

## Quality ID #286: Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia

### **2024 COLLECTION TYPE:** **MIPS CLINICAL QUALITY MEASURES (CQMS)**

**MEASURE TYPE:**  
Process – High Priority

**DESCRIPTION:**  
Percentage of patients with dementia or their caregiver(s) for whom there was a documented safety concerns screening in two domains of risk: 1) dangerousness to self or others and 2) environmental risks; and if safety concerns screening was positive in the last 12 months, there was documentation of mitigation recommendations, including but not limited to referral to other resources.

**INSTRUCTIONS:**  
This measure is to be submitted a minimum of **once per performance period** for patients with a diagnosis of dementia seen during the performance period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

***NOTE:*** Patient encounters for this measure conducted via telehealth (including but not limited to encounters coded with GQ, GT, 95, POS 02, POS 10) are allowable.

**Measure Submission Type:**  
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

**DENOMINATOR:**  
All patients with dementia

***DENOMINATOR NOTE:*** \*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

**Denominator Criteria (Eligible Cases):**

All patients regardless of age

**AND**

**Diagnosis for dementia (ICD-10-CM):** A52.17, A81.00, A81.01, A81.89, F01.50, F01.511, F01.518, F01.52, F01.53, F01.54, F01.A0, F01.A11, F01.A18, F01.A2, F01.A3, F01.A4, F01.B0, F01.B11, F01.B18, F01.B2, F01.B3, F01.B4, F01.C0, F01.C11, F01.C18, F01.C2, F01.C3, F01.C4, F02.80, F02.811, F02.818, F02.82, F02.83, F02.84, F02.A0, F02.A11, F02.A18, F02.A2, F02.A3, F02.A4, F02.B0, F02.B11, F02.B18, F02.B2, F02.B3, F02.B4, F02.C0, F02.C11, F02.C18, F02.C2, F02.C3, F02.C4, F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F05, F10.27, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G31.85, G31.89, G94

**AND**

**Patient encounter during the performance period (CPT):** 90791, 90792, 90832, 90834, 90837, 96116, 96130, 96132, 96136, 96138, 96146, 96156, 96158, 96164, 96167, 96170\*, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99242\*, 99243\*, 99244\*, 99245\*, 99252\*, 99253\*, 99254\*, 99255\*, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99424, 99426, 99487, 99490, 99491, 99497

**NUMERATOR:**

Patients with dementia or their caregiver(s) for whom there was a documented safety concerns screening in two domains of risk: 1) dangerousness to self or others and 2) environmental risks; and if safety concerns screening was positive in the last 12 months, there was documentation of mitigation recommendations, including but not limited to referral to other resources

**Definitions:**

**Caregiver(s)** – Person(s) who provide care to those who need supervision or assistance in illness or disability. They may provide the care in the home, in a hospital, or in an institution. Although “caregiver(s)” include trained medical, nursing, and other health personnel, the concept also refers to parents, spouses, or other family members, friends, members of the clergy, teachers, social workers, fellow patients.

**Safety Concerns** – “Safety concerns” include, but are not limited to:

- Fall risk
- Gait/balance
- Medication management
- Financial management
- Home safety risks that could arise from cooking or smoking
- Physical aggression posing threat to self, family caregiver, or others
- Wandering
- Access to firearms or other weapons
- Access to potentially dangerous materials
- Being left alone in home or locked in room
- Inability to respond rapidly to crisis/household emergencies
- Driving
- Operation of hazardous equipment
- Suicidality
- Abuse or neglect

**Numerator Instructions:**

Mitigation Recommendations should include a discussion with the patient and their caregiver(s) regarding one or more of the above common safety concerns and potential risks to the patient. When appropriate, it should also include a mitigation recommendation or referral or orders for a home safety evaluation.

**Note:** For nursing home patients, different safety concerns might apply.

A number of organizations have developed educational materials that are recommended to aid implementation of the measure. These materials/tools include:

- Alzheimer’s Association Safety Topics. Available on the Alzheimer’s Association website.
- Alzheimer’s Disease Education and Referral Center’s Home Safety for the Alzheimer’s Patient Available on the National Institute on Aging website.

The following is a non-exhaustive list of safety concerns in the two domains pertinent to this measure. To meet measure requirements a patient’s medical record must have documentation of being screened on at least one concern from each of the two domains.

*Dangerousness to self (patient) or others (caregivers and other individuals)*

- Medication misuse
- Physical aggressiveness
- Wandering, including addressing precautions that may include physical measures (e.g., locks, fences or hedges), video surveillance, GPS monitoring and Safe Return programs, personal companions, schedule modifications (e.g., adult day care and day programs), rehabilitative measures, and risk mitigation strategies
- Inability to respond rapidly to crisis/household emergencies
- Financial mismanagement, including being involved in “scams”
- Other concerns raised by patient or their caregiver

*Environmental risks*

- Home safety risks that could arise from cooking or smoking
- Access to firearms or other weapons
- Access to potentially dangerous chemicals and other materials
- Access to and operation of tools and equipment
- Trip hazards in the home increasing the risk of falling
- Other concerns raised by patient or their caregiver

**NUMERATOR NOTE:** *The 12 month look back period is defined as 12 months from the date of the denominator eligible encounter. Denominator Exception(s) are determined on the date of the denominator eligible encounter.*

**Numerator Options:**

***Performance Met:***

Safety concerns screen provided and if positive then documented mitigation recommendations  
**(G9922)**

**OR**

***Performance Met:***

Safety concerns screen provided and negative **(G9923)**

**OR**

***Denominator Exception:***

Documentation patient unable to communicate and informant not available **(G2183)**

**OR**

***Performance Not Met:***

Safety concerns screening not provided, reason not otherwise specified **(G9925)**

**OR**

***Performance Not Met:***

Safety concerns screening positive screen is without provision of mitigation recommendations, including but not limited to referral to other resources **(G9926)**

**RATIONALE:**

The assessment of safety is an identified gap in dementia care (Black BS, Johnston D, Rabins PV, et al. Unmet Needs of Community-Residing Persons with Dementia and Their Informal Caregivers: Findings from the MIND at Home Study. J Am Geriatr Soc 2013;61(12):2087-2095.) Persons with dementia are at increased risk of having safety concerns for several reasons. Cognitive loss can lead to confusion regarding use of medications, handling of weapons or machinery, or the ability to remember to turn off appliances, such as ranges and stoves. Dementia also impairs the person’s judgment, and as such, increases the risk for financial abuse and exploitation. The risk of falls among persons with dementia is greater, and following injury, persons with dementia are less likely to recover than other seniors (Allan LM, Ballard CG, Rowan EN, Kenny RA. Incidence and prediction of falls in dementia: a prospective study in older people. PLoS ONE. 2009;4). Persons with dementia are at greater risk of burns due to hot water. Similarly, persons with dementia may exhibit aggressive behaviors towards themselves or others (Salzman C, Jeste D, Meyer RE, Cohen-Mansfield j, et.al. Elderly Patients with Dementia-Related Symptoms of Severe Agitation

and Aggression: Consensus Statement on Treatment Options, Clinical Trials, Methodology and Policy. J Clin Psychiatry 2008 June;69(6):889-898). These and other types of injuries are preventable through mitigating strategies, however, the risks must be identified. This quality measure requires screening for safety concerns in two risk domains: dangerousness to self/others and environment. Current treatment guidelines for the management of dementia recommend that healthcare providers screen for safety risks. There are community and online resources to facilitate home safety (Alzheimer's Association. Home Safety. Available at: <https://www.alz.org/help-support/caregiving/safety/home-safety>. Accessed November 25, 2018). By routinely screening for safety issues, the clinician will also become increasingly more familiar with the range of problems identified, and thus be able to continuously improve the quality of care delivered.

#### **CLINICAL RECOMMENDATION STATEMENTS:**

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

- “Recommended assessments include evaluation of suicidality, dangerousness to self and others, and the potential for aggression, as well as evaluation of living conditions, safety of the environment, adequacy of supervision, and evidence of neglect or abuse (Category I). Important safety issues in the management of patients with dementia include interventions to decrease the hazards of wandering and recommendations concerning activities such as cooking, driving, hunting, and the operation of hazardous equipment. Caregivers should be referred to available books [and other materials] that provide advice and guidance about maximizing the safety of the environment for patients with dementia...As patients become more impaired, they are likely to require more supervision to remain safe, and safety issues should be addressed as part of every evaluation. Families should be advised about the possibility of accidents due to forgetfulness (e.g., fires while cooking), of difficulties coping with household emergencies, and of the possibility of wandering. Family members should also be advised to determine whether the patient is handling finances appropriately and to consider taking over the paying of bills and other responsibilities. At this stage of the disease [i.e., moderately impaired patients], nearly all patients should not drive.” (1)

#### **For mild to moderate Alzheimer's disease**

“Assess for safety risks (e.g., driving, financial management, medication management, home safety risks that could arise from cooking or smoking, potentially dangerous behaviors such as wandering)” (2)

#### **COPYRIGHT:**

Quality Measures published by the American Academy of Neurology Institute (AANI) and its affiliates are assessments of current scientific and clinical information provided as an educational service. The information: 1) should not be considered inclusive of all proper treatments, methods of care, or as a statement of the standard of care; 2) is not continually updated and may not reflect the most recent evidence (new evidence may emerge between the time information is developed and when it is published or read); 3) addresses only the question(s) or topic(s) specifically identified; 4) does not mandate any particular course of medical care; and 5) is not intended to substitute for the independent professional judgment of the treating provider, as the information does not account for individual variation among patients. In all cases, the selected course of action should be considered by the treating provider in the context of treating the individual patient. Use of the information is voluntary. AANI provides this information on an “as is” basis, and makes no warranty, expressed or implied, regarding the information. AANI specifically disclaims any warranties of merchantability or fitness for a particular use or purpose. AANI assumes no responsibility for any injury or damage to persons or property arising out of or related to any use of this information or for any errors or omissions.

©2023 American Academy of Neurology Institute. All rights reserved.

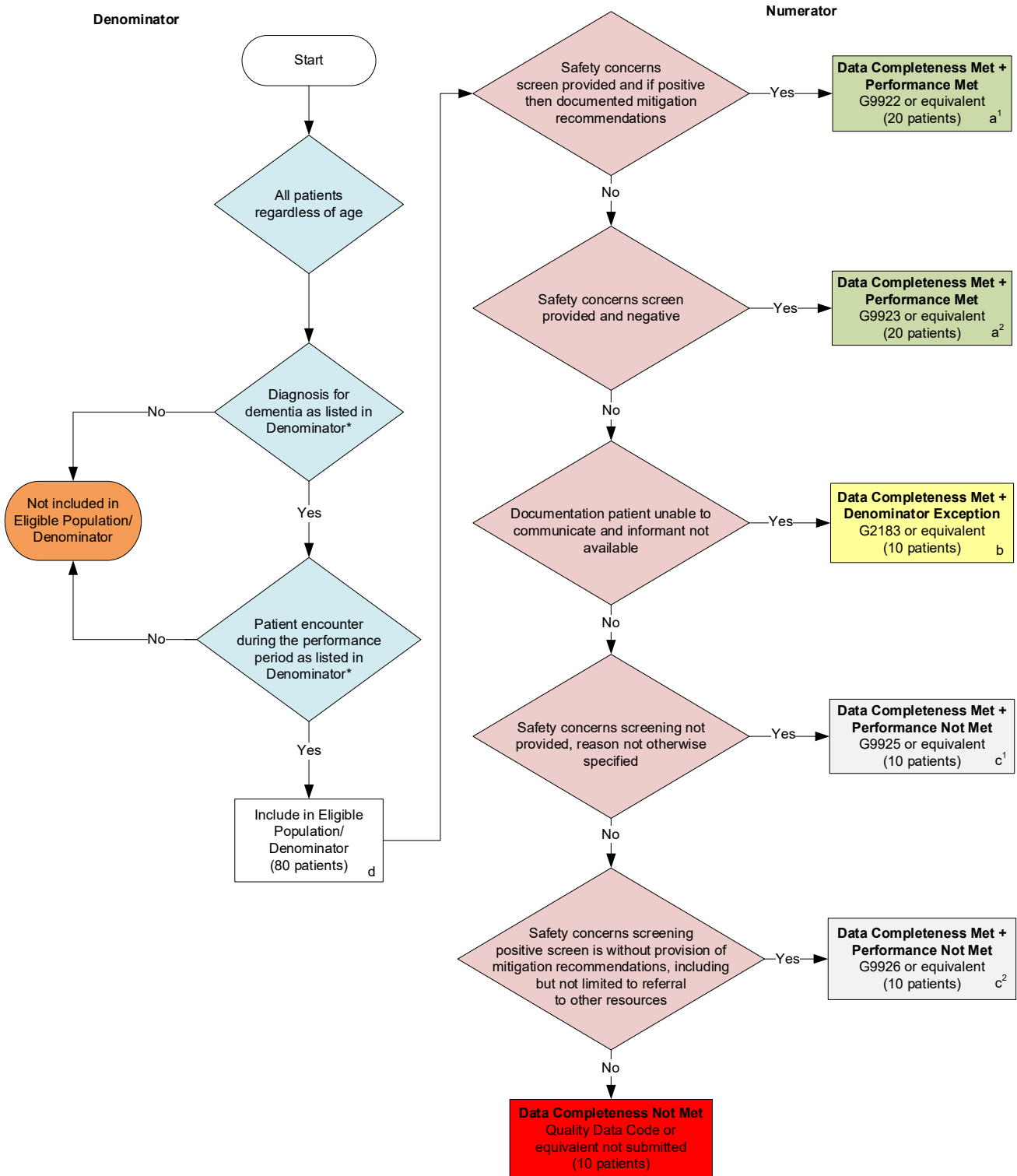
The American Psychiatric Association's (APA), PCPI's, and AMA's significant past efforts and contributions to the development and updating of the Measure are acknowledged.

Limited proprietary coding may be contained in the Measure specifications for convenience. A license agreement must be entered prior to a third party's use of Current Procedural Terminology (CPT®) or other proprietary code set contained in the Measure. Any other use of CPT or other coding by the third party is strictly prohibited. AANI, APA, AMA, and the former members of the PCPI disclaim all liability for use or accuracy of any CPT or other coding contained in the specifications.

CPT® contained in the Measures specifications is copyright 2004-2023 American Medical Association. LOINC® copyright 2004-2023 Regenstrief Institute, Inc. SNOMED CLINICAL TERMS (SNOMED CT®) copyright 2004-2023. The International Health Terminology Standards Development Organisation (IHTSDO). ICD-10 is copyright 2023 World Health Organization. All Rights Reserved.

**2024 Clinical Quality Measure Flow for Quality ID #286:  
Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia**

*Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.*



**SAMPLE CALCULATIONS**

**Data Completeness=**

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=40 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c}^1\text{+c}^2\text{=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=40 patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

\* See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

CPT only copyright 2023 American Medical Association. All rights reserved.  
The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

v8

**2024 Clinical Quality Measure Flow Narrative for Quality ID #286:  
Dementia: Safety Concern Screening and Follow-up for Patients with Dementia**

**Disclaimer:** Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. Check *All patients regardless of age*
3. Check *Diagnosis for dementia as listed in Denominator\**:
  - a. If *Diagnosis for dementia as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis for dementia as listed in Denominator\** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator\**.
4. Check *Patient encounter during the performance period as listed in Denominator\**:
  - a. If *Patient encounter during the performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient encounter during the performance period as listed in Denominator\** equals Yes, include in *Eligible Population/Denominator*.
5. Denominator Population:
  - Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
6. Start Numerator
7. Check *Safety concerns screen provided and if positive then documented mitigation recommendations*:
  - a. If *Safety concerns screen provided and if positive then documented mitigation recommendations* equals Yes, include in *Data Completeness Met and Performance Met*.
    - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a<sup>1</sup> equals 20 patients in the Sample Calculation.
  - b. If *Safety concerns screen provided and if positive then documented mitigation recommendations* equals No, proceed to check *Safety concerns screen provided and negative*.
8. Check *Safety concerns screen provided and negative*:
  - a. If *Safety concerns screen provided and negative* equals Yes, include in *Data Completeness Met and Performance Met*.
    - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of the document. Letter a<sup>2</sup> equals 20 patients in the Sample Calculation
  - b. If *Safety concerns screen provided and negative* equals No, proceed to check *Documentation patient unable to communicate and informant not available*.



9. Check *Documentation patient unable to communicate and informant not available*:
  - a. If *Documentation patient unable to communicate and informant not available* equals Yes, include in *Data Completeness Met and Denominator Exception*.
    - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in the Sample Calculation.
  - b. If *Documentation patient unable to communicate and informant not available* equals No, proceed to check *Safety concerns screening not provided, reason not otherwise specified*.
10. Check *Safety concerns screening not provided, reason not otherwise specified*:
  - a. If *Safety concerns screening not provided, reason not otherwise specified* equals Yes, include in *Data Completeness Met and Performance Not Met*.
    - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c<sup>1</sup> equals 10 patients in the Sample Calculation.
  - b. If *Safety concerns screening not provided, reason not otherwise specified* equals No, proceed to check *Safety concerns screening positive screen is without provision of mitigation recommendations, including but not limited to referral to other resources*.
11. Check *Safety concerns screening positive screen is without provision of mitigation recommendations, including but not limited to referral to other resources*:
  - a. If *Safety concerns screening positive screen is without provision of mitigation recommendations, including but not limited to referral to other resources* equals Yes, include in *Data Completeness Met and Performance Not Met*.
    - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c<sup>2</sup> equals 10 patients in the Sample Calculation.
  - b. If *Safety concerns screening positive screen is without provision of mitigation recommendations, including but not limited to referral to other resources* equals No, proceed to check *Data Completeness Not Met*.
12. Check *Data Completeness Not Met*:
  - If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

### **Sample Calculations**

Data Completeness equals Performance Met (a<sup>1</sup> plus a<sup>2</sup> equals 40 patients) plus Denominator Exception (b equals 10 patients) plus Performance Not Met (c<sup>1</sup> plus c<sup>2</sup> equals 20 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a<sup>1</sup> plus a<sup>2</sup> equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b equals 10 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.