

ALIGNMENT

Georgia Adds New Requirements for the Protection of Elderly Persons

(House Bill 987; Ga. Code Ann., § 31-7-12.4;
Adopted and Effective 6/30/20)

Alignment to Crisis Prevention Institute, Inc. (CPI) –
Dementia Capable Care 2nd Edition training program

Georgia Adds New Requirements for the Protection of Elderly Persons (House Bill 987; Ga. Code Ann., § 31-7-12.4; Adopted and Effective 6/30/20)

Alignment to Crisis Prevention Institute, Inc. (CPI) - *Dementia Capable Care* 2nd Edition training program

For more than 40 years, CPI has supported healthcare organizations that strive to provide the safest environment for staff, patients, and visitors. Not only will the *Dementia Capable Care* 2nd Edition training program meet the new requirements in the Georgia bill, CPI's train-the-trainer program and its family of advanced programs also offers a comprehensive array of curriculums that can meet all the needs an organization has.

The following chart is designed to assist you in identifying some of the ways in which CPI's *Dementia Capable Care* 2nd Edition training program can help personal assistance services agencies in the state of Georgia comply with the training requirements within this law. It may also assist you in identifying areas that may require a review and/or revision in your facility's policies and procedures.

Definitions

'Alzheimer's' means having characteristics of Alzheimer's disease, a progressive and degenerative brain disease that causes impairment or change in memory, thinking, or behavior.

'Assisted living community' means a facility licensed pursuant to Code Section 31-7-12.2.

'Certificate' means a certificate issued by the department pursuant to this Code section to operate a memory care center.

'Dementia' means any disease from a class of degenerative brain disorders that cause impairment or changes in memory, thinking, or behavior that are progressive and irreversible. Such diseases include, but are not limited to, Alzheimer's disease, Lewy body dementia, frontotemporal dementia, and vascular dementia.

'Direct care staff person' means any employee, facility volunteer, or contract staff who provides to residents:

(A) Any personal services, including but not limited to, medication administration or assistance, assistance with ambulation and transfer, and essential activities of daily living such as eating, bathing, grooming, dressing, and toileting; or

(B) Any other limited nursing services, as defined in subsection (b) of Code Section 31-7-12.2.

'Memory care center' means a freestanding or incorporated specialized unit within an assisted living community or personal care home that either:

(A) Holds itself out as providing additional or specialized care to persons with diagnoses of probable Alzheimer's or other dementias or with cognitive deficits that may place the resident at risk; or

(B) Charges higher rates for care for residents with Alzheimer's or other dementias than for care to other residents.

'Personal care home' means a facility licensed pursuant to Code Section 31-7-12.

(b) On and after July 1, 2021, no assisted living community or personal care home shall operate a memory care center without first obtaining a certificate from the department. A certificate issued pursuant to this Code section shall not be assignable or transferable. In order to receive a certificate from the department to operate a memory care center, an applicant shall meet and be subject to the requirements contained in this Code section and in rules and regulations established by the department.

c)(2) A memory care center shall meet the following training requirements:

(A) All staff, regardless of role, shall receive at least four hours of dementia-specific orientation within the first 30 days of working in the center. Such orientation shall include:

- (i) Basic information about the nature, progression, and management of Alzheimer's and other dementias;
- (ii) Techniques for creating an environment that minimizes challenging behavior from residents with Alzheimer's and other dementias;
- (iii) Methods of identifying and minimizing safety risks to residents with Alzheimer's and other dementias; and
- (iv) Techniques for successful communication with individuals with Alzheimer's and other dementias;

(B) All direct care staff personnel shall receive initial orientation training within the first 30 days of caring for residents independently that, at a minimum, includes:

- (ii) Specialized training in dementia care, to include:
 - (I) The nature of Alzheimer's and other dementias;
 - (II) The center's philosophy related to the care of residents with Alzheimer's and other dementias;
 - (III) The center's policies and procedures related to care of residents with Alzheimer's and other dementias;
 - (IV) Common behavior problems characteristic of residents with Alzheimer's and other dementias;
 - (V) Positive therapeutic interventions and activities;
 - (VI) Skills for maintaining the safety of the resident; and
 - (VII) The role of the family in caring for residents with Alzheimer's and other dementias;

The *Dementia Capable Care 2nd* Edition training program introduces some of the most common dementias and the way they differ. Additionally, this concept is repeated several times during the discussions of memory, discussion of the wheel of function, and during the description of the dementia stages/Allen Cognitive Levels. The lived experience is significantly addressed throughout the training day including understanding the impact of cognitive challenges and facilitating the use of the remaining abilities at each cognitive level/dementia stage as described in the training. Strategies per stage are described to help promote the highest level of function and successful engagement in meaningful activities (ADLs, leisure etc.), with the ultimate goals of optimizing and maintaining health, safety, and quality of life. The importance of recognizing co-existing conditions that further impact on physical, sensory, cognitive, and mood/emotional health are briefly discussed.

Dementia Capable Care 2nd Edition training includes a unit dedicated to Communication and Behavior. This includes an introduction to understanding distress behaviors as a form of communication, and the importance of remaining abilities, focused on the individual's perspective (including personhood and cognitive level characteristics) in order to gain insights into understanding the meaning of the behavior expression, and the therapeutic approach to alleviate.

Promoting successful engagement, in meaningful activities, are two of the cornerstone objectives of *Dementia Capable Care 2nd* Edition training. The program is built upon Kitwood's Person-Centered Care Model and Claudia Allen's Can Do, Will Do, May Do concepts. These combine to provide learners with the knowledge and skills to adapt the environment, the meaningful activity, and their approach to meet the needs of persons at all stages of dementia.

(C) Direct care staff personnel shall complete a minimum of 16 hours of specialized training in dementia care within the first 30 days of working independently with residents with Alzheimer's or other dementias, and a minimum of eight hours of such specialized training in dementia care annually thereafter; and

(D) The memory care center shall maintain documentation reflecting course content, instructor qualifications, agenda, and attendance rosters for all training sessions provided.

Dementia Capable Care 2nd Edition training expands on the concepts, providing further education on how to identify distress behaviors and therapeutic approaches to calm/de-escalate, using personhood and cognitive level information and introducing the *Crisis Development ModelSM* and Behavior Levels. Learners are provided with a variety of ways to prevent, recognize, and respond to distress behaviors non-pharmacologically, understanding key concepts such as "behavior influences behavior." Learners are empowered with understanding distress behavior triggers/causes in a general way and by considering personal information. They are provided with suggested therapeutic approaches and a protocol to identify and reduce frequency and severity, in order to reduce the likelihood of a crisis behavior that puts the resident, the care partner, or others at risk.