

1 Veterans Homes Board

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3 Adopted Permanent Rules Relating to Resident Care

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5 Rules as Adopted

6 9050.0020 APPLICABILITY.

7 Chapter 9050 governs the operation of the Minnesota
8 veterans homes and establishes the standards used to determine:

9 [For text of items A to G, see M.R.]

10 Chapter 9050 must be interpreted to give effect to
11 Minnesota Statutes, chapters 196, 197, and 198.

12 9050.0040 DEFINITIONS.

13 Subpart 1. **Scope.** The definitions in this part apply to
14 chapter 9050.

15 [For text of subps 2 to 19, see M.R.]

16 Subp. 20. **Campus.** "Campus" means the property owned or
17 controlled by the state of Minnesota on which a Minnesota
18 veterans home facility is located, except the part of the
19 property leased by the state of Minnesota to any party.

20 Subp. 21. **Care plan review.** "Care plan review" means an
21 assessment of a resident's physical and mental condition and
22 treatment needs by the care plan team. Care plan review
23 includes:

24 [For text of items A to E, see M.R.]

25 [For text of subps 22 to 40, see M.R.]

26 Subp. 40a. **Equivalent chemical dependency program.**
27 "Equivalent chemical dependency program" means an unlicensed
28 chemical dependency program that meets the program design
29 requirements of parts 9530.4100 to 9530.4450 and 9530.6620 to
30 9530.6650.

31 [For text of subps 41 to 120, see M.R.]

32 9050.0070 TYPES OF ADMISSIONS.

33 [For text of subps 1 and 2, see M.R.]

34 Subp. 3. **Criteria for admission to and continued stay in a**

1 boarding care facility. The decision about admission to or
2 continued stay in a board-operated facility licensed to provide
3 boarding care must be based on the facility's ability to meet
4 the care needs of the applicant or resident. A person whose
5 care needs can be met by the board-operated facility must be
6 admitted, placed on the waiting list, or retained as a resident
7 if the admissions committee determines the person meets the
8 criteria in items A to N. A person whose care needs cannot be
9 met must be denied admission or continued stay if the admissions
10 committee determines the person does not meet the criteria in
11 items A to N.

12 [For text of items A to E, see M.R.]

13 F. The person has the right to participate in
14 establishing the person's individual care plan. Residents must
15 be advised that exercising their right to refuse care may lead
16 to their discharge if the facility is unable to care for them
17 under part 4655.1500, subpart 2. Continuing cooperation must be
18 measured as specified in the care plan review process in part
19 9050.0300.

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

25 [For text of items H and I, see M.R.]

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

32 [For text of item K, see M.R.]

33 L. A person with a diagnosis of chemical abuse within
34 the past six months or a diagnosis of chemical dependency,
35 excluding a chemical dependency diagnosis of "in remission,"
36 must have successfully completed a chemical dependency treatment

1 program as prescribed in parts 9050.0040, subparts 25 and 99,
2 and 9530.6620 to 9530.6650, or an equivalent chemical dependency
3 program, or must be chemically free. For the purposes of this
4 item, a person is chemically free if the person has three months
5 of nonuse or use with no symptoms of dependency prior to
6 admission and demonstrates no symptoms of abuse or dependency
7 during residence. The current list of accepted equivalent
8 chemical dependency programs as defined in part 9050.0040,
9 subpart 40, item A, must be kept at the board office.

10 M. The person must be able to comply with Minnesota
11 veterans homes rules in chapter 9050. Ability to comply may be
12 demonstrated by a documented history of compliance in a prior
13 placement, if any, or other relevant evidence that demonstrates
14 ability to comply. Continuing compliance must be measured as
15 specified in the care plan process in part 9050.0300.

16 [For text of item N, see M.R.]

17 Subp. 4. **Criteria for admission to and continued stay in a**
18 **nursing home facility.** The decision about admission or
19 continued stay in a board-operated facility licensed as a
20 nursing home must be based on the facility's ability to meet the
21 care needs of the person. A person whose care needs can be met
22 by the facility must be admitted, placed on the waiting list, or
23 retained as a resident if the admissions committee determines
24 that the person meets all of the criteria in items A to G. A
25 person whose care needs cannot be met must not be admitted or
26 retained as a resident if the admissions committee determines
27 the person fails to meet all of the criteria in items A to G.

28 [For text of items A to C, see M.R.]

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

1 [For text of item E, see M.R.]

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

8 G. A person with a diagnosis of chemical abuse within
9 the past six months or a diagnosis of chemical dependency,
10 excluding a chemical dependency diagnosis of "in remission,"
11 must have successfully completed a chemical dependency treatment
12 program as described in parts 9050.0040, subparts 25 and 99, and
13 9530.6620 to 9530.6650, or an equivalent chemical dependency
14 program, or must be chemically free. For the purpose of this
15 item, a person is chemically free if the person has three months
16 of nonuse or use with no symptoms of dependency before admission
17 and demonstrates no symptoms of abuse or dependency during
18 residence. The current list of accepted equivalent chemical
19 dependency programs as defined in part 9050.0040, subpart 40,
20 item A, shall be kept at the board office. Persons whose
21 long-term medical condition is assessed as precluding continued
22 chemical abuse may be accepted for nursing care.

23 9050.0080 ADMISSION DECISION; NOTICE AND REVIEW.

24 [For text of subpart 1, see M.R.]

25 Subp. 2. **Review.** An applicant or the applicant's legal
26 representative may request a review of a decision of the
27 admissions committee to deny the applicant's admission. The
28 applicant or applicant's legal representative desiring the
29 review shall forward the request, in writing, to the
30 administrator of the facility within 30 days of the applicant's
31 receipt of a notice of denial. The review must be completed
32 within 30 days of receipt of the request. The administrator may
33 request that the admissions committee reconsider its decision or
34 the administrator may review the existing minutes to determine
35 the basis for a negative decision. If a reconsideration is

1 requested, it must be conducted at the next scheduled admissions
2 committee meeting. The decision resulting from the
3 reconsideration and the reasons for the decision must be
4 forwarded to the administrator in writing. The administrator
5 shall conduct a final review of the admissions committee's
6 decision, based on the admissions criteria in part 9050.0070,
7 subpart 3 or 4, and shall issue a final decision. The decision
8 of the administrator shall constitute final agency action.

9 9050.0100 TRANSFER.

10 Subpart 1. **Generally.** A resident may be transferred from
11 a board-operated facility to another health care facility or
12 rehabilitation program or detoxification program if:

13 [For text of items A to C, see M.R.]

14 A resident may be transferred only with the resident's
15 consent or the consent of the legal representative, if any,
16 except in an emergency when obtaining consent before transfer is
17 not possible. A resident who refuses consent for transfer to
18 another health care facility or rehabilitation program or
19 detoxification program on recommendation of the attending
20 physician or the utilization review committee, or both, may be
21 subject to discharge for noncompliance with the resident's
22 individual care plan. The utilization review committee's
23 decision to recommend discharge of a resident for refusing
24 consent for transfer is limited by the Patient's Bill of Rights
25 established in Minnesota Statutes, section 144.651, and must be
26 based on the facility's ability to meet the person's care needs
27 as determined by the criteria in part 9050.0070, subparts 3 and
28 4. A resident transferred from another facility back to the
29 board-operated facility does not need to reapply for admission.

30 Subp. 2. **Notice.** Unless a situation occurs that is
31 outside the board-operated facility's control, such as a
32 utilization review, the accommodation of newly admitted
33 residents, a change in the resident's medical or treatment
34 program, or the resident's own or another resident's welfare, a
35 resident for whom the utilization review committee or the

1 attending physician recommends a transfer must be notified of
2 the recommendation at least:

3 [For text of items A to C, see M.R.]

4 [For text of subps 3 to 5, see M.R.]

5 9050.0150 BED HOLD.

6 [For text of subps 1 to 6, see M.R.]

7 Subp. 7. **Monitoring of bed hold status.** The
8 appropriateness of continued bed hold must be reviewed by the
9 utilization review committee of the board-operated facility at
10 least once every 30 days during the resident's ongoing absence.
11 A decision about approval of continued bed hold must be based on
12 the resident's satisfactory progress toward recovery from the
13 condition for which the resident was hospitalized or completion
14 of the treatment program or rehabilitation program, and the
15 existence of a reasonable expectation that the facility will be
16 able to care for the resident upon return to the board-operated
17 facility and the resident's compliance with subpart 5 if
18 applicable. Continued bed hold or continued residency with
19 personal absences exceeding 36 cumulative days per year must be
20 reviewed by the utilization review committee. Continued bed
21 hold or continued residency with personal absences that are
22 contraindicated in the resident's care plan may, upon the
23 recommendation of the direct care staff, be reviewed by the
24 utilization review committee. The decision about continued
25 residence must be based on the resident's continuing need for
26 care as determined by the utilization review committee. The
27 determination must be according to the criteria in part
28 9050.0070, subparts 3 and 4.

29 9050.0200 DISCHARGE.

30 [For text of subps 1 to 5, see M.R.]

31 Subp. 6. **Exceptions.** A resident's discharge under subpart
32 3, item D, is subject to reconsideration if the resident reports
33 his or her whereabouts to the administrator of the facility and
34 requests reconsideration within 30 days from the resident's
35 departure from the facility without notice. A notice of

1 involuntary discharge must be sent to the resident's address, if
2 it is known, or to the resident's last known address, and to the
3 address of a person listed by the resident as the person to be
4 contacted during an emergency. The notice of discharge must be
5 signed by the administrator and sent by certified mail within a
6 reasonable amount of time, following the determination that the
7 resident is absent without notice.

8 9050.0220 INVOLUNTARY DISCHARGE PROCEDURES.

9 Subpart 1. **Generally, recommendations.** Involuntary
10 discharge for a reason specified in part 9050.0200, subpart 3,
11 item C, must be based on the recommendation of the utilization
12 review committee. Involuntary discharge under part 9050.0200,
13 subpart 3, item A, D, or E, must be based on the recommendation
14 of the facility financial staff or social services staff.

15 [For text of subps 2 to 5, see M.R.]

16 Subp. 6. **Appeals process.** An applicant or resident, or
17 legal representative, may appeal a discharge or transfer order.
18 Appeals must be in accordance with contested case procedures
19 under the Administrative Procedure Act, Minnesota Statutes,
20 section 14.48 et. seq., until rules are adopted under Minnesota
21 Statutes, section 144A.135, by the commissioner of health. Once
22 the rules adopted under Minnesota Statutes, section 144A.135,
23 have taken effect, all appeals must be in accordance with those
24 rules. The administrator shall inform the resident or applicant
25 of the rules that govern the appeal in the notice provided under
26 part 9050.0100, subpart 2, or 9050.0200, subpart 4. A final
27 discharge order issued by the administrator following the Office
28 of Administrative Hearings' review remains in effect pending any
29 appeal. Notwithstanding this provision, the administrator may,
30 for good cause shown, waive imposition of the discharge order
31 until all appeals have been concluded.

32 Nothing in this part may be construed to limit, change, or
33 restrict other appeal or review procedures available to a
34 resident under law.

35 9050.0300 CARE PLANNING.

1 Subpart 1. **Generally.** A board-operated facility must have
2 and implement a care planning procedure. Under the procedure, a
3 resident's care plan is initiated and reviewed by the care plan
4 team to ensure that the resident's needs are addressed and the
5 facility has the ability to competently and safely care for the
6 resident according to the criteria in part 9050.0070, subparts 3
7 and 4. The care plan team is comprised of the facility staff
8 members who are directly involved with the resident's care,
9 including a physician, licensed nurse, social worker, and other
10 staff as indicated by the patient's condition.

11 Subp. 2. **Requirements of procedure.** A care planning
12 procedure must provide for:

13 A. the resident's right to participation by the
14 resident, a resident's advocates, legal representatives, and,
15 with the resident's consent, the resident's family members, in
16 the care plan review;

17 B. notice to the resident that a care plan review is
18 scheduled;

19 C. discussion with the resident regarding methods to
20 assist the resident to attain the care plan goals;

21 D. differentiated reviews and actions consistent with
22 the frequency and seriousness of the resident's medical,
23 psychiatric, or behavioral status to ensure that the resident's
24 care needs are met according to part 9050.0070, subpart 3 or 4;

25 E. an accelerated review procedure to be used when
26 the seriousness of the resident's behavior endangers the health
27 and safety of the resident, other residents, or staff members of
28 the board-operated facility;

29 F. consideration of the resident's ability to
30 comprehend and cooperate with chapter 9050 and with the goals
31 contained in the resident's individual care plan; and

32 G. notice to the resident that a recommendation for
33 discharge may occur if the board-operated facility is unable to
34 meet the care needs of the resident according to part 9050.0070,
35 subparts 3 and 4.

36 Subp. 3. **Responsibilities of the care plan team.** Care

1 plan review must be conducted by the care plan team.
2 Recommendations as to restrictions or discharges must be made to
3 the utilization review committee. Decisions must be based on
4 the facility's ability to care for the resident according to
5 part 9050.0070, subpart 3 or 4.

6 9050.0500 COST OF CARE; BASIS FOR MAINTENANCE CHARGE; BILLING.

7 [For text of subps 1 to 5, see M.R.]

8 Subp. 6. **Billing.** Billing for maintenance charges must be
9 as specified in items A to F.

10 [For text of items A to C, see M.R.]

11 D. A billing for one month's service must be issued
12 no later than the tenth of the month following the month in
13 which the service was provided, except for billings occasioned
14 by a maintenance recalculation based on retroactive income
15 received according to part 9050.0550, subpart 4.

16 [For text of items E and F, see M.R.]

17 9050.0550 MAINTENANCE CHARGE; RESOURCES CONSIDERED.

18 [For text of subps 1 to 3, see M.R.]

19 Subp. 4. **Chargeable income.** The applicant's or resident's
20 chargeable income is the income remaining after deductions from
21 gross income have been made according to part 9050.0720 and
22 after deductions from net income have been made according to
23 part 9050.0755. The applicant's or resident's entire chargeable
24 income must be considered available to pay the cost of care. If
25 an applicant or resident qualifies for governmental benefits or
26 reimbursements or other benefits, the benefits must be included
27 as income in determining the maintenance charge payable by or on
28 behalf of a resident, unless an assignment of benefits naming
29 the board-operated facility as representative payee has been
30 executed in favor of the board-operated facility. Residents not
31 paying the maximum maintenance fee who receive retroactive
32 increases in income must have their maintenance fee recalculated
33 and the part of the increase owed to the home must be paid. The
34 maintenance fee must be recalculated for the period of the
35 resident's stay that coincides with the period for retroactive

1 payment of income to the resident.

2 [For text of subp 5, see M.R.]

3 9050.0700 INCOME.

4 Subpart 1. **Evaluation of income.** The facility financial
5 staff shall evaluate only income received by or on behalf of an
6 applicant or resident when determining the maintenance charge
7 payable by or on behalf of an applicant or resident. All
8 payments, unless specifically excluded in subpart 3, must be
9 counted as income. All income must be counted in the calendar
10 month received, except for lump sum retroactive benefit payments
11 calculated according to part 9050.0550, subpart 4. Income
12 becomes property if retained after the month in which it is
13 received, unless this part specifically states otherwise.

14 [For text of subps 2 and 3, see M.R.]