GUIDANCE AND RESOURCES FOR LONG TERM CARE FACILITIES:

USING THE MINIMUM DATA SET TO FACILITATE OPPORTUNITIES TO LIVE IN THE MOST INTEGRATED SETTING

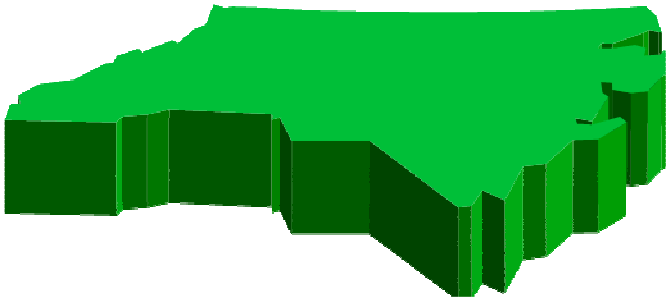
Lorrie Roth, Community Living Coordinator
NC DAAS

What is the Local Contact Agency?

- The Local Contact Agency (LCA) is responsible for providing facility-based options counseling in response to MDS-Section Q referral

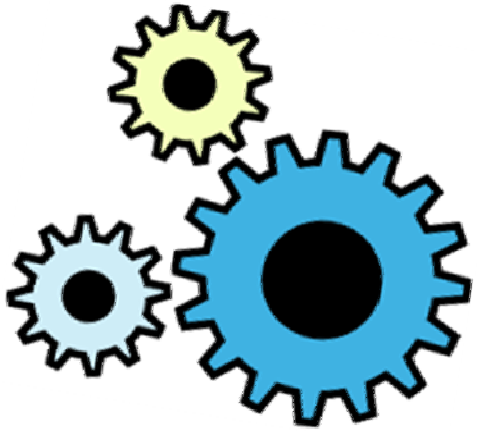
Who is my LCA?

- Trained Options Counselors are provided by:
  - Area Agency on Aging – Regional Connector
  - A partner within a Community Resource network



What does the LCA do?

- Uses a team approach to discharge/transition planning by working with the resident, the Nursing Home Staff and those who support the individual (family or friends)



What does the LCA do?

- Meets with the individual to provide options counseling and to support decisions regarding the possibility of transition
- Shares information and assists with identifying community-based resources needed for a potential safe and successful transition

MDS 3.0 RAI Manual v1.13

MDS 3.0 RAI Manual v1.13

The updated RAI Manual will be posted in early September and is effective October 1, 2016

Centers for Medicare & Medicaid Services

MDS 3.0 RAI Manual v1.13

Go to www.qtso.com and click on MDS 3.0 and then click on MDS 3.0 RAI Manual. Scroll to the downloads

Centers for Medicare & Medicaid Services

Section Q

- This section is designed to provide residents who <u>do not</u> have current <u>active</u> plans for discharge, with an opportunity to speak with an outside resource (Local Contact Agency/LCA).

Section Q

- Nursing Home staff and Local Contact Agencies are expected to meaningfully engage residents in their discharge and transition planning, and collaboratively work to arrange for all of the necessary community-based, long-term care supports and services

Return to Community Referral

Consider each resident's strengths and concerns that affect his or her capacity to function;

- Identify areas of concern needing interventions;
- Develop, interventions in the context of the resident's condition, choices, and preferences
- Discuss goals so the resident knows what must be achieved to move toward discharge

Referral Process

- Once a referral is made to the toll-free line, **1-866-271-4894**, the MDS call center will forward the referral information to the Local Contact Agency serving your county

May 20, 2016

Services must be provided to residents in the most integrated setting. The unnecessary placement of an individual in a long term care facility may constitute discrimination under Section 504 of the Rehabilitation Act (Section 504) and Title II of the Americans with Disabilities Act, as interpreted by the U.S. Supreme Court in *Olmstead v. L.C.*

Section 504 of the Rehabilitation Act

- Section 504 prohibits discrimination based on disability, including the unnecessary segregation of persons with disabilities. Unjustified segregation can include continued placement in an inpatient facility when the resident could live in a more integrated setting. This concept was set forth in the *Olmstead* decision which interpreted the same requirements in the Americans with Disabilities Act.

MDS 3.0 Section Q

- The MDS, a mandated quarterly assessment administered to all nursing home residents, has questions that can connect long term care residents with opportunities to live in the most integrated setting and assist the state in meeting its non-discrimination requirements under Section 504 and the Americans with Disabilities Act.

RECOMMENDATIONS

- **1. Strong Relationships with the Local Contact Agency can Help Long Term Care Facilities Understand the Availability of Community Based Services**
  - Long term care facilities must make referrals to the Local Contact Agency whenever a resident would like more information about community living or alternative living situations to the facility.

RECOMMENDATIONS

- OCR recommends that a facility representative serve as a liaison to the Local Contact Agency staff member and maintain regular communication with the LCA regarding the resident.

RECOMMENDATIONS

- OCR also recommends that the facility invite the Local Contact Agency to provide seminars/presentations to residents and staff on a regular basis (*e.g.*, every six months), about the services it provides, community-based settings in which residents can choose to receive services, and the residents' opportunity to seek a referral regarding potential transition to the community

RECOMMENDATIONS

- **2. Proper Administration of MDS Section Q, Questions, Q0400, Q0500, and Q0600 is Critical in Assisting Residents to Receive Services in the Most Integrated Setting**
  - Because Section Q is designed to assist residents in returning to the community or another more integrated setting appropriate to their needs, proper administration of Section Q of the MDS can further a state's compliance with civil rights laws.

MDS Section Q, Q0400:

Is active discharge planning already occurring for the resident to return to the community?

- OCR found in a survey of long term care facilities that many facilities misunderstand this question.
- If active discharge planning is not occurring, then the facility must ask the resident the follow up 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?"
- Most facilities responding believe that they do not have to ask residents this question if the resident has a "discharge plan." However, the MDS process requires these individuals to be in ***active*** discharge planning, and it appears that some residents have a discharge plan that was created as a matter of course and not as part of an active transition process.

MDS Section Q, Q0400:

- MDS Question Q0400 should only be answered "yes" for permitted reasons, such as:
- The resident is currently being assessed for transition by the Local Contact Agency;
- The resident has a Transition Plan in place, which has all of the required elements and has been incorporated into the resident's Discharge Plan; or,
- The resident has an expected discharge date of three (3) months or less, has a discharge plan in place with all the required elements, and the discharge plan could not be improved upon with a referral to the Local Contact Agency.

MDS Section Q, Q0500:

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

- If the response to MDS question Q0400 is “no” (i.e., the resident does not have an active discharge plan in place), facilities should ask the resident MDS question Q0500,
- Another example of facilities misunderstanding Section Q includes confusion regarding the administration of Q0500.
- Most facilities never ask, or nearly never ask, Q0500 because they believe they do not need to ask the question because all residents have discharge plans in place. However, unless the resident has an ***active*** discharge plan, the resident must be asked Q0500.
- If a resident answers “yes” to this question, a referral to the Local Contact Agency is required

MDS Section Q, Q0500:

- The resident should be encouraged to learn about possibilities by talking to the Local Contact Agency. Most residents do not know what alternatives to inpatient care may exist, so the word “possibility” in the question is essential.
- It is important for facilities to provide the residents a clear context as to the purpose of Q0500.
- Failing to provide context for the question could result in residents remaining in institutions longer than necessary.

MDS Section Q, Q0600:

Has a referral been made to the Local Contact Agency?

- Residents who express interest in learning about living outside of the facility, either through answering affirmatively to question Q0500 or expressing an interest to direct care staff at other times, should be referred to the appropriate Local Contact Agency for assistance, including education on the process of obtaining community placement and any other appropriate services
- Facilities must recognize that residents can make a free choice about where to receive services and cannot be pressured to remain in the facility.

MDS Section Q, Q0600:

- Facilities must not deny residents a referral to the Local Contact agency for inappropriate reasons, including but not limited to:
  - The facility inserts its judgment and overrides the resident's expressed interest based on factors such as a belief that the resident's disability is too severe to transition;
  - A belief that discharge is not possible because the resident has no home or support in the community, or a previous transition was not successful; and/or
  - The family or caregiver does not want the resident to move.

RECOMMENDATIONS

- **3. The Facility Should Update its Policies and Procedures to Comply with this Guidance Document and Provide Periodic Training.**
  - OCR recommends that facilities review and revise existing policies and procedures or develop new policies and procedures on:
    - A. discharge planning;
    - B. MDS administration, and;
    - C. the Local Contact Agency referral processes.

RECOMMENDATIONS

- In addition, OCR recommends that each facility train all staff involved in conducting, reviewing, assessing, implementing, or otherwise utilizing the MDS assessment (including direct care staff, care teams, the facility's senior management team members, and workforce members in any other relevant position) on Section Q of the MDS.
- OCR recommends using the State Resident Assessment Instrument Coordinator (RAI), who is responsible for coordinating MDS training in the State, or a trainer recommended by the RAI, to conduct the training on the MDS.
    - Mary Maas 919-855-4554 mary.maas@dhhs.nc.gov

RECOMMENDATIONS

- OCR also recommends that each facility train all staff, including direct care staff and Care Teams, the Facility's senior management members, and work force members in any other relevant position on:
  - the Local Contact Agencies which serve the facility's geographic areas;
  - the services the Local Contact Agencies provide and the role they play in assisting individuals interested in living in a community setting;
  - when and how to contact the Local Contact Agency;
  - how to work collaboratively with the Local Contact Agency for the benefit of residents of the facility; and
  - home and community-based services provided by state agencies.
- OCR recommends that individuals from outside the facility with extensive knowledge of the services and role of the Local Contact Agencies and the state home and community-based service systems provide the training.

Closing

- The Local Contact Agency is a resource for the resident and the skilled nursing facility staff
  - Common Goals
  - Strengthen the partner-ship
  - Identify challenges and opportunities for improvement

State Point of Contact

If you do not have contact information for the Local Contact Agency, you should contact the State Point of Contact found at:

www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/community-living/downloads/state-by-state-poc-list.pdf.

MDS Contacts

- **Toll-free MDS Section Q Referral call center**
  - **1-866-271-4894**
  - Monday – Friday 9:00am – 5:00 pm

- **MDS questions**:

Mary Maas 919-855-4554

mary.maas@dhhs.nc.gov

LCA Contacts

For NC statewide LCA questions:

Lorrie Roth

NC Community Living Coordinator at

919-855-4986

lorrie.roth@dhhs.nc.gov

http://www2.ncdhhs.gov/aging/lca.htm

All things are possible when we collaborate