

# SECTION Q

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## Return to Community, Options Counseling New Jersey Department of Human Services April 2014\*

*(\*Slide 15 updated 2/24/15)*

# Objectives

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## To understand Section Q

- ✦ Rationale for Section Q
- ✦ Importance of Person Centered Planning
- ✦ Preparing for and Conducting Options Counseling
- ✦ Documenting within the Consumer Planning Worksheet
- ✦ Identify the Local Contact Agency(LCA)
- ✦ Explain the steps for referral to the Local Contact Agency (LCA)

# Return to Community Referral

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- All individuals have the right to choose the services they receive and the settings in which they receive those services.
  - ✦ Americans with Disabilities Act (1990)
- Individuals have the right to receive care in the least restrictive (most integrated) setting.
  - ✦ Olmstead (1999)

# Section Q

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- Residents will become more meaningfully engaged in their own discharge planning goals.
- Residents will be asked directly if they want information about community options.
- Linkages and information exchange will be promoted between nursing homes, OCCO, and community-based long term care providers.

# Section Q

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- Under Section Q, nursing facilities must now ask residents directly if they are interested in learning about the possibility of returning to the community and speaking to someone from the Local Contact Agency.

# Person Centered Planning

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- Residents should be provided options, as well as, access to information that allows him/her to make the decision for discharge and to be supported in directing his/her care planning.
- The LCA/OCCO's role is to give people the tools they need to choose the right path for themselves.

# Q0500 Return to Community MDS Assessment Guidelines

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- Q0500.B. – resident is asked if he/she would like to speak to someone about the possibility of returning to community.
- Family, significant other, guardian or legally authorized representative are consulted if resident is unable to communicate preferences.
- Q0600.0.-3. – referral made to LCA, YES or NO response
  - Q0600.2. YES – make LCA referral
  - Q0600.0. NO – resident and care planning team decide that contact is not required – OR –
  - Q0600.1. NO – referral not made for some reason even though resident and care planning team decide that the LCA needs to be contacted
  - If responding NO, there should be documentation why referral was not made

# Q0500 Return to Community MDS Assessment Guidelines

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- Answering “Yes” does not commit the resident to leave the nursing home at a specific time.
- It does **not** ensure that the resident will be able to move back to the community.
- Answering “No” is not a permanent commitment to remain at the NH forever because the resident can always change his/her decision at any time.



# Who is the Local Contact Agency?

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- ✓ The NJ Department of Human Services, Division of Aging and Community Services, Office of Community Choice Options (OCCO), has been designated as the Local Contact Agency (LCA) for the State of New Jersey.
- ✓ OCCO's Community Choice Counselors will be responsible for providing comprehensive Options Counseling to nursing home residents whose Section Q responses generate referrals to the LCA/OCCO.

# Options Counseling: Referral

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- ✓ Nursing Facilities(NF) will use the CP-2 Long Term Care Referral to make a referral to the LCA/OCCO within 10 business days of a resident's "Yes" response to both questions Q0500.A and Q0600.2.
- ✓ The LCA/OCCO contact the NF social worker and meet with the resident within 10 business days from date of referral.
- ✓ If the LCA/OCCO counselor does not contact NF social worker or resident within 10 business days, NF social worker will make a follow-up call to the LCA/OCCO to verify referral status and prompt the visit.

# The Role of the Community Choice Counselor

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Collaborate with interdisciplinary team to determine the services and assistance that the resident may require upon discharge.

- **Meet with the Resident to Discuss:**
  - **Expressed goals;**
  - **Finances - public funding vs. private pay;**
  - **Housing options – existing residence or new environment;**
  - **Family / Caregiver involvement for support upon discharge;**
  - **Potential service options based on expressed goals and identified needs;**
  - **Next steps to achieve their goals**

# Consumer Planning Worksheet

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- The Interim Plan of Care is used to document options that have been discussed with the resident.
- ✓ Two copies are provided:
  - ✦ Resident
  - ✦ Discharge Planner (for inclusion in the resident's record)
- ✓ The LCA/OCCO counselor will continue to assist the NH discharge planner, as needed, to access and coordinate community services and programs.

**NJ Choice - Interim Plan of Care**  
**Consumer Planning Worksheet**  
 New Jersey Department of Human Services  
 Office of Community Choice Options

1	Consumer Information	a. Name of Consumer																																																	
		1.(Last Name)	2.(First Name)	3.(Middle Name)																																															
		b. Last 4 digits of SSN																																																	
		c. Gender 1. Male 2. Female																																																	
2	Personal Goals	d. Birthdate																																																	
		Month	Day	Year																																															
		List Goals as Expressed by Consumer																																																	
		a.	b.	c.																																															
3	Type of Options Counseling	1 - Community Assessment with Options Counseling																																																	
		2 - Nursing Facility Assessment with Options Counseling																																																	
		3 - Section O Referral with full assessment & Options Counseling																																																	
		4 - Section O Referral with Options Counseling only (no assessment)																																																	
4	Financial Information	a. Monthly Income:																																																	
		1. SSI	\$																																																
		2. Social Security	\$																																																
		3. Pension	\$																																																
5	Potential Service Options	4. Other																																																	
		\$ TOTAL																																																	
		b. Other Financial Resources (Savings, Checking, Stocks, Bonds, etc.):																																																	
		\$ TOTAL																																																	
c. Unable to document financial discussion due to the following reason: 0 - Information not presently available 1 - Consumer declines to disclose																																																			
(A) The following service options have been discussed: 0. No 1. Yes (B) Consumer Expresses Interest 0. No 1. Yes 2. Unsure																																																			
<table border="1"> <tr> <td></td> <td>(A)</td> <td>(B)</td> <td></td> <td>(A)</td> <td>(B)</td> </tr> <tr> <td>a. Medical Day Services</td> <td></td> <td></td> <td>q. Transportation Services - Non-medical</td> <td></td> <td></td> </tr> <tr> <td>b. Social Day Care</td> <td></td> <td></td> <td>r. Transportation Services - Medical</td> <td></td> <td></td> </tr> <tr> <td>c. Durable Medical Equipment</td> <td></td> <td></td> <td>s. Behavioral Management</td> <td></td> <td></td> </tr> <tr> <td>d. Care Management</td> <td></td> <td></td> <td>t. Caregiver/Participant Training</td> <td></td> <td></td> </tr> <tr> <td>e. Chore Services</td> <td></td> <td></td> <td>u. Cognitive Therapy</td> <td></td> <td></td> </tr> <tr> <td>f. End of Life Care</td> <td></td> <td></td> <td>v. Private Duty Nursing</td> <td></td> <td></td> </tr> <tr> <td>g. Home Delivered Meals (HDM)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					(A)	(B)		(A)	(B)	a. Medical Day Services			q. Transportation Services - Non-medical			b. Social Day Care			r. Transportation Services - Medical			c. Durable Medical Equipment			s. Behavioral Management			d. Care Management			t. Caregiver/Participant Training			e. Chore Services			u. Cognitive Therapy			f. End of Life Care			v. Private Duty Nursing			g. Home Delivered Meals (HDM)					
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6	Other Planning Options	h. Residential Modification			w. Community Transition Services			
		i. Medication Dispensing Device			x. Home-Based Supportive Care			
		j. Nursing Home			y. Structured Day Program			
		k. Nursing Visits			z. Supported Day Services			
		l. Other Nutritional Services			aa. Vehicle Modification			
		m. Personal Care Assistance			bb. Other Services			
		n. Personal Emergency Response System (PERS)						
		o. Rehabilitation/Therapies						
		p. Respite Services						
		(A) The following service options have been discussed: 0. No 1. Yes (B) Consumer Expresses Interest 0. No 1. Yes 2. Unsure						
		a. Housing with Services: (A) (B)						
		1. Subsidized Housing				d. Property Tax Assistance Programs:		
		2. Boarding Home				e. Utility Assistance Programs:		
		3. Residential Health Care Facility (RHCF)				f. Health and Wellness Programs:		
4. Community Residential Services				g. Employment Opportunities:				
5. Assisted Living (AL)				h. Volunteer Opportunities:				
6. Adult Family Care (AFC)				i. Other Considerations:				
7. Other:								
b. Legal Planning:								
1. Advance Directive								
2. Durable Power of Attorney								
3. Other:								
c. Money Management:								

7	Notes for Consumer	<p><b>Next Steps:</b></p> <div style="border: 1px solid black; height: 300px; width: 100%;"></div>																
8	Plan Selection	<p>At the time of assessment and/or options counseling, when applicable, I have been provided with choices of health plans to manage my MLTSS benefit:</p> <p>0 - I am making the choice of the following MLTSS provider:</p> <p>_____</p> <p>1 - I am not ready to choose at this time and have been made aware that, upon eligibility for MLTSS, I will have a ten (10) day time frame to make a selection before auto-assignment to a provider.</p> <p>2 - Does not apply, private pay assessment/options counseling</p>																
9	Consumer/ Caregiver Signatures	<p>I have been advised that the options contained herein are for informational purposes only and are not a guarantee of service. I have been further advised that many publicly funded programs have varying financial and clinical eligibility requirements. If applicable, I have been directed to contact the County Welfare Agency (CWA) to determine my Medicaid financial eligibility.</p> <p>Consumer Signature _____</p> <p>Family / Caregiver or Legal Representative (if applicable): _____</p>																
10	Assessor Signature	<p>The options selected above have been discussed with this consumer as potential service options. I have not implied or guaranteed delivery of these services.</p> <p>Assessor Signature: _____</p> <p>Date: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td colspan="5" style="text-align: center;">Year</td> </tr> </table></p> <p>Please list all individuals present at time of options counseling session:</p> <p>_____</p> <p>_____</p> <p>_____</p>									Month		Day	Year				
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# Local Contact Agency Information

## Office of Community Choice Options

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### **OCCO Northern Regional Office**

Bergen, Essex, Hudson, Hunterdon, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union & Warren Counties

45 Kilmer Road, 2nd Floor, Edison NJ 08817

Phone: (732) 777-4650; Fax: (732) 777-4681

### **OCCO Southern Regional Office**

Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer & Salem Counties

40 North Whitehorse Pike, Hammonton NJ 08037

Phone: (609) 704-6050; Fax: (609) 704-6055

*(slide updated, 2/24/15)*

# Questions?

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