4658.0085 NOTIFICATION OF CHANGE IN RESIDENT HEALTH STATUS.

A nursing home must develop and implement policies to guide staff decisions to consult physicians, physician assistants, and nurse practitioners, and if known, notify the resident's legal representative or an interested family member of a resident's acute illness, serious accident, or death. At a minimum, the director of nursing services, and the medical director or an attending physician must be involved in the development of these policies. The policies must have criteria which address at least the appropriate notification times for:

...D. a decision to transfer or discharge the resident from the nursing home; or

E. expected and unexpected resident deaths.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303 Current as of 01/19/05
4658.0135 POLICY RECORDS.

Subp. 2. Admission policies. Admission policies must be made available upon request to prospective residents, family members, legal representatives, and designated representatives.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303 Current as of 01/19/05

4658.0145 AGREEMENT AS TO RATES AND CHARGES.

Subpart 1. Written agreement. At the time of admission, there must be a written agreement between the nursing home and the resident, the resident's agent, or the resident's guardian, which includes:

A. The base rate and what services and items are provided by the nursing home and are included in that base rate;

B. Extra charges for care or services;

C. Obligations concerning payment of the rates and charges; and

D. The refund policy of the home.

All residents' bills must be itemized for services rendered.

Subp. 2. Notification of rates and charges. Annually, and when there is any change, a nursing home must inform the resident of services available in the nursing home and of charges for those services, including any charges for services not covered under Medicare or Medicaid or by the nursing home's per diem rate. A nursing home must inform the resident or the resident's agent or guardian before any change in the charges for services not covered under Medicare or Medicaid or by the nursing home’s per diem rate.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431

HIST: 20 SR 303

Current as of 01/19/05

4658.0465 TRANSFER, DISCHARGE, AND DEATH.

Subpart 1. Discharge summary at death. When a resident dies, the nursing home must compile a discharge summary that includes the date, time, and cause of death.
Subp. 2. Other discharge. When a resident is transferred or discharged for any reason other than death, the nursing home must compile a discharge summary that includes the date and time of transfer or discharge, reason for transfer or discharge, transfer or discharge diagnoses, and condition.

Subp. 3. Transfer or discharge to another facility. When a resident is transferred or discharged to another health care facility or program, the nursing home must send the discharge summary compiled according to subpart 2, and pertinent information about the resident’s immediate care and sufficient information to ensure continuity of care prior to or at the time of the transfer or discharge to the other health care facility or program.

Additional information not necessary for the resident’s immediate care may be sent to the new health care facility or program at the time of or after the transfer or discharge.

STAT AUTH: MS s 144A.04; 144A.08; 256B.431
HIST: 20 SR 303 Current as of 01/19/05

4658.2020 STATEMENT OF OPERATIONS.
A nursing home must develop and implement a statement of operations for a secured unit, which must include, at a minimum:

...C. a list of the admission and discharge criteria;

STAT AUTH: MS s 144A.04; 144A.08
HIST: 21 SR 196 Current as of 01/19/05

4658.2030 SPECIALIZED CARE UNIT.
Subp. 2. Statement of operations. A nursing home must develop and implement a statement of operations for the specialized care unit, which must include, at a minimum:

...C. admission and discharge criteria for the unit.

STAT AUTH: MS s 144A.04; 144A.08
HIST: 21 SR 196 Current as of 01/19/05
MINNESOTA STATUTES

144.651 HEALTH CARE BILL OF RIGHTS.

Subdivision 1. Legislative intent. It is the intent of the legislature and the purpose of this section to promote the interests and well being of the patients and residents of health care facilities. No health care facility may require a patient or resident to waive these rights as a condition of admission to the facility. Any guardian or conservator of a patient or resident or, in the absence of a guardian or conservator, an interested person, may seek enforcement of these rights on behalf of a patient or resident. An interested person may also seek enforcement of these rights on behalf of a patient or resident who has a guardian or conservator through administrative agencies or in district court having jurisdiction over guardianships and conservatorships. Pending the outcome of an enforcement proceeding the health care facility may, in good faith, comply with the instructions of a guardian or conservator. It is the intent of this section that every patient’s civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed and that the facility shall encourage and assist in the fullest possible exercise of these rights.

...Subd. 17. Disclosure of services available. Patients and residents shall be informed, prior to or at the time of admission and during their stay, of services which are included in the facility’s basic per diem or daily room rate and that other services are available at additional charges. Facilities shall make every effort to assist patients and residents in obtaining information regarding whether the Medicare or medical assistance program will pay for any or all of the aforementioned services.

...Subd. 29. Transfers and discharges. Residents shall not be arbitrarily transferred or discharged. Residents must be notified, in writing, of the proposed discharge or transfer and its justification no later than 30 days before discharge from the facility and seven days before transfer to another room within the facility. This notice shall include the resident’s right to contest the proposed action, with the address and telephone number of the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12). The resident, informed of this right, may choose to relocate before the notice period ends. The notice period may be shortened in situations outside the facility’s control, such as a determination by utilization review, the accommodation of newly-admitted residents, a change in the resident’s medical or treatment program, the resident’s own or another resident’s welfare, or nonpayment for stay unless prohibited by the public program or programs paying for the resident’s care, as documented in the medical record. Facilities shall make a reasonable effort to accommodate new residents without disrupting room assignments.
144A.135 TRANSFER AND DISCHARGE APPEALS.

a. The commissioner shall establish a mechanism for hearing appeals on transfers and discharges of residents by nursing homes or boarding care homes licensed by the commissioner. The commissioner may adopt permanent rules to implement this section.

b. Until federal regulations are adopted under sections 1819(f)(3) and 1919(f)(3) of the Social Security Act that govern appeals of the discharges or transfers of residents from nursing homes and boarding care homes certified for participation in Medicare or medical assistance, the commissioner shall provide hearings under sections 14.57 to 14.62 and the rules adopted by the office of administrative hearings governing contested cases. To appeal the discharge or transfer, or notification of an intended discharge or transfer, a resident or the resident’s representative must request a hearing in writing no later than 30 days after receiving written notice, which conforms to state and federal law, of the intended discharge or transfer.

c. Hearings under this section shall be held no later than 14 days after receipt of the request for hearing, unless impractical to do so or unless the parties agree otherwise. Hearings shall be held in the facility in which the resident resides, unless impractical to do so or unless the parties agree otherwise.

d. A resident who timely appeals a notice of discharge or transfer, and who resides in a certified nursing home or boarding care home, may not be discharged or transferred by the nursing home or boarding care home until resolution of the appeal. The commissioner can order the facility to readmit the resident if the discharge or transfer was in violation of state or federal law. If the resident is required to be hospitalized for medical necessity before resolution of the appeal, the facility shall readmit the resident unless the resident’s attending physician documents, in writing, why the resident’s specific health care needs cannot be met in the facility.

e. The commissioner and office of administrative hearings shall conduct the hearings in compliance with the federal regulations described in paragraph (b), when adopted.

f. Nothing in this section limits the right of a resident or the resident’s representative to request or receive assistance from the office of ombudsman for older Minnesotans of the office of health facility complaints with respect to an intended discharge or transfer.

144A.161 NURSING HOME AND BOARDING CARE HOME RESIDENT

Subd. 1a. Scope. Where a facility is undertaking closure, curtailment, reduction, or change
in operations, or where a housing with services unit registered under chapter 144D is closed
because the space that it occupies is being replaced by a nursing facility bed that is being reactivated from layaway status, the facility and the county social services agency must comply
with the requirements of this section.

Subd. 2. Initial notice from licensee.
...(c) After providing written notice under this section, and prior to admission, the facility must fully inform prospective residents and their families of the intent to close or curtail, reduce, or change operations, and of the relocation plan.

...Subd. 4. Responsibilities of licensee for resident relocations. The licensee shall provide for the safe, orderly, and appropriate relocation of residents. The licensee and facility staff shall cooperate with representatives from the county social services agency, the Department of Health, the Department of Human Services, the Office of Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental Health and Developmental Disabilities in planning for and implementing the relocation of residents.

Subd. 5. Licensee responsibilities prior to relocation.

Subd. 5a. Licensee responsibilities to provide notice. At least 60 days before the proposed date of closing, curtailment, reduction, or change in operations as agreed to in the plan, the licensee shall send a written notice of closure or curtailment, reduction, or change in operations to each resident being relocated, the resident’s family member or designated representative, and the resident’s attending physician. The notice must include the following:
(1) the date of the proposed closure, curtailment, reduction, or change in operations;
(2) the name, address, telephone number, facsimile number, and e-mail address of the individual or individuals in the facility responsible for providing assistance and
information;
(3) notification of upcoming meetings for residents, families and designated representatives, and resident and family councils to discuss the relocation of residents;
(4) the name, address, and telephone number of the county social services agency contact person; and
(5) the name, address, and telephone number of the Office of Ombudsman for Older Minnesotans and the Ombudsman for Mental Health and Developmental Disabilities. The notice must comply with all applicable state and federal requirements for notice of transfer or discharge of nursing home residents.

Subd. 5b. Licensee responsibility regarding medical information. The licensee shall request the attending physician provide or arrange for the release of medical information needed to update resident medical records and prepare all required forms and discharge summaries.

Subd. 5c. Licensee responsibility regarding placement information.

(a) The licensee shall provide sufficient preparation to residents to ensure safe, orderly, and appropriate discharge and relocation. The licensee shall assist residents in finding placements that respond to personal preferences, such as desired geographic location.
(b) The licensee shall prepare a resource list with several relocation options for each resident. The list must contain the following information for each relocation option, when applicable:
(1) the name, address, and telephone and facsimile numbers of each facility with appropriate, available beds or services;
(2) the certification level of the available beds;
(3) the types of services available; and
(4) the name, address, and telephone and facsimile numbers of appropriate available home and community-based placements, services, and settings or other options for individuals with special needs. The list shall be made available to residents and their families or designated representatives, and upon request to the Office of Ombudsman for Older Minnesotans, the Ombudsman for Mental Health and Developmental Disabilities, and the county social services agency.

Subd. 5d. Licensee responsibility to meet with residents and families. Following the establishment of the plan, the licensee shall conduct meetings with residents, families and designated representatives, and resident and family councils to notify them of the process for resident relocation. Representatives from the local county social services agency, the
Office of Ombudsman for Long-Term Care, the Office of Ombudsman for Mental Health and Developmental Disabilities, the commissioner of health, and the commissioner of human services shall receive advance notice of the meetings.

Subd. 5e. Licensee responsibility for site visits. The licensee shall assist residents desiring to make site visits to facilities with available beds or other appropriate living options to which the resident may relocate, unless it is medically inadvisable, as documented by the attending physician in the resident’s care record. The licensee shall provide or arrange transportation for site visits to facilities or other living options within a 50-mile radius to which the resident may

Subd. 5f. Licensee responsible for resident property, funds, and telephone service.

(a) The licensee shall complete an inventory of resident personal possessions and provide a copy of the final inventory to the resident and the resident’s designated representative prior to relocation. The licensee shall be responsible for the transfer of the resident’s possessions for all relocations within a 50-mile radius of the facility, or within a larger radius if no suitable options are available within 50 miles. The licensee shall complete the transfer of resident possessions in a timely manner, but no later than the date of the actual physical relocation of the resident.
(b) The licensee shall complete a final accounting of personal funds held in trust by the facility and provide a copy of this accounting to the resident and the resident’s family or the resident’s designated representative. The licensee shall be responsible for the transfer of all personal funds held in trust by the facility. The licensee shall complete the transfer of all personal funds in a timely manner.
(c) The licensee shall assist residents with the transfer and reconnection of service for telephones or, for residents who are deaf or blind, other personal communication devices or services. The licensee shall pay the costs associated with reestablishing service for telephones or other personal communication devices or services, such as connection fees or other one-time charges. The transfer or reconnection of personal communication devices or services shall be completed in a timely manner.

Subd. 5g. Licensee responsibilities for final notice and records transfer.

(a) The licensee shall provide the resident, the resident’s family or designated representative, and the resident’s attending physician final written notice prior to the relocation of the resident. The notice must:
(1) be provided seven days prior to the actual relocation, unless the resident agrees to waive the right to advance notice; and

(2) identify the date of the anticipated relocation and the destination to which the resident is being relocated.

(b) The licensee shall provide the receiving facility or other health, housing, or care entity with complete and accurate resident records including information on family members, designated representatives, guardians, social service caseworkers, or other contact information. These records must also include all information necessary to provide appropriate medical care and social services. This includes, but is not limited to, information on preadmission screening, Level I and Level II screening, minimum data set (MDS), and all other assessments, resident diagnoses, social, behavioral, and medication information.

(c) For residents with special care needs, the licensee shall consult with the receiving facility or other placement entity and provide staff training or other preparation as needed to assist in providing for the special needs