Dementia Care Specialist Program
Policy and Procedure Manual

Introduction

These policies and procedures, developed by the Wisconsin Department of Health Services (DHS), apply to dementia care specialist (DCS) program services provided within aging and disability resource centers (ADRCs).

The ADRC DCS Program contract is an addendum to the ADRC Scope of Services. The following sections of the ADRC Scope of Services also applies to the DCS Program: I, II, III (subsections A, B, I, J, L, M), IV (subsection A), V, VI, and VII.

General Program Requirements

Staffing Dementia Care Specialist Positions

- ADRCs that have been awarded a DCS position must staff one full-time dementia care specialist and apply any staffing recommendations from DHS.
- ADRCs may not combine the DCS position with other activities or positions, because the activities and responsibilities of the DCS position are already considered to be full time.
- ADRCs must either employ the position directly or contract for the position. If the position is contracted, the ADRC shall have a written agreement with the employing agency describing the supervisory duties of both agencies.
- The ADRC will physically house the DCS even when they are a contract employee, unless an alternative arrangement has been approved by DHS.
- From the first working day of a DCS, the ADRC will make available basic business tools such as a telephone, high-speed internet access, printer, computer, desk, and a lockable file cabinet.
- The ADRC will provide a workspace for each DCS such as an office or cubicle. The ADRC will also provide space, such as an office or conference room, that will be used by the DCS for confidential conversations with customers.
- In the event that the DCS leaves their position or is on an extended leave, the ADRC will develop a contingency plan to be able to maintain ongoing programmatic services of the DCS Program, such as memory cafes and ongoing provision of memory screens.

Supervision of Dementia Care Specialist Positions

- The ADRC shall hire and orient the DCS in accordance with the *2020 Dementia Care Specialist Position Description* template (Appendix A) and the *2020 Dementia Care Specialist Orientation Plan* template (Appendix B).
- When a DCS housed at an ADRC is employed by an agency other than the ADRC, the ADRC shall provide the employing agency with a copy of the DCS Policy and Procedure Manual and the DCS Orientation Plan.
- The ADRC must provide local supervision to the DCS position. Local supervision includes the following:
    - Provide direction regarding the daily job performance of the DCS, including time management, reporting, productivity and prioritization of customer load, and community outreach.
    - Ensure the DCS attends all mandatory ongoing trainings coordinated and organized by DHS.
    - Adhere to local employee policies and procedures.
    - Provide direction regarding outreach to target populations

Allowable Expenses

ADRCs each receive **$80,000** general purpose revenue (GPR) funds, and can also complete 100% time reporting to access federal Medicaid matching (FED) funds. DCS funds, both GPR and FED, can be used for the following:

- Personnel salary and fringe for DCS and staff providing substantial ongoing support of DCS activities
- Supplies and materials for DCS position and activities
- Training and conference attendance for DCS
- DCS travel
- Any miscellaneous expenses that are within the scope of the DCS position

ADRCs that would like to spend DCS funding on other expenses must receive prior approval from DHS.

Required Trainings and Meetings

- DCSs must maintain their current knowledge of dementia, evidence-based and best practices in dementia care, and medical research through continuing informal and formal education, participation at conferences, webinars, conference calls, and training events.
- DCSs must participate in regional and statewide program conference calls and two in-person group meetings annually with DHS.

Reporting

- The ADRC shall provide guidance and oversight for the dementia care specialist data collection and program reporting.
- All DCSs must report data in accordance with time reporting and client tracking database protocols and program-specific data requirements as established by DHS.
- The ADRC must submit a narrative report of the previous year's DCS activities for each contract year by February 1. Reports shall be submitted using the DHS-provided template via the DHS Resource Center Team email address: DHSRCTeam@wisconsin.gov.
- The ADRC must submit a work plan for the current contract year by February 1. Work plans shall be submitted using the DHS-provided template via the DHCS Resource Center Team email address: DHSRCTeam@wisconsin.gov.

Eligibility for Dementia Care Specialist Services

DCS must follow local policies and procedures regarding who they are able to serve.

Scope of Services

Responsibilities of the Dementia Care Specialist Position

The mission of the Dementia Care Specialist Program is to support people with dementia and their caregivers in order to ensure the highest quality of life possible while living at home. In order to accomplish this mission, the dementia care specialist (DCS) has three goals which are referred to as the three pillars of the program. The three pillars are:

- Train staff at the ADRC and other county and municipal offices to assist local systems to become dementia-capable.
- Help communities become dementia-friendly where people with dementia can remain active and safe, and caregivers can feel supported by their community.
- Provide education and support to people with memory concerns or dementia and their families to allow them to live at home safely.

Pillar 1: Fostering a Dementia-Capable ADRC

The dementia care specialist is responsible for fostering a dementia-capable ADRC. A dementia-capable ADRC is defined as an ADRC that trains and empowers staff members and volunteers to have knowledge and the skills to identify people with possible dementia, work effectively with people with dementia and their family caregivers, and refer people with dementia and family caregivers to appropriate services. A dementia-capable ADRC recognizes and accommodates the needs of people who experience physical, cognitive, and behavioral symptoms of dementia, in addition to other conditions.

It is not the intent of the DCS Program for the DCS to work with every person with dementia who contacts the ADRCs. Since the ADRC is dementia-capable, information and assistance (I&A) staff and other ADRC staff can manage general questions and issues. When customer situations become more complex, ADRC staff will follow the internal referral process to refer customers to the DCS for follow up. In order to foster a dementia-capable ADRC, the DCS must:

- Ensure that new ADRC staff members are trained on dementia capability through the learning management system (LMS) or in-person using the Dementia Capability Orientation Sheet (Appendix C).
- Implement an internal training curriculum that includes a Dementia 101 course and a more advanced training that include the topics in Appendix D.
- Create an internal referral process for warm and seamless referrals to and from the dementia care specialist. (See Appendix E for examples.)
- Develop a regular staff meeting check-in.
- Ensure that the ADRC has been trained to be dementia-friendly.

Dementia capability training for ADRC staff must include memory screening training. Memory screening training must be conducted in accordance with the Memory Screening in the Community manual developed by DHS. It is the expectation of the department that the majority of memory screens will be provided by I&A specialists, not the DCSs.

It is recommended that DCSs measure the change in knowledge and attitudes about dementia in staff members using the Dementia Knowledge and Assessment Scale (DKAS) (Appendix F).

DCS Role in Training Other County and Municipal Agency Staff

DCSs may also train other county and municipal agency staff members to be dementia-capable, including: aging unit staff, public health staff, veteran services officers, sheriff department staff, police officers, firefighters, and emergency medical services or emergency medical technician (EMS/EMT) staff, adult protective services and crisis agency staff, transportation staff, elected officials, and park and recreation staff, among others. With the exception of aging unit and public health staff, other county and municipal staff should not be trained on how to complete memory screens.

Pillar 2: Facilitating Dementia Friendly Communities

DCSs will serve as catalysts for developing and implementing strategies to create and sustain dementia-friendly communities in the ADRC service area. As a catalyst, the DCS is responsible for identifying and contacting potential partners concerning the development of dementia-friendly community initiatives. The DCS shall facilitate the formation of the initiative, but look to community partners to assist in expanding and sustaining the efforts.

There are many different activities that are involved in creating a dementia-friendly community. It is expected that the following areas of dementia-friendly communities should be in place for counties that have a state-funded DCS: a dementia-specific community coalition, active memory cafe(s), and dementia-friendly business trainings.

Pillar 3: Supporting People with Dementia and Family Caregivers

DCS are required to provide two evidence-based or evidence-informed programs from the list provided in Appendix G. One of the two programs must be evidence-based and specific to serving family caregivers.

DCSs must provide the following to support people with memory concerns:

- Memory screens and support in accessing a diagnostic evaluation
- Referrals to services that support the customer in remaining independent at home
- Informed referral to research opportunities
- Connections to enrichment opportunities, including: memory cafes, early stage support groups, and recreational activities

Dementia does not only affect the person with the disease, but also has a significant impact on the family and other caregivers. Therefore, DCSs may provide information and support to family members, friends, neighbors, and other caregivers.

DCSs must provide the following to caregivers:

- Information and education about dementia, communication strategies, and safety considerations
- Assistance with advanced and ongoing care planning
- Referral to support groups, respite care providers, memory cafes, research opportunities, and other community resources

Due to the complexity and progressive nature of Alzheimer's disease and other dementias, DCSs may need to work with customers over a longer period of time than the typical ADRC specialist. The duration of dementia care coordination for the person living with dementia and/or their family should be determined by each customer's situation. DCSs shall refer customers with ongoing case management needs to a private case management provider. DCSs are allowed to

continue providing unduplicated services to families that are working with a private case manager.

DCS Role in Older Americans Act (OAA) Programs

Regardless of whether the ADRC and aging unit are integrated, the DCS may interface with aging unit programs. Below are descriptions of how the DCS can interface with aging unit programs.

- Nutrition programs (home-delivered meals and congregate meals): DCSs may provide dementia capability training to meal site directors, staff members, and volunteers, including meal delivery volunteers. DCSs may present at congregate meal sites and may provide information to people who receive home-delivered meals.

- Caregiver programs: DCSs may refer to the staff member or agency that manages the Alzheimer's Family Caregiver Support Program (AFCSP) and National Family Caregiver Supporting Program (NFCSP). DCSs may not manage AFCSP or NFCSP, which includes assisting customers with completing and turning in applications.

- OAA-funded health promotion programs: DCSs may refer to appropriate programs such as falls prevention or chronic disease self-management classes, but may only facilitate health promotion programs that support people with dementia and family caregivers. Allowable health promotion programs for DCSs to facilitate are outlined in Appendix G. DCSs should coordinate with the staff member at the aging unit and report the necessary data for the program.

- Senior Employment Program: DCSs may train program coordinators on how to work with customers with dementia. When customers are looking for employment opportunities, DCSs may refer them to the program coordinator.

- Elder benefits specialist (EBS) and disability benefits specialist (DBS): DCSs may refer customers to the EBS or DBS when deemed necessary. DCSs may provide information to EBSs and DBSs on how to work with customers who have dementia.

DCS Role in Dementia Crisis Planning and Response

- DCSs are available to provide training on dementia, and how to work effectively with a person who has dementia in a crisis situation, to any professional first responder or public safety agency, including law enforcement, emergency medical service providers, fire and rescue teams, adult protective services workers, and crisis response workers within their service area.

- DCSs are available to accompany adult protective services workers on home visits when dementia is suspected to be involved in the case.

- DCSs are available to consult with crisis workers and other emergency responders on individual cases during regular business hours.

- DCSs are available to consult with or serve on local coalitions or task forces that are working to improve local systemic responses for people with dementia in crisis.
- DCSs work with all individuals living with dementia and their families to create individual care plans and crisis prevention and preparation plans to prevent an **initial** crisis from occurring for that individual or family related to the symptoms of dementia.
- DCSs work with individuals and families after a crisis event to answer questions and create individual care plans and crisis prevention and preparation plans to prevent **another** crisis from occurring for that individual or family related to the symptoms of dementia.
- DCSs work to create public awareness of available resources for families to plan for crisis prevention and the resulting benefits of creating a crisis plan for families and systems.

DCS Role with Volunteers

DCSs may train and coordinate volunteers who perform memory screens, plan and lead memory cafes, provide dementia-friendly business training, and support appropriate evidence-based or evidence-informed programs such as Music & Memory or language enriched exercise plus socialization (LEEPS). Volunteers who interact directly with people with dementia should have past experience and skills working with this population and should receive dementia-capable training and any other county requirements such as background checks.

DCS Role with Medical Providers

Definitions

This section uses the following definitions:

- Medical care providers include clinical staff in the following settings:
  - Hospitals
  - Medical clinics
  - Private medical or psychiatric practice
  - Home health care agency
  - Mental health clinics
- The term “clinical staff” refers to any care provider holding a license to practice their profession, **and** individuals hired to positions that provide direct care to people with dementia in these settings, such as certified nursing assistants and lab technicians.
- Staff members who work in medical care settings that are not considered clinicians for the purposes of this policy include the following:
  - Janitorial and physical plant staff
  - Reception and concierge service staff

- Volunteers
- Security staff
- Cafeteria and food service staff
- Appointment and scheduling staff
- Gift shop staff
- Accounts and billing department staff

Appropriate Activities with Medical Providers

- DCSs are available to provide dementia-friendly business training to non-clinical staff in medical settings.
- DCSs can provide outreach and education about the ADRC and the memory screening program to all medical care providers.
- DCSs are available to consult with medical care providers about the development and implementation of training materials and education for clinical staff.
- DCSs are available to assist medical professionals in a hospital setting in determining goals for becoming a dementia-friendly hospital.
- DCSs may have "office hours" in a medical clinic setting as long as the offer to hold office hours is made to all clinics in the service area to avoid the appearance of any bias or promotion of a particular provider.

DCS Role in Working with Residential Care Providers

Training

- DCSs do not provide training to residential and long-term care service providers. Residential and long-term care providers include:
  - Nursing homes.
  - Assisted living facilities (CBRF, RCAC, AFH).
  - Home health care staff.
- DCSs can refer requests for training to the following resources:
  - UW Oshkosh online training courses and registry for professionals who complete the courses
  - Annual Alzheimer's Association conference
  - Training for assisted living providers

  - Training for nursing home providers
  - Teepa Snow training
  - Care U for Direct Care Staff
  - HealthCare Interactive CARES®
- If the DCS is holding a training session for the general public, such as Dementia 101 or Dementia Friends training, residential care staff can attend these events held in public settings.

Dementia-Friendly Communities

- Involvement of residential care providers in dementia-friendly community efforts can include:
  - Providing meeting space and materials for dementia-friendly coalition activities.
    - Staff members may participate in coalition activities, including providing unbiased, non-promotional dementia-friendly business training or offering educational events to the public.
    - The dementia-friendly coalition or community can recognize the support of residential care providers and their contributions in coalition or community publications if the same opportunities for involvement and recognition are offered to all residential care providers in the community.
  - Working with schools to provide hands-on experiences for students to be able to interact with people with dementia.
- Involvement of residential care providers **should not** include:
  - Displaying the dementia-friendly symbol sticker on the residence.
  - Using the dementia-friendly symbol in marketing materials or other promotion for the residence.
  - Promoting or marketing the residence as a part of dementia-friendly activities, such as promoting the residence during dementia-friendly business training or other event.

DCS Role with Long-Term Care Programs (managed care organizations and IRIS consultant agencies) and their Members and Participants

In general, members and participants of long-term care programs should be served by the staff of the program in which the person enrolls. Therefore, DCSs should not consult with long-term care program staff or provide information or services to members or participants of long-term care programs.

However, if a DCS has been working with an individual and/or their family and has built a relationship with the caregiver and/or the person with dementia before the person with dementia enrolls in a long-term care program, the DCS can continue to work with that family while initiating a transition to the case manager or other long-term care staff member. The transition period should not exceed 30 days.

DCSs may provide information to staff at managed care organizations and IRIS consultant agencies about local support groups, memory cafes, or other resource information for families.

Reporting Requirements

Client Tracking Reporting

DCSs must follow the requirements for client tracking reporting that are outlined in the *Client Tracking System Requirements* (Appendix H) and recorded training. Regardless of the client tracking database that the ADRC uses, the DCS must follow these requirements to ensure reliable, accurate data.

SharePoint Reporting

All outreach and public education activities should be reported on the DCS SharePoint site. Appendix I provides detailed instructions on how to navigate the DCS SharePoint site.

Outreach is split into in-person outreach or media outreach. In-person outreach includes public education events, presentations, or meetings with professionals and/or members of the public. Media outreach includes newsletters, bulletins, billboards, newspaper articles, webcasts, radio, TV, and social media posts.

Media outreach about the role of the DCS or dementia-related ADRC services should be recorded on the DCS SharePoint site. Media outreach related to an in-person event does not need to be recorded. For example, if the ADRC is hosting a caregiver conference and the DCS is hosting an informational session during the conference, the session should be recorded on the DCS SharePoint site, but any media posts advertising the event do not need to be recorded.

Outreach and public education should be recorded on the DCS SharePoint site as in-person outreach. In regard to recording meetings on DCS SharePoint, DCSs should only include meetings that are external to the ADRC and where the DCS is contributing professional expertise in either providing an update or presentation. Meetings may include dementia coalition meetings, I-team meetings, or other stakeholder meetings.

Evidence-based and evidence-informed programs that are provided in groups (for example, Powerful Tools for Caregivers, Spark!, and Virtual Dementia Tour) should also be recorded on DCS SharePoint.

If the DCS trains other ADRC staff or volunteers, then outreach that is performed as an extension of the DCS can be counted. For example, if the DCS trains five community members

to provide dementia-friendly business training, and then each of those trainers provides training to two businesses, then the DCS can record 10 dementia-friendly business trainings on the DCS SharePoint site.

Time and Task Reporting

In order to access Medicaid administrative match funds, DCSs must complete 100% time and task reporting. DCSs should refer to Appendix J, *Time and Task Reporting for Dementia Care Specialists* for guidance on how to complete time reporting.

Aging Health Promotion Program Reporting

DCSs may use Older Americans Act (Title IIID) funds to support eligible evidence-based program activities. In order to access OAA funds, DCSs must collaborate with their local aging unit to obtain eligibility and reporting requirements for these programs. DCSs must work with the aging unit for approval to access funds prior to marketing or holding a class or program to ensure that funding is available and used appropriately.

Narrative Reports and Work Plan

The ADRC must submit a narrative report of the previous year's dementia care specialist program activities for each contract year by February 1. Reports shall be submitted using the DHS-provided template (Appendix K) via the DHS Resource Center Team email address: DHSRCTeam@dhs.wisconsin.gov.

The ADRC must submit a work plan for the current contract year by February 1. Work plans shall be submitted using the DHS-provided template (Appendix L) via the DHS Resource Center Team email address: DHSRCTeam@dhs.wisconsin.gov.

Appendices

Appendix A: Dementia Care Specialist Position Description

Appendix B: Dementia Care Specialist Orientation Plan Template

Appendix C: Dementia Capability Orientation Sheet

Appendix D: Dementia 101 Training Curriculum Requirements

Appendix E: Internal Referral Process Examples

Appendix F: Dementia Knowledge and Assessment Scale (DKAS) Materials

Appendix G: Allowable Health Promotion Programs for the DCS Program

Appendix H: Client Tracking System Requirements

Appendix I: DCS SharePoint Site

Appendix J: Time and Task Reporting for Dementia Care Specialists

Appendix K: DCS Narrative Report Template

Appendix L: DCS Work Plan Template