

**DEMENTIA AND COGNITIVE IMPAIRMENT:
INTERAGENCY COLLABORATIVE DATA COLLECTION EFFORTS**

**Report to the
Virginia Alzheimer's Disease and Related Disorders Commission**

**Virginia Department for Aging
and Rehabilitative Services**

September 1, 2019

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Executive Summary

Since 2012, the Virginia Department for Aging and Rehabilitative Services (DARS) has worked with staff from other Virginia Health and Human Resources (HHR) agencies to compile available data on individuals with Alzheimer's disease and other dementias and their caregivers. In July of 2013, DARS created a Dementia Services Coordinator to focus on the day-to-day implementation of Virginia's Dementia State Plan, which, among other goals, emphasizes improved data collection and analysis. Working with a team of experts from state HHR agencies, the Virginia Center on Aging, the Virginia Alzheimer's Disease and Related Disorders Commission, and the Alzheimer's Association, DARS identified data collection sources in 2014 that may provide information about the prevalence of dementia and its service delivery impact on state agencies. In 2018, the Dementia Services Coordinator undertook to update the earlier report and identify any additional sources of data on Alzheimer's disease and other dementias that might have become available in the interim period.

The updated agency data review revealed the following findings:

- During the first quarter of calendar year 2019, 51% or 12,143 individuals residing in nursing facilities had severe or moderate cognitive impairment as reported on the Minimum Data Set (MDS).
- During the first quarter of calendar year 2019, 55.6% or 14,857 individuals residing in nursing facilities had Alzheimer's disease or dementia as reported on the MDS.
- During calendar year 2017, 105,060 fee-for-service Medicare beneficiaries in Virginia had a clinical diagnosis of Alzheimer's disease or dementia, with data available for each locality.
- In calendar year 2015, 8.9% of adults age 45 and older surveyed by the Virginia Department of Health (VDH) reported having experienced increased confusion or memory loss in the last 12 months. Of those adults, only half discussed it with a health care professional.
- From October 2017 through September 2018, 12.1% of those with a noted disability served by area agencies on aging (AAAs) had a cognitive impairment or dementia.
- From October 1, 2013, to July 1, 2018, 12.6% of those served through Adult Services and Adult Protective Services had Alzheimer's disease or dementia. Further, 21.3% experienced short term memory loss and 19.5% had judgment problems.
- In 2017, 511 seniors, many of whom are expected to have dementia, age 60 and over were reported missing by localities in Virginia.

Additional details on the data are provided on the following pages. While it is evident that Alzheimer's disease and dementia affect populations throughout the Commonwealth, the data collected continue to have serious limitations. Elements designed to capture Alzheimer's disease, dementia, or cognitive impairment are not always required and many data sources were designed to track claims and reimbursement rather than diagnoses or prevalence. Since the previous collaborative data collection effort in 2014, there have been no significant changes to the methodology or data collection efforts that would better capture the state of Alzheimer's disease, dementia or cognitive impairment in Virginia. Barriers to improved data collection include cost, required training, data needs of the collecting agency and privacy concerns.

DARS thanks the many individuals who contributed their time and expertise to the collection and analysis of the data.

Department for Medical Assistance Services (DMAS)

Billing and Claims Data

Status: Available for members as of July 31, 2017 with a 3-Year Look-Back

Recurrence: Periodically

Results: With all of the conditions identified below, 2.05% of active Medicaid members as of January 1, 2014 with at least one fee-for-service (FFS) claim processed within the last three years had an Alzheimer's or dementia diagnosis noted in their claim record(s).

<i>Members as of July 31, 2017</i>		<i>Claims Processed within 3 Years</i>	
Member Level of Care	Alzheimer's Diagnosis	Dementia Diagnosis	Members
Hospice	Alzheimer's	None	112
	Alzheimer's	Other Dementia	62
	None	Other Dementia	273
Hospice Total	Alzheimer's Total		174
Hospice Total		Other Dementia Total	335
Nursing facility	Alzheimer's	None	901
	Alzheimer's	Other Dementia	1,004
	None	Other Dementia	8,335
Nursing facility Total	Alzheimer's Total		1,905
Nursing facility Total		Other Dementia Total	9,339
Other	Alzheimer's	None	74
	Alzheimer's	Other Dementia	26
	None	Other Dementia	726
Other Total	Alzheimer's Total		100
Other Total		Other Dementia Total	725
Waiver	Alzheimer's	None	804
	Alzheimer's	Other Dementia	261
	None	Other Dementia	5,071
Waiver Total	Alzheimer's Total		1,065
Waiver Total		Other Dementia Total	5,332
Grand Total	Alzheimer's Total		3,244
Grand Total		Other Dementia Total	15,758
Grand Total			19,002

This represents data on ICD-10 billing codes for dementia diagnoses. This chart depicts a snapshot of active members as of July 31, 2017 who also had a FFS claim in the last three years. Three years was selected for look back since not all individuals will see a health professional every year and since dementia may not be diagnosed with every claim (such as for an acute visit for bronchitis). If a dementia diagnosis was listed on a claim, it was pulled and classified, even if that was not the individual's primary reason for seeking services. This chart looks at paid claims; thus the service could have been rendered more than three years ago, but the claim was paid within the three year look back. DMAS was able to match claims to individuals to reduce duplication, and once the claims were matched to individuals, DMAS was able to identify the individual's care setting in four areas: nursing facility, waiver (all waivers), hospice, and everyone else ("community well") by the core indicators. This chart does not include inactive members or members who have not had a claim paid in the last three years. The gradual shift of all Medicaid beneficiaries to a managed care model (CCC Plus) beginning in 2018 and completed in 2019 will have implications for the availability of this data that are unclear at this point.

Centers for Medicare and Medicaid Services (CMS)

Minimum Data Set (MDS) Public Reports

Status: First Quarter Calendar Year 2019

Recurrence: Calculated Quarterly

Results: During the first quarter of calendar year 2019, 51% or 12,143 residents in nursing facilities had severe or moderate cognitive impairment and 57% or 15,117 residents in nursing facilities had Alzheimer’s disease and dementia as reported on the MDS.

C0500: Cognitive Patterns BIMS Summary Score	
Virginia	
Severe Impairment (high and low subcategories)	
Number of residents*	6,572
Percentage of residents	27.71
Moderate Impairment (high and low subcategories)	
Number of residents*	5,571
Percentage of residents	23.49

C1000: Cognitive Patterns – Cognitive Skills for Daily Decision Making (Made decisions regarding tasks of daily life)	
Virginia	
Modified Independence	
Number of residents*	356
Percentage of residents	8.41
Moderately Impaired	
Number of residents*	1,168
Percentage of residents	27.55
Severely Impaired	
Number of residents*	2,430
Percentage of residents	57.29

Virginia	
I4200: Active Diagnoses – Last 7 Days – Neurological – Alzheimer’s Disease	
Number of residents*	3,091
Percentage of residents	11.57
I4800: Active Diagnoses – Last 7 Days – Neurological – Dementia (e.g. Non-Alzheimer’s dementia)	
Number of residents*	11,776
Percentage of residents	44.07

Data provided by CMS via www.cms.gov and comes from all Virginia Medicare-certified nursing facilities, regardless of an individual resident’s payer source within the facility, and from active residents with a look back period of up to one year. Some examples of limitations to the above data include: MDS evaluations are not required for every resident in every quarter; residents may

not be screened on all items; some residents may have received more than one MDS evaluation in one quarter; not all residents have received a diagnosis of dementia despite showing signs; and “intact or borderline impairment” and “unable to complete interview” are rather wide reporting categories and were not included in these figures. *”Number of residents” calculated by DARS based on total residents who were screened on that item and the CMS reported percentages.

**National data no longer provided by CMS (last quarter available Q3 2018).

CMS Chronic Conditions Prevalence: All Fee-for-Service Beneficiaries, 2017

Status: Calendar Year 2017

Recurrence: Annually

Results: During calendar year 2017, 105,060 fee-for-service Medicare beneficiaries in Virginia had a clinical diagnosis of Alzheimer's disease or dementia. The tables on pages 7-10 display this data for each city and county in Virginia.

Data is based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. Medicare is the United States' federal health insurance program for persons aged 65 years or older, persons under age 65 years with certain disabilities, and persons of any age with end-stage renal disease. The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. These data are available from the CMS Chronic Condition Data Warehouse (CCW), a database with 100% of Medicare enrollment and fee-for-service claims data.

For all the chronic condition reports the Medicare beneficiary population is limited to fee-for-service beneficiaries. Medicare beneficiaries with any Medicare Advantage enrollment during the year are excluded since claims data are not available for these beneficiaries. Also, beneficiaries who were enrolled at any time in the year in Part A only or Part B only are excluded since their utilization and spending cannot be compared directly to beneficiaries enrolled in both Part A and Part B. Beneficiaries who died during the year are included up to their date of death if they meet the other inclusion criteria.

According to CMS, prevalence estimates are calculated by taking the beneficiaries with a particular condition (or MCC category) divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage.

These data are lower than expected (the estimated number of people living with Alzheimer's disease according to the Alzheimer's Association in Virginia was 140,000 in 2017) because of the reasons listed above combined with studies that have found missed and lower rates of diagnoses for Alzheimer's disease and dementia. Additionally, these data only include those enrolled in Medicare and may not include younger people who have not reached Medicare age or who have not yet qualified for Medicare through disability. These reasons together easily account for the difference between 105,060 clinically diagnosed individuals and the 140,000 people estimated to have Alzheimer's disease.

Chronic Conditions Prevalence State/County Table: All Fee-for-Service Beneficiaries, 2017

Geographic Area	# Count of Medicare Beneficiaries	% Alzheimer's Disease/Dementia	# Total Number of Medicare Beneficiaries with AD/D
National	33,725,823	10.8	3,657,903
Virginia	1,025,527	10.2	105,060
Accomack	6,841	8.7	598
Albemarle	15,859	10.4	1,649
Alexandria City	11,501	11.7	1,348
Alleghany	3,696	8.8	327
Amelia	2,110	9.1	193
Amherst	5,905	10.8	637
Appomattox	3,008	8.7	261
Arlington	15,624	11.7	1,821
Augusta	14,395	8.1	1,171
Bath	1,118	8.4	94
Bedford	14,569	10.0	1,450
Bland	1,311	9.2	121
Botetourt	6,014	9.5	573
Bristol City	2,434	9.8	238
Brunswick	3,051	10.1	308
Buchanan	4,132	7.3	301
Buckingham	2,623	7.7	201
Buena Vista City	1,102	9.5	105
Campbell	9,791	10.0	978
Caroline	4,192	9.0	379
Carroll	6,512	9.4	610
Charles City	1,319	9.7	128
Charlotte	2,675	9.6	256
Charlottesville City	4,760	10.0	477
Chesapeake City	25,828	10.9	2,811
Chesterfield	38,354	9.6	3,695
Clarke	2,551	11.3	288
Colonial Heights City	3,188	10.4	331
Covington City	1,309	7.4	97
Craig	948	9.2	87
Culpeper	6,921	9.3	643
Cumberland	1,576	8.9	140
Danville City	8,555	11.6	989
Dickenson	2,725	10.3	282

Chronic Conditions Prevalence State/County Table: All Fee-for-Service Beneficiaries, 2017			
Geographic Area	# Count of Medicare Beneficiaries	% Alzheimer's Disease/Dementia	# Total Number of Medicare Beneficiaries with AD/D
Dinwiddie	4,146	9.1	379
Emporia City	803	13.7	110
Essex	2,181	10.0	218
Fairfax	97,398	10.5	10,266
Fairfax City	2,565	12.1	311
Falls Church City	1,204	12.0	144
Fauquier	9,574	9.7	927
Floyd	2,977	9.4	281
Fluvanna	4,519	8.7	392
Franklin	9,760	7.9	773
Franklin City	1,514	11.5	174
Frederick	12,784	11.3	1,440
Fredericksburg City	3,089	10.8	334
Galax City	1,700	11.2	190
Giles	3,263	8.7	285
Gloucester	6,323	9.4	595
Goochland	3,891	9.6	375
Grayson	3,809	8.8	334
Greene	2,882	9.8	281
Greensville	1,709	8.8	151
Halifax	7,830	9.3	729
Hampton City	16,409	10.7	1,760
Hanover	13,738	10.4	1,424
Harrisonburg City	4,193	10.7	448
Henrico	35,513	12.4	4,409
Henry	10,232	9.7	993
Highland	655	8.1	53
Hopewell City	3,297	11.1	366
Isle Of Wight	5,745	9.6	553
James City	15,905	9.6	1,532
King And Queen	2,893	10.3	299
King George	2,525	8.6	218
King William	1,337	8.9	119
Lancaster	3,544	9.7	345
Lee	3,634	8.9	323
Lexington City	1,383	11.0	152
Loudoun	23,624	11.5	2,725
Louisa	5,785	8.3	479

Chronic Conditions Prevalence State/County Table: All Fee-for-Service Beneficiaries, 2017			
Geographic Area	# Count of Medicare Beneficiaries	% Alzheimer's Disease/Dementia	# Total Number of Medicare Beneficiaries with AD/D
Lunenburg	2,425	10.6	258
Lynchburg City	11,367	11.7	1,332
Madison	2,377	10.1	239
Manassas City	2,884	10.3	296
Manassas Park City	793	10.1	80
Martinsville City	2,718	11.7	319
Mathews	2,264	9.0	203
Mecklenburg	6,766	10.6	717
Middlesex	2,839	9.4	266
Montgomery	9,982	9.5	945
Nelson	3,584	6.1	220
New Kent	3,145	7.5	236
Newport News City	18,226	11.4	2,083
Norfolk City	20,939	11.4	2,397
Northampton	2,798	9.8	275
Northumberland	3,722	8.5	317
Norton City	734	9.4	69
Nottoway	2,798	12.9	361
Orange	6,859	9.2	628
Page	5,111	9.0	460
Patrick	3,680	10.2	374
Petersburg City	4,728	12.1	574
Pittsylvania	11,775	9.7	1,139
Poquoson	2,043	10.3	210
Portsmouth City	11,473	11.0	1,257
Powhatan	4,127	9.4	389
Prince Edward	3,498	10.6	370
Prince George	4,601	8.5	390
Prince William	31,196	9.2	2,883
Pulaski	6,769	9.5	641
Radford City	1,496	10.0	149
Rappahannock	1,685	9.1	153
Richmond	1,487	10.8	161
Richmond City	18,938	12.0	2,274
Roanoke	16,747	10.8	1,804
Roanoke City	12,910	10.9	1,401
Rockbridge	4,613	8.3	382

Chronic Conditions Prevalence State/County Table: All Fee-for-Service Beneficiaries, 2017			
Geographic Area	# Count of Medicare Beneficiaries	% Alzheimer's Disease/Dementia	# Total Number of Medicare Beneficiaries with AD/D
Rockingham	13,367	8.8	1,175
Russell	4,840	8.9	433
Salem City	4,407	12.0	529
Scott	3,140	10.4	327
Shenandoah	8,611	10.2	876
Smyth	6,395	11.2	717
Southampton	3,192	10.5	334
Spotsylvania	15,425	10.0	1,535
Stafford	12,964	10.3	1,332
Staunton City	4,884	10.4	506
Suffolk City	11,072	10.3	1,139
Surry	1,102	7.9	87
Sussex	1,668	9.0	150
Tazewell	7,914	8.7	690
Virginia Beach City	51,909	10.5	5,431
Warren	6,053	10.2	619
Washington	9,234	9.6	885
Waynesboro City	3,767	10.2	386
Westmoreland	3,822	8.8	337
Williamsburg City	1,963	10.7	211
Winchester City	4,151	12.3	509
Wise	6,209	10.1	625
Wythe	5,376	9.7	524
York	9,135	10.7	977

Virginia Department of Health (VDH)

Behavioral Risk Factor Surveillance System (BRFSS) Cognitive Decline Module

Status: Calendar Year 2015

Recurrence: Replicated in 2019 (data available in late 2020)

Results: In calendar year 2015, 8.9% of adults age 45 and older surveyed reported having experienced increased confusion or memory loss in the last 12 months. Of those adults, 37.8% reported that it interfered with their ability to work, volunteer, or engage in social activities. Encouragingly, where only about a quarter of respondents had discussed their increased confusion or memory loss with a health care professional in the 2012, that rose to just over half in 2015.

<i>Q1: "During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (1) Yes (2) No</i>				
State	Percent	95% CI	Number	Sample Size
Virginia: All adults age 45 and older	8.9	8.0-9.8	530	5,617
Total (35 States): All adults age 45 and older	11.5			150,370
Percentage of adults in age ranges reporting increased confusion and memory loss, by state (2015)				
Age Group	50-54	55-59	60-64	≥ 65
	Percent (95% CI)			
Virginia	7.4 (5.5-9.9)	9.6 (7.6-12.1)	9.0 (6.9-11.7)	10.0 (8.5-11.7)
Total (35 States)	11.0 (9.9-12.1)	12.1 (11.1-13.2)	11.1 (10.2-12.1)	12.1 (11.5-12.8)

GAVE UP HOUSEHOLD CHORES ALWAYS/USUALLY/SOMETIMES		
<i>Q2. During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving or paying bills? (Always, Usually, Sometimes, Rarely, Never)</i>		
ADULTS AGE 45+		
State	Percent	95% CI
Virginia	35.6	30.4 - 40.8
Total (35 States)	40.8	

NEED ASSISTANCE		
<i>Q3. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? (Always, Usually, Sometimes, Rarely, Never)</i>		
ADULTS AGE 45+		
State	Percent	95% CI
Virginia	29.6	24.6 - 34.6
Total (35 States)	36.0	

RECEIVED CARE ALWAYS/USUALLY/SOMETIMES

Q4. When you need help with these day-to-day activities, how often are you able to get the help that you need? (Only asked if answered “Always”, “Usually”, or “Sometimes” to Q3)

(Always, Usually, Sometimes, Rarely, Never)

ADULTS AGE 45+		
State	Percent	95% CI
Virginia	87.9	81.2 - 94.5
Total (35 States)	84.6	

INTERFERES WITH WORK ETC. ALWAYS/ USUALLY

Q5. During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? (Always, Usually, Sometimes, Rarely, Never)

ADULTS AGE 45+		
State	Percent	95% CI
Virginia	37.8	32.4 - 43.3
Total (35 States)	36.7	

TALKED WITH A HEALTH CARE PROVIDER ABOUT THEIR MEMORY/CONFUSION

Q6. Have you or anyone else discussed your confusion or memory loss with a health care professional?

(Yes, No)

ADULTS AGE 45+		
State	Percent	95% CI
Virginia	51.7	46.2 – 57.1
Total (35 States)	44.8	

Virginia Department of Behavioral Health and Developmental Services (DBHDS)

Fiscal Year 2018 Annual Report

Status: Fiscal Year 2018 Available (dated January 10, 2019)

Recurrence: Annually

Results: Of those adults 65 years or older who received services in state hospitals in fiscal year 2013, almost half had a diagnosis of Alzheimer’s disease or dementia. Yet, CSBs and state hospitals serve relatively few individuals with Alzheimer’s disease or dementia across all services and all ages.

Addressing the needs of individuals with Alzheimer’s disease or related dementias is becoming increasingly important because of the significant growth in Virginia’s older adult population and in the numbers of individuals with these dementias.

Individuals With Alzheimer’s Disease or Related Dementias Who Received Services in CSBs or State Hospitals in FY 2018				
Diagnosis	In CSB Mental Health Services	In All CSB Services	In State Hospitals	In All State Facilities
Individuals 18-64	81,722	159,032	5,906	6,574
Other Dementias	34	51	15	15
Alzheimer’s	239	357	94	98
Dementia	273	379	49	56
Unduplicated Total	526	764	145	155
Percent of 18-64	0.64%	0.48%	2.46%	2.36%
Individuals 65+	7,165	12,692	774	931
Other Dementias	92	168	134	139
Alzheimer’s	285	583	204	216
Dementia	120	173	54	57
Unduplicated Total	465	879	313	328
Percent of 65+	6.49%	6.93%	40.44%	35.23%

The Community Consumer Submission 3 (CCS 3), the software application that transmits data about individuals and services from CSB information systems to the Department, provided data about the diagnoses, clinical and demographic characteristics, and living situations of individuals who received services from CSBs in FY 2018.

These figures are unduplicated within each CSB or state facility, but they are not unduplicated across CSBs because an individual may receive services from more than one CSB; between state facilities because an individual may receive services from more than one state hospital or training center; or between CSBs and state facilities because an individual may receive services from both.

Virginia Department for Aging and Rehabilitative Services (DARS): Division for the Aging

PeerPlace Data on Disabilities

Status: Provided for October 1, 2017 to September 30, 2018

Recurrence: Periodically

Results: For the year to September 30, 2018, 12.1% (740 + 2,461) of those with a noted disability (26,560) served by area agencies on aging (AAAs) had a cognitive impairment or dementia.

Disability	Total Clients	Client Descriptive Characteristics within Each Disability					
		60 and Over	Under 60	Veteran	Medicare	Medicaid	Poverty
Cognitive	740	689	34	105	634	185	221
Dementia	2,461	2,399	21	383	2,267	480	585
Developmental Disability (DD)	117	82	35	1	94	78	68
Intellectual Disability (ID)	189	148	40	2	150	124	120
Mental Health (MH)	1,590	1,415	163	126	1,305	677	707
Other	6,893	6,506	269	749	6,002	2,200	2,394
Physical	11,136	10,672	335	1,285	9,781	3,732	4,255
Sensory Blind	414	398	11	57	365	119	133
Sensory Vision Loss	944	916	15	148	874	263	293
Sensory Deaf	82	77	3	11	75	31	32
Sensory Hearing Loss	1,068	1,054	4	210	1,020	228	283
TBI - Cognitive	80	64	13	8	73	26	25
TBI - Physical	103	96	6	12	92	45	41
Unknown	743	641	37	45	570	137	137
Total with Data*	26,560						
Total Served	61,109						

Data was extracted from PeerPlace, which is a comprehensive client management system used by DARS, Virginia’s Area Agencies on Aging (AAAs), and over 7,000 private providers in Virginia to streamline information and referral services, assessment and care plan development, and client tracking to ensure a “No Wrong Door” approach to service delivery. This represents an unduplicated count of individuals who received at least one service unit during the period of October 1, 2017 to September 30, 2018 and was collected by the agency providing the service. Data are available for each AAA.

**Total with Data* indicates that the user selected a value in the Disability Type multi-select dropdown. It is plausible to assume that many users would select no value (Total Served minus Total with Data) when the individual has no disability or disability is not a required data element for the service being provided. Since the disability data element is not always required to be completed, however, the disability data elements are overwhelmingly missing information on clients’ disabilities, including cognitive impairment and dementia.

Virginia Department for Aging and Rehabilitative Services (DARS): Division of Adult Services

Adult Services and Adult Protective Services (ASAPS) UAI Data

Status: Provided; As of November 1, 2018 for Cases Open between 10/1/2013 and 7/1/2018

Recurrence: Periodically

Results: From October 2013 through June 2018, 12.6% of those served through ASAPS had Alzheimer’s disease or dementia. Further, 21.3% experienced short term memory loss and 19.5% had judgment problems.

Total Cases	Dementia (09)	Alzheimer's (08)	Short-term Memory Loss	Long-term Memory Loss	Judgment Problem	Disoriented All Spheres (some of the time)	Disoriented All Spheres (all of the time)	Comatose	Mental Illness
160,255	17,098	3,039	34,102	16,055	31,311	2,863	3,142	229	10,857
% of Total Cases	10.7%	1.9%	21.3%	10.0%	19.5%	1.8%	2.0%	0.1%	6.8%

Additional breakdown information is available and includes:

- **Region:** Central, Eastern, Northern, Piedmont, and Western
- **Locality:** Amelia, Buckingham, Chesterfield, etc.
- **Case Type:** APS, APS–Home-based care, APS–Investigation; AS, AS–Home-based care, AS–Intensive services, AS–Intensive Services–Home-based care; ALF Reassessment; Guardian Report
- **Age Range:** <35, 35-54, 55-64, 65-74, 75-84, and 85-115
- **Race:** White, Black/African American, and Unknown
- **Gender:** Male, Female, or Unknown

The APS Investigation and the Guardian Report case service type do not have a business requirement to collect a UAI. However, if a client had an APS Report prior to the client’s case changing to a guardianship case type, there could be an APS Investigation and/or UAI associated with the client.

Additionally, ASAPS System can only store the most recent UAI for a client per Case Type Service. Therefore comparing data periods using this report is not recommended.

Virginia State Police

Virginia Crime Information Network (VCIN) Missing Senior Data

Status: Provided for years 2013-2017

Recurrence: Expected periodically

Results: In 2017, 511 seniors age 60 and over were reported missing by localities in Virginia, a 41.6% increase from 2013.

Year	Still Active	Total Occurrences of Missing Seniors (% annual increase)		Recovered
2013	3	361	11.4%	358
2014	5	411	13.9%	406
2015	6	424	3.2%	418
2016	3	502	18.4%	499
2017	6	511	1.8%	505

VCIN data is reported to the Virginia State Police by local law enforcement agencies. These data include more than just those older adults for which a Senior Alert was issued, which averages less than 20 each year, and does not necessarily include only those older adults with a cognitive impairment.