

CHAPTER 9050
MINNESOTA VETERANS HOMES BOARD OF
DIRECTORS
VETERANS HOMES

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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

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

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

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

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,

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

N the United States Department of Veterans Affairs Guide to Inspection of State Veterans Homes Domiciliary Care Standards and Guide to Inspection of State Veterans Homes Nursing Home Care Standards

Statutory Authority: *MS s 198 003*

History: *18 SR 2254*

9050.0040 DEFINITIONS.

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

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

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

Subp. 24 **Chemical dependency counselor.** "Chemical dependency counselor" means a person who is licensed under Minnesota Statutes, sections 148C.01 to 148C.11, or who has met the minimum qualifications of a chemical dependency counselor under the examination process of the state of Minnesota or the Minnesota Merit System.

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

Subp 40a **Equivalent chemical dependency program.** "Equivalent chemical dependency program" means an unlicensed chemical dependency program that meets the program design requirements of parts 9530 4100 to 9530 4450 or 9530 5000 to 9530 6500

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

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 18

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

Subp 64 **Licensed psychologist.** "Licensed psychologist" means a person licensed under Minnesota Statutes, section 148 91, subdivision 5

Subp 65 **Licensed practical nurse.** "Licensed practical nurse" means a person licensed under Minnesota Statutes, sections 148 171 to 148.285

Subp 66 [Repealed, 18 SR 2254]

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

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

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

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 0750

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

Subp 85 **Nursing staff.** "Nursing staff" has the meaning given to nursing personnel in part 4655 0100, subpart 9

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

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 4100 to 4655 4170

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

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

[For text of subp 95, see M R]

Subp 95a **Psychological practitioner.** "Psychological practitioner" means a person licensed under Minnesota Statutes, section 148 91, subdivision 6

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

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

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

Subp 109 **Staff psychologist.** "Staff psychologist" means a person licensed under Minnesota Statutes, sections 148 88 to 148 98, who is employed by or under contract to the board to provide psychological services in a board-operated facility

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

Statutory Authority: *MS s 198 003*

History: *18 SR 2254*

9050.0050 PERSONS ELIGIBLE FOR ADMISSION.

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

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 bills to the state for maintenance charges for prior residence in a board-operated facility. An applicant who has past unpaid bills to the state for maintenance charges for prior residence in a board-operated facility must satisfy the past debt for maintenance charges before an application for admission will be placed on the active waiting list. For the purpose of this part "satisfy" means that the applicant has either

paid the debt or entered into an agreement to repay the debt. The agreement must conform with Minnesota Statutes, section 198.03, subdivision 3.

Statutory Authority: *MS s 198.003*

History: *18 SR 2254*

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 or verification from the United States Department of Veterans Affairs or National Personnel Records Center; and
- C the following medical records:
 - (1) a discharge summary from all hospitals at which the person received treatment within the two years before application,
 - (2) a patient care information form from the current nursing home, if any; and
 - (3) if the person resides at home at the time of application, a patient care information form completed by the primary caregiver.

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.

[For text of subp 2, see MR.]

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 a separate form. 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. If it is determined by the utilization review committee that a current resident needs a level of care not offered at the board-operated facility where the resident is staying, the current resident has 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 who is discharged for failure to meet bed hold criteria in part 9050.0150, subpart 2 or 3, has priority for consideration for admission to a board-operated facility at an appropriate level of care if the person meets 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.

[For text of subs 5 and 6, see M R]

Statutory Authority: *MS s 198 003*

History: *18 SR 2254*

9050.0060 ADMISSIONS COMMITTEE; CREATION, COMPOSITION, AND DUTIES.

[For text of subpart 1, see M R]

Subp 2 Composition of admissions committee. The admissions committee must consist of the following staff members of the board-operated facility: the administrator or a designee, a registered nurse, and a social worker. 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, a physical therapist, an occupational therapist, a speech therapist, a dietician, a chaplain, or a staff psychologist or psychiatrist. 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.

[For text of item A, see M R]

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 and medical diagnosis, 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.0911. 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.

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

Statutory Authority: *MS s 198 003*

History: *18 SR 2254*

9050.0070 TYPES OF ADMISSIONS.

[For text of subs 1 and 2, see M R]

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 or utilization review 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 or utilization review 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, B, D, or E under the case mix system established by parts 9549.0058, subpart 2, and 9549.0059 and Minnesota Statutes, section 144.072.

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

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 director of nursing or the assistant director of nursing of the boarding care facility

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

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 described in parts 9050 0040, subparts 25 and 99, and 9530 5000 to 9530 6500, or an equivalent chemical dependency program, or must be chemically free For the purposes of this item, a person is chemically free if the person has three months of nonuse or use with no symptoms of dependency as identified in the current edition of the Diagnostic and Statistical Manual of Mental Disorders prior to admission and demonstrates no symptoms of abuse or dependency during residence If the medical records obtained by the admissions committee do not document that a person is chemically free, the person's chemical-free status may be verified by a collateral contact For purposes of this part, "collateral contact" means an oral or written communication initiated by facility staff for the purpose of gathering information from an individual or agency, other than the applicant, to verify or supplement information provided by the applicant Collateral contact includes contact with family members, criminal justice agencies, educational institutions, and employers The current list of accepted equivalent chemical dependency programs as defined in part 9050 0040, subpart 40a, must be kept at the board office

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

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 or utilization review committee determines that the person meets all of the criteria in items A to G 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 G

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

G 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 described in parts 9050 0040, subparts 25 and 99, and 9530 5000 to 9530 6500, or an equivalent chemical dependency program, or must be chemically free For the purpose of this item, a person is chemically free if the person has three months of nonuse or use with no symptoms of dependency as identified in the current edition of the Diagnostic and Statistical Manual of Mental Disorders before admission and demonstrates no symptoms of abuse or dependency during residence If the medical records obtained by the admissions committee do not document that a person is chemically free, the person's chemical-free status may be verified by a collateral contact For purposes of this part, "collateral contact" means an oral or written communication initiated by facility staff for the purpose of gathering information from an individual or agency, other than the applicant, to verify or supplement information provided by the applicant Collateral contact includes contact with family members, criminal justice agencies, education institutions, and employers The current list of accepted equivalent chemical dependency programs as defined in part 9050 0040, subpart 40a, shall be kept at the board office Persons whose long-term medical condition is assessed as precluding continued chemical abuse may be accepted for nursing care

Statutory Authority: *MS s 198.003*

History: *18 SR 2254*

9050.0080 ADMISSION DECISION; NOTICE AND REVIEW.

Subpart 1. **Notice.** An applicant must be advised, 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 m-

clude 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.

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

Statutory Authority: *MS s 198.003*

History: *18 SR 2254*

9050.0150 BED HOLD.

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

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 or administrator's designee regarding a longer absence. The resident shall advise the administrator or administrator's designee of the total length of the absence and the resident shall agree to pay the maintenance charge during the absence.

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

Statutory Authority: *MS s 198.003*

History: *18 SR 2254*

9050.0200 DISCHARGE.

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

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

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

D the resident is absent without notice 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

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

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 or administrator's designee 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. The reasonable time must be determined by the facility administrator or administrator's designee, based upon the particular facts of the situation prompting the discharge.

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

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 or administrator's designee and requests reconsideration within 30 days from the resident's departure from the facility without notice. A notice of involuntary discharge must be sent to the resident's address, if it is known, or to the resident's last known address, and to the address of a person listed by the resident as the person to be contacted during an emergency. The notice of discharge must be signed by the administrator or administrator's designee and sent by certified mail within a reasonable amount of time, following the determination that the resident is absent without notice.

Statutory Authority: *MS s 198.003*

History: *18 SR 2254*

9050.0210 VOLUNTARY DISCHARGE PROCEDURES.

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

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

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)

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

(2) The board-operated facility staff shall make referrals to resources designed 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 4000

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

Statutory Authority: *MS s 198 003*

History: *18 SR 2254*

9050.0220 INVOLUNTARY DISCHARGE PROCEDURES.

[For text of subpart 1, see M R]

Subp 2 Initial notice, review of recommendation. An initial notice for involuntary discharge must be issued by the administrator of the board-operated facility or administrator's designee 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. Once the resident has requested a reconsideration, the remaining time for filing an administrative appeal must be stayed until the reconsideration decision is issued.

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

Subp 6 Appeals process. An applicant or resident, or legal representative, may appeal a discharge or transfer order. A request for reconsideration within the ten-day time period will stay the remaining time which a resident has to request an administrative appeal. Appeals must be in accordance with contested case procedures under the Administrative Procedure Act, Minnesota Statutes, section 14 48 et seq, 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: *18 SR 2254*

9050.0300 CARE PLANNING.

Subpart 1 Generally. A board-operated facility must have and implement a care planning procedure. Under the procedure, a resident's care plan is initiated and reviewed by the care plan team to ensure that the resident's needs are addressed and the facility has the ability to competently and safely care for the resident according to the criteria in part 9050 0070, subparts 3 and 4. The care plan team is comprised of the facility staff members who are directly involved with the resident's care, including a physician, licensed nurse, social worker, and other staff as indicated by the resident's condition.

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

Statutory Authority: *MS s 198 003*

History: *18 SR 2254*

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

[For text of subpart 1, see M R]

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.

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

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 4100 to 4655 4170

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

Statutory Authority: *MS s 198.003*

History: *18 SR 2254*

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 0560

[For text of subp 2, see M R]

Statutory Authority: *MS s 198 003*

History: *18 SR 2254*

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 willfully 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 willful failure to pay" means a situation in which

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

Subp. 2 **Discharge for nonpayment.** Discharge proceedings must be instituted under part 9050 0200, subpart 3, 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: *18 SR 2254*

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 submitted in writing to the administrator within ten days of receipt of the maintenance charge notice. 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: *18 SR 2254*

9050.0600 PROPERTY LIMITATIONS.*[For text of subpart 1, see M R.]*

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

[For text of item A, see M R]

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 payments must be considered as income to the applicant or resident If the contract is sold, proceeds from the sale must be treated as lump sum payments

*[For text of items C to F, see M R]**[For text of subs 3 and 4, see M.R]***Statutory Authority:** *MS s 198 003***History:** *18 SR 2254***9050.0720 CALCULATION OF NET INCOME; DEDUCTION FOR EXPENSES.***[For text of subpart 1, see M R]*

Subp 2. **Deduction for 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

*[For text of items A to S, see M R]***Statutory Authority:** *MS s 198 003***History:** *18 SR 2254***9050.1030 RESIDENT CARE SERVICES.**

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

Care services are provided according to Department of Health licensure regulations and the certification requirements of the United States Department of Veterans Affairs Laws pertaining to resident care services include chapter 4655; Minnesota Statutes, chapters 144 and 144A, United States Department of Veterans Affairs Code M-1, part 1, chapter 3; and United States Department of Veterans Affairs Guide for Inspection of State Veterans Homes Nursing Home Care Standards and Guide for Inspection of State Veterans Homes Domiciliary Care Standards United States Department of Veterans Affairs publications shall be available for review at each board-operated facility

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

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

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

The facility staff shall assist residents in obtaining information and making application for possible benefits or programs to which the residents are entitled according to parts 9050 0770 and 9050.0800, subpart 2, item G, and Minnesota Statutes, section 144 651, subdivision 17

[For text of subp 2, see M R]

Subp 3 **Dietary services.** At each board-operated facility, an adequately equipped kitchen must be maintained and qualified facility staff must be employed to supply the neces-

sary food requirements of the residents. Dietary services provided to residents must be according to parts 4655 8500 to 4655 8800, United States Department of Veterans Affairs Code M-1, part 1, chapter 3, and United States Department of Veterans Affairs Guide for Inspection of State Veterans Homes Nursing Home Care Standards and Guide for Inspection of State Veterans Homes Domiciliary Care Standards.

A qualified dietician, as defined in part 9050 0040, subpart 34, or dietary supervisor if qualified, must be employed or contracted with to supervise the food service department of each facility. A qualified dietary supervisor is a person trained or experienced in the planning and preparation of meals as stated in part 4655 8510. The dietary staff shall prepare therapeutic diets as ordered by the resident's attending physician, according to federal and state standards and established recommended daily allowances.

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

Subp. 4 Recreational therapy. At each board-operated facility, a recreational therapy program must be provided according to part 4655 5200; United States Department of Veterans Affairs Code M-1, part 1, chapter 3, and United States Department of Veterans Affairs Guide for Inspection of State Veterans Homes Nursing Home Care Standards and Guide for Inspection of State Veterans Homes Domiciliary Care Standards. Recreational therapy programs must be appropriate to the needs and interests of residents to maximize individual residents' physical and psychosocial levels.

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

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

A qualified staff member responsible for the recreational therapy program shall meet at least the minimum qualifications in part 4655 5200, subpart 5.

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

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

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

Subp. 7. Medical director. Each board-operated facility must have a medical director according to part 9050 0040, subpart 73, United States Department of Veterans Affairs Code M-1, part 1, chapter 3, and United States Department of Veterans Affairs Guide for Inspection of State Veterans Homes Nursing Home Care Standards and Guide for Inspection of State Veterans Homes Domiciliary Care Standards.

Subp. 8. Attending physician. Each resident must be assigned an attending physician who is responsible for overall medical care of the resident. A resident may choose a private attending physician at the resident's own expense if the physician agrees to comply with regulatory standards governing the home. Regulatory standards include parts 4655.4600 and 4655 4700, United States Department of Veterans Affairs Code M-1, part 1, chapter 3, and United States Department of Veterans Affairs Guide for Inspection of State Veterans Homes Nursing Home Care Standards and Guide for Inspection of State Veterans Homes Domiciliary Care Standards.

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

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

Subp. 9. Chaplain services. Spiritual care must be provided by a chaplain to residents of each board-operated facility according to part 4655 5300, United States Department of

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

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

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

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

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

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

Subp 11 Dental care services. Dental care must be made available for residents of each board-operated facility according to part 4655 4800, United States Department of Veterans Affairs Code M-1, part 1, chapter 3, and United States Department of Veterans Affairs Guide for Inspection of State Veterans Homes Nursing Home Care Standards and Guide for Inspection of State Veterans Homes Domiciliary Care Standards

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

Dental care for residents consists of, but is not limited to, cleaning of teeth by the dentist or dental hygienist, an examination of the resident's teeth and mouth by the dentist, taking of necessary X-rays as determined by the dentist, proper fitting of dentures, repair of dentures, and treatment of abnormalities caused by dentures as determined by the dentist.

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

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

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

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

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

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

[For text of subp 14, see M R]

Subp 15 Diagnostic services. Diagnostic services must be made available to residents of each board-operated facility on written order of the resident's attending physician according to United States Department of Veterans Affairs Code M-1, part 1, chapter 3, and United States Department of Veterans Affairs Guide for Inspection of State Veterans Homes Nursing Home Care Standards and Guide for Inspection of State Veterans Homes Domiciliary

Care Standards Payments for diagnostic services are determined according to part 9050 0510

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

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

Subp 16. **Pharmaceutical services.** Pharmaceutical services must be made available through a licensed pharmacist by each board-operated facility to meet the needs of residents according to parts 4655 7790 to 4655 7860, United States Department of Veterans Affairs Code M-1, part 1, chapter 3, and United States Department of Veterans Affairs Guide for Inspection of State Veterans Homes Nursing Home Care Standards and Guide for Inspection of State Veterans Homes Domiciliary Care Standards A licensed pharmacist is defined in part 9050 0040, subpart 92

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

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

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

Subp 18 **Maintenance.** Maintenance services must be maintained at each board-operated facility to ensure that the physical plant is kept in a continuous state of good repair and operation with regard to the health, comfort, safety, and well-being of residents and others according to chapter 4660, United States Department of Veterans Affairs Code M-1, part 1, chapter 3, and United States Department of Veterans Affairs Guide for Inspection of State Veterans Homes Nursing Home Care Standards and Guide for Inspection of State Veterans Homes Domiciliary Care Standards

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

Statutory Authority: *MS s 198 003*

History: *18 SR 2254*

9050.1070 RESIDENT RIGHTS AND RESPONSIBILITIES.

[For text of subs 1 to 5, see M R]

Subp 6 **Resident councils.** Residents may organize, maintain, and participate in a resident advisory council with elected officers to express feelings and thoughts about the facility, facility policies, and resident care issues according to Minnesota Statutes, sections 144 651, subdivision 27, and 144A 33, United States Department of Veterans Affairs Code M-1, part 1, chapter 3, and United States Department of Veterans Affairs Guide for Inspection of State Veterans Homes Nursing Home Care Standards and Guide for Inspection of State Veterans Homes Domiciliary Care Standards United States Department of Veterans Affairs publications shall be available for review at each board-operated facility

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

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

Minutes of resident council meetings must be kept and made available to residents and other persons as the resident council determines Minutes of resident council meetings must

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also be made available to the Department of Health and the United States Department of Veterans Affairs to show that resident council meetings are being held at each facility

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

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

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

Subp 9 **Resident grievances and complaints.** A resident may voice grievances and complaints and recommend changes in rules, policies, and services of the board-operated facility without retaliation according to Minnesota Statutes, sections 198 32, 144 651, subdivision 20, and 144A 13, United States Department of Veterans Affairs Code M-1, part 1, chapter 3, and United States Department of Veterans Affairs Guide for Inspection of State Veterans Homes Nursing Home Care Standards and Guide for Inspection of State Veterans Homes Domiciliary Care Standards. United States Department of Veterans Affairs publications shall be available for review at each board-operated facility

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

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

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

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

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

Subp 15. **Privacy of resident records.** A resident has a right to confidential treatment of personal and medical records and may approve or refuse release of the records to any individual outside the board-operated facility.

Medical records must be made available to persons at the board-operated facility who are responsible for the direct care of the resident. All information contained in the resident's records must be handled in a manner consistent with chapters 1205 and 4655, the Government Data Practices Act under Minnesota Statutes, chapter 13, and sections 144 335 and 144.651, subdivision 16.

Written consent of the resident or the resident's guardian or conservator is required for the release of information concerning the resident to persons not otherwise authorized to receive it. Written consent of the resident must be handled in a manner consistent with Minnesota Statutes, section 13 04, subdivision 2.

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

Written consent for release of information need not be given when

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

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

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

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

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

Earnings derived from participating in a resident work therapy program while the resident is living at the home may not be considered a means of support according to part 9050 0700, subpart 3, item A, and Minnesota Statutes, section 198 03.

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

Statutory Authority: *MS s 198 003*

History: *18 SR 2254*