



SNF Virtual Training Program – Part 1

Section Q: Participation in Assessment and Goal Setting

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Objectives

- Identify the new and revised assessment items in Section Q.
- Describe the intent, coding instructions, and definitions for identified Section Q items.



Overview

Section Q includes the following updated or revised items:

- Q0310. Resident's Overall Goal.
- Q0400. Discharge Plan.
- Q0490. Resident's Preference to Avoid Being Asked Question Q0500B (skip pattern has been updated to reflect the revised item number for Q0610. Referral).
- Q0500B. Ask the resident (or family or significant other or guardian or legally authorized representative only 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?"
- Q0550. Resident's Preference to Avoid Being Asked Question Q0500B.
- Q0610. Referral.

General revisions and updates were made to the Section Q items to enhance clarity.

Overview (cont.)

Section Q includes the following new items:

- Q0110. Participation in Assessment and Goal Setting.
- Q0500C. Indicate Information Source for Q0500B.
- Q0620. Reason Referral to Local Contact Agency (LCA) Not Made.

Intent



The items in Section Q are intended to record the participation of the resident, family members, or significant other(s) in the assessment, and to understand the resident's overall goals.

- Interviewing the resident or designated individuals places the resident or their family at the center of decision-making.
- Section Q uses a person-centered approach to discharge planning to ensure that all individuals have the opportunity to learn about home- and community-based services and to receive long term care in the least restrictive setting possible. This may not be a nursing home.





Q0110

Participation in Assessment
and Goal Setting

SNCSN Q | MDS 3.0 RAI v1.0.11

7



Q0310

Resident's Overall Goal

SNCSN Q | MDS 3.0 RAI v1.0.11

11



Q0400

Discharge Plan

SNCSN Q | MDS 3.0 RAI v1.0.11

17



Q0490

Resident's Preference to Avoid Being
Asked Question Q0500B

SNCSN Q | MDS 3.0 RAI v1.0.11

26



Q0500

Return to Community

SNCSN Q | MDS 3.0 RAI v1.0.11

23



Q0550

Resident's Preference to Avoid
Being Asked Question Q0500B

SNCSN Q | MDS 3.0 RAI v1.0.11

26



Q0610

Referral

SNCSN Q | MDS 3.0 RAI v1.0.11

26



Q0620

Reason Referral to Local Contact
Agency (LCA) Not Made

SNCSN Q | MDS 3.0 RAI v1.0.11

32



Q0110

Participation in Assessment and Goal Setting

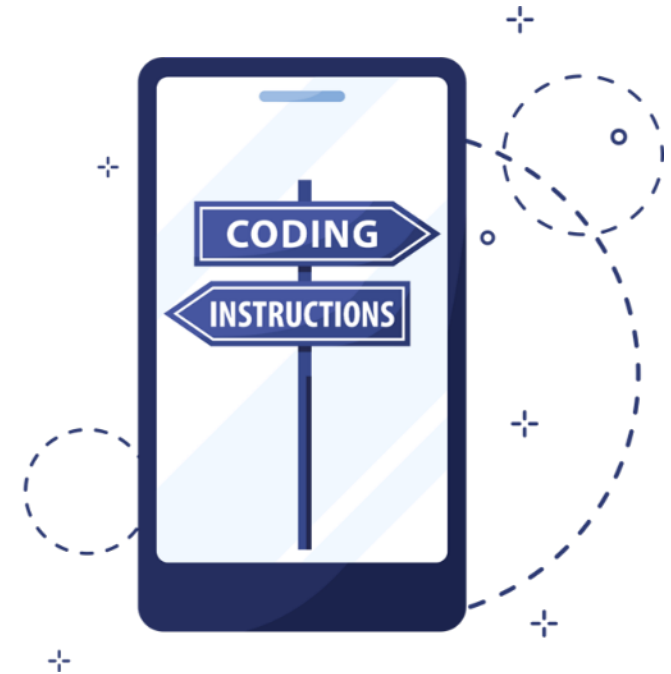
Q0110. Participation in Assessment and Goal Setting



Q0110. Participation in Assessment and Goal Setting	
Identify all active participants in the assessment process	
↓	Check all that apply
<input type="checkbox"/>	A. Resident
<input type="checkbox"/>	B. Family
<input type="checkbox"/>	C. Significant other
<input type="checkbox"/>	D. Legal guardian
<input type="checkbox"/>	E. Other legally authorized representative
<input type="checkbox"/>	Z. None of the above

Q0110: Coding Instructions

- Three separate sections of Q0100 (A, B, and C) were removed and replaced with this new item.
- The coding instructions for Q0110 capture information on whether family, a significant other, guardian, and/or a patient's legally authorized representative participated in the assessment process.

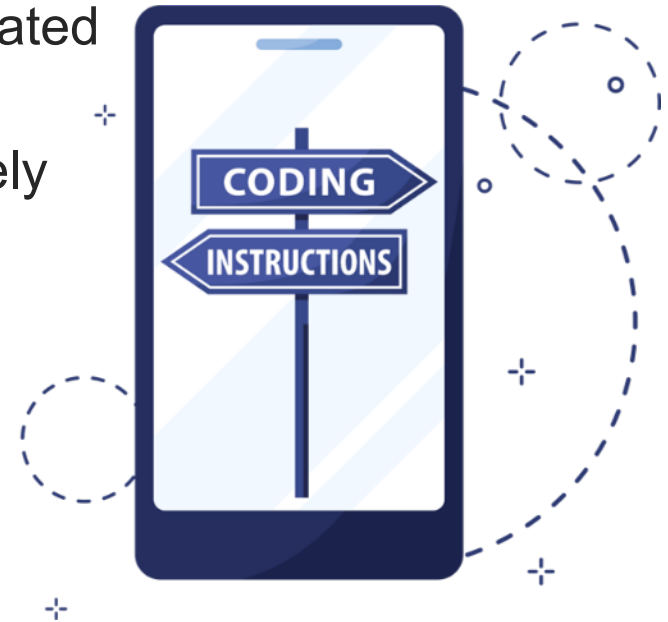


Q0110: Coding Instructions (cont.)



For Q0110. Participation in Assessment and Goal Setting, check all that apply.

- **Code A, Resident**, if the resident actively participated in the assessment process.
- **Code B, Family**, if a member of the resident's family actively participated in the assessment process.
- **Code C, Significant other**, if a significant other of the resident actively participated in the assessment process.
- **Code D, Legal guardian**, if a legal guardian actively participated in the assessment process.
- **Code E, Other legally authorized representative**, if a legally authorized representative actively participated in the assessment process.
- **Code Z, None of the above**, if none of the above actively participated in the assessment process.



Q0310

Resident's Overall Goal

Q0310. Resident's Overall Goal



Q0310. Resident's Overall Goal

Complete only if A0310E = 1

Enter Code	A. Resident's overall goal for discharge established during the assessment process
<input type="checkbox"/>	1. Discharge to the community
	2. Remain in this facility
	3. Discharge to another facility/institution
	9. Unknown or uncertain
Enter Code	B. Indicate information source for Q0310A
<input type="checkbox"/>	1. Resident
	2. Family
	3. Significant other
	4. Legal guardian
	5. Other legally authorized representative
	9. None of the above

Q0310: Rationale



Planning for care: The resident's goals should be the basis for care planning.

- Great progress has been made in this area.
- This progress allows individuals more choices when it comes to care options and available support options to meet care preferences and needs in the least restrictive setting possible.
- This progress resulted from the 1999 U.S. Supreme Court decision in *Olmstead v. L.C.*, which states that residents needing long term services and supports have a civil right to receive services in the least restrictive and most integrated setting appropriate to their needs.

Q0310A: Coding Tips



CODING TIPS

The coding instructions for Q0310A. Resident's overall goal for discharge established during the assessment process have not been changed.

- The **response to this** item **should be** individualized and resident-driven rather than what the nursing home staff judge to be in the best interest of the resident.
- Q0310A, **Code 1, Discharge to the community** may include newly admitted **residents with a facility-arranged discharge plan or those residents** with adequate supports already in place that would not require referral to a local contact agency (LCA).



Remember: Complete only if A0310E = 1, Yes.

Enter Code
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E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?
0. No
1. Yes

Q0310A: Definition of an LCA



Designated Local Contact Agency (LCA)



LCA: Each state has community contact agencies that can provide individuals with information about community living options and available community-based supports and services.

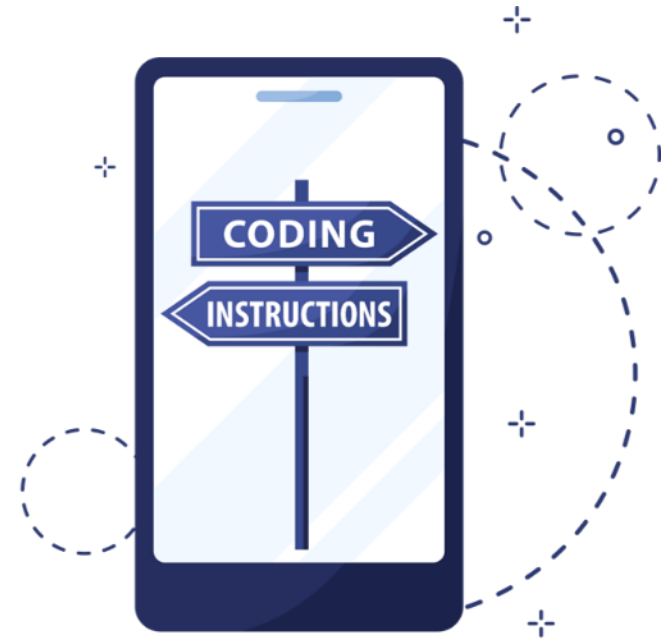
- These local contact agencies may be a single-entry point agency, an Aging and Disability Resource Center (ADRC), an Area Agency on Aging (AAA), a Center for Independent Living (CIL), or other state designated entities.

Q0310B: Coding Instructions



Q0310B. Indicate information source for Q0310A:

- **Code 1, Resident**, if the resident is the source for completing this item.
- **Code 2, Family**, if a family member is the source for completing this item **because the resident is unable to respond**.
- **Code 3, Significant other**, if a **significant other of the resident** is the source for completing this item because the resident is unable to respond.
- **Code 4, Legal guardian**, if a legal guardian of the resident is the source for completing this item because the resident is unable to respond.
- **Code 5, Other legally authorized representative**, if a legally authorized representative of the resident is the source for completing this item because the resident is unable to respond.
- **Code 9, None of the above**, if the resident cannot respond and the family or significant other, or guardian or legally authorized representative does not exist or cannot be contacted or is unable to respond (Q0310A = 9).



Q0400

Discharge Plan

Q0400. Discharge Plan



The skip pattern has been updated to reflect the revised item number for Q0610. Referral.

Q0400. Discharge Plan

Enter Code

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A. Is active discharge planning already occurring for the resident to return to the community?

0. No

1. Yes → Skip to Q0610, Referral

Q0400: Definition of Active Discharge Planning



Active Discharge Planning



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.

- If there is not an **active** discharge plan, residents should be asked if they want to talk to someone about community living (Q0500B) and then referred to the LCA accordingly. Furthermore, referrals to the LCA are recommended as part of many residents' discharge plans. Such referrals are a helpful source of information for residents and facilities in informing the discharge planning process.
- For additional information, see CMS' Your Discharge Planning Checklist, available at <https://www.medicare.gov/Pubs/pdf/11376-discharge-planning-checklist.pdf>.

Q0490

Resident's Preference to Avoid Being Asked Question Q0500B

Q0490. Resident's Preference to Avoid Being Asked Question Q0500B



Item language has been slightly enhanced. The skip pattern has been updated to reflect the revised item number for Q0610. Referral.

Q0490. Resident's Documented Preference to Avoid Being Asked Question Q0500B

Complete only if A0310A = 02, 06, or 99

Enter Code

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Does resident's clinical record document a request that this question (Q0500B) be asked only on a comprehensive assessment?

- 0. No
- 1. Yes → Skip to Q0610, Referral

Q0490: Review of Item Rationale

Item Rationale: This item directs a check of the resident's clinical record to determine if the resident and/or family, etc. have indicated on a previous OBRA comprehensive assessment (A0310A = 01, 03, 04 or 05) that they do not want to be asked question Q0500B until their next comprehensive assessment.

Some residents and their families do not want to be asked about their preference for returning to the community and would rather not be asked about it.

- Item Q0490 allows them to opt out of being asked question Q0500B on Quarterly (non-comprehensive) assessments.

Q0500

Return to Community

Q0500. Return to Community

Q0500. Return to Community

Enter Code

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B. Ask the resident (or family or significant other or guardian or legally authorized representative **only** 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?”

- 0. No
- 1. Yes
- 9. Unknown or uncertain

Q0500B was revised.
Q0500C was added.

Enter Code

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C. Indicate information source for Q0500B

- 1. Resident
- 2. Family
- 3. Significant other
- 4. Legal guardian
- 5. Other legally authorized representative
- 9. None of the above

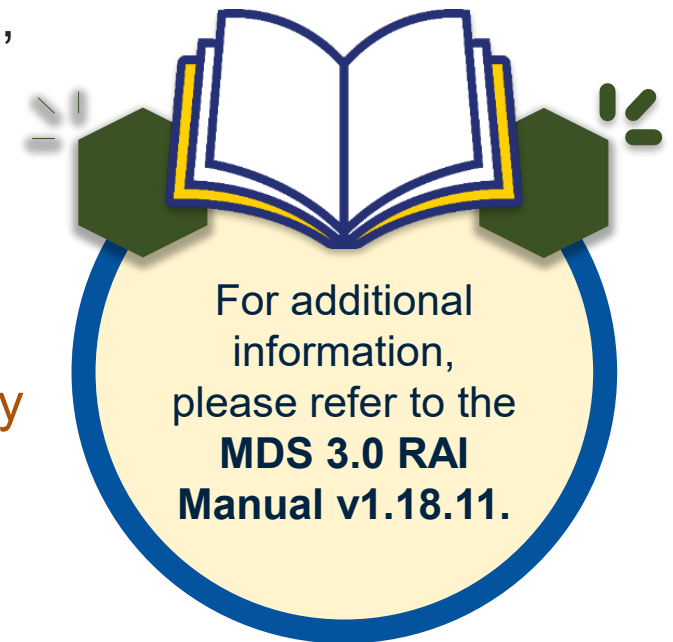
Q0500: Updates

Revised/Updated Guidance:

- Minor changes have been made to the wording of the item rationale, steps for assessment, and coding tips to increase clarity.

New Guidance:

- **Q0500C. Indicate information source for Q0500B**, has been added to supplement existing item Q0500B. Ask the resident (or family or significant other or guardian or legally authorized representative **only** 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?"
 - The response codes for this item, which identify the information source, are the same as Q0310B.



Q0550

Resident's Preference to Avoid Being Asked Question Q0500B

Q0550. Resident's Preference to Avoid Being Asked Question Q0500B



Q0550. Resident's Preference to Avoid Being Asked Question Q0500B

Enter Code

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A. Does resident (or family or significant other or guardian or legally authorized representative **only** if resident is unable to understand or respond) **want to be asked about returning to the community on all assessments?** (Rather than on comprehensive assessments alone)

- 0. **No** - then document in resident's clinical record and ask again only on the next comprehensive assessment
- 1. **Yes**
- 8. **Information not available**

Enter Code

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C. Indicate information source for Q0550A

- 1. **Resident**
- 2. **Family**
- 3. **Significant other**
- 4. **Legal guardian**
- 5. **Other legally authorized representative**
- 9. **None of the above**

Changes to Q0550A and Q0550C



Q0550A. Does the resident (or family or significant other or guardian or legally authorized representative **only** if resident is unable to **understand or** respond) want to be asked about returning to the community on all assessments? (Rather than on comprehensive assessments **alone**).

- Minor changes have been made to the wording of this item to increase clarity.

Q0550C. Indicate information source for Q0550A features updated response options.

- The response options for this item are the same as Q0500C and Q0310B.

Q0610

Referral

Q0610. Referral



The response options have changed.

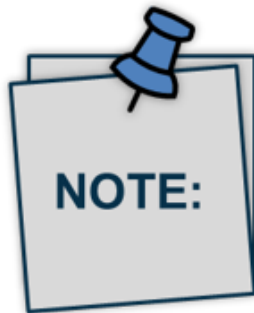
Q0610. Referral	
Enter Code	A. Has a referral been made to the Local Contact Agency (LCA)?
<input type="checkbox"/>	0. No
	1. Yes

Q0610: Coding Instructions

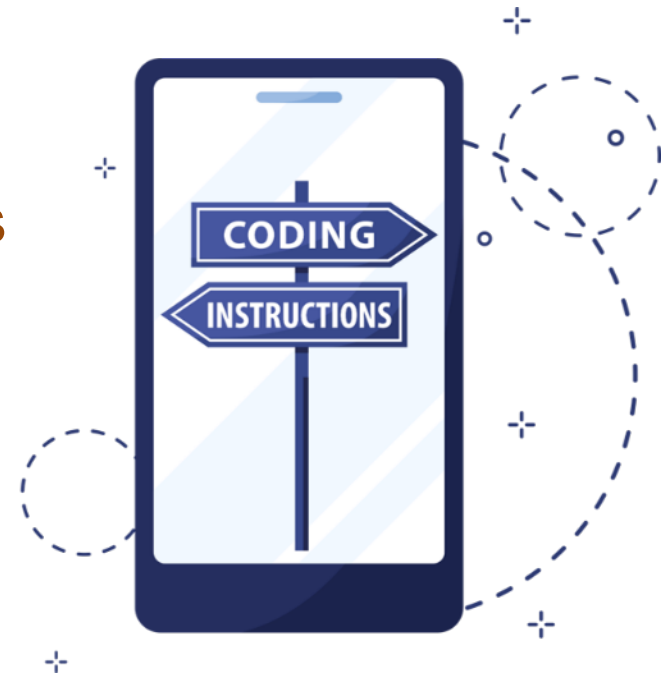


The Coding Instructions have been revised for Q0610A. Has a referral been made to the Local Contact Agency (LCA)?

- **Code 0, No**, if a referral has not been made.
- **Code 1, Yes**, if a referral has been made. If a referral has been made, skip to V0100. Items From the Most Recent Prior OBRA or Scheduled PPS Assessment.



Previously, Code 1 was No, referral is or may be needed.



Q0620

Reason Referral to Local Contact Agency (LCA) Not Made

Q0620. Reason Referral to Local Contact Agency (LCA) Not Made



Complete only if Q0610. Referral = 0, No.

Q0620. Reason Referral to Local Contact Agency (LCA) Not Made
Complete only if Q0610 = 0

Enter Code
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Indicate reason why referral to LCA was not made

1. LCA unknown
2. Referral previously made
3. Referral not wanted
4. Discharge date 3 or fewer months away
5. Discharge date more than 3 months away



Q0620: Item Rationale



Health-Related Quality of Life:

- Understanding the reason that referrals to the LCA were not made can help the care team support the resident to receive care that supports them to achieve their highest practicable level of functioning in the least restrictive setting.

Planning for Care:

- Understanding the reason that referrals to the LCA were not made allows for comprehensive care planning by the facility team in conjunction with the resident and their family.

Q0620: Steps for Assessment



For Q0620. Reason Referral to Local Contact Agency (LCA) Not Made:

1. If Q0610. Referral = **0, No**, indicate the primary reason that the referral has not been made to the LCA.

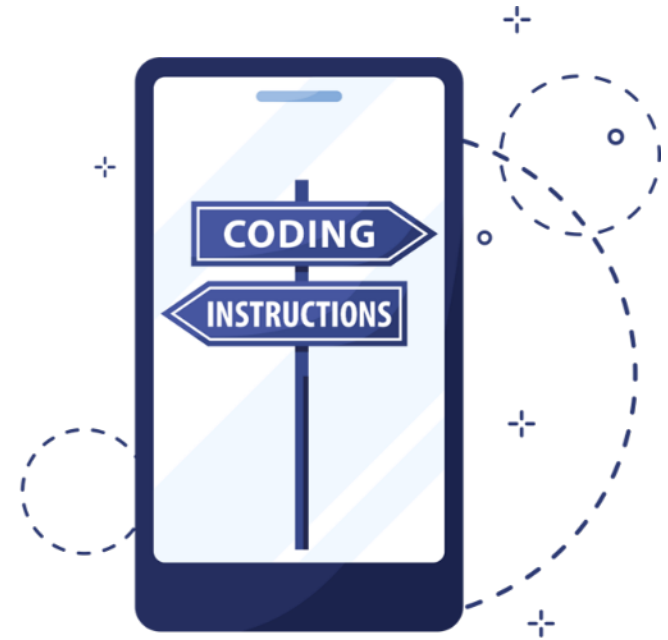


Q0620: Coding Instructions



For Q0620. Reason Referral to Local Contact Agency (LCA) Not Made:

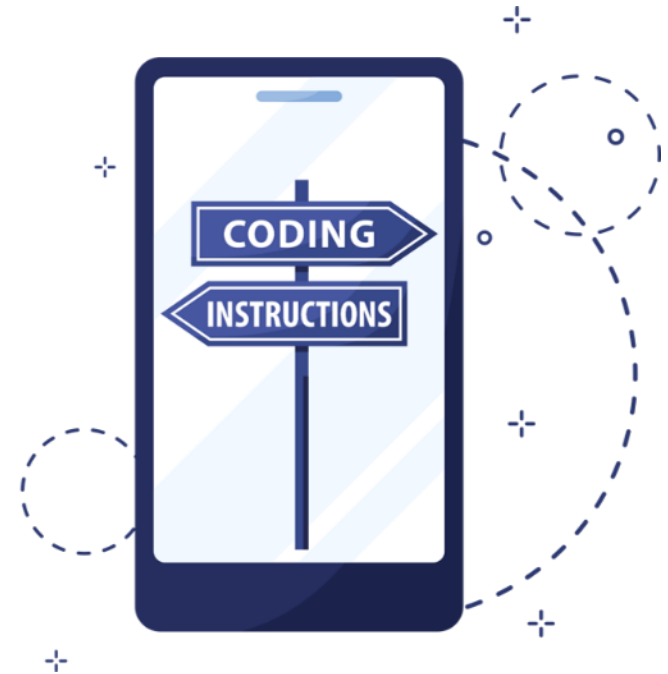
- **Code 1, LCA unknown.**
- **Code 2, Referral previously made,** if a referral has previously been made to the LCA, which is currently working with the resident and facility staff on an active discharge plan to return to the community.
- **Code 3, Referral not wanted,** if the resident (or family, significant other, legal guardian, or other legally authorized representative only if resident doesn't understand or is unable to respond) responded they do not want a referral (Q0500B = 0).



Q0620: Coding Instructions (cont.)



- **Code 4, Discharge date 3 or fewer months away**, if the resident has an expected discharge date of three (3) months or fewer, has an active discharge plan in progress, and the discharge plan could not be improved upon with a referral to the LCA.
- **Code 5, Discharge date more than 3 months away**, if the resident has an expected discharge date of more than three (3) months and discharge plan is actively in progress.



Q0620. Reason Referral to Local Contact Agency (LCA) Not Made – Example

Resident J is unable to communicate verbally due to severe dementia. Their spouse met with the care team, and the spouse and care team agree that long-term nursing home placement on the secure dementia unit is appropriate for Resident J. The spouse declined a referral to the LCA.



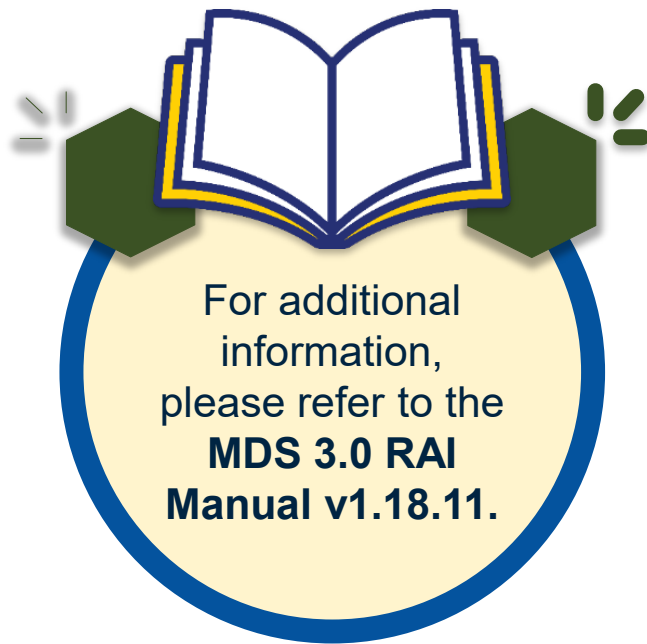
Q0620. Reason Referral to Local Contact Agency (LCA) Not Made – Example (cont.)

Q0620 would be coded **3, Referral not wanted.**

- Resident J is unable to communicate verbally due to severe dementia. Their spouse declined a referral to the LCA as they and the care team agree that long-term placement on the secure dementia unit is appropriate for Resident J.



When the Resident Is Unable to Respond



For certain Section Q items, information can be obtained from the family, significant other, guardian, or legally authorized representative, if the resident is unable to communicate their preference.

In all instances that someone other than the resident is a respondent, it should be noted that this is because the resident is unable to respond.

Important Points Regarding Changes to Section Q

Section Q intent has been updated.

Revisions/updates to:

- Q0310 rationale and coding instructions.
- Q0400 – language enhanced.
- Q0490 skip pattern.
- Q0500 coding tips.
- Q0550C response options.
- Q0610 coding instructions.

New definitions:

- Q0310A and Q0400.

New guidance:

- Q0110. Participation in Assessment and Goal Setting.
- Q0500C. Indicate information source for Q0500B.
- Q0620. Reason Referral to Local Contact Agency (LCA) Not Made.

Summary



Section Q: Participation in Assessment and Goal Setting places the resident and their family at the center of decision-making.

- Some items in this section were updated and revised to include additional response options that identify who is participating in the decision-making, resident goals, and other details around discharge planning.
- There are also three new items, Q0110, Q0500C, and Q0620.
- Guidance was revised for clarity.

Submitting Questions

If you have questions about this presentation, please submit them to PACTraining@EconometricalInc.com by June 2, 2023.

Select questions will be answered in Q&A sessions offered during the June 2023 virtual live event.

