State of California—Health and Human Services Agency
Department of Health Care Services

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California Implementation of Minimum Data Set 3.0, Section Q

Beginning October 1, 2010, all Medicare- and Medicaid-certified nursing facilities (NFs) are required to use a new iteration of the Minimum Data Set (MDS 3.0). MDS 3.0 is part of the U.S. federally-mandated process for assessing NF residents upon admission, quarterly, annually, and when there has been a significant change in status. The process provides a comprehensive assessment of each resident's functional capabilities and assists NF staff to identify health problems.

In a May 2010 letter to State Medicaid Directors, the Centers for Medicare & Medicaid Services (CMS) wrote: "While MDS 3.0 has several new enhancements to ensure the resident assessments are more person-centered, there are notable changes in the MDS' Section Q, which address resident discharge planning. Under Section Q, nursing facilities must now ask residents directly if they are *'interested in learning about the possibility of returning to the community.'* If a resident indicates yes, a facility will be required to make appropriate referrals to community integration agencies such as ADRCs, Centers for Independent Living, State Medicaid Agencies, and Area Agencies on Aging…This improvement to the MDS ensures that all individuals are asked about their preferences and advised of community options."

As the State Medicaid Agency, the Department of Health Care Services (DHCS) is required to identify organizations, Local Contact Agencies (LCAs), who are willing to speak with interested NF residents about viable options to move to community settings. LCAs in California include Aging & Disability Resource Connection programs, Money Follows the Person provider agencies, Area Agencies on Aging, and Independent Living Centers. LCAs are responsible for contacting interested residents and discussing options for returning to the community. A one-page fact sheet, *Informational Overview of Local Contact Agencies in MDS 3.0 Section Q***,** is available on the Aging & Disability Resource Center Technical Assistance Exchange at http://www.adrc-tae.org/tiki-searchresults.php?words=MDS+3.0&x=12&y=7.

Estimated Call Volume

Based on 2007 data from the Office of Statewide Health Planning and Development, approximately 275,000 individuals were admitted to California NFs. Estimating that each year, 10% of newly-admitted individuals will respond "yes" to Section Q questions (27,500), and 1% of the residents who did not reply "yes" at admittance will reply "yes" on subsequent quarters (2,475), annual call volume could be as high as 30,000 calls

statewide. Consult the enclosed spreadsheets (in PDF), provided by the California Association of Health Facilities, to estimate annual call volume by county.

Process and Expectations for Service Provision

1. NF staff conducts MDS assessment, including Section Q.
2. NF resident expresses interest in learning about the possibility of returning to the community.
3. NF staff contacts its designated LCA to make the referral for the interested resident and to share necessary information. (Payment begins when specific PHI is shared.)
4. LCA staff contacts the interested resident via telephone or in-person to begin options counseling.

Proposed Reimbursement

LCAs will be reimbursed $12 for each 15-minute increment spent discussing resident-related information with NF representatives and residents, their family members and/or surrogate decision-makers. This reimbursement is comparable to other similar rates paid for provision of Medi-Cal home and community-based services (HCBS) waivers. Reimbursement is contingent upon approval of the Budget Act.

To receive payment, LCAs must be in current standing in the Medi-Cal system. This is necessary to be reimbursed for counseling identified residents about options for living and receiving services and supports in the community. It is also necessary for LCAs to collect data about the residents with whom you interact. To receive reimbursement, you must document and provide to the Department, at a minimum, the following information:

1. Sex
2. Age
3. Primary diagnosis
4. Payer source
5. Length of stay
6. Length of calls with dates of encounters
7. Outcome of call, e.g., transition feasible; referrals made to home and community-based programs and services

Confidentiality

DHCS will request that CMS add each of the LCAs to the Data Use Agreement to allow sharing of residents' Personal Health Information with NF staff. Additionally, as HCBS waiver providers, LCAs will be bound to the confidentiality rules under the Medi-Cal program.

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For additional information, contact the State Point of Contact for MDS 3.0 Section Q:

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