

1 Department of Human Services

2

3 Adopted Permanent Rules Relating to Preadmission Screening and

4 Alternative Care Grants

5

6 Rules as Adopted

7 9505.2390 SCOPE AND EFFECT.

8 Subpart 1. Scope. Parts 9505.2390 to 9505.2500 establish  
 9 the standards and procedures applicable to the preadmission  
 10 screening and alternative care grant program. The preadmission  
 11 screening program screens persons who are applicants for  
 12 admission to a nursing home or nursing home residents who  
 13 request a screening as required under part 9505.2435, subpart  
 14 2. An alternative care grant pays for some community services  
 15 in lieu of nursing home admission or continued nursing home  
 16 resident status for persons who meet the requirements of parts  
 17 9505.2390 to 9505.2500.

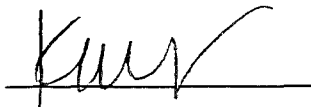
18 Parts 9505.2390 to 9505.2500 must be read in conjunction  
 19 with Minnesota Statutes, sections 256B.04, subdivision 2,  
 20 256B.05, 256B.091, subdivisions 1 to 9, and Code of Federal  
 21 Regulations, title 42, sections 440.180 and 441.300 to 441.310.  
 22 Unless otherwise specified, citations of Code of Federal  
 23 Regulations, title 42, refer to the code amended as of October  
 24 1, 1986.

25 Parts 9505.2390 to 9505.2500 also must be read in  
 26 conjunction with the requirements of the waiver obtained by the  
 27 state from the United States Department of Health and Human  
 28 Services.

29 Subp. 2. Effect. References to the waiver and waiver  
 30 provisions that occur in parts 9505.2390 to 9505.2500 shall  
 31 continue in effect only as long as the waiver from the United  
 32 States Department of Health and Human Services remains in effect  
 33 in Minnesota.

34 9505.2395 DEFINITIONS.

35 Subpart 1. Applicability. The definitions in this part



1 apply to parts 9505.2390 to 9505.2500.

2 Subp. 2. **Adult day care services.** "Adult day care  
3 services" means services provided to alternative care grant  
4 clients by adult day care programs established under Minnesota  
5 Statutes, sections 245A.01 to 245A.17, including adult day care  
6 centers licensed under parts 9555.9600 to 9555.9730.

7 Subp. 3. **Adult foster care services.** "Adult foster care  
8 services" means supervised living arrangements for adults in an  
9 adult foster care home licensed under parts 9555.5105 to  
10 9555.6265.

11 Subp. 4. **Alternative care grant or ACG.** "Alternative care  
12 grant" or "ACG" means funds allocated to a local agency by the  
13 commissioner under Minnesota Statutes, section 256B.091 to pay  
14 for alternative care services.

15 Subp. 5. **Alternative care grant client or ACG client.**  
16 "Alternative care grant client" or "ACG client" means a person  
17 who has been determined eligible to receive or is receiving  
18 services funded by an alternative care grant.

19 Subp. 6. **Alternative care grant services.** "Alternative  
20 care grant services" means the services listed in items A to G  
21 provided to ACG clients:

- 22 A. case management services;  
23 B. respite care services;  
24 C. homemaker services;  
25 D. home health aide services;  
26 E. adult foster care services;  
27 F. adult day care services; and  
28 G. personal care services.

29 Subp. 7. **Applicant.** "Applicant" means a person who is  
30 seeking admission to a nursing home or who has been admitted to  
31 a nursing home but has not yet been screened by the preadmission  
32 screening team as required in part 9505.2420.

33 Subp. 8. **Assessment form.** "Assessment form" means the  
34 form supplied by the commissioner that is used to record the  
35 information required under parts 9505.2425, subpart 1 and  
36 9505.2455, subpart 12.

1           Subp. 9. Case management services. "Case management  
2 services" means services that identify, acquire, authorize, and  
3 coordinate services for an ACG client; monitor the delivery of  
4 services to the ACG client; and adjust services to the needs of  
5 the ACG client.

6           Subp. 10. Case manager. "Case manager" means a social  
7 worker employed by or under contract with the local agency or a  
8 registered nurse who is employed by the local public health  
9 department and under contract with the local agency to provide  
10 case management services. "Local agency" in this subpart refers  
11 to the county of service.

12           Subp. 11. Commissioner. "Commissioner" means the  
13 commissioner of the Minnesota Department of Human Services or  
14 the commissioner's authorized representative.

15           Subp. 12. Community services. "Community services" means  
16 home and community-based services including services provided  
17 under the ACG as specified in part 9505.2430, subpart 4, item B,  
18 subitem (3), that can be used to meet the health or social needs  
19 of an ACG client.

20           Subp. 13. County of financial responsibility. "County of  
21 financial responsibility" means the county responsible for  
22 paying for preadmission screening of a recipient or the county  
23 responsible for paying for ACG services under part 9505.2455,  
24 subpart 3.

25           Subp. 14. County of service. "County of service" means  
26 the county whose local agency performs preadmission screening of  
27 an applicant or nursing home resident or arranges case  
28 management services for an ACG client. The county of service  
29 may be the same as or different from the county of financial  
30 responsibility.

31           Subp. 15. Delay of screening. "Delay of screening" means  
32 that preadmission screening has not been completed for an  
33 applicant but will be completed according to the time  
34 requirements established for:

35           A. emergency admission under part 9505.2420, subpart  
36 3;

1           B. preadmission screening of hospital patients under  
2 part 9505.2420, subpart 2;

3           C. 30-day exemption from screening under part  
4 9505.2420, subpart 4; or

5           D. admission of an applicant from another state under  
6 part 9505.2420, subpart 6.

7           Subp. 16. **Department.** "Department" means the Minnesota  
8 Department of Human Services.

9           Subp. 17. **Directory of services.** "Directory of services"  
10 means the list of all community services available in a  
11 geographic area that is developed under part 9505.2425, subpart  
12 7.

13          Subp. 18. **Discharge planner.** "Discharge planner" means a  
14 person qualified as a public health nurse or a social worker who  
15 is employed by a hospital to coordinate the development of an  
16 individual service plan of a person who no longer needs the  
17 services of the hospital.

18          Subp. 19. **Emergency admission.** "Emergency admission"  
19 means the admission of an applicant from the community to a  
20 nursing home before completion of preadmission screening when a  
21 physician has determined that the delay in admission needed for  
22 preadmission screening would adversely affect the applicant's  
23 health and safety. For purposes of this definition, "community"  
24 does not include a hospital.

25          Subp. 20. **Formal caregivers.** "Formal caregivers" means  
26 persons or entities providing ACG services who are employed or  
27 who are under contract with a local agency, or other agency or  
28 organization, public or private.

29          Subp. 21. **Home health aide.** "Home health aide" means a  
30 person who meets the requirements of part 9505.2470 and provides  
31 home health aide services to an ACG client.

32          Subp. 22. **Home health aide services.** "Home health aide  
33 services" means services provided under part 9505.2470 that are  
34 written in the individual treatment plan. Home health aide  
35 services include the performance of procedures as an extension  
36 of therapy services, personal care, ambulation and exercise,

1 household services essential to health care at home, assistance  
2 with medications that are ordinarily self-administered,  
3 reporting changes in the ACG client's condition and needs, and  
4 completing necessary records.

5 Subp. 23. **Homemaker services.** "Homemaker services" means  
6 services that assist an ACG client as set forth in items A to G:

- 7 A. performing house cleaning activities;
- 8 B. laundering, ironing, and mending;
- 9 C. meal planning, preparation, and cleanup;
- 10 D. assisting with money management;
- 11 E. providing companionship, emotional support, and  
12 social stimulation;
- 13 F. observing and evaluating home safety practices and  
14 seeking to improve these practices where appropriate; and
- 15 G. performing essential errands and shopping.

16 Subp. 24. **Hospital.** "Hospital" has the definition given  
17 in Minnesota Statutes, section 144.696, subdivision 3.

18 Subp. 25. **Individual service plan.** "Individual service  
19 plan" means the written plan of a community service or a  
20 combination of community services designed to meet the health  
21 and social needs of an applicant or nursing home resident  
22 screened according to part 9505.2430. The individual service  
23 plan is the plan of care referred to in Minnesota Statutes,  
24 section 256B.091.

25 Subp. 26. **Individual treatment plan.** "Individual  
26 treatment plan" means the written treatment plan of care for  
27 providing personal care and home health aide services under part  
28 9505.2475 to an ACG client.

29 Subp. 27. **Informal caregivers.** "Informal caregivers"  
30 means family, friends, neighbors, or others who provide services  
31 and assistance to the elderly without the sponsorship of an  
32 agency or organization.

33 Subp. 28. **Local agency.** "Local agency" means the county  
34 or multicounty agency that is required under Minnesota Statutes,  
35 section 256B.05, to administer the medical assistance program.

36 Subp. 29. **Medical assistance or MA.** "Medical assistance"

1 or "MA" means the program established under title XIX of the  
2 Social Security Act and Minnesota Statutes, chapter 256B.

3 Subp. 30. **Mental illness.** "Mental illness" means an  
4 illness as defined in Minnesota Statutes, section 245.462,  
5 subdivision 20, clause (2).

6 Subp. 31. **Nursing home.** "Nursing home" means a facility  
7 licensed under Minnesota Statutes, chapter 144A or sections  
8 144.50 to 144.56, that is certified to participate in the  
9 medical assistance program as a skilled nursing facility or an  
10 intermediate care facility. This definition includes boarding  
11 care homes.

12 Subp. 32. **Nursing home resident.** "Nursing home resident"  
13 means a person who resides, and expects to continue to reside,  
14 in a nursing home for more than 30 days. For purposes of parts  
15 9505.2390 to 9505.2500, "nursing home resident" does not include  
16 a person who is in a nursing home for respite care.

17 Subp. 33. **Personal care services.** "Personal care services"  
18 means services meeting the requirements of part 9505.2465.

19 Subp. 34. **Personal care assistant.** "Personal care  
20 assistant" means a person who provides personal care services  
21 under part 9505.2465 and meets the training requirements of part  
22 9505.2465, subpart 2.

23 Subp. 35. **Person with mental retardation or related**  
24 **conditions.** "Person with mental retardation or related  
25 conditions" means a person as defined in part 9525.0015, subpart  
26 20.

27 Subp. 36. **Physician.** "Physician" means a person who is  
28 authorized to practice medicine under Minnesota Statutes,  
29 chapter 147.

30 Subp. 37. **Preadmission screening.** "Preadmission  
31 screening" means the activities performed by a preadmission  
32 screening team under Minnesota Statutes, section 256B.091, and  
33 parts 9505.2390 to 9505.2500. This definition does not include  
34 the activities of teams authorized under Minnesota Statutes,  
35 section 256B.092, and established in parts 9525.0015 to  
36 9525.0165 and under the Minnesota Comprehensive Mental Health

1 Act, Minnesota Statutes, sections 245.461 to 245.486.

2 Subp. 38. Preadmission screening document. "Preadmission  
3 screening document" means the document required in part  
4 9505.2495, subpart 1, and supplied by the commissioner.

5 Subp. 39. Preadmission screening team. "Preadmission  
6 screening team" means the team authorized in Minnesota Statutes,  
7 section 256B.091, and required by part 9505.2410, to assess the  
8 financial, health, and social needs of an applicant or a nursing  
9 home resident.

10 Subp. 40. Primary caregiver. "Primary caregiver" means  
11 the informal caregiver who customarily provides care to the ACG  
12 client and cooperates with the case manager in assuring the  
13 provision of services by the formal caregivers.

14 Subp. 41. Public health nurse. "Public health nurse"  
15 means a registered nurse certified by the Minnesota Department  
16 of Health as a public health nurse under Minnesota Statutes,  
17 section 145A.02, subdivision 18, and employed by a local board  
18 of health under Minnesota Statutes, ~~sections 145.08 to~~  
19 ~~145.123~~ section 145A.10, subdivision 1.

20 Subp. 42. Public health nursing services. "Public health  
21 nursing services" means the nursing ~~services~~ program provided by  
22 a board of health under Minnesota Statutes, ~~sections 145.911 to~~  
23 ~~145.92~~ section 145A.10, subdivision 1.

24 Subp. 43. Reassessment. "Reassessment" means the  
25 reevaluation of an ACG client's financial, health, and social  
26 needs under part 9505.2455, subparts 11 and 12.

27 Subp. 44. Recipient. "Recipient" means a person who has  
28 been determined by the local agency to be eligible for medical  
29 assistance under parts 9505.0010 to 9505.0150.

30 Subp. 45. Registered nurse. "Registered nurse" means a  
31 person licensed under Minnesota Statutes, section 148.211.

32 Subp. 46. Representative. "Representative" means a person  
33 appointed by the court as a guardian or conservator under  
34 Minnesota Statutes, sections 252A.01 to 252A.21 or 525.539 to  
35 525.6198 or a parent of a child under age 18 unless the parent's  
36 parental rights have been terminated.

1 Subp. 47. **Rescreening.** "Rescreening" means the completion  
2 of the activities in part 9505.2435, subpart 3, after an initial  
3 preadmission screening.

4 Subp. 48. **Resident class.** "Resident class" refers to the  
5 case mix classification required under Minnesota Statutes,  
6 section 256B.091, subdivision 2, and assigned to a person as  
7 required under parts 9549.0058, subpart 2, and 9549.0059.

8 Subp. 49. **Resident day.** "Resident day" means a day for  
9 which nursing services in a nursing home are rendered or a day  
10 for which a nursing home bed is held.

11 Subp. 50. **Respite care services.** "Respite care services"  
12 means short-term supervision, assistance, and care provided to  
13 an ACG client due to the temporary absence or need for relief of  
14 the ACG client's primary caregiver. Respite care services may  
15 be provided in the client's home or in a facility approved by  
16 the state such as a hospital, nursing home, foster home, or  
17 community residential facility.

18 Subp. 51. **Room and board costs.** "Room and board costs"  
19 means costs associated with providing food and shelter to a  
20 person, including the directly identifiable costs of:

21 A. private and common living space;

22 B. normal and special diet food preparation and  
23 service;

24 C. linen, bedding, laundering, and laundry supplies;

25 D. housekeeping, including cleaning and lavatory  
26 supplies;

27 E. maintenance and operation of the building and  
28 grounds, including fuel, electricity, water, supplies, and parts  
29 and tools to repair and maintain equipment and facilities; and

30 F. allocation of salaries and other costs related to  
31 items A to E.

32 Subp. 52. **Skilled nursing service.** "Skilled nursing  
33 service" refers to the term described in Code of Federal  
34 Regulations, title 42, section 405.1224.

35 Subp. 53. **Social worker.** "Social worker" means a person  
36 who has met the minimum qualifications of a social worker under



1 the Minnesota Merit System or a county civil service system in  
2 Minnesota.

3 Subp. 54. **Unscreened applicant.** "Unscreened applicant"  
4 means an applicant for whom preadmission screening has not been  
5 completed under parts 9505.2390 to 9505.2500.

6 Subp. 55. **Waiver.** "Waiver" means the approval given by  
7 the United States Department of Health and Human Services which  
8 allows the state to pay for home and community-based services  
9 authorized under Code of Federal Regulations, title 42, section  
10 441, subpart G. The term includes all amendments to the waiver  
11 including any amendments made after the effective date of parts  
12 9505.2395 to 9505.2500, as approved by the United States  
13 Department of Health and Human Services.

14 Subp. 56. **Working day.** "Working day" means the hours of a  
15 day, excluding Saturdays, Sundays, and holidays, when a local  
16 agency is open for business.

17 9505.2396 COMPUTATION OF TIME INTERVALS TO MEET NOTICE  
18 REQUIREMENTS.

19 For purposes of parts 9505.2390 to 9505.2500, a required  
20 time interval to meet notice requirements must be computed to  
21 exclude the first and include the last day of the prescribed  
22 interval of time. The term "day" includes Saturday, Sunday, and  
23 holidays unless it is modified as "working day."

24 9505.2400 PREADMISSION SCREENING REQUIREMENT.

25 Subpart 1. **Coverage.** The preadmission screening team  
26 established by the local agency must complete the preadmission  
27 screening of all applicants except individuals who are exempt  
28 under subpart 2 and the preadmission screening of current  
29 nursing home residents who request a screening. The  
30 preadmission screening team shall complete the screening as  
31 specified in part 9505.2425, except in the cases of persons with  
32 mental retardation or related conditions. Persons with mental  
33 retardation or related conditions must be provided services  
34 according to parts 9525.0015 to 9525.0165. Persons with mental  
35 illness must be provided services according to the Minnesota

1 Comprehensive Mental Health Act, Minnesota Statutes, sections  
2 245.461 to 245.486.

3 Subp. 2. Exemptions. The following individuals are exempt  
4 from the requirement of subpart 1:

5 A. a nursing home resident who transfers from one  
6 nursing home located within Minnesota directly to another  
7 nursing home located within Minnesota, regardless of the  
8 location of either nursing home;

9 B. a nursing home resident who is admitted to a  
10 hospital from a nursing home and who returns to a nursing home;

11 C. a nursing home resident who changes certified  
12 levels of care within the same nursing home;

13 D. an applicant for whom preadmission screening was  
14 completed within the previous three months;

15 E. an applicant who has been screened and who is  
16 currently receiving ACG services;

17 F. an applicant who has been screened and who is  
18 currently receiving services from a certified home health  
19 agency;

20 G. an applicant who is not eligible for medical  
21 assistance and whose length of residency in a nursing home is  
22 expected to be 30 days or less as determined under part  
23 9505.2420, subpart 4;

24 H. an applicant whose nursing home care is paid for  
25 indefinitely by the United States Veterans Administration;

26 I. an applicant who enters a nursing home  
27 administered by and for the adherents of a recognized church or  
28 religious denomination described in Minnesota Statutes, section  
29 256B.091, subdivision 4; and

30 J. an applicant to a nursing home described in  
31 Minnesota Statutes, section 256B.431, subdivision 4, paragraph  
32 (c).

33 9505.2405 INFORMATION REGARDING AVAILABILITY OF PREADMISSION  
34 SCREENING.

35 The local agency must annually publish a notice that

1 preadmission screening is available to persons in the area  
2 served by the local agency. At a minimum, the notice must  
3 appear in the newspaper that has the largest circulation within  
4 the geographic area served by the local agency. The notice must:

5           A. explain the purpose of preadmission screening as  
6 stated in Minnesota Statutes, section 256B.091, subdivision 1;

7           B. instruct the public how to contact the  
8 preadmission screening team; and

9           C. state who is subject to and who may request  
10 preadmission screening under Minnesota Statutes, section  
11 256B.091, subdivisions 2 and 4, and part 9505.2400.

12 9505.2410 ESTABLISHMENT OF PREADMISSION SCREENING TEAM.

13           Subpart 1. Establishment. A local agency must establish  
14 at least one preadmission screening team to complete  
15 preadmission screening of applicants and nursing home  
16 residents. In addition, a local agency may contract with a  
17 nonprofit hospital to perform the functions of a preadmission  
18 screening team under part 9505.2413 for applicants being  
19 discharged from the hospital. If a nonprofit hospital performs  
20 the functions of a preadmission screening team under contract  
21 with a local agency, the hospital's discharge planner shall not  
22 be a member of the team unless the applicant is a person being  
23 discharged from the hospital. If a nonprofit hospital does not  
24 have a contract with the local agency to perform the functions  
25 of a screening team, the hospital's discharge planner may be  
26 present at the preadmission screenings and may participate in  
27 the discussions but not in making the screening team's  
28 recommendations.

29           Subp. 2. Composition of preadmission screening team. A  
30 preadmission screening team must be composed as specified in  
31 items A to C.

32           A. The preadmission screening team must include a  
33 social worker and a public health nurse. The team must also  
34 include the applicant's or nursing home resident's physician if  
35 the physician chooses to participate.

1           B. The social worker of the local agency's  
2 preadmission screening team must be employed by or under  
3 contract with the local agency and must be designated by name as  
4 a member of the preadmission screening team.

5           C. If a local agency has a human services board  
6 organized under Minnesota Statutes, sections 402.01 to 402.10,  
7 the local agency must designate by name the public health nurse  
8 member of the preadmission screening team. If a local agency  
9 does not have a human services board organized under Minnesota  
10 Statutes, sections 402.01 to 402.10, the local agency must  
11 contract with the board of health organized under Minnesota  
12 Statutes, section 145.913, or a public or nonprofit agency under  
13 contract with the local agency to provide public health nursing  
14 services to provide the public health nurse member of the  
15 preadmission screening team. The local board of health or a  
16 public or nonprofit agency under contract with the local agency  
17 to provide public health nursing services must designate by name  
18 the public health nurse member of a preadmission screening team.

19           **Subp. 3. Number of preadmission screening team members**  
20 **present at screening.** Except as provided in subpart 5, the  
21 social worker and the public health nurse designated as members  
22 of the preadmission screening team must be present at a  
23 preadmission screening. The applicant's or nursing home  
24 resident's physician may be present if the physician chooses to  
25 participate in the preadmission screening.

26           **Subp. 4. Physician notification of preadmission**  
27 **screening.** The local agency must notify the physician of the  
28 applicant or nursing home resident being screened, by telephone,  
29 of the date, time, and place the person's preadmission screening  
30 is to take place. The telephone notice must be made on the day  
31 that the preadmission screening team schedules the screening.  
32 The notice must state the physician's right to participate as a  
33 member of the preadmission screening team. No later than ten  
34 working days after the telephone notice, the local agency must  
35 send the physician a written notice that contains the  
36 information given in the telephone notice.

1 Subp. 5. Preadmission screening by public health nurse.

2 Preadmission screening may be completed by the public health  
3 nurse member of the team, in consultation with the social  
4 worker, for applicants who are being admitted to a nursing home  
5 from a hospital and who are not eligible for medical assistance  
6 under parts 9505.0010 to 9505.0150. For the purpose of this  
7 subpart, "consultation" means a meeting or telephone  
8 conversation between the public health nurse and the social  
9 worker that takes place after the public health nurse has  
10 completed the preadmission screening. The purpose of the  
11 consultation is to discuss the assessment, the recommendation,  
12 and, as appropriate, the applicant's individual service plan or  
13 the applicant's plans for discharge from the nursing home.

14 Subp. 6. Physician consultant to preadmission screening  
15 team. A local agency must designate a physician who practices  
16 within the local agency's service area to serve as a consultant  
17 to the preadmission screening teams designated under subpart 2.

18 9505.2413 CONTRACTS FOR PREADMISSION SCREENING TEAM MEMBERS FOR  
19 APPLICANTS DISCHARGED FROM HOSPITALS.

20 The local agency may contract with a nonprofit hospital to  
21 provide one or both members of a preadmission screening team to  
22 screen applicants being discharged from the nonprofit hospital  
23 and to make recommendations for the screened applicants about  
24 nursing home admission and community services necessary for the  
25 applicant's individual service plan. The contract between the  
26 local agency and the nonprofit hospital must:

27 A. set beginning and ending dates of the contract;

28 B. specify the duties and responsibilities of the  
29 local agency and the nonprofit hospital;

30 C. specify that a member of the preadmission  
31 screening team to be provided by the hospital must be a  
32 discharge planner;

33 D. designate by name the person or persons to be  
34 provided by the hospital;

35 E. require the designated preadmission screening team

1 member or members to comply with parts 9505.2390 to 9505.2500;

2 F. specify that the member or members of the  
3 preadmission screening team under contract will screen only  
4 applicants being discharged from that nonprofit hospital;

5 G. designate the person employed by the hospital and  
6 the person employed by the local agency who are responsible for  
7 proper performance under the contract;

8 H. state that the nonprofit hospital must complete a  
9 preadmission screening for an applicant before the applicant's  
10 discharge from the nonprofit hospital;

11 I. require that a member of the nonprofit hospital's  
12 screening team have no direct or indirect financial or  
13 self-serving interest in a nursing home or other referral such  
14 that it would not be possible for the member to consider each  
15 case objectively;

16 J. specify the amount the local agency must pay the  
17 nonprofit hospital for carrying out the terms of the contract;

18 K. specify the person employed by the hospital who is  
19 responsible for implementing appropriate data practices; and

20 L. specify reports and records to be kept by the  
21 nonprofit hospital.

22 9505.2415 HOSPITAL NOTICE REQUIREMENTS.

23 Subpart 1. Notification of preadmission screening team.

24 Except as indicated under subpart 2, the discharge planner of a  
25 hospital must notify the preadmission screening team about a  
26 hospital patient who is an applicant. Oral and written notices  
27 must be given. The oral notice must be given to the  
28 preadmission screening team at least three working days before  
29 discharge of the applicant. The hospital must document the oral  
30 notice by sending the preadmission screening team a written  
31 notice within ten working days after the oral notice. The  
32 notice must:

33 A. provide the name of the applicant;

34 B. provide the name of the nursing home that the  
35 applicant is considering;

1 C. provide the applicant's primary diagnosis;

2 D. indicate the interval in which the applicant is  
3 expected to be discharged from the nursing home. The intervals  
4 are: less than 30 consecutive days; 30 days but less than three  
5 months; three months but less than six months; or six months or  
6 more;

7 E. indicate that the discharge planner gave  
8 information to the applicant about the purpose of preadmission  
9 screening and community services; and

10 F. indicate if the discharge planner wants to  
11 participate in the preadmission screening.

12 Subp. 2. Exception to notice required of hospital. If the  
13 applicant is in the hospital for less than three working days  
14 and preadmission screening is not completed, the hospital may  
15 discharge the applicant to a nursing home, but the hospital  
16 discharge planner must contact the preadmission screening team  
17 by telephone or in person before the applicant's discharge and  
18 complete the notice required under subpart 1.

19 9505.2420 TIME REQUIREMENTS FOR PREADMISSION SCREENING.

20 Subpart 1. General time requirements. Except as provided  
21 in subparts 2 to 6, the local agency must schedule a  
22 preadmission screening within five working days of receiving a  
23 request for the preadmission screening from an applicant or an  
24 applicant's representative. Except as provided in subparts 2 to  
25 6, the preadmission screening must be completed within the  
26 period of ten working days following the applicant's request for  
27 preadmission screening.

28 Subp. 2. Preadmission screening of hospital patients.  
29 Notwithstanding subpart 1, the local agency must complete the  
30 preadmission screening of an applicant who is a hospital patient  
31 within three working days of receiving oral notice from the  
32 discharge planner under part 9505.2415, subpart 1. However, the  
33 local agency may delay the preadmission screening of an  
34 applicant who is a hospital patient when, based on information  
35 given in the oral notice, the preadmission screening cannot be

1 completed before discharge from the hospital and the applicant's  
2 discharge plan indicates that the applicant must be admitted to  
3 a nursing home. If preadmission screening is delayed and the  
4 local agency and the nursing home are located in the same  
5 county, the local agency must notify the nursing home orally and  
6 in writing of the scheduled date for the preadmission screening  
7 and perform the preadmission screening within ten working days  
8 after the applicant's admission to the nursing home.

9 If preadmission screening is delayed and the nursing home  
10 and the local agency are located in different counties, the  
11 local agency of the county in which the nursing home is located  
12 must be responsible for the preadmission screening. The local  
13 agency of the county in which the hospital is located must send  
14 an oral and a written notice of the applicant's discharge plan  
15 to the local agency in the county where the nursing home is  
16 located. Oral notice must be given on the day that the local  
17 agency of the county in which the hospital is located delays  
18 preadmission screening. The written notice must be sent within  
19 ten working days after the oral notice. The written notice must  
20 include a copy of the delay-of-screening form completed by the  
21 local agency of the county in which the hospital is located and  
22 a copy of the hospital's discharge notice. The preadmission  
23 screening team from the local agency in the county where the  
24 nursing home is located must then notify the nursing home orally  
25 and in writing of the scheduled date for the preadmission  
26 screening and perform the preadmission screening within ten  
27 working days after the applicant's admission to the nursing home.

28 Subp. 3. **Emergency admission.** When preadmission screening  
29 is not completed due to an emergency admission, the procedures  
30 in items A to C must be followed.

31 A. The attending physician must certify the reason  
32 for the emergency in the applicant's medical record.

33 B. The nursing home must orally notify the  
34 preadmission screening team within two working days after the  
35 date of the emergency admission.

36 C. The preadmission screening team must complete the



1 preadmission screening of the applicant within ten working days  
2 of the date of the applicant's admission to the nursing home or  
3 within ten working days after receiving the oral referral for  
4 preadmission screening, whichever is earlier.

5       Subp. 4. **Thirty-day exemption from preadmission**  
6 **screening.** A local agency must grant a 30-day exemption from  
7 preadmission screening to applicants who are not eligible for  
8 medical assistance if the requirements in items A and B are met.

9           A. The nursing home must notify the local agency of  
10 the applicant's admission no later than the day of the  
11 applicant's admission to the nursing home. The notice must  
12 include information stating that the requirements of item B have  
13 been met.

14           B. The attending physician must certify in the  
15 applicant's medical record in the nursing home that the  
16 applicant's expected length of stay in the nursing home will be  
17 30 consecutive days or less.

18       The preadmission screening team of the local agency that  
19 has determined that the applicant's request for a 30-day  
20 exemption from preadmission screening meets the requirements in  
21 items A and B must complete and send the nursing home a form  
22 supplied by the commissioner authorizing the 30-day exemption  
23 and at the same time must send a copy of the form to the  
24 applicant.

25       The nursing home must provide an update to the preadmission  
26 screening team before or on the 30th day of the applicant's stay  
27 if the applicant will continue to live in the nursing home for  
28 more than 30 consecutive days. The local agency must complete  
29 preadmission screening within ten working days after the 30th  
30 day unless the applicant is discharged within these ten working  
31 days, does not return to the nursing home, and does not become  
32 an applicant to a different nursing home.

33       Subp. 5. **Nursing home applicant admitted to a hospital**  
34 **from a nursing home before completion of preadmission screening.**  
35 The local agency must complete preadmission screening of a  
36 nursing home applicant who has been admitted to a nursing home

1 within the periods required under subparts 1 to 4 unless the  
2 nursing home applicant is admitted to a hospital during these  
3 periods. If a nursing home applicant is admitted to a hospital  
4 during the periods under subparts 1 to 4, the preadmission  
5 screening time requirements begin again on the date of  
6 readmission to the nursing home.

7 Subp. 6. Applicant from another state. When an applicant  
8 from another state is admitted to a nursing home in Minnesota,  
9 the nursing home must notify the preadmission screening team  
10 within two working days after the date of the admission. The  
11 notice may be oral or written. The preadmission screening team  
12 must then complete the preadmission screening of the applicant  
13 within ten working days after the date of admission to the  
14 nursing home.

15 9505.2425 SCREENING AND ASSESSMENT PROCEDURES REQUIRED DURING  
16 PREADMISSION SCREENING.

17 Subpart 1. General requirements. The preadmission  
18 screening team must assess the health and social needs of the  
19 applicant or nursing home resident being screened using the  
20 assessment form provided by the commissioner. The preadmission  
21 screening team must carry out the responsibilities specified in  
22 subparts 2 to 14 and the duties listed in part 9505.0295,  
23 subpart 3, item C. The preadmission screening team must ask  
24 whether the person being screened has been determined eligible  
25 for or is receiving medical assistance and must give a person  
26 whose eligibility for medical assistance has not been determined  
27 information about making a medical assistance application.

28 Subp. 2. Assessment interview. The preadmission screening  
29 team must conduct the assessment in a face-to-face interview  
30 with the person being screened and the person's representative,  
31 if any.

32 Subp. 3. Information given to person being screened by  
33 screening team during preadmission screening. The preadmission  
34 screening team must give the person being screened or the  
35 person's representative the form or forms supplied by the

1 commissioner containing the information specified in items A to  
2 E:

3 A. the purpose of the preadmission screening and  
4 alternative care grant program under Minnesota Statutes, section  
5 256B.091;

6 B. the person's freedom to accept or reject the  
7 recommendation of the preadmission screening team;

8 C. the person's right to confidentiality under the  
9 Minnesota Government Data Practices Act, Minnesota Statutes,  
10 chapter 13;

11 D. the person's right to appeal the preadmission  
12 screening team's recommendation under part 9505.2500 and  
13 Minnesota Statutes, sections 256.045, subdivisions 2 and 3 and  
14 256B.091, subdivision 5; and

15 E. if the person is not a recipient, the right of the  
16 person and the person's spouse to retain liquid assets up to the  
17 amount specified in Minnesota Statutes, sections 256B.14,  
18 subdivision 2; 256B.17; and 256B.48.

19 The preadmission screening team must document compliance  
20 with this subpart by signing and placing in the local agency's  
21 records of the person being screened the forms supplied by the  
22 commissioner that state the required information was given to  
23 the person being screened.

24 Subp. 4. Access to medical records. The preadmission  
25 screening team must ask the person being screened or the  
26 person's representative to sign forms necessary to authorize the  
27 team's access to the person's medical records. Furthermore, a  
28 nursing home or a hospital's discharge planner that conducts a  
29 preadmission screening must ask the person being screened or the  
30 person's representative to sign forms necessary to authorize the  
31 team's access to information that is needed to complete  
32 preadmission screening for the person. If the person or the  
33 person's representative agrees to sign the forms, the  
34 authorization must be completed as prescribed in subpart 14.

35 Subp. 5. Preadmission screening team recommendations.  
36 After completing the assessment form required in subpart 1, the

1 preadmission screening team must offer the person being screened  
2 or the person's representative the most cost-effective  
3 alternatives available to meet the person's needs and must  
4 recommend one of the choices specified in items A to E.

5         A. The preadmission screening team must recommend  
6 admission to a nursing home for an applicant or continued stay  
7 for a nursing home resident when the assessment indicates that  
8 the applicant or nursing home resident requires community  
9 services that are not available or that the anticipated cost of  
10 providing the required community services would exceed the  
11 annual monthly statewide average payment of the resident class  
12 under parts 9549.0050 to 9549.0059 that would be applicable to  
13 the person being screened if the person were placed in a nursing  
14 home, calculated from the payments made for that resident class  
15 in the previous fiscal year.

16         B. The preadmission screening team must recommend use  
17 of community services when the assessment indicates that the  
18 community services needed by the person are available and the  
19 anticipated cost of providing the community services is less  
20 than the total annual statewide monthly average payment of the  
21 resident class under parts 9549.0050 to 9549.0059 that would be  
22 applicable to the person if the person were placed in a nursing  
23 home, calculated from the payments made for that resident class  
24 in the previous fiscal year.

25         C. The preadmission screening team must recommend  
26 that the person live in the community without community services  
27 if the assessment indicates that the person does not need either  
28 admission to a nursing home or community services.

29         D. A preadmission screening team that has reason to  
30 believe that a person being screened has or may have a diagnosis  
31 of mental retardation or related conditions must refer the  
32 person for services including screening, development of the  
33 individual service plan, and case management services according  
34 to parts 9525.0015 to 9525.0165.

35         E. A preadmission screening team that has reason to  
36 believe that a person being screened has been diagnosed or may

1 be diagnosed as mentally ill must refer the person for a  
2 diagnostic assessment as defined in Minnesota Statutes, section  
3 245.462, subdivision 9. If the person is determined by the  
4 diagnostic assessment to have serious and persistent mental  
5 illness as defined in Minnesota Statutes, section 245.462,  
6 subdivision 20, and the person chooses community services under  
7 an ACG, the preadmission screening team must establish the  
8 individual service plan as required in part 9505.2430, subpart  
9 4, and assure the assignment of a case manager as specified in  
10 part 9505.2430, subpart 6. The case manager shall incorporate  
11 the person's individual community support plan as defined in  
12 Minnesota Statutes, section 245.462, subdivision 12, into the  
13 person's individual service plan and shall coordinate the  
14 person's services that are specified in the Comprehensive Mental  
15 Health Act, Minnesota Statutes, sections 245.461 to 245.486.

16 Subp. 6. **Required application for ACG services.** If the  
17 person being screened chooses to remain in the community with  
18 community services the preadmission screening team must request  
19 the person or the person's representative to sign an application  
20 for the community services under the ACG. To be eligible to  
21 receive the community services under the ACG, the person being  
22 screened or the person's representative must sign the  
23 application. The application shall be on a form prescribed by  
24 the commissioner.

25 Subp. 7. **Use of directory of services during preadmission**  
26 **screening.** The preadmission screening team must use a directory  
27 of services provided by the local agency during the preadmission  
28 screening in determining the individual service plan of a person  
29 being screened. The local agency must make a directory of  
30 services available to the preadmission screening team, the  
31 person being screened, and other persons present at a  
32 screening. The local agency may compile its own directory of  
33 services or use a directory prepared by a community resource.  
34 In either event, the directory must be one that is updated  
35 annually.

36 Subp. 8. **Notification of preadmission screening team**

1 **recommendation.** The preadmission screening team must give or  
 2 send a written notice stating the team's recommendation to the  
 3 person being screened, the person's representative, if any, and  
 4 the person's physician. The preadmission screening team must  
 5 also send the written notice to the county of financial  
 6 responsibility. Both types of notice must be given or sent  
 7 within ten working days after the date of the request for the  
 8 preadmission screening.

9       Subp. 9. Individual service plan. The preadmission  
 10 screening team must develop an individual service plan according  
 11 to part 9505.2430 when the person or the person's representative  
 12 chooses to use community services.

13       Subp. 10. Submittal of ACG client information to county of  
 14 financial responsibility. If the county of service is different  
 15 from the county of financial responsibility for an ACG client,  
 16 the county of service must submit client information to the  
 17 county of financial responsibility for approval of the  
 18 individual service plan. The information must include items A  
 19 to D:

20           A. ~~the original preadmission screening assessment~~  
 21 ~~form, including~~ the original individual service plan;

22           B. the original signed application if required under  
 23 subpart 6;

24           C. the original preadmission screening document; and

25           D. a copy of the completed financial information form  
 26 required in part 9505.2455, subpart 1, item C.

27       Subp. 11. County of financial responsibility review of  
 28 individual service plan. The county of financial responsibility  
 29 for an ACG client under part 9505.2455, subpart 3, must approve  
 30 or reject the proposed individual service plan under items A to  
 31 E and part 9505.2455, subpart 2.

32           A. If the costs of ACG services, together with the  
 33 costs of skilled nursing services provided by public health  
 34 nursing services that are reimbursable under medical assistance,  
 35 if applicable, do not exceed the cost limitations in subpart 5,  
 36 item B, the county of financial responsibility must approve the

1 proposed individual service plan. If the cost of ACG services  
2 together with the costs of skilled nursing services provided by  
3 public health nursing services that are reimbursable under  
4 medical assistance exceeds the cost limitations in subpart 5,  
5 item B, the county of financial responsibility must reject the  
6 individual service plan. Rejection of an individual service  
7 plan by the county of financial responsibility shall occur only  
8 if cost limitations of subpart 5, item B, are not met. If the  
9 county of financial responsibility and the county of service are  
10 the same, the county shall not reject the individual service  
11 plan prepared by the county's preadmission screening team if the  
12 individual service plan falls within the cost limitations of  
13 subpart 5, item B.

14           B. The county of financial responsibility must orally  
15 notify the preadmission screening team of the approval or  
16 rejection of the individual service plan within three working  
17 days after receiving the plan from the county of service. The  
18 county of financial responsibility must mail a written notice to  
19 the preadmission screening team within ten working days after  
20 receiving the individual service plan.

21           C. If the individual service plan is approved by the  
22 county of financial responsibility, the county of service must  
23 implement the plan upon oral notice of approval from the county  
24 of financial responsibility.

25           D. If the individual service plan is rejected by the  
26 county of financial responsibility because it exceeds the cost  
27 limitations in subpart 5, item B, the oral and written notice of  
28 rejection sent to the preadmission screening team must explain  
29 the reasons for the rejection and define the corrections needed  
30 to obtain approval. The preadmission screening team must  
31 develop a revised individual service plan for an ACG client  
32 whose initial individual service plan was rejected by the county  
33 of financial responsibility. The preadmission screening team  
34 must send the revised individual service plan to the county of  
35 financial responsibility within ten days after receiving the  
36 oral rejection.

1           E. If the revised individual service plan includes  
 2 ACG services that meet the cost limitations in subpart 5, item  
 3 B, the county of financial responsibility must approve the  
 4 individual service plan and orally notify the preadmission  
 5 screening team of the approval within three working days after  
 6 receiving the revised plan. The county of financial  
 7 responsibility must send a written notice of approval to the  
 8 preadmission screening team within ten working days after  
 9 receiving the revised plan.

10           Subp. 12. Sending individual service plan to county of  
 11 service. If the county of financial responsibility approves an  
 12 individual service plan, the preadmission screening team must  
 13 send the written individual service plan to the county of  
 14 service within ten working days after the approval.

15           Subp. 13. Resident class assessment. The preadmission  
 16 screening team must complete the resident class assessment of  
 17 the applicant required under parts 9549.0058 and 9549.0059 for  
 18 an applicant who is not exempt from preadmission screening under  
 19 part 9505.2400, subpart 5, or 9549.0059, subpart 1, item A,  
 20 subitem (2). The resident class assessment shall be completed  
 21 concurrently with preadmission screening performed within the  
 22 time requirements of part 9505.2420.

23           Subp. 14. Authorization to release information. When a  
 24 preadmission screening team, nursing home, or hospital's  
 25 discharge planner asks a person being screened or the person's  
 26 representative to sign forms needed to have access to  
 27 information necessary to complete the preadmission screening,  
 28 the following information must be on the form above the person's  
 29 signature:

- 30           A. the person's name;
- 31           B. the date;
- 32           C. the information authorized;
- 33           D. who is authorized to give the information;
- 34           E. to whom the information is to be given;
- 35           F. the information's use during the screening to
- 36 determine the appropriateness of nursing home admission or



1 continued nursing home placement or use of community services  
2 for the person; and

3 G. the date of expiration of the authorization.

4 A separate form must be completed and signed for each  
5 authorization of access to a medical record. The period of the  
6 authorization must not exceed one year.

7 9505.2426 APPLICANT'S AND NURSING HOME RESIDENT'S RIGHT TO  
8 CHOOSE COMMUNITY SERVICES.

9 After completion of the preadmission screening required  
10 under part 9505.2425, subpart 5, or the rescreening required  
11 under part 9505.2435, the applicant, nursing home resident, or  
12 the representative of the applicant or nursing home resident  
13 shall decide whether to accept or reject the recommendations of  
14 the preadmission screening team. If the applicant, nursing home  
15 resident, or the representative of the applicant or nursing home  
16 resident who is eligible for ACG services decides to receive the  
17 ACG services identified in his or her individual service plan,  
18 the applicant, nursing home resident, or the representative of  
19 the applicant or nursing home resident shall have the freedom to  
20 choose among the ACG providers under contract with the local  
21 agency to provide the identified ACG services.

22 9505.2430 ESTABLISHMENT OF INDIVIDUAL SERVICE PLAN.

23 Subpart 1. Individual service plan required. The  
24 preadmission screening team must establish an individual service  
25 plan for each applicant or nursing home resident who requests  
26 preadmission screening and who has been assessed under part  
27 9505.2425, and who has chosen community services except persons  
28 referred under part 9505.2425, subpart 5, items D and E. The  
29 preadmission screening team must consult the applicant or  
30 nursing home resident or the person's representative in  
31 establishing the plan. Additionally, the preadmission screening  
32 team must ask the applicant or the nursing home resident or the  
33 representative of the applicant or nursing home resident whether  
34 he or she chooses to have other persons consulted about the  
35 plan. The preadmission screening team must consult the persons

1 that the applicant, nursing home resident, or the representative  
2 of the applicant or nursing home resident has designated by name  
3 to be consulted about the plan.

4 Subp. 2. Request for information about eligibility for  
5 medical assistance or 180-day eligibility determination. The  
6 preadmission screening team must ask the applicant, nursing home  
7 resident, or the representative of the applicant or nursing home  
8 resident whether the applicant or nursing home resident receives  
9 medical assistance, is a recipient, or would be eligible to  
10 receive medical assistance within 180 days after admission to a  
11 nursing home. If the preadmission screening team has reason to  
12 believe the person being screened would be eligible to receive  
13 medical assistance within 180 days after admission to a nursing  
14 home, the preadmission screening team must estimate what the  
15 person's financial eligibility would be 180 days after admission  
16 using a form prescribed by the commissioner.

17 Subp. 3. Individual service plan for a person not eligible  
18 for an ACG. The individual service plan prepared by the  
19 preadmission screening team for a person being screened who is  
20 not eligible for an ACG must document compliance with items A to  
21 D:

22 A. the preadmission screening team determined that  
23 the person is not eligible for community services funded by an  
24 ACG under part 9505.2455, subpart 2;

25 B. the preadmission screening team discussed with the  
26 person the community services identified as needed in the  
27 assessment under part 9505.2425;

28 C. the preadmission screening team told the person  
29 what information is available in the directory of services; and

30 D. the preadmission screening team gave a copy of the  
31 individual service plan to the person.

32 Subp. 4. Individual service plan for a person who is  
33 eligible for an ACG. The individual service plan prepared by  
34 the preadmission screening team for a person being screened who  
35 is eligible for an ACG must document compliance with items A to  
36 D. The person or the person's representative and a member of

1 the preadmission screening team must sign the individual service  
2 plan. The preadmission screening team must give the person or  
3 the person's representative a copy of the individual service  
4 plan.

5 A. The preadmission screening team has determined  
6 that the person being screened is eligible for community  
7 services funded by an ACG under part 9505.2455, subpart 2.

8 B. Recommendation of an individual service plan that  
9 identifies:

10 (1) any treatment prescribed by the individual's  
11 attending physician as necessary and any follow-up treatment as  
12 necessary;

13 (2) the community services needed by the person;

14 (3) the available providers of the identified  
15 community services including ACG service providers under  
16 contract with or employed by the local agency and informal  
17 support networks such as family, friends, volunteers, and church  
18 groups;

19 (4) the needed frequency of the services;

20 (5) the initial date on which each service must  
21 begin;

22 (6) the funding sources for the community  
23 services;

24 (7) the estimated cost of skilled nursing  
25 services provided by public health nursing services;

26 (8) the total cost of the ACG services;

27 (9) an estimate of the total cost of the  
28 community services; and

29 (10) the name of the case manager assigned by the  
30 county of service.

31 C. The preadmission screening team allowed the person  
32 or the person's representative to choose among the available  
33 providers listed in the directory of services who are under  
34 contract with or employed by the county of service.

35 D. The preadmission screening team reviewed the  
36 individual service plan with the person or the person's

1 representative at the time of the completion of the preadmission  
2 screening.

3       Subp. 5. **Sliding fee information.** The preadmission  
4 screening team must tell the person being screened who would be  
5 eligible to receive medical assistance within 180 days after  
6 admission to the nursing home about the amount of the sliding  
7 fee that the person is required to pay for alternative care  
8 grant services according to the sliding fee schedule established  
9 by the commissioner under Minnesota Statutes, section 256B.091,  
10 subdivision 8, if the person will be receiving ACG services  
11 under an individual service plan developed under subpart 4.

12       Subp. 6. **Assignment of case manager.** Upon completion of  
13 the individual service plan, the local agency of the county of  
14 service shall assign a case manager to implement the individual  
15 service plan prepared for an ACG client under subpart 4.

16 9505.2435 RESCREENING.

17       Subpart 1. **Applicability.** The preadmission screening team  
18 must conduct a rescreening when the local agency receives either  
19 a written or oral request under subpart 2 suggesting that a  
20 recommendation resulting from a rescreening would differ from  
21 the recommendation given by the preadmission screening team at  
22 the last preadmission screening. Rescreenings must be conducted  
23 for all persons who meet the above criteria except ACG clients.

24       Subp. 2. **Request for rescreening.** The applicant, nursing  
25 home resident, or person's representative must submit a request  
26 to the local agency to be rescreened when the applicant or  
27 nursing home resident meets the criteria in subpart 1. The  
28 request may be oral or written and must state the date and  
29 location of the person's last preadmission screening and any  
30 changes in the person's health and social needs that have  
31 occurred since the last screening.

32       Subp. 3. **Rescreening procedure.** The rescreening must be  
33 conducted according to the procedures for preadmission screening  
34 in parts 9505.2390 to 9505.2450.

35       Subp. 4. **Reimbursement for rescreening.** Reimbursement to

1 the local agency for rescreening must be the same as  
2 reimbursement of a preadmission screening under parts 9505.2440  
3 and 9505.2445.

4 9505.2440 PREADMISSION SCREENING RATE.

5 For rate years beginning on January 1 following the  
6 effective date of parts 9505.2390 to 9505.2500, the commissioner  
7 shall annually establish the maximum statewide rate allowed for  
8 reimbursement of preadmission screening and the maximum  
9 reimbursement rate of a local agency for preadmission  
10 screening. The maximum statewide rate and the maximum  
11 reimbursement rate of a local agency shall not exceed the prior  
12 year's rate by more than the percentage change between the two  
13 previous Junes in the all urban consumer price index (CPI-U) for  
14 Minneapolis-St. Paul new series index (1967=100) as published by  
15 the Bureau of Labor Statistics, United States Department of  
16 Labor. The CPI-U is incorporated by reference and is available  
17 from the Minitex interlibrary loan system. The CPI-U is subject  
18 to frequent change. By January 15 of each year, the  
19 commissioner must send a written notice of the maximum  
20 reimbursement rate to a local agency.

21 9505.2445 REIMBURSEMENT FOR PREADMISSION SCREENING.

22 Subpart 1. County of financial responsibility for  
23 preadmission screening of a recipient. The county of financial  
24 responsibility for a recipient is as defined in Minnesota  
25 Statutes, chapter 256G.

26 Subp. 2. Medical assistance reimbursement for preadmission  
27 screening of a recipient. The medical assistance program must  
28 reimburse a local agency for the preadmission screening of a  
29 recipient if the local agency has complied with the time  
30 requirements of part 9505.2420. The local agency of the county  
31 of financial responsibility shall submit invoices for  
32 reimbursement of preadmission screening costs for a recipient to  
33 the department at the times and as required in part 9505.0450,  
34 subpart 2.

35 Subp. 3. Reimbursement for preadmission screening of

1 persons who are not recipients. Reimbursement for the  
2 preadmission screening of persons who are not recipients must be  
3 made according to Minnesota Statutes, section 256B.091,  
4 subdivision 4.

5 Subp. 4. Required local agency estimate of the cost and  
6 number of preadmission screenings of persons other than  
7 recipients. Annually by February 15, a local agency must  
8 prepare and submit to the department an estimate for the  
9 following state fiscal year of the number and costs of  
10 preadmission screenings of persons who are not recipients and  
11 who will be applicants or nursing home residents for whom the  
12 county will provide preadmission screening.

13 Subp. 5. Local agency's allocation of cost estimate to a  
14 nursing home. Using the annual estimate of the number and costs  
15 of preadmission screenings required in subpart 4, a local agency  
16 must calculate the monthly amount to be paid by a nursing home  
17 to the local agency for preadmission screenings performed by the  
18 local agency for the following state fiscal year. The amount  
19 must be based on the nursing home's percentage of the number of  
20 licensed beds in nursing homes in the county of the local  
21 agency. The local agency must submit the amount to the nursing  
22 home by February 15.

23 Subp. 6. Reconciliation of estimate required in subpart 4  
24 with actual cost. Annually by January 15, the department shall  
25 reconcile its estimated cost of a nursing home's number of  
26 preadmission screenings of persons who are not recipients as  
27 calculated under subpart 4 with the actual cost of preadmission  
28 screenings of these persons performed in the previous state  
29 fiscal year. The department shall notify the local agency of  
30 the amount of the overpayment or underpayment that the local  
31 agency must use in completing the calculation required under  
32 subpart 4.

33 9505.2450 PENALTIES.

34 Subpart 1. Penalty to nursing home for admission of an  
35 unscreened applicant. A nursing home that admits an unscreened

1 applicant who is subject to the preadmission screening  
2 requirement under part 9505.2400 or that fails to notify the  
3 preadmission screening team about an emergency admission as  
4 required under part 9505.2420, subpart 3, item B, is subject to  
5 the penalties in items A to C.

6           A. If the applicant is a recipient, the nursing home  
7 must not be reimbursed by medical assistance for the applicant's  
8 resident days that preceded the date of completion of the  
9 applicant's assessment by the preadmission screening team under  
10 part 9505.2425. Furthermore, the nursing home must not bill an  
11 unreimbursed resident day to the unscreened applicant who is a  
12 recipient.

13           B. If the applicant is not a recipient, the nursing  
14 home must not bill the applicant for the applicant's resident  
15 days that preceded the date of completion of the applicant's  
16 assessment by the preadmission screening team under part  
17 9505.2420.

18           C. The nursing home must include an unreimbursed  
19 resident day in the nursing home's resident day total reported  
20 to the department for the purpose of rate calculation under  
21 parts 9549.0010 to 9549.0080.

22           Subp. 2. Penalty to county of service for late screening.  
23 A county of service required to act within the time requirements  
24 in part 9505.2420 that fails to act within the time requirements  
25 shall not receive reimbursement for the preadmission screening  
26 under part 9505.2445, subparts 2 and 3, from medical assistance  
27 in the case of a recipient or from the nursing home in the case  
28 of a person who is not a recipient. Under these circumstances,  
29 the county of service shall be solely responsible for the costs  
30 of the preadmission screening. Nevertheless, the county of  
31 service must complete the preadmission screening as required in  
32 parts 9505.2400 and 9505.2425.

33 9505.2455 ALTERNATIVE CARE GRANTS.

34           Subpart 1. Preadmission screening determination of  
35 eligibility. The preadmission screening team must determine if

1 the applicant or nursing home resident is eligible for an ACG  
 2 under the criteria in subpart 2. If the person being screened  
 3 is eligible for an ACG, the preadmission screening team must:

4           A. determine the county of financial responsibility  
 5 according to subpart 3;

6           B. determine the county of service; and

7           C. determine the amount of the fee to be paid by the  
 8 person if the person would be eligible to receive medical  
 9 assistance within 180 days after admission to a nursing home.  
 10 The amount of the sliding fee must be determined according to  
 11 the sliding fee schedule established by the commissioner under  
 12 Minnesota Statutes, section 256B.091, subdivision 8, and on  
 13 forms provided by the commissioner.

14           Subp. 2. Eligibility criteria. A person is eligible for  
 15 an ACG if the person meets the criteria in items A to G H:

16           A. the person has been screened by the preadmission  
 17 screening team;

18           B. the person is 65 years or older;

19           C. the person is a recipient or is eligible for  
 20 medical assistance under parts 9505.0010 to 9505.0150 or would  
 21 be eligible to receive medical assistance within 180 days after  
 22 admission to a nursing home;

23           D. the person would require nursing home care if  
 24 community services were not available;

25           E. the person is an applicant who chooses to remain  
 26 in the community and use community services or a nursing home  
 27 resident who chooses to leave the nursing home and receive  
 28 community services;

29           F. the person requires community services that cannot  
 30 be provided by services funded by sources other than alternative  
 31 care grants;

32           G. the person has completed an application for  
 33 community services; and

34           H. the cost of an ACG is within the monthly  
 35 limitation specified in subpart 8.

36           Subp. 3. Determination of county of financial



1 responsibility for alternative care grants. The preadmission  
2 screening team must determine the county of financial  
3 responsibility for an ACG client according to item A or B.

4 A. The county of financial responsibility for an ACG  
5 client who is a recipient is the county as defined in Minnesota  
6 Statutes, chapter 256G.

7 B. When ACG services begin, the county of financial  
8 responsibility for an ACG client who would be eligible to  
9 receive medical assistance within 180 days after admission to a  
10 nursing home is the county of financial responsibility as  
11 defined in Minnesota Statutes, chapter 256G for medical  
12 assistance recipients.

13 Subp. 4. Use of alternative care grants. ACG services may  
14 be reimbursed through an ACG if the person is eligible under  
15 subpart 2 and if the services are identified as needed in the  
16 ACG client's individual service plan and if the services are  
17 subject to the rates established in part 9505.2490. However,  
18 reimbursement for respite care services is limited to payment  
19 for 30 days of service in one state fiscal year.

20 Subp. 5. Supplies and equipment. If the ACG client is a  
21 recipient and the supplies and equipment are covered services  
22 under part 9505.0310, the cost of the supplies and equipment  
23 shall be paid as provided in the medical assistance program  
24 under parts 9505.0170 to 9505.0475 to the extent that  
25 reimbursement of the cost is not available from Medicare and a  
26 third party payer as defined in part 9505.0015, subpart 46. A  
27 local agency shall use ACG money to buy or rent care-related  
28 supplies and equipment for an ACG client as specified in items A  
29 to C.

30 A. If the supplies and equipment are not covered  
31 services under part 9505.0310 or the ACG client is not a  
32 recipient and the cost of the supplies and equipment for the ACG  
33 client is not more than \$100 per month, the local agency shall  
34 authorize the use of ACG funds.

35 B. If the supplies and equipment are not covered  
36 services under part 9505.0315 or the ACG client is not a

1 recipient and the cost of the supplies and equipment exceeds  
2 \$100 per month, the local agency must obtain prior authorization  
3 from the department to use ACG funds to pay the cost of the  
4 supplies and equipment. For purposes of this subpart, "prior  
5 authorization" means written approval and authorization given by  
6 the department to the local agency before the purchase or rental  
7 of the supply or equipment.

8           C. The department shall have the right to determine  
9 whether the supplies and equipment are necessary to enable the  
10 client to remain in the community. If the department determines  
11 that the supplies and equipment are necessary to enable the ACG  
12 client to remain in the community and if the cost of the  
13 supplies and equipment together with all other ACG services and  
14 skilled nursing services provided by public health nursing  
15 services is less than the limitation in subpart 8, the  
16 department shall authorize the use of the ACG funds to pay the  
17 cost.

18           Subp. 6. **Supervision costs.** The cost of supervising a  
19 home health aide or personal care assistant must be included in  
20 the rate for home health aide or personal care services, unless  
21 payment for the cost of supervision is included in the rate for  
22 skilled nursing service. If the cost of supervising a home  
23 health aide or personal care assistant is included in the rate  
24 for skilled nursing service, the cost must not be included in  
25 the payment for a home health aide or personal care assistant.  
26 The cost of supervising an alternative care grant service other  
27 than a personal care service or a health aide service must be  
28 included in the rate for the service.

29           Subp. 7. **Unallowable costs.** Alternative care grants must  
30 not be used:

31           A. to establish community services for which funding  
32 sources are available through other programs;

33           B. to pay for community services that can be  
34 reimbursed through other funding sources including Medicare and  
35 third party payers as defined in part 9505.0015, subpart 46;

36           C. to pay for room and board costs except for respite

1 care provided outside of the ACG client's residence; or

2 D. to pay providers that are not under contract with  
3 the local agency under Minnesota Statutes, section 256B.091,  
4 subdivision 8.

5 Subp. 8. Costs included within the monthly limitation of  
6 an ACG to an ACG client. In a calendar month, the total cost of  
7 an ACG to an ACG client must not exceed the total statewide  
8 monthly average payment of the resident class to which the ACG  
9 client would be assigned under parts 9549.0050 to 9549.0059,  
10 calculated from the payments made for that resident class in the  
11 previous fiscal year. The following costs must be included in  
12 determining the total costs of an ACG:

13 A. cost of all ACG services;

14 B. cost of skilled nursing services provided by  
15 public health nursing services and reimbursable under parts  
16 9505.0170 to 9505.0475; and

17 C. cost of supplies and equipment funded by an ACG.

18 Subp. 9. Criteria for selection as an ACG provider. A  
19 provider who provides ACG services must meet the criteria in  
20 items A and B.

21 A. The provider must be employed by or have  
22 contracted with the local agency to provide ACG services.

23 B. The provider must meet all licensure requirements  
24 and professional standards established in Minnesota Statutes,  
25 Minnesota Rules, and the Code of Federal Regulations that apply  
26 to the services provided.

27 Subp. 10. Contract for ACG services. If the local agency  
28 contracts with a provider under subpart 9, the contract must:

29 A. set beginning and ending dates for the term of the  
30 contract;

31 B. specify the duties and responsibilities of the  
32 local agency and the provider;

33 C. require the provider to comply with parts  
34 9505.2390 to 9505.2500;

35 D. specify the amount that the local agency must  
36 reimburse the provider for the services;

1 E. specify reports and record retention required of  
2 the provider by the local agency;

3 F. specify the conditions under which the local  
4 agency shall terminate the provider's contract; and

5 G. specify documentation of an individual abuse  
6 prevention plan that complies with parts 9555.8000 to 9555.8500  
7 if such a plan is required of the provider by Minnesota  
8 Statutes, section 626.557.

9 Subp. 11. Reassessment of ACG clients. A face-to-face  
10 reassessment of an ACG client must be conducted by the case  
11 manager at least once every six months after ACG services have  
12 begun. The case manager must also reassess an ACG client when  
13 the case manager determines that changes in the health and  
14 social needs or the financial status of the ACG client require  
15 revisions in the individual service plan. When an ACG client  
16 leaves the county of service and establishes residence in  
17 another Minnesota county, the case manager responsible for  
18 implementing the ACG client's individual service plan must  
19 notify the local agency of the other county about the client's  
20 change in residence and request the other county to assign a  
21 case manager and conduct a reassessment.

22 Subp. 12. Record of reassessment. At the time of an ACG  
23 client's reassessment, the case manager must complete an  
24 assessment form and give the ACG client an information form or  
25 forms supplied by the commissioner containing the information  
26 required in part 9505.2425, subpart 3, items C to E. The case  
27 manager must document in the ACG client's case record that the  
28 client received the required information. The ACG client's case  
29 record of reassessment shall contain at least the information in  
30 items A to G:

31 A. the completed assessment form;

32 B. the reason for the reassessment;

33 C. a redetermination of financial eligibility for the  
34 ACG client;

35 D. the names and relationship to the client of the  
36 persons consulted during the reassessment;

1 E. any revisions of the individual service plan that  
2 will occur in type, frequency, and cost of ACG services  
3 resulting from the reassessment;

4 F. a completed quality assurance and review (QA&R)  
5 form, as required by part 9549.0059, with an estimate of the  
6 client's resident class; and

7 G. a recomputed sliding fee for the client who would  
8 be eligible to receive medical assistance within 180 days after  
9 admission to a nursing home.

10 9505.2458 CASE MANAGER ACTIONS TO ASSURE SAFETY AND HEALTH OF  
11 ACG CLIENT WHO IS A VULNERABLE ADULT.

12 A case manager who has reason to believe an ACG client who  
13 is a vulnerable adult is or has been subject to abuse or neglect  
14 as defined in Minnesota Statutes, section 626.557, subdivision  
15 2, that occurs at the client's residence or the place where the  
16 client receives the ACG service shall immediately comply with  
17 the reporting and other actions required under Minnesota  
18 Statutes, section 626.557, and shall determine how to assure the  
19 client's health and safety during the local agency's  
20 investigation. The case manager shall determine whether to  
21 withdraw the services, provide work out another living  
22 arrangement for the client, or arrange for the services of  
23 another ACG provider. When the case manager receives the  
24 findings of the local agency's investigation, the case manager  
25 shall amend the ACG client's individual service plan as needed  
26 to assure the client's health and safety.

27 9505.2460 LOCAL AGENCY SELECTION OF ACG PROVIDERS.

28 Subpart 1. Public meeting to inform providers. The local  
29 agency must hold an annual public meeting with possible  
30 providers of ACG services to inform providers about the criteria  
31 for provider selection as listed in subpart 4 and the date by  
32 which requests to be an ACG provider must be submitted to the  
33 local agency. The local agency may hold the annual public  
34 meeting at a time convenient to its schedule for completing  
35 service contracts to be included in its annual plan. The local

1 agency must document that the notice required in subpart 2 was  
2 given and that the public meeting was held.

3 Subp. 2. Notice of annual public meeting. The local  
4 agency must place a notice of the public meeting required under  
5 subpart 1 in the newspaper that is the official newspaper  
6 designated by the county board of commissioners of the local  
7 agency under Minnesota Statutes, section 279.08. The notice  
8 must appear at least 14 days before the public meeting and must  
9 state the date, time, and place of the meeting, the type of  
10 services for which a need is anticipated, the criteria in  
11 subpart 3 for selection as an ACG provider, the date by which  
12 the local agency will complete its selection of ACG providers,  
13 and the name, telephone number, and address of the local  
14 agency's contact person who can provide information about the  
15 criteria for selection and contract terms.

16 Subp. 3. Selection criteria. The local agency must select  
17 providers for ACG contracts as required in Minnesota Statutes,  
18 section 256B.091, subdivision 8, using the criteria in items A  
19 to G and other criteria established by the local agency that are  
20 consistent with items A to G:

21 A. the need for the particular service offered by the  
22 provider;

23 B. ~~the-service-needs-of-the-ACG-clients-of-the-local~~  
24 agency the population to be served including the number of ACG  
25 ~~clients to-be-served~~, the length of time service will be  
26 provided, and the ~~health-status~~ medical condition of the ACG  
27 clients;

28 C. the geographic area to be served;

29 D. the quality assurance methods to be used by the  
30 provider including compliance with required licensures,  
31 certifications, or standards and supervision of employees as  
32 required by parts 9505.2390 to 9505.2500;

33 E. the rate for each service or unit of service  
34 exclusive of county administrative costs;

35 F. evaluation of services previously or currently  
36 provided by the provider; and

1 G. the provider's previous compliance with contract  
2 provisions and future ability to comply with contract provisions  
3 including billing requirements, and terms related to contract  
4 cancellation and indemnification. The local agency must  
5 evaluate the ACG services that it provides to ACG clients using  
6 the criteria in this subpart.

7 Subp. 4. Written record of reason for not selecting a  
8 provider. A local agency must keep a written record of the  
9 reason a provider who requests a contract to provide ACG  
10 services was not selected and must notify the provider of the  
11 reasons.

12 9505.2465 STANDARDS FOR PERSONAL CARE SERVICES.

13 Subpart 1. Definitions. For purposes of this part, the  
14 following terms have the meanings given them.

15 A. "Personal care provider" means a home health  
16 agency that meets the requirements of subpart 5 and is under  
17 contract to the local agency to provide personal care assistants  
18 or a local agency licensed as a home health agency under  
19 Minnesota Statutes, sections 144A.43 to 144A.47, or registered  
20 under Minnesota Statutes, section 144A.49.

21 B. "Personal care service" means a service listed in  
22 subpart 3 that is ordered by a physician and provided by a  
23 personal care assistant to an ACG client to maintain the ACG  
24 client in his or her residence.

25 Subp. 2. Training requirements. Personal care services  
26 must be provided by a personal care assistant who has  
27 successfully completed one of the training requirements in items  
28 A to E:

29 A. a homemaker or home health aide preservice  
30 training program using a curriculum recommended by the Minnesota  
31 Department of Health;

32 B. a nursing assistant training program or its  
33 equivalent for which competency as a nursing assistant is  
34 determined according to a test administered by the State Board  
35 of Vocational Technical Education;

1 C. an accredited educational program for registered  
2 nurses or licensed practical nurses;

3 D. a training program that provides the personal care  
4 assistant with skills required to perform the services specified  
5 in subpart 3; or

6 E. determination by the supervising registered nurse  
7 that the personal care assistant has, through training or  
8 experience, the skills required to perform the duties specified  
9 in subpart 3.

10 Subp. 3. Personal care services. The duties specified in  
11 items A to N are components of personal care services:

12 A. bowel and bladder care;

13 B. skin care done to maintain the health of the skin,  
14 including prophylactic routine and palliative measures such as  
15 exposure to air, use of nondurable medical equipment,  
16 application of lotions, powders, ointments, and treatments such  
17 as heat lamp and foot soaks;

18 C. range of motion exercises;

19 D. respiratory assistance;

20 E. transfers;

21 F. bathing, grooming, and hairwashing necessary for  
22 personal hygiene;

23 G. turning and positioning;

24 H. assistance with furnishing medication that is  
25 ordinarily self-administered;

26 I. application and maintenance of prosthetics and  
27 orthotics;

28 J. cleaning equipment;

29 K. dressing or undressing;

30 L. assistance with food, nutrition, and diet  
31 activities;

32 M. accompanying an ACG client to obtain medical  
33 diagnosis or treatment and to attend other activities such as  
34 church if the personal care assistant is needed to provide  
35 personal care services while the recipient is absent from his or  
36 her residence; and



1 N. performing other services essential to the  
2 effective performance of the duties in items A to M.

3 Subp. 4. **Employment of personal care assistants.** A  
4 personal care assistant who provides personal care services  
5 under the ACG program is not an employee of the ACG client but  
6 must be employed by or under contract with a personal care  
7 provider. A personal care assistant employed by a personal care  
8 provider must meet the training requirements in subpart 2. The  
9 personal care provider shall terminate the personal care  
10 assistant's employment or assignment to an ACG client if the  
11 supervising registered nurse determines that the personal care  
12 assistant is not performing satisfactorily.

13 Subp. 5. **Personal care provider; eligibility.** Except as  
14 provided in subpart 11, a local agency that is not licensed as a  
15 home health agency under Minnesota Statutes, sections 144A.43 to  
16 144A.47 or registered under Minnesota Statutes, section 144A.49,  
17 and that wants to provide personal care services under the ACG  
18 program must contract with a personal care provider to provide  
19 the personal care services. To be eligible to contract with the  
20 local agency as a personal care provider, the provider must meet  
21 the criteria in items A to K. The local agency must assure the  
22 provider's compliance with the criteria in items A to K:

23 A. be licensed as a home health agency under  
24 Minnesota Statutes, sections 144A.43 to 144A.47, or registered  
25 under Minnesota Statutes, section 144A.49;

26 B. possess the capacity to enter into a legally  
27 binding contract;

28 C. possess demonstrated ability to fulfill the  
29 responsibilities in this subpart and subpart 6;

30 D. demonstrate the cost effectiveness of its proposal  
31 for the provision of personal care services;

32 E. demonstrate a knowledge of, sensitivity to, and  
33 experience with the special needs, including communication  
34 needs, and the condition of the ACG client;

35 F. provide a quality assurance mechanism;

36 G. demonstrate the financial ability to produce a

1 cash flow sufficient to cover operating expenses for 30 days;

2 H. disclose fully the names of persons with an  
3 ownership or control interest of five percent or more in the  
4 contracting agency;

5 I. demonstrate an accounting or financial system that  
6 complies with generally accepted accounting principles;

7 J. demonstrate a system of personnel management; and

8 K. if offering personal care services to a  
9 ventilator-dependent ACG client, demonstrate the ability to  
10 train and to supervise the personal care assistant and the ACG  
11 client in ventilator operation and maintenance.

12 Subp. 6. **Personal care provider responsibilities.** The  
13 personal care provider shall:

14 A. employ or contract with personal care assistants  
15 to provide personal care services and to train personal care  
16 assistants as necessary;

17 B. supervise the personal care services as in subpart  
18 9;

19 C. if the provider is not the local agency, submit a  
20 bill to the local agency for personal care services provided by  
21 the personal care assistant;

22 D. establish a grievance mechanism to resolve  
23 consumer complaints about personal care services;

24 E. keep records as required in parts 9505.1750 to  
25 9505.1880;

26 F. perform functions and provide services specified  
27 in the personal care provider's contract under subpart 5;

28 G. comply with applicable rules and statutes; and

29 H. perform other functions as necessary to carry out  
30 the responsibilities in items A to G.

31 Subp. 7. **Employment prohibition.** A local agency that  
32 provides ACG services to an ACG client whether the services are  
33 provided by the local agency as a personal care provider or  
34 under contract with a personal care provider must prohibit the  
35 employment of a person to provide personal care services for an  
36 ACG client if the personal care assistant:

1           A. refuses to provide full disclosure of criminal  
2 history records as specified in subpart 8;

3           B. has been convicted of a crime that directly  
4 relates to the occupation of providing personal care services to  
5 a qualified recipient;

6           C. has jeopardized the health or welfare of a  
7 vulnerable adult through physical abuse, sexual abuse, or  
8 neglect as defined in Minnesota Statutes, section 626.557; or

9           D. is misusing or is dependent on mood-altering  
10 chemicals including alcohol to the extent that the personal care  
11 provider knows or has reason to believe that the use of  
12 chemicals has a negative effect on the ability of the personal  
13 care assistant to provide personal care services or the use of  
14 chemicals is apparent during the hours the personal care  
15 assistant is providing personal care services.

16       **Subp. 8. Preemployment check of criminal history.** Before  
17 employing a person as a personal care assistant for an ACG  
18 client, the personal care provider shall require from the  
19 applicant for employment full disclosure of conviction and  
20 criminal history records pertaining to any crime related to the  
21 provision of health services under the medical assistance  
22 program or to the occupation of a personal care assistant.

23       **Subp. 9. Supervision of personal care assistant.** A  
24 personal care assistant must be under the supervision of a  
25 registered nurse. The supervising registered nurse shall not be  
26 a member of the family of the ACG client who is receiving  
27 personal care service from the personal care assistant under the  
28 registered nurse's supervision. The supervising registered  
29 nurse must:

30           A. ensure that the personal care assistant is capable  
31 of providing the personal care services required in the ACG  
32 client's individual treatment plan required by part 9505.2475  
33 through direct observation of the assistant's performance or  
34 through consultation with the ACG client and the ACG client's  
35 primary caregiver when possible;

36           B. ensure that the personal care assistant is

1 knowledgeable about the individual treatment plan before the  
2 personal care assistant performs the personal care services;

3 C. ensure that the personal care assistant is  
4 knowledgeable about essential observations of the ACG client's  
5 health, and about any conditions that should immediately be  
6 brought to the attention of either the nurse or the ACG client's  
7 physician;

8 D. evaluate the personal care services of an ACG  
9 client through direct observation of the personal care  
10 assistant's work or through consultation with the ACG client;

11 E. review the individual treatment plan with the ACG  
12 client and the personal care assistant at least once every 120  
13 days and revise the individual treatment plan as necessary;

14 F. ensure that the personal care assistant and ACG  
15 client are knowledgeable about any change in the individual  
16 treatment plan; and

17 G. review all entries made in the ACG client's health  
18 care record showing the services provided and the time spent by  
19 the personal care assistant.

20 Subp. 10. Evaluation of services. The supervising  
21 registered nurse shall evaluate the personal care assistant's  
22 work under the schedule in items A to C.

23 The supervising registered nurse must record in writing the  
24 results of the evaluation and action taken to correct any  
25 deficiencies in the work of the personal care assistant.

26 A. Within 14 days after the placement of a personal  
27 care assistant with the ACG client.

28 B. At least once every 30 days during the first 90  
29 days after the ACG client first begins to receive personal care  
30 services under the individual service plan developed by the  
31 screening team.

32 C. At least once every 120 days following the period  
33 of evaluations in item B.

34 Subp. 11. Employment and reimbursement of a relative as a  
35 personal care assistant. A relative of an ACG client, with the  
36 exception of the ACG client's spouse, shall be reimbursed for

1 providing personal care services to an ACG client only if the  
2 relative and the local agency meet the requirements in items A  
3 to D.

4           A. The relative must be employed by or under contract  
5 with the local agency or a personal care provider. A local  
6 agency employing a relative under this subpart does not have to  
7 be licensed as a home health agency under Minnesota Statutes,  
8 sections 144A.43 to 144A.47.

9           B. The relative would suffer financial hardship as a  
10 result of providing the ACG client's personal care services or a  
11 personal care assistant who is not a relative is not available  
12 to perform the ACG client's personal care services. For  
13 purposes of this subpart, financial hardship refers to a  
14 situation in which a relative incurs a substantial reduction in  
15 income because he or she resigns from a full-time job, goes from  
16 a full-time to a part-time job paying considerably less  
17 compensation, takes a leave of absence without pay from a  
18 full-time job to care for an ACG client, or incurs substantial  
19 expenses in making arrangements necessary to enable the relative  
20 to care for an ACG client.

21           C. The relative and the local agency must meet the  
22 requirements of subparts 2, 3, and 7 to 10.

23           D. The local agency has obtained the department's  
24 prior approval.

25 9505.2470 STANDARDS FOR HOME HEALTH AIDE SERVICES.

26           Subpart 1. Employment of home health aide. A home health  
27 aide who provides home health aide services under the ACG  
28 program to an ACG client must be an employee of a provider of  
29 home health aide services. The home health aide must be under  
30 the supervision of a registered nurse. Registered nurses and  
31 practical nurses licensed under Minnesota Statutes, sections  
32 148.29 to 148.299 shall not be employed as home health aides  
33 under the ACG program.

34           Subp. 2. Eligible providers. To be eligible as a provider  
35 of home health aide services under the ACG program, a home

1 health agency must be licensed under Minnesota Statutes,  
2 sections 144A.43 to 144A.46, and certified to participate under  
3 titles XVIII and XIX of the Social Security Act.

4 Subp. 3. Approval and supervision of home health aide  
5 services. A home health aide providing home health aide  
6 services in the ACG program must be approved by the supervising  
7 registered nurse to perform the medically oriented tasks written  
8 in the ACG client's individual treatment plan. The supervising  
9 registered nurse must be an employee of a home health agency  
10 that is providing the home health aide services.

11 Subp. 4. Record of home health aide services. A home  
12 health agency providing home health aide services to an ACG  
13 client must keep a record documenting the provision of home  
14 health aide services in the client's individual treatment plan.  
15 The documentation shall include the date and nature of the  
16 services provided and the names of the home health aide and the  
17 supervising registered nurse.

18 9505.2473 STANDARDS FOR HOMEMAKER SERVICES.

19 Subpart 1. Qualified homemakers. The local agency shall  
20 assure that each ACG client receiving homemaker services is  
21 served by a homemaker qualified under part 9565.1200, subpart  
22 2. A person who is providing a homemaker service under the ACG  
23 program to an ACG client who is the person's relative must meet  
24 the standards in part 9565.1200, subpart 2.

25 Subp. 2. Contracting for homemaker services and  
26 supervision of a homemaker. The local agency may directly  
27 provide or contract for homemaker services that are part of the  
28 ACG client's individual service plan. If the local agency  
29 provides homemaker services directly, the local agency must also  
30 provide supervision of the homemaker's activities. If the local  
31 agency contracts with a provider for homemaker services, the  
32 provider must meet the requirements of Minnesota Statutes,  
33 sections 144A.43 to 144A.46 or 144A.49.

34 Subp. 3. Payment limitations; homemaker. ACG payments  
35 shall be made only for the homemaker tasks specified in part

1 9505.2395, subpart 23, that are required by and indicated in the  
2 ACG client's individual service plan.

3 9505.2475 ESTABLISHMENT OF INDIVIDUAL TREATMENT PLAN.

4 Subpart 1. Requirement. An individual treatment plan must  
5 be developed for an ACG client who receives home health aide  
6 services or personal care services. The ACG client's physician  
7 and the supervising registered nurse, together with the personal  
8 care assistant or the home health aide, the ACG client and the  
9 ACG client's representative, if any, must develop the individual  
10 treatment plan. The ACG client's physician and the supervising  
11 registered nurse must review the plan every 60 days and revise  
12 the plan if a revision is necessary to help the ACG client meet  
13 his or her needs. The supervising registered nurse must give a  
14 copy of the client's individual treatment plan to the ACG  
15 client's case manager and the home health agency that provides  
16 the home health or personal care services.

17 Subp. 2. Contents of ACG client's individual treatment  
18 plan. The ACG client's individual treatment plan must meet the  
19 requirements of Code of Federal Regulations, title 42, section  
20 405.1223.

21 9505.2480 ALLOCATION OF STATE ACG MONEY.

22 Subpart 1. Formula for allocation of state ACG money.  
23 Annually before July 1, the commissioner must allocate state  
24 money available for alternative care grants to each local agency.  
25 The allocation must include the state share of money for  
26 services provided to recipients under the waiver and the state  
27 share of money for services to persons who would be eligible to  
28 receive medical assistance within 180 days after nursing home  
29 admission. The allocation must be made according to Minnesota  
30 Statutes, section 256B.091, subdivision 8. State funds  
31 allocated by the commissioner to a local agency for ACG services  
32 provided under the waiver shall not be used for any purpose  
33 other than services under the waiver.

34 Subp. 2. Review of allocation; reallocation of state ACG  
35 money. The commissioner must review the local agencies'

1 projected and expended state ACG money on a quarterly basis.  
2 The commissioner must reduce the allocation of state ACG money  
3 to a local agency if the commissioner determines that the local  
4 agency will not use the full state allocation during the state  
5 fiscal year. The commissioner must reallocate the unused  
6 portion of the local agency's allocation to a local agency that  
7 has or wants to have more ACG clients than were projected to be  
8 served in its biennial plan.

9 9505.2485 ALLOCATION OF NUMBER OF ACG CLIENTS TO BE SERVED UNDER  
10 THE WAIVER.

11 Subpart 1. Local agency allocation of ACG clients under  
12 the waiver. At least annually, the commissioner must allocate  
13 the number of ACG clients who are recipients and for whom each  
14 local agency is financially responsible under the waiver. The  
15 commissioner must determine from the medical assistance  
16 eligibility data provided as of March 1 by the counties to the  
17 department each local agency's allocation according to the  
18 county's percentage of the statewide total number of recipients  
19 who are age 65 or older.

20 Subp. 2. Review of allocation; reallocation of number of  
21 ACG clients under the waiver. The commissioner shall review the  
22 projected and actual number of ACG clients served under the  
23 waiver by all local agencies on a quarterly basis. The  
24 commissioner may reduce the number of ACG clients allocated to a  
25 local agency if the commissioner determines that the local  
26 agency will serve fewer than its allocated number of ACG clients  
27 during the allocation period. The commissioner may reallocate  
28 the unused portion of the local agency's initial allocation to  
29 another local agency.

30 Subp. 3. Notice to local agency. The commissioner shall  
31 notify a local agency annually before May 15 of the number of  
32 recipients to be served as ACG clients under the waiver under  
33 subpart 1 and shall notify a local agency at least 15 days  
34 before the effective date of a change in the number of ACG  
35 clients allocated to the local agency under subpart 2.



1 9505.2486 LOCAL AGENCY ESTIMATION OF NUMBER OF PERSONS OTHER  
2 THAN RECIPIENTS TO BE SERVED AS ACG CLIENTS.

3 A local agency must estimate the number of persons other  
4 than recipients to be served as ACG clients. The estimate shall  
5 depend on the extent that ACG funds allocated to the local  
6 agency as required by part 9505.2480 are available. The local  
7 agency must report the estimate in the biennial plan and  
8 revisions to the biennial plan required in part 9505.2495,  
9 subpart 2.

10 9505.2490 RATES FOR ACG SERVICES.

11 Subpart 1. Statewide maximum ACG service rate. For years  
12 beginning on July 1 following the effective date of parts  
13 9505.2390 to 9505.2500, the commissioner must annually set a  
14 statewide maximum rate allowed for payment of providing an ACG  
15 service. The statewide maximum rate must not exceed the prior  
16 fiscal year's rate by more than the percentage change between  
17 the two previous Januarys indicated by the all urban consumer  
18 price index (CPI-U) for Minneapolis-St. Paul new series index  
19 (1967=100), as published by the Bureau of Labor Statistics,  
20 United States Department of Labor. The CPI-U is incorporated by  
21 reference and is available from the Minitex interlibrary loan  
22 system. The CPI-U is subject to frequent change.

23 Subp. 2. Local agency maximum ACG service rate set by  
24 commissioner; general. The commissioner shall annually set the  
25 maximum rate that is available to a local agency for reimbursing  
26 an ACG provider for an ACG service. For years beginning on the  
27 first of July following the effective date of parts 9505.2390 to  
28 9505.2500, the commissioner shall authorize an increase in the  
29 ACG rate available to a local agency for reimbursing an ACG  
30 provider equal to the percentage change between the two previous  
31 Januarys indicated by the all urban consumer price index (CPI-U)  
32 for Minneapolis-St. Paul new series index (1967=100), as  
33 published by the Bureau of Labor Statistics, United States  
34 Department of Labor.

35 Subp. 3. Local agency maximum ACG service rate set by

1 **commissioner; new ACG service.** A local agency that wants to  
2 contract for an ACG service that has not been provided before  
3 the effective date of parts 9505.2390 to 9505.2500 shall propose  
4 a maximum rate to the commissioner that does not exceed the  
5 statewide maximum ACG service rate established by the  
6 commissioner under subpart 1.

7 Subp. 4. **Notice to local agency.** Annually by May 15, the  
8 commissioner shall notify each local agency of the statewide  
9 maximum rate allowed for payment of providing an ACG service  
10 under subpart 1. Additionally, the commissioner shall notify  
11 the local agency in writing of the percentage increase allowed  
12 under subpart 2.

13 Subp. 5. **Local agency request to exceed county's maximum**  
14 **rate.** Notwithstanding the limitation on the local agency's  
15 maximum rate for an ACG service in subpart 2, a local agency  
16 that wants to increase an ACG service rate more than the  
17 percentage authorized by the commissioner under subpart 2 may  
18 submit a request for the increase to the commissioner. The  
19 local agency must justify the need for the greater increase by  
20 submitting evidence that documents an increase in costs, such as  
21 wages established under a union contract, taxes, utility costs,  
22 or transportation charges, that exceeds the percentage change or  
23 that shows that the higher rate is necessary to obtain the  
24 desired service within the local agency's local trade area. For  
25 purposes of this subpart, "local trade area" has the meaning  
26 given in part 9505.0175, subpart 22.

27 Subp. 6. **Local agency ACG service rate subject to audit**  
28 **and approval.** A local agency ACG service rate and a request to  
29 exceed the local agency's maximum ACG service rate are subject  
30 to audit and approval by the commissioner.

31 9505.2495 LOCAL AGENCY REPORTS AND RECORDS.

32 Subpart 1. **Preadmission screening documents.** The local  
33 agency must complete and submit to the commissioner a  
34 preadmission screening document that summarizes the assessment  
35 and recommendations of the preadmission screening team on an

1 applicant, nursing home resident, or ACG client for whom the  
2 local agency has completed a preadmission screening or a  
3 reassessment. The document must be submitted by the tenth of  
4 the month following the month in which a preadmission screening  
5 or reassessment was completed.

6 Subp. 2. Local agency biennial plans. The local agency  
7 must submit a biennial plan for preadmission screening and ACGs  
8 on forms prepared by the commissioner. The local agency must  
9 submit the biennial plan to the commissioner by July 1 of  
10 odd-numbered years in order for the local agency to receive  
11 preadmission screening funds or ACG funds during the next two  
12 state fiscal years. The local agency must submit revisions to  
13 the biennial plan to the commissioner for approval before  
14 implementing the revisions. The biennial plan must include  
15 items A to F:

16 A. name and address of the local agency;

17 B. names and titles of the preadmission screening  
18 team;

19 C. names of ACG service providers;

20 D. identification of the types of ACG services the  
21 local agency will provide and the rates for the services;

22 E. an ACG budget and estimates of the number of  
23 recipients and other persons to be served as ACG clients for the  
24 first year of the biennium and an estimated budget and estimated  
25 number of clients to be served for the second year of the  
26 biennium. No later than July 1 of the second year of the  
27 biennium, each local agency must submit the actual budget and  
28 revised estimate of the number of clients to be served proposed  
29 for the second year of the biennium; and

30 F. assurances of compliance with Minnesota Statutes,  
31 section 256B.091, and parts 9505.2390 to 9505.2500.

32 Subp. 3. Commissioner approval of local agency biennial  
33 plan. The commissioner must approve or reject by August 15 a  
34 biennial plan submitted by the local agency as required in  
35 subpart 2, item E.

36 Subp. 4. ACG provider records. The local agency and each

1 ACG provider under contract with the local agency must maintain  
2 complete program and fiscal records and supporting documentation  
3 identifying the ACG clients served, the services provided, and  
4 the costs incurred. The records must be identified and  
5 maintained separate from other provider records. The local  
6 agency's and provider's records including the local agency's  
7 contract with the ACG provider are subject to the maintenance  
8 schedule, audit availability requirements, and other provisions  
9 in parts 9505.1750 to 9505.2150.

10 9505.2496 CRITERION FOR DELAY IN SENDING REQUIRED NOTICES.

11 If information that the commissioner needs to prepare and  
12 send the notices required under parts 9505.2390 to 9505.2500 is  
13 not provided in time for the commissioner to meet the time  
14 specified in these parts, the required notices shall be sent as  
15 soon as possible after the commissioner receives the needed  
16 information.

17 9505.2500 APPEALS OF SCREENINGS, RESCREENINGS, AND REASSESSMENTS.

18 Subpart 1. Information about the right to appeal. A  
19 preadmission screening team must provide a person being screened  
20 under part 9505.2400, rescreened under part 9505.2435, or  
21 reassessed under part 9505.2455, subpart 11, or the person's  
22 representative, information about the person's right to appeal  
23 the recommendation of the screening team. The information must  
24 be in writing and must be given to the person or the person's  
25 representative during the preadmission screening. The  
26 information must state the grounds for an appealable action and  
27 that ACG services will not be reduced, suspended, or terminated  
28 if the appeal is filed before the date specified in the  
29 information unless the person requests in writing not to receive  
30 continued ACG services while the appeal is pending.

31 Subp. 2. Appealable actions. A person being screened,  
32 rescreened, or reassessed may appeal if:

33 A. the recommendation of the preadmission screening  
34 team is to deny ACG services;

35 B. the preadmission screening team fails to determine

1 with reasonable promptness whether the person is eligible for  
2 ACG services; or

3 C. the recommendation of the case manager based on a  
4 reassessment under part 9505.2455, subpart 11, is to reduce,  
5 suspend, or terminate ACG services.

6 Subp. 3. Denial, reduction, suspension, or termination  
7 because of insufficient ACG funds or openings. A denial,  
8 reduction, suspension, or termination of ACG services is not an  
9 appealable action if the county of financial responsibility has  
10 depleted the amount of money allocated under part 9505.2480 or  
11 assigned all the openings to serve ACG clients allocated under  
12 parts 9505.2485 and 9505.2486 or if the client's case manager  
13 withdraws ACG services as provided under part 9505.2458.  
14 Additionally, termination of an ACG service being provided to an  
15 ACG client under the waiver is not appealable if the termination  
16 results from termination of the waiver.

17 Subp. 4. Submission of appeals. The person being screened  
18 or the representative of the person being screened who wants to  
19 appeal the screening team's recommendation must submit the  
20 appeal in writing to the local agency of the county of service  
21 or to the department within 30 days after receiving written  
22 notice of the appealable action, or within 90 days of the  
23 written notice if a justified reason for delay can be shown.

24 Subp. 5. Appeal of action. An appeal of issues meeting  
25 the criteria under subparts 1, 2, and 4 shall be heard and  
26 decided in accordance with Minnesota Statutes, section 256.045.

27  
28 REPEALER. Minnesota Rules, parts 9505.2250; 9505.2260;  
29 9505.2270; 9505.2280; 9505.2290; 9505.2300; 9505.2310;  
30 9505.2320; 9505.2330; 9505.2340; 9505.2350; 9505.2360;  
31 9505.2370; and 9505.2380, are repealed.