RATE MY VSO // VISUAL FIELD GUIDE

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.

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RESEARCH-BACKED VA CLAIM EDUCATION

Medical and symptom source: NIH/NIA dementia guidance and VA dementia-care resources. Rating rules: 38 CFR 4.130, DCs 9301, 9304, 9305, 9310, 9312, and 9326. Claim-pattern research checked against the frozen RateMyVSO data snapshot dated Aug. 10, 2026; no counts or outcome predictions shown. Educational only, not legal or medical advice.

DEMENTIA CARE FIELD GUIDE