Return to Community Referral Process

NHCA Social Services Training
March 13, 2012

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Agenda

- Background
- Nebraska "Local Contact Agency" Roles
- Changes to MDS Section Q
- Expectations of Nursing Facilities, Referral Demo
- ADRC

Background

National Policy

CMS: MDS 3.0

State Medicaid Agency

- Local Contact Agency defined
- Money Follows the Person Demonstration Grant

April 2012 – Revisions

National Policy

Legislation Mid 1960s -2000

- **Older Americans Act** (1965)
  - Community planning and social services for seniors
- **Rehabilitation Act** (1973; Amended 1978, Title VII)
  - Authorized grants to provide comprehensive independent living services and established CILs
- **Federal Law changed**
  - Medicaid begins funding for HCBS waivers
- **Americans with Disabilities Act (ADA)**
  - Accessibility provisions in programs, services, accommodations
- **Olmstead Decision**
  - Services must be provided in the most integrated stetting

National Policy (cont)

Focus 2001-Present

- **New Freedom Initiative (NFI) -- 2001**
  - Access to community life, education, employment and housing -- grants and programs
  - CMS grants include the MFP, RCSC, DSW demonstration grants, and Ticket to Work
- **Choices for Independence -- 2006**
  - AoA initiative to continue community living efforts
- **Aging and Disability Resource Center Initiative (ADRC) 2003-2009**
- **Year of Community Living -- 2009**

Nebraska "Local Contact Agency" Roles

- State Medicaid Agency established with September 2010 Provider Bulletin
- Referrals are made electronically using the Nebraska Resource and Referral System (NRRS). NRRS is maintained by Answers4Families at UNL.
- Area Agencies on Aging and Independent Living Centers contact residents and enter outcomes information in NRRS
- The Aging and Disability Resource Center (ADRC) Coordinator serves as Point of Contact for the electronic referral process.

Changes to MDS Section Q

- 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
- Some clarifying language changes were made

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Intent of Changes

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

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Changes to SECTION Q: Side by Side

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 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 In *User's Manual*: "**Resident has** no guardian or legally authorized representative"

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Changes to Section Q (cont.)

Current Version (on admission)	April 2012 Version
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

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Changes to Section Q (cont.)

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

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Changes to Section Q (cont.)

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

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Changes to Section Q (cont.)

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 **understand or** respond): "Do you want to talk to someone about the possibility of returning to the community?" Same Same **9.** Unknown or uncertain

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Changes to Section Q (cont.)

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 all assessments? (rather than only on comprehensive assessments) 0. No – then document in resident's chart *(clinical record)* and only ask again 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

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Changes to Section Q (cont.)

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 chart)** **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**

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Expected Impact

- Based on pilot test results; big 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

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Expected Impact (cont.)

- By giving residents/families an opt-out provision (for those who cannot or do not want to move out), on subsequent quarterly assessments about talking to someone about returning to the community, they likely will be less upset
  - 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 communication at the local level

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AoA Administration on Aging

Expectations of Nursing Facilities

Register for NRRS

Sign and fax *Access and Confidentiality Agreement* for NRRS

Make effective referrals using online process

Follow Up

Demo - NRRS

NRRS
NEBRASKA RESOURCE AND REFERRAL SYSTEM

CHALLENGES

- Ongoing outreach and education to nursing homes (NH)
- NH making effective referrals, knowing who to contact
- NH and LCA making connections to work together for resident in person-centered approach
- Implementation of an effective referral and transition-planning process at local level, i.e., LCA, Area Agencies on Aging (AAA), Aging and Disability Resource Centers (ADRC), MFP, and other stakeholders

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AoA Administration on Aging

Role of ADRC's

- A single, coordinated system of information and access for all persons seeking long-term support to minimize confusion, enhance individual choice, and support informed decision-making
  - Most include an Area Agency on Aging (71%)
  - 383 local ADRC programs in 51 states and territories, covering 60% of population

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Role of ADRC's

Defining Characteristics

- All populations and incomes
- Seamless system from consumer perspective
- Integration across aging, disability, Medicaid
- Formal partnerships
- High level of visibility
- Options Counseling
- Proactive intervention in LTSS pathways

Role of ADRC's

- CMS and AoA envision ADRCs to:
  - Catalyze broader systems change
  - Promote participant-direction
  - Build stronger partnerships across fragmented LTSS system
  - Intervene during care transitions from hospitals and other acute care settings
  - Assist with institutional transitions
  - Implement new initiatives (e.g., Veteran-Directed Home and Community Based Services, MDS 3.0 Section Q)
- Synergy between development of ADRCs and need for LCAs as part of MDS 3.0 Section Q implementation
- CMS/AoA announced grant opportunities in 2010 and 2011 using MFP funds to support ADRC and other Aging Network involvement in Section Q implementation

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Federal Resources: MDS 3.0 Section Q

- http://www.cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp#TopOfPage (CMS resources on MDS 3.0)
- http://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp#TopOfPage (CMS training on MDS 3.0)
- http://www.ltcombudsman.org/issues/MDS-3.0 (National Long-Term Care Ombudsman Resource Center resources on MDS 3.0)

CMS Centers for Medicare & Medicaid Services

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Nebraska Resources: MDS Section Q

nrrs.ne.gov/mds

- Link to create an account
- Link to download Access and Confidentiality Agreement
- Video Demonstration
- Manual Frequently Asked Questions documents

adrc.ne.gov

- Aging and Disability Resource Center grant
- Resources for providers and consumers

Contact

Questions About Referral Process

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Questions About MDS Coding, Appropriate Referrals

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