

| Cognitive Assessment<br>Addendum to Facility Site Review Tool  |                              |        |     |  |   |
|--|------------------------------|--------|-----|--|---|
| PCP Name:  |                              |        |     |  |   |
| PCP Site Name:   | 0                            |        |     |  |   |
| Address:   | 0                            |        |     | Suite:   | 0 |
| City:  | 0                            | State: | CA  | ZIP:   | 0 |
| Phone Number:  | -                            |        |     |  |   |
| Fax Number:  | -                            |        |     |  |   |
| Name of Individual responsible for securing & maintaining the security of medical records:   | 0                            |        |     |  |   |
| Reviewers:   | First Last Name, RN DHCS-CSR |        |     |  |   |
| Date of Review:  | 1/0/1900                     |        |     |  |   |
|  | Yes                          | No     | NA  | <b>Corrective Action</b><br>(Note Date corrected as well as document correction) |   |
| 1. Was a cognitive assessment performed for all eligible members 65 years and older?   |                              |        |     |  |   |
| <b>Total:</b>  | 0                            | 0      | 0   |  |   |
| <b>ADM Passed:</b>   | Yes                          |        | n/a | <b>Score Percentage</b>  |   |
| <b>CAP required:</b>   |                              |        |     |  |   |
| <b>CAP approved:</b>   |                              |        |     |  |   |
| <b><u>Guidelines for Cognitive Assessment:</u></b>   |                              |        |     | <b>Date approved</b>   |   |
| <p><b>Per APL 22-025 PCPs should include an annual cognitive assessment for Members who are 65 years of age or older and who do not have Medicare Coverage.</b></p> <p>Documentation in the medical record should include:</p> <ul style="list-style-type: none"> <li>•The screening tool or tools that were used.</li> <li>•Verification that screening results were reviewed by the Provider</li> <li>•The results of the screening</li> <li>•The interpretation of the results</li> <li>•Details discussed with the member and/or authorized representative and any appropriate actions taken in regards to the screening results.</li> </ul> <p>Acceptable patient assessment screening tools include, but are not limited to:</p> <p><b>Patient Assessment Tools:</b></p> <ul style="list-style-type: none"> <li>•General Practitioner Assessment of Cognition (GPCOG)</li> <li>•Mini-Cog</li> <li>•Memory Impairment Screen (MIS) (Medicare Approved Tool)</li> </ul> <p><b>Informant Tools (family members and close friends)</b></p> <ul style="list-style-type: none"> <li>•Eight-item Informant Interview to Differentiate Aging and Dementia</li> <li>•GPCOG</li> <li>•Short Informant Questionnaire on Cognitive Decline in the Elderly</li> <li>•Quick Dementia Rating System (Medicare Approved Tool)</li> </ul> |                              |        |     |  |   |
| 11.28.22   |                              |        |     |  |   |