

## State of Iowa

# Dementia Training Requirements and the CARES™ Online Dementia Care Training Program and essentiALZ™ Certification Program

### Elder Group Homes, Assisted Living Program, and Adult Day Services (8 Hours)

✓ Yes

The CARES Program™ meets the 8-Hour State of Iowa dementia training requirements for Elder Group Homes, Assisted Living Program, and Adult Day Services as long as the organization incorporates day-to-day hands on supervision and support from the facility/program resident expert or manager. (Note: The State of Iowa does not approve CARES for use by multiple individuals at one time. It is approved for use by individuals only.)

### Chronic Confusion and Dementing Illness (CCDI) unit or facility (6 Hours)

✓ Yes

The CARES Program™ meets the 6-Hour State of Iowa dementia training requirements for a Chronic Confusion and Dementing Illness (CCDI) unit or facility as long as the CCDI unit or facility incorporates day-to-day hands on supervision and support from the facility/program resident expert or manager. (Note: The State of Iowa does not approve CARES for use by multiple individuals at one time. It is approved for use by individuals only.)

### Continuing Education (10 Hours)

✓ Yes

The CARES Program™ is approved for 10 hours of continuing education for nurses, social workers, and long-term care administrators. (See the last page of this document for details.)

For more information about CARES™, essentiALZ™ and other professional training opportunities offered through the Alzheimer's Association contact:

**Alzheimer's Association**

24/7 Helpline: 1.800.272.3900

Web address: [www.alz.org/essentiALZ](http://www.alz.org/essentiALZ)

## **Summary of Dementia Training Requirements for Elder Group Homes, Assisted Living Program, and Adult Day Services**

The state of Iowa requires **at least eight (8) hours** of training in specific areas for Elder Group Homes, Assisted Living Program, and Adult Day Services.

### **Details**

According to the Iowa statute (Chapter 69):

“All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable.”

The dementia-specific education or training shall include, at a minimum, the following:

- (a) An explanation of Alzheimer's disease and related disorders;
- (b) The program's specialized dementia care philosophy and program;
- (c) Skills for communicating with persons with dementia;
- (d) Skills for communicating with family and friends of persons with dementia;
- (e) An explanation of family issues such as role reversal, grief and loss, guilt, relinquishing the care-giving role, and family dynamics;
- (f) The importance of planned and spontaneous activities;
- (g) Skills in providing assistance with instrumental activities of daily living;
- (h) The importance of the service plan and social history information;
- (i) Skills in working with challenging tenants;
- (j) Techniques for simplifying, cueing, and redirecting;
- (k) Staff support and stress reduction; and
- (l) Medication management and nonpharmacological interventions.

### **How CARES Meets Each Specific Content Requirement**

#### **(a) An explanation of Alzheimer's disease and related disorders**

The CARES Program includes a thorough explanation of memory loss, dementia, and Alzheimer's disease, as well as a full discussion of seven different areas of dementia-related decline. Module two is entirely devoted to a detailed introduction to dementia.

#### **(b) The program's specialized dementia care philosophy and program;**

The program's philosophy is encompassed within The CARES Approach Module. This comprehensive approach can be used with any person, at any level of thinking decline, and in any situation. The CARES Program also includes information and many

examples throughout the program which describe the commonly occurring symptoms and behaviors of memory-impaired people.

**(c) Skills for communicating with persons with dementia;**

The CARES Program includes an extensive discussion of the overall progressive decline that occurs during the disease process, from normal thinking to the more advanced stages of the disease. Skills and strategies for communicating with people with dementia is also a primary focus of the *CARES Approach* and *Making a Connection with the Resident* modules.

**(d) Skills for communicating with family and friends of persons with dementia;**

The *Meet Clara Jones* module covers the importance of getting to know the resident and communicating and involving family and friends of those people with dementia. Perspectives from family and friends are featured in brief video clips in each of the 10 modules.

**(e) An explanation of family issues such as role reversal, grief and loss, guilt, relinquishing the care-giving role, and family dynamics;**

These topics are covered within each of the modules in the family and friend video perspectives which are specific to each of the 10 modules.

**(f) The importance of planned and spontaneous activities;**

Throughout the CARES Program, staff members are encouraged to look at the variety of ways in which daily care can assume the roles of both planned and spontaneous activities for people with dementia. A discussion regarding levels of progressive decline throughout the disease process helps staff members determine the appropriate type of activity for the person receiving care.

**(g) Skills in providing assistance with instrumental activities of daily living;**

The CARES Program discusses multiple instrumental activities of daily living including a specific module on promoting positive dining experiences for maintaining healthy levels of food and fluid take for people with dementia. Other ADLs including dressing, bathing, and grooming are featured as topics throughout multiple modules.

**(h) The importance of the service plan and social history information;**

CARES strongly supports the value of person-centered care— the value and importance of getting to know (and thereby the documenting of) residents and their life history and how to make use of this information in daily care, in and throughout activities, and in making considerations for end-of-life care. Throughout the training, CARES also promotes the importance of sharing successful care strategies with other staff members. The *Share with the Team* step is the last step in the *CARES Approach*.

**(i) Skills in working with challenging tenants;**

The CARES Program includes information and many examples throughout its 6 modules describing the symptoms and behaviors which may commonly occur in people with dementia. Module three, *Understanding Resident Behavior as Communication*, is specifically devoted to behavior. The CARES Program further includes instruction on the *CARES Approach*, a 5-step approach that can be used with any resident in any situation requiring an intervention. Typical behaviors which may occur in people with dementia are discussed.

**(j) Techniques for simplifying, cueing, and redirecting;**

These topics are extensively covered in *The CARES Approach* module and *Understanding Resident Behavior as Communication* modules. The first step in the *CARES Approach* (Connect with the Person) is specifically focused on redirecting and cueing. Simplification techniques are suggested throughout the program.

**(k) Staff support and stress reduction; and**

The CARES Program addresses stress reduction for staff and residents throughout its six modules by promoting a greater understanding of decline which occurs as dementia progresses. Specific strategies to follow in daily care and a described step-by-step approach, the *CARES Approach*, can be used in any situation and with any resident.

**(l) Medication management and nonpharmacological interventions.**

Medication management and non-pharmacological interventions are key to the *Understanding Resident Behavior as Communication* modules. The CARES Program promotes looking at our own actions as professional caregivers. It suggests that changes we make with respect to our own behaviors and actions as care professionals may lead to changes in behaviors of people with dementia so that medications for dementia-related behaviors might be required less frequently.

**How essentiALZ Benefits Professionals and Families**

The Alzheimer's Association® essentiALZ™ certification program is a convenient way for individuals to be recognized for learning quality dementia care practices

**About essentiALZ**

The essentiALZ program combines select HealthCare Interactive® CARES® online dementia care training with Alzheimer's Association® online certification exams. The essentiALZ program was developed to recognize the knowledge of any caregiver who fulfills the certification requirements, regardless of whether they are paid or unpaid for their care of people with dementia.

**Benefits of essentiALZ**

- Learn techniques for caring for people with dementia by completing approved prerequisite dementia care courses prior to taking the essentiALZ certification exam.

- Be recognized as someone who has a basic understanding of symptoms of Alzheimer's and other dementias by successfully passing the Alzheimer's Association essentiALZ exams.
- Demonstrate knowledge of evidence-based dementia care practices, which are promoted in the nationally recognized Alzheimer's Association Dementia Care Practice Recommendations and supported by more than 30 leading health and senior care organizations.

## **Contact at State of Iowa for Elder Group Homes, Assisted Living Program, and Adult Day Services**

Ann Martin, RN  
Bureau Chief - Adult Services Bureau  
(Assisted Living Programs, Adult Day Service Programs and Elder Group Homes)  
Iowa Department of Inspections and Appeals  
Phone: 515/281-5077  
Fax: 515/242-5022  
[Ann.Martin@dia.iowa.gov](mailto:Ann.Martin@dia.iowa.gov)

## **References**

### **CARES Program:**

<http://www.caresProgram.com>

### **essentiALZ Certification**

<http://www.alz.org/essentialz>

### **Alzheimer's Association Quality Care Campaign**

[http://www.alz.org/we\\_can\\_help\\_quality\\_care.asp](http://www.alz.org/we_can_help_quality_care.asp)

### **State Departmental Website:**

<http://www.state.ia.us/government/dia/index.html>

### **State Statue Website:**

<http://www.legis.state.ia.us/asp/ACODOCS/DOCS/481.70.30.pdf>

**Actual Language from State of Iowa Rules for  
Elder Group Homes, Assisted Living Program, and Adult Day Services**

**481—67.18(231B,231C,231D) Training related to Alzheimer’s disease and similar forms of irreversible dementia.** Effective July 1, 2010, or when administrative rules are adopted pursuant to Iowa Code section 231.62, whichever is later, all programs shall comply with the requirements set forth in administrative rule to implement Iowa Code section 231.62 for Alzheimer’s disease and dementia education.  
These rules are intended to implement Iowa Code chapters 231B, 231C and 231D.

## Summary of Dementia Training Requirements for CCDI Facilities

The state of Iowa requires **at least six (6) hours** of training in specific areas for everyone working in a Chronic Confusion and Dementing Illness (CCDI) unit or facility.

### Details

According to the Iowa statute:

“Upon assignment to the unit or facility, everyone working in the unit or facility shall be oriented to the needs of people with chronic confusion or dementing illnesses. They shall have special training appropriate to their job description within 30 days of assignment to the unit or facility. (II, III). The orientation shall be at least six hours.”

The following topics shall be covered:

- (1) Explanation of the disease or disorder; (II, III)
- (2) Symptoms and behaviors of memory-impaired people; (II, III)
- (3) Progression of the disease; (II, III)
- (4) Communication with CCDI residents; (II, III)
- (5) Adjustment to care facility residency by the CCDI unit or facility residents and their families;  
(II, III)
- (6) Inappropriate and problem behavior of CCDI unit or facility residents and how to deal with it;  
(II, III)
- (7) Activities of daily living for CCDI residents; (II, III)
- (8) Handling combative behavior; (II, III) and
- (9) Stress reduction for staff and residents. (II, III)

### How CARES™ Meets Each Specific Content Requirement

#### **(1) Explanation of the disease or disorder; (II, III)**

The CARES Program includes a thorough explanation of memory loss, dementia, and Alzheimer's disease, as well as a full discussion of seven different areas of dementia-related decline. Module two is entirely devoted to a detailed introduction to dementia.

#### **(2) Symptoms and behaviors of memory-impaired people; (II, III)**

The CARES Program includes information and many examples throughout its 6 modules describing the symptoms and behaviors which may commonly occur in people with dementia. Module three, *Understanding Resident Behavior as Communication*, is specifically devoted to behavior. The CARES Program further includes instruction on the *CARES Approach*, a 5-step approach that can be used with any resident in any situation requiring an intervention. Typical behaviors which may occur in people with dementia are discussed.

### **(3) Progression of the disease; (II, III)**

The CARES Program includes an extensive discussion of the overall progressive decline that occurs during the disease process, from normal thinking to the more advanced stages of the disease. Skills and strategies for communicating with people with dementia is also a primary focus of the *CARES Approach* and *Making a Connection with the Resident* modules.

### **(4) Communication with CCDI residents; (II, III)**

The CARES Program includes an extensive discussion of the overall progressive decline that occurs during the disease process, from normal thinking to the more advanced stages of the disease. Skills and strategies for communicating with people with dementia is also a primary focus of the *CARES Approach* and *Making a Connection with the Resident* modules.

### **(5) Adjustment to care facility residency by the CCDI unit or facility residents and their families; (II, III)**

The CARES Program includes video interviews in each of its modules that are inclusive of actual family members and facility residents. In addition, much of the information in each of the modules targets how to connect with residents to help them adjust to life in a residential facility setting.

### **(6) Inappropriate and problem behavior of CCDI unit or facility residents and how to deal with it; (II, III)**

The CARES Program includes instruction on the *CARES Approach*, a 5-step approach that can be used with any resident and in any situation which may require an intervention. Behaviors which may sometimes occur during the dementia process and may require such an intervention are discussed.

### **(7) Activities of daily living for CCDI residents; (II, III)**

The CARES Program discusses multiple activities of daily living including a specific module on promoting positive dining experiences for maintaining healthy levels of food and fluid take for people with dementia. Other ADLs including dressing, bathing, and grooming are featured as topics throughout multiple modules.

### **(8) Handling combative behavior; (II, III)**

The CARES Program includes information and many examples throughout its 6 modules describing the symptoms and behaviors which may commonly occur in people with dementia. Module three, *Understanding Resident Behavior as Communication*, is specifically devoted to behavior. The CARES Program further includes instruction on the *CARES Approach*, a 5-step approach that can be used with any resident in any situation requiring an intervention. Typical behaviors which may occur in people with dementia and strategies for positive resolutions to these behaviors are discussed.

## **(9) Stress reduction for staff and residents. (II, III)**

The CARES Program addresses stress reduction for staff and residents throughout its six modules by promoting a greater understanding of decline which occurs as dementia progresses; specific strategies to follow in daily care, and a step-by-step approach, the *CARES Approach*, that can be used in any situation and with any resident.

### **Actual language from State of Iowa Rules for Chronic Confusion and Dementing Illness (CCDI) unit or facility**

Inspections and Appeals[481] Ch 58, p.1  
CHAPTER 58  
NURSING FACILITIES  
[Prior to 7/15/87, Health Department[470] Ch 58]

**58.54(5)** Preadmission assessment of physical, mental, social and behavioral status shall be completed to determine whether the applicant meets admission criteria. This assessment shall be completed by a registered nurse and a staff social worker or social work consultant and shall become part of the permanent record upon admission of the resident. (II, III)

**58.54(6)** All staff working in a CCDI unit or facility shall have training appropriate to the needs of the residents. (II, III)

a. Upon assignment to the unit or facility, everyone working in the unit or facility shall be oriented to the needs of people with chronic confusion or dementing illnesses. They shall have special training appropriate to their job description within 30 days of assignment to the unit or facility. (II, III)

The orientation shall be **at least six hours**. The following topics shall be covered:

- (1) Explanation of the disease or disorder; (II, III)
- (2) Symptoms and behaviors of memory-impaired people; (II, III)
- (3) Progression of the disease; (II, III)
- (4) Communication with CCDI residents; (II, III)
- (5) Adjustment to care facility residency by the CCDI unit or facility residents and their families;  
(II, III)
- (6) Inappropriate and problem behavior of CCDI unit or facility residents and how to deal with it;  
(II, III)

- (7) Activities of daily living for CCDI residents; (II, III)
- (8) Handling combative behavior; (II, III) and
- (9) Stress reduction for staff and residents. (II, III)

*b.* Licensed nurses, certified aides, certified medication aides, social services personnel, housekeeping and activity personnel shall have a minimum of six hours of in-service training annually. This training shall be related to the needs of CCDI residents. The six-hour training shall count toward the required annual in-service training. (II, III)

**Note:**

State regulations can change at any time. Check with your local state regulatory office for any changes to state regulations or state statutes.

**Contact at State of Iowa for Chronic Confusion and Dementing Illness (CCDI) unit or facility**

Susan Odell, RN  
(515) 242-5991  
[susan.odell@dia.iowa.gov](mailto:susan.odell@dia.iowa.gov)

**References**

**CARES Program:**

<http://www.caresProgram.com>

**essentiALZ Certification:**

<http://www.alz.org/essentiALZ>

**State Departmental Website:**

<http://www.state.ia.us/government/dia/index.html>

**State Statue Website:**

<http://www.legis.state.ia.us/aspx/ACODocs/DOCS/12-30-2009.481.58.rtf>

## **Continuing Education**

### **Nurses**

The CARES Program is accredited for 10 hours of continuing education. According to Chris Newell at the Iowa Board of Nursing, because the CARES continuing nursing education activity was approved by the Illinois Nurses Association, an accredited approver by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation, and because the State of Iowa recognizes the ANCC, CARES would be approved for "self study" within Iowa only. If it is offered in groups, Continuing Education for nurses is not approved.

For documentation of this rule, Ms. Newell recommended visiting [www.iowa.gov/nursing](http://www.iowa.gov/nursing), clicking on Continuing Education, and then clicking on "What Qualifies (And What Doesn't)" for additional information.

The contact at State of Iowa Board of Nursing is:

Chris Newell  
Iowa Board of Nursing  
515-281-8808  
[chris.newell@iowa.gov](mailto:chris.newell@iowa.gov)

### **Social Workers**

CARES is approved for 10.0 hours of CE from the Association of Social Work Boards (ASWB) through the Approved Continuing Education (ACE) program.

### **Long Term Care Administrators (NAB)**

CARES has been reviewed by the National Continuing Education Review Service (NCERS) of the National Association of Boards of Examiners of Long Term Care Administrators (NAB) and approved for 10 clock hours.

Additional Information about continuing education and the CARES Program is available at [www.caresprogram.com](http://www.caresprogram.com).