CHANGES COMING TO MDS 3.0 SECTION Q

ON APRIL 1, 2012

Alice Hogan, PMP
Project Officer, CMS

Dann Milne, Ph.D.
Consultant to CMS

MDS Conference Saint Louis, MO March 7 & 9, 2012

Overview

- Minimum Data Set (MDS) 3.0
- Why Changes are Needed
- Results of Input Process & Pilot Test
- Description of Changes
- Side-by-side Comparison - Current vs. New Items
- Highlights of RAI User's Manual Changes
- Expected Impacts
- Resources for more information

Minimum Data Set 3.0

- Nursing Facility Resident Assessment Instrument
  - Used for all residents in Medicare/Medicaid certified nursing facilities
  - Primarily used for rate setting & quality assurance

- Version 3.0 implemented on October 1, 2010

Minimum Data Set 3.0

- CMS used the opportunity to improve the functionality of Section Q –Participation in Assessment and Goal Setting
  - More person-centered -- interview resident/family
  - Action Steps– Connection to a Local Contact Agency

Need for Change Identified

- CMS conducted an open dialogue as part of the Section Q implementation process
  - Open Forum teleconferences
  - Monthly State Medicaid Agency teleconferences
  - Discussion sessions at conferences
  - Posting Questions & Answers on CMS website

Need for Change Identified

Continued…

- Posting Pilot Test Results
- Posting Local Contact Agencies & State coordinator Points of Contact

- Ongoing input from Improving Transitions Work Group (States and other Stakeholders)

Results of the Dialogue

- Many program operation issues were resolved
- Suggestions for improving the functioning of Section Q were made:
  - Current skip patterns may preclude resident choice
  - Feasibility of discharge question may exclude potential candidates for transitioning

Results of the Dialogue

Suggestions Continued…

- Some residents/families were upset by being asked about returning to the community
- Need to better accommodate residents with cognitive impairments, dementia, mental illness
- Some residents needed more time to explore options

Changes

- Feasibility of discharge item was dropped
- Individuals can opt-out of being asked if they want to speak to someone about returning to the community on all but annual assessment
- Some clarifying language changes were made

Intent of Changes

- Adopts a more person-centered approach
- Places resident/family at center of decision-making
- Gives individual residents a voice and a choice while being sensitive to those who may be upset by the assessment process
- Is more targeted about who gets queried

Results of the Process

- Suggested changes were incorporated into new draft Section Q and discussed with Improving Transitions Work Group
- Proposed Language Changes were Pilot Tested in nine nursing facilities in six States (CA, MA, MI, AL, NJ,FL) in February 2011
- Results are incorporated in MDS revisions being implemented in April 2012

Side-by-Side Comparisons

Current Version	April 2012 Version
Q0100A. Resident participated in assessment 0. No 1. Yes	Same
Q0100B. Family or significant other participated in assessment 0. No 1. Yes 2. No family or significant other	Same Same 2. No family or significant other available In *User's Manual*: "Resident has no family or significant other"
Q0100C. Guardian or legally authorized representative participated in assessment 0. No 1. Yes 2. No guardian or legally authorized representative	Same Same 2. No guardian or legally authorized representative available. In *User's Manual*: "Resident has no guardian or legally authorized representative"

Changes to Section Q, cont'd

Current Version (on admission)	April 2012 Version (on admission)
Q0300. Resident's Overall Expectation A. Select one for resident's overall goal established during assessment process 1. Expects to be discharged to the community 2. Expects to remain in this facility 3. Expects to be discharged to another facility/institution 9. Unknown or uncertain	Same
Q0300B. Indicate information source for Q0300A 1. Resident 2. If not resident, then family or significant other 3. If not resident, family or significant other, then guardian or legally authorized representative 9. None of the above	 Same Same Same 9. Unknown or uncertain

Changes to Section Q, cont'd

Q0400 Discharge Plan	
Current Version	April 2012 Version
A. Is there an active discharge plan in place for the resident to return to the community? 0. No 1. Yes -> Skip to Q0600, Referral	A. Is active discharge planning already occurring for the resident to return to the community? Same Same
B. What determination was made by the resident and the care planning team that discharge to community is feasible? 0. Determination not made 1. Discharge to community is feasible – Skip to Q0600 2. Discharge to community is not feasible – Skip to next active section	**Item eliminated**

Changes to Section Q, cont'd

Q0490. Resident's Preference to Avoid Being Asked Question Q0500B (complete only when A0310 = 02, 06, 99) (comprehensive assessments)	
Current Version	April 2012 Version
Does not exist	Does the resident's clinical record document a request that this question be asked only on comprehensive assessments? 0. No 1. Yes, *Unless is comprehensive assessment,* (in User's Manual) -> Skip to Q0600, Referral 8. Information not available

Changes to Section Q, cont'd

Q0500. Return to Community	
Current Version	April 2012 Version
A. Has the resident been asked if s/he wants to talk with someone about the possibility of returning to the community? 0. No 1. Yes—previous response was "no" 2. Yes—previous response was "yes" -> skip to Q0600, Referral 3. Yes—previous response was "unknown"	Item eliminated

Changes to Section Q, cont'd

Q0500. Return to Community	
Current Version	April 2012 Version
B. Ask the resident, (or family or significant other if resident is unable to respond): "Do you want to talk to someone about the possibility of returning to the community?" 0. No 1. Yes 2. Unknown or uncertain	B. Ask the resident, (or family or significant other if resident is unable to respond): "Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?" Same Same 9. Unknown or uncertain

Changes to Section Q, cont'd

Q0550. Resident's Preference to Avoid Being Asked Question Q0500B again	
Current Version	April 2012 Version
A. Does not exist	A. Does the resident, (or family or significant other or guardian, if resident is unable to respond) want to be asked about returning to the community on <u>all</u> assessments? (Rather than only on comprehensive assessments) 0. No – then document in resident's clinical record and ask again only on the next comprehensive assessment. 1. Yes 8. Information not available
B. Does not exist	B. Indicate information source for Q0550A 1. Resident 2. If not resident, then family or significant other 3. If not resident, family or significant other, then guardian or legally authorized representative 8. No information source available

Changes to Section Q, cont'd

Q0600. Referral	
Current Version	April 2012 Version
Has a referral been made to the Local Contact Agency? 0. No - determination has been made by the resident and the care planning team that contact not required. 1. No – referral not made 2. Yes	Has a referral been made to the Local Contact Agency? (Document reasons in resident's clinical record) 0. No - referral not needed 1. No – referral is or may be needed (For more information See Section Q Care Area Assessment- #20) 2. Yes – referral made

Highlights of RAI Manual Changes

- Discharge planning follow-up is a regulatory requirement (CFR 483.20 (i) (3))
- Section Q of the MDS uses a person-centered approach to insure that all individuals have the opportunity to learn about home and community based services and have an opportunity to receive long term care in the least restrictive setting possible
- The individual resident should be actively involved--except in unusual circumstances, if the individual is unable to understand the process or unable to participate

RAI Manual Changes

- Q0100--Participation in Assessment
  - Code 9, no family or significant other available: None of the above—resident has no family or significant other.
- Q0300—Resident's Overall Expectation
  - Resident's stated goals should be recorded here.

    The goals for the resident, as described by the family, significant other, guardian, or legally authorized representative may also be recorded in the clinical record
  - This item is individualized and resident-driven rather than what the nursing home staff judge to be in the best interest of the resident. This item focuses on exploring the resident's expectations; not whether or not the staff considers them to be realistic or not.

RAI Manual Changes/Highlights

- Q0400—Discharge Plan
  - More community care services and support options and choices are now available to meet care preferences and needs in the least restrictive setting possible.

    Resulted from the 1999 U. S. Supreme Court decision in Olmstead v. L.C., which states that residents needing long term services and supports have a right to receive services in the least restrictive and most integrated setting.
  - The NF is responsible for making referrals to the Local Contact Agency (LCA) under the process that the State has set up. The LCA is responsible for contacting referred residents and assisting with transition services planning. They should work closely together.

RAI Manual Changes/Highlights

- Q0400—Discharge Plan
  - If a NF has a discharge planning and referral process and the capability to completely address an individual resident's needs, (i.e., home health services, durable medical equipment, medical services, etc.), and arranges for that resident to discharge back to the community, a referral to the LCA may not be necessary

RAI Manual Changes

Q0490: Resident's Preference to Avoid Being Asked Question Q0500B

For Quarterly, Correction to Quarterly, and Not-OBRA Assessments (A0310A=02, 06, 99)

Q0490. Resident's Preference to Avoid Being Asked Question Q0500B
Complete only if A0310A = 02, 06, 99

Enter Code	
	A Does the resident's clinical record document a request that this question be asked only on comprehensive assessments? 0. **No** 1. **Yes** → Skip to Q0600, if applicable 8. **Information not available**

- Check the resident's clinical record to determine if the resident and/or family, etc. have indicated on a previous Federal OBRA comprehensive assessment (A0310A = 01, 03, 04 or 05) that they do not want to be asked question Q0500B until their next annual assessment.
- Item Q0550 allows them to opt-out of being asked question Q0500B on quarterly (non-comprehensive) assessments
- If this is a comprehensive assessment, do not skip to item Q0600, continue to item Q0500B.

RAI Manual Highlights

- Q0500: Return to Community
  - Item Q0500B requires that the resident be asked the question directly and formalizes the opportunity for the resident to be informed of and consider his or her options to return to community living. This ensures that the resident's desire to learn about the possibility of returning to the community will be obtained and appropriate follow-up measures will be taken.
  - A "yes" response to item Q0500B will trigger follow-up care planning and contact with the designated local contact agency about the resident's request within approximately 10 business days of a yes response being given. This code is intended to initiate contact with the local contact agency for follow-up as the resident desires.

RAI Manual Changes

- Q0550: Resident's Preference to Avoid Being Asked Q0500B again

Q0550. Resident's Preference to Avoid Being Asked Question Q0500B again	
Enter ☐ Code	A. Does the resident, (or family or significant other or guardian, if resident is unable to respond) want to be asked about returning to the community on <u>all</u> assessments? (rather than only on comprehensive assessments) 0. No -- then document in resident's clinical record and ask again only on the next comprehensive assessment. 1. Yes 8. Information not available
Enter ☐ Code	B. Indicate information source for Q0550A 1. Resident 2. If not resident, then family or significant other 3. If not resident, family or significant other, then guardian or legally authorized representative 8. No information source available

- Some individuals, such as those with cognitive impairments, mental illness, or end-stage life conditions, may be upset by asking them if they want to return to the community. CMS pilot test showed respondents would be less likely to be upset if they were given the opportunity to opt-out of being asked the question every quarter.

RAI Manual Changes

Q0550 Continued

- The intent of the item is to achieve a better balance between giving individual residents a voice and a choice about the services they receive while being sensitive to those who may be unable to voice their preferences or be upset.
- Document in resident's clinical record. Ask again only on next comprehensive assessment.

RAI Manual Changes/Highlights

Q0600: Referral

- Code 0, no: Referral not needed; determination has been made by the resident or family, etc. and the care planning team that the Local Contact Agency does not need to be contacted. If the resident's discharge planning has been completely developed by the nursing home staff, and there are no additional needs that the SNF/NF cannot arrange for, then there is no need for a LCA referral.
- Or, if resident or family, etc. responded no to Q0500B.

RAI Manual Changes/Highlights

Q0600: Referral

- Code 1, no: Referral is or may be needed
  - Determination has been made by the resident or family, etc. that the Local Contact Agency needs to be contacted but the referral has not been initiated at this time.
  - If the resident has asked to talk to someone about available community services and supports and a referral is not made at this time, care planning and progress notes should indicate the status of discharge planning and why a referral was not initiated.

RAI Manual Changes/Highlights

- Q0600: Referral = 1, no, referral is or may be needed
  - Triggers a Return to Community Care Area Assessment – CAA #20 provides a step-by-step discharge assessment process
  - Information gleaned should be used to assess the resident's situation and begin appropriate care planning, discharge planning and other follow-up.
  - Develop an individualized care plan.
  - Collaborate with the Local Contact Agency

Expected Impacts

(based on Pilot Test Results; caveats)

- By eliminating the Determination of Feasibility of Discharge item, many more residents were asked the question, "Do you want to talk with someone about the possibility of leaving this facility and returning to live and receive services in the community?"
- And many more said Yes –more resident choice
- May result in more referrals (Pilot Test results are indeterminate …)

Expected Impacts, cont'd

- By giving residents/families an opt-out provision, respondents will be less likely to be upset about being asked if they want to talk with someone about returning to the community.
  - Should reduce the number of residents for whom the question is not appropriate
  - Works better than the feasibility-of-discharge question in targeting who should be asked the return to community question
- More clarity about referrals
  - But key is organized communication at the local level

Resources

- For more information, see:
- www.mfp-tac.com Section Q webpage
  - Amended Questions and Answers
  - MDS Section Q Pilot Test report (June 2011)
- http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Balancing/Money-Follows-the-Person.html
- Send questions to: www.MDSforMedicaid@cms.hhs.gov