

**2960.0070 ADMISSION POLICY AND PROCESS.**

Subpart 1. **Exemptions.** Transitional services programs certified under part 2960.0500 are exempt from the requirements of subparts 4 and 5.

Subp. 2. **Admission criteria.** The license holder must have written specific identifiable admission criteria that are consistent with the license holder's statement of intended use in part 2960.0040. The license holder must:

A. have sufficient resources available and qualified staff to respond to the needs of persons with disabilities admitted to the facility;

B. consider the appropriateness of placing female residents in facilities that have few other female residents and whether or not the facility could offer gender-specific program services for female residents;

C. consider the appropriateness of placing male residents in facilities that have few other male residents and whether or not the facility could offer gender-specific program services for male residents; and

D. seek the approval of the commissioner of corrections to serve EJJ's who are older than 19 years of age in the same facility with residents who are less than 19 years of age.

Subp. 3. **Resident admission documentation.** Upon or within five working days after admission, the license holder must obtain and document the information in items A and B to the extent permitted by law:

A. legal authority for resident placement; and

B. in collaboration with the placing agency, gather information about the resident in subitems (1) to (12), and place that information in the resident's file:

(1) date and time of admission;

(2) name and nicknames;

(3) last known address and permanent address;

(4) name, address, and telephone number of parents, guardian, and advocate;

(5) gender;

(6) date and place of birth;

(7) race or cultural heritage, languages the resident speaks and writes, and tribal affiliation, if any;

(8) description of presenting problems, including medical problems, circumstances leading to admission, mental health concerns, safety concerns including assaultive behavior, and victimization concerns;

(9) description of assets and strengths of the resident and, if available, related information from the resident, resident's family, and concerned persons in the resident's life;

(10) name, address, and telephone number of the contact person for the last educational program the resident attended, if applicable;

(11) spiritual or religious affiliation of the resident and the resident's family;  
and

(12) the placing agency's case plan goals for the resident, if available.

Subp. 4. **Inventory and handling of resident property.** The license holder must inventory the resident's personal property, including clothing, and have the resident and the license holder sign the inventory upon admission. If the resident refuses to sign the inventory, two facility staff must sign the inventory. The license holder must ensure that a resident retain the use and availability of personal funds or property unless restrictions are justified in the resident's treatment plan.

A. The license holder must ensure separation of resident funds from funds of the license holder, the residential program, or program staff.

B. Whenever the license holder assists a resident with the safekeeping of funds or other property, the license holder must:

(1) document receipt and disbursement of the resident's funds or other property, including the signature of the resident, conservator, or payee; and

(2) return to the resident funds and property in the license holder's possession subject to restrictions in the resident's treatment plan, upon request or as soon as possible but not later than three working days after the date of the resident's request.

C. License holders and program staff must not:

(1) borrow money from a resident;

(2) purchase personal items from a resident;

(3) sell merchandise, except through a canteen-type service, or sell personal services to a resident;

(4) require a resident to buy items for which the license holder is eligible for reimbursement; or

(5) use resident funds in a manner that would violate part 9505.0425, subpart 3.

Subp. 5. **Resident screening.** A resident admitted to a facility must be appropriately screened by a trained person, using screening instruments approved by the commissioner of human services and corrections.

A. The license holder must ensure that the screenings in subitems (1) to (6) are completed if not completed prior to admission. The form used for screening in subitems (1) to (6) must be reviewed by a licensed professional in a related field.

(1) The health screening must note the resident's history of abuse and vulnerability to abuse, potential for self-injury, current medications, and most recent physician's and clinic's name, address, and telephone number.

(2) The mental health screening must be administered.

(3) The education screening must be administered according to Minnesota Statutes, section 125A.52.

(4) The substance use disorder screening must be administered. The license holder will provide or contact the resident's case manager, if applicable, to arrange a screening to determine if the resident is a chemical abuser.

(5) The screening for sexually abusive behavior must determine if a resident is likely to have sexually abusive behavior. If the screening indicates that the resident is likely to have sexually abusive behavior, the license holder must have written risk management plans to protect the resident, other residents, staff, and the community.

(6) The vulnerability assessment must determine whether the resident may be vulnerable to abuse.

B. The license holder must make an effort to determine the resident's culture and gender-based needs.

(1) Cultural screening must include relevant information about the resident's cultural background that will help the license holder respond to the resident's cultural needs.

(2) Gender-specific needs screening must identify the psychosocial needs of the resident and identify the resident's needs regarding the gender of the staff.

C. The license holder must screen or arrange to have a resident screened according to the timelines in subitems (1) to (3).

(1) The health screening in item A, subitem (1), must occur within 24 hours of admission.

(2) The other screenings in item A, subitems (2) to (6), must begin within three working days of admission, and be completed within six working days of admission.

(3) The resident need not be screened if a screening or assessment completed within the last six months is already on file. If there is reason to believe that the

resident's condition has changed since the last screening or assessment, a new screening must be completed. If the resident is transferred from another facility, the sending facility's records about the resident must be immediately requested by the receiving facility. The requirements in this item do not apply to residents on detention status for less than six working days in a detention facility.

D. The screenings must include documented inquiries and the results of the inquiries regarding the degree to which the resident's family desires to be involved during the resident's stay at the facility. The resident and resident's family response must be documented.

E. The license holder must follow the resident's case plan and cooperate with the case manager to:

(1) take specific steps to meet the needs of the resident identified by screening and, if needed, request authorization to arrange for the resident's assessment, or medical or dental care or treatment needs, based on the information obtained from the resident's screening;

(2) arrange for the resident's transportation to a hospital, if screening indicates the resident's health problems require hospitalization, and the license holder must take the necessary precautions at the facility to ensure the safety of the resident pending transfer to the hospital;

(3) contact the case manager or appropriate agency, if screening indicates that the resident needs mental health services. The resident and the resident's legal guardian must be informed of the reasons for action arising from the mental health screening, unless a mental health professional states that they should not be informed of those reasons; and

(4) contact the resident's case manager and recommend that a chemical use assessment of the resident be done, if screening indicates that a resident is a chemical abuser or is chemically dependent.

**Statutory Authority:** *L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09; 254A.03; 254B.03; 254B.04*

**History:** *28 SR 211; 32 SR 2268*

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