



Document Owner Toni Kenyon (Member Support Manager)	Department Care Management	Intended Users Care Management Practice	
Reference Number 1196	Effective Date 01/22/2019	Revised On 01/22/2019	DHS Approval Date N/A

Purpose

The purpose of this clinical guideline is to provide a best practice approach to screening members at risk for some type of cognitive impairment. This clinical guideline will provide teams with information and tools needed to identify members with cognitive impairment and facilitate a referral to primary health care providers.

Overview of Memory Loss and Dementia

- Age Related Memory Loss; typical age related changes involve:
 - Forgetting which day it is and remembering later
 - Losing things from time to time
 - Making a bad decision once in a while
 - Missing an occasional monthly payment
 - Sometimes forgetting which word to use
- Problematic changes indicating the need for further assessment and a doctor’s visit:
 - Challenges in planning or solving problems
 - Consistent poor judgment and decision making
 - Difficulty having a conversation
 - Inability to keep track of the date or the season
 - Loss of an ability to manage money
 - Misplacing things and loss of the ability to retrace steps to find them
 - Trouble with visual and spatial relationships
- Ten Warning Signs of Alzheimer’s:
 - Challenges in planning or solving problems
 - Changes in mood and personality
 - Confusion with time or place
 - Decreased or poor judgment
 - Difficulty completing familiar tasks
 - Memory loss that disrupts daily life

- Misplacing things and losing the ability to retrace steps
- New problems with words in speaking or writing
- Trouble understanding visual and spatial relationships
- Withdrawal from work or social activities
- Reversible causes of dementia include:
 - Depression, delirium
 - Emotional disorders
 - Metabolic disorders (e.g. hypothyroidism)
 - Eye and ear impairments
 - Nutritional (e.g. B12 deficiency)
 - Tumors
 - Infections
 - Alcohol, drugs, medication interactions, etc.

Benefits of Early Detection (anticipating, recognizing, and responding)

- Allows persons with dementia to prioritize and to be proactive in planning for their future
- Current treatments are more effective in earlier stages
- Greater opportunities to educate care providers
- May control long term care costs
- May improve quality of life for persons with dementia and their families

Identification of Cognitive Impairment

It is the recommendation of the Wisconsin Alzheimer’s Institute to utilize a combination of the Animal Naming Tool and the Mini-Cog in screening for cognitive impairment. The Animal Naming Tool does not stage dementia; it is a Pass/Fail tool. The Wisconsin Dementia Research Consortium Study found that 85% of people with Alzheimer’s Disease will fail the Animal Naming test. The Mini-Cog was developed to provide reliable, valid, and quick screening for cognitive impairment. Once a cognitive impairment is detected or already diagnosed there is no need to rescreen.

Definitions

Dementia: Is not a specific disease. It is a term that describes a wide range of symptoms associated with a decline in memory or other thinking skills significant enough to impact an individual’s ability to complete their activities of daily living.

It may cause changes in:

- Behavior
- Language
- Memory
- Navigation

- Personality/mood
- Thought

Mild cognitive impairment is defined as:

- A brain disorder in which thinking abilities are mildly impaired
- Increases risk of developing Alzheimer’s disease or further dementia
- Individuals are able to function in everyday activities

Vascular dementia is:

- Caused by damage as result of reduced blood flow from one or more strokes
- Second most common form of dementia

Front temporal dementia is categorized with:

- Difficulty with expressive and/or receptive speaking
- Earlier and progressive symptoms
- Personality changes and disorientation

Dementia with Lewy Bodies may include:

- Hallucinations
- Rigidity
- Tremors
- Wide variations in attention and alertness

Alzheimer's Disease (AD) is:

- A brain disorder
- A progressive disease
- Has no cure
- Is eventually fatal
- Is the most common form of dementia

Resources

[AD8 Dementia Screening Interview Tool](#)

[Animal Naming Tool](#)

[Cognitive Screening Letter to Physician](#)

[Cognitive Screening Tool Instructions](#)

[How to Complete the Mini-Cog \(Video\)](#)

[Mini-Cog Assessment for Dementia](#)

[National Task Group Early Detection Screen for Dementia \(NTG- EDS\) Tool](#)

- Instructions to assist in completion: [NTG-EDSD Screening Instrument Manual](#)

Supplementary Resources:

[Alzheimer's & Dementia Alliance of Wisconsin](#)

[Alzheimer's Association Website](#)

[Alzheimer's/Dementia Home Safety Checklist](#)

[Inside the Brain: An Interactive Tour](#)

[National Institute on Aging - Alzheimer's Disease & Related Dementias](#)

[Wisconsin Alzheimer's Disease Research Center](#)

[Wisconsin Alzheimer's Institute](#)

Wisconsin Alzheimer's Institute Video: [An Overview of AD - Sterling Johnson, PhD](#)

[Wisconsin Department of Health Services-Alzheimer's Disease and Dementia Resources](#)

[Wisconsin Department of Health Services-Guiding Principles](#)

Assessment

Anticipating, recognizing and responding to assessed needs

Best Practice Standards for Cognitive Screening

- Identify members who have risk factors for developing cognitive impairment. For the purpose of Inclusion Cognitive Screening include anyone over the age of 65, and having any two of the following:
 - Cigarette smoking
 - Coronary Artery Disease
 - Diabetes, Type 2
 - Down syndrome diagnosis
 - Family history of dementia
 - Heavy alcohol use
 - High Blood Pressure
 - High cholesterol
 - History of multiple concussions
 - History of stroke
 - Obesity
- Before you begin the memory screening:
 - Discuss the importance of early testing and diagnosis

- Emphasize it is not a diagnostic tool
- Emphasize the process is voluntary
- Fully explain the screening process

Administering Dementia Screening Tools

- The Community Resource Coordinator (CRC) or Health & Wellness Coordinator (HWC) will administer the screening tools to members who are at least 65 and older, have two of the risk factors listed above, and DO NOT already have a memory impairment or dementia diagnosis.
- The IDT is responsible for completing the both the Animal Naming Tool and Mini-Cog Screen with all applicable members. Certified Screen Specialists (CSS) are not responsible for completing these screens but may complete when indicated during the course of the Functional Screen process. If the CSS does complete and document results for both the Animal Naming Tool and the Mini-Cog for a member, the IDT does not have to repeat the screens and may utilize the results of the screening tools completed by the CSS.
- It is not required to administer the tools to members who already have a guardian or activated POA for Health Care. For any member in the IDD target group, screening may be indicated regardless of decision making status.
- You may complete the screening process on any member, younger than 65, who is exhibiting signs of memory impairment
- For IDD target group members, see **National Task Group – Early Detection Screen for Dementia (NTG-EDSD)** section below and follow recommendations for screening.
- If the member is unable to perform the screening due to terminal illness or for any other medical/cognitive reason or refuses the screening, document this in your case notes. The AD8 Dementia Screening Interview for Caregivers is recommended in these circumstances.
- There is no need to rescreen once a cognitive impairment is noted and the member is referred for follow up and/or further assessment.
- Offer to rescreen the member every year or sooner if risk factors remain and/or cognitive concerns are present.

Cognitive Screening Tools and Protocols

The Animal Naming Screening Protocol - *Animal Naming Tool*

- Instruct the member to name as many animals as they can think of as quickly as possible (Do not tell them in what time frame).
- Tell the member that you are going to keep track while they tell you all the animals that they can think of as quickly as they can.
- Write down all the animals on the Animal Naming Screening Tool.
- If the person says nothing for 15 seconds, say “A dog is an animal. Can you tell me more animals?”
- If the person stops before 60 seconds, say, “Any more animals.”
- Time their responses for 60 seconds.
- Scoring: Count all the animals, including birds, fish, reptiles, insects, humans, and extinct animals. Give credit for both the general category item and all unique items within that category (e.g. - they say “dog” then “Terrier, and Australian Shepherd”). Credit only one item when people name the animal at

different developmental stages (i.e. - “sheep”, “lamb” or “dog”, “puppy”). Plurals do not count (e.g. - do not give credit for “tigers” if they have already said “tiger”). Synonyms do not count (e.g. - do not credit “hog” if they have already said “pig”).

- If the member scores is 14 or above on the one minute screen, dementia is not detected.
- If the member scores less than 14 on the one-minute screen ask if you may refer them to their primary physician, and ensure appropriate interventions are in place to ensure health and safety needs.
- If the member scores less than 14 on the one-minute screen, IDT should also assess for reversible causes of cognitive impairment and/or dementia.
- Date and indicate time on the screening tool.

The Mini-Cog Screening Protocol - Mini-Cog Assessment for Dementia (also see for link to video demonstration)

- Follow the instructions on the Mini-Cog Screening Tool.
- Say the three words to be recalled – “banana, sunrise, and chair”.
- Ask member to repeat the words. If they are unable after three tries, go on to clock draw portion.
- Fold the screening document as indicated on the form – and hand your member a pencil or pen. Provide the paper to your member to complete the drawing.
- Provide directions for clock draw, in the following order: “Please draw a clock in the space below. Start by drawing a large circle.” (When this is done, say) “Put all the numbers in the circle.” (When this is done, say) “Now set the hands to show 11:10 (10 past 11).”
- Upon completion of clock draw – say “what were the three words I asked you to remember?” Write the words in the space indicated on the document.
- Scoring:
 - Word Recall:
 - Score one point for each correct word recalled after the clock draw.
 - Clock Draw – Normal clock includes:
 - All numbers 1 – 12
 - Each number is only used once
 - Each number is in the correct order and direction (clockwise)
 - Two hands are drawn, one points to eleven and one points to two
 - Scoring:
 - Normal clock scores two (2) points
 - All other clock drawings are scored zero (0)
 - Refusal to draw a clock is scored zero (0)
 - Sum score for Word Recall and Clock Draw
 - 0 – 2 = impaired
 - 3 – 5 = not impaired

National Task Group-Early Detection Screen for Dementia (NTG-EDSD) - NTG- EDSD Tool

- The NTG-EDSD can be completed at any point in time on an adult with an intellectual disability. Minimally it can be used on an annual or as indicated basis with adults with Down syndrome beginning

with age 40, and with other at-risk persons with intellectual or developmental disabilities when suspected of experiencing cognitive change.

- The screen was developed to assist in the detection on early stages of dementia for adults with intellectual and developmental disabilities due to established tools not being effective in detection.
- The NTG-EDSD is an administrative tool meant to detect the potential for early stages of dementia and should result in a referral for more testing and should not be used as a diagnosis tool.
- The screen meant to be completed with or by someone who has known the individuals for more than six months with a rescreen occurring at a minimum annually but can be completed more frequently if a functional decline in cognition or health is noted.
- The NTG-EDSD is a document in which the individuals ADLs, Health (Physical and Mental), behavioral patterns, memory and daily routine skills are documented.
- The results of the annually completed screen is compared to previous screens to determine changes as indicators of medically triggered dementia symptoms and/or indication of early stages of dementia.
- The NTG-EDSD should take roughly 15 – 60 minutes to complete and instructions to assist with the completion of the tool can be found at [NTG-EDSD Screening Instrument Manual](#).
- A copy of each NTG-EDSD should be kept with the member’s primary caregiver (AFHs/CBRFs in their resident record).
- The NTG-EDSD can be used in preparation for the annual wellness visit under the Affordable Care Act.
- The NTG-EDSD is shared with their Primary Physician to assist in facilitating conversation for potential further assessment to determine if dementia diagnosis is appropriate. The interdisciplinary team can share ratings of “new symptoms” or “always but worse” with the health practitioner and discuss among members of the team implications for programming, personal assistance, residential placement, services and supports.
- There is no need to rescreen once a cognitive impairment is noted and the member is referred for follow up and/or further assessment.

AD8 Dementia Screening Interview for Caregivers - AD8 Screening Tool with Guidelines

- The AD8 Assessment Tool is an informant based assessment that poses questions to the member’s care provider and/or family member (informant). The questions focus on changes that have taken place in the past few years in specific areas of cognition and functioning.
- The AD8 was developed as a brief instrument to help discriminate between signs fo normal aging and mild dementia. The AD8 contains 8 items that test for memory, orientation, judgment, and function.
- Completing the assessment - The questions are provided to the respondent for self-assessment or can be read aloud to the respondent either in person or over the phone. If an informant is not available, the AD8 may be administered to the member.
- When administered to an informant, specifically ask the respondent to rate change in the member.
- When administered to the member, specifically ask the member to rate changes in his/her ability for each of the items, without attributing causality.
- If read aloud to the member, it is important to carefully read the phrase as worded and give emphasis to note changes due to cognitive problems (not physical problems). There should be a one second delay between items.
- No timeframe for change is required.
- The final score is a sum of the number items marked “Yes, a change.”

- Scoring the AD8
 - 0 – 1 = normal
 - 2 or greater = Cognitive impairment is likely to be present
- Scores in the impaired range indicate a need for further assessment, and a referral to the member’s physician should be offered.
- Educate member or family on resources available.

Documentation Table

Status/Assessment Tool	MATRIX	CareDirector
Status: Excluded from Screening	<ul style="list-style-type: none"> • If member is excluded from screening, document the details in the Rights/Responsibilities Domain Type of the CRC Re-Assessment. 	Document in the Person Record, Health Details Entity: <ul style="list-style-type: none"> • Select Activity: DS – Excluded from Screening • Enter date of determination in the decline date field. • Details – Enter reason for exclusion Members in exclusion categories <u>only need to be documented once</u> in the health detail entity.
Status: Declined Screening	<ul style="list-style-type: none"> • If member refuses to be screened, document the refusal in the Rights/Responsibilities Domain Type of the CRC Re-Assessment. 	Document in the Person Record, Health Details Entity: <ul style="list-style-type: none"> • Select Activity: DS – Screening – Declined • Enter date of decline • Comment – Enter reason member declined Re-offer screen in 6 months
Assessment Tool: Animal Naming	<ul style="list-style-type: none"> • Document assessments in Rights and Responsibilities Domain of MCP • Document Completion of Screening Tool(s) in the CRC Re-assessment of the MCP • Document assessment results in the reassessment findings field in the Rights and Responsibilities domain (indicate score(s) of tools). • Include new outcomes and applicable interventions, risks identified, and/or supports in either the outcomes, preferences and steps area. • Submit Cognitive Screening Tools to the Member file. 	Document in the Person Record, Health Details Entity: <ul style="list-style-type: none"> • Select Activity: <ul style="list-style-type: none"> ○ DS - Animal Naming – Normal (More than 14 animals named) ○ DS - Animal Naming – Abnormal (0-13 animals named) • Occurrence date: Enter date of screening • Details: Enter screen score • Explain results to member or member representative • Add date and note of discussion in the comments field.

<p>Assessment Tool: Mini-Cog</p>	<ul style="list-style-type: none"> • Document assessments in Rights and Responsibilities Domain of MCP • Document Completion of Screening Tool(s) in the CRC Re-assessment of the MCP • Document assessment results in the reassessment findings field in the Rights and Responsibilities domain (indicate score(s) of tools). • Include new outcomes and applicable interventions, risks identified, and/or supports in either the outcomes, preferences and steps area. • Submit Cognitive Screening Tools to the Member file. 	<p>Document in the Person Record, Health Details Entity:</p> <ul style="list-style-type: none"> • Select Activity: <ul style="list-style-type: none"> ○ DS - Mini-Cog – Normal ○ DS - Mini-Cog – Abnormal <p>0 Positive for cognitive impairment (Abnormal)</p> <p>1-2 Abnormal CDT then positive for cognitive impairment (Abnormal)</p> <p>1-2 Normal CDT then negative for cognitive impairment (Normal)</p> <p>3 Negative screen for dementia (no need to score CDT) (Normal)</p> <ul style="list-style-type: none"> • Occurrence date: Enter date of screening • Details: Enter screen score
<p>Assessment Tool: AD8</p>	<ul style="list-style-type: none"> • Document assessments in Rights and Responsibilities Domain of MCP • Document Completion of Screening Tool(s) in the CRC Re-assessment of the MCP • Document assessment results in the reassessment findings field in the Rights and Responsibilities domain (indicate score(s) of tools). • Include new outcomes and applicable interventions, risks identified, and/or supports in either the outcomes, preferences and steps area. • Submit Cognitive Screening Tools to the Member file. 	<p>Document in the Person Record, Health Details Entity:</p> <ul style="list-style-type: none"> • Select Activity: <ul style="list-style-type: none"> ○ DS – AD8 – Normal (0-1) ○ DS – AD8 – Impairment Likely (2+) • Occurrence date: Enter date of screening • Details- enter screen score • Explain results to member or member representative • Add date and note of discussion in the comments field.
<p>Assessment Tool: NTG-EDSD</p>	<ul style="list-style-type: none"> • Document assessments in Rights and Responsibilities Domain of MCP • Document Completion of Screening Tool(s) in the CRC Re-assessment of the MCP • Document assessment results in the reassessment findings field in the Rights and Responsibilities domain (indicate score(s) of tools). 	<p>Document in Person Record, Health Details Entity:</p> <ul style="list-style-type: none"> • Select Activity: DS-NTG-EDSD • Occurrence date: Enter date of screening • Details: Enter information on who completed the screen and any concerns noted.

	<ul style="list-style-type: none"> • Include new outcomes and applicable interventions, risks identified, and/or supports in either the outcomes, preferences and steps area. • Submit Cognitive Screening Tools to the Member file. 	
--	--	--

Plan

Best Practice standards for prevention and management

The role of IDT staff is to assist the member in developing a plan to highlight member strengths and support outcomes while minimizing risk. Each member’s plan for prevention and intervention related to Cognitive Assessment will be specific to their identified needs and outcomes. The plan may also include the increased coordination between IDT staff and the member’s physician resulting in appropriate diagnosis, treatment, and support.

IDT staff may consult with internal dementia support team as indicated by assessment or as requested by member, member’s support system, or provider(s).

Documentation: IDT to document planning in MCP and/or in case notes.

Intervention

Guideline/process for IDT to use regarding negotiating incorporation of prevention and management plan with member into the MCP

Follow-up with Healthcare Provider regarding Screening results:

- After scoring the cognitive screens if any score falls within the range where a referral to a physician is recommended, inform the member of results and discuss a plan to submit to the member’s healthcare provider with the member and/or legal decision maker.
- If the member or legal decision maker gives authorization, complete and submit letter of findings and screening tool(s) to Primary Care Provider or Memory/Dementia Diagnostic Clinic via *Cognitive Screening Letter to Physician*. Submit via fax and follow up with a phone call to provider’s office to ensure receipt and initiate collaboration.
- If the member and/or legal decision maker does not give authorization to submit cognitive screening results to the member’s provider or Memory/Diagnostic Clinic, do not submit and consult with your Member Support Manager.
- IDT to provide follow up and coordination as recommended by Primary Care Provider and/or Memory/Dementia Diagnostic Clinic provider.

Documentation: IDT to document follow up regarding screening results and interventions recommended by medical provider in MCP and/or case notes and member response to screening interventions and follow up.

Evaluation

Plan for quality assurance monitoring of guideline effectiveness.

Quality Assurance Monitoring of Guideline Effectiveness

- When a member’s chart indicates they have a diagnosis of two of the risk factors and is over the age of 65, it is important for the IDT to follow the best practice guideline.
- Quality Improvement will monitor for effectiveness of clinical practice guideline and that the clinical practice guideline is being utilized on identified members as indicated through periodic file review.

References

Alzheimer’s & Dementia (n.d.). In *Alzheimer’s Association*. Retrieved from <https://alz.org/>

Animal Naming Screen (n.d.). In *Information for Certified Cognitive Screeners*. Retrieved from <https://www.dhs.wisconsin.gov/aging/dementia-cogscreen.htm>

Mini-Cog Screen (n.d.). In *Information for Certified Cognitive Screeners*. Retrieved from <https://www.alz.org/media/Documents/mini-cog.pdf>

Sager, A Mark., Herman, P., Bruce, La Rue, Asenath, Woodward, L., John (2006) Screening for Dementia in Community-based memory Clinics. *Wisconsin Medical Journal, Vol 105,(7), 25-29*

Sebalt, R., Dalziel, W., Massoud, F., Tanguary, A., Ward, R., Thabane, L., Melnyk, P., Landry, P., & Lescauwaet, B. (2009). Detection of Cognitive impairment and dementia using the animal naming fluency test: The DECIDE study. *The Canadian Journal of Neurological Science, 36, 599-604*

Wisconsin Department of Health Services. (2016). Memory screening in the community: How to administer community based member screens. Retrieved from <https://www.dhs.wisconsin.gov/library/p-01622.htm>

Revision History #	Date	Description of Revision(s)	Requested By	Staff Training Date
1	3/1/2018	IDT Staff Training.	Tricia Mayek	3/1/2018
2	7/17/2018	Updated Mini-Cog link and alz.org links.	Document Management	n/a
3				
4				
5				
6				

