Choosing the Right Cognitive Assessment in a Post-Acute Setting

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Elaine Craddy Adams, MPPA, OTR/L, FAOTA
Laurie Cecchi, OT, OTR, CAPS, CDCS

Session Abstract

Recent and evolving changes in health care have brought considerable attention to the importance of assessment and intervention to address cognitive impairment and to move beyond basic approaches to ensure that cognition is addressed in regard to its influence on functional abilities and limitations.

Occupational therapy (OT) practitioners are uniquely positioned to support this functional cognition cause through a focus on occupation-based and evidence-based approaches to assessment and intervention. However, to do so effectively, OT practitioners must be sure to use cognitive screening tools, assessment tools and intervention approaches that are most appropriate to the populations they serve

Session Abstract

Further, OT practitioners working in post-acute care settings must have a working knowledge of the issue of functional cognition within the context of health care reform's focus on quality and positive client outcomes, recent payment reform in skilled nursing and home health settings, and ongoing mandates to standardize data elements in post-acute care (PAC) settings.

With a focus on post-acute care settings, this session will address considerations in identification of functional cognitive deficits, selection of appropriate screening and assessment tools to determine occupational performance for those with cognitive deficits, translation of findings into a meaningful and individualized treatment plan and goals, and identification of clinical and administrative challenges and solutions.

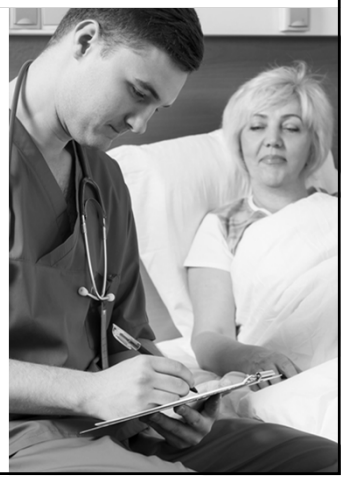
Objectives

Participants will be able to:

- Explore and identify cognitive screening and assessment tools available and appropriate for use in the post-acute care continuum to promote comprehensive assessment and client-centered care for clients with cognitive impairment
- Explain how choice of appropriate cognitive assessments in post-acute care settings may influence intervention strategies that identify solutions, achieve clinical outcomes, contribute to client satisfaction, and facilitate client participation in everyday living
- Identify potential clinical and operational challenges and solutions

Disclaimer

- Several screening and assessment tools will be mentioned during this presentation
- The presenters are not endorsing any particular tools, but present these tools as but an example of the multitude of available tools.
- This presentation will take the approach of asking questions and sharing information with the intent of helping participants to examine their practice and choices in regard to the cognitive screenings and assessments they use.

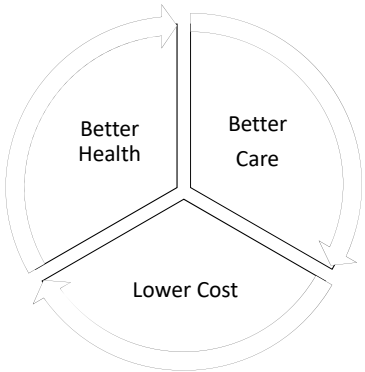


Post-Acute Care

- Skilled Nursing Facility (SNF)
- Home Health Agency (HHA)
- Inpatient Rehabilitation Facility (IRF)
- Long Term Care Hospital (LTCH)
- Outpatient Clinic
- Private-Practice
- Day Program
- Behavioral Health Clinic
- Other?

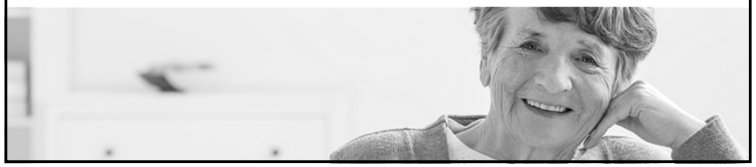
Influences on Post-Acute Care

Post Acute Care & the Triple Aim



Post-Acute Care Reform

- Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act)
  - Domains: Functional and Cognitive Status, Skin Integrity, Medication Reconciliation, Incidence of Major Falls, Transfer of Health Information, Medicare Spending Per Beneficiary, Discharge to Community, Potentially Preventable Hospital Readmissions
  - Standardization of data elements: Section GG, BIMS/CAM, PHQ-2 to 9), Social determinants of health



Payment Reform

- Patient-Driven Payment Model (SNF PDPM)
- Patient-Driven Groupings Model (HHA PDGM)
- Cost-based Initiatives
- Quality Initiatives

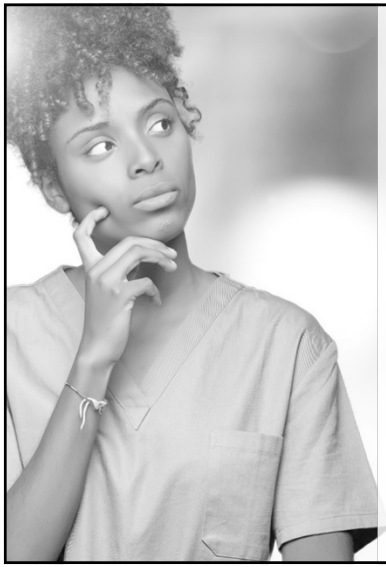
Regulatory Reform

- Medicare Conditions of Participation
  - Quality of Life
  - Quality of Care
  - Safety
- Emergency Preparedness Regulations

Care Compare Five Star

Clinical Areas of Focus

- COVID-19 Pandemic
  - Role of rehabilitation in recovery (short-term and "long-haulers")
  - PPE and infection control protocols
- Opioid Crisis
- Behavioral Health Clinic Initiatives

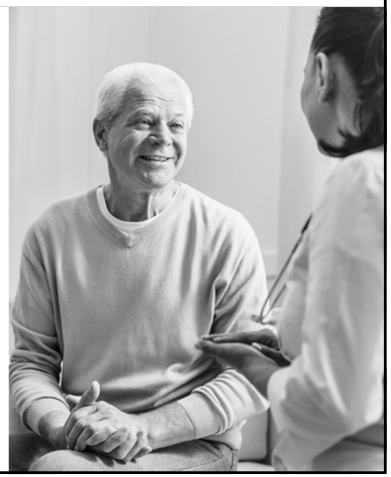


Examine Your Practice

Patient/Client Populations

Diagnosis:

- Head Injury
- CVA
- Dementia
- Parkinson's Disease
- Mental Health Disorder
- Multiple Sclerosis
- Sequelae of COVID-19
- Other?



Cognitive Screening Tools

There are many choices. For instance, do you use:

- Montreal Cognitive Assessment (MoCA)
- St. Louis University Mental Status (SLUMS) Examination for Detecting Mild Cognitive Impairment and Dementia
- Mini-Mental State Exam (MMSE)
- Brief Cognitive Assessment Tool (BCAT)
- Allen Cognitive Level Screening Tool
- Other?

Cognitive Assessments/Scales

Do you use:

- Executive Functions Performance Test (EFPT)
- Lowenstein Occupational Therapy Cognitive Assessment (LOTCA)
- Functional Assessment Staging Tool (FAST)
- Performance Assessment of Self-Care Skills (PASS)
- Brief Cognitive Assessment Testing Suite (BCAT)
- Allen Diagnostic Module
- Kitchen Task Assessment
- Other?

Dementia Assessments/Scales

Do you use:

- Global Deterioration Scale (GDS)
- Allen Cognitive Level Screening Tool (ACL)
- Allen Diagnostic Module
- Brief Cognitive Rating Scale (BCRS)
- Blessed Dementia Scale
- Functional Assessment Staging Tool (FAST)
- Other?

Cognitive Screening/Assessment Choice Factors

- Intended Use (e.g., Screening vs. Assessment)
- Evidence in the professional literature
- Standardization
- Validity and reliability
- Age of the tool and research data
- Ease of administration
- Time to administer

Cognitive Screening/Assessment Choice Factors

- Sensitivity of the tool for drilling down to the cognitive issues (e.g., Relevance to the population)
- Cultural sensitivity and language availability/translation nuances
- Scoring methodology
- Repeatable screening/assessment
- Reporting and documentation requirements

Cognitive Screening/Assessment Choice Factors

- Format of the tool (e.g., interview, paper-and-pencil, performance-based)
- Equipment and/or forms needed
- Public domain vs. copyrighted status
- Training requirements
- Cost
- Participation in a database
- Other factors?

Challenges in Choosing

- Overwhelmed by the number of available tools?
- Biased towards certain familiar screening or assessment tools or combination of tools?
- Not sure how to choose an appropriate tool?
- Lack knowledge about available tools?
- Limited availability or access to the tools most appropriate for the populations you serve?
- Limited funds to purchase tools?
- Limited ability to incorporate tools into electronic documentation systems?
- Other factors?

Cognition vs Functional Cognition

"Functional cognition is how an individual utilizes and integrates his or her thinking and processing skills to accomplish everyday activities in clinical and community living environments."

(AOTA, American Occupational Therapy Association. (n.d.). Role of occupational therapy in assessing functional cognition, para. 3)

Functional Cognition – OTs Role

"Occupational therapy practitioners administer assessments and interventions that focus on cognition as it relates to participation and occupational performance. Furthermore, occupational therapy practitioners believe that cognitive functioning can only be understood and facilitated fully within the context of occupational performance. This understanding of the relationship among the client, his or her roles, daily occupations, and context make occupational therapy a profession that is uniquely qualified to address cognitive deficits that negatively affect the daily life experience of the individual."

(AOTA, (2013). Cognition, cognitive rehabilitation, and occupational performance. p. S9)

Gathering Cognitive Function Information

- Chart review?
- Observation, screening tools, assessment tools?
  - One approach or a combination?
  - Particular sequence or mix it up?
  - Prefer a certain combination or battery of tools?

No Definitive Cognitive Diagnosis - Case Study # 1

Marie struggled with anxiety and mania most of her adult life. Now in her early seventies, she spent most days pacing about the house because she has a fear of going outside and is anxious about her family, money, her car, falling and just about everything. Although previously quite helpful, she has made no contribution to maintaining the home she shares with her working middle-aged daughter in several months. Prior to retiring as a part-time bookkeeper, Marie occasionally sewed clothes and made lap quilts for her 5 children and 17 grandchildren. To avoid psychiatric hospitalization, Marie agreed reluctantly to give adult daycare a try. The Mini-Cog Test was administered by the consulting OTR and revealed problems with cognitive function, memory, visual-motor skills and executive function.

Mild Cognitive Impairment - Case Study # 2

Lewis is an 81-year old retired grocery store manager admitted to the acute care psychiatric unit after complaints from family members that he was “growing increasingly confused”. He had wandered away from his apartment and was found two days later confused and disoriented in a nearby wooded area. He was diagnosed with mild cognitive impairment. His family reports his past interests included watching his grandchildren’s sporting events, playing cards, and walking his dog in the nearby park but that he has not engaged in these activities since his wife died one year ago. Lewis admits that he has thought about suicide but has never acted on these thoughts. The Brief Cognitive Assessment Test was administered and the results indicate a change in the level of assist is needed. Due to issues with safety, placement in an ALF with arrangements for supervision.

Probable Cognitive Impairment - Case Study # 3

Alfred is a 52 year old man who worked as an aeronautical engineer prior to his brain injury. He fell from a ladder while painting and sustained a skull fracture. The CT scan showed a large infarct in the frontal, temporal and occipital lobes of the left hemisphere. Initially the LOTCA showed deficits in all areas; he was partially oriented in place and was not oriented in time, he showed deficits in the complicated visual perception sub-tests, and his performance in visuomotor organization and thinking operations were consistently low. The results were compatible with his general functioning in daily tasks: he needed assistance with ADLs, he was not aware of his problems, he was emotionally labile and disorganized, and had poor judgement. Following 2 months of inpatient rehabilitation, the LOTCA was re-administered in preparation for discharge to home. He showed improvements in all areas, however mild to moderate deficits remain in perception, visuomotor organization and thinking operations.

Administrative Challenges and Considerations

- Meaningful collaboration with the interdisciplinary team
- Complexities of clinical and billing documentation
- Making the argument for the tools and training you need

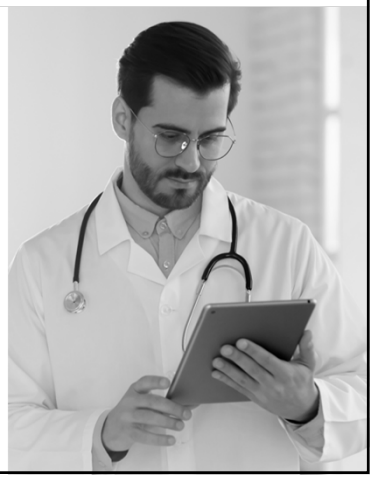
Meaningful Interdisciplinary Collaboration

Communication:

- Diagnoses
- Screening and assessment findings
- Impact on function
- Goals and anticipated outcomes
- Addressing transition planning
- Safety measures
- Adaptations and strategies

Complexities of Clinical Billing Documentation

- Clearly state clinical reasoning and findings that support POC
- Determine if the tool be incorporated/embedded into electronic documentation
  - Managing copyright
  - Considering free-text option
  - Scanning/imaging forms into record
- Use allowable and understandable terminology and abbreviations



Diagnosis/Condition Coding Supporting Cognitive Impairment/Neurocognitive Disorders

<u>ICD-10 Codes</u>

- Medical Diagnosis Codes
  - Primary code(s)
  - Relevant co-morbidities
  - PDPM and PDGM Return-to-Provider (RTP) codes
  - Must follow coding conventions for order of codes on a claim
- Treatment Diagnosis Codes
  - Include codes that reflect the impact of cognitive impairment on function
  - May at times be the same as a medical codes assigned by a physician, esp. if symptom codes

<u>DSM-V</u>

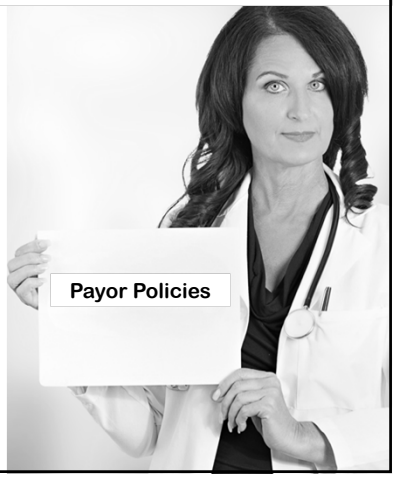
- Mild or major Neurocognitive Disorder

CPT® Codes to Support Cognitive Intervention

- **96125:** Standardized cognitive performance testing (e.g. Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
- **97129:** Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing and sequencing tasks), direct (one-to-one) patient contact, initial 15 minutes
- **97130:** Therapeutic interventions that focus on cognitive function……, direct (one-to-one) patient contact, each additional 15 minutes and listed separately in addition to the code for the primary procedure
- Cognitive interventions and strategies as a component of another service, such as self-care training

Regulation and Reimbursement Rules

- Setting-specific assessments
- Payor Policies and Medicare Local Coverage Determinations and Articles (LCDs/LCAs)
  - Cognitive intervention vs Cognitive Rehabilitation
  - Rehabilitation vs Habilitation
  - Rehabilitative therapy vs Skilled maintenance vs Maintenance



Advocate for Tools and Training You Need!

- Know your resources and use the evidence
- Analyze your practice
  - Setting-specific considerations
  - Population(s) you serve
  - Look at the tools you have vs. need
  - Consider case examples and how treatment plans and outcomes may have been impacted by the screening and assessments used

Financial & Operational Considerations for Selecting a Tool

AOTA Resources

- Revised OT Evaluation Codes: Educational Resources for CPT® Codes (includes OT Practice Framework Resources and AOTA Occupational Profile Template)
- Occupational Therapy's Role in Adult Cognitive Disorders
- Role of Occupational Therapy in Assessing Functional Cognition
- Advocate for the Value of OT with Medicare Self-Care Measures
- Payment for Value Based OT: Implications for Quality and Practice

Also refer to resource links and bibliography in session handout

Key Points

- Examine your practice
- Learn about options to help choose best screening and assessment tools
- Know and use evidence
- Promote occupational therapy's role in functional cognition and the interdisciplinary team; advocate for change
- Assure that clinical and billing documentation is accurate, clear, and thorough and that it supports the cognitive screenings, assessments & interventions provided
- Know payor policies and rules
- Keep focus on meaningful occupations and occupation-based practice
- Know resources and stay informed

Recognize the professional practice is an evolving process.
DON'T LET PERFECT GET IN THE WAY OF GOOD!

Resources and References

A slide handout and a supplemental handout accompany this presentation.

The supplemental handout includes links to related resources and a bibliography

All images in this presentation are used by permission

Questions & Contact Information

Presenter Contact Information:	**Special Thanks to Contributing Authors**
Elaine Craddy Adams, MPPA, OTR/L, FAOTA Elaine.Adams@genesishcc.com	Felicia M. Chew, MS, OTR/L, FAOTA Felicia.Chew@genesishcc.com
Laurie Cecchi, OT, OTR, CAPS, CDCS LACecchi2001@stcc.edu	Danielle W. Norris, MS, OTR/L, BCG, RAC-CT Dnorris@phytrehab.com

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Resource Links:

Alzheimer's Association	• Coronavirus (COVID-19): Tips for Dementia Caregivers: https://www.alz.org/help-support/caregiving/coronavirus-(covid-19)-tips-for-dementia-care • Coronavirus (COVID-19): Tips for Dementia Caregivers in Long-Term or Community-Based Settings: https://www.alz.org/professionals/professional-providers/coronavirus-covid-19-tips-for-dementia-caregivers
American Occupational Therapy Association (AOTA)	• Revised OT Evaluation Codes: Educational Resources for CPT® Codes: https://www.aota.org/Advocacy-Policy/Federal-Reg-Affairs/Coding/new-OT-CPT-evaluation-codes.aspx (Includes OT Practice Framework Resources and AOTA Occupational Profile Template) • Occupational Therapy's Role in Adult Cognitive Disorders: https://www.aota.org/~/media/Corporate/Files/AboutOT/Professionals/WhatIsOT/PA/Facts/Cognition%20fact%20sheet.pdf • Role of Occupational Therapy in Assessing Functional Cognition: https://www.aota.org/Advocacy-Policy/Federal-Reg-Affairs/Medicare/Guidance/role-OT-assessing-functional-cognition.aspx • Advocate for the Value of OT with Medicare Self-Care Measures: https://www.aota.org/Practice/Manage/Reimb/medicare-self-care-outcome-measures.aspx?promo_name=quality-video&promo_creative=Practice&promo_position=hero • Payment for Value Based OT: Implications for Quality and Practice: https://www.aota.org/Practice/Manage/value.aspx?promo_name=payment-quality&promo_creative=Practice&promo_position=hero
Centers for Disease Control and Prevention (CDC)	• Additional COVID-19 Guidance for Caregivers of People Living with Dementia in Community Settings: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/caregivers-dementia.html#:~:text=Not%20everyone%20with%20COVID%2D19,Sudden%20sadness • Considerations for Memory Care Units in Long-term Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html • Late Sequelae of COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/late-sequelae.htm • Long-Term Effects of COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects.html

Centers for Medicare and Medicaid Services (CMS)	• CMS Innovation Center: https://innovation.cms.gov/ • CMS Quality Initiative webpage: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/index.html • CMS Quality, Safety & Oversight - General Information webpage: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/index.html • CMS Value-Based Purchasing webpage: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs.html • Healthy Adult Opportunity Initiative: https://www.cms.gov/newsroom/fact-sheets/healthy-adult-opportunity-fact-sheet • Home Health Agency Patient-Driven Groupings Model (PDGM) Webpage: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/HH-PDGM.html • Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) webpage: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/IMPACT-Act-of-2014/IMPACT-Act-of-2014-Data-Standardization-and-Cross-Setting-Measures.html • Skilled Nursing Facility (SNF) Patient-Driven Payment Model (PDPM) Webpage: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html o Fact Sheet: PDPM Functional and Cognitive Scoring: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPM_Fact_Sheet_FunctionalCognitiveScoring_Final_v4.zip
Cognitive Screening and Assessment Resources	***Important Note*: *The presenters are not endorsing any particular tools, but present these tools as but an example of the multitude of available tools.*** • Allen Cognitive Level Screening Tool: http://www.allen-cognitive-network.org/ • Blessed Dementia Scale: http://strokecenter.org/professionals/stroke-diagnosis/stroke-assessment-scales/ • Brief Cognitive Assessment Test: https://www.thebcat.com/ • Brief Cognitive Rating Scale (BCRS): https://www.sralab.org/rehabilitation-measures/brief-cognitive-rating-scale#:~:text=The%20Brief%20Cognitive%20Rating%20Scale,(GDS)%20using%20five%20axes • Clock Drawing Test: https://www.cgakit.com/m-1-clock-test • Cognitive Performance Test: https://www.ncmedical.com/item_1478.html • Functional Assessment Staging Tool (FAST): https://www.dementiacarecentral.com/aboutdementia/facts/stages/#fast • Global Deterioration Scale: https://geriatrictoolkit.missouri.edu/cog/Global-Deterioration-Scale.pdf • Lowenstein Occupational Therapy Cognitive Assessment for Adults: https://strokengine.ca/en/assessments/loewenstein-occupational-therapy-cognitive-assessment-lotca/

Cognitive Screening and Assessment Resources (continued)	• Mini-Cog: https://mini-cog.com/ • Montreal Cognitive Assessment (MoCA) Version 8.1: www.mocatest.org • Performance Assessment of Self-care Skills (PASS): https://www.shrs.pitt.edu/ot/about/performance-assessment-self-care-skills-pass • Rapid Geriatric Assessment: https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/index.php • Self-Administered Gerocognitive Examination (SAGE): https://www.alzheimers.net/1-28-15-SAGE-alzheimers-examination/ • Shirley Ryan AbilityLab Rehabilitation Measures Webpage: https://www.sralab.org/rehabilitation-measures • St. Louis University Mental Status Exam (SLUMS): https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/assessment-tools/mental-status-exam.php • The Executive Function Performance Test: https://www.sralab.org/rehabilitation-measures/executive-function-performance-test
Substance Abuse and Mental Health Services Administration (SAMSHA)	• Homepage: https://www.samhsa.gov/
Triple Aim	• Institute for Healthcare Improvement webpage: http://www.ihi.org/Engage/Initiatives/TripleAim/pages/default.aspx

Case Study Scenarios:

(Important Note: These case studies do not contain protected health information (PHI), as they not real cases, but rather representations of typical scenarios based on the presenters' experiences.)

Case Study #1 – No Definitive Cognitive Diagnosis

Marie struggled with anxiety and mania most of her adult life. Now in her early seventies, she spent most days pacing about the house because she has a fear of going outside and is anxious about her family, money, her car, falling and just about everything. Although previously quite helpful, she has made no contribution to maintaining the home she shares with her working middle-aged daughter in several months. Prior to retiring as a part-time bookkeeper, Marie occasionally sewed clothes and made lap quilts for her 5 children and 17 grandchildren. To avoid psychiatric hospitalization, Marie agreed reluctantly to give adult daycare a try. The Mini-Cog Test was administered by the consulting OTR and revealed problems with cognitive function, memory, visual-motor skills and executive function.

Case Study #2 - Mild Cognitive Impairment

Lewis is an 81-year old retired grocery store manager admitted to the acute care psychiatric unit after complaints from family members that he was "growing increasingly confused". He had wandered away from his apartment and was found two days later confused and disoriented in a nearby wooded area. He was diagnosed with mild cognitive impairment and has a history of ETOH abuse. His family reports his past interests included watching his grandchildren's sporting events, playing cards, and walking his dog in the nearby park but that he has not engaged in these activities since his wife died one year ago. Lewis admits that he has thought about suicide but has never acted on these thoughts. The Brief Cognitive Assessment Test was administered and the results indicate a change in the level of assist is needed. Due to issues with safety, placement in an ALF with arrangements for supervision.

Case Study #3 - Probable cognitive impairment

Alfred is a 52 year old man who worked as an aeronautical engineer prior to his brain injury. He fell from a ladder while painting and sustained a skull fracture. The CT scan showed a large infarct in the frontal, temporal and occipital lobes of the left hemisphere. Initially the LOTCA showed deficits in all areas; he was partially oriented in place and was not oriented in time, he showed deficits in the complicated visual perception sub-tests, and his performance in visuomotor organization and thinking operations were consistently low. The results were compatible with his general functioning in daily tasks: he needed assistance with ADLs, he was not aware of his problems, he was emotionally labile and disorganized, and had poor judgement. Following 2 months of inpatient rehabilitation, the LOTCA was re-administered in preparation for discharge to home. He showed improvements in all areas, however mild to moderate deficits remain in perception, visuomotor organization and thinking operations.

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