



California's protection & advocacy system
Toll-Free (800) 776-5746

Your Rights to Choices Counseling and Discharge Planning under the MDS 3.0 Section Q

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MDS Assessment Requirements

All nursing facilities receiving Medicare or Medicaid funding must administer an MDS assessment to all nursing facility (NF) residents. The MDS is used to obtain information about a resident's functional capabilities, identify health problems and to assist in the development of the individual's care plan, including discharge planning.

The full MDS assessment is administered no later than 14 days after the date of admission, when there has been a change in the resident's physical or mental condition, and a shorter version is administered quarterly. The MDS, Section Q is required to be administered during each assessment (i.e. quarterly).

Discharge planning is referred to as the Section Q (part) of the MDS assessment process. **MDS Section Q requires nursing facilities to ask residents if they are interested in moving into the community. If a resident answers yes (i.e. the resident wants more information about moving into the community), the NF is required to refer the resident to a Local Contact Agency (LCA) within 10 days.**

If a resident is interested in moving into the community, the response to the MDS assessment is required to be noted in the care plan, and care planning should be initiated to assess possible transition to the community. This usually means a visit by the NF social worker or

discharge planner to discuss future discharge planning and community living options.

Local Contact Agency

Once a referral is made to an LCA, the LCA is responsible for contacting the NF resident and speaking with the resident about discharge planning and services to enable an individual to live in the community with support and services. Many NF residents may be able to return to the community with supports and services. The LCA and NF are responsible for working together in assisting residents' transition into the community, who are able to do so. You may contact the LCA for your area by calling the California Department of Health Care Services at the number listed below or by visiting

<http://www.dhcs.ca.gov/services/ltc/Pages/MDS3,SectionQ.aspx>.

How to obtain information about my MDS, Section Q Assessment

You may speak with the NF social worker who is assigned to you for more information about when your next MDS, Section Q assessment will take place and to verify that the NF has correct information about your interest in moving into the community, in your MDS, Section Q assessment.

What to do if you are denied access to MDS Section Q information or Discharge Planning

If the facility does not provide you with information about your MDS, Section Q assessment, you may contact your local Ombudsman by calling **1-800-231-4024**. The Ombudsman is available 24 hours a day, 7 days a week to take calls and refer complaints from residents. If the Ombudsman is unable to resolve the problem you may call the Department of Health Services at 213-351-8271.

You may also contact California Department of Health Care Services, at (916) 558-1770 or, Disability Rights California at 1-800-776-5746.

More information about the MDS Section Q can be found at:

<http://www.disabilityrightsca.org/pubs/549601.pdf>

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