

Training Module 5

California's Local Contact Agencies (LCAs)
&
Minimum Data Set (MDS) 3.0, Section Q
Referrals



Objectives

By the end of this presentation, audience members should be able to:

- Discuss the Olmstead Decision
- Discuss the U.S. Centers for Medicare and Medicaid Services' (CMS') response to Olmstead
- Describe the role & responsibilities of Nursing Facilities re: MDS 3.0, Section Q
- Describe the role & responsibilities of Local Contact Agencies (LCAs) re: MDS 3.0, Section Q



Timeline

1999	U.S. Supreme Court's Olmstead Decision
1998 - 2001	CMS Issues the Olmstead Letters to State Medicaid Directors (SMDs)
January 2007	CMS awards MFP Grant to CA
October 2008	CMS issues a SMD Letter re: <ul style="list-style-type: none">- Version 3.0 of the MDS- Creation of LCA networks
March 2010	Affordable Care Act (ACA) is passed
October 2010	DHCS recruits community-based service providers to provide Local Contact Agency services
July 2014	CCT Lead Organization (LO) Provider Contract includes a provision that makes all CCT LOs Local Contact Agencies



The Olmstead Decision

On June 22, 1999 – in *Olmstead v. L.C.*, the U.S. Supreme Court ruled:

- Unjustified segregation of persons with disabilities constitutes discrimination in violation of Title II of the ADA
- Public entities must provide community-based services to persons with disabilities when:
 - such services are appropriate;
 - the individual does not oppose community-based treatment; &
 - community-based services can be reasonably accommodated



Principles of Olmstead

The Supreme Court explained that their ruling "reflects two evident judgments":

1. "institutional placement of persons who can handle and benefit from community settings perpetuates unwarranted assumptions that persons so isolated are incapable of or unworthy of participating in community life"
2. "confinement in an institution severely diminishes the everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment"

CMS' Response to Olmstead



CMS provided SMDs with guidance letters consisting of policies, tools, and technical information in support of states' efforts to develop community-based systems that support community integration and community living.

- **Olmstead Update No. 1** CMS (1998) - This letter reviews states' obligations to uphold the ADA in Medicaid-funded settings
- **Olmstead Update No. 2** CMS (2000) - This letter discusses the Olmstead decision and the Medicaid program and provides guidance on developing Olmstead plans
- **Olmstead Update No. 3** CMS (2000) - This letter provides home and community-based services (HCBS) waiver policy clarifications that assist states to implement the ADA
- **Olmstead Update No. 4** CMS (2001) - This letter provides additional guidance supporting states' efforts to implement the ADA and establishes policies on allowable limits on participants and services in the HCBS waivers



SMD Letter

In October 2008, CMS issued a SMD Letter requesting assistance with the implementation of MDS 3.0, Section Q.

- Each state was asked to create a network of designated organizations, *Local Contact Agencies*, to provide information on HCBS available to interested residents living in long-term care facilities



Local Contact Agencies

- DHCS recruited local service providers with a breadth of knowledge on HCBS and long-term services and supports (LTSS) available to eligible beneficiaries
- California's LCAs are organized by county or region, and work collaboratively with nursing facilities and transition coordinators to educate residents about available HCBS and LTSS



CCT Lead Organizations

By signing the 2014-2016 CCT LO Provider Contract, all CCT LOs:

“... shall be designated as a Local Contact Agency (LCA) by the State Medicaid Agency (SMA), and shall respond to MDS 3.0, Section Q referrals received from qualified inpatient facilities on behalf of beneficiaries who have indicated they would like additional information on returning to live and receive services in the community, regardless of the beneficiaries’ insurance coverage.” (Exhibit A, Provision 6 (B))



What is the MDS 3.0?

- The Minimum Data Set (version 3.0) is one of three components of the Residential Assessment Instrument (RAI) that is used to assess every resident in a Medicare-or Medicaid-certified nursing facility
 - The other components are the Care Area Assessment (CAA) process, and the RAI Utilization Guidelines
- The MDS 3.0 is a comprehensive evaluation of residents' current health conditions, treatments, abilities, and plans for discharge
- There are 21 Sections that comprise the MDS 3.0; Sections A-Q, S, V, X, and Z



Version 3.0 of the MDS

- The CMS developed Version 3.0 of the MDS based on extensive feedback from Residents and Providers
- The MDS 3.0 assesses nursing facility residents' clinical conditions and abilities as well as their preferences for care



Section Q

- MDS 3.0, Section Q, “Participation in Assessment and Goal Setting,” was developed as part of the Nursing Home Quality Initiative (NQHI), to explore residents’ interests in returning to live and receive services in community settings
- After releasing MDS 3.0 in 2010, CMS made released additional revisions to Section Q in April 2012, to ensure residents (or their legal representatives) participated in the portion of the assessment used to “understand the resident’s overall goals”
- The intent of the revisions was to create a person-centered approach to ensure all individuals living in certified long-term care facilities have the opportunity to learn about services and supports available to them in the community



SNF, Section Q, and LCAs

- Under 42 C.F.R. PART 483—REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES, nursing facilities are responsible for residents’ discharge planning
- However, in creating Section Q, CMS requires SNF to refer residents who are interested in returning to the community, as identified by a “Yes” answer to Q0500, to state-designated LCAs to receive information about available services and supports in the community



LCA Responsibilities

- Upon receipt of an MDS 3.0 referral, LCA staff provide the resident with information on available HCBS
- Nursing facility and LCA staff are expected to engage the resident and his/her family in meaningful discussions about local resources and the potential to discharge safely to the community
- When it is possible to meet the needs and preferences of the resident in the community, nursing facility staff collaborate with transition planning service providers to arrange for the necessary community-based services and supports required to ensure a safe and sustainable transition



Reporting Referrals

DHCS collects data on MDS-initiated SNF referrals from LCAs on a quarterly basis to meet federal reporting requirements. An electronic version of the MDS 3.0 Section Q Report form is available at:

http://www.dhcs.ca.gov/services/ltc/Documents/TrkDataSht_MDS3.0SecQ_Ref_Encounters.xls

Tracking Sheet for MDS 3.0 Section Q Referral Encounters					Due on April 15th, July 15th, October 15th, and January 15th			
Name of LCA:								
Referring Facility	County	Date of Referral	Target Population	Payer Source	Length of Stay	Date of Encounter	In-Person / By Phone	Outcome of Encounter
Legal name of the facility that made the referral to the LCA	County in which the referring facility is located	The date the facility made the referral to the LCA	Aged = Elderly 65+ PD = Physical Disability MI = Mental Illness DD = Developmental Disability	Med-Cal Medicare Dual Private	Length of stay at the time of initial contact ≥ 90 or < 90 days	Date LCA provided counseling to the referred resident	Was the resident counseled in-person or over the phone?	Select an outcome option from the drop-down list
<u>EXAMPLE:</u> Happy Home Nursing Facility	<u>EXAMPLE:</u> Alameda	<u>EXAMPLE:</u> 10/1/2010	<u>EXAMPLE:</u> Aged	<u>EXAMPLE:</u> Dual	<u>EXAMPLE:</u> < 90	<u>EXAMPLE:</u> 10/5/10	<u>EXAMPLE:</u> In-person	Resident referred to CCT LO for transition coordination



Web Resources

1. DHCS' MDS 3.0, Section Q:
<http://www.dhcs.ca.gov/services/ltc/Pages/MDS3,SectionQ.aspx>
2. CA's Olmstead Advisory Committee:
<https://www.chhs.ca.gov/home/committees/olmstead-advisory-committee/>
3. CMS' resources:
 - a) RAI
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>
 - b) CMS Initiatives to Support Olmstead
http://www.aucd.org/docs/urc/TA%20Institute%202012/CMS_Olmstead_Presentation.pdf
4. U.S. Dept. of Justice, Civil Rights Division:
http://www.ada.gov/olmstead/olmstead_about.htm