

**DATE:** September 24, 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:** Questions and Answers Concerning the New Alzheimer's and Dementia Special Care Unit Rule

A month ago, I sent health facilities a letter concerning the new Alzheimer's and dementia special care unit rule. The letter was dated August 10, 2004 and included a questions and answers section about the new rule. In the past month, the ISDH has received numerous questions about the rule and the training program being offered by the Alzheimer's Association of Greater Indiana. The purpose of today's letter is to pass along many of those questions and answers to further assist health facilities in the implementation of the special care unit rule.

Before I get to the question and answers, I would like to express my appreciation for the overwhelming response to the dementia care training courses being presented by the Alzheimer's Association of Greater Indiana. These courses are funded by the Indiana State Department of Health (ISDH) civil money penalty (CMP) fund. Every session so far has been full and, at last check, nearly every remaining session is full. We appreciate the interest and participation in these courses. We especially appreciate the positive feedback that we have received about the need for dementia care training. We appreciate the sincere interest that health facilities have taken in the dementia care issue and the efforts to develop quality dementia care training programs for health facility staff.

The following are questions and answers concerning the special care unit rule. These are a composite of additional questions that we have received since the August 10 letter. A copy of the August 10 letter is on the ISDH web site if you need a copy to refer to.

### **Questions and Answers**

#### **TRAINING MATERIALS**

*Will the training materials used at the Alzheimer's Association dementia care training program courses be available to health facilities to assist in the development of facility training programs?* The ISDH has posted on our web site a copy of the training materials from the Alzheimer's and dementia care program. These training materials are from the "fundamentals of dementia care for health facility personnel" and "directing an Alzheimer's / dementia care unit" courses funded by the ISDH and

presented by the Alzheimer's Association of Greater Indiana. Health facilities are welcome to use these materials to assist them in the development of their training programs. The materials may be copied and used as part of a facility's training program. The link for these materials is <http://www.in.gov/isdh/regsvcs/ltc/alzinfo/index.htm>

## DISCLOSURE FORM

*Could I get a copy of the Alzheimer's and dementia special care unit disclosure form?* The Alzheimer's / dementia special care unit disclosure form may be found online on the FSSA web site. FSSA forms are found at <http://www.accessindiana.com/fssa/forms/ddarsforms.html>. Look for the Alzheimer's / dementia special care unit form 48896. The direct link to the form is <http://www.in.gov/icpr/webfile/formsdiv/48896.pdf>.

*Is this the same form I need to submit to the ISDH? Who do I send the Alzheimer's/dementia special care unit disclosure form to?* The ISDH rule does not require that the health facility send the completed Alzheimer's / dementia special care unit form to the ISDH. The form does not need to be sent to the ISDH. A copy of the completed form should be kept in facility records. The ISDH rule requires that a copy of the form be provided to residents of the special care unit. The form goes to FSSA DDARS rather than the ISDH. The cover sheet of the form states where to send the disclosure form.

## DIRECTOR OF THE SPECIAL CARE UNIT

*The new rule states that "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."*

- a. *What constitutes a degree? Is an associate degree acceptable or is a bachelor degree required?*
- b. *Does a LPN meet the degree requirement?*
- c. *There are some RN training programs that are not associated with a college or university and therefore the graduates do not earn a degree. Do these RNs meet the degree requirements of the rule?*

a) The rule requires an earned degree from an educational institution in a health care, mental health, or social service profession or be a licensed health facility administrator. An earned degree is an associate degree or higher. An associate degree from an accredited educational institution meets the rule requirements for earned degree. A registered nurse (RN) with a two-year associate degree from an accredited educational institution meets the criteria. b) A one-year LPN generally earns a certificate or diploma rather than degree so would not meet the rule requirements for director based on earned degree. Should an LPN have an earned associate degree, the LPN would meet the requirement of the rule. c) A registered nurse (RN) who graduated from a training program rather than college or university (frequently referred to as a diploma nurse) does not meet the requirements of an earned degree under the rule. However, upon reviewing the specific issue of diploma registered nurses, the ISDH believes that

the intent of the rule was to have RN-level staff as directors of the special care unit. Therefore, upon written request to the Director of the ISDH Division of Long Term Care, the ISDH may waive the earned degree requirement for diploma registered nurses.

*The current director of our special care unit in our residential care facility completed a one-year LPN certificate program at IVY Tech and has many years of experience. Can she/he be designated as the director of the special care unit?* The LPN does not meet the earned degree requirement; however, there is a “grandfather” clause in this rule. Because this unit existed and the LPN was the director of the unit at the time of the rule, the rule allows the LPN to continue as director. Whenever the current LPN leaves the director position, the replacement would have to meet the education and experience requirements stated in the rule.

*My facility has multiple Alzheimer’s and dementia special care units. The units are scattered throughout the facility. Can one person be named director for all three units or does each unit require a director?* Yes. One person may be the designated director for multiple special care units within a health facility.

*My facility has one Alzheimer’s and dementia special care unit in the comprehensive care unit and another unit in the attached licensed residential care unit. Do I need one director for the comprehensive care unit and another director for the residential care unit or can one person serve as director for both units?* The same person may be named as director of both special care units if they are under the same health facility license.

*My facility has a social services person who has a bachelor degree in social work (BSW). Can this person be named as director of the Alzheimer’s and dementia special care unit? If so, can this person still be the social services person for the entire facility as well as the director of the special care unit?* Yes and yes. The director may have multiple responsibilities within the health facility.

*May a health facility name the Director of Nursing as the Director of the Special Care Unit, assuming that she/he has the appropriate credentials, in addition to the normal duties of the Director of Nursing?* Yes. A Director of Nursing Services may also serve as the Director of the Alzheimer’s and Dementia Special Care Unit. Anyone with appropriate credentials may be appointed as director of the special care unit and may have additional responsibilities outside of the special care unit.

## THE DISCLOSURE FORM

*Is there a special form that I need to designate the director of our special care unit? Who at the ISDH do I send the name of the designated director to?* At the present time, there is no form for reporting the designated director of a special care unit. Facilities are not required to report information about the director to the ISDH. Facilities are required to maintain facility records of the designation and qualifications of the person designated. When surveyors visit a facility, they will check to see that a director has been designated, if required by the rules, and that the director meets the requirements stated

in the rules.

*I don't see anywhere on the Alzheimer's / dementia special care unit disclosure form [State Form 48896] to name the special care unit director. Should the director be listed on that form?* The Alzheimer's / dementia special care unit disclosure form [State Form 48896] is a FSSA form rather than an ISDH form. The director designation is not included on the FSSA disclosure form. The requirement to appoint a director of a special care unit is an ISDH rule. There is no current form or place where the director must be listed.

*The new rule requires the health facility to provide current special care unit residents with a copy of the completed Alzheimer's / dementia special care unit disclosure form. Most, if not all, of these residents are very confused and disoriented. Providing them with the form will therefore have little value. For those residents, do I need to provide the form to the resident and their health care representative or will it be sufficient to just provide the form to the resident's health care representative?* This is an easy question in theory but a very difficult problem for facilities in practice. ISDH rules define "resident" as "a person residing and receiving care in a health facility. For purpose of exercising the resident's rights, such rights may be exercised by the resident or his or her legal representative." 410 IAC 16.2-1.1-61. Documents, to include the disclosure form, must be provided by the facility to the resident unless the resident is incompetent. If the resident is competent but has a legal representative, the document may be provided to either the legal representative or resident. If the resident is incompetent, the facility must provide the document to the resident's legal representative. The fact that a resident is in a dementia special care unit suggests that the disclosure form would likely need to be provided to the resident's legal representative. If there is a health care representative, that would be the appropriate person.

## TRAINING REQUIREMENTS

*My facility does not have an Alzheimer's and dementia special care unit. Do all my staff still have to receive the six (6) hour dementia care training?* The rule requires that all staff having regular contact with a resident receive dementia care training. That includes both staff working in a special care unit and staff not working in a special care unit. The only difference is the timing of the training. Staff working in a special care unit must receive training within 30 days of employment in the special care unit while staff not working in a special care unit must receive dementia care training within six months of employment.

*Is Alzheimer's and dementia care training required for assisted living facilities licensed as a residential health facility if the facility does not have a special care unit? How about if the residential care facility only has a few residents or no residents with dementia in their population?* Under residential care health facility rules, dementia care training is required for all residential care facilities - those with special care units and those without special care units. The dementia care training requirement for residential care facilities is found at 410 IAC 16.2-5-1.4(e)(2). That section applies to employees that do not work in an Alzheimer's special care unit as well as those employees who work in a special care unit. The dementia care training requirement is not dependent on the number of residents diagnosed with Alzheimer's or

dementia. A health facility with no residents diagnosed with dementia or Alzheimer's still must complete dementia care training requirements stated in the rule.

*My facility already has a six hour Alzheimer's and dementia care training program. Do I have to scrap that and use the materials from the Alzheimer's Association's dementia care training or can my facility incorporate the Alzheimer's Association's training into the facility's current training program. Do we have to use the same materials as used in the Alzheimer's Association training?* A health facility with an existing dementia care training program should not scrap that program. A facility may continue to provide their dementia care training program with the facility's training materials exactly as they have in the past. Facilities are not limited to the Alzheimer's Association training program. Facilities may use any training source or materials. In the case of facilities with existing training program, it was the hope of the ISDH that the two initial courses being presented by the Alzheimer's Association and the six courses under development that will be offered next year would provide assistance to facilities in improving their existing programs. Facilities are welcome to and encouraged to integrate materials from the Alzheimer's Association of Greater Indiana training programs. Our hope is that these new training programs provide more training sources allowing for a variety of training options. Health facilities with existing training programs, all of the state's Alzheimer's Associations, and the health facility provider organizations are all good sources of training program support.

I note that quite a few health facilities already had dementia care training programs in place prior to this rule. Many personnel from existing programs have in fact been instrumental in assisting with the Alzheimer's and dementia care training program. Dementia has significant quality of care implications. Our hope is to increase the body of knowledge available to health facility staff in the area of Alzheimer's and dementia and thereby improve the quality of care and life for residents with dementia. The ISDH encourages facilities to work together and with the professional organizations in developing facility dementia care training programs. We hope that facilities with existing dementia care training programs will serve as mentors for new programs and share their expertise and experiences.

*I have trained my special care unit staff as required by the rule but I have call-ins or no shows. Will the facility be able to use non-special care unit staff to fill in who have not yet received their Alzheimer's and dementia care training?* Staff regularly working in a special care unit must receive dementia care training within thirty (30) days of being assigned to the unit. Staff not regularly assigned to a special care unit must receive dementia care training within six months of employment at the health facility. In order to fill in for absent regular staff and meet the needs of the residents in the special care unit, a health facility may assign staff from outside the special care unit who have not yet received the dementia care training. A staff member who is assigned to the special care unit a few times is not considered to be regularly assigned to the special care unit. There is a point however when a staff member becomes regularly assigned to the special care unit. If a specific staff member regularly shows up on staffing records for the special care unit, the ISDH will consider that staff member to be assigned to the special care unit. A staff member who is regularly assigned to the special care unit to fill in will be considered special care unit staff and must receive the dementia care training within thirty days of being assigned to the special care unit. For instance, a staff member who is assigned one day a week to the special care unit to "fill in" is a member of the special care unit staff. A staff member who only was assigned to the

special unit once or twice will not be considered special care unit staff.

*The rule requires “staff who have regular contact with residents” to have a minimum of six (6) hours of dementia-specific training. [410 IAC 16.2-3.1-14(u) and 410 IAC 16.2-5-1.4(e)(2)] What does “regular contact” mean? Does this mean the facility must train the housekeeping, laundry, maintenance, and business office staff who have contact or work with residents on the special care unit? Do activity staff require training if they work on the special care unit?* The ISDH did not define “regular contact” in the rule. The intent of the ISDH was to include any staff member who comes in regular contact with residents. Our definition would be someone who comes in contact with residents in the course of their job duties. Most all health facility staff fall under that definition because most staff have regular contact with residents. For instance, maintenance and janitorial staff are likely to encounter residents in the course of their daily duties. Facilities perhaps have some office staff that rarely come in contact with residents. If there is such a situation, those staff are not required to receive dementia care training.

*If an employee is hired from another facility and can provide proof that they have already received the initial six hour dementia care training does the facility hiring have to repeat the initial dementia care training?* There is no restriction as to who provides training for a given employee. A facility does not have to repeat the initial six-hour dementia care training. A facility is required to maintain records of each employee's dementia care training. As long as the training can be adequately documented, the dementia care training does not have to be repeated. The dementia care training requirement should not be confused with the required initial orientation. There is an existing rule pertaining to initial orientation provided to new employees. As part of the new special care unit rule, "care of cognitive impaired residents" was added to the initial orientation. This is separate from the dementia care training requirements.

## CONTRACT STAFF

*Does the health facility have to provide dementia care training to contract providers of contract therapy services such as physical, occupational, or speech therapy? I understand that the health facility does not have to provide the training to the contract staff. Is dementia care training still required for the contract staff before they may provide services in the health facility?* The short answer is that contracted services personnel are not required to have dementia care training as long as they do not rise to the level of employees of the health facility. The Alzheimer's and dementia special care unit rule only requires dementia care training for employees of a health facility. The rule does not require dementia care training for persons who are not employees of a health facility. A provider of contract services is not required to provide dementia care training to its contracted personnel and contracted personnel are not required to have dementia care training in order to provide services in a health facility. Contracted physical therapists, occupational therapists, and speech therapists working through an agency or as an individual contractor therefore are not be required to have dementia care training.

There is confusion at times as to when a person becomes an employee of a health facility rather than a

contracted service. Some companies have contracts with employees. The mere existence of an employment contract does not exclude that person from dementia care training. A health facility might, for instance, have a personal services contract with their director of nursing. That person is still an employee of the health facility and required to complete dementia care training. The more difficult distinction is when a contracted service evolves into an "employee" of the health facility. For instance, if a contracted social worker is serving as an activities coordinator for a single health facility 40 hours per week and/or is being paid directly by the health facility, I would consider that person to be an employee of the health facility for purposes of this rule and required to complete dementia care training. If the social worker is working through an agency who contracts with a health facility and the social worker is paid by the agency, the social worker is not an employee of the health facility and therefore not required to have dementia care training.

Although it is not required, the ISDH encourages contracted services to provide continuing education training to its contract providers. Dementia care training is a good idea for all persons providing services in a health facility - whether contracted or employee. Although not required, I expect that many health facilities will begin requiring their contracted service providers to have dementia care training.

*Are the hours required for this training actually six (6) clock hours or six (6) continuing education (CE) type hours?* As for the determination of hours, the ISDH expects that a facility will have a training policy that will identify how the hours are determined. Either clock hours or standard continuing education hours are acceptable. The facility should be consistent in their determination of hours.

*I have found many sources of Alzheimer's and dementia training in this area. Is there an actual course content that must be covered in the required training?* There is no specific course content required by the rule. It is our hope that facilities will make this training educational for all staff. Ideally, training will be planned to take into account the needs, education, and experience of the individual staff member. Because most staff have not had education related to fundamentals of Alzheimer's and dementia, that would seem to be a good topic for this initial six hour training. The *Fundamentals of dementia care for health care personnel* course is intended as a model fundamental level course that would meet the initial six hour requirement for new staff. The *Directing an Alzheimer's / dementia care unit* course may assist your training director in putting together a fundamental level course. Of course, you are also welcome to work with the Alzheimer's Associations and/or other facilities or organizations in providing dementia care training. In years following their initial six-hour dementia care training, staff are required to have three hours of dementia care training. Our hope is that facilities will provide a variety of educational opportunities appropriate for the staff's level of education. The ISDH is working with the Alzheimer's Association to create six three hour courses on a variety of topics. These courses may be helpful to facilities in planning future training. There are a variety of programs and conferences offered by professional organizations that would also be appropriate.

*Will the three and six hour dementia care training requirements be in addition to the total training requirements for staff – i.e. the twelve hours for nursing personnel and six hours for non-nursing personnel?* The dementia care training requirements are in addition to the inservice requirements. The applicable rule for comprehensive care facilities is 410 IAC 16.2-3.1-14(u). This is a new section and

states: "(u) In addition to the required inservice hours in subsection (1), staff...". There is a parallel rule in the residential care facility rules. The residential care rule is 410 IAC 16.2-5-1.4(e)(2).

*I serve as Administrator of a hospital based SNF. With the exception of nursing personnel, most other staff are contracted through the hospital. This would include therapists, dietary staff, social services, housekeeping, and maintenance. Would all of these contracted services be exempt from the dementia care training requirements? All of these contracted services are exempt from the dementia care training requirements because they are not employees of the SNF health facility. The rule distinguishes between employees and contracted personnel. In the case of the hospital-based health facilities, the distinctions are less clear because there is overlap between the institutions. Our determination however is that contracted services are not required to complete dementia care training.*

*Are the state surveyors going to receive the same training as the health facilities are required to provide to their staff. How will I know that the surveyors have heard the same information that the facility staff are given? All ISDH long term care surveyors are receiving dementia care training from the Alzheimer's Association of Greater Indiana. The training will occur at the September 2004 staff meeting and will cover fundamentals of dementia care and directing a special care unit. Surveyors also recently completed the three-hour CMS videotapes on dementia. Surveyors are being provided with these questions and answers and will receive instruction on the new rule.*

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