

1 Veterans Homes Board

2

3 Adopted Permanent Rules Relating to Veterans Homes

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5 Rules as Adopted

6 9050.0030 COMPLIANCE WITH STATUTES, RULES, AND CODES.

7 The Minnesota Veterans Homes Board shall ensure compliance
8 by the facility and staff with applicable statutes, with
9 applicable rules of the Minnesota Department of Health and the
10 Minnesota Department of Human Services, and with applicable
11 health, safety, sanitation, building, zoning, and operations
12 codes, including the following:

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

14 H. the building code in chapters 1300 to 1365 and
15 Minnesota Statutes, sections 16B.59 to 16B.73;

16 [For text of items I to K, see M.R.]

17 L. the patient's bill of rights in Minnesota
18 Statutes, section 144.651 and the complaint and resident's
19 rights provisions of Minnesota Statutes, section 144A.13;

20 M. the United States Department of Veterans Affairs
21 Code M-1, part 1, chapter 3; and

22 N. the United States Department of Veterans Affairs
23 Guide to Inspection of State Veterans Homes: Domiciliary Care
24 Standards and Guide to Inspection of State Veterans Homes
25 Nursing Home Care Standards.

26 9050.0040 DEFINITIONS.

27 [For text of subps 1 to 14, see M.R.]

28 Subp. 15. Board. "Board" means the board of directors of
29 the Minnesota veterans homes or its designee created by
30 Minnesota Statutes, section 198.002, and defined in Minnesota
31 Statutes, section 198.001, subdivision 6.

32 [For text of subps 16 to 23, see M.R.]

33 Subp. 24. Chemical dependency counselor. "Chemical
34 dependency counselor" means a person who is licensed under
35 Minnesota Statutes, sections 148C.01 to 148C.11, or who has met

1 the minimum qualifications of a chemical dependency counselor
2 under the examination process of the state of Minnesota or the
3 Minnesota Merit System.

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

5 Subp. 40a. **Equivalent chemical dependency program.**

6 "Equivalent chemical dependency program" means an unlicensed
7 chemical dependency program that meets the program design
8 requirements of parts 9530.4100 to 9530.4450 or 9530.5000 to
9 9530.6500.

10 [For text of subps 41 to 43, see M.R.]

11 Subp. 44. **Health care facility.** "Health care facility"
12 means a hospital, nursing home, boarding care home, or
13 supervised living facility licensed by the Minnesota Department
14 of Health under Minnesota Statutes, sections 144.50 to 144.56 or
15 144A.01 to 144A.18.

16 [For text of subps 45 to 63, see M.R.]

17 Subp. 64. **Licensed psychologist.** "Licensed psychologist"
18 means a person licensed under Minnesota Statutes, section
19 148.91, subdivision 5.

20 Subp. 65. **Licensed practical nurse.** "Licensed practical
21 nurse" means a person licensed under Minnesota Statutes,
22 sections 148.171 to 148.285.

23 Subp. 66. [See repealer.]

24 [For text of subps 67 to 69, see M.R.]

25 Subp. 69a. **Make available.** "Make available" means to
26 assist a resident in obtaining information about and arrange for
27 a resident's access to a particular service, but not necessarily
28 assure payment for that service.

29 [For text of subps 70 to 80, see M.R.]

30 Subp. 81. **Net income.** "Net income" means income remaining
31 after allowable deductions and exclusions have been subtracted
32 from gross income under parts 9050.0720 to 9050.0750.

33 [For text of subps 82 to 84, see M.R.]

34 Subp. 85. **Nursing staff.** "Nursing staff" has the meaning
35 given to nursing personnel in part 4655.0100, subpart 9.

36 [For text of subps 86 to 89, see M.R.]

1 Subp. 90. Personal fund account. "Personal fund account"
2 means the account maintained at a facility by a resident that is
3 solely for use of that resident and managed according to parts
4 4655.4100 to 4655.4170.

5 [For text of subps 91 to 94, see M.R.]

6 Subp. 94a. Provide. "Provide" means that the facility
7 pays for a particular service for the resident.

8 [For text of subp 95, see M.R.]

9 Subp. 95a. Psychological practitioner. "Psychological
10 practitioner" means a person licensed under Minnesota Statutes,
11 section 148.91, subdivision 6.

12 [For text of subps 96 to 105, see M.R.]

13 Subp. 106. Social worker. "Social worker" means a person
14 who is licensed under Minnesota Statutes, sections 148B.18 to
15 148B.28, or who has met the minimum qualifications of a social
16 worker under the examination process of the state of Minnesota
17 or the Minnesota Merit System.

18 [For text of subps 107 and 108, see M.R.]

19 Subp. 109. Staff psychologist. "Staff psychologist" means
20 a person licensed under Minnesota Statutes, sections 148.88 to
21 148.98, who is employed by or under contract to the board to
22 provide psychological services in a board-operated facility.

23 [For text of subps 110 to 120, see M.R.]

24 9050.0050 PERSONS ELIGIBLE FOR ADMISSION.

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

26 Subp. 4. Exceptions. An applicant otherwise eligible for
27 admission to a board-operated facility under subpart 2 or 3 who
28 has adequate means of support may be admitted to a
29 board-operated facility if the applicant complies with the
30 requirements in Minnesota Statutes, section 198.03. An
31 applicant seeking admission under Minnesota Statutes, section
32 198.03, and this subpart must not have past unpaid ~~debts~~ bills
33 to the state for maintenance charges for prior residence in a
34 board-operated facility. An applicant who has past unpaid bills
35 to the state for maintenance charges for prior residence in a

1 board-operated facility must satisfy the past debt for
2 maintenance charges before an application for admission will be
3 placed on the active waiting list. For the purpose of this part
4 "satisfy" means that the applicant has either paid the debt or
5 entered into an agreement to repay the debt. The agreement must
6 conform with Minnesota Statutes, section 198.03, subdivision 3.

7 9050.0055 ADMISSIONS PROCESS, WAITING LIST, PRIORITY.

8 Subpart 1. Process. A person seeking admission to a
9 board-operated facility may obtain an application form and
10 information describing the required application procedures from
11 the facility. The social services staff of the board-operated
12 facility shall assist the person to complete the application
13 form and process. When an application is requested, the social
14 services staff shall provide a checklist of items requiring
15 documentation, information, or verification to complete the
16 application. An application is complete when the following
17 information is received by the board-operated facility:

18 A. a completed, signed application form;
19 B. a copy of the person's military discharge papers
20 or verification from the United States Department of Veterans
21 Affairs or National Personnel Records Center; and

22 C. the following medical records:
23 (1) a discharge summary from all hospitals at
24 which the person received treatment within the two years before
25 application;

26 (2) a patient care information form from the
27 current nursing home, if any; and

28 (3) if the person resides at home at the time of
29 application, a patient care information form completed by the
30 primary caregiver.

31 The social services staff of the board-operated facility
32 shall keep a checklist on which to record the date of receipt of
33 information for the person's application file. Upon completion
34 of an application file, a determination must be made by the
35 board-operated facility social services staff as to whether the

1 applicant meets the general eligibility requirements in part
2 9050.0050. If the requirements of part 9050.0050 are met, an
3 applicant's name must be referred to the admissions committee or
4 be placed on the waiting list for the particular facility as
5 specified in subpart 3.

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

7 Subp. 3. **Waiting lists.** Each board-operated facility
8 shall maintain an active waiting list and an inactive waiting
9 list to determine the admission priority of applicants. The
10 active waiting list is for applicants desiring the first
11 available bed at the level of care appropriate to the
12 applicant's needs. The inactive waiting list is for those
13 applicants who do not want to exercise their option for
14 admission, but who want to be prepared to exercise that option
15 and want to be kept informed of openings or of the length of the
16 active waiting list at the board-operated facility.

17 If an eligible applicant cannot be considered for admission
18 to a board-operated facility with an appropriate level of care
19 due to unavailability of a bed, the applicant must be placed on
20 either an active or inactive waiting list according to
21 preference. An applicant shall indicate preference for the
22 active or inactive waiting list on a separate form. An
23 applicant may request movement from one waiting list to another
24 at any time, unless the request is precluded by subpart 5. An
25 applicant requesting movement from one waiting list to another
26 must be placed at the bottom of the waiting list to which
27 movement was requested. The applicant's position on the waiting
28 list is determined by the date on which the application file is
29 complete.

30 Subp. 4. **Priority.** If it is determined by the utilization
31 review committee that a current resident needs a level of care
32 not offered at the board-operated facility where the resident is
33 staying, the current resident has priority for consideration for
34 admission to other board-operated facilities at an appropriate
35 level of care if they meet the criteria for that level of care
36 and a bed is available. A person who is discharged for failure

1 to meet bed hold criteria in part 9050.0150, subpart 2 or 3, has
2 priority for consideration for admission to a board-operated
3 facility at an appropriate level of care if the person meets the
4 criteria for that level of care and a bed is available. A
5 person on the active waiting list must be considered for
6 admission and, if approved by the admissions committee, offered
7 a bed consistent with the person's position on the active
8 waiting list and the person's case mix classification and level
9 of care needs as determined by the admissions committee. A
10 person offered admission has seven working days to consider the
11 offer. If the person declines the offer of admission, the
12 person's name must be put on the bottom of the active waiting
13 list, unless the person requests removal from the active waiting
14 list or transfer to the inactive waiting list. If the person
15 fails to respond to the offer of admission within seven working
16 days from the date the offer is made, the person's application
17 file must be closed and the person's name removed from all
18 waiting lists. A person whose name is removed from all waiting
19 lists for failure to respond to an offer for admission must
20 reapply.

21 [For text of subps 5 and 6, see M.R.]

22 9050.0060 ADMISSIONS COMMITTEE; CREATION, COMPOSITION, AND
23 DUTIES.

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

25 Subp. 2. **Composition of admissions committee.** The
26 admissions committee must consist of the following staff members
27 of the board-operated facility: the administrator or a
28 designee, a registered nurse, and a social worker. Additional
29 admissions committee members may include any of the following
30 staff members, as indicated by the diagnosis or diagnoses of the
31 applicant to be reviewed: a chemical dependency counselor, a
32 mental health professional or mental health practitioner, a
33 physical therapist, an occupational therapist, a speech
34 therapist, a dietician, a chaplain, or a staff psychologist or
35 psychiatrist. The applicant's attending physician must be

1 included on the admissions committee if the physician chooses to
2 participate.

3 Subp. 3. Duties. The admissions committee has the duties
4 specified in items A and B.

5 [For text of item A, see M.R.]

6 B. The admissions committee shall record the minutes
7 of each committee meeting. The minutes must reflect the date of
8 the review, the applicant's name and medical diagnosis, the
9 current living status of the applicant, the reason for the
10 placement request, a brief description of the applicant's
11 physical or mental status, and the rationale behind the
12 committee decision. The minutes must be kept by the
13 administrator for the time specified for retention of medical
14 records in parts 4655.3200 to 4655.3600.

15 Subp. 4. Screening. To prepare for review of an
16 application for admission, the admissions committee or its
17 designated representatives shall conduct a preadmission
18 screening similar to that prescribed in Minnesota Statutes,
19 section 256B.0911. The admissions committee or its designated
20 representatives shall interview the applicant or the applicant's
21 legal representative, if any, and the applicant's family members
22 with the applicant's consent. The admissions committee shall
23 also obtain the following information:

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

25 9050.0070 TYPES OF ADMISSIONS.

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

27 Subp. 3. Criteria for admission to and continued stay in a
28 boarding care facility. The decision about admission to or
29 continued stay in a board-operated facility licensed to provide
30 boarding care must be based on the facility's ability to meet
31 the care needs of the applicant or resident. A person whose
32 care needs can be met by the board-operated facility must be
33 admitted, placed on the waiting list, or retained as a resident
34 if the admissions committee or utilization review committee
35 determines the person meets the criteria in items A to N. A

1 person whose care needs cannot be met must be denied admission
2 or continued stay if the admissions committee or utilization
3 review committee determines the person does not meet the
4 criteria in items A to N.

5 A. The person must have or be assigned a case mix
6 classification of A, B, D, or E under the case mix system
7 established by parts 9549.0058, subpart 2, and 9549.0059 and
8 Minnesota Statutes, section 144.072.

9 [For text of items B to H, see M.R.]

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

16 [For text of items J and K, see M.R.]

17 L. A person with a diagnosis of chemical abuse within
18 the past six months or a diagnosis of chemical dependency,
19 excluding a chemical dependency diagnosis of "in remission,"
20 must have successfully completed a chemical dependency treatment
21 program as described in parts 9050.0040, subparts 25 and 99, and
22 9530.5000 to 9530.6500, or an equivalent chemical dependency
23 program, or must be chemically free. For the purposes of this
24 item, a person is chemically free if the person has three months
25 of nonuse or use with no symptoms of dependency as identified in
26 the current edition of the Diagnostic and Statistical Manual of
27 Mental Disorders prior to admission and demonstrates no symptoms
28 of abuse or dependency during residence. If the medical records
29 obtained by the admissions committee do not document that a
30 person is chemically free, the person's chemical-free status may
31 be verified by a collateral contact. For purposes of this part,
32 "collateral contact" means an oral or written communication
33 initiated by facility staff for the purpose of gathering
34 information from an individual or agency, other than the
35 applicant, to verify or supplement information provided by the
36 applicant. Collateral contact includes contact with family

1 members, criminal justice agencies, educational institutions,
2 and employers. The current list of accepted equivalent chemical
3 dependency programs as defined in part 9050.0040, subpart 40a,
4 must be kept at the board office.

5 [For text of items M and N, see M.R.]

6 Subp. 4. Criteria for admission to and continued stay in a
7 nursing home facility. The decision about admission or
8 continued stay in a board-operated facility licensed as a
9 nursing home must be based on the facility's ability to meet the
10 care needs of the person. A person whose care needs can be met
11 by the facility must be admitted, placed on the waiting list, or
12 retained as a resident if the admissions committee or
13 utilization review committee determines that the person meets
14 all of the criteria in items A to G. A person whose care needs
15 cannot be met must not be admitted or retained as a resident if
16 the admissions committee determines the person fails to meet all
17 of the criteria in items A to G.

18 [For text of items A to F, see M.R.]

19 G. A person with a diagnosis of chemical abuse within
20 the past six months or a diagnosis of chemical dependency,
21 excluding a chemical dependency diagnosis of "in remission,"
22 must have successfully completed a chemical dependency treatment
23 program as described in parts 9050.0040, subparts 25 and 99, and
24 9530.5000 to 9530.6500, or an equivalent chemical dependency
25 program, or must be chemically free. For the purpose of this
26 item, a person is chemically free if the person has three months
27 of nonuse or use with no symptoms of dependency as identified in
28 the current edition of the Diagnostic and Statistical Manual of
29 Mental Disorders before admission and demonstrates no symptoms
30 of abuse or dependency during residence. If the medical records
31 obtained by the admissions committee do not document that a
32 person is chemically free, the person's chemical-free status may
33 be verified by a collateral contact. For purposes of this part,
34 "collateral contact" means an oral or written communication
35 initiated by facility staff for the purpose of gathering
36 information from an individual or agency, other than the

1 applicant, to verify or supplement information provided by the
 2 applicant. Collateral contact includes contact with family
 3 members, criminal justice agencies, education institutions, and
 4 employers. The current list of accepted equivalent chemical
 5 dependency programs as defined in part 9050.0040, subpart 40a,
 6 shall be kept at the board office. Persons whose long-term
 7 medical condition is assessed as precluding continued chemical
 8 abuse may be accepted for nursing care.

9 9050.0080 ADMISSION DECISION; NOTICE AND REVIEW.

10 Subpart 1. Notice. An applicant must be advised, in
 11 writing, of the admissions committee's decision and the reasons
 12 for the decision. The notice must be sent to the applicant no
 13 later than three working days after the admissions committee's
 14 decision. The notice must include information about the
 15 applicant's right to request a review of a denial and about the
 16 review process as specified in subpart 2 or information
 17 regarding additional actions necessary to effect admission.
 18 Nothing in this subpart precludes concurrent or prior
 19 notification by telephone.

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

21 9050.0150 BED HOLD.

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

23 Subp. 4. Personal absence. A resident's bed must be held
 24 when the person leaves the board-operated facility on a personal
 25 absence. A personal absence may be no longer than 96 hours,
 26 unless the resident has made a definitive arrangement with the
 27 administrator or administrator's designee regarding a longer
 28 absence. The resident shall advise the administrator or
 29 administrator's designee of the total length of the absence and
 30 the resident shall agree to pay the maintenance charge during
 31 the absence.

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

33 9050.0200 DISCHARGE.

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

1 Subp. 3. **Grounds for discharge.** Discharge procedures must
2 be instituted with regard to a resident if one of the following
3 grounds or circumstances exist:

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

5 D. the resident is absent without notice from the
6 facility for more than 96 consecutive hours or a definitive
7 arrangement has been made for an absence longer than 96 hours
8 and the resident fails to comply with that arrangement; or

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

10 Subp. 4. **Notice of involuntary discharge.** Unless the time
11 for the notice is extended by the administrator of a
12 board-operated facility or a situation arises that is outside
13 the facility's control, such as a utilization review, a change
14 in the resident's medical or treatment program, the resident's
15 own or another resident's welfare, or nonpayment of stay, a
16 resident must be notified in writing by the administrator or
17 administrator's designee of the facility of its intent to
18 proceed with involuntary discharge of the resident at least 30
19 days before the scheduled date of discharge as provided by
20 Minnesota Statutes, section 144.651, subdivision 29. In
21 situations outside the board-operated facility's control, notice
22 of discharge must be given a reasonable time before the
23 discharge. The reasonable time must be determined by the
24 facility administrator or administrator's designee, based upon
25 the particular facts of the situation prompting the discharge.

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

27 Subp. 6. **Exceptions.** A resident's discharge under subpart
28 3, item D, is subject to reconsideration if the resident reports
29 his or her whereabouts to the administrator of the facility or
30 administrator's designee and requests reconsideration within 30
31 days from the resident's departure from the facility without
32 notice. A notice of involuntary discharge must be sent to the
33 resident's address, if it is known, or to the resident's last
34 known address, and to the address of a person listed by the
35 resident as the person to be contacted during an emergency. The
36 notice of discharge must be signed by the administrator or

1 administrator's designee and sent by certified mail within a
2 reasonable amount of time, following the determination that the
3 resident is absent without notice.

4 9050.0210 VOLUNTARY DISCHARGE PROCEDURES.

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

6 Subp. 2. Responsibilities of facility staff. The
7 board-operated facility staff shall effect a discharge under
8 this part according to items A to E.

9 A. The discharge component of the resident's
10 individual care plan must be updated and implemented after the
11 resident has had an opportunity to confer with a social worker
12 about the plan as described in subitems (1) and (2).

13 [For text of subitem (1), see M.R.]

14 (2) The board-operated facility staff shall make
15 referrals to resources designed to meet the resident's financial
16 and other needs following the resident's discharge.

17 B. The attending physician and board-operated
18 facility multidisciplinary staff shall complete the resident's
19 medical record. The resident's medical record must be retained
20 as specified in parts 4655.3200 to 4655.4000.

21 [For text of items C to E, see M.R.]

22 9050.0220 INVOLUNTARY DISCHARGE PROCEDURES.

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

24 Subp. 2. Initial notice, review of recommendation. An
25 initial notice for involuntary discharge must be issued by the
26 administrator of the board-operated facility or administrator's
27 designee if, after review of the recommendations and
28 documentation from the utilization review committee or finance
29 department, the administrator agrees with the recommendations.

30 Subp. 3. Reconsideration. A resident or the resident's
31 legal representative may request a reconsideration of the
32 initial notice of involuntary discharge. The request must be
33 made in writing within ten days of receipt of the initial notice
34 of involuntary discharge. Reconsideration must be before the
35 administrator of the board-operated facility under the

1 procedures in subpart 4. Once the resident has requested a
2 reconsideration, the remaining time for filing an administrative
3 appeal must be stayed until the reconsideration decision is
4 issued.

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

6 Subp. 6. **Appeals process.** An applicant or resident, or
7 legal representative, may appeal a discharge or transfer order.
8 A request for reconsideration within the ten-day time period
9 will stay the remaining time which a resident has to request an
10 administrative appeal. Appeals must be in accordance with
11 contested case procedures under the Administrative Procedure
12 Act, Minnesota Statutes, section 14.48 et. seq., until rules are
13 adopted under Minnesota Statutes, section 144A.135, by the
14 commissioner of health. Once the rules adopted under Minnesota
15 Statutes, section 144A.135, have taken effect, all appeals must
16 be in accordance with those rules. The administrator shall
17 inform the resident or applicant of the rules that govern the
18 appeal in the notice provided under part 9050.0100, subpart 2,
19 or 9050.0200, subpart 4. A final discharge order issued by the
20 administrator following the Office of Administrative Hearings'
21 review remains in effect pending any appeal. Notwithstanding
22 this provision, the administrator may, for good cause shown,
23 waive imposition of the discharge order until all appeals have
24 been concluded.

25 Nothing in this part may be construed to limit, change, or
26 restrict other appeal or review procedures available to a
27 resident under law.

28 9050.0300 CARE PLANNING.

29 Subpart 1. **Generally.** A board-operated facility must have
30 and implement a care planning procedure. Under the procedure, a
31 resident's care plan is initiated and reviewed by the care plan
32 team to ensure that the resident's needs are addressed and the
33 facility has the ability to competently and safely care for the
34 resident according to the criteria in part 9050.0070, subparts 3
35 and 4. The care plan team is comprised of the facility staff

1 members who are directly involved with the resident's care,
 2 including a physician, licensed nurse, social worker, and other
 3 staff as indicated by the resident's condition.

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

5 9050.0500 COST OF CARE; BASIS FOR MAINTENANCE CHARGE; BILLING.

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

7 Subp. 2. **Costs to be included in calculating cost of**
 8 **care.** The calculation of the cost of care includes both the
 9 direct and indirect costs of providing resident care. These
 10 costs must be compiled separately for each board-operated
 11 facility on the basis of whether nursing home or boarding care
 12 services are provided.

13 [For text of items A and B, see M.R.]

14 C. Calculation of the cost of care does not include
 15 the expenses of the board and capital expenditures or revenues,
 16 including federal matching funds and designated contributions,
 17 and resident fund accounts as specified in parts 4655.4100 to
 18 4655.4170.

19 [For text of subps 3 to 6, see M.R.]

20 9050.0510 MAINTENANCE CHARGE; ADDITIONAL SERVICES; VETERAN
 21 EXCLUSIVE SERVICES.

22 Subpart 1. **Additional services at resident's own expense.**
 23 In addition to the services in the resident's admissions
 24 agreement, a resident may use additional health care services at
 25 the resident's own expense if the health care services do not
 26 exceed the level of care for which the facility is licensed and
 27 if the service provider complies with documentation requirements
 28 of the board-operated facility. A resident who chooses to use
 29 additional health care services at the resident's own expense
 30 shall continue to pay the maintenance charge determined under
 31 part 9050.0560.

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

33 9050.0520 MAINTENANCE CHARGE; DELINQUENT ACCOUNTS; INTEREST;
 34 DISCHARGE.

1 Subpart 1. Interest on delinquent accounts. A resident's
 2 account is considered delinquent if a resident willfully refuses
 3 or willfully fails to pay the bill by the due date. Applicants
 4 or residents must be notified if payment has not been received
 5 by the due date printed on the bill. Interest must be charged
 6 on all delinquent accounts, effective the date the bill was due,
 7 as provided in Minnesota Statutes, section 334.01. For purposes
 8 of this subpart, "willful refusal or willful failure to pay"
 9 means a situation in which:

10 [For text of items A and B, see M.R.]

11 Subp. 2. Discharge for nonpayment. Discharge proceedings
 12 must be instituted under part 9050.0200, subpart 3, item A, when
 13 an account is delinquent. Discharge proceedings for nonpayment
 14 must be stopped when full payment, including accrued interest,
 15 is made.

16 9050.0580 REVIEW OF MAINTENANCE CHARGE DETERMINATION.

17 An applicant or resident or legal representative may
 18 request that the administrator of a board-operated facility
 19 reconsider a maintenance charge determination. The request must
 20 be submitted in writing to the administrator within ten days of
 21 receipt of the maintenance charge notice. The administrator
 22 shall, within ten days of receipt of the request, conduct a
 23 review of the maintenance charge determination. The review must
 24 be in the same format and time frames as the procedures under
 25 part 9050.0220. The administrator's determination is final upon
 26 receipt by the applicant or resident, or legal representative,
 27 and is the final agency action.

28 9050.0600 PROPERTY LIMITATIONS.

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

30 Subp. 2. Real property limitations. Real property owned
 31 by an applicant or resident must be excluded from consideration
 32 as an available resource, subject to the limitations in items A
 33 and B.

34 [For text of item A, see M.R.]

35 B. Real property being sold on a contract for deed

1 must be excluded if the net present value of the contract in
 2 combination with other property does not exceed the limitations
 3 in parts 9050.0560 and 9050.0600. If the present value exceeds
 4 limitations, the contract payments must be considered as income
 5 to the applicant or resident. If the contract is sold, proceeds
 6 from the sale must be treated as lump sum payments.

7 [For text of items C to F, see M.R.]

8 [For text of subps 3 and 4, see M.R.]

9 9050.0720 CALCULATION OF NET INCOME; DEDUCTION FOR EXPENSES.

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

11 Subp. 2. Deduction for expenses of applicant or resident.

12 The facility financial staff shall deduct the expenses in this
 13 part and parts 9050.0730 and 9050.0740 from gross income to
 14 determine net income. Deductible items include:

15 [For text of items A to S, see M.R.]

16 9050.1030 RESIDENT CARE SERVICES.

17 Subpart 1. General. Care services provided to residents
 18 of Minnesota veterans homes must be consistent with the overall
 19 goals and obligations of each facility as expressed in statute,
 20 the homes' mission statements, and rules governing the
 21 board-operated facilities, and must be consistent with available
 22 funding and limited if the service is not reimbursable by public
 23 or private resources according to Minnesota Statutes, section
 24 144.651, subdivision 6.

25 Care services are provided according to Department of
 26 Health licensure regulations and the certification requirements
 27 of the United States Department of Veterans Affairs. Laws
 28 pertaining to resident care services include chapter 4655;
 29 Minnesota Statutes, chapters 144 and 144A; United States
 30 Department of Veterans Affairs Code M-1, part 1, chapter 3; and
 31 United States Department of Veterans Affairs Guide for
 32 Inspection of State Veterans Homes Nursing Home Care Standards
 33 and Guide for Inspection of State Veterans Homes: Domiciliary
 34 Care Standards. United States Department of Veterans Affairs
 35 publications shall be available for review at each

1 board-operated facility.

2 Resident care services must be authorized by the Minnesota
3 Veterans Homes Board of Directors.

4 Services that are veteran-exclusive through the United
5 States Department of Veterans Affairs are not available to
6 nonveteran residents according to part 9050.0510, subpart 2.

7 A resident, resident's guardian, legal representative,
8 family member, conservator, or other person designated by the
9 resident must be informed in writing by the admission staff of
10 each board-operated facility or the resident's social worker,
11 before or at the time of admission and when changes occur, of
12 services that are included in the facility's basic per diem and
13 of other services that may be available at additional charges.

14 The facility staff shall assist residents in obtaining
15 information and making application for possible benefits or
16 programs to which the residents are entitled according to parts
17 9050.0770 and 9050.0800, subpart 2, item G, and Minnesota
18 Statutes, section 144.651, subdivision 17.

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

20 Subp. 3. Dietary services. At each board-operated
21 facility, an adequately equipped kitchen must be maintained and
22 qualified facility staff must be employed to supply the
23 necessary food requirements of the residents. Dietary services
24 provided to residents must be according to parts 4655.8500 to
25 4655.8800; United States Department of Veterans Affairs Code
26 M-1, part 1, chapter 3; and United States Department of Veterans
27 Affairs Guide for Inspection of State Veterans Homes Nursing
28 Home Care Standards and Guide for Inspection of State Veterans
29 Homes: Domiciliary Care Standards.

30 A qualified dietician, as defined in part 9050.0040,
31 subpart 34, or dietary supervisor if qualified, must be employed
32 or contracted with to supervise the food service department of
33 each facility. A qualified dietary supervisor is a person
34 trained or experienced in the planning and preparation of meals
35 as stated in part 4655.8510. The dietary staff shall prepare
36 therapeutic diets as ordered by the resident's attending

1 physician, according to federal and state standards and
2 established recommended daily allowances.

3 A dietician shall ensure that nutritional care plans are
4 developed according to each resident's nutritional needs and
5 that an individual diet card is maintained for each resident.

6 Subp. 4. **Recreational therapy.** At each board-operated
7 facility, a recreational therapy program must be provided
8 according to part 4655.5200; United States Department of
9 Veterans Affairs Code M-1, part 1, chapter 3; and United States
10 Department of Veterans Affairs Guide for Inspection of State
11 Veterans Homes Nursing Home Care Standards and Guide for
12 Inspection of State Veterans Homes: Domiciliary Care
13 Standards. Recreational therapy programs must be appropriate to
14 the needs and interests of residents to maximize individual
15 residents' physical and psychosocial levels.

16 Adequate equipment, space, and supplies for recreational
17 therapy programs must be provided at each facility.

18 A resident's recreation plan must be integrated into the
19 resident's care plan and documentation of recreational therapy
20 provided must be maintained in the resident's chart.

21 A qualified staff member responsible for the recreational
22 therapy program shall meet at least the minimum qualifications
23 in part 4655.5200, subpart 5.

24 Subp. 5. **Social work services.** On-site social work
25 services must be provided to residents of each board-operated
26 facility by qualified social workers to meet the psychosocial
27 needs of individual residents.

28 The provision of social services must be documented in the
29 resident's chart. Documentation must include a social services
30 assessment or plan and quarterly progress reports on each
31 resident in the facility according to United States Department
32 of Veterans Affairs Code M-1, part 1, chapter 3, and United
33 States Department of Veterans Affairs Guide for Inspection of
34 State Veterans Homes Nursing Home Care Standards and Guide for
35 Inspection of State Veterans Homes: Domiciliary Care Standards.

36 [For text of subp 6, see M.R.]

1 Subp. 7. **Medical director.** Each board-operated facility
2 must have a medical director according to part 9050.0040,
3 subpart 73; United States Department of Veterans Affairs Code
4 M-1, part 1, chapter 3; and United States Department of Veterans
5 Affairs Guide for Inspection of State Veterans Homes Nursing
6 Home Care Standards and Guide for Inspection of State Veterans
7 Homes: Domiciliary Care Standards.

8 Subp. 8. **Attending physician.** Each resident must be
9 assigned an attending physician who is responsible for overall
10 medical care of the resident. A resident may choose a private
11 attending physician at the resident's own expense if the
12 physician agrees to comply with regulatory standards governing
13 the home. Regulatory standards include parts 4655.4600 and
14 4655.4700; United States Department of Veterans Affairs Code
15 M-1, part 1, chapter 3; and United States Department of Veterans
16 Affairs Guide for Inspection of State Veterans Homes Nursing
17 Home Care Standards and Guide for Inspection of State Veterans
18 Homes: Domiciliary Care Standards.

19 The attending physician shall prescribe a planned regimen
20 of resident care based on a medical evaluation of the resident's
21 immediate and long-term needs. The attending physician must be
22 identified on the resident's medical chart.

23 The attending physician shall make arrangements for the
24 medical care of the resident in the event of an on-site
25 emergency or a planned absence by the attending physician.

26 Subp. 9. **Chaplain services.** Spiritual care must be
27 provided by a chaplain to residents of each board-operated
28 facility according to part 4655.5300; United States Department
29 of Veterans Affairs Code M-1, part 1, chapter 3; and United
30 States Department of Veterans Affairs Guide for Inspection of
31 State Veterans Homes Nursing Home Care Standards and Guide for
32 Inspection of State Veterans Homes: Domiciliary Care Standards.

33 Adequate space must be provided for chaplain services and
34 private space provided for a resident to meet with clergy of the
35 resident's choice.

36 Subp. 10. **Mental health services.** Mental health services

1 must be made available to residents who meet admission and
2 continued stay criteria as specified in part 9050.0070, subparts
3 3 and 4, at each board-operated facility either on-site or
4 through other means such as contract services, sharing
5 agreements, or other arrangements according to United States
6 Department of Veterans Affairs Code M-1, part 1, chapter 3, and
7 United States Department of Veterans Affairs Guide for
8 Inspection of State Veterans Homes Nursing Home Care Standards
9 and Guide for Inspection of State Veterans Homes: Domiciliary
10 Care Standards.

11 A resident must be offered mental health services on
12 request by the resident, or as determined by members of the
13 resident's individual care plan team, which may include a staff
14 psychologist, staff psychiatrist, or chemical dependency
15 counselor.

16 These services must include, but are not limited to,
17 assessment, diagnosis, supportive counseling or self-help groups
18 for residents presenting behavioral problems, psychiatric
19 disorders, and chemical dependency or chemical abuse disorders.
20 These services must be provided through disciplines such as
21 psychology, psychiatry, and chemical dependency.

22 Documentation of mental health services provided to a
23 resident must be maintained in the resident's chart.

24 Subp. 11. **Dental care services.** Dental care must be made
25 available for residents of each board-operated facility
26 according to part 4655.4800; United States Department of
27 Veterans Affairs Code M-1, part 1, chapter 3; and United States
28 Department of Veterans Affairs Guide for Inspection of State
29 Veterans Homes Nursing Home Care Standards and Guide for
30 Inspection of State Veterans Homes: Domiciliary Care Standards.

31 Each facility must have a written agreement with a licensed
32 dentist or dentists to provide emergency dental care when
33 necessary.

34 Dental care for residents consists of, but is not limited
35 to, cleaning of teeth by the dentist or dental hygienist, an
36 examination of the resident's teeth and mouth by the dentist,

1 taking of necessary X-rays as determined by the dentist, proper
2 fitting of dentures, repair of dentures, and treatment of
3 abnormalities caused by dentures as determined by the dentist.

4 Documentation of dental care provided must be maintained in
5 the resident's chart.

6 Subp. 12. Podiatric care services. Podiatric care must be
7 made available at each board-operated facility to residents
8 through a podiatrist or physician, with the approval of the
9 resident's attending physician, according to United States
10 Department of Veterans Affairs Code M-1, part 1, chapter 3, and
11 United States Department of Veterans Affairs Guide for
12 Inspection of State Veterans Homes Nursing Home Care Standards
13 and Guide for Inspection of State Veterans Homes: Domiciliary
14 Care Standards.

15 Documentation of podiatric care provided must be maintained
16 in the resident's chart.

17 Subp. 13. Optometric care services. Optometric care must
18 be made available to residents of each board-operated facility
19 according to United States Department of Veterans Affairs Code
20 M-1, part 1, chapter 3, and United States Department of Veterans
21 Affairs Guide for Inspection of State Veterans Homes Nursing
22 Home Care Standards and Guide for Inspection of State Veterans
23 Homes: Domiciliary Care Standards.

24 Consultation or treatment with the optometrist must be on
25 written order of the resident's attending physician. For
26 residents needing replacement of refractory lenses, the nursing
27 department may request a resident's appointment with the
28 optometrist.

29 Documentation of optometric care provided must be
30 maintained in the resident's chart.

31 [For text of subp 14, see M.R.]

32 Subp. 15. Diagnostic services. Diagnostic services must
33 be made available to residents of each board-operated facility
34 on written order of the resident's attending physician according
35 to United States Department of Veterans Affairs Code M-1, part
36 1, chapter 3, and United States Department of Veterans Affairs

1 Guide for Inspection of State Veterans Homes Nursing Home Care
2 Standards and Guide for Inspection of State Veterans Homes:
3 Domiciliary Care Standards. Payments for diagnostic services
4 are determined according to part 9050.0510.

5 Examples of diagnostic services include, but are not
6 limited to, X-rays and laboratory work, such as blood tests.

7 Documentation of diagnostic care provided must be
8 maintained in the resident's chart.

9 Subp. 16. **Pharmaceutical services.** Pharmaceutical
10 services must be made available through a licensed pharmacist by
11 each board-operated facility to meet the needs of residents
12 according to parts 4655.7790 to 4655.7860; United States
13 Department of Veterans Affairs Code M-1, part 1, chapter 3; and
14 United States Department of Veterans Affairs Guide for
15 Inspection of State Veterans Homes Nursing Home Care Standards
16 and Guide for Inspection of State Veterans Homes: Domiciliary
17 Care Standards. A licensed pharmacist is defined in part
18 9050.0040, subpart 92.

19 Documentation of pharmaceutical services provided must be
20 maintained in the resident's chart.

21 Subp. 17. **Specialized rehabilitation services.**
22 Specialized rehabilitation services such as physical therapy,
23 occupational therapy, and speech therapy must be provided to
24 residents to improve and maintain maximum functioning according
25 to United States Department of Veterans Affairs Code M-1, part
26 1, chapter 3, and United States Department of Veterans Affairs
27 Guide for Inspection of State Veterans Homes Nursing Home Care
28 Standards and Guide for Inspection of State Veterans Homes:
29 Domiciliary Care Standards.

30 Documentation of specialized rehabilitation services must
31 be maintained in the resident's chart.

32 Subp. 18. **Maintenance.** Maintenance services must be
33 maintained at each board-operated facility to ensure that the
34 physical plant is kept in a continuous state of good repair and
35 operation with regard to the health, comfort, safety, and
36 well-being of residents and others according to chapter 4660;

1 United States Department of Veterans Affairs Code M-1, part 1,
2 chapter 3; and United States Department of Veterans Affairs
3 Guide for Inspection of State Veterans Homes Nursing Home Care
4 Standards and Guide for Inspection of State Veterans Homes:
5 Domiciliary Care Standards.

6 Subp. 19. **Transportation.** A means of transportation to
7 and from approved medical providers must be provided or arranged
8 for by each board-operated facility according to United States
9 Department of Veterans Affairs Code M-1, part 1, chapter 3, and
10 United States Department of Veterans Affairs Guide for
11 Inspection of State Veterans Homes Nursing Home Care Standards
12 and Guide for Inspection of State Veterans Homes: Domiciliary
13 Care Standards, if the providers are located within the areas
14 regularly serviced by the transportation staff of the facility.

15 9050.1070 RESIDENT RIGHTS AND RESPONSIBILITIES.

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

17 Subp. 6. **Resident councils.** Residents may organize,
18 maintain, and participate in a resident advisory council with
19 elected officers to express feelings and thoughts about the
20 facility, facility policies, and resident care issues according
21 to Minnesota Statutes, sections 144.651, subdivision 27, and
22 144A.33; United States Department of Veterans Affairs Code M-1,
23 part 1, chapter 3; and United States Department of Veterans
24 Affairs Guide for Inspection of State Veterans Homes Nursing
25 Home Care Standards and Guide for Inspection of State Veterans
26 Homes: Domiciliary Care Standards. United States Department of
27 Veterans Affairs publications shall be available for review at
28 each board-operated facility.

29 Space for resident council meetings must be provided at
30 each board-operated facility. Staff or visitors may only attend
31 resident council meetings at the council's invitation.

32 The administrator shall designate a staff person, with
33 approval of the resident council, to assist the council and
34 respond to written requests that result from council meetings.

35 Minutes of resident council meetings must be kept and made

1 available to residents and other persons as the resident council
2 determines. Minutes of resident council meetings must also be
3 made available to the Department of Health and the United States
4 Department of Veterans Affairs to show that resident council
5 meetings are being held at each facility.

6 The designated staff person or other appropriate staff
7 persons shall inform the resident council of:

8 [For text of items A to F, see M.R.]

9 [For text of subps 7 and 8, see M.R.]

10 Subp. 9. **Resident grievances and complaints.** A resident
11 may voice grievances and complaints and recommend changes in
12 rules, policies, and services of the board-operated facility
13 without retaliation according to Minnesota Statutes, sections
14 198.32, 144.651, subdivision 20, and 144A.13; United States
15 Department of Veterans Affairs Code M-1, part 1, chapter 3; and
16 United States Department of Veterans Affairs Guide for
17 Inspection of State Veterans Homes Nursing Home Care Standards
18 and Guide for Inspection of State Veterans Homes: Domiciliary
19 Care Standards. United States Department of Veterans Affairs
20 publications shall be available for review at each
21 board-operated facility.

22 On admission, each resident must be informed in writing of
23 the right to complain. A notice of the right to complain must
24 be posted in a conspicuous place in each board-operated facility.

25 Residents may complain through the facility grievance and
26 complaint procedures. A resident may also voice grievances to
27 the administrator, the board, the commissioner of veterans
28 affairs, the commissioner of health, facility staff, other
29 residents, the family council, or outside representatives of the
30 resident's choice.

31 The grievance procedure at each board-operated facility
32 must include the following:

33 [For text of items A to F, see M.R.]

34 [For text of subps 10 to 14, see M.R.]

35 Subp. 15. **Privacy of resident records.** A resident has a
36 right to confidential treatment of personal and medical records

1 and may approve or refuse release of the records to any
2 individual outside the board-operated facility.

3 Medical records must be made available to persons at the
4 board-operated facility who are responsible for the direct care
5 of the resident. All information contained in the resident's
6 records must be handled in a manner consistent with chapters
7 1205 and 4655; the Government Data Practices Act under Minnesota
8 Statutes, chapter 13, and sections 144.335 and 144.651,
9 subdivision 16.

10 Written consent of the resident or the resident's guardian
11 or conservator is required for the release of information
12 concerning the resident to persons not otherwise authorized to
13 receive it. Written consent of the resident must be handled in
14 a manner consistent with Minnesota Statutes, section 13.04,
15 subdivision 2.

16 Information to be released is limited to the items or
17 information specified in the consent form.

18 Written consent for release of information need not be
19 given when:

20 [For text of items A to D, see M.R.]

21 [For text of subps 16 to 20, see M.R.]

22 Subp. 21. Resident work therapy programs. A resident may
23 take part in a resident work therapy program on approval of the
24 resident's attending physician or as recommended by the
25 resident's attending physician and the resident's care team as
26 part of the individual treatment or care plan.

27 The labor or services that the resident performs must be
28 for therapeutic purposes and appropriately goal-related in the
29 resident's care plan according to Minnesota Statutes, section
30 144.651, subdivision 23.

31 The labor performed by the resident must be other than
32 labor of a housekeeping nature with respect to the resident's
33 own living area and the resident must be compensated
34 appropriately and in compliance with Minnesota law and the
35 Federal Fair Labor Standards Act.

36 Earnings derived from participating in a resident work

1 therapy program while the resident is living at the home may not
2 be considered a means of support according to part 9050.0700,
3 subpart 3, item A, and Minnesota Statutes, section 198.03.

4 [For text of subps 22 to 39, see M.R.]

5 REPEALER. Minnesota Rules, part 9050.0040, subpart 66, is
6 repealed.