

**LLTCO RESPONSE SUMMARY:
THE IMPACT OF MDS 3.0/SECTION Q IMPLEMENTATION
NORC QUESTIONNAIRE, MAY 2012**

COMMUNICATION, INFORMATION AND REFERRALS

- 11 Local Long-Term Care Ombudsmen responded to the May 2012 questionnaire representing local programs in the following states: CO, MO, NC, NY, PA, TX, VA and WY.
- 4 respondents (36%) did not know how many or reported that zero residents have transferred from a nursing home due to the MDS 3.0/Section Q process since June 2011.
- According to several of the respondents the primary role of the LTCO in this process is to inform residents (and often family members) of residents' rights, provide information about the MDS 3.0 Section Q process and the discharge planning process.
- If the respondents referred residents they would refer them directly to the LCA, ADRC or nursing home social worker to complete the process.
- Most respondents communicated with agencies involved in the MDS 3.0 Section Q process (e.g. ADRCs, LCAs, CILs and others). Some examples of communication or coordination are as follows:
 - Due to complaints received about coordination and communication with NHs regarding this process, the LLTCOP coordinates with their LCA.
 - A LLTCOP has utilized their ADRC to obtain information regarding community resources for discharges not related to the MDS 3.0 Section Q process.
 - One respondent is a member of a Resource Referral Team. The team meets monthly to discuss the MDS Referral process and specific cases which have been referred and are in the process of transition. Additionally, the respondent has referred individuals to their local CIL for information about community options and the CIL has provided support and information to residents of nursing homes and adult care homes.
 - One respondent has provided long-term care information and resources and supports to their contact person within the LCA.
- The respondents did not report new partnerships with agencies involved in the MDS 3.0 Section Q process; however, three respondents did report improved coordination, communication and understanding of roles with entities involved in the process (e.g. CILs, NH discharge planners and NH staff).
- None of the respondents reported seeing an improvement in the care planning process (e.g. nursing homes are encouraging more resident participation in care plan meetings, care plans are more individualized).
 - One respondent said residents report that care plans are conducted within restrictive timeframes not granting the residents and/or their representative enough time to discuss

their concerns. Due to the time constraints and lack of ability to voice their concerns many residents are discouraged and do not attend their care plan meetings.

COMPLAINTS AND OTHER OMBUDSMAN ACTIVITIES

COMPLAINTS

- None of the respondents reported an increase in complaints received since the implementation of MDS 3.0.

OMBUDSMAN ACTIVITIES

- Two respondents reported an increase in Ombudsman activities due to the implementation of MDS 3.0:
 - One respondent participates in committees related to MDS 3.0 Section Q.
 - Another respondent reported that the majority of NHs in her region are informing residents and family members of the MDS 3.0 Section Q process; therefore, the LTCOP has received more requests for information about care plan meetings. Once the LTCO provides information to the residents and family members most are able to self-advocate or advocate for the resident without further LTCO involvement.

SUCCESSSES AND CHALLENGES

CHALLENGES

- One respondent said her state has some successful transitions; however they are due to MFP, not the MDS 3.0 Section Q process.
- One respondent said nursing homes are not making enough referrals and that may be due to inadequate assessments and/or the staff not asking the “return the community” questions in a manner the resident understands.
- One respondent said her LTCOP serves as the referral program for MFP, but her program is not directly involved in the Section Q process.
- One respondent reported that nursing homes seem to self-select residents they want to refer rather than referring all residents that are interested. Residents also experience a lack of affordable housing and supportive services in the community.
- Another respondent said nursing homes in her region have a low census and are hesitant to make referrals.
- One ombudsman said her program does not receive information on outcomes after making referrals.

SUCCESSSES

- One respondent gave an example of a resident expressing what she wants during the care planning process in response to the “return to the community” referral item and participating in the steps necessary to return to leave the nursing home and return to independent living.
- One respondent said the following, “the best part about this program has been the improved working relationships between community agency staff and nursing facility staff. This process has brought the two together rather than living in two separate worlds as before. For years, community agency staff feared nursing homes, and vice versa, due to lack of interaction and knowledge about the others' environment. Through this process they have found that everyone is working towards the common goal of helping the individual and learning more about person-centered care.”

ENFORCEMENT

- The majority of the respondents either did not know or said their state survey agency has not taken any enforcement action related to the return to the community referral questions in the Section Q process.
- One respondent said her state survey agency has provided clarification and guidance regarding the process through conference calls, training and individual requests from nursing homes for additional information.

INFORMATION, TRAINING AND SUPPORT REQUESTED

A few respondents provided requests for additional information or support regarding the MDS 3.0 Section Q process. Some of the suggestions are listed below and the chart displays information requested with corresponding resources currently available.

- Anything that could continue to focus on the positives for the residents while showing the staff of the homes that it is ultimately good publicity for them.
- Raise awareness and provide information to the general public that residents in long-term care do not need to stay there and they have right to seek information about alternatives. For example, in this respondent's state the state lottery funds aging services and recently released a new ad campaign highlighting the services the lottery funds.

INFORMATION REQUESTED	AVAILABLE RESOURCES
More training regarding MDS 3.0 RAI (Resident Assessment Instrument)	<ul style="list-style-type: none"> • Fact Sheet for Long-Term Care Ombudsmen: MDS 3.0 Section Q (NORC- 11/10) http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TrainingMaterials.html • Information Brief: Changes in the MDS 3.0 for Long-Term Care Ombudsmen (NORC-9/10) http://www.ltcombudsman.org/sites/default/files/issues/MDS-3.0-Informational-Brief.pdf • Impact of MDS 3.0/Section Q Implementation (results from NORC questionnaires) http://www.ltcombudsman.org/issues/MDS-3.0 • North Carolina MDS 3.0 Section Q Referral Response Toolkit (includes communication tips when speaking with residents in response to referrals, list of planning questions and a LCA contact checklist pgs. 5-13) http://www.ltcombudsman.org/sites/default/files/norc/STEPBYSTEP-REFERAL-GUIDE2-WEB2.pdf • Materials created by LTCO and NORC for training LTCO, residents and facility staff http://www.ltcombudsman.org/issues/MDS-3.0 • Materials created by CMS for MDS 3.0 Training (includes links to videos for interviewing residents) http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/index.html • CMS Presentation on MDS 3.0 and Section Q (CMS- 4/10) http://www.ltcombudsman.org/issues/MDS-3.0

	<ul style="list-style-type: none"> • Transitions and Long-Term Care: A Look at MDS 3.0 Section Q and Money Follows the Person (AoA Webinar-1/30/12) http://www.aoa.gov/Aging_Statistics/Health_care_reform.aspx#webinar
Information to share with residents, family members and nursing home staff	<ul style="list-style-type: none"> • Your Right to Get Information About Returning to the Community (CMS Brochure- 10/10) http://www.medicare.gov/publications/pubs/pdf/11477.pdf
More training for nursing home MDS Coordinators and Social Workers	<ul style="list-style-type: none"> • Materials created by CMS for MDS 3.0 Training (includes links to videos for interviewing residents) http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/index.html • CMS Presentation on MDS 3.0 and Section Q (CMS- 4/10) http://www.ltcombudsman.org/issues/MDS-3.0