

Cathy Cooper
Authorized Signature

Number: SPD-AR-10-086
Issue Date: 9/29/2010

Topic: Other

Due Date: Upon Receipt

Subject: Nursing Facility Referrals - Section Q of the MDS

Applies to (check all that apply):

- | | | | |
|-------------------------------------|-------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> | All DHS employees | <input type="checkbox"/> | County Mental Health Directors |
| <input checked="" type="checkbox"/> | Area Agencies on Aging | <input type="checkbox"/> | Health Services |
| <input type="checkbox"/> | Children, Adults and Families | <input checked="" type="checkbox"/> | Seniors and People with Disabilities |
| <input type="checkbox"/> | County DD Program Managers | <input type="checkbox"/> | Other (please specify): |

Action Required:

Nursing Facilities (NF) that are certified for Medicare and Medicaid are required to complete resident assessments utilizing a federally mandate tool. The data from this tool is called the MDS (Minimum Data Set) and is electronically submitted to DHS/SPD and the Centers for Medicare and Medicaid Services (CMS). The assessment instrument has been revised so that the assessment is conducted in a person-centered/directed manner. The revised assessment tool becomes effective on October 1, 2010.

Section Q of the MDS requires the nursing facility staff to directly ask the resident (individual living in the NF) if they would like to speak with someone to learn about the possibility of returning to the community to live and options for community supports and services. If the resident answers yes the NF is required to act on this request through care planning and referral. The NF will initiate care planning and contact the designated entity in the State so that they can meet with the resident to discuss community transition possibilities and options for services and supports.

DHS/SPD has designated the State Unit on Aging (SUA) as the entity to receive referrals from the NFs. NFs will be instructed to make referrals to the SUA in writing utilizing a referral form that is to be emailed to MDS-Q.REFERRALS@state.or.us. A designated staff person from the SUA will initiate telephone contact with the resident/family and provide Information and Assistance regarding community options.

Should an AAA/SPD office receive calls from NFs regarding a referral triggered by Section Q of the MDS, please inform them of the process outlined in this transmittal.

We will use this process to respond to the referrals for the next 2-3 months to evaluate the workload, at which time we will determine whether any changes in the process should be implemented.

Reason for Action: Included above.

Field/Stakeholder review: Yes No

If yes, reviewed by:

If you have any questions about this action request, contact:

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