MDS 3.0 - Section Q

Participation in Assessment and Goal Setting

"Do You Want To Speak To Someone About The Possibility of Returning To The Community"

2.0 vs. 3.0

MDS 2.0	MDS 3.0
Discharge Potential item asked the assessor if the resident expressed a preference to return to the community	Return to Community Referral item asks the individual if they are "interested in speaking with someone about the possibility of returning to the community"
Assessors findings recorded in database and no follow-up action required	If the individual responds Yes, then the facility must initiate care planning and may refer the individual to a state-designated local contact agency

2.0 vs. 3.0

MDS 2.0	MDS 3.0
Asked if the resident has a support person who is positive toward discharge	A more extensive series of questions for assessment and investigation for care planning are asked
Asked only upon admission and annually	Asked at admission, annually, quarterly and on significant change

Section Q: Increases Resident Voice and Promotes Collaboration

- ✓ Meaningfully engages residents in their discharge planning goals.

- ✓ Directly asks the resident if they want information about long-term care community based options.

- ✓ Promotes linkages and information exchange between nursing homes, local contact agencies, and community-based long-term care providers.

- ✓ Promotes discharge planning collaboration between nursing homes and local contact agencies for residents who may require medical and supportive services to return to the community.

Section Q: Increases Resident Voice and Promotes Collaboration

✓ Nursing home staff are expected to contact Local Contact Agencies for those residents who express a desire to learn about possible transition back to the community and what care options and supports are available.

✓ Local Contact Agencies are expected to respond to nursing home staff referrals by providing information to residents about available community-based long-term care supports and services.

✓ Nursing home staff and Local Contact Agencies are expected to meaningfully engage the resident in their discharge and transition plan and collaboratively work to arrange for all of the necessary community-based long-term care services. (Nursing Homes are still expected to do discharge planning).

Local Contact Agencies

LCAs can be:
- Center for Independent Living (CIL)
- Area Agency on Aging (AAA)
- Aging & Disability Resource Center (ADRC)
- Money Follows the Person program (MFP)
- Developmental Disabilities Administration
- Mental Health Administration
- Mix of these
- Other

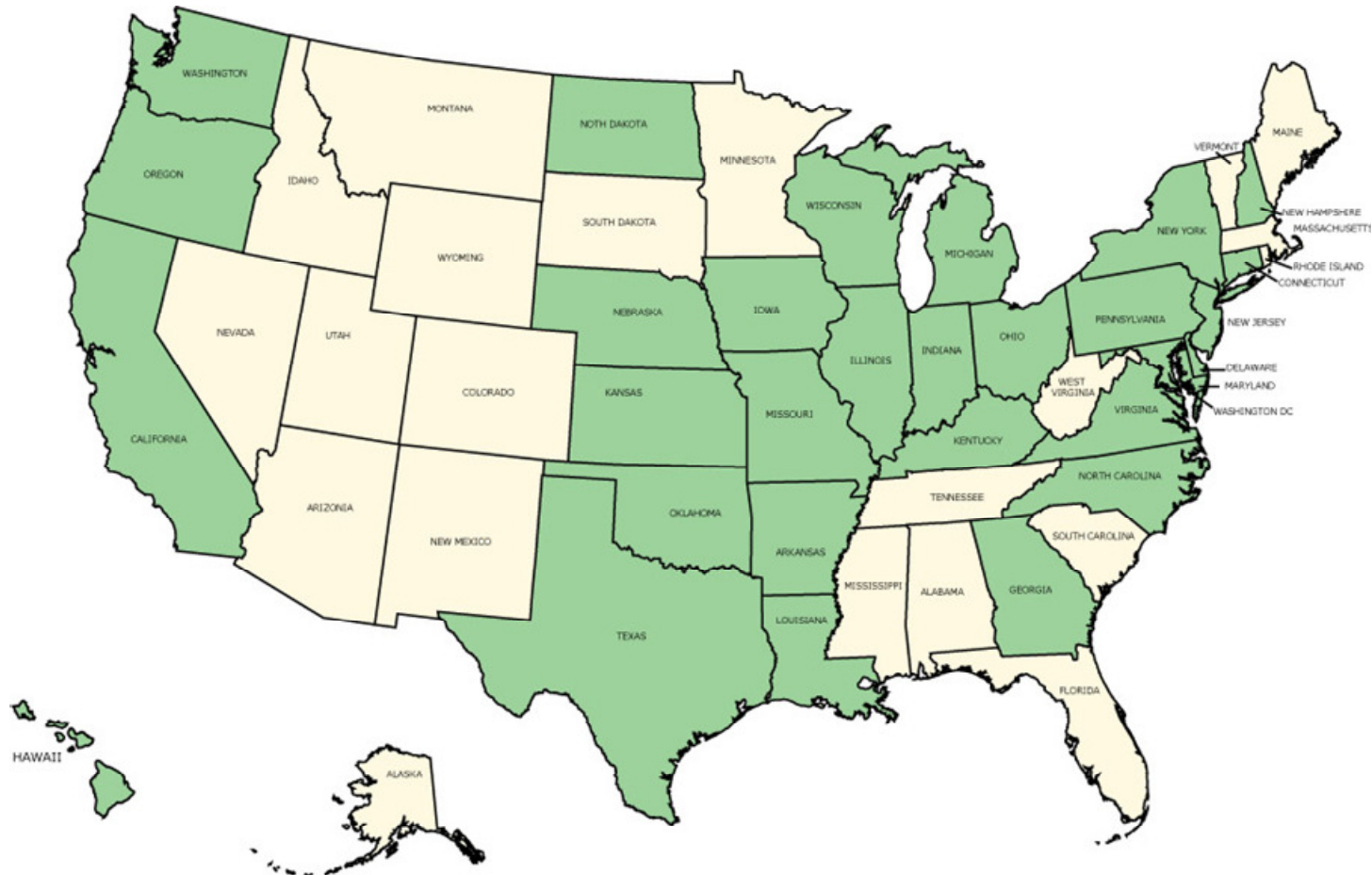# MFP and Section Q

Collaboration Opportunities

MFP – Money Follows the Person

❑ Largest Medicaid demonstration in history

  ✓ Funded at $4 Billion until 2016

  ✓ Enhanced FMAP

  ✓ 100% Administrative match

  ✓ Supplemental Service category

  ✓ Currently 29 States + D.C.
    ▪ Potentially 14 more for a total of 44 MFP programs

  ✓ More than 25 thousand transitions projected

CMS is currently collaborating with AoA and the Consumer Voice (formerly NCCNHR) to build relationships with the Ombudsman's program to support Section Q

CMS & AoA working collaboratively awarded Supplemental Funding to States to help grow their ADRC programs to support Section Q implementation. Awards were made to 25 States in the amount of more than $10 Million

Current MFP States

Potential MFP Grantees

- Alabama
- Colorado
- Idaho
- Massachusetts
- Mississippi
- New Mexico
- Tennessee
- West Virginia

- American Samoa
- Florida
- Maine
- Minnesota
- Nevada
- Rhode Island
- Utah

Section Q Resources

WWW.CMS.gov - Community Services and Long
Term Supports –
Community Living Initiative

✓ Section Q Training Conference videos

✓ Gladys & Linda Return to the Community video

✓ Planning for Your Discharge checklist

✓ Your Right to Get Information… brochure

✓ Section Q Q&A document

✓ State Point of Contact (POC) list

Section Q Information and Comments

E-mail questions or comments to:

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Or

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