CHAPTER SIXTY-ONE

CHILDREN'S SPECIALTY CLINIC SERVICES

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Chapter 61. Children's Specialty Clinic Services

Rule No. 560-X-61-.01. General
Children's Specialty Clinic Services are specialty-oriented services that are provided by an interdisciplinary team to children who are eligible for EPSDT services and are experiencing developmental problems. Children's Specialty Clinic Services means preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are provided in a clinic setting that is not part of a hospital, but is organized and operated to provide medical care to patients according to recognized standards of care for children with special health care needs.

Authority: Title XIX, Social Security Act; State Plan; 42 C.F.R. Section 440.90. Rule effective May 13, 1996.

Rule No. 560-X-61-.02. <u>Provider Participation</u>

(1) Eligible persons may receive Children's Specialty Clinic Services through providers who are under contractual agreement with Medicaid to provide services to children eligible for EPSDT services.

(2) Providers under this section are clinics that are organized apart from any hospital and operate to provide an integrated multidisciplinary medical/rehabilitation program designed to upgrade the physical functioning of handicapped disabled individuals by bringing specialized staff together to perform as a team.

(a) Clinics must meet recognized standards of care for children with special health care needs and employ on staff the following practitioners:

1. Specialty physicians, minimum of one full-time
2. Nurses
3. Social workers/service coordinators
4. Physical therapists
5. Audiologists
6. Nutritionists
7. Speech/language pathologists

(b) Staff must be employed in sufficient numbers to meet the needs of the volume of children served.

(c) Staff must meet the minimum qualifications of 42 CFR 485.705 incorporated herein by reference.

(d) All practitioners serving children must meet state and federal criteria for participation in the Medicaid program.

(3) All Children's Specialty Clinic Services must be furnished by or under the direction of a physician. The physician must see the patient, prescribe care, and regularly review the prescribed program for continued appropriateness.

(4) Clinics must develop a patient care plan that provides medical and rehabilitative services to children with special health care needs as well as coordination and support services.

(5) Clinics must meet the following requirements for participation in the Medicaid program:

(a) Be licensed in the State of Alabama;
(b) Be independent of any hospital or physician's office;
(c) Submit to routine audits by Medicaid;
(d) Complete an application with all required attachments;
(e) Sign a provider agreement;
(f) Sign a Direct Deposit Authorization;
(g) Sign a Civil Rights Statement of Compliance;
(h) Comply with the standards set out in (2) above.

(6) Governmental providers must furnish documentation regarding the source of public funds, statutory authority of regulatory agency, and be subject to the rulemaking process of the applicable Administrative Code.

Author: Lynn Sharp, Associate Director, Policy Development, Medical Services Division
Statutory Authority: Title XIX, Social Security Act; State Plan; 42 C.F.R. Section 440.90, 485.705.
History: Rule effective May 13, 1996. Amended: Filed April 20, 1999; effective July 13, 1999.

Rule No. 560-X-61-.03. Recipient Eligibility

(1) All persons under twenty-one (21) years of age who have been certified as being eligible for Medicaid, who are eligible for EPSDT services, and are experiencing developmental problems are eligible for Children's Specialty Clinic Services.

(2) Alabama Medicaid Agency Administrative Code, Chapter One, General, contains information about the identification of Medicaid recipients.

Authority: Title XIX, Social Security Act; State Plan; 42 C.F.R. Section 440.90. Rule effective May 13, 1996.

Rule No. 560-X-61-.04. Covered Services.

(1) Children's Specialty Clinic Services do not include services that have been rendered under other Medicaid programs.

(2) Children's Specialty Clinic Services are covered when provided by a Medicaid enrolled children's specialty clinic provider.

(3) Covered children's specialty clinic services include preventive, diagnostic, therapeutic, rehabilitative, and/or palliative items or services provided by a Medicaid approved provider who meets the requirements described in Section 560-X-61-.02. Specific types of services provided in Children's Specialty Clinics include: diagnosis of medical conditions, multidisciplinary evaluations, completion of durable medical equipment assessments, therapy services, nutrition services, case management services, orthotic and prosthetic services, vision and hearing services, and dental services for children experiencing developmental problems. For details of dental services covered in childrens specialty clinics see Rule No. 560-X-15-.06 (3) of the State of Alabama Administrative Code.

(4) A patient care plan is required for each child and a service coordinator is responsible for arranging specialty and needed social services for the family.

Authority: Title XIX, Social Security Act; State Plan; 42 C.F.R. Section 440.90. Rule effective May 13, 1996. Effective date of this amendment July 10, 1998.

Rule No. 560-X-61-.05. Reimbursement.

(1) Children's Specialty Clinics will be reimbursed as follows:

(a) Governmental providers will be reimbursed by an encounter rate based on reasonable allowable costs, as defined by OMB Circular A-87, and established by the Medicaid Agency based on completion of the required cost report documentation.

(b) Nongovernmental providers will be reimbursed by a rate established by Medicaid based on usual, customary, and reasonable charges.

(2) Only one clinic visit per date of service per recipient will be reimbursed. Exception: A dental encounter may be billed in conjunction with a clinic visit for the same date of service for the same recipient.

Author: Lynn Sharp, Associate Director, Policy Development, Medical Services Division
Statutory Authority: Title XIX, Social Security Act; State Plan; 42 C.F.R. Section 440.90.
History: Rule effective May 13, 1996, March 14, 1997, and July 10, 1998. Amended: Filed; April 20, 1999; effective July 13, 1999.

Rule No. 560-X-61-.06. Copayment (Cost Sharing)

(1) Medicaid recipients shall not be required to pay and providers may not collect a copayment for any of these services. Refer to Rule No. 560-1-X-.25(3) for copay information.

Authority: Title XIX, Social Security Act; State Plan; 42 C.F.R. Section 440.130. Rule effective May 13, 1996.

Rule No. 560-X-61-.07. Payment Acceptance

(1) Eligible Medicaid recipients are not to be billed for covered services once the recipient has been accepted as a Medicaid patient.

(2) The provider is responsible for any follow-up with the fiscal agent or Medicaid on denied claims.

(3) The recipient is not responsible for any difference between billed charges and Medicaid allowed charges.

(4) The recipient may be billed for non-covered services.

(5) Children's Specialty Clinic Services shall be billed utilizing the standard HCFA-1500 claim format and locally assigned procedure codes. The appropriate ICD-9-CM diagnosis code shall be required.

(6) Claims submitted for which there is no documentation, or for charges in excess or in violation of the provider's contractual agreement, are subject to recoupment by the Agency, and to referral for investigation and possible prosecution for fraud.

Authority: Title XIX, Social Security Act; State Plan; 42 C.F.R Section 447.15. Rule effective May 13, 1996.

Rule No. 560-X-61-.08. Confidentiality

(1) The provider shall not disclose, except to duly authorized representatives of federal or state agencies, any information concerning an eligible recipient except upon written consent of the recipient, his attorney, or his/her guardian, or upon subpoena from a court of appropriate jurisdiction. See Rule 560-X-20-.05, Third Party, for additional requirements regarding release of information.

(2) The provider must safeguard clinical records against loss, destruction, and/or unauthorized use.

Authority: Title XIX, Social Security Act; State Plan; 42 C.F.R. Section 431.306. Rule effective May 13, 1996.

Rule No. 560-X-61-.09. Maintenance of Records

(1) The provider shall make available to the Alabama Medicaid Agency at no charge all information regarding claims for services provided to eligible recipients. The provider shall permit access to all records and facilities for the purpose of claims audit, program monitoring, and utilization review by duly authorized representatives of federal and state agencies. Complete and accurate fiscal records which fully disclose the extent and cost of services shall be maintained by the provider.

(2) The provider shall maintain documentation of Medicaid clients' signatures. These signatures may be entered on a sign-in log, service receipt, or any other record that can be used to indicate the clients' signatures and dates of service.

(3) All records shall be maintained for a period of at least three (3) years plus the current fiscal year. If audit, litigation, or other legal action by or on behalf of the state or federal government has begun but is not completed at the end of the three (3)-year period, the records shall be retained until resolution and finality thereof. Such records shall be kept in a form that will facilitate the establishment of a complete audit trail in the event such items are audited.

Authority: State Plan for Medical Assistance; Title XIX Social Security Act; 42 C.F.R. Sections 431.17 and 433.32. Rule effective May 13, 1996.