC HEARING IF TWENTY-FIVE OR MORE PERSONS REQUEST A HEARING

Notice is hereby given that the State Department of Human Services proposes to adopt the above-entitled rule without a public hearing following the procedures set forth in Minnesota Statutes, section 14.22 to 14.28. The specific statutory authority to adopt the rule is Minnesota Statutes, sections 256B.02, subd. 8 (12) and 256B.04, subd. 2.

Persons interested in this rule shall have 30 days in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule and comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to Minnesota Statutes, section 14.131 to 14.20. PLEASE NOTE THAT IF TWENTY-FIVE OR MORE PERSONS SUBMIT WRITTEN REQUESTS FOR A PUBLIC HEARING WITHIN THE 30-DAY COMMENT PERIOD, A HEARING WILL BE HELD ON May 18, 1988, UNLESS A SUFFICIENT NUMBER WITHDRAW THEIR REQUEST, IN ACCORDANCE WITH THE NOTICE OF PUBLIC HEARING ON THESE SAME RULES PUBLISHED IN THIS STATE REGISTER AND MAILED TO PERSONS REGISTERED WITH THE DEPARTMENT OF HUMAN SERVICES. To verify whether a hearing will be held, please call the Department of Human Services between May 5 and May 17, 1988 at (612) 297 4301.

Persons who wish to submit comments or a written request for a public hearing must submit such comments or requests to:

Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816

Comments or requests for a public hearing must be received by the Department by 4:30 p.m. on May 4, 1988.

The proposed rule may be modified if the modifications are supported by data and views and do not result in a substantial change in the proposed rule as noticed.

A free copy of this rule is available upon request for your review from:
Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816
(612) 297 4301

A copy of the proposed rule may be viewed at any of the county welfare or human service agencies in the State of Minnesota.

Minnesota Rules, Parts 9505.2390 to 9505.2500 establish the requirements that govern early and periodic screening, diagnosis, and treatment services provided to medical assistance recipients under age 21. The rules establish who is eligible to receive the services, the recipient's right to choose the provider, who is eligible to be a provider, training requirements, a schedule of age-related screening standards, information and assistance that a local agency must give to eligible children or their parents, interagency coordination required of the local agency, requirements for contracts between local agencies and EPSDT providers, and provider eligibility for medical assistance reimbursement. The proposed rules, if adopted, will repeal the present rule, parts 9505.1500 to 9505.1690, and are necessary in order to ensure consistency with 1985 Federal Regulations (Code of Federal Regulations, title 42, subpart B), to improve clarity and organization of rule parts, and to reflect current medical practice.

A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed rule and identifies the data and information relied upon to support the proposed rule has been prepared and is available upon request from:
Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816
9612) 297 4301

Adoption of these rules will not result in additional spending by local public bodies in the excess of $100,000 per year for the first two years following adoption under the requirements of Minnesota Statutes, section 14.11.

If no hearing is required upon adoption of the rule, the rule and the required supporting documents will be delivered to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this

material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit the written request to:

Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155

State of Minnesota

SANDRA S. GARDEBRING, Commissioner
Department of Human Services

Dated: 3-10-88

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE PROPOSED ADOPTION OF THE RULES OF THE STATE DEPARTMENT OF HUMAN SERVICES GOVERNING EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT, MINNESOTA RULES, PARTS 9505.1693 TO 9505.1748

AFFIDAVIT OF ADDITIONAL MAILING

Nancy Bishop, being first duly sworn, deposes and says:

That on the 30th day of March, 1988, at the City of St. Paul, County of Ramsey, State of Minnesota, I mailed the attached Notices by depositing in the State of Minnesota Central Mail System for first class mailing, a copy thereof, properly enveloped, with postage prepaid to the following parties:

.The 87 Minnesota County Human Services Agencies

.EPSDT Providers in Minnesota

.Headstart Programs

.Pre-paid plan medical assistance providers in the State of Minnesota

.Advisory committee members

.Minnesota Department of Health

Nancy Bishop

Subscribed and sworn to before me

this 30 day of March, 1988

Louise J. Breidel

LOUISE J. BREIDEL
NOTARY PUBLIC—MINNESOTA
DAKOTA COUNTY
MY COMM. EXP. SEPT. 22, 1990

STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Department of Human Services Rules Governing Early and Periodic Screening, Diagnosis, and Treatment, Minnesota Rules, Parts 9505.1693 to 9505.1748

NOTICE OF HEARING AND NOTICE OF INTENT TO CANCEL HEARING IF FEWER THAN TWENTY-FIVE PERSONS REQUEST A HEARING IN RESPONSE TO NOTICE OF INTENT TO ADOPT RULES WITHOUT A PUBLIC HEARING

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PLEASE NOTE, HOWEVER, THAT THE HEARING WILL BE CANCELLED IF FEWER THAN TWENTY-FIVE PERSONS REQUEST A HEARING IN RESPONSE TO THE NOTICE OF INTENT TO ADOPT THESE SAME RULES WITHOUT A PUBLIC HEARING PUBLISHED IN THIS STATE REGISTER AND MAILED TO PERSONS REGISTERED WITH THE DEPARTMENT OF HUMAN SERVICES. To verify whether a hearing will be held, please call the Department of Human Services between May 5 and May 17, 1988 at (612) 297 4301.

Following the agency's presentation at the hearing, all interested or affected persons will have an opportunity to participate. Such persons may present their views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should be pertinent to the matter at hand. Written material not submitted at the time of the hearing which is to be included in the hearing record may be mailed to Howard L. Kaibel,Jr., Administrative Law Judge, Office of Administrative Hearings, 500 Flour Exchange Building, 310 Fourth Avenue South, Minneapolis, Minnesota 55415; telephone (612) 341 7608, either before the hearing or within five working days after the public hearing ends. The Administrative Law Judge may at the hearing, order the record be kept open for a longer period not to exceed 20 calendar days. The comments received during the comment period shall be available for review at the Office of Administrative Hearings. Following the close of the comment period the agency and all interested persons have three business days to respond in writing to any new information submitted during the comment period. During the three-day period, the agency may indicate in writing whether there are amendments suggested by other persons which the agency is willing to adopt. No additional evidence may be submitted during the three-day period. The written responses shall be added to the rulemaking record. Upon the close of the record the Administrative Law

Judge will write a report as provided for in Minnesota Statutes, sections 14.15 and 14.50. The rule hearing is governed by Minnesota Statutes, sections 14.14 to 14.20 and by Minnesota Rules, parts 1400.0200 to 1400.1200. Questions about procedure may be directed to the Administrative Law Judge.

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The agency's authority to adopt the proposed rules is contained in Minnesota Statutes, sections 256B.02, subd. 8 (12) and 256B.04, subd. 2. Adoption of these rules will not result in additional spending by local public bodies in excess of $100,000 per year for the first two years following adoption under the requirements of Minnesota Statutes, section 14.11.

Copies of the proposed rules are now available and at least one free copy may be obtained by writing to:

Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816

This rule is also available for viewing at each of the county welfare or human service agencies in the State of Minnesota.

Additional copies will be available at the hearing. If you have any questions on the content of the rule contact Patricia Massopust (612) 296-3883.

NOTICE: Any person may request notification of the date on which the Administrative Law Judge's report will be available, after which date the agency may not take any final action on the rules for a period of five working days. If you desire to be notified, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the Administrative Law Judge. Any person may request notification of the date on which the rules were adopted and filed with the secretary of state. The notice must be mailed on the same day the rules are filed. If you want to be so notified you may so indicate at the hearing or send a request in writing to the agency at any time prior to the filing of the rules with the secretary of state.

NOTICE IS HEREBY GIVEN that a Statement of Need and Reasonableness is now available for review at the agency and at the Office of Administrative Hearings. The Statement of Need and Reasonableness includes a summary of all the evidence and argument which the agency anticipates presenting at the hearing justifying both the need for and reasonableness of the proposed rules. Copies of the Statement of Need and Reasonableness may be reviewed at the agency or the Office of Administrative Hearings and copies may be obtained from the Office of Administrative Hearings at the cost of reproduction.

Minnesota Statutes, chapter 10a, requires each lobbyist to register with the State Ethical Practices Board within five days after he or she commences lobbying. A lobbyist is defined in Minnesota Statutes, section 10A.01, subdivision 11, as any individual:

(a) engaged for pay or other consideration, or authorized by another individual or association to spend money, who spends more than five hours in any month or more than $250, not including travel expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communication or urging others to communicate with public officials; or

(b) who spends more than $250, not including traveling expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials.

The statute provides certain exceptions. Questions should be directed to the Ethical Practices Board, 625 North Robert Street, St. Paul, Minnesota 55101, telephone (612) 296-5148.

Sandra Gardebring

SANDRA S. GARDEBRING
Commissioner

Dated 3-10-88

STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Rules of the State Department of Human Services Governing Early and Preadmission Screening, Diagnosis, and Treatment, Minnesota Rules, Parts 9505.1693 to 9505.1748

NOTICE OF INTENT TO ADOPT A RULE WITHOUT A PUBLIC HEARING AND NOTICE OF INTENT TO ADOPT A RULE WITH A PUBLIC HEARING IF TWENTY-FIVE OR MORE PERSONS REQUEST A HEARING

Notice is hereby given that the State Department of Human Services proposes to adopt the above-entitled rule without a public hearing following the procedures set forth in Minnesota Statutes, section 14.22 to 14.28. The specific statutory authority to adopt the rule is Minnesota Statutes, sections 256B.02, subd. 8 (12) and 256B.04, subd. 2.

Persons interested in this rule shall have 30 days in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule and comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to Minnesota Statutes, section 14.131 to 14.20. PLEASE NOTE THAT IF TWENTY-FIVE OR MORE PERSONS SUBMIT WRITTEN REQUESTS FOR A PUBLIC HEARING WITHIN THE 30-DAY COMMENT PERIOD, A HEARING WILL BE HELD ON May 18, 1988, UNLESS A SUFFICIENT NUMBER WITHDRAW THEIR REQUEST, IN ACCORDANCE WITH THE NOTICE OF PUBLIC HEARING ON THESE SAME RULES PUBLISHED IN THIS STATE REGISTER AND MAILED TO PERSONS REGISTERED WITH THE DEPARTMENT OF HUMAN SERVICES. To verify whether a hearing will be held, please call the Department of Human Services between May 5 and May 17, 1988 at (612) 297 4301.

Persons who wish to submit comments or a written request for a public hearing must submit such comments or requests to:

Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816

Comments or requests for a public hearing must be received by the Department by 4:30 p.m. on May 4, 1988.

The proposed rule may be modified if the modifications are supported by data and views and do not result in a substantial change in the proposed rule as noticed.

A free copy of this rule is available upon request for your review from:
Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816
(612) 297 4301

A copy of the proposed rule may be viewed at any of the county welfare or human service agencies in the State of Minnesota.

Minnesota Rules, Parts 9505.2390 to 9505.2500 establish the requirements that govern early and periodic screening, diagnosis, and treatment services provided to medical assistance recipients under age 21. The rules establish who is eligible to receive the services, the recipient's right to choose the provider, who is eligible to be a provider, training requirements, a schedule of age-related screening standards, information and assistance that a local agency must give to eligible children or their parents, interagency coordination required of the local agency, requirements for contracts between local agencies and EPSDT providers, and provider eligibility for medical assistance reimbursement. The proposed rules, if adopted, will repeal the present rule, parts 9505.1500 to 9505.1690, and are necessary in order to ensure consistency with 1985 Federal Regulations (Code of Federal Regulations, title 42, subpart B), to improve clarity and organization of rule parts, and to reflect current medical practice.

A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed rule and identifies the data and information relied upon to support the proposed rule has been prepared and is available upon request from:
Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816
9612) 297 4301

Adoption of these rules will not result in additional spending by local public bodies in the excess of $100,000 per year for the first two years following adoption under the requirements of Minnesota Statutes, section 14.11.

If no hearing is required upon adoption of the rule, the rule and the required supporting documents will be delivered to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this

material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit the written request to:

Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155

State of Minnesota

SANDRA S. GARDEBRING, Commissioner
Department of Human Services

Dated: 3-16-88

OFFICIAL NOTICES

Pursuant to the provisions of Minn. Stat. § 15.0412, subd. 6, an agency, in preparing proposed rules, may seek information or opinion from sources outside the agency. Notices of intent to solicit outside opinion must be published in the *State Register* and all interested persons afforded the opportunity to submit data or views on the subject, either orally or in writing.

The *State Register* also publishes other official notices of state agencies, notices of meetings, and matters of public interest.

State Board of Education
Department of Education
Instructional Effectiveness Division

Outside Opinion Sought Regarding Proposed Rules Governing Licensure for Directors of Special Education Services

Notice is hereby given that the State Board of Education is seeking information or opinions from sources outside the agency in preparing to amend current rules governing directors of special education services. The promulgation of these rules is authorized by Minnesota Statutes, section 120.17 subdivision 3, which requires the agency to adopt rules relative to supervision and Minnesota Statutes section 125.05, which gives the authority to license supervisory personnel.

State Board of Education requests information and comments concerning the subject matter of these rules. Interested or affected persons or groups may submit written statements of information to:

Norena A. Hale, Manager
Minnesota Department of Education
Special Education Section
Capitol Square Building
550 Cedar Street
St. Paul, Minnesota 55101

Oral statements will be received during regular business hours over the telephone at (612) 296-0313 and in person at the above address.

All Statements of information will be accepted until February 28, 1986. Any written material received by the State Board of Education shall become part of the record in the event that the rules are promulgated.

February 3, 1986

Ruth E. Randall
Secretary, State Board of Education

Department of Human Services
Income Maintenance Bureau
Health Care Programs Division

Outside Opinion Sought Concerning Proposed Rules Governing the Early and Periodic Screening, Diagnosis, and Treatment Program

Notice is hereby given that the Minnesota Department of Human Services is seeking information or opinions from sources outside the agency in preparing to revise Minnesota Rules, parts 9505.1500 to 9505.1690 concerning the early and periodic screening, diagnosis, and treatment program (EPSDT).

This rule is authorized by Minnesota Statutes, section 256B.02, subd. 8 (12) and by Minnesota Statutes, section 256B.04, subd. 2 in conjunction with 42 CFR Part 441, subp. 8 and governs the provision of EPSDT services to children eligible for medical assistance. The rule sets the standards for eligibility for EPSDT services; physician screening standards related to development, vision, physical growth, nutrition, hearing, dental examination, and laboratory tests; nurse screening standards; periodicity schedule; the conditions for provider participation; reimbursement requirements for local agencies.

All interested or affected persons or groups are requested to participate. Statements of information and comments may be made orally or in writing. Written statements of information and comment may be addressed to:

Patricia Massopust
EPSDT
Health Care Programs Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55101

Oral statements of information and comment will be received during regular business hours over the telephone at 612/296-3883.

All statements of information and comment will be accepted until further notice is given. Any written material received by the Department shall become part of the hearing record.

Metropolitan Council

Final Review Schedule: Amendments to Metropolitan Development Guide Regarding Metropolitan Development and Investment Framework

The Metropolitan Development and Investment Framework (MDIF) is the Metropolitan Council's plan and program for managing metropolitan resources in order to bring about the orderly and economic development of the seven-county Metropolitan Area. It presents the Council's philosophy, assumptions and basic directions for guiding development and change in the area. It sets general directives for all planning carried out under the Council's auspices, including transportation, sewage disposal, parks and airports.

The MDIF replaces the older development guide chapters—the Metropolitan Development Framework (MDF) and the Metropolitan Investment Framework (MIF). Most of the concepts and policies advocated in the two separate documents have been carried over into the new combined document. However, the MDIF is more than merely a merger and update of two existing documents. It has evolved from a plan to guide growth into a plan for managing regional resources to achieve orderly and economic development.

The following is the final schedule for review of the MDIF.

April 3, 1986	Metropolitan and Community Development Committee (MCDC) approves MDIF draft document for public hearing and recommends public hearing date
April 10, 1986	Metropolitan Council adopts public hearing draft and sets public hearing date
May 15, 1986	Public hearing
May 29, 1986	Hearing record closes
June 19, 1986	MCDC considers MDIF for adoption
June 26, 1986	Council adopts MDIF

A notice of public hearing will be published. If you have questions regarding the schedule or the draft MDIF, call Pat Pahl of the Council's Research and Long-Range Planning staff at 291-6407.

Metropolitan Council

Public Hearing: Amendment to the 1983-84 Recreation Open Space Capital Improvement Program

The city of St. Paul, an implementing agency for the Regional Recreation Open Space System, has requested that the Metropolitan Council amend its capital improvement program for recreation open space. The proposed change would transfer Fiscal Year (FY) 1986 funds allocated for redevelopment at Como Regional Park and Como Zoo to redevelopment at the Como Conservatory.

As proposed, the Council would:

— Reduce the Como Regional Park allocation of $1,800,000 by $500,000 to a new amount of $1,300,000;

— Reduce the Como Zoo allocation of $2,000,000 by $300,000 to a new amount of $1,700,000; and

— Add a new allocation of $800,000 for continuing redevelopment in the Como Conservatory.

Because the action represents an amendment to the Recreation Open Space Capital Improvement Program, the Council will hold

B. emergency placement of children.

Subp. 4. **Child protection team.** Where the county has established a multidisciplinary child protection team, the local agency:

A. shall participate on the team;

B. may provide records collected and maintained under part 9560.0230 to the case consultation committee; and

C. may accept recommendations of the case consultation committee about protective services to be provided under part 9560.0228.

9560.0234 TRAINING REQUIREMENTS.

Subpart 1. **Agency training plan.** The local agency shall have an annual training plan for child protection workers. The plan must include:

A. the subject areas to be covered;

B. the methods of providing training, such as in-service programs, workshops, or college courses; and

C. the number of hours of training to be provided.

Subp. 2. **Department approval.** The local agency shall submit the annual training plan to the department for approval by November 1 of the previous calendar year. A plan meeting the criteria in items A and B will be approved.

A. Training subjects must be relevant to the provision of child protective services. Relevant subject areas include:

(1) the training areas listed in *Minnesota Statutes*, section 626.559, subdivision 2;

(2) permanency planning for children; and

(3) other subject areas relevant to protecting children from maltreatment and providing child protective services.

B. The plan includes a summary of individual training plans, approved by the local agency, for each child protection worker.

Subp. 3. **Individual training plan.** The local agency shall develop and approve an individual training plan for each child protection worker that meets the criteria in items A to C:

A. the training is relevant to providing child protective services;

B. the plan is developed in consultation with the individual child protection worker and based on identified areas of knowledge and skills to be developed; and

C. the plan provides for at least 15 credit hours of training per year.

Subp. 4. **Credit hours.** A credit hour of training is based on a clock hour of instruction. Up to one-half of required training hours may be earned by teaching a course approved by the department. One hour of teaching earns two credit hours.

Subp. 5. **Training record.** The local agency shall maintain a record of training completed by each child protection worker, including:

A. the course titles;

B. the instructors' names;

C. the dates and times of the training;

D. the number of credit hours earned; and

E. local agency documentation of successful completion of the training.

REPEALER. *Minnesota Rules*, parts 9560.0250; 9560.0260; 9560.0270; 9560.0280; 9560.0290; and 9560.0300, are repealed.

Department of Human Services

Proposed Permanent Rules Relating to Early and Periodic Screening, Diagnosis, and Treatment Program

Notice of Intent to Adopt a Rule Without a Public Hearing and Notice of Intent to Adopt a Rule With a Public Hearing if Twenty-five or More Persons Request a Hearing

Notice is hereby given that the State Department of Human Services proposes to adopt the above-entitled rule without a public hearing following the procedures set forth in *Minnesota Statutes*, section 14.22 to 14.28. The specific statutory authority to adopt the rule is *Minnesota Statutes*, sections 256B.02, subd. 8 (12) and 256B.04, subd. 2.

Persons interested in this rule shall have 30 days in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule and comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to *Minnesota Statutes*, section 14.131 to 14.20. PLEASE NOTE THAT IF TWENTY-FIVE OR MORE PERSONS SUBMIT WRITTEN REQUESTS FOR A PUBLIC HEARING WITHIN THE 30-DAY COMMENT PERIOD, A HEARING WILL BE HELD ON May 18, 1988, UNLESS A SUFFICIENT NUMBER WITHDRAW THEIR REQUEST, IN ACCORDANCE WITH THE NOTICE OF PUBLIC HEARING ON THESE SAME RULES PUBLISHED IN THIS *STATE REGISTER* AND MAILED TO PERSONS REGISTERED WITH THE DEPARTMENT OF HUMAN SERVICES. To verify whether a hearing will be held, please call the Department of Human Services between May 5 and May 17, 1988 at (612) 297-4301.

Persons who wish to submit comments or a written request for a public hearing must submit such comments or requests to:

Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816

Comments or requests for a public hearing must be received by the Department by 4:30 p.m. on May 4, 1988.

The proposed rule may be modified if the modifications are supported by data and views and do not result in a substantial change in the proposed rule as noticed.

A free copy of this rule is available upon request for your review from:

Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816
(612) 297-4301

A copy of the proposed rule may be viewed at any of the county welfare or human service agencies in the State of Minnesota.

Minnesota Rules, Parts 9505.2390 to 9505.2500 establish the requirements that govern early and periodic screening, diagnosis, and treatment services provided to medical assistance recipients under age 21. The rules establish who is eligible to receive the services, the recipient's right to choose the provider, who is eligible to be a provider, training requirements, a schedule of age-related screening standards, information and assistance that a local agency must give to eligible children or their parents, interagency coordination required of the local agency, requirements for contracts between local agencies and EPSDT providers, and provider eligibility for medical assistance reimbursement. The proposed rules, if adopted, will repeal the present rule, parts 9505.1500 to 9505.1690, and are necessary in order to ensure consistency with 1985 Federal Regulations (*Code of Federal Regulations*, title 42, subpart B), to improve clarity and organization of rule parts, and to reflect current medical practice.

A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed rule and identifies the data and information relied upon to support the proposed rule has been prepared and is available upon request from:

Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816
(612) 297-4301

KEY: **PROPOSED RULES SECTION** — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." **ADOPTED RULES SECTION** — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Adoption of these rules will not result in additional spending by local public bodies in the excess of $100,000 per year for the first two years following adoption under the requirements of *Minnesota Statutes*, section 14.11.

If no hearing is required upon adoption of the rule, the rule and the required supporting documents will be delivered to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit the written request to:

Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155

Sandra S. Gardebring, Commissioner
Department of Human Services

Notice of Hearing and Notice of Intent to Cancel Hearing if Fewer Than Twenty-five Persons Request a Hearing in Response to Notice of Intent to Adopt Rules Without a Public Hearing

NOTICE IS HEREBY GIVEN that a public hearing on the above-entitled matter will be held in Room 300 South, State Office Building, 100 Constitution Avenue, St. Paul, MN 55155 on May 18, 1988 commencing at 9:00 a.m. and continuing until all interested or affected persons have an opportunity to participate. The proposed rules may be modified as a result of the hearing process. Therefore, if you are affected in any manner by the proposed rules, you are urged to participate in the rule hearing process.

PLEASE NOTE, HOWEVER, THAT THE HEARING WILL BE CANCELLED IF FEWER THAN TWENTY-FIVE PERSONS REQUEST A HEARING IN RESPONSE TO THE NOTICE OF INTENT TO ADOPT THESE SAME RULES WITHOUT A PUBLIC HEARING PUBLISHED IN THIS *STATE REGISTER* AND MAILED TO PERSONS REGISTERED WITH THE DEPARTMENT OF HUMAN SERVICES. To verify whether a hearing will be held, please call the Department of Human Services between May 5 and May 17, 1988 at (612) 297-4301.

Following the agency's presentation at the hearing, all interested or affected persons will have an opportunity to participate. Such persons may present their views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should be pertinent to the matter at hand. Written material not submitted at the time of the hearing which is to be included in the hearing record may be mailed to Howard L. Kaibel, Jr., Administrative Law Judge, Office of Administrative Hearings, 500 Flour Exchange Building, 310 Fourth Avenue South, Minneapolis, Minnesota 55415; telephone (612) 341-7608, either before the hearing or within five working days after the public hearing ends. The Administrative Law Judge may at the hearing, order the record be kept open for a longer period not to exceed 20 calendar days. The comments received during the comment period shall be available for review at the Office of Administrative Hearings. Following the close of the comment period the agency and all interested persons have three business days to respond in writing to any new information submitted during the comment period. During the three-day period, the agency may indicate in writing whether there are amendments suggested by other persons which the agency is willing to adopt. No additional evidence may be submitted during the three-day period. The written responses shall be added to the rulemaking record. Upon the close of the record the Administrative Law Judge will write a report as provided for in *Minnesota Statutes*, sections 14.15 and 14.50. The rule hearing is governed by *Minnesota Statutes*, sections 14.14 to 14.20 and by *Minnesota Rules*, parts 1400.0200 to 1400.1200. Questions about procedure may be directed to the Administrative Law Judge.

Minnesota Rules, Parts 9505.2390 to 9505.2500 establish the requirements that govern early and periodic screening, diagnosis, and treatment services provided to medical assistance recipients under age 21. The rules establish who is eligible to receive the services, the recipient's right to choose the provider, who is eligible to be a provider, training requirements, a schedule of age-related screening standards, information and assistance that a local agency must give to eligible children or their parents, interagency coordination required of the local agency, requirements for contracts between local agencies and EPSDT providers, and provider eligibility for medical assistance reimbursement. The proposed rules, if adopted, will repeal the present rule, parts 9505.1500 to 9505.1690, and are necessary in order to ensure consistency with 1985 Federal Regulations (*Code of Federal Regulations*, title 42, subpart B), to improve clarity and organization of rule parts, and to reflect current medical practice.

The agency's authority to adopt the proposed rules is contained in *Minnesota Statutes*, sections 256B.02, subd. 8 (12) and 256B.04, subd. 2. Adoption of these rules will not result in additional spending by local public bodies in excess of $100,000 per year for the first two years following adoption under the requirements of *Minnesota Statutes*, section 14.11.

Copies of the proposed rules are now available and at least one free copy may be obtained by writing to:

Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816

This rule is also available for viewing at each of the county welfare or human service agencies in the State of Minnesota.

Additional copies will be available at the hearing. If you have any questions on the content of the rule contact Patricia Massopust (612) 296-3883.

NOTICE: Any person may request notification of the date on which the Administrative Law Judge's report will be available, after which date the agency may not take any final action on the rules for a period of five working days. If you desire to be notified, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the Administrative Law Judge. Any person may request notification of the date on which the rules were adopted and filed with the secretary of state. The notice must be mailed on the same day the rules are filed. If you want to be so notified you may so indicate at the hearing or send a request in writing to the agency at any time prior to the filing of the rules with the secretary of state.

NOTICE IS HEREBY GIVEN that a Statement of Need and Reasonableness is now available for review at the agency and at the Office of Administrative Hearings. The Statement of Need and Reasonableness includes a summary of all the evidence and argument which the agency anticipates presenting at the hearing justifying both the need for and reasonableness of the proposed rules. Copies of the Statement of Need and Reasonableness may be reviewed at the agency or the Office of Administrative Hearings and copies may be obtained from the Office of Administrative Hearings at the cost of reproduction.

Minnesota Statutes, chapter 10a, requires each lobbyist to register with the State Ethical Practices Board within five days after he or she commences lobbying. A lobbyist is defined in *Minnesota Statutes*, section 10A.01, subdivision 11, as any individual:

(a) engaged for pay or other consideration, or authorized by another individual or association to spend money, who spends more than five hours in any month or more than $250, not including travel expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communication or urging others to communicate with public officials; or

(b) who spends more than $250, not including traveling expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials.

The statute provides certain exceptions. Questions should be directed to the Ethical Practices Board, 625 North Robert Street, St. Paul, Minnesota 55101, telephone (612) 296-5148.

Sandra S. Gardebring
Commissioner

Rules as Proposed

9505.0275 EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT.

Subpart 1. **Definition.** "Early and periodic screening, diagnosis, and treatment service" means a service provided to a recipient under age 21 to identify a potentially handicapping condition and to provide diagnosis and treatment for a condition identified according to the requirements of the *Code of Federal Regulations*, title 42, section 441.55 and parts ~~9505.1500 to 9505.1690~~ 9505.1693 to 9505.1748.

Subp. 2. **Duties of provider.** The provider shall sign a provider agreement stating that the provider will provide screening services according to standards in parts ~~9505.1500 to 9505.1690~~ 9505.1693 to 9505.1748 and *Code of Federal Regulations*, title 42, sections 441.50 to 441.62.

Rules as Proposed (all new material)

9505.1693 SCOPE AND PURPOSE.

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

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

9505.1696 DEFINITIONS.

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

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." ADOPTED RULES SECTION — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

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

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

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

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

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

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

Subp. 4. **Department.** "Department" means the Minnesota Department of Human Services.

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

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

Subp. 7. **Early and periodic screening, diagnosis, and treatment program or EPSDT program.** "Early and periodic screening, diagnosis, and treatment program" or "EPSDT program" means the program that provides screening, diagnosis, and treatment under parts 9505.1693 to 9505.1748; Code of Federal Regulations, title 42, section 441.55, as amended through October 1, 1986; and *Minnesota Statutes*, section 256B.02, subdivision 8, paragraph (12).

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

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

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

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

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

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

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

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

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

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

Subp. 18. **Prepaid health plan.** "Prepaid health plan" means a health insurer licensed and operating under *Minnesota Statutes*, chapters 60A, 62A, and 62C, and a health maintenance organization licensed and operating under *Minnesota Statutes*, chapter 62D to provide health services to recipients of medical assistance entitlements.

Subp. 19. **Public health nursing service.** "Public health nursing service" means a community nursing service provided by a Medicare certified home health care agency that is a department of or operates under the direct authority of a unit of government.

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

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

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

9505.1699 ELIGIBILITY TO BE SCREENED.

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

9505.1701 CHOICE OF PROVIDER.

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

Subp. 2. **Choice of diagnosis and treatment provider.** Except as provided by subpart 3, a child or parent of a child may choose any diagnosis and treatment provider as provided by part 9505.0190.

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

9505.1703 ELIGIBILITY TO PROVIDE SCREENING.

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

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

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

A. screen children according to parts 9505.1693 to 9505.1748;

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

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

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

9505.1706 REIMBURSEMENT.

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

Subp. 2. **Eligibility for reimbursement; Head Start agency.** A Head Start agency may complete all the screening components under part 9505.1718, subparts 2 to 14 or those components that have not been completed by another provider within the six months before completion of the screening components by the Head Start agency. A Head Start agency that completes the previously incomplete screening components must document on the EPSDT screening form that the other screening components of part 9505.1718, subparts 2 to 14, have been completed by another provider.

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

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

9505.1709 EPSDT SCREENING FORM.

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

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." ADOPTED RULES SECTION — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

9505.1712 TRAINING.

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

9505.1715 COMPLIANCE WITH SURVEILLANCE AND UTILIZATION REVIEW.

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

9505.1718 SCREENING STANDARDS FOR AN EPSDT CLINIC.

Subpart 1. **Requirement.** An early and periodic screening, diagnosis, and treatment screening must meet the requirements of subparts 2 to 15 except as provided by part 9505.1706, subpart 2.

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

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

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

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

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

Subp. 7. **Hearing.** A child must be checked for a family history of hearing disability or loss, delay of language acquisition or history of such delay, the ability to determine the direction of a sound, and a history of repeated otitis media during early life. A child or parent of the child must be asked whether he or she has any concerns regarding the child's hearing.

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

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

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

Subp. 10. **Sexual development.** A child must be evaluated to determine whether the child's sexual development is consistent with the child's chronological age. A female must receive a breast examination and pelvic examination when indicated. A male must receive a testicular examination when indicated. Counseling on normal sexual development, information on birth control and sexually transmitted diseases, and prescriptions and tests must be offered to a child when appropriate. If it is in the best interest of a child, a screening provider may refer the child to other resources for counseling or a pelvic examination.

Subp. 11. **Nutrition.** When the assessment of a child's physical growth performed according to subpart 3 indicates a nutritional risk condition, the child must be referred for further assessment, receive nutritional counseling, or be referred to a nutrition program

such as the Special Supplemental Food Program for Women, Infants, and Children; food stamps; Expanded Food and Nutrition Education Program; or Head Start.

Subp. 12. **Immunizations.** The immunization status of a child must be compared to the 1983 Recommended Immunization Schedule. Immunizations that the comparison shows are needed must be offered to the child and given to the child if the child or parent of the child accepts the offer. The "Recommended Immunization Schedule," June 1983, is developed and distributed by the Minnesota Department of Health, 717 Delaware Street, Minneapolis, Minnesota 55440. The "Recommended Immunization Schedule" is incorporated by reference and is available at the State Law Library, Ford Building, 117 University Avenue, Saint Paul, Minnesota 55155. It is not subject to frequent change.

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

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

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

(1) has lived in or frequently visited houses built before 1950;

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

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

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

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

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

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

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

E. A test for sickle cell, hemoglobin concentration, or abnormal blood conditions must be offered to a child who is at risk of such abnormalities and who has not yet been tested. This test must be provided if accepted or requested by the child or parent of the child. If the test identifies a hemoglobin abnormality, the child must be referred for genetic counseling.

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

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

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

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SCHEDULE OF AGE-RELATED SCREENING STANDARDS

INTERVALS	INFANCY					EARLY CHILDHOOD			LATE CHILDHOOD				ADOLESCENCE	
	By 1 mo.	2 mos.	4 mos.	6 mos.	7-11 mos.	12-15 mos.	16-19 mos.	20-35 mos.	3-4 yrs.	5-7 yrs.	8-10 yrs.	11-13 yrs.	14-17 yrs.	18-20 yrs.
Health History	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Assessment of Physical Growth:														
• Height	X	X	X	X	X	X	X	X	X	X	X	X	X	X
• Weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X
• Head Circumference	X	X	X	X	X	X	X	X						
Physical Examination	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Vision	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Hearing	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Development:														
• PDQ/DDST			X	X	X	X	X	X	X	X				
• Fine & Gross Motor, Speech & Language, Social, Cognitive										X	X	X	X	X
Sexual Development	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Immunizations		X	X	X	X	X	X	X	X	X	X	X	X	X
Laboratory Tests:														
• Tuberculin								IF HISTORY	INDICATES					
• Lead Absorption								IF HISTORY	INDICATES					
• Urine	←	←	←	X	←	←	←	X	←	←	X	←	←	X
• Bacteriuria (females)									X	←	X	←	←	←
• Anemia					X	←	←	←	←	←	X	←	←	X
• Sickle Cell								AT PARENT'S OR	CHILD'S REQUEST					
• Other Laboratory Tests								AS	INDICATED					
Oral Examination	X	X	X	X	X	X	X	X	X	X	X	X	X	X

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

9505.1724 PROVISION OF DIAGNOSIS AND TREATMENT.

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

9505.1727 INFORMING.

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

The department must send a written notice to a child or parent of a child who has been screened informing the child or parent that the child should be screened again. This notice must be sent at the following ages of the child: six months, nine months, one year, 18 months, two years, four years, and every three years after age four.

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

9505.1730 ASSISTANCE WITH OBTAINING A SCREENING.

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

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

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

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

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

9505.1733 ASSISTANCE WITH OBTAINING DIAGNOSIS AND TREATMENT.

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

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

9505.1736 SPECIAL NOTIFICATION REQUIREMENT.

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

9505.1739 CHILDREN IN FOSTER CARE.

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

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

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

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

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

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

9505.1742 DOCUMENTATION.

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

9505.1745 INTERAGENCY COORDINATION.

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

9505.1748 CONTRACTS FOR ADMINISTRATIVE SERVICES.

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

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

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

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

A. names of the contracting parties;

B. purpose of the contract;

C. beginning and ending dates of the contract;

D. amount of the contract, budget breakdown, and a clause that stipulates that the department's procedures for certifying expenditures will be followed by the local agency;

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

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

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

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

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

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

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

REPEALER. *Minnesota Rules*, parts 9505.1500; 9505.1510; 9505.1520; 9505.1530; 9505.1540; 9505.1550; 9505.1560; 9505.1570; 9505.1580; 9505.1590; 9505.1600; 9505.1610; 9505.1620; 9505.1630; 9505.1640; 9505.1650; 9505.1660; 9505.1670; 9505.1680; and 9505.1690, are repealed.

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

In the Matter of the Proposed Adoption of Department of Human Services Rules Governing Early and Periodic Screening, Diagnosis, and Treatment, Minnesota Rules, Parts 9505.1693 to 9505.1748	FINDINGS OF FACT, CONCLUSIONS, AND ORDER ADOPTING RULE WITHOUT PUBLIC HEARING

Notice of the Commissioner's intent to adopt the above-entitled rule was published in the State Register on April 4, 1988 and was sent by United States mail to all persons on the list maintained by the agency pursuant to Minnesota Statutes, sections 14.14, subdivision 1a and 14.22, on March 30, 1988. The statement of need and reasonableness was prepared before the notice of intent to adopt a rule without a public hearing was mailed to all persons on the rulemaking mailing list and published in the State Register and was available to the public.

All persons were given the opportunity to submit comment on the rule for 30 days after notice of proposed rulemaking. No requests for a public

hearing on the rule were received within the time period stated in the notice published in the State Register. Therefore, the agency did not receive requests for a public hearing from 25 or more persons which were not withdrawn. No requests for notice of submission to the attorney general were received by the agency.

Based on the comments and evidence in the record before the agency, I find the following:

9505.1696, subpart 19, Public health nursing services.

A definition of this term appears in several rules of the department including part 9505.2390, subpart 42, which applies to the rules related to preadmission screening and alternative care grants under the medical assistance program and which will be effective August 8, 1988. Part 9505.2390, subpart 42 was modified by the department after its publication as a proposed rule because of a comment from Mr. Wayne Carlson of the Minnesota Department of Health. The modification was necessary to clarify the definition found in subpart 42. The department believes that modifying part 9505.1693, subpart 19, in the same manner as part 9505.2390, subpart 42, is necessary and reasonable because it ensures consistency of rules related to the medical assistance program and also ensures consistency with statutes establishing community boards of health and their responsibility for public health nursing services. Therefore, the department modifies subpart 19 as follows:

Subp. 19. Public health nursing service. "Public health nursing service" means ~~a community~~ the nursing ~~service~~ program provided by a ~~Medicare~~

~~certified home health agency that is a department of or operated under the direct authority of a unit of government.~~ board of health under Minnesota Statutes, section 145A.10, subdivision 1.

The modification is not substantial but is only for the purpose of clarifying the rule.

9505.1718, subpart 13, items B, D, and E.

Dr. Amos Deinard, Director, Community-University Health Care Center, University of Minnesota Hospital and Clinic raised several questions concerning these items. The department thanks Dr. Deinard for his professional advice about the tests referred to items B and E.

In regard to item B, Dr. Deinard suggested that an erythrocyte protoporphyrin (EP) test could reflect not only lead toxicity but also an "iron deficient but not anemic condition." He further suggested that "a practitioner who identifies a child with an elevated EP who then orders a blood lead assay which is normal should then either order a serum ferritin to measure iron stores or should assume that the child is, in fact, iron deficient and presumptively treat with iron for a period of time, and then recheck. . . ."

Part 9505.1718 sets standards for screening. The last sentence of subpart 13, item B, which requires the child whose EP test is elevated to be referred for further testing, addresses Dr. Dienard's concern about rechecking the EP value and further testing. Therefore, the department finds it is not necessary to modify item B as suggested by Dr. Deinard.

Dr. Deinard questioned why item E of subpart 13 mentions hemoglobin concentration "when it is listed as a requirement in the preceding subsection (d). Is it possible that hemoglobin concentration should have read 'hemoglobin electrophoresis' which is a totally different test and which is ordered to look for abnormal hemoglobin. . . ." Dr. Deinard suggested a modification that would encompass his concern.

The department accepts Dr. Deinard's suggested modification. The modification is necessary and reasonable because it is consistent with the purpose of item E which is screening the child for possible abnormal blood conditions. The modification is as follows:

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

The modification is not substantial but is only for the purpose of clarifying the rule.

9505.1718, subpart 12, Immunizations.

Finally, the department has received information that the Minnesota Department of Health revised its immunization schedule as of June 1988. The revised schedule is an adaptation of schedules recommended by the American Academy of Pediatrics, Committee on Infectious Diseases, and the Immunization Practices Advisory Committee of the United States Public

Health Service. The department finds it necessary and reasonable to modify the rule by requiring the use of the "Recommended Schedule for Active Immunizations of Normal Infants and Children, June 1988" because using this schedule assures that the immunization status of a child receiving EPSDT services will be monitored according to the most recent recommendations of the state's official health agency which incorporate current standards of medical practice. The modification is as follows:

Subp. 12. Immunizations. The immunization status of a child must be compared to the ~~1983 Recommended Immunization Schedule~~ "Recommended Schedule for Active Immunizations of Normal Infants and Children, June 1988." Immunizations that the comparison shows are needed must be offered to the child and given to the child if the child or parent of the child accepts the offer. The "~~Recommended Immunization Schedule," June 1983~~ Recommended Schedule for Active Immunizations of Normal Infants and Children, June 1988," is developed and distributed by the Minnesota Department of Health, 717 Delaware Street, Minneapolis, Minnesota 55440. (Remainder unchanged.)

The modification is not substantial but is only for the purpose of clarifying the rule.

CONCLUSIONS

I hereby conclude that:

1. All modifications made to the proposed rule are not substantial changes.

2. The rules, as modified, are necessary and reasonable.

3. Any duplication in these rules of language contained in Minnesota Statutes is crucial to the ability of persons affected by the rules to comprehend their meaning and effect.

4. The Department has complied with all applicable provisions of law and rule in the promulgation of these rules.

5. If any finding or part of a finding, above, is properly characterized as a conclusion, it is adopted as a conclusion.

NOW, THEREFORE, IT IS ORDERED that the rule identified as Governing Early and Periodic Screening, Diagnosis, and Treatment (as modified) is adopted this 4th day of August, 1988, pursuant to authority vested in me by Minnesota Statutes, section 256B.04, subdivision 2.

8/4/88

/s/ SANDRA S. GARDEBRING

Commissioner

In the Matter of the Adoption
of the Rule of the State Department
of Human Services Governing Early and
Periodic Screening, Diagnosis, and
Treatment Program, Minnesota Rules,
Parts 9505.0275 to 9505.1748

DECLARATION OF
COUNSEL

I, James Alexander, Special Assistant Attorney General, do hereby declare that I have examined the above-captioned rule, and the supporting rulemaking record, and that, based on my examination, the Administrative Procedure Act and Minnesota Rules, chapter 2010 have been followed. Any exceptions are listed below. For Attorney General billing purposes, the four-digit docket client code is 98-818K-0866.

James S. Alexander

Special Assistant
Attorney General

Dated: 8-12-88

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

OFFICE MEMORANDUM

TO: Julie Leppink
Attorney General/Administration

Date: 08/29/88

FROM: Eleanor Weber
Rules Division

PHONE: 7-4301

SUBJECT: Order to Withdraw

The Order to Withdraw the Proposed Permanent Rules Relating to Early and Periodic Screening, Diagnosis, and Treatment Program which we discussed on Friday, August 26, 1988 is attached.

After the Department completes the necessary revision and has prepared Supplemental Findings, we will resubmit the rule for consideration for approval to adopt.

Eleanor Weber

7. Four copies of the rule as adopted. Any modification made to the proposed rule is reflected on the rule as adopted and is approved as to form by the revisor of statutes.

8. The findings of fact, conclusions and order adopting the rule.

9. All written requests, submissions, or comments on the rule received by the agency except requests solely for copies of the rule or of the statement of need and reasonableness.

10. The declaration of the attorney in the attorney general's office who represents the agency.

11. No requests to be notified of submittal of the rule to the Attorney General.

If you have any questions on this submitted material, please call me at 297-4301.

A6 Copy

Department of Human Services

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

Rules as Adopted

9505.0275 EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT.

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

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

9505.1693 SCOPE AND PURPOSE.

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

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

9505.1696 DEFINITIONS.

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

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

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

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

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

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

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

Subp. 4. **Department.** "Department" means the Minnesota Department of Human Services.

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

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

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

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subdivision 8, paragraph (12).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9505.1699 ELIGIBILITY TO BE SCREENED.

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

9505.1701 CHOICE OF PROVIDER.

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

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

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part 9505.0190.

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

9505.1703 ELIGIBILITY TO PROVIDE SCREENING.

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

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

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

A. screen children according to parts 9505.1693 to 9505.1748;

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

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

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

9505.1706 REIMBURSEMENT.

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

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

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

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

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

9505.1709 EPSDT SCREENING FORM.

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

9505.1712 TRAINING.

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

9505.1715 COMPLIANCE WITH SURVEILLANCE AND UTILIZATION REVIEW.

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

9505.1718 SCREENING STANDARDS FOR AN EPSDT CLINIC.

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

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

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

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

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

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

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

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

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

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

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

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

Subp. 10. **Sexual development.** A child must be evaluated to determine whether the child's sexual development is consistent with the child's chronological age. A female must receive a breast examination and pelvic examination when indicated. A male must receive a testicular examination when indicated. Counseling on normal sexual development, information on birth control and sexually transmitted diseases, and prescriptions and tests must be offered to a child when appropriate. If it is in the best interest of a child, a screening provider may refer the child to other resources for

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counseling or a pelvic examination.

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

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

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

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

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

(1) has lived in or frequently visited houses

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built before 1950;

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

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

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

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

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

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

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

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

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

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

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

Schedule of age-related screening standards

A. Infancy:

Standards	Ages				
	By 1 month	2 months	4 months	6 months	7-11 months
Health History	X	X	X	X	X
Assessment of Physical Growth:					
Height	X	X	X	X	X
Weight	X	X	X	X	X
Head Circumference	X	X	X	X	X
Physical Examination	X	X	X	X	X
Vision	X	X	X	X	X
Hearing	X	X	X	X	X
Development:					
PDQ/DDST			X	X	X
Sexual Development	X	X	X	X	X
Nutrition	X	X	X	X	X
Immunizations		X	X	X	X
Laboratory Tests:					
Tuberculin		if history indicates			
Lead Absorption		if history indicates			
Urine	←	←	←	X	←
Bacteriuria (females)					
Anemia					X
Sickle Cell	at parent's or child's request				
Other Laboratory Tests	as indicated				
Oral Examination	X	X	X	X	X

X = Procedure to be completed.

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

B. Early Childhood:

Standards	Ages		
	12-15 months	16-19 months	20-35 months
Health History	X	X	X
Assessment of Physical Growth:			
Height	X	X	X
Weight	X	X	X
Head Circumference	X	X	X
Physical Examination	X	X	X
Vision	X	X	X
Hearing	X	X	X
Development:			
PDQ/DDST	X	X	X

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Standards	3-4 years	5-7 years	8-10 years	11-13 years
Sexual Development	X	X		X
Nutrition	X	X		X
Immunizations	X	X		X
Laboratory Tests:				
Tuberculin	if history indicates			
Lead Absorption	if history indicates			
Urine	←	←		X
Anemia	←	←		←
Sickle Cell	at parent's or child's request			
Other Laboratory Tests	as indicated			
Oral Examination	X	X		X

X = Procedure to be completed.

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

C. Late childhood:

Standards	Ages 3-4 years	5-7 years	8-10 years	11-13 years
Health History	X	X	X	X
Assessment of Physical Growth:				
Height	X	X	X	X
Weight	X	X	X	X
Physical Examination	X	X	X	X
Vision	X	X	X	X
Hearing	X	X	X	X
Development:				
PDQ/DDST	X	X		
Fine & Gross Motor, Speech & Language, Social, Cognitive		X	X	X
Sexual Development	X	X	X	X
Nutrition	X	X	X	X
Immunizations	X	X	X	X
Laboratory Tests:				
Tuberculin	if history indicates			
Lead Absorption	if history indicates			
Urine	←	←	X	←
Bacteriuria (females)	X	←	X	←
Anemia	←	←	X	←
Sickle Cell	at parent's or child's request			
Other Laboratory Tests	as indicated			
Oral Examination	X	X	X	X

X = Procedure to be completed.

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

D. Adolescence:

Standards	Ages 14-17 years	18-20 years
Health History	X	X

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Assessment of Physical Growth:		
Height	X	X
Weight	X	X
Physical Examination	X	X
Vision	X	X
Hearing	X	X
Development:		
PDQ/DDST		
Fine & Gross Motor, Speech & Language, Social, Cognitive	X	X
Sexual Development	X	X
Nutrition	X	X
Immunizations	X	X
Laboratory Tests:		
Tuberculin	if history indicates	
Lead Absorption	if history indicates	
Urine	←	X
Bacteriuria (females)	←	←
Anemia	←	X
Sickle Cell	at parent's or child's request	
Other Laboratory Tests	as indicated	
Oral Examination	X	X

X = Procedure to be completed.

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

9505.1724 PROVISION OF DIAGNOSIS AND TREATMENT.

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

9505.1727 INFORMING.

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

The department must send a written notice to a child or

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

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

9505.1730 ASSISTANCE WITH OBTAINING A SCREENING.

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

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

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

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

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

9505.1733 ASSISTANCE WITH OBTAINING DIAGNOSIS AND TREATMENT.

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

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

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the date of the request.

9505.1736 SPECIAL NOTIFICATION REQUIREMENT.

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

9505.1739 CHILDREN IN FOSTER CARE.

Subpart 1. **Dependent or neglected state wards.** The local agency must provide early and periodic screening, diagnosis, and treatment services for a child in foster care who is a dependent or neglected state ward under parts 9560.0410 to 9560.0470, and who is eligible for medical assistance unless the early and periodic screening, diagnosis, and treatment services are not in the best interest of the child. what does this mean?

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

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

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

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

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

9505.1742 DOCUMENTATION.

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

9505.1745 INTERAGENCY COORDINATION.

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

9505.1748 CONTRACTS FOR ADMINISTRATIVE SERVICES.

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

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

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

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

A. names of the contracting parties;

B. purpose of the contract;

C. beginning and ending dates of the contract;

D. amount of the contract, budget breakdown, and a clause that stipulates that the department's procedures for certifying expenditures will be followed by the local agency;

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

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

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

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

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

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

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

REPEALER. Minnesota Rules, parts 9505.1500; 9505.1510;

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

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Department of Human Services

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

Rules as Adopted

9505.0275 EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT.

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

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

9505.1693 SCOPE AND PURPOSE.

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

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

9505.1696 DEFINITIONS.

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

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

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

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

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

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

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

Subp. 4. **Department.** "Department" means the Minnesota Department of Human Services.

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

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

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

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subdivision 8, paragraph (12).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9505.1699 ELIGIBILITY TO BE SCREENED.

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

9505.1701 CHOICE OF PROVIDER.

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

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

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part 9505.0190.

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

9505.1703 ELIGIBILITY TO PROVIDE SCREENING.

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

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

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

A. screen children according to parts 9505.1693 to 9505.1748;

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

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

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

9505.1706 REIMBURSEMENT.

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

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

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

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

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

9505.1709 EPSDT SCREENING FORM.

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

9505.1712 TRAINING.

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

9505.1715 COMPLIANCE WITH SURVEILLANCE AND UTILIZATION REVIEW.

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

9505.1718 SCREENING STANDARDS FOR AN EPSDT CLINIC.

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

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

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

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

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

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

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

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

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

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

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

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

Subp. 10. **Sexual development.** A child must be evaluated to determine whether the child's sexual development is consistent with the child's chronological age. A female must receive a breast examination and pelvic examination when indicated. A male must receive a testicular examination when indicated. Counseling on normal sexual development, information on birth control and sexually transmitted diseases, and prescriptions and tests must be offered to a child when appropriate. If it is in the best interest of a child, a screening provider may refer the child to other resources for

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counseling or a pelvic examination.

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

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

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

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

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

(1) has lived in or frequently visited houses

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built before 1950;

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

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

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

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

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

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

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

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

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

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

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

Schedule of age-related screening standards

A. Infancy:

Standards	Ages				
	By 1 month	2 months	4 months	6 months	7-11 months
Health History	X	X	X	X	X
Assessment of Physical Growth:					
Height	X	X	X	X	X
Weight	X	X	X	X	X
Head Circumference	X	X	X	X	X
Physical Examination	X	X	X	X	X
Vision	X	X	X	X	X
Hearing	X	X	X	X	X
Development:					
PDQ/DDST			X	X	X
Sexual Development	X	X	X	X	X
Nutrition	X	X	X	X	X
Immunizations		X	X	X	X
Laboratory Tests:					
Tuberculin		if history indicates			
Lead Absorption		if history indicates			
Urine	←	←	←	X	←
Bacteriuria (females)					
Anemia					X
Sickle Cell	at parent's or child's request				
Other Laboratory Tests	as indicated				
Oral Examination	X	X	X	X	X

X = Procedure to be completed.

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

B. Early Childhood:

Standards	Ages		
	12-15 months	16-19 months	20-35 months
Health History	X	X	X
Assessment of Physical Growth:			
Height	X	X	X
Weight	X	X	X
Head Circumference	X	X	X
Physical Examination	X	X	X
Vision	X	X	X
Hearing	X	X	X
Development:			
PDQ/DDST	X	X	X

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Sexual Development	X	X	X
Nutrition	X	X	X
Immunizations	X	X	X
Laboratory Tests:			
Tuberculin	if history indicates		
Lead Absorption	if history indicates		
Urine	←	←	X
Anemia	←	←	←
Sickle Cell	at parent's or child's request		
Other Laboratory Tests	as indicated		
Oral Examination	X	X	X

X = Procedure to be completed.

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

C. Late childhood:

Standards	Ages			
	3-4 years	5-7 years	8-10 years	11-13 years
Health History	X	X	X	X
Assessment of Physical Growth:				
Height	X	X	X	X
Weight	X	X	X	X
Physical Examination	X	X	X	X
Vision	X	X	X	X
Hearing	X	X	X	X
Development:				
PDQ/DDST	X	X		
Fine & Gross Motor, Speech & Language, Social, Cognitive		X	X	X
Sexual Development	X	X	X	X
Nutrition	X	X	X	X
Immunizations	X	X	X	X
Laboratory Tests:				
Tuberculin	if history indicates			
Lead Absorption	if history indicates			
Urine	←	←	X	←
Bacteriuria (females)	X	←	X	←
Anemia	←	←	X	←
Sickle Cell	at parent's or child's request			
Other Laboratory Tests	as indicated			
Oral Examination	X	X	X	X

X = Procedure to be completed.

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

D. Adolescence:

Standards	Ages	
	14-17 years	18-20 years
Health History	X	X

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Assessment of Physical Growth:		
Height	X	X
Weight	X	X
Physical Examination	X	X
Vision	X	X
Hearing	X	X
Development:		
PDQ/DDST		
Fine & Gross Motor, Speech & Language, Social, Cognitive	X	X
Sexual Development	X	X
Nutrition	X	X
Immunizations	X	X
Laboratory Tests:		
Tuberculin	if history indicates	
Lead Absorption	if history indicates	
Urine	←	X
Bacteriuria (females)	←	←
Anemia	←	X
Sickle Cell	at parent's or child's request	
Other Laboratory Tests	as indicated	
Oral Examination	X	X

X = Procedure to be completed.

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

9505.1724 PROVISION OF DIAGNOSIS AND TREATMENT.

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

9505.1727 INFORMING.

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

The department must send a written notice to a child or

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

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

9505.1730 ASSISTANCE WITH OBTAINING A SCREENING.

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

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

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

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

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

9505.1733 ASSISTANCE WITH OBTAINING DIAGNOSIS AND TREATMENT.

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

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

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the date of the request.

9505.1736 SPECIAL NOTIFICATION REQUIREMENT.

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

9505.1739 CHILDREN IN FOSTER CARE.

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

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

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

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

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

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

9505.1742 DOCUMENTATION.

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

9505.1745 INTERAGENCY COORDINATION.

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

9505.1748 CONTRACTS FOR ADMINISTRATIVE SERVICES.

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

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

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

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

A. names of the contracting parties;

B. purpose of the contract;

C. beginning and ending dates of the contract;

D. amount of the contract, budget breakdown, and a clause that stipulates that the department's procedures for certifying expenditures will be followed by the local agency;

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

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

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

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

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

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

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

REPEALER. Minnesota Rules, parts 9505.1500; 9505.1510;

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

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STATE OF MINNESOTA

IN THE MATTER OF THE PROPOSED ADOPTION OF DEPARTMENT OF HUMAN SERVICE RULES RELATING TO EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT PROGRAM, PARTS 9505.1693 to 9505.1748

ORDER TO WITHDRAW PROPOSED RULES

The Department finds it necessary to review and revise the above-entitled rules and to prepare Supplemental Findings of Fact to correct a possible defect. When the Department has completed the necessary revision and prepared the Supplemental Findings, the Department will resubmit the above-entitled rules to the Attorney General/Administration.

NOW THEREFORE IT IS ORDERED that the proposed rules identified as Minnesota Rules, parts 9505.1693 to 9505.1748 relating to Early and Periodic, Screening, Diagnosis, and Treatment Program, be withdrawn from consideration for approval to adopt this 29th day of August 1988, pursuant to the authority vested in me by Minnesota Statutes, section 256B.02, subd.8(12) and by Minnesota Statutes, section 256D.04, subdivision 2.

STATE OF MINNESOTA

Sandra Gardebring

SANDRA GARDEBRING
COMMISSIONER OF HUMAN SERVICES

DEPARTMENT OF HUMAN SERVICES

STATE OF MINNESOTA

OFFICE MEMORANDUM

TO: Julie Leppink
Office of the Attorney General

Date: 9/30/88

FROM: David Nelson DNelson
Rules Division

PHONE: 6-0626

SUBJECT: Supplemental Finding and Order Adopting Rule Without Public Hearing

Attached is the supplemental finding concerning the rule governing Early and Periodic Screening, Diagnosis and Treatment, Minnesota rules, Parts 9505.1693 to 9505.1748. I am returning this directly to you pursuant to Minnesota Rules, Part 2010.1300.

Four copies of the modification made to the rule as adopted and approved as to form by the revisor of statutes are also attached.

If you have any questions, please call me at the above number.

Attachments: Supplemental Finding and Order Adopting Rule Without Public Hearing

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

minnesota department of health
717 s.e. delaware st. p.o. box 9441 minneapolis 55440
(612) 623-5000

May 3, 1988

Ms. Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, Minnesota 55155

Dear Ms. Weber:

Thank you for the copy of the proposed language for "Public Health Nurse" and "Public Health Nursing Services" in the PAS and ACG rules. The language seems succinct and precise, and it is consistent with the Local Public Health Act. If you should need a statement for the record to that effect, please let me know. I can be reached at 623-5595.

Sincerely,

Wayne R. Carlson

Wayne Carlson, Chief
Section of Community Development

WC:ew

cc: Lorene Wedeking

an equal opportunity employer

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TWIN CITIES

Community-University Health Care Center
University of Minnesota Hospital and Clinic
2016 16th Avenue South
Minneapolis, Minnesota 55404
(612) 627-4774

received
5-27-88

May 24, 1988

Eleanor Weber
Minnesota Department of Human Services
Human Services Building
444 Lafayette Road
St. Paul, Minnesota 55155-3816

Dear Ms. Weber:

When I wrote you on April 19, I had not yet received your letter of April 13. I have now had a chance to review that letter and have no additional comments other than those contained in my letter of April 19. I would be pleased to discuss my concerns with any one of your associates if there are questions.

Sincerely yours,

Amos S. Deinard, M.D., M.P.H.
Director, Community-University Health
Care Center
Box 85 Mayo
University of Minnesota Hospital
Harvard Street at East River Road
Minneapolis, Minnesota 55455

ASD/mo

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2016 16th Avenue South
Minneapolis, Minnesota 55404
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April 19, 1988

Ms. Eleanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, Minnesota 55155-3816

Dear Ms. Weber:

I have recently had an opportunity to review the proposed permanent rules related to the Early and Periodic Screening, Diagnosis, and Treatment program. Since the rules as proposed represent all new material, so that there is no indication in the text which parts are unchanged from the prior version, and since I did not have a copy of the prior version to review the proposed rules against, I can only comment at this moment on two subsections. In a recent telephone conversation, you said you would send me a summary statement of the proposed rules which will reflect those points which differ from the version that is in force at the present. If anything seems to warrant comment, I will write again. However, at this time, I would like to raise several questions.

With regard to 9505.1718 (Screening Standards for an EPSDT Clinic), subpart 13(b), I think it would be wise to indicate that the EP test, although it is used in this context to screen for possible lead toxicity, will also reflect the iron deficient but not anemic condition. Thus, a practitioner who identifies a child with an elevated EP who then orders a blood lead assay which is normal should then either order a serum ferritin to measure iron stores or should assume that the child is, in fact, iron deficient and presumptively treat with iron for a period of time, and then recheck the EP value?

With regard to subpart 13(e), it is not clear why hemoglobin concentration is mentioned when it is listed as a requirement in the preceding subsection (d). Is it possible that hemoglobin concentration should have read "hemoglobin electrophoresis" which is a totally different test and which is ordered to look for abnormal hemoglobin (e.g., sickle cell, thalassemia, hemoglobin-E, etc.)? Since the last sentence of (e) reads, "If the test identifies a hemoglobin abnormality, the child must be referred for genetic counseling," it seems reasonable to conclude that hemoglobin concentration should read "hemoglobin electrophoresis." If that is the

case, then perhaps (e) should read, "A test for sickle cell or other hemoglobinopathy or for other abnormal blood conditions must be offered to a child who is at risk of such abnormality(ies) and who has not yet been tested. Such test(s) must be provided if accepted or requested by the child or parent of the child. If a hemoglobin abnormality or other abnormal blood condition is identified, the child must be referred for genetic counseling."

Please call 627-4325 if clarification of my comments is needed.

Sincerely yours,

Amos S. Deinard, M.D., M.P.H.
Director, Community-University Health
Care Center
Box 85 Mayo
University of Minnesota Hospital
Harvard Street at East River Road
Minneapolis, Minnesota 55455

ASD/mo

STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES
Human Services Building
444 Lafayette Road
St. Paul, Minnesota 55155-3816

April 29, 1988

Dr. Amos Deinard
Director, Community-University
Health Care Center
Box 85
University of Minnesota Hospitals
Harvard Street at East River Road
Minneapolis, MN 55455

Dear Dr. Deinard:

Thank you for your letter of April 19, 1988 in which you raised questions about the proposed permanent rules related to the Early and Periodic Screening, Diagnosis, and Treatment program. The questions included a possible outcome of a screening for lead toxicity through the use of an EP test (9505.1718, subpart 13 (b) and the language of 9505.1718, subpart 13 (d) and (e). I have forwarded these questions to Ms. Patricia Massopust, EPSDT Coordinator, Children's Health Unit, Health Management Division, Department of Human Services.

The rule adoption procedure requires that the department consider all comments received by the department during the comment period, either in its responses at or following a public hearing if a hearing is necessary or, if a hearing is not necessary, in findings submitted to the Attorney General before the rule may be adopted. Thus, you may be assured the department will address your questions as the rule goes forward toward adoption.

I am concerned from your comments in the first paragraph of your letter of April 19, 1988 about whether you received the information I sent you on April 13. I am enclosing a copy of that letter in case the letter I sent did not reach you.

Please feel free to contact me at 297 4301 if I may be of further assistance.

Sincerely yours,

Eleanor Weber

Eleanor Weber

cc: Patricia Massopsut
Kathryn Lamp

AN EQUAL OPPORTUNITY EMPLOYER

STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES
Human Services Building
444 Lafayette Road
St. Paul, Minnesota 55155-38____

April 13, 1988

Dr. Amos Deinard
Box 85
University of Minnesota Hospitals
Minneapolis, MN 55455

Dear Dr. Deinard:

As we discussed this morning, this letter briefly summarizes the major changes in the Early Periodic Screening, Diagnosis, and Treatment program that will occur if the Department adopts the proposed rule revision published in the State Register on April 4, 1988.

The major purpose of the revision is to bring the present rule which was adopted in 1978 up to date with federal regulations that became effective in January 1985.

Additionally, other major changes include:

. clearer definition of the eligibility of a Head Start agency to receive medical assistance reimbursement as a provider of Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT);

. clarification of standards of services, especially those related to growth and development and screening for lead absorption. The clarified standards are based on the recommendation of the advisory committee;

. clarification of the schedule of age-related screening standards;

. incorporation of the Department's present practices regarding contracts between local agencies and county public health nursing services or community health clinics for EPSDT administrative services; and

. deletion of outreach as a separately reimbursable service in the EPSDT program. The great majority of clinics do not perform this service which can easily be provided by mailing postcards to recipients.

I enclose a copy of the Statement of Need and Reasonableness that presents

the Department's reasons in support of the proposed rule changes.

Please feel free to comment on the rule as you see appropriate. Any written comments you submit will become part of the official rule record and will be carefully considered as the Department goes forward in the rule promulgation process.

Sincerely yours,

Eleanor Weber

Eleanor Weber

minnesota department of health
717 s.e. delaware st. p.o. box 9441 minneapolis 55440
(612) 623-5000

Received
5-6-88

This comment was received after the close of the official comment period. Therefore, it was not considered in the Findings of Fact.

May 3, 1988

Elanor Weber
Rules Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3816

Dear Ms. Weber:

I question the removal of the following paragraph from the proposed Early and Periodic Screening, Diagnosis and Treatment rules:

> **When a child's health history reveals that his or her diet regularly lacks two or more servings from the four basic food groups, the parent or child must receive nutrition counseling or must be referred for nutrition counselling even if there are no physiological signs of poor nutrition.**

Without the above paragraph, subjective data is omitted from nutrition screening.

I request that the omitted paragraph be returned to subp. 11 of 9505.1718 on page 9 of the draft rules.

Thank you.

Yours truly

Fran Doring

Frances M. Doring, MPH, RD

an equal opportunity employer

STATE OF MINNESOTA

DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE PROPOSED ADOPTION OF THE RULES OF THE STATE DEPARTMENT OF HUMAN SERVICES GOVERNING EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT, MINNESOTA RULES, PARTS 9505.1693 TO 9505.1748

CERTIFICATE

I hereby certify that the list of persons, associations and other interested groups who have requested, pursuant to Minnesota Statutes, section 14.14, subdivision 1a, and 14.22 or 14.30, that their names be placed on the State Department of Human Services rulemaking mailing list is accurate, complete, and current as of this 30th day of March, 1988.

Nancy Bishop

Department of Human Services

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

Rules as Adopted

9505.0275 EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT.

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

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

9505.1693 SCOPE AND PURPOSE.

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

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

9505.1696 DEFINITIONS.

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

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

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

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

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

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

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

Subp. 4. **Department.** "Department" means the Minnesota Department of Human Services.

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

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

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

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subdivision 8, paragraph (12).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9505.1699 ELIGIBILITY TO BE SCREENED.

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

9505.1701 CHOICE OF PROVIDER.

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

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

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part 9505.0190.

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

9505.1703 ELIGIBILITY TO PROVIDE SCREENING.

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

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

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

A. screen children according to parts 9505.1693 to 9505.1748;

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

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

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

9505.1706 REIMBURSEMENT.

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

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

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

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

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

9505.1709 EPSDT SCREENING FORM.

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

9505.1712 TRAINING.

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

9505.1715 COMPLIANCE WITH SURVEILLANCE AND UTILIZATION REVIEW.

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

9505.1718 SCREENING STANDARDS FOR AN EPSDT CLINIC.

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

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

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

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

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

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

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

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

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

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

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

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

Subp. 10. **Sexual development.** A child must be evaluated to determine whether the child's sexual development is consistent with the child's chronological age. A female must receive a breast examination and pelvic examination when indicated. A male must receive a testicular examination when indicated. Counseling on normal sexual development, information on birth control and sexually transmitted diseases, and prescriptions and tests must be offered to a child when appropriate. If it is in the best interest of a child, a screening provider may refer the child to other resources for

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counseling or a pelvic examination.

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

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

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

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

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

(1) has lived in or frequently visited houses

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built before 1950;

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

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

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

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

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

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

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

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

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

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

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

Schedule of age-related screening standards

A. Infancy:

Standards	Ages				
	By 1 month	2 months	4 months	6 months	7-11 months
Health History	X	X	X	X	X
Assessment of Physical Growth:					
Height	X	X	X	X	X
Weight	X	X	X	X	X
Head Circumference	X	X	X	X	X
Physical Examination	X	X	X	X	X
Vision	X	X	X	X	X
Hearing	X	X	X	X	X
Development:					
PDQ/DDST			X	X	X
Sexual Development	X	X	X	X	X
Nutrition	X	X	X	X	X
Immunizations		X	X	X	X
Laboratory Tests:					
Tuberculin		if history indicates			
Lead Absorption		if history indicates			
Urine	←	←	←	X	←
Bacteriuria (females)					
Anemia					X
Sickle Cell	at parent's or child's request				
Other Laboratory Tests	as indicated				
Oral Examination	X	X	X	X	X

X = Procedure to be completed.

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

B. Early Childhood:

Standards	Ages		
	12-15 months	16-19 months	20-35 months
Health History	X	X	X
Assessment of Physical Growth:			
Height	X	X	X
Weight	X	X	X
Head Circumference	X	X	X
Physical Examination	X	X	X
Vision	X	X	X
Hearing	X	X	X
Development:			
PDQ/DDST	X	X	X

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Sexual Development	X	X	X
Nutrition	X	X	X
Immunizations	X	X	X
Laboratory Tests:			
Tuberculin	if history indicates		
Lead Absorption	if history indicates		
Urine	←	←	X
Anemia	←	←	←
Sickle Cell	at parent's or child's request		
Other Laboratory Tests	as indicated		
Oral Examination	X	X	X

X = Procedure to be completed.

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

C. Late childhood:

Standards	Ages 3-4 years	5-7 years	8-10 years	11-13 years
Health History	X	X	X	X
Assessment of Physical Growth:				
Height	X	X	X	X
Weight	X	X	X	X
Physical Examination	X	X	X	X
Vision	X	X	X	X
Hearing	X	X	X	X
Development:				
PDQ/DDST	X	X		
Fine & Gross Motor, Speech & Language, Social, Cognitive		X	X	X
Sexual Development	X	X	X	X
Nutrition	X	X	X	X
Immunizations	X	X	X	X
Laboratory Tests:				
Tuberculin	if history indicates			
Lead Absorption	if history indicates			
Urine	←	←	X	←
Bacteriuria (females)	X	←	X	←
Anemia	←	←	X	←
Sickle Cell	at parent's or child's request			
Other Laboratory Tests	as indicated			
Oral Examination	X	X	X	X

X = Procedure to be completed.

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

D. Adolescence:

Standards	Ages 14-17 years	18-20 years
Health History	X	X

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Assessment of Physical Growth:		
Height	X	X
Weight	X	X
Physical Examination	X	X
Vision	X	X
Hearing	X	X
Development:		
PDQ/DDST		
Fine & Gross Motor, Speech & Language, Social, Cognitive	X	X
Sexual Development	X	X
Nutrition	X	X
Immunizations	X	X
Laboratory Tests:		
Tuberculin	if history indicates	
Lead Absorption	if history indicates	
Urine	←	X
Bacteriuria (females)	←	←
Anemia	←	X
Sickle Cell	at parent's or child's request	
Other Laboratory Tests	as indicated	
Oral Examination	X	X

X = Procedure to be completed.

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

9505.1724 PROVISION OF DIAGNOSIS AND TREATMENT.

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

9505.1727 INFORMING.

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

The department must send a written notice to a child or

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

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

9505.1730 ASSISTANCE WITH OBTAINING A SCREENING.

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

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

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

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

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

9505.1733 ASSISTANCE WITH OBTAINING DIAGNOSIS AND TREATMENT.

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

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

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the date of the request.

9505.1736 SPECIAL NOTIFICATION REQUIREMENT.

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

9505.1739 CHILDREN IN FOSTER CARE.

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

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

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

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

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

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

9505.1742 DOCUMENTATION.

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

9505.1745 INTERAGENCY COORDINATION.

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

9505.1748 CONTRACTS FOR ADMINISTRATIVE SERVICES.

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

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

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

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

A. names of the contracting parties;

B. purpose of the contract;

C. beginning and ending dates of the contract;

D. amount of the contract, budget breakdown, and a clause that stipulates that the department's procedures for certifying expenditures will be followed by the local agency;

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

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

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

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

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

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

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

REPEALER. Minnesota Rules, parts 9505.1500; 9505.1510;

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

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Office of the Revisor of Statutes

Administrative Rules

TITLE: Adopted Permanent Rules Relating to Early and Periodic Screening, Diagnosis, and Treatment Program

AGENCY: Department of Human Services

MINNESOTA RULES: Chapter 9505

INCORPORATION BY REFERENCE:

Rule Number: 9505.1718, subpart 12
Material Incorporated: Recommended Schedule for Active Immunization of Normal Infants and Children, June 1988 developed and distributed by the Minnesota Department of Health

The attached rules are approved for filing with the Secretary of State

Kathleen M. Traxler
Assistant Revisor

Department of Human Services

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

Rules as Adopted

9505.0275 EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT.

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

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

9505.1693 SCOPE AND PURPOSE.

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

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

9505.1696 DEFINITIONS.

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

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

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

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

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

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

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

Subp. 4. **Department.** "Department" means the Minnesota Department of Human Services.

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

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

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

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subdivision 8, paragraph (12).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9505.1699 ELIGIBILITY TO BE SCREENED.

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

9505.1701 CHOICE OF PROVIDER.

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

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

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part 9505.0190.

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

9505.1703 ELIGIBILITY TO PROVIDE SCREENING.

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

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

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

A. screen children according to parts 9505.1693 to 9505.1748;

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

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

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

9505.1706 REIMBURSEMENT.

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

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

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

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

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

9505.1709 EPSDT SCREENING FORM.

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

9505.1712 TRAINING.

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

9505.1715 COMPLIANCE WITH SURVEILLANCE AND UTILIZATION REVIEW.

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

9505.1718 SCREENING STANDARDS FOR AN EPSDT CLINIC.

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

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

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

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

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

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

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

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

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

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

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

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

Subp. 10. **Sexual development.** A child must be evaluated to determine whether the child's sexual development is consistent with the child's chronological age. A female must receive a breast examination and pelvic examination when indicated. A male must receive a testicular examination when indicated. Counseling on normal sexual development, information on birth control and sexually transmitted diseases, and prescriptions and tests must be offered to a child when appropriate. If it is in the best interest of a child, a screening provider may refer the child to other resources for

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counseling or a pelvic examination.

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

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

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

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

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

(1) has lived in or frequently visited houses

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built before 1950;

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

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

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

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

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

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

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

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

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

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

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

Schedule of age-related screening standards

A. Infancy:

Standards	Ages				
	By 1 month	2 months	4 months	6 months	7-11 months
Health History	X	X	X	X	X
Assessment of Physical Growth:					
Height	X	X	X	X	X
Weight	X	X	X	X	X
Head Circumference	X	X	X	X	X
Physical Examination	X	X	X	X	X
Vision	X	X	X	X	X
Hearing	X	X	X	X	X
Development:					
PDQ/DDST			X	X	X
Sexual Development	X	X	X	X	X
Nutrition	X	X	X	X	X
Immunizations		X	X	X	X
Laboratory Tests:					
Tuberculin		if history indicates			
Lead Absorption		if history indicates			
Urine	←	←	←	X	←
Bacteriuria (females)					
Anemia					X
Sickle Cell	at parent's or child's request				
Other Laboratory Tests	as indicated				
Oral Examination	X	X	X	X	X

X = Procedure to be completed.

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

B. Early Childhood:

Standards	Ages		
	12-15 months	16-19 months	20-35 months
Health History	X	X	X
Assessment of Physical Growth:			
Height	X	X	X
Weight	X	X	X
Head Circumference	X	X	X
Physical Examination	X	X	X
Vision	X	X	X
Hearing	X	X	X
Development:			
PDQ/DDST	X	X	X

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Sexual Development	X	X	X
Nutrition	X	X	X
Immunizations	X	X	X
Laboratory Tests:			
Tuberculin	if history indicates		
Lead Absorption	if history indicates		
Urine	←	←	X
Anemia	←	←	←
Sickle Cell	at parent's or child's request		
Other Laboratory Tests	as indicated		
Oral Examination	X	X	X

X = Procedure to be completed.

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

C. Late childhood:

Standards	Ages 3-4 years	5-7 years	8-10 years	11-13 years
Health History	X	X	X	X
Assessment of Physical Growth:				
Height	X	X	X	X
Weight	X	X	X	X
Physical Examination	X	X	X	X
Vision	X	X	X	X
Hearing	X	X	X	X
Development:				
PDQ/DDST	X	X		
Fine & Gross Motor, Speech & Language, Social, Cognitive		X	X	X
Sexual Development	X	X	X	X
Nutrition	X	X	X	X
Immunizations	X	X	X	X
Laboratory Tests:				
Tuberculin	if history indicates			
Lead Absorption	if history indicates			
Urine	←	←	X	←
Bacteriuria (females)	X	←	X	←
Anemia	←	←	X	←
Sickle Cell	at parent's or child's request			
Other Laboratory Tests	as indicated			
Oral Examination	X	X	X	X

X = Procedure to be completed.

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

D. Adolescence:

Standards	Ages 14-17 years	18-20 years
Health History	X	X

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Assessment of Physical Growth:		
Height	X	X
Weight	X	X
Physical Examination	X	X
Vision	X	X
Hearing	X	X
Development:		
PDQ/DDST		
Fine & Gross Motor, Speech & Language, Social, Cognitive	X	X
Sexual Development	X	X
Nutrition	X	X
Immunizations	X	X
Laboratory Tests:		
Tuberculin	if history indicates	
Lead Absorption	if history indicates	
Urine	←	X
Bacteriuria (females)	←	←
Anemia	←	X
Sickle Cell	at parent's or child's request	
Other Laboratory Tests	as indicated	
Oral Examination	X	X

X = Procedure to be completed.

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

9505.1724 PROVISION OF DIAGNOSIS AND TREATMENT.

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

9505.1727 INFORMING.

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

The department must send a written notice to a child or

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

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

9505.1730 ASSISTANCE WITH OBTAINING A SCREENING.

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

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

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

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

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

9505.1733 ASSISTANCE WITH OBTAINING DIAGNOSIS AND TREATMENT.

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

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

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the date of the request.

9505.1736 SPECIAL NOTIFICATION REQUIREMENT.

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

9505.1739 CHILDREN IN FOSTER CARE.

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

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

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

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

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

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

9505.1742 DOCUMENTATION.

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

9505.1745 INTERAGENCY COORDINATION.

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

9505.1748 CONTRACTS FOR ADMINISTRATIVE SERVICES.

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

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

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

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

A. names of the contracting parties;

B. purpose of the contract;

C. beginning and ending dates of the contract;

D. amount of the contract, budget breakdown, and a clause that stipulates that the department's procedures for certifying expenditures will be followed by the local agency;

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

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

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

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

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

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

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

REPEALER. Minnesota Rules, parts 9505.1500; 9505.1510;

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

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Office of the Revisor of Statutes

Administrative Rules

TITLE: Adopted Permanent Rules Relating to Early and Periodic Screening, Diagnosis, and Treatment Program

AGENCY: Department of Human Services

MINNESOTA RULES: Chapter 9505

INCORPORATION BY REFERENCE:

Rule Number: 9505.1718, subpart 12
Material Incorporated: Recommended Schedule for Active Immunization of Normal Infants and Children, June 1988 developed and distributed by the Minnesota Department of Health

The attached rules are approved for filing with the Secretary of State

Kathleen M. Traxler
Assistant Revisor

Department of Human Services

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

Rules as Adopted

9505.0275 EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT.

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

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

9505.1693 SCOPE AND PURPOSE.

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

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

9505.1696 DEFINITIONS.

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

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

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

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

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

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

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

Subp. 4. **Department.** "Department" means the Minnesota Department of Human Services.

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

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

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

subdivision 8, paragraph (12).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9505.1699 ELIGIBILITY TO BE SCREENED.

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

9505.1701 CHOICE OF PROVIDER.

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

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

part 9505.0190.

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

9505.1703 ELIGIBILITY TO PROVIDE SCREENING.

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

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

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

A. screen children according to parts 9505.1693 to 9505.1748;

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

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

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

9505.1706 REIMBURSEMENT.

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

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

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

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

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

9505.1709 EPSDT SCREENING FORM.

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

9505.1712 TRAINING.

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

9505.1715 COMPLIANCE WITH SURVEILLANCE AND UTILIZATION REVIEW.

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

9505.1718 SCREENING STANDARDS FOR AN EPSDT CLINIC.

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

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

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

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

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

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

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

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

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

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

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

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

Subp. 10. **Sexual development.** A child must be evaluated to determine whether the child's sexual development is consistent with the child's chronological age. A female must receive a breast examination and pelvic examination when indicated. A male must receive a testicular examination when indicated. <u>If it is in the best interest of a child,</u> counseling on normal sexual development, information on birth control and sexually transmitted diseases, and prescriptions and tests must be offered to a child ~~when appropriate~~. If it is in the best interest of a child, a screening provider may refer the child to

other resources for counseling or a pelvic examination.

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

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

Subp. 13. **Laboratory tests.** Laboratory tests must be done according to items A to F.

A. A Mantoux test must be administered yearly to a child whose health history indicates ongoing exposure to tuberculosis, unless the child has previously tested positive. A child who tests positive must be referred for diagnosis and treatment.

B. An erythrocyte protoporphyrin (EP) test must be done for a child whose physical examination under subpart 4 indicates possible lead toxicity; and for a child age nine months to six years whose health history indicates that the child:

(1) has lived in or frequently visited houses

built before 1950;

(2) has shared the residence of a parent or other person who participates in a lead-related occupation or hobby;

(3) has lived near roadways with heavy traffic, hazardous waste sites, lead smelters, or processing plants;

(4) has a sibling or playmate known to have lead toxicity; or

(5) is at risk of possible exposure to lead through the use of folk medicines.

If an EP test is elevated above the level of 35 micrograms of lead per deciliter of whole blood, the child must be referred for further testing.

C. The urine of a child must be tested for the presence of glucose, ketones, protein, and other abnormalities. A female at or near the age of four and a female at or near the age of ten must be tested for bacteriuria.

D. Either a microhematocrit determination or a hemoglobin concentration test for anemia must be done.

E. A test for sickle cell~~, hemoglobin concentration~~ or other hemoglobinopathy, or abnormal blood conditions must be offered to a child who is at risk of such abnormalities and who has not yet been tested. ~~This test~~ These tests must be provided if accepted or requested by the child or parent of the child. If the ~~test identifies~~ tests identify a hemoglobin abnormality or other abnormal blood condition, the child must be referred for genetic counseling.

F. Other laboratory tests such as those for cervical cancer, sexually transmitted diseases, pregnancy, and parasites must be performed when indicated by a child's medical or family history.

Subp. 14. **Oral examination.** An oral examination of a child's mouth must be performed to detect deterioration of hard tissue, and inflammation or swelling of soft tissue. Counseling about the systemic use of fluoride must be given to a child when fluoride is not available through the community water supply or school programs.

Subp. 15. **Schedule of age-related screening standards.** An early and periodic screening, diagnosis, and treatment screening for a child at a specific age must include the screening requirements of subparts 2 to 14 as provided by the following schedule:

Schedule of age-related screening standards

A. Infancy:

Standards	Ages				
	By 1 month	2 months	4 months	6 months	7-11 months
Health History	X	X	X	X	X
Assessment of Physical Growth:					
Height	X	X	X	X	X
Weight	X	X	X	X	X
Head Circumference	X	X	X	X	X
Physical Examination	X	X	X	X	X
Vision	X	X	X	X	X
Hearing	X	X	X	X	X
Development:					
PDQ/DDST			X	X	X
Sexual Development	X	X	X	X	X
Nutrition	X	X	X	X	X
Immunizations		X	X	X	X
Laboratory Tests:					
Tuberculin		if history indicates			
Lead Absorption		if history indicates			
Urine	←	←	←	X	←
Bacteriuria (females)					
Anemia					X
Sickle Cell	at parent's or child's request				
Other Laboratory Tests	as indicated				
Oral Examination	X	X	X	X	X

X = Procedure to be completed.

← = Procedure to be completed if not done at the previous visit, or on the first visit.

B. Early Childhood:

Standards	Ages		
	12-15 months	16-19 months	20-35 months
Health History	X	X	X
Assessment of Physical Growth:			
Height	X	X	X
Weight	X	X	X
Head Circumference	X	X	X
Physical Examination	X	X	X
Vision	X	X	X
Hearing	X	X	X
Development:			
PDQ/DDST	X	X	X

Sexual Development	X	X	X
Nutrition	X	X	X
Immunizations	X	X	X
Laboratory Tests:			
Tuberculin	if history indicates		
Lead Absorption	if history indicates		
Urine	←	←	X
Anemia	←	←	←
Sickle Cell	at parent's or child's request		
Other Laboratory Tests	as indicated		
Oral Examination	X	X	X

X = Procedure to be completed.

← = Procedure to be completed if not done at the previous visit, or on the first visit.

C. Late childhood:

Standards	Ages 3-4 years	5-7 years	8-10 years	11-13 years
Health History	X	X	X	X
Assessment of Physical Growth:				
Height	X	X	X	X
Weight	X	X	X	X
Physical Examination	X	X	X	X
Vision	X	X	X	X
Hearing	X	X	X	X
Development:				
PDQ/DDST	X	X		
Fine & Gross Motor, Speech & Language, Social, Cognitive		X	X	X
Sexual Development	X	X	X	X
Nutrition	X	X	X	X
Immunizations	X	X	X	X
Laboratory Tests:				
Tuberculin	if history indicates			
Lead Absorption	if history indicates			
Urine	←	←	X	←
Bacteriuria (females)	X	←	X	←
Anemia	←	←	X	←
Sickle Cell	at parent's or child's request			
Other Laboratory Tests	as indicated			
Oral Examination	X	X	X	X

X = Procedure to be completed.

← = Procedure to be completed if not done at the previous visit, or on the first visit.

D. Adolescence:

Standards	Ages 14-17 years	18-20 years
Health History	X	X

Assessment of Physical Growth:		
Height	X	X
Weight	X	X
Physical Examination	X	X
Vision	X	X
Hearing	X	X
Development:		
PDQ/DDST		
Fine & Gross Motor, Speech & Language, Social, Cognitive	X	X
Sexual Development	X	X
Nutrition	X	X
Immunizations	X	X
Laboratory Tests:		
Tuberculin	if history indicates	
Lead Absorption	if history indicates	
Urine	←	X
Bacteriuria (females)	←	←
Anemia	←	X
Sickle Cell	at parent's or child's request	
Other Laboratory Tests	as indicated	
Oral Examination	X	X

X = Procedure to be completed.

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9505.1724 PROVISION OF DIAGNOSIS AND TREATMENT.

Diagnosis and treatment identified as needed under part 9505.1718 shall be eligible for medical assistance payment subject to the provisions of parts 9505.0170 to 9505.0475.

9505.1727 INFORMING.

A local agency must inform each child or parent of a child about the EPSDT program no later than 60 days after the date the child is determined to be eligible for medical assistance. The information about the EPSDT program must be given orally and in writing, indicate the purpose and benefits of the EPSDT program, indicate that the EPSDT program is without cost to the child or parent of the child while the child is eligible for medical assistance, state the types of medical and dental services available under the EPSDT program, and state that the transportation and appointment scheduling assistance required under part 9505.1730 is available.

The department must send a written notice to a child or

parent of a child who has been screened informing the child or parent that the child should be screened again. This notice must be sent at the following ages of the child: six months, nine months, one year, 18 months, two years, four years, and every three years after age four.

Each year, on the date the child was determined eligible for medical assistance entitlements, the department must send a written notice to a child or parent of a child who has never been screened informing the child or parent that the child is eligible to be screened.

9505.1730 ASSISTANCE WITH OBTAINING A SCREENING.

Within ten working days of receiving a request for screening from a child or parent of a child, a local agency must give or mail to the child or parent of the child:

A. a written list of EPSDT clinics in the area in which the child lives; and

B. a written offer of help in making a screening appointment and in transporting the child to the site of the screening.

If the child or parent of the child requests help, the local agency must provide it.

Transportation under this item must be provided according to part 9505.0140, subpart 1.

9505.1733 ASSISTANCE WITH OBTAINING DIAGNOSIS AND TREATMENT.

An EPSDT clinic must notify a child or parent of a child who is referred for diagnosis and treatment that the local agency will provide names and addresses of diagnosis and treatment providers and will help with appointment scheduling and transportation to the diagnosis and treatment provider. The notice must be on a form provided by the department and must be given to the child or parent of the child on the day the child is screened.

If a child or parent of a child asks a local agency for assistance with obtaining diagnosis and treatment, the local agency must provide that assistance within ten working days of

the date of the request.

9505.1736 SPECIAL NOTIFICATION REQUIREMENT.

A local agency must effectively inform an individual who is blind or deaf, or who cannot read or understand the English language, about the EPSDT program.

9505.1739 CHILDREN IN FOSTER CARE.

Subpart 1. **Dependent or neglected state wards.** The local agency must provide early and periodic screening, diagnosis, and treatment services for a child in foster care who is a dependent or neglected state ward under parts 9560.0410 to 9560.0470, and who is eligible for medical assistance unless the early and periodic screening, diagnosis, and treatment services are not in the best interest of the child.

Subp. 2. **Other children in foster care.** The local agency must discuss the EPSDT program with a parent of a child in foster care who is under the legal custody or protective supervision of the local agency or whose parent has entered into a voluntary placement agreement with the local agency. The local agency must help the parent decide whether to accept early and periodic screening, diagnosis, and treatment services for the child. If a parent cannot be consulted, the local agency must decide whether to accept early and periodic screening, diagnosis, and treatment services for the child and must document the reasons for the decision.

Subp. 3. **Assistance with appointment scheduling and transportation.** The local agency must help a child in foster care with appointment scheduling and transportation for screening, diagnosis, and treatment as provided by parts 9505.1730 to 9505.1733.

Subp. 4. **Notification.** The department must send a written notice to the local agency stating that a child in foster care who has been screened should be screened again. This notice must be sent at the following ages of the child: six months, nine months, one year, 18 months, two years, four years, and every three years thereafter.

Each year, by the anniversary of the date the child was determined eligible for medical assistance entitlements, the department must send a written notice to the local agency that a child in foster care who has never been screened is eligible to be screened.

If a written notice under this subpart pertains to a child who is a dependent or neglected state ward, the local agency must proceed according to subpart 1. The local agency must proceed according to subpart 2 if the written notice pertains to a child who is not a dependent or neglected state ward.

9505.1742 DOCUMENTATION.

The local agency must document compliance with parts 9505.1693 to 9505.1748 on forms provided by the department.

9505.1745 INTERAGENCY COORDINATION.

The local agency must coordinate the EPSDT program with other programs that provide health services to children as provided by Code of Federal Regulations, title 42, section 441.61(c), as amended through October 1, 1986. Examples of such agencies are a public health nursing service, a Head Start agency, and a school district.

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Subpart 1. **Authority.** A local agency may contract with a county public health nursing service or a community health clinic for early and periodic screening, diagnosis, and treatment administrative services. Early and periodic screening, diagnosis, and treatment administrative services include outreach; notification; appointment scheduling and transportation; follow-up; and documentation.

Subp. 2. **Federal financial participation.** The percent of federal financial participation for salaries, fringe benefits, and travel of skilled professional medical personnel and their supporting staff shall be paid as provided by Code of Federal Regulations, title 42, section 433.15(b)(5), as amended through October 1, 1986.

Subp. 3. **State reimbursement.** State reimbursement for contracts for EPSDT administrative services under this part shall be as provided by Minnesota Statutes, section 256B.19, subdivision 1, except for the provisions under subdivision 1 that pertain to a prepaid health plan.

Subp. 4. **Approval.** A contract for administrative services must be approved by the local agency and submitted to the department for approval by January 1 of each year in which the contract will be effective. A contract must contain items A to K to be approved by the department for reimbursement:

A. names of the contracting parties;

B. purpose of the contract;

C. beginning and ending dates of the contract;

D. amount of the contract, budget breakdown, and a clause that stipulates that the department's procedures for certifying expenditures will be followed by the local agency;

E. the method by which the contract may be amended or terminated;

F. a clause that stipulates that the contract will be renegotiated if federal or state program regulations or federal financial reimbursement regulations change;

G. a clause that stipulates that the local public health nursing service or the community health clinic will provide program and fiscal records according to the Minnesota Government Data Practices Act and will cooperate with state and federal program reviews;

H. a description of the services contracted for and the agency that will perform them;

I. names of the skilled professional medical personnel and their supporting staff;

J. methods by which the local agency will monitor and evaluate the contract; and

K. signatures of the representatives of the contracting parties and dates of those signatures.

REPEALER. Minnesota Rules, parts 9505.1500; 9505.1510;

9505.1520; 9505.1530; 9505.1540; 9505.1550; 9505.1560; 9505.1570; 9505.1580; 9505.1590; 9505.1600; 9505.1610; 9505.1620; 9505.1630; 9505.1640; 9505.1650; 9505.1660; 9505.1670; 9505.1680; and 9505.1690, are repealed.

Office of the Revisor of Statutes

Administrative Rules

TITLE: Adopted Permanent Rules Relating to Early and Periodic Screening, Diagnosis, and Treatment Program

AGENCY: Department of Human Services

MINNESOTA RULES: Chapter 9505

INCORPORATION BY REFERENCE:

Rule Number: 9505.1718, subpart 12
Material Incorporated: Recommended Schedule for Active Immunization of Normal Infants and Children, June 1988 developed and distributed by the Minnesota Department of Health

The attached rules are approved for filing with the Secretary of State

Kathleen M. Traxler
Assistant Revisor

Department of Human Services

Adopted Permanent Rules Relating to Early and Periodic Screening, Diagnosis, and Treatment Program

Rules as Adopted

9505.0275 EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT.

Subpart 1. **Definition.** "Early and periodic screening, diagnosis, and treatment service" means a service provided to a recipient under age 21 to identify a potentially handicapping condition and to provide diagnosis and treatment for a condition identified according to the requirements of the Code of Federal Regulations, title 42, section 441.55 and parts 9505.1693 to 9505.1748.

Subp. 2. **Duties of provider.** The provider shall sign a provider agreement stating that the provider will provide screening services according to standards in parts 9505.1693 to 9505.1748 and Code of Federal Regulations, title 42, sections 441.50 to 441.62.

9505.1693 SCOPE AND PURPOSE.

Parts 9505.1693 to 9505.1748 govern the early and periodic screening, diagnosis, and treatment (EPSDT) program.

Parts 9505.1693 to 9505.1748 must be read in conjunction with section 1905(a)(4)(B) of the Social Security Act, as amended through December 31, 1981, and the Code of Federal Regulations, title 42, part 441, subpart B, as amended through October 1, 1987. The purpose of the EPSDT program is to identify potentially handicapping conditions in children eligible for medical assistance, to provide diagnosis and treatment for conditions identified, and to encourage parents and their children to use health care services when necessary.

9505.1696 DEFINITIONS.

Subpart 1. **Applicability.** As used in parts 9505.1693 to 9505.1748, the following terms have the meanings given them.

Subp. 2. **Child.** "Child" means a person who is eligible for early and periodic screening, diagnosis, and treatment under part 9505.1699.

Subp. 3. **Community health clinic.** "Community health clinic" means a clinic that provides services by or under the supervision of a physician and that:

A. is incorporated as a nonprofit corporation under Minnesota Statutes, chapter 317;

B. is exempt from federal income tax under Internal Revenue Code of 1986, section 501(c)(3), as amended through December 31, 1987;

C. is established to provide health services to low-income population groups; and

D. has written clinic policies describing the services provided by the clinic and concerning (1) the medical management of health problems, including problems that require referral to physicians, (2) emergency health services, and (3) the maintenance and review of health records by the physician.

Subp. 4. **Department.** "Department" means the Minnesota Department of Human Services.

Subp. 5. **Diagnosis.** "Diagnosis" means the identification and determination of the nature or cause of a disease or abnormality through the use of a health history; physical, developmental, and psychological examination; and laboratory tests.

Subp. 6. **Early and periodic screening clinic or EPS clinic.** "Early and periodic screening clinic" or "EPS clinic" means an individual or facility that is approved by the Minnesota Department of Health under parts 4615.0900 to 4615.2000.

Subp. 7. **Early and periodic screening, diagnosis, and treatment program or EPSDT program.** "Early and periodic screening, diagnosis, and treatment program" or "EPSDT program" means the program that provides screening, diagnosis, and treatment under parts 9505.1693 to 9505.1748; Code of Federal Regulations, title 42, section 441.55, as amended through October 1, 1986; and Minnesota Statutes, section 256B.02,

subdivision 8, paragraph (12).

Subp. 8. **EPSDT clinic.** "EPSDT clinic" means a facility supervised by a physician that provides screening according to parts 9505.1693 to 9505.1748 or an EPS clinic.

Subp. 9. **EPSDT provider agreement.** "EPSDT provider agreement" means the agreement required by part 9505.1703, subpart 2.

Subp. 10. **EPSDT screening form.** "EPSDT screening form" means a form supplied by the department that contains the information required under part 9505.1709.

Subp. 11. **Follow-up.** "Follow-up" means efforts by a local agency to ensure that a screening requested for a child is provided to that child and that diagnosis and treatment indicated as necessary by a screening are also provided to that child.

Subp. 12. **Head Start agency.** "Head Start agency" refers to the child development program administered by the United States Department of Health and Human Services, Office of Administration for Children, Youth and Families.

Subp. 13. **Local agency.** "Local agency" means the county welfare board, multicounty welfare board, or human service agency established in Minnesota Statutes, section 256B.02, subdivision 6, and Minnesota Statutes, chapter 393.

Subp. 14. **Medical assistance.** "Medical assistance" means the program authorized by title XIX of the Social Security Act and Minnesota Statutes, chapters 256 and 256B.

Subp. 15. **Outreach.** "Outreach" means efforts by the department or a local agency to inform eligible persons about early and periodic screening, diagnosis, and treatment or to encourage persons to use the EPSDT program.

Subp. 16. **Parent.** "Parent" refers to the genetic or adoptive parent of a child.

Subp. 17. **Physician.** "Physician" means a person who is licensed to provide health services within the scope of the person's profession under Minnesota Statutes, chapter 147.

Subp. 18. **Prepaid health plan.** "Prepaid health plan"

means a health insurer licensed and operating under Minnesota Statutes, chapters 60A, 62A, and 62C, and a health maintenance organization licensed and operating under Minnesota Statutes, chapter 62D to provide health services to recipients of medical assistance entitlements.

Subp. 19. **Public health nursing service.** "Public health nursing service" means ~~a community~~ the nursing ~~service~~ program provided by a ~~Medicare certified home health care agency that is a department of or operates under the direct authority of a unit of government~~ board of health under Minnesota Statutes, section 145A.10, subdivision 1.

Subp. 20. **Screening.** "Screening" means the use of quick, simple procedures to separate apparently well children from those who need further examination for possible physical, developmental, or psychological problems.

Subp. 21. **Skilled professional medical personnel and supporting staff.** "Skilled professional medical personnel" and "supporting staff" means persons as defined by Code of Federal Regulations, title 42, section 432.2, as amended through October 1, 1987.

Subp. 22. **Treatment.** "Treatment" means the prevention, correction, or amelioration of a disease or abnormality identified by screening or diagnosis.

9505.1699 ELIGIBILITY TO BE SCREENED.

A person under age 21 who is eligible for medical assistance is eligible for the EPSDT program.

9505.1701 CHOICE OF PROVIDER.

Subpart 1. **Choice of screening provider.** Except as provided by subpart 3, a child or parent of a child who requests screening may choose any screening provider who has signed an EPSDT provider agreement and a medical assistance provider agreement.

Subp. 2. **Choice of diagnosis and treatment provider.** Except as provided by subpart 3, a child or parent of a child may choose any diagnosis and treatment provider as provided by

part 9505.0190.

Subp. 3. **Exception to subparts 1 and 2.** A child who is enrolled in a prepaid health plan must receive screening, diagnosis, and treatment from that plan.

9505.1703 ELIGIBILITY TO PROVIDE SCREENING.

Subpart 1. **Providers.** An EPSDT clinic or a community health clinic shall be approved for medical assistance reimbursement for EPSDT services if it complies with the requirements of parts 9505.1693 to 9505.1748. A Head Start agency shall be approved as provided by subpart 2.

Subp. 2. **EPSDT provider agreement.** To be eligible to provide screening and receive reimbursement under the EPSDT program, an individual or facility must sign an EPSDT provider agreement provided by the department and a medical assistance provider agreement under part 9505.0195 or be a prepaid health plan.

Subp. 3. **Terms of EPSDT provider agreement.** The EPSDT provider agreement required by subpart 2 must state that the provider must:

A. screen children according to parts 9505.1693 to 9505.1748;

B. report all findings of the screenings on EPSDT screening forms; and

C. refer children for diagnosis and treatment if a referral is indicated by the screening.

The EPSDT provider agreement also must state that the department will provide training according to part 9505.1712 and will train and consult with the provider on billing and reporting procedures.

9505.1706 REIMBURSEMENT.

Subpart 1. **Maximum payment rates.** Payment rates shall be as provided by part 9505.0445, item M.

Subp. 2. **Eligibility for reimbursement; Head Start agency.** A Head Start agency may complete all the screening components under part 9505.1718, subparts 2 to 14 or those

components that have not been completed by another provider within the six months before completion of the screening components by the Head Start agency. A Head Start agency that completes the previously incomplete screening components must document on the EPSDT screening form that the other screening components of part 9505.1718, subparts 2 to 14, have been completed by another provider.

The department shall reimburse a Head Start agency for those screening components of part 9505.1718, subparts 2 to 14, that the Head Start agency has provided. The amount of reimbursement must be the same as a Head Start agency's usual and customary cost for each screening component or the maximum fee determined under subpart 1, whichever is lower.

Subp. 3. **Prepaid health plan.** A prepaid health plan is not eligible for a separate payment for screening. The early and periodic screening, diagnosis, and treatment screening must be a service included within the prepaid capitation rate specified in its contract with the department.

9505.1709 EPSDT SCREENING FORM.

A screening provider must complete and submit to the department an EPSDT screening form for each screening the provider completes. The form must report the findings of the screening and the provider's charge for services.

9505.1712 TRAINING.

The department must train the staff of an EPSDT clinic that is supervised by a physician on how to comply with the procedures required by part 9505.1718 if the EPSDT clinic requests the training.

9505.1715 COMPLIANCE WITH SURVEILLANCE AND UTILIZATION REVIEW.

A screening provider must comply with the surveillance and utilization review requirements of parts 9505.1750 to 9505.2150.

9505.1718 SCREENING STANDARDS FOR AN EPSDT CLINIC.

Subpart 1. **Requirement.** An early and periodic screening, diagnosis, and treatment screening must meet the requirements of

subparts 2 to 15 except as provided by part 9505.1706, subpart 2.

Subp. 2. **Health and developmental history.** A history of a child's health and development must be obtained from the child, parent of the child, or an adult who is familiar with the child's health history. The history must include information on sexual development, lead and tuberculosis exposure, nutrition intake, and chemical abuse.

Subp. 3. **Assessment of physical growth.** The child's height or length and the child's weight must be measured and the results plotted on a growth grid based on data from the National Center for Health Statistics (NCHS). The head circumference of a child up to 36 months of age or a child whose growth in head circumference appears to deviate from the expected circumference for that child must be measured and plotted on an NCHS-based growth grid.

Subp. 4. **Physical examination.** The following must be checked according to accepted medical procedures: pulse; respiration; blood pressure; head; eyes; ears; nose; mouth; pharynx; neck; chest; heart; lungs; abdomen; spine; genitals; extremities; joints; muscle tone; skin; and neurological condition.

Subp. 5. **Vision.** A child must be checked for a family history of maternal and neonatal infection and ocular abnormalities. A child must be observed for pupillary reflex; the presence of nystagmus; and muscle balance, which includes an examination for esotropia, exotropia, phorias, and extraocular movements. The external parts of a child's eyes must be examined including the lids, conjunctiva, cornea, iris, and pupils. A child or parent of the child must be asked whether he or she has concerns about the child's vision.

Subp. 6. **Vision of a child age three or older.** In addition to the requirements of subpart 5, the visual acuity of a child age three years or older must be checked by use of the Screening Test for Young Children and Retardates (STYCAR) or the Snellen Alphabet Chart.

Subp. 7. **Hearing.** A child must be checked for a family

history of hearing disability or loss, delay of language acquisition or history of such delay, the ability to determine the direction of a sound, and a history of repeated otitis media during early life. A child or parent of the child must be asked whether he or she has any concerns regarding the child's hearing.

Subp. 8. **Hearing of a child age three or older.** In addition to the requirements of subpart 7, a child age three or older must receive a pure tone audiometric test or referral for the test if the examination under subpart 7 indicates the test is needed.

Subp. 9. **Development.** The Denver Prescreening Developmental Questionnaire (PDQ) or the Denver Developmental Screening Test (DDST) must be administered to a child under six years of age. The DDST must be administered to a child whose score on the PDQ is below the age norms for that test. The provider may use an alternative developmental screening test in place of the PDQ or DDST, if approval of the alternative test is given by the department in writing. The alternative test must be standardized, must have norms for the age range tested, and must have written procedures for its administration, scoring, and interpretation.

A child six to 20 years of age must be screened for the following according to the screening provider's standard procedures: fine and gross motor development, speech and language development, social development, and cognitive development.

Subp. 10. **Sexual development.** A child must be evaluated to determine whether the child's sexual development is consistent with the child's chronological age. A female must receive a breast examination and pelvic examination when indicated. A male must receive a testicular examination when indicated. <u>If it is in the best interest of a child,</u> counseling on normal sexual development, information on birth control and sexually transmitted diseases, and prescriptions and tests must be offered to a child ~~when appropriate~~. If it is in the best interest of a child, a screening provider may refer the child to

other resources for counseling or a pelvic examination.

Subp. 11. **Nutrition.** When the assessment of a child's physical growth performed according to subpart 3 indicates a nutritional risk condition, the child must be referred for further assessment, receive nutritional counseling, or be referred to a nutrition program such as the Special Supplemental Food Program for Women, Infants, and Children; food stamps; Expanded Food and Nutrition Education Program; or Head Start.

Subp. 12. **Immunizations.** The immunization status of a child must be compared to the ~~1983~~ "Recommended Schedule for Active Immunization ~~Schedule~~ of Normal Infants and Children," June 1988. Immunizations that the comparison shows are needed must be offered to the child and given to the child if the child or parent of the child accepts the offer. The "Recommended Schedule for Active Immunization ~~Schedule~~ of Normal Infants and Children," June ~~1983~~ 1988, is developed and distributed by the Minnesota Department of Health, 717 Delaware Street, Minneapolis, Minnesota 55440. The "Recommended Schedule for Active Immunization ~~Schedule~~ of Normal Infants and Children," June 1988, is incorporated by reference and is available at the State Law Library, Ford Building, 117 University Avenue, Saint Paul, Minnesota 55155. It is not subject to frequent change.

Subp. 13. **Laboratory tests.** Laboratory tests must be done according to items A to F.

A. A Mantoux test must be administered yearly to a child whose health history indicates ongoing exposure to tuberculosis, unless the child has previously tested positive. A child who tests positive must be referred for diagnosis and treatment.

B. An erythrocyte protoporphyrin (EP) test must be done for a child whose physical examination under subpart 4 indicates possible lead toxicity; and for a child age nine months to six years whose health history indicates that the child:

(1) has lived in or frequently visited houses

built before 1950;

(2) has shared the residence of a parent or other person who participates in a lead-related occupation or hobby;

(3) has lived near roadways with heavy traffic, hazardous waste sites, lead smelters, or processing plants;

(4) has a sibling or playmate known to have lead toxicity; or

(5) is at risk of possible exposure to lead through the use of folk medicines.

If an EP test is elevated above the level of 35 micrograms of lead per deciliter of whole blood, the child must be referred for further testing.

C. The urine of a child must be tested for the presence of glucose, ketones, protein, and other abnormalities. A female at or near the age of four and a female at or near the age of ten must be tested for bacteriuria.

D. Either a microhematocrit determination or a hemoglobin concentration test for anemia must be done.

E. A test for sickle cell~~, hemoglobin concentration~~ or other hemoglobinopathy, or abnormal blood conditions must be offered to a child who is at risk of such abnormalities and who has not yet been tested. ~~This test~~ These tests must be provided if accepted or requested by the child or parent of the child. If the ~~test identifies~~ tests identify a hemoglobin abnormality or other abnormal blood condition, the child must be referred for genetic counseling.

F. Other laboratory tests such as those for cervical cancer, sexually transmitted diseases, pregnancy, and parasites must be performed when indicated by a child's medical or family history.

Subp. 14. **Oral examination.** An oral examination of a child's mouth must be performed to detect deterioration of hard tissue, and inflammation or swelling of soft tissue. Counseling about the systemic use of fluoride must be given to a child when fluoride is not available through the community water supply or school programs.

Subp. 15. **Schedule of age-related screening standards.** An early and periodic screening, diagnosis, and treatment screening for a child at a specific age must include the screening requirements of subparts 2 to 14 as provided by the following schedule:

Schedule of age-related screening standards

A. Infancy:

Standards	Ages				
	By 1 month	2 months	4 months	6 months	7-11 months
Health History	X	X	X	X	X
Assessment of Physical Growth:					
Height	X	X	X	X	X
Weight	X	X	X	X	X
Head Circumference	X	X	X	X	X
Physical Examination	X	X	X	X	X
Vision	X	X	X	X	X
Hearing	X	X	X	X	X
Development:					
PDQ/DDST			X	X	X
Sexual Development	X	X	X	X	X
Nutrition	X	X	X	X	X
Immunizations		X	X	X	X
Laboratory Tests:					
Tuberculin		if history indicates			
Lead Absorption		if history indicates			
Urine	←	←	←	X	←
Bacteriuria (females)					
Anemia					X
Sickle Cell	at parent's or child's request				
Other Laboratory Tests	as indicated				
Oral Examination	X	X	X	X	X

X = Procedure to be completed.

← = Procedure to be completed if not done at the previous visit, or on the first visit.

B. Early Childhood:

Standards	Ages		
	12-15 months	16-19 months	20-35 months
Health History	X	X	X
Assessment of Physical Growth:			
Height	X	X	X
Weight	X	X	X
Head Circumference	X	X	X
Physical Examination	X	X	X
Vision	X	X	X
Hearing	X	X	X
Development:			
PDQ/DDST	X	X	X

Sexual Development	X	X	X
Nutrition	X	X	X
Immunizations	X	X	X
Laboratory Tests:			
Tuberculin	if history indicates		
Lead Absorption	if history indicates		
Urine	←	←	X
Anemia	←	←	←
Sickle Cell	at parent's or child's request		
Other Laboratory Tests	as indicated		
Oral Examination	X	X	X

X = Procedure to be completed.

← = Procedure to be completed if not done at the previous visit, or on the first visit.

C. Late childhood:

Standards	Ages			
	3-4 years	5-7 years	8-10 years	11-13 years
Health History	X	X	X	X
Assessment of Physical Growth:				
Height	X	X	X	X
Weight	X	X	X	X
Physical Examination	X	X	X	X
Vision	X	X	X	X
Hearing	X	X	X	X
Development:				
PDQ/DDST	X	X		
Fine & Gross Motor, Speech & Language, Social, Cognitive		X	X	X
Sexual Development	X	X	X	X
Nutrition	X	X	X	X
Immunizations	X	X	X	X
Laboratory Tests:				
Tuberculin	if history indicates			
Lead Absorption	if history indicates			
Urine	←	←	X	←
Bacteriuria (females)	X	←	X	←
Anemia	←	←	X	←
Sickle Cell	at parent's or child's request			
Other Laboratory Tests	as indicated			
Oral Examination	X	X	X	X

X = Procedure to be completed.

← = Procedure to be completed if not done at the previous visit, or on the first visit.

D. Adolescence:

Standards	Ages	
	14-17 years	18-20 years
Health History	X	X

Assessment of Physical Growth:		
Height	X	X
Weight	X	X
Physical Examination	X	X
Vision	X	X
Hearing	X	X
Development:		
PDQ/DDST		
Fine & Gross Motor, Speech & Language, Social, Cognitive	X	X
Sexual Development	X	X
Nutrition	X	X
Immunizations	X	X
Laboratory Tests:		
Tuberculin	if history indicates	
Lead Absorption	if history indicates	
Urine	←	X
Bacteriuria (females)	←	←
Anemia	←	X
Sickle Cell	at parent's or child's request	
Other Laboratory Tests	as indicated	
Oral Examination	X	X

X = Procedure to be completed.

← = Procedure to be completed if not done at the previous visit, or on the first visit.

9505.1724 PROVISION OF DIAGNOSIS AND TREATMENT.

Diagnosis and treatment identified as needed under part 9505.1718 shall be eligible for medical assistance payment subject to the provisions of parts 9505.0170 to 9505.0475.

9505.1727 INFORMING.

A local agency must inform each child or parent of a child about the EPSDT program no later than 60 days after the date the child is determined to be eligible for medical assistance. The information about the EPSDT program must be given orally and in writing, indicate the purpose and benefits of the EPSDT program, indicate that the EPSDT program is without cost to the child or parent of the child while the child is eligible for medical assistance, state the types of medical and dental services available under the EPSDT program, and state that the transportation and appointment scheduling assistance required under part 9505.1730 is available.

The department must send a written notice to a child or

parent of a child who has been screened informing the child or parent that the child should be screened again. This notice must be sent at the following ages of the child: six months, nine months, one year, 18 months, two years, four years, and every three years after age four.

Each year, on the date the child was determined eligible for medical assistance entitlements, the department must send a written notice to a child or parent of a child who has never been screened informing the child or parent that the child is eligible to be screened.

9505.1730 ASSISTANCE WITH OBTAINING A SCREENING.

Within ten working days of receiving a request for screening from a child or parent of a child, a local agency must give or mail to the child or parent of the child:

A. a written list of EPSDT clinics in the area in which the child lives; and

B. a written offer of help in making a screening appointment and in transporting the child to the site of the screening.

If the child or parent of the child requests help, the local agency must provide it.

Transportation under this item must be provided according to part 9505.0140, subpart 1.

9505.1733 ASSISTANCE WITH OBTAINING DIAGNOSIS AND TREATMENT.

An EPSDT clinic must notify a child or parent of a child who is referred for diagnosis and treatment that the local agency will provide names and addresses of diagnosis and treatment providers and will help with appointment scheduling and transportation to the diagnosis and treatment provider. The notice must be on a form provided by the department and must be given to the child or parent of the child on the day the child is screened.

If a child or parent of a child asks a local agency for assistance with obtaining diagnosis and treatment, the local agency must provide that assistance within ten working days of

the date of the request.

9505.1736 SPECIAL NOTIFICATION REQUIREMENT.

A local agency must effectively inform an individual who is blind or deaf, or who cannot read or understand the English language, about the EPSDT program.

9505.1739 CHILDREN IN FOSTER CARE.

Subpart 1. **Dependent or neglected state wards.** The local agency must provide early and periodic screening, diagnosis, and treatment services for a child in foster care who is a dependent or neglected state ward under parts 9560.0410 to 9560.0470, and who is eligible for medical assistance unless the early and periodic screening, diagnosis, and treatment services are not in the best interest of the child.

Subp. 2. **Other children in foster care.** The local agency must discuss the EPSDT program with a parent of a child in foster care who is under the legal custody or protective supervision of the local agency or whose parent has entered into a voluntary placement agreement with the local agency. The local agency must help the parent decide whether to accept early and periodic screening, diagnosis, and treatment services for the child. If a parent cannot be consulted, the local agency must decide whether to accept early and periodic screening, diagnosis, and treatment services for the child and must document the reasons for the decision.

Subp. 3. **Assistance with appointment scheduling and transportation.** The local agency must help a child in foster care with appointment scheduling and transportation for screening, diagnosis, and treatment as provided by parts 9505.1730 to 9505.1733.

Subp. 4. **Notification.** The department must send a written notice to the local agency stating that a child in foster care who has been screened should be screened again. This notice must be sent at the following ages of the child: six months, nine months, one year, 18 months, two years, four years, and every three years thereafter.

Each year, by the anniversary of the date the child was determined eligible for medical assistance entitlements, the department must send a written notice to the local agency that a child in foster care who has never been screened is eligible to be screened.

If a written notice under this subpart pertains to a child who is a dependent or neglected state ward, the local agency must proceed according to subpart 1. The local agency must proceed according to subpart 2 if the written notice pertains to a child who is not a dependent or neglected state ward.

9505.1742 DOCUMENTATION.

The local agency must document compliance with parts 9505.1693 to 9505.1748 on forms provided by the department.

9505.1745 INTERAGENCY COORDINATION.

The local agency must coordinate the EPSDT program with other programs that provide health services to children as provided by Code of Federal Regulations, title 42, section 441.61(c), as amended through October 1, 1986. Examples of such agencies are a public health nursing service, a Head Start agency, and a school district.

9505.1748 CONTRACTS FOR ADMINISTRATIVE SERVICES.

Subpart 1. **Authority.** A local agency may contract with a county public health nursing service or a community health clinic for early and periodic screening, diagnosis, and treatment administrative services. Early and periodic screening, diagnosis, and treatment administrative services include outreach; notification; appointment scheduling and transportation; follow-up; and documentation.

Subp. 2. **Federal financial participation.** The percent of federal financial participation for salaries, fringe benefits, and travel of skilled professional medical personnel and their supporting staff shall be paid as provided by Code of Federal Regulations, title 42, section 433.15(b)(5), as amended through October 1, 1986.

Subp. 3. **State reimbursement.** State reimbursement for contracts for EPSDT administrative services under this part shall be as provided by Minnesota Statutes, section 256B.19, subdivision 1, except for the provisions under subdivision 1 that pertain to a prepaid health plan.

Subp. 4. **Approval.** A contract for administrative services must be approved by the local agency and submitted to the department for approval by January 1 of each year in which the contract will be effective. A contract must contain items A to K to be approved by the department for reimbursement:

A. names of the contracting parties;

B. purpose of the contract;

C. beginning and ending dates of the contract;

D. amount of the contract, budget breakdown, and a clause that stipulates that the department's procedures for certifying expenditures will be followed by the local agency;

E. the method by which the contract may be amended or terminated;

F. a clause that stipulates that the contract will be renegotiated if federal or state program regulations or federal financial reimbursement regulations change;

G. a clause that stipulates that the local public health nursing service or the community health clinic will provide program and fiscal records according to the Minnesota Government Data Practices Act and will cooperate with state and federal program reviews;

H. a description of the services contracted for and the agency that will perform them;

I. names of the skilled professional medical personnel and their supporting staff;

J. methods by which the local agency will monitor and evaluate the contract; and

K. signatures of the representatives of the contracting parties and dates of those signatures.

REPEALER. Minnesota Rules, parts 9505.1500; 9505.1510;

9505.1520; 9505.1530; 9505.1540; 9505.1550; 9505.1560; 9505.1570; 9505.1580; 9505.1590; 9505.1600; 9505.1610; 9505.1620; 9505.1630; 9505.1640; 9505.1650; 9505.1660; 9505.1670; 9505.1680; and 9505.1690, are repealed.

Department of Human Services

Adopted Permanent Rules Relating to Early and Periodic Screening, Diagnosis, and Treatment Program

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Subp. 2. **Duties of provider.** The provider shall sign a provider agreement stating that the provider will provide screening services according to standards in parts 9505.1693 to 9505.1748 and Code of Federal Regulations, title 42, sections 441.50 to 441.62.

9505.1693 SCOPE AND PURPOSE.

Parts 9505.1693 to 9505.1748 govern the early and periodic screening, diagnosis, and treatment (EPSDT) program.

Parts 9505.1693 to 9505.1748 must be read in conjunction with section 1905(a)(4)(B) of the Social Security Act, as amended through December 31, 1981, and the Code of Federal Regulations, title 42, part 441, subpart B, as amended through October 1, 1987. The purpose of the EPSDT program is to identify potentially handicapping conditions in children eligible for medical assistance, to provide diagnosis and treatment for conditions identified, and to encourage parents and their children to use health care services when necessary.

9505.1696 DEFINITIONS.

Subpart 1. **Applicability.** As used in parts 9505.1693 to 9505.1748, the following terms have the meanings given them.

Subp. 2. **Child.** "Child" means a person who is eligible for early and periodic screening, diagnosis, and treatment under part 9505.1699.

Subp. 3. **Community health clinic.** "Community health clinic" means a clinic that provides services by or under the supervision of a physician and that:

A. is incorporated as a nonprofit corporation under Minnesota Statutes, chapter 317;

B. is exempt from federal income tax under Internal Revenue Code of 1986, section 501(c)(3), as amended through December 31, 1987;

C. is established to provide health services to low-income population groups; and

D. has written clinic policies describing the services provided by the clinic and concerning (1) the medical management of health problems, including problems that require referral to physicians, (2) emergency health services, and (3) the maintenance and review of health records by the physician.

Subp. 4. **Department.** "Department" means the Minnesota Department of Human Services.

Subp. 5. **Diagnosis.** "Diagnosis" means the identification and determination of the nature or cause of a disease or abnormality through the use of a health history; physical, developmental, and psychological examination; and laboratory tests.

Subp. 6. **Early and periodic screening clinic or EPS clinic.** "Early and periodic screening clinic" or "EPS clinic" means an individual or facility that is approved by the Minnesota Department of Health under parts 4615.0900 to 4615.2000.

Subp. 7. **Early and periodic screening, diagnosis, and treatment program or EPSDT program.** "Early and periodic screening, diagnosis, and treatment program" or "EPSDT program" means the program that provides screening, diagnosis, and treatment under parts 9505.1693 to 9505.1748; Code of Federal Regulations, title 42, section 441.55, as amended through October 1, 1986; and Minnesota Statutes, section 256B.02,

subdivision 8, paragraph (12).

Subp. 8. **EPSDT clinic.** "EPSDT clinic" means a facility supervised by a physician that provides screening according to parts 9505.1693 to 9505.1748 or an EPS clinic.

Subp. 9. **EPSDT provider agreement.** "EPSDT provider agreement" means the agreement required by part 9505.1703, subpart 2.

Subp. 10. **EPSDT screening form.** "EPSDT screening form" means a form supplied by the department that contains the information required under part 9505.1709.

Subp. 11. **Follow-up.** "Follow-up" means efforts by a local agency to ensure that a screening requested for a child is provided to that child and that diagnosis and treatment indicated as necessary by a screening are also provided to that child.

Subp. 12. **Head Start agency.** "Head Start agency" refers to the child development program administered by the United States Department of Health and Human Services, Office of Administration for Children, Youth and Families.

Subp. 13. **Local agency.** "Local agency" means the county welfare board, multicounty welfare board, or human service agency established in Minnesota Statutes, section 256B.02, subdivision 6, and Minnesota Statutes, chapter 393.

Subp. 14. **Medical assistance.** "Medical assistance" means the program authorized by title XIX of the Social Security Act and Minnesota Statutes, chapters 256 and 256B.

Subp. 15. **Outreach.** "Outreach" means efforts by the department or a local agency to inform eligible persons about early and periodic screening, diagnosis, and treatment or to encourage persons to use the EPSDT program.

Subp. 16. **Parent.** "Parent" refers to the genetic or adoptive parent of a child.

Subp. 17. **Physician.** "Physician" means a person who is licensed to provide health services within the scope of the person's profession under Minnesota Statutes, chapter 147.

Subp. 18. **Prepaid health plan.** "Prepaid health plan"

means a health insurer licensed and operating under Minnesota Statutes, chapters 60A, 62A, and 62C, and a health maintenance organization licensed and operating under Minnesota Statutes, chapter 62D to provide health services to recipients of medical assistance entitlements.

Subp. 19. **Public health nursing service.** "Public health nursing service" means ~~a community~~ the nursing ~~service~~ program provided by a ~~Medicare certified home health care agency that is a department of or operates under the direct authority of a unit of government~~ board of health under Minnesota Statutes, section 145A.10, subdivision 1.

Subp. 20. **Screening.** "Screening" means the use of quick, simple procedures to separate apparently well children from those who need further examination for possible physical, developmental, or psychological problems.

Subp. 21. **Skilled professional medical personnel and supporting staff.** "Skilled professional medical personnel" and "supporting staff" means persons as defined by Code of Federal Regulations, title 42, section 432.2, as amended through October 1, 1987.

Subp. 22. **Treatment.** "Treatment" means the prevention, correction, or amelioration of a disease or abnormality identified by screening or diagnosis.

9505.1699 ELIGIBILITY TO BE SCREENED.

A person under age 21 who is eligible for medical assistance is eligible for the EPSDT program.

9505.1701 CHOICE OF PROVIDER.

Subpart 1. **Choice of screening provider.** Except as provided by subpart 3, a child or parent of a child who requests screening may choose any screening provider who has signed an EPSDT provider agreement and a medical assistance provider agreement.

Subp. 2. **Choice of diagnosis and treatment provider.** Except as provided by subpart 3, a child or parent of a child may choose any diagnosis and treatment provider as provided by

part 9505.0190.

Subp. 3. **Exception to subparts 1 and 2.** A child who is enrolled in a prepaid health plan must receive screening, diagnosis, and treatment from that plan.

9505.1703 ELIGIBILITY TO PROVIDE SCREENING.

Subpart 1. **Providers.** An EPSDT clinic or a community health clinic shall be approved for medical assistance reimbursement for EPSDT services if it complies with the requirements of parts 9505.1693 to 9505.1748. A Head Start agency shall be approved as provided by subpart 2.

Subp. 2. **EPSDT provider agreement.** To be eligible to provide screening and receive reimbursement under the EPSDT program, an individual or facility must sign an EPSDT provider agreement provided by the department and a medical assistance provider agreement under part 9505.0195 or be a prepaid health plan.

Subp. 3. **Terms of EPSDT provider agreement.** The EPSDT provider agreement required by subpart 2 must state that the provider must:

A. screen children according to parts 9505.1693 to 9505.1748;

B. report all findings of the screenings on EPSDT screening forms; and

C. refer children for diagnosis and treatment if a referral is indicated by the screening.

The EPSDT provider agreement also must state that the department will provide training according to part 9505.1712 and will train and consult with the provider on billing and reporting procedures.

9505.1706 REIMBURSEMENT.

Subpart 1. **Maximum payment rates.** Payment rates shall be as provided by part 9505.0445, item M.

Subp. 2. **Eligibility for reimbursement; Head Start agency.** A Head Start agency may complete all the screening components under part 9505.1718, subparts 2 to 14 or those

components that have not been completed by another provider within the six months before completion of the screening components by the Head Start agency. A Head Start agency that completes the previously incomplete screening components must document on the EPSDT screening form that the other screening components of part 9505.1718, subparts 2 to 14, have been completed by another provider.

The department shall reimburse a Head Start agency for those screening components of part 9505.1718, subparts 2 to 14, that the Head Start agency has provided. The amount of reimbursement must be the same as a Head Start agency's usual and customary cost for each screening component or the maximum fee determined under subpart 1, whichever is lower.

Subp. 3. **Prepaid health plan.** A prepaid health plan is not eligible for a separate payment for screening. The early and periodic screening, diagnosis, and treatment screening must be a service included within the prepaid capitation rate specified in its contract with the department.

9505.1709 EPSDT SCREENING FORM.

A screening provider must complete and submit to the department an EPSDT screening form for each screening the provider completes. The form must report the findings of the screening and the provider's charge for services.

9505.1712 TRAINING.

The department must train the staff of an EPSDT clinic that is supervised by a physician on how to comply with the procedures required by part 9505.1718 if the EPSDT clinic requests the training.

9505.1715 COMPLIANCE WITH SURVEILLANCE AND UTILIZATION REVIEW.

A screening provider must comply with the surveillance and utilization review requirements of parts 9505.1750 to 9505.2150.

9505.1718 SCREENING STANDARDS FOR AN EPSDT CLINIC.

Subpart 1. **Requirement.** An early and periodic screening, diagnosis, and treatment screening must meet the requirements of

subparts 2 to 15 except as provided by part 9505.1706, subpart 2.

Subp. 2. **Health and developmental history.** A history of a child's health and development must be obtained from the child, parent of the child, or an adult who is familiar with the child's health history. The history must include information on sexual development, lead and tuberculosis exposure, nutrition intake, and chemical abuse.

Subp. 3. **Assessment of physical growth.** The child's height or length and the child's weight must be measured and the results plotted on a growth grid based on data from the National Center for Health Statistics (NCHS). The head circumference of a child up to 36 months of age or a child whose growth in head circumference appears to deviate from the expected circumference for that child must be measured and plotted on an NCHS-based growth grid.

Subp. 4. **Physical examination.** The following must be checked according to accepted medical procedures: pulse; respiration; blood pressure; head; eyes; ears; nose; mouth; pharynx; neck; chest; heart; lungs; abdomen; spine; genitals; extremities; joints; muscle tone; skin; and neurological condition.

Subp. 5. **Vision.** A child must be checked for a family history of maternal and neonatal infection and ocular abnormalities. A child must be observed for pupillary reflex; the presence of nystagmus; and muscle balance, which includes an examination for esotropia, exotropia, phorias, and extraocular movements. The external parts of a child's eyes must be examined including the lids, conjunctiva, cornea, iris, and pupils. A child or parent of the child must be asked whether he or she has concerns about the child's vision.

Subp. 6. **Vision of a child age three or older.** In addition to the requirements of subpart 5, the visual acuity of a child age three years or older must be checked by use of the Screening Test for Young Children and Retardates (STYCAR) or the Snellen Alphabet Chart.

Subp. 7. **Hearing.** A child must be checked for a family

history of hearing disability or loss, delay of language acquisition or history of such delay, the ability to determine the direction of a sound, and a history of repeated otitis media during early life. A child or parent of the child must be asked whether he or she has any concerns regarding the child's hearing.

Subp. 8. **Hearing of a child age three or older.** In addition to the requirements of subpart 7, a child age three or older must receive a pure tone audiometric test or referral for the test if the examination under subpart 7 indicates the test is needed.

Subp. 9. **Development.** The Denver Prescreening Developmental Questionnaire (PDQ) or the Denver Developmental Screening Test (DDST) must be administered to a child under six years of age. The DDST must be administered to a child whose score on the PDQ is below the age norms for that test. The provider may use an alternative developmental screening test in place of the PDQ or DDST, if approval of the alternative test is given by the department in writing. The alternative test must be standardized, must have norms for the age range tested, and must have written procedures for its administration, scoring, and interpretation.

A child six to 20 years of age must be screened for the following according to the screening provider's standard procedures: fine and gross motor development, speech and language development, social development, and cognitive development.

Subp. 10. **Sexual development.** A child must be evaluated to determine whether the child's sexual development is consistent with the child's chronological age. A female must receive a breast examination and pelvic examination when indicated. A male must receive a testicular examination when indicated. <u>If it is in the best interest of a child,</u> counseling on normal sexual development, information on birth control and sexually transmitted diseases, and prescriptions and tests must be offered to a child ~~when appropriate~~. If it is in the best interest of a child, a screening provider may refer the child to

other resources for counseling or a pelvic examination.

Subp. 11. **Nutrition.** When the assessment of a child's physical growth performed according to subpart 3 indicates a nutritional risk condition, the child must be referred for further assessment, receive nutritional counseling, or be referred to a nutrition program such as the Special Supplemental Food Program for Women, Infants, and Children; food stamps; Expanded Food and Nutrition Education Program; or Head Start.

Subp. 12. **Immunizations.** The immunization status of a child must be compared to the ~~1983~~ "Recommended Schedule for Active Immunization ~~Schedule~~ of Normal Infants and Children," June 1988. Immunizations that the comparison shows are needed must be offered to the child and given to the child if the child or parent of the child accepts the offer. The "Recommended Schedule for Active Immunization ~~Schedule~~ of Normal Infants and Children," June ~~1983~~ 1988, is developed and distributed by the Minnesota Department of Health, 717 Delaware Street, Minneapolis, Minnesota 55440. The "Recommended Schedule for Active Immunization ~~Schedule~~ of Normal Infants and Children," June 1988, is incorporated by reference and is available at the State Law Library, Ford Building, 117 University Avenue, Saint Paul, Minnesota 55155. It is not subject to frequent change.

Subp. 13. **Laboratory tests.** Laboratory tests must be done according to items A to F.

A. A Mantoux test must be administered yearly to a child whose health history indicates ongoing exposure to tuberculosis, unless the child has previously tested positive. A child who tests positive must be referred for diagnosis and treatment.

B. An erythrocyte protoporphyrin (EP) test must be done for a child whose physical examination under subpart 4 indicates possible lead toxicity; and for a child age nine months to six years whose health history indicates that the child:

(1) has lived in or frequently visited houses

built before 1950;

(2) has shared the residence of a parent or other person who participates in a lead-related occupation or hobby;

(3) has lived near roadways with heavy traffic, hazardous waste sites, lead smelters, or processing plants;

(4) has a sibling or playmate known to have lead toxicity; or

(5) is at risk of possible exposure to lead through the use of folk medicines.

If an EP test is elevated above the level of 35 micrograms of lead per deciliter of whole blood, the child must be referred for further testing.

C. The urine of a child must be tested for the presence of glucose, ketones, protein, and other abnormalities. A female at or near the age of four and a female at or near the age of ten must be tested for bacteriuria.

D. Either a microhematocrit determination or a hemoglobin concentration test for anemia must be done.

E. A test for sickle cell~~, hemoglobin concentration~~ or other hemoglobinopathy, or abnormal blood conditions must be offered to a child who is at risk of such abnormalities and who has not yet been tested. ~~This test~~ These tests must be provided if accepted or requested by the child or parent of the child. If the ~~test identifies~~ tests identify a hemoglobin abnormality or other abnormal blood condition, the child must be referred for genetic counseling.

F. Other laboratory tests such as those for cervical cancer, sexually transmitted diseases, pregnancy, and parasites must be performed when indicated by a child's medical or family history.

Subp. 14. **Oral examination.** An oral examination of a child's mouth must be performed to detect deterioration of hard tissue, and inflammation or swelling of soft tissue. Counseling about the systemic use of fluoride must be given to a child when fluoride is not available through the community water supply or school programs.

Subp. 15. **Schedule of age-related screening standards.** An early and periodic screening, diagnosis, and treatment screening for a child at a specific age must include the screening requirements of subparts 2 to 14 as provided by the following schedule:

Schedule of age-related screening standards

A. Infancy:

Standards	Ages				
	By 1 month	2 months	4 months	6 months	7-11 months
Health History	X	X	X	X	X
Assessment of Physical Growth:					
Height	X	X	X	X	X
Weight	X	X	X	X	X
Head Circumference	X	X	X	X	X
Physical Examination	X	X	X	X	X
Vision	X	X	X	X	X
Hearing	X	X	X	X	X
Development:					
PDQ/DDST			X	X	X
Sexual Development	X	X	X	X	X
Nutrition	X	X	X	X	X
Immunizations		X	X	X	X
Laboratory Tests:					
Tuberculin		if history indicates			
Lead Absorption		if history indicates			
Urine	←	←	←	X	←
Bacteriuria (females)					
Anemia					X
Sickle Cell	at parent's or child's request				
Other Laboratory Tests	as indicated				
Oral Examination	X	X	X	X	X

X = Procedure to be completed.

← = Procedure to be completed if not done at the previous visit, or on the first visit.

B. Early Childhood:

Standards	Ages		
	12-15 months	16-19 months	20-35 months
Health History	X	X	X
Assessment of Physical Growth:			
Height	X	X	X
Weight	X	X	X
Head Circumference	X	X	X
Physical Examination	X	X	X
Vision	X	X	X
Hearing	X	X	X
Development:			
PDQ/DDST	X	X	X

Sexual Development	X	X	X
Nutrition	X	X	X
Immunizations	X	X	X
Laboratory Tests:			
Tuberculin	if history indicates		
Lead Absorption	if history indicates		
Urine	←	←	X
Anemia	←	←	←
Sickle Cell	at parent's or child's request		
Other Laboratory Tests	as indicated		
Oral Examination	X	X	X

X = Procedure to be completed.

← = Procedure to be completed if not done at the previous visit, or on the first visit.

C. Late childhood:

Standards	Ages			
	3-4 years	5-7 years	8-10 years	11-13 years
Health History	X	X	X	X
Assessment of Physical Growth:				
Height	X	X	X	X
Weight	X	X	X	X
Physical Examination	X	X	X	X
Vision	X	X	X	X
Hearing	X	X	X	X
Development:				
PDQ/DDST	X	X		
Fine & Gross Motor, Speech & Language, Social, Cognitive		X	X	X
Sexual Development	X	X	X	X
Nutrition	X	X	X	X
Immunizations	X	X	X	X
Laboratory Tests:				
Tuberculin	if history indicates			
Lead Absorption	if history indicates			
Urine	←	←	X	←
Bacteriuria (females)	X	←	X	←
Anemia	←	←	X	←
Sickle Cell	at parent's or child's request			
Other Laboratory Tests	as indicated			
Oral Examination	X	X	X	X

X = Procedure to be completed.

← = Procedure to be completed if not done at the previous visit, or on the first visit.

D. Adolescence:

Standards	Ages	
	14-17 years	18-20 years
Health History	X	X

Assessment of Physical Growth:		
Height	X	X
Weight	X	X
Physical Examination	X	X
Vision	X	X
Hearing	X	X
Development:		
PDQ/DDST		
Fine & Gross Motor, Speech & Language, Social, Cognitive	X	X
Sexual Development	X	X
Nutrition	X	X
Immunizations	X	X
Laboratory Tests:		
Tuberculin	if history indicates	
Lead Absorption	if history indicates	
Urine	←	X
Bacteriuria (females)	←	←
Anemia	←	X
Sickle Cell	at parent's or child's request	
Other Laboratory Tests	as indicated	
Oral Examination	X	X

X = Procedure to be completed.

← = Procedure to be completed if not done at the previous visit, or on the first visit.

9505.1724 PROVISION OF DIAGNOSIS AND TREATMENT.

Diagnosis and treatment identified as needed under part 9505.1718 shall be eligible for medical assistance payment subject to the provisions of parts 9505.0170 to 9505.0475.

9505.1727 INFORMING.

A local agency must inform each child or parent of a child about the EPSDT program no later than 60 days after the date the child is determined to be eligible for medical assistance. The information about the EPSDT program must be given orally and in writing, indicate the purpose and benefits of the EPSDT program, indicate that the EPSDT program is without cost to the child or parent of the child while the child is eligible for medical assistance, state the types of medical and dental services available under the EPSDT program, and state that the transportation and appointment scheduling assistance required under part 9505.1730 is available.

The department must send a written notice to a child or

parent of a child who has been screened informing the child or parent that the child should be screened again. This notice must be sent at the following ages of the child: six months, nine months, one year, 18 months, two years, four years, and every three years after age four.

Each year, on the date the child was determined eligible for medical assistance entitlements, the department must send a written notice to a child or parent of a child who has never been screened informing the child or parent that the child is eligible to be screened.

9505.1730 ASSISTANCE WITH OBTAINING A SCREENING.

Within ten working days of receiving a request for screening from a child or parent of a child, a local agency must give or mail to the child or parent of the child:

A. a written list of EPSDT clinics in the area in which the child lives; and

B. a written offer of help in making a screening appointment and in transporting the child to the site of the screening.

If the child or parent of the child requests help, the local agency must provide it.

Transportation under this item must be provided according to part 9505.0140, subpart 1.

9505.1733 ASSISTANCE WITH OBTAINING DIAGNOSIS AND TREATMENT.

An EPSDT clinic must notify a child or parent of a child who is referred for diagnosis and treatment that the local agency will provide names and addresses of diagnosis and treatment providers and will help with appointment scheduling and transportation to the diagnosis and treatment provider. The notice must be on a form provided by the department and must be given to the child or parent of the child on the day the child is screened.

If a child or parent of a child asks a local agency for assistance with obtaining diagnosis and treatment, the local agency must provide that assistance within ten working days of

the date of the request.

9505.1736 SPECIAL NOTIFICATION REQUIREMENT.

A local agency must effectively inform an individual who is blind or deaf, or who cannot read or understand the English language, about the EPSDT program.

9505.1739 CHILDREN IN FOSTER CARE.

Subpart 1. **Dependent or neglected state wards.** The local agency must provide early and periodic screening, diagnosis, and treatment services for a child in foster care who is a dependent or neglected state ward under parts 9560.0410 to 9560.0470, and who is eligible for medical assistance unless the early and periodic screening, diagnosis, and treatment services are not in the best interest of the child.

Subp. 2. **Other children in foster care.** The local agency must discuss the EPSDT program with a parent of a child in foster care who is under the legal custody or protective supervision of the local agency or whose parent has entered into a voluntary placement agreement with the local agency. The local agency must help the parent decide whether to accept early and periodic screening, diagnosis, and treatment services for the child. If a parent cannot be consulted, the local agency must decide whether to accept early and periodic screening, diagnosis, and treatment services for the child and must document the reasons for the decision.

Subp. 3. **Assistance with appointment scheduling and transportation.** The local agency must help a child in foster care with appointment scheduling and transportation for screening, diagnosis, and treatment as provided by parts 9505.1730 to 9505.1733.

Subp. 4. **Notification.** The department must send a written notice to the local agency stating that a child in foster care who has been screened should be screened again. This notice must be sent at the following ages of the child: six months, nine months, one year, 18 months, two years, four years, and every three years thereafter.

Each year, by the anniversary of the date the child was determined eligible for medical assistance entitlements, the department must send a written notice to the local agency that a child in foster care who has never been screened is eligible to be screened.

If a written notice under this subpart pertains to a child who is a dependent or neglected state ward, the local agency must proceed according to subpart 1. The local agency must proceed according to subpart 2 if the written notice pertains to a child who is not a dependent or neglected state ward.

9505.1742 DOCUMENTATION.

The local agency must document compliance with parts 9505.1693 to 9505.1748 on forms provided by the department.

9505.1745 INTERAGENCY COORDINATION.

The local agency must coordinate the EPSDT program with other programs that provide health services to children as provided by Code of Federal Regulations, title 42, section 441.61(c), as amended through October 1, 1986. Examples of such agencies are a public health nursing service, a Head Start agency, and a school district.

9505.1748 CONTRACTS FOR ADMINISTRATIVE SERVICES.

Subpart 1. **Authority.** A local agency may contract with a county public health nursing service or a community health clinic for early and periodic screening, diagnosis, and treatment administrative services. Early and periodic screening, diagnosis, and treatment administrative services include outreach; notification; appointment scheduling and transportation; follow-up; and documentation.

Subp. 2. **Federal financial participation.** The percent of federal financial participation for salaries, fringe benefits, and travel of skilled professional medical personnel and their supporting staff shall be paid as provided by Code of Federal Regulations, title 42, section 433.15(b)(5), as amended through October 1, 1986.

Subp. 3. **State reimbursement.** State reimbursement for contracts for EPSDT administrative services under this part shall be as provided by Minnesota Statutes, section 256B.19, subdivision 1, except for the provisions under subdivision 1 that pertain to a prepaid health plan.

Subp. 4. **Approval.** A contract for administrative services must be approved by the local agency and submitted to the department for approval by January 1 of each year in which the contract will be effective. A contract must contain items A to K to be approved by the department for reimbursement:

A. names of the contracting parties;

B. purpose of the contract;

C. beginning and ending dates of the contract;

D. amount of the contract, budget breakdown, and a clause that stipulates that the department's procedures for certifying expenditures will be followed by the local agency;

E. the method by which the contract may be amended or terminated;

F. a clause that stipulates that the contract will be renegotiated if federal or state program regulations or federal financial reimbursement regulations change;

G. a clause that stipulates that the local public health nursing service or the community health clinic will provide program and fiscal records according to the Minnesota Government Data Practices Act and will cooperate with state and federal program reviews;

H. a description of the services contracted for and the agency that will perform them;

I. names of the skilled professional medical personnel and their supporting staff;

J. methods by which the local agency will monitor and evaluate the contract; and

K. signatures of the representatives of the contracting parties and dates of those signatures.

REPEALER. Minnesota Rules, parts 9505.1500; 9505.1510;

9505.1520; 9505.1530; 9505.1540; 9505.1550; 9505.1560; 9505.1570; 9505.1580; 9505.1590; 9505.1600; 9505.1610; 9505.1620; 9505.1630; 9505.1640; 9505.1650; 9505.1660; 9505.1670; 9505.1680; and 9505.1690, are repealed.

Department of Human Services

Adopted Permanent Rules Relating to Early and Periodic Screening, Diagnosis, and Treatment Program

Rules as Adopted

9505.0275 EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT.

Subpart 1. **Definition.** "Early and periodic screening, diagnosis, and treatment service" means a service provided to a recipient under age 21 to identify a potentially handicapping condition and to provide diagnosis and treatment for a condition identified according to the requirements of the Code of Federal Regulations, title 42, section 441.55 and parts 9505.1693 to 9505.1748.

Subp. 2. **Duties of provider.** The provider shall sign a provider agreement stating that the provider will provide screening services according to standards in parts 9505.1693 to 9505.1748 and Code of Federal Regulations, title 42, sections 441.50 to 441.62.

9505.1693 SCOPE AND PURPOSE.

Parts 9505.1693 to 9505.1748 govern the early and periodic screening, diagnosis, and treatment (EPSDT) program.

Parts 9505.1693 to 9505.1748 must be read in conjunction with section 1905(a)(4)(B) of the Social Security Act, as amended through December 31, 1981, and the Code of Federal Regulations, title 42, part 441, subpart B, as amended through October 1, 1987. The purpose of the EPSDT program is to identify potentially handicapping conditions in children eligible for medical assistance, to provide diagnosis and treatment for conditions identified, and to encourage parents and their children to use health care services when necessary.

9505.1696 DEFINITIONS.

Subpart 1. **Applicability.** As used in parts 9505.1693 to 9505.1748, the following terms have the meanings given them.

Subp. 2. **Child.** "Child" means a person who is eligible for early and periodic screening, diagnosis, and treatment under part 9505.1699.

Subp. 3. **Community health clinic.** "Community health clinic" means a clinic that provides services by or under the supervision of a physician and that:

A. is incorporated as a nonprofit corporation under Minnesota Statutes, chapter 317;

B. is exempt from federal income tax under Internal Revenue Code of 1986, section 501(c)(3), as amended through December 31, 1987;

C. is established to provide health services to low-income population groups; and

D. has written clinic policies describing the services provided by the clinic and concerning (1) the medical management of health problems, including problems that require referral to physicians, (2) emergency health services, and (3) the maintenance and review of health records by the physician.

Subp. 4. **Department.** "Department" means the Minnesota Department of Human Services.

Subp. 5. **Diagnosis.** "Diagnosis" means the identification and determination of the nature or cause of a disease or abnormality through the use of a health history; physical, developmental, and psychological examination; and laboratory tests.

Subp. 6. **Early and periodic screening clinic or EPS clinic.** "Early and periodic screening clinic" or "EPS clinic" means an individual or facility that is approved by the Minnesota Department of Health under parts 4615.0900 to 4615.2000.

Subp. 7. **Early and periodic screening, diagnosis, and treatment program or EPSDT program.** "Early and periodic screening, diagnosis, and treatment program" or "EPSDT program" means the program that provides screening, diagnosis, and treatment under parts 9505.1693 to 9505.1748; Code of Federal Regulations, title 42, section 441.55, as amended through October 1, 1986; and Minnesota Statutes, section 256B.02,

subdivision 8, paragraph (12).

Subp. 8. **EPSDT clinic.** "EPSDT clinic" means a facility supervised by a physician that provides screening according to parts 9505.1693 to 9505.1748 or an EPS clinic.

Subp. 9. **EPSDT provider agreement.** "EPSDT provider agreement" means the agreement required by part 9505.1703, subpart 2.

Subp. 10. **EPSDT screening form.** "EPSDT screening form" means a form supplied by the department that contains the information required under part 9505.1709.

Subp. 11. **Follow-up.** "Follow-up" means efforts by a local agency to ensure that a screening requested for a child is provided to that child and that diagnosis and treatment indicated as necessary by a screening are also provided to that child.

Subp. 12. **Head Start agency.** "Head Start agency" refers to the child development program administered by the United States Department of Health and Human Services, Office of Administration for Children, Youth and Families.

Subp. 13. **Local agency.** "Local agency" means the county welfare board, multicounty welfare board, or human service agency established in Minnesota Statutes, section 256B.02, subdivision 6, and Minnesota Statutes, chapter 393.

Subp. 14. **Medical assistance.** "Medical assistance" means the program authorized by title XIX of the Social Security Act and Minnesota Statutes, chapters 256 and 256B.

Subp. 15. **Outreach.** "Outreach" means efforts by the department or a local agency to inform eligible persons about early and periodic screening, diagnosis, and treatment or to encourage persons to use the EPSDT program.

Subp. 16. **Parent.** "Parent" refers to the genetic or adoptive parent of a child.

Subp. 17. **Physician.** "Physician" means a person who is licensed to provide health services within the scope of the person's profession under Minnesota Statutes, chapter 147.

Subp. 18. **Prepaid health plan.** "Prepaid health plan"

means a health insurer licensed and operating under Minnesota Statutes, chapters 60A, 62A, and 62C, and a health maintenance organization licensed and operating under Minnesota Statutes, chapter 62D to provide health services to recipients of medical assistance entitlements.

Subp. 19. **Public health nursing service.** "Public health nursing service" means ~~a community~~ the nursing ~~service~~ program provided by a ~~Medicare-certified home health care agency that is a department of or operates under the direct authority of a unit of government~~ board of health under Minnesota Statutes, section 145A.10, subdivision 1.

Subp. 20. **Screening.** "Screening" means the use of quick, simple procedures to separate apparently well children from those who need further examination for possible physical, developmental, or psychological problems.

Subp. 21. **Skilled professional medical personnel and supporting staff.** "Skilled professional medical personnel" and "supporting staff" means persons as defined by Code of Federal Regulations, title 42, section 432.2, as amended through October 1, 1987.

Subp. 22. **Treatment.** "Treatment" means the prevention, correction, or amelioration of a disease or abnormality identified by screening or diagnosis.

9505.1699 ELIGIBILITY TO BE SCREENED.

A person under age 21 who is eligible for medical assistance is eligible for the EPSDT program.

9505.1701 CHOICE OF PROVIDER.

Subpart 1. **Choice of screening provider.** Except as provided by subpart 3, a child or parent of a child who requests screening may choose any screening provider who has signed an EPSDT provider agreement and a medical assistance provider agreement.

Subp. 2. **Choice of diagnosis and treatment provider.** Except as provided by subpart 3, a child or parent of a child may choose any diagnosis and treatment provider as provided by

part 9505.0190.

Subp. 3. **Exception to subparts 1 and 2.** A child who is enrolled in a prepaid health plan must receive screening, diagnosis, and treatment from that plan.

9505.1703 ELIGIBILITY TO PROVIDE SCREENING.

Subpart 1. **Providers.** An EPSDT clinic or a community health clinic shall be approved for medical assistance reimbursement for EPSDT services if it complies with the requirements of parts 9505.1693 to 9505.1748. A Head Start agency shall be approved as provided by subpart 2.

Subp. 2. **EPSDT provider agreement.** To be eligible to provide screening and receive reimbursement under the EPSDT program, an individual or facility must sign an EPSDT provider agreement provided by the department and a medical assistance provider agreement under part 9505.0195 or be a prepaid health plan.

Subp. 3. **Terms of EPSDT provider agreement.** The EPSDT provider agreement required by subpart 2 must state that the provider must:

A. screen children according to parts 9505.1693 to 9505.1748;

B. report all findings of the screenings on EPSDT screening forms; and

C. refer children for diagnosis and treatment if a referral is indicated by the screening.

The EPSDT provider agreement also must state that the department will provide training according to part 9505.1712 and will train and consult with the provider on billing and reporting procedures.

9505.1706 REIMBURSEMENT.

Subpart 1. **Maximum payment rates.** Payment rates shall be as provided by part 9505.0445, item M.

Subp. 2. **Eligibility for reimbursement; Head Start agency.** A Head Start agency may complete all the screening components under part 9505.1718, subparts 2 to 14 or those

components that have not been completed by another provider within the six months before completion of the screening components by the Head Start agency. A Head Start agency that completes the previously incomplete screening components must document on the EPSDT screening form that the other screening components of part 9505.1718, subparts 2 to 14, have been completed by another provider.

The department shall reimburse a Head Start agency for those screening components of part 9505.1718, subparts 2 to 14, that the Head Start agency has provided. The amount of reimbursement must be the same as a Head Start agency's usual and customary cost for each screening component or the maximum fee determined under subpart 1, whichever is lower.

Subp. 3. **Prepaid health plan.** A prepaid health plan is not eligible for a separate payment for screening. The early and periodic screening, diagnosis, and treatment screening must be a service included within the prepaid capitation rate specified in its contract with the department.

9505.1709 EPSDT SCREENING FORM.

A screening provider must complete and submit to the department an EPSDT screening form for each screening the provider completes. The form must report the findings of the screening and the provider's charge for services.

9505.1712 TRAINING.

The department must train the staff of an EPSDT clinic that is supervised by a physician on how to comply with the procedures required by part 9505.1718 if the EPSDT clinic requests the training.

9505.1715 COMPLIANCE WITH SURVEILLANCE AND UTILIZATION REVIEW.

A screening provider must comply with the surveillance and utilization review requirements of parts 9505.1750 to 9505.2150.

9505.1718 SCREENING STANDARDS FOR AN EPSDT CLINIC.

Subpart 1. **Requirement.** An early and periodic screening, diagnosis, and treatment screening must meet the requirements of

subparts 2 to 15 except as provided by part 9505.1706, subpart 2.

Subp. 2. **Health and developmental history.** A history of a child's health and development must be obtained from the child, parent of the child, or an adult who is familiar with the child's health history. The history must include information on sexual development, lead and tuberculosis exposure, nutrition intake, and chemical abuse.

Subp. 3. **Assessment of physical growth.** The child's height or length and the child's weight must be measured and the results plotted on a growth grid based on data from the National Center for Health Statistics (NCHS). The head circumference of a child up to 36 months of age or a child whose growth in head circumference appears to deviate from the expected circumference for that child must be measured and plotted on an NCHS-based growth grid.

Subp. 4. **Physical examination.** The following must be checked according to accepted medical procedures: pulse; respiration; blood pressure; head; eyes; ears; nose; mouth; pharynx; neck; chest; heart; lungs; abdomen; spine; genitals; extremities; joints; muscle tone; skin; and neurological condition.

Subp. 5. **Vision.** A child must be checked for a family history of maternal and neonatal infection and ocular abnormalities. A child must be observed for pupillary reflex; the presence of nystagmus; and muscle balance, which includes an examination for esotropia, exotropia, phorias, and extraocular movements. The external parts of a child's eyes must be examined including the lids, conjunctiva, cornea, iris, and pupils. A child or parent of the child must be asked whether he or she has concerns about the child's vision.

Subp. 6. **Vision of a child age three or older.** In addition to the requirements of subpart 5, the visual acuity of a child age three years or older must be checked by use of the Screening Test for Young Children and Retardates (STYCAR) or the Snellen Alphabet Chart.

Subp. 7. **Hearing.** A child must be checked for a family

history of hearing disability or loss, delay of language acquisition or history of such delay, the ability to determine the direction of a sound, and a history of repeated otitis media during early life. A child or parent of the child must be asked whether he or she has any concerns regarding the child's hearing.

Subp. 8. **Hearing of a child age three or older.** In addition to the requirements of subpart 7, a child age three or older must receive a pure tone audiometric test or referral for the test if the examination under subpart 7 indicates the test is needed.

Subp. 9. **Development.** The Denver Prescreening Developmental Questionnaire (PDQ) or the Denver Developmental Screening Test (DDST) must be administered to a child under six years of age. The DDST must be administered to a child whose score on the PDQ is below the age norms for that test. The provider may use an alternative developmental screening test in place of the PDQ or DDST, if approval of the alternative test is given by the department in writing. The alternative test must be standardized, must have norms for the age range tested, and must have written procedures for its administration, scoring, and interpretation.

A child six to 20 years of age must be screened for the following according to the screening provider's standard procedures: fine and gross motor development, speech and language development, social development, and cognitive development.

Subp. 10. **Sexual development.** A child must be evaluated to determine whether the child's sexual development is consistent with the child's chronological age. A female must receive a breast examination and pelvic examination when indicated. A male must receive a testicular examination when indicated. <u>If it is in the best interest of a child,</u> counseling on normal sexual development, information on birth control and sexually transmitted diseases, and prescriptions and tests must be offered to a child ~~when appropriate~~. If it is in the best interest of a child, a screening provider may refer the child to

other resources for counseling or a pelvic examination.

Subp. 11. **Nutrition.** When the assessment of a child's physical growth performed according to subpart 3 indicates a nutritional risk condition, the child must be referred for further assessment, receive nutritional counseling, or be referred to a nutrition program such as the Special Supplemental Food Program for Women, Infants, and Children; food stamps; Expanded Food and Nutrition Education Program; or Head Start.

Subp. 12. **Immunizations.** The immunization status of a child must be compared to the ~~1983~~ "Recommended Schedule for Active Immunization ~~Schedule~~ of Normal Infants and Children," June 1988. Immunizations that the comparison shows are needed must be offered to the child and given to the child if the child or parent of the child accepts the offer. The "Recommended Schedule for Active Immunization ~~Schedule~~ of Normal Infants and Children," June ~~1983~~ 1988, is developed and distributed by the Minnesota Department of Health, 717 Delaware Street, Minneapolis, Minnesota 55440. The "Recommended Schedule for Active Immunization ~~Schedule~~ of Normal Infants and Children," June 1988, is incorporated by reference and is available at the State Law Library, Ford Building, 117 University Avenue, Saint Paul, Minnesota 55155. It is not subject to frequent change.

Subp. 13. **Laboratory tests.** Laboratory tests must be done according to items A to F.

A. A Mantoux test must be administered yearly to a child whose health history indicates ongoing exposure to tuberculosis, unless the child has previously tested positive. A child who tests positive must be referred for diagnosis and treatment.

B. An erythrocyte protoporphyrin (EP) test must be done for a child whose physical examination under subpart 4 indicates possible lead toxicity; and for a child age nine months to six years whose health history indicates that the child:

(1) has lived in or frequently visited houses

built before 1950;

(2) has shared the residence of a parent or other person who participates in a lead-related occupation or hobby;

(3) has lived near roadways with heavy traffic, hazardous waste sites, lead smelters, or processing plants;

(4) has a sibling or playmate known to have lead toxicity; or

(5) is at risk of possible exposure to lead through the use of folk medicines.

If an EP test is elevated above the level of 35 micrograms of lead per deciliter of whole blood, the child must be referred for further testing.

C. The urine of a child must be tested for the presence of glucose, ketones, protein, and other abnormalities. A female at or near the age of four and a female at or near the age of ten must be tested for bacteriuria.

D. Either a microhematocrit determination or a hemoglobin concentration test for anemia must be done.

E. A test for sickle cell~~, hemoglobin concentration~~ or other hemoglobinopathy, or abnormal blood conditions must be offered to a child who is at risk of such abnormalities and who has not yet been tested. ~~This test~~ These tests must be provided if accepted or requested by the child or parent of the child. If the ~~test identifies~~ tests identify a hemoglobin abnormality or other abnormal blood condition, the child must be referred for genetic counseling.

F. Other laboratory tests such as those for cervical cancer, sexually transmitted diseases, pregnancy, and parasites must be performed when indicated by a child's medical or family history.

Subp. 14. **Oral examination.** An oral examination of a child's mouth must be performed to detect deterioration of hard tissue, and inflammation or swelling of soft tissue. Counseling about the systemic use of fluoride must be given to a child when fluoride is not available through the community water supply or school programs.

Subp. 15. **Schedule of age-related screening standards.** An early and periodic screening, diagnosis, and treatment screening for a child at a specific age must include the screening requirements of subparts 2 to 14 as provided by the following schedule:

Schedule of age-related screening standards

A. Infancy:

Standards	Ages				
	By 1 month	2 months	4 months	6 months	7-11 months
Health History	X	X	X	X	X
Assessment of Physical Growth:					
Height	X	X	X	X	X
Weight	X	X	X	X	X
Head Circumference	X	X	X	X	X
Physical Examination	X	X	X	X	X
Vision	X	X	X	X	X
Hearing	X	X	X	X	X
Development:					
PDQ/DDST			X	X	X
Sexual Development	X	X	X	X	X
Nutrition	X	X	X	X	X
Immunizations		X	X	X	X
Laboratory Tests:					
Tuberculin		if history indicates			
Lead Absorption		if history indicates			
Urine	←	←	←	X	←
Bacteriuria (females)					
Anemia					X
Sickle Cell	at parent's or child's request				
Other Laboratory Tests	as indicated				
Oral Examination	X	X	X	X	X

X = Procedure to be completed.

← = Procedure to be completed if not done at the previous visit, or on the first visit.

B. Early Childhood:

Standards	Ages		
	12-15 months	16-19 months	20-35 months
Health History	X	X	X
Assessment of Physical Growth:			
Height	X	X	X
Weight	X	X	X
Head Circumference	X	X	X
Physical Examination	X	X	X
Vision	X	X	X
Hearing	X	X	X
Development:			
PDQ/DDST	X	X	X

Sexual Development	X	X	X
Nutrition	X	X	X
Immunizations	X	X	X
Laboratory Tests:			
Tuberculin	if history indicates		
Lead Absorption	if history indicates		
Urine	←	←	X
Anemia	←	←	←
Sickle Cell	at parent's or child's request		
Other Laboratory Tests	as indicated		
Oral Examination	X	X	X

X = Procedure to be completed.

← = Procedure to be completed if not done at the previous visit, or on the first visit.

C. Late childhood:

Standards	Ages			
	3-4 years	5-7 years	8-10 years	11-13 years
Health History	X	X	X	X
Assessment of Physical Growth:				
Height	X	X	X	X
Weight	X	X	X	X
Physical Examination	X	X	X	X
Vision	X	X	X	X
Hearing	X	X	X	X
Development:				
PDQ/DDST	X	X		
Fine & Gross Motor, Speech & Language, Social, Cognitive		X	X	X
Sexual Development	X	X	X	X
Nutrition	X	X	X	X
Immunizations	X	X	X	X
Laboratory Tests:				
Tuberculin	if history indicates			
Lead Absorption	if history indicates			
Urine	←	←	X	←
Bacteriuria (females)	X	←	X	←
Anemia	←	←	X	←
Sickle Cell	at parent's or child's request			
Other Laboratory Tests	as indicated			
Oral Examination	X	X	X	X

X = Procedure to be completed.

← = Procedure to be completed if not done at the previous visit, or on the first visit.

D. Adolescence:

Standards	Ages	
	14-17 years	18-20 years
Health History	X	X

Assessment of Physical Growth:		
Height	X	X
Weight	X	X
Physical Examination	X	X
Vision	X	X
Hearing	X	X
Development:		
PDQ/DDST		
Fine & Gross Motor, Speech & Language, Social, Cognitive	X	X
Sexual Development	X	X
Nutrition	X	X
Immunizations	X	X
Laboratory Tests:		
Tuberculin	if history indicates	
Lead Absorption	if history indicates	
Urine	←	X
Bacteriuria (females)	←	←
Anemia	←	X
Sickle Cell	at parent's or child's request	
Other Laboratory Tests	as indicated	
Oral Examination	X	X

X = Procedure to be completed.

← = Procedure to be completed if not done at the previous visit, or on the first visit.

9505.1724 PROVISION OF DIAGNOSIS AND TREATMENT.

Diagnosis and treatment identified as needed under part 9505.1718 shall be eligible for medical assistance payment subject to the provisions of parts 9505.0170 to 9505.0475.

9505.1727 INFORMING.

A local agency must inform each child or parent of a child about the EPSDT program no later than 60 days after the date the child is determined to be eligible for medical assistance. The information about the EPSDT program must be given orally and in writing, indicate the purpose and benefits of the EPSDT program, indicate that the EPSDT program is without cost to the child or parent of the child while the child is eligible for medical assistance, state the types of medical and dental services available under the EPSDT program, and state that the transportation and appointment scheduling assistance required under part 9505.1730 is available.

The department must send a written notice to a child or

parent of a child who has been screened informing the child or parent that the child should be screened again. This notice must be sent at the following ages of the child: six months, nine months, one year, 18 months, two years, four years, and every three years after age four.

Each year, on the date the child was determined eligible for medical assistance entitlements, the department must send a written notice to a child or parent of a child who has never been screened informing the child or parent that the child is eligible to be screened.

9505.1730 ASSISTANCE WITH OBTAINING A SCREENING.

Within ten working days of receiving a request for screening from a child or parent of a child, a local agency must give or mail to the child or parent of the child:

A. a written list of EPSDT clinics in the area in which the child lives; and

B. a written offer of help in making a screening appointment and in transporting the child to the site of the screening.

If the child or parent of the child requests help, the local agency must provide it.

Transportation under this item must be provided according to part 9505.0140, subpart 1.

9505.1733 ASSISTANCE WITH OBTAINING DIAGNOSIS AND TREATMENT.

An EPSDT clinic must notify a child or parent of a child who is referred for diagnosis and treatment that the local agency will provide names and addresses of diagnosis and treatment providers and will help with appointment scheduling and transportation to the diagnosis and treatment provider. The notice must be on a form provided by the department and must be given to the child or parent of the child on the day the child is screened.

If a child or parent of a child asks a local agency for assistance with obtaining diagnosis and treatment, the local agency must provide that assistance within ten working days of

the date of the request.

9505.1736 SPECIAL NOTIFICATION REQUIREMENT.

A local agency must effectively inform an individual who is blind or deaf, or who cannot read or understand the English language, about the EPSDT program.

9505.1739 CHILDREN IN FOSTER CARE.

Subpart 1. **Dependent or neglected state wards.** The local agency must provide early and periodic screening, diagnosis, and treatment services for a child in foster care who is a dependent or neglected state ward under parts 9560.0410 to 9560.0470, and who is eligible for medical assistance unless the early and periodic screening, diagnosis, and treatment services are not in the best interest of the child.

Subp. 2. **Other children in foster care.** The local agency must discuss the EPSDT program with a parent of a child in foster care who is under the legal custody or protective supervision of the local agency or whose parent has entered into a voluntary placement agreement with the local agency. The local agency must help the parent decide whether to accept early and periodic screening, diagnosis, and treatment services for the child. If a parent cannot be consulted, the local agency must decide whether to accept early and periodic screening, diagnosis, and treatment services for the child and must document the reasons for the decision.

Subp. 3. **Assistance with appointment scheduling and transportation.** The local agency must help a child in foster care with appointment scheduling and transportation for screening, diagnosis, and treatment as provided by parts 9505.1730 to 9505.1733.

Subp. 4. **Notification.** The department must send a written notice to the local agency stating that a child in foster care who has been screened should be screened again. This notice must be sent at the following ages of the child: six months, nine months, one year, 18 months, two years, four years, and every three years thereafter.

Each year, by the anniversary of the date the child was determined eligible for medical assistance entitlements, the department must send a written notice to the local agency that a child in foster care who has never been screened is eligible to be screened.

If a written notice under this subpart pertains to a child who is a dependent or neglected state ward, the local agency must proceed according to subpart 1. The local agency must proceed according to subpart 2 if the written notice pertains to a child who is not a dependent or neglected state ward.

9505.1742 DOCUMENTATION.

The local agency must document compliance with parts 9505.1693 to 9505.1748 on forms provided by the department.

9505.1745 INTERAGENCY COORDINATION.

The local agency must coordinate the EPSDT program with other programs that provide health services to children as provided by Code of Federal Regulations, title 42, section 441.61(c), as amended through October 1, 1986. Examples of such agencies are a public health nursing service, a Head Start agency, and a school district.

9505.1748 CONTRACTS FOR ADMINISTRATIVE SERVICES.

Subpart 1. **Authority.** A local agency may contract with a county public health nursing service or a community health clinic for early and periodic screening, diagnosis, and treatment administrative services. Early and periodic screening, diagnosis, and treatment administrative services include outreach; notification; appointment scheduling and transportation; follow-up; and documentation.

Subp. 2. **Federal financial participation.** The percent of federal financial participation for salaries, fringe benefits, and travel of skilled professional medical personnel and their supporting staff shall be paid as provided by Code of Federal Regulations, title 42, section 433.15(b)(5), as amended through October 1, 1986.

Subp. 3. **State reimbursement.** State reimbursement for contracts for EPSDT administrative services under this part shall be as provided by Minnesota Statutes, section 256B.19, subdivision 1, except for the provisions under subdivision 1 that pertain to a prepaid health plan.

Subp. 4. **Approval.** A contract for administrative services must be approved by the local agency and submitted to the department for approval by January 1 of each year in which the contract will be effective. A contract must contain items A to K to be approved by the department for reimbursement:

A. names of the contracting parties;

B. purpose of the contract;

C. beginning and ending dates of the contract;

D. amount of the contract, budget breakdown, and a clause that stipulates that the department's procedures for certifying expenditures will be followed by the local agency;

E. the method by which the contract may be amended or terminated;

F. a clause that stipulates that the contract will be renegotiated if federal or state program regulations or federal financial reimbursement regulations change;

G. a clause that stipulates that the local public health nursing service or the community health clinic will provide program and fiscal records according to the Minnesota Government Data Practices Act and will cooperate with state and federal program reviews;

H. a description of the services contracted for and the agency that will perform them;

I. names of the skilled professional medical personnel and their supporting staff;

J. methods by which the local agency will monitor and evaluate the contract; and

K. signatures of the representatives of the contracting parties and dates of those signatures.

REPEALER. Minnesota Rules, parts 9505.1500; 9505.1510;

9505.1520; 9505.1530; 9505.1540; 9505.1550; 9505.1560; 9505.1570; 9505.1580; 9505.1590; 9505.1600; 9505.1610; 9505.1620; 9505.1630; 9505.1640; 9505.1650; 9505.1660; 9505.1670; 9505.1680; and 9505.1690, are repealed.

Office of the Revisor of Statutes

Administrative Rules

TITLE: Adopted Permanent Rules Relating to Early and Periodic Screening, Diagnosis, and Treatment Program

AGENCY: Department of Human Services

MINNESOTA RULES: Chapter 9505

INCORPORATION BY REFERENCE:

Rule Number: 9505.1718, subpart 12
Material Incorporated: Recommended Schedule for Active Immunization of Normal Infants and Children, June 1988 developed and distributed by the Minnesota Department of Health

The attached rules are approved for filing with the Secretary of State

Kathleen M. Traxler
Assistant Revisor