

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

### COMMUNICATION, INFORMATION AND REFERRALS

- 25 State Long-Term Care Ombudsmen (or a representative of the SLTCO), 47%, responded to the May 2012 questionnaire.
- Most respondents, 16 (67%) did not know how many residents have transferred from a nursing home due to the MDS 3.0/Section Q process since June 2011.
  - Three respondents said approximately a total of **200** individuals from their states have transferred from a nursing home due to the MDS 3.0/Section Q process since June 2011.
  - Three other respondents reported that a total of approximately **1,650** individuals in their states have transferred from nursing homes since June 2011, but the respondents were not sure if those individuals were initiated by MDS 3.0/Section Q referrals or due to other programs such as Money Follows the Person.
  - One respondent said their SLTCOP were involved **200** of the total 400 nursing home transitions in their state since June 2011.
- One respondent said her LTCOP was designated as the Local Contact Agency (LCA) due to the program's regular presence in the nursing homes, knowledge of home and community based services, experience in solving problems residents may encounter during the discharge process and the program's ability to respond promptly to referrals.
- Respondents are involved in coordinating with other agencies, providing information and assistance during the MDS 3.0/Section Q process in a variety of ways including the following:
  - **Cross-Training/Community Education**
    - One respondent's LTCOP ADRC options counselors and MFP transition coordinators learn during on-site training about how the LTCOP may be a resource, some LTCO go out with ADRC staff to introduce them to NH staff
    - We partner with the Medicaid agency on training for providers and others and we share data and communicate frequently about policy and individual consumers.
    - The OSLTCO has a staff person who splits her duties as both the intake coordinator and the MDS 3.0 Section Q educator.
  - **Assessments**
    - One respondent said that as of July 1, 2012 her SLTCOP will no longer conduct assessments as that responsibility took away from the advocacy role of Ombudsmen. ADRC staff will conduct resident assessments after July 1, 2012, but will continue to coordinate with the LTCOP for assistance with resident issues/concerns.
  - **Advocacy/Transition Assistance**
    - Two respondents said their LTCOP advocates for residents during the transition process and assists, ADRCs, CILs and LCAs in removing barriers (e.g. nursing

home or guardian resistance to a resident's choice to relocate) and ensuring a safe and appropriate discharge or transfer plan.

- Two other respondents said Section Q referrals are received by phone, but if a resident needs or requests in-person counseling the ADRC will contact the Local LTCO (or Ombudsmen Transition Specialists in one state) and the LLTCO will assist the resident by providing information and advocacy.
- **New Partnerships**
  - Three respondents said they have developed new partnerships due to their program's involvement with the MDS 3.0/Section Q process including: statewide ADRC Program Manager, CILs, HCBS waiver agencies, AAAs, NH social workers, legal aid offices, Protection and Advocacy agency and one program said their program and the CILs have a better understanding of the each other's similarities and differences.
  - One respondent said the CILs in their state provides relocation services for Medicaid beneficiaries so the Local Ombudsmen have regular communication and coordination with CILs (including attending community transition team meetings with representatives from CILs and other relocation professionals to address barriers experienced in the transition process). ADRCs serve as LCAs and provide relocation services for private pay individuals with four ADRCs providing statewide "options counseling" services to these individuals. Those ADRCs will contact an ombudsman for an in-person visit to provide materials assembled by the options counselor. In a new initiative in one region of the state, the ADRC will pay the local ombudsman program to make these visits.
  - One respondent described several new relationships due to the MDS 3.0 Section Q process between the LTCOP and the following individuals/organizations:
    - MFP Team Director- Due to this partnership the OLTCO was included in the MDS 3.0 Section Q Referral Process Manual and participated in the statewide MDS 3.0 Section Q trainings.
    - A University's Center on Aging through the Pioneer Network's Learning Collaborative- This partnership was developed to gain a more person-centered approach to utilizing the MDS 3.0, and in particular, Section Q. Attendance by the intake coordinator and MDS 3.0 Section Q educator, is promoting outreach on behalf of both UNH and the OLTCO.
    - A University's Institute for Health Policy and Practice (IHPP)- Due to collaboration with the OLTCO the IHPP has gained a better understanding of the needs of the elder population and is focusing on more long term care programs, outreach, and research opportunities.
  - One respondent serves on the state Aging and Disability Resource Center Steering Committee along with the ADRCs and CILs. The committee was convened by the SUA and created the protocol for responding to Section Q referrals. In June 2012, the members of the steering committee and the RAI Coordinator will provide a webinar for nursing home staff across the state regarding the Section Q process and MFP. The LTCOP is also developing a plan with ADRCs and CILs to conduct trainings for residents, families and staff of each nursing home in the state. The LTCOP has received options counseling from ADRCs and the LTCOP have provided the ADRC staff with training about the advocacy role of the LTCOP.

## **COMPLAINTS AND OTHER OMBUDSMAN ACTIVITIES**

### **Common Complaints**

- Lack of response or slow response by LCAs to resident referrals for information regarding transition options.
- Resistance from nursing home staff, resident family members and guardians to discussing, offering and supporting transition options.
  - To elaborate further, one respondent said her state is experiencing guardians telling nursing homes to not ask residents the Section Q questions. In response, her program has started to educate guardians and probate courts about this requirement to resolve the barriers.
- One respondent said they've received complaints that the transition requirements are too restrictive and residents have requested Ombudsman assistance in challenging decisions of ineligibility.

### **Ombudsman Activities**

- Three respondents said they have provided training regarding MDS 3.0 Section Q process:
  - One respondent has provided training at local and statewide conferences
  - One respondent has seen an increase in requests for staff training, consultations to residents and families and presentations to Resident Councils regarding MDS 3.0 Section Q.
  - One respondent provides training regarding MDS 3.0 Section Q in coordination with staff from another state agency.

## **SUCSESSES AND CHALLENGES**

### **CHALLENGES**

- **Lack of Referrals/Communication**
  - One respondent said nursing homes lack creativity when asking residents about transition options. For example, a resident may want to move out of the nursing home, but there is a lack of housing available in their rural community, but the nursing home fails to ask the resident if they would consider relocating to a larger community with more housing options.
  - Several respondents said nursing homes are not making referrals to the LCAs for residents interested in discussing transition options.
  - One respondent said her state Medicaid Agency is in consultation with CMS to see if all MDS 3.0 Sec Q referrals can come through the MDS Website rather than referring directly to LCAs. Due to the current structure of referrals directly to LCAs there is no way to know how referrals are disseminated or if follow-up is needed, and some nursing homes contact the LTCOP for assistance in transitioning the resident out of the nursing home.
- **Lack of Data**
  - Lack of referral data.
    - One respondent said her state's ADRC is analyzing data to see how often nursing homes make referrals in response to Section Q and identify trends. The ADRC is sharing this data with the LTCOP so LTCO can follow-up with nursing homes and residents regarding referrals.
    - Another respondent said a large percentage of nursing homes in one of her state's largest counties have not made any referrals. The LCA, in this state is their ADRC, said they would supply the state Survey Agency with a list of facilities not making

referrals, but as of the time of this questionnaire the Survey Agency had not received that list.

- Confusion between determining data for referrals and transitions due to MDS 3.0 Section Q and compared to those for Money Follows the Person.
- **Lack of Enforcement**
  - 14 respondents said they did not know or their state survey agency has not taken any enforcement action related to the return to the community referrals.
  - One respondent said her state survey agency said they will not enforce requirements regarding MDS 3.0 Section Q; however, ombudsmen will file complaints as needed and refer to the appropriate residents' rights violations. *After a local ombudsman investigated and found that a majority of the facilities she visits NEVER refer residents to the local contact agency, one region of regulatory commented that they would start to routinely ask residents about section Q.*
  - One respondent said the lack of enforcement by the State Survey Agency and the state Medicaid agency is a significant challenge.
  - The MFP section of one respondent's host agency agreed to submit an ombudsman MFP proposal to CMS with the expectation that ombudsmen could help "enforce" Section Q. The SLTCO worked with them to adjust that expectation to ensure it aligned with the ombudsman role. Ombudsmen will help ask questions of facility staff, residents, and families about Section Q and to educate all parties on relocation options.
- **Inappropriate Referrals/Lack of Community Resources**
  - One respondent said many referrals are made for residents with a high level of care needs that usually do not qualify for services outside of the nursing home.
  - Another respondent said her state lacks resources to support residents that want to return to the community. Her state has wait lists for several programs including affordable housing, state-funded home-based care and Medicaid waiver home care programs.

## SUCSESSES

- One respondent requested information from her program's host agency about the history of relocations from nursing homes to other community settings under waiver programs in her state and she recommends other state ombudsmen to do the same. She has asked her local ombudsmen to use the data to target their visits and educational activities.
- One respondent said that due to Ombudsmen advocacy a few residents are transitioned to community placements rather than another SNF/NF during closures as Ombudsmen intervene on behalf of residents with many entities, including LCAs and CILs to help residents get the community setting of their choice.
- Staff and volunteer Ombudsmen are speaking with residents about transition options and making referrals.
- One respondents' state has created an MDS 3.0 Section Q Training Manual subcommittee and the Intake and Triage Coordinator/MDS 3.0 Section Q educator from the OSLTCO was able to facilitate the creation of a "Long Term Care Ombudsman Chapter" for the manual. The chapter included the Office of the Long Term Care Ombudsman's (OLTCO's) roles and responsibilities concerning the MDS 3.0 Section Q referral process, as well as general program information. The staff person also developed an educational curriculum to deliver to long term care residents, their families, and resident councils related to their rights to participate in the process and how to access the program.
- One respondent said her state has been successful in advocating for increased funding for home care and recently served on a Blue Ribbon Commission for Affordable Housing and was able to

create a housing workgroup (including the state Housing Authority and State Unit on Aging) to address housing and related service needs of her state's elderly and disabled citizens.

## **INFORMATION, TRAINING AND SUPPORT REQUESTED**

Several 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.

### **Requests for resources or materials that would assist LTCO in educating and advocating for residents in regards to MDS 3.0 Section Q:**

- In response to challenge of guardians telling nursing homes not to ask the Section Q questions one respondent requested specific direction from CMS regarding this barrier.
- Guidance for Ombudsman regarding making appropriate referrals to LCAs and the role of the LTCO in this process without compromising the role of the LTCO.
- A fact sheet for Ombudsmen to share with residents, families and nursing home staff regarding MDS 3.0 Section Q (especially additional information regarding the purpose of the “return to the community” questions).
- LTCOP Best Practice summaries addressing:
  - NHs blocking transitions
  - Guardians refusing transitions
  - Assisting residents with mental health needs to ensure they have adequate support services in place outside of the nursing home
- MDS 3.0 Section Q referral data (e.g. number of referrals, choice of living arrangement after leaving the NH).
- Consumer materials about various aspects of returning to life outside of a nursing home (e.g. how to deal with bad credit, managing bills, self-advocacy, and how to receive care outside of the NH).

<b>INFORMATION REQUESTED</b>	<b>AVAILABLE RESOURCES</b>
Webinar providing an overview of MDS 3.0 Section Q and Money Follows the Person (MFP)	<ul style="list-style-type: none"> <li>• Transitions and Long-Term Care: A Look at MDS 3.0 Section Q and Money Follows the Person (AoA Webinar-1/30/12) <a href="http://www.aoa.gov/Aging_Statistics/Health_care_reform.aspx#webinar">http://www.aoa.gov/Aging_Statistics/Health_care_reform.aspx#webinar</a></li> </ul>
Information to share with residents, family members and nursing home staff	<ul style="list-style-type: none"> <li>• Your Right to Get Information About Returning to the Community (CMS Brochure- 10/10) <a href="http://www.medicare.gov/publications/pubs/pdf/11477.pdf">http://www.medicare.gov/publications/pubs/pdf/11477.pdf</a></li> </ul>
MDS 3.0 Section Q Training Materials	<ul style="list-style-type: none"> <li>• Fact Sheet for Long-Term Care Ombudsmen: MDS 3.0 Section Q (NORC- 11/10) <a href="http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TrainingMaterials.html">http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TrainingMaterials.html</a></li> <li>• Information Brief: Changes in the MDS 3.0 for Long-Term Care Ombudsmen (NORC-9/10) <a href="http://www.ltombudsman.org/sites/default/files/issues/MDS-3.0-Informational-Brief.pdf">http://www.ltombudsman.org/sites/default/files/issues/MDS-3.0-Informational-Brief.pdf</a></li> <li>• Impact of MDS 3.0/Section Q Implementation (results from NORC)</li> </ul>

	<p>questionnaires)</p> <ul style="list-style-type: none"><li>• 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) <a href="http://www.ltcombudsman.org/sites/default/files/norc/STEPBYSTEP-REFERAL-GUIDE2-WEB2.pdf">http://www.ltcombudsman.org/sites/default/files/norc/STEPBYSTEP-REFERAL-GUIDE2-WEB2.pdf</a></li><li>• Materials created by LTCO and NORC for training LTCO, residents and facility staff <a href="http://www.ltcombudsman.org/issues/MDS-3.0">http://www.ltcombudsman.org/issues/MDS-3.0</a></li><li>• Materials created by CMS for MDS 3.0 Training (includes links to videos for interviewing residents) <a href="http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TrainingMaterials.html">http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TrainingMaterials.html</a></li><li>• CMS Presentation on MDS 3.0 and Section Q (CMS- 4/10) <a href="http://www.ltcombudsman.org/issues/MDS-3.0">http://www.ltcombudsman.org/issues/MDS-3.0</a></li></ul>
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