



Paul R. LePage, Governor

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November 30, 2011

Senator Earle L. McCormick, Co-Chair  
Representative Meredith N. Strang Burgess, Co-Chair  
Joint Standing Committee on Health and Human Services  
100 State House Station  
Augusta, ME 04333

Dear Senator McCormick, Representative Strang Burgess, and members of the Joint Standing Committee on Health and Human Services:

On behalf of the Maine Department of Health and Human Services I am pleased to provide the attached report that resulted from the study group established by LD 65, "Resolve, To Require Dementia Care Training in Long-term Care Facilities, Adult Day Care Programs, Certain Residential Care Facilities and Supported Living Arrangements."

The Work Group included representatives of providers and family members who are concerned with the quality of care provided to individuals with dementia in Maine. The staff of the Office of Elder Services convened and provided staff support to the study group. The work on this important topic will continue.

Should you have questions about this report, please contact Ricker Hamilton, the Director of the Office of Elder Services at 287-9200 or by email at [ricker.hamilton@maine.gov](mailto:ricker.hamilton@maine.gov).

Sincerely,

Mary C. Mayhew  
Commissioner

MCM/klv

Enclosure

Final Report of the Review of the Current and Future Dementia Training Needs of Long-term Care Providers-2011

**Final Report of the Taskforce on the Review of the  
Current and Future Dementia Training Needs of Long-  
Term Care Providers**

**November 2011**

Final Report of the Review of the Current and Future Dementia Training Needs of Long-term Care Providers-2011

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## I. INTRODUCTION

The Resolve was sponsored by Sen. Margaret Craven and co-sponsored by Sen. Brannigan, Rep. Eves, Rep. LaJoie, Rep. Peterson, Rep. Sanborn, Rep. Strang Burgess, Rep. Wagner, and Rep. Webster.

The original Resolve would have required the Department of Health and Human Services (DHHS) to amend its licensing rules to require all administrators and direct care staff to complete 8 hours of dementia care training in order to work in nursing facilities, residential care facilities, adult day care programs, and intermediate care facilities for persons with mental retardation. It further required documentation of compliance with the training requirement to be a condition of licensure.

The DHHS testified neither for nor against this bill because the existing licensing rules for these programs require annual in-service training “related to patient care” that could include dementia care training. Also, in addition to the state licensing training requirements, nursing facilities and ICFs/MR must comply with federal conditions of participation training and staffing requirements. The training is required of existing workers and is not completed prior to employment.

The original Resolve added a “new 8-hour dementia care training” requirement that is a pre-employment requirement. Because it was not clear who would bear the burden of this expense and because the Resolve did not state whether it is a one-time training event for newly hired staff, the DHHS took a position neither for nor against this bill.

As a result of this legislative discussion, the Resolve was amended to require DHHS to establish within existing resources a working group of stakeholders to review the current and future dementia training needs of long-term care providers.

Another bill, LD 859 a Resolve, To Convene a Task Force to Study Cost-effective Ways of Dealing with an Increased Population of Those Affected by Alzheimer’s Disease, was also passed. Because much of the substantive discussion overlapped and because both Resolves required the establishment of a stakeholder group of individuals that also overlapped, it was decided to address both Resolves simultaneously. Because of the different reporting time requirements, this report focuses on the Resolve to Establish a Working Group of Stakeholders To Review the Current and Future Dementia Training Needs of Long-term Care Providers.

## II. BACKGROUND INFORMATION

The stakeholder group was established and members were invited by Commissioner Mayhew to participate in the Working Group. The first meeting was held on October 14,

2011. It was decided to meet weekly in order to adhere to the reporting deadline of November 30, 2011 established in the Resolve.

The first few meetings were devoted to identifying existing training requirements and on training available in nursing facilities, residential care facilities and home and community based service providers. The Working Group immediately expanded the scope of the review beyond long term care providers to include community based providers and family caregivers. Emphasis was placed consistently on the important role of family caregivers as they are instrumental in keeping people home and out of more costly care settings. It was suggested to present information on training requirements and programs by setting. This information is in a chart format which is attached in Appendix D. Though it may not be complete, it represents those requirements and programs known by the members of the Working Group.

### III. KEY ISSUES IDENTIFIED AND KEY RECOMMENDATIONS

The following key issues were identified and where applicable, recommendations provided:

- More on the job training and hands on experience with caring for persons with dementia is needed before employees begin working alone with individuals with dementia.
- While there is a significant amount of training available, there is no present method for measuring competencies. These methods need to be developed and distributed.
- All training should be competency based. Individuals should not be allowed to work until they have demonstrated their competency to work with persons with dementia.
- Providers and consumers need to be informed about what training is required and what training is available.
- Standards of care need to be developed for the diagnosis and treatment of dementia that include planning for family members.
- The Office of Elder Services and the Division of Licensing and Regulatory Services should post training available on their websites.
- Outreach should be done to inform caregivers about training that is available.

## Final Report of the Review of the Current and Future Dementia Training Needs of Long-term Care Providers-2011

- Adequate time and/ or reimbursement for training is not available. In addition, replacement coverage is not available to allow staff to attend training.
- Continue to train family caregivers. Investing in this training will possibly divert consumers from entering more costly care alternatives.
- Expand the state funded Individual Management Consultation to individuals living in the community.
- Currently Residential Care Administrators are taking NAB certification. Recommend amending NAB and Residential Care Administrator curriculum to include dementia care training.
- Require that the first re-training of a CNA include 6 hours of training on dementia care.
- Require PSS, if providing home based care through an agency, to take 6 hour training on dementia care.
- Require training for all service providers on dementia care. The training content should vary. Often the training has been described as basic and repetitive.

### IV. CONCLUSION

LD 859, a “Resolve, To Convene a Task Force to Study Cost-effective Ways of Dealing with an Increased Population of Those Affected by Alzheimer’s Disease” will create a Dementia State Plan.

It is the consensus of the stakeholder group that the initial work done for LD65 will continue with the more comprehensive approach required by the development of the Dementia State Plan. In particular, the method of how to measure the achievement and maintenance of competencies for training programs will be developed within the scope of that Plan.

**Resolve, To Establish a Working Group of Stakeholders To Review the Current and Future Dementia Training Needs of Long-term Care Providers**

**Emergency preamble. Whereas,** acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

**Whereas,** there are currently 30,000 individuals in Maine with Alzheimer's disease or a related dementia and the number will grow to over 45,000 by 2025; and

**Whereas,** due to the nature of Alzheimer's disease and related dementias many of these individuals will require long-term care at some point during their illnesses; and

**Whereas,** it is necessary to ensure a well-trained and capable long-term care workforce as soon as possible; and

**Whereas,** in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore, be it

**Sec. 1 Working group to review dementia training needs of long-term care providers. Resolved:** That the Department of Health and Human Services shall establish within existing resources a working group of stakeholders to review the current and future dementia training needs of long-term care providers. The working group must include a representative from the department's Office of Elder and Adult Services, a representative of the department's Office of Adult Mental Health Services, a representative of individuals with dementia, a representative of the long-term care ombudsman program created under the Maine Revised Statutes, Title 22, section 5106, a representative of long-term care facilities, a representative of assisted living facilities, a representative of providers of home health care and other interested parties. The working group shall assess the current and future training needs of providers of long-term care and shall make recommendations to the Commissioner of Health and Human Services. The commissioner shall report on the work and recommendations of the working group to the Joint Standing Committee on Health and Human Services by November 30, 2011.

**Emergency clause.** In view of the emergency cited in the preamble, this legislation takes effect when approved.

**APPENDIX B- TASKFORCE MEMBERS**

<b>Taskforce Member</b>	<b>Representing</b>
Bob Armstrong	<b>Alzheimer's Association, Maine Chapter – Board</b>
Brenda Gallant	<b>Long Term Care Ombudsman</b>
Brett Seekins	<b>Baker, Newman, &amp; Noyes</b>
Jessica Maurer	<b>Maine Association of Area Agencies on Aging</b>
Jill Conover	<b>Alzheimer's Association, Maine Chapter - Staff</b>
John Campbell, MD	<b>Maine Medical Center</b>
Joline Beam	<b>Caregiver</b>
Joyce Hemeon	<b>Alzheimer's Center in Gardiner, Administrator</b>
Julie Fralich	<b>Muskie School of Public Policy</b>
Julie Redding, MD	<b>Maine Medical Center</b>
Karen Stram	<b>Caregiver</b>
Kathryn Pears	<b>Independent Consultant</b>
Laurel Coleman, MD	<b>Geriatric Physician</b>
Laurie Trenholm	<b>Alzheimer's Association, Maine Chapter - Staff</b>
Leo Delicata	<b>Legal Services for the Elderly</b>
Megan Stiles	<b>Maine Health Care Association</b>
Nancy Herk-Bott	<b>Respite Care - Adult Day Care, Brunswick</b>
Nicole Rooney	<b>Office of Elder Services</b>
Rick Erb	<b>Maine Health Care Association</b>
Ricker Hamilton	<b>Office of Elder Services</b>
Romaine Turyn	<b>Office of Elder Services</b>
Sen. Margaret Craven	<b>Sponsor LD65</b>
Vicki Purgavie	<b>Home Care Alliance of Maine</b>

APPENDIX C- TASKFORCE MEETING DATES

Friday, October 14, 2011: 9AM-11:30AM

Friday, October 21, 2011: 9AM-11AM

Friday, October 28, 2011: 9AM-11AM

Friday, November 18, 2011: 9AM-11AM

APPENDIX D- TRAINING NEEDS OUTLINE

Nursing Facilities	Residential Care Facilities
<p><b>Identified Training:</b></p> <ul style="list-style-type: none"> <li>• Special Care Units- 8 hours a year of training on dementia.</li> <li>• NF rules require 6 hours of dementia training for NF that admit members or have members determined eligible based on the supplemental screen in Section 67.02 (C) and 4 of the 12 contract required doe CNA certification in-service must be in the area of mongering residents with cognitive impairments.</li> <li>• Alzheimer's Association "<u>Train the Trainer</u>" provides training for nominal fee.</li> <li>• State Funded Individual Management Consultation</li> <li>• Best Friends Training is available paid for by Civil Monetary Training Funds. Please contact OES for more information.</li> <li>• EASE-Effective Approaches and Strategies for Escalation provided at cost.</li> <li>• <u>MOAB- Management of Aggressive Behavior</u></li> <li>• Private Trainings provided e.g., Dementia Care Strategies.</li> <li>• <u>CARES™ Dementia Care™ Online Training</u></li> <li>• <u>Activity Based Alzheimer's Care Training</u></li> <li>• <u>Successful Supervision</u></li> <li>• Culture Change Coalition</li> <li>• <u>Activitv-based Alzheimer Care</u></li> </ul> <p><b>Gaps/Challenges:</b></p> <ul style="list-style-type: none"> <li>• No time for training. No coverage available to allow staff to go to training.</li> <li>• Lack of reimbursement for training.</li> <li>• No way of measuring competencies</li> </ul>	<p><b>Identified Trainings</b></p> <ul style="list-style-type: none"> <li>• Special Care Units- 8 hours a year of training on dementia.</li> <li>• Alzheimer's Association "<u>Train the Trainer</u>" provides training for nominal fee.</li> <li>• State Funded Individual Management Consultation</li> <li>• EASE-Effective Approaches and Strategies for escalation provided at cost.</li> <li>• <u>MOAB- Management of Aggressive Behavior</u></li> <li>• Private Trainings provided e.g., Dementia Care Strategies.</li> <li>• <u>CARES™ Dementia Care™ Online Training</u></li> <li>• Culture Change Coalition</li> <li>• <u>Activity Based Alzheimer's Care Training</u></li> <li>• <u>Foundations of Dementia Care</u></li> <li>• <u>Successful Supervision</u></li> <li>• <u>Foundations of Dementia Care</u></li> <li>• <u>Activity-based Alzheimer Care</u></li> </ul> <p><b>Gaps/Challenges:</b></p> <ul style="list-style-type: none"> <li>• No time for training. No coverage available to allow staff to go to training.</li> <li>• Lack of reimbursement for training.</li> </ul>

<ul style="list-style-type: none"> <li>No way of measuring competencies</li> </ul>	
<p style="text-align: center;"><b>Community Service Providers</b></p> <p><b>Identified Training:</b></p> <ul style="list-style-type: none"> <li>Alzheimer's Association "<u>Train the Trainer</u>" provides training for nominal fee.</li> <li>EASE-Effective Approaches and Strategies for Escalation provided at cost.</li> <li>Private Trainings provided e.g., Dementia Care Strategies. provided at cost.</li> <li><u>CARES™ Dementia Care™ Online Training Activity Based Alzheimer's Care Training</u></li> <li><u>Successful Supervision</u></li> </ul> <p><b>Gaps/Challenges:</b></p> <ul style="list-style-type: none"> <li>Lack of reimbursement for training.</li> <li>No time for training. No coverage available to allow staff to go to training.</li> <li>State Funded Individual Management Consultation not available</li> <li>No way of measuring competencies.</li> </ul>	<p style="text-align: center;"><b>Caregivers</b></p> <p><b>Identified Training:</b></p> <ul style="list-style-type: none"> <li>Savvy Caregiver-free. Please contact OES for more information.</li> <li>Support Groups-free</li> <li>EASE- at cost</li> <li>Private training-at cost</li> <li>Caregiver coaching-at cost</li> <li>Home visits—private pay</li> <li>Resource guide, family caregiver information and training</li> </ul> <p><b>Gaps/Challenges:</b></p> <ul style="list-style-type: none"> <li>How to guide family to available services</li> <li>Cost of training</li> <li>LTC insurance and its benefits—where and how to get it. Benefits and Pitfalls</li> <li>No way of measuring competencies.</li> </ul>