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Discussing Return to Community Living: Best Practices for MDS Section Q
March 21, 2019

Featured Speakers
- Suzanne de Beaumont, MPA
  - Project Director, Open Doors Program
  - New York Association on Independent Living
  - Albany, NY
- Robin Chiaravalle, LMSW
  - Director of Social Work
  - Warren Center for Rehabilitation and Nursing
  - Queensbury, NY
Learning Objectives

- Identify the steps to take when an individual expresses interest in returning to community living from an institution;
- Explain the proper administration of the MDS Section Q interview with nursing home residents;
- Describe when a referral to the Local Contact Agency is appropriate.

Minimum Data Set (MDS) 3.0

What is the Minimum Data Set (MDS)?

- A mandated quarterly comprehensive assessment administered to all nursing home residents

Section Q- Participation in Assessment and Goal Setting

What is Section Q?

- Asks nursing home residents about their interest in discussing options to return to community living
- Long term care facilities are required to make referrals to the Local Contact Agency (LCA) whenever a resident would like more information about community living
Local Contact Agency (LCA)

- What is an LCA?
  - A Local Contact Agency (LCA) is a local community organization responsible for providing information to nursing facility residents on community support options
  - The Open Doors program has been designated by the New York State Department of Health as the LCA for Section Q referrals

New York State Local Contact Agency = Open Doors

Role is to:

- Identify potential participants living in nursing homes and other institutional settings
- Facilitate successful transitions to one’s community of choice

Section Q and Olmstead

Olmstead Supreme Court Decision (1999)

- “Individuals have a right to receive care in the least restrictive (most integrated) setting and that governments have a responsibility to enforce and support these choices.”
- “An individual in a nursing home can choose to leave the facility at any time.”
- “Unjustified isolation” of persons with disabilities is a form of discrimination in violation of Title II of the Americans with Disabilities Act (ADA)
Section Q and Olmstead

- Shared goal of affording people with disabilities the opportunity to live in integrated community-based settings
- Individuals must be provided the opportunity to make an informed decision
- Section Q and LCA referrals help facilities meet their Olmstead-related responsibilities

Improvements in Quality of Life

<table>
<thead>
<tr>
<th></th>
<th>Quality of life of MFP participants pre- and post-transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Life Satisfaction</td>
<td>62.2 83.1 83.5</td>
</tr>
<tr>
<td>Satisfaction with Care</td>
<td>70.6 91.3 91.0</td>
</tr>
<tr>
<td>Satisfaction with Living Arrangements</td>
<td>61.9 92.4 91.4</td>
</tr>
</tbody>
</table>

Benefits of Section Q Questions

- Proper administration of MDS Section Q provides the opportunity to discuss the resident’s goals and expectations
- Facilitates the process of exploring options for community resources and receiving services in the most integrated setting
Section Q Guidance

In May 2016, the U.S. Department of Health and Human Services, Office for Civil Rights issued guidance on MDS Section Q.


Misconceptions

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.

Tips for Section Q

- Ask the question matter-of-factly
- Don’t judge whether a person can be discharged to community
- Focus on creating a person centered care plan which involves expectations and goals regarding discharge
Q0100: Participation in Assessment

Q0300: Resident’s Overall Expectation

Q0300 TIPS

- Avoid trying to guess what the resident might identify as a goal or to judge the resident’s goal
- Do not infer a response based on a specific advance directive, e.g., “do not resuscitate” (DNR)
Q0400: Active Discharge Planning

- Answer YES ONLY if:
  - Resident has expected discharge of 3 months or less
  - Resident is actively working with Open Doors towards discharge
  - Staff are taking active steps to accomplish discharge
  - A referral to Open Doors cannot improve on the plan

- If no active discharge plan, must ask Q0500

- Nursing home staff cannot make the choice to skip Q0500 unless there is an active discharge plan

Q0500: Information on Options for Community Living

- MUST ASK Q0500 unless resident has an ACTIVE discharge plan! DON'T judge whether a resident can be discharged to the community. If YES, REFER TO LCA. LCA will provide information and explore possibility of alternate settings so resident can make informed choices.
Q0500 TIPS

- Must ask question Q0500 unless the resident has an ACTIVE discharge plan with a target date within 3 months.
- Facility must not judge resident's ability to transition based on disability, community support, previous transition attempts or family preference.

Q0500 TIPS

- Review current policies, or develop new policies regarding discharge planning, MDS administration, and the Local Contact Agency referral process.
- When an individual responds "yes" to Q0500, the facility is required to make a referral to a LCA.

Q0600: Referral to Local Contact Agency

<table>
<thead>
<tr>
<th>Q0600: Referral</th>
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<tbody>
<tr>
<td>Has a referral been made to the Local Contact Agency?</td>
</tr>
<tr>
<td>0. No - referral not needed</td>
</tr>
<tr>
<td>1. No - referral is or may be needed (For more information)</td>
</tr>
<tr>
<td>2. Yes - referral made</td>
</tr>
</tbody>
</table>

Use 1. if Q0500="yes" and referral has not been made yet.

Use 2. when LCA is already involved or the referral has already been made.
Q0600 TIPS

- First referrals will be coded as 1 "No referral is or may be needed"
- Code 1 will trigger the Care Area Assessment (CAA) in section V
  - Must be completed before the MDS can be submitted

Transition Specialist Role

- Collaboration
  - Nursing Home Discharge Planners
  - Care Managers
  - Service Coordinators
- Create person-centered transition plan
- Identify community resources
- Follow up with individual after transition

Action Steps for Building Relationships and Coordination

- Develop a relationship with the Transition Center in your area
- Discuss referral process and details of Local Contact Agency/Open Doors process
- Maintain open, frequent communication between nursing home staff and transition specialist
Next Steps For Facilitating Section Q Compliance

- Make referral to LCA when Q0500 = YES
- Explore barriers to discharge to the community with the Transition Specialist
- Review policies and procedures to assure compliance with MDS and Olmstead

Referral to Open Doors

- Call Open Doors central office: 1-844-545-7108
- Call Local Contact Agency
  - List of Regional local contacts: https://ilny.us/transition-center
- Email: secq@ilny.org
- Fax: 1-518-465-4625

MDS 3.0 Section Q Summary

MDS Section Q
- If an individual responds “yes” to Question 0500 providers MUST refer them to the Open Doors unless there is an ACTIVE discharge plan

Open Doors is the LCA
- Open Doors provides transition assistance to individuals who wish to transition from long term care facilities to community settings
Resources

- Public Health Live! Money Follows the Person, Feb 2017: www.phlive.org
- Section Q: https://www.health.ny.gov/professionals/nursing_home_administrator/dal_nh_16-17_mds_version_3_section_q.htm

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