

1 Minnesota Veterans Homes Board

2

3 Adopted Permanent Rules Relating to General Revisions

4

5 Rules as Adopted

6 9050.0040 DEFINITIONS.

7 [For text of subps 1 to 17, see M.R.]

8 Subp. 18. Board-operated facility. "Board-operated
9 facility" means a Minnesota veterans home campus, including, but
10 not limited to, buildings, units, and grounds, at which nursing
11 care or boarding care is provided.

12 [For text of subps 19 to 24, see M.R.]

13 Subp. 25. [See repealer.]

14 [For text of subps 26 to 33, see M.R.]

15 Subp. 34. Dietitian. "Dietitian" means a dietitian
16 registered with the National Commission on Dietetic Registration.

17 [For text of subp 35, see M.R.]

18 Subp. 36. Discharge. "Discharge" means a termination of
19 residence in the nursing home or boarding care home that is
20 documented in the discharge summary signed by the attending
21 physician. A discharge includes the permanent movement of a
22 resident from the campus of one board-operated facility to
23 another, whether to the same or to a different level of care.

24 For purposes of this definition, a discharge does not include:

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

26 [For text of subps 37 to 40, see M.R.]

27 Subp. 40a. [See repealer.]

28 [For text of subps 41 to 69, see M.R.]

29 Subp. 69a. Make available. "Make available" means to
30 assist a resident in obtaining information about and arrange for
31 a resident's access to a particular service, but not necessarily
32 assure payment for that service. The board shall determine
33 annually which services will be paid for by the board-operated
34 facilities, based on appropriations.

35 [For text of subps 70 to 87, see M.R.]

1 Subp. 88. [See repealer.]

2 [For text of subps 89 to 98, see M.R.]

3 Subp. 99. [See repealer.]

4 [For text of subp 100, see M.R.]

5 Subp. 101. **Representative payee.** "Representative payee"

6 means an individual designated by the Social Security
7 Administration or an authorized payee designated by the United
8 States Department of Veterans Affairs to receive benefits on
9 behalf of the applicant or resident.

10 [For text of subps 102 to 120, see M.R.]

11 9050.0050 PERSONS ELIGIBLE FOR ADMISSION.

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

13 Subp. 3a. **Residency.** For purposes of determining
14 residency under Minnesota Statutes, section 198.022, paragraphs
15 (2) and (3), a person is a resident of Minnesota if:

16 A. the person currently resides in Minnesota and
17 intends to reside in the state permanently; and

18 B. the person does not own or maintain a home in
19 another state.

20 Subp. 4. **Exceptions.** An applicant otherwise eligible for
21 admission to a board-operated facility under subpart 2 or 3 who
22 has adequate means of support may be admitted to a
23 board-operated facility if the applicant complies with the
24 requirements in Minnesota Statutes, section 198.03. An
25 applicant seeking admission under Minnesota Statutes, section
26 198.03, and this subpart must not have past unpaid bills to the
27 state for maintenance charges for prior residence in a
28 board-operated facility. An applicant who has past unpaid bills
29 to the state for maintenance charges for prior residence in a
30 board-operated facility must satisfy the past debt for
31 maintenance charges before that applicant will be placed on the
32 active waiting list. For the purpose of this part "satisfy"
33 means that the applicant has either paid the debt or entered
34 into an agreement to repay the debt. The agreement must conform
35 with Minnesota Statutes, section 198.03, subdivision 3.

1 9050.0055 ADMISSIONS PROCESS, WAITING LIST, PRIORITY.

2 Subpart 1. Process. A person seeking admission to a
3 board-operated facility may obtain an application form and
4 information describing the required application procedures from
5 the facility. The social services staff of the board-operated
6 facility shall assist the person to complete the application
7 form and process. When an application is requested, the social
8 services staff shall provide a checklist of items requiring
9 documentation, information, or verification to complete the
10 application.

11 Subp. 1a. Preadmission screening. The social services
12 staff of the board-operated facility shall conduct a
13 preadmission screening of applicants, similar to that prescribed
14 in Minnesota Statutes, section 256B.0911, in order to determine
15 whether the person meets the general eligibility requirements in
16 part 9050.0050. If these requirements are met, an applicant's
17 name and application file must be referred to the admissions
18 committee or be placed on the waiting list for the particular
19 facility as specified in subpart 3.

20 Subp. 1b. Admission application. The social services
21 staff shall obtain the following information from an applicant:

22 A. a signed application form;
23 B. verification of eligibility in part 9050.0050;
24 C. military service records or discharge information
25 about the applicant or the applicant's spouse;

26 D. medical and psychiatric information from previous
27 or current placements and current attending physicians and, as
28 appropriate, psychologists or psychiatrists, including level of
29 care information from previous and current placements;

30 E. information from the applicant's previous or
31 current placements about the applicant's compliance with the
32 applicant's medical treatment plan or individual treatment or
33 care plan; and

34 F. Bureau of Criminal Apprehension reports or
35 criminal background information or reports, as appropriate.

1 The appropriate clinical staff shall interview the
2 applicant or the applicant's legal representative, if any, and
3 the applicant's family members with the applicant's consent, and
4 shall review the application for admission.

5 The social services staff of the board-operated facility
6 shall keep a checklist on which to record the date of receipt of
7 information for the person's application file.

8 Subp. 2. **Timing of review by admissions committee.** The
9 admissions committee shall review an application for admission
10 according to items A and B, and determine the applicant's
11 suitability for admission to a board-operated facility as
12 determined by the criteria in part 9050.0070, subparts 3 and 4.

13 A. If the board-operated facility to which a person
14 has applied has no waiting list, the admissions committee shall
15 review the application file within five working days of its
16 completion.

17 B. If the board-operated facility to which the person
18 has applied has a waiting list, the admissions committee shall
19 review the application file within five working days from the
20 time the applicant's name reaches the first place on the active
21 waiting list and a bed becomes available.

22 Subp. 3. **Waiting lists.** Each board-operated facility
23 shall maintain an active waiting list and an inactive waiting
24 list to determine the admission priority of applicants. The
25 active waiting list is for applicants desiring the first
26 available bed at the level of care appropriate to the
27 applicant's needs. The inactive waiting list is for those
28 applicants who do not want to exercise their option for
29 admission, but who want to be prepared to exercise that option
30 and want to be kept informed of openings or of the length of the
31 active waiting list at the board-operated facility.

32 If an eligible applicant cannot be considered for admission
33 to a board-operated facility with an appropriate level of care
34 due to unavailability of a bed, the applicant must be placed on
35 either an active or inactive waiting list according to
36 preference. An applicant shall indicate preference for the

1 active or inactive waiting list on a separate form. An
2 applicant may request movement from one waiting list to another
3 at any time, unless the request is precluded by subpart 5. An
4 applicant requesting movement from one waiting list to another
5 must be placed at the bottom of the waiting list to which
6 movement was requested. The applicant's position on the waiting
7 list is determined by the date on which the application form is
8 received.

9 Subp. 4. Priority. If it is determined by the utilization
10 review committee that a current resident needs a level of care
11 not offered at the board-operated facility where the resident is
12 staying, the current resident has priority for consideration for
13 admission to other board-operated facilities at an appropriate
14 level of care if they meet the criteria for that level of care
15 and a bed is available. A person who is discharged for failure
16 to meet bed hold criteria in part 9050.0150, subpart 2 or 3, has
17 priority for consideration for admission to a board-operated
18 facility at an appropriate level of care if the person meets the
19 criteria for that level of care and a bed is available. A
20 person on the active waiting list must be considered for
21 admission and, if approved by the admissions committee, offered
22 a bed consistent with the person's position on the active
23 waiting list and the person's case mix classification and level
24 of care needs as determined by the admissions committee. A
25 person offered admission has three working days to consider the
26 offer. If the person declines the offer of admission, the
27 person's name must be put on the bottom of the active waiting
28 list, unless the person requests removal from the active waiting
29 list or transfer to the inactive waiting list. If the person
30 fails to respond to the offer of admission within three working
31 days from the date the offer is made, the person's application
32 file must be closed and the person's name removed from all
33 waiting lists. A person whose name is removed from all waiting
34 lists for failure to respond to an offer for admission must
35 reapply.

36 Subp. 5. Limitations on refusals to exercise option for

1 admission from active waiting list. A person who is placed on
2 the waiting list and who twice refuses an opportunity for
3 admission must be removed from the active waiting list and
4 placed on the inactive waiting list. The person is not
5 permitted to transfer to the active waiting list for one year
6 from the date the person refused an opportunity for admission
7 unless the person can verify by an attending physician a
8 significant change in health status since the date of last
9 refusal. "Significant change" means the worsening of an
10 applicant's medical condition due to an unexpected health
11 condition such as a sudden stroke or heart attack.

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

13 9050.0060 ADMISSIONS COMMITTEE; CREATION, COMPOSITION, AND
14 DUTIES.

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

16 Subp. 2. Composition of admissions committee. The
17 admissions committee must consist of the following staff members
18 of the board-operated facility: the administrator or a
19 designee, a registered nurse, and a social worker. The
20 admissions committee may consult with any of the following staff
21 members, as indicated by the diagnosis or diagnoses of the
22 applicant to be reviewed: a chemical dependency counselor, a
23 mental health professional or mental health practitioner, a
24 physical therapist, an occupational therapist, a speech
25 therapist, a dietitian, a chaplain, or a staff psychologist or
26 psychiatrist. The applicant's attending physician must be
27 consulted or given the opportunity to present information to the
28 admissions committee if the physician chooses to participate.

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

31 A. The admissions committee shall review and act on
32 all applications by reviewing the completed application and
33 documentation in part 9050.0055. The admissions committee shall
34 determine whether or not to admit the applicant according to the
35 facility's ability to meet the applicant's care needs, based on

1 the admissions criteria in part 9050.0070, subparts 3 and 4.

2 [For text of item B, see M.R.]

3 Subp. 4. [See repealer.]

4 9050.0070 TYPES OF ADMISSIONS.

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

6 Subp. 3. Criteria for admission to and continued stay in a
7 boarding care facility. The decision about admission to or
8 continued stay in a board-operated facility licensed to provide
9 boarding care must be based on the facility's ability to meet
10 the care needs of the applicant or resident. A person whose
11 care needs can be met by the board-operated facility must be
12 admitted, placed on the waiting list, or retained as a resident
13 if the admissions committee or utilization review committee
14 determines the person meets the criteria in items A to N. A
15 person whose care needs cannot be met must be denied admission
16 or continued stay if the admissions committee or utilization
17 review committee determines the person does not meet the
18 criteria in items A to N.

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

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 an attending psychiatrist or psychologist.

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

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

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

33 L. A person who has an active substance use disorder
34 must be evaluated by an attending psychologist or psychiatrist.
35 The evaluation must include an assessment of the person's

1 chemical health needs, the current severity of the person's
2 disorder, and whether the board-operated facility can meet the
3 care needs of the person. If the medical records obtained by
4 the admissions committee do not adequately document a person's
5 substance disorder status, the person's status may be verified
6 by a collateral contact. For purposes of this part, "collateral
7 contact" means an oral or written communication initiated by
8 facility staff for the purpose of gathering information from an
9 individual or agency, other than the applicant, to verify or
10 supplement information provided by the applicant. Collateral
11 contact includes contact with family members, criminal justice
12 agencies, educational institutions, and employers.

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

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

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

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

33 G. A person who has an active substance use disorder
34 must be evaluated by an attending psychologist or psychiatrist.
35 The evaluation must include an assessment of the person's
36 chemical health needs, the current severity of the person's

1 disorder, and whether the board-operated facility can meet the
2 care needs of the person. If the medical records obtained by
3 the admissions committee do not adequately document the person's
4 substance disorder status, the person's status may be verified
5 by a collateral contact. For purposes of this part, "collateral
6 contact" means an oral or written communication initiated by
7 facility staff for the purpose of gathering information from an
8 individual or agency, other than the applicant, to verify or
9 supplement information provided by the applicant. Collateral
10 contact includes contact with family members, criminal justice
11 agencies, education institutions, and employers.

12 9050.0200 DISCHARGE.

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

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

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

18 D. the resident no longer has a medical need for the
19 services provided by a board-operated facility, as determined by
20 the utilization review committee according to part 9050.0070,
21 subpart 3 or 4;

22 E. the resident's behavior poses an immediate threat
23 to the health or safety of the resident, other residents, or
24 staff of a board-operated facility, as determined by the
25 utilization review committee according to part 9050.0070,
26 subpart 3 or 4;

27 F. the resident is absent without notice from the
28 facility for more than 96 consecutive hours or a definitive
29 arrangement has been made for an absence longer than 96 hours
30 and the resident fails to comply with that arrangement; or

31 G. the resident or resident's legal representative:

32 [For text of subitems (1) and (2), see M.R.]

33 (3) falsifies or fraudulently represents
34 information relating to criteria in part 9050.0070, subpart 3 or
35 4.

1 [For text of subps 4 to 6, see M.R.]

2 9050.0220 INVOLUNTARY DISCHARGE PROCEDURES.

3 Subpart 1. Generally, recommendations. Involuntary
4 discharge for a reason specified in part 9050.0200, subpart 3,
5 item C, must be based on the recommendation of the utilization
6 review committee. Involuntary discharge under part 9050.0200,
7 subpart 3, item A, F, or G, must be based on the recommendation
8 of the facility financial staff or social services staff.

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

10 Subp. 3. Reconsideration. A resident or the resident's
11 legal representative may request a reconsideration of the
12 initial notice of involuntary discharge. The request must be
13 made in writing within ten days of receipt of the initial notice
14 of involuntary discharge. Reconsideration must be before the
15 administrator of the board-operated facility under the
16 procedures in subpart 4.

17 Subp. 4. Reconsideration procedures, scheduling,
18 representation.

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

20 B. A resident or the resident's representative may
21 question witnesses and present reasons why the resident should
22 not be discharged.

23 [For text of items C and D, see M.R.]

24 Subp. 5. Administrator's decision and preliminary order.
25 The administrator, ten days after issuance of the initial notice
26 of involuntary discharge if no reconsideration is requested or
27 after the reconsideration proceeding and on review of the
28 record, shall review the question of discharge and issue a
29 preliminary order supporting or reversing the initial
30 involuntary discharge notice and state the reasons for the
31 involuntary discharge.

32 Subp. 6. Appeals process. A resident or the resident's
33 legal representative may appeal a preliminary discharge or
34 transfer order. A resident or the resident's legal
35 representative has 30 days after issuance of the preliminary

1 discharge or transfer order to request an administrative
2 appeal. Appeals must be in accordance with contested case
3 procedures under the Administrative Procedure Act, Minnesota
4 Statutes, section 14.48 et. seq., until rules are adopted under
5 Minnesota Statutes, section 144A.135, by the commissioner of
6 health. Once the rules adopted under Minnesota Statutes,
7 section 144A.135, have taken effect, all appeals must be in
8 accordance with those rules. The administrator shall inform the
9 resident of the rules that govern the appeal in the notice
10 provided under part 9050.0100, subpart 2, or 9050.0200, subpart
11 4. The final discharge order shall be issued by the executive
12 director of the Veterans Homes Board, after review of the entire
13 record including the recommendations of the administrative law
14 judge. A final discharge order issued by the executive director
15 of the Veterans Homes Board following the Office of
16 Administrative Hearings' review remains in effect pending
17 judicial review under Minnesota Statutes, section 14.63, et.
18 seq. Notwithstanding this provision, the administrator may, for
19 good cause shown, waive imposition of the discharge order until
20 all appeals have been concluded.

21 Nothing in this part may be construed to limit, change, or
22 restrict other appeal or review procedures available to a
23 resident under law.

24 9050.0230 ENFORCEMENT OF FINAL DISCHARGE ORDER.

25 A final discharge order is the order issued by the
26 executive director of the Veterans Homes Board following review
27 of the preliminary discharge order under Minnesota Statutes,
28 chapter 14, or the order issued by the administrator of a
29 board-operated facility if no review was requested. A final
30 discharge order is the final agency decision. When a resident
31 refuses to comply with the terms of a final discharge order
32 issued following review under Minnesota Statutes, chapter 14,
33 and the final agency decision, the administrator may seek
34 enforcement of the final discharge order by applying to the
35 district court for an order enforcing the administrative order

1 of discharge. Pursuant to Minnesota Statutes, section 198.045,
 2 the district court may order the sheriff of the county in which
 3 the board-operated facility is located to remove the resident
 4 from the board-operated facility and authorize the administrator
 5 to remove the resident's property and hold it until it can be
 6 returned to the former resident. Upon issuance of the court
 7 order, the procedures in part 9050.0210 regarding voluntary
 8 discharge must be followed, to the extent possible, to effect
 9 the discharge.

10 9050.0400 UTILIZATION REVIEW COMMITTEE.

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

12 Subp. 2. Composition. The utilization review committee
 13 consists of two physicians and at least one of each of the
 14 following professionals: a registered nurse, the administrator
 15 or the administrator's designee, a social worker, and a medical
 16 records technician, who shall not participate in a voting
 17 capacity. Additional committee members may include any of the
 18 following staff members as indicated by the diagnosis or
 19 diagnoses of the resident to be reviewed: a chemical dependency
 20 counselor, a mental health practitioner or mental health
 21 professional, or a dietitian. The administrator or the
 22 administrator's designee, one other committee member, and at
 23 least two physicians must be in attendance to hold a meeting and
 24 to take action.

25 Subp. 3. Duties. The duties of the utilization review
 26 committee are to:

27 A. review the necessity and appropriateness of
 28 admissions, bed holds, transfers, and the need for discharge of
 29 all residents according to the United States Department of
 30 Veterans Affairs, this chapter, and Department of Health nursing
 31 and boarding care criteria specified in parts 4655.0400,
 32 4655.0500, 4655.0700, 4658.0030, and ~~4655-1500~~ 4658.0140;

33 [For text of items B to G, see M.R.]

34 [For text of subp 4, see M.R.]

35 9050.0520 MAINTENANCE CHARGE; DELINQUENT ACCOUNTS; INTEREST;

1 DISCHARGE.

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

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

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

13 9050.0580 REVIEW OF MAINTENANCE CHARGE DETERMINATION.

14 An applicant or resident or legal representative may
15 request that the administrator of a board-operated facility
16 reconsider a maintenance charge determination. The request must
17 be submitted in writing to the administrator within ten days of
18 receipt of the maintenance charge notice. The administrator
19 shall, within ten days of receipt of the request, conduct a
20 review of the maintenance charge determination. The review must
21 be in the same format and time frames as the reconsideration
22 procedures under part 9050.0220, subparts 3 and 4. The
23 administrator's determination is final upon receipt by the
24 applicant or resident, or legal representative, and is the final
25 agency action.

26 9050.0600 PROPERTY LIMITATIONS.

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

28 Subp. 3. Other property limitations. The facility
29 financial staff shall exclude the value of the following
30 personal property:

31 A. one motor vehicle, for personal use;

32 B. the value of a prepaid burial account, burial
33 plan, burial contract, or burial trust up to \$5,000 or the
34 entire amount of an investment made prior to admission,
35 whichever is greater;

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

2 [For text of subp 4, see M.R.]

3 9050.0750 DEDUCTION FOR VOLUNTARY SUPPORT OF DEPENDENT SPOUSE OR
4 HOUSEHOLD.

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

6 Subp. 2. Determination of spouse's or dependent's monthly
7 expenses. The deduction for the basic needs of the dependent
8 spouse or household is the sum of the following expenses,
9 prorated on a monthly basis as they are incurred or can be
10 estimated with reasonable certainty:

11 A. expenses related to the homestead as follows:

12 (1) monthly rent, mortgage, or home equity loan
13 payments, except that home equity loans obtained after the date
14 of a resident's admission must be related to expenses of the
15 homestead or other basic needs for which a deduction is
16 requested;

17 (2) costs of supporting a dependent child or
18 children residing with the spouse;

19 (3) real estate taxes;

20 (4) homeowner's or renter's insurance;

21 (5) home maintenance and repair costs in a
22 reasonable amount;

23 (6) association fees for townhouses,
24 condominiums, or similar arrangements;

25 (7) electric and gas charges;

26 (8) water and sewer charges;

27 (9) solid waste removal charges; and

28 (10) telephone costs;

29 B. transportation costs, including costs of public
30 transportation and costs of acquiring and maintaining a
31 privately owned motor vehicle;

32 C. food;

33 D. clothing;

34 E. medical insurance for the spouse and the
35 applicant's or resident's dependent child or children residing

1 with the spouse;

2 F. medical expense payments;

3 G. personal needs of the spouse or dependent child or
4 children;

5 H. payments for documented consumer debts incurred
6 before the resident's admission to a board-operated facility for
7 which the spouse is legally responsible; and

8 I. support payments actually paid by the spouse to a
9 former spouse or dependents who do not reside with the spouse.

10 Subp. 2a. **Resources excluded.** In determining a spouse's
11 or household's available resources, the facility financial staff
12 shall exclude from consideration the following:

13 A. real property excluded under part 9050.0600,
14 subpart 2;

15 B. one motor vehicle per household, for personal use;

16 C. household goods and furniture, personal effects,
17 wearing apparel, and jewelry regularly used by the spouse or
18 dependent child or children in day-to-day living;

19 D. the value of personal property used to produce
20 income, including tools, implements, farm animals, and
21 inventory, or capital and operating assets of a trade or
22 business necessary to income production;

23 E. life insurance policies;

24 F. individual retirement accounts, Keogh accounts, or
25 other pension or deferred compensation plan accounts;

26 G. burial accounts, burial plans, burial contracts,
27 or burial trusts; and

28 H. other personal property specifically excluded by
29 federal law, federal regulation, or state law.

30 Subp. 2b. **Application of dependent spouse's or household's**
31 **available resources.** If an applicant or resident, or the spouse
32 of an applicant or resident, requests a deduction from the
33 applicant's or resident's gross monthly income for support of a
34 dependent spouse or household, the facility financial staff
35 shall verify the available resources of the dependent spouse or
36 household. All resources listed in subpart 2a must be excluded

1 for the purposes of determining availability of resources. If
2 the facility financial staff has verified that the dependent
3 spouse or household has no resources available other than
4 excluded resources, a deduction from the applicant's or
5 resident's gross monthly income must be calculated according to
6 subpart 3.

7 [For text of subp 3, see M.R.]

8 9050.0755 CALCULATION OF CHARGEABLE INCOME OF APPLICANT OR
9 RESIDENT.

10 The chargeable income of an applicant or resident is as
11 follows:

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

13 C. subtract from net income \$90 for personal needs;

14 [For text of items D and E, see M.R.]

15 9050.0770 BENEFITS APPLICATION REQUIRED.

16 An applicant or resident or legal representative, if any,
17 must apply for the maximum of every benefit for which the
18 applicant or resident may be eligible that will increase the
19 income of the applicant or resident. The board-operated
20 facility staff shall provide an applicant or resident or legal
21 representative information about possible available benefits or
22 programs of assistance and assistance in making application for
23 those benefits.

24 If the facility staff determines that an applicant or
25 resident is not able to manage personal financial affairs, the
26 facility staff shall recommend that the facility be authorized
27 to receive and disburse benefit payments for which the applicant
28 or resident may be eligible.

29 9050.0800 FINANCIAL INFORMATION AND INTERVIEW.

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

31 Subp. 2. Rights, duties, and consequences of interview and
32 providing information. Before conducting an applicant's or
33 resident's interview to determine financial status or ability to
34 pay, the facility financial staff shall provide the following

1 information to the applicant or resident:

2 [For text of items A to I, see M.R.]

3 9050.0820 VERIFICATION OF FINANCIAL INFORMATION.

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

5 Subp. 2. Information to be verified. The following items
6 must be verified:

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

8 E. legal relationship between the applicant or
9 resident and dependent spouse and children, if support will be
10 requested under part 9050.0750;

11 [For text of items F to I, see M.R.]

12 Subp. 3. Time of verification. The facility financial
13 staff must request verification of the required information no
14 earlier than 60 days before admission and no later than 30 days
15 from the date of admission or date of financial status review or
16 other review of financial status as provided in part 9050.0560,
17 subpart 1.

18 9050.1030 RESIDENT CARE SERVICES.

19 Subpart 1. General. Care services provided to residents
20 of Minnesota veterans homes must be consistent with the overall
21 goals and obligations of each facility as expressed in statute,
22 the homes' mission statements, and rules governing the
23 board-operated facilities, and must be consistent with available
24 funding and limited if the service is not reimbursable by public
25 or private resources according to Minnesota Statutes, section
26 144.651, subdivision 6.

27 Care services are provided according to Department of
28 Health licensure regulations and the certification requirements
29 of the United States Department of Veterans Affairs. Laws
30 pertaining to resident care services include chapters 4655 and
31 4658; Minnesota Statutes, chapters 144 and 144A; United States
32 Department of Veterans Affairs Code M-1, part 1, chapter 3;
33 United States Department of Veterans Affairs Guide for
34 Inspection of State Veterans Homes Nursing Home Care Standards;
35 and United States Department of Veterans Affairs Guide for

1 Inspection of State Veterans Homes: Domiciliary Care
2 Standards. United States Department of Veterans Affairs
3 publications shall be available for review at each
4 board-operated facility.

5 Payment of resident care services that are made available
6 must be authorized by the board. The board shall determine
7 annually which services will be paid for by the board-operated
8 facilities, based on appropriations.

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

16 The facility staff shall assist residents in obtaining
17 information and making application for possible benefits or
18 programs to which the residents are entitled according to parts
19 9050.0770 and 9050.0800, subpart 2, item G, and Minnesota
20 Statutes, section 144.651, subdivision 17.

21 Subp. 1a. Provided services.

22 A. Each board-operated facility shall provide at
23 least the following services:

- 24 (1) a medical director;
- 25 (2) an attending physician;
- 26 (3) primary care nursing services;
- 27 (4) dietary services, including an adequately
28 equipped kitchen at each board-operated facility, and qualified
29 facility staff to supply the necessary food requirements of the
30 residents;
- 31 (5) specialized rehabilitation services, such as
32 physical therapy, occupational therapy, and speech therapy, to
33 improve and maintain maximum functioning;
- 34 (6) housekeeping services to ensure a clean,
35 sanitary, and safe physical environment for residents and to
36 keep the facility free from offensive odors, dust, rubbish, and

1 safety hazards;

2 (7) maintenance services to ensure that the
3 physical plant is kept in a state of good repair and operation
4 with regard to the health, comfort, safety, and well-being of
5 residents and others;

6 (8) transportation to and from approved medical
7 providers provided or arranged for by each board-operated
8 facility, if the providers are located within the area regularly
9 serviced by the transportation staff of the facility;

10 (9) recreational therapy services;

11 (10) on-site social work services; and

12 (11) chaplain services, and private space
13 provided for residents to meet with clergy of the residents'
14 choice.

15 B. For purposes of item A, subitem (2), each resident
16 must be assigned an attending physician who is responsible for
17 overall medical care of the resident. A resident may choose a
18 private attending physician at the resident's own expense if the
19 physician agrees to comply with regulatory standards governing
20 the facility.

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

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

28 C. For purposes of item A, subitem (4), a qualified
29 dietitian, as defined in part 9050.0040, subpart 34, or dietary
30 supervisor if qualified, must be employed or contracted with to
31 supervise the food service department of each facility. A
32 qualified dietary supervisor is a person trained or experienced
33 in the planning and preparation of meals as stated in part
34 4655.8510 or 4658.0605, subpart 2. A dietitian shall ensure
35 that nutritional care plans are developed according to each
36 resident's nutritional needs and that an individual diet card is

1 maintained for each resident. The dietary staff shall prepare
2 therapeutic diets as ordered by the resident's attending
3 physician, according to federal and state standards.

4 Subp. 1b. Services made available. Each board-operated
5 facility must make the following services available:

6 A. mental health services, either on-site or through
7 other means such as contract services, sharing agreements, or
8 other arrangements, with mental health services offered on
9 request by the resident or as determined by members of the
10 resident's individual care plan team, which may include a staff
11 psychologist, staff psychiatrist, or chemical dependency
12 counselor;

13 B. dental care services, including, but not limited
14 to, cleaning of teeth by a dentist or dental hygienist, an
15 examination of the resident's teeth and mouth by the dentist,
16 taking of necessary X-rays as determined by the dentist, proper
17 fitting of dentures, repair of dentures, and treatment of
18 abnormalities caused by dentures as determined by the dentist.
19 Each facility must have a written agreement with a licensed
20 dentist or dentists to provide emergency dental care when
21 necessary;

22 C. podiatric care services, through a podiatrist or
23 physician, with the approval of the resident's attending
24 physician;

25 D. optometric care services;

26 E. diagnostic services on written order of the
27 resident's attending physician, examples of which include, but
28 are not limited to, X-rays and laboratory work, such as blood
29 tests;

30 F. pharmaceutical services;

31 G. transportation to and from medical providers; and

32 H. chiropractic care services, according to Minnesota
33 Statutes, section 198.065, on written order of the resident's
34 attending physician.

35 Subp. 2. [See repealer.]

36 Subp. 3. [See repealer.]

- 1 Subp. 4. [See repealer.]
 2 Subp. 5. [See repealer.]
 3 Subp. 6. [See repealer.]
 4 Subp. 7. [See repealer.]
 5 Subp. 8. [See repealer.]
 6 Subp. 9. [See repealer.]
 7 Subp. 10. [See repealer.]
 8 Subp. 11. [See repealer.]
 9 Subp. 12. [See repealer.]
 10 Subp. 13. [See repealer.]
 11 Subp. 14. [See repealer.]
 12 Subp. 15. [See repealer.]
 13 Subp. 16. [See repealer.]
 14 Subp. 17. [See repealer.]
 15 Subp. 18. [See repealer.]
 16 Subp. 19. [See repealer.]

17 9050.1070 RESIDENT RIGHTS AND RESPONSIBILITIES.

18 [For text of subps 1 to 21, see M.R.]

19 Subp. 22. Resident funds. Resident funds must be handled
 20 according to parts 4655.1910, subpart 6; 4655.4100 to 4655.4170;
 21 and Minnesota Statutes, sections 144.651, subdivision 25; and
 22 198.265, and be in compliance with items A to E.

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

24 B. If the facility staff determines that a resident
 25 is unable to manage personal financial affairs, the
 26 administrator or designee shall take appropriate steps to ensure
 27 that the resident's personal financial affairs will be
 28 appropriately managed, including, but not limited to, having the
 29 facility authorized to receive benefit payments on behalf of the
 30 resident from the Social Security Administration and the United
 31 States Department of Veterans Affairs and seeking appointment of
 32 a conservator or guardian.

33 C. Residents may keep money in a personal fund
 34 account at the board-operated facility, as defined in part
 35 9050.0040, subpart 90, and according to Minnesota Statutes,

1 section 198.265, or in fund accounts off facility premises.

2 Resident fund accounts at the facility are solely for the
3 resident's use, and the facility cashier shall retain sufficient
4 liquid funds to satisfy normal demand withdrawal requests of
5 residents and other anticipated needs. Resident fund accounts
6 must not draw interest directly to residents, but the interest
7 must be used by the board only for the direct benefit of the
8 residents of the homes. Before depositing money in a fund
9 account at the facility, a resident must sign an agreement that
10 the resident is willing to have money in an account that does
11 not draw interest directly to the resident.

12 Restrictions placed on a resident's personal funds by the
13 resident, resident's guardian, or person responsible for the
14 resident's fund account must be documented in the resident's
15 treatment plan.

16 D. The cashier at the facility shall have regular
17 posted hours during which residents may deposit or withdraw
18 funds. The cashier shall give a receipt to persons depositing
19 funds and ensure that withdrawal forms are signed when funds are
20 withdrawn.

21 E. Unclaimed account balances at the facility must be
22 disposed of according to Minnesota Statutes, sections 198.23 and
23 198.231.

24 [For text of subps 23 to 39, see M.R.]

25 REPEALER. Minnesota Rules, parts 9050.0040, subparts 25, 40a,
26 88, and 99; 9050.0060, subpart 4; and 9050.1030, subparts 2, 3,
27 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, and 19,
28 are repealed.

29 EFFECTIVE DATE. Minnesota Rules, part 9050.0750, subpart 2b, is
30 effective July 1, 1996.