MDS Alert

MDS 3.0 :Be Aware of CATs and Other Changes for Care Planning Afoot Under MDS 3.0

CMS plans to put the CATs analysis more in facilities' court.

Once the MDS 3.0 goes into effect, your MDS team will be able to choose and use evidence-based clinical guidelines or the Resident Assessment Protocols to assess MDS-driven Care Area Triggers (CATs). To know what to expect -- and plan how your facility will proceed -- check out what CMS representatives and MDS experts have to say below.

The basics: The MDS-driven CATs identify numerous care areas (see the box on the far right) that the interdisciplinary care team must assess further. The team can select whatever clinical practice guidelines they wish to use to complete this assessment process, according to the Centers for Medicare & Medicaid Services' **Karen Schoeneman,** speaking at the May 28 SNF/LTC Open Door Forum. Or the facility can use RAP outlines that will be included in the RAI User's Manual for the MDS 3.0, which CMS plans to release in October 2009. (The MDS 3.0 is set to go into effect on Oct. 1, 2010.)

The new RAI manual for MDS 3.0 will also include a set of links to government Web sites that provide free, evidence-based guidelines that facilities can read and download, Schoeneman explained. The care team will still have to write a summary to let everyone know what came out of the facility's assessment process and whether the team will proceed to care plan the triggered care area.

"What we called the RAP summary before will become the CAT summary," Schoeneman explained. **OBRA Still Reigns** Lest anyone think the CATs will change the process for what they do now -- they won't, stresses **Rena Shephard, MHA, RN, RAC-MT, C-NE,** president and CEO of RRS Healthcare Consulting Services in San Diego, and founding chair and executive editor for the American Association of Nurse Assessment Coordinators.

"The triggers let us know there may be a problem, whether it's delirium or incontinence or whatever the care area might be," says Shephard. Then the team has to do a more indepth assessment and analyze the information collected to see if the resident does have a problem -- and, if so, its nature, cause, "and what factors are complicating the situation for the resident."

If the resident does have a problem, the team identifies what risks the problem poses for him, as well as what referrals the person may need to other disciplines, Shephard adds. "All of that has been in the regulations since OBRA was implemented, and none of it is changing." The only thing that's different is that facilities may choose to use a variety of available evidence-based assessment protocols in lieu of the RAPs.

Could Leeway Lead to F Tags?

Facilities that come up with their own guidelines will be taking somewhat of a risk, at least initially, predict some experts.

"Everyone should proceed with caution when they apply any guidelines other than the RAP protocols in the MDS 3.0 RAI manual," opines **Reta Underwood,** president of Consultants for Long Term Care in Buckner, Ky. That's especially true, if the facility has had deficiencies in their RAI process in the past, she adds.

MDS expert **Nathan Lake, RN, BSN, MHSA,** in Seattle, agrees, although he thinks that using the Web links provided by CMS in the RAI User's Manual will help.

Good idea: Facilities could use some of the survey guidance in doing further assessment and analysis for areas that trigger, such as F309 for pain, suggests **Marilyn Mines, RN, RAC-CT, BC,** manager of clinical services for FR&R Healthcare Services in Deerfield, Ill. The team could even devise a form for a CAT based on information in the guidance,

including risks and the investigative protocol, she adds. "That way you can't go wrong. You are supposed to be using the guidance for OBRA compliance and survey preparations," Mines points out.