

STATE ALZHEIMER'S DISEASE PLANS: TRAINING

Recommendations to better equip health care professionals and others to deal with individuals with Alzheimer's

Arkansas	
California	<ul style="list-style-type: none"> • Integrate a basic level of dementia sensitivity and disease education for all trainees in health-related fields at the student and residency level. • Partner with licensing boards to mandate continuing education on Alzheimer's and other dementias as a condition of license renewal for doctors, nurses, and other health professionals. • Protect and promote the 10 California Alzheimer's Disease Centers as a training resource for community providers and licensed health professionals. • Mandate competency-based training for employees in specific settings (e.g. hospitals, nursing homes, home care workers, first responders), recognizing there are different strategies for different settings, levels of skill, and licensure. • Provide guidance on the new Medicare Annual Wellness Visit, which includes detection of possible cognitive impairment. • Explore/endorse/disseminate dementia-specific curriculum/training programs, tailored to primary care physicians, internists, general practitioners, physician assistants, and nurse practitioners. • Educate clinicians on the criteria needed to refer and qualify a patient for hospice care. • Provide regular training to regulators on best practices in dementia care to improve consistency and continuity between settings. • Offer specialized dementia training to mobility managers in each Area Agency on Aging.
Colorado	<ul style="list-style-type: none"> • Create a state certification in dementia care for facilities, agencies, and individuals licensed and monitored by the Colorado Department of Health and the Environment and the state health professions' licensing boards. • Apply for a federal grant to create at least one new Geriatric Education Center in Colorado. • Launch an information campaign to encourage individuals and organizations to apply for grants under national health reform to increase educational programs and the number of individuals who are competent to work with older adults who need supportive services, with a focus on those with dementia. • Encourage and enhance adequate training for first responders about medical and behavioral issues related to Alzheimer's disease and other dementias when responding to an emergency involving these individuals.
Connecticut	<ul style="list-style-type: none"> • Develop a bank reporting project that includes bank reporting training programs. Bank employees should be trained about potential red flags that indicate suspicious activity. Banks should have immunity after reporting and addressing suspicious activity. • Geriatric care managers or companies that offer case management services must have dementia core competency training. • Improve continuing education efforts to health care providers to recognize signs of dementia and the importance of counseling to individuals and their care partners. • Revise state law to require all staff of chronic and convalescent nursing homes and rest homes with nursing supervision to receive dementia-specific education upon hire and annually thereafter. This education and training shall be provided by a subject matter expert or a person who has received dementia training from an accredited body of knowledge such as the Alzheimer's Association or the National Council of Dementia Practitioners through a "Train the Trainer" program. This individual must meet the annual requirements for re-certification as stated in the training program.

<p>Connecticut (cont.)</p>	<ul style="list-style-type: none"> • Revise state law to require that dementia-specific training on pain recognition and management be completed within 120 days of hire, rather than 6 months, for nursing home facility staff. This education and training shall be provided by a subject matter expert or a person who has received dementia training from an accredited body of knowledge such as the Alzheimer’s Association or the National Council of Dementia Practitioners through a “Train the Trainer” program. This individual must meet the annual requirements for re-certification as stated in the training program. • Require residential care homes, assisted living facilities, adult congregate living facilities, adult day care centers, hospice, home health agencies, and homemaker/companion agencies to provide dementia-specific education to staff upon hire and annually thereafter. • Amend educational and licensure regulations for nursing home administrators to include a course in dementia. • Create a system of “tiered” education to meet the workforce needs. These levels of education should correlate to the level and degree of connection that the care provider has to the person with dementia. The groups in need of this training include professional licensed and registered direct care workers across the continuum of care; professional licensed and registered indirect care workers across the continuum of care; unlicensed, unregistered direct care workers; unlicensed, unregistered indirect care workers across the continuum of care; and community providers and vendors. • Encourage utilization of resources and standardized dementia trainings for the home- and community-based direct care workforce, family members, and unpaid caregivers. Develop an affordable “train the trainer” dementia course based on the existing Alzheimer’s Association caregiver support group leaders’ training. Develop a model similar to the American Red Cross’ CPR training program, whereby trained educators could then offer accessible and affordable dementia education to caregivers or others in the community. • Increase connectivity and training opportunities for the home- and community-based direct care workforce by utilizing emerging high-tech training and education models. • Collaborate with professional and trade associations to develop an Alzheimer’s disease and other dementias education program using continuing education credits for health care professionals, including physicians, nurses, social workers, administrators, care managers, transition coordinators, and pharmacists. • Require mandatory dementia-specific training for hospital emergency room staff, including nurses, physicians, and medical technicians. • Integrate and continue basic-level dementia training and education for public safety responders, long-term care ombudsmen, protective service employees, probate judges, and court personnel. Expand annual missing persons police force training to include dementia education. • Encourage a basic level of dementia education for conservators and other fiduciaries responsible for the care of those no longer capable of managing their person or affairs, such as trustees and powers of attorney. • Integrate dementia education in curriculum and residencies at Connecticut’s medical universities.
<p>Delaware</p>	<ul style="list-style-type: none"> • Provide training in Alzheimer’s disease and other dementias to case managers in the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), to call center staff at the Aging and Disability Resource Center, and to front-line staff across the aging and disability network. • Provide ongoing training on resources available for caregivers to call center staff at the Aging and Disability Resource Center, Options Counselors, and other information and referral specialists. • Coordinate with professional societies and other organizations to create and implement strategies to maximize the dissemination of appropriate continuing education on Alzheimer’s disease for physicians, nurses, and other health care professionals. • Establish and/or strengthen, as appropriate, dementia-specific training for all staff of any state-licensed entity in the health care continuum that serves individuals with Alzheimer’s disease and other dementias, including, but not limited to, nursing homes, acute care facilities, community residential care facilities, home health agencies, hospice, or adult day care programs.

<p>Delaware (cont.)</p>	<ul style="list-style-type: none"> • Incorporate specific needs of ethnically diverse population groups into existing and emerging training programs for health care and social services providers, with attention across the continuum of care. • Develop strategies to train professionals who provide services to persons with mental illness and developmental disabilities to recognize and address Alzheimer's disease within their consumer populations. • Partner with a geriatric education center to provide increased Alzheimer's disease related training to primary care providers serving areas in Delaware with larger numbers of older residents. • Partner with the Alzheimer's Association and others to provide comprehensive Alzheimer's dementia training to first responders, law enforcement, EMTs, fire fighters, emergency preparedness, and search and rescue officials, and others. • Increase the spectrum of educational resources available on Alzheimer's disease for health care and social service professionals through clearinghouse development, website links on online continuing education-related training/resources for professional licensure requirements, and coordination with service-providing agencies/facilities required to provide dementia-specific training. • Establish a formal network of providers of Alzheimer's training in Delaware to increase the availability of quality continuing education and other training on Alzheimer's disease and to serve as consultants on the ongoing development and/or refinement of competency-based models of Alzheimer's training.
<p>District of Columbia</p>	<ul style="list-style-type: none"> • Provide face-to-face and online training to hospital and nursing home staff, first responders, home care providers, senior housing staff, federal/local agencies, and transportation services through collaboration with the lead agencies of the DC Office on Aging and other local agencies. • Establish a certification to enhance training requirements including a competency component about Alzheimer's disease and other dementias for clinical/licensed professionals, direct care providers, state agency staff, first responders, caregivers, guardians, and conservators. • Collaborate with government agencies and community partners to provide workforce training and assist in planning the Dementia/Alzheimer's Symposium for professionals. The citywide symposium will provide information on current research, promising practices, and pertinent issues related to the care of individuals with Alzheimer's and other dementias as well as their caregivers. • Establish partnerships with institutions of higher education to increase the network of Alzheimer's disease care specialists by including training in post-graduate Alzheimer's disease programs for nursing, medicine, psychiatry, neurology, psychology, social work, pharmacy, gerontology, and related disciplines.
<p>Florida</p>	<ul style="list-style-type: none"> • Standardize training for law enforcement, including recognizing signs of persons with Alzheimer's disease and other dementias, communicating with persons with the disease, identifying different behaviors, offering Baker Act alternatives, understanding wandering behavior, and knowing local resources. • Update dementia-specific training requirements for employees in care settings.
<p>Georgia</p>	<ul style="list-style-type: none"> • Make training programs available for all faith- and community-based organizations. • Develop protocols and a corresponding training module to help ensure professionals recognize the role of care partners in the care coordination of persons with dementia. • Increase awareness among health care professionals about care partner health and its importance in maintaining the health and safety of the person with dementia. • Develop and implement an evidence-based training curriculum and implementation strategies for targeted audiences (e.g., Department of Behavioral Health and Developmental Disabilities, Office of the State Inspector General, Georgia Bureau of Investigation). • Require training for all state staff associated with any of the Medicaid and non-Medicaid home- and community-based waivers, as well as training for primary and secondary contract staff who have a primary role of interacting with older adults, their family, or caregivers. • Support voluntary certification, licensure, and degree programs that encourage working with older adults and persons with Alzheimer's disease and other dementias.

Georgia
(cont.)

- Include a basic level of information on older adults, aging, and dementia in all health-related fields that require licensing and certification.
- Partner with licensing boards to cultivate continuing education on aging and chronic disease topics including Alzheimer's disease and other dementias for health and allied health care providers.
- In partnership with the State Plan Task Force member agencies and academic institutions, create an open-source web-based basic training curriculum for entities and individuals desiring to provide dementia-capable services (skilled nursing, adult day health, home care, hospital, personal care home). Create an electronic system of verifying and tracking basic certification.
- Create and/or support continuing education efforts that improve health care providers' ability to recognize early signs of dementia.
- Dementia care management competencies must be developed and taught in medical schools, academic health centers and allied health professional education and also extended to the full range of helping professions, including those working in the aging services network.
- Develop 30-60 hour competency-based, dementia-specific core training or standardized training across the direct-care workforce, regardless of setting.
- Develop a specific track on dementia and dementia-related diseases for medical students and residents.
- Universities and colleges throughout Georgia, including public entities governed by the Board of Regents and the Technical College System of Georgia, should evaluate existing social, health, and allied health curriculums to ensure adequate basic information is provided on an aging population and Alzheimer's disease and other dementias.
- Work with affiliated statewide associations on the development of dementia-specific training for emergency room staff, including nurses, physicians, and related professionals such as radiologists.
- Ensure that emergency care providers understand the role and partnership of the care partner in the emergency care of the person with dementia.
- Evaluate opportunities for advanced training in geriatrics, dementia, behavioral health, and related topics.
- Work with professional licensing and certification entities to require dementia-specific training in relevant licensing, certification, and continuing education initiatives for health care providers, including but not limited to nurses, certified nursing assistants, physicians not specializing in geriatrics, emergency room staff, emergency medical technicians, rehabilitation therapists, dentists, clergy and chaplains, etc.
- Train facility staff to view behavioral "problems" as behavioral expressions that are a way for a person with dementia to communicate. Train care providers to identify the root cause of behavioral expression and then address the cause through an individualized approach focusing on the strengths and preferences of the individual, one that may incorporate social interaction, music, pets, solitude, spiritual practices, beneficial touch such as massage, and awareness of lighting and noise.
- For volunteers working in settings that involve interaction with people with dementia, appropriate training should be readily available and promoted. These volunteers could include those involved with Meals on Wheels, day centers, senior centers, faith-based programs, long-term care facilities, or hospitals.
- Develop a website for law enforcement and first responders that contains training modules related to dementia.
- Provide training modeled after the "Dementia Friends" program in Japan and the United Kingdom. Use a one-hour education program on dementia similar to Red Cross training on first aid and CPR to prepare individuals, organizations, and businesses to be dementia friendly.
- Train the community on person-centered concepts and practices in planning and service delivery.

Hawaii	<ul style="list-style-type: none"> • Build a workforce with the skills to provide high quality care for people with Alzheimer's disease and other dementias by providing continuing training for health care professionals on high quality standards and measures for dementia care – including a unified Alzheimer's and other dementias curriculum for primary care physicians designed to enhance assessment, diagnosis, and care at all stages of the disease.
Idaho	<ul style="list-style-type: none"> • Develop and implement a statewide Alzheimer's disease and other dementias education program using continuing education credits for health care professionals, including physicians, nurses, social workers, pharmacists, etc. • Promote existing professional and lay caregiver training programs. • Develop and promote geriatric-centered curricula for students pursuing health care careers. • Work with industry trade groups to provide additional, standardized Alzheimer's and other dementias training for institutional and home-based professional caregivers
Illinois	<ul style="list-style-type: none"> • Establish, initiate, and require basic, specialized, and periodic education and training, as appropriate, for persons throughout the state whose responsibilities make it likely that they may come into contact with persons with Alzheimer's disease and other dementias.
Indiana	<ul style="list-style-type: none"> • Provide free or low-cost online e-learning modules for health care providers on Alzheimer's disease and other dementias care. • Improve professional medical education on Alzheimer's disease and other dementias. • Improve training standards for health care providers on Alzheimer's and other dementias. • Establish collaboration among the Alzheimer's Association, Indiana Department of Homeland Security, and Indiana Law Enforcement Academy to offer statewide dementia-specific training (basic and continuing education) to first responders such as emergency medical services, firefighters, law enforcement officers, dispatchers, search and rescue, and Homeland Security.
Iowa	<ul style="list-style-type: none"> • Increase and enhance training and education requirements about Alzheimer's disease and other dementias for all direct care employees, including, but not limited to, long-term care settings, assisted living, elder group homes, residential care, adult day facilities, and home health care. • Establish or broaden the number of hours for training for direct care staff to a minimum of 8 hours classroom instruction and a minimum of 8 hours of supervised interactive experience. • Establish or broaden the number of continuing education/in-service hours for direct care workers on the topic of Alzheimer's disease and other dementias to a minimum of 8 hours annually. • Add a competency component following Alzheimer's disease and other dementias training. • Establish a standard curriculum model that includes the diagnostic process, progression of the disease, communication skills (with the diagnosed individual, , family, friends, and caregivers), family stress and challenges, nutrition and dining information, activities, daily life skills, caregiver stress, the importance of building relationships and understanding personal history, expected challenging behaviors and non-pharmacologic interventions, and medication management. • Broaden the spectrum of people who are required to receive training specific to dementia to those who work in direct contact with people diagnosed with the disease, including administrators, directors, dietary staff, administrative and management staff, hospital direct care staff, state employees with responsibility for long-term care oversight/monitoring, and ombudsmen. • Create an optional specialized certification for health/human services professionals to provide quality care and improve the quality of life for people with Alzheimer's and other dementias. • Increase the spectrum of educational resources available by using on-line courses and community colleges, and make subsidized educational opportunities available for those wishing to specialize in this field.
Kentucky	<ul style="list-style-type: none"> • Identify specific training resources for targeted audiences across the state. • Develop relationships with policy and community partners to develop and implement training for, but not limited to, bankers, attorneys, policy, and emergency personnel. • Develop and implement an evidence-based training curriculum and implementation strategies for targeted audiences (i.e. Department for Mental Health and Mental Retardation, Office of Inspector General surveyors, Comprehensive Care Centers, family caregivers, etc.). • Develop and implement an evidence-based training curriculum and implementation strategies for long-term care facilities.

<p>Kentucky (cont.)</p>	<ul style="list-style-type: none"> • Require mandatory dementia-specific training as part of the Department of Criminal Justice Training yearly in-service training for emergency personnel (e.g. firefighters, emergency medical technicians, police officers). • Require mandatory dementia-specific training for emergency room staff including nurses, physicians and related-services technicians such as radiology. • Increase training for state adult protective services workers on Alzheimer’s and other dementias. • Require training for providers and state staff associated with any of the Medicaid home- and community-based waivers. • Develop a portable certification program for para-professional direct caregivers with standardized content designed to enhance their understanding of memory impairment and their performance in caring for individuals with Alzheimer’s and other dementias. • Work with the universities to develop specific training options, including: (1) optimal training content standards for licensed health professionals (target Kentucky’s professional schools to integrate it into the curriculum); and (2) a specific track on Alzheimer’s disease and other dementias for medical students and residents. • Explore changes needed to support the purchase and provision of evidence-based practice training and education. • Require and provide training and the subsequent provision of evidence-based practices in programs and services supported by state funds. • Provide training on a newly-developed protocol regarding interfacing with individuals with Alzheimer’s and other dementias to staff within the Cabinet for Health and Family Services, including adult protective services workers, guardianship/social workers, and staff from the Office of Inspector General and the Department for Mental Health and Mental Retardation.
<p>Louisiana</p>	<ul style="list-style-type: none"> • Extend dementia-specific training requirements to include all licensed and unlicensed providers serving persons who may have Alzheimer’s disease and other dementias. • Work with universities and other professional schools to develop dementia-specific training and recruitment options, such as: (1) optimal training content standards for licensed health professional integrated into curricula relevant to Alzheimer’s and other dementias; (2) creation of a program to recruit and train geriatric psychiatrists, geriatricians, advanced practice nurses, and other geriatric specialists; (3) residencies or fellowships for geriatric specialists; and (4) a specific academic track for medical students, residents, and others who do not specialize in geriatrics. • Work with professional licensing and certification entities to require dementia-specific training in relevant licensing, certification, and continuing education initiatives for providers such as nurses, certified nursing assistants, physicians not specializing in geriatrics, occupational therapists, physical therapists, dentists, etc. • Promote the enhancement of initial and continuing training requirements for first responders (including law enforcement personnel, fire fighters, the Louisiana National Guard, emergency medical personnel, and search and rescue organizations), appropriate to their functions, to address the needs of persons with dementia who may exhibit difficult or dangerous behaviors. • Ensure that plans implemented by the Emergency Management Disability and Aging Coalition include dementia-specific training for workers in general shelters and those staffing critical transportation-needs shelters.
<p>Maine</p>	<ul style="list-style-type: none"> • Develop training pre-service and in-service curricula related to dementia and cognitive health for continuing professional education of health and human services professionals. • Encourage and enhance adequate training for first responders about medical and behavioral issues related to Alzheimer’s disease and other dementias when responding to an emergency involving these individuals. • Continue to partner with appropriate state agencies and professional medical associations to develop approaches and curricula surrounding continuing medical education regarding Alzheimer’s disease and other dementias and management of safety risks. • Identify and implement existing or emerging best practice competency-based models for training long-term care facility staff to provide quality dementia care in assisted living, nursing homes, and dementia units.

<p>Maine (cont.)</p>	<ul style="list-style-type: none"> • Evaluate and enhance current state policies regulating licensing/certification, both pre-employment and continuing education requirements, for the long-term care facility workforce, including identifying and implementing competency-based evaluation requirements for personal care attendants, CNAs, LPNs, RNs, and others who are care providers. • Dementia care management competencies should be taught in medical schools, academic health centers, and allied health professional education, and to helping professionals. • Require the inclusion of education about Alzheimer's and other dementias in the training curriculum and continuing education requirements of physicians; nurses, health, social service, and allied health professionals who serve this population. • Provide education, training, and technical support to practicing primary care practitioners, specialists, and other professionals to facilitate adoption of best-practice dementia detection, treatment, and management in their practices. • Ensure that training and technical assistance includes a focus on assisting the practice of integrating activities that are appropriate for those with dementia into the practice system of care, including training of best practices in dementia care as it related to primary care, hospital care, palliative care, hospice, and other end-of-life care services. • Work with state partners and other stakeholders to collaborate on the creation of employer-supported dementia awareness and caregiver training. • Identify and implement existing or emerging competency-based trainings and evaluations to measure competency of professional caregivers based on quality dementia care best practices. Ensure that providers and consumers are informed of training that is required and available. • Ensure that any related educational and training materials or support that result from the federal Partnerships for Patients initiative are implemented in Maine.
<p>Maryland</p>	<ul style="list-style-type: none"> • Include information and education about dementia (including best practices and guidelines on dementia care) and the needs of individuals with dementia, in the training of all professions who are involved in their care and treatment. • Consider requiring continuing education about dementia as part of professional licensure, certification, and other similar renewal requirements.
<p>Massachusetts</p>	<ul style="list-style-type: none"> • Work with health and supportive care providers, including but not limited to home care agencies and hospice agencies as well as elder law attorneys and area businesses to develop dementia-specific trainings for professionals. • Continue to work with appropriate state agencies and professional medical associations to develop approaches and curricula surrounding continuing medical education regarding Alzheimer's and management of safety risks. • Determine and develop curricula for multiple service areas (skilled nursing, adult day health, home care, hospital, rehabilitation, etc.) and qualifications for trainers. • Deliver training to staff in all care settings. • Create a new system to allow portability of training across facilities as staff change jobs. • Develop strategies to train professionals working with consumers with mental illness and developmental disabilities to recognize and address Alzheimer's within their consumer populations.
<p>Michigan</p>	<ul style="list-style-type: none"> • Promote use of Primary Care Dementia Network education modules. • Support a dementia component of the Geriatric Education Center of Michigan inter-disciplinary community geriatric team outreach and education project in eight communities. • Help plan the dementia conference day of the annual Issues on Aging Conference. • Continue to provide quarterly newsletters with network updates, dementia news, and information about dementia resource materials. • Expand educational outreach to local health departments, medical professional associations, and Medicaid managed care organizations.

Minnesota	<ul style="list-style-type: none"> • Create a flexible curriculum for caregiver education based on the dementia care practice recommendations and on existing best practices, which can be applied in multiple settings and formats for both paid and unpaid caregivers. • Include a system of certification and incentive-based options or rewards for dementia competency, including dementia care that is culturally competent. • Mandate the inclusion of information on Alzheimer's and other dementias in the training curriculum and continuing education requirements of physicians, nurses, and allied health professionals who serve older persons. These courses should include early detection and diagnosis of cognitive impairment, dementia care interventions, and management of the disease. • Develop and teach dementia care management competencies in medical schools, academic health centers, and allied health professional education as well as to the full range of helping professionals, family care partners, and community agency partners.
Missouri	<ul style="list-style-type: none"> • Review current dementia training requirements and make recommendations designed to strengthen the delivery of quality dementia services across the care continuum, including appropriate behavioral interventions and medications. • Advocate for including accredited dementia training for the career ladder workforce • Recommend ongoing in-service training on Alzheimer's disease and other dementias for first responders through programs such as Missouri Peace Officer Standards and Training.
Nevada	<ul style="list-style-type: none"> • Encourage the Board of Medical Examiners, the State Board of Osteopathic Medicine, professional associations, and educational institutions to promote awareness and education to health care providers by: (a) approving continuing medical education training programs that provide primary care physicians and other allied health care professionals with ongoing education about recent developments, research, and treatments of Alzheimer's disease and other dementias; (b) encouraging primary care physicians to refer persons with cognitive deficits for specialized cognitive testing when appropriate; and (c) encouraging primary care physicians to refer persons with dementia and their families to dementia-related community resources and supportive programs. • Encourage schools in Nevada with programs in nursing and other health care professions to ensure that the programs include specific training regarding Alzheimer's disease and other dementias in their curriculum and to expand related continuing education opportunities for nurses and other health care professionals in the acute care settings. • Encourage training and education about Alzheimer's disease and other dementias for all levels of medical personnel in a hospital, including emergency room personnel and others responsible for admission and discharge. • Encourage first responders, law enforcement, and fire department personnel to have a specified number of hours of training to help them assess and learn how to respond to people with Alzheimer's disease and other dementias.
New Mexico	<ul style="list-style-type: none"> • Publicize availability of public safety training and protections through the Department of Public Safety and the New Mexico State Police. • Re-establish the Geriatric Education Center previously housed at the University of New Mexico in order to ensure widespread availability of expert knowledge and resources. • Expand education and training through collaborations between and among New Mexico state universities, branch colleges, community and technical colleges, and private institutions.
New York	<ul style="list-style-type: none"> • Develop pre-service and continuing education curricula and specialized training in the early detection, diagnosis, management, and treatment of dementia. • Draw from the tools and training materials developed by the Coordinated Care Alzheimer Demonstration Project for making the workforce "dementia ready." • Partner with medical and other professional associations to provide continuing education opportunities on dementia. • Expand specialized dementia training for home health and personal care aides, as well as others working with individuals with dementia, to recognize and address symptoms. • Create opportunities for increased remuneration for those with specific training.

New York (cont.)	<ul style="list-style-type: none"> • Develop and require training for hospital staff, including emergency room staff, to recognize and offer better quality care for persons with dementia. • Educate architects and engineers about the impact of architecture and engineering on the design, color, texture, lighting, air change ratio, and sound on the safety, security, and management of persons with dementia through pre-service and in-service training. • Incorporate specific needs of minority populations with dementia into existing training programs for social service and healthcare providers. • Increase the pool of culturally-appropriate social service and health care providers and home health aides using evidence-based training programs. • Encourage professional education programs in all health professions to include a course in cultural competency within the required curricula. • Train caregivers and providers so they are better equipped to handle behavioral problems, using both proper pharmaceutical and psycho-social interventions. • Train formal and informal caregivers to appropriately manage medications. • Expand pre-service and in-service training opportunities for first responders, including police, emergency medical technicians, and firefighters, as well as court officials and others in the community, to assure sensitive, appropriate interactions with those who may have dementia and their caregivers.
North Dakota	
Oklahoma	<ul style="list-style-type: none"> • Enhance training and accountability for agencies with state contracts providing case management services under the Medicaid Advantage Program. • Require that medical and direct care staff at any nursing home, assisted living facility, adult day center, skilled nursing facility, home health agency, or hospice agency that is licensed by the state or receiving state funding complete four hours of in-service training per year in Alzheimer's and other dementias-related care. • Provide enhanced funding to compensate facilities that pay for staff education related to Alzheimer's care. • Require that the diagnosis of Alzheimer's disease and other dementias be made an essential competency in state medical schools by 2012, while also providing incentives to physicians to complete dementia-specific modules in the re-licensing process (every 3 years). • Codify mandatory dementia-specific training for all first responders.
Oregon	<ul style="list-style-type: none"> • Ensure that Oregon's Aging and Disability Resource Connection and other statewide organizations serving older adults and their families receive training about dementia and develop clear policies and practices to effectively assist and refer people with the disease and their families to appropriate services. • Establish a work group to create a strategy to grow the provider workforce and improve its skill levels. This work group will: (a) recommend ways to integrate basic dementia education into the curricula in all schools teaching health care-related subjects in Oregon, from trade schools through undergraduate and graduate schools; and (b) work with professional health care licensing boards and organizations whose licensees and members provide services to people with dementia and other families, to promote and include dementia-specific training in continuing education opportunities for their licensees and members; the work group will explore establishing ongoing requirements and incentives for continuing education about dementia at a determined interval for professionals in long-term care settings and those working with the elderly in hospitals. • Collaborate with a broad set of stakeholders to develop a comprehensive training package that includes dementia as one element of mandatory training for existing guardians and all new guardians appointed in Oregon. • Develop a pilot training on dementia and guardianship and provide it online as a voluntary training for guardians until a mandatory training package is established. • Secure state and/or federal funding to expand the Gatekeeper Program statewide through existing Area Agencies on Aging or other aging-services partners in each community. Gatekeeper programs train community members such as letter carriers, meter readers, bank tellers, and trash haulers about identifying potential harm to at-risk older adults and how to alert existing services.

<p>Pennsylvania</p>	<ul style="list-style-type: none"> • Explore revisions to continuing education curricula. • Explore partnerships with organizations to develop and provide training. • Encourage the inclusion of Alzheimer’s and other dementias training in medical school curricula and in the curricula of other health professions. • Encourage inclusion of Alzheimer’s and other dementias-related content in publicly funded and regulated provider education among health care providers, public health professionals, and aging services providers. • Promote training for police, fire fighters, emergency personnel, and postal workers how to interact with individuals with Alzheimer’s and other dementias. • Inventory, implement, and/or develop training for police, fire fighters, emergency personnel, and postal workers to help them identify and interact with individuals affected by Alzheimer’s and other dementias. • Educate health care providers about the benefits of care coordination. • Create and implement an online continuing medical education accredited program to educate physicians to identify and treat Alzheimer’s and other dementias. • Establish core curricula for Alzheimer’s and other dementias training in Pennsylvania for health care professionals at all levels, drawing on tools and training requirements that already exist. • Collaborate with state agencies, licensing boards and networks to incorporate Alzheimer’s and other dementias training in licensing regulations across the continuum of care. • Engage existing organizations related to health care, behavioral health services, long-term care, and community-based services to assist with provider education.
<p>Rhode Island</p>	<ul style="list-style-type: none"> • Support the annual training programs offered to police and fire advocates through the DEA as an ongoing opportunity for law enforcement and first responders. Supplement the existing platform to incorporate dementia awareness training. • Maintain provision of training and educational opportunities as a priority for law enforcement personnel, including municipal and state police academies, probation, parole officers, and the Attorney General’s office, with particular outreach efforts directed at patrol-level police officers. Existing training curricula should consider integrating “train the trainer” modules to assist in the dissemination of the teaching elements offered by each course. • Foster improved communications and care coordination across settings for individuals living with Alzheimer’s disease through new educational and training materials. • Encourage participation in Alzheimer’s training and education programs by promoting participation among all staff members, including non-professional staff, within long-term care facilities and programs serving adults with Alzheimer’s disease and developing incentives for administrator and management-level staff to participate in programs. • Assess the current status of Certified Nurse Assistant (CNA), nursing, and physician training to determine the extent to which Alzheimer’s disease awareness and capability are currently included in any curriculum. Determine the feasibility of making this training a requirement for licensure. • Develop a statewide stakeholder group with input from state agencies, professional medical associations, long-term care providers, and other stakeholders to develop a recommendation for inclusion of specific required dementia elements in health care education and certification programs. This group should (1) assess existing Alzheimer’s curricula for physicians and nurses and develop recommendations for future augmentations if advisable; (2) examine CNA training programs statewide to assess whether additional augmentations or standardization is recommended and conduct a national search for best practices in primary, continuing education, and ongoing trainings; and (3) to assist families in discerning what level of training a facility’s staff has, publish uniform definitions of (a) dementia-capable, (b) Alzheimer’s trained, and (c) certified in Alzheimer’s disease care. • Assess interest level in, and identify resources for, developing a leadership institute for staff interested in obtaining a higher level of expertise in dementia care. • Develop Continuing Medical Education (CME) modules on relevant dementia topics and encourage development of a CME track on Alzheimer’s disease and palliative care.

<p>Rhode Island (cont.)</p>	<ul style="list-style-type: none"> • Engage Geriatric Education Center resources to develop and offer trainings on avoiding, diverting, and managing aggressive behaviors among individuals with Alzheimer’s disease; incorporate lessons and best practices from Healthcentric Advisors nursing home quality improvement collaborative. • Engage the behavioral health expertise of the Geriatric Psychiatry Program at Rhode Island Miriam Hospitals for training on pharmacologic and non-pharmacologic approaches to managing aggressive behaviors; incorporate the training into the development of the CME track on Alzheimer’s disease and work to disseminate best practices across providers using the Rhode Island Alzheimer’s disease website and Research Summits. • Encourage local hospitals with geriatric subspecialty programs to provide support to existing training programs in the areas of medical care for individuals with Alzheimer’s disease. • Explore potential supplemental funding through the Geriatric Education Center to provide trainings for frontline staff on older adults and, particularly, dementia care. • Develop partnerships across communities and with a diverse range of partners to integrate existing training and education programs with best practices for the delivery of culturally-competent care, including language skills where possible. • Include dementia training as part of the quality incentive for nursing homes under DHS. • Develop educational units targeted at physician and nurse-level staff for incorporation into CME curricula to instruct health care professionals how to guide individuals and families through long-term care transitions and to advise them on advanced planning, including discussions about palliative care and hospice. • Encourage ongoing Alzheimer’s training, including awareness of caregiver resources and needs, for the full network of Division of Elderly Affairs and Department of Human Services service providers. • Ensure that adequate training and resources are provided to the POINT and the Division of Elderly Affairs partner agencies to ensure that options counseling adequately addresses both publicly and privately funded services. • Encourage inclusion of end-of-life planning segments in Continuing Medical Education.
<p>South Carolina</p>	<ul style="list-style-type: none"> • Establish standards for dementia-specific training for staff of any state-licensed entity that provides for care of individuals with Alzheimer’s disease and other dementias, including, but not limited to, nursing homes, community residential care facilities, home health agencies, hospice, or adult day care centers. • Incorporate mandatory training modules and continuing education on Alzheimer’s and other dementias for medical school students, licensed doctors, and licensed nurses of all disciplines. • Expand training on Alzheimer’s disease and other dementias and enhance accessibility for first responders and personnel in the justice system (i.e. emergency medical services, firefighters).
<p>Tennessee</p>	<ul style="list-style-type: none"> • Provide training, consultation and continuing education to the public, students, surveyors, residents, practicing physicians, and other health care professionals. • Work with the universities to develop specific training and recruitment options. • Identify and partner with health care associations that offer educational courses in the area of Alzheimer’s disease and other dementias to provide accurate and appropriate training. • Explore and identify the correct vehicles for providing training to the appropriate professional disciplines within the medical community. • Provide training to all physicians and nurses who are in training by adding programs specifically on Alzheimer’s disease and other dementias to the residency and nursing curricula. • Encourage physician organizations to provide continuing medical education on Alzheimer’s disease and other dementias for members in their areas of specialty. • Train primary care physicians to recognize younger-onset dementia, to detect dementia earlier, and to appropriately utilize community support services. • Explore the use of a geriatrician “mentor” in appropriate areas. • Expand specialty training and training for general practitioners.

<p>Tennessee (cont.)</p>	<ul style="list-style-type: none"> • Partner with the Tennessee Medical Association and the Tennessee Hospital Association to formulate requirements and advocate with the Joint Commission to require showing competencies in dementia-specific care. • Identify specific training resources for targeted audiences across the state. Utilize existing resources and materials and develop partnerships with universities, medical schools, community colleges, senior centers, and other interested organizations such as the Alzheimer's Association. • Develop a plan to broaden the spectrum of people who receive Alzheimer's disease and other dementias training. • Partner with law enforcement and their community partners to develop and implement ongoing in-service training on Alzheimer's disease and other dementias through programs such as Safe Return. • Develop and implement evidence-based training curriculum and implementation strategies for targeted audiences such as the Tennessee Department of Mental Health and Developmental Disabilities, nursing home surveyors, and long-term care facilities. • Partner with emergency personnel to include Alzheimer's disease and other dementias training as part of the yearly in-service program. • Partner with the Tennessee Hospital Association and emergency room staff to design and implement dementia-specific training appropriate to all personnel involved in providing emergency services, such as physicians, nurses, and related service technicians. • Increase training for state adult protective services workers on Alzheimer's and other dementias. • Provide Alzheimer's disease and other dementias training for providers and state staff associated with the Medicaid home- and community-based waiver. • Develop a portable certification program for paid and unpaid direct caregivers with standardized content designed to enhance their understanding of memory impairment and their performance in care for those with Alzheimer's disease and other dementias. • Partner with the Tennessee Hospital Association and the Tennessee Medical Association to require physicians who provide geriatric-psych services to document additional training in geriatric-psych.
<p>Texas</p>	<ul style="list-style-type: none"> • Require, by rule, increased role-appropriate dementia care training requirements of all staff working in any licensed facility housing persons with Alzheimer's disease and other dementias. • Establish a workgroup to develop training curricula based on roles and functions within facilities. • Develop an on-line educational series for health care professionals regarding best practices on the early detection, diagnosis, and pharmaceutical treatment of persons with Alzheimer's disease.
<p>Utah</p>	<ul style="list-style-type: none"> • Enlist state and local governments to facilitate customer training about memory loss and Alzheimer's disease and other dementias for employees of government units interacting frequently with patients and families, such as the Division of Motor Vehicles, Adult Protective Services, Area Agencies on Aging, Community Mental Health Centers, and County Health Departments. • Promote continuing medical education for physicians and medical practitioners. • Expand Crisis Intervention Team training of law enforcement throughout the state on aging issues and identification of those with dementia, particularly those in the early stage and with behavior disturbance. • Require a standard level of dementia sensitivity and disease education for all trainees in health-related fields at the student and residency levels. • Partner with licensing boards to mandate continuing education on Alzheimer's and other dementias as a condition of license renewal for doctors, nurses, and other health professionals. • Mandate competency-based training based on the foundations of Dementia Care, developed nationally by the Alzheimer's Association and more than two dozen national organizations, for employees in various settings (e.g., hospitals, nursing homes, assisted living, home care workers, care managers, agency caregiver support staff, and social workers), recognizing there are different strategies for different disciplines, settings, levels of skill, and licensure.

Utah (cont.)	<ul style="list-style-type: none"> • Educate providers on the use of Medicare coding to reimburse physicians and allied health professionals for family conferences and care consultation that educate and support family caregivers, guide future decisions, and enhance the quality of medical care and support services. • Explore, endorse, and disseminate dementia-specific curriculum and training programs tailored to primary care physicians, geriatricians, internists, general practitioners, physician assistants, and nurse practitioners. • Train nurses, counselors, health professionals, and direct care workers to develop person-centered one-on-one care to dementia patients of color and their families. • Educate law enforcement on the MedicAlert + Safe Return program of the Alzheimer's Association to quickly identify and return to safety persons with Alzheimer's and other dementias. • Provide comprehensive Alzheimer's and other dementias training to first responders, law enforcement, emergency medical technicians, fire fighters, emergency preparedness, and search and rescue officials.
Vermont	<ul style="list-style-type: none"> • Provide training and technical assistance to primary care practitioners and other professionals (eye, dental, hearing, mental health) to facilitate adoption of dementia detection, treatment, and management in their practices. Training and technical assistance should focus on assisting the practice in integrating dementia-informed activities into the practice system of care. • Provide training and technical assistance to health care professionals to support use of standardized care management plans. • Improve access to dementia care specialists by including dementia training in post-graduate programs for nursing, medicine, psychiatry, neurology, psychology, social work, pharmacy, and related disciplines.
Virginia	<ul style="list-style-type: none"> • Provide standardized dementia specific training to individuals in the health-related field and require demonstrated competency. • Provide dementia-specific training to first responders (police, fire, emergency medical services, and search and rescue personnel), financial services personnel, and the legal profession. • Develop or collect and deliver a portable certification program for para-professional direct caregivers with standardized content designed to enhance their understanding of memory impairment and their performance in caring for individuals with Alzheimer's and other dementias.
West Virginia	<ul style="list-style-type: none"> • Establish a formal network of providers of Alzheimer's training in West Virginia – an "Alzheimer Education Council" to increase the availability of quality continuing education and other training on Alzheimer's disease and to serve as consultants on the development of competency-based models of Alzheimer's training for all levels of providers and caregivers. • Develop and mandate the inclusion of competency-based Alzheimer's disease training for direct care workers in long-term care facilities, acute care settings, and community-based programs.
Wisconsin	<ul style="list-style-type: none"> • Provide continuing education on dementia, and disseminate other information to the medical community, such as available community resources. • Provide staff training opportunities for those in facility settings, including by (1) encouraging facilities to share information about, and take advantage of, existing training opportunities; and (2) developing a comprehensive dementia care training curriculum, with components tailored to different types of caregivers and providers, and making the training widely available to facilities and other providers. • Create consistent standards and training related to crisis and caring for persons with challenging behaviors. • Identify existing dementia education and dementia care training programs. • List training opportunities on the Department of Health Services' expanded dementia care website. • Develop voluntary training standards for professional caregivers and other professionals involved with people with dementia. • Develop a training program for professional caregivers and other professionals, including development and production of training curricula, online training modules, classroom and experiential components, and participant handbooks and resource materials. • Develop a competency testing and certificate program.

Wisconsin (cont.)	<ul style="list-style-type: none">• Promote voluntary use of dementia care standards and training programs, including by (1) providing information about the standards and training opportunities to the provider community; (2) providing an opportunity for facilities and other providers to “brand” their services as dementia-capable; (3) creating a caregiver registry for those who have successfully completed an approved dementia care training program and earned a certificate; and (4) letting consumers know to look for and ask about whether the home care services or care facilities have trained staff and comply with the dementia care standards.
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