

# Bulletin

# Michigan Department of Community Health

Bulletin Number: MSA 10-34

**Distribution:** Nursing Facilities, County Medical Care Facilities, Hospital Long-Term Care Units,

Hospital Swing Beds, Ventilator Dependent Care Units, MI Choice Waiver Agencies

**Issued:** September 1, 2010

Subject: Local Contact Agency (LCA) Designation – Minimum Data Set (MDS) 3.0 – Section Q

Effective: October 1, 2010

Programs Affected: Medicaid

This bulletin is directed to the Michigan Medicaid MI Choice Waiver Agencies designated as LCAs and is copied to nursing facilities, county medical care facilities, hospital long-term care units, hospital swing beds, and ventilator dependent care units.

Effective October 1, 2010, the Centers for Medicare and Medicaid Services requires all nursing facilities to use the new MDS 3.0 in assessing residents. The MDS 3.0 includes new questions under Section Q regarding a resident's care expectations. Section Q provides a more meaningful dialogue with the resident on discharge planning goals, direct questions to the resident on receiving information about long-term care community options, and questions to promote a discharge planning collaboration between nursing facility and LCA for residents who may require medical and supportive services to return to the community. The impetus for Section Q is to assist states in the implementation of the Americans with Disabilities Act (1990) and the Olmstead Supreme Court Decision (1999).

The purpose of this bulletin is to designate the Michigan Medicaid MI Choice Waiver Agencies as LCAs. The LCA's role is to contact nursing facility residents referred to them by nursing facilities through the Section Q process, to provide the resident timely information about choices of services and supports available in the community, and to make an appropriate referral to support transition to community living if the resident so chooses after learning about options.

The nursing facility is required to contact the LCA within 10 business days of a resident's "yes" response to Q0500A from Section Q on the MDS 3.0. The LCA must record the referral date, nursing facility name, the nursing facility contact name and phone number, and the resident's name and phone number. The LCA then has three business days to contact the resident by phone to schedule an initial face-to-face visit. Unless the resident reconsiders interest in learning about community options, the LCA must complete the initial visit within 10 business days of the referral date.

The LCA is responsible for providing information and referral assistance during the initial visit. The LCA will discuss community long-term care options with the resident and connect them with appropriate resources for assessment and transition planning. None of the services provided by the LCA through the completion of the initial visit are billable. Waiver agencies serving as LCAs must make appropriate referrals for all residents who choose this option and may begin serving as transition agents for appropriate MI Choice candidates only after the initial interview.

The nursing facility staff is expected to meaningfully engage the resident in discharge planning and work with the appropriate agency to arrange for all of the necessary services for moving to the community. Nursing facilities are not relieved of their required discharge planning activities.

The Office of Services to the Aging and the Michigan Department of Community Health are in the process of developing Aging and Disability Resource Centers (ADRC) throughout the state. It is the department's intent to establish these ADRCs as the LCAs once they are functioning statewide. The MI Choice Waiver Agencies will remain as the LCAs until this Bulletin is rescinded. Providers will be notified prior to this change taking place.

## **Public Comment**

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments in writing to:

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Or

E-mail: romelust@michigan.gov

If responding by e-mail, please include "Local Contact Agency Designation" in the subject line.

### **Manual Maintenance**

Retain this bulletin for future reference.

### Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at <a href="mailto:ProviderSupport@michigan.gov">ProviderSupport@michigan.gov</a>. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

**Approved** 

Stephen Fitton, Director

**Medical Services Administration**