MDS 3.0 SECTION Q

REFRESHER TRAINING FOR NURSING FACILITIES & LOCAL CONTACT AGENCIES

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VIRGINIA'S MEDICAID PROGRAM
DMAS
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Agenda

- MDS 3.0 Section Q Background
- Purpose of MDS 3.0 Section Q
- Role of Stakeholders
- NF Section Q Requirements
- FAQs from LCAs
- LCA/AAA Section Q Requirements
- TCP & Community Resource Requirements
- Money Follows the Person (MFP)
- Section Q Resources & State Contacts
- Q&A

MDS 3.0 Section Q

Where do you fall?

Unclear!
"Nice, but how does it relate to me?"

Well-intended!
"Great-if only I knew the next steps?"

Clueless!
"What is Section Q?"

True Believer!
"Section Q is essential to What I do!"

MDS 3.0 Section Q Background

- Americans with Disabilities Act (1990)
- Olmstead Supreme Court Decision (1999)

It's Purpose

Q0500 Return to Community

- "Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?"
- Asked at admission, annually, quarterly & on significant change

Section Q Stakeholders

State-Level Stakeholders

DMAS

- Reports to CMS
- Facilitates MFP & Transition Coordination
- Coordinates Sec Q with NFs & LCAs

DARS

- Collects Section Q Data
- Reports Section Q Data to DMAS
- Work with LCAs on training & agreements

Section Q Stakeholders

Community Stakeholders

Nursing Facility (NF)

- Initiate the referral

Local Contact Agencies (LCA)

- Virginia's designated Area Agencies on Aging to serve as the LCA

Transition Coordination Providers (TCP)

- Specific to MFP participants

Community Resource Contact

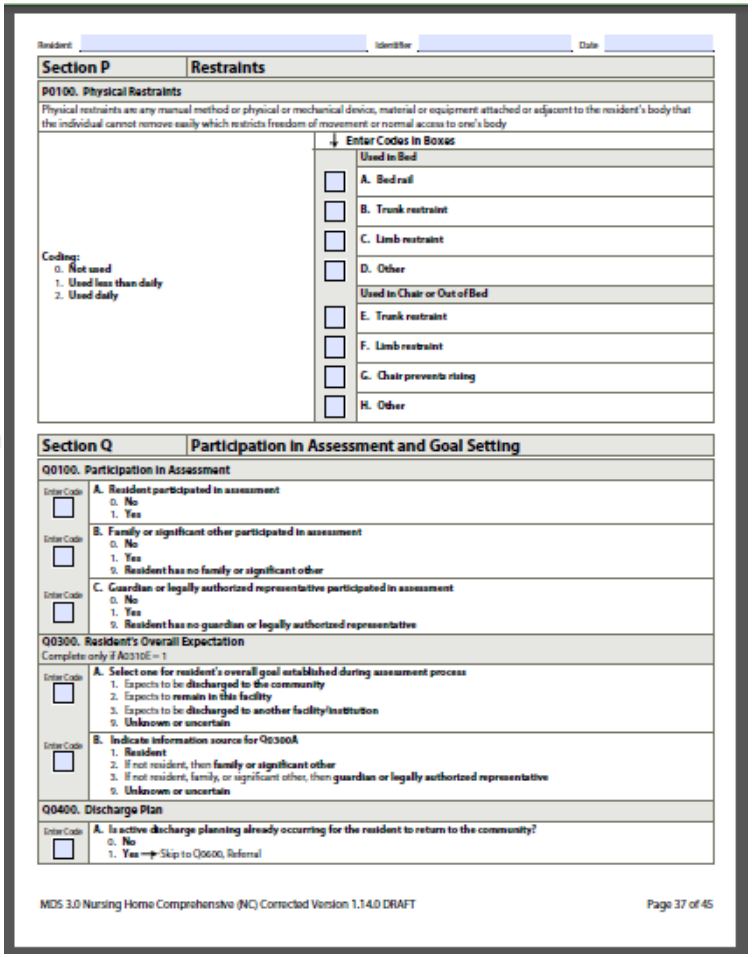
- Agencies that may support an individual's transition to the community

NF Section Q Requirements

- Nursing Facility (NF) staff are required to contact their LCA for those residents who express a desire to learn about possible transition back to the community and what care options and supports are available

NF Section Q Requirements

Participation in Assessment & Goal Setting



Resident: _____ Identifier: _____ Date: _____

Section P — Restraints

P0100. Physical Restraints

Physical restraints are any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body

Coding:
0. Not used
1. Used less than daily
2. Used daily

Enter Codes in Boxes

Used in Bed
- A. Bed rail
- B. Trunk restraint
- C. Limb restraint
- D. Other

Used in Chair or Out of Bed
- E. Trunk restraint
- F. Limb restraint
- G. Chair prevents rising
- H. Other

Section Q — Participation in Assessment and Goal Setting

Q0100. Participation in Assessment

A. Resident participated in assessment
0. No
1. Yes

B. Family or significant other participated in assessment
0. No
1. Yes
9. Resident has no family or significant other

C. Guardian or legally authorized representative participated in assessment
0. No
1. Yes
9. Resident has no guardian or legally authorized representative

Q0300. Resident's Overall Expectation

Complete only if A0310E = 1

A. Select one for resident's overall goal established during assessment process
1. Expects to be discharged to the community
2. Expects to remain in this facility
3. Expects to be discharged to another facility/institution
9. Unknown or uncertain

B. Indicate information source for Q0300A
1. Resident
2. If not resident, then family or significant other
3. If not resident, family, or significant other, then guardian or legally authorized representative
9. Unknown or uncertain

Q0400. Discharge Plan

A. Is active discharge planning already occurring for the resident to return to the community?
0. No
1. Yes → Skip to Q0600, Referral

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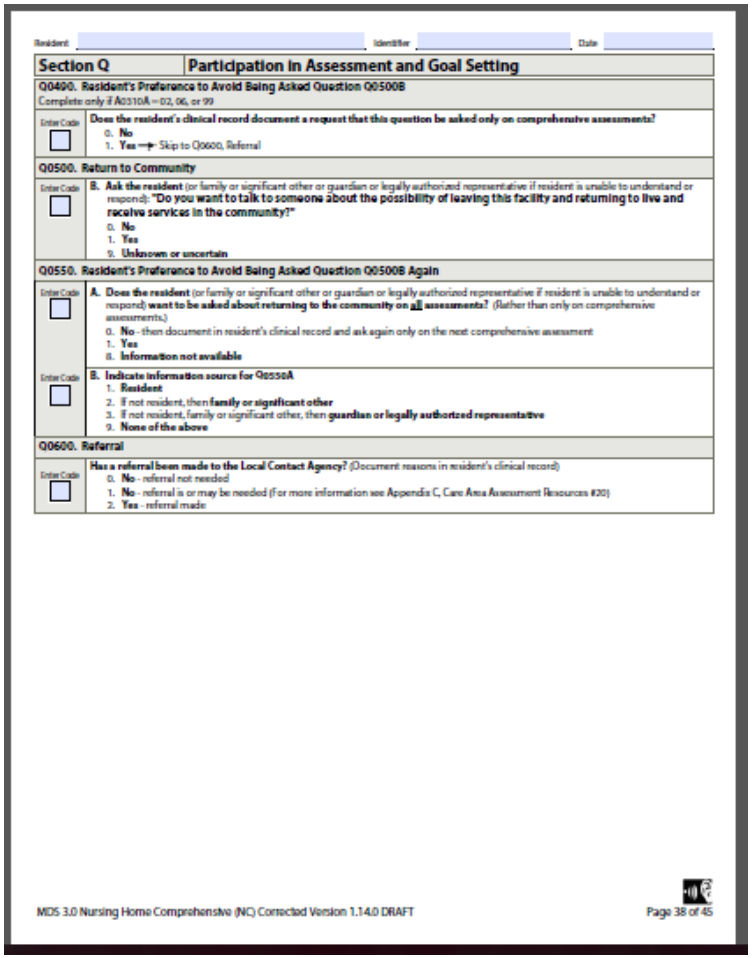

Resident: _____ Identifier: _____ Date: _____

Section Q — Participation in Assessment and Goal Setting

Q0400. Resident's Preference to Avoid Being Asked Question Q0500B

Complete only if A0310A = 02, 06, or 99

Does the resident's clinical record document a request that this question be asked only on comprehensive assessments?
0. No
1. Yes → Skip to Q0600, Referral

Q0500. Return to Community

B. Ask the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond): "Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?"
0. No
1. Yes
9. Unknown or uncertain

Q0550. Resident's Preference to Avoid Being Asked Question Q0500B Again

A. Does the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond) want to be asked about returning to the community on all assessments? (Rather than only on comprehensive assessments.)
0. No - then document in resident's clinical record and ask again only on the next comprehensive assessment
1. Yes
8. Information not available

B. Indicate information source for Q0550A
1. Resident
2. If not resident, then family or significant other
3. If not resident, family or significant other, then guardian or legally authorized representative
9. None of the above

Q0600. Referral

Has a referral been made to the Local Contact Agency? (Document reasons in resident's clinical record)
0. No - referral not needed
1. No - referral is or may be needed (For more information see Appendix C, Care Area Assessment Resources #20)
2. Yes - referral made

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NF Section Q Requirements

Nursing Facility (NF):
Q0300A: Identifying Resident's Overall Goals Established during Assessments

- **Code 1, Expects to be discharged to the community:** if the resident (or family or significant other, or guardian or legally authorized representative) indicates an expectation to return home, to assisted living, or to another community setting.

- **Code 2, Expects to remain in this facility:** if the resident (or family or significant other, or guardian or legally authorized representative) indicates that he or she expects to remain in the nursing facility.

- **Code 3, Expects to be discharged to another facility/institution:** if the resident (or family or significant other, or guardian or legally authorized representative) indicates that he or she expects to be discharged to another nursing facility, rehabilitation or another institution.

- **Code 9, Unknown or uncertain:** if the resident is uncertain or if the resident is not able to participate in the discussion or indicate a goal, and family, significant other, or guardian or legally authorized representative do not exist or are not available to participate in the discussion.

NF Section Q Requirements

Nursing Facility (NF):
Q0400A: Reviewing/Developing/Updating Discharge Plan

- A review should be conducted for the care plan, the medical record, and clinician progress notes, including but not limited to nursing, physician, social services, and therapy to consider the resident's discharge planning needs.

- Resident's expectation as expressed/communicated should be recorded, whether they are assessed as realistic or not.

NF Section Q Requirements

Nursing Facility (NF):
Q0500B: Identifying Interest in Returning to the Community

Question: "Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?"

Item Q0500B requires that the resident be asked the question directly (*unless the resident has said "no" to Q0550A, "Does the resident, or family or significant other or guardian, if resident is unable to respond, want to be asked about returning to the community on all assessments (rather than being asked yearly only on comprehensive assessments)."*

- **Code 0, No:** if the resident states that he or she does not want to talk to someone about the possibility of returning to the community.
- **Code 1, Yes:** if the resident states that he or she does want to talk to someone about the possibility of returning to the community. *This code is intended to initiate the Referral Step (Q0600).*
- **Code 9, Unknown or uncertain:** if the resident cannot understand or respond and the family or significant other is not available to respond on the resident's behalf and a guardian or legally authorized representative is not available or has not been appointed by the court.

NF Section Q Requirements

Nursing Facility (NF):
Q0600: Making/Documenting the Referral Process

Question: Has a referral been made to the Local Contact Agency? (Document reasons in resident's clinical record).

- **Code 0, No: Referral not needed:** Resident responded yes to Q0500B but the resident's discharge planning has been completely developed by the nursing home staff, and there are no additional needs that the SNF/NF cannot arrange for OR if resident responded no to Q0500B.

- **Code 1, No: Referral is or may be needed:** Resident responded yes to Q0500B but the referral to the LCA has not been initiated at this time. Care planning and progress notes should indicate the status of discharge planning and why a referral was not initiated.

- **Code 2, Yes: Referral made:** Resident responded yes to Q0500B. The facility care planning team was notified and initiated a referral to the local contact agency.

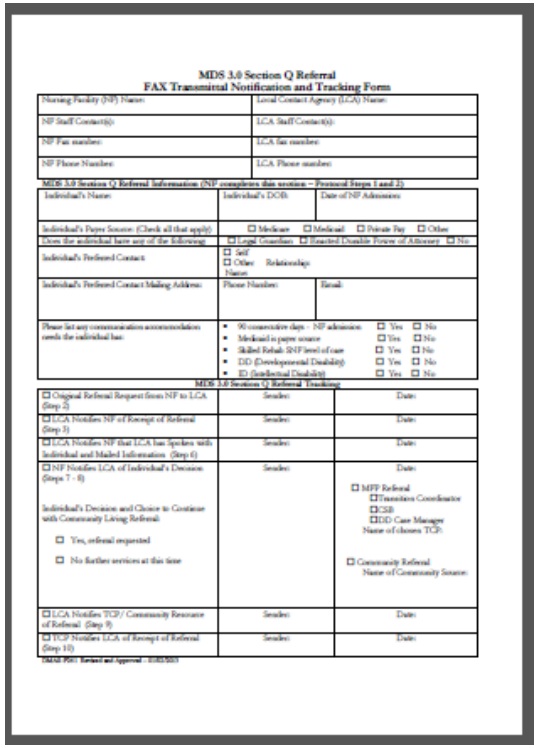
LCA Section Q Requirements

- Local Contact Agencies (LCAs) respond to NF staff referrals by providing information to residents about available community-based long-term care supports and services, using the Virginia protocol for Section Q within the "Statement of Understanding" found on the DMAS website

LCA Section Q Requirements

Local Contact Agency (LCA):

- Responds to fax from NF Section Q referral within two (2) business days using the DMAS-P261, found on the DMAS website



MDS 3.0 Section Q Referral
FAX Transmittal Notification and Tracking Form

Nursing Facility (NF) Name:	Local Contact Agency (LCA) Name:
NF Staff Contact(s):	LCA Staff Contact(s):
NF Fax number:	LCA fax number:
NF Phone Number:	LCA Phone number:

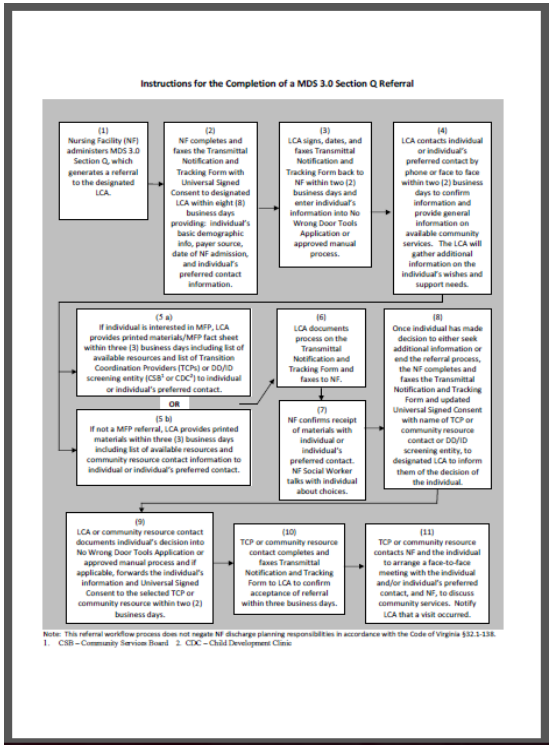
MDS 3.0 Section Q Referral Information (NF completes this section – Protocol Steps 1 and 2)

Individual's Name:	Individual's DOB:	Date of NF Admission:
Individual's Payer Source: (Check all that apply)	☐ Medicare ☐ Medicaid ☐ Private Pay ☐ Other	
Does the individual have any of the following:	☐ Legal Guardian ☐ Enacted Durable Power of Attorney ☐ No	
Individual's Preferred Contact	☐ Self ☐ Other Relationship: Name:	
Individual's Preferred Contact Mailing Address:	Phone Number:	Email:
Please list any communication accommodations needs the individual has:	• 90 consecutive days - NF admission ☐ Yes ☐ No • Medicaid is payer source ☐ Yes ☐ No • Skilled Rehab /SNF level of care ☐ Yes ☐ No • DD (Developmental Disability) ☐ Yes ☐ No • ID (Intellectual Disability) ☐ Yes ☐ No	

MDS 3.0 Section Q Referral Tracking

☐ Original Referral Request from NF to LCA (Step 2)	Sender:	Date:
☐ LCA Notifies NF of Receipt of Referral (Step 3)	Sender:	Date:
☐ LCA Notifies NF that LCA has Spoken with Individual and Mailed Information (Step 6)	Sender:	Date:
☐ NF Notifies LCA of Individual's Decision (Steps 7 - 8) Individual's Decision and Choice to Continue with Community Living Referral: ☐ Yes, referral requested ☐ No further services at this time	Sender:	Date: ☐ MFP Referral ☐ Transitions Coordinator ☐ CSB ☐ DD Case Manager Name of chosen TCP: ☐ Community Referral Name of Community Source:
☐ LCA Notifies TCP/ Community Resource of Referral (Step 9)	Sender:	Date:
☐ TCP Notifies LCA of Receipt of Referral (Step 10)	Sender:	Date:

DMAS-P261 Revised and Approved – 03/05/2015



Instructions for the Completion of a MDS 3.0 Section Q Referral

(1) Nursing Facility (NF) administers MDS 3.0 Section Q, which generates a referral to the designated LCA.

(2) NF completes and faxes the Transmittal Notification and Tracking Form with Universal Signed Consent to designated LCA within eight (8) business days providing: individual's basic demographic info, payer source, date of NF admission, and individual's preferred contact information.

(3) LCA signs, dates, and faxes Transmittal Notification and Tracking Form back to NF within two (2) business days and enter individual's information into No Wrong Door Tools Application or approved manual process.

(4) LCA contacts individual or individual's preferred contact by phone or face to face within two (2) business days to confirm information and provide general information on available community services. The LCA will gather additional information on the individual's wishes and support needs.

(5 a) If individual is interested in MFP, LCA provides printed materials/MFP fact sheet within three (3) business days including list of available resources and list of Transition Coordination Providers (TCPs) or DD/ID screening entity (CSB[1] or CDC[2]) to individual or individual's preferred contact.

OR

(5 b) If not a MFP referral, LCA provides printed materials within three (3) business days including list of available resources and community resource contact information to individual or individual's preferred contact.

(6) LCA documents process on the Transmittal Notification and Tracking Form and faxes to NF.

(7) NF confirms receipt of materials with individual or individual's preferred contact. NF Social Worker talks with individual about choices.

(8) Once individual has made decision to either seek additional information or end the referral process, the NF completes and faxes the Transmittal Notification and Tracking Form and updated Universal Signed Consent with name of TCP or community resource contact or DD/ID screening entity, to designated LCA to inform them of the decision of the individual.

(9) LCA or community resource contact documents individual's decision into No Wrong Door Tools Application or approved manual process and if applicable, forwards the individual's information and Universal Signed Consent to the selected TCP or community resource within two (2) business days.

(10) TCP or community resource contact completes and faxes Transmittal Notification and Tracking Form to LCA to confirm acceptance of referral within three business days.

(11) TCP or community resource contacts NF and the individual to arrange a face-to-face meeting with the individual and/or individual's preferred contact, and NF, to discuss community services. Notify LCA that a visit occurred.

Note: This referral workflow process does not negate NF discharge planning responsibilities in accordance with the Code of Virginia §32.1-138.
1. CSB – Community Services Board 2. CDC – Child Development Clinic

LCA Section Q Requirements

Local Contact Agency (LCA) ~ continued:

- Calls or visits with individual, or the individual's preferred contact, within two (2) business days of confirming receipt of referral from nursing facility

- Provides information about community living options and available supports and services to the individual/individual's preferred contact

LCA Section Q Requirements

Local Contact Agency (LCA) ~ continued:

- Provides all relevant printed materials on community services including a list of geographically available TCPs or DD waivers screening entity and resources to the individual, or the individual's preferred contact, within three (3) business days of speaking with the individual

- If applicable, forwards individual's information to the chosen TCP or community resource within two (2) business days of receiving notification of individual's decision from NF

LCA Section Q Requirements

Local Contact Agency (LCA) ~ continued:

- Documents all actions taken by LCA in No Wrong Door Tools Application

- Adheres to the confidentiality and exchange of protected health information guidelines as set forth in the Code of Virginia

*** NOTE: LCA's which are also TCPs should not promote their TCP services over other similar TCP organizations**

FAQs from LCAs

FAQs from LCAs

1. Can I document Section Q Referrals when they're complete?
2. Should I accept referrals from a NF if the individual has been in the NF for less than 90 days?
3. Should I accept referrals for an individual under age 60 or for an individual who is private pay?
4. What should the LCA do if they make a referral to a TCP and do not receive confirmation?

TCP & Community Resource Requirements

Transition Coordination Provider (TCP) or Community Resource Contact:

- Confirms acceptance of fax or electronic referral with the LCA
- Contacts the individual interested in transitioning to the community and/or the individual's preferred contact within three (3) business days of receiving referral from LCA
- Arranges face-to-face meeting with the individual and/or the individual's preferred contact, and NF staff within ten (10) business days of speaking with the individual

MFP

Money **F**ollows the **P**erson is a process to assist Medicaid individuals living in an institution who would benefit from transition services and assistance from transition coordinators to support their return to the community.

MFP

Pre-Screening for MFP

Individual must:

- Reside in the institution for at least 90 consecutive days
- Be a Virginia Resident
- Have Medicaid as a payer source

MFP

MFP Referral Information

- Once it is determined that an individual meets the pre-screening for MFP, the LCA will provide a list of TCPs for the individual to choose their TCP.
- Once the LCA has made the referral to the chosen TCP, the TCP will assist the individual with the final determination of MFP criteria and if met, will assist with the transition to the community.

Virginia MFP

Dates to Remember

- December 31, 2017
- December 31, 2018

Section Q Resources

On the Web

- CMS
  - https://www.cms.gov
    - MDS 3.0 Main Webpage
    - Fillable form
    - Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.14 (pages 523-544)
- DMAS
  - www.dmas.virginia.gov
    - Virginia's Universal Consent Form
    - Protocol for a Section Q Referral
    - Training Material
- Virginia Medicaid Web Portal
  - https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/
    - DMAS-P261: Section Q Referral & Tracking Form with Instructions

MFP Resources

On the Web

- DMAS
  - http://www.DMAS.virginia.gov
    - http://www.dmas.virginia.gov/Content_pgs/ltc-mfp.aspx
- DBHDS
  - http://www.DBHDS.virginia.gov
    - http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/money-follows-the-person
- Virginia Medicaid Web Portal
  - https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/

Agency Contact Roles

Kathleen Vaughan
State No Wrong Door Coordinator
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Kathleen.Vaughan@dars.virginia.gov

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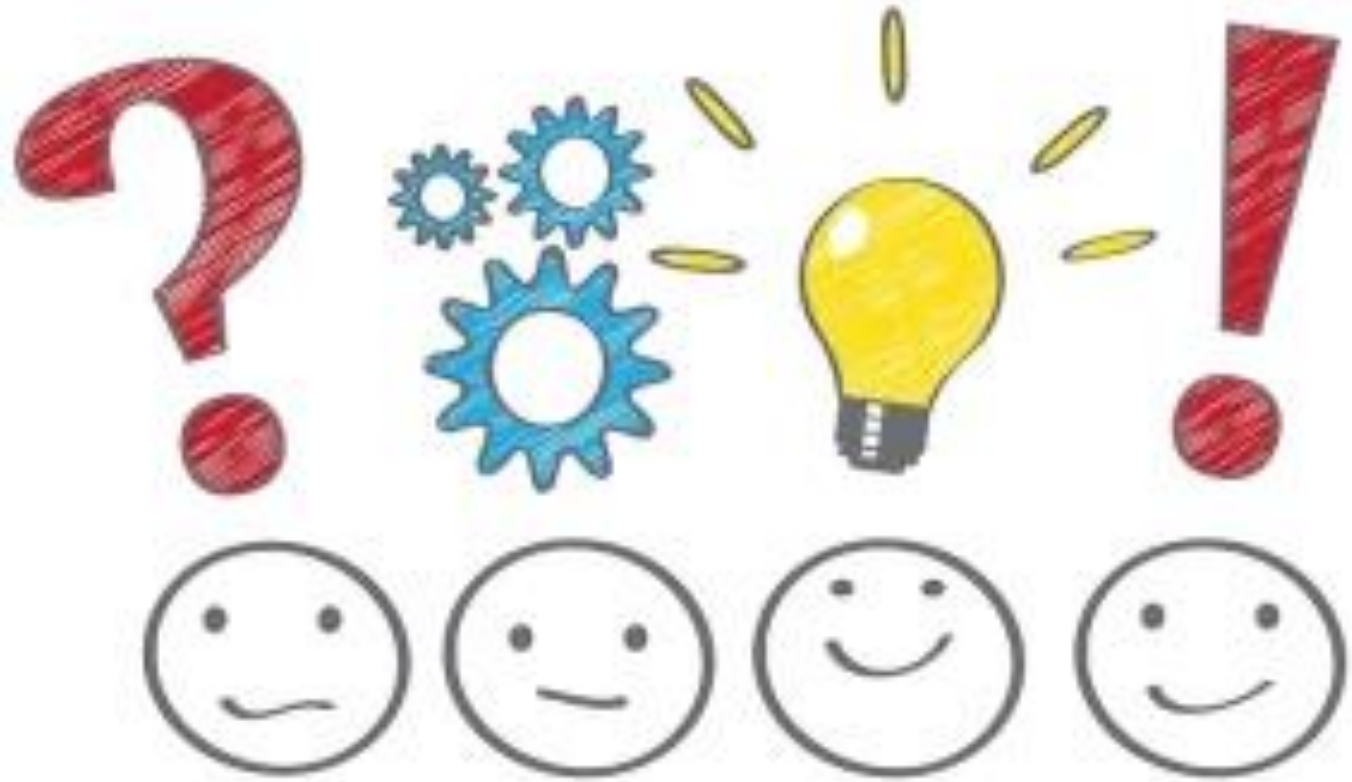
Are you a true believer?