



Helping Ohioans Move, Expanding Choice
Ohio's Money Follows the Person (MFP)
Demonstration Project
CFDA # 93.791



MDS 3.0 Section Q “Local Contact Agency” Implementation Fact Sheet and Frequently Asked Questions (9/29/10)

What is the Minimum Data Set (MDS) 3.0?

The Omnibus Budget Reconciliation Act of 1987 (OBRA 1987) required a comprehensive assessment tool to provide the foundation for planning and delivering care to nursing home residents to be developed. To that end, the Minimum Data Set (MDS) was developed in 1995 and the Centers for Medicare and Medicaid Services (CMS) maintains, updates and provides guidance on the use of this tool. OBRA requires all long-term care facilities certified to provide care and services to Medicare and/or Medicaid recipients throughout the United States to use the MDS regardless of the resident’s level of care. Nursing facilities (NF) will implement a new version of MDS, **MDS 3.0**, October 1, 2010. The Ohio Department of Health (ODH) is responsible for training NFs on MDS 3.0.

What is Section Q?

MDS 3.0 includes an expanded "**Section Q**," which is designed to collect information regarding a person's potential transition to a community setting. As part of the MDS 3.0 implementation, the Ohio Department of Job and Family Services (ODJFS- the Medicaid program) is required to designate "**Local Contact Agencies**" (**LCA**) and provide training on Section Q implementation. NFs are required to send Section Q information to a designated LCA. The LCA is expected to provide an information referral service, transition planning or both.

Who are the Local Contact Agencies?

ODJFS received approval from CMS to implement MDS 3.0 Section Q with a cross-disability approach for information and referral that matches the approach used for HOME Choice transition coordination. **ODJFS will serve as a clearinghouse for Section Q information**, making referrals to local entities for follow-up and a possible referral for transition coordination within the HOME Choice Transition program. Doing so will create a statewide, cross-disability approach to information, referral and transition coordination and will assist the state in better understanding the needs of persons in nursing facilities who want to move back into home and community settings.

ODJFS will soon seek applications to perform **Community Living Specialist Services (the Ohio term for Local Contact Agency)** from the following entities:

- PASSPORT Administrative Agencies
- Centers for Independent Living
- Brain Injury Association of Ohio
- County Boards of DD/Councils of Government
- Ohio Department of Mental Health approved agencies and peer centers
- Ohio Department of Job and Family Services approved agencies

What is the Phase-In Approach to MDS 3.0 Section Q Local Contact Agency?

CMS approved Ohio’s request to phase-in MDS 3.0 Section Q Local Contact Agency. In order to allow time to process provider applications (and the Medicaid Agency Data Use Agreement Addendum) for Community Living Specialists, a phase-in by population group was approved as follows:

Elderly	Phased in beginning November 1, 2010
Physical Disability, TBI, DD	Phased in by January 1, 2011
Mental Health	Phased in by March 1, 2011

How will Community Living Specialists be notified that a person in a nursing facility needs assistance with information and referral?

ODJFS will use MDS data received in the ordinary course of business as the NF submits Section Q information. It will not be necessary for the NF to notify the community living specialist directly. The Home Choice Intake and Care Coordination Unit (HCICCU) will review internal MDS Section Q reports weekly and break out the data to match each person with an appropriate Community Living Specialist (CLS) based on needs. The HCICCU will further break out the data in accordance with the letter received from Cindy Mann dated September 13, 2010.

- Persons with less than a 90 day stay will not be referred to the CLS.
- Persons with greater than 90 days, Medicaid, will be referred to the CLS for a face to face visit.
- Persons with greater than 90 days, non-Medicaid, will be referred to the CLS for information and referral via phone.

What is the role of the Community Living Specialist (CLS)?

Community Living Specialists will perform the following tasks **for Medicaid residents** of Ohio nursing facilities within 10 working days of notification by the HCICCU (Rate per resident receiving a face to face meeting = \$150):

- Establish rapport and identify the person's discharge goals, previous efforts to live in the community, and identify any informal support systems using the **Ohio Community Living Guide**.
- Use the **Connect Me Ohio** website to work with the person, his/her family/guardian (when applicable) and the nursing facility discharge planner (when requested by the person) to identify resources to facilitate the person's discharge goals and preferences (Medicaid and non-Medicaid).
- Establish next steps through the completion of a **Community Living Plan** which includes, but is not limited to, a list and source for applications to necessary programs, phone numbers needed to assure continuity of care, and steps needed to locate and secure housing and accommodations.
- Assist the person in making contacts with potential resources during and/or following the face to face meeting as needed (the warm hand-off).
- If the person requires transition coordination and meets HOME Choice eligibility requirements, the CLS will assist the person in completing the application and will ensure that the HCICCU receives the application for processing.

For persons who are non-Medicaid, consistent with the Cindy Mann letter, the CLS will perform the following:

- Contact the resident *by phone* and begin research using the Connect Me Ohio website. The CLS will identify the resident's discharge goals, previous efforts within the community, and any informal support systems.
- Identify resources to facilitate the resident's discharge goals and preferences (Medicaid and non-Medicaid).
- Provide, *via mail*, a list and source for applications to necessary programs, phone numbers needed to assure continuity of care, and any steps needed to locate and secure housing and accommodations.

What should a Nursing Facility do October 1, 2010 and forward?

ODJFS requests that nursing facilities input Section Q information as required with the exception of the required contact to an LCA. LCAs participating as Community Living Specialists will be required to sign a **time-limited provider agreement** AND a **Medicaid Agency MDS Data Use Agreement Addendum**. Please wait on ODJFS to build the LCA list and implement the clearinghouse approach.

Will ODJFS provide training on MDS 3.0 Section Q and the role of the "Local Contact Agency"?

Yes. ODJFS has scheduled regional in-person training mid-October through mid-November. Training will be offered in the following areas: Columbus, Marietta, Cleveland, Dayton, and Toledo. Training will be offered 8 to 10 times during this timeframe. **See MDS 3.0 Section Q Local Contact Agency Training Opportunity for registration information.**