

DATE: August 10, 2004

TO: Indiana Comprehensive Care and Residential Care Health Facilities

FROM: Terry Whitson
Assistant Commissioner
Health Care Regulatory Services Commission
Indiana State Department of Health

SUBJECT: Implementation of State Rule Concerning Alzheimer's and Dementia Care Training for Health Facility Staff

Purpose

The purpose of this memorandum is to provide Indiana health facilities guidance related to the implementation of the state rule requiring Alzheimer's and dementia care training for health facility staff.

A letter dated July 18, 2004 was sent by the ISDH to health facilities discussing the training programs offered by the Alzheimer's Association of Greater Indiana. Those programs are funded by the ISDH civil money penalty (CMP) fund and intended to assist health facilities in the implementation of the dementia care training rule. Following the dissemination of information on the new dementia care training rule and the Alzheimer's Association training programs, the ISDH received numerous questions

about the requirements and implementation of the dementia care training rule. This memorandum is intended to answer those questions.

Background

In 2003, the ISDH began promulgation of a state administrative rule to require dementia care training for health facility staff. The Indiana Health Facility Council recommended the rule for adoption to the ISDH Executive Board. A public hearing on the proposed rule was held on March 22, 2004. The ISDH Executive Board adopted the final rule on May 14, 2004. The final rule was then approved by the Indiana Attorney General on July 14, signed by Governor Kernan on July 16, and filed with the Secretary of State on July 22. Having now completed the promulgation process, the rule becomes effective on August 22, 2004. A copy of the final rule is enclosed for your convenience.

The rule affects both comprehensive care (410 IAC 16.2-3.1) and residential care (410 IAC 16.2-5) health facilities. Besides the dementia care training requirements, the rule includes a few other new provisions as well as some clean up revisions to the existing rule. One of the new provisions requires the facility to provide residents with a copy of the completed Alzheimer's and dementia care unit disclosure form. The following are key rule provisions related to the dementia care disclosure form and training requirements:

410 IAC 16.2-3.1-4 Notice of rights and services (see 410 IAC 16.2-5-1.2 for parallel residential care rule)

(11) If the facility is required to submit an Alzheimer's and dementia special care unit disclosure form under IC 12-10-5.5, provide the resident at the time of admission to the facility with a copy of the completed Alzheimer's and dementia special care unit disclosure form.

410 IAC 16.2-3.1-13 Administration and management (see 410 IAC 16.2-5-1.3 for parallel residential care rule)

(w) In facilities that are required under IC 12-10-5.5 to submit an Alzheimer's and dementia special care unit disclosure form, the facility must designate a director for the Alzheimer's and dementia special care unit. The director shall have an earned degree from an educational institution in a health care, mental health, or social service profession or be a licensed health facility administrator. The director shall have a minimum of one (1) year work experience with dementia or Alzheimer's residents, or both, within the past five (5) years. Persons serving as a director for an existing Alzheimer's and dementia special care unit at the time of adoption of this rule are exempt from the degree and experience requirements. The director shall have a minimum of twelve (12) hours of dementia-specific training within three (3) months of initial employment as the director of the Alzheimer's and dementia special care unit and six (6) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents and to gain understanding of the current standards of care for residents with dementia.

(x) The director of the Alzheimer's and dementia special care unit shall do the following:

(1) Oversee the operation of the unit.

(2) Ensure that personnel assigned to the unit receive required inservice training.

(3) Ensure that care provided to Alzheimer's and dementia care unit residents is consistent with inservice training, current Alzheimer's and dementia care practices, and regulatory standards.

410 IAC 16.2-3.1-14 Personnel (see 410 IAC 16.2-5-1.4 for parallel residential care rule)

(u) In addition to the required inservice hours in subsection (l), staff who have regular contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months of initial employment, or within thirty (30) days for personnel assigned to the Alzheimer's and dementia special care unit, and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents and to gain understanding of the current standards of care for residents with dementia.

Questions and Answers

Does the dementia care training rule apply to licensed residential care health facilities? Yes. While technically there are separate rules for comprehensive care and residential care health facilities, there are dementia care training requirements for both comprehensive care and residential care health facilities. The requirements are the same for both facilities. The comprehensive care rules are found at 410 Indiana Administrative Code [IAC] 16.2-3.1. The residential care rules are found at 410 IAC 16.2-5. In the case of residential care health facilities, there were already dementia-specific training requirements for those facilities with distinct dementia units at 410 IAC 16.2-5-1.4(e)(2).

Do the dementia care training requirements apply to all health facilities or just those facilities with Alzheimer's and dementia special care units? The dementia care training rule applies to all health facilities. A health facility that does not have an Alzheimer's and dementia special care unit is required to provide staff who have regular resident contact with a minimum of six (6) hours of dementia-specific training within six (6) months of initial employment and three (3) hours annually thereafter.

There are additional requirements for health facilities that have an Alzheimer's and dementia special care unit. Those facilities must designate a director of the special care unit who meets the educational and training requirements set out in the rule. Dementia-specific training for staff working in the special care unit must be completed within thirty (30) days rather than six months.

When do the rules pertaining to "Alzheimer's and dementia special care units" apply? When is a health facility required to provide residents with the Alzheimer's and dementia special care unit disclosure form? An Alzheimer's and dementia special care unit is defined under Indiana Code § 12-10-5.5-1. Under that statute, Alzheimer's and dementia special care is defined as:

Sec. 1. As used in this chapter, "Alzheimer's and dementia special care" means care provided to a person diagnosed with Alzheimer's disease, a related disorder, or dementia who resides in a health facility that:

- (1) locks, secures, segregates, or provides a special program or special unit for residents with Alzheimer's disease, related disorders, or dementia; and
- (2) advertises, markets, or promotes the health facility as providing Alzheimer's care services, dementia care services, or both.

A health facility that meets that definition is required to provide special care unit residents with a copy of the disclosure form and is required to meet the dementia care training rule requirements pertaining to the special care unit.

Must the Alzheimer's and dementia care unit disclosure form be provided to current residents admitted prior to August 22, 2004 or just residents admitted on or after August 22? The rule requires that residents be provided with a copy of the disclosure form if the facility is required by Indiana Code § 12-10-5-5 to submit a disclosure form. To ensure that all residents who are entitled to receive a copy of the disclosure form receive a copy, a copy of the disclosure form must be provided to current special care unit residents as well as new admissions to a special care unit.

What is the effective date of the rule? The effective date of the rule is August 22, 2004.

Must a health facility provide the initial six-hour training to current staff or does that requirement apply only to new staff hired after the effective date of the rule? The dementia care training rule requires staff to receive a minimum of six hours of dementia-specific training within six months of employment or within thirty days of employment for those staff working in a special care unit. The ISDH will require current staff to receive the initial six hours of dementia-specific training required of new employees.

The effective date of the rule is August 22, 2004. Current health facility staff not working in a special care unit must therefore receive a minimum of six hours of dementia-specific training by February 22, 2005. For staff hired after August 22, the six month period begins with the day of their hire.

For current staff working in a special care unit, the ISDH recognizes the need to provide health facilities with adequate time to obtain training for current staff and/or create a training program for staff and provide the training. The rule requires staff working in a special care unit to receive dementia-specific training within thirty days. The ISDH recognizes that thirty days may not be adequate time considering the availability of adequate training programs. Beginning in late August and continuing over the next couple of months, the Alzheimer's Association will be providing training programs that meet the requirements of the rule. To provide health facilities with adequate time, for purposes of implementation of this rule, the ISDH will allow facilities three months to provide dementia-specific training to staff currently working in a special care unit and staff new to special care units from the rule effective date up through October 22, 2004. Therefore, for current staff working in a special care unit and new staff who begin working in a special care unit between August 22 and October 22, the health facility must provide required dementia-specific training by November 22, 2004. For staff beginning work in a special care unit after October 22, the thirty day provision of the new rule will apply.

The rule requires health facilities with a special care unit to designate a director of that unit. In implementing this rule, facilities must designate an appropriate person to serve as director of the special care unit by September 22, 2004. The rule requires that the director of the special care unit receive twelve (12) hours of dementia-specific training. In implementing this rule, the designated director must complete the twelve hour training requirement by November 22, 2004.

The ISDH recognizes that some health facilities have already provided employees with dementia-specific training prior to the adoption of this rule. The ISDH will accept documented dementia-specific training received by a staff member in the two years preceding the effective date of the rule toward fulfilling the initial training requirement. Therefore, for purposes of the implementation of this rule, documented dementia-specific training received from August 22, 2002 to August 21, 2004 may be used towards the six hour initial training requirement.

What constitutes "regular contact" with residents? The ISDH considers regular contact to be a staff member who likely comes in contact with residents in the normal course of their job duties. Maintenance and janitorial staff typically have regular contact with residents and would therefore be required to receive dementia-specific training. Office staff that meet with residents would be required to receive dementia-specific training. A health facility could have some office staff who rarely if ever come in contact with residents. Facility staff who do not have contact with residents are not required to have dementia-specific training.

Must a health facility provide dementia care training to contracted personnel such as therapists and consultants? The rule requires a health facility to provide dementia-specific training to staff employed by the facility. A health facility is not required to provide training to contracted therapists and consultants. The ISDH encourages facilities to use this opportunity to educate all persons involved in the care of residents and to discuss a facility's program for caring for residents with Alzheimer's disease or dementia. While not required, the ISDH encourages health facilities to involve contracted personnel in these training programs and discussions.

May a health facility send one of their staff to the Alzheimer's Association training program and then use what they learn to create their own training program for facility staff? Yes. Health facilities are required to ensure that staff receive dementia-specific training as required by the rule. In meeting the requirements, health facilities may develop their own internal training programs or utilize external training programs such as those being offered by the Alzheimer's Association.

Health facilities are not required to utilize the Alzheimer's Association courses. To assist facilities in meeting the requirements of the rule, however, the ISDH has been working with the Alzheimer's Association of Greater Indiana to develop and ensure the availability of good training programs. Over the next two years, the Alzheimer's Association will create eight training courses. These courses are designed as model educational programs for health facilities. The ISDH understands however that there are not enough sessions being offered through the CMP funded programs for every facility to send every

employee. This necessitates facilities developing their own training program or exploring alternative means of providing training. Health facilities are encouraged to work with the Alzheimer's Association and other professional associations in providing dementia-specific training to facility staff. If a facility decides to develop their own training program, the ISDH encourages health facilities to send their administrators, nurses, and training directors to the Alzheimer's Association courses and use the content to assist them in the development of facility training programs.

Should health facilities send direct care staff such as certified nurse aides to the Alzheimer's dementia specific training programs being presented by the Alzheimer's Association? The Alzheimer's Association "fundamentals of dementia care course" is designed for certified nurse aides and entry-level personnel. The ISDH encourages health facilities to regularly send direct care staff to these courses as part of their facility training program. While administrators and training directors may need to attend this course to obtain information needed in the development of facility training programs or promote staff discussion of dementia care issues, the ISDH hopes that health facilities will also send direct care staff. It is a golden opportunity for direct care staff to share experiences and ideas. Through their participation in these programs, the direct care staff participants will gain increased awareness of care issues involving residents with dementia and become staff-level promoters of quality care for residents with dementia. The participation of direct care staff is an important condition for the success of any dementia care program.

Will the ISDH make training materials available to health facilities? To assist in the initial implementation of the rule, the ISDH will make training materials from the initial two courses available to health facilities once they are completed. These materials will likely be posted on the ISDH web site. There are currently no plans to videotape the courses. The courses are lengthy and designed to be interactive. Many of the educational benefits would be lost in a videotape. Health facilities are not limited to the Alzheimer's Association courses. There are videotapes and other educational materials available on dementia care from a variety of sources. Health facilities are welcome to use these resources in developing facility training programs. From an educational standpoint, the ISDH hopes that health facilities will not rely solely on videotapes for their training program but will include interactive discussion.

Conclusion

The ISDH hopes that health facilities approach these training requirements as an opportunity to improve care provided to senior citizens. These training requirements are intended to provide facility staff with important educational information that formal educational programs often do not have time to provide. Interactive participation in the training courses is important. The Alzheimer's Association courses are designed to be interactive courses promoting discussion about caring for residents with dementia. Having staff sit in front of a television watching a six-hour videotape is not an effective training program. Even worse would be requiring staff to watch the same tape yearly to comply with the annual training requirement. The ISDH and Alzheimer's Association are developing eight different courses to ensure that there are a variety of courses available that support educational opportunities related to dementia care.

The ISDH hopes that health facilities will explore creative approaches to providing dementia training and promoting enthusiasm for addressing dementia care issues. Rather than creating facility training programs, groups of nursing homes may want to work with the Alzheimer's Association, health facility professional associations, or health facilities with established dementia care training programs in creating joint training programs. The rule intentionally allows health facilities latitude in complying with training requirements. The goal of the rule is quality educational programs that result in improved care for residents with dementia.

If you have any further questions, please feel welcome to contact Terry Whitson at twhitson@isdh.in.gov or (317) 233-7022.