

DEMENTIA AND ALZHEIMER'S

VA CLAIMS + CARE GUIDE

Establish the exact neurocognitive diagnosis, document daily impairment, and match care support to current needs.



ETIOLOGY // FUNCTION // CARE

Establish the exact neurocognitive diagnosis, document daily impairment, and match care support to current needs.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR CAUSE SELECTS THE NEUROCOGNITIVE CODE

The schedule distinguishes neurocognitive disorders due to TBI, vascular disease, Alzheimer's disease, infection, another medical condition, medication or substance, and unspecified causes. They use the mental-disorders formula for occupational and social impairment.

ETIOLOGY

Identify Alzheimer's, vascular, Lewy body, frontotemporal, TBI, infection, medication, or another cause.

FUNCTION

Document memory, judgment, communication, behavior, orientation, work, and daily living.

CARE NEED

Record supervision, personal care, home safety, respite, and caregiver needs without assuming eligibility.

02

CLAIM AND VA CARE PATHS

DIRECT

A diagnosed neurocognitive disorder is medically linked to an in-service disease, injury, infection, or event.

SECONDARY

Service-connected TBI, vascular, infectious, neurologic, or another condition caused or aggravated the diagnosed disorder.

VA CARE SUPPORT

Eligible veterans and caregivers may use VA dementia care, home and community services, respite, or caregiver support based on separate program rules.

03

SYMPTOMS

Medically recognized symptoms. A diagnosis still requires appropriate medical evaluation.



Memory loss, poor judgment, or confusion



Language or communication difficulty



Getting lost or disoriented



Trouble managing money or daily tasks



Behavior, mood, or personality change



Balance, movement, or self-care decline

04

BUILD THE RECORD

1

EXACT DIAGNOSIS AND CAUSE

Neurology, geriatrics, neuropsychology, psychiatry, or primary-care evaluation identifying the disorder and etiology.

2

COGNITIVE AND NEUROLOGIC TESTING

Memory, language, executive function, judgment, movement, balance, sensory, and reflex findings.

3

MEDICAL WORKUP

Medication review, laboratory testing, imaging, vascular history, TBI history, and evaluation of reversible causes.

4

DAILY FUNCTION

Bills, medication, meals, driving, communication, self-care, work, relationships, and instrumental activities.

5

SAFETY AND CARE

Falls, wandering, stove or firearm safety, supervision, caregiver assistance, respite, home care, and long-term-care needs.

6

SERVICE ROUTE AND ELIGIBILITY

Medical nexus evidence for compensation and separate records for each VA health or caregiver program sought.

05

WHY CLAIMS BREAK DOWN

Recurring problems in the reviewed service-connection record, plus condition-specific rating gaps.

A

ETIOLOGY NOT ESTABLISHED

Memory problems were documented, but the exact neurocognitive disorder and cause were not resolved.

B

SERVICE LINK MISSING

Diagnosis and impairment were shown without medical reasoning connecting them to service or a service-connected disability.

C

FUNCTION UNDERSTATED

The record did not describe judgment, orientation, communication, daily tasks, safety, and supervision needs.

D

BENEFITS BLURRED TOGETHER

Compensation, Aid and Attendance, VA health care, home services, and caregiver programs were treated as one eligibility decision.

06

DEMENTIA CAUSES AND CARE EFFECTS TO EVALUATE

Some dementia-like symptoms have treatable causes. Diagnosis and eligibility decisions require individual evaluation.

CONDITIONS THAT CAN CAUSE DEMENTIA OR SIMILAR SYMPTOMS

Alzheimer's disease // vascular disease or stroke // Lewy body or frontotemporal disease // TBI // infection // medication or metabolic cause

CARE AND SAFETY EFFECTS TO PLAN FOR

Medication and money risk // falls or wandering // driving concerns // nutrition and self-care needs // caregiver strain // home or long-term-care support

07

DO THIS, NOT THAT

DO

- Name the diagnosis and cause.
- Document daily function and safety.
- Ask VA which care programs fit current needs.

DO NOT

- Treat memory loss as a complete diagnosis.
- Assume aging proves or disproves service connection.
- Assume one benefit decision controls every program.