

Dementia Care Certification Work Group

Summary of our Discussion as of 11/15/18

Vision:

1. Minnesota laws and regulations should ensure that long term care settings serving people living with dementia [specifically those that hold themselves out as memory care/special care/dementia units]:
 - a. provide person-centered dementia care based on thorough knowledge of the care recipient and their needs;
 - b. advance optimal functioning and high quality of life;
 - c. incorporate problem solving approaches into care practices; and
 - d. provide stable and safe environment while recognizing autonomy and person-centered care needs.
2. MDH needs authority and adequate resources for consistent and timely enforcement.
3. Maintain access to high quality dementia care across Minnesota.
4. Align with Home and Community Based Settings regulations for person-centered services.

Training: [for all assisted living settings]

- Require dementia training for all care providers employed by an assisted living facility and who are involved in the delivery of care or have regular contact with persons with Alzheimer's disease or related dementias;
- Use a culturally competent training curriculum that incorporates principles of person-centered care and how to best address the needs of care recipients;
- Evaluate training through demonstration of skill competency and knowledge gained; **monitored by MDH;**
- Establish a system to support and enforce continuing education on dementia care;
- Allow portability of completed dementia care training across employment settings;
- **Ensure trainers meet minimum requirements to qualify as instructors of dementia care curriculum; and,**
- **MDH formally monitors/evaluates dementia training programs as part of assisted living licensing and ensure compliance with state dementia training requirements.**

Curriculum: Build on existing training requirements in 144D.065 for housing with services, to ensure initial training covers the following topics:

- Dementia, including the progression of the disease, memory loss, psychiatric and behavioral symptoms;
- Strategies for providing person-centered care;
- Communication issues;
- Techniques for understanding and approaching behavioral symptoms, including alternatives to physical and chemical restraints;

- Strategies for addressing social needs and providing meaningful activities; and
- Information on how to address specific aspects of care and safety (e.g. pain, food and fluid, wandering).

Disclosure: [for assisted living identified as “special care unit”]

Building on/editing existing disclosure requirements in 325F.72 for special care status:

- To whom disclosure is required: Subd 1
 - MDH will examine disclosures as part of licensing.
 - MDH will provide standardized form
 - Will be publicly available.
- Content: Subd. 2
 - Add to (2) [criteria for who can live there] Pre-admission, admission and discharge info/the process and criteria for placement within, transfer/discharge from a special care unit.
 - Add to (4) [staffing credentials] Staffing patterns, coverage, staff to patient ratios.
 - Add to (5) [physical environment] Emergency Procedures/safety plans
 - MAARC phone # and other resource list
 - Identify where they do NOT meet minimum standards outlined in 2019 new statutes.* [Depending on where we land on minimum dementia standards implementation.]
- Remedy: Subd 4
 - Give authority to MDH to enforce by penalty/suspending/terminating license.

Minimum standards: [for assisted living identified as “special care unit” or “dementia specialists” or “memory care” in any way holding themselves out to the public as Alzheimer’s- or dementia-focused.] HAVEN’T DONE AGREE/MAYBE/DISAGREE DISCUSSION YET.

- Should not be in conflict with nursing home dementia standards.
- Care coordination: Staff collaboratively assess, plan, and provide care that is consistent with current advances in dementia care practices. Add note: ... including any restrictions based on assessed needs of an individual.
- Transitions in care: Provide assistance, education and coordination of services for transitions to new setting.
- Staff knowledge and competency: Staff have the qualifications, skills, training, and education to assess and provide care for a patient or resident population with memory impairment.
- Activity programming based on abilities and interests of patient/resident takes into consideration the patient’s or resident’s cognitive ability, memory, attention span, language, reasoning ability, and physical function.
- Behavior management: The organization emphasizes the use of nonpharmacological interventions as an alternative to antipsychotic medications.
- Safe and supportive physical environment: The organization provides the physical environment to promote safety and minimize confusion and overstimulation, including secure settings responsive to person-centered assessed needs.

- Disclosure to regulators, the public, residents and families on issues related to being a special care/dementia/memory care unit.