

## PROVIDER BULLETIN

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<http://dss.mo.gov/mhd/>

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### Nursing Home Bulletin

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#### MDS Section Q

Nursing facilities that receive CMS funding are required to administer the Minimum Data Set (MDS) Questionnaire to residents. Section Q is the component of the MDS that involves the residents desire to learn about options of returning to the community. CMS policy in regard to section Q via the Resident Assessment Instrument (RAI) manual indicates:

**Intent:** The items in this section 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. Discharge planning follow-up is already a regulatory requirement (CFR 483.20 (i) (3)). Section Q of the MDS uses a person-centered approach to insure that all individuals have the opportunity to learn about home and community based services and have an opportunity to receive long term care in the least restrictive setting possible. Interviewing the resident or designated individuals places the resident or their family at the center of decision-making.

Please note, the participation of the individual or the individual's legal guardian, if they have one, must occur when completing this section of the MDS. If the individual does not have a legal guardian or invoked DPOA then the questions must be asked of the resident.

By law, Nursing facilities are required to refer any "yes" responses to Section Q 0500 to the local contact agency (LCA). Missouri has contracted with Centers for Independent Living and Area Agencies on Aging to serve as the LCAs. Part of their responsibilities will be to provide Options Counseling to residents that are referred.

Nursing facilities are required to refer Section Q 0500 “yes” responses using the online web application. The link to the application and instruction for its use is included in this bulletin.

### **Making an Online Section Q Referral**

Website link: <https://dssapp3.dss.mo.gov/mfpnursinghome/Login.aspx>

- **Screen 1:** Your facility’s Medicaid Provider Number and NPI number is required to access the referral system

Missouri Department of  
**SOCIAL SERVICES**

Money Follows the Person

Provider Login Screen

Enter Medicaid Provider Number:

Enter NPI Number:

[User's Guide](#)

NOTE: Is this referral a result of a yes response to MDS Section Q? If time has lapsed since the MDS was completed and this is for a referral for transition only, please contact your DSDS Regional Office. Only 'yes' responses to Section Q should be entered here. Any individual who is currently in active discharge planning regardless of known or unknown discharge date should not be referred for Options Counseling. Questions on Active discharge planning should be directed to the Missouri RAI coordinator at (573) 751-6308.

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- **Screen 2:** Indicate if the resident is Medicaid or Non-Medicaid eligible.
  - \* If “Medicaid” is indicated, screen 2 will expand for the DCN number of the resident, once entered it will go to screen 3.
  - \* If “Non-Medicaid” is indicated it will go directly to screen 3.
- **Screen 3:**
  - \* For Medicaid individuals, some information will automatically populate such as facility name and resident information. All other information must be entered.
  - \* For Non-Medicaid individuals all information must be entered.
  - \* For both Medicaid and Non-Medicaid individuals you must indicate the LCA selected by the resident from the dropdown list.
  - \* After the completion of screen 3, *click the “Insert” button. You should receive confirmation that the referral has been sent.*

Once a referral has been made through the online system, the selected LCA will schedule a time to meet with the resident and provide them information via an Options Counseling session.

If any nursing facility staff have questions about making the Section Q referral, they can call 573-522-1591 for technical assistance.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline**  
**573-751-2896**