

**STATE OF NEVADA
AGING AND DISABILITY SERVICES DIVISION**

**SERVICE SPECIFICATIONS
ALZHEIMER'S DIAGNOSTIC SERVICE**

Any exceptions to these Service Specifications must be requested in writing and approved by the Deputy Administrator of the Aging and Disability Services Division.

PURPOSE:

To promote quality of service, the Aging and Disability Services Division (ADSD) has established service specifications that contain general guidelines. The service specifications that each grantee must follow consist of GENERAL REQUIREMENTS and PROGRAM-SPECIFIC REQUIREMENTS established for each type of funded service.

SERVICE DEFINITION:

This service provides a comprehensive medical, social, and general safety evaluation for patients, age 60 or older, with suspected dementia.

SERVICE CATEGORIES AND UNIT MEASURES:

Diagnosis: The process of determining, by examination and analysis, the nature and circumstances of a disease condition. Patients will be provided a comprehensive medical, safety, and social evaluation. Based on the evaluation, a case plan will be developed, which may include treatment, prescriptions, and referrals for other medical and social services.

One unit equals one diagnostic or follow-up visit.

GENERAL REQUIREMENTS:

- A. Pursuant to NRS 632.005-632.500, grantees must meet all applicable statutes pertaining to nursing.
- B. Pursuant to NRS 630.003-630.411, grantees must meet all applicable statutes pertaining to physicians and assistants.

SPECIFICATIONS:

- 1. Required Services:
 - 1.1 Provide patients with a complete dementia diagnostic evaluation. At a minimum, this evaluation must include a review of past medical history, a physical examination, a cognitive health evaluation and a treatment plan.

- 1.2 Provide referral assistance to any patient requiring medical consultation or care beyond the scope of services offered by the program.
 - 1.3 Provide in-home evaluation when deemed necessary by the medical services team.
2. Documentation Requirements:
- 2.1 Client file documentation must include the following information.
 - 2.1.a An individual patient chart indicating the results of the physical examination and other specialized services received by the patient.
 - 2.1.b Results of any in-home and general safety evaluations performed with recommendations
 - 2.1.c Referrals of the patient to other services for which they may qualify. Results of these referrals should also be annotated or recorded.
 - 2.1.d Follow-up of referrals must be completed and documented within thirty (30) days.
3. Quality Improvement:
- 3.1 Conduct at least one quality assurance review annually. The review must evaluate the quality of medical service provided by the program and the adequacy of documentation. The results of the review must document any program deficiencies and contain a plan of correction.