

CHAPTER 9050
MINNESOTA VETERANS HOMES BOARD OF
DIRECTORS
VETERANS HOMES

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9050.0040 DEFINITIONS.

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

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

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

Subp. 25. [Repealed, 20 SR 2095]

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

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

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

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 permanent 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:

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

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

Subp 40a. [Repealed, 20 SR 2095]

[For text of subps 41 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. The board shall determine annually which services will be paid for by the board-operated facilities, based on appropriations.

[For text of subps 70 to 82, see M.R.]

Subp. 83. **Nursing care.** "Nursing care" has the meaning given it in Minnesota Statutes, section 144A.01, subdivision 6.

[For text of subps 84 to 87, see M.R.]

Subp. 88. [Repealed, 20 SR 2095]

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

Subp. 99 [Repealed, 20 SR 2095]

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

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

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

Statutory Authority: *MS s 144A.04; 144A.08; 198.003*

History: *20 SR 2095; 21 SR 196*

9050.0050 PERSONS ELIGIBLE FOR ADMISSION.

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

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

A. the person currently resides in Minnesota and intends to reside in the state permanently, and

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

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 that applicant 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: *20 SR 2095*

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.

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

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

A. a signed application form;

B. verification of eligibility in part 9050.0050;

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

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

E. 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; and

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

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

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.

Subp. 2. Timing of review by admissions committee. The admissions committee shall review an application for admission according to items A and B, and 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.

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 five 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 five 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 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 form is received.

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 three 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 three 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. A person who is placed on the waiting list and who twice refuses an opportunity for admission must be removed from the active waiting list and placed on the inactive waiting 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.

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

Statutory Authority: *MS s 198.003*

History: *20 SR 2095*

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. The admissions committee may consult with 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 dietitian, a chaplain, or a staff psychologist or psychiatrist. The applicant's attending physician must be consulted or given the opportunity to present information to 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 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.

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

Subp. 4. [Repealed, 20 SR 2095]

Statutory Authority: *MS s 198.003*

History: *20 SR 2095*

9050.0070 TYPES OF ADMISSIONS.

[For text of subps 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.

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

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

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

J. An attending 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 to determine the facility's ability to meet the safety needs of the person and other persons at the facility.

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

L. A person who has an active substance use disorder must be evaluated by an attending psychologist or psychiatrist. The evaluation must include an assessment of the person's chemical health needs, the current severity of the person's disorder, and whether the board-operated facility can meet the care needs of the person. If the medical records obtained by the admissions committee do not adequately document a person's substance disorder status, the person's 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.

[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 E, see M.R.]

F. An attending 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 to determine the facility's ability to meet the safety needs of the person and other persons at the facility.

G. A person who has an active substance use disorder must be evaluated by an attending psychologist or psychiatrist. The evaluation must include an assessment of the person's chemical health needs, the current severity of the person's disorder, and whether the board-operated facility can meet the care needs of the person. If the medical records obtained by the admissions committee do not adequately document the person's substance disorder status, the person's 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.

Statutory Authority: *MS s 198.003*

History: *20 SR 2095*

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

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

F. 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

G. the resident or resident's legal representative:

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

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

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

Statutory Authority: *MS s 198.003*

History: *20 SR 2095*

9050.0220 INVOLUNTARY DISCHARGE PROCEDURES.

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

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

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.**

[For text of item A; see M.R.]

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

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

Subp. 5. **Administrator's decision and preliminary order.** The administrator, ten days after issuance of the initial notice of involuntary discharge if no reconsideration is requested or 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.** A resident or the resident's legal representative may appeal a preliminary discharge or transfer order. A resident or the resident's legal representative has 30 days after issuance of the preliminary discharge or transfer order 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 of the rules that govern the appeal in the notice provided under part 9050.0100, subpart 2, or 9050.0200, subpart 4. The final discharge order shall be issued by the executive director of the Veterans Homes Board, after review of the entire record including the recommendations of the administrative law judge. A final discharge order issued by the executive director of the Veterans Homes Board following the Office of Administrative Hearings' review remains in effect pending judicial review under Minnesota Statutes, section 14.63; et. seq. 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: *20 SR 2095*

9050.0230 ENFORCEMENT OF FINAL DISCHARGE ORDER.

A final discharge order is the order issued by the executive director of the Veterans Homes Board following review of the preliminary discharge order under Minnesota Statutes, chapter 14, or the order issued by the administrator of a board-operated facility if no review was requested. A final discharge order is the final agency decision. When a resident refuses to comply with the terms of a final discharge order issued following review under Minnesota Statutes, chapter 14, and the final agency decision, 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: *20 SR 2095*

9050.0400 UTILIZATION REVIEW COMMITTEE.

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

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 dietitian. 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, this chapter, and Department of Health nursing and boarding care criteria specified in parts 4655.0400, 4655.0500, 4655.0700, 4658.0030, and 4658.0140;

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

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

Statutory Authority: *MS s 198.003*

History: *20 SR 2095*

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. 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.]

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

Statutory Authority: *MS s 198.003*

History: *20 SR 2095*

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 reconsideration procedures under part 9050.0220, subparts 3 and 4. 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: *20 SR 2095*

9050.0600 PROPERTY LIMITATIONS.

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

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 \$5,000 or the entire amount of an investment made prior to admission, whichever is greater;

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

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

Statutory Authority: *MS s 198.003*

History: 20 SR 2095

9050.0750 DEDUCTION FOR VOLUNTARY SUPPORT OF DEPENDENT SPOUSE OR HOUSEHOLD.

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

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

A. expenses related to the homestead as follows:

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

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

(3) real estate taxes;

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

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

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

(7) electric and gas charges;

(8) water and sewer charges;

(9) solid waste removal charges; and

(10) telephone costs;

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

C. food;

D. clothing;

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

F. medical expense payments;

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

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

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

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

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

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

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

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

E. life insurance policies;

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

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

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

Subp. 2b. **Application of dependent spouse's or household's available resources.** If an applicant or resident, or the spouse of an applicant or resident, requests a deduction from the applicant's or resident's gross monthly income for support of a dependent spouse or household, the facility financial staff shall verify the available resources of the dependent spouse or household. All resources listed in subpart 2a must be excluded for the purposes of determining availability of resources. If the facility financial staff has verified that the dependent spouse or household has no resources available other than excluded resources, a deduction from the applicant's or resident's gross monthly income must be calculated according to subpart 3.

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

Statutory Authority: *MS s 198.003*

History: *20 SR 2095*

NOTE: Subpart 2b is effective July 1, 1996

9050:0755 CALCULATION OF CHARGEABLE INCOME OF APPLICANT OR RESIDENT.

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

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

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

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

Statutory Authority: *MS s 198.003*

History: *20 SR 2095*

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.

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

Statutory Authority: *MS s 198.003*

History: *20 SR 2095*

9050.0800 FINANCIAL INFORMATION AND INTERVIEW.

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

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

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

Statutory Authority: *MS s 198.003*

History: *20 SR 2095*

9050.0820 VERIFICATION OF FINANCIAL INFORMATION.

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

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

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

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

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

Subp. 3. **Time of verification.** The facility financial staff must request verification of the required information no earlier than 60 days before admission and no later than 30 days from 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: 20 SR 2095

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 chapters 4655 and 4658; Minnesota Statutes, chapters 144 and 144A; United States Department of Veterans Affairs Code M-1, part 1, chapter 3; United States Department of Veterans Affairs Guide for Inspection of State Veterans Homes Nursing Home Care Standards; and United States Department of Veterans Affairs 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.

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

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.

Subp. 1a. **Provided services.**

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

- (1) a medical director;
- (2) an attending physician;
- (3) primary care nursing services;
- (4) dietary services, including an adequately equipped kitchen at each board-operated facility, and qualified facility staff to supply the necessary food requirements of the residents;
- (5) specialized rehabilitation services, such as physical therapy, occupational therapy, and speech therapy, to improve and maintain maximum functioning;
- (6) housekeeping services to ensure a clean, sanitary, and safe physical environment for residents and to keep the facility free from offensive odors, dust, rubbish, and safety hazards;
- (7) maintenance services to ensure that the physical plant is kept in a state of good repair and operation with regard to the health, comfort, safety, and well-being of residents and others;
- (8) transportation to and from approved medical providers provided or arranged for by each board-operated facility, if the providers are located within the area regularly serviced by the transportation staff of the facility;
- (9) recreational therapy services;

(10) on-site social work services, and

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

B. For purposes of item A, subitem (2), 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 facility.

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.

C For purposes of item A, subitem (4), a qualified dietitian, 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 or 4658.0605, subpart 2. A dietitian 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. The dietary staff shall prepare therapeutic diets as ordered by the resident's attending physician, according to federal and state standards.

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

A. mental health services, either on-site or through other means such as contract services, sharing agreements, or other arrangements, with mental health services offered 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;

B. dental care services, including, but not limited to, cleaning of teeth by a 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. Each facility must have a written agreement with a licensed dentist or dentists to provide emergency dental care when necessary;

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

D. optometric care services;

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

F. pharmaceutical services;

G. transportation to and from medical providers; and

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

Subp. 2. [Repealed, 20 SR 2095]

Subp. 3. [Repealed, 20 SR 2095]

Subp. 4. [Repealed, 20 SR 2095]

Subp. 5. [Repealed, 20 SR 2095]

Subp. 6. [Repealed, 20 SR 2095]

Subp. 7. [Repealed, 20 SR 2095]

Subp. 8. [Repealed, 20 SR 2095]

Subp. 9. [Repealed, 20 SR 2095]

Subp. 10. [Repealed, 20 SR 2095]

Subp. 11. [Repealed, 20 SR 2095]

Subp. 12. [Repealed, 20 SR 2095]

Subp. 13. [Repealed, 20 SR 2095]

Subp 14. [Repealed, 20 SR 2095]

Subp 15. [Repealed, 20 SR 2095]

Subp. 16. [Repealed, 20 SR 2095]

Subp. 17. [Repealed, 20 SR 2095]

Subp. 18. [Repealed, 20 SR 2095]

Subp. 19. [Repealed, 20 SR 2095]

Statutory Authority: *MS s 198.003*

History: *20 SR 2095*

9050.1070 RESIDENT RIGHTS AND RESPONSIBILITIES.

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

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

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

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

C. Residents may keep money in a personal fund account at the board-operated facility, as defined in part 9050.0040, subpart 90, and according to Minnesota Statutes, section 198.265, or in fund accounts off facility premises.

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

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

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

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

Subp. 23. **Laundry service.** Boarding care residents must have access to laundry facilities in the domiciliary units for the laundering of personal clothing. The administration of each facility may determine and post hours for use of the laundry facilities.

Each resident must be provided clean linens weekly, or as needed, according to parts 4655.8300, 4658.1405, and 4658.1410. Boarding care residents may choose to launder their own linens.

Laundry services consisting of laundering of linens and personal clothing must be provided to nursing care residents.

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

Statutory Authority: *MS s 144A.04; 144A.08; 198.003*

History: *20 SR 2095; 21 SR 196*