

Training to Serve People with Dementia: Is our Health Care System Ready?

Paper 2: A Review of Dementia Training Standards Across Health Care Settings

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Introduction

Many individuals with Alzheimer’s disease or other dementias reside in state-licensed facilities, including nursing homes and assisted living facilities. Others receive services in licensed adult day care centers. It is common for these types of facilities to have special dementia care units where residents with dementia are encouraged, or even required, to live or receive services. Because so many individuals with Alzheimer’s and related dementias live in or spend significant time in these health care settings, there is a need for robust training standards for workers who interact with these individuals.

States commonly impose dementia training requirements in connection with the licensing and operating standards for residential facilities and day programs. With this settings-based approach, it is the facility operators who are tasked with ensuring that training requirements are met.

This paper reviews the dementia training standards that states impose by statute or regulation on nursing homes, assisted living facilities, and adult day care centers in all 50 states as well as Puerto Rico and the District of Columbia. It finds that nearly every state regulates dementia training

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standards in some of these health care settings to some degree, but identifies a need to improve existing requirements and to fill in training gaps. It reviews general requirements as well as requirements for Alzheimer's disease special care units. It looks at curriculum content and hours required and whether competency exams are required. The paper also spotlights promising and best practices in different states, and identifies the states that have little or no regulation in either a specific setting or around one of the above three elements. Three detailed tables are attached as Addendums. The tables provide statutory and regulatory citations and a summary of each state law for each setting.

Nursing Homes

State Coverage Summary

Twenty-three states require dementia training for staff of nursing homes (e.g., nursing facilities, long-term care facilities).¹ Fourteen of those states have laws governing dementia-specific training in Alzheimer's special care units, or in facilities that provide services to residents with Alzheimer's disease or other dementias.

In most cases, the training requirements are more robust for special care program staff: more hours of dementia-specific initial training and continuing education are required, and the training curriculum is more likely to include detailed subject areas that must be covered. For example, Texas requires eight hours of initial staff training, plus four hours of annual continuing education in dementia care for staff in certified Alzheimer's nursing homes, compared to just one hour of initial training for non-special care nursing home staff.

Dementia Training Curriculum Requirements

Curriculum content requirements vary greatly in their level of detail, though some commonalities are apparent.

A core group of required training topics appears in eleven states (Delaware, Florida, Kentucky, Louisiana, Massachusetts, Minnesota, Nevada, Tennessee, Texas, Vermont, and West Virginia). The details of the state schemes differ but there is a high degree of overlap among these basic training topics: an overview of Alzheimer's disease; basic skills in communicating with persons with dementia; managing difficult behaviors; understanding and working with families and caregivers; promoting independence with activities of daily living (ADLs); and identifying and alleviating safety risks to the resident.²

Eight states (Colorado, Connecticut, Iowa, Maryland, New Jersey, Oklahoma, Oregon, and Washington) have more general, less comprehensive laws requiring training for nursing home staff, including training on Alzheimer's disease.³

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- 1 References supporting the discussion about nursing home coverage are found in Table 1, attached. In addition to the facility based training requirements discussed here, states may use their professional licensure authority to regulate the staff working in nursing homes, for example administrators and CNAs. *See* Paper 3 in this series.
 - 2 Several of these states include other unique requirements. For example, Florida requires training on ethical issues, and in Massachusetts, training for staff in Alzheimer's special care units must be at least partially interactive, as defined by the state, and must include an evaluation, as determined by the facility.
 - 3 More specific training curriculum may be contained in sub-regulatory policies or guidance. For example, a 2012 law in New Jersey requires the Commissioner of Health to establish a mandatory training program for long-term care staff that provide direct care to residents with Alzheimer's disease, but no regulations correlating to this statutory mandate were found.

State Spotlight - Nursing Home Curriculum

Arkansas

Eleven training subject areas each have their own hourly requirement. Among the topics are: the stages of Alzheimer’s disease (2 hours); the use of physical restraints, wandering and egress control (2 hours); medication management (2 hours); the prevention of staff burnout (2 hours); ADLs and individual-centered care (3 hours); and assessments and the creation of Individualized Service Plans (3 hours).

Maine

The state requires both pre-service training and in-service training. Pre-service training is required in six common training areas: overview of Alzheimer’s; communication; creating a therapeutic environment; activity-focused care; dealing with difficult behaviors; and family issues. Ongoing in-service training must be related to these training areas, but also must be more comprehensive than pre-service orientation. For example, communication in-service training must include communication losses that result from dementia, non-verbal communication techniques, techniques to enhance communication, and validation as an approach to communication. Activity-focused in-service training must include personal care, nutrition and dining, structured leisure (e.g., social activities, crafts, outdoor activity, spiritual activity, and music), and sexuality.

Competency Examination Requirements

Massachusetts is the only state found to have a requirement that nursing home staff pass an evaluation, and that requirement applies only in special care units.

Hourly Training Requirements

Hourly requirements vary significantly among the states. Chart 1 shows the 15 states that specify training hour requirements, either for initial training, annual continuing education, or both. Seven states (Delaware, Connecticut, Colorado, Maryland, Minnesota, New Jersey, and Oklahoma) require training but set no hourly requirements.

Chart 1. Nursing Home Training Hours Requirements

State	Special Care Unit Specific?	Hours
Arkansas	Yes	30 hours initial training » 2 hours of in-service each quarter
Florida	Not specific to special care units, only required where staff have contact with residents with Alzheimer’s.	Direct Contact and Direct Care Staff » 1 hour initially Direct Care Staff » 3 hours of additional training
Illinois	Yes	Special Care Unit Directors and CNAs » 12 hours annual training All Staff » 4 hours

State	Special Care Unit Specific?	Hours
Iowa		Nursing Home Inspectors » 12 hours annual continuing education
Kentucky	Yes	» 8 hours orientation » 6 hours of quarterly continuing education
Louisiana	Yes	Nurses and CNAs » 8 hours initially » 5 hours annual training (CNAs in non-special care units require only 4 initial hours, and 2 annual hours) Direct Contact Staff » 4 hours initially » 1 hour annual training
Maine	1. Not special care unit specific, but pertains to services provided to residents with Alzheimer's disease or related dementias. 2. Yes	1. Non-Special Care Units » 6 hours initial classroom training plus 6 hours of initial clinical training » 4 hours of in-service for CNAs 2. Special Care Units » 8 hours classroom training plus 8 hours of clinical training initially » Quarterly in-service training
Massachusetts	Yes	» 8 hours initially » 4 hours annual training
Nevada	Yes	Direct Care Staff » 8 hours within 30 days » 3 hours annually
Oregon		CNAs » 3 hours quarterly
Tennessee	Yes	CNAs » 40 hours classroom instruction (All staff in Special Care Units must have dementia-specific training, hours not specified)
Texas	1. No 2. Yes	1. Non-Special Care Units » 1 hour annually 2. Special Care Units » 8 hours initially » 4 hours annual continuing education

State	Special Care Unit Specific?	Hours
Vermont	Yes	All Staff » 8 hours initial classroom training Direct Contract Staff » Additional quarterly training
Washington	No	» 70 hours of voluntary training within a reasonable time
West Virginia	No	» 2 hours initial training w/in 30 days » 2 hours of annual continuing education

Assisted Living Facilities

State Coverage Summary

Forty-four states and the District of Columbia were found to have laws requiring dementia training for staff of assisted living facilities, including facilities with Alzheimer’s special care units.⁴ Of those, 14 states have laws which govern only Alzheimer’s special care assisted living facilities or units. Only six states (Alaska, Hawaii, Maryland, Michigan, North Dakota, Ohio) and Puerto Rico do not have assisted living dementia training laws.⁵

Similar to the laws governing training in nursing homes, the dementia training standards in assisted living special care units tend to be more detailed and comprehensive, with greater hour training requirements. For example, in Louisiana, staff in non-special care units or facilities must have two hours of dementia-specific training annually, but direct care staff in special care unit must have eight hours of dementia-specific training within the first 90 days of employment, plus eight hours of annual dementia-specific continuing education. Washington State requires outcome-based training in dementia care units as measured through competency tests, while Texas requires annual on-the-job competency-based training in special care units.

⁴ References supporting the discussion of assisted living facilities are found in Table 2, attached.

⁵ There is no one federal definition of assisted living; definitions are a function of state law. In this paper, the term includes housing with services subject to the licensure categories as defined by each state. These licensure categories include assisted living programs, assisted living facilities, assisted living residences, residential care facilities, among others. In general, assisted living provides a variety of services including congregate meals, housekeeping, laundry, and personal care assistance with activities of daily living. Residents generally have individual units with private baths and kitchenettes. In some states, particularly those with Medicaid waivers, assisted living facilities must be able to provide a nursing facility level of care.

Dementia Training Curriculum Requirements

Several states set out detailed curriculum requirements that are more extensive than those found for any other type of facility. The states spotlighted below require a wide range of training topics including, notably, training related to the effects of medication and nonpharmacological alternatives. The most comprehensive requirements in any state are those of Washington State, which is profiled in more depth in Paper 5 of this series, Promising Practices.

State Spotlight - Assisted Living Curriculum

Alabama

Registered professional nurses must complete The Dementia Education and Training Act (DETA) Brain Series,¹ The Pharmacological Management of Dementia, and The Dementia Assessment Series provided by the Dementia Education and Training Act Program. The unit coordinator must complete The DETA Brain Series, The Pharmacological Management of Dementia, and The Dementia Assessment Series provided by the Dementia Education and Training Act Program. All staff must complete The DETA Brain Series.

Georgia

Within six months of employment, staff assigned to the unit must receive training in eleven topics: the nature of Alzheimer's Disease and other dementias; the need for careful diagnosis and knowledge of the stages of Alzheimer's Disease; common behavior problems and appropriate behavior management techniques; communication skills; positive therapeutic interventions and activities such as exercise, sensory stimulation, and activities of daily living skills; the role of the family in caring for residents with dementia, as well as the support needed by the family of these residents; environmental modifications that can avoid problematic behavior and create a more therapeutic environment; development of comprehensive and individual service plans and how to update them; new developments in diagnosis and therapy; recognizing physical or cognitive changes in the resident that warrant seeking medical attention; and maintaining the safety of residents with dementia.

Illinois

Regulation requires training in five areas (nature of disease, minimizing challenging behaviors, minimizing safety risks, communication techniques, and resident's rights) for all staff but also sets forth additional initial and in-service topics for direct care staff including: encouraging independence; assessing resident capabilities and developing and implementing service plans; planning and facilitating activities appropriate for a resident with Alzheimer's disease or other dementia; and common psychotropics and their side effects.

Iowa

Training must cover twelve topics including: an explanation of family issues such as role reversal; grief and loss; guilt; relinquishing the care-giving role; and family dynamics; the importance of planned and spontaneous activities; the importance of the service plan and social history information; staff support and stress reduction; and medication management and nonpharmacological interventions.

Montana

The state requires training in the more common dementia care training topics but several of these requirements are more fleshed out. For example, direct care staff must have training in therapeutic programming to support the highest possible level of resident function including: large motor activity; small motor activity; appropriate level cognitive tasks; and social/emotional stimulation.

¹ The DETA Brain Series is a videotaped training series developed by the Alabama Department of Mental Health and Mental Retardation and produced by the University of Alabama Center for Public Television & Radio.

Competency Examinations

Arizona, Florida, and Washington⁶ require that staff pass a competency exam at the conclusion of initial training. The Arizona and Florida training and exam requirements include dementia-specific competency among all covered topics, and apply to all assisted living facilities. Under Washington’s statute, dementia-specialty training in special care units must be outcome-based, and the effectiveness measured by demonstrated competency in the core specialty areas through the use of a competency test. Texas also requires that its annual in-service dementia training in special care units be competency based, but does not explicitly mandate an examination.

Hourly Training Requirements

The hourly requirements vary significantly among the states, with 27 states and the District of Columbia specifying training hour requirements, either for initial training, annual continuing education (also called “in-service”), or both. No hourly requirements were found in 17 states. Chart 2 provides a snapshot of assisted living hourly training requirements.

Chart 2. Assisted Living Training Hourly Requirements Snapshot⁷

ALF = Assisted Living Facilities Laws generally SCU = Special Care Unit Laws

State	Initial Training < 10 hours	Initial Training ≥ 10 hours	Annual Training In-Service < 10 hours	Annual Training In-Service ≥ 10 hours
Alabama			SCU	
Arizona	ALF			
Arkansas	ALF	SCU	SCU	
California (effective 2016)		ALF	ALF	
District of Columbia	ALF			
Florida	SCU		SCU	
Georgia	SCU		SCU	
Idaho			ALF	
Illinois		SCU		SCU
Indiana	ALF		ALF	
Iowa	SCU		SCU	
Louisiana	ALF/SCU More hours for SCU		ALF/SCU More hours for SCU	
Maine		SCU		

⁶ See Paper 5 for additional details about the Washington competency examinations.

⁷ The chart includes those states with specific time requirements for dementia-related training. The chart distinguishes between training requirements for assisted living facilities generally (ALF) and special care facilities or units (SCU), but includes only the highest training requirements among staff levels (e.g., all staff, direct care staff) by ALF or SCU.

State	Initial Training	Initial Training	Annual Training	Annual Training
	< 10 hours	≥ 10 hours	In-Service < 10 hours	In-Service ≥ 10 hours
Massachusetts	ALF/SCU More hours for SCU		ALF/SCU More hours for SCU	
Minnesota	SCU		SCU	
Missouri	ALF/SCU More hours for SCU			
Nevada		SCU	SCU	
New Mexico				SCU
North Carolina		SCU	SCU	
Oklahoma	SCU			
Oregon			SCU	
Pennsylvania	ALF		ALF	
Rhode Island		SCU	SCU	
Texas	SCU			SCU
Virginia	SCU Non-Medicaid waiver	SCU Medicaid waiver	SCU	
Washington			SCU	
West Virginia	ALF			
Wyoming				SCU

Adult Day Care Centers

State Coverage Summary

Nineteen states were found to have enacted laws pertaining to dementia training for adult day care centers or programs.⁸ Training requirements apply either to all adult day centers, only those with specialized Alzheimer’s programs, or both, but with different requirements.⁹ Ten states (California, Colorado, Florida, Illinois, Iowa, Minnesota, New Jersey, North Carolina, Rhode Island, and West Virginia) have laws governing dementia-specific training in Alzheimer’s special care day programs. In most cases, the training requirements that apply to special care programs are more robust with more hours of dementia-specific initial training and continuing education required; and the training curriculum is more likely to include detailed topics that must be covered. For example, Florida requires four hours of initial staff training in dementia for employees of Specialized Alzheimer’s Adult Day Care Centers, compared to just one hour of initial training for non-special care adult day programs. Several other state laws require

⁸ References supporting the discussion of adult day centers are found in Table 3, attached.

⁹ Adult day care can include both a medical model (usually identified as Adult Day Health Care) and a more social model (identified as Senior Centers, Adult Day Centers, etc.). The dementia training laws found in this survey, though distinguishing between Alzheimer’s special care units and general programs, did not typically distinguish between the adult day health model and the social model.

dementia training in non-specialized facilities, but only if the adult day care provides services to individuals with Alzheimer's disease or related dementias.

Dementia Training Curriculum Requirements

Most of the states, 12 out of 19, only require generalized dementia training (e.g., Illinois's training must include "understanding Alzheimer's disease and dementia") or the development of training models. Some states, such as Iowa, have detailed and extensive dementia training requirements.

State Spotlight - Curriculum for Adult Day Centers

Iowa

Dementia-specific training requirements in special care day programs must include:

- An explanation of Alzheimer's disease and related disorders
- The program's specialized dementia care philosophy and program
- Skills for communicating with persons with dementia
- Skills for communicating with family and friends of persons with dementia
- An explanation of family issues such as role reversal, grief and loss, guilt, relinquishing the care-giving role, and family dynamics
- The importance of planned and spontaneous activities
- Skills in providing assistance with instrumental activities of daily living
- The importance of the service plan and social history information
- Skills in working with challenging participants
- Techniques for simplifying, cueing, and redirecting
- Staff support and stress reduction
- Medication management and nonpharmacological interventions.

Hourly Training Requirements

Ten states specify training hour requirements, either for initial training, annual continuing education (also called "in-service"), or both. In several states, the law requires general training in a variety of topics for the specified hour requirement, and includes dementia training among the training topics. In Illinois, for example, adult day care staff must have a minimum of 24 hours of training within the first week of employment, of which some unspecified amount of time must be dedicated to dementia training, and thereafter, 12 hours of in-service including training in an understanding of dementia. Kentucky requires 34 hours of initial basic training, including dementia training, plus eight hours annually of continuing education.

Other states are more prescriptive and mandate hours dedicated to dementia-specific training. For example, Rhode Island requires at least 12 hours of orientation and training within the first 30 days of hire and prior to working alone with special care unit participants. Training must include understanding dementia, communicating effectively with persons with dementia, and managing behaviors.

When setting requirements for training hours, states also distinguish between direct care staff and other staff. In Florida, staff with direct contact must complete one hour of initial dementia-specific training, but direct care staff must complete an additional three hours of dementia-specific training within nine months of employment. Iowa requires all personnel in special care day programs to receive eight hours of dementia-specific initial training, but then requires an additional eight hours of continuing education annually for direct care staff, but only two hours for all other staff.

General Requirements Across Setting

State Coverage Summary

Eight states (Kentucky, Massachusetts, Missouri, Nevada, North Dakota, Oregon, Washington, and West Virginia), in addition to having statutes and regulations specifically for nursing facilities or assisted living, have broader laws cutting across settings. Oregon and West Virginia, for example, have regulations that apply across settings to any dementia special care units. North Dakota is the only state in this group that does not also have additional laws that regulate specific health care settings, for example nursing homes or assisted living facilities.¹⁰

Only four states (Alaska, Hawaii, Michigan, and Ohio) and Puerto Rico do not have dementia training laws tied to health care setting.¹¹

Recommendations for Facility-based Training Requirements

Require Strong, Outcome-Based Training Curricula. Several state training schemes provide rich examples of dementia care training curriculum, including an emphasis on outcome-based training programs. In addition to the basic often-used training topics (overview of Alzheimer's disease, communication skills, difficult behaviors, resident safety, and family issues), these states include innovative and person-centered topics in their training requirements, such as the development of comprehensive and individual service plans; an explanation of family issues such as role reversal, grief and loss, guilt, relinquishing the care-giving role, family dynamics; and nonpharmacological interventions. In developing curricula, states may want to consider how much sub-regulatory flexibility they want to include to allow for curriculum updates over time.

Spread Training Schedules Over Time. While many states use hour requirements in training programs, several also stagger those hours over time. They require staff to receive orientation training either before work commences or prior to independent work with residents, require additional training within the first several months of work, and thereafter, require in-service education on an annual basis (or more frequently). This has several advantages. First, staff receive some preliminary, basic dementia training before having primary responsibility for providing direct care or services to residents, many of whom have dementia. Second, a more in-depth, detailed training curriculum after work has commenced but early in one's tenure may resonate more with staff who are working day-to-day with residents with Alzheimer's disease and other dementias. Finally, annual continuing education allows curricula to

10 Only one law pertaining to dementia care services and training requirements was found in North Dakota, and it only requires that the state contract with private providers for dementia care services programs throughout the state, and that the program must include training for care providers. Colorado has a law regulating dementia training in a hospital setting. Colorado's statute mandates that as part of the state's Alzheimer's Disease Center, the school of medicine must conduct educational programs for physicians, hospitals, and public health agencies concerning the methods of care and treatment for individuals with Alzheimer's Disease. In addition to the laws reviewed in this paper, at least 21 states have disclosure laws, requiring facilities that advertise special care units to disclose special staff training curriculum. These laws were not a focus of the project's research.

11 No dementia-specific training laws were found in Hawaii. Michigan and Ohio have disclosure laws, which require facilities that advertise as offering special care units for individuals with dementia to disclose staff training requirements among other information. Ohio also regulates dementia-specific training for direct care workers and certified nurse aides (CNAs). Puerto Rico has a statutorily required Service Center for Individuals with Alzheimer's disease.

grow overtime, and staff to remain current in their knowledge and skills, and learn new information pertinent to their work.

Implement Competency Requirements Or Examinations. Competency requirements or examinations make good sense – they measure whether training goals and objectives are being met, and whether staff have the knowledge and skill set to provide quality care to residents with dementia. Specifying dementia care examination subjects through law guarantees that staff competency in these areas will be tested, and only staff achieving a passing score should be allowed to work independently with residents. Competency examinations may include both classroom learning and clinical learning.

Train All Staff Who Interact With Residents. While it is common practice for states to mandate more hours of training and more specific training requirements for staff working in Alzheimer’s special care units or in programs that hold themselves out as serving individuals with dementia, it is important that all staff interacting with residents in all facilities and programs that may have participants with dementia also have meaningful, practical, and appropriate dementia-specific training. Even if a facility does not hold itself out as providing specialty care, it is inevitable that there will be some residents with dementia.¹²

Justice in Aging thanks the Alzheimer’s Association for its generous support in the development of this paper. The Alzheimer’s Association is the leading voluntary health organization in Alzheimer’s care, support, and research. Its mission is to eliminate Alzheimer’s disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.

¹² Even in states with residency retention restrictions (e.g., facilities may not retain residents who need skilled nursing care), some residents will inevitably develop dementia prior to discharge, and so it is important for staff to have meaningful training.

Table 1. Nursing Facility Dementia Training

State	Statute or Regulation	Summary	Special Care Unit Specific?	Hours
Arkansas	Ark. Code R. 016.06.15-905 (2010)	Require 30 hours of staff training in Alzheimer’s Special Care Unit in nursing homes, including training in: etiology; philosophy and treatment of dementia; the stages of Alzheimer’s disease; behavior management; use of physical restraints; wandering and egress control; medication management; communication skills; prevention of staff burnout; activity programming; ADLs and Individual-Centered Care; and, assessments and creation of ISPs. Two hours of in-service are required every quarter.	Yes	30 hours plus two hours of in-service each quarter
Colorado	6 Colo. Code Regs. § 1011-1:V-4.3 (2014)	Long-term care facilities must employ a staff development coordinator who is responsible for annual in-service trainings, including training on Alzheimer’s disease.		
Connecticut	Conn. Gen. Stat. § 19a-522c (effective October 1, 2014)	This statute was amended recently to require that administrators designate one staff person to make recommendations concerning residents with dementia including factors that affect person-centered care; wellness indicators; and staff training programs for dementia care capability. The administrator must also ensure that all staff receive training upon employment and annually thereafter in Alzheimer’s disease and dementia symptoms and care.		

Table 1. Nursing Facility Dementia Training

State	Statute or Regulation	Summary	Special Care Unit Specific?	Hours
Delaware	16-3000-3201 Del. Admin. Code § 5.0 (2013)	Training required for individuals working with dementia patients in Skilled and Intermediate Care Nursing Facilities must include: communicating with persons diagnosed as having Alzheimer’s disease or other forms of dementia; the psychological, social, and physical needs of those persons; and safety measures which need to be taken with those persons.	Not specific to special care unit, but specifies that dementia training applies where services are provided to residents with dementia.	
Florida	1. Fla. Stat. § 400.1755 (2005) 2. Fla. Admin. Code Ann. r. 58A-4.001 (2002)	1. Initial training requirements for nursing home employees having direct contact with residents with Alzheimer’s disease must include: an overview of dementias and basic skills in communicating with persons with dementia. Direct care staff must have additional training in managing problem behaviors, promoting the resident’s independence in activities of daily living, and skills in working with families and caregivers. 2. Regulation parallels statute. Subject areas for three hour training include: behavior management; assistance with activities of daily life; activities for residents; stress management for caregivers; family issues; resident environment; and ethical issues.	1. Not specific to special care units, but only required where staff have contact with residents with Alzheimer’s.	1. One hour initially for direct contact staff; plus three hours of additional training for direct care staff 2. One hour initially for direct contact staff; plus three hours of additional training for direct care staff

Table 1. Nursing Facility Dementia Training

State	Statute or Regulation	Summary	Special Care Unit Specific?	Hours
Illinois	210 Ill. Comp. Stat. 45/3-206 (2010) Ill. Admin. Code tit. 77, § 300.750 (2004)	1. Requires facilities admitting residents with Alzheimer’s disease or related dementia to require certain staff to receive 12 hours of training in the care and treatment of residents with dementia. 2. Special care unit directors must have 12 hours of yearly continuing education related to serving residents with Alzheimer’s. All staff must have orientation in: basic information about Alzheimer’s disease; techniques for creating an environment that minimizes challenging behaviors; methods of identifying and minimizing safety risks; and communication techniques. Nurses/CNAs must receive training in ten additional areas, including promoting ability-centered care framework; assessing resident capabilities and implementing service plans; and common psychotropics and side effects.	1. Not specific to special care units, but if facilities admit residents with Alzheimer’s, then training required 2. Yes	1. 12 hours 2. Unit director must have 12 hours of yearly continuing education; all staff must have four hours of dementia-specific orientation; nurses/CNAs must have 12 additional yearly hours

Table 1. Nursing Facility Dementia Training

State	Statute or Regulation	Summary	Special Care Unit Specific?	Hours
Indiana	410 Ind. Admin. Code 16.2-3.1-14 (2013)	Requires 30 hours of training for nurse aides in nursing homes, of which 14 hours of instruction be in the care of cognitively impaired residents including techniques for addressing the unique needs and behaviors of individuals with dementia; communicating with cognitively impaired residents; understanding the behavior of cognitively impaired residents; the appropriate responses to these residents, and methods of reducing the effects of cognitive impairments. In addition, staff who have regular contact with residents, including staff in special care units, must have six hours of dementia-specific training when first employed, and three hours annually thereafter.	Yes, in part	30 hours initial training, of which 14 hours must be dementia specific; plus six hours initially and three hours annually for staff with regular contact or assigned to dementia special care units
Iowa	1. Iowa Code § 135C.35 (2009) 2. 481 Iowa Admin. Code r. 58.57 (2014)	1. Subject to funding, all nursing facility inspectors must have 12 hours of annual continuing education, including instruction in dementia. 2. This regulation parallels the statute above.		1. 12 hours annual continuing education, including dementia training 2. 12 hours annual continuing education, including dementia training
Kentucky	902 Ky. Admin. Regs. 20:291 (1993)	All staff and consultants in Alzheimer’s nursing homes must have eight hours of orientation (facility’s policies, etiology and treatment of dementias, stages of Alzheimer’s disease, behavior management, communication and residents rights) and quarterly continuing education including six hours pertaining to Alzheimer’s disease and related disorders.	Yes	Eight hours orientation; plus six hours of quarterly continuing education

Table 1. Nursing Facility Dementia Training

State	Statute or Regulation	Summary	Special Care Unit Specific?	Hours
Louisiana	<p>1. La. Rev. Stat. Ann. § 40:2200.2 (2008)</p> <p>2. La. Admin. Code tit. 48, § 9727 (2010)</p>	<p>1. All persons employed by a nursing home receive dementia care training. In Alzheimer’s special care units, training for employees providing nursing and nursing assistance must include an overview of Alzheimer’s disease, behavior management, promoting independence in ADLs, and understanding family issues. In Alzheimer’s special care units, training for staff with regular contact with residents must include an overview of dementia and communication skills. Training requirements for staff in non-special care units must include an overview of dementias and communication skills.</p> <p>2. All licensed nursing facility staff must receive dementia-specific training in accordance with the timeframes set forth in the statute. Training topics for staff in Alzheimer’s special care units who provide direct face-to-face care must include: an overview of Alzheimer’s disease and related dementias; communication skills; behavior management; promoting independence in ADLs; and understand and dealing with family issues. The dementia training curriculum must be approved by the Department of Health and Hospitals. Failure to comply with the requirements developed by the Department may result in sanctions.</p>	<p>1. Yes</p> <p>2. Yes</p>	<p>1. Eight hours initially, plus five hours annual training for nurses and nursing assistants in special care units. Four hours initially, plus one hour annual training for staff with regular contact in special care units. Four hours initially, plus two hours annual training for nursing assistants in non-special care units. Four hours initially, plus one hour annual training for other staff with regular contact in non-special care units</p> <p>2. Refers to statutes</p>

Table 1. Nursing Facility Dementia Training

State	Statute or Regulation	Summary	Special Care Unit Specific?	Hours
Maine	<p>1. Me. Rev. Stat. Ann. tit. 22, § 3174-I (2012)</p> <p>2. 10-144 Me. Code R.101, § 67 (2014)</p> <p>3. 10-144 Me. Code R.110, § 23.C (2014)</p>	<p>1. Certain Medicaid reimbursement for care for individuals who are eligible for care based on the supplemental dementia assessment is conditioned upon the nursing facility showing that it has a training program focused on care for persons with dementia. The Department of Health and Human Services is required to develop training requirements that establish standards for treatment, services, and settings to meet individual needs of persons with dementia.</p> <p>2. Sets forth required hours of training consistent with statute above. Training topics include: conditions that cause dementia; behavior management; communication with family; creating a therapeutic environment; promoting functional independence; legal and ethical issues; and mandatory reporting of abuse, neglect and exploitation.</p> <p>3. Initial training for staff in Alzheimer’s Care Units in nursing facilities must include a general overview of Alzheimer’s disease; communication basics; creating a therapeutic environment; activity focused care; dealing with difficult behaviors; and family issues. In-service training must be more comprehensive and detailed.</p>	<p>1. Not special care unit specific, but pertains to services provided to residents with Alzheimer’s disease or related dementias.</p> <p>2. Not special care unit specific, but pertains to services provided to residents with Alzheimer’s disease or related dementia.</p> <p>3. Yes</p>	<p>1. None specified</p> <p>2. Six hours initial classroom training and six hours of initial clinical dementia specific training; plus four hours of in-service for CNAs.</p> <p>3. Eight hours classroom training plus eight hours of clinical training initially; plus quarterly in-service training.</p>
Maryland	Md. Code Ann., Health-Gen. § 19-319-1 (1986)	Facilities providing long-term care for patients with Alzheimer’s must have a dementia-specific in-service education program.		

Table 1. Nursing Facility Dementia Training

State	Statute or Regulation	Summary	Special Care Unit Specific?	Hours
Massachusetts	<p>1. 105 Mass. Code Regs. 150.022 (2014)</p> <p>2. 105 Mass. Code Regs. 150.024 (2014)</p> <p>3. 105 Mass. Code Regs. 150.025 (2014)</p>	<p>1. Specifies the sections of the regulations which set forth the minimum dementia staff training requirements for all nursing homes, and Dementia Special Care Units.</p> <p>2. Specifies staff qualifications and training requirements in Dementia Special Care Units.</p> <p>3. Specifies that all relevant staff members working in long-term care facilities Dementia Special Care Units must receive training that includes a basic introduction to the foundations of dementia and dementia care. The training must be at least partially interactive, and must include an evaluation.</p>	<p>2. Yes</p> <p>3. Yes</p>	<p>1. None specified</p> <p>2. Eight hours initially, plus four hours on-going training annually</p> <p>3. None specified</p>
Minnesota	Minn. Stat. § 144.6503 (2008)	Mandates that where a nursing facility serves persons with Alzheimer’s disease, direct care staff and supervisors must be trained in dementia care, including an explanation of Alzheimer’s disease and related disorders; assistance with activities of daily living; problem solving with challenging behaviors; and communication skills.	Not special care unit specific, but applies to facilities serving persons with Alzheimer’s disease	

Table 1. Nursing Facility Dementia Training

State	Statute or Regulation	Summary	Special Care Unit Specific?	Hours
Nevada	Nev. Admin. Code § 449.74522 (2004)	Training requirements for direct care staff at nursing facilities that provide care to persons with dementia must include: an overview of the disease of dementia; communicating with a person with dementia; providing personal care to a person with dementia; recreational and social activities for a person with dementia; aggressive and other difficult behaviors; and advising family members concerning interaction with the person with dementia. The continuing education must be approved by the occupational licensing board that licensed or certified the person completing the education and can be used to satisfy continuing education requirements of an occupational licensing board.	Yes	Eight hours within 30 days, plus three hours annually

Table 1. Nursing Facility Dementia Training

State	Statute or Regulation	Summary	Special Care Unit Specific?	Hours
New Jersey	<p>1.N.J. Stat. Ann. § 26:2M-7 (1988)</p> <p>2. N.J. Stat. Ann. § 26:2M-7.2 (2012)</p> <p>3. N.J. Admin. Code § 8:13.4 (2007)</p> <p>4. N.J. Admin. Code § 8:39-46.2 (2015)</p>	<p>1. Health Commissioner charged with establishing a voluntary training program for long-term care facilities.</p> <p>2. Health Commissioner charged with establishing a mandatory training program for long-term care staff who provide direct care to residents with Alzheimer’s disease.</p> <p>3. Long-term care facilities must provide at least one training a year on the specialized care of residents with Alzheimer’s disease.</p> <p>4. Long-term care facilities with dementia programs must provide initial and ongoing education, training, and support programs for each staff member related to the care of residents with dementia. Each Alzheimer’s/dementia program must have a full-time employee with specialized training and/or experience in care for residents with dementia.</p>	4. Yes	
Oklahoma	<p>1. Okla. Admin. Code § 310:675-13-8 (2009)</p> <p>2. Okla. Admin. Code § 310:675-13-9 (2009)</p>	<p>1. Nursing facilities must employ a qualified Activity Director who has received training in specialized programming for Alzheimer’s and related dementias.</p> <p>2. Nursing facilities must employ qualified social services staff, who have received training in Alzheimer’s social services.</p>		

Table 1. Nursing Facility Dementia Training

State	Statute or Regulation	Summary	Special Care Unit Specific?	Hours
Oregon	Or. Admin. R. 411-086-0310 (1990)	Employees and certified nursing assistants in nursing facilities must receive certain training. CNAs must have at least three hours of training each calendar quarter. Required training topics include training in Alzheimer’s disease and other dementias, including recognition of symptoms, treatments, and behavioral management.		Three hours quarterly for certified nursing assistants
Tennessee	<p>1. Tenn Comp. R. & Regs. 1200-08-06-.05 (2007)</p> <p>2. Tenn. Comp. R. & Regs. 1200-08-06-.07 (2000)</p>	<p>1. Nursing homes with secured units must provide survey staff with performance information including documentation showing that 100% of the staff working on the secured units received in-service training in the following areas: basic facts about the causes, progression and management of Alzheimer’s Disease and related disorders; dealing with dysfunctional behavior and catastrophic reactions in the residents; identifying and alleviating safety risks to the resident; providing assistance in the activities of daily living for the resident; and, communicating with families and other persons interested in the resident.</p> <p>2. Nurse aids in specialized Alzheimer’s Units (structurally distinct parts of a nursing home) must have 40 additional hours of training that includes basic facts about causes, progression, and management of Alzheimer’s and related disorders; dealing with dysfunctional behaviors; identifying safety risks; providing assistance with ADLs; and communicating with families.</p>	<p>1. Yes</p> <p>2. Yes</p>	<p>1. None specified</p> <p>2. 40 hours classroom instruction, including dementia training</p>

Table 1. Nursing Facility Dementia Training

State	Statute or Regulation	Summary	Special Care Unit Specific?	Hours
Texas	<p>1. Tex. Health & Safety Code Ann. § 242.037 (2003)</p> <p>2. 40 Tex. Admin. Code § 19.2208 (1996)</p>	<p>1. Nursing homes are required to train staff on the care of persons with Alzheimer’s disease and related disorders. A minimum of one hour of annual training is required.</p> <p>2. Staff in certified Alzheimer’s facilities must have documented training specific to Alzheimer’s patients, including etiology and treatment of dementias, stages of Alzheimer’s disease; behavior management; and communication.</p>	<p>1. No</p> <p>2. Yes</p>	<p>1. One hour annually</p> <p>2. Eight hours initially, plus four hours annual continuing education</p>
Vermont	Vt. Admin. Code 12-4-200:2 (2014)	Nursing facilities with dementia care units must provide an initial training including: a general overview of Alzheimer’s disease; communication basics; creating a therapeutic environment; activity focused care; dealing with difficult behaviors; and family issues. Any staff that have direct contact with dementia patients must also have quarterly ongoing training about Alzheimer’s and dementia, including specific training regarding communication issues.	Yes	Eight hours initial classroom training, plus quarterly ongoing training
Washington	<p>1. Wash. Rev. Code Ann. § 74.39A.351 (2012)</p> <p>2. Wash. Admin. Code § 388-97-1040 (2014)</p>	<p>1. State must offer long-term care workers opportunities to accumulate 70 hours of training, including training in dementia care.</p> <p>2. Nursing home staff who have contact with residents must have ongoing and consistent training in special dementia care and needs.</p>		<p>1. 70 hours of voluntary training within a reasonable time.</p> <p>2. None specified.</p>

Table 1. Nursing Facility Dementia Training

State	Statute or Regulation	Summary	Special Care Unit Specific?	Hours
West Virginia	W. Va. Code R. § 64-13-11 (2014)	New nursing home employees, staff, and contractors must have training within the first 30 days of employment on Alzheimer's/dementia. The training must include: a basic explanation of how the disease process affects persons with Alzheimer's disease and other dementias; communication approaches and techniques for use when interacting with persons with Alzheimer's disease or other dementias; prevention and management of problem behaviors; and activities and programming appropriate for these individuals.		Two hours initial training within 30 days, plus two hours of continuing annual education.

Table 2. Assisted Living Facility Dementia Training

State	Assisted Living Statute or Regulation	Number of Hours of Training Required	Assisted Living Special Care Units Statute or Regulation	Number of Hours of Training Required
Alabama	Ala. Admin. Code r. 420-5-4-.04 (2007)	Administrators: six hours annually, including identifying signs and symptoms of dementia.	Ala. Admin. Code r. 420-5-20-.04 (2007)	All Staff: Completion of DETA Brain Series Training plus six hours annual continuing education.
Alaska	n/a		n/a	
Arizona	Ariz. Admin. Code § R4-33-703 (2013)	Caregiver training program: 104 hours, including eight classroom hours in care of cognitively impaired residents. Competency exam required.	n/a	
Arkansas	1. Ark. Code R. 016.06.13-504 (2014) 2. Ark. Code R. 016.06.14-504 (2009)	1. Level I All Staff: Dementia training w/in 30 days of hire and six hours annually of continuing education. 2. Level II All Staff: Dementia training w/in 30 days of hire and six hours annually of continuing education.	1. Ark. Code R. 016.06.13-805 (2014) 2. Ark. Code R. 016.06.14-805 (2009)	1. Level I All Staff: 30 hours of dementia-specific initial training and two hours of in-service every quarter thereafter. Training topics and hour requirements are very detailed. 2. Level II All Staff: 30 hours of dementia-specific initial training and two hours of in-service every quarter thereafter. Training topics and hour requirements are very detailed.

Table 2. Assisted Living Facility Dementia Training

State	Assisted Living Statute or Regulation	Number of Hours of Training Required	Assisted Living Special Care Units Statute or Regulation	Number of Hours of Training Required
California	<p>1. Cal. Health. & Safety Code 1569.7 (2004)</p> <p>2. Cal. Health. & Safety Code 1569.625 (2016)</p> <p>3. Cal. Code Regs. tit. 22, § 87411 (2008)</p>	<p>1. Residential care facilities for the elderly that serve residents with Alzheimer’s disease and other forms of dementia should include information on sundowning as part of the training for direct care staff.</p> <p>2. All Staff: 20 hours training prior to working independently, including six specific to dementia care; 20 additional hours within four weeks, including six specific to dementia care; 20 hours annual education, including eight specific to dementia care.</p> <p>3. All Staff: Ten hours of initial training, including unspecified portion of time on recognizing signs of dementia.</p>	<p>1. Cal. Health. & Safety Code 1569.626 (2016)</p> <p>2. Cal. Health. & Safety Code 1569.698 (2015)</p> <p>3. Cal. Code Regs. tit. 22, § 87705 (2008)</p> <p>4. Cal. Code Regs. tit. 22, § 87706 (2008)</p> <p>5. Cal. Code Regs. tit. 22, § 87707 (2008)</p>	<p>1. Direct Care Staff: Six hours of dementia-specific training prior to working independently with residents; an additional six hours within four weeks, plus eight hours of dementia-specific in-service training annually (rule expiring in 2015 requires only six hours of initial training).</p> <p>2. Department must adopt staff training requirements for secured perimeter facilities.</p> <p>3. Direct Care Staff: Dementia-specific training required, hours not specified.</p> <p>4. Direct Care Staff: Six hours dementia-specific training within four weeks, plus eight hours annual dementia-specific in-service.</p> <p>5. Sets forth topics for initial and annual in-service dementia-specific training.</p>
Colorado	6 Colo. Code Regs. § 1011-1:VII-1.104 (2013)	All Staff: On-the-job training, including dementia-specific training.	n/a	

Table 2. Assisted Living Facility Dementia Training

State	Assisted Living Statute or Regulation	Number of Hours of Training Required	Assisted Living Special Care Units Statute or Regulation	Number of Hours of Training Required
Connecticut	Conn. P.A. 14-194 (2014)	All Staff: Assisted living services agencies must provide training and education on Alzheimer’s disease and dementia symptoms and care upon employment and annually thereafter.	n/a	
Delaware	16-3000-3225 Del. Admin. Code § 5.0 (2013)	Direct Care Staff: Dementia-specific training each year.	n/a	
District of Columbia	D.C. Code § 44-107.02 (2014)	All Staff: 12 hours of annual training, including four hours of dementia-specific training. Administrator: Additional 12 hours of approved training related to cognitive impairments.	n/a	

Table 2. Assisted Living Facility Dementia Training

State	Assisted Living Statute or Regulation	Number of Hours of Training Required	Assisted Living Special Care Units Statute or Regulation	Number of Hours of Training Required
Florida	<p>1. Fla. Stat. § 429.52 (2007)</p> <p>2. Fla. Admin. Code Ann. r. 58A-5.0191 (2010)</p>	<p>1. All Staff: Training and competency test required, including care of persons with Alzheimer’s disease or related disorders.</p> <p>Administrators: 12 hours of continuing education every two years.</p> <p>2. All Staff: 26 hours training and competency exam, including dementia care.</p> <p>Administrators: 12 hours of continuing education every two years.</p>	<p>1. Fla. Stat. § 429.178 (2006)</p> <p>2. Fla. Admin. Code Ann. r. 58A-5.0191 (2010)</p>	<p>1. Direct Care Staff: Initial training, plus four hours dementia training and four hours per year of continuing education, including dementia training in new area.</p> <p>2. Direct Care Staff: Four hours of initial dementia training within three months of employment, four hours of level II dementia training within nine months of employment, and four hours of continuing education annually.</p>

Table 2. Assisted Living Facility Dementia Training

State	Assisted Living Statute or Regulation	Number of Hours of Training Required	Assisted Living Special Care Units Statute or Regulation	Number of Hours of Training Required
Georgia	<p>1. Ga. Comp. R. & Regs. 111-8-62-.09 (2013)</p> <p>2. Ga. Comp. R. & Regs. 111-8-63-.09 (2012)</p>	<p>1. Direct Care Staff: 16 hours of training per year, including working with residents with dementia.</p> <p>2. All Staff: Initial training including special needs of residents with dementia, hours not specified.</p> <p>Direct Care Staff: 24 hours of continuing education within the first year.</p>	<p>1. Ga. Comp. R. & Regs. 111-8-63-.09 (2012)</p> <p>2. Ga. Comp. R. & Regs. 111-8-62-.19 (2013)</p> <p>3. Ga. Comp. R. & Regs. 111-8-63-.19 (2012)</p>	<p>1. Direct Care Staff: Eight hours of the 24 hour first year training requirement must be related to dementia care, plus two of the 16 hours of continuation education must be dementia-specific.</p> <p>2. Sets forth comprehensive training topics for dementia-specific training for small homes (fewer than 25).</p> <p>3. Sets forth comprehensive training topics for dementia-specific training for small homes (25 or more).</p>
Hawaii	n/a		n/a	
Idaho	<p>1. Idaho Admin. Code r. 16.03.22.630 (2006)</p> <p>2. Idaho Admin. Code r. 16.03.22.640 (2006)</p>	<p>1. All Staff: At facilities' discretion, staff must have training to meet the specialized needs of residents with dementia.</p> <p>2. All Staff: Eight hours continuing training annually, including dementia care.</p>	n/a	

Table 2. Assisted Living Facility Dementia Training

State	Assisted Living Statute or Regulation	Number of Hours of Training Required	Assisted Living Special Care Units Statute or Regulation	Number of Hours of Training Required
Illinois	n/a		<ol style="list-style-type: none"> 1. 210 Ill. Comp. Stat. 9/35 (2013) 2. 210 Ill. Comp. Stat. 9/150 (2010) 3. Ill. Admin. Code tit. 77, § 295.4060 (2004) 	<ol style="list-style-type: none"> 1. Director: 20 hours of training every two years, including how to better meet the needs of residents with dementia. 2. Director and Direct Care Staff: Required to complete sufficient comprehensive and on-going dementia training, hours not specified. 3. Manager: Two years management experience with persons w/ dementia and six hours of dementia-specific annual continuing education. <p>All Staff: Additional four hours of dementia-specific orientation prior to job, 16 hours on-the-job dementia-specific training w/in first 16 hours; and 12 hours dementia-specific annual in-service (topics).</p>
Indiana	410 Ind. Admin. Code 16.2-5-1.4 (2013)	Direct Care Staff: Six hours of dementia-specific training within six months and three hours annually thereafter.	n/a	

Table 2. Assisted Living Facility Dementia Training

State	Assisted Living Statute or Regulation	Number of Hours of Training Required	Assisted Living Special Care Units Statute or Regulation	Number of Hours of Training Required
Iowa	n/a		481 Iowa Admin. Code r. 69.30 (2014)	All Staff: Eight hours of dementia-specific education within 30 days (detailed list of topics); two hours of dementia-specific continuing education annually. Direct Care Staff: Eight hours of dementia-specific continuing education annually.
Kansas	Kan. Admin. Regs. § 26-41-103 (2009)	All Staff: Training required, hours not specified.	Kan. Admin. Regs. § 26-41-203 (2009)	All Staff: Dementia-specific training required, hours not specified.
Kentucky	Ky. Rev. Stat. Ann § 194A.719 (2010)	All Staff and Management: Training, including dementia-specific training, required, hours not specified. Annual in-service required, hours not specified.	n/a	

Table 2. Assisted Living Facility Dementia Training

State	Assisted Living Statute or Regulation	Number of Hours of Training Required	Assisted Living Special Care Units Statute or Regulation	Number of Hours of Training Required
Louisiana	<p>1. La. Rev. Stat. Ann. § 40:2200.3 (2008)</p> <p>2. La. Admin Code tit. 48, § 6867 (2010)</p>	<p>1. Direct Care Staff: Two hours of dementia-specific training annually.</p> <p>2. Direct Care Staff: Two hours of dementia-specific training annually.</p>	<p>1. La. Rev. Stat. Ann. § 40:2200.3 (2008)</p> <p>2. La. Admin Code tit. 48, § 6851 (2009)</p> <p>3. La. Admin Code tit. 48, § 6867 (2010)</p>	<p>1. Direct Care Staff: Eight hours dementia-specific training w/ in 90 days of employment, plus eight hours dementia-specific training annually.</p> <p>Other Staff: Four hours of dementia-specific training w/in 90 days of employment, plus two hours dementia-specific training annually.</p> <p>2. Training in specialized care of residents with dementia is required.</p> <p>3. Direct Care Staff: Eight hours dementia-specific training w/ in 90 days of employment, plus eight hours dementia-specific training annually.</p> <p>Other Staff: Four hours of dementia-specific training w/in 90 days of employment, plus two hours dementia-specific training annually.</p>
Maine	n/a		10-144 Me. Code R.113, § 6 (2014)	All Staff: Eight hours of classroom and eight hours of clinical orientation, including focus on dementia-related topics (list of 6).
Maryland	n/a		n/a	

Table 2. Assisted Living Facility Dementia Training

State	Assisted Living Statute or Regulation	Number of Hours of Training Required	Assisted Living Special Care Units Statute or Regulation	Number of Hours of Training Required
Massachusetts	651 Mass. Code Regs. 12.07 (2014)	<p>Direct Care Staff: Seven hours of orientation training, including two hours of dementia-specific training, and ten hours per year of continuing education, with at least two hours on the specialized needs of residents with dementia.</p> <p>Managers: An additional two hours of training in dementia care.</p>	651 Mass. Code Regs. 12.07 (2014)	<p>Direct Care Staff: In addition to other training, seven hours dementia-specific training, and ten hours per year of continuing education, with at least four hours on the specialized needs of residents with dementia.</p>
Michigan	n/a		n/a	

Table 2. Assisted Living Facility Dementia Training

State	Assisted Living Statute or Regulation	Number of Hours of Training Required	Assisted Living Special Care Units Statute or Regulation	Number of Hours of Training Required
Minnesota	n/a		<p>1. Minn. Stat. § 144D.065 (expires 12/31/2015)</p> <p>2. Minn. Stat. § 144D.065 (effective 1/1/2016)</p>	<p>1. Direct Care Staff and Supervisors: Required dementia-specific training in basic topics, hours not specified.</p> <p>2. Supervisors: Eight hours of initial dementia-specific training w/ in 120 hours of employment, plus two hours of dementia-related training annually thereafter.</p> <p>Direct Care Staff: Eight hours of initial dementia-specific training w/ in 160 hours of employment, plus two hours dementia-specific training annually thereafter.</p> <p>Other Staff: Four hours of initial dementia-specific training w/in 160 hours of employment, plus two hours dementia-specific training annually thereafter.</p>
Mississippi	Miss. Code Ann. § 23-208:3.12 (2014)	Assisted living Medicaid waiver providers must provide staff training, including the care of residents with Alzheimer’s disease.	Miss. Code Ann. § 15-16-1:50.2 (2012)	All Staff: Dementia-specific orientation program, and quarterly in-service training for direct contract staff.

Table 2. Assisted Living Facility Dementia Training

State	Assisted Living Statute or Regulation	Number of Hours of Training Required	Assisted Living Special Care Units Statute or Regulation	Number of Hours of Training Required
Missouri	1. Mo. Code Regs. Ann. tit. 19 § 30-86.047 (2012)	1. Direct Care Staff: three hours dementia-specific training in basic topics. Other Staff: One hour dementia overview training.	1. Mo. Code Regs. Ann. tit. 19 § 30-86.042 (1984) 2. Mo. Code Regs. Ann. tit. 19 § 30-86.047 (2012)	1. Direct Care Staff: Three hours of dementia-specific training in basic topics, plus ongoing in-service. Other Staff: One hour dementia overview training. 2. Direct Care Staff: Three hours of dementia-specific training in basic topics, plus ongoing in-service. Other Staff: One hour dementia overview training.
Montana	n/a		1. Mont. Code. Ann. § 50-5-22 (2003) 2. Admin. R. Mont. 37.106.2892 (2014) 3. Admin. R. Mont. 37.106.2896 (2003)	1. Department must develop standardized special care unit training materials and forms. 2. Direct Care Staff: Must meet additional training requirements specific to the care of persons with severe cognitive impairment (topic list). 3. Staff Training must be disclosed.

Table 2. Assisted Living Facility Dementia Training

State	Assisted Living Statute or Regulation	Number of Hours of Training Required	Assisted Living Special Care Units Statute or Regulation	Number of Hours of Training Required
Nebraska	175 Neb. Admin. Code ch. 4 § 006 (2014)	Administrators and Direct Care Staff: Initial training and continuing education, non-dementia-specific, required; hours not specified.	175 Neb. Admin. Code ch. 4 § 006 (2014) 2.	Administrator and Direct Care Staff: Alzheimer’s specific training required; hours not specified.
Nevada	n/a		1. Admin. Code § 449.2756 (2004) 2. Admin. Code § 449.2768 (2004)	1. Administrator: Must ensure that staff has completed training and continuing education requirements 2. Direct Care Staff: Two hours of training upon employment, an additional eight hours within three months, and additional three hours within first year, all of which must be dementia-specific.
New Hampshire	N.H. Code Admin. R. Ann. He-P 814.15 (2008)	All Direct Care Staff: Training in special care needs of individuals with dementia, hours not specified.	n/a	

Table 2. Assisted Living Facility Dementia Training

State	Assisted Living Statute or Regulation	Number of Hours of Training Required	Assisted Living Special Care Units Statute or Regulation	Number of Hours of Training Required
New Jersey	N.J. Admin. Code § 8:36-5.6 (2007)	All Staff: Staff orientation and annual in-service required, including care of residents with Alzheimer’s disease, hours not specified.	N.J. Admin Code § 8:36-19.3 (2007)	Direct Care Staff: Must complete state mandated training in specialized care of residents with Alzheimer’s disease or related disorders, hours not specified.
New Mexico	n/a		N.M. Code R. § 7.8.2.69(C) (2010)	All Staff: 12 hours dementia-specific training.
New York	n/a		N.Y. Pub. Health Law § 4655 (2005)	Enhanced Assisted Living must submit a special needs plan including staff training (no hours specified).
North Carolina	n/a		1. 10A N.C. Admin. Code 13F.1305 (2014) 2. 10A N.C. Admin. Code 13F.1309 (2014)	1. Adult care homes must have written policies, including staff training based on needs of residents with dementia. 2. Administrator: 20 hours dementia-specific training. Direct Care Staff: Six hours of orientation within five weeks, 20 hours of dementia-specific training within six months, and 12 hours of continuing education annually, including six dementia-specific hours.
North Dakota	n/a		n/a	
Ohio	n/a		n/a	

Table 2. Assisted Living Facility Dementia Training

State	Assisted Living Statute or Regulation	Number of Hours of Training Required	Assisted Living Special Care Units Statute or Regulation	Number of Hours of Training Required
Oklahoma	Okla. Admin. Code § 317:30-5-763 (2009)	All Medicaid Waiver Direct Care Staff: Eight hours w/in first month, and four hours annually thereafter (no dementia-specific requirement)	Okla. Admin. Code § 317:30-5-763 (2009)	All Medicaid Waiver Direct Care Staff: Eight hours within first month and four hours annually thereafter, plus four hours dementia-specific training
Oregon	Or. Admin. R. 411-054-0070 (2007)	Caregivers: Initial training, including understanding persons with dementia (hours not specified), plus 12 hours in-service training annually.	Or. Admin. R. 411-057-0150 (2010)	Direct Care Staff: Four hours annual dementia-specific in-service training.
Pennsylvania	55 Pa. Code § 2800.69 (2011)	All Staff: Four hours of dementia-specific training w/in 30 days, plus two hours dementia-specific training annually thereafter.	n/a	
Puerto Rico	n/a		n/a	

Table 2. Assisted Living Facility Dementia Training

State	Assisted Living Statute or Regulation	Number of Hours of Training Required	Assisted Living Special Care Units Statute or Regulation	Number of Hours of Training Required
Rhode Island	n/a		<p>1. R.I. Gen. Laws Ann. § 23-17.4-6 (2014)</p> <p>2. R.I. Gen. Laws Ann. § 23-17.4-15.8 (2014)</p> <p>3. R.I. Admin. Code 31-4-11:8.0 (2012)</p>	<p>1. Licensure requirements include staff training specific to dementia as determined by department.</p> <p>2. Direct Care Staff: Four hours dementia-specific initial training, plus two hours continued education annually.</p> <p>3. Direct Care Staff: 12 hours of orientation training in four basic topics.</p>
South Carolina	S.C. Code Regs 61-84.504 (2014)	All Staff: Annual in-service training, including dementia-specific training, hours not specified.		
South Dakota	n/a		Admin. R. S.D. 44:70:04:12 (2012)	All Staff: Specific training regarding unique needs of residents required, hours not specified.
Tennessee	n/a		Tenn. Comp. R. & Regs. 1200-08-25-.08 (2009)	All Staff: In-service training regarding dementia topics, hours not specified.

Table 2. Assisted Living Facility Dementia Training

State	Assisted Living Statute or Regulation	Number of Hours of Training Required	Assisted Living Special Care Units Statute or Regulation	Number of Hours of Training Required
Texas	40 Tex. Admin. Code § 92.41 (2014)	Managers: 24 hours, including dementia training. All Staff: 16 hours on-the-job training initially, plus six hours education annually, including training regarding dementia.	40 Tex. Admin. Code § 92.53 (2010)	Manager: One year experience working with residents with dementia, plus six hours dementia-specific continuing education. All Staff: Four hours dementia-specific training prior to starting work; 12 annual hours on-the-job training concerning dementia which must be competency based.
Utah	Utah Admin. Code r. 432-270-8 (2014)	All Staff: In-Service training including the special needs of residents with Alzheimer’s disease.	Utah Admin. Code r. 432-270-16 (2014)	One staff member with documented training in Alzheimer’s disease must be present in unit at all times.
Vermont	Vt. Admin. Code 12-4-204:6 (2014)	Direct Care Staff: Training in communication skills specific to residents with dementia required, hours not specified.	n/a	

Table 2. Assisted Living Facility Dementia Training

State	Assisted Living Statute or Regulation	Number of Hours of Training Required	Assisted Living Special Care Units Statute or Regulation	Number of Hours of Training Required
Virginia	n/a		<p>1. 12 Va. Admin. Code § 30-120-1640 (2014)</p> <p>2. 22 Va. Admin. Code § 40-72-1120 (2014)</p>	<p>1. Medicaid Waiver Direct Care Staff: 12 hours of dementia-specific training w/ in first 30 days, plus eight hours of annual dementia-specific training.</p> <p>2. Administrators and Direct Care Staff: Four hours of dementia-specific training within two months of employment, plus six more hours of dementia-specific training within first year (topics).</p>
Washington	<p>1. Wash. Rev. Code Ann. § 18.20.230 (2012)</p> <p>2. Wash. Admin. Code § 388-78A-2474 (2014)</p> <p>3. Wash. Admin. Code § 388-78A-2510 (2013)</p>	<p>1. State health department must review training standards, including those that pertain to dementia training.</p> <p>2. Assisted living facility must ensure that staff meets all training requirements, including dementia-specific training.</p> <p>3. Assisted living facilities must ensure that staff have specialized training if they serve residents with dementia.</p>	<p>1. Wash. Rev. Code Ann. §18.20.270 (2013)</p> <p>2. Wash. Admin. Code § 388-110-220 (2014)</p>	<p>1. Administrators and Caregivers: Specialty training, including core knowledge and skills, is required; training must be outcome-based, and effectiveness measured through use of competency test; continuing education also required (hours not specified).</p> <p>2. Direct Care Staff: Six hours of dementia-specific continuing education annually (11 training topics listed).</p>

Table 2. Assisted Living Facility Dementia Training

State	Assisted Living Statute or Regulation	Number of Hours of Training Required	Assisted Living Special Care Units Statute or Regulation	Number of Hours of Training Required
West Virginia	W. Va. Code R. § 64-14-5 (2014)	All Staff: Two hours dementia-specific training within 15 days of employment.	n/a	
Wisconsin	Wis. Admin. Code Trans. § 83.21 (2009)	All Staff: Training must include recognizing challenging behaviors, within 90 days of employment, hours not specified.	n/a	
Wyoming	n/a		WY Rules and Regulations HLTH AGD Ch. 12 s 10 (2007)	Managers: Eight of 16 hours of annual continuing education related to care of persons with severe cognitive impairments. Direct Care Staff: Additional 12 hours annual training in topics related to care of persons with severe cognitive impairments (detailed list).

Table 3. Adult Day Care Dementia Training

State	Statute or Regulation	Summary	Specialty Care Unit?	Hours training required
Arkansas	Ark. Code R. 016.06.61-303 (2014)	In-service training sessions for direct care staff minimum of 16 hours per year to include dementia training.		16 hours annually—all in-service topics, including dementia
California	1. Cal. Health & Safety Code 1584 (2000) 2. Cal. Welfare & Institutions Code 9542 (2009)	1. Adult day health care centers may install egress control devices if the center serves individuals with dementia; includes a requirement for staff training regarding the use and operation of the egress control devices, the protection of participants' personal rights, wandering behavior and acceptable methods of redirection, and emergency evacuation procedures for persons with dementia. 2. Alzheimer's Daycare Resource Centers must provide training to volunteers. Centers also are to serve as models to other service providers for onsite training in the care of Alzheimer's patients and to establish contact with local educational programs, such as nursing and gerontology programs, to provide onsite training to students.	1. Yes 2. Yes	
Colorado	10 Colo. Code Regs. § 2505-10:8.491 (2011)	The operator and staff must have training specific to the needs of the populations served, e.g., elderly, blind and disabled, and as defined in Section 8.491.13 of these rules.	Yes	
Delaware	16-4000-4402 Del. Admin. Code § 13.0 (2011)	The mandatory yearly training must include: communicating with persons diagnosed as having Alzheimer's disease or other forms of dementia; the psychological, social, and physical needs of those persons; and safety measures which need to be taken with those persons.		

Table 3. Adult Day Care Dementia Training

State	Statute or Regulation	Summary	Specialty Care Unit?	Hours training required
Florida	<p>1. Fla. Stat. § 429.917 (2012)</p> <p>2. Fla. Admin. Code Ann. r. 58A-6.015 (2004)</p> <p>3. Fla. Stat. § 429.918 (2012)</p>	<p>1. Personnel with direct contact must complete initial training of at least one hour within the first three months after beginning employment, including overview of dementias and basic skills for communicating with persons who have dementia. Direct care staff must have an additional three hours of training within nine months, including management of problem behaviors, information about promoting the participant’s independence in activities of daily living, and instruction in skills for working with families and caregivers.</p> <p>2. Initial one hour training: understanding dementia; characteristics of dementia; and communicating with participants with dementia.</p> <p>Subsequent three hour training: behavior management; assistance with activities of daily life to promote the patient’s independence; activities for participants; stress management for the care giver; family issues; participant environment; and ethical issues.</p> <p>3. Specialized Alzheimer’s services Adult Day Care Center Operators must have experience in providing services to persons who have dementia. Also requires direct contact personnel to complete initial training of at least four hours within three months, and direct care staff must have an additional four hours within six months of hire. Each employee hired after July 1, 2012 must also have orientation regarding wandering and the State’s Silver Alert system.</p>	3. Yes	<p>1. One hour for staff with direct contract; three additional hours for direct care staff.</p> <p>2. One hour for staff with direct contact; three additional hours for direct care staff.</p> <p>3. Four hours for staff with direct contact; four additional hours for direct care staff.</p>

Table 3. Adult Day Care Dementia Training

State	Statute or Regulation	Summary	Specialty Care Unit?	Hours training required
Illinois	<p>1. 20 Ill. Comp. State. 105/8.05 (2010)</p> <p>2. Ill. Admin. Code tit. 9, § 240.1555 (2009)</p>	<p>1. Encourages development of Alzheimer’s Day Care Resource Centers and training modules that include information on symptoms and process of disease and appropriate techniques for dealing with needs of participants.</p> <p>2. Adult day staff must have a minimum of 24 hours training within the first week of employment, and understanding Alzheimer’s disease and dementia must be included as a topic. Thereafter, staff must have 12 hours of in-service training, including training in understanding dementia.</p>	1. Yes	2. 24 hours within first week; 12 hours in-service annually.
Iowa	481 Iowa Admin. Code r. 70.30 (2014)	The dementia-specific education or training shall include, at a minimum, the following: an explanation of Alzheimer’s disease and related disorders; the program’s specialized dementia care philosophy and program; skills for communicating with persons with dementia; skills for communicating with family and friends of persons with dementia; an explanation of family issues such as role reversal, grief and loss, guilt, relinquishing the care-giving role, and family dynamics; the importance of planned and spontaneous activities; skills in providing assistance with instrumental activities of daily living; the importance of the service plan and social history information; skills in working with challenging participants; techniques for simplifying, cueing, and redirecting; staff support and stress reduction; and medication management and nonpharmacological interventions.	Yes	Eight hours of dementia-specific initially; eight hours of dementia-specific annual continuing education for direct contact staff; two hours of dementia-specific annual continuing education for all other staff.

Table 3. Adult Day Care Dementia Training

State	Statute or Regulation	Summary	Specialty Care Unit?	Hours training required
Kansas	Kan. Admin. Regs. § 26-43-103 (2009)	If the facility admits residents with dementia, the administrator or operator shall ensure the provision of staff orientation and in-service education on the treatment and appropriate response to persons who exhibit behaviors associated with dementia.		
Kentucky	1. 910 Ky. Admin. Regs. 1:150 (2010) 2. 910 Ky. Admin. Regs. 1:160 (2010)	1) Private Pay Adult Day and Alzheimer’s Respite Programs, include training requirements for staff. Staff required to have a minimum of 34 hours of basic training, which includes causes of dementia and managing clients with dementia, as well as eight hours of annual continuing education. 2) Adult Day and Alzheimer’s Respite Programs, include training requirements for staff. Staff required to have a minimum of 34 hours of basic training, which includes causes of dementia and managing clients with dementia, as well as eight hours of annual continuing education.		1 & 2. 34 hours basic training, including dementia; eight hours annual continuing education.
Maryland	Md. Code Regs. 10.12.04.139(E)(1)(d) (2014)	Training that is appropriate to the needs of the individuals served, such as those with Alzheimer’s disease.		Eight hours of annual in-service including care of individuals with Alzheimer’s disease.
Minnesota	Minn. Stat. § 245A.04(12) (2014)	Must train its direct care staff and their supervisors in dementia care. Training required includes: an explanation of Alzheimer’s disease and related disorders; assistance with activities of daily living; problem solving with challenging behaviors; and communication skills. The facility must also provide the consumer with a written or electronic description of its training programs.	Yes	

Table 3. Adult Day Care Dementia Training

State	Statute or Regulation	Summary	Specialty Care Unit?	Hours training required
Missouri	Mo. Code Regs. Ann. tit. 19 § 30-90.040(18) (2005)	In-service training shall address specialized care needs, such as Alzheimer’s disease and related dementias appropriate to the needs of participants, including an overview of dementia, communicating with persons with dementia, behavior management, promoting independence in activities of daily living, and understanding and dealing with family issues.		At least quarterly in-service trainings must be provided.
New Hampshire	N.H. Code Admin. R. Ann. He-P 818.14(p) (1) (2008)	Adult day program licensees who have participants or admit persons with a diagnosis of dementia or Alzheimer’s disease shall require all direct care staff for the participant to be trained in special care needs of participants with dementia, Alzheimer’s disease, or mental illness.		
New Jersey	1. N.J. Stat. Ann. § 26:2M-13 (1988) 2. N.J. Admin. Code § 10:164A-3.3 (2006)	1. Department must develop a training program including information on symptoms of Alzheimer’s disease and techniques for dealing with psychosocial, health and physical needs of participants, including on-site training at adult day centers. 2. Requires new staff to receive an orientation within 30 days of employment which includes: methods of dealing with the specific problems encountered in the care of people with Alzheimer’s disease, such as communicating with clients; necessary safety measures and common behavior concerns; and an overview of the progression of dementia and the different types of dementia. In addition, staff must attend specialized training regarding Alzheimer’s disease or related disorders.	2. Yes	

Table 3. Adult Day Care Dementia Training

State	Statute or Regulation	Summary	Specialty Care Unit?	Hours training required
North Carolina	<p>1. 10A N.C. Admin. Code 6R. 0902 (2014)</p> <p>2. 10A N.C. Admin. Code 6R.0907 (2014)</p>	<p>1. Adult day care centers providing special care services shall establish written specified policies and procedures, including the amount and content of staff training both at orientation and annually based on the special care needs of participants.</p> <p>2. An adult day care center or home providing special care services shall require all staff to receive orientation and training in the specific population to be served. The program director must have a written plan for training staff that shall be updated annually. Both the program director and other staff working directly with participants in special care units must complete training as well as annual continuing education.</p>	<p>1. Yes</p> <p>2. Yes</p>	
Rhode Island	R.I. Admin. Code 31-5-33:5.0 (2008)	All new employees who interact with patients in Adult Day Care Programs geared specifically toward Alzheimer’s/dementia patients must have 12 hours of training within the first 30 days concerning understanding dementias, communicating with dementia patients, and managing behaviors. The director and his designees shall ensure the training takes place.	Yes	12 hours of training within first 30 days.
Utah	Utah Admin. Code r. 501-13-16 (2014)	When an adult day care has at least one-half of patients diagnosed with Alzheimer’s or related dementias, there will be one staff member for every six patients and there will be staff training. Staff shall receive eight hours of initial orientation training (not dementia-specific) designed by the Director to meet the needs of the program, plus ten hours of work related training on a yearly basis.		