Cognitive Assessment
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	Corrective Action (Note Date corrected as well as document correction
1. Was an annual cognitive health assessment completed for all eligible members 65 years of age or older?				
Total:	0	0	0	
ADM Passed:	Yes		n/a	**Score Percentage**
CAP required:				
CAP approved:				
Guidelines for Cognitive Assessment:			**Date approved**	

Per APL 26-014, PCPs shall perform an annual cognitive health assessment for eligible Members 65 years of age or older and who do not have Medicare Coverage, in accordance with DHCS requirements.

Documentation in the medical record should include:
- The screening tool or tools that were used.
- Verification that screening results were reviewed by the Provider
- The results of the screening
- The interpretation of the results
- Details discussed with the member and/or authorized representative and any appropriate actions taken in regards to the screening results.

At least one cognitive assessment tool listed below is required.

Patient Assessment Tools:
- General Practitioner Assessment of Cognition (GPCOG)
- Mini-Cog

Informant Tools (family members and close friends)
- Eight-item Informant Interview to Differentiate Aging and Dementia
- GPCOG
- Short Informant Questionnaire on Cognitive Decline in the Elderly
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