

Community Transition Opportunities & MDS Section A1500

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MDS Version 3.0 Section A1500 PASRR

- ▶ There is new Language in A1500 instructions.
- ▶ Requires NF's to make a referral for a Resident Review (RR) when there is a significant change in status of residents physical or mental condition.
- ▶ An RR is an abbreviated Level II assessment, that makes placement recommendations.
- ▶ CMS has allowed states to set criteria for RR referrals.

MDS Version 3.0 Section A1500, cont'd

- ▶ CARE is working on setting criteria for Kansas NF's to follow.
- ▶ CARE is working with Licensure
- ▶ This information will be posted on the KDOA website, in the Sunflower Connection, and to your NF organizations.
- ▶ More information should be forthcoming by October 1, 2010.

MDS 3.0 Section Q. Local Contact Agency Process

- ▶ New name for the Program: **Community Transition Opportunities(CTO)**
- ▶ A task team made up of multiple organizations have developed the process Kansas will use
- ▶ The local contact agencies will be a combination of Area Agency on Aging (AAAs) and Centers for Independent Living (CILs)
- ▶ KDOA and SRS have developed a list which identifies the AAA or CIL for every county in Kansas.

Community Transition Opportunities

- ▶ AAAs will cover the populations 65 years and older.
- ▶ CILs will cover the populations 64 years 11 months and younger.
- ▶ The Local Contact Agency will have 7 working days to make contact.
- ▶ KDOA will provide follow up on all referrals made to case management entities.

What that means for you

- ▶ The NF has 10 days to make the referral.
- ▶ KDOA has developed an integrated system that will allow the NF, AAA/CIL , and KDOA to all have access to the same document.
- ▶ Provides verification that a referral was made for licensure/survey for your facility.
- ▶ Local Contact Agency (AAA/CIL) have 7 days to make contact .
- ▶ LCA's have 15 days to work the case and refer to the Case Management Entities for follow up.

What that means to you, Cont'd

- A web based turn-around document has been developed that will allow:
- ▶ NF and the LCA to track referral and follow up action.
 - ▶ Provide verification the referral was made.
 - ▶ Reports to be run in order to monitor outcomes.
 - ▶ User friendly process with minimal learning curve.
 - ▶ Most NF data will fill automatically if customer is within KAMIS system.

What that means to you, Cont'd

- ▶ If the customer is not in the system, the NF will call KDOA to input that data into the system.
- ▶ The NF can screen print the form to place in the residents file for LCA referral verification.

When should the NF make a CTO referral ?

- ▶ Once the customer is identified as expressing an interest in returning to the community from MDS 3.0 Section Q.
 - **Medicaid**
 - Initial assessment
 - Quarterly assessment
 - Yearly assessment
 - **Medicare**
 - Initial assessment (5 & 14 day)
 - 30 day follow up
 - Quarterly
 - Annually

We will have natural STOPS in the CTO process

- Do Not Proceed if:

A referral is currently in process.

There is already an active POC in the system– the NF will be referred to contact the AAA.

If the resident is on a Waiting list or in process of getting services set up.

- This STOP will provide your NF with verification an attempt was made to meet MDS section Q criteria.

What is the role of the Local Contact Agency?

- Make contact with the Resident
- Notify the NF of their presence in the facility
- Review community service options
- Review housing options
- Offer choice of Case Management Entities (CME)
- Complete the necessary forms
- Make referrals to the CME

What happens if time frames are not followed?

- The NF could be sited for a deficiency.
- If LCA contact is not made within 7 days, the system will automatically move to the next LCA in your contact area.
- If continued problems exists with the LCA not making timely contact, they will be asked to dis-enroll from the program.
