

Patient Details

Patient Name: Melba Brown	Date of Birth: March 15, 1948	Gender: Female	Group: 75–84	Assessment Date: May 11, 2025
Assessment ID: CAI-20230511-574983	Report Generated May 11, 2025, 2:47 PM			

Clinical Triage Recommendation

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Recommend urgent neurological or geriatric psychiatry evaluation for multi-domain cognitive impairment with safety concerns; initiate dementia care management services immediately.

Rationale: Assessment findings indicate probable Major Neurocognitive Disorder with multi-domain cognitive impairment affecting attention, executive function, and memory creating immediate safety risks requiring urgent specialist evaluation and dementia care management coordination.

Cognitive Status Interpretation

DSM-5 Criteria Assessment

Criteria	Status	Supporting Evidence
A. Cognitive Deficits	<input checked="" type="checkbox"/> MET	Significant impairment in Memory (14th percentile) and Reasoning (14th percentile) domains
B. Functional Impact	<input checked="" type="checkbox"/> MET	IADL score 6/8 – Mild Functional decline affecting telephone use and shopping independently
C. Not Due to Delirium	<input checked="" type="checkbox"/> MET	No acute confusion or fluctuating consciousness reported
D. Not Due to Mental Disorder	<input checked="" type="checkbox"/> MET	Minimal depression (GDS-15: 2/15) and anxiety (GAD-7: 1/21) symptoms

Clinical Interpretation: Probable Major Neurocognitive Disorder – Patient meets all DSM-5 criteria for Major NCD with evidence of significant cognitive decline that interferes with independence in everyday activities.¹

Care Plan Recommendations

High-Risk Areas Requiring Immediate Attention:



- **Financial management:** Mathematical reasoning and executive deficits increase vulnerability
- **Medication management:** Memory and attention deficits affect adherence and safety

Recommended Immediate Actions

Priority 1: Safety Assessment (Within 1-2 weeks)



- Comprehensive evaluation of driving capacity given attention and executive deficits
- Medication management review with pharmacist consultation
- Financial management assessment and potential protective measures
- Home safety evaluation focusing on cognitive demands

Priority 2: Specialist Referral (Within 2-4 weeks)



- Neurological or geriatric psychiatry evaluation for diagnostic confirmation
- Neuropsychological testing for comprehensive cognitive assessment
- Medical workup to exclude reversible causes of cognitive impairment

Priority 3: Care Coordination (Within 1-3 months)



- Multidisciplinary care team development
- Caregiver education and support resource identification
- Implementation of cognitive and functional support strategies
- Regular monitoring schedule establishment²⁰

Cognitive Domain Performance Summary

Domains of Concern



- **Complex Attention (18th percentile)** -
Below typical range in attentional control
- **Working Memory (8th percentile)** -
Below typical range in delayed recall
- **Executive Function (12th percentile)** -
Below typical range in logical reasoning tasks

Preserved Domains



- **Working Memory (22nd percentile)**
Within typical range
- **Attention (22nd percentile)**
Within typical range
- **Executive Function (22nd percentile)**
Within typical range
- **Language (42nd percentile)**
Within typical range
- **Orientation (31st percentile)**
Within typical range

Functional & Mood Assessment

Instrumental Activities of Daily Living (IADL): 6/8

- Functional Status: Mild functional decline with selective dependencies
- Areas of Independence: Housekeeping, laundry, meal preparation, medication management, handling finances, transportation
- Areas Requiring Support: Telephone use, shopping assistance needed



Score
6/8

Mental Health Screening:

Score
2/15

Depression (GDS-15)
2/15 – Minimal symptoms⁴

Score
1/21

Anxiety (GAD-7):
1/21 – Minimal symptoms⁵

Follow-up Schedule

Timeframe	Action Required	Provider
1-2 weeks	Safety Assessment	Primary Care/Care Management
2-4 weeks	Specialist Referral	Neurology/Geriatrics
1-3 months	Care Plan Developmen	Primary Care/Care Management
6-12 months	Cognitive reassessment	CaringAI/Specialist

Detailed Assessment Results

Executive Summary:

This comprehensive cognitive assessment utilizes a battery of standardized tasks across five major cognitive domains: Complex Attention, Executive Function, Language, Learning & Memory, and Orientation. The assessment reveals a pattern of selective cognitive impairment with specific deficits in complex attention, memory systems, and executive function while demonstrating relative preservation in the other domains. This profile requires immediate clinical attention and comprehensive care planning.

Domains of Concern

Complex Attention Domain

Complex attention encompasses the ability to sustain focus, divide attention between tasks, and manage cognitive load during demanding activities. This domain showed significant impairment across multiple measures, indicating substantial difficulties with attentional control and executive strain.

Count Backward 20 to 1 (6CIT)

- **Score:** 18th percentile (Below Typical Range)
- **Task Description:** Assesses sustained attention and executive control by requiring participants to maintain focus while manipulating numerical sequences in working memory.
- **Clinical Significance:** The impaired performance indicates dysfunction in prefrontal-parietal attention networks and suggests difficulties with tasks requiring sustained cognitive effort.
- **Functional Impact:** The inability to successfully complete backward counting reflects compromised executive attention systems that are crucial for daily activities requiring focus and mental manipulation.
- **Recommended Interventions:** Break down complex tasks into smaller components; review medication management and financial decision-making risks with caregiver oversight.

Cognitive Domain Analysis

Learning & Memory Domain

Memory assessment revealed significant impairment in episodic memory formation and retention, characteristic of medial temporal lobe dysfunction.¹⁴

Delayed Address Recall (6CIT)

- **Score:** 8th percentile (Below Typical Range)
- **Task Description:** Assesses the ability to remember a list of words after a delay, often impaired early in Alzheimer's disease
- **Clinical Significance:** This finding suggests significant difficulties with episodic memory consolidation and retrieval
- **Functional Impact:** This level of impairment significantly affects daily functioning, including difficulty remembering recent conversations, appointments, and important information necessary for independent living.
- **Recommended Interventions:** Implement external memory aids including calendars and pill organizers; review medication management systems.

Executive Function Domain

Executive function encompasses higher-order cognitive processes including working memory, cognitive flexibility, and abstract reasoning. This domain demonstrated significant impairment across multiple measures, indicating substantial dysfunction in prefrontal cortical systems.⁶

Digit Span Backwards (Supplemental)

- **Score:** 12th percentile (Below Typical Range)
- **Task Description:** Backward digit counting requires working memory manipulation and executive control, representing more demanding cognitive processing than forward counting.
- **Clinical Significance:** Impaired performance indicates dysfunction in dorsolateral prefrontal cortex and associated working memory networks.
- **Functional Impact:** This deficit significantly impacts the ability to complete multi-step tasks and maintain complex information in mind while manipulating it.
- **Recommended Interventions:** Establish structured daily routines; provide stepwise instructions for complex activities.

Cognitive Domain Analysis

Preserved Domains

Orientation Domain

Orientation assessment revealed disorientation to temporal information, indicating dysfunction in basic orientation systems.

Year / Month / Day of Week (6CIT)

- **Score:** 31st percentile (Within Typical Range)
- **Task Description:** Temporal orientation requires intact memory systems and awareness of current context.
- **Clinical Significance:** Performance indicates preserved function in systems responsible for maintaining awareness of time and date.

Language Domain

Language assessment revealed mixed performance, with specific deficits in fluency measures while maintaining some basic language comprehension and expression abilities.

Sentence Repetition (2 phrases)

- **Score:** 42nd percentile (Within Typical Range)
- **Task Description:** Sentence repetition requires repeating two short sentence prompts.
- **Clinical Significance:** Performance suggests preserved function in language processing networks requiring both comprehension and expression abilities.
- **Functional Impact:** This indicates preserved effective communication, following spoken instructions for daily interactions.

Functional Assessment Details

Instrumental Activities of Daily Living (IADL)

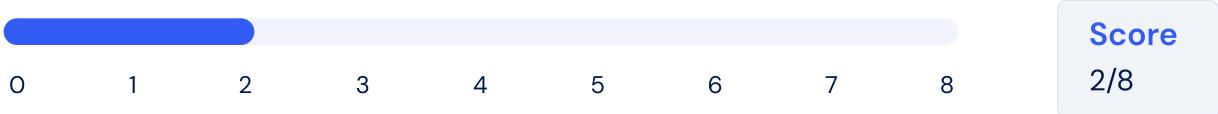
The IADL scale evaluates an individual's ability to perform complex daily tasks necessary for independent living. This assessment is crucial for determining the level of support needed and monitoring changes over time.⁷



- Housekeeping activities
- Laundry management
- Medication management
- Meal preparation
- Financial handling
- Transportation arrangements

Functional Assessment Details

Areas Requiring Support (2/8 domains):



- **Telephone Use:** Patient does not independently use telephone
- **Shopping:** Requires accompaniment for shopping activities

Clinical Interpretation:

The IADL score of 6/8 indicates "low function, dependent" status, suggesting that while basic self-care may be preserved, complex instrumental activities require increasing support. This level of functional decline is consistent with the cognitive impairments observed and supports the diagnosis of Major Neurocognitive Disorder.

Mental Health Assessment Details

Depression Screening (GDS-15)

The Geriatric Depression Scale-15 is a validated 15-item screening tool for depression in older adults with cutoff ≥ 5 indicating possible depression and ≥ 10 indicating likely depression.⁴

Score 2/15

(Minimal symptoms)

Reported Symptoms:

- Mild endorsement on 2 items
- All other items: No symptoms reported

Clinical Interpretation:

The minimal depression score suggests that cognitive symptoms are not primarily attributable to mood disorder, supporting the differential diagnosis of neurocognitive disorder.

Mental Health Assessment Details

Anxiety Screening (GAD-7)

The Generalized Anxiety Disorder-7 scale screens for anxiety symptoms and severity.⁹

Score 1/15

(Minimal symptoms)

Reported Symptoms:

- Trouble controlling worry (several days in past 2 weeks)
- All other items: Not at all

Clinical Interpretation:

Minimal anxiety symptoms further support that cognitive impairments are not primarily due to psychiatric comorbidities.

Understanding Cognitive Decline and Dementia

Cognitive Assessment in Clinical Practice

Cognitive decline represents a spectrum from normal aging through Mild Cognitive Impairment (MCI) to Major Neurocognitive Disorder (dementia). Early identification is crucial for implementing appropriate interventions and support systems.¹⁰

DSM-5 Diagnostic Framework

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), provides standardized criteria for neurocognitive disorders:

Mild Neurocognitive Disorder (MCI):

- Evidence of modest cognitive decline from previous level of performance
- Cognitive deficits do not interfere with capacity for independence in everyday activities
- May represent prodromal stage of dementia

Understanding Cognitive Decline and Dementia

Major Neurocognitive Disorder (Dementia):

- Evidence of significant cognitive decline from previous level of performance
- Cognitive deficits interfere with independence in everyday activities
- Represents substantial functional impairment requiring care planning

Understanding Cognitive Decline and Dementia

Cognitive Domains Assessed

CaringAI Listen evaluates key cognitive domains identified as early markers of neurodegenerative disease:¹¹

Memory Systems:

- **Episodic Memory:** Storage and retrieval of personal experiences and events
- **Working Memory:** Temporary maintenance and manipulation of information
- **Spatial Memory:** Navigation and location-based memory systems

Executive Functions:

- **Planning and Organization:** Goal-directed behavior and strategy development
- **Inhibitory Control:** Suppression of inappropriate responses
- **Cognitive Flexibility:** Adaptation to changing task demands

Attention and Processing:

- **Sustained Attention:** Maintenance of focus over time
- **Selective Attention:** Filtering relevant from irrelevant information
- **Processing Speed:** Rate of cognitive operations

Language and Communication:

- **Verbal Reasoning:** Logic and comprehension in linguistic contexts
- **Phonological Processing:** Sound-based language manipulation

Understanding Cognitive Decline and Dementia

Clinical Significance of Findings

The pattern of impairment observed—significant memory and reasoning deficits with relative preservation of attention, executive function, and language—is consistent with amnestic presentations commonly seen in early Alzheimer's disease.¹² This profile suggests:

- **Primary Memory System Involvement:** Hippocampal and medial temporal lobe dysfunction
- **Secondary Reasoning Deficits:** Possible extension to association cortices
- **Preserved Core Functions:** Intact attention and executive networks suggest focal rather than global impairment

Importance of Early Detection

Early identification of cognitive decline enables:¹³

- Implementation of evidence-based interventions
- Safety planning and risk mitigation
- Caregiver education and support services
- Advanced directive planning
- Enrollment in clinical trials and research studies

Clinical Decision Support

Referral Guidelines

Based on assessment findings, specialist evaluation is recommended to:

- Confirm diagnostic impression through comprehensive neuropsychological testing
- Evaluate for reversible causes of cognitive impairment
- Initiate appropriate pharmacological and non-pharmacological interventions
- Develop comprehensive care plans addressing safety, function, and quality of life

Clinical Decision Support

Documentation for Healthcare Providers

This assessment provides structured documentation supporting:

- **CPT Code 99483:** Cognitive assessment and care plan services
- **Annual Wellness Visit (AWV)** cognitive screening requirements
- **GUIDE Model** dementia care coordination programs
- **Medicare Shared Savings Program** quality measures

Quality Metrics and Outcomes

Regular cognitive assessment supports quality improvement initiatives:

- Early detection rates for cognitive impairment
- Timely specialist referral completion
- Care plan development and implementation
- Patient and caregiver satisfaction with care coordination

Glossary of Terms

- ◆ **CaringAI Listen Enhanced Assessment:** A telephone-based cognitive evaluation system measuring structured cognitive tasks, designed for primary care integration and population-level screening.
- ◆ **DSM-5 Criteria:** Standardized diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, used for clinical diagnosis of neurocognitive disorders.
- ◆ **Instrumental Activities of Daily Living (IADL):** Complex daily tasks required for independent community living, including telephone use, shopping, housekeeping, meal preparation, and financial management.
- ◆ **Major Neurocognitive Disorder:** DSM-5 term for dementia, characterized by significant cognitive decline that interferes with independence in everyday activities.

Glossary of Terms

- ◆ **Mild Cognitive Impairment (MCI):** Cognitive decline greater than expected for age but not severe enough to significantly interfere with daily functioning.
- ◆ **Percentile Rank:** Statistical measure indicating the percentage of the comparison group that scored below the patient's performance level.
- ◆ **Geriatric Depression Scale-15:** a validated 15-item screening tool for depression symptoms in older adults with cutoff ≥ 5 for possible depression.
- ◆ **GAD-7:** Generalized Anxiety Disorder-7 scale, a validated screening instrument for anxiety symptoms.
- ◆ **Triage Categories:** Clinical decision support classifications (Refer/Assess/Monitor) that guide next steps in cognitive care pathways.

References

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