



Department
of Health

Effective Use of the Minimum Data Set (MDS) Section Q Data to Enhance Referrals for Community Transition in New York State

ADvancing States Home and Community Based Services Conference
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Federal Authorities

Federal Guidance



The US Department of Health and Human Services' (DHHS) Office for Civil Rights (OCR) issued:

“Guidance and Resources for Long Term Care Facilities: Using the Minimum Data Set to Facilitate Opportunities to Live in the Most Integrated Setting.”

- Helps long-term care facilities comply with their civil rights obligations
- Corrects misinterpretations of the Section Q requirements prevalent in the field

The Minimum Data Set (MDS) and Section Q

May 2016: US Department of Health and Human Services, Office for Civil Rights issued guidance on Section Q

<http://www.hhs.gov/sites/default/files/mds-guidance-2016.pdf>

- Q0400: “An **active** discharge plan means a plan that is being currently implemented. In other words, the resident’s care plan has current goals to make specific arrangements for discharge, staff are taking active steps to accomplish discharge, and there is a target discharge date for the near future.”
- Q0500: “Nursing home staff should convey to residents that this question is intended to “provide the opportunity for the resident to get information and explore the possibility of different settings for receiving ongoing care.”
- Q0600: “The only reason a facility may refrain from making a referral to the Local Contact Agency when requested by the resident is when the resident has an *active* discharge plan.”



Using Section Q to Facilitate Olmstead Goals

Olmstead Supreme Court Decision (1999)

- Afford people with disabilities the opportunity to live in integrated community-based settings
- Provide individuals the opportunity to make an informed decision
- Help providers meet their Olmstead-related responsibilities by referring to LCA

MFP in New York State

NY State Designated Local Contact Agency (LCA)

Transition Assistance

- Nine (9) Regional Leads and 16 Auxiliary Transition Centers based in Independent Living Centers across the state
- Sixty (60) Transition Specialists statewide



Peer Support

- Twenty-eight (28) Peers approximate the demographic characteristics of the participants
- Peers live independently in the community, many have transitioned themselves

Nursing Home Outreach and Education

- Four (4) dedicated regionally based staff provide education to nursing homes in the state on MFP and the LCA referral process

Two-Pronged Approach to Section Q Referrals

Data Mining in NYS

- Two (2) algorithms applied to MDS data
- Identifies individuals likely to transition
- Results sent to LCA

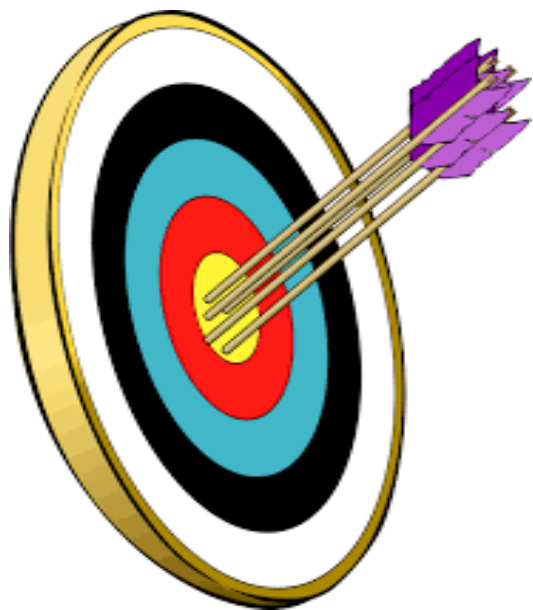
Nursing Home Education and Outreach

- Outreach to 600+ nursing homes in state on a bi-annual cycle
- Educates facilities on correct completion of Section Q questions and LCA referral process

Section Q Data Mining



'Q' and 'Q+' Algorithms



Two algorithms applied to MDS Section Q raw data

- Both algorithms rely on MDS Section Q 0500 “Yes” answers from nursing home residents with Medicaid.

Initial ‘Q’ Algorithm

- Uses resource utilization groups (RUGS).

‘Q+’ Algorithm

- The Q+ Index developed by the University of Michigan identifies current nursing facility residents closely resembling individuals who have successfully transitioned in the past.

Data Mining Process Refined

Q and Q Plus Compared

- Individually: Similar success in identifying potential transitions
- Combined: Individuals identified by both algorithms were more likely to transition

Current Data Mining Process

- Apply Q and Q+ algorithms to MDS raw data
- Develop list of individuals identified by both algorithms
- Sent to LCA on a quarterly basis as referrals



Analysis by Referral Source



Baseline

- Referrals generated using combined Q and Q+ algorithms

Additional Analysis Needed

- Compared referral to transition rate across multiple referral sources

Conclusion:

More transitions result from direct referrals from nursing home staff than from algorithms

Enhancing Section Q Referrals through Education and Outreach



Best Practices for Nursing Home Education and Outreach

- Dedicate specific staff for LCA Outreach and Education
- Provide systemic outreach and education to nursing homes throughout the state using an ongoing outreach schedule
- Educate nursing home staff about MDS Section Q and LCA referral process
- Respond to facility requests for additional education



Using Federal Guidance to Support Education and Outreach

- Clarify Section Q definition of **active** discharge
- Increase awareness of mandates to refer individuals answering “Yes” to Q0500
- Address misconceptions and pre-conceived notions of who can transition
- Educate nursing home staff about availability of home and community based services
- Enhance collaboration between nursing home staff and transition specialists
- Reinforce person centered approach to identifying residents’ expressed preference
- Support referral through reference to Federal and State guidance



Section Q Quick Guide

9. Unknown or uncertain	
Q0400. Discharge Plan	
Enter Code <input type="checkbox"/>	A. Is active discharge planning already occurring for the resident to return to the community? 1. No 2. Yes → Skip to Q0600, Referral
Q0490. Resident's Preference to Avoid Being Asked Question Q0500B Complete only if A0310A = 02, 06, or 99 02, 06, 99 = Quarterly Assessment types	
Enter Code <input type="checkbox"/>	Does the resident's clinical record document a request that this question be asked only on comprehensive assessments? 1. No 2. Yes → Skip to Q0600, Referral
Q0500. Return to Community	
Enter Code <input type="checkbox"/>	B. Ask the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond): "Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?" 1. No 2. Yes 9. Unknown or uncertain

Answer YES **ONLY** if:

- LCA (Open Doors) already involved
- Discharge date is < 3 months and referral to LCA cannot improve plan

- Only applies to Quarterly Assessments
- Q0500 **MUST** be asked on ALL annual or change-of-status

MUST ASK THIS Question unless resident has ACTIVE discharge plan!! **DON'T** judge whether resident can be discharged to community.
If YES, MUST REFER TO LCA (Open Doors). LCA will provide information and explore possibility of alternate settings so resident can make informed choice.

Tips for Section Q Administration

- Ask the questions matter-of-factly
- Use a person centered approach to residents' expressed preference regarding potential transition
- Develop Quick Guide for pertinent points



State Actions Support the Initiative

- Dear Administrator Letters
 - [NH DAL 16-10: MDS Version 3.0, Section Q](#)
 - [NH DAL 18-05: Nursing Home Discharge Requirements](#)
 - [NH-19-16: Residents' Rights](#)
- Revised NY State regulations direct nursing homes to inform residents of community transition programs and the LCA
 - Title 10 NYCRR:
 - [415.2 \(Definitions\)](#)
 - [415.3 \(Resident's Rights\)](#)

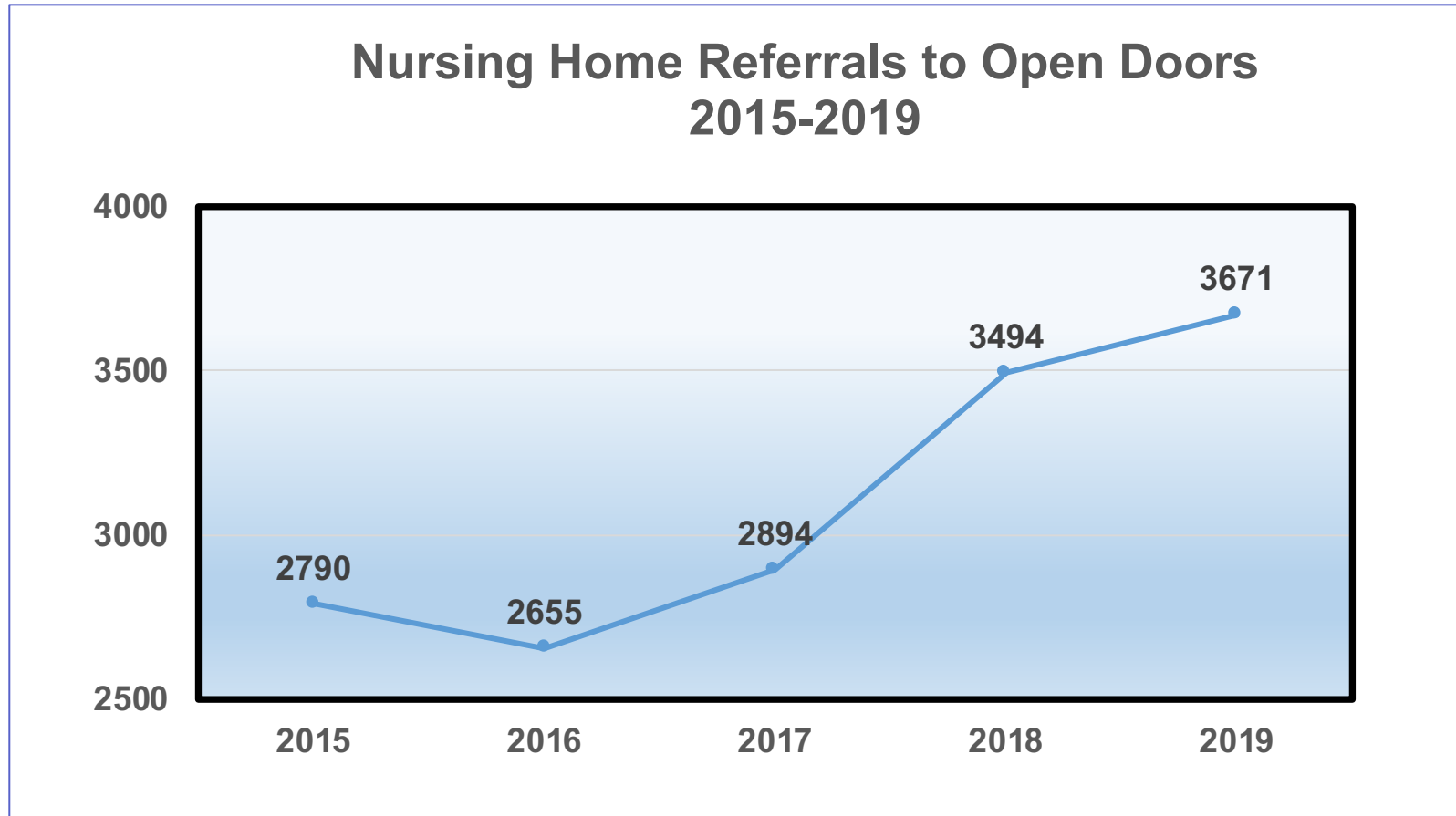
Tracking and Monitoring



Tracking and Monitoring

- Monitor Section Q and nursing home referral rate to identify impact of Outreach efforts
- Problem solve and create new strategies to generate referrals
- Monitor transition data by referral source to track successful outcomes of referrals

Education and Outreach Results



Tips and Tools



Lessons Learned

- Direct referrals from nursing homes are the most successful
- Outreach and education works to increase referrals and strengthen collaboration
- Quick reference guides help to support and maintain learning
- Mining MDS data can supplement direct referrals
- State and Federal Guidance reinforces message
- Data analysis drives continued improvement

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For more information on NY State MFP, visit:
https://www.health.ny.gov/health_care/medicaid/redesign/nys_money_follows_person_demonstration.htm

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