

THE ALZHEIMER'S PROJECT CLINICAL ROUNDTABLE

# **Facilitating Cognitive Assessment In Primary Care For The Timely Detection Of Alzheimer's Disease**

Created by

Ian Neel, MD

Associate Clinical Professor

Medical Director, Geriatric Medicine Consult Service at Senior Behavioral Health  
UC San Diego Division of Geriatrics, Gerontology, & Palliative Care

# Medicare Requirements for Cognitive Assessment & Care Plan

## 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**

# Cognitive Assessment & Care Plan Requirements

	CACP Components <sup>a</sup>	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	

# You Expect Me To Do All That In One Visit?!

## Split elements up!

- The ten 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 settings, but also in the home, domiciliary, or rest-home settings, or via telehealth

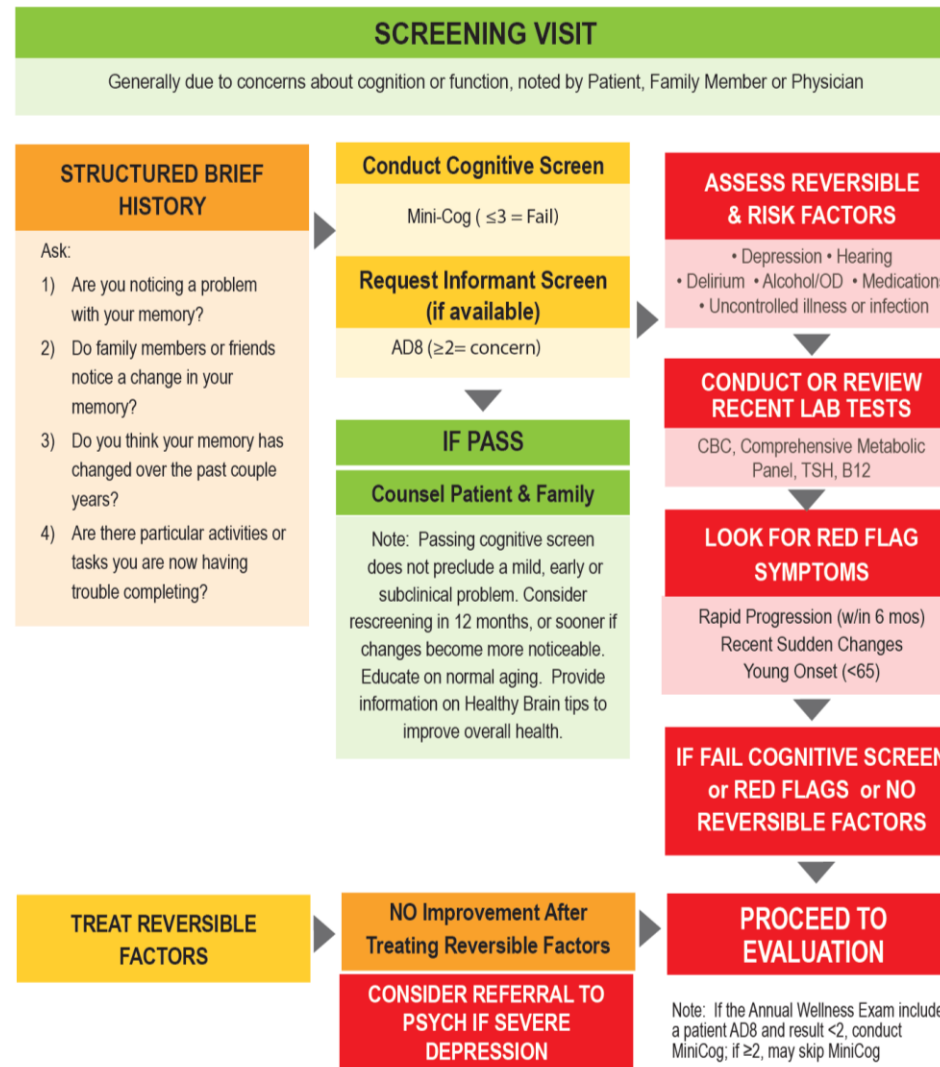
# Appointment One – Annual Wellness Visit

- Medicare Annual Wellness Visit – code G0438: initial visit and personalized prevention plan of service.
- Medicare Annual Wellness Visit – code G0439: subsequent visit
- Significant, separately identifiable medically necessary Evaluation and Management (E&M), use CPT code with modifier -25; for illness or injury, or to improve functioning of malformed body member.
- MediCal Annual Cognitive Assessment – if not Medicare eligible. Bill using CPT-4 code 1494F as part of E&M. Must complete Dementia Care Aware training and use validated tools to bill.

# Appointment Two – Screening = 15-20 min.

- If Medicare Annual Wellness Visit indicates further screening (i.e., AD8 used at AWV and score indicates potential cognitive issue), or concerns expressed:
  - Ask screening questions, brief history
  - Conduct MiniCog (3 min test - may have staff conduct)
  - Request informant screen if feasible: AD8 by informant, not patient
  - Assess functional status: IADLs and ADLs
  - Assess reversible and risk factors
  - As needed conduct or review recent lab tests: CBC, Comprehensive Metabolic Panel, TSH, B12, RPR
  - As needed, look for red flags
  - If fail screen or red flags, or no improvement treating reversible factors, proceed to evaluation
- MediCal Annual Cognitive Assessment –Dementia Care Aware protocol identical, other instruments can be used.

# Recommended Screening Algorithm For Adult Cognitive Impairment



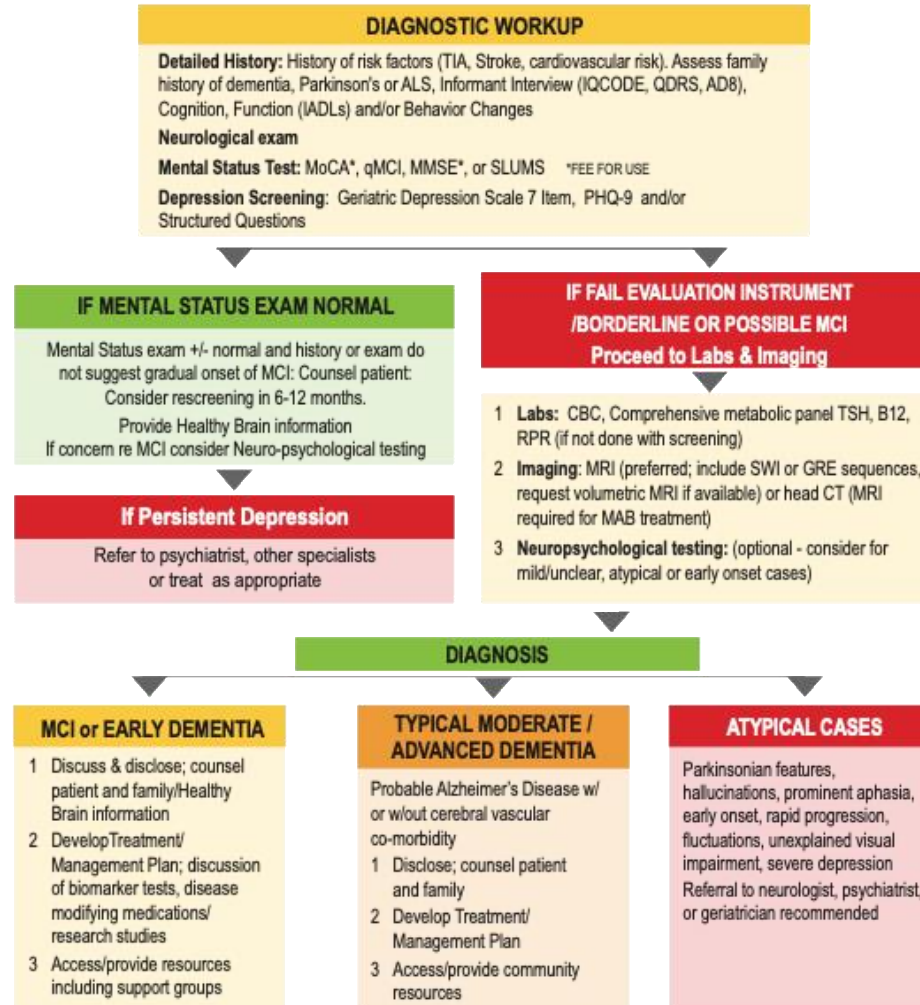
# Appointment Three – Evaluation = 45-60 min

- Conducting instruments can be done by Physician, Physician Assistant/ Associate, NP, RN, clinical team member with training
- Full evaluation should be done by provider with strong knowledge base concerning cognition aging, dementia AND experienced and comfortable disclosing diagnosis
- Advised to schedule a separate, 45 minute appointment



# Diagnostic Evaluation Algorithm

PATIENT REFERRED FOR EVALUATION OF ADULT COGNITIVE IMPAIRMENT  
BASED ON RESULTS OF SCREENING PROTOCOL



# Diagnostic Evaluation Algorithm

## DIAGNOSTIC WORKUP

**Detailed History:** History of risk factors (TIA, Stroke, cardiovascular risk). Assess family history of dementia, Parkinson's or ALS, Informant Interview (IQCODE, QDRS, AD8), Cognition, Function (IADLs) and/or Behavior Changes

**Neurological exam**

**Mental Status Test:** MoCA\*, qMCI, MMSE\*, or SLUMS \*FEE FOR USE

**Depression Screening:** Geriatric Depression Scale 7 Item, PHQ-9 and/or Structured Questions

---

# Detailed history should assess:

Instrumental (complex) daily activities

- Remembering appointments & plans
- Taking medications on schedule
- Driving & finding directions
- Ability to read or listen to materials and remember

*Informant history/perspective critical*

# Diagnostic Evaluation Algorithm

## IF MENTAL STATUS EXAM NORMAL

Mental Status exam +/- normal and history or exam do not suggest gradual onset of MCI: Counsel patient:  
Consider rescreening in 6-12 months.  
Provide Healthy Brain information  
If concern re MCI consider Neuro-psychological testing

## If Persistent Depression

Refer to psychiatrist, other specialists  
or treat as appropriate

## IF FAIL EVALUATION INSTRUMENT /BORDERLINE OR POSSIBLE MCI Proceed to Labs & Imaging

- 1 **Labs:** CBC, Comprehensive metabolic panel TSH, B12, RPR (if not done with screening)
- 2 **Imaging:** MRI (preferred; include SWI or GRE sequences, request volumetric MRI if available) or head CT (MRI required for MAB treatment)
- 3 **Neuropsychological testing:** (optional - consider for mild/unclear, atypical or early onset cases)

# Recommended Neuroimaging

- Brain MRI without contrast (required for MAB treatment)  
(with contrast if indicated)
- OR Head CT scan

Each health system may have different preferences

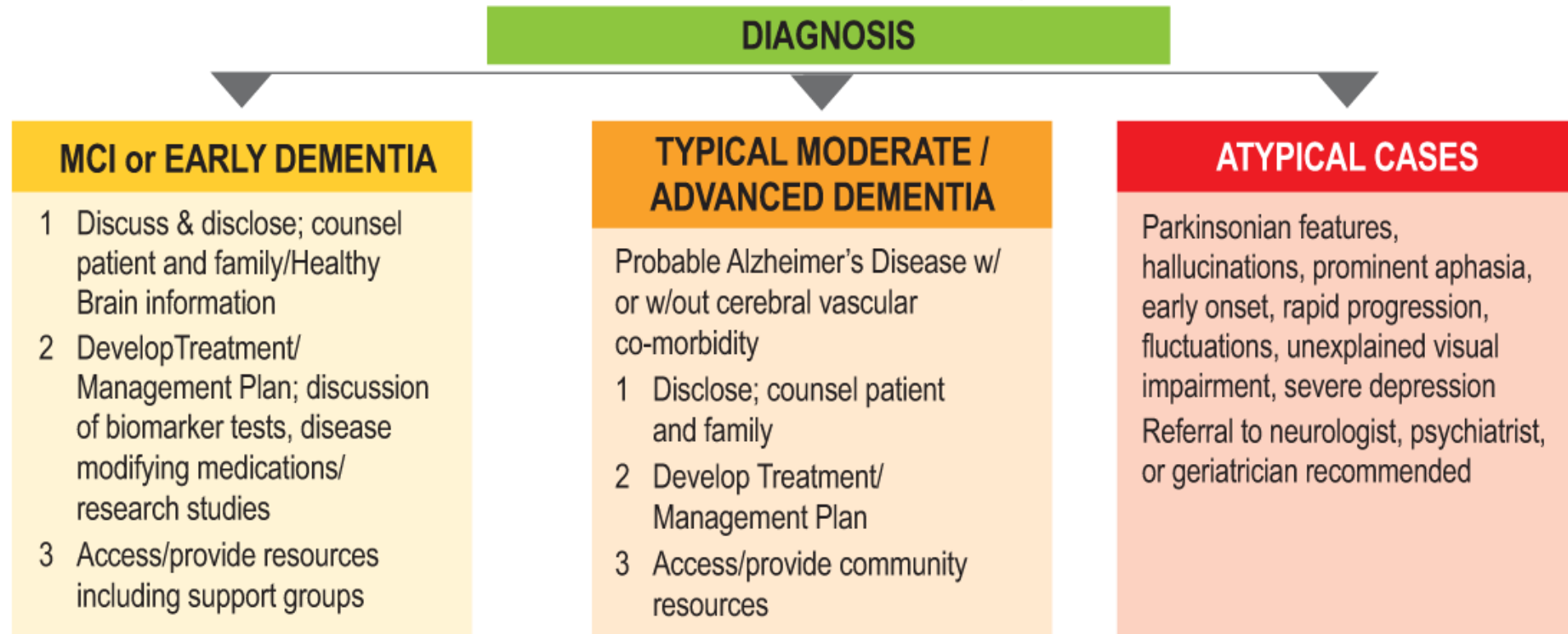
- MRI preferred – superior for demonstrating regional brain atrophy, CNS effects of vascular risk
- Include SWI or GRE sequences; request volumetric MRI if available

# Understanding NeuroQuant®

## Example Interpretations of NeuroQuant - Age Related Atrophy Report

Sample Segmented MRI	Example vMRI findings	Hippocampi	Hippocampal Occupancy	Lateral Ventricles	Interpretation																
	<p>Hippocampal Occupancy Score (HOC) 0.64</p> <table border="1"> <thead> <tr> <th>Brain Structure</th> <th>Volume (cm³)</th> <th>% of BV</th> <th>Normative Percentile</th> </tr> </thead> <tbody> <tr> <td>Hippocampus</td> <td>2.35</td> <td>0.40 (0.30 - 0.48)</td> <td>60</td> </tr> <tr> <td>Superior Lateral Ventricles</td> <td>17.02</td> <td>2.54 (2.28 - 2.93)</td> <td>22</td> </tr> <tr> <td>Inferior Lateral Ventricles</td> <td>3.38</td> <td>0.22 (0.17 - 0.34)</td> <td>47</td> </tr> </tbody> </table> <p>AGE-MATCHED REFERENCE CHARTS</p>	Brain Structure	Volume (cm³)	% of BV	Normative Percentile	Hippocampus	2.35	0.40 (0.30 - 0.48)	60	Superior Lateral Ventricles	17.02	2.54 (2.28 - 2.93)	22	Inferior Lateral Ventricles	3.38	0.22 (0.17 - 0.34)	47	Normal volume (Not atrophied)	Normal HOC	Superior and Inferior: Normal volume (Not enlarged)	<b>Normal Scan:</b> Does not support neurodegeneration
Brain Structure	Volume (cm³)	% of BV	Normative Percentile																		
Hippocampus	2.35	0.40 (0.30 - 0.48)	60																		
Superior Lateral Ventricles	17.02	2.54 (2.28 - 2.93)	22																		
Inferior Lateral Ventricles	3.38	0.22 (0.17 - 0.34)	47																		
	<p>Hippocampal Occupancy Score (HOC) 0.62</p> <table border="1"> <thead> <tr> <th>Brain Structure</th> <th>Volume (cm³)</th> <th>% of BV</th> <th>Normative Percentile</th> </tr> </thead> <tbody> <tr> <td>Hippocampus</td> <td>1.53</td> <td>0.21 (0.13 - 0.47)</td> <td>5</td> </tr> <tr> <td>Superior Lateral Ventricles</td> <td>3.44</td> <td>2.15 (1.68 - 4.73)</td> <td>23</td> </tr> <tr> <td>Inferior Lateral Ventricles</td> <td>3.38</td> <td>0.22 (0.17 - 0.34)</td> <td>47</td> </tr> </tbody> </table> <p>AGE-MATCHED REFERENCE CHARTS</p>	Brain Structure	Volume (cm³)	% of BV	Normative Percentile	Hippocampus	1.53	0.21 (0.13 - 0.47)	5	Superior Lateral Ventricles	3.44	2.15 (1.68 - 4.73)	23	Inferior Lateral Ventricles	3.38	0.22 (0.17 - 0.34)	47	Low volume	Normal HOC	Superior and Inferior: Normal	<b>Low hippocampal volume without ex-vacuo dilatation:</b> Possibly congenitally small hippocampi. Follow to establish presence and trajectory of volume change.
Brain Structure	Volume (cm³)	% of BV	Normative Percentile																		
Hippocampus	1.53	0.21 (0.13 - 0.47)	5																		
Superior Lateral Ventricles	3.44	2.15 (1.68 - 4.73)	23																		
Inferior Lateral Ventricles	3.38	0.22 (0.17 - 0.34)	47																		
	<p>Hippocampal Occupancy Score (HOC) 0.38</p> <table border="1"> <thead> <tr> <th>Brain Structure</th> <th>Volume (cm³)</th> <th>% of BV</th> <th>Normative Percentile</th> </tr> </thead> <tbody> <tr> <td>Hippocampus</td> <td>1.13</td> <td>0.14 (0.13 - 0.17)</td> <td>1</td> </tr> <tr> <td>Superior Lateral Ventricles</td> <td>41.87</td> <td>2.72 (1.78 - 4.89)</td> <td>43</td> </tr> <tr> <td>Inferior Lateral Ventricles</td> <td>5.57</td> <td>0.38 (0.17 - 0.78)</td> <td>99</td> </tr> </tbody> </table> <p>AGE-MATCHED REFERENCE CHARTS</p>	Brain Structure	Volume (cm³)	% of BV	Normative Percentile	Hippocampus	1.13	0.14 (0.13 - 0.17)	1	Superior Lateral Ventricles	41.87	2.72 (1.78 - 4.89)	43	Inferior Lateral Ventricles	5.57	0.38 (0.17 - 0.78)	99	Low volume	Low HOC	Superior: Normal Inferior: High volume	<b>Low hippocampal volume and suggestive of LOCAL ex-vacuo dilatation:</b> Supports MTL-focused neurodegenerative etiology
Brain Structure	Volume (cm³)	% of BV	Normative Percentile																		
Hippocampus	1.13	0.14 (0.13 - 0.17)	1																		
Superior Lateral Ventricles	41.87	2.72 (1.78 - 4.89)	43																		
Inferior Lateral Ventricles	5.57	0.38 (0.17 - 0.78)	99																		
	<p>Hippocampal Occupancy Score (HOC) 0.21</p> <table border="1"> <thead> <tr> <th>Brain Structure</th> <th>Volume (cm³)</th> <th>% of BV</th> <th>Normative Percentile</th> </tr> </thead> <tbody> <tr> <td>Hippocampus</td> <td>3.31</td> <td>0.21 (0.31 - 0.45)</td> <td>3</td> </tr> <tr> <td>Superior Lateral Ventricles</td> <td>80.86</td> <td>5.51 (3.4 - 8.38)</td> <td>96</td> </tr> <tr> <td>Inferior Lateral Ventricles</td> <td>13.16</td> <td>0.83 (0.16 - 0.32)</td> <td>99</td> </tr> </tbody> </table> <p>AGE-MATCHED REFERENCE CHARTS</p>	Brain Structure	Volume (cm³)	% of BV	Normative Percentile	Hippocampus	3.31	0.21 (0.31 - 0.45)	3	Superior Lateral Ventricles	80.86	5.51 (3.4 - 8.38)	96	Inferior Lateral Ventricles	13.16	0.83 (0.16 - 0.32)	99	Low Volume	Low HOC	Superior and Inferior: High Volume	<b>Low hippocampal volume and suggestive of GLOBAL ex-vacuo dilatation:</b> Supports neurodegenerative etiology, but may or may not be MTL-focused
Brain Structure	Volume (cm³)	% of BV	Normative Percentile																		
Hippocampus	3.31	0.21 (0.31 - 0.45)	3																		
Superior Lateral Ventricles	80.86	5.51 (3.4 - 8.38)	96																		
Inferior Lateral Ventricles	13.16	0.83 (0.16 - 0.32)	99																		
	<p>Hippocampal Occupancy Score (HOC) 0.27</p> <table border="1"> <thead> <tr> <th>Brain Structure</th> <th>Volume (cm³)</th> <th>% of BV</th> <th>Normative Percentile</th> </tr> </thead> <tbody> <tr> <td>Hippocampus</td> <td>1.23</td> <td>0.21 (0.12 - 0.44)</td> <td>54</td> </tr> <tr> <td>Superior Lateral Ventricles</td> <td>73.83</td> <td>5.66 (2.05 - 5.23)</td> <td>97</td> </tr> <tr> <td>Inferior Lateral Ventricles</td> <td>9.86</td> <td>0.66 (0.16 - 0.33)</td> <td>99</td> </tr> </tbody> </table> <p>AGE-MATCHED REFERENCE CHARTS</p>	Brain Structure	Volume (cm³)	% of BV	Normative Percentile	Hippocampus	1.23	0.21 (0.12 - 0.44)	54	Superior Lateral Ventricles	73.83	5.66 (2.05 - 5.23)	97	Inferior Lateral Ventricles	9.86	0.66 (0.16 - 0.33)	99	Normal	Low HOC	Superior and Inferior: High Volume	<b>Normal hippocampal volume with enlarged ventricular system:</b> Does not support hippocampal neurodegeneration. Possible expansion of overall ventricular system without MTL-focused ex-vacuo changes.
Brain Structure	Volume (cm³)	% of BV	Normative Percentile																		
Hippocampus	1.23	0.21 (0.12 - 0.44)	54																		
Superior Lateral Ventricles	73.83	5.66 (2.05 - 5.23)	97																		
Inferior Lateral Ventricles	9.86	0.66 (0.16 - 0.33)	99																		

# Appointment Four – Diagnosis Disclosure = 60 min



# Mild Cognitive Impairment

Mild impairment of memory or other cognitive areas; intact executive function, ADLs and IADLs

- Generally independent function; may make some compensation
- Increased risk of progression to dementia – about 5-10% per year, but may stabilize or improve depending on cause
- Need to re-evaluate annually



# MCI Treatment

- No medication proven effective; acetylcholinesterase inhibitors sometimes used but associated with increased all-cause mortality in MCI and hence not advised
- Remove anticholinergic and sedating medications
- Screen for reversible factors
- Exercise - AHA guidelines
- Review diet, cardiovascular risk, sleep
- ETOH/substance abuse counseling if needed

# Appropriate Referral to Neurology

Recommended to refer to Neurologist or other Specialist:

- Onset before age 65
- Rapid progression
- Extensive medical comorbidity
- Focal neurologic findings
- Unusual clinical picture e.g., progressive language or visuospatial decline; major behavioral changes

# Discuss at Time of Diagnosis

## 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

# Cognitive Assessment & Care Plan

## 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**

# Cognitive Assessment & Care Plan Requirements

	CACP Components <sup>a</sup>	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	

# How to Accomplish CACP Requirements

## Split elements up!

- The ten 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 settings, but also in the home, domiciliary, or rest-home settings, or via telehealth

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

## DIAGNOSTIC WORKUP

**Detailed History:** History of risk factors (TIA, Stroke, cardiovascular risk). Assess family history of dementia, Parkinson's or ALS, Informant Interview (IQCODE, QDRS, AD8), Cognition, Function (IADLs) and/or Behavior Changes

**Neurological exam**

**Mental Status Test:** MoCA\*, qMCI, MMSE\*, or SLUMS \*FEE FOR USE

**Depression Screening:** Geriatric Depression Scale 7 Item, PHQ-9 and/or Structured Questions

**MONTREAL COGNITIVE ASSESSMENT (MOCA®)**

Version 8.1 English

Name: \_\_\_\_\_

Education: \_\_\_\_\_

Sex: \_\_\_\_\_

Date of birth: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>VISUOSPATIAL/EXECUTIVE</b>							POINTS
Copy cube Draw CLOCK ( Ten past eleven ) ( 3 points )		[ ] [ ] [ ] Contour Numbers Hands					
<b>NAMING</b>							___/3
<b>MEMORY</b>	Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.	FACE	VELVET	CHURCH	DAISY	RED	NO POINTS
		1 <sup>ST</sup> TRIAL					
		2 <sup>ND</sup> TRIAL					
<b>ATTENTION</b>	Read list of digits ( 1 digit/ sec. ). Subject has to repeat them in the forward order. [ ] 2 1 8 5 4						___/2
		Subject has to repeat them in the backward order. [ ] 7 4 2					
Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors		[ ] F B A C M N A A J K L B A F A K D E A A A J J A M O F A A B					/1
Serial 7 subtraction starting at 100.		[ ] 93	[ ] 86	[ ] 79	[ ] 72	[ ] 65	___/3
		4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0					
<b>LANGUAGE</b>	Repeat: I only 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
<b>ABSTRACTION</b>	Similarity between e.g. banana - orange = fruit [ ] train - bicycle [ ] watch - ruler						___/2
<b>DELAYED RECALL</b>	(MIS) Has to recall words WITH NO CUE	FACE	VELVET	CHURCH	DAISY	RED	Points for UNCLUED recall only
Memory Index Score (MIS)	X3	[ ]	[ ]	[ ]	[ ]	[ ]	MIS = ___/15
	X2	Category cue					
	X1	Multiple choice cue					
<b>ORIENTATION</b>	[ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City						___/6
© Z. Nasreddine MD <a href="http://www.mocatest.org">www.mocatest.org</a>		MIS: /15 (Normal = 26/30)		TOTAL		___/30	
Administered by: _____		Add 1 point if ≥ 12 yr edu					
Training and Certification are required to ensure accuracy							

# Montreal Cognitive Assessment Instrument

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
- 18–25 points: Mild cognitive impairment
- 10–17 points: Moderate cognitive impairment
- Fewer than 10 points: Severe cognitive impairment




# VAMC SLUMS Examination

Questions about this assessment tool? E-mail [aging@slu.edu](mailto:aging@slu.edu)

Name \_\_\_\_\_ Age \_\_\_\_\_  
Is patient alert? \_\_\_\_\_ Level of education \_\_\_\_\_

/1  
/1  
/1  
/3  
/3  
/5  
/2  
/4  
/2  
/8

1. What day of the week is it?
2. What is the year?
3. What state are we in?
4. Please remember these five objects. I will ask you what they are later.  
Apple Pen Tie House Car
5. You have \$100 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20.
  - 1 How much did you spend?
  - 2 How much do you have left?
6. Please name as many animals as you can in one minute.
  - 1 0-4 animals
  - 2 5-9 animals
  - 3 10-14 animals
  - 4 15+ animals
7. What were the five objects I asked you to remember? 1 point for each one correct.
8. I am going to give you a series of numbers and I would like you to give them to me backwards. For example, if I say 42, you would say 24.
  - 1 87
  - 2 649
  - 3 8537
9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.
  - 1 Hour markers okay
  - 2 Time correct
10. Please place an X in the triangle.
 
  - 1 Which of the above figures is largest?
11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.  
Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.
  - 1 What was the female's name?
  - 2 When did she go back to work?
  - 3 What work did she do?
  - 4 What state did she live in?



TOTAL SCORE \_\_\_\_\_



SAINT LOUIS  
UNIVERSITY

## SCORING

HIGH SCHOOL EDUCATION	Normal	LESS THAN HIGH SCHOOL EDUCATION
27-30	Normal	25-30
21-26	MNCD*	20-24
1-20	Dementia	1-19

\* Mild Neurocognitive Disorder

SH Tariq, N Tumosa, JT Chibnall, HM Perry III, and JE Morley. The Saint Louis University Mental Status (SLUMS) Examination for Detecting Mild Cognitive Impairment and Dementia is more sensitive than the Mini-Mental Status Examination (MMSE) - A pilot study. Am J Geriatr Psychiatry 14:900-910, 2006.

## CACP #2: Document Medical Decision-Making

- 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

# CACP #3: Functional Assessment of ADLs/IADLs Including Decision-Making Capacity

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

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**)

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




# CACP #4: Formal Staging of Dementia




## 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 <b>A)</b> Improperly putting on clothes without assistance or cueing . <b>B)</b> Unable to bathe properly ( not able to choose proper water temp) <b>C)</b> Inability to handle mechanics of toileting (e.g., forget to flush the toilet, does not wipe properly or properly dispose of toilet tissue) <b>D)</b> Urinary incontinence <b>E)</b> Fecal incontinence
7	<b>A)</b> Ability to speak limited to approximately $\leq 6$ intelligible different words in the course of an average day or in the course of an intensive interview. <b>B)</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 <b>C)</b> Ambulatory ability is lost (cannot walk without personal assistance.) <b>D)</b> Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair.) <b>E)</b> Loss of ability to smile. <b>F)</b> Loss of ability to hold up head independently.

\*Scored primarily on information obtained from a knowledgeable informant.  
 Psychopharmacology Bulletin, 1988 24:653-659.

# Teepa Snow's Gems Model

Gems	Basic Characteristics	Interests
<b>Sapphire</b> 	<ul style="list-style-type: none"> <li>• Normal aging</li> <li>• May feel blue due to the changes of aging</li> <li>• No significant changes in cognition</li> <li>• Difficulty learning new things</li> </ul>	<ul style="list-style-type: none"> <li>• They like to choose</li> <li>• May need help or modifications to enjoy interests</li> <li>• Leaving a legacy, fulfilling promises, or making a difference</li> </ul>
<b>Diamond</b> 	<ul style="list-style-type: none"> <li>• Can do OLD habits and routines</li> <li>• Becomes more territorial OR less aware of boundaries</li> <li>• Likes the familiar and has difficulty with change</li> <li>• Tells the same stories, asks the same questions</li> </ul>	<ul style="list-style-type: none"> <li>• Things that make them feel competent and valued</li> <li>• What they enjoy and who they like</li> <li>• Where they feel comfortable but stimulated</li> <li>• What gives them a sense of control</li> </ul>
<b>Emerald</b> 	<ul style="list-style-type: none"> <li>• Gets lost in past life, past places, past roles</li> <li>• Gets emotional quickly</li> <li>• Loses important things and thinks someone stole them</li> <li>• Needs help, DOES NOT know it or like it</li> </ul>	<ul style="list-style-type: none"> <li>• Doing familiar tasks</li> <li>• Engaging with or helping others</li> <li>• Having or job or a purpose</li> <li>• Does better with a friend than a boss</li> </ul>

Gems	Basic Characteristics	Interests
<b>Amber</b> 	<ul style="list-style-type: none"> <li>• Need to have sensation (touch, look, feel, smell, or taste)</li> <li>• Private and quiet or public and noisy</li> <li>• Will get into things</li> <li>• Can't wait or put up with things that take time</li> </ul>	<ul style="list-style-type: none"> <li>• Things to mess with or explore</li> <li>• Textures, shapes, colors, movement</li> <li>• Verbal sounds that are familiar (music)</li> <li>• Tastes—usually more sweet or salty</li> </ul>
<b>Ruby</b> 	<ul style="list-style-type: none"> <li>• Fine motor skill is lost or stops in the mouth, eyes, fingers, and feet</li> <li>• Hard to stop and hard to get going</li> <li>• Limited visual awareness</li> <li>• One direction—forward only, can't back up safely</li> </ul>	<ul style="list-style-type: none"> <li>• Waking a routing path</li> <li>• Watching others, checking them out</li> <li>• Things to pick up, hold, carry, push, wipe, rub, grip, squeeze, pinch, slap</li> <li>• Rhythmic movements and actions</li> </ul>
<b>Pearl</b> 	<ul style="list-style-type: none"> <li>• Not aware of the world around them (most of the time)</li> <li>• Hardly moves</li> <li>• Problems swallowing</li> <li>• Hard to get connected</li> </ul>	<ul style="list-style-type: none"> <li>• Pleasant and familiar sounds and voices</li> <li>• Warmth and comfort</li> <li>• Soft textures</li> <li>• Smooth and slow movement</li> </ul>

# CACP #5: Reconciliation and Review of High-Risk Medications

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™, Uniphyll™
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™

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™
Sofifenacin	Vesicare™
Thioridazine	Mellaril™
Tolterodine	Detrol™
Trifluoperazine	Stelazine™
Trihexyphenidyl	Artane™
Trimipramine	Surmontil™
Tropium	Sanctura™

**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.<sup>3</sup>
- 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.<sup>4</sup>
- Additionally, each one point increase in the ACB total score has been correlated with a 26% increase in the risk of death.<sup>4</sup>



www.agingbraincare.org

## 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

# CACP #6: Evaluate Neuropsychiatric and Behavioral Symptoms

## npiTEST

### NPI-Q SUMMARY

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

## 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

# CACP #7: Evaluate Patient's Safety

The patient and caregiver should both be asked the safety screening questions

## 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)



# CACP #8: Identify Social Supports Including How Much Caregivers Know and Are Willing to Provide Care

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

# Discussing Resources

- Introduce available resources early and often
- It may take several attempts for families to fully understand and take advantage of the resources – avoid information overload
- Give handouts and concrete recommendations
- Build relationships and connections with resources available in the community
- Resources are valuable tools in providing optimal care for the patients and families

# Caregiver Resources

## Information and Resources for Caregivers

### Information, Organizations and Services

- 211: County-wide info/resources, <https://211sandiego.org>
- Aging & Independence Services: (800) 339-4661, specific info/resources for older adults, including Adult Protective Services, <https://www.sandiegocounty.gov/hhsa/programs/ais/>
- Alzheimer's Association: (800) 272-3900, Alzheimer's disease specific; <https://www.alz.org>
- Alzheimer's San Diego: (858) 492-4400, San Diego based resource organization; <https://www.alzsd.org>
- Caregiver Coalition of San Diego, (858) 505-6300, education and online resources, <https://caregivercoalitionsd.org>
- Jewish Family Service Older Adult Helpline (858) 637-3210, <https://www.jfssd.org>
- Southern Caregiver Resource Center: (800) 827-1008, Caregiver focused information and resources <https://www.caregivercenter.org>
- UC San Diego Shiley-Marcos Alzheimer's Disease Research Center: (858) 822-4800, <http://adrc.ucsd.edu>
- VA San Diego Healthcare System Caregiver Support. <https://www.caregiver.va.gov> (858) 642-1215

### Respite and In-Home Services

- Southern Caregiver Resource Center: (800) 827-1008, <http://caregivercenter.org>
- Respite Voucher Program offers matching funding, funded by AIS: <https://www.countynewscenter.com/new-county-program-offers-relief-for-alzheimers-dementia-caregivers/>
- Respite Volunteer Program: Alzheimer's San Diego; (858) 492-4400, <https://www.alzsd.org>
- In-Home Care Resources: In-Home Supportive Services, (800) 339-4661, <http://sandiegocounty.gov/hhsa/programs/ais/>

### Memory Care Living Communities

- ChooseWell: Listings and ratings of assisted living facilities; County HHS, [choosewellsandiego.org](http://choosewellsandiego.org)

### Day Programs

- (PACE= Program of All-Inclusive Care for the Elderly)
- Family Health Centers of San Diego PACE; (619) 515-2445, <https://fhcsd.org/pace>
  - Glenner Center: (619) 543-4700, <http://glenner.org>
  - St. Paul's PACE Program; (619) 677-3800, <https://stpaulspace.org>
  - San Ysidro Health Center PACE Program; (619) 662-4100, [www.syhc.org/space](http://www.syhc.org/space)
  - Gary & Mary West Senior Wellness Center; (619) 235-6572, <https://servingseniors.org>
  - Gary & Mary West PACE (North County); (760) 280-2230, <https://westpace.org>

### Financial, Insurance and Legal Resources

- California Department of Aging, (916) 322-5290, <https://www.aging.ca.gov>
- Health Insurance Resources: Health, Information, Counseling & Advocacy Program (HICAP), (858) 565-1392, <https://cahealthadvocates.org>
- Legal Resources: Elder Law & Advocacy, (858) 565-1392, <http://www.seniorlaw-sd.org>

### Print Resources

- Caregiver Handbook, Caregiver Coalition of San Diego, <https://www.caregivercoalitionsd.org>
- Mace, N. & Rabins, P. The 36-Hour Day: A Family Guide to Caring for People with Alzheimer's Disease, other Dementias, and Memory Loss in Later Life.

### Safety Resources

- Alzheimer's Association "Safe Return" program using identification products with toll free 800 numbers [www.alz.org/SafeReturn](http://www.alz.org/SafeReturn)
- Adult Protective Services: (800) 510-2020, for elder and disabled adult abuse reporting
- SD County Sheriff's "Take Me Home" Program and "You Are Not Alone" Program: <https://www.sdsheriff.gov/community/take-me-home-registry>

### Transportation

- San Diego County Volunteer Driver Coalition; (888) 924-3228, <http://factsd.org>



PHYSICIANS  
IMPROVING HEALTH  
CHANGING LIVES

**ChampionsforHealth.org/alzheimers**  
Download the resource page and other documents, or photocopy from Guidelines booklet for patients and family members

# Community Resources

- Support Groups
- Classes and Webinars (many now virtual)
- Respite Care and In-Home Services
- Day Care Programs
- Memory Care Communities
- Safety
- Transportation
- Financial and Legal Resources
- Don't assume families and caregivers are aware of resources; make connections!
- Many resources also available in Spanish, other languages

# CACP #9: Develop, Update/Revise, or Review Advanced Care Plan and any Palliative Needs

## 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 health care decisions?
- Is palliative or hospice care appropriate for the patient?

# Need for Empathy

- 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, and for families to enjoy quality time together while planning for the future.


# CACP #10: Preparing the Written Care Plan

- **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. *Alzheimer's & Dementia*. 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](https://www.alz.org/media/Documents/HC-23002_CPT-Safety-Assessment_March2023.pdf).

# Driving: Provider is Legally Responsible to Disclose Diagnosis

  
A Public Service Agency

### REPORT OF DRIVER WITH DEMENTIA

Please complete this form if you wish the Department of Motor Vehicles to review the driving qualifications of a person who may have dementia. You may request that your name or agency not be revealed to the individual being reported. Confidentiality may be requested at the bottom of this form.

Vehicle Code Section 1808.5 ensures that all records received by the department relating to the physical or mental condition of any person are confidential and not open to public inspection.

NAME OF INDIVIDUAL BEING REPORTED	DRIVER LICENSE NO. (IF AVAILABLE)	BIRTH DATE
ADDRESS OF INDIVIDUAL BEING REPORTED	CITY	ZIP CODE

Based on your interactions with the individual being reported, please rate the person's degree of impairment.

	NONE	MILD	MODERATE	SEVERE	UNCERTAIN
Memory Loss .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deterioration in Judgment .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inability to Maintain Attention .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulsive Behavior .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inability to Perceive Serious Situations Accurately .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confusion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you believe that this person is unsafe to operate a motor vehicle?  Yes  No  Uncertain  
If yes, please describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[Reporting Requirement Varies By State. Know Your State Law](#)



# CACP #10, Continued: Documenting and Sharing the Written Care Plan

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

**The Alzheimer's Project Clinical Roundtable  
facilitated by**



**[ChampionsforHealth.org/alzheimers](https://ChampionsforHealth.org/alzheimers)**

Website updated regularly with most current information  
and instruments for download.

# The Alzheimer's Project Clinical Roundtable funded by

