

*The information below is provided **only** as an example of what Chapter 4 of the RAI User's Manual, Version 3.0 and a CAT will resemble – final information will be included in the RAI manual for MDS 3.0 available later this year.*

## **CHAPTER 4: CARE AREA TRIGGERS (CATs) AND CARE PLANNING**



### **What are the Care Area Triggers (CATs)?**

The MDS alone does not provide a comprehensive assessment. Rather, the MDS is used for preliminary screening to identify potential resident problems, strengths, and preferences. The goal of the CATs is to guide the interdisciplinary team toward a comprehensive assessment of a resident's functional status.

The CATs are a set of items and responses from the MDS that are indicators of particular issues and conditions that affect nursing facility residents. The triggers identify those potential issues and conditions that need additional assessment and review along with suggested resources, and therefore form a critical link between the MDS and care planning. Each CAT is comprised of: (1) an introduction that provides general information about the issue or condition; (2) a list of items and responses from the MDS that are considered triggers for the issue or condition; and (3) a list of resources that facilities can use in performing the assessment/review of the particular issue or condition.

It is important to note that each triggered CAT may or may not represent a condition that should be addressed in the care plan. The facility is required to evaluate each CAT and complete further assessment to guide care planning or determine that care planning is not necessary. The facility must document their decision in either case.

### **What does the CAT Process Involve?**

First, facility staff should determine which CATs are triggered. A CAT may have several MDS items or sets of items that are defined as triggers. Only one of the trigger definitions must be present for a CAT to be triggered. Most facilities use automated systems to identify triggered CATs. For facilities that do not use an automated system, the CATs trigger legend located at the end of chapter 4 of the RAI manual will provide the information necessary to manually identify triggered CATs.

Second, facility staff should note which CATs have triggered on Section V of the MDS 3.0 (please refer to Section V (CAT Summary) of the draft MDS 3.0 posted on the CMS website as part of the required CAT process). Then, staff should assess the resident in the areas that have been triggered. The assessment information gathered during this step should be adequate to guide the assessor(s) in determining the nature of the issue or condition and understanding the causes specific to the resident.

While there is not a prescribed CMS protocol for performing a CAT assessment, facilities should use current, evidence-based research and clinical practice guidelines/resources. Facilities should work with their interdisciplinary team(s) and administration to determine the most appropriate assessment and care planning resources that they will use. To that end, CMS has provided a set of CAT assessment resources, including a set of assessment tools, (one for each CAT), in Appendix C of this manual. It is important to note that these resources are neither mandatory nor prescriptive, and are not intended to be an all-inclusive list.

Based on the review of the information gathered, the interdisciplinary team decides whether or not the triggered condition affects the resident's functional status or well-being and warrants a care plan intervention. The interdisciplinary team, in conjunction with the wishes of the resident, resident's family, and attending physician, then develops, revises, or continues the care plan based on this comprehensive assessment.

Documentation for each triggered CAT should generally describe:

- Nature of the issue or condition (may include presence or lack of objective data and subjective complaints).
- Complications and risk factors that affect the staff's decision to proceed to care planning.
- Factors that must be considered in developing individualized care plan interventions. Include appropriate documentation to justify the decision to care plan or not to care plan for the individual resident.
- Need for referrals or further evaluation by appropriate health professionals.
- The type(s) of care plan interventions that are appropriate for a particular resident.
- What research, resource(s), or assessment tool(s) were utilized in reviewing/assessing the CAT issue or condition.

## What is an example of a CAT?

*The information below is provided **only** as an example of what a CAT will resemble – final information will be included in the RAI manual for MDS 3.0 available later this year.*

### 15. Dental Care

The Dental Care CAT addresses a resident's risk of oral discomfort and, in some instances, systemic illness from oral infections and cancer. Having teeth or dentures that function properly is an important requisite for nutritional adequacy. Having teeth or dentures that are clean and attractive can promote a resident's positive self-image as well as personal appearance, thereby enhancing social interactions among residents, residents and staff, and residents and visitors.

The Dental Care CAT triggers when a resident may have indicators of an oral/dental problem. Residents at greatest risk due to impaired abilities are primarily those with multiple medical conditions and medications, functional limitations in self-care, and communication deficits. Also at risk are more self-sufficient residents who lack motivation or have no consistent history of performing oral health functions. Residents with a history of alcohol and/or tobacco use have a greater risk of developing chronic oral lesions.

This CAT triggers when any of the following are present on the MDS:

- Broken or loosely fitting full or partial denture  
L020A = checked
- No natural teeth or tooth fragments (edentulous)  
L0200B = checked
- Abnormal mouth tissue  
L0200C = checked
- Obvious or likely cavity or broken natural teeth  
L0200D = checked
- Inflamed or bleeding gums or loose natural teeth  
L0200E = checked
- Mouth or facial pain, discomfort, or difficulty with chewing  
L0200F = checked

When the Dental Care CAT is triggered, resident assessment and care planning should identify the underlying cause(s) of the oral/dental issue or condition and ensure prompt nursing and medical intervention. While there is not a prescribed CMS protocol for performing this assessment, the assessment and associated documentation should cover the factors noted in the

CAT process section of this chapter, including the determination of the resource(s) to be used.

Resources for doing the Dental Care CAT assessment can be found in Appendix C.

## APPENDIX C

### CARE AREA TRIGGER (CAT) ASSESSMENT RESOURCES

Chapter 4 of the manual provides specific information on the CATs and the CAT assessment process. It is important to reiterate that assessment and care planning resources used should be current and evidence-based, and that CMS has not mandated, nor does it endorse, the use of any particular resource(s). However, some general resources to start with for use with any one of the CATs include (this list is not prescriptive or all-inclusive):

- American Geriatrics Society Clinical Practice Guidelines & Tools:  
<http://www.americangeriatrics.org>;
- American Medical Directors Association (AMDA) Clinical Practice Guidelines & Tools:  
<http://www.amda.com/tools>;
- University of Missouri's Geriatric Examination Tool Kit:  
<http://web.missouri.edu/~proste/tool/>;
- Hartford Institute for Geriatric Nursing Geriatric Protocols & Assessment Series:  
<http://www.hartfordign.org/resources>;
- American Dental Association: <http://www.ada.org/>;
- Quality Improvement Organizations: [www.medqic.org](http://www.medqic.org);
- CMS Pub. 100-07 State Operations Manual Appendix PP – Guidance to Surveyors for Long Term Care Facilities (federal regulations noted throughout; resources provided in endnotes):  
<http://www.cms.hhs.gov/Manuals/IOM/list.asp>;
- GeriatricWeb Resources & Practice Guidelines: <http://geriatricweb.sc.edu/>;
- U.S. Department of Health and Human Services Agency for Healthcare Research and Quality's National Guideline Clearinghouse: <http://www.guideline.gov/>;
- Advancing Excellence in America's Nursing Homes Resources:  
[http://www.nhqualitycampaign.org/star\\_index.aspx?controls=nhTechAssist](http://www.nhqualitycampaign.org/star_index.aspx?controls=nhTechAssist); and
- Medicare Quality Improvement Community (MedQIC):  
<http://www.qualitynet.org/dcs/ContentServer?c=MQParents&pagename=Medqic%2FCo ntent%2FParentShellTemplate&cid=1089815966986&parentName=Setting>.

*NOTE* References to non-U.S. Department of Health and Human Services (HHS) sources or sites on the Internet are provided as a service and do not constitute or imply endorsement of these organizations or their programs by CMS or HHS. CMS is not

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## 15. Dental Care Assessment Resource

- Step 1: Conduct a thorough assessment of the resident.
- Step 2: Review indicators below to identify possible causes and contributing factors of the dental condition for this resident. Some of this information will be on the MDS. Some will not.
- Step 3: Check the box in the left column if the issue is present for this resident.
- Step 4: Analyze the findings in the context of the relationship to the dental condition, and document possible cause(s), complicating and risk factors, and need for referrals to other disciplines.
- Step 5: Communicate findings and concerns to the physician. The absence of significant findings should be communicated along with the presence of indicators of indicators of a dental problem.

### Review of Indicators of Dental Condition/Problem

✓ **Cognitive problems** that contribute to oral/dental problems

<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Needs reminders to clean teeth</li> <li>• Cannot remember steps to complete oral hygiene</li> <li>• Decreased ability to understand others (B0800) or to perform tasks following demonstration</li> <li>• Cognitive deficit (C0500, C0700 – C1000)</li> </ul>
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✓ **Functional impairment** limiting ability to perform personal hygiene

<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Loss of voluntary arm movement</li> <li>• Impaired hand dexterity</li> <li>• Functional limitation in upper extremity range of motion (G0400A)</li> <li>• Decreased mobility (G0110)</li> <li>• Resists assistance with activities of daily living (E0800)</li> <li>• Lacks motivation or knowledge regarding adequate oral hygiene, dental care</li> <li>• Requires adaptive equipment for oral hygiene</li> </ul>
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✓ **Dry mouth** causing buildup of oral bacteria

<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Dehydration (see Dehydration/Fluid Maintenance CAT)</li> <li>• Medications (from MDS and medication administration record)             <ul style="list-style-type: none"> <li>○ Antipsychotics (N0400A)</li> <li>○ Antidepressants (N0400C)</li> <li>○ Antianxiety agents (N0400B)</li> <li>○ Sedatives/hypnotics (N0400D)</li> <li>○ Diuretics</li> <li>○ Antihypertensives</li> <li>○ Antiparkinsons medications</li> <li>○ Narcotics</li> <li>○ Anticonvulsants</li> <li>○ Antihistamines</li> <li>○ Decongestants</li> </ul> </li> </ul>
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- Antiemetics
- Antineoplastics

SAMPLE

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✓ **Diseases and conditions** that may be related to poor oral hygiene, oral infection

<input type="checkbox"/>	<ul style="list-style-type: none"><li>• Recurrent pneumonia related to aspiration of saliva contaminated due to poor oral hygiene</li><li>• Unstable diabetes related to oral infection</li><li>• Endocarditis related to oral infection</li><li>• Sores in mouth related to poor-fitting dentures</li><li>• Poor nutrition (See Nutrition CAT)</li></ul>
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SAMPLE

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Analysis of Findings

Possible underlying cause(s) of the dental condition:
Factors that complicate the condition for this resident:
Risks for this resident related to the dental care condition:
Referrals to other health professionals related to the dental condition:

Based on the above assessment, Dental Care CAT  will  will not be care planned for.