



# OFFICE OF LONG-TERM LIVING BULLETIN

**ISSUE DATE**

October 3, 2016

**EFFECTIVE DATE**

October 1, 2016

**NUMBER**

03-16-10, 59-16-10

**SUBJECT:**

Guidance for Nursing Facilities - MDS Section Q

Jennifer Burnett, Deputy Secretary  
Office of Long-Term Living**PURPOSE:**

The purpose of this bulletin is to provide guidance to nursing facilities regarding compliance with civil rights obligations to appropriately administer the Minimum Data Set (MDS) so that residents receive services in the most integrated setting for their needs.

**SCOPE:**

This bulletin applies to Medical Assistance nursing facilities (nonpublic and county nursing facilities) and Local Contact Agencies (LCA) (Area Agencies on Aging, Centers for Independent Living, United Cerebral Palsy and local home and community-based waiver providers).

**BACKGROUND:**

Beginning October 1, 2010, the Centers for Medicare & Medicaid Services (CMS) required all certified nursing facilities to adopt and implement a new resident assessment tool, MDS version 3.0. Section Q of the MDS provides a process that, if followed correctly, gives the resident a direct voice in expressing preference and gives the facility means to assist residents in locating and transitioning to the most integrated setting. The U.S. Department of Health and Human Services' Office for Civil Rights (OCR) has found that many nursing facilities are misinterpreting the requirements of Section Q of the MDS and are not making appropriate referrals to LCAs. This misinterpretation can prevent residents from learning about opportunities to transition from the facility into the most integrated setting.

In Pennsylvania, the local contact agencies are agencies providing nursing home transition services. The Area Agencies on Aging are the providers for those residents over the age of 60 and the nursing home transition partners, (Centers for Independent Living, United

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO: Ruth Anne Barnard  
PA Dept. of Human Services  
OLT/Forum Place 6th Floor  
Bureau of Quality & Provider Management  
P.O. Box 8025  
Harrisburg, PA 17105-8025  
(717) 772-2570

Cerebral Palsy and local home and community based waiver providers) provide the services for individuals under the age of 60.

### **DISCUSSION:**

The U.S. Department of Health and Human Services' OCR issued a guidance document on May 20, 2016 regarding nursing facility compliance to appropriately administer the MDS. The guidance document includes a series of recommendations for facilities to take to ensure Section Q of the MDS is properly completed and appropriate referrals are made to the LCAs.

The OCR recommends that nursing facilities develop strong relationships with the LCAs; appropriately administer MDS Section Q questions Q0400, Q0500 and Q0600; that nursing facilities update their policies and procedures to comply with the guidance document; and that periodic training be provided to staff in conducting, reviewing, assessing, implementing, or otherwise utilizing the MDS assessment on Section Q of the MDS.

### **GUIDANCE IN COMPLETING MDS SECTION Q:**

The OCR recommended a series of steps for facilities to take to ensure compliance with their civil rights obligations in administering the MDS appropriately. The Office of Long-Term Living recommends Medical Assistance enrolled nursing facilities take the following steps as recommended by OCR:

- When a long-term care facility makes a referral to a LCA, OCR recommends a facility representative serve as a liaison to the LCA staff member and maintain regular communications regarding the resident. The facility should work with the LCA to incorporate the LCA's Transition Plans for the resident into the resident's facility discharge plan and active care plan. In addition, the facility should invite the LCA to provide seminars/ presentations to residents and staff on a regular basis.
- MDS question Q0400 should be answered "no" for all residents of the facility unless a referral to the LCA occurred and the LCA has met with the resident. If MDS Question Q0400 is "no", facilities should ask the resident MDS question Q0500.
- Unless the resident has an active discharge plan, which is being currently implemented, the resident must be asked question Q0500. Any resident who answers "yes" to Q0500 must be referred to the LCA.
- Facilities should review and revise existing policies and procedures or develop new policies and procedures which comply with OCR's guidance document and the facility's practices must be consistent with OCR's guidance.

For comprehensive guidance in completing Section Q of the MDS, please refer to the U.S. Department of Health and Human Services' OCR guidance document located at <http://www.hhs.gov/sites/default/files/mds-guidance-2016.pdf> and the CMS Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual located at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>.