CHAPTER 9050
DEPARTMENT OF VETERANS AFFAIRS
VETERANS HOMES

ADMISSIONS, DISCHARGES, COST OF CARE CALCULATIONS, AND MAINTENANCE CHARGES

9050.0010 SCOPE.

Chapter 9050 applies to all veterans homes facilities presently owned or controlled by the state of Minnesota and operated by the Minnesota Veterans Homes Board, to all facilities that are or may be developed in the future for ownership or control by the state of Minnesota and operation by the Minnesota Veterans Homes Board, and to all individuals residing in or conducting activities in the facilities unless otherwise indicated.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0020 APPLICABILITY.

Parts 9050.0010 to 9050.0900 govern the operation of the Minnesota veterans homes and establish the standards used to determine:

A. an applicant's eligibility and suitability for admission to a board-operated facility;

B. a resident's eligibility for participation in programs at a board-operated facility;

C. appropriateness of a resident's continued care in a board-operated facility;

D. services to be provided in connection with residence in a board-operated facility;

E. procedures to be used in effecting admissions and discharges;

F. standards of resident care and conduct; and

G. charges to be paid by or on behalf of a resident for care in the home.

Parts 9050.0010 to 9050.0900 must be interpreted to give effect to Minnesota Statutes, chapters 196, 197, and 198.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0030 COMPLIANCE WITH STATUTES, RULES, AND CODES.

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

A. Minnesota Department of Health licensure and operations requirements in chapters 4655 and 4660 and Minnesota Statutes, sections 144.50 to 144.56 and 144A.02 to 144A.10;

B. chapter 4605 about communicable diseases;

C. chapter 4620 about clean indoor air;

D. chapter 4638 governing health care facilities generally;

E. chapter 4642 about medical records;

F. the fire code in chapter 7510 and Minnesota Statutes, section 299F.011;

G. the Department of Labor and Industry safety code in chapter 5205;

H. the building code in chapters 1300 to 1365 and Minnesota Statutes, section 16B.59;

I. the plumbing code in parts 4715.0100 to 4715.6000 and Minnesota Statutes, sections 326.37 to 326.45;

J. the vulnerable adults act in parts 9555.7100 to 9555.7700 and Minnesota Statutes, section 626.557;

K. the health care facilities grievance provisions in Minnesota Statutes, sections 144A.51 to 144A.53;

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

M. the United States Veterans Administration Code M-1, part 1, chapter 3.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0040 DEFINITIONS.

Subpart 1. **Scope.** The definitions in this part apply to parts 9050.0010 to 9050.0900.

Subp. 2. **Absence with notice; absence without notice.** "Absence with notice" or "absence without notice" means when a resident removes himself or herself from the particular area or level of care specified in the individual care plan with or without informing the Minnesota veterans home facility administration or staff of departure, intended destination, and anticipated return.

Subp. 3. **Administrator.** "Administrator" has the meaning given it in Minnesota Statutes, section 198.001, subdivision 4.

Subp. 4. **Admission.** "Admission" means the act that allows an eligible applicant to officially enter a Minnesota veterans home facility as a resident.

Subp. 5. **Admissions agreement.** "Admissions agreement" means a written contract entered into by the resident or the resident's legal representative or spouse, if any, or both, and the board or its designated representative at the time of admission of the resident to a board-operated facility. The agreement must:

A. identify the service obligations of the facility with respect to the resident, as determined by the board according to licensure requirements and applicable statutes and rules, as specified in part 9050.0030;

B. identify the responsibilities of the resident with respect to the facility and other residents; and

C. if applicable, detail the amount to be paid as maintenance charge by or on behalf of a resident toward the cost of care, subject to a change in financial status of the person responsible for payment.

The agreement must be signed by the person responsible for paying any charges.

Subp. 6. **Against medical advice.** "Against medical advice" means a resident has left the particular area or level of care at the Minnesota veterans home facility or campus specified in the individual care plan, or has chosen to terminate resident status contrary to the recommendations of the attending physician.

Subp. 7. **Annual financial status review.** "Annual financial status review" means the annual verification and assessment of income, property, and expenses used to calculate the ability of a resident or the resident's legal representative or spouse acting on the resident's behalf, if any, to pay an amount toward the resident's cost of care.

Subp. 8. **Applicant.** "Applicant" means a person seeking admission to a board-operated facility.

Subp. 9. **Application.** "Application" means the applicant's written request for admission as provided in part 9050.0055.

Subp. 10. **Assessment.** "Assessment" means determination of an applicant's or resident's need for services by identifying the person's skills and behaviors and the environmental, physical, medical, and health factors that affect development or remediation of the person's skills and behavior.

Subp. 11. **Attending physician.** "Attending physician" means a physician licensed to practice medicine under Minnesota Statutes, chapter 147, who is an applicant's or resident's primary treating or supervising physician. An attending physician may be a Minnesota veterans home facility staff physician.

Subp. 12. **Basic needs.** "Basic needs" means food, clothing, shelter, utilities, personal hygiene items, and other subsistence items.

Subp. 13. **Bed change.** "Bed change" means a resident is assigned to a different bed in the same room, to another room, or to another building at the same level of care.

Subp. 14. **Bed hold.** "Bed hold" means a particular bed occupied by a Minnesota veterans home resident, or a comparable bed, that is held open for the resident during the resident's absence from a board-operated facility for medically necessary treatment at another health care facility, for a rehabilitation program, or during the resident's absence, with notice, from a board-operated facility.

Subp. 15. **Board.** "Board" means the board of directors of the Minnesota veterans homes or its designee created by Minnesota Statutes, section 198.022, and defined in Minnesota Statutes, section 198.001, subdivision 6.

Subp. 16. **Boarding care.** "Boarding care" means board, room, laundry, personal services, supervision over medication that can be safely self-administered, and a program of activities and supervision required by persons who are not able to properly care for themselves. Boarding care is the state equivalent of domiciliary care as that term is used by the United States Department of Veterans Affairs.

Subp. 17. **Boarding care facility.** "Boarding care facility" means a facility or unit of a facility licensed by the commissioner of health under chapters 4655 and 4660 and under Minnesota Statutes, sections 144.50 to 144.56.

Subp. 18. **Board-operated facility.** "Board-operated facility" means a building located on a Minnesota veterans home campus in which nursing care or boarding care is provided.

Subp. 19. **Business expense.** "Business expense" means the cost of producing income from a business, excluding capital expenditures and depreciation.

Subp. 20. **Campus.** "Campus" means the property owned or controlled by the state of Minnesota on which a Minnesota veterans home facility is located.

Subp. 21. **Care plan review.** "Care plan review" means an assessment of a resident's physical and mental condition and treatment needs. Care plan review includes:

A. a review of the resident's reason for seeking admission and treatment;

B. a review of the resident's diagnoses and assessments;

C. a review of the resident's individual care plan;

D. a review of the appropriateness, duration, and outcome of treatment and care provided at the board-operated facility; and

E. a review of the treatment and care recommendations of the multidisciplinary staff.

Subp. 22. **Chemical.** "Chemical" means alcohol, solvents, and other mood altering substances including controlled substances as defined in Minnesota Statutes, chapter 152.

Subp. 23. **Chemical abuse.** "Chemical abuse" has the meaning given it in part 9530.4100, subpart 5.

Subp. 24. **Chemical dependency counselor.** "Chemical dependency counselor" means a staff person who meets the qualifications in part 9530.4270, subpart 4.

Subp. 25. **Chemical dependency treatment program.** "Chemical dependency treatment program" means an in-patient, residential treatment program operated in a licensed hospital or licensed facility under parts 9530.4100 to 9530.4450.

Subp. 26. **Chemically dependent; chemical dependency.** "Chemically dependent" or "chemical dependency" has the meaning given it in part 9530.4100, subpart 6.

Subp. 27. **Conservator.** "Conservator" has the meaning given it in Minnesota Statutes, section 525.539, subdivision 3.

Subp. 28. **Contract.** "Contract" means a legally enforceable agreement entered into by the board and an applicant, resident, or the resident's legal representative or spouse, if any, or a provider or by a provider and a subcontractor, that sets forth the rights and responsibilities of the parties.

Subp. 29. **Cost effective.** "Cost effective" means a result that is economical in terms of the goods and services received for the money spent, given feasible alternatives or a result in which the cost is less than the value of the benefit received.

Subp. 30. **Cost of care.** "Cost of care" means the average daily per resident cost of providing care, calculated separately for a resident of a boarding care facility or nursing home facility. The cost must be calculated according to part 9050.0500.

Subp. 31. **Dependent.** "Dependent" means an individual whom a person is entitled to claim as a dependent on the Minnesota or United States income tax return. An individual may not be claimed as a full unallocated dependent by more than one person. When two or more persons are entitled to claim the dependent, the dependent must be allocated equally among the persons unless the persons choose another allocation.

Subp. 32. **Detoxification program.** "Detoxification program" has the meaning given it in Minnesota Statutes, section 254A.08, subdivision 2.

Subp. 33. **Diagnostic and Statistical Manual of Mental Disorders; DSM-MD.** "Diagnostic and Statistical Manual of Mental Disorders" or "DSM-MD" means the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-MD). This publication is incorporated by reference, is not subject to frequent change, and is available at the State Law Library, Ford Building, 117 University Avenue, Saint Paul, Minnesota 55155.

Subp. 34. **Dietician.** "Dietician" means a dietician registered with the National Commission on Dietetic Registration.

Subp. 35. **Direct cost.** "Direct cost" has the meaning given it in part 9050.0500, subpart 2, item A.

Subp. 36. **Discharge.** "Discharge" means a termination of residence in the nursing home or boarding care home that is documented in the discharge summary signed by the attending physician. A discharge includes the movement of a resident from the campus of one board-operated facility to another, whether to the same or to a different level of care. For purposes of this definition, a discharge does not include:

A. transfer or bed change within a particular nursing or boarding care home;

B. a transfer from one licensure level to another at the same Minnesota veterans home campus; or

C. an absence from the nursing home or boarding care home for hospitalization, treatment purposes, or personal reasons when the resident is expected to return to the same nursing home or boarding care home and complies with the bed hold requirements of part 9050.0150.

Subp. 37. **Earned income.** "Earned income" means compensation from lawful employment or lawful self-employment, including salaries, wages, tips, gratuities, commissions, earnings from self-employment, earned income tax credits, incentive payments from work or training programs, payments made by an employer for regularly accrued vacation or sick leave, employee bonuses and profit sharing, jury duty pay, picket duty pay, and profit from other lawful activities earned by the individual's effort or labor. Earned income does not include returns from capital investment or benefits that accrue as compensation for lack of employment. Earned income must be determined according to parts 9050.0700 to 9050.0740.

Subp. 38. **Educational expenses.** "Educational expenses" means the amounts paid for a person's tuition, mandatory fees, transportation to and from school, supplies and equipment required for coursework, and child care while the person is in school or in transit.

Subp. 39. **Emergency.** "Emergency" means a life-threatening medical condition that if not immediately diagnosed and treated could cause a person serious physical or mental disability, continuation of severe pain, or death.

Subp. 40. **Equity.** "Equity" means the amount of equity in real or personal property owned by a person. Equity is determined by subtracting any outstanding encumbrances on fair market value.

Subp. 41. **Goal.** "Goal" means the desired behavioral outcome of an activity that can be observed and reliably measured by two or more independent observers.

Subp. 42. **Gross income.** "Gross income" means all earned and unearned income before any deduction, disregard, or exclusion.

Subp. 43. **Guardian.** "Guardian" has the meaning given it in Minnesota Statutes, section 525.539, subdivision 2.

Subp. 44. **Health care facility.** "Health care facility" means a hospital, nursing home, boarding care home, or supervised living facility licensed by the Minnesota Department of Health under Minnesota Statutes, sections 144.50 to 144.56 or 144A.01 to 144A.17.

Subp. 45. **Health care professional.** "Health care professional" means a licensed health professional as defined in Minnesota Statutes, section 144.4172, subdivision 7.

Subp. 46. **Health care service.** "Health care service" means a diagnostic, preventive, or corrective procedure provided in a health care facility, or by or under the supervision of a health care professional, or by or under the auspices of a rehabilitation program as defined in subpart 99.

Subp. 47. **Home.** "Home" has the meaning given it in Minnesota Statutes, section 198.001, subdivision 8.

Subp. 48. **Homestead.** "Homestead" means a dwelling owned and occupied by the applicant or resident, or that person's spouse, as a primary residence. Homestead includes the land upon which the dwelling is situated as specified in Minnesota Statutes, section 510.02.

Subp. 49. **Hospital.** "Hospital" means an acute care institution as defined in Minnesota Statutes, section 144.696, subdivision 3, and licensed under Minnesota Statutes, sections 144.50 to 144.58.

Subp. 50. **Hospital absence.** "Hospital absence" means an absence from a board-operated facility for medically necessary treatment in a hospital.

Subp. 51. **Household.** "Household" means the spouse of an applicant or resident and the applicant's or resident's dependent child or children living in the homestead.

Subp. 52. **Household income.** "Household income" means all income received by or on behalf of the applicant's or resident's spouse in a calendar year.

Subp. 53. **Inappropriate and harmful use.** "Inappropriate and harmful use" has the meaning given it in part 9530.4100, subpart 14.

Subp. 54. **Income.** "Income" means cash or in-kind benefits, whether earned or unearned, received by or available to an individual and not established as property under part 9050.0700, subpart 1.

Subp. 55. **Independent living; live independently.** "Independent living" or "live independently" means the situation of an individual living in his or her own dwelling and having the opportunity to control basic decisions about his or her own life to the fullest extent possible.

Subp. 56. **Independent physician.** "Independent physician" means a physician licensed to practice medicine under Minnesota Statutes, chapter 147, who is not the applicant's or resident's attending physician. The independent physician may be a Minnesota veterans home staff physician of a board-operated facility other than the one in which the individual in question resides.

Subp. 57. **Indirect cost.** "Indirect cost" has the meaning given it in part 9050.0500, subpart 2, item B.

Subp. 58. **Individual care plan.** "Individual care plan" means a written plan developed under part 4655.6000 for implementing and coordinating a resident's care and treatment that is developed and maintained by the multidisciplinary staff on the basis of assessment results for each resident. The purpose of the individual care plan is to integrate care, identify and meet the service needs of the resident, set treatment goals and objectives for the resident, and identify responsibilities of the multidisciplinary staff for the resident's care and treatment.

Subp. 59. **International Classification of Diseases; ICD-9-CM.** "International Classification of Diseases" or "ICD-9-CM" means the current edition of the Clinical Manual of the International Classification of Diseases, as published by the Commission on Professional and Hospital Activities, 1968 Green Road,

Ann Arbor, Michigan. This publication is incorporated by reference and is available through the Minitex interlibrary loan system. It is not subject to frequent change.

Subp. 60. **Legal availability.** "Legal availability" means a person's right under the law to secure, possess, dispose of, or control income or property.

Subp. 61. **Legal representative.** "Legal representative" means an individual who has the legal authority to take a particular action on behalf of an applicant or resident. The legal authority can be granted by statute, by a court, or by federal or state regulation.

Subp. 62. **Level of care.** "Level of care" means the licensure level of the board-operated facility in which a person lives or the case mix classification assigned to the person under parts 9549.0058, subpart 2, and 9549.0059.

Subp. 63. **Level of care change.** "Level of care change" means movement of a resident from one level of care to another within a board-operated facility or from one facility to another on the same campus.

Subp. 64. **Licensed consulting psychologist.** "Licensed consulting psychologist" means a person licensed under Minnesota Statutes, section 148.91, subdivision 4.

Subp. 65. **Licensed practical nurse.** "Licensed practical nurse" means a person licensed under Minnesota Statutes, sections 148.91 to 148.299.

Subp. 66. **Licensed psychologist.** "Licensed psychologist" means a person licensed under Minnesota Statutes, section 148.91, subdivision 5.

Subp. 67. **Life estate.** "Life estate" means an interest in real property with the right of use or enjoyment limited to the life or lives of one or more human beings that is not terminable at any fixed or computable period of time.

Subp. 68. **Lump sum.** "Lump sum" means nonrecurring income received at one time. Examples include windfalls, debt repayments, payments from the sale of property, tax refunds, payments of accrued benefits, gifts, and inheritances.

Subp. 69. **Maintenance charge.** "Maintenance charge" means the portion of the cost of care paid by or on behalf of a specific resident.

Subp. 70. **Market rent.** "Market rent" means the rental income that a property would most probably command on the open market in an arm's length negotiation as shown by current rentals being paid for comparable space of comparable worth.

Subp. 71. **Market value.** "Market value" means the most probable price in terms of money that property should bring in a competitive open market under all conditions requisite to a fair sale. The value on the most recent property tax statement must be presumed to be the market value for purposes of calculating the maintenance charge unless the person or the board or its designated representative provides convincing evidence to overcome the presumption.

Subp. 72. **Medical condition.** "Medical condition" means the diagnosis or diagnoses listed in current editions of ICD-9-CM or DSM-MD, made by the applicant's or resident's attending physician.

Subp. 73. **Medical director.** "Medical director" means a physician licensed under Minnesota Statutes, chapter 147, and employed by or under contract to the board who is responsible for overall direction of medical practice in a facility and for liaison with independent physicians at the facility.

Subp. 74. **Medical treatment plan.** "Medical treatment plan" means the plan signed by the resident's attending physician that includes the resident's primary and secondary diagnoses, order for treatment and medications, rehabilitation potential, rehabilitation procedures if ordered, clinical monitoring procedures, and discharge potential. The medical treatment plan is a component of the individual care plan.

Subp. 75. **Medically necessary; medical necessity.** "Medically necessary" or

"medical necessity" means a health care service that is consistent with the resident's diagnosis or condition and is provided pursuant to the provider's authority under state law and within the scope of licensure, if any, and:

A. is recognized as the prevailing standard or current practice by the provider's peer group;

B. is rendered:

(1) in response to a life-threatening condition or pain;

(2) to treat an injury, illness, or infection;

(3) to treat a condition that could result in physical or mental disability; or

(4) to achieve a level of physical or mental function consistent with prevailing community standards for the diagnosis or condition; or

C. is a preventive health care service.

Subp. 76. **Mental health practitioner.** "Mental health practitioner" means a person qualified under Minnesota Statutes, section 245.462, subdivision 17.

Subp. 77. **Mental health professional.** "Mental health professional" means a person qualified under Minnesota Statutes, section 245.462, subdivision 18.

Subp. 78. **Mental illness.** "Mental illness" has the meaning given it in Minnesota Statutes, section 245.462, subdivision 20, clause (a).

Subp. 79. **Month.** "Month" means a calendar month.

Subp. 80. **Multidisciplinary staff.** "Multidisciplinary staff" means the health care professionals and mental health practitioners or mental health professionals employed by or under contract to the board to provide clinical and evaluative services in the treatment of conditions of the residents.

Subp. 81. **Net income.** "Net income" means income remaining after allowable deductions and exclusions have been subtracted from gross income under parts 9050.0720 to 9050.0755.

Subp. 82. **Net worth.** "Net worth" means the total sum of property owned by an applicant, resident, or spouse of an applicant or resident or managed by a legal representative on behalf of an applicant, resident, or spouse of an applicant or resident less any encumbrances on the property.

Subp. 83. **Nursing care.** "Nursing care" has the meaning given it in part 4655.0100, subpart 8, item B, and Minnesota Statutes, section 144A.01, subdivision 6.

Subp. 84. **Nursing home.** "Nursing home" means a facility licensed by the commissioner of health under chapters 4655 and 4660 and Minnesota Statutes, chapter 144A.

Subp. 85. **Nursing staff.** "Nursing staff" has the meaning given it in part 4655.0100, subpart 9.

Subp. 86. **Objective.** "Objective" means a short-term treatment expectation and its accompanying measurable physical or behavioral criteria as specified in the individual care plan. An objective is set to facilitate achieving the goals in a resident's individual care plan.

Subp. 87. **Outcome.** "Outcome" means the measure of change or the degree of attainment of treatment goals and objectives in the resident's individual care plan that is achieved as a result of provision of service.

Subp. 88. **Pathological use.** "Pathological use" has the meaning given it in part 9530.4100, subpart 18.

Subp. 89. **Personal absence.** "Personal absence" means an absence from a board-operated facility for family visits, vacations, or other personal, nontreatment related reasons.

Subp. 90. **Personal fund account.** "Personal fund account" means the account maintained at a facility by a resident that is solely for use of that resident and managed according to parts 4655.4150 to 4655.4170.

Subp. 91. **Personal property.** "Personal property" means property other than real property.

Subp. 92. **Pharmacist.** "Pharmacist" means a person licensed under Minnesota Statutes, chapter 151.

Subp. 93. **Physical therapist.** "Physical therapist" means a person licensed under Minnesota Statutes, sections 148.65 to 148.78.

Subp. 94. **Preventive health care service.** "Preventive health care service" means a health care service that is provided to a resident to avoid or minimize the occurrence of illness, infection, disability, or other health condition.

Subp. 95. **Psychiatrist.** "Psychiatrist" means a physician licensed under Minnesota Statutes, chapter 147, who can give written documentation of having successfully completed a postgraduate psychiatry program of at least three years duration that is accredited by the American Board of Psychiatry and Neurology.

Subp. 96. **Rate year.** "Rate year" means the state fiscal year for which a payment rate is effective.

Subp. 97. **Real property.** "Real property" means land and all buildings, structures, and improvements or other fixtures on it, all rights and privileges belonging or appertaining to it, all manufactured homes attached to it on permanent foundations, and all trees, mines, minerals, quarries, and fossils on or under it.

Subp. 98. **Registered nurse.** "Registered nurse" means a nurse licensed under Minnesota Statutes, sections 148.171 to 148.285.

Subp. 99. **Rehabilitation program.** "Rehabilitation program" means a program of chemical dependency treatment or rehabilitation provided in a residential facility.

Subp. 100. **Reporting year.** "Reporting year" means the period from April 1 to March 31 immediately preceding the rate year, for which the nursing home or boarding care home calculates its costs, and which is the basis for the determination of the cost of care for the following rate year.

Subp. 101. **Representative payee.** "Representative payee" means an individual designated by the Social Security Administration to receive benefits on behalf of the applicant or resident.

Subp. 102. **Reserved bed.** "Reserved bed" has the meaning given it in part 9050.0150, subpart 6.

Subp. 103. **Resident.** "Resident" has the meaning given it in Minnesota Statutes, section 198.001, subdivision 2.

Subp. 104. **Resident's financial information file.** "Resident's financial information file" means financial data collected to determine the ability of an applicant or resident to pay or have paid the amount indicated in the admissions agreement toward the resident's cost of care.

Subp. 105. **Resource.** "Resource" means any property, income, or benefit that is available to pay for the cost of care of the resident.

Subp. 106. **Social worker.** "Social worker" means a person who is licensed under Minnesota Statutes, section 148B.21, who has met the minimum qualifications of a social worker under the Minnesota Merit System or a county civil service system in Minnesota.

Subp. 107. **Staff physician.** "Staff physician" means a physician licensed to practice medicine under Minnesota Statutes, chapter 147, who is employed by or under contract to the board to provide services in a board-operated facility.

Subp. 108. **Staff psychiatrist.** "Staff psychiatrist" means a psychiatrist who is employed by or under contract to the board to provide psychiatric services in a board-operated facility.

Subp. 109. **Staff psychologist.** "Staff psychologist" means a person licensed under Minnesota Statutes, section 148.91, subdivision 4 or 5, who is employed by or under contract to the board to provide psychological services in a board-operated facility.

Subp. 110. **Transfer.** "Transfer" means:

A. movement of a resident to or from another health care facility for purposes of hospitalization or other health care services if a bed is held at the particular board-operated facility for the resident pending completion of medically necessary treatment and the resident's anticipated return to the same board-operated facility; or

B. movement to or from a nursing home to a boarding care facility or to or from a boarding care facility to a nursing home at a particular campus, when a bed hold is not required and a return to the resident's previous level of care is not anticipated.

Subp. 111. **Treatment.** "Treatment" means the use of medically necessary health care services to prevent, correct, or ameliorate disease or abnormalities detected by diagnostic or screening procedures.

Subp. 112. **Treatment absence.** "Treatment absence" means an absence of a resident from a board-operated facility, with the expectation of the resident's return to the board-operated facility. The absence must be to be placed in a residential institutional setting, including a detoxification facility, a rehabilitation program, or health care facility other than a hospital.

Subp. 113. **Unearned income.** "Unearned income" means any form of gross income that does not meet the definition of earned income. Unearned income includes an annuity, retirement, or disability benefit, including veteran's or worker's compensation, social security disability, railroad retirement benefits, or unemployment compensation; benefits under a federally funded categorical assistance program including supplemental security income, or other assistance programs, gifts, rents, dividends, interest and royalties, support and maintenance payments, pension payments, return on capital investment, insurance payments or settlements, severance payments, employment benefits, and rewards for past employment; and educational grants, deferred payment loans, and scholarships. Unearned income must be calculated according to part 9050.0710, subpart 5.

Subp. 114. **Unemployment compensation.** "Unemployment compensation" means the insurance benefits paid to an unemployed worker under Minnesota Statutes, sections 268.03 to 268.231.

Subp. 115. **Utilization review.** "Utilization review" means the activity or function within the board-operated facility responsible for the ongoing evaluation of the necessity for and the quality and timeliness of services provided in board-operated facilities, according to chapters 4655 and 4660, when the services are not under the responsibility of a professional standards review organization.

Subp. 116. **Verification.** "Verification" means the process the facility financial staff or social services staff must use to establish the accuracy or completeness of information from an applicant, a resident, a third party, or other source as that information relates to a person's eligibility for admission, suitability for admission, or calculation of maintenance charge.

Subp. 117. **Veteran.** "Veteran" has the meaning given it in Minnesota Statutes, section 197.447.

Subp. 118. **Volunteer.** "Volunteer" means a person who, without compensation, gives time and effort in supportive or person-to-person services.

Subp. 119. **Vulnerable adults act.** "Vulnerable adults act" has the meaning given it in Minnesota Statutes, section 626.557.

Subp. 120. **Working days.** "Working days" means Monday through Friday, excluding state recognized legal holidays.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0050 PERSONS ELIGIBLE FOR ADMISSION.

Subpart 1. **General qualifications.** A person seeking admission to a board-operated facility must meet the admission requirements in Minnesota Statutes, sections 198.01, 198.02, and 198.03, and the criteria in part 9050.0070. The person must also provide current evidence of medical need for admission and financial information as specified in parts 9050.0800 to 9050.0900.

For purposes of subparts 2 to 4, an applicant or resident has adequate means of financial support if the applicant or resident is financially able to live independently. A person is financially able to live independently if the person has assets in excess of $3,000 or income sufficient to meet basic needs.

Subp. 2. **Veterans.** A person must meet the criteria in Minnesota Statutes, sections 197.447 and 198.022, paragraphs (1) and (2), to be eligible for admission to a board-operated facility as a veteran.

Subp. 3. **Nonveterans.** A person who is not a veteran must meet the criteria in Minnesota Statutes, section 198.022, paragraphs (1) and (3), to be eligible for admission to a board-operated facility.

Subp. 4. **Exceptions.** An applicant otherwise eligible for admission to a board-operated facility under subpart 2 or 3 who has adequate means of support may be admitted to a board-operated facility if the applicant complies with the requirements in Minnesota Statutes, section 198.03. An applicant seeking admission under Minnesota Statutes, section 198.03, and this subpart must not have past unpaid debts to the state for maintenance charges for prior residence in a board-operated facility. An applicant who has past unpaid debts to the state must make full payment of the past unpaid bills for maintenance charges or negotiate a reasonable repayment plan with the board before an application for admission will be placed on the active waiting list.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0055 ADMISSIONS PROCESS, WAITING LIST, PRIORITY.

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

A. a completed, signed application form;

B. a copy of the person's military discharge papers;

C. a signed copy of the board-operated facility's admission policy statement; and

D. the following medical records:

(1) a discharge summary from all hospitals at which the person received treatment within the five years before application;

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

(3) if the person resides at home at the time of application, a patient care information form completed by the primary caregiver; and

(4) if the person resides at home at the time of application, a history and physical from the attending physician.

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

the board-operated facility social services staff as to whether the applicant meets the general eligibility requirements in part 9050.0050. If the requirements of part 9050.0050 are met, an applicant's name must be referred to the admissions committee or be placed on the waiting list for the particular facility as specified in subpart 3.

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

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

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

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

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

Subp. 4. **Priority.** Current residents of board-operated facilities have priority for consideration for admission to other board-operated facilities at an appropriate level of care if they meet the criteria for that level of care and a bed is available. A person on the active waiting list must be considered for admission and, if approved by the admissions committee, offered a bed consistent with the person's position on the active waiting list and the person's case mix classification and level of care needs as determined by the admissions committee. A person offered admission has seven working days to consider the offer. If the person declines the offer of admission, the person's name must be put on the bottom of the active waiting list, unless the person requests removal from the active waiting list or transfer to the inactive waiting list. If the person fails to respond to the offer of admission within seven working days from the date the offer is made, the person's application file must be closed and the person's name removed from all waiting lists. A person whose name is removed from all waiting lists for failure to respond to an offer for admission must reapply.

Subp. 5. **Limitations on refusals to exercise option for admission from active waiting list.** Refusal or failure to exercise the option for admission from the active waiting list is limited as set forth in items A and B.

A. A person who is placed on the waiting list after the effective date of parts 9050.0010 to 9050.0900 and who twice refuses an opportunity for admission must be removed from the active waiting list and placed on the inactive wait-

ing list. The person is not permitted to transfer to the active waiting list for one year from the date the person refused an opportunity for admission unless the person can verify by an attending physician a significant change in health status since the date of last refusal. "Significant change" means the worsening of an applicant's medical condition due to an unexpected health condition such as a sudden stroke or heart attack.

B. A person who is on the waiting list as of the effective date of parts 9050.0010 to 9050.0900 and who has previously refused one or more opportunities for admission must be allowed one additional opportunity for admission before being moved to the inactive waiting list.

Subp. 6. **Initial financial status review.** The facility financial staff shall evaluate the financial status of a person approved for admission. The purpose of the initial financial status review is to determine the person's ability to pay toward the cost of care and to calculate the person's maintenance charge. The financial status review must be conducted according to parts 9050.0800 to 9050.0900. The maintenance charge calculation must be according to part 9050.0560.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0060 ADMISSIONS COMMITTEE; CREATION, COMPOSITION, AND DUTIES.

Subpart 1. **Admissions committee appointed.** The administrator of a facility shall appoint an admissions committee for that facility to review and act on applications for admission to that facility.

Subp. 2. **Composition of admissions committee.** The admissions committee must consist of three or more of the following staff members of the board-operated facility: the administrator or a designee, a registered nurse, a social worker, a mental health professional or mental health practitioner, and a physical therapist. Additional admissions committee members may include any of the following staff members, as indicated by the diagnosis or diagnoses of the applicant to be reviewed: a chemical dependency counselor, a mental health professional or mental health practitioner, physical therapist, dietician, and clergy member. The applicant's attending physician must be included on the admissions committee if the physician chooses to participate.

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

A. The admissions committee shall review and act on all applications by conducting a screening as specified in subpart 4, and by reviewing the completed application and documentation in part 9050.0055. The admissions committee shall determine whether or not to admit the applicant according to the facility's ability to meet the applicant's care needs, based on the admissions criteria in part 9050.0070, subparts 3 and 4.

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

Subp. 4. **Screening.** To prepare for review of an application for admission, the admissions committee or its designated representatives shall conduct a preadmission screening similar to that prescribed in Minnesota Statutes, section 256B.091. The admissions committee or its designated representatives shall interview the applicant or the applicant's legal representative, if any, and the applicant's family members with the applicant's consent. The admissions committee shall also obtain the following information:

A. military service records or discharge information about the applicant or the applicant's spouse;

B. medical and psychiatric information from previous or current placements and current attending physicians and, as appropriate, psychologists or psychiatrists;

C. information from the applicant's previous or current placements about the applicant's compliance with the applicant's medical treatment plan or individual treatment or care plan;

D. Bureau of Criminal Apprehension reports or criminal background information or reports, as appropriate;

E. level of care information from previous and current placements; and

F. financial status for purposes of determining the applicant's ability to pay.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0070 TYPES OF ADMISSIONS.

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

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

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

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

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

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

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

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

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

F. The person has the right to participate in establishing the person's individual care plan. A resident must comply with the elements of the individual care plan that are not medical in nature. Residents must be advised of their rights under part 4655.1500, subpart 2. Continuing compliance must be measured as specified in the compliance review process in part 9050.0300.

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

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

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

J. A staff psychiatrist or psychologist must assess persons with a history of violent or self-abusive behavior and determine if significant risk factors currently exist which suggest that the individual poses a threat of harm to self or others.

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

L. A person with a diagnosis of chemical abuse within the past six months or a diagnosis of chemical dependency, excluding a chemical dependency diagnosis of "in remission," must have successfully completed a chemical dependency treatment program as prescribed in parts 9050.0040, subparts 25 and 99, and 9530.6620 to 9530.6650, or must be chemically free. For the purposes of this item, a person is chemically free if the person has six months of nonuse or use with no symptoms of dependency prior to admission and demonstrates no symptoms of abuse or dependency during residence.

M. The person must be able to comply with Minnesota veterans homes rules in parts 9050.0010 to 9050.0900. Ability to comply may be demonstrated by a documented history of compliance in a prior placement, if any, or other relevant evidence that demonstrates ability to comply. Continuing compliance must be measured as specified in the compliance review process in part 9050.0300.

N. An attending physician shall determine whether the person is free from any communicable disease or infection that poses a threat to the health and safety of others. Exceptions may be made, however, subject to the authority granted by a waiver issued by the Minnesota Department of Health. This subpart complies with Laws 1989, chapter 282, article 3, section 4, subdivision 7.

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

A. The person must have or be assigned a case mix classification of A

to K under the case mix system established by parts 9549.0058, subpart 2, and 9549.0059 and Minnesota Statutes, section 144.072.

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

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

D. The person must demonstrate a history of compliance with an individual treatment or care plan or with the medical treatment plan prescribed by the attending physician. Ability to comply may be demonstrated by a documented history of compliance in a prior placement, if any, or other relevant evidence which demonstrates ability to comply. The person with a history of noncompliance must be assessed by a staff registered nurse as to the facility's ability to meet the person's care needs.

E. An attending physician shall determine whether the person is free from any communicable disease or infection that poses a threat to the health and safety of others. Exceptions may be made, however, subject to the authority granted by a waiver issued by the Minnesota Department of Health. This subpart complies with Laws 1989, chapter 282, article 3, section 4, subdivision 7.

F. A staff psychiatrist or psychologist must assess persons with a history of violent or self-abusive behavior and determine if significant risk factors currently exist that suggest that the individual poses a threat of harm to self or others.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0080 ADMISSION DECISION; NOTICE AND REVIEW.

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

Subp. 2. **Review.** An applicant or the applicant's legal representative may request a review of a decision of the admissions committee to deny the applicant's admission. The applicant or applicant's legal representative desiring the review shall forward the request, in writing, to the administrator of the facility. The review must be completed within 30 days of receipt of the request. The administrator may request that the admissions committee reconsider its decision or the administrator may review the existing minutes to determine the basis for a negative decision. If a reconsideration is requested, it must be conducted at the next scheduled admissions committee meeting. The decision resulting from the reconsideration and the reasons for the decision must be forwarded to the administrator in writing. The administrator shall conduct a final review of the admissions committee's decision, based on the admissions criteria in part 9050.0070, subpart 3 or 4, and shall issue a final decision. The decision of the administrator shall constitute final agency action.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0100 TRANSFER.

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

A. ordered or recommended by the attending physician or the utilization review committee as part of the resident's individual care plan;

B. requested by the resident or the resident's legal representative, if any; or

C. an emergency situation exists.

A resident may be transferred only with the resident's consent or the consent of the legal representative, if any, except in an emergency when obtaining consent before transfer is not possible. A resident who refuses consent for transfer to another health care facility or rehabilitation program or detoxification program on recommendation of the attending physician or the utilization review committee, or both, may be subject to discharge for noncompliance with the resident's individual care plan. The utilization review committee's decision to recommend discharge of a resident for refusing consent for transfer is limited by the Patient's Bill of Rights established in Minnesota Statutes, section 144.651, and must be based on the facility's ability to meet the person's care needs as determined by the criteria in part 9050.0700, subparts 3 and 4. A resident transferred from another facility back to the board-operated facility does not need to reapply for admission.

Subp. 2. **Notice.** Unless a situation occurs that is outside the board-operated facility's control, such as a utilization review, the accommodation of newly admitted residents, a change in the resident's medical or treatment program, the resident's own or another resident's welfare, or nonpayment of stay, a resident for whom the utilization review committee or the attending physician recommends a transfer must be notified of the recommendation at least:

A. 30 days before the anticipated transfer date, if to a non-board-operated facility or program, according to Minnesota Statutes, section 144.651, subdivision 29;

B. seven days before the anticipated transfer to another bed or level of care within the same board-operated facility, or to another board-operated facility located at the same campus, according to Minnesota Statutes, section 144.651, subdivision 29; or

C. a reasonable time before the anticipated transfer in situations outside the board-operated facility's control. The reasonable time must be determined by the facility administrator or designee, based upon the particular facts of the situation prompting the transfer.

Subp. 3. **Mechanisms of effecting transfer.** A transfer must be effected in the manner applicable to a voluntary discharge in part 9050.0210. The party recommending or requesting transfer shall arrange for transportation for the resident to the new facility or location.

Subp. 4. **Transfers to United States Department of Veterans Affairs Medical Center.** The board-operated facility must not guarantee access or admission to or treatment at the United States Department of Veterans Affairs Medical Center, nor does residence at a board-operated facility grant residents preference with regard to access, admissions, or treatment at the United States Department of Veterans Affairs Medical Center. If the United States Department of Veterans Affairs Medical Center agrees to accept the resident and has an available bed, the resident must be transferred to that facility. If the United States Department of Veterans Affairs Medical Center denies the resident treatment or admission, the resident must be transferred to a hospital or other health care facility that is able to provide the appropriate service. The Minnesota Veterans Homes Board, the Minnesota veterans home facility, the Minnesota Department of Veterans

Affairs, or the state of Minnesota are not responsible for the costs of a resident's hospitalization or treatment at a facility that is not a board-operated facility.

Subp. 5. **Appeals.** A resident may appeal a transfer decision that is not based on an emergency. Appeal is to be taken in the same manner as appeal of discharge under part 9050.0220.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0150 BED HOLD.

Subpart 1. **Generally.** A resident's bed or a comparable bed at an appropriate level of care must be held for the resident if the resident is absent from the board-operated facility for a circumstance specified in subparts 2 to 4 and continues payment as required in subpart 5 and part 9050.0540.

Subp. 2. **Hospital absence.** A resident's bed must be held during a resident's hospital absence if the treatment in the hospital is on the order of the resident's attending physician or is a result of a medical emergency. A hospital absence in excess of 30 days must be periodically monitored by facility staff with regard to the resident's progress and likelihood the resident can be cared for on return to the board-operated facility as determined by the criteria in part 9050.0070, subpart 3 or 4. If satisfactory progress is not being made, discharge proceedings must be started by the utilization review committee.

Subp. 3. **Treatment absence.** A resident's bed must be held during a resident's treatment absence if the treatment is on the order of the resident's attending physician as part of the resident's individual care plan. The resident must participate in treatment on a continuing basis and make satisfactory progress as determined by the administrator of the treatment program. If satisfactory progress is not being made, discharge proceedings must be instituted by the utilization review committee.

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

Subp. 5. **Effect on maintenance charges.** A resident whose bed is held under this part shall continue to pay any maintenance charge or charges that accrued or are accruing either before or during the resident's absence from the board-operated facility. Absences exceeding 96 hours with or without notice result in termination of the resident's entitlement to the per diem payment of the United States Department of Veterans Affairs retroactive to the date of departure.

Subp. 6. **Exception.** A bed may be held without charge for an approved applicant for up to two weeks from the date of acceptance of the offer of admission. A bed held under this subpart must be a reserved bed.

Subp. 7. **Monitoring of bed hold status.** The appropriateness of continued bed hold must be reviewed by the utilization review committee of the board-operated facility at least once every 30 days during the resident's ongoing absence. A decision about approval of continued bed hold must be based on the resident's satisfactory progress toward recovery from the condition for which the resident was hospitalized or completion of the treatment program or rehabilitation program, and the existence of a reasonable expectation that the facility will be able to care for the resident upon return to the board-operated facility and the resident's compliance with subpart 5 if applicable. Continued bed hold or continued residency with personal absences exceeding 96 hours or more than five personal absences per year that are less than 96 hours must be reviewed by the utilization review

committee. The decision about continued residence must be based on the resident's continuing need for care as determined by the utilization review committee. The determination must be according to the criteria in part 9050.0070, subparts 3 and 4.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0200 DISCHARGE.

Subpart 1. **General criteria.** Discharge from a nursing care facility or a boarding care facility constitutes permanent release from that board-operated facility and terminates the duties and responsibilities of the board and the facility staff with respect to the discharged individual. Once discharged, a former resident must reapply for admission to a Minnesota veterans home facility.

Subp. 2. **Types of discharge.** A resident must be discharged from the facility either voluntarily or involuntarily according to items A and B.

A. A discharge is voluntary if there is mutual consent between the resident, the resident's legal representative or spouse, if any, the resident's attending physician, and the administrator of the facility.

B. A discharge is involuntary if it is without mutual consent of the resident, the resident's legal representative who has the legal authority, or spouse, if any, the resident's attending physician, and the administrator of the facility.

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

A. the resident or resident's legal representative fails or refuses to comply with payment obligations in the admission agreement as provided for in part 9050.0040, subpart 5, item C;

B. the resident or resident's legal representative makes a written request for discharge of the resident;

C. the board-operated facility is unable to meet the care needs of the resident, as determined by the utilization review committee according to part 9050.0070, subpart 3 or 4;

D. the resident is absent from the facility for more than 96 consecutive hours or a definitive arrangement has been made for an absence longer than 96 hours and the resident fails to comply with that arrangement; or

E. the resident or resident's legal representative:

(1) falsifies or fraudulently represents information on income disclosure and verification forms required in parts 9050.0800 to 9050.0900;

(2) refuses to provide information or releases; or

(3) falsifies or fraudulently represents information relating to criteria in part 9050.0070, subpart 3 or 4, or issues in part 9050.0060, subpart 4.

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

Subp. 5. **Contents of notice.** The notice must:

A. state that the discharge is involuntary;

B. state the grounds for the discharge as specified in subpart 3;

C. contain documentation supporting the grounds alleged for the discharge; and

D. state that the resident has the right to appeal the discharge and a description of the appeal procedures.

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

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0210 VOLUNTARY DISCHARGE PROCEDURES.

Subpart 1. **When used.** Voluntary discharge procedures must be used when a discharge from the board-operated facility is voluntary as in part 9050.0200, subpart 2, item A, or following review of an appeal from an involuntary discharge order when a court has issued an enforcement order or the resident has agreed to comply with the order for discharge.

Subp. 2. **Responsibilities of facility staff.** The board shall ensure that the tasks in items A to E are completed in effecting discharge under this part.

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

(1) A discharge conference must be arranged by the social worker with the resident, the resident's family with the resident's consent, the social worker, and multidisciplinary staff. The social worker shall make a referral of the resident to social or health care services identified in the resident's individual care plan as necessary for the resident's discharge.

(2) The board shall ensure that adequate arrangements exist to meet the resident's financial and other needs following the resident's discharge.

B. The attending physician and board-operated facility multidisciplinary staff shall complete the resident's medical record. The resident's medical record must be retained as specified in parts 4655.3200 to 4655.3600.

C. The resident's medications must be disposed of by a pharmacist according to parts 4655.7600 to 4655.7860.

D. The board-operated facility staff shall release certified copies of the resident's record or the portions specifically requested to a requesting party subject to the requirements of the Minnesota Data Practices Act, Minnesota Statutes, chapter 13. The requesting party shall pay the actual cost of photocopying records. To release a record or information regarding a resident, the resident must sign a form that includes the:

(1) resident's name;

(2) date;

(3) specific nature of information to be released;

(4) names of persons authorized to give information;

(5) names of persons to whom information is given;

(6) description of information to be released; and

(7) date the authorization expires.

A separate form is required for each release. The period of validity of an authorization may not exceed one year.

E. At the time of discharge, a description of the place and circumstances of discharge must be documented in the resident's record.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0220 INVOLUNTARY DISCHARGE PROCEDURES.

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

Subp. 2. **Initial notice, review of recommendation.** An initial notice for involuntary discharge must be issued by the administrator of the board-operated facility if, after review of the recommendations and documentation from the utilization review committee or finance department, the administrator agrees with the recommendations.

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

Subp. 4. **Reconsideration procedures, scheduling, representation.**

A. A resident may be represented at a reconsideration under this part by an attorney, the resident, an advocate from the Office of the Ombudsman for Older Minnesotans, or other person of the resident's own choosing.

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

C. The administrator shall record the proceedings electronically or stenographically. The cost must be borne by the facility.

D. The time for the reconsideration proceeding must be set by the administrator. The time may be extended for the resident for good cause shown. For purposes of this item, good cause exists when a resident cannot attend because of:

(1) illness or injury of the resident;

(2) illness, injury, or death of a member of the resident's family that requires the resident's presence during the time the review is scheduled;

(3) an inability to obtain necessary assistance;

(4) employment, school, or employment and training service obligations that are scheduled during the reconsideration and that cannot be changed to allow the resident's participation;

(5) a judicial proceeding that requires the resident's presence in court during the hours when the reconsideration is scheduled; or

(6) a nonmedical emergency that requires the resident's presence at a different location during the hours when the reconsideration is scheduled. "Emergency" under this subitem means a sudden unexpected occurrence or situation of a serious or urgent nature that requires immediate action.

Subp. 5. **Administrator's decision and preliminary order.** The administrator, after the reconsideration proceeding and on review of the record, shall review the question of discharge and issue a preliminary order supporting or reversing the initial involuntary discharge notice and state the reasons for the involuntary discharge.

Subp. 6. **Appeals process.** An applicant or resident, or legal representative, may appeal a discharge or transfer order. Appeals must be in accordance with contested case procedures under the Administrative Procedure Act, Minnesota Statutes, sections 14.48 to 14.56, until rules are adopted under Minnesota Statutes, section 144A.135, by the commissioner of health. Once the rules adopted

under Minnesota Statutes, section 144A.135, have taken effect, all appeals must be in accordance with those rules. The administrator shall inform the resident or applicant of the rules that govern the appeal in the notice provided under part 9050.0100, subpart 2, or 9050.0200, subpart 4. A final discharge order issued by the administrator following the Office of Administrative Hearings' review remains in effect pending any appeal. Notwithstanding this provision, the administrator may, for good cause shown, waive imposition of the discharge order until all appeals have been concluded.

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

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0230 ENFORCEMENT OF FINAL DISCHARGE ORDER.

A final discharge order is the order issued by the administrator of a board-operated facility following review of the preliminary discharge order under Minnesota Statutes, chapter 14. A final discharge order is the final agency action. When a resident refuses to comply with the terms of a final discharge order issued following review under Minnesota Statutes, chapter 14, and final agency action, the administrator may seek enforcement of the final discharge order by applying to the district court for an order enforcing the administrative order of discharge. Pursuant to Minnesota Statutes, section 198.045, the district court may order the sheriff of the county in which the board-operated facility is located to remove the resident from the board-operated facility and authorize the administrator to remove the resident's property and hold it until it can be returned to the former resident. Upon issuance of the court order, the procedures in part 9050.0210 regarding voluntary discharge must be followed, to the extent possible, to effect the discharge.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0300 COMPLIANCE REVIEW.

Subpart 1. **Generally.** A board-operated facility must have and implement a compliance review procedure to review a resident's compliance with an individual care plan and facility rules as specified in chapter 9050. The review must determine what action, if any, is to be taken to ensure the resident's compliance and whether the board-operated facility is able to care for the resident according to the criteria in part 9050.0070, subparts 3 and 4.

Subp. 2. **Requirements of procedure.** A compliance review procedure must provide for:

A. the resident's right to participation of a resident advocate in the compliance review;

B. notice to the resident of each problem or infraction;

C. instruction for the resident regarding procedures or options for compliance;

D. opportunity for participation of the resident or the resident's legal representative, social workers, and, with the resident's consent, the resident's family members;

E. differentiated reviews and actions consistent with the frequency and severity of the resident's compliance problem;

F. notice to the resident that repeated noncompliance may result in imposition of disciplinary options or restrictions that the utilization review committee finds necessary to provide for the resident's care needs according to part 9050.0070, subpart 3 or 4, and the resident's individual care plan;

G. an accelerated review procedure to be used when the severity of the resident's noncompliance endangers the health and safety of the resident, other residents, or staff members of the board-operated facility;

H. consideration of the resident's ability to comprehend and cooperate with parts 9050.0010 to 9050.0900 or with the individual care plan provisions; and

I. notice to the resident that the ultimate consequence of noncompliance is a recommendation for discharge, if the noncompliance results in the board-operated facility's inability to meet the care needs of the resident according to part 9050.0070, subparts 3 and 4.

Subp. 3. **Conduct of review; responsibilities.** Compliance review must be conducted by the utilization review committee or subcommittee. Decisions as to the use of the review procedure, disciplinary options, or recommendations for discharge must be by majority vote. Decisions of the committee or subcommittee at each level or occasion of review must be based on the facility's ability to care for the resident according to part 9050.0070, subpart 3 or 4.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0400 UTILIZATION REVIEW COMMITTEE.

Subpart 1. **Appointment and duties.** The administrator of a facility shall appoint a utilization review committee composed of persons as specified in subpart 2 who are employed by or under contract to the board-operated facility or the board. The committee shall have the duties specified in subpart 3.

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

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

A. review the necessity and appropriateness of admissions, bed holds, transfers, and the need for discharge of all residents according to the United States Department of Veterans Affairs, chapter 9050, and Department of Health nursing and boarding care criteria specified in parts 4655.0400, 4655.0500, 4655.0700, and 4655.1500;

B. recommend to the administrator of the board-operated facility criteria for use in admitting residents for care plan reviews and discharge;

C. perform medical care evaluation studies at the request of the board and review assessments of residents;

D. provide reports and recommendations to the administrators and the board;

E. provide information as required to appropriate state and federal agencies and fiscal agents, including the United States Department of Veterans Affairs, Minnesota Department of Veterans Affairs, Minnesota Department of Health, Minnesota Department of Human Services, Minnesota Department of Administration, and Legislative Auditor;

F. periodically evaluate the Minnesota veterans homes utilization review procedures and recommend ways to correct deficiencies in the review procedures; and

G. review each resident's case record annually to:

(1) determine the facility's ability to meet the resident's care needs;

(2) assess the resident's willingness to cooperate with an individual care plan and obey facility rules in chapter 9050;

(3) assess the appropriateness of the resident's continued stay; and

(4) develop and update the discharge component of the individual care plan for each resident, as appropriate.

Subp. 4. **Decisions.** Decisions must be by majority vote of the members of the utilization review committee following review at a committee meeting. Decisions about residents must be based on the facility's ability to meet the care needs of the resident or applicant according to part 9050.0070, subpart 3 or 4.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355; 14 SR 2533*

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

Subpart 1. **Annual calculation; effective date; notice of change.** The cost of care used to determine the maintenance charge of a resident must be calculated annually under this part. A change in the cost of care becomes effective on July 1 of the rate year following the reporting year used to calculate the cost of care. The cost of care must remain fixed for that rate year. A notice of change in the cost of care must be provided to all residents and their legal representatives 30 days before its effective date.

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

A. Direct costs include the costs of staff care directly attributable to boarding care or nursing home services that directly benefit the resident. An example of a direct cost is nursing service.

B. Indirect costs include costs incurred for common or joint purposes that are identified with more than one level of care and are for services that are provided on behalf of a resident of the facility or facilities. Examples are the costs of housekeeping, laundry, administration, and food services. Indirect costs must be reduced by the amount of receipts received by the board-operated facility for lease or rent payments, meals, and other common purpose sources.

C. Calculation of the cost of care does not include the expenses of the board and capital expenditures or revenues, including federal matching funds and designated contributions, and resident fund accounts as specified in parts 4655.4120 to 4655.4170.

Subp. 3. **Method of calculating average daily per resident cost of care.** The cost of care for a nursing home or boarding care home must be calculated as follows:

A. total the direct costs for a particular campus or board-operated facility for a reporting year;

B. divide item A by 365;

C. divide item B by the average number of residents in nursing home care or boarding care for a reporting year;

D. total the indirect costs for a particular campus or board-operated facility for a reporting year;

E. divide item D by 365;

F. divide item E by the average number of residents at a particular campus or board-operated facility for a reporting year; and

G. total items C and F. The result is the average daily per resident cost of care for nursing home care or boarding care.

Subp. 4. **Cost of care related to maintenance charge.** The cost of care as calculated in subpart 3 must be used to determine the maintenance charge to the resident. The maintenance charge must be based on the resident's ability to pay. The maintenance charge must be calculated as specified in part 9050.0560. The maintenance charge must be reviewed and adjusted as specified in parts 9050.0560 and 9050.0580. Additionally, when applicable, the resident's maintenance charge must be reduced by the amount of the per diem reimbursement paid on behalf of a resident by the United States Department of Veterans Affairs.

Subp. 5. **Effect of bed hold on maintenance charges.** A resident who pays a maintenance charge, regardless of amount, shall continue to pay that same maintenance charge during a bed hold as specified in part 9050.0150, subpart 5.

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

A. The maintenance charge must be billed monthly.

B. The monthly billing must be the resident's chargeable income as calculated in part 9050.0755, up to the full cost of care.

C. The maintenance charge must be billed to the address designated by the resident or the resident's legal representative on the resident's application for admission.

D. A billing for one month's service must be issued no later than the tenth of the month following the month in which the service was provided.

E. A resident must be charged for the day of admission but not for the day of discharge. For purposes of this item, one day is the 24-hour period ending at midnight.

F. A billing must state the date by which payment must be received.

Statutory Authority: *MS s 198 003*

History: *14 SR 2355*

9050.0510 MAINTENANCE CHARGE; ADDITIONAL SERVICES; VETERAN EXCLUSIVE SERVICES.

Subpart 1. **Additional services at resident's own expense.** In addition to the services in the resident's admissions agreement, a resident may use additional health care services at the resident's own expense if the health care services do not exceed the level of care for which the facility is licensed and if the service provider complies with documentation requirements of the board-operated facility. A resident who chooses to use additional health care services at the resident's own expense shall continue to pay the maintenance charge determined under part 9050.0530.

Subp. 2. **Veteran exclusive services.** "Veteran exclusive services" are medical benefits or services provided or sponsored by the United States Department of Veterans Affairs exclusively for veterans. Examples include the United States Department of Veterans Affairs physician services and laboratory services. Nonveteran residents are not entitled to veteran exclusive medical benefits or services. Payment of the maintenance charge does not make a nonveteran eligible for veteran exclusive benefits or services provided at the board-operated facility. Nonveteran residents shall obtain necessary health care services comparable to veteran exclusive services at the resident's expense. The services must be within the confines of the level of care for which the facility is licensed.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0520 MAINTENANCE CHARGE; DELINQUENT ACCOUNTS; INTEREST; DISCHARGE.

Subpart 1. **Interest on delinquent accounts.** A resident's account is considered

delinquent if a resident willfully refuses or fails to pay the bill by the due date. Applicants or residents must be notified if payment has not been received by the due date printed on the bill. Interest must be charged on all delinquent accounts, effective the date the bill was due, as provided in Minnesota Statutes, section 334.01. For purposes of this subpart, "willful refusal or failure to pay" means a situation in which:

A. the decision of whether to pay is completely within the control of the resident or the resident's legal representative; or

B. a resident or the resident's legal representative has the ability or resources to pay the maintenance charge and fails to pay.

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

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0530 RATES AND CHARGES; AGREEMENT AT TIME OF ADMISSION.

If a person is admitted under Minnesota Statutes, section 198.03, a written admissions agreement must be made between the board or its designated representative and the resident or the resident's legal representative about maintenance charges for care and services, obligations concerning payment of the resident's maintenance charge, and the board's refund policy.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0540 NO UNPAID ABSENCE.

Residents are not excused from payment of the maintenance charge when they are absent from the board-operated facility. A resident must continue to pay the maintenance charge determined under part 9050.0560 during a period of absence.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0550 MAINTENANCE CHARGE; RESOURCES CONSIDERED.

Subpart 1. **In general.** The applicant's or resident's ability to pay must be determined from insurance and other benefits, value of property owned, and income. The applicant's or resident's property must be used first to pay the maintenance charge. The applicant's or resident's income must be used after the applicant's or resident's property is reduced to the limits in subpart 3 and part 9050.0600 to pay the maintenance charge.

Subp. 2. **Insurance benefits.** When the investigation of the applicant's or resident's financial status discloses eligibility for insurance benefits, the applicant or resident must be determined to be able to pay the cost of care provided to the full extent of insurance benefits available. When the insurance benefits pay less than the full cost of care, the ability of the applicant or resident to pay the remaining part must be determined from the applicant's or resident's nonexcluded property and income.

Subp. 3. **Property.** If the applicant or resident owns property in excess of $3,000 that is not excluded under part 9050.0600, subparts 2 and 3, the applicant or resident must be determined able to pay the full cost of care according to part 9050.0755. The person shall pay the full cost of care until the property is reduced to the limits in parts 9050.0560 and 9050.0600.

Subp. 4. **Chargeable income.** The applicant's or resident's chargeable income is the income remaining after deductions from gross income have been made according to part 9050.0720 and after deductions from net income have been made according to part 9050.0755. The applicant's or resident's entire chargeable income must be considered available to pay the cost of care. If an applicant or resident qualifies for governmental benefits or reimbursements or other benefits, the benefits must be included as income in determining the maintenance charge payable by or on behalf of a resident, unless an assignment of benefits naming the board-operated facility as representative payee has been executed in favor of the board-operated facility.

Subp. 5. **Property and income of spouse.** Property and income of the spouse of the applicant or resident must not be considered an available resource for payment of a maintenance charge.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0560 MAINTENANCE CHARGE DETERMINATION; TIME AND CALCULATION METHOD.

Subpart 1. **Time of determination.** The amount of the maintenance charge must be determined if:

A. a person is admitted to a board-operated facility and at least annually after admission;

B. there is a substantial change in the applicant's or resident's financial status or the financial status of the spouse of the applicant or resident;

C. a change in the applicant's or resident's living status requires recalculation of the benefits provided by the United States Department of Veterans Affairs or other source;

D. the resident is transferred from one level of care to another for 30 days or more; and

E. the resident is being discharged.

For purposes of the subpart, "substantial change" in financial status means a change that increases the person's net worth above the $3,000 limit or a change in the person's monthly income. Substantial change must be reported to the facility financial officer ten days after the applicant or resident, legal representative, or spouse of the applicant or resident learns of the change.

Subp. 2. **Method of calculation.** The amount that a resident must pay, or have paid on the resident's behalf, as a maintenance charge must be determined as specified in items A and B.

A. If an applicant's or residents net worth exceeds $3,000, the person's maintenance charge must be the full cost of care for the applicant's or resident's level of care less the United States Department of Veterans Affairs per diem reimbursement, when applicable, until the applicant's or resident's net worth is reduced to $3,000.

B. If the applicant's or resident's net worth is less than $3,000, the applicant's or resident's income must be considered in calculating the person's maintenance charge. The person's monthly maintenance charge is the person's total chargeable income, up to the full cost of care. The person's chargeable income must be calculated according to part 9050.0755.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0570 MAINTENANCE CHARGE; NOTICE AFTER FINANCIAL STATUS REVIEW.

The facility financial staff shall notify the applicant or resident, legal repre-

sentative of the applicant or resident, or spouse of the applicant or resident, of any change in the applicant's or resident's maintenance charge following a financial status review. The notice must include information about the right to a review of the maintenance charge under part 9050.0580.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0580 REVIEW OF MAINTENANCE CHARGE DETERMINATION.

An applicant or resident or legal representative may request that the administrator of a board-operated facility reconsider a maintenance charge determination. The request must be in writing, directed to the administrator. The administrator shall, within ten days of receipt of the request, conduct a review of the maintenance charge determination. The review must be in the same format and time frames as the procedures under part 9050.0220. The administrator's determination is final upon receipt by the applicant or resident, or legal representative, and is the final agency action.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0590 MAINTENANCE CHARGE; REFUND.

If an applicant or resident who has paid, or on whose behalf payment has been made of, the maintenance charge for a billing month, is discharged from a board-operated facility before the end of the month for which payment has been made, the applicant or resident is entitled to a refund. The amount of the refund to which an applicant or resident, or legal representative, is entitled must be calculated by prorating the monthly maintenance charge by the number of unused days.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0600 PROPERTY LIMITATIONS.

Subpart 1. **General provisions of property ownership.** The equity value of all nonexcluded real and personal property owned by an applicant or resident must not exceed $3,000. The facility financial staff must use the equity value of legally available real and personal property, except property excluded in subpart 2 or 3, to determine the resources available to or on behalf of an applicant or resident.

A. If real or personal property is jointly owned by two or more persons, the facility financial staff shall assume that each person owns an equal share. When the owners document greater or smaller ownership, the facility financial staff shall use that greater or smaller share to determine the equity value held by or on behalf of an applicant or resident. Other types of ownership, such as a life estate, must be evaluated according to law.

B. Real or personal property owned by or on behalf of an applicant or resident is presumed legally available unless the applicant or resident documents that the property is not legally available to the applicant or resident. If real or personal property is not legally available, its equity must not be applied against the limits of subparts 2 and 3. Examples of property not available to a person are an estate that has not been probated, property owned together with one or more other people that the facility financial staff determines cannot be liquidated or reduced to cash through exercise of the applicant's or resident's legal rights, and property of an applicant or resident who is determined incompetent by a court and whose guardianship is pending. The facility financial staff shall consider as available property that property which a person has failed to make available for purposes of gaining admission to a board-operated facility or avoiding payment of the maintenance charge. An example of a person's failure to make property available occurs when the person refuses to accept a share of an inheritance.

C. Real or personal property transferred by an applicant or resident in violation of part 9050.0650 is presumed legally available.

D. The facility financial staff shall consider as available an individual retirement account, Keogh account, or other pension or deferred compensation plan account. The facility financial staff shall evaluate the accounts on the basis of the funds deposited in the account and the interest accrued on the funds less the penalty for early withdrawal.

E. The facility financial staff shall consider as available the proceeds that a person receives in a tort settlement, whether the settlement is entered into by the person or the person's guardian. If the settlement is received as a one-time payment, the facility financial staff shall treat it as a lump sum. If the settlement is structured to be paid over a period of time, the facility financial staff shall evaluate the property as those funds become available to the resident. This item applies only to settlements entered into after the effective date of parts 9050.0010 to 9050.0900.

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

A. The facility financial staff shall exclude the homestead of an applicant or resident from consideration as a resource according to the provisions in subitems (1) to (4).

(1) The spouse of an applicant or resident or the dependent child or children of the applicant or resident, if any, must occupy the homestead.

(2) An applicant or resident or spouse of an applicant or resident who is purchasing real property through a contract for deed and using that property as a home is considered the owner of real property.

(3) The total amount of land that can be excluded under this subpart is limited as specified in Minnesota Statutes, section 510.02. Additional contiguous platted lots must be assessed as to their legal and actual availability according to subpart 1.

(4) When real property that has been used as a home by an applicant or resident, the spouse of an applicant or resident, or the dependent child or children of an applicant or resident is sold, the facility financial staff shall treat the proceeds from that sale as excluded property for a period of two years if the person intends to reinvest them in another home and maintains those proceeds, unused for other purposes, in a separate account. If the property is held jointly, any earnings that accrue on the sales proceeds before reinvestment or any excess proceeds not used for reinvestment must be treated as joint income or property and divided according to subpart 1, item A.

B. Real property being sold on a contract for deed must be excluded if the net present value of the contract in combination with other property does not exceed the limitations in parts 9050.0560 and 9050.0600. If the present value exceeds limitations, the contract must be sold. Proceeds from the sale must be treated as lump sum payments.

C. Real property that is rental property leased at a market rent and producing a net income must be excluded. If the property is sold, the proceeds must be treated as lump sum payments.

D. Real property on or in which the person operates a business that is anticipated to produce a net income must be excluded. If the property is sold, the proceeds must be treated as lump sum payments.

E. Real property that is not salable must be excluded. For purposes of this item, "not salable" means:

(1) two sources agree that the property is not salable due to a specified condition; or

(2) an actual sale attempt was made at a price not more than an estimate of the highest current market value obtained within six months of application for admission or since the last determination of the maintenance charge, but no offer to purchase was received.

For purposes of subitems (1) and (2), the source of information must be from the same geographic area as the property and knowledgeable about the value of the type of property offered for sale. For purposes of subitem (2), "an actual sale attempt" means the individual has listed the property with a licensed real estate broker or salesperson or, if the property is offered for sale by the owner, the owner has affixed to the property a readable sign that includes the address or phone number of the owner and the owner has advertised the property for sale in the official newspaper of the county, the newspaper of largest circulation in the county, or the local shopper. The minimum period of an actual sale attempt is 90 consecutive days.

F. Other real property must be excluded if required by federal law, federal regulations, or state law.

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

A. one motor vehicle, for personal use;

B. the value of a prepaid burial account, burial plan, burial contract, or burial trust up to $2,500 for persons who are already residents of a board-operated facility when the investment is made. If the investment is made by the person before admission to a board-operated facility, the entire amount of the investment must be excluded;

C. 50 percent of property owned jointly with a spouse;

D. household goods and furniture and personal effects, wearing apparel, and jewelry regularly used by the applicant or resident in day-to-day living;

E. the value of personal property needed to produce income, including tools, implements, farm animals and inventory, or capital and operating assets of a trade or business necessary to income production, and if the property is sold, the proceeds must be treated as lump sum payments; and

F. other personal property specifically excluded by federal law, federal regulation, or state law.

Subp. 4. **Separate account for excluded funds.** Funds excluded from consideration as an available resource by subpart 2 or 3 must be placed in an account separate from other funds to retain the exclusion. Upon application for admission and redetermination of a maintenance charge, the facility financial staff shall inform the person in writing of the requirement to place excluded funds in a separate account.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0650 TRANSFERS OF PROPERTY.

Subpart 1. **Generally.** A person whose application for admission is pending or a current resident of a board-operated facility shall declare all transfers or sales of property within ten days of the transfer or sale. The value of property transferred or sold must be treated as an available resource for payment of the resident's maintenance charge. The value of the property transferred or sold that will be applied against the property limits in parts 9050.0560 and 9050.0600 is the market value of the property at the time of the sale or transfer less any encumbrances on the property. A transfer for purposes of preserving an estate for heirs is the same as a transfer for the purposes of establishing eligibility for admission to a board-operated facility or avoiding payment of a maintenance charge, except for transfers permitted under subpart 2, item B.

Subp. 2. **Permitted transfers.** Transfer or sale of property by or on behalf of an applicant or resident is permitted if the transfer or sale:

A. takes place more than 12 months before the person's admission to a board-operated facility;

B. is to the applicant's or resident's spouse or dependent child or children before the person's admission to a board-operated facility; or

C. is for market value with the proceeds available for payment toward the person's cost of care.

Subp. 3. **Fraudulent transfers.** A transfer or sale of property for less than market value within 12 months before admission or during the resident's stay in a board-operated facility, unless permitted under subpart 2, is presumed to be for the purpose of establishing or maintaining eligibility for admission to or continued residence in a board-operated facility or to avoid payment of the maintenance charge, unless the person furnishes convincing evidence to show that the transfer was for another purpose. Convincing evidence must include evidence that the person had no health or economic reasons to believe that nursing home or boarding care would be needed.

Subp. 4. **Loans of property.** An applicant or resident who lends property or on whose behalf property is loaned is considered to have transferred the property. The facility financial staff shall evaluate the transaction as a transfer of property under subparts 1 and 2. If the person receives adequate compensation for the loan or made the loan more than 12 months before the person's entrance into a board-operated facility, the facility financial staff shall honor the loan. Adequate compensation must be shown by a written loan agreement and receipt of payments according to the schedule in the agreement. If the loan is payable on demand, is due, or is otherwise negotiable, the property is presumed to be available to the applicant or resident. This presumption may be overcome by convincing evidence presented by the person that the loan will not be repaid. Interest payments made by the borrower to the person are considered income in the month received and an asset if retained. Principal payments made by the borrower to the person are considered as assets.

Subp. 5. **Unacceptable compensation for transfer of property.** Services are not considered acceptable compensation for the transfer or sale of property. For purposes of this subpart, "services" means labor performed by one person for another person or entity. Goods are not considered compensation unless supported by contemporaneous receipts or other evidence of expenditure. The purchase of paid up life insurance with no cash surrender value available to the person while the person is a resident or within 12 months before admission must be considered a transfer of an asset without acceptable compensation.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0700 INCOME.

Subpart 1. **Evaluation of income.** The facility financial staff shall evaluate only income received by or on behalf of an applicant or resident when determining the maintenance charge payable by or on behalf of an applicant or resident. All payments, unless specifically excluded in subpart 3, must be counted as income. All income must be counted in the calendar month received. Income becomes property if retained after the month in which it is received, unless this part specifically states otherwise.

Subp. 2. **Availability of income.** Income must be attributed to the person who earns it or to the beneficiary of the income according to items A and B.

A. Funds distributed from a trust, whether from the principal holding or sale of trust property or from the interest and other earnings of the trust holdings, must be considered income when the income is legally available to or on

behalf of an applicant or resident. Trusts are presumed legally available unless an applicant or resident can document by court order that the trust is not legally available. Trusts established other than by will by the person or the person's spouse under which the person may be the beneficiary of all or part of the payments from the trust and the distribution of the payments are determined by one or more trustees who may exercise discretion about the distribution to the person must be considered an available resource. This item applies regardless of whether the trust is irrevocable or is established for purposes other than to enable a person to qualify for admission to a board-operated facility or whether the discretion of the trustees is exercised. A trust fund established by the applicant or resident on behalf of another person within 12 months before admission or during the resident's stay in a board-operated facility must be considered transferred property under part 9050.0650.

B. Income from jointly owned property must be divided equally among the property owners unless the terms of ownership provide for a different distribution of equity.

Subp. 3. **Excluded income.** The facility financial staff shall exclude the following from calculation of the applicant's or resident's gross income:

A. earnings derived from participation in a work therapy program while the person is a participant in the program; and

B. 50 percent of income received by or paid to an applicant or resident and spouse, jointly.

Statutory Authority: *MS s 198 003*

History: *14 SR 2355*

9050.0710 CALCULATION OF GROSS INCOME.

The facility financial staff shall calculate gross income by adding together the amounts of income from sources in subparts 1 to 6.

Subpart 1. **Earned income.** Earned income is treated according to items A to C.

A. Sick leave and vacation payments for earned or accrued leave time are earned income.

B. Earned income received by persons employed on a contractual basis must be prorated over the period covered by the contract even when the payments are received over a lesser period of time.

C. The earned income tax credit, whether received from an employer or from the federal government, is earned income. An applicant or resident or spouse of an applicant or resident who is eligible for the earned income tax credit is required to apply for it. An applicant or resident may choose to apply for the credit either when the applicant or resident files an income tax return for the year in which the applicant or resident was eligible or in advance through the applicant's or resident's employer.

Subp. 2. **Self-employment earnings.** The facility financial staff shall determine gross earned income from self-employment by totaling gross receipts. Gross receipts from self-employment must be budgeted in the month in which they are received. Expenses must be budgeted against gross receipts in the month in which those expenses are paid, except for items A to C.

A. The purchase cost of inventory items, including materials that are processed or manufactured, must be deducted as an expense at the time payment is received for the sale of those inventory items, processed materials, or manufactured items, regardless of when those costs are incurred or paid.

B. Expenses to cover employee federal insurance contributions act payments (FICA), employee tax withholding, sales tax withholding, employee worker compensation, business insurance, property rental, property taxes, and other

costs that are commonly paid at least annually, but less often than monthly, must be prorated forward as deductions from gross receipts over the period they are intended to cover, beginning with the month in which payment for those items is made.

C. Gross receipts from self-employment may be prorated forward to equal the period of time over which the expenses were incurred except that gross receipts must not be prorated over a period that exceeds 12 months. This provision applies only when gross receipts are not received monthly but expenses are incurred on an ongoing monthly basis.

Subp. 3. **Farm income.** Farm income is the difference between gross receipts and operating expenses, subject to the provisions about self-employment income. Gross receipts include sales, rents, subsidies, soil conservation payments, production derived from livestock, and income from the sale of home-produced foods. Farm income must be annualized.

Subp. 4. **Rental income.** Income from rental property must be considered self-employment earnings when effort is expended by the owner to maintain or manage the property. When no effort is expended by the owner to maintain or manage the property, income from rental property must be considered unearned income. The facility financial staff shall total gross rental receipts to determine rental income. When an applicant or resident or spouse lives on the rental property, the facility financial staff shall divide the expenses for upkeep, taxes, insurance, utilities, and interest by the number of rooms to determine expense per room. The facility financial staff shall deduct expenses from rental income only for the number of rooms rented, not for rooms occupied by an applicant, resident, spouse, or household member.

Subp. 5. **Unearned income.** Unearned income is treated according to items A and B.

A. An amount must be deducted for costs necessary to secure payments of unearned income. These costs include legal fees, medical fees, and mandatory deductions such as federal and state income taxes.

B. Payments for illness or disability, except those payments described as earned income in part 9050.0710, subpart 1, item A, must be considered unearned income whether the premium payments are made wholly or in part by an employer or by an applicant or resident.

Subp. 6. **Lump sums.** Lump sums received by or on behalf of an applicant or resident must be considered earned income under subparts 1 to 4 or unearned income according to subpart 5. Lump sums are considered income in the month received and property if retained beyond the month of receipt, unless it is a contractual payment or retroactive payment of benefits.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0720 CALCULATION OF NET INCOME; DEDUCTION FOR EMPLOYMENT EXPENSES.

Subpart 1. **Calculation method.** The facility financial staff shall calculate the net income of an applicant or resident by totaling all sources of gross income identified in part 9050.0710 and subtracting from gross income the applicable deductions allowed in subpart 2.

Subp. 2. **Deduction for employment expenses of applicant or resident.** The facility financial staff shall deduct the expenses in this part and parts 9050.0730 and 9050.0740 from gross income to determine net income. Deductible items include:

A. state and federal income tax payments and withholdings consistent with the number of allowable exemptions;

B. FICA payments;

C. mandatory retirement fund payments;

D. actual reasonable unreimbursed expenses of child care necessary to earn an income and paid to anyone other than a parent of the child;

E. union dues;

F. professional association dues if they are required to obtain or retain employment;

G. health and dental insurance premiums whether mandatory or voluntary, if cost effective;

H. cost of uniforms, tools, and equipment used on the job that are required to retain a job but are not furnished by the employer;

I. cost of meals during employment hours for each day the person is employed;

J. public liability insurance premiums if they are required by the employer when an automobile is used in employment and the premiums are not paid by the employer;

K. court ordered support payments actually paid directly by the applicant or resident or withheld by the employer and transferred to a child or spouse not living with the applicant or resident or to a different former spouse of the applicant or resident;

L. voluntary support payments for dependent spouse or household according to part 9050.0750;

M. Medicare insurance payments;

N. Medicaid spend-down payments actually made according to part 9505.0065, subpart 11;

O. payment of documented debts, incurred prior to the person's admission to the board-operated facility, for which the person is legally responsible;

P. educational expenses actually paid by the person that are not covered by United States Department of Veterans Affairs educational expense benefits or other government or private scholarships, loans, or grants if there is demonstrated progress by the person towards completion of an educational program as part of the person's individual care plan;

Q. guardianship or conservatorship fees to the extent allowed by Minnesota law or by court order;

R. hospital and medical insurance premiums and supplemental health care premiums for the resident or applicant, if cost effective; and

S. cost of transportation related to employment. For the person who uses public transportation or takes part in a car pool, the facility financial staff shall deduct the fare or fee the person actually pays. For the person who uses a private motor vehicle, the facility financial staff shall deduct the amount per mile allowed on the most recent federal income tax return for actual miles driven for business purposes.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0730 DEDUCTIONS FROM RENTAL INCOME.

In calculating net rental income, the facility financial staff shall deduct the rental property costs in items A to C from total rental receipts. The rental property costs must be prorated according to shares of ownership if the property is jointly owned. Money deducted from rental income under items A to C must be excluded as income in the month of receipt and as an asset if the funds are retained after the month of receipt. The retained funds must be placed in a separate account until used for:

A. upkeep and repairs, an annual amount equal to a maximum of two

percent of the property's market value or a lesser amount as requested by the person;

B. real estate taxes, premiums for insurance on the property, and mortgage or contract for deed payments, payment of interest and principal; and

C. utilities specified as the owner's responsibility in the rental agreement.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0740 DEDUCTIONS FROM SELF-EMPLOYMENT INCOME.

In calculating net self-employment income, the facility financial staff shall deduct from the total business receipts the costs of producing the income as allowed on the United States income tax schedule. However, capital expenditures, depreciation, and carryover losses claimed for business purposes on the most recent federal income tax return are not deductible business expenses. Net self-employment income, if greater than zero, must be added to other earned and unearned income to determine income for purposes of calculating the maintenance charge payable by or on behalf of an applicant or resident. Losses from self-employment income may not be deducted from other earned or unearned income.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0750 DEDUCTION FOR VOLUNTARY SUPPORT OF DEPENDENT SPOUSE OR HOUSEHOLD.

Subpart 1. **Generally.** The facility financial staff shall deduct from the applicant's or resident's gross monthly income calculated under part 9050.0710 the amount necessary to meet the basic needs of the dependent spouse or household as calculated under this part. The applicant or resident or spouse of an applicant or resident who requests a deduction under this part must verify the monthly expenses of the dependent spouse or household that are not met by income or resources otherwise available to the dependent spouse or household.

Subp. 2. **Determination of spouse's monthly expenses.** A spouse's monthly expenses are the sum of:

A. monthly rent or house payment;

B. costs of supporting a dependent child or children residing with the spouse;

C. real estate taxes;

D. homeowner's or renter's insurance;

E. home maintenance costs;

F. electric and gas charges;

G. water and sewer charges;

H. solid waste removal charges;

I. telephone costs;

J. transportation costs, including costs of public transportation and costs of acquiring and maintaining a privately owned motor vehicle;

K. food;

L. clothing;

M. medical insurance for the spouse and the applicant's or resident's dependent child or children residing with the spouse;

N. medical expense payments;

O. personal needs of the spouse or dependent child or children;

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

Q. support payments actually paid by the spouse to his or her former spouse or dependents who do not reside with him or her.

Subp. 3. **Calculation of amount of deduction.** The facility financial staff shall calculate the amount to be deducted from the applicant's or resident's monthly income for support of a dependent spouse or household as follows:

A. calculate the spouse's gross monthly income using the method for calculation of the applicant's or resident's gross income in part 9050.0710;

B. total the spouse's monthly expenses as determined under subpart 2;

C. subtract item B from item A; and

D. the amount by which item B exceeds item A is the amount allowed as a deduction for the dependent spouse or household.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0755 CALCULATION OF CHARGEABLE INCOME OF APPLICANT OR RESIDENT.

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

A. total the person's gross income according to part 9050.0710;

B. subtract from the total gross income the applicable expenses or deductions in parts 9050.0720 to 9050.0750 to get the net income;

C. subtract from net income $85 for personal needs;

D. multiply item C by 0.05 and deduct this amount from item C; and

E. the sum calculated in item D is the applicant's or resident's monthly chargeable income.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0760 ANTICIPATING INCOME.

Income must be anticipated on a semiannual basis for all applicants or residents. Anticipated income must be determined using the method in items A to G that most accurately reflects the circumstances of the person.

A. If income is unvarying in amount and timing of receipt, an eligibility statement or wage stub must be used to verify the amount of the income. Examples of unvarying income are social security payments, pensions, unemployment compensation, and fixed salaries. For purposes of this item, "eligibility statement" means a document from a payer informing the person of eligibility for the amount of income.

B. Income that is expected to fluctuate slightly must be anticipated by using the income in the month of admission or redetermination. Monthly income must be calculated by multiplying:

(1) average weekly income by 4.3;

(2) average biweekly income by 2.16; or

(3) average semimonthly income by 2.

C. If income is expected to fluctuate but does not follow a seasonal pattern, monthly income is the average of monthly income received during the three most recent months.

D. If income fluctuates within a seasonal pattern but is reasonably stable from year to year, monthly income is the average of monthly income during the most recently completed calendar year.

E. Except as provided in item G, monthly farm income is the average of monthly income for the three most recent years during which the farm has been in operation.

F. Zero income must be used for any month in which no source of income is reasonably certain.

G. If the applicant or resident has had a recent financial change that makes a method in item C, D, or E an inaccurate predictor of future income, the facility financial staff shall make a reasonable estimate of future income and document the income basis used.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0770 BENEFITS APPLICATION REQUIRED.

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

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0800 FINANCIAL INTERVIEW.

Subpart 1. **General conduct.** An applicant or resident must be present at an interview held to determine the applicant's or resident's ability to pay or to obtain financial information from the applicant or resident unless the applicant's or resident's presence is medically contraindicated by the attending physician of the applicant or resident. If the applicant's or resident's participation in the interview is medically contraindicated, the secondary source of information in part 9050.0810, subpart 2, must be present. The signed statement of the applicant's or resident's attending physician that attests to the medical contraindication must be placed in the applicant's or resident's financial information file.

Subp. 2. **Rights, duties, and consequences of interview.** Before conducting an applicant's or resident's interview to determine financial status or ability to pay, the interviewer shall:

A. inform the person that the person may choose an individual to assist in the determination process and any other contact with the board or its designated representative by authorizing that assistance in writing;

B. inform the person that the requested information will be used to determine ability to pay and to calculate the resident's maintenance charge;

C. inform the person that financial information obtained from or about the applicant or resident may not be released without the applicant's or resident's written consent, except pursuant to Minnesota Statutes, chapter 13, to specific state and federal agencies including the Minnesota Department of Veterans Affairs, Legislative Auditor, and United States Department of Veterans Affairs;

D. inform the person of the person's legal obligation to provide sufficient information, required documents, and proof necessary to determine ability to pay and the consequences of failure to do so;

E. inform the person that failure to supply the requested information must result in a determination that the person is able to pay the full cost of care and that if a person supplies false information the resident may be subject to discharge;

F. provide the person with an information pamphlet on the cost of care and review with the applicant or resident how the board determines the cost of

care and how the amount an applicant or resident must pay toward that cost is determined;

G. inform the person of county, state, and federal financial programs that may assist in paying the cost of care and meeting personal and family needs;

H. provide the person with board-approved forms used to verify or investigate financial resources including:

(1) statement of income and net worth;

(2) statement of expenses;

(3) authorization to release information;

(4) maintenance rate affidavits; and

(5) other disclosure and verification forms the board reasonably requests to fully evaluate the applicant's or resident's financial status or the financial status of the applicant's or resident's legal representative or spouse, if any; and

I. request that the person complete and sign the authorization forms provided and provide verification or documentation of financial information.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0810 SOURCES OF FINANCIAL INFORMATION.

Subpart 1. **Applicant or resident primary source.** An applicant or resident is the primary source of financial information to determine ability to pay except when the management of the applicant's or resident's financial affairs is in the hands of a legal representative. If the applicant or resident is not the source of financial information, the reason must be noted in the applicant's or resident's financial information file.

Subp. 2. **Secondary or alternate sources of information.** If an applicant or resident is not able to act on the applicant's or resident's own behalf, the person interviewed to obtain financial information must be, in order of priority, the applicant's or resident's legal representative or spouse, if any.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0820 VERIFICATION OF FINANCIAL INFORMATION.

Subpart 1. **Verification required.** Information provided by the applicant or resident, spouse, or legal representative, if any, in the financial interview, on the signed financial information form, and a financial status review under part 9050.0560, subpart 1, must be verified by the facility financial staff.

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

A. income;

B. insurance benefits;

C. property;

D. expenses or deductions claimed;

E. number of dependents claimed;

F. social security benefits;

G. United States Department of Veterans Affairs benefits;

H. pensions and annuities; and

I. transfers of property according to part 9050.0650.

Subp. 3. **Time of verification.** The facility financial officer must request verification of the required information no earlier than 60 days before admission and no later than the date of admission or date of financial status review or other review of financial status as provided in part 9050.0560, subpart 1.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*

9050.0900 AUTHORIZATION FORMS.

Subpart 1. **Required.** An applicant or resident, spouse, or legal representative, if any, shall provide a separate signed authorization form for each verification that must be obtained from a third party.

Subp. 2. **Content.** The authorization form must contain the following information above the person's signature:

A. person's name;

B. date;

C. information authorized;

D. who is authorized to give the information;

E. to whom the information is to be given;

F. information's use; and

G. date of expiration of the authorization.

A separate form must be signed and completed for each authorization of access. The period of the authorization must not exceed one year.

Subp. 3. **Refusal to sign authorization forms; consequences.** The applicant or resident, applicant's or resident's legal representative, or spouse must complete the following tasks within 30 days of the financial interview or other authorized request:

A. complete and sign a financial information or authorization form;

B. apply for insurance or other benefits for which an applicant, resident, or spouse of an applicant or resident may be eligible;

C. complete assignment of benefits forms required by third-party payers;

D. sign authorizations for release of medical records; and

E. provide verification of information given on financial disclosure forms.

Providing false information relating to items A to E results in disqualification of an application for admission or in discharge of a resident under part 9050.0200, item E. The maintenance charge must be redetermined or the application for admission must be reinstated or the discharge proceeding discontinued if the applicant, resident, or spouse takes the required action.

Statutory Authority: *MS s 198.003*

History: *14 SR 2355*