

9050.0070 TYPES OF ADMISSIONS.

Subpart 1. **General criteria.** Admissions must be according to the requirements in parts 4655.0400, 4655.0500, 4655.0700, and 4655.1500.

Subp. 2. **Selection of residents.** Of those applicants eligible for admission under part 9050.0050 and Minnesota Statutes, sections 198.01, 198.022, and 198.03, the admissions committee of the facility operated by the commissioner of veterans affairs, in consultation with the applicant's attending physician, shall determine whether an applicant is to be admitted by applying the criteria for each type of facility in subparts 3 and 4.

Subp. 3. **Criteria for admission to and continued stay in a boarding care facility.** The decision about admission to or continued stay in a facility operated by the commissioner of veterans affairs licensed to provide boarding care must be based on the facility's ability to meet the care needs of the applicant or resident. A person whose care needs can be met by the facility operated by the commissioner of veterans affairs must be admitted, placed on the waiting list, or retained as a resident if the admissions committee or utilization review committee determines the person meets the criteria in items A to N. A person whose care needs cannot be met must be denied admission or continued stay if the admissions committee or utilization review committee determines the person does not meet the criteria in items A to N.

A. The person must have or be assigned to an appropriate bed through the use of a patient classification system.

B. The person must have a medical and, if appropriate, psychiatric diagnosis from the attending physician indicating placement in a boarding care facility is a medical necessity.

C. The person's attending physician must document the person's need for the services provided in a boarding care facility. If a resident has not specified an attending physician, the attending physician must be a Minnesota veterans homes staff physician. If an applicant for admission has not specified an attending physician, Minnesota veterans homes facility staff must assist the applicant in finding a physician to provide an admitting diagnosis.

D. A person must be alert and oriented to person, place, and time, and able to function within a structure of daily monitoring by the nursing staff of the boarding care facility. A person who has a diagnosis of mental illness must be assessed by a staff psychiatrist or psychologist.

E. A person must be able to recognize and appropriately react to hazards in the environment. A person who has a diagnosis of mental illness must be assessed by a staff psychiatrist or psychologist. The case mix indicator, developed under Minnesota Statutes, section 144.072, for orientation and self-preservation skills must be used to determine

whether the individual has the mental judgment or physical ability necessary to function in a changing environment and a potentially harmful situation.

F. The person has the right to participate in establishing the person's individual care plan. Residents must be advised that exercising their right to refuse care may lead to their discharge if the facility is unable to care for them under part 4655.1500, subpart 2. Continuing cooperation must be measured as specified in the care plan review process in part 9050.0300.

G. A person must be physically and mentally capable of providing personal care and hygiene including dressing, grooming, eating, toileting, and washing other than bathing. A person who has a diagnosis of mental illness must be assessed by an attending psychiatrist or psychologist.

H. The person must be assessed by a staff registered nurse as independent in transferring and mobility.

I. The person must require no more than twice daily face-to-face monitoring by the nursing staff of the boarding care facility. For continued stay, face-to-face monitoring for special medical needs may exceed twice daily for up to five days with approval of the director of nursing or the assistant director of nursing of the boarding care facility.

J. An attending psychiatrist or psychologist must assess persons with a history of violent or self-abusive behavior and determine if significant risk factors currently exist which suggest that the individual poses a threat of harm to self or others to determine the facility's ability to meet the safety needs of the person and other persons at the facility.

K. A person diagnosed by the attending physician as actively psychotic must require no more than twice daily face-to-face monitoring by facility nursing staff and no more than weekly face-to-face therapeutic contacts with a staff psychiatrist or psychologist.

L. A person who has an active substance use disorder must be evaluated by an attending psychologist or psychiatrist. The evaluation must include an assessment of the person's chemical health needs, the current severity of the person's disorder, and whether the facility operated by the commissioner of veterans affairs can meet the care needs of the person. If the medical records obtained by the admissions committee do not adequately document a person's substance disorder status, the person's status may be verified by a collateral contact. For purposes of this part, "collateral contact" means an oral or written communication initiated by facility staff for the purpose of gathering information from an individual or agency, other than the applicant, to verify or supplement information provided by the applicant. Collateral contact includes contact with family members, criminal justice agencies, educational institutions, and employers.

M. The person must be able to comply with Minnesota veterans homes rules in chapter 9050. Ability to comply may be demonstrated by a documented history of

compliance in a prior placement, if any, or other relevant evidence that demonstrates ability to comply. Continuing compliance must be measured as specified in the care plan process in part 9050.0300.

N. An attending physician shall determine whether the person is free from any communicable disease or infection that poses a threat to the health and safety of others. Exceptions may be made, however, subject to the authority granted by a waiver issued by the Minnesota Department of Health. This subpart complies with Minnesota Statutes, section 144.50, subdivision 7.

Subp. 4. Criteria for admission to and continued stay in a nursing home facility. The decision about admission or continued stay in a facility operated by the commissioner of veterans affairs licensed as a nursing home must be based on the facility's ability to meet the care needs of the person. A person whose care needs can be met by the facility must be admitted, placed on the waiting list, or retained as a resident if the admissions committee or utilization review committee determines that the person meets all of the criteria in items A to G. A person whose care needs cannot be met must not be admitted or retained as a resident if the admissions committee determines the person fails to meet all of the criteria in items A to G.

A. The person must have or be assigned to an appropriate bed through a patient classification system.

B. The person must have a medical and, if appropriate, psychiatric diagnosis from the attending physician indicating placement in a nursing home is a medical necessity. If a resident has not specified an attending physician, the attending physician must be a Minnesota veterans homes staff physician. If an applicant for admission has not specified an attending physician, Minnesota veterans homes facility staff must assist the applicant in finding a physician to provide an admitting diagnosis.

C. The person's attending physician must document the person's need for the services provided in a nursing home.

D. The person must demonstrate a history of cooperation with an individual treatment or care plan or with the medical treatment plan prescribed by the attending physician. Cooperation may be demonstrated by a documented history of cooperation in a prior placement, if any, or other relevant evidence which demonstrates cooperation. Continuing cooperation must be measured as specified in the care plan review process in part 9050.0300.

E. An attending physician shall determine whether the person is free from any communicable disease or infection that poses a threat to the health and safety of others. Exceptions may be made, however, subject to the authority granted by a waiver issued by the

Minnesota Department of Health. This subpart complies with Minnesota Statutes, section 144.50, subdivision 7.

F. An attending psychiatrist or psychologist must assess persons with a history of violent or self-abusive behavior and determine if significant risk factors currently exist that suggest that the individual poses a threat of harm to self or others to determine the facility's ability to meet the safety needs of the person and other persons at the facility.

G. A person who has an active substance use disorder must be evaluated by an attending psychologist or psychiatrist. The evaluation must include an assessment of the person's chemical health needs, the current severity of the person's disorder, and whether the facility operated by the commissioner of veterans affairs can meet the care needs of the person. If the medical records obtained by the admissions committee do not adequately document the person's substance disorder status, the person's status may be verified by a collateral contact. For purposes of this part, "collateral contact" means an oral or written communication initiated by facility staff for the purpose of gathering information from an individual or agency, other than the applicant, to verify or supplement information provided by the applicant. Collateral contact includes contact with family members, criminal justice agencies, education institutions, and employers.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355; 16 SR 1801; 18 SR 2254; 20 SR 2095; 28 SR 1251; L 2008 c 297 art 2 s 29*

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