Participation in Assessment and Goal Setting

MDS 3.0 Section Q

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October 18, 2018

Objectives

- Identify the intent of Section Q
- Understand when the Q0500, Return to Community question should be asked
- Determine if active discharge planning is occurring
- Identify when a referral to the LCA is needed

Intent

Identify who participated in the assessment process

Record the resident's over goals with regard to discharge

Ensure the resident receives care in the least restrictive environment

Participation in Assessment (Q0100)

Q0100. Participation in Assessment	
Enter Code ☐	**A. Resident participated in assessment** 0. No 1. Yes
Enter Code ☐	**B. Family or significant other participated in assessment** 0. No 1. Yes 9. Resident has no family or significant other
Enter Code ☐	**C. Guardian or legally authorized representative participated in assessment** 0. No 1. Yes 9. Resident has no guardian or legally authorized representative

The resident should be the primary source of information if:

- They are able to understand the process, and
- They can communicate their preferences and needs

Resident's Overall Expectation (Q0300)

Q0300. Resident's Overall Expectation Complete only if A0310E = 1	
Enter Code ☐	**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**
Enter Code ☐	**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**

- Resident driven, focuses on the resident's expectations
- Coding other than the resident's expectations is a violation of their civil rights

Discharge Plan (Q0400)

Q0400. Discharge Plan	
Enter Code ☐	**A. Is active discharge planning already occurring for the resident to return to the community?** 0. **No** 1. **Yes** → Skip to Q0600, Referral

An Active Discharge Plan is one where:

- Discharge is taking place
- A discharge location in the community has been determined
- The discharge plan is in motion and documented in the medical record
- There is a target discharge date for the near future

Resident's Preference to Avoid Being Asked Question Q0500B

Q0490. Resident's Preference to Avoid Being Asked Question Q0500B Complete only if A0310A = 02, 06, or 99	
Enter Code ☐	**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

- Required to be asked on every NC, NQ, and scheduled PPS assessment
- The resident can opt out of this requirement
- If so, they will be asked only on Comprehensive assessments
- The resident's preference should be documented and care planned

Return to Community (Q0500)

Q0500. Return to Community	
Enter Code ☐	**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**

- The facility must ask this question if no **Active** Discharge Plan
- A Yes response is a request to learn about the HCBS in the area
  - It does not ensure the resident will be able to return to the community
  - It does not commit the resident to leaving the facility
  - It is not a request for discharge

The Resident's Preference to Avoid Being Asked (Q0550)

Q0550. Resident's Preference to Avoid Being Asked Question Q0500B Again	
Enter Code ☐	**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**
Enter Code ☐	**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**

- Residents are free to change their mind at any time regarding how often they want to be asked if they would like to talk someone about the possibility of returning to live and receive services in the community.

- The resident's preference should be documented and care planned

Referral (Q0600)

Q0600. Referral	
Enter Code ☐	**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

0= No, Discharge planning needs were completely met by the NH Staff

1= No, A referral maybe needed, but not at this time (Triggers the CAA)

2= Yes, A referral was made

- A referral is required if the resident has discharge planning needs that cannot be met by the facility

Minnesota LCA = Senior LinkAge Line

Welcome to the MinnesotaHelp Network™ online referral page. Through this portal you can securely make referrals to the Senior LinkAge Line® and Disability Linkage Line® for

- Pre-Admission Screening
- Level of Care 90-day redeterminations
- Moving Home Minnesota (Money Follows the Person)
- MDS Section Q
- A referral for a consumer who wants to leave their current setting and return to the community or
- A referral for a consumer who wants to remain in the community but needs follow-up

We need to ask a few questions to help determine which type of referral you are trying to make.

Any referrals that are made to the Senior LinkAge Line® should be printed and retained in the consumer's medical chart. If the consumer would like a copy of the referral, please ensure a copy is provided.

Please bookmark the following link or save as a favorite to be directly taken to the online referral site: https://mnhelpreferral.revation.com.

What if I want to make a referral and I don't fit into any of these categories? Use the chat feature above or call the Senior LinkAge Line® at 1-800-333-2433 and they will assist you.

Provider Type (required)

Select...

What type of health care provider are you? This will assist with guiding you through the referral.

Continue

https://mnhelpreferral.revation.com/

Contact Information

- MDS Clinical Help Line 651-201-4313 or mds.health@state.mn.us
- MN Board on Aging website http://www.mnaging.org/
- Senior LinkAge Line Referral website https://mnhelpreferral.revation.com/

Senior LinkAge Line® and MDS Section Q

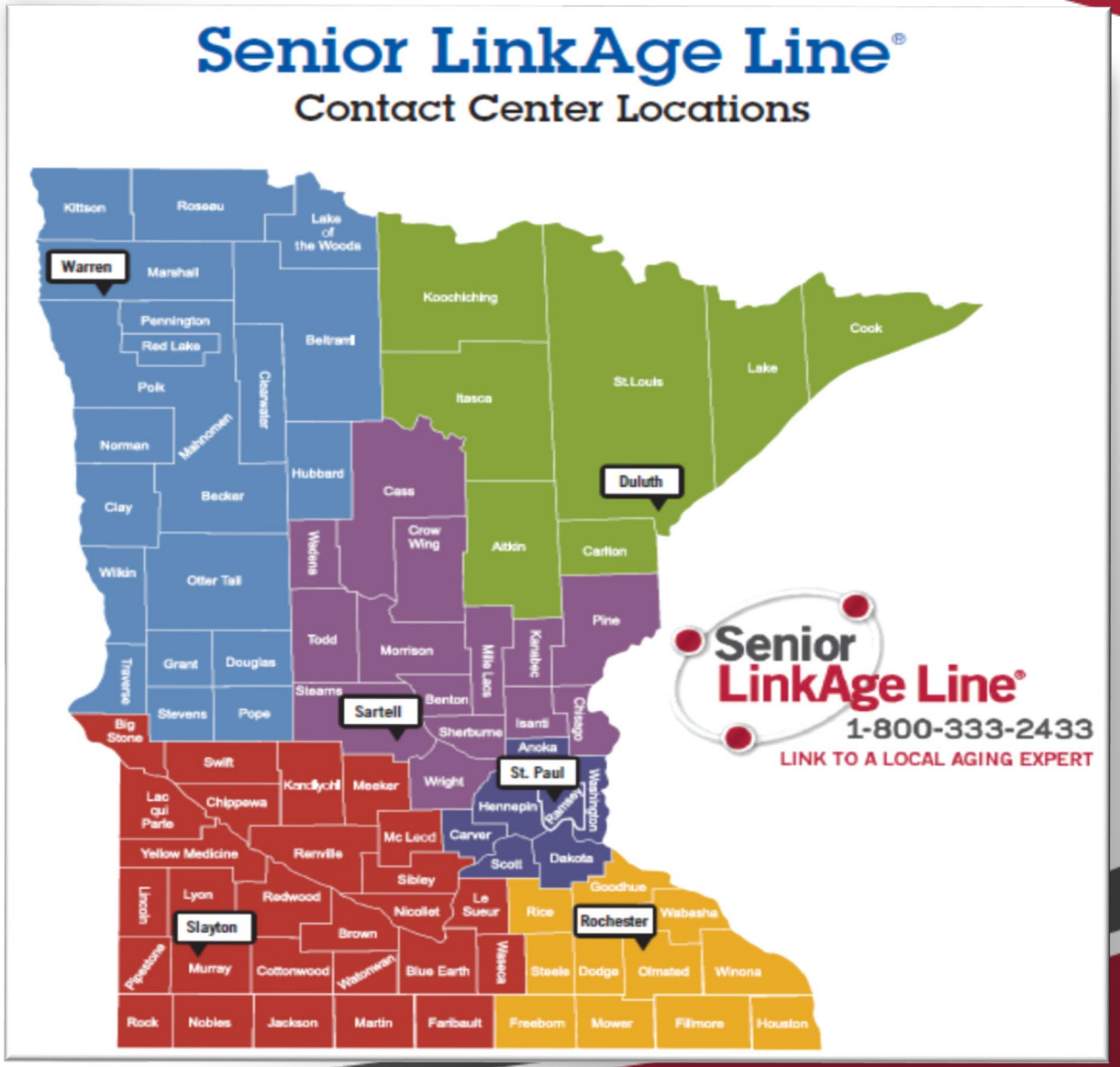
Darci Buttke, MPP

MN Board on Aging/Department of Human Services

MINNESOTA BOARD ON AGING

Senior LinkAge Line®
1-800-333-2433
LINK TO A LOCAL AGING EXPERT

Senior LinkAge Line®



Four Ways to Connect:

Phone

Internet/Chat

In person/Face-to-face

Print

Senior LinkAge Line® 1-800-333-2433

- Care Transitions
  - Hospital to home
  - Hospital to nursing home
  - Home to assisted living
  - Nursing home to home
- Health Insurance Counseling
  - Medicare
  - Long-Term Care Insurance
- Applying for help Paying for Prescriptions
- Application and Forms Assistance
- Caregiver Planning and Support
- Health Care Fraud and Abuse

MDS Section Q

Who can be a Local Contact Agency?

Each state Medicaid agency is responsible for selecting and contracting with the organizations that it chooses to serve as LCAs. CMS lists several organizations that can potentially serve as LCAs, including Aging and Disability Resource Centers, Area Agencies on Aging, Centers for Independent Living, and others.

Senior LinkAge Line Protocol

- Public Pay (Medicaid or Managed Care with Care Coordinator)
  - Referrals sent to case worker or managed care coordinator
- Private Pay
  - Senior LinkAge Line makes contact over the phone
    - Reviews questions
    - Provides resources as applicable
  - If more in-depth assistance needed, referral made to SLL Community Living Specialist who will meet with consumer in-person

How to make a referral

- Accessible a few different ways
- Providers encouraged to bookmark site
  - www.seniorlinkageline.com
  - www.mnaging.org
  - https://mnhelpreferral.revation.com/
- Phone call to Senior LinkAge Line: 1-800-333-2433
  - Online referral is preferred

More Information

- Return to Community and MDS Section Q Referrals to Senior LinkAge Line
  - DHS Bulletin 18-25-03
- Required Activity: Admission to Medicaid-Certified Nursing Facilities and 90-day Redetermination
  - DHS Bulletin 17-25-06

Darci Buttke, MPP

Minnesota Board on Aging/Dept of Human Services

Darci.Buttke@state.mn.us

MINNESOTA BOARD ON AGING

Certification of Participation

Title: MDS Section Q — How do I fill it out and what happens when I do?

Description of the content:
Staff from the MN Department of Health and MN Board on Aging will provide a detailed overview of when and how to complete MDS Section Q.

Answers to the following topic will be covered:

- How do I complete MDS Section Q when the person has dementia?
- Who is the local contact agency?
- Does a referral automatically get made to them?
- How is Senior LinkAge Line® involved?
- What if the county is already working with the resident to go home?
- How do I explain to the resident why I'm asking these questions?
- What should they expect when I make a referral?

Release Date: October 18th, 2018

Objectives:

1. Identify the intent of MDS Section Q
2. Understand when the Q0500, Return to Community question should be asked
3. Understand the role of the Local Contact Agency

Length: 60 minutes

Contact: Suzanne Martin, Senior LinkAge Line® Training Coordinator

Mailing: P.O. Box 64976, St. Paul, MN 55164-0976

Telephone: 651-431-2677

Presenters: Nadine Olness, RN, RAC-CT, State RAI Coordinator, MN Department of Health
Darci Buttke, MPP, Care Transitions Policy Analyst, MN Board on Aging/Department of Human Services

I certify that the above information is correct.

Karen L Britton — 10/18/18

Sponsor Signature — Date

Participant's Signature — Date

Senior LinkAge Line® 1-800-333-2433 LINK TO A LOCAL AGING EXPERT

MinnesotaHelp.info®