

# MDS-Q Training: Resident Referrals to Community

September 2022

# Introduction

The Division of Quality Assurance (DQA) and the Office for Resource Center Development (ORCD) collaborated on this project.

[Code of Federal Regulations, 42 CFR 483.20](#)

This code explains the requirements for MDS.

# Course Objectives

- Define MDS-Q (minimum data set section Q) process
- Understand each agency's role
- Learn how to complete the form

\* For the purpose of this training, “resident” and “customer” are used interchangeably.

# Acronyms

- ADRC: Aging and disability resource center
- SNF: Skilled nursing facility
- NF: Nursing facility
- LCA: Local contact agency
- MDS: Minimum data set
- RAI: Resident assessment instrument
- CAA: Care area assessment
- CFR: Code of federal regulations
- CMS: Centers for Medicaid Services

# History

- 1988: Development of the first MDS
- 1991: National implementation
- 2010: MDS 3.0
- The program participation system (PPS)
- 2021: The current automated system

# Minimum Data Set Section Q

## Minimum data set (MDS) completion

- Section Q: Participation in assessment and goal setting.
- Intent: To record the participation and expectations of the resident, family members, or significant other(s) in the assessment, and to understand the resident's overall goals.

# Minimum Data Set Section Q

## Health-related quality of life:

Residents who actively participate in the assessment process and in development of their care plan through interview and conversation often experience improved quality of life and higher quality of care based on their needs, goals, and priorities.

# Nursing Home Process

## Discharge Planning

- Person centered approach
- Long-term care in the least restrictive setting
- Interviewing the resident and decision makers



# Section Q

## Q0300: Resident's Overall Expectation



*Complete only when A0310E=1. (First assessment on admission/entry or reentry).*

<b>Q0300. Resident's Overall Expectation</b>	
Complete only if A0310E = 1	
Enter Code <input type="checkbox"/>	<b>A. Select one for resident's overall goal established during assessment process</b> <ol style="list-style-type: none"><li>1. Expects to be <b>discharged to the community</b></li><li>2. Expects to <b>remain in this facility</b></li><li>3. Expects to be <b>discharged to another facility/institution</b></li><li>9. <b>Unknown or uncertain</b></li></ol>
Enter Code <input type="checkbox"/>	<b>B. Indicate information source for Q0300A</b> <ol style="list-style-type: none"><li>1. <b>Resident</b></li><li>2. If not resident, then <b>family or significant other</b></li><li>3. If not resident, family, or significant other, then <b>guardian or legally authorized representative</b></li><li>9. <b>Unknown or uncertain</b></li></ol>

# Section Q

## Q0400: Discharge Plan

Q0400. Discharge Plan	
Enter Code <input type="checkbox"/>	<b>A. Is active discharge planning already occurring for the resident to return to the community?</b> 0. No 1. Yes → Skip to Q0600, Referral

# Section Q

## Q0500: Return to Community



*For Admission, Quarterly, and Annual Assessments.*

Q0500. Return to Community	
Enter Code <input type="checkbox"/>	<p><b>B. Ask the resident</b> (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond): <b>"Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?"</b></p> <p>0. <b>No</b> 1. <b>Yes</b> 9. <b>Unknown or uncertain</b></p>

# Section Q

## Q0600: Referral

Q0600. Referral	
Enter Code <input type="checkbox"/>	<b>Has a referral been made to the Local Contact Agency?</b> (Document reasons in resident's clinical record) 0. <b>No</b> - referral not needed 1. <b>No</b> - referral is or may be needed (For more information see Appendix C, Care Area Assessment Resources #20) 2. <b>Yes</b> - referral made

- Code 0, No: LCA doesn't need to be contacted, discharge planning has already been developed, or resident/family responded no to Q0500B.
- Code 1, No—referral is or may be needed: LCA needs to be contacted but referral hasn't been made yet, or resident asked to talk to someone about community services and referral was not made at this time.
- Code 2, Yes: Referral was made to LCA or resident responded yes to Q0500B.

# Meeting the Regulations

- Complete MDS assessment.
- Discharge care plan starts on admission.
- Continue to ask the resident about discharge.
- Document any referral(s).
- Document the response to the referral(s).
- Utilize the care area assessment (CAA) in appendix C of RAI manual.

# Skilled Nursing Facility References

- [Appendix PP](#) – 483.20 Resident Assessment
- [RAI Manual](#) – Section Q, Page Q-1
- [Minimum Data Set 3.0 Resident Assessment Instrument Manual](#)
- [Minimum Data Set Assessment](#) (Section Q begins on page 37.)
- [Resident Relocation Manual \(P-01440\)](#)

# What is an ADRC?

Mission: To provide older adults and people with physical disabilities or intellectual disabilities the resources needed to live with dignity and security and achieve maximum independence and quality of life. The goal of the ADRC is to empower individuals to make informed choices and to streamline access to the right and appropriate services and supports.

# ADRC Requirements

- Preadmission consultation
- Assistance with transitions
- Assistance with referrals from nursing homes
- Assistance with resident transitions from facilities that are downsizing or closing



# MDS-Q vs Non MDS-Q

- MDS-Q: referral comes directly from the MDS-Q assessment
- Non MDS-Q: any time a resident requests to return to the community, outside of the MDS-Q assessment process.



“I want to move out of here”

# Residency

Four criteria for residency:

1. The person is physically present in the county.
2. The person's physical presence is voluntary.
3. The person has an intent to remain in the county.
4. The person is living in a place of fixed habitation.

# Finding an ADRC/MCO/ICA

- [Find an ADRC](#)
- [MCO contact information](#)
- Find an IRIS Consultant Agency
  - ◆ [IRIS Consultant Agencies](#)
  - ◆ IRIS call center: 1-888-515-4747

# NURSING HOME

## MDS 3.0 SECTION Q REFERRAL AND NON-MDS Q REFERRAL

### INSTRUCTIONS

1. This form is to be completed by the Skilled Nursing Facility (SNF) staff in which the resident resides.
2. Completion of this form is required under federal regulation 42 CFR 483.20, which requires federally certified nursing homes to complete the Minimum Data Set (MDS) assessment for all residents. Nursing homes are required to make a referral to the local contact agency (LCA) for any resident who, in response to the MDS Section Q question number Q0500 B., indicates that the resident wishes to talk with someone about returning to the community. The referral should be made to the LCA and categorized as a MDS Q referral. Failure to comply with this requirement could result in regulatory enforcement action.
3. In the State of Wisconsin, the Department of Health Services (DHS) designates the Aging and Disability Resource Center's (ADRC's) as the LCA.

4. A **non-MDS Q** is when a resident requests to talk with someone about returning to the community or expresses a desire to move from the facility separate from the MDS Section Q assessment. A referral should be made to the ADRC and categorized on the referral form as a **non-MDS Q referral**.
5. MDS Q and non-MDS Q referrals may only need to be made once during the course of a year unless there has been a change in condition or circumstance.
6. Send the completed form within ten (10) business days of completing Section Q of the MDS assessment to the ADRC. To locate an ADRC click here: [Find an ADRC](#).
7. If the resident is enrolled in a long-term care program, do not send the referral to the ADRC, refer resident to the care manager or nurse from the long-term care program currently working with the resident. To locate contact information for the Managed Care Organization (MCO) providing Family Care click here: [Family Care MCOs Key Contacts](#) and contact information for an Independent Consultant Agency providing Include, Respect, I Self-Direct (IRIS) can be found here: [IRIS Consultant Agencies](#)

8. Once the form is completed, the SNF staff must send the referral via fax or email to the ADRC in the resident's county of residence. The county of residence/responsibility is not necessarily the county in which the facility is located. County of residence is the voluntary concurrence of physical presence with intent to remain in a place of fixed habitation. The four criteria in the definition of residency includes physical presence, intent to remain, living in a place of fixed habitation, and must be voluntary for an individual to establish residency. All four criteria must occur simultaneously. If the person has a protective placement order, the county in which the court order was established is the county of residence. If the county of residence/responsibility is unknown, the facility should contact [dhsdqacguardianship@dhs.wisconsin.gov](mailto:dhsdqacguardianship@dhs.wisconsin.gov)
9. to assist in a residency determination before contacting the appropriate ADRC. To locate an ADRC click here: [Find an ADRC](#).

9. Please include the following if applicable, the resident's face sheet, current diagnoses, activated power of attorney documentation, guardianship court orders, protective placement court orders, and other documents specific to this referral.
10. It is important that the resident is aware that a referral has been made to the ADRC and that someone from this agency will be in contact with them to discuss their request to return to the community.
11. For additional training information for completing form F-00311 go to RAI/MDS 3. Website section Q referral process section

# Referral Form—Section 1

## Referral Information

<b>Date of Referral</b> Click or tap to enter a date.	<b>MDS Q</b> <input type="checkbox"/> <b>Non-MDS Q</b> <input type="checkbox"/>
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### I. Nursing Home Information

Name - Facility

Address – Street

City

State

Zip Code

Name – Staff Person Completing this Form

Title

E-mail Address

Phone Number



# Referral Form—Section II

II. Resident Information			
Resident Name █	Room Number █	Date of Birth/Age █	Gender Choose an item.
Residents Permanent Street Address █	City █	State █	Zip Code █
Proposed Date of Discharge, if known Click or tap to enter a date.	Resident Cell Phone Number █	Resident Room Phone Number █	
Date of Admission Click or tap to enter a date.	Is this a short-term admission? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity Race Choose an item.	Preferred Language █
In what county was the resident living in prior to SNF admission? █			
At the time of admission, the resident Choose an item.			
Does this resident have a <b>protective placement</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which County? █			
Does this resident have a <b>legal guardian</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does this resident have an <b>activated Power of Attorney for Health Care (POAHC)</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
County of residence/responsibility? █			
Did the legal decision maker or designated contact participate in the MDS Q assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name – Legal Guardian / Activated POAHC █		Phone Number █	
Current Payer for Nursing Home Stay (Check all that apply) <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private Pay <input type="checkbox"/> Family Care/Partnership/PACE <input type="checkbox"/> Department of Veterans Affairs <input type="checkbox"/> Other (please list) █			

# Referral Form— Sections III and IV

## III. Resident's Designated Contact Person (complete if resident would like another individual to be contacted)

Name – Designated Contact Person

█

Relationship to Resident

█

Mailing Address - Street

█

City

█

State

█

Zip Code

█

E-mail Address

█

Phone Number

█

## IV. Additional Information (Optional)

# Questions

- Questions regarding skilled nursing facilities can be directed to [Heather Newton](#), MDS/RAI Education Coordinator, Bureau of Education Services, Division of Quality Assurance

**MDS coding or regulatory questions: 920-360-6102**

- Questions regarding the ADRC can be directed to the assigned regional quality specialist, Office for Resource Center Development, Bureau of Aging and Disability Resources

**ADRC Process: [DHSRCTeam@wisconsin.gov](mailto:DHSRCTeam@wisconsin.gov)**