**MDS 3.0 Section Q Referral**

**FAX Transmittal Notification and Tracking Form**

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| Nursing Facility (NF) Name: | Local Contact Agency (LCA) Name: |
| NF Staff Contact(s): | LCA Staff Contact(s): |
| NF Fax number: | LCA fax number: |
| NF Phone Number: | LCA Phone number: |

**MDS 3.0 Section Q Referral Information (NF completes this section – Protocol Steps 1 and 2)**

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| --- | --- | --- |
| Individual’s Name: | Individual’s DOB: | Date of NF Admission: |
| Individual’s Payer Source: (Check all that apply) | 🞎 Medicare 🞎 Medicaid 🞎 Private Pay 🞎 Other | |
| Does the individual have any of the following: | 🞎 Legal Guardian 🞎 Enacted Durable Power of Attorney 🞎 No | |
| Individual’s Preferred Contact: | 🞎 Self  🞎 Other Relationship:  Name: | |
| Individual’s Preferred Contact Mailing Address: | Phone Number: | Email: |
| Please list any communication accommodation needs the individual has: | * 90 consecutive days - NF admission 🞎 Yes 🞎 No * Medicaid is payer source 🞎 Yes 🞎 No * Skilled Rehab SNF level of care 🞎 Yes 🞎 No * DD (Developmental Disability) 🞎 Yes 🞎 No * ID (Intellectual Disability) 🞎 Yes 🞎 No | |

**MDS 3.0 Section Q Referral Tracking**

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| --- | --- | --- |
| 🞎 Original Referral Request from NF to LCA  (Step 2) | Sender: | Date: |
| 🞎 LCA Notifies NF of Receipt of Referral  (Step 3) | Sender: | Date: |
| 🞎 LCA Notifies NF that LCA has Spoken with Individual and Mailed Information (Step 6) | Sender: | Date: |
| 🞎 NF Notifies LCA of Individual’s Decision (Steps 7 - 8)  Individual’s Decision and Choice to Continue with Community Living Referral:  🞎 Yes, referral requested  🞎 No further services at this time | Sender: | Date:  🞎 MFP Referral  🞎Transition Coordinator  🞎CSB  🞎DD Case Manager  Name of chosen TCP:    🞎 Community Referral  Name of Community Source: |
| 🞎 LCA Notifies TCP/ Community Resource of Referral (Step 9) | Sender: | Date: |
| 🞎 TCP Notifies LCA of Receipt of Referral  (Step 10) | Sender: | Date: |

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### **Instructions for the Completion of a MDS 3.0 Section Q Referral**

**OR**

(1)

Nursing Facility (NF) administers MDS 3.0 Section Q, which generates a referral to the designated LCA.

(2)

NF completes and faxes the Transmittal Notification and Tracking Form with Universal Signed Consent to designated LCA within eight (8) business days providing: individual’s basic demographic info, payer source, date of NF admission, and individual’s preferred contact information.

(3)

LCA signs, dates, and faxes Transmittal Notification and Tracking Form back to NF within two (2) business days and enter individual’s information into No Wrong Door Tools Application or approved manual process.

(4)

LCA contacts individual or individual’s preferred contact by phone or face to face within two (2) business days to confirm information and provide general information on available community services. The LCA will gather additional information on the individual’s wishes and support needs.

(5 a)

If individual is interested in MFP, LCA provides printed materials/MFP fact sheet within three (3) business days including list of available resources and list of Transition Coordination Providers (TCPs) or DD/ID screening entity (CSB1 or CDC2) to individual or individual’s preferred contact.

(6)

LCA documents process on the Transmittal Notification and Tracking Form and faxes to NF.

(8)

Once individual has made decision to either seek additional information or end the referral process, the NF completes and faxes the Transmittal Notification and Tracking Form and updated Universal Signed Consent with name of TCP or community resource contact or DD/ID screening entity, to designated LCA to inform them of the decision of the individual.

(11)

TCP or community resource contacts NF and the individual to arrange a face-to-face meeting with the individual and/or individual’s preferred contact, and NF, to discuss community services. Notify LCA that a visit occurred.

(10)

TCP or community resource contact completes and faxes Transmittal Notification and Tracking Form to LCA to confirm acceptance of referral within three business days.

(7)

NF confirms receipt of materials with individual or individual’s preferred contact. NF Social Worker talks with individual about choices.

(5 b)

If not a MFP referral, LCA provides printed materials within three (3) business days including list of available resources and community resource contact information to individual or individual’s preferred contact.

(9)

LCA or community resource contact documents individual’s decision into No Wrong Door Tools Application or approved manual process and if applicable, forwards the individual’s information and Universal Signed Consent to the selected TCP or community resource within two (2) business days.

### Note: This referral workflow process does not negate NF discharge planning responsibilities in accordance with the Code of Virginia §32.1-138.

1. CSB – Community Services Board 2. CDC – Child Development Clinic