

Local Contact Agencies

What is a Local Contact Agency?

On October 1, 2010, nursing facilities across the country will begin using a new iteration of the Minimum Data Set, called MDS 3.0. The new version includes a revised Section Q designed to identify residents who may be interested in talking to someone about moving back into the community. For these individuals, nursing facility staff will send referrals to Local Contact Agencies, or LCAs. The LCAs will be responsible for contacting residents, discussing options, and assisting interested residents to return to the community.

Who can be a LCA?

Each state Medicaid agency is responsible for selecting and contracting with the organizations that it chooses to serve as LCAs. CMS lists several organizations that can potentially serve as LCAs, including Aging and Disability Resource Centers, Area Agencies on Aging, Centers for Independent Living, and others.

What does this mean for nursing facility residents?

As part of CMS's revisions to the MDS, a redesigned Section Q will help better assess nursing facility residents' expectations and interests in returning to the community. As such, the new MDS 3.0 will help nursing facility staff better identify and - with the help of LCAs and other community-based organizations - assist more individuals to explore meaningful opportunities to return to the community. However, the new MDS is just one among many mechanisms for identifying candidates for nursing facility transitions, and the MDS questions alone do not solve some of the biggest challenges in creating community capacity (e.g., housing, behavioral health supports, etc). It is a new tool but not a replacement for other nursing facility diversion and transition efforts.

What would it mean for our organization to become a LCA?

If your organization becomes a LCA, you will establish a formal relationship with the state Medicaid agency (e.g., through contracts or MOUs), execute data-sharing agreements, and respond to referrals from nursing facility staff to provide options counseling and transition assistance. Based on the experiences of the states that pilot tested MDS 3.0, the volume of referrals was not overwhelming, but the implementation of MDS 3.0 will vary from community to community. If you become a LCA, you will need to ensure sufficient staffing levels and establish workflow processes to respond to referrals within a short timeframe (e.g., one week), as may be specified in your agreement with the state Medicaid agency.

What should I do if I want my organization to become a LCA?

Your state Medicaid agency will decide which organization(s) can become LCAs. We recommend meeting with state Medicaid officials to discuss their plans for identifying LCAs and your capabilities to support nursing facility transitions.

You should consider several important issues in deciding whether to pursue becoming a LCA:

- Do you have relationships with area nursing facilities?
- Have you established protocols for providing options counseling and transition assistance to nursing facility residents?
- Do you have partnerships with other organizations that can help support nursing facility transitions (e.g., AAAs, CILs, agencies serving people with developmental disabilities or mental illnesses, public housing authorities)?
- Have you established relationships with community-based service providers that could help meet the needs of individuals transitioning out of nursing facilities?
- Do you have trained, qualified staff who understand person-centered planning, can assist in obtaining accessible housing, and have experience supporting people through the discharge process?

LCAs will have important roles under MDS 3.0. However, whether you are a LCA or not, you can still continue the work you may already be doing to help nursing facility residents return to the community.

Is there funding available for this initiative?

CMS has not designated any funding specifically to support the activities of a LCA. However, there are multiple funding streams that currently support the functions that would be performed as a LCA, including, funding associated with the federal Money Follow the Person initiative, Medicaid administrative matching funds, Medicaid targeted case management benefits, Older Americans Act Title III funding, Rehabilitation Act funding, and others.

Where can I get more information?

We will post additional information on the www.adrc-tae.org website as it becomes available. You can also submit questions or comments to mdsformedicaid@cms.hhs.gov.