



The National Long-Term Care Ombudsman Resource Center

THE IMPACT OF MDS 3.0/SECTION Q IMPLEMENTATION NORC QUESTIONNAIRE, DECEMBER 2010

HIGHLIGHTS

KEY POINTS

- 31 State Long-Term Care Ombudsmen, 58%, responded to the November 2010 questionnaire regarding the impact of MDS 3.0/Section Q providing a broad representation of the country.
- Several State Ombudsmen felt that nursing facilities need more training regarding speaking with residents and families about Section Q, the role of the Local Contact Agencies and making appropriate referrals.
- Multiple State Ombudsmen voiced their concern about the availability of community resources to accommodate residents and the timeliness of the entire process from referral to transfer. Additionally, they expressed concern that residents may suffer from stress during the waiting period or experience psychological trauma if their hopes are lifted and they are unable to transfer. Specifically, one respondent stated that several residents and family members were frustrated that the hope of returning home was given to them during this process, but the appropriate resources in the community were not available or they were placed on a waiting list for services.
- Some State Ombudsmen stated it was too early to determine the impact of MDS 3.0/Section Q implementation, but assume their programs will receive more requests for assistance and/or complaints as residents, families and facilities become more familiar with the process.

SUMMARY OF SURVEY RESULTS

COMMUNICATION AND INFORMATION

- 74% of respondents (23) have distributed the CMS Section Q consumer brochure to their local programs and/or consumers and 26 of the responding states (or 84%) have designated their Local Contact Agency.
- Nearly half, 46%, of the designated Local Contact Agencies are housed within a state agency (12), the others include Area Agencies on Aging (2), Centers for Independent Living (1), Aging and Disability Resource Centers (4), Community Resource Centers (1) and 6 states designate two agencies based on the individual's payment source.

- 41% of the respondents in states with a designated Local Contact Agency felt the staff of long-term care facilities found the Local Contact Agencies to be “very responsive” (5) or “somewhat responsive” (6) to their referrals. Two respondents stated the Local Contact Agency was “not responsive” and the other respondents stated they “don’t know” (14) or did not respond (4) to the question.
- One state claimed that this process has burdened Ombudsmen staff due to lack of proper training for nursing home staff and the managed care case managers.
- Another state claimed that their Local Contact Agencies and nursing home providers accuse each other of not providing proper follow through for cases and the Ombudsman program has to mediate these concerns and hold each party accountable for their responsibilities.

COMPLAINTS RECEIVED SINCE IMPLEMENTATION OF MDS 3.0

- Nearly 10% of the respondents (3) said their complaints increased since the implementation of MDS 3.0/Section Q and one of those states said they could gather specific information regarding the increase as they’ve received several complaints from families and guardians about the Section Q process.
- None of the respondents stated they had an increase in complaints since the implementation of MDS 3.0/Section Q for the following NORS codes: B-13 Access to information by resident or resident’s representative, F-42 Resident Care- Care plan/resident assessment, or P-120 System/others- family conflict, interference.
- One respondent claimed an increase in complaints for NORS code O-115: State Medicaid Agency and said it was “very likely” due to the implementation of MDS 3.0/Section Q.
- Two respondents said their program experienced an increase in complaints regarding NORS P-128: System/others- request for less restrictive placement and one claimed the increase was “very likely” and the other stated it was “likely” due to the implementation of MDS 3.0/Section Q.

OTHER OMBUDSMAN ACTIVITIES

- 16% of respondents (5) claim an increase in demand for other Ombudsman activities since MDS 3.0/Section Q was implemented.
 - One respondent claimed that volunteer Ombudsmen spend more time speaking with residents and families about the possibility of returning to the community where prior to the implementation of MDS 3.0/Section Q they would wait for a resident to initiate the conversation before discussing the process.
 - Another respondent said Ombudsmen are responding to general questions, following through with a referral or in rare cases they are asked to stop a referral that was submitted to the Local Contact Agency.
 - One of the three respondents that had data available said the majority of their inquiries regarding the Section Q process come from facility staff.
 - Another respondent said their Ombudsman program provided the following services related to the Section Q process (between 10/1/2010 and 11/17/2010):
 - 2 trainings for facility staff
 - 36 consultations to facilities/providers

- 33 consultations to individuals
 - 8 resident visitations
 - 4 community education sessions
- None of the respondents stated they had an increase in the demand for work with resident councils or family councils.
- A few respondents claimed an increase in requests for facility staff trainings (1), consultations to facilities (3) and consultations with individuals (3). Of those respondents that identified an increase in demand for these services they claimed it was either “very likely” or “likely” due to the implementation of MDS 3.0/Section Q.

ADDITIONAL CONCERNS/COMMENTS REGARDING THE IMPLEMENTATION PROCESS

- One respondent stated that the local Ombudsmen were concerned that their host agency may give them more responsibilities related to Section Q in addition to their current duties.
- One respondent said that most of the calls the Ombudsmen receive were from nursing facility staff with specific questions such as, discussing community options with residents with dementia or with residents whose anxiety about going home may escalate dramatically due to the discussion.
- Several states have not identified their Local Contact Agencies or did so slowly, impacting effective outreach regarding the Section Q process.
- One state mentioned concern for availability of community resources due to recent budget cuts in community services.
- One state with an established Money Follows the Person program was not prepared to handle referrals for non-Medicaid eligible individuals. The state is seeking solutions for this need including the possibility of designating certain Aging and Disability Resource Centers (ADRCs) to respond to referrals for non-Medicaid eligible individuals.
- The Medicaid agency in one state that contracts with managed care organizations to provide case management for individuals transferring into the community feels that complaints should be handled by those case managers.
- At the time of this survey, one state’s designated Local Contact Agency had a recorded message for callers requesting Section Q information and did not allow callers to leave a message to request a return call.