Facilitating Cognitive Assessment in Primary Care for the Timely Detection of Alzheimer's Disease

Leveraging Medicare Reimbursement Mechanisms to Improve Clinical Care

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Abraham Chyung, MD, PhD, has no financial interests/relationships or affiliations in relation to this activity.

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Evaluation: **PeerView.com/Alzheimers-Eval-XUM**

Please feel free to ask questions at the end of the presentation.

Scan this QR Code for the Evaluation!

Our Goals for Today

- **Equip** you with skills to help integrate routine cognitive assessment into healthcare visits for older adults with signs of cognitive impairment
- **Provide** guidance on best practices for documenting and coding cognitive assessments and services
- **Offer** strategies to effectively communicate with patients and caregivers about their cognitive assessment results

Welcome and Introduction

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A Brief Review: What Is Dementia?
DSM-5 Definition[1]

Acquired cognitive decline in at least 1 domain

+

Acquired functional decline

and

No other causes
(eg, medical, psychiatric)

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).* Arlington, VA: American Psychiatric Association; 2013.

Types of Cognitive Decline[1]

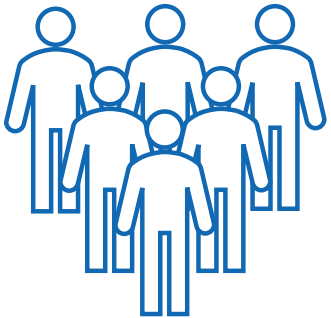
Types of Cognitive Decline	Magnitude of Decline in Cognitive Function for Age	Affects Daily Function?
Age-related decline	"Normal"	No
Mild Cognitive Impairment (MCI)[a]	**Abnormal**	No, may be using compensatory strategies
Dementia[b]	**Abnormal**	Yes, unable to use compensatory strategies

[a] Also known as mild neurocognitive disorder. [b] Also known as major neurocognitive disorder.

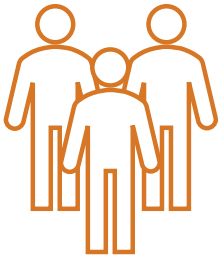
1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).* Arlington, VA: American Psychiatric Association; 2013.

Causes of Dementia[1]

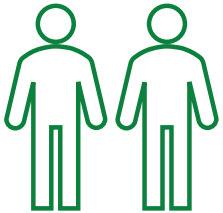
Dementia is a syndrome often associated with a neurodegenerative disease



Alzheimer's
50%-70%



Vascular
20%-30%



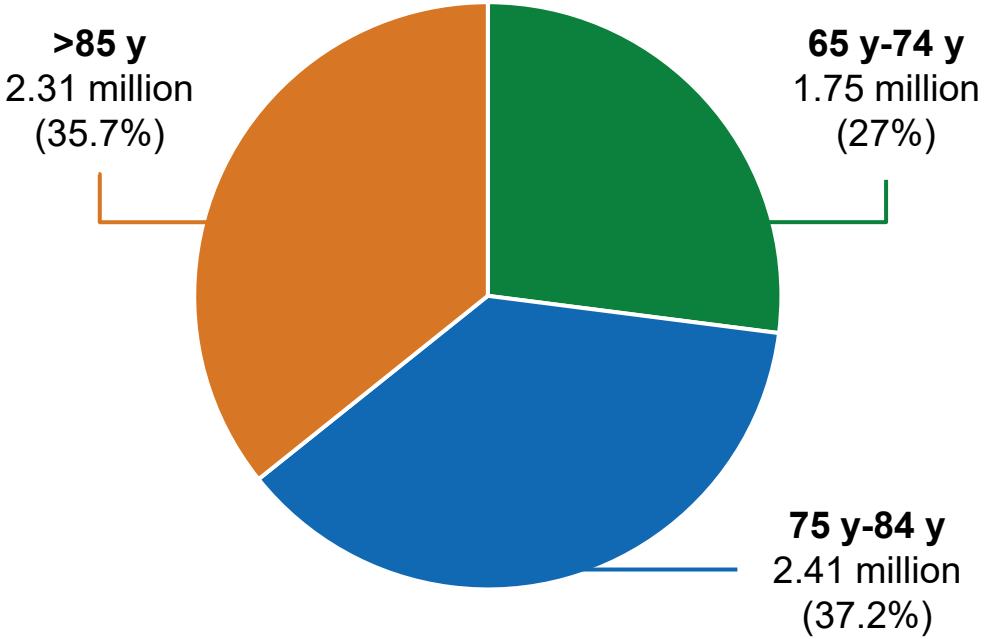
Lewy Body
10%-25%

Frontotemporal
10%-15%

1. http://alzbr.org/alzheimers-disease-dementia/.

Alzheimer's Disease as a Cause of Dementia Is Highly Prevalent[1]

Number and Ages of People 65 Years or Older With Alzheimer's Dementia, 2022



10.7% of the US population over the age of 65 has dementia due to Alzheimer's disease (only one cause of dementia!)

1. https://www.alz.org/alzheimers-dementia/facts-figures.

Gender, Racial, and Ethnic Disparities in AD Prevalence and Early Detection[1,2]

- 60% underdiagnosis of AD in high-income countries vs 90% in low-income countries
- Almost two-thirds of Americans with AD are women
- Older Black and Hispanic Americans are more likely than older White Americans to have AD or other dementias
- Despite higher prevalence of AD in racial and ethnic minority populations, there is poor detection overall and large disparities
  - Racial and ethnic minorities are at higher risk of underdiagnosis (Denmark, Norway, UK, US)
  - Racial and ethnic minorities in the US (California) are less likely to be diagnosed at a mild stage and receive a less comprehensive evaluation at an early stage

1. Tsoy E et al. *JAMA Neurol*. 2021;78:657-665. 2. https://www.alzheimer-europe.org/sites/default/files/alzheimer_europe_ethics_report_2018.pdf.

Integrating Cognitive Screening Into Clinic Visits

Practical Strategies for Routine Care

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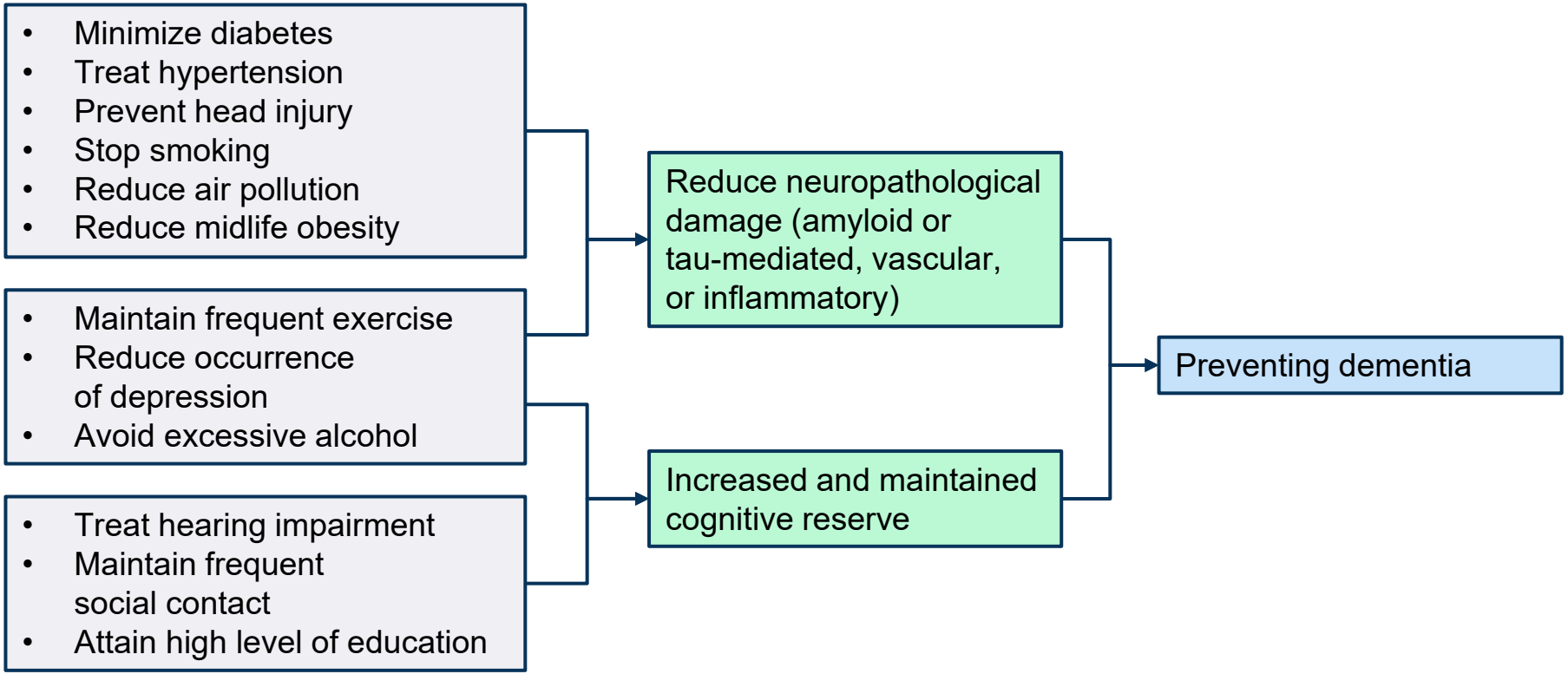
Why Screen? Brain Health Is Whole Person Health[1]

- **The effectiveness of your care depends on your recognition of your patient's cognitive function.** Knowing if there is cognitive or functional decline guides your care for all other conditions and affects how you
  - Make shared decisions
  - Structure a treatment plan and medication regimen
    - New DMTs for AD are only available to patients with early stage AD (eg, MCI or mild AD dementia)[2]
  - Engage the person's support network or help create one for them
  - Follow through with referrals to specialists, resources and services
- Brain health and prevention of dementia or its progression relies on recognition
  - There are 12 risk factors that when addressed can delay onset or progression

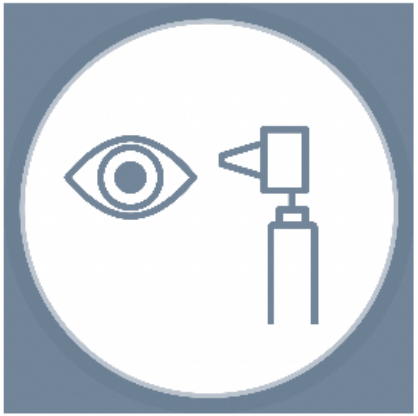
1. Livingston G et al. *Lancet*. 2020;396:412-446. 2. Leqembi (lecanemab) Prescribing Information. https://www.leqembi.com/-/media/Files/Leqembi/Prescribing-Information.pdf?hash=986ec373-a218-4b34-a1d7-74adf1bb08ee.

Modifiable Risk Factors[1]



1. Livingston G et al. *Lancet*. 2020;396:412-446.

Start a Brain Health Plan at the Earliest Signs



Hearing and vision

Review medications

Social and physical activity

Manage BP and diabetes

Where to Start? Screen![1]

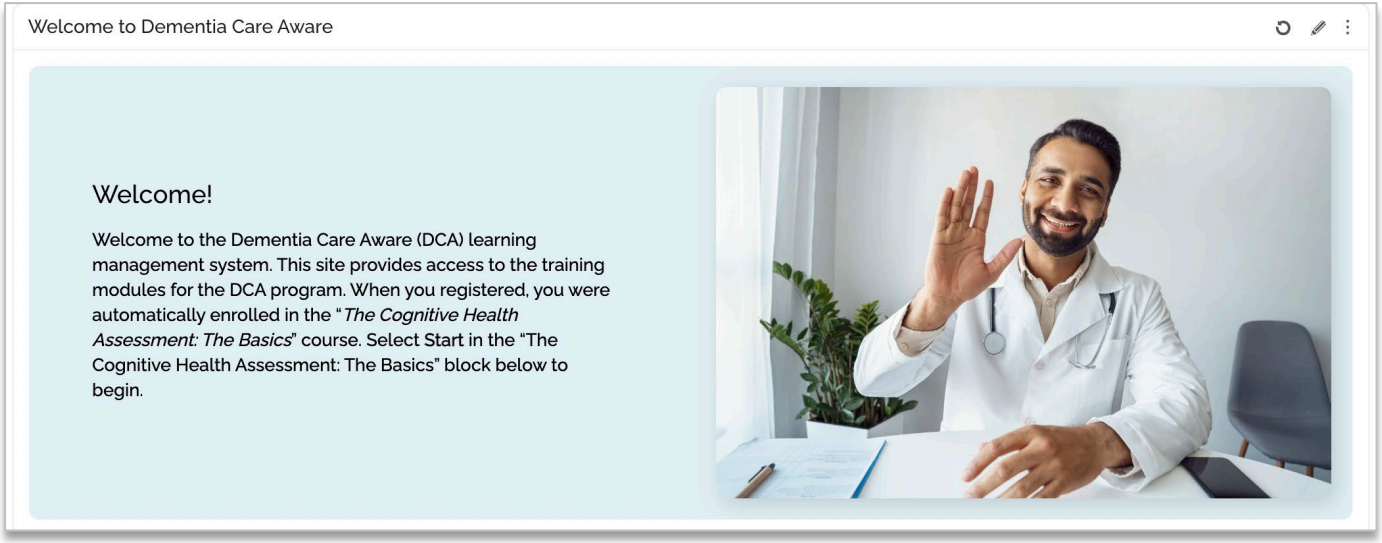
- People 65 years of age and older can be screened annually for cognitive impairment
  - Medicare Annual Wellness Visit (AWV)—patients are eligible after the first 12 months of Medicare Part B coverage
  - Medi-Cal Cognitive Health Assessment (CHA)

- Different members of the clinical team can administer the assessment (eg, physicians, PAs, NPs, RNs, MAs, SWs)

- **AWV:** www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html
- **CHA:** www.dementiacareaware.org

1. Cordell CB et al. *Alzheimers Dement*. 2013;9:141-150.

Training Available



- 1.5 CE/CME available with the online training

www.dementiacareaware.org

Patient Case: Part 1

- **Mr. Harold Sandoval, 70 years old, presents for Medicare Annual Wellness Visit accompanied by his daughter Jacqueline**
- **His daughter expresses concern that Harold increasingly seems to be having trouble remembering the names of acquaintances at church**

History: **positive**

Step 1: Take a Brief Patient History[1]

This could be noticing a sign or symptom

- A patient, informant, or health or social service team member notes a new cognitive sign or symptom
- During the AWV, patient's Health Risk Assessment contains a red flag (eg, indication of functional impairment)

This could be a simple question

- Do you or others think that you are having trouble remembering things?
- During the past few years, have you or others noticed changes in your mental abilities?

In your documentation, note if there is a positive response to a question or if signs/symptoms have been noticed by others

1. Cordell CB et al. *Alzheimers Dement*. 2013;9:141-150.

Step 2: Use Screening Tools[1,2]

You have a toolbox!

	Administered to the Patient	Administered to the Care Partner
Cognitive Screening Tools	**GP-COG** Part 1—General Practitioner assessment of Cognition (for the patient) **Mini-Cog**	**Short IQ-CODE** Short Informant Questionnaire on Cognitive Decline in the Elderly **AD8** Eight-Item Informant Interview to Differentiate Aging and Dementia
Functional Screening Tool	**ADLs/IADLs** Activities of Daily Living and Instrumental Activities of Daily Living	**GP-COG** Part 2—General Practitioner assessment of Cognition (for the informant) **FAQ** Functional Activities Questionnaire

1. https://www.dementiacareaware.org/page/show/139061.
2. https://championsforhealth.org/wp-content/uploads/2021/09/Alzheimers-Project-Booklet-v11-082221-Web.pdf.

Screening Tools[1,2]

Mini-Cog <3

- 80% sensitivity
- Specificity ranges from 60%-80% to detect dementia

AD8 >2

- >80% sensitivity
- >80% specificity
- Sensitivity/specificity data apply to when AD8 is administered to informant

Results compare favorably to Mini-Mental State Examination

1. Borson S et al. *J Am Geriatr Soc.* 2003;51:1451-1454. 2. Galvin JE et al. *Neurology*. 2005:65:559-564.

Mini-Cog Screening Tool[1]

Mini-Cog™

Step 1: Three Word Registration

The following and other word lists have been used in one or more clinical studies. For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Mini-Cog takes approximately 3 minutes to administer

Say: "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions at left]. Please say them for me now."

If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

1. Borson S et al. *J Am Geriatr Soc.* 2003;51:1451-1454.

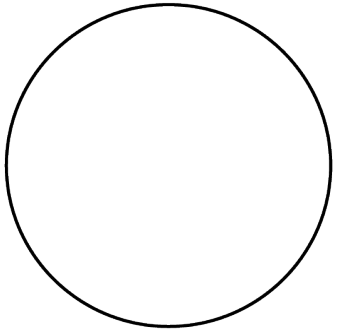
Mini-Cog Screening Tool[1]

Mini-Cog™

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me.
First, put in all of the numbers where they go."
When that is completed, say:
"Now, set the hands to 10 past 11."

Clock Drawing



Use preprinted circle for this exercise.
Repeat instructions as needed as this is not a memory test.
Move to Step 3 if the clock is not
complete within **three** minutes.

1. Borson S et al. *J Am Geriatr Soc.* 2003;51:1451-1454.

Mini-Cog Screening Tool[1]

Mini-Cog™

Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1.
Say: “What were the three words I asked you to remember?” Record the word list version number and the person’s answers.

Scoring

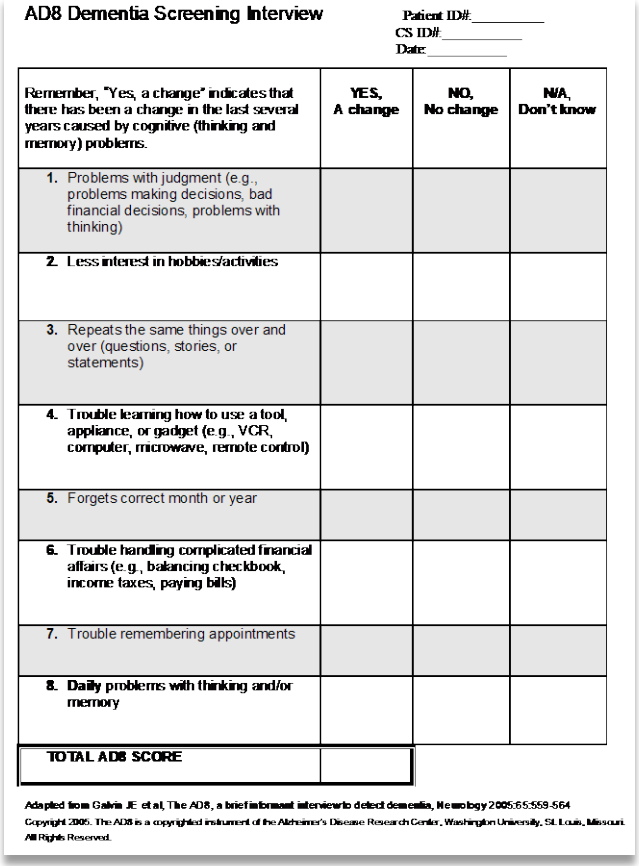
Word recall: 0-3 points	1 point for each word spontaneously recalled without cueing.
Clock drawing: 0 or 2 points	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total score: 0-5 points	≥3: pass, normal score Score of <3: fail

If informant is present, they can complete the AD8

1. Borson S et al. *J Am Geriatr Soc.* 2003;51:1451-1454.

AD8 Screening Tool[1]

- The questions can be administered to the informant as a questionnaire for self-administration or can be read aloud to the informant
- Scores range from 0-8 (every “yes” = 1 point)
- **Score ≥2: Positive for cognitive impairment**



AD8 Dementia Screening Interview

Patient ID#:_____
CS ID#:_____
Date:_____

Remember, "Yes, a change" indicates that there has been a change in the last several years caused by cognitive (thinking and memory) problems.	YES, A change	NO, No change	N/A, Don't know
1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)			
2. Less interest in hobbies/activities			
3. Repeats the same things over and over (questions, stories, or statements)			
4. Trouble learning how to use a tool, appliance, or gadget (e.g., VCR, computer, microwave, remote control)			
5. Forgets correct month or year			
6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)			
7. Trouble remembering appointments			
8. Daily problems with thinking and/or memory			
TOTAL AD8 SCORE			

Adapted from Galvin JE et al, The AD8, a brief informant interview to detect dementia, Neurology 2005;65:559-564

1. Galvin JE et al. *Neurology*. 2005:65:559-564.

Functional Abilities: Quick Review[1-3]

Activities of Daily Living (ADL) Function	Independent	Needs Help
Bathing	☐	☐
Dressing	☐	☐
Transferring (eg, from bed to chair)	☐	☐
Toileting	☐	☐
Grooming	☐	☐
Feeding oneself	☐	☐

Instrumental Activities of Daily Living (IADL) Function	Independent	Needs Help
Using the telephone	☐	☐
Preparing meals	☐	☐
Managing household finances	☐	☐
Taking medications	☐	☐
Doing laundry	☐	☐
Doing housework	☐	☐
Shopping	☐	☐
Managing transportation	☐	☐

1. https://www.dementiacareaware.org/wp-content/uploads/2023/04/ucsf-adl-iadl-jobaid.pdf. 2. Katz S et al. *Gerontologist.* 1970;10:20-30.
3. Lawton MP, Brody EM. *Gerontologist.* 1969;9:179-186.

Step 3: Document Care Partner Information

Many people may be involved in a person's care to different degrees and for different purposes. There are three roles to define that are involved in the CHA process

- **An informant—**can give you information
- **A support person—**someone who helps with care
- **A healthcare agent—**someone who has legal authority if that person is unable to make their own decisions

"Do you have anyone who is available to speak with me and who knows you well?"

If someone has cognitive decline, it often becomes crucial to understand their support system

Interpreting the Cognitive Screening

ANY OF THESE

- Positive symptoms
- Positive cognitive screen
- Positive functional screen

Positive screening from patient or care partner = Abnormal result requiring further workup

1. Start brain health plan
2. Next steps in the workup (eg, Cognitive Assessment and Care Plan Services for Medicare recipients)

Patient Case: Part 1, Continued

- Mr. Sandoval's Mini-Cog: 1/3 recall, clock 0/2 = score 1/5 = **positive screen**
- Daughter answers the AD8 and says yes to 1 item (trouble handling financial affairs) = **negative screen**
- Function: independent in ADLs, needs help with his finances and managing shopping trips (new in last 2 years) **= positive screen for functional impairment**
- Support system: daughter Jacqueline is his go-to support person, helps him with medical care and IADLs—**documented in his chart**
- By the end of the visit, you have completed all 3 components of the CHA—the patient history, the cognitive screening tools, and care partner identification. Mr. Sandoval's CHA has a **positive CHA, which you disclose to him and his daughter**
- You also schedule the required follow-up visit with the patient and care partner to more thoroughly evaluate and diagnose his cognitive impairment and develop a care plan

Communicating the Results of the Cognitive Screening

- Best practices for disclosing cognitive screening results with patients and informants
  - What symptoms are being reported by the patient or informant?
  - What are the findings from the brief cognitive screening?
  - Where does this take us next?
- Patients should NOT be told that they have dementia based on the results of a brief cognitive screen—more assessment is needed

Billing and Coding for Cognitive Screening[1,2]

Medicare Annual Wellness Visit

- Initial visit: CPT G0438
  - Billable for the first AWV only
  - Patient is eligible after the first 12 months of Medicare coverage
  - For services within the first 12 months, conduct the Initial Preventive Physical Exam (IPPE), also referred to as the Welcome to Medicare Visit (G0402)
  - The patient must not have received an IPPE within the past 12 months
- Subsequent visits: CPT G0439

Non-Medicare patients may have separate billing and coding guidelines that vary by state (eg, Medi-Cal Cognitive Health Assessment: CPT 1494F)

Next Steps

- Separate from the Annual Wellness Visit, CPT 99483 is a code that can be used **once every 180 days** to perform a Cognitive Assessment and Care Plan (a more detailed cognitive evaluation)
  - Many elements involved in the evaluation
  - **Should be scheduled within 2-3 months of the AWV**

1. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html.
2. https://www.dementiacareaware.org/files/4097296/dca-faq-billing-R6.pdf?lmsauth=029151c47d25f4138937f5c265501160b56644fd.

Cognitive Assessment and Care Plan Services

Personalized Care for Patients With Symptoms of Cognitive Impairment

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Cognitive Assessment and Care Plan (CACP)[1-3]

CACP (CPT code: 99483)

Starting in 2017, Medicare provides reimbursement to physicians and other eligible billing practitioners for a clinical visit that is dedicated to a more thorough assessment of cognitive function and results in a written care plan

- Only for Medicare patients **who have already demonstrated signs of cognitive impairment**
- CACP can be used to diagnose MCI or dementia and identify treatable causes or co-occurring conditions such as depression or anxiety
- Requires an independent informant to complete assessments related to the patient's behavior, cognition, and functioning
- **Can be used once every 180 days**

CACP includes 10 elements

1. Borson S et al. *Alzheimers Dement*. 2017;13:1168-1173. 2. https://www.alz.org/media/Documents/Cognitive-Assessment-and-Care-Planning-Services_020323.pdf.
3. https://www.cms.gov/cognitive.

CACP Requirements: 10 Elements[1-3]

	CACP Components[a]	Recommended Assessment Tools
1	Cognition-focused history and physical examination	MMSE, MoCA, SLUMS (select one)
2	Document medical decision-making of moderate or high complexity (defined by the E/M guidelines)	
3	Functional assessment of ADLs/IADLs and decision-making capacity	Katz (ADL) and Lawton-Brody (IADL)
4	Formal staging of dementia using a standardized tool	FAST, CDR (select one)
5	Reconciliation and review of high-risk medications	
6	Evaluate neuropsychiatric and behavioral symptoms using a standardized tool	NPI-Q, PHQ-9, GDS-short form (select at least one)
7	Evaluate safety, including home and driving	Safety assessment guide
8	Identify caregiver and address caregiving concerns	
9	Develop, update/revise, or review advanced care plan and palliative needs	End-of-Life Checklist, POLST
10	Create a written care plan	

Additional Resources

- Alzheimer's Project Clinical Roundtable. *Physician Guidelines for the Screening, Evaluation, and Management of Alzheimer's Disease and Related Dementias*: **https://Championsforhealth.Org/Wp-content/Uploads/2021/09/Alzheimers-project-booklet-v11-082221-web.pdf**
- Alzheimer's Association. *Cognitive Impairment and Care Planning Toolkit*: **https://www.alz.org/media/Documents/cognitive-impairment-care-planning-toolkit.pdf**

[a] There must be an independent historian (eg, spouse, adult child) who provides patient history when a patient isn't able to provide complete or reliable medical history for assessments and corresponding care plans provided under CPT code 99483.

1. Borson S et al. *Alzheimers Dement*. 2017;13:1168-1173. 2. https://www.alz.org/media/Documents/Cognitive-Assessment-and-Care-Planning-Services_020323.pdf. 3. https://www.cms.gov/cognitive.

You Expect Me to Do All That in One Visit?![1-3]

Split elements up

- The 10 elements of the CACP do not have to be performed on the same day
- Cover CACP-required elements in office visits prior to the CACP visit (they are still valid as long as they are performed within 3 months of the care plan)

Ask for help

- Many of the required assessment elements can be completed by appropriately trained members of the clinical team working with the eligible provider

Embrace flexibility

- Assessments that require direct participation of a knowledgeable care partner or caregiver may be completed prior to the clinical visit and provided to the clinician for the care plan
- Care planning visits can be conducted in an office or outpatient setting, but also in the home, domiciliary, or rest-home settings, or via telehealth

1. Borson S et al. *Alzheimers Dement.* 2017;13:1168-1173. 2. https://www.alz.org/media/Documents/Cognitive-Assessment-and-Care-Planning-Services_020323.pdf.
3. https://www.cms.gov/cognitive.

CACP #1: Cognition-Focused Evaluation, Including History and Examination[1-3]

Diagnostic Workup

Detailed History

- Informant interview (IQ-CODE, QDRS, AD8)
- Cognition
- Function and/or behavior changes

Neurological Exam

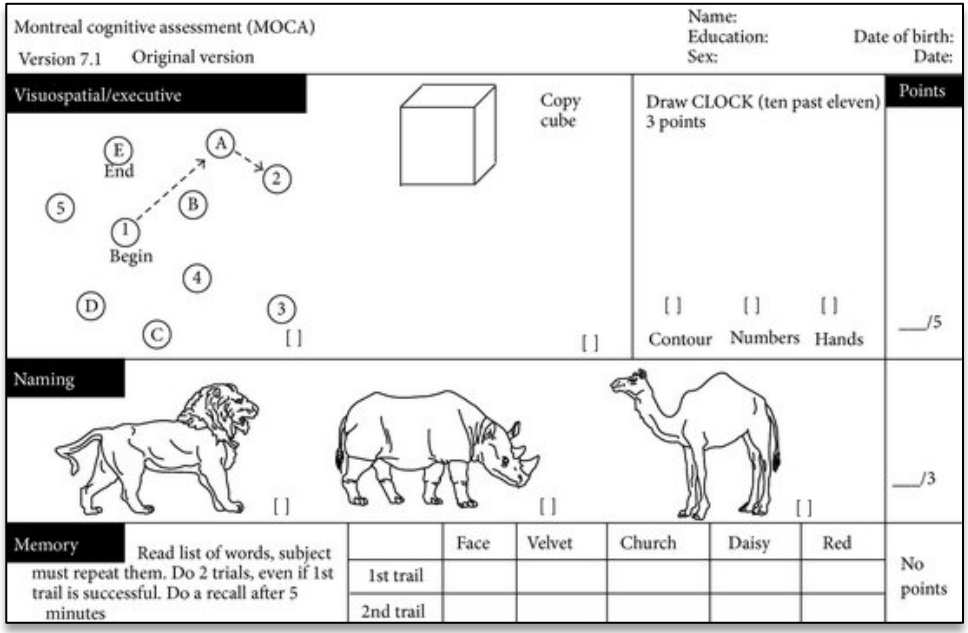
Mental Status Test

- MoCA[a], qMCI, MMSE[a], or SLUMS

[a] Requires remuneration.

1. Borson S et al. *Alzheimers Dement*. 2017;13:1168-1173. 2. https://www.cms.gov/cognitive. 3. https://Championsforhealth.Org/Wp-content/Uploads/2021/09/Alzheimers-project-booklet-v11-082221-web.pdf.

Montreal Cognitive Assessment (MoCA)[1]



Montreal cognitive assessment (MOCA)
Version 7.1 Original version

Name:
Education:
Sex:
Date of birth:
Date:

Visuospatial/executive — Points

Copy cube [ ]

Draw CLOCK (ten past eleven) 3 points
[ ] Contour [ ] Numbers [ ] Hands

___/5

Naming

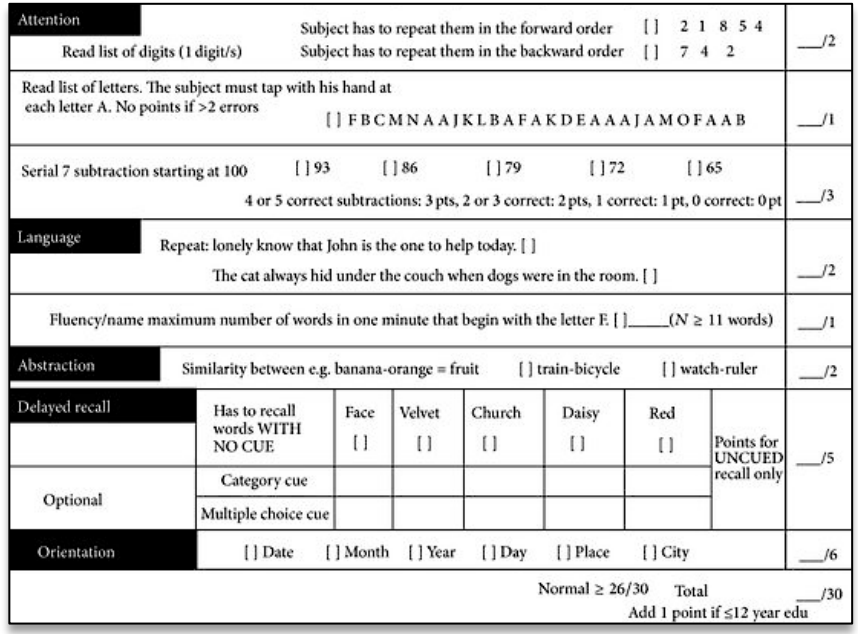
[ ] [ ] [ ]

___/3

Memory Read list of words, subject must repeat them. Do 2 trials, even if 1st trail is successful. Do a recall after 5 minutes

	Face	Velvet	Church	Daisy	Red
1st trail					
2nd trail					

No points



Attention
Read list of digits (1 digit/s)
Subject has to repeat them in the forward order [ ] 2 1 8 5 4
Subject has to repeat them in the backward order [ ] 7 4 2
___/2

Read list of letters. The subject must tap with his hand at each letter A. No points if >2 errors
[ ] F B C M N A A J K L B A F A K D E A A A J A M O F A A B
___/1

Serial 7 subtraction starting at 100 [ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65
4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt
___/3

Language
Repeat: lonely know that John is the one to help today. [ ]
The cat always hid under the couch when dogs were in the room. [ ]
___/2

Fluency/name maximum number of words in one minute that begin with the letter F. [ ]____(*N* ≥ 11 words)
___/1

Abstraction Similarity between e.g. banana-orange = fruit [ ] train-bicycle [ ] watch-ruler
___/2

Delayed recall

		Face	Velvet	Church	Daisy	Red	
	Has to recall words WITH NO CUE	[ ]	[ ]	[ ]	[ ]	[ ]	Points for UNCUED recall only
Optional	Category cue						
	Multiple choice cue						

___/5

Orientation [ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City
___/6

Normal ≥ 26/30 Total ___/30
Add 1 point if ≤12 year edu

The MoCA includes assessments of the following

- Orientation
- Short-term memory/delayed recall
- Executive function/visuospatial ability
- Language
- Abstraction
- Animal naming
- Attention
- Clock-drawing test

Scores range from 0 to 30

- 26 and higher is considered normal

1. https://mocacognition.com/.

CACP #2: Document Medical Decision-Making[1-3]

- Any practitioner eligible to report E/M services can provide this service
  - Eligible providers include physicians (MD and DO), nurse practitioners, clinical nurse specialists, and physician assistants
- Eligible practitioners must provide documentation that supports a **moderate-to-high level of complexity in medical decision-making**, as defined by E/M guidelines
  - Documentation should include current and likely progression of the patient's disease, and the need for referral(s) for rehabilitative, social, legal, financial, or community services, when appropriate

1. https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf. 2. https://www.alz.org/professionals/health-systems-medical-professionals/care-planning. 3. https://www.cms.gov/cognitive.

CACP #3: Functional Assessment of ADLs/IADLs, Including Decision-Making Capacity[1-6]

Activities of Daily Living (ADL) Function	Score
Bathing	
Dressing	
Transferring (eg, from bed to chair)	
Toileting	
Grooming	
Feeding oneself	
TOTAL SCORE	

Administration
Ask patient or informant to rate patient's ability to perform each activity using the following scoring system
- Dependent = 0
- Independent = 1

Evaluation
Sum scores (range 0-6). A score of 6 indicates full function, 4 indicates moderate impairment, and 2 or less indicates severe functional impairment

Clinician also needs to make a global judgment of the patient's ability to engage in decision-making (**three-level rating: able to make own decisions; not able; uncertain/needs more evaluation**), and document this in the medical record

Instrumental Activities of Daily Living (IADL) Function	Score
Using the telephone	
Preparing meals	
Managing household finances	
Taking medications	
Doing laundry	
Doing housework	
Shopping	
Managing transportation	
TOTAL SCORE	

Administration
Ask patient or informant to rate patient's ability to perform each activity using the following scoring system
- Dependent = 0
- Independent = 1

Evaluation
A summary score ranges from 0 (low function, dependent) to 8 (high function, independent).

1. https://www.dementiacareaware.org/files/4097296/ADL_IADL_Job_Aid.pdf?lmsauth=b8c6060f7def379888fa0f691cbb0950e5d56f1f. 2. Katz S et al. *Gerontologist*. 1970;10:20-30. 3. Lawton MP & Brody EM. *Gerontologist*. 1969;9:179-186. 4. Borson S et al. *Alzheimers Dement*. 2017;13:1168-1173. 5. https://www.cms.gov/cognitive. 6. https://Championsforhealth.Org/Wp-content/Uploads/2021/09/Alzheimers-project-booklet-v11-082221-web.pdf.

CACP #4: Formal Staging of Dementia[1-3]

Functional Assessment Scale (FAST)	
1	No difficulty either subjectively or objectively.
2	Complains of forgetting location of objects. Subjective work difficulties.
3	Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity. *
4	Decreased ability to perform complex task, (e.g., planning dinner for guests, handling personal finances, such as forgetting to pay bills, etc.)
5	Requires assistance in choosing proper clothing to wear for the day, season or occasion, (e.g. pt may wear the same clothing repeatedly, unless supervised.*
6	Occasionally or more frequently over the past weeks. * for the following **A)** Improperly putting on clothes without assistance or cueing . **B)** Unable to bathe properly (not able to choose proper water temp) **C)** Inability to handle mechanics of toileting (e.g., forget to flush the toilet, does not wipe properly or properly dispose of toilet tissue) **D)** Urinary incontinence **E)** Fecal incontinence
7	**A)** Ability to speak limited to approximately ≤ 6 intelligible different words in the course of an average day or in the course of an intensive interview. **B)** Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intensive interview **C)** Ambulatory ability is lost (cannot walk without personal assistance.) **D)** Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair.) **E)** Loss of ability to smile. **F)** Loss of ability to hold up head independently.
*Scored primarily on information obtained from a knowledgeable informant. Psychopharmacology Bulletin, 1988 24:653-659.	

1. Borson S et al. *Alzheimers Dement*. 2017;13:1168-1173. 2. https://www.cms.gov/cognitive. 3. Reisberg B. *Psychopharmacol Bull.* 1988;24:653-659.

Teepa Snow's Gems Model[1]

Gems	Basic Characteristics	Interests
Sapphire 	• Normal aging • May feel blue due to the changes of aging • No significant changes in cognition • Difficulty learning new things	• They like to choose • May need help or modifications to enjoy interests • Leaving a legacy, fulfilling promises, or making a difference
Diamond 	• Can do OLD habits and routines • Becomes more territorial OR less aware of boundaries • Likes the familiar and has difficulty with change • Tells the same stories, asks the same questions	• Things that make them feel competent and valued • What they enjoy and who they like • Where they feel comfortable but stimulated • What gives them a sense of control
Emerald 	• Gets lost in past life, past places, past roles • Gets emotional quickly • Loses important things and thinks someone stole them • Needs help, DOES NOT know it or like it	• Doing familiar tasks • Engaging with or helping others • Having a job or a purpose • Does better with a friend than a boss

Gems	Basic Characteristics	Interests
Amber 	• Need to have sensation (touch, look, feel, smell, or taste) • Private and quiet or public and noisy • Will get into things • Can't wait or put up with things that take time	• Things to mess with or explore • Textures, shapes, colors, movement • Verbal sounds that are familiar (music) • Tastes—usually more sweet or salty
Ruby 	• Fine motor skill is lost or stops in the mouth, eyes, fingers, and feet • Hard to stop and hard to get going • Limited visual awareness • One direction—forward only, can't back up safely	• Waking a routing path • Watching others, checking them out • Things to pick up, hold, carry, push, wipe, rub, grip, squeeze, pinch, slap • Rhythmic movements and actions
Pearl 	• Not aware of the world around them (most of the time) • Hardly moves • Problems swallowing • Hard to get connected	• Pleasant and familiar sounds and voices • Warmth and comfort • Soft textures • Smooth and slow movement

1. https://teepasnow.com/about-dementia/.

CACP #5: Reconciliation and Review of High-Risk Medications[1-3]

Drugs with ACB Score of 1

Generic Name	Brand Name
Alimemazine	Theralen™
Alverine	Spasmonal™
Alprazolam	Xanax™
Aripiprazole	Abilify™
Asenapine	Saphris™
Atenolol	Tenormin™
Bupropion	Wellbutrin™, Zyban™
Captopril	Capoten™
Cetirizine	Zyrtec™
Chlorthalidone	Diuril™, Hygroton™
Cimetidine	Tagamet™
Clidinium	Librax™
Clorazepate	Tranxene™
Codeine	Contin™
Colchicine	Colcrys™
Desloratadine	Clarinex™
Diazepam	Valium™
Digoxin	Lanoxin™
Dipyridamole	Persantine™
Disopyramide	Norpace™
Fentanyl	Duragesic™, Actiq™
Furosemide	Lasix™
Fluvoxamine	Luvox™
Haloperidol	Haldol™
Hydralazine	Apresoline™
Hydrocortisone	Cortef™, Cortaid™
Iloperidone	Fanapt™
Isosorbide	Isordil™, Ismo™
Levocetirizine	Xyzal™
Loperamide	Immodium™, others
Loratadine	Claritin™
Metoprolol	Lopressor™, Toprol™
Morphine	MS Contin™, Avinza™
Nifedipine	Procardia™, Adalat™
Paliperidone	Invega™
Prednisone	Deltasone™, Sterapred™
Quinidine	Quinaglute™
Ranitidine	Zantac™
Risperidone	Risperdal™
Theophylline	Theodur™, Uniphyl™
Trazodone	Desyrel™
Triamterene	Dyrenium™
Venlafaxine	Effexor™
Warfarin	Coumadin™

Drugs with ACB Score of 2

Generic Name	Brand Name
Amantadine	Symmetrel™
Belladonna	Multiple
Carbamazepine	Tegretol™
Cyclobenzaprine	Flexeril™
Cyproheptadine	Periactin™
Loxapine	Loxitane™
Meperidine	Demerol™
Methotrimeprazine	Levoprome™
Molindone	Moban™
Nefopam	Nefogesic™
Oxcarbazepine	Trileptal™
Pimozide	Orap™

Categorical Scoring:

- Possible anticholinergics include those listed with a score of 1; Definite anticholinergics include those listed with a score of 2 or 3

Numerical Scoring:

- Add the score contributed to each selected medication in each scoring category
- Add the number of possible or definite Anticholinergic medications

Notes:

- Each definite anticholinergic may increase the risk of cognitive impairment by 46% over 6 years. [3]
- For each on point increase in the ACB total score, a decline in MMSE score of 0.33 points over 2 years has been suggested. [4]
- Additionally, each one point increase in the ACB total score has been correlated with a 26% increase in the risk of death. [4]

Aging Brain Care

www.agingbraincare.org

Drugs with ACB Score of 3

Generic Name	Brand Name
Amitriptyline	Elavil™
Amoxapine	Asendin™
Atropine	Sal-Tropine™
Benztropine	Cogentin™
Brompheniramine	Dimetapp™
Carbinoxamine	Histex™, Carbihist™
Chlorpheniramine	Chlor-Trimeton™
Chlorpromazine	Thorazine™
Clemastine	Tavist™
Clomipramine	Anafranil™
Clozapine	Clozaril™
Darifenacin	Enablex™
Desipramine	Norpramin™
Dicyclomine	Bentyl™
Dimenhydrinate	Dramamine™, others
Diphenhydramine	Benadryl™, others
Doxepin	Sinequan™
Doxylamine	Unisom™, others
Fesoterodine	Toviaz™
Flavoxate	Urispas™
Hydroxyzine	Atarax™, Vistaril™
Hyoscyamine	Anaspaz™, Levsin™
Imipramine	Tofranil™
Meclizine	Antivert™
Methocarbamol	Robaxin™
Nortriptyline	Pamelor™
Olanzapine	Zyprexa™
Orphenadrine	Norflex™
Oxybutynin	Ditropan™
Paroxetine	Paxil™
Perphenazine	Trilafon™
Promethazine	Phenergan™
Propantheline	Pro-Banthine™
Propiverine	Detrunorm™
Quetiapine	Seroquel™
Scopolamine	Transderm Scop™
Solifenacin	Vesicare™
Thioridazine	Mellaril™
Tolterodine	Detrol™
Trifluoperazine	Stelazine™
Trihexyphenidyl	Artane™
Trimipramine	Surmontil™
Trospium	Sanctura™

Review and reconcile patient's medication list

- Verify which medications are currently being taken
- Determine whether any meds need to be adjusted or discontinued
- Verify information with caregiver if necessary

1. Borson S et al. *Alzheimers Dement*. 2017;13:1168-1173. 2. https://www.cms.gov/cognitive.
3. http://www.agingbraincare.org/tools/abcanticholinergic-cognitive-burden-scale.

CACP #6: Evaluate Neuropsychiatric and Behavioral Symptoms[1-5]

npiTEST

- NPI-Q is usually caregiver-rated
- PHQ-9 is patient-rated

NPI-Q SUMMARY

	No	Severity	Caregiver Distress
Delusions	0	1 2 3	0 1 2 3 4 5
Hallucinations	0	1 2 3	0 1 2 3 4 5
Agitation/Aggression	0	1 2 3	0 1 2 3 4 5
Dysphoria/Depression	0	1 2 3	0 1 2 3 4 5
Anxiety	0	1 2 3	0 1 2 3 4 5
Euphoria/Elation	0	1 2 3	0 1 2 3 4 5
Apathy/Indifference	0	1 2 3	0 1 2 3 4 5
Disinhibition	0	1 2 3	0 1 2 3 4 5
Irritability/Lability	0	1 2 3	0 1 2 3 4 5
Aberrant Motor	0	1 2 3	0 1 2 3 4 5
Nighttime Behavior	0	1 2 3	0 1 2 3 4 5
Appetite/Eating	0	1 2 3	0 1 2 3 4 5
TOTAL			

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____
=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all ☐ | Somewhat difficult ☐ | Very difficult ☐ | Extremely difficult ☐

1. Borson S et al. *Alzheimers Dement*. 2017;13:1168-1173. 2. https://Championsforhealth.Org/Wp-content/Uploads/2021/09/Alzheimers-project-booklet-v11-082221-web.pdf. 3. https://www.cms.gov/cognitive. 4. Cummings J et al. *Neurology*. 1994;44:2308-2314. 5. Kroenke K et al. *J Gen Intern Med*. 2001;16:606-613.

CACP #7: Evaluate Patient's Safety[1-4]

- The patient and caregiver should both be asked the safety screening questions
- If the patient or caregiver answers yes to questions 1 and 3-7 or no to question 2, refer to the Safety Assessment Guide, which can be accessed at **https://www.alz.org/media/Documents/HC-23002_CPT-Safety-Assessment_March2023.pdf**

Safety Screening Questions

1. Is the patient still driving?
2. Is the patient taking medications as prescribed?
3. Are there concerns about safety in the home?
4. Has the patient gotten lost in familiar places or wandered?
5. Are firearms present in the home?
6. Has the patient experienced unsteadiness or sustained falls?
7. Does the patient live alone?

Patient Home Safety Checklist

- ✓ Stove/fire avoidance
- ✓ Smoke detectors
- ✓ Locks and alarms on doors
- ✓ Prevent falls (check stairs, lighting, footwear, rugs, etc.)
- ✓ Firearms (at minimum remove ammunition)

1. Borson S et al. *Alzheimers Dement*. 2017;13:1168-1173. 2. https://www.alz.org/media/Documents/cognitive-impairment-care-planning-toolkit.pdf.
3. https://www.alz.org/media/Documents/HC-23002_CPT-Safety-Assessment_March2023.pdf. 4. https://www.cms.gov/cognitive.

CACP #8: Identify Social Supports, Including How Much Caregivers Know and Are Willing to Provide Care[1-3]

Caregiver assessment questions

- Do you understand Alzheimer's disease and other dementias?
- Do you know where you can obtain additional information about the disease?
- Are you able and willing to provide care and/or assistance?
- Do you know where you can receive support as a caregiver?

Five Action Steps for Family and Caregivers

1. Establish legal responsibility and create legal documents
2. Understand diagnostic process, symptoms, and course of memory loss/dementia
3. Practice self-care
4. Join a support group
5. Plan for the future

1. Borson S et al. *Alzheimers Dement*. 2017;13:1168-1173. 2. https://www.alz.org/media/Documents/cognitive-impairment-care-planning-toolkit.pdf.
3. https://www.alz.org/media/Documents/HC-23002_CPT-Safety-Assessment_March2023.pdf.

CACP #9: Develop, Update/Revise, or Review Advanced Care Plan and any Palliative Needs[1-3]

Key Questions

- Have wishes or desires for end-of-life care been discussed?
- Is a power of attorney in place for financial needs?
- Is a power of attorney in place for healthcare decisions?
- Is palliative or hospice care appropriate for the patient?

1. Borson S et al. *Alzheimers Dement*. 2017;13:1168-1173. 2. https://www.alz.org/media/Documents/cognitive-impairment-care-planning-toolkit.pdf.
3. https://www.alz.org/media/Documents/HC-23002_CPT-Safety-Assessment_March2023.pdf.

CACP #10: Preparing the Written Care Plan[1-3]

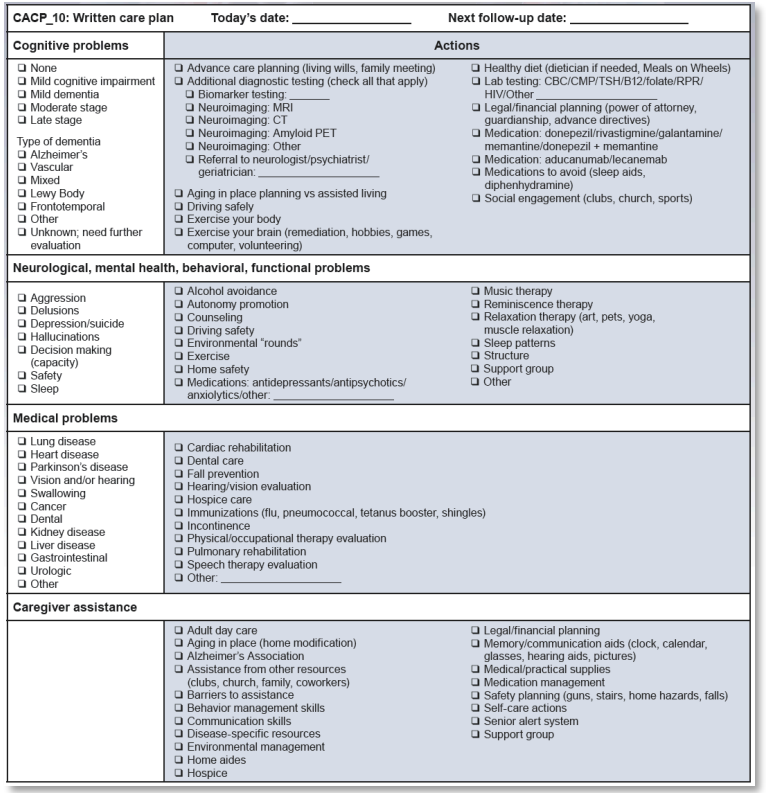
- **Indicate who has responsibility for carrying out each recommended action step**
- **Specify an initial follow-up schedule**
- **Care plan can be organized into broad components →**

- ✓ **Additional tests that need to be performed** to confirm the etiology of the MCI or dementia (eg, Alzheimer's disease, vascular dementia), and whether the patient needs to be referred to a dementia specialist
- ✓ **Specific characteristics of the cognitive disorder** (eg, type and severity of cognitive impairment)
- ✓ **Management of any neurocognitive and neuropsychiatric symptoms**
- ✓ **Comorbid medical conditions and safety management**, including any changes needed to accommodate the effects of cognitive impairment
- ✓ **Caregiver stress and support needs and referrals** to community-based education and support, individual or family counseling, in-home care, and legal or financial assistance, as needed

1. Borson S et al. *Alzheimers Dement*. 2017;13:1168-1173. 2. https://www.alz.org/media/Documents/cognitive-impairment-care-planning-toolkit.pdf.
3. https://www.alz.org/media/Documents/HC-23002_CPT-Safety-Assessment_March2023.pdf.

CACP #10, Continued: Documenting and Sharing the Written Care Plan[1-4]

- Consider using a standardized **care plan template** to ease office burden
- Discuss and share the plan with the patient and/or family or caregiver (face-to-face conversation must be documented in the clinical note)
- File the care plan in the patient's medical record for ease of retrieval and updating
- Share the plan with other care team members to help ensure continuity and coordination of care
- Obtain and document consent to share the plan as needed



CACP_10: Written care plan **Today's date:** _____ **Next follow-up date:** _____

Cognitive problems	Actions	
❑ None ❑ Mild cognitive impairment ❑ Mild dementia ❑ Moderate stage ❑ Late stage Type of dementia ❑ Alzheimer's ❑ Vascular ❑ Mixed ❑ Lewy Body ❑ Frontotemporal ❑ Other ❑ Unknown; need further evaluation	❑ Advance care planning (living wills, family meeting) ❑ Additional diagnostic testing (check all that apply) ❑ Biomarker testing: _____ ❑ Neuroimaging: MRI ❑ Neuroimaging: CT ❑ Neuroimaging: Amyloid PET ❑ Neuroimaging: Other ❑ Referral to neurologist/psychiatrist/ geriatrician: _____ ❑ Aging in place planning vs assisted living ❑ Driving safely ❑ Exercise your body ❑ Exercise your brain (remediation, hobbies, games, computer, volunteering)	❑ Healthy diet (dietician if needed, Meals on Wheels) ❑ Lab testing: CBC/CMP/TSH/B12/folate/RPR/ HIV/Other _____ ❑ Legal/financial planning (power of attorney, guardianship, advance directives) ❑ Medication: donepezil/rivastigmine/galantamine/ memantine/donepezil + memantine ❑ Medication: aducanumab/lecanemab ❑ Medications to avoid (sleep aids, diphenhydramine) ❑ Social engagement (clubs, church, sports)
Neurological, mental health, behavioral, functional problems		
❑ Aggression ❑ Delusions ❑ Depression/suicide ❑ Hallucinations ❑ Decision making (capacity) ❑ Safety ❑ Sleep	❑ Alcohol avoidance ❑ Autonomy promotion ❑ Counseling ❑ Driving safety ❑ Environmental "rounds" ❑ Exercise ❑ Home safety ❑ Medications: antidepressants/antipsychotics/ anxiolytics/other: _____	❑ Music therapy ❑ Reminiscence therapy ❑ Relaxation therapy (art, pets, yoga, muscle relaxation) ❑ Sleep patterns ❑ Structure ❑ Support group ❑ Other
Medical problems		
❑ Lung disease ❑ Heart disease ❑ Parkinson's disease ❑ Vision and/or hearing ❑ Swallowing ❑ Cancer ❑ Dental ❑ Kidney disease ❑ Liver disease ❑ Gastrointestinal ❑ Urologic ❑ Other	❑ Cardiac rehabilitation ❑ Dental care ❑ Fall prevention ❑ Hearing/vision evaluation ❑ Hospice care ❑ Immunizations (flu, pneumococcal, tetanus booster, shingles) ❑ Incontinence ❑ Physical/occupational therapy evaluation ❑ Pulmonary rehabilitation ❑ Speech therapy evaluation ❑ Other: _____	
Caregiver assistance		
	❑ Adult day care ❑ Aging in place (home modification) ❑ Alzheimer's Association ❑ Assistance from other resources (clubs, church, family, coworkers) ❑ Barriers to assistance ❑ Behavior management skills ❑ Communication skills ❑ Disease-specific resources ❑ Environmental management ❑ Home aides ❑ Hospice	❑ Legal/financial planning ❑ Memory/communication aids (clock, calendar, glasses, hearing aids, pictures) ❑ Medical/practical supplies ❑ Medication management ❑ Safety planning (guns, stairs, home hazards, falls) ❑ Self-care actions ❑ Senior alert system ❑ Support group

1. Borson S et al. *Alzheimers Dement*. 2017;13:1168-1173. 2. https://www.alz.org/media/Documents/Cognitive-Assessment-and-Care-Planning-Services_020323.pdf. 3. https://championsforhealth.org/alzheimers/evaluation/making-a-disclosure-of-alzheimers-or-other-dementias/. 4. Form adapted from https://www.aafp.org/fpm/2019/0100/p11.html.

Patient Case: Part 2

- Mr. Sandoval and his daughter come in for the Cognitive Assessment and Care Plan visit
- You conduct a MoCA which reveals a score of 22/30, with deficits prominent in the visuospatial/executive section as well as a 0/5 on delayed recall, although he does recall two of the words with multiple choice cues
- You ask Mr. Sandoval and his daughter to fill out questionnaires about his dementia symptoms, neuropsychiatric symptoms, and safety concerns
- The questionnaires reveal that Mr. Sandoval has mild dementia symptoms, he has been experiencing some depression, anxiety, and irritability lately, and there are no significant safety concerns in his home or environment
- You decide to order labs and a brain MRI in order to gain more insight into the etiology of his mild dementia and rule out potentially reversible causes of cognitive impairment

Billing and Coding for CACP[1-3]

- **CPT 99483 can be used once every 180 days**
  - Part B coinsurance and deductible apply
  - Can be billed separately from the AWV; add modifier 25 to the claim if the AWV and CACP services are performed in the same visit
  - HCPCS G2212 can be billed in conjunction with visits that exceed 60 minutes
- **Includes Level 5 E/M service CPT code 99215 elements such as**
  - Comprehensive history
  - Comprehensive exam
  - High complexity medical decision-making
- **Providers cannot bill CPT code 99483 on the same day as these services**
  - 90785 (Psytx complex interactive)
  - 90791 (Psych diagnostic evaluation)
  - 90792 (Psych diag eval w/med srvcs)
  - 96103 (Psycho testing admin by comp)
  - 96120 (Neuropsych test admin w/comp)
  - 96127 (Brief emotional/behav assmt)
  - 99201-99215 (Office/outpatient visits)
  - 99324-99337 (Domicil/r-home visits new pt)
  - 99341-99350 (Home visits)
  - 99366-99368 (Team conf w/pat by HCP)
  - 99497 (Advncd care plan 30 min)
  - 99498 (Advncd care plan addl 30 min)

1. Borson S et al. *Alzheimers Dement*. 2017;13:1168-1173. 2. https://www.alz.org/media/Documents/Cognitive-Assessment-and-Care-Planning-Services_020323.pdf.
3. https://www.cms.gov/cognitive.

Executing the Care Plan

Potential Next Steps in Making a Differential Diagnosis and Initiating Medication Management

PeerView
Live

Lab Tests and Neuroimaging Should Be Performed If Etiology of Cognitive Impairment Is Unknown[1]

1. **Labs:** comprehensive metabolic panel if not already done at screening, or others as appropriate
2. **Imaging study:** head CT scan OR brain MRI without contrast (with contrast if indicated)
   - MRI is preferred (superior for demonstrating regional brain atrophy, CNS effects of vascular risk)
3. **Neuropsychological testing** (optional; consider for atypical, mild, or early onset cases)

Diagnosis

Typical Dementia Syndrome

Probably Alzheimer's disease ± cerebral vascular comorbidity

1. Discuss and disclose; counsel patient and family
2. Develop treatment/management plan
3. Access/provide community resources

Atypical Cases

- Parkinsonian features, hallucinations, prominent aphasia, early onset, rapid progression, fluctuations, unexplained visual impairment, severe depression
- Referral to neurologist, psychiatrist, or geriatrician recommended

1. https://championsforhealth.org/wp-content/uploads/2021/09/Alzheimers-Project-Booklet-v11-082221-Web.pdf.

Need for Empathy[1,2]

- Take time to listen
  - Allow for longer patient visits and schedule regular check-ins
  - Opportunity to assess caregiver stress and depression, and recommend separate appointments for caregivers as appropriate
  - Show empathy and communicate with caregivers
  - Express understanding of the gravity of the road they are traveling
- Between diagnosis disclosure and end of life, there may be many years in which to educate patients and caregivers on the progress of the disease

1. https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/CDPH%20Document%20Library/Alzheimers'%20Disease%20Program/ACCT-AD%20Toolkit%2012%2027%2018.pdf. 2. https://academic.oup.com/gerontologist/article/44/2/149/876620.

Discuss at Time of Diagnosis[1]

5 Critical Issues to Discuss

1. Primary diagnosis—assess amount of detail requested by patient and family, and contributing factors
2. Medication options and adverse effects
3. Work, driving, managing finances, legal issues
4. Personal and home safety, including presence of firearms or other weapons
5. Need to have caregiver with individual while they absorb the diagnosis

1. https://championsforhealth.org/wp-content/uploads/2021/09/Alzheimers-Project-Booklet-v11-082221-Web.pdf.

Medication Options[1-6]

- Acetylcholinesterase inhibitors: for patients with Alzheimer's dementia
  - Donepezil, galantamine, rivastigmine (includes Exelon transdermal patch)
- Memantine: for patients with moderate-to-severe Alzheimer's dementia
- Anti-amyloid monoclonal antibodies: for patients with MCI due to Alzheimer's disease (AD) and mild dementia due to AD
  - Lecanemab granted full FDA approval in July 2023 and is now covered by Medicare
- Many clinical trial opportunities are available
  - Over 400 medication trials currently recruiting participants with MCI and dementia

Medications may provide positive support and hope for caregivers, but need to weigh risks and benefits

1. https://www.choosingwisely.org/clinician-lists/american-geriatrics-society-cholinesteraseinhibitors-for-dementia/. 2. Raina P et al. *Ann Intern Med*. 2008;148:379-397. 3. https://www.fda.gov/news-events/press-announcements/fda-converts-novel-alzheimers-disease-treatment-traditional-approval. 4. https://www.neurologylive.com/view/medicare-expands-coverage-fully-approved-alzheimer-agent-lecanemab. 5. https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/aducanumab-marketed-aduhelm-information. 6. https://clinicaltrials.gov/.

What Works: General Health Advice[1,2]

- Maintain physical activity (AHA minimum guidelines!)
- Healthy diet—heart healthy, Mediterranean, or DASH
- Maintain social engagement
- Sleep hygiene

NO EVIDENCE FOR brain training, memory games, specific diets, vitamins, or supplements

1. https://www.cdc.gov/aging/publications/features/reducing-risk-of-alzheimers-disease/index.htm. 2. Omura JD et al. *MMWR Morb Mortal Wkly Rep*. 2022;71:680-685.

Driving: Provider Is Legally Responsible to Disclose Diagnosis[1]

Reporting Requirements Vary By State

Know Your State Law

1. https://www.caregiver.org/resource/dementia-driving-and-california-state-law/.

Kentucky Clinician and Caregiver Resources

ALZHEIMER'S ASSOCIATION
Greater Kentucky &
Southern Indiana Chapter

https://www.alz.org/kyin?set=1

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

https://www.chfs.ky.gov/agencies/dail/Pages/adrdc.aspx

UK College of Medicine
Alzheimer's Disease Research Center

https://medicine.uky.edu/centers/sbcoa/alzheimers-disease-research-center

Assisting Hands Home Care

https://assistinghands.com/76/kentucky/northernkentucky/services/alzheimers-and-dementia-care/

AIM
ALZHEIMER'S IMPACT MOVEMENT

https://alzimpact.org/Kentucky

Audience Q&A

PeerView
Live

Please remember to complete the Evaluation.

PeerView.com/Alzheimers-Eval-XUM

Scan this QR Code for the Evaluation!

Thank you and have a good day.

PeerView
Live

Abbreviations

- AD-8: Eight-Item Informant Interview to Differentiate Aging and Dementia
- AD: Alzheimer's disease
- AHA: American Heart Association
- ARIA: amyloid-related imaging abnormalities
- AWV: annual wellness visit
- B12: cobalamin
- CACP: cognitive assessment and care plan
- CDR: clinical dementia rating
- CHA: cognitive health assessment
- CKD: chronic kidney disease
- CMP: comprehensive metabolic panel
- CMS: Centers for Medicare and Medicaid Services
- COG: cognition
- CPT: current procedural terminology
- DASH: dietary approaches to stop hypertension
- DCA: Dementia Care Aware
- DO: doctor of osteopathic medicine
- DSM-5: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
- DSRS: dementia severity rating scale
- E/M: evaluation and management
- FAQ: Functional Activities Questionnaire
- FAST: Functional Assessment Staging Test
- GDS: Global Deterioration Score
- GP-COG: General Practitioner Assessment of Cognition
- HCP: healthcare professional/provider
- HCPCS: Healthcare Common Procedure Coding System
- HTN: hypertension
- IADL: instrumental activities of daily living
- IPPE: initial preventive physical exam
- IQ-CODE: Information Questionnaire on Cognitive Decline in the Elderly
- JAMA: Journal of the American Medical Association
- MA: medical assistant
- MCI: mild cognitive impairment
- MD: medical doctor
- MOCA: Montreal Cognitive Assessment
- N/A: not applicable
- NP: nurse practitioner
- NPI: Neuropsychiatric Inventory
- NPI-Q: Neuropsychiatric Inventory Questionnaire
- PA: physician assistant
- PHQ-2: Patient Health Questionnaire 2
- PHQ-9: Patient Health Questionnaire 9
- s-MOCA: Short Montreal Cognitive Assessment
- SW: social work practitioner