

Section Q

Participation in Assessment and Goal Setting

Intent

To record the participation of the resident, family and/or significant others in the assessment, and to indicate reason if the resident's assessment is incomplete.

To identify the resident's long term and over-all goals.

Q0100. Participation in Assessment	
	A. Resident participated in assessment 0. No 1. Yes
	B. Family or significant other participated in assessment 0. No 1. Yes 9. No family or significant other
	C. Guardian or legally authorized representative participated in assessment 0. No 1. Yes 9. No guardian or legally authorized representative

Q0100. Participation in Assessment

A. Resident participated in assessment 0. No 1. Yes

The resident actively engages in interviews and conversations as necessary to meaningfully contribute to the completion of the MDS 3.0. Interdisciplinary team members should engage the resident during assessment in order to determine the resident's expectations and perspective during assessment.

B. Family or significant other participated in assessment 0. No 1. Yes 9. No family or significant other

A spousal, kinship (e.g., sibling, child, parent, nephew), or in-law relationship; also, a partner, housemate, legal guardian, primary community caregiver, or close friend. Family or significant other does not, however, include staff at the nursing home.

C. Guardian or legally authorized representative participated in assessment

0. No 1. Yes 9. No guardian or legally authorized representative

A person who is authorized, under applicable law, to make decisions for the resident, including giving and withholding consent for medical treatment.

Q0300. Resident's Overall Expectation – Complete only if A0310E=1	
	A. Select one for resident's overall goal established during assessment process 1. Expects to be discharged to the community 2. Expects to remain in this facility 3. Expects to be discharged to another facility / institution 9. Unknown or uncertain
	B. Indicate information source for Q0300A 1. Resident 2. If not resident, then family or significant other 3. If not resident, family or significant other, then guardian or legally authorized representative 9. None of the Above

Q0300. Resident's Overall Expectation

Complete only for the first assessment (OBRA or PPS) since the most recent admission if A0310E=1

This item is person-centered rather than what the nursing home staff judge to be in the best interest of the resident. This item focuses on exploring the resident's options; not whether or not the staff considers them to be good or poor options.

Avoid trying to guess what the resident might identify as a goal or to judge the resident's goal. Do not infer based on a specific advance care order, such as "do not resuscitate" (DNR).

The resident should be provided options, as well as, access to information that allows him or her to make the decision and to be supported in directing his or her care planning.

Ask the resident about his or her overall expectations after he or she has participated in the assessment process and has a better understanding of his or her current situation and the implications of alternative choices.

Ask the resident to consider current clinical status, expectations regarding improvement or worsening, and social supports.

If goals have not already been stated directly by the resident and documented since admission, ask the resident directly about what his or her expectation is regarding the outcome of this nursing home admission and expectations about returning to the community.

The resident's goals—as perceived by the family, significant other, guardian, or legally authorized representative—should be recorded here only if the resident is unable to discuss his or her goals.

A. Select one for resident's overall goal established during assessment process

- 1. Expects to be discharged to the community**
- 2. Expects to remain in this facility**
- 3. Expects to be discharged to another facility / institution**
- 9. Unknown or uncertain**

B. Indicate information source for Q0300A

- 1. Resident**
- 2. If not resident, then family or significant other**
- 3. If not resident, family or significant other, then guardian or legally authorized representative**
- 9. None of the Above**

Q0400. Discharge Plan	
	A. Is active discharge planning in place for the resident to return to the community? 0. No 1. Yes → Skip to Q0600, Referral

Q0400. Discharge Plan

Skip Item

A. Is active discharge planning in place for the resident to return to the community?

0. No

1. Yes → Skip to Q0600, Referral

Q0490. Resident's Preference to Avoid Being Asked Question Q0500B	
Complete only if A0310A = 02, 06, or 99	
	Does the resident's clinical record document a request that this question be asked only on comprehensive assessments? 0. No 1. Yes → Skip to Q0600, Referral

Q0490. Resident's Preference to Avoid Being Asked Question Q0500B

Skip Item

Complete only if A0310A = 02, 06, or 99

Does the resident's clinical record document a request that this question be asked only on comprehensive assessments?

0. No

1. Yes → Skip to Q0600, Referral

Q0500. Return to Community	
	B. Ask the resident (or family or significant other if resident is unable to respond): "Do you want to talk to someone about the possibility of returning to the community?" 0. No 1. Yes 2. Unknown or uncertain

Q0500. Return to Community

B. Ask the resident (or family or significant other if resident is unable to respond):

"Do you want to talk to someone about the possibility of returning to the community?"

0. No

1. Yes

2. Unknown or uncertain

Q0550. Resident's Preference to Avoid Being Asked Question Q0500B Again	
	<p>A. Does the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond) want to be asked about returning to the community on all assessments? (Rather than only on comprehensive assessments.)</p> <p>0. No – then document in resident's clinical record and ask again only on the next comprehensive assessment</p> <p>1. Yes →</p> <p>8. Information not available</p>
	<p>B. Indicate information source for Q0550A</p> <p>1. Resident</p> <p>2. If not resident, then family or significant other</p> <p>3. If not resident, family or significant other, then guardian or legally authorized representative</p> <p>9. None of the above</p>

Q0550. Resident's Preference to Avoid Being Asked Question Q0500B Again

A. Does the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond) **want to be asked about returning to the community on all assessments?** (Rather than only on comprehensive assessments.)

0. No – then document in resident's clinical record and ask again only on the next comprehensive assessment

1. Yes → **8. Information not available**

B. Indicate information source for Q0550A

1. Resident

2. If not resident, then **family or significant other**

3. If not resident, family or significant other, then **guardian or legally authorized representative**

9. None of the above

Q0600. Referral	
	<p>Has a referral been made to the Local Contact Agency? (Document reasons in resident's clinical record)</p> <p>0. No – referral not needed</p> <p>1. No – referral is or may be needed (For more information see Appendix C, Care Area Assessment Resources #20)</p> <p>2. Yes – referral made</p>

Q0600. Referral

State and community contact agencies such as an Aging Resource Center, an Area Agency on Aging, or a Center for Independent Living can provide information about community living services.

Has a referral been made to the Local Contact Agency? (Document reasons in clinical record)

0. No – referral not needed

Determination has been made by the resident (or family or significant other, or guardian or legally authorized representative) and the care planning team that the designated local contact agency does not need to be contacted.

1. No – referral is or may be needed (See Appendix C, Care Area Assessment Resources #20)

Determination has been made by the resident (or family or significant other, or guardian or legally authorized representative) and the care planning team that the designated local contact agency needs to be contacted but the referral has not made.

2. Yes - referral is or may be needed (See Appendix C, Care Area Assessment Resources #20)

If referral was made to the local contact agency. For example, the resident responded yes to Q0500A. The facility care planning team was notified and initiated contact with the local contact agency.