

# MDS Section Q Resource Information

## BACKGROUND

Nursing facilities across the US have been completing assessments on individuals since 1990 and began transmitting the information into the Centers for Medicare and Medicaid Services depository in 1998. Effective October 1, 2010, nursing facilities across the US began using a new iteration of the Minimum Data Series (MDS 3.0).

### What is the MDS?

The MDS is a standardized, primary screening and assessment tool of health status which forms the foundation of the comprehensive assessment for all individuals of long-term care facilities certified to participate in Medicare or Medicaid.

### Who is the data collected on?

MDS data is collected on ALL individuals of long-term care facilities certified to participate in Medicare or Medicaid, regardless of payer type.

### How frequently is the data collected?

All individuals in Medicare and/or Medicaid certified facilities are assessed at admission, annually, for a significant change in status assessment, significant correction of prior assessment, and a quarterly review assessment. Admission assessments must be completed by 14th day of resident's stay.

### What data is collected?

The MDS contains items that measure physical, psychological and psycho-social functioning characteristics of the resident. The general categories of data and health status items in the MDS include demographics and patient history, cognitive, communication/hearing, vision, and mood/behavior patterns, psychosocial well-being, physical functioning, continence, disease diagnoses, health conditions, medications, nutritional and dental status, skin condition, activity patterns, special treatments and procedures, and discharge potential.

### What is Section Q?

The MDS, 3.0 includes Section Q which is designed to identify individuals who may want to talk to someone about moving back into the community. Persons in NFs/SNFs will be asked directly about their needs and preferences. On admission and with the quarterly and annual assessments, Section Q asks the person if they would like to talk to someone to learn about community choices and supports. If the resident answers yes the NF is required to act on this request through care planning and referral to the designated entity or local contact agency.

## **What is a Local Contact Agency?**

The Local Contact Agency (LCA) is the entity to whom NFs will send referrals on individuals who have indicated the desire to talk with someone about moving back to the community. The LCA is designated by the State Medicaid Director (SMA) and will be responsible for contacting residents, discussing options, and assisting interested individuals to return to the community.

The **Local Contact Agency (LCA)** for the State of Arkansas is:

**Choices in Living Resource Center  
700 Donaghey Plaza South  
PO Box 1437 Slot S-530  
Little Rock AR 72203-1437  
Contact: Lori Raines – 501-508-8922  
[Lori.raines@dhs.arkansas.gov](mailto:Lori.raines@dhs.arkansas.gov)**

## **RESPONSIBILITIES**

### **Nursing Facilities**

The NFs will initiate care planning and referral to the LCA for all individuals living in the NF who answer “yes” to speaking with someone about the possibility of returning to the community to live and options for community supports and services. The referral to the LCA will be made by the NF within 10 business days of the completion of the MDS. The NFs will use the on-line web application to submit the referral to the LCA.

### **Local Contact Agency**

When the referrals are received by the LCA, they are then processed into the Nursing Home Options Counseling database where the DHS Alternatives + (A+) Staff access the referrals. A+ staff then can schedule to meet with the resident or their family contact at the facility in which they are residing.

The A+ staff will contact the individuals referred to them by NFs through the Section Q process, provide timely information about the available choices for services and supports in the community, and collaborate with the NF to organize the transition to community living. In most cases, the A+ staff will arrange for a face-to-face contact during the initial contact; telephone contact with the individual will be the minimum contact. The A+ staff will contact the Nursing Facility staff (Administrator, Social Worker or other appropriate staff) upon their arrival at the NF. The A+ staff will meet with the individual, if so desired, or with any family, staff or person the individual desires to have present. An informational brochure about community services and supports will be shared and discussed with the individual.