WHEN IS AN MDS SECTION Q REFERRAL APPROPRIATE?
The following (non-inclusive) list provides suggestions for when an MDS Section Q referral may be appropriate:
• If there are accessibility needs and the discharge planner has exhausted options.
• If the resident has complicated medical or mental health needs.
• If the resident wants to move to a different county and the facility discharge planner is not aware of community options available in that area.
• If the resident wants to explore discharge options, but a guardian or legal decision maker does not favor this option.

WHEN IS AN MDS SECTION Q REFERRAL NOT APPROPRIATE?
The following (non-inclusive) list provides suggestions for when an MDS Section Q referral may not be appropriate:
• When there is already a discharge plan in place.
• If the resident’s discharge services and supports can easily be arranged to an established home. MDS Section Q is not meant to replace the facility’s discharge planning responsibilities.
• If the resident is court-committed to the nursing facility. In this case, contact the mental health advocate (the Office of the State Long-Term Care Ombudsman can provide the contact number for the mental health advocate, if needed).

WHERE CAN I FIND DETAILED INFORMATION ABOUT THE MDS SECTION Q REFERRAL PROCESS?
To obtain detailed information about the MDS Section Q referral process, please visit www.iowaaging.gov. If you have questions, contact IME Provider Services Unit at 800.383.1173 or imeproviderservices@dhs.state.ia.us.

QUESTIONS?
If you have questions about the MDS Section Q Referral Process, contact the Office of the State Long-Term Care Ombudsman at 866.236.1430.

STEPS TO INITIATE AN MDS SECTION Q REFERRAL:
1. Contact Iowa Medicaid Enterprise (IME) at 800.383.1173 between 8 a.m. and 4:30 p.m., Monday through Friday. (Referrals to IME can be made at any time, not just during the MDS assessment period.)
2. IME will contact the resident’s Managed Care Organization (MCO) to handle the transition planning. The resident will work with his/her case manager to discuss options available for transitioning to the community. To connect with the resident’s MCO case manager directly when such a referral is made, contact the MCO’s Member Services Center:
   • Amerigroup: 800.454.3730 or https://providers.amerigroup.com/ia/Pages/ia.aspx
   • Iowa Total Care: 833.404.1061 or https://www.iowatotalcare.com/
3. If a resident is not eligible for Medicaid or not enrolled in a MCO, IME will contact the Money Follows the Person (MFP) transition specialist who will handle transition planning.