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MDS Alert

MDS 3.0 Preparation: Master the Care Area Assessment Process Faster by Covering These Essential Bases

Check out this survey management tip.

Come October, you'll be able to call it a wrap for the RAPs, which will be replaced by the MDS 3.0 Care Area Assessments (CAAs). To get a step ahead of the learning curve now, consider these five strategies.

1. Know how the CAAs stack up against the RAPs. The first 18 CAAs are very similar to the RAPs, which they will replace, says **Virginia Wilhide Brandt, RN, BA, C-NE, RAC-MT,** an MDS consultant in Virginia Beach, Va. (see the list of CAAs below). There are two additional CAAs: Pain and the Return to Community Referral.

2. Realize the basic process hasn't changed. When you answer the questions on the MDS, "what you are really doing is identifying gaps in the person's ability to maintain or attain his highest practical level of functioning and wellbeing," says **Robin Bleier, RN, LHRMFACDONA,** principal of Health Partners Inc., in Palm Harbor, Fla.

The RAPs and the CAAs have triggers (the CATs) that say if you have recorded this answer or group of answers, then you have to collect more information on that topic, she adds. "Gathering that additional information helps you decide whether to proceed or not with a plan of care [to address that issue]. More often than not, you will write a plan of care," says Bleier.

3. Be aware of this key change. While facilities have to use the RAPs for the MDS 2.0 to decide whether to proceed to care plan an issue, they don't have to use the Care Area-specific resources provided by CMS in Appendix C of the RAI User's Manual for MDS 3.0 to do a CAA review (see page 89 for the one CMS has provided for the Dental Care CAA).

Appendix C also includes a list of general resources that facilities can use to complete the CAA process (see page C-84 of Appendix C). The list isn't all-inclusive, and you can use another accepted standard of care.

While you can use something that's not on the list, "it's important to use an evidence-based or expertendorsed resource as an alternative," stresses **Jackie Vance, RN,** director of clinical affairs for the American Medical Directors Association. "You can't just create something that you feel will work for the facility." If you choose to use evidencebased guidelines to analyze whether to care plan a trigger or issue, the RAI User's Manual says the guidelines have to be part of the facility's policy, says **Ron O rth, RN, N HA, CPC, RAC-CT,** president of Clinical Reimbursement Solutions in Milwaukee.

Survey management tip: "If the facility decides to use a different standard than Appendix C [specific resources] for the CAA review, staff should know what that standard is -- and be able to get their hands on it, if a surveyor requests it," advises **Marilyn Mines, RN, RAC-CT, BC,** manager of clinical services for FR&R Healthcare Consulting Inc. in Deerfield, Ill.

Must do: While you don't have to use the Care Area-specific resources in Appendix C, you do have to write a comprehensive summary for each care area that addresses what triggered and justify your decision whether to proceed to care plan the issue, says **Reta Underwood, A DC,** president of Consultants for Long Term Care in Buckner, Ky.

4. T hink through when to add to the process. "Just because you work a CAA thoroughly doesn't mean you have fulfilled the requirements for care planning," Brandt cautions. "There are things we have to care plan that might not be addressed by the CAAs." (The same holds true for the MDS 2.0 RAPs.)

Examples: There's no CAA for bowel incontinence, although it is a trigger in the Pressure Ulcer CAA for skin care, says Brandt. But the fact that a resident has bowel incontinence "is something the facility needs to think through to determine

what type of issues may arise" due to the incontinence, she says. Also, "there is not a CAA for hospice or end-of-life care, but a resident has many choices that must be care planned surrounding end-of-life situations," Brandt says.

Facilities can also augment the specific resources and tools in Appendix C for doing a CAA review. Brandt cautions providers, however, to avoid making the CAA process "a cumbersome paperwork burden. There are facilities where staff thinks if they just get enough pieces of paper in the chart, they will be fine," she cautions.

5. Get used to the CAAs now. You could use the CAAs now as risk assessments to help staff get used to them and eliminate many redundant assessments, advises Mines.

Editor's note: Check out the article on page 87 to find out how you can use the American Medical Directors Association's clinical practice guidelines for CAA review.