

DEMENTIA SYSTEM OF CARE

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes the policy and responsibilities for the development, implementation, and sustainment of the VHA Dementia System of Care.

2. SUMMARY OF CONTENT: This directive establishes the policy and responsibilities for the VHA Dementia System of Care (VHA DSOC). This directive is intended to promote consistent operation of the VHA DSOC by establishing required components, functions, and services that can be monitored at all levels of VHA.

3. RELATED ISSUES: VHA Directive 1140.11, Uniform Geriatrics and Extended Care Services in VHA Medical Centers and Clinics, dated October 11, 2016.

4. RESPONSIBLE OFFICE: The Office of Geriatrics and Extended Care (GEC) (10NC4) is responsible for the contents of this VHA directive. Questions may be referred to 202-461-6750.

5. RESCISSIONS: None.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of October 31, 2024. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH:**

/s/ Renee Oshinski
Deputy Under Secretary for Health
for Operations and Management

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

DISTRIBUTION: Emailed to the VHA Publication Distribution List on October 24, 2019.

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DEMENTIA SYSTEM OF CARE

1. PURPOSE

This Veterans Health Administration (VHA) Directive establishes policy and assigns responsibilities for the development, implementation, and sustainment of the VHA Dementia System of Care (VHA DSOC). **AUTHORITY:** Title 38 United States Code (U.S.C.) 1717, 1720C, 7301(b); and Title 38 Code of Federal Regulations (CFR) 17.38.

2. BACKGROUND

a. VHA serves a significant number of Veterans with dementia. As the Veteran population ages, that number is increasing. Using national prevalence rates of dementia applied to Veteran population estimates, the VHA Assistant Deputy Under Secretary for Health for Policy and Planning estimated there would be nearly 768,000 Veterans nationwide living with dementia in Fiscal Year (FY) 2019. Of those, nearly 409,000 would be enrolled in the VHA health care system, and nearly 276,000 would be active users of VHA health care. By FY 2033, the number of Veterans with dementia enrolled in VHA health care is expected to increase by some 20 percent, to more than 492,000, while the number of active VHA patients with dementia is expected to increase by 22 percent, to more than 335,000.

b. VHA is strongly committed to caring for Veterans with dementia. The Office of Geriatrics and Extended Care (GEC) is responsible for developing guidance and providing oversight of dementia programs and initiatives to address the needs of Veterans with dementia. Accordingly, GEC coordinates a wide variety of dementia research, education, clinical care, and quality improvement initiatives within VHA.

c. This is the first directive devoted entirely to a system of care for Veterans with dementia within VHA. The VHA Dementia System of Care (VHA DSOC) is defined as an integrated service delivery network that provides primary and specialty care to Veterans with dementia.

3. DEFINITIONS

a. **Dementia.** Dementia is a symptom complex characterized by cognitive decline including disturbances in memory, language, spatial abilities, impulse control, judgment, or other areas of cognitive ability severe enough to interfere with social or occupational functioning. Dementia of the Alzheimer's type (DAT) is the most common form of dementia. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) classifies dementia as a major neurocognitive disorder.

b. **Procedural Guidelines.** Descriptions and guidelines for implementing key elements of the VHA DSOC are available in the Procedural Guidelines for this directive found on the VHA Dementia SharePoint. **NOTE:** See *VHA Dementia SharePoint link located in the References paragraph of this directive.*

4. GOALS OF VHA DEMENTIA SYSTEM OF CARE

Major goals of the VHA DSOC are to help Veterans with dementia and their caregivers maintain a positive and optimal quality of life and to create an environment where VHA staff understands the health care needs of Veterans with dementia and the role of their caregivers. These goals are accomplished through continuous quality improvement of comprehensive, coordinated, interdisciplinary, and person-centered care for Veterans with dementia delivered by staff empowered with the necessary skills and resources to provide excellent care.

5. COMPONENTS OF VHA DEMENTIA SYSTEM OF CARE

VHA DSOC includes administrative, clinical, educational, and research components. The administrative and clinical care processes are designed to provide the full continuum of diagnostic, treatment, and support services to all eligible Veterans with dementia, in collaboration with families and caregivers, through coordinated care both within VHA and in the community. The educational and research activities support VHA staff training based on the latest scientific understanding of dementia and its management. The VHA DSOC promotes Veteran access to needed services, honors Veteran preferences for a balance of non-institutional and institutional care settings, and supports optimal coordination of care between settings. **NOTE:** *Guidelines for implementing key elements of the VHA DSOC are available in the Procedural Guidelines for this directive found on the VHA Dementia SharePoint.* **NOTE:** *See VHA Dementia SharePoint link located in the References paragraph of this directive.*

6. POLICY

It is VHA policy that all VA medical facilities provide comprehensive, coordinated, person-centered care for Veterans with dementia and their caregivers.

7. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health, or designee, is responsible for ensuring compliance with this directive.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for operational oversight of this directive, including:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Network (VISN) Directors.

(2) Ensuring that each VISN Director has the resources required to comply with the requirements of this directive in all VA medical facilities within that VISN.

(3) Ensuring that each VA medical facility in the VISN fulfills the requirements of this directive.

(4) Determining workforce requirements for VHA professional and support staff to provide dementia care and ensuring adequate recruitment and retention strategies to attract and maintain a consistent VHA workforce to care for Veterans with dementia.

c. **Assistant Deputy Under Secretary for Health for Clinical Operations and Management.** The Assistant Deputy Under Secretary for Health for Clinical Operations and Management is responsible for convening the VHA Dementia Steering Committee (DSC) and supporting its mission by disseminating its recommendations. **NOTE:** A description of the DSC and its functions is available in the Procedural Guidelines for this directive found on the VHA Dementia SharePoint. **NOTE:** See VHA Dementia SharePoint link located in the References paragraph of this directive.

d. **Executive Director, Office of Geriatrics and Extended Care.** The Executive Director, Office of Geriatrics and Extended Care (GEC) is responsible for:

(1) Developing policy and providing oversight of geriatric care and long-term care within the VA health care system.

(2) Developing guidance and providing oversight of dementia programs and initiatives to address the needs of Veterans with dementia.

(3) Developing and monitoring operations of the DSOC at the national level.

(4) Coordinating the membership and functioning of the VHA DSC. **NOTE:** A description of the DSC and its functions is available in the Procedural Guidelines for this directive found on the VHA Dementia SharePoint. **NOTE:** See VHA Dementia SharePoint link located in the References paragraph of this directive.

e. **Veterans Integrated Service Network Director.** The Veterans Integrated Service Network (VISN) Director is responsible for:

(1) Appointing and supporting a VISN Dementia Committee with representation from each VISN facility.

(2) Forwarding to VHA GEC the name(s) of their selected VISN Dementia Committee Chairperson(s) and notifying VHA GEC by the end of each quarter of the FY or sooner if any changes occur.

NOTE: Guidelines for the composition and functions of VISN Dementia Committees are available in the Procedural Guidelines for this directive found on the VHA Dementia SharePoint. **NOTE:** See VHA Dementia SharePoint link located in the References paragraph of this directive.

f. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring there is a plan for providing necessary dementia care coordination.

NOTE: Guidelines for dementia care coordination are available in the Procedural Guidelines for this directive found on the VHA Dementia SharePoint. **NOTE:** See VHA Dementia SharePoint link located in the References paragraph of this directive.

(2) Ensuring that the VA medical facility has a dementia education plan for addressing all facility staff needs for education and training on the care of Veterans with dementia.

NOTE: Guidelines for VA medical facility dementia education and training activities are available in the Procedural Guidelines for this directive found on the VHA Dementia SharePoint.

(3) Ensuring that VA medical facility dementia care services are evaluated, and performance improvement activities are conducted. These activities can be coordinated with the Quality Management office at each VA medical facility and must be reviewed by the same facility leadership board that is responsible for oversight of all performance improvement activities at that facility.

(4) Ensuring that relevant VHA clinicians initiate or refer a Veteran for a dementia diagnostic workup when dementia warning signs are present.

NOTE: Examples of dementia warning signs and guidelines for a dementia diagnostic workup are available in the Procedural Guidelines for this directive found on the VHA Dementia SharePoint.

(5) Ensuring that VHA clinicians document the diagnosis of dementia in the Veteran's medical record, using the VHA Dementia ICD-10 Diagnostic Codes List, when the diagnostic workup results in a final diagnosis of dementia.

NOTE: The current VHA Dementia ICD-10 Diagnostic Codes List is available on the VHA Dementia SharePoint.

(6) Ensuring that the VHA Dementia ICD-10 Diagnostic Codes List is used for local dementia data reporting and program planning.

NOTE: The current VHA Dementia ICD-10 Diagnostic Codes List is available on the VHA Dementia SharePoint.

(7) Ensuring that guidance provided by VHA GEC about the correct use of Dementia Clinic Stop Code 320 is followed.

NOTE: Instructions for using Dementia Clinic Stop Code 320 and related stop codes can be found on the VHA Dementia SharePoint.

(8) Ensuring that the facility provides treatment, services, and settings that meet the needs of all Veterans with dementia to ensure safety, privacy, and dignity across care settings.

8. TRAINING

There are no formal training requirements associated with this directive. Suggested components for a facility dementia education plan can be found in the Procedural Guidelines for this directive found on the VHA Dementia SharePoint. **NOTE:** See *VHA Dementia SharePoint link located in the References paragraph of this directive.*

9. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

10. REFERENCES

- a. 38 U.S.C. 1717, 1720C, and 7301(b).
- b. 38 CFR 17.38.
- c. VHA Directive 1140.11, Uniform Geriatrics and Extended Care Services in VA Medical Centers and Clinics, dated October 11, 2016.
- d. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (DSM-5)®, American Psychiatric Association.
- e. Procedural Guidelines for VHA Directive 1140.12 Dementia System of Care: <https://dvagov.sharepoint.com/:f:/r/sites/VHAGeriatrics/national/AH/VHA%20DEMENTIA%20SHAREPOINT/Procedural%20Guidelines%20for%20VHA%20Directive%201140.12%20Dementia%20System%20of%20Care?csf=1&e=6sR6De>. **NOTE:** This is an internal VA Web site that is not available to the public.
- f. U.S. Department of Veterans Affairs, Veterans Health Administration, Office of the Assistant Deputy Under Secretary for Health for Policy and Planning. Projections of the Prevalence and Incidence of Dementias. September 2013. www.va.gov/geriatrics/GEC_Data_Reports.asp.
- g. VHA Dementia SharePoint (VHA GEC National Dementia Materials): <https://dvagov.sharepoint.com/:f:/r/sites/VHAGeriatrics/national/AH/VHA%20DEMENTIA%20SHAREPOINT?csf=1&e=AHmUB3>. **NOTE:** This is an internal VA Web site that is not available to the public.