

Memory and Cognition Module - Training Manual

COLORADO LONG-TERM SERVICES AND SUPPORTS
(LTSS) ASSESSMENT TOOL



COLORADO

Department of Health Care
Policy & Financing

Prepared by HCBS Strategies, Inc.
JUNE 2018 |

Table of Contents

Purpose.....	3
Overview of Contents.....	3
General Instructions for Completing the Module.....	3
Special Instructions for Children and Age-Specific Items	4
Section Instructions	4
Section 1: Mental Status Evaluation	4
Section 2: Referrals and Goals.....	11

Memory and Cognition Module – Training

Purpose

The purpose of the Memory and Cognition module of the Assessment Tool is to determine if the participant has any deficits or needs related to memory and/or cognition and provide referrals to assist the participant in addressing these issues. Memory and cognition concerns affect people in many ways and can present a substantial challenge for continued independence.

Memory and cognition concerns can arise for a variety of reasons, such as an accident or a medical condition. Some participants may be used to dealing with and compensating for memory and cognition concerns, some may not be aware of memory or cognition deficits, while others may have impairments that he/she has not learned to manage.

Overview of Contents

- 1. Mental Status Evaluation** - The mental status evaluation has two main components: a set of items assessors may use to determine if the participant potentially has issues with memory and/or cognition and items to gauge the impact of these issues on functioning, communication, and other daily activities.
- 2. Referrals and Goals** - This section includes a list of potential referral options related to memory and cognition and summarizes implications for support planning.

General Instructions for Completing the Module

The Memory and Cognition module is set-up to allow the assessor to use his/her judgment on whether the initial items need to be asked. While there is no specific order required for completing the assessment modules, assessors may find it helpful to complete the Memory and Cognition module at a later point in the assessment process. This will allow assessors to have interacted and built rapport with the participant prior to completing the Memory and Cognition module, allowing the assessor to identify potential memory and/or cognition issues. However, if an assessor is unclear about whether these issues exist, the initial items (items 1-7) will assist in making this judgment. The initial items include a mini mental status exam that tests short-term memory by asking the participant to immediately repeat select words the assessor provides and then again at the end of the exam. Also, recall and awareness, are tested by asking about year, month, and day of the week.

If the participant does have some type of cognitive and/or memory impairment, assessors should take steps to better understand the impact that the impairment has on the participant's life. This should include obtaining information from the participant, to the extent possible, and may also include speaking with family, friends, caregivers, and support persons to gain a full understanding of the impairment.

This module will be skipped for participants age 0-3. Additional information about cognitive tasks for this age group will be collected in the Sensory and Communication module.

Special Instructions for Children and Age-Specific Items

This module contains items that may be skipped for or only asked of participants of a specified age. Items and response options in **orange** font are intended for children.

The assessor should include the child to the maximum extent possible throughout the assessment. This includes directing items and questions to the child and consulting the parent, guardian, and/or other legal representative as necessary. Where possible, document both the participant and parent/guardian's responses. If there are conflicting reports from the child and parent/guardian, the assessor should use the guidance in this manual and his/her expertise in selecting a response.

Section Instructions

Section 1: Mental Status Evaluation

Section 1 is divided into two primary components:

- **Items 1-7** - These items are intended to assist the assessor in determining whether the participant has a cognitive and/or memory impairment. If the assessor feels clear about the presence (or non-presence) of a cognitive and/or memory impairment, the assessor may skip to Item 8. If the assessor would like further clarification on whether the participant has a cognitive and/or memory impairment, items 1-7 should be completed. These items provide a brief test of the participant's memory and cognition, and should help the assessor better understand the participant's needs. *These items will be skipped for participants under age 18.*
- **Items 8-17** - These items are intended to gauge the impact of any cognitive and/or memory impairments the participant may have on his/her daily life. Areas that are measured include attention, problem solving, planning, judgment, and expressing him/herself.

Assessment Item	Guidance
Section 1: Mental Status Evaluation	
<p>1. Repetition of 3 words - <i>"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed. Now tell me the three words."</i></p> <p>Number of words repeated by participant after first attempt:</p> <ul style="list-style-type: none"> <input type="radio"/> Three <input type="radio"/> Two <input type="radio"/> One <input type="radio"/> None <p><i>After the participant's first attempt say: "I will repeat each of the three words with a cue and ask you about them later: sock, something to wear; blue, a color; bed, a piece of furniture." You may repeat the words up to two more times.</i></p>	<p>The item language in purple text is a brief script that may be used by assessors. Assessors are able to use alternative language and the items to be remembered, in this case sock, blue, and bed.</p> <p>Assessors should name three unrelated, common objects clearly and slowly, allowing appropriate one second between each. Document the number of objects the participant repeats on the first attempt.</p> <p>After the first attempt, inform the participant that he/she will need to remember these words and you will ask him/her about them later. Repeat each object once, providing an additional cue around the use or description of the object. For example, bicycle, a method of transportation. You may repeat the objects up to three more times after the first attempt.</p>
<p>2. Ask participant: "Please tell me what year it is right now." Participant's answer is:</p> <ul style="list-style-type: none"> <input type="radio"/> Correct <input type="radio"/> Missed by 1 year <input type="radio"/> Missed by 2 to 5 years <input type="radio"/> Missed by more than 5 years or no answer 	<p>Items 2-4 is intended to capture whether the participant is able to recognize the present timeframe. Ask him/her to inform you of the present year, month, and day of the week.</p> <p>Items 2-3 may be asked as one, for example "<i>Helen can you tell me today's date</i>"; or as distinct questions. Do not prompt or inform the participant of events that remind him/her of the date or day of the week.</p>
<p>3. Ask participant: <i>"What month are we in right now?"</i> Participant's answer is:</p> <ul style="list-style-type: none"> <input type="radio"/> Accurate within 5 days <input type="radio"/> Missed by 6 days to 1 month <input type="radio"/> Missed by more than 1 month or no answer 	<p>Participants may initially provide a response and then correct themselves. Document based on the participant's final answer.</p>
<p>4. Ask participant: <i>"What day of the week is today?"</i> Participant's answer is:</p> <ul style="list-style-type: none"> <input type="radio"/> Accurate <input type="radio"/> Incorrect or no answer 	
<p>5. Recalls "sock"?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, no cue required <input type="radio"/> Yes, after cueing (<i>"something to wear"</i>) <input type="radio"/> No, could not recall 	<p>For items 5-7, ask participant: <i>"Let's go back to the first question. What were those three words that I asked you to repeat?"</i></p> <p>If unable to remember a word, give the contextual clue that you provided in the prompt for item 1 about the object. For example, in the script of item 1, the contextual</p>
<p>6. Recalls "blue"?</p>	

Assessment Item	Guidance
Section 1: Mental Status Evaluation	
<input type="radio"/> <i>Yes, no cue required</i> <input type="radio"/> <i>Yes, after cueing ("a color")</i> <input type="radio"/> <i>No, could not recall</i>	clues were something to wear; a color; a piece of furniture. If able to remember after this cueing, respond "Yes, after cueing".
7. Recalls "bed"? <input type="radio"/> <i>Yes, no cue required</i> <input type="radio"/> <i>Yes, after cueing ("a piece of furniture")</i> <input type="radio"/> <i>No, could not recall</i>	

Item 7 is followed by a mental status score. This score calculates the responses in items 1-7 to identify whether a potential issue exists around memory or cognition. A score of 6 or more indicates potential issues, and assessors should discuss with participants and the representative whether they would like to receive a referral for further memory/cognition testing.

<p>8. Does the participant have any difficulty with memory (e.g., retain relevant functional information), attention (e.g., ability to stay focused on task), problem solving, planning, organizing or judgment? </p> <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No [Skip to Item 14]</i> <input type="radio"/> <i>Unknown [Skip to Item 14]</i>	<p>This item collects information about any potential memory or cognitive difficulties the individual may have. This includes memory, attention, problem solving, planning, and judgment. These issues are defined in items 9-13 and additional information about specific areas he/she has difficulties with can be described there.</p> <p>If the individual does <u>not</u> have difficulties with memory or cognition, the assessor should skip to Item 14.</p>
---	---

If yes, describe the participant's difficulty in items 9-13: 

Items 9-13 discuss the level of impairment with a variety of tasks related to memory and cognition. The level of difficulty scale below should be used to indicate the amount of difficulty the individual has when engaging in a specific task during a typical day. Assessors should select one response for each item in 9-13.

Level of Difficulty Scale

- No impairment:** Demonstrates no impairment though there could be brief moments or situations in which a lapse occurs, for example, one might not remember the names of all members of a new group of people when meeting the first time.
- Age appropriate difficulty/dependence:** Used only for participants age 0-18, this response should be used if the participant has some difficulty with the task but the level of support needed is consistent with a child of a similar chronological age without a disability. For example, a four year old may not be able to plan out each step of his/her day or develop

a multi-step process to accomplish goals. Support provided to accomplish these tasks would be expected given the participants chronological age.

- **Mildly impaired: Demonstrates some difficulty** (limited but present): For example, if the individual functions independently but has trouble thinking of words or delays for several moments or needs a prompt before responding to queries for more information, it could suggest some difficulty. Noticeable impact on functioning is limited, but could be daily.
- **Moderately Impaired: Demonstrates marked difficulty** (frequently present): For example, if the individual has difficulty remembering/describing routines or says "I don't know" a lot, but can speak generally about the happening, event or task, that could suggest marked difficulty. Marked difficulty could be suggested as well if he or she needs several prompts or interpreting questions to respond to queries for more information (such as for problem solving or judgment). Noticeable impact on functioning occurs regularly throughout the day.
- **Severely Impaired: Demonstrates extreme difficulty** (nearly always to always present): For example, the individual requires high levels of assistance. (e.g., assistance needed to remember information, plan, judge and problem solve for the individual). If the individual is confused about where they are, what day it is, or can't describe what happens in their basic routines that could suggest extreme difficulty. Noticeable impact on functioning occurs continually, ongoing throughout the day.
- **Impairment present, unable to determine degree of impairment:** There may be cases where assessors use their professional expertise observing and speaking with a participant and determine that there is an impairment present, but are unable to determine the degree to which the impairment impacts the task. This could be due the participant's ability to use other skills to compensate for the impairment or the inability to speak directly to the participant to assess the task. For example, a participant may be able to provide an appropriate answer when asked about his/her judgement, but has demonstrated some behavior that indicates impulsivity to his/her detriment.
- **Unable to answer:** The assessor will choose this option when no information is available to assess cognitive functioning.

If the individual is unable to use verbal communication, with or without a device, gather information from someone who knows the individual well. Ask probing questions to determine if the individual is able to use gestures or body language to indicate cognitive ability.

The assessor should document the source of information the selection is based upon. Select all sources of information used to inform the response. Options include:

- Observation:** Based upon the assessor's current and previous observations of the individual.
- Self-report:** Based on the individual's own statements. This includes verbal, written, and other types of feedback.
- Support Person:** Based upon information attained through a second party source, such as guardians, friends, family, paid support providers, or others with knowledge of the individual.

Additional strategies for assessing level of difficulty and its impact on daily functioning.

Determining the level of difficulty may be challenging. Listed below are ideas and strategies that one may find useful for this section, but are not required to use.

Consider asking about IADLs (and some of the ADLs), without sounding like the individual is being tested. Ask about the steps involved in various tasks, such as laundry or cooking something simple (like diced ham and scrambled eggs).

Cooking example (this example may only work for people who have done some cooking on a regular/semi-regular basis):

- Memory – simply asking about the specific materials that might be needed.
- Attention – asking what to do if the phone rings or a text comes in while cooking, ask if things ever get burnt due to such distractions.
- Problem solving – asking what to do if the egg pan is dirty but it is time to cook; asking what to do if the egg runs onto the counter and floor when it is cracked.
- Planning – ask the individuals something like “You’re having a busy day with lots of activities, how do you figure out when is the best time to cook?” or “If you’re not sure you have all the ingredients, what could you do throughout the day to make sure you get to make the breakfast/dinner you want?”
- Judgment – asking what the individual might look for to determine if the eggs or ham is good/safe to eat.

Other strategies include:

- Ask about activities the individual likes either at home, community or in nature – then ask them to describe the details. Perhaps some kind of gaming, crafts, movies, preferred restaurants or stores (and where they are or how to get there).
- Ask the individual to explain a morning or work related routine.
- Ask about the person’s job and responsibilities at work.
- Ask the person to tell you about a recent trip or other event that isn’t a usual happening for her or him.

Assessment Item	Guidance
Section 1: Mental Status Evaluation	
<p>9. Memory - Ability to retain relevant functional information, both short and long term</p> <ul style="list-style-type: none"> <input type="radio"/> No impairment <input type="radio"/> Age appropriate difficulty <input type="radio"/> Mildly impaired <input type="radio"/> Moderately impaired <input type="radio"/> Severely impaired 	<p>Consider if the individual remembers appointments or changes to routines, event times or locations. Consider if the individual remembers to complete routine tasks throughout the day or needs reminders, or remembers the location of materials needed (such as where keys are located).</p>

Assessment Item	Guidance
Section 1: Mental Status Evaluation	
<ul style="list-style-type: none"> <input type="radio"/> Impairment present, unable to determine degree <input type="radio"/> Unable to determine 	
<p>10. Attention - Ability to stay focused on a task.</p> <ul style="list-style-type: none"> <input type="radio"/> No impairment <input type="radio"/> Age appropriate difficulty <input type="radio"/> Mildly impaired <input type="radio"/> Moderately impaired <input type="radio"/> Severely impaired <input type="radio"/> Impairment present, unable to determine degree <input type="radio"/> Unable to determine 	<p>Consider the individual's usual performance for starting and completing tasks in the face of distractions. Does the individual start a number of tasks, but not finish them (e.g. dishes, laundry, feeding the cats and making breakfast).</p>
<p>11. Problem Solving - Ability to discover, analyze, and address an issue with the objective of overcoming obstacles and finding a solution that best resolves the issue.</p> <ul style="list-style-type: none"> <input type="radio"/> No impairment <input type="radio"/> Age appropriate difficulty <input type="radio"/> Mildly impaired <input type="radio"/> Moderately impaired <input type="radio"/> Severely impaired <input type="radio"/> Impairment present, unable to determine degree <input type="radio"/> Unable to determine 	<p>Consider problems relevant to person's life, including those that currently are solved by others (for the individual). For example, late buses, lights burning out, spilling a glass of water, getting a rock in a shoe while walking, double booking schedule, can't find library book, running out of paper towels, etc.</p>
<p>12. Planning - Ability to think about and arrange the activities required to achieve a desired goal.</p> <ul style="list-style-type: none"> <input type="radio"/> No impairment <input type="radio"/> Age appropriate difficulty <input type="radio"/> Mildly impaired <input type="radio"/> Moderately impaired <input type="radio"/> Severely impaired <input type="radio"/> Impairment present, unable to determine degree <input type="radio"/> Unable to determine 	<p>Consider presenting a situation that might be relevant to, but not particularly common in, his or her life.</p> <p>For example, going to the movies with friends. Such a plan requires calling/contacting the friend(s), coordinating a time/day that works well, choosing a movie (could address problem solving too), budgeting spending money, figuring out bus routes or rides if needed, and adjusting the plan if needed.</p>
<p>13. Judgment – Ability to predict and anticipate outcomes based on information provided.</p> <ul style="list-style-type: none"> <input type="radio"/> No impairment <input type="radio"/> Age appropriate difficulty <input type="radio"/> Mildly impaired 	<p>Consider the judgment the individual uses to weigh available options and to disregard options that are not safe or otherwise impractical.</p> <p>For example, if the individual recognizes when food is spoiled and should not be eaten, recognizes the</p>

Assessment Item	Guidance
Section 1: Mental Status Evaluation	
<input type="radio"/> Moderately impaired <input type="radio"/> Severely impaired <input type="radio"/> Impairment present, unable to determine degree <input type="radio"/> Unable to determine	<p>appropriate communication to engage in with strangers, not accepting rides from strangers, etc.</p>
<p>14. In the past 30 days there has been a change in the participant’s mental status from his/her usual functioning.</p> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<p>Speak with the participant, representative, family, and others present to determine if there was a change in how the person thinks and mentally functions in the past 30 days. This may be a symptom of a larger issue, such as a brain injury, or may require further evaluation to determine the extent of the change. Provide a referral for further testing if there is a concern.</p>
<p>15. Ability to make appropriate decisions regarding daily tasks, such as picking out an outfit, deciding when and what to eat, or selecting what to do throughout the day: !</p> <input type="radio"/> No impairment <input type="radio"/> Age appropriate difficulty/dependence <input type="radio"/> Mildly impaired: Demonstrates some difficulty <input type="radio"/> Moderately impaired: Demonstrates marked difficulty <input type="radio"/> Severely impaired: Demonstrates extreme difficulty <input type="radio"/> Impairment present, unable to determine degree of impairment <input type="radio"/> Unable to answer <p>Scoring based on (Check all that apply): <input type="checkbox"/> Observation <input type="checkbox"/> Self-report <input type="checkbox"/> Proxy </p>	<p>This is a mandatory item. Assessors should indicate the participant’s ability to make decisions about daily tasks.</p> <p>Below are examples of scenarios for the response options in which the participant may demonstrate impairment:</p> <ul style="list-style-type: none"> • Mildly impaired - <i>Ellen is able to perform most of her daily tasks, but on some days she feels easily confused and forgets when and if she has done things. She developed a schedule and checklist for herself to assist on those days. The schedule covers times for completing certain daily activities, such as walking her dog, picking up her mail from the box, and taking medication.</i> • Moderately impaired - <i>Stan is able to dress himself, but needs staff to organize his outfits. At the current time, Stan’s daughter or his support worker lays out an outfit for the next day or for special events requiring a change of clothes. Stan also loses track of time. For example, someone must remind him it is time to eat. Stan is able to decide which outings he wants to go on, but someone must stay with him during outings because he gets confused and wanders in unfamiliar environments.</i> • Severely impaired- <i>Kyle requires someone to wake him, pick out an outfit, and help him dress. If he is not prompted and assisted, he will sit on his bed and not remember to eat, bathe, or use the toilet. He is not able to plan most aspects of his day, although he is able to tell others what he would like to do if asked.</i> <p>The assessor should use all readily available mechanisms to score this item, including observing the participant,</p>

Assessment Item	Guidance
Section 1: Mental Status Evaluation	
<p>16. Participant's ability to express ideas or wants with individual's he/she is familiar with: ⚠</p> <ul style="list-style-type: none"> ○ Expresses complex messages without difficulty ○ Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts) ○ Frequently exhibits difficulty with expressing needs and ideas ○ Rarely/never expresses self ○ Unable to assess ○ Unknown <p>Scoring based on (Check all that apply): <input type="checkbox"/> Observation <input type="checkbox"/> Self-report <input type="checkbox"/> Proxy</p>	<p>having the participant self-report on his/her abilities, and interviewing family, friends, and caregivers.</p> <p>Items 16 and 17 are mandatory items, and document the participant's ability to communicate with individual's he/she is familiar and not familiar with, respectively. These items are intended to be selected based on the participant's <u>ability</u> to express ideas or wants and any barriers related to memory and/or cognition. <i>For example, if the participant is able to express complex messages clearly but does not like to because he/she is shy, the assessor should select on the ability, which would be "Expresses complex messages without difficulty."</i></p> <p>Some participants are able to more effectively communicate with individual's he/she is familiar with than individuals he/she is not familiar with. This may be because of a speech issue related to stroke or brain injury or cognitive issues that do not allow the formation of lucid thoughts.</p>
<p>17. Participant's ability to express ideas or wants with individual's he/she is not familiar with: ⚠</p> <ul style="list-style-type: none"> ○ Expresses complex messages without difficulty ○ Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts) ○ Frequently exhibits difficulty with expressing needs and ideas ○ Rarely/never expresses self ○ Unable to assess ○ Unknown <p>Scoring based on (Check all that apply): <input type="checkbox"/> Observation <input type="checkbox"/> Self-report <input type="checkbox"/> Proxy</p>	<p>The assessor should use available information to score this item, including observing the participant, having the participant self-report on his/her abilities, and interviewing family, friends, and caregivers.</p>
Notes/Comments:	

Section 2: Referrals and Goals

Section 2 includes items that should be reviewed and/or acted upon as part of support planning.

Assessment Item	Guidance
Section 2: Referrals and Goals	
<p>1. What is important to the participant? </p>	<p>This item includes any goals or outcomes the participant would like to see happen. If the participant expresses desired outcomes during the discussion of previous sections in this module, the assessor can bring these back up with the participant and talk about their importance.</p> <p>The assessor may need to prompt the participant. The following are examples of discussion or questions that might be posed.</p> <p><i>Ted, you mentioned earlier that you have trouble planning tasks and following directions at work because you forget things after a period of time. What would you like to see happen and what would help you feel that you are effective at your job?</i></p> <p><i>Joan, you said you have a hard time remembering the people coming in to help you, or your doctor’s appointment and the name of the people coming to help you. What would you like to see happen and what would help you keep track of the people you see on a regular basis?”</i></p>
<p>2. Referrals Needed: </p> <ul style="list-style-type: none"> <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Neuropsychological Assessment <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Primary Health Care Provider <input type="checkbox"/> Speech Language Therapy <input type="checkbox"/> Advocacy Services <input type="checkbox"/> Further testing for evaluation, identify referral: _____ <input type="checkbox"/> Other, specify: <input type="checkbox"/> Other, specify: 	<p>Check all that apply.</p>
<p>3. Assessed Needs and Support Plan Implications: </p>	<p>This item allows the assessor to summarize needs and implications for support planning.</p> <p><i>For example: Jill has some major issues related to her memory. Jill may benefit from a neurocognitive assessment., and would benefit from additional support to assist her with remembering to bathe, prepare meals, and take her medications.</i></p>

Assessment Item	Guidance
Section 2: Referrals and Goals	
4. Recommended changes, clarifications or other issues: Describe any changes to the items (included changes to training) in this section that the case manager believes will make the items clearer and/or collect more useful information.	Describe any recommendations for improving the assessment module or training, including adding/removing items or items that require further clarification.