

## Section Q Workflow Action Steps

### STEP 1

The Nursing Facility (NF) conducts Section Q of the MDS 3.0. The resident answers, “Yes, I want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community”.



### STEP 2

Within three (3) \* business days of individual’s request, the NF shall generate the referral to their local ServiceLink Resource Center (SLRC) using the standardized referral notification tool.



### STEP 3

Within the same three (3) business days of the resident answering “Yes” to the Q0500 question, the NF will give the resident a SLRC brochure to inform him/her who will be coming to visit to talk about community living options.



### STEP 4

SLRC will confirm with the NF receipt of the referral within three (3) business days of receiving the referral. SLRC shall verbally \*\*confirm the resident’s interest” in speaking to a third party about available community living supports, and schedule a face-to-face visit.

- If the “Best Practice” established timeline was not met, SLRC will document in refer 7 the reason why



### STEP 5

Within 10 business days of receiving the referral, SLRC will visit with the resident. This first face-to-face will be a meet and greet. This visit will be a time to gather information about the resident’s desires and community support needs.

- If “Best Practice” established timeline was not met, SLRC shall document, in Refer 7, the reason why.
- SLRC will consult with GSIL as needed



### STEP 6

SLRC will inform the NF the first face-to-face with the resident has occurred and SLRC had shared an overview of available community living supports. If not already determined, SLRC will confirm if the resident would like to meet again to discuss community options specific to the resident’s desires and needs.



### STEP 7

If the resident wants a second face-to-face with a SLRC to learn additional information about community living options, SRLC will gather the needed information from the resident’s family, circle of support and NF.



### STEP 8

SLRC will participate in conversations with the resident, family members, and the resident’s circle of support to learn if the resident wants to pursue community living options or end the referral process.



### STEP 9

Within 10 business days of the first face-to-face with the resident, SLRC will conduct the second face-to-face meeting with the resident to discuss community living options available specific to the resident’s desires and needs.



### STEP 10

If the resident decides to end the process, both SLRC and the NF will document the date and reason (if provided) why the process ended.



### STEP 11

If the resident decides to pursue community living, the NF will make the referral to the applicable provider agency chosen by the individual.

For Example:

- For GSIL’s Nursing Facility Transition Program, GSIL will work with the NF to facilitate a transition plan using the person-centered tool.