

Cognitive Screening Frequently Asked Questions

MoCA: What has changed?

Montreal Cognitive Assessment (MoCA) has recently made the decision to remove the cost of its training and certification process for all publicly-operated organizations, including AHS.

AHS has collaborated with MoCA to establish a process for physicians and staff to access their required training. AHS clinicians and those providing services on behalf of AHS and/or its subsidiaries can now access this training and certification using an AHS-specific code available on Insite.

Please visit [MoCA Cognition](#) for further details about their required training and certification.

SMMSE: What has changed?

AHS is shifting away from clinical use of the Standardized Mini-Mental State Examination (SMMSE) as the copyright contract is set to expire August 2022. Continuing the use of existing forms would be an infringement of copyright. This will result in the removal of all Standardized Mini-Mental State Examination (SMMSE) and MMSE forms, and configuration within existing systems, such as Connect Care. With recent changes to the MoCA (see above), cognitive screening tools had already been recommended as suitable alternatives. See below for further information.

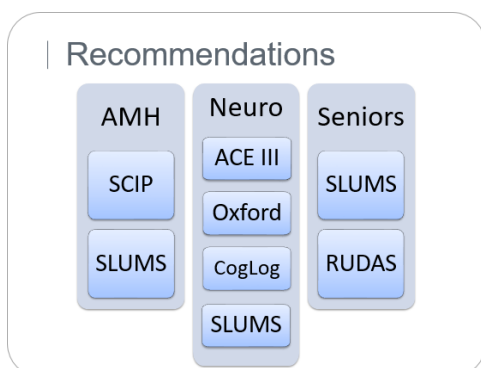
What cognitive screening tools are recommended for use?

Staff and physicians require accessible, evidence-based cognitive screening tools that support clinical appropriateness for use with diverse patient populations and characteristics. Through extensive consultation, collaboration, and analysis, the provincial working group recommended alternative screening tools and provided resources for their use in practice.

Cognitive screening tools can be considered valid only for the purpose and population that they have been validated with, and evidence must support the use of a tool for a specific purpose and within a specific population. The cognitive screening needs of three broad healthcare populations – Addictions & Mental Health, Neuro, and Seniors were considered.

Clinicians apply clinical decision making to identify if a cognitive screening tool is appropriate for use in the context of a patient's care, and which tool is selected.

The recommended tools are listed below:



Addenbrooke Cognitive Evaluation - III (ACE - III) Cognitive Log (Cog-Log)

Oxford Cognitive Assessment (OCS) (Oxford)

Rowland Universal Dementia Assessment Scale (RUDAS)

Screen for Cognitive Impairment in Psychiatry (SCIP) Saint

Louis University Mental Status Exam (SLUMS)

Are copyright agreements in place for provincial use of these tools?

Copyright permissions for the recommended screening tools have been obtained through the provincial Clinical Scales, Scores and Tools (CSST) process. All physicians and clinical staff in Alberta are permitted to use the identified tools.

How will these cognitive screening tools be made available?

The tools have been posted as forms, links, and documents at [Cognitive Screening | Alberta Health Services](#)

The tools have also been built into Connect Care, for clinical documentation of scores and sub-scores, and to support documentation of tool interpretation. Look for the Cognitive Tools Navigator in Connect Care.

How does this impact Drug Authorization?

The Rowland Universal Dementia Assessment Scale (RUDAS) and the Saint Louis University Mental Status Exam (SLUMS) have been approved by Alberta Blue Cross for medication authorization purposes, in lieu of the MMSE.

What practice supports are available to me?

Please see the Practice Resources section on [Cognitive Screening | Alberta Health Services](#). There you will find several guiding documents, including Tips Sheets, Algorithms, and Case Scenarios. Refer to the new 'Guide to Cognitive Screening', developed to provide foundational information on cognitive screening best practice.

How can I learn more about clinical appropriateness in cognitive screening?

A webinar series was held to provide frontline clinicians with further understanding of how the cognitive screening tools can be applied in practice. Sessions were recorded and links can be found at [Cognitive Screening | Alberta Health Services](#)

What about other standardized tools?

Practice leaders and operational managers should be aware that additional tools, when appropriately sourced, are appropriate for use in clinical practice and that these other tools are not meant to be replaced by the above cognitive screening tools.

Healthcare providers select other tools to address specific screening or assessment needs. For example, occupational therapists administer specific screening tools (e.g. Trails A & B) or performance based tests of functional cognition (e.g. Multiple Errands Test, Weekly Calendar Planning Activity, etc.). These tools are not global cognitive screens. Rather, they often focus on specific cognitive domains such as executive function skills, or visuoperceptual skills.

Occupational therapy providers are encouraged to refer to the 2022 Occupational Therapy Clinical Guide for ADL & Functional Cognition in Adult Acute Care. This clinical guide is relevant for other areas of practice, with a focus on acute care efficiency strategies.