

Local Contact Agency

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

On October 1, 2010, nursing facilities across the country began using a new iteration of the Minimum Data Set, called MDS 3.0. The new version includes a revised Section Q designed to identify residents who may be interested in talking to someone about moving back into the community. For these individuals, nursing facility staff will send referrals for any individual who has Medicaid to a Relocation Contractor. Any individual interested in talking to someone about moving back into the community who does not have Medicaid is referred to the Local Contact Agency, or LCA. LCAs are responsible for contacting residents, discussing options, and assisting interested residents to return to the community.

- **What does this mean for nursing facility residents?**

As part of the Center for Medicaid and Medicare Services' (CMS) revisions to the MDS, a redesigned Section Q better assesses nursing facility residents' expectations and interests in returning to the community. As such, the MDS 3.0 helps nursing facility staff better identify and – with the help of LCAs and other community-based organizations – assist more individuals to explore meaningful opportunities to return to the community. However, the MDS 3.0 is just one among many mechanisms for identifying candidates for nursing facility transitions, and the MDS questions alone do not solve some of the biggest challenges in creating community capacity (e.g., housing and behavioral health supports). It is a tool, but it is not a replacement for other nursing facility diversion and transition efforts.

- **Do LCAs provide services for all nursing facility residents who may be interested in talking to someone about moving back into the community?**

No. LCAs provide services to non-Medicaid nursing facility residents seeking additional information about available community-based LTSS. Residents who have Medicaid and request additional information are referred to Relocation Contractors.

- **Do LCAs provide services only for MDS 3.0 Section Q nursing facility referrals?**

No. Though the LCA's primary responsibility is to address MDS 3.0 Section Q referrals, a LCA may also receive other referrals from a nursing facility (non-qualifying nursing facility referrals) and referrals from the friends and families of nursing facility residents (collateral referrals).

- **Will nursing facilities refer all non-Medicaid residents who are transitioning to the community to the LCA?**

No. Nursing facility residents who have a discharge and transition plan in place may not be referred to the LCA. The nursing facility's discharge planner will manage the transition. Non-Medicaid residents who do not have a plan in place and who have expressed an interest in transitioning to the community should be referred to the LCA. At times, a discharge planner may refer a resident with a discharge plan if the nursing facility is unable to meet the resident's needs for transition.

- **What if the LCA does not receive any MDS 3.0 Section Q referrals?**

The number of MDS 3.0 Section Q qualifying referrals has historically been low, so the LCA may not receive many. However, if the LCA is receiving many non-qualifying nursing facility referrals from the same nursing facility, the LCA may want to speak with the discharge planner to ensure the facility is accurately reflecting the referrals that should be identified as MDS 3.0 Section Q.

- **Would it be appropriate for the LCA to train local nursing facility staff members?**
Yes. The LCA may conduct training on LCA roles and responsibilities, specifically in relation to the MDS 3.0 Section Q.
- **Will all MDS 3.0 Section Q referrals result in a discharge?**
No. A nursing facility should refer any resident who answers “yes” to question Q0500 on the MDS 3.0. Depending on the needs of the resident and the resources in the community, this means that some residents who are referred may not be able to transition out of the facility after a referral. It may be reassessed when the needs of the resident change.
- **What is question Q0500?**
The Minimum Data Set 3.0 has 21 sections. Section Q tracks resident “Participation in Assessment and Goal Setting”. According the Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual, Section Q is designed to “Record the participation of the resident, family and/or significant others in the assessment, and to understand the resident’s overall goals.” Q0500 states “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?””
- **Must nursing facilities ask all residents if they want to talk to someone about leaving this facility and returning to the community (Q0500)?**
No. In certain circumstances, a nursing facility should not ask Q0500. If a resident answers yes to Q0400 “Is active discharge planning already occurring for the resident to return to the community?” or to Q0490 “Does the resident’s clinical record document a request that this question be asked only on comprehensive assessments?”; then the nursing facility will skip Q0500. If active discharge planning is already occurring, the nursing facility may contact the LCA for assistance identifying resources appropriate to the resident’s needs; however, the discharge planner is still the primary person responsible for the transition.

References:

Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual. (n.d.). Retrieved September 14, 2016, from <https://downloads.cms.gov/files/MDS-30-RAI-Manual-V114-October-2016.pdf>

MDS 3.0 Section Q Referral Process. (n.d.). Retrieved September 14, 2016, from <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/mds-3-0-section-q-referral-process>