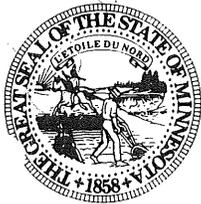


11/22/93



**STATE OF MINNESOTA
VETERANS HOMES BOARD**

VETERANS SERVICE BUILDING
20 WEST 12TH STREET, ROOM 122
ST. PAUL, MINNESOTA 55155
(612) 296-2073

James H. Main
Chairman
Chaska

November 2, 1993

Dr. Robert W. Reif
Vice Chairman
White Bear Lake

Robert E. Hansen
Secretary
West Saint Paul

Maryanne Hruby
Legislative Commission to Review Administrative Rules
Room 55, State Office Building
100 Constitution Avenue
St. Paul, MN 55155

Dr. Harvey C. Aaron
St. Paul

Re: Proposed Rules of the Minnesota Veterans Homes Board

Susan K. Kiley
St. Paul

Dear Ms. Hruby:

Elaine R. Mathiason
Edina

Enclosed please find a copy of the proposed rules and statement of need and reasonableness for the above-captioned matter. The rules and statement of need and reasonableness are being filed with the LCRAR pursuant to Minnesota Statutes, section 14.131. If you have any questions regarding these documents please contact me at 297-5254.

Dennis E. McNeil
Luverne

Stephen J. O'Connor
Spring Valley

Sincerely,

Michas M. Ohnstad
North Branch

A handwritten signature in cursive script that reads "Annette Spencer".

Annette Spencer
Rule Writer

STATE OF MINNESOTA
COUNTY OF RAMSEY

BEFORE THE MINNESOTA
VETERANS HOMES BOARD

IN THE MATTER OF THE
PROPOSED AMENDMENT OF RULES
OF THE VETERANS HOMES BOARD
GOVERNING THE OPERATION OF
THE MINNESOTA VETERANS HOMES

STATEMENT OF NEED
AND REASONABLENESS

INTRODUCTION

This statement of need and reasonableness is prepared according to the requirements set forth in Minnesota Statutes, sections 14.131 and 14.23. It contains a summary of the evidence and arguments in support of the need for and reasonableness of the proposed amendments to the Minnesota Veterans Homes Board rules.

BACKGROUND

In 1988 the legislature created the Minnesota Veterans Homes Board of Directors (Board) and delegated to the Board the authority to determine policy and adopt, amend, and repeal rules for the governance of the Minnesota Veterans Homes (Homes). 1988 Minnesota Laws, Chapter 699, sections 6 and 7. Since receiving responsibility for the Homes, the Board has promulgated several sets of rules related to the governance of the Homes. The currently proposed rule amendments seek to clarify the Veterans Homes Board rules with the goal of improving the administrative efficiency of the Homes and, subsequently, service to the residents of the Homes.

The proposed rule amendments were prepared with input from staff, residents and family members of residents of the Homes.

Additional comments were obtained from a public advisory group consisting of representatives from various resident advocacy organizations. The resulting proposed rule amendments incorporate the suggestions of these individuals whenever possible.

STATUTORY AUTHORITY

The Board has the authority to adopt, amend and repeal rules for the governance of the Homes. Minnesota Statutes, section 198.003, subdivision 1. The proposed rule amendments are being promulgated on the basis of this authority.

GENERAL STATEMENT OF NEED AND REASONABLENESS

In implementing the Minnesota Veterans Homes rules, facility staff and members of the public noted areas where the Homes could improve their efficiency and effectiveness in delivering services to residents and their families. It was determined that rule amendments were needed to address admission procedures, discharge procedures and the assessment of contracts for deed in determining maintenance charges. The proposed rule amendments are needed to improve the administrative efficiency of the Homes and, subsequently, the care provided to residents of the Homes. The proposed rule amendments appropriately address the issues raised regarding implementation of the Minnesota Veterans Homes rules.

ADDITIONAL REQUIREMENTS

The proposed rule amendments will not require the expenditure

of public money by a local public body following adoption, therefore a fiscal note does not need to be included with the notice of intent to adopt the rules. Minnesota Statutes, section 14.11, subdivision 1.

The proposed amendments will not have a direct impact on agricultural land in the state, therefore the Board is exempt from compliance with Minnesota Statutes, sections 17.80 to 17.84. Minnesota Statutes, section 14.11, subdivision 2.

Small businesses are not affected by the proposed rules, therefore the Board does not need to consider the methods outlined in Minnesota Statutes, section 14.115 for reducing the impact of the rules on small businesses. Small businesses have not participated in the rulemaking process.

SPECIFIC STATEMENT OF NEED AND REASONABLENESS

~~DEPARTMENT OF VETERANS AFFAIRS~~
MINNESOTA VETERANS HOMES BOARD OF DIRECTORS
VETERANS HOMES
~~ADMISSIONS, DISCHARGES, COST OF CARE CALCULATIONS,~~
~~AND MAINTENANCE CHARGES~~

It is necessary to amend the title for this rule part because authority for the Minnesota Veterans Homes has been reassigned by the legislature from the Department of Veterans Affairs to the Minnesota Veterans Homes Board and the content of the rules has been expanded beyond those topics originally listed in the title. It is reasonable to identify the Minnesota Veterans Homes Board in the title of this rule part because it has statutory authority for the Homes.

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:

...

H. THE BUILDING CODE IN CHAPTERS 1300 TO 1365 AND MINNESOTA STATUTES, SECTION 16B.59 TO 16B.73;

This amendment is necessary to clarify the reference to those statutes which apply to the Homes. It is reasonable to correctly reference the Minnesota Building Code by including the complete set of statutes which comprise the Building Code. This is a technical amendment and does not change the substance of the rules.

...

M. THE UNITED STATES DEPARTMENT OF VETERANS ADMINISTRATION AFFAIRS CODE M-1, PART 1, CHAPTER 3; AND

This amendment is necessary to correct the reference to the federal department with which the Board and Homes have substantial contact. It is reasonable to reference the department by its current title in the rules in order to provide clarity for those using the rules. This is a technical amendment and does not change the substance of the rules.

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.

Reference to additional United States Department of Veterans Affairs publications is necessary because United States Department of Affairs publication M-1, Part I, Chapter 3, relating to state veterans homes, removed those portions of the publication

containing specific standards for nursing home care and for domiciliary care. These standards included topics such as facility governance and operation, safety, facility environment, infection control, medical care of residents, nursing services, rehabilitation services, social services, resident activities, dietary services, medical records, pharmaceutical services, utilization review, quality assurance, and quality of life. These standards for nursing home care and domiciliary care are contained in the United States Department of Veterans Affairs guides for inspection of state veterans homes. It is reasonable to include reference to these guides because they contain the standards of care upon which some of the Minnesota Veterans Homes rules are based. This is a technical amendment and does not change the substance of the rules.

9050.0040 DEFINITIONS.

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SUBP. 15. **BOARD.** "BOARD" MEANS THE BOARD OF DIRECTORS OF THE MINNESOTA VETERANS HOMES OR ITS DESIGNEE CREATED BY MINNESOTA STATUTES, SECTION ~~198.022~~ 198.002, AND DEFINED IN MINNESOTA STATUTES, SECTION 198.001, SUBDIVISION 6.

This amendment is necessary to correct a typographical error in the reference to the statute creating the Minnesota Veterans Homes Board. It is necessary to delete reference to Minnesota Statutes, section 198.022 because this statute refers to the eligibility requirements for admission to the Homes. It is reasonable to reference Minnesota Statutes, section 198.002 because this is the statute containing the language creating the Board.

This is a technical amendment and does not change the substance of the rules.

...

SUBP. 24. CHEMICAL DEPENDENCY COUNSELOR. "CHEMICAL DEPENDENCY COUNSELOR" MEANS A STAFF PERSON WHO MEETS THE QUALIFICATIONS IN PART 9530.4270, SUBPART 4 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.

It is necessary to amend the definition of chemical dependency counselor because Minnesota Statutes, chapter 148C provides for the licensure of this occupation. It is reasonable to refer to the standards of qualification and practice recognized by the state. This is a technical amendment and does not change the substance of the rules.

...

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 AND ~~9530.6620 TO 9530.6650~~ 9530.5000 TO 9530.6500.

These amendments are necessary to clarify subpart 40a. It is necessary to delete reference to parts 9530.6620 to 9530.6650 because they establish criteria for counties to use in determining the appropriate level of chemical dependency care for public assistance recipients. It is reasonable to delete this rule reference because these rules do not apply to the Homes.

It is necessary to include a reference to parts 9530.5000 to 9530.6500 because it refers to the licensure standards for outpatient chemical dependency treatment programs. It is

reasonable to include outpatient chemical dependency treatment programs because either inpatient or outpatient programs meeting licensure standards can prepare the resident for eventual admission to the Homes.

...

SUBP. 64. **LICENSED CONSULTING PSYCHOLOGIST.** "LICENSED CONSULTING PSYCHOLOGIST" MEANS A PERSON LICENSED UNDER MINNESOTA STATUTES, SECTION 148.91, SUBDIVISION 4 5.

This amendment is necessary because the licensure requirements and titles for psychologists were modified by 1991 Minnesota Laws, chapter 255, section 8. It is reasonable to correctly identify the title and licensure requirements for psychologists to clarify this term's use in the rules.

SUBP. 65. **LICENSED PRACTICAL NURSE.** "LICENSED PRACTICAL NURSE" MEANS A PERSON LICENSED UNDER MINNESOTA STATUTES, SECTIONS ~~148.91 TO 148.299~~ 148.171 TO 148.285.

It is necessary to amend this rule provision because Minnesota Statutes, sections 148.91 to 148.299 do not address licensure for nurses. It is reasonable to refer to Minnesota Statutes, sections 148.171 to 148.185 because these statutes contain the licensure requirements for nurses.

SUBP. 66. ~~LICENSED PSYCHOLOGIST~~ **PSYCHOLOGICAL PRACTITIONER.** ~~"LICENSED PSYCHOLOGIST"~~ "PSYCHOLOGICAL PRACTITIONER" MEANS A PERSON LICENSED UNDER MINNESOTA STATUTES, SECTION 148.91, SUBDIVISION 5 6.

This amendment is necessary because the licensure requirements and titles for psychologists were modified by 1991 Minnesota Laws, chapter 255, section 8. It is reasonable to correctly identify the title and licensure requirements for psychologists to clarify this term's use in the rules.

...

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 OF THAT SERVICE FOR A RESIDENT.

This definition is necessary to distinguish for residents and applicants those services for which the resident or applicant will be financially responsible from those services which are included in any maintenance charge they may pay. It is reasonable to make this distinction between services because, although the Board does have an obligation to assure that residents of the Homes obtain appropriate medical and personal care, it is not obligated to financially bear the cost of providing all of the services that residents may require.

...

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~~ 9050.0750.

This amendment is necessary to correct the internal citation to more accurately reflect the provisions which are used to calculate net income. It is reasonable to exclude part 9050.0755 because chargeable income is not used in determining the net income of the resident. This is a technical amendment and does not change the substance of the rules.

....

SUBP. 85. **NURSING STAFF.** "NURSING STAFF" HAS THE MEANING GIVEN ~~IT~~ TO NURSING PERSONNEL IN PART 4655.0100, SUBPART 9.

It is necessary to amend this rule because the term "nursing staff" is not defined in part 4655.0100. It is reasonable to

substitute the term "nursing personnel" in this rule because the definition of this term contained in part 4655.0100 accurately describes the nursing occupations employed at the Homes.

...

SUBP. 90. **PERSONAL FUND ACCOUNT.** "PERSONAL FUND ACCOUNT" MEANS THE ACCOUNT MAINTAINED AT A FACILITY BY A RESIDENT THAT IS SOLELY FOR THE USE OF THAT RESIDENT AND MANAGED ACCORDING TO PARTS ~~4655.4150~~ 4655.4100 TO 4655.4170.

It is necessary to amend this rule provision because the reference to the resident fund account rules does not include all applicable rule parts. It is reasonable to amend this rule to include parts 4655.4100 to 4655.4140 because these provisions also address residents' funds.

...

SUBP. 94A. **PROVIDE.** "PROVIDE" MEANS THAT THE FACILITY PAYS FOR A PARTICULAR SERVICE FOR THE RESIDENT.

This definition is necessary to distinguish for residents and applicants those services which are included in the any maintenance charge they may pay from those services for which they will be financially responsible. It is reasonable that the Board identify these services so that residents and applicants are better able to plan for expenses.

...

SUBP. 106. **SOCIAL WORKER.** "SOCIAL WORKER" MEANS A PERSON WHO IS LICENSED UNDER MINNESOTA STATUTES, SECTIONS 148B.18 TO 148B.28 ~~148B.21~~, 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. ~~OR A COUNTY CIVIL SERVICE SYSTEM IN MINNESOTA.~~

This amendment is necessary to clarify the definition of social worker. It is reasonable to refer to the standards and

qualifications recognized by the state. It is a technical amendment and does not change the substance of the rules.

...

SUBP. 109. **STAFF PSYCHOLOGIST.** "STAFF PSYCHOLOGIST" MEANS A PERSON LICENSED UNDER MINNESOTA STATUTES, ~~SECTION 148.91, SUBDIVISION 4 OR 5 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.

It is necessary to expand the definition of staff psychologist to include those psychologists who are licensed but who obtained their license under a waiver provision to avoid preventing those psychologists who obtained licensure by waiver from being employed by a board-operated facility. It is reasonable to refer to standards and qualifications recognized by the state.

9050.0050 PERSONS ELIGIBLE FOR ADMISSION.

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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 BILLS TO THE STATE MUST ~~MAKE FULL PAYMENT OF~~ SATISFY THE PAST UNPAID BILLS DEBT 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.

The proposed amendment simplifies the language dealing with the collection of past debts. It is necessary to inform individuals owing past maintenance charges to a board-operated facility what they must do to qualify for readmission to the Homes. It is reasonable to allow individuals to satisfy their past debts

to gain readmission to the Homes.

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 THE NATIONAL PERSONNEL RECORDS CENTER.

This amendment is necessary because copies of original papers may not be available due to the destruction of originals in a federal warehouse. It is reasonable to include verification from the United States Department of Veterans Affairs or from the National Personnel Records Center because the admissions committee is able to obtain the information they need to verify the applicant's eligibility for admission from these sources.

~~C. A SIGNED COPY OF THE BOARD-OPERATED FACILITY'S ADMISSION POLICY STATEMENT; AND~~

This amendment is necessary to simplify the admission process for applicants. The elimination of the requirement for a signed copy of the admission policy is reasonable because the resident signs an admission agreement upon admission detailing the terms of admission.

~~D-C.~~ THE FOLLOWING MEDICAL RECORDS:

- (1) A DISCHARGE SUMMARY FROM ALL HOSPITALS AT WHICH THE PERSON RECEIVED TREATMENT WITHIN THE ~~FIVE~~ TWO YEARS BEFORE APPLICATION;

The reduction of the required medical records from five years

of discharge summaries to two years of discharge summaries is necessary to simplify the admission process and reduce the amount of time needed to process an application. It is reasonable to require two years of discharge summaries because it allows the admissions committee to obtain sufficient information to determine whether an applicant is eligible for admission.

(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.~~

This amendment is necessary to reduce delay in the admission process. It is reasonable to delete the requirement of a preadmission history and physical for completion of application because the admissions committee has alternative means for assessing the physical condition of applicant.

...

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~~ 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.

This amendment is necessary because the admission application is not the most effective means to record an individual's preference for a particular waiting list. It is reasonable that an applicant indicate a preference for active or inactive waiting list on a separate form because it allows facility staff to maintain a record that is functional and efficient.

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 ~~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 WHO IS DISCHARGED FOR FAILURE TO MEET BED HOLD CRITERIA IN PART 9050.0150, SUBPARTS 2 OR 3 HAS PRIORITY FOR CONSIDERATION FOR ADMISSION TO A BOARD-OPERATED FACILITY 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.

This rule amendment is necessary to clarify the circumstance under which a current resident has priority over new applicants for admission into another board-operated facility. In order to provide continuity of care for a resident whose needs change during

the course of his or her stay in a Minnesota Veterans Home it is reasonable to give that resident priority over new applicants for admission into another board-operated facility which provides the level of care needed by the resident.

It is necessary to allow priority for readmission to those residents who have left the home to obtain medically necessary treatment because these residents may not be able to return to the facility upon completion of their treatment if required to start at the bottom of the waiting list. Priority on the waiting list is reasonable to assure the continuity of care for these persons.

9050.0060 ADMISSIONS COMMITTEE; CREATION, COMPOSITION, AND DUTIES.

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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, AND 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, OCCUPATIONAL THERAPIST, SPEECH THERAPIST, DIETICIAN, AND CLERGY MEMBER CHAPLAIN, OR STAFF PSYCHOLOGIST OR PSYCHIATRIST. THE APPLICANT'S ATTENDING PHYSICIAN MUST BE INCLUDED ON THE ADMISSIONS COMMITTEE IF THE PHYSICIAN CHOOSES TO PARTICIPATE.

Based upon the fact that the administrator or administrator's designee, registered nurse and the social worker can adequately determine the needs of most applicants, it is necessary to amend this rule to reflect the members of the admissions committee that are essential (i.e. administrator or administrator's designee, registered nurse, social worker) for review of an admission

application. This makes better use of staff resources. This amendment is reasonable because it identifies staff most able to determine whether an individual is appropriate for admission. The addition of other professionals as necessary (i.e. chemical dependency counselor, mental health professional or mental health practitioner, physical therapist, occupational therapist, speech therapist, dietician, chaplain, staff psychologist or psychiatrist) assures that applicants with particular problems will be adequately assessed to determine whether their needs can be met by the facility.

SUBP. 3. **DUTIES.** THE ADMISSIONS COMMITTEE HAS THE DUTIES SPECIFIED IN ITEMS A AND B.

...

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, 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.

It is necessary to include the medical diagnosis in the admission committee record because an applicant must document his or her medical need for the services of a board-operated facility in order to be eligible for admission. A medical diagnosis is a reasonable means for establishing a medical need for services.

9050.0070 TYPES OF ADMISSIONS.

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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.

Continued stay review as required by these rules is performed by the utilization review committee, therefore it is necessary to include the utilization review committee in rule. It is reasonable to include the utilization committee in this rule because the criteria set forth apply to both admission to and continued stay in a board-operated facility.

A. THE PERSON MUST HAVE OR BE ASSIGNED A CASE MIX CLASSIFICATION OF A, OR 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.

It is necessary for the fulfillment of the Board's mission of serving the needs of veterans to amend the rules to allow admission, or continued stay of individuals with case mix classifications of D and E in boarding care facilities. Individuals with a case mix classification of D are dependent in four to six activities of daily living, but do not have a behavioral condition or special nursing needs (i.e. oxygen and respiratory therapy, ostomy/catheter care, wound or decubitus care, skin care, intravenous therapy, drainage tubes, blood transfusions, hyperalimentation, symptom control for the terminally ill or isolation precautions). Minnesota Rules, part 9549.0058. Individuals with a case mix classification of E have similar activities of daily living

capabilities and no defined special nursing needs but do have a defined behavioral condition. Minnesota Rules, part 9549.0058. This amendment is reasonable because the boarding care facility is capable of providing care to individuals with D and E case mix classifications who otherwise meet the criteria for admission and continued stay.

...

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.

This rule amendment is necessary because not all the board-operated facilities have an assistant director of nursing to perform the identified task. The amendment is reasonable because a director of nursing has the requisite judgement to monitor and determine whether a resident can be cared for in the facility or whether a transfer or discharge to another facility should be recommended.

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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 ~~9530.6620 TO 9530.6650~~ 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 DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM-MD) PRIOR TO ADMISSION AND DEMONSTRATES NO SYMPTOMS OF ABUSE OR DEPENDENCY DURING RESIDENCE. 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.

It is necessary for individuals to complete a chemical dependency treatment program or provide information indicating that they are drug free because the board-operated facilities are not treatment centers for active chemical dependency. If chemical dependency treatment is warranted, then it is reasonable to expand the reference to outpatient treatment programs as well as inpatient treatment programs.

Reference to the DSM-MD is necessary so that there is a common basis for identifying the specific symptoms of chemical dependency. It is reasonable to refer to the DSM-MD because it is a recognized and readily available resource in the area of chemical dependency assessment.

Because denial of chemical use is a symptom of dependency, the applicant may not be a reliable source of information, necessitating verification of chemically free status through a collateral contact. It is reasonable to allow oral or written collateral contact, within the data privacy guidelines, because such contact allows facility staff to obtain the information they need to determine whether an applicant can be cared for in the facility and does not impose an undue burden on the applicant.

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.

Continued stay review as required by these rules is performed by the utilization review committee, therefore it is necessary to identify the utilization review committee in rule. It is reasonable to include the utilization committee in this rule because the criteria set forth apply to both admission to and continued stay in a board-operated facility.

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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 ~~9530.6620 TO 9530.6650~~ 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 DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM-MD) BEFORE ADMISSION AND DEMONSTRATES NO SYMPTOMS OF ABUSE OR DEPENDENCY DURING RESIDENCE. 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, 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.

It is necessary for individuals to complete a chemical dependency treatment program or provide information indicating that

they are drug free because the board-operated facilities are not treatment centers for active chemical dependency. If chemical dependency treatment is warranted, then it is reasonable to expand the reference to outpatient treatment programs as well as inpatient treatment programs.

Reference to the DSM-MD is necessary so that there is a common basis for identifying the specific symptoms of chemical dependency. It is reasonable to refer to the DSM-MD because it is a recognized and readily available resource in the area of chemical dependency assessment.

Because denial of chemical use is a symptom of dependency, the applicant may not be a reliable source of information, necessitating verification of chemically free status through a collateral contact. It is reasonable to allow oral or written collateral contact, within the data privacy guidelines, because such contact allows facility staff to obtain the information they need to determine whether an applicant can be cared for in the facility and does not impose an undue burden on the applicant.

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.

This rule amendment is necessary because the admissions committee, or a member of the committee, provides notice to the

applicant of its decision. It is reasonable that the rule correctly reflect the procedure used to notify applicants of the admissions committee's determination.

9050.0150 BED HOLD.

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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.

This amendment is necessary because the administrator may not always be available to speak with a resident. It is reasonable that staff who are readily available and informed of the resident's situation may act as a contact for purposes of arranging an absence from the board-operated facility.

9050.0200 DISCHARGE.

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SUBP. 3. **GROUND FOR DISCHARGE.** DISCHARGE PROCEDURES MUST BE INSTITUTED WITH REGARD TO A RESIDENT IF ONE OF THE FOLLOWING GROUNDS OR CIRCUMSTANCES EXIST:

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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

This amendment is necessary to clarify that unexcused absence from a facility is considered grounds for discharge. Although the facility may not limit an individual's ability to leave the

facility, it is reasonable that unexcused absences over 96 hours are grounds for discharge because the facility needs a mechanism for limiting its responsibility for an individual who chooses to leave the facility without notifying the staff. This represents a compromise between the individual's freedom of movement and the facility's duty to care for and monitor a resident.

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, AND 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.

It is necessary that an administrator's designee be able to notify a resident of an involuntary discharge in the administrator's absence in cases where a more immediate discharge is required to protect the health and safety of the resident or others in the facility. This rule is reasonable because it allows the facility to act in the administrator's absence while preserving sufficient notice to the resident.

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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.

This amendment is necessary because the administrator may not always be available to speak with a resident. It is reasonable that staff who are readily available and informed of the resident's situation may act upon the resident's request for reconsideration. This avoids the expiration of the deadline for requesting reconsideration in the absence of the administrator and preserves the resident's right to reconsideration.

9050.0210 VOLUNTARY DISCHARGE PROCEDURES.

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SUBP. 2. **RESPONSIBILITIES OF FACILITY STAFF.** THE BOARD ~~BOARD-~~OPERATED FACILITY STAFF SHALL ~~ENSURE THAT THE TASKS IN ITEMS A TO E ARE COMPLETED IN EFFECTING~~ 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).

(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~~ BOARD-OPERATED FACILITY STAFF SHALL ~~ENSURE THAT ADEQUATE ARRANGEMENTS EXIST~~ 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 ~~4655.3600~~ 4655.4000.

The amendment to facility staff action upon a resident's discharge is necessary because facility staff cannot assure a

resident's compliance with the arrangements following discharge. It is reasonable because discharge of an individual from a board-operated facility terminates the staff's responsibility for that individual.

An amendment to the reference to Minnesota Department of Health rules on resident records is necessary because the current reference is incomplete. It is reasonable to correctly reference those Department of Health rules which apply to the Homes.

9050.0220 INVOLUNTARY DISCHARGE PROCEDURES.

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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.

It is necessary and reasonable that the administrator be able to delegate the issuance of an involuntary discharge notice to other facility staff. This rule amendment allows the facility the flexibility to designate an appropriate staff member to serve notice on the resident while reserving the decision to discharge for the administrator.

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.

This amendment is necessary because the reconsideration

process may not be completed prior to the deadline for submitting a request for an administrative hearing. It is reasonable because the reconsideration may resolve the differences between the facility and resident eliminating the need for an administrative hearing on a particular discharge.

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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 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.

This amendment is necessary to avoid the expiration of the resident's time to request an administrative appeal pending a reconsideration hearing. It is reasonable because reconsideration may resolve the issues surrounding a particular discharge, eliminating the need for an administrative appeal.

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 HAD 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 ~~PATIENT'S~~ RESIDENT'S CONDITION.

For purposes of clarification, this rule amendment is necessary. It is reasonable to use the term "resident" because that is the term used throughout these rules to refer to an individual who has been admitted to a board-operated facility.

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

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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.

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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~~ 4655.4100 TO 4655.4170.

It is necessary to amend this rule provision because the reference to the resident fund account rules does not include all applicable rule parts. It is reasonable to amend this rule to include parts 4655.4100 to 4655.4140 because these provisions also address residents' funds.

9050.0510 MAINTENANCE CHARGE; ADDITIONAL SERVICES; VETERANS 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 IS 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~~ 9050.0560.

This amendment is necessary to correct an internal reference. It is reasonable to reference part 9050.0560 because this is the rule that identifies when the maintenance charge is determined and how it is calculated. This is a technical amendment and does not change the substance of the rules.

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:

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.

This amendment is necessary to clarify that willful conduct applies to both refusal and failure to pay. The legislative auditor has directed the Board to assess interest on overdue accounts. Because of the time delays in the federal government's issuance of benefits, the Board believes it to be inequitable to charge interest to residents who are waiting to receive Veterans or other federal benefits. It is reasonable, therefore, to only charge interest to residents who have the current ability to pay their maintenance charge and fail to do so.

SUBP. 2. DISCHARGE FOR NONPAYMENT. DISCHARGE PROCEEDINGS MUST BE INSTITUTED UNDER 9050.0200, SUBPART ~~2~~ 3, ITEM A, WHEN AN ACCOUNT

IS DELINQUENT. DISCHARGE PROCEEDINGS FOR NONPAYMENT MUST BE STOPPED WHEN FULL PAYMENT, INCLUDING ACCRUED INTEREST, IS MADE.

This rule amendment is necessary to correct a typographical error. It is reasonable to refer to subpart 3 because it contains the grounds for discharge for refusal or failure to make payment.

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, DIRECTED 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.

It is necessary to provide a time frame for requesting a review of the maintenance charge determination in order to promptly resolve any dispute. This rule amendment is reasonable because ten days is an adequate time for a resident or responsible party to assess the maintenance charge and decide whether an appeal is warranted.

9050.0600 PROPERTY LIMITATIONS.

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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.

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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 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.

This amendment is necessary because it is inequitable to treat property owners of contracts for deed differently from other property owners by requiring the sale of a contract for deed. It is reasonable because it allows the resident the option of selling or retaining his or her contract for deed just as for any other asset the applicant or resident may possess.

9050.0720 CALCULATION OF NET INCOME; DEDUCTION FOR EMPLOYMENT EXPENSES.

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- 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.

The adjective "employment" is deleted from the title because
several of the items listed in this provision are not truly
employment expenses but are otherwise deductible expenses. It is
reasonable to clarify the provision for applicants and residents so
that they know what expenses are deductible.

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; AND 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.

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.

Reference to additional United States Department of Veterans Affairs publications is necessary because United States Department of Affairs publication M-1, Part I, Chapter 3, relating to state veterans homes, removed those portions of the publication containing specific standards for nursing home care and for domiciliary care. These standards included topics such as facility governance and operation, safety, facility environment, infection control, medical care of residents, nursing services, rehabilitation services, social services, resident activities, dietary services, medical records, pharmaceutical services, utilization review, quality assurance, and quality of life. These standards for nursing home care and domiciliary care are contained in the United States Department of Veterans Affairs guides for inspection of state veterans homes. It is reasonable to include reference to these guides because they contain the standards of care upon which some of the Minnesota Veterans Homes rules are

based. This is a technical amendment and does not change the substance of the rules.

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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 NECESSARY FOOD REQUIREMENTS OF THE RESIDENTS. DIETARY SERVICES PROVIDED TO RESIDENTS MUST BE ACCORDING TO PARTS 4655.8500 TO 4655.8800 AND 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.

Please see the statement of need and reasonableness following part 9050.1030, subpart 1 for an explanation of the amendment to United States Veterans Affairs publications.

SUBP. 4. RECREATIONAL THERAPY. AT EACH BOARD-OPERATED FACILITY, A RECREATIONAL THERAPY PROGRAM MUST BE PROVIDED ACCORDING TO PART 4655.5200 AND 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.

Please see the statement of need and reasonableness following part 9050.1030, subpart 1 for an explanation of this amendment.

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.

Please see the statement of need and reasonableness following part 9050.1030, subpart 1 for an explanation of this amendment.

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SUBP. 7. MEDICAL DIRECTOR. EACH BOARD-OPERATED FACILITY MUST HAVE A MEDICAL DIRECTOR ACCORDING TO PART 9050.0040, SUBPART 73, AND 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.

Please see the statement of need and reasonableness following part 9050.1030, subpart 1 for an explanation of this amendment.

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 AND 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.

Please see the statement of need and reasonableness following part 9050.1030, subpart 1 for an explanation of this amendment.

SUBP. 9. CHAPLAIN SERVICES. SPIRITUAL CARE MUST BE PROVIDED BY A CHAPLAIN TO RESIDENTS OF EACH BOARD-OPERATED FACILITY ACCORDING TO PART 4655.5300 AND 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.

ADEQUATE SPACE MUST BE PROVIDED FOR CHAPLAIN SERVICES AND PRIVATE SPACE PROVIDED FOR A RESIDENT TO MEET WITH CLERGY OF THE RESIDENT'S CHOICE.

Please see the statement of need and reasonableness following part 9050.1030, subpart 1 for an explanation of this amendment.

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.

Please see the statement of need and reasonableness following part 9050.1030, subpart 1 for an explanation of this amendment.

SUBP. 11. **DENTAL CARE SERVICES.** DENTAL CARE MUST BE MADE AVAILABLE FOR RESIDENTS OF EACH BOARD-OPERATED FACILITY ACCORDING TO PART 4655.4800 AND 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.

Please see the statement of need and reasonableness following part 9050.1030, subpart 1 for an explanation of this amendment.

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.

Please see the statement of need and reasonableness following part 9050.1030, subpart 1 for an explanation of this amendment.

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.

Please see the statement of need and reasonableness following part 9050.1030, subpart 1 for an explanation of this amendment.

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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.

Please see the statement of need and reasonableness following part 9050.1030, subpart 1 for an explanation of this amendment.

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 AND 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.

A LICENSED PHARMACIST IS DEFINED IN PART 9050.0040, SUBPART 92.

DOCUMENTATION OF PHARMACEUTICAL SERVICES PROVIDED MUST BE MAINTAINED IN THE RESIDENT'S CHART.

Please see the statement of need and reasonableness following part 9050.1030, subpart 1 for an explanation of this amendment.

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 ~~MINNESOTA STATUTES, SECTION 148.65,~~ AND 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.

Please see the statement of need and reasonableness following part 9050.1030, subpart 1 for an explanation of the amendment to United States Veterans Affairs publications.

It is necessary to delete the reference to Minnesota Statutes, section 148.65 because this statute defines only physical therapy and excludes additional rehabilitation services. It is reasonable to delete this reference because occupational therapy, speech therapy and other rehabilitation services use their own specialized modalities to improve and maintain a resident's maximum functioning.

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 AND 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.

Please see the statement of need and reasonableness following part 9050.1030, subpart 1 for an explanation of this amendment.

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.

~~—AN APPROVED MEDICAL PROVIDER IS A MEDICAL FACILITY WITH A WRITTEN TRANSFER AGREEMENT FOR ACUTE CARE SERVICES OR MINNESOTA VETERANS HOMES CONTRACT SERVICES.—~~

Please see the statement of need and reasonableness following

part 9050.1030, subpart 1 for an explanation of the amendment to the United States Department of Veterans Affairs publication.

Amendment of the language describing transportation services is necessary to clarify the availability of transportation services for residents. It is reasonable to amend this section because there are situations in which the board-operated facilities may satisfactorily meet the resident's needs by arranging for transportation rather than providing transportation.

9050.1070 RESIDENT RIGHTS AND RESPONSIBILITIES.

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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, SECTION 144.651, SUBDIVISION 27, AND 144A.33, AND UNITED STATES DEPARTMENT OF VETERANS AFFAIRS CODE M-1, PART I, 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.

Please see the statement of need and reasonableness following part 9050.1030, subpart 1 for an explanation of this amendment.

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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, AND 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.

Please see the statement of need and reasonableness following part 9050.1030, subpart 1 for an explanation of this amendment.

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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 CHAPTER 4655; CHAPTER 1205; AND THE GOVERNMENT DATA PRACTICES ACT UNDER MINNESOTA STATUTES, CHAPTER 13 AND MINNESOTA STATUTES, SECTION 144.651, SUBDIVISION 16 AND SECTION 144.335.

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:

A. CONSENT MAY BE IMPLIED FROM CIRCUMSTANCES IN WHICH A REASONABLE PERSON WOULD BELIEVE THE RESIDENT WOULD HAVE CONSENTED HAD THE RESIDENT BEEN ABLE TO CONSENT;

B. INFORMATION RELEASED DOES NOT IDENTIFY THE INDIVIDUAL RESIDENT;

C. INFORMATION IS TO BE USED WITHIN THE FACILITY FOR ROUTINE OR OTHER LEGITIMATE PURPOSES SUCH AS EVALUATION, EDUCATION, RESEARCH, OR FINANCIAL AUDITS; OR

D. RELEASE IS MANDATED BY STATUTE, REGULATION, OR COURT ORDER.

It is necessary to include a reference to Minnesota Rules, Chapter 1205 and to Minnesota Statutes, section 144.335 because these laws address the privacy of resident records. It is reasonable to correctly reference applicable laws. This is a technical amendment and does not change the substance of the rules.

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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.

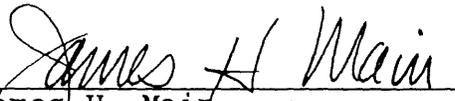
THE LABOR OR SERVICES THAT THE RESIDENT PERFORMS MUST BE

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.

It is necessary to add the term "therapy" to clarify the purpose of the resident work program and distinguish the work performed in the work program from daily housekeeping tasks that are required of residents. "Therapy" is a reasonable term to use because it accurately describes the work as being for purposes of treating a disease or illness.


James H. Main
Minnesota Veterans Homes Board

9-15-93
Date