

# Implementing New Dementia Care Training Standards for Staff Working in Housing with Services Settings

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*A Report to the Minnesota Legislature*

**Minnesota Department of Health**

**February 2015**



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# **Legislative Report: Implementing Dementia Care Training Standards for Staff Working in Housing with Services Settings in Minnesota**

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**February 2015**

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# I. Legislative Directive

In the 2014 Minnesota legislative session, Section 35 in Chapter 291 of Article 6 of the Omnibus Health and Human Services bill set new dementia care training standards for specific types of workers in Housing with Services (HWS) settings registered by the Minnesota Department of Health (MDH): direct care workers and direct care supervisors, housing managers and maintenance/housekeeping and food service workers. MDH currently regulates direct care workers and their supervisors through its existing home care licensing responsibilities. MDH does not currently have any oversight responsibility for housing managers and maintenance/housekeeping/and food service workers. The legislation further directed MDH to consult with stakeholders, evaluate whether additional settings or providers should be included in the new training standards, look at existing training options, and methods of enforcing the new requirements, and submit a legislative report in February 2015. Specifically, the charge was as follows:

Sec. 35. EVALUATION AND REPORTING REQUIREMENTS.

- (a) The commissioner of health shall consult with the Alzheimer's Association, Aging Services of Minnesota, Care Providers of Minnesota, the ombudsman for long-term care, Minnesota Home Care Association, and other stakeholders to evaluate the following:
- (1) whether additional settings, provider types, licensed and unlicensed personnel, or health care services regulated by the commissioner should be required to comply with the training requirements in Minnesota Statutes, sections 144D.065, 144D.10, and 144D.11;
  - (2) cost implications for the groups or individuals identified in clause (1) to comply with the training requirements;
  - (3) dementia education options available;
  - (4) existing dementia training mandates under federal and state statutes and rules; and
  - (5) the enforceability of Minnesota Statutes, sections 144D.065, 144D.10, and 144D.11, and methods to determine compliance with the training requirements.
- (b) The commissioner shall report the evaluation to the chairs of the health and human services committees of the legislature no later than February 15, 2015, along with any recommendations for legislative changes.

This legislative report describes the process followed to ensure stakeholder involvement and input, the consideration of whether additional settings or provider types should be added now, the training that is available, summarizes the existing training mandates, and makes recommendations about how to enforce the new dementia care training requirements including costs.

## II. Executive Summary

MDH recognizes the importance of these new training standards for workers serving a very vulnerable population in Minnesota and while MDH's responsibility here is regulatory, MDH will strive to create a supportive and positive environment so that workers required to obtain the training will seek it out, and the training that exists is meaningful and useful, and readily available.

MDH makes the following recommendations:

- ▶ MDH will enforce the new training requirements for both direct care workers and their supervisors through its existing authority over home care licensees in Minn. Stat. sec. 144A.471, et seq. Enforcing the new training requirements through existing home care surveys does not add expenses to the home care program, therefore there will be no fee change to home care licensees.
- ▶ MDH will enforce the new training requirements for housing managers, maintenance, housekeeping, and food service workers through its existing authority over registered housing with services (HWS) establishments in Minnesota Statutes, chapter 144D. The costs for this are estimated to be \$11,000 the first year and \$22,000 each year thereafter for an estimated two contested case appeals and related administrative expenses per year. Revenues from HWS fees exceed the current allocation for the HWS program, therefore existing HWS fees will cover the increased allocation without any fee change.
- ▶ For the first year of the new training requirements from January 2016 through December 2016, MDH will provide technical assistance to assist workers in providing sufficient documentation about the training received, and ensure that the available training is easily obtained and reasonably inexpensive for providers. This period will also allow the MDH to see how difficult it is for workers to comply with the training requirements;
- ▶ MDH will begin imposing fines on employers in January 2017 in the amount of \$200 per employee who was supposed to have obtained the training and who did not. Before imposing the fine, MDH will give another time period for the employee to obtain the required training;
- ▶ Paying a fine will not negate the requirement to obtain the training. Further noncompliance could lead to license or registration revocation.
- ▶ MDH does not recommend further expansion of the new training requirements at this time until we have time to see how difficult it is to obtain the training during the technical assistance year;

## III. Background

### A. What is Dementia?

“Dementia” is a broad term describing a variety of diseases and conditions that damage brain cells and impair brain function. Alzheimer’s disease is the most common type of dementia and accounts for an estimated sixty to eighty percent of cases. Alzheimer’s disease and related dementias are a major public health issue because they affect a large number of people and have a profound impact on their health and that of their caregivers. Over 5.4 million Americans were estimated to be affected by Alzheimer’s disease and related dementia in 2012. In Minnesota, in 2013, Alzheimer’s disease and related dementias were estimated to affect 94,000 people, and that number is increasing. (Source: MDH 2013 Report to Legislature, “Alzheimer’s Disease”).

### B. New Dementia Care Training Requirements.

The new dementia care training standards enacted in 2014 apply to direct-care staff and the direct-care staff supervisors, housing managers of HWS establishments, and maintenance, housekeeping and food service workers in HWS establishments. The training for these workers is required: if the HWS markets or provides services to persons with dementia; or has a special unit for dementia care; and for HWS establishments that also have a properly designated “assisted living setting” pursuant to Minnesota Statutes, chapter 144G. The new requirements require initial training and annual training and specify the number of hours of training each worker type needs to obtain. The training topics are: 1) an explanation of Alzheimer’s disease and related disorders; 2) assistance with activities of daily living; 3) problem solving with challenging behaviors; and 4) communication skills. (Minn. Stat. sec. 144D.065(b)). Of note, statutes setting standards for MDH licensed home care providers have included dementia care training requirements for many years and the only change for that group from the 2014 law is that there is a specific number of hours of training to obtain initially and annually.

The following outlines the training for each type of worker from the 2014 law:

#### **Direct Care employees:**

Initial Training: 8 hours within 160 working hours of employment start date. Services can be provided before training is completed as long as another employee is onsite and has completed the initial eight hours of training and can act as a resource and assist if issues arise.

Annual Training: 2 hours of training topics related to dementia care for each 12 months of employment thereafter.

**Supervisors of Direct Care Staff:**

Initial Training: 8 hours within 120 working hours of employment start date.

Annual Training: 2 hours of topics related to dementia care for each 12 months of employment thereafter.

**Maintenance, Housekeeping and Food Service Workers:**

Initial Training: 4 hours within 160 hours of employment start date.

Annual Training: 2 hours of topics related to dementia care for each 12 months of employment thereafter.

**Housing Managers:**

General Training: 30 hours of continuing education every two years of employment in topics relevant to the operations of a HWS establishment and the needs of its tenants.

The coursework earned to maintain a professional license, such as nursing home administrator license, nursing license, social worker license and real estate license can be used to complete the requirement.

Dementia Related: For housing managers who work in HWS that have a separate unit for dementia care, 4 hours of 30 required hours must be on dementia topics initially and 2 hours annually.

These training requirements are new for housing managers and the maintenance, housekeeping, and food service workers. All of the training requirements go into effect on January 1, 2016.

**C. Types of Settings and Services: HWS, Assisted Living, Home Care Services.**

Essential to comprehending the new training requirements is understanding the settings where these workers are employed and how the settings and services are regulated. HWS establishments are registered by MDH and they are apartment buildings that provide, for a fee, one or more health services, or two or more supportive services such as laundry, transportation or arranging medical appointments. There are 1,326 registered HWS in Minnesota. Assisted Living settings all must first be a registered HWS setting. An Assisted Living may be the whole HWS or just a part of it. Assisted Living settings obtain a “designation” from MDH after showing that it provides the following services:

- 1) assessments of physical and cognitive needs by a Registered Nursing (RN)
- 2) a system of delegation to staff from an RN
- 3) access to an on-call RN 24/7
- 4) a system to check on every client daily
- 5) meals, housekeeping and laundry
- 6) assistance getting to appointments; and
- 7) opportunities for socializing.

Once this designation has been approved by MDH, then the setting may call itself an Assisted Living facility. Of the 1,326 HWS, there are 1,056 Assisted Living designations. Finally, MDH regulates and licenses home care providers which provide a range of services from assistance

with activities of daily living all the way to complex medical care in a person's home; for purposes of these training requirements, in a person's "home" may include their apartment in a registered HWS setting. There are 1,578 home care licensees in Minnesota.

The training requirements also affect housing managers in HWS settings. Because no regulatory agency currently has regulatory authority over housing managers, we do not know how many HWS settings use this type of worker. Finally, MDH does not currently have authority over maintenance, housekeeping, or food service workers in HWS settings either. If the recommendations in this report become enacted MDH will have new regulatory authority over these groups of employees through its existing regulation of HWS registration and for the purposes of enforcing the new dementia care training requirements.

## **IV. Stakeholder Involvement**

MDH's process to obtain input for this evaluation included input from eighteen persons representing thirteen organizations. Initially, the Alzheimer's Association provided input to the MDH about interested stakeholders to invite. In addition to this group, MDH invited several others to the in-person meeting on August 12, 2014, to discuss the new requirements and legislative directive for the evaluation. There was also an individual caregiver at the meeting. After the meeting MDH invited written comments and received several from different organizations. MDH provided the same set of stakeholders an outline of the ways MDH would enforce the new requirements and what recommendations it might make in this report, and received several comments in reply. The organizations that contributed their input were:

Alzheimer's Association

Apparent Plan

Care Providers of Minnesota

Elder Justice Center

HealthCare Interactive

LeadingAge Minnesota

Minnesota Board of Examiners for Nursing Home Administrators

Minnesota Board on Aging

Minnesota Department of Human Services – Aging and Adult Services

Minnesota Home Care Association

Office of Ombudsman for Long Term Care

Service Employees International Union (SEIU)

Wilder Foundation

## V. Discussion and Recommendations

Below is a summary of the discussion questions and recommendation from the stakeholders.

### A. Are There Enough Training Options Currently in the Marketplace?

Answer: Yes.

The good news is that currently there is training on the required topics from nine resources in several different formats such as webinars, DVDs, and workshops, ranging from free to \$500. *Act on Alzheimer's* is a Minnesota coalition of providers, consumer advocates, and government agencies whose 2015 mission is to increase detection of Alzheimer's disease and dementias, improve ongoing care, and sustain caregivers by providing information, resources and in-person support. *Act on Alzheimer's* has put together a brochure describing these nine resources. Relevant topics offered include: food service in dementia care, promoting dignity, wandering and aggression, legal aspects of decision making, skill development for handling challenging behaviors, demographics, societal impact, early detection, caregiver support, recognizing stress and burnout in caregivers, dementia stages, and interacting with a person with dementia.

For Housing Managers, their training requires 30 hours about the operations of a HWS and the needs of tenants. This type of training is readily available in the marketplace since the statute allows credits obtained for a nursing home administrator, nurse, social worker or real estate broker can be used for the coursework. Housing Managers who work in HWS settings that serve dementia persons must also obtain four hours of dementia care related topics and as noted above, that training is currently available in the marketplace.

### B. Should MDH expand the training requirements to additional settings and provider types?

Answer: Not at this time, but MDH should consider other providers and settings after the state sees how easy or difficult it is for this group to comply.

There was some discussion at the August 12, 2014, meeting about whether or not to expand the dementia care training requirements to additional settings and personnel at this time; however the stakeholders were split with both support for and cautioning against adding additional settings and personnel now. Those who supported expansion of training requirements would like all health and human services providers in our health care delivery system--from community based services to hospital emergency rooms—to have a basic understanding of dementia, and thereby required to obtain the training specified in Minnesota Statutes, section 144D.065. The rationale is that wherever the person with dementia receives services and cares, regulated providers should have the same training requirements. Some who supported expansion also noted that the new requirements were a good starting place and that monitoring the results of the new requirements would help inform the need to expansion to other settings and providers. Still others were cautious about expanding the training requirements before we had any track record with this first group. The concern is that when the statutory requirements go into effect, the marketplace might change so that courses are more expensive and not as easily accessed. At this time MDH recommends no expansion of required dementia training to other types of providers or settings. After a year or two of monitoring to see how the training in HWS settings for the



various staff is going, MDH should review if training is still widely available and affordable. Then the state can consider whether or how to expand the required training into other settings. When such an evaluation is done, the cost to the provider groups and to the state agency enforcing the requirements should also be reviewed.

In the meantime, the community tool kit developed by *ACT on Alzheimer's* can continue to be voluntarily used in other settings. MDH will encourage voluntary training by all health providers on the basic principles of dementia and best practices in working with persons with dementia in the various health care settings (ERs, doctor offices, dialysis centers, etc.), adult day care settings, and home care aides providing home care services in individual homes.

### **C. How will MDH monitor compliance with the new training requirements?**

Answer: For direct-care workers and their supervisors, MDH can enforce via its existing authority over home care licensees. For housing managers, maintenance, housekeeping, and food service workers, MDH can enforce them via its existing HWS registration. Neither option requires raising the home care licensing fees or the HWS registration fees.

MDH has clear and robust regulatory authority over home care licensees in Minnesota Statutes, section 144A.43, et seq. Direct-care workers and their supervisors already have some specific responsibilities under the home care services licensing and MDH has authority to review license applications, request more information, conduct surveys (inspections), investigate complaints, and take action against licenses when there are violations of law. The licensee is the owner of the organization that is licensed. The owner has ultimate responsibility over the organization. MDH will evaluate compliance with the training requirements during its survey process.

Landing on the best monitoring process for the other workers was a bit more challenging. Initially, MDH was unsure what the best enforcement mechanism was for housing managers, maintenance, housekeepers and food service workers because the HWS registration is not a license, but like any other state-issued credential, a registration gives MDH some regulatory authority. Further, MDH can review training requirements on the HWS registration and renewal applications. In fact, in the new housing manager training requirements, Minnesota Statutes, section 144D.10 state that the housing manager must include a statement verifying compliance in the HWS annual registration renewal to MDH. HWS laws do not authorize MDH to conduct surveys (inspections) of HWS settings, however using the registration application process to review compliance provides a consistent way for MDH to enforce the requirements.

### **D. What enforcement mechanisms will MDH use?**

From its existing statutory authority over licensed home care providers, MDH has the full range of enforcement options from assessing fines to revocation of the license. As noted before, MDH does not currently have any statutory authority over Housing Managers, maintenance, housekeeping or food service workers. For this report and recommendations, MDH sought an enforcement tool that would treat all workers the same regardless of whether MDH currently had regulatory authority over them. To be applied to all the worker types described on pages six and seven, MDH recommends a \$200 fine per employee who was required to obtain the training and

did not. The fine would be applied onto the home care licensee or HWS registrant. The amount of \$200 was chosen because it is nearly halfway between the cost of the dementia care training courses currently available (\$0 to \$500 each), and the amount is high enough to have some deterrent effect depending on how many employees were out of compliance. We estimate there will be approximately 20 noncompliant staff per year, totaling \$4,000 in fines revenue each year. One of the key components to this recommendation is that MDH will still require that the employees obtain the training even if the fine is paid. It is critical that the licensee and registrants not make paying the fine a cost of doing business and a way to get out of this very important training.

The other aspect about enforcement in regulatory programs is offering a contested case hearing appeal right when assessing any fine. Contested case hearings are conducted by the Office of Administrative Hearings (OAH) pursuant to Minnesota Statutes chapter 14. MDH estimates that there would be two appeal hearings per year at a cost of \$10,000 each. The \$10,000 cost is on the low end of what a contested case hearing costs other areas of health care regulatory programs because MDH assumes the evidence to show that training was required and was not obtained should be straightforward to prove. Revenues from HWS fees exceed the current allocation for the HWS program, therefore existing HWS fees will cover the increased allocation without any fee change. If the worker continues to be noncompliant with the training requirements, the license or registration could be revoked. MDH expects very few consecutively noncompliant employers, though MDH will need to have this type of enforcement authority to respond to these hopefully very rare events.

Further, MDH recommends a technical assistance period of one year to start when the training requirements go in effect on January 1, 2016. As described in this report, there is a concern that after the requirements become effective, the training coursework marketplace may change and the courses could become too expensive or not available. For new regulatory requirements to be effective and successful, regulatory agencies often provide a period for providers to adjust to the new requirements, and build the new requirements into their business practices. The technical assistance period allows for that and gives MDH a clearer view into how the marketplace is responding to the new mandated requirements. As part of the technical assistance and in its part of learning how easily providers can obtain the new training hours, MDH will work with the Alzheimer's Association and others in the stakeholder group listed on page eight of this report. Additionally, MDH can consult with its existing home care providers' advisory council during the technical assistance year.

#### **E. How Can the State Foster a Positive Environment to Ensure Providers Obtain the Training and that Others Seek It Out?**

Answer: The focus of this report is on the regulatory responses to enforcing new training requirements, however a better way of gaining compliance is to encourage it and to encourage a broader group of healthcare providers to obtain the training regardless of whether it is statutorily required. Additionally, true change in healthcare environments can happen when there is an onsite "champion" dedicating energy to that area of compliance and making strides to change the culture of a setting in how employees communicate with and assist persons with dementia.

MDH will work with the Alzheimer's Association, other consumer advocacy groups, provider organizations and other state agencies on ways to encourage the creation of an onsite "champion" for focusing on this important training who can help change the culture inside each setting. This means not just taking the training, but doing something with the new knowledge in the setting.

For example, MDH, through its regulation of nursing homes, is involved in a national dementia study overseen by the Centers for Medicare and Medicaid Services (CMS). On April 18, 2014, CMS issued a memo announcing the development of Focused Dementia Care Surveys [inspections] to thoroughly review the process for prescribing antipsychotics and dementia care practices. MDH was chosen as 1 of 5 states to participate in this national pilot. The dementia care focused surveys were conducted from August, 4, 2014 through September 19, 2014. CMS is currently evaluating the results, however, Minnesota has already seen at least one very inspiring success story and one that shows the importance of changing the culture from the inside-out for caring for persons with dementia. There were several violations found at a nursing home related to caring for persons with dementia in how the aides addressed the residents. Nursing home staff reported that they felt the persons with dementia were intentionally doing things incorrectly or were manipulative. Further, the nursing home staff had names for the residents based on the care needs such as "feeders" or "hoyers". MDH surveyors cited the nursing home for not communicating to residents in person-centered language and for treatment in that vein too such as standing over residents and assisting with eating, and staff wheeling around dining room on stools feeding residents, among other non person-centered actions. After these violations were noted by MDH, the nursing home put into place staff training on privacy, dignity, and person-centered dementia care. The training was very creative and focused on communication, sensitivity/awareness of dementia process and non-pharmacological interventions and really getting to know the resident. The facility added an evening activity aide to help provide individual and diversional activities. All staff really seemed to be invested in the process and assisted each other. This example shows the importance of encouraging compliance so that the workers required to obtain the training are not just "checking the box" but are obtaining the training and a "champion" helps make changes in how their organization provides care to the persons with dementia living there. This example also shows how quickly change can take place and how successfully. And it starts with training.

## **VI. Conclusion**

By this report, MDH recommends that new language be enacted to give MDH authority to enforce the new dementia care training requirements for the workers identified in this report, that MDH evaluate the training coursework marketplace after January 2017 to determine if additional providers should also be statutorily required to obtain the training, and that MDH with its many partners encourage that settings assign champions to use the new training as a way of changing culture and the ways in which all workers interact and care for persons with dementia.

## **APPENDIX A**

### **New laws enacted in 2014 requiring dementia care training requirements.**

#### **EVALUATION AND REPORTING REQUIREMENTS.**

(a) The commissioner of health shall consult with the Alzheimer's Association, Aging Services of Minnesota, Care Providers of Minnesota, the ombudsman for long-term care, Minnesota Home Care Association, and other stakeholders to evaluate the following:

(1) whether additional settings, provider types, licensed and unlicensed personnel, or health care services regulated by the commissioner should be required to comply with the training requirements in Minnesota Statutes, sections 144D.065, 144D.10, and 144D.11;

(2) cost implications for the groups or individuals identified in clause (1) to comply with the training requirements;

(3) dementia education options available;

(4) existing dementia training mandates under federal and state statutes and rules; and

(5) the enforceability of Minnesota Statutes, sections 144D.065, 144D.10, and 144D.11, and methods to determine compliance with the training requirements.

(b) The commissioner shall report the evaluation to the chairs of the health and human services committees of the legislature no later than February 15, 2015, along with any recommendations for legislative changes.

The 2014 Legislature also in Chapter 291, Article 6, Sections 19, 20 and 21, amended Minnesota Statutes, sections 144D.065, 144D.10 and 144D.11 to add training requirements and a provision that requires various emergency plans in registered Housing with Services establishments:

#### **Sec. 19. Minnesota Statutes 2012, section 144D.065, is amended to read:**

##### **144D.065 TRAINING IN DEMENTIA CARE REQUIRED.**

(a) If a housing with services establishment registered under this chapter has a special program or special care unit for residents with Alzheimer's disease or other dementias or advertises, markets, or otherwise promotes the establishment as providing services for persons with Alzheimer's disease or related disorders other dementias, whether in a segregated or general unit, the establishment's direct care staff and their supervisors must be trained in dementia care. employees of the establishment and of the establishment's arranged home care provider must meet the following training requirements:

(1) supervisors of direct-care staff must have at least eight hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at

## Appendix A - Continued

least two hours of training on topics related to dementia care for each 12 months of employment thereafter;

(2) direct-care employees must have completed at least eight hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial eight hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b), or a supervisor meeting the requirements in paragraph (a), clause (1), must be available for consultation with the new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;

(3) staff who do not provide direct care, including maintenance, housekeeping, and food service staff, must have at least four hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; and

(4) new employees may satisfy the initial training requirements by producing written proof of previously completed required training within the past 18 months.

(b) Areas of required training include:

- (1) an explanation of Alzheimer's disease and related disorders;
- (2) assistance with activities of daily living;
- (3) problem solving with challenging behaviors; and
- (4) communication skills.

(c) The establishment shall provide to consumers in written or electronic form a description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered. This information satisfies the disclosure requirements of section [325F.72, subdivision 2](#), clause (4).

(d) Housing with services establishments not included in paragraph (a) that provide assisted living services under chapter 144G must meet the following training requirements:

(1) supervisors of direct-care staff must have at least four hours of initial training on topics specified under paragraph (b) within 120 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter;

(2) direct-care employees must have completed at least four hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date. Until this initial training is complete, an employee must not provide direct care unless there is another employee on site who has completed the initial four hours of training on topics related to dementia care and who can act as a resource and assist if issues arise. A trainer of the requirements under paragraph (b) or supervisor meeting the requirements under paragraph (a), clause (1), must be available for consultation with the

## **Appendix A – Continued**

new employee until the training requirement is complete. Direct-care employees must have at least two hours of training on topics related to dementia for each 12 months of employment thereafter;

(3) staff who do not provide direct care, including maintenance, housekeeping, and food service staff, must have at least four hours of initial training on topics specified under paragraph (b) within 160 working hours of the employment start date, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter; and

(4) new employees may satisfy the initial training requirements by producing written proof of previously completed required training within the past 18 months.

### **EFFECTIVE DATE.**

This section is effective January 1, 2016.

### **Sec. 20. [144D.10] MANAGER REQUIREMENTS.**

(a) The person primarily responsible for oversight and management of a housing with services establishment, as designated by the owner of the housing with services establishment, must obtain at least 30 hours of continuing education every two years of employment as the manager in topics relevant to the operations of the housing with services establishment and the needs of its tenants. Continuing education earned to maintain a professional license, such as nursing home administrator license, nursing license, social worker license, and real estate license, can be used to complete this requirement.

(b) For managers of establishments identified in section 325F.72, this continuing education must include at least eight hours of documented training on the topics identified in section 144D.065, paragraph (b), within 160 working hours of hire, and two hours of training on these topics for each 12 months of employment thereafter.

(c) For managers of establishments not covered by section 325F.72, but who provide assisted living services under chapter 144G, this continuing education must include at least four hours of documented training on the topics identified in section 144D.065, paragraph (b), within 160 working hours of hire, and two hours of training on these topics for each 12 months of employment thereafter.

(d) A statement verifying compliance with the continuing education requirement must be included in the housing with services establishment's annual registration to the commissioner of health. The establishment must maintain records for at least three years demonstrating that the person primarily responsible for oversight and management of the establishment has attended educational programs as required by this section.

(e) New managers may satisfy the initial dementia training requirements by producing written proof of previously completed required training within the past 18 months.

## Appendix A – Continued

(f) This section does not apply to an establishment registered under section 144D.025 serving the homeless.

### **EFFECTIVE DATE.**

This section is effective January 1, 2016.

### **Sec. 21. [144D.11] EMERGENCY PLANNING.**

(a) Each registered housing with services establishment must meet the following requirements:

(1) have a written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in-place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency;

(2) post an emergency disaster plan prominently;

(3) provide building emergency exit diagrams to all tenants upon signing a lease;

(4) post emergency exit diagrams on each floor; and

(5) have a written policy and procedure regarding missing tenants.

(b) Each registered housing with services establishment must provide emergency and disaster training to all staff during the initial staff orientation and annually thereafter and must make emergency and disaster training available to all tenants annually. Staff who have not received emergency and disaster training are allowed to work only when trained staff are also working on site.

(c) Each registered housing with services location must conduct and document a fire drill or other emergency drill at least every six months. To the extent possible, drills must be coordinated with local fire departments or other community emergency resources.

### **EFFECTIVE DATE.**

This section is effective January 1, 2016.

**APPENDIX B – Existing and current other training requirements**

Type of Licensed Entity	Types of Staff Covered	Required Training Elements	Required Deadlines for Training	Misc. Requirements	Reference
Nursing Home	All staff	A nursing home must provide in-service education. The in-service education must be sufficient to ensure the continuing competence of employees, must address areas identified by the quality assessment and assurance committee, and must <b>address the special needs of residents</b> as determined by the nursing home staff.	As needed		4658.0100 Subp. 2
	Direct Care Staff	A nursing home must ensure that direct care staff are able to demonstrate competency in <b>skills and techniques necessary to care for residents' needs</b> , as identified through the comprehensive resident assessments and described in the comprehensive plan of care, and are able to perform their assigned duties.	As needed		4658.0105
	Nursing Assistants	Each nurse aide must have no less than twelve hours of in-service education per year. Section 6121 of the Patient Protection and Affordable Care Act clarifies that <b>nurse aide training includes initial and annual dementia management for all nursing assistants.</b>	Initial training and then annually		483.75(e)(8)(iii) F497



### Current (2014) Requirements for Dementia Training in Various Minnesota Care Settings

Type of Licensed Entity	Types of Staff Covered	Required Training Elements	Required Deadlines for Training	Misc. Requirements	Reference
<b>Comprehensive Licensed Home Care</b> <i>that provides services to clients with Alzheimer's or related disorders</i>	Direct Care Staff and their Supervisors working with such clients	<ol style="list-style-type: none"> <li>1. <b>Current explanation of Alzheimer's disease and related disorders</b></li> <li>2. <b>Effective approaches to use to problem-solve when working with a client's challenging behaviors</b></li> <li>3. <b>How to communicate with client's who have Alzheimer's or related disorders</b></li> </ol>	No specific deadlines	Home Care Provider shall provide in written or electronic form, to clients and families or other persons who request it, a description of the dementia training program and related training it provides, including the categories of employees trained, the frequency of training, and the basic topics covered.	144A.4796 Subd. 5 (training)
	<b>All Comprehensive Licensed Home Care</b>	All staff who provide home care services	All staff must be trained and competent in the provision of home care services consistent with current <b>practice standards appropriate to the client's needs.</b>		Prior to providing services to clients and whenever a client's needs significantly change

Type of Registered Entity	Types of Staff Covered	Required Training Elements	Required Deadlines for Training	Misc. Requirements	Reference
<b>Housing With Services Establishment (HWS)</b> <i>that markets or otherwise promotes services for persons with Alzheimer's disease</i>	Direct Care Staff and their Supervisors	<ol style="list-style-type: none"> <li>1. <b>An explanation of Alzheimer's disease and related disorders</b></li> <li>2. <b>Assistance with activities of daily living</b></li> <li>3. <b>Problem solving with challenging behaviors</b></li> <li>4. <b>Communication skills</b></li> </ol>	No deadlines	HWS provide to consumers in written or electronic form descript. of training prog, the types of emp'ees trained, the freq, and topics	144D.0675

## **Appendix C. Proposed language about how MDH will enforce the new dementia care training**

Section 1. Minnesota Statutes 2014, section 144D.01, is amended by adding a Subd. 3a. **Direct-care staff.** "Direct-care staff" means staff and employees who provide home care services listed in section 144A.471, subdivisions 6 and 7.

### **Sec. 2. [144D.12] ENFORCEMENT OF DEMENTIA CARE TRAINING REQUIREMENTS.**

Subdivision 1. **Enforcement.** (a) Beginning January 1, 2016, the commissioner shall enforce the dementia care training standards for staff working in housing with services settings and for housing managers according to clauses (1) to (3):

(1) for dementia care training requirements in section 144D.065, the commissioner shall review training records as part of the home care provider survey process for direct care staff and supervisors of direct care staff, in accordance with section 144A.474. The commissioner may also request and review training records at any time during the year;

(2) for dementia care training standards in section 144D.065, the commissioner shall review training records for maintenance, housekeeping, and food service staff and other staff not providing direct care working in housing with services settings as part of the housing with services registration application and renewal application process in accordance with section 144D.03. The commissioner may also request and review training records at any time during the year; and

(3) for housing managers, the commissioner shall review the statement verifying compliance with the required training described in section 144D.10, paragraph (d), through the housing with services registration application and renewal application process in accordance with section 144D.03. The commissioner may also request and review training records at any time during the year.

(b) The commissioner shall specify the required forms and what constitutes sufficient training records for the items listed in paragraph (a), clauses (1) to (3).

Subd. 2. **Fines for noncompliance.** (a) Beginning January 1, 2017, the commissioner may impose a \$200 fine for every staff person required to obtain dementia care training who does not have training records to show compliance. For violations of subdivision 1, paragraph (a), clause (1), the fine will be imposed upon the home care provider, and may be appealed under the contested case procedure in section 144A.475, subdivisions 3a, 4, and 7. For violations of subdivision 1, paragraph (a), clauses (2) and (3), the fine will be imposed on the housing with services registrant and may be appealed

under the contested case procedure in section 144A.475, subdivisions 3a, 4, and 7. Prior to imposing the fine, the commissioner must allow two weeks for staff to complete the required training. Fines collected under this section shall be deposited in the state treasury and credited to the state government special revenue fund.

(b) The housing with services registrant and home care provider must allow for the required training as part of employee and staff duties. Imposition of a fine by the commissioner does not negate the need for the required training. Continued noncompliance with the requirements of sections 144D.065 and 144D.10 may result in nonrenewal of the housing with services registration. The commissioner shall make public the list of all housing with services establishments that have complied with the training requirements.

Subd. 3. **Technical assistance.** From January 1, 2016, to December 31, 2016, the commissioner shall provide technical assistance instead of imposing fines for noncompliance with the training requirements. During the year of technical assistance, the commissioner shall review the training records to determine if the records meet the requirements and inform the home care provider. The commissioner shall also provide information about available training resources.