

## ALIGNMENT

# Washington D.C. Adds New Training Requirements for *Sec. 4952. Dementia Training for Direct Care Workers* (2019 DC L.B. 325; Adopted & Effective 10/20/20)

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Alignment to Crisis Prevention Institute, Inc. (CPI®) –  
*Dementia Capable Care*, 2<sup>nd</sup> Edition training program

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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, 2<sup>nd</sup> Edition* training program meet the new requirements in the D.C. 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, 2<sup>nd</sup> Edition* training program can help personal assistance services agencies in D.C. 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

**“Department”** means the Department of Health.

**“Facilities” or “Programs”** mean residential facilities or home- and community-based programs that provide supportive services, including Skilled Nursing Facilities, Assisted Living Residences, Adult Day Care Facilities, Home Care Agencies, and Hospice that have residents or program participants with Alzheimer’s disease or related dementia.

**“Covered direct service staff members”** refers to a staff member whose work involves extensive contact with residents or program participants. These staff members include certified nursing assistants, nurse aides, personal care assistants, home health or personal care aides, licensed practical nurses, licensed vocational nurses, registered nurses, social workers, activity directors and staff, dietary staff, physician assistants, nurse practitioners, physical, speech, and occupational therapy staff.

**“Covered administrative staff member”** refers to senior personnel at a facility or program, including administrators as well as managerial staff members that directly supervise covered direct service staff members.

**“Other covered staff member”** refers to a staff member who is either a full and part-time employee, independent consultant, or staff of contractors and subcontractors who has contact, but does not provide medical services, on a recurring basis with residents or program participants, including housekeeping staff, front desk staff, maintenance staff, other administrative staff, and other individuals who have incidental contact.

Training Requirements	Correlation with <i>Dementia Capable Care, 2<sup>nd</sup> Edition</i> Training
<p>(b)(1) Facilities and programs shall provide initial training of at least 8 hours to:</p> <ul style="list-style-type: none"> <li>(A) All covered staff direct service staff members, covered administrative staff members, and other covered staff members hired shall begin the dementia training within 90 days of the hire date, and shall be completed within 120 days of start of employment; and</li> <li>(B) All direct service staff members, covered administrative staff members and other covered staff members who were employed prior to the date set forth in subparagraph</li> <li>(C) of this paragraph and who have not received equivalent training within the prior 24 months; which initial training requirements shall be completed within 120 days following publication by the Department of Health of acceptable trainings regulations.</li> </ul>	<p><i>Dementia Capable Care, 2<sup>nd</sup> Edition</i> 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 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.</p> <p>Throughout the <i>Dementia Capable Care, 2<sup>nd</sup> Edition</i> training, the changes in receptive and expressive communication abilities are described including during the education on the stages of dementia/Allen Cognitive Levels. Changes in communication ability are described, along with care and environmental strategies to support the person as their communication abilities change. A key care approach repeated throughout the program is to be sure to gain</p>

(2) Each facility or program shall establish procedures for ongoing staff support regarding the treatment and care of persons with dementia, which shall include on-site mentoring programs and other support mechanisms developed by the Department.

(3) For covered direct service staff members and covered administrative staff members, the curriculum used for the initial training shall cover:

- (A) Alzheimer’s disease, and related dementia;
- (B) Person-centered care;
- (C) Assessment and care planning;
- (D) Activities of daily living; and
- (E) Dementia-related behaviors and communication.

(5) For other covered staff members, training shall include, at a minimum, an overview of dementia, principles of person-centered care, and communication issues

(6) Initial dementia training shall be considered complete only after the staff member has taken and passed an evaluation.

(e)(1) A minimum of 4 hours of continuing education within each calendar year period shall be required for covered administrative staff members and covered direct service staff members.

(2) A minimum of 2 hours of continuing education within each calendar year period for other covered staff members.

(3) Such continuing education shall include new information on best practices in the treatment and care of persons with dementia.

“understanding, trust and approval/agreement.” Behavior is further described as a communication of distress. Therefore, distress behaviors are often a communication of an unmet want or need.

*Dementia Capable Care*, 2<sup>nd</sup> Edition training expands on these 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 Model*<sup>SM</sup> 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.