



INFORMATIONAL MEMO

Title: Minimum Data Set (MDS) Section S and Q Administration	Topic: Administrative Policy
Audience: Nursing Facility, Transition Coordination agencies, Options Counseling agencies	Sub-Topic: Provider Guidance
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HCPF Memo Series can be accessed online: <https://www.colorado.gov/hcpf/memo-series>

Purpose and Audience:

The purpose of this Informational Memo is to inform nursing facility staff who complete MDS and Local Contact Agencies (LCAs) of operational instructions related to the Minimum Data Set (MDS) section Q and MDS Section S added in October 2023.

The completion of these sections is not related to nursing facility funding, reimbursement, or payments. It will be solely used for data collection by the Department of Health Care Policy and Financing (HCPF).

Information:

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

a person-centered approach to ensure that all individuals have an opportunity to learn about Home and Community-Based Services and to receive long-term care in the least restrictive setting possible. This is a civil right for all residents. Interviewing the resident or designated individuals places the resident or their family at the center of decision-making. If a nursing home resident, or their family member, guardian, or legal authorized representative, answers “yes” to question Q0500, “Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community,” it is the responsibility of the provider to make a referral to the designated Local Contact Agency within the recommended 10 days as mentioned in the Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual.

In addition to the question in Section Q of the MDS, HCPF added Section S to further clarify responses given in Section Q of the MDS. Section S is to be completed, in addition to item Q0610, during the MDS process as further information gathering is required for HCPF. The data gathered will be used to determine possible barriers or factors in a resident’s ability to receive a referral to the local contact agency (LCA).

The items in Section S are intended to capture a resident’s preference to remain in the nursing facility or discharge to the community and record when a referral was made to the Local Contact agency (LCA). Some Nursing Facility residents may be able to return to the community if they are provided assistance and referral to appropriate community resources to facilitate care in a non-institutional setting. Section S, a State-specific assessment of the MDS, uses a person-centered approach 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. Discharge planning follow-up is already a regulatory requirement (CFR 483.21(c)(1)).

Please see the below guidance to ensure MDS S question are accurately completed.

Current (Incorrect) Coding Instructions for S0200A: Local Contact Agency Referral Decision

The coding instructions for S0200A were created based on the response options for Q0600 (before Oct. 1, 2023). The current instructions read:

- If Q0610 Answer was “0. No - referral not needed” or “1. No - referral is or may be needed” select reason for response.

Q0600. Referral	
Enter Code <input type="checkbox"/>	Has a referral been made to the Local Contact Agency? (Document reasons in resident's clinical record) 0. No - referral not needed 1. No - referral is or may be needed (For more information see Appendix C, Care Area Assessment Resources #20) 2. Yes - referral made

Revised (Correct) Coding Instructions for S0200A: Local Contact Agency Referral Decision

Q0600 was changed to Q0610 with the MDS update on Oct. 1, 2023. If Q0610 is answered 0 - "No", you will be prompted to answer S0200A, providing a reason for the decision.

Q0610. Referral

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

S0200A: Local Contact Agency Referral Decision

Section S	Colorado
Local Contact Agency	
S0200A. Local Contact Agency Referral Decision	
Enter Code	If Q0610 Answer Was "0. No – referral not needed" or "1. No – referral is or may be needed" select reason for response.
<input type="checkbox"/>	<ol style="list-style-type: none"> 1. Active Discharge in Process 2. Legal Reasons 3. Clinical Reasons 4. Behavioral Reasons 5. Other

Coding instructions for S0200A: Local Contact Agency Referral Decision

- **Code 1. Active Discharge in Process:** *if it has been documented that an active discharge is in process for the resident.*
- **Code 2. Legal Reasons:** *if it has been documented that for legal reasons a referral has not been made to the Local Contact Agency.*
- **Code 3. Clinical Reasons:** *if it has been documented that for clinical reasons a referral has not been made to the Local Contact Agency.*
- **Code 4. Behavioral Reasons:** *if it has been documented that for behavioral reasons a referral has not been made to the Local Contact Agency.*
- **Code 5. Other:** *if it has been documented that for other reasons a referral has not been made to the Local Contact Agency (e.g., long-term care resident).*

S0200B: Local Contact Agency Referral Decision - Other

S0200B. Local Contact Agency Referral Decision - Other	
	Local Contact Agency Referral Decision - If value 5 was selected above in S0200A, please add reason. <input type="text"/>

***Current (Incorrect)* Coding Instructions for S0200B: Local Contact Agency Referral Decision - Other**

If 5 “Other” was selected for S0200A, please add reason.

***Revised (Correct)* Coding Instructions for S0200B: Local Contact Agency Referral Decision**

For any of the options listed in S0200A (Code 1. Active Discharge in Process, Code 2. Legal Reasons, Code 3. Clinical Reasons, Code 4. Behavioral Reasons, or Code 5. Other), please expand upon the reason for the selection.

Coding Tip:

Item S0200B, will allow the reason to be elaborated on (e.g., resident is a long-term resident) or select two reasons (e.g., resident has a behavioral diagnosis as well as legal reasons and would not be able to safely return to the community.)

Please note: In October 2024 CMS will make changes to Section S and additional guidance and training will be provided at that time.

For additional instructions regarding Section Q of the MDS, please refer to the Centers for Medicare and Medicaid Services (CMS) website, Resident Assessment Instrument (RAI) guidance manual, or contact the State Resident Assessment Instrument Coordinator (SRAIC).

Definition(s):

None

Attachment(s):

None

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