



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Nursing Home Transmittal No. 230
September 29, 2010

TO: Nursing Home Administrators

FROM: *Susan J. Tucker*
Susan J. Tucker, Executive Director
Office of Health Services

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal

RE: **Local Contact Agency for MDS Section Q Referrals**

The State of Maryland was chosen by the Centers for Medicare and Medicaid Services (CMS) to participate in the Money Follows the Person (MFP) Rebalancing Demonstration in 2007, which was authorized by the Deficit Reduction Act of 2005 as an opportunity for states to rebalance long-term care systems. Maryland has the opportunity to improve long-term care by improving the availability and quality of community-based services while providing people in institutions information about the option to be served in the community. The MFP Demonstration has been designated as the Local Contact Agency responsible for responding to referrals generated through Section Q of the new MDS 3.0 assessment instrument.

One of Maryland's MFP rebalancing initiatives is to provide Program Education to nursing facility residents who are interested in learning more about the service options available in the community. MFP Program Education is provided by the local Area Agencies on Aging (AAAs) across the State. This service will now, with the effective date of MDS 3.0 on October 1, 2010, be expanded to include providing Program Education to residents who express an interest in community-based options through their responses to the MDS 3.0 Section Q. All residents, regardless of payer status, will be eligible for Program Education via the MDS 3.0 Section Q referral.

The following process has been established for Section Q referrals to the MFP Demonstration as the Local Contact Agency (LCA). After completing Section Q, if a referral to the LCA is indicated by the responses on Item Q0500 or Q0600, nursing facilities should refer the individual directly to the MFP Demonstration within 10 business days. Attached is a two page referral form titled "MFP Data Sheet" that should be used to make referrals to MFP. Facilities should try to

complete all data fields on this form, but referrals must, at a minimum, include the resident's name, address, phone number, birth date, and either the social security number or Medical Assistance number. Completed forms should be faxed to (410) 333-5333, to the attention of the MFP Demonstration.

Referrals will be entered into the MFP web-based tracking system within 2 business days; this will notify the local Area Agency on Aging of the referral. The AAA has 10 business days to respond to the referral, and conduct a face-to-face visit with the resident to provide Program Education.

Questions regarding this transmittal should be directed to Money Follows the Person Demonstration staff at (410) 767-6770.

Attachment

cc: Nursing Home Liaison Committee

MFP Data Sheet

Please fax completed form to (410) 333-5333

Facility Information		
Facility Name:		
Facility Contact:	First:	Last:
Address (Line 1):		
Address (Line2):		
City:		
State:		
Zip:		
County:		
Phone:		

Client Information		
Name:	First:	Last:
MDS Section Q Referral:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
MA Eligible:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Community MA:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Long Term Care MA:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preferred Name:	First:	Last:
Primary Phone:	<input type="checkbox"/> Room <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other	
Secondary Phone:	<input type="checkbox"/> Room <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other	
Date of Birth:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Race:	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black (not Hispanic) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White (not Hispanic) <input type="checkbox"/> Other	
Hispanic:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SSN:		
Medicaid Number:		
Anticipated D/C:		

Please complete page 2 if this client has a representative.

HIPAA Notice:

This form contains personal protected health information and is intended for review and use only by an authorized party. Misuse or disclosure of this information is prohibited by State and Federal Laws. If you have obtained this form by mistake, please send it to: Money Follows the Person, 201 West Preston Street, Room 128A, Baltimore, Maryland 21201.

MFP Data Sheet

Please fax completed form to (410) 333-5333

Primary Representative		
Name:	First:	Last:
Guardian of Person:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Guardian of Property:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Relation to Client:		
Primary Phone:	<input type="checkbox"/> Room <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other	
Secondary Phone:	<input type="checkbox"/> Room <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other	
Address (Line 1):		
Address (Line2):		
City:		
State:		
Zip:		

Secondary Representative		
Name:	First:	Last:
Guardian of Person:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Guardian of Property:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Relation to Client:		
Primary Phone:	<input type="checkbox"/> Room <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other	
Secondary Phone:	<input type="checkbox"/> Room <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other	
Address (Line 1):		
Address (Line2):		
City:		
State:		
Zip:		

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