

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

Paper 3: A Review of Dementia Training Standards Across Professional Licensure

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Introduction

States impose dementia training requirements for health care workers through two primary routes: 1) they impose requirements on the facilities that employ the health care workers and 2) they include training requirements as part of the professional certification process for the individual providers. The earlier paper in this series, *A Review of Dementia Training Standards Across Health Care Settings*, discussed the first approach. This paper looks at how states have implemented the second approach, provider licensure and certification.

Training requirements that apply directly to individual providers are an important complement to requirements that are settings-based. As the health care system moves toward more home and community-based care, providers are increasingly working outside institutional environments and individuals with Alzheimer's disease and other dementias are getting more of their care in community settings. Ensuring that those providers have the training and skills they need is an important policy objective.

This paper reviews the dementia training standards that states impose by statute or regulation on licensed administrators of health care facilities, on nurses and certified nursing assistants, and on home health aides and personal care assistants. It examines curriculum content and hours

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required, and spotlights states with promising practices. It finds that a minority of jurisdictions have any dementia training requirements as part of professional licensure. The requirements that do exist are primarily for nurses and nursing assistants, and often are limited to those working in long-term care facilities. Training requirements overwhelmingly are general with little detail about dementia curriculum. The paper includes three detailed tables, attached as Addendums. They provide statutory and regulatory citations and a summary of each state law for each professional category.

Administrators

In the nationwide review, 15 states were found to have enacted laws pertaining to dementia training for administrators of nursing homes and assisted living facilities.¹ The vast majority of those states (Alabama, Arizona, California, Colorado, the District of Columbia, Florida, Indiana, Maryland, Minnesota, Pennsylvania², Texas, Washington, and Wyoming) regulate training standards for administrators of assisted living facilities. Indiana and Minnesota mandate some level of dementia training for both nursing home and assisted living facility administrators. Oregon requires dementia-specific training for administrators in Memory Care Communities, which may operate in both nursing homes and assisted living facilities.

Only Indiana and Oregon were found to specially regulate training of administrators in special care units in facilities, and there was nothing unique about the training requirements in those states.

Dementia Training Curriculum Requirements

Many of the surveyed state laws include educational and work requirements necessary for administrator credentialing. However, very few states outlined specific dementia training topics in their statutes and regulations. Maryland and California have the most detailed and precise dementia-specified training curriculum for administrators.

Competency Examination Requirements

Six states (Alabama, California, Florida, Pennsylvania, Washington, and Wyoming) require administrators to satisfactorily pass a competency exam. Florida requires a passing score of 75%. Wyoming, which allows an open-book test, mandates a passing score of 85%.

Hourly Training Requirements

All of the states but Connecticut, Texas, and Washington specify the number of hours of training required initially and/or annually thereafter. In some states, the training requirements are dementia-specific, though in others, dementia training is part of a general hourly training requirement. Chart 1 depicts hourly training requirements.

1 References supporting the discussion about administrators are found in Table 1, attached.

2 Pennsylvania regulates both personal care homes (which provide assistance with activities of daily living but not a nursing home level of care) and assisted living residences (which provide both), and requires administrators of both types of facilities to meet the same dementia training standards.

State Spotlight - Training Curriculum for Facility Administrators

Maryland

An assisted living manager basic training course must cover a myriad of subjects which include:

- An overview of conditions causing cognitive impairment, including risk factors and early identification and interventions
- Effective communication consisting of the effect of cognitive impairment on expressive and receptive communication, communication techniques including verbal, non-verbal tone and volume of voice, and environmental stimuli
- Behavioral intervention consisting of identifying and interpreting behavioral symptoms, problem solving, and de-escalation techniques
- Making activities meaningful consisting of understanding the therapeutic role of activities, creating opportunities for activities, and structuring the day
- Staff and family interaction consisting of building a partnership for goal-directed care, understanding family needs, and effective communication
- Managing staff stress consisting of understanding the impact of stress on job performance and staff relations, identification of stress triggers, self-care skills, and devising support systems.

California

The state is in the process of transitioning to new, stronger training requirements for administrators of residential care facilities (California's name for assisted living facilities). Under the older version of the regulations (which expire at the end of 2015), training must include instruction related to the direct care of residents with dementia, the physical environment, and admission procedures and assessments. Under the regulations that will go into effect on January 1, 2016, an administrator will need to be certified in coursework that includes training in medication management and the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia. The regulations also require training in nonpharmacological and person-centered approaches to dementia care. An administrator must pass a competency exam to be certified.

Chart 1. Facility Administrators: Hourly Training Requirements

State	Hours Required Initially	Hours of Continuing Education
Alabama	8 hours, dementia-specific	12 hours general, plus 6 hours dementia-specific, annually
Arizona	40 hours, including dementia	
California (effective 1/1/2016)	80 hours, including dementia	8 hours, dementia-specific, every 2 years
Colorado	30 hours general, 15 of which are dementia-specific	
District of Columbia		12 hours dementia-specific, annually
Florida	26 hours, dementia-specific	12 hours, dementia-specific, every 2 years
Indiana	12 hours, dementia-specific	6 hours, annually
Maryland	12 hours, dementia-specific	
Minnesota	8 hours, dementia-specific	2 hours, annually
Oregon		10 hours, dementia-specific, annually
Pennsylvania	100 hours, general, including dementia	24 hours, general, annually
Wyoming		8 of 16 hours, dementia-specific, annually

Nurses/Certified Nursing Assistants

In the nationwide review, 24 states and the District of Columbia were found to have dementia training laws for certified nursing assistants (CNAs).³ Only New Jersey and Texas have laws that also encompass licensed practical/vocational nurses and registered nurses. In Washington, the regulatory code covers two categories: nursing assistant–certified and nursing assistant–registered.

It is not always clear on the face of a state dementia care training law whether the law applies to training in all settings though, in most cases, it appeared not to. However, many state laws did specifically address CNA training in a particular setting. For example:

- In Arkansas and New Jersey, the training requirements pertain to long-term care facilities.
- In California, the law applies to CNAs employed by skilled nursing facilities or intermediate care facilities.
- In Missouri, the training requirements apply to nursing assistants working in convalescent, nursing, or boarding homes.
- In Indiana, Iowa, and Nebraska, nurse aides hired by nursing homes (called Comprehensive Care Facilities in Indiana) are subject to the training requirements.

In addition to dementia-specific requirements, the states regulate broad-based training standards for CNAs, including training in typical CNA duties (e.g., taking vital signs, assisting residents with ambulation and transfer,

³ References supporting the discussion about nurses and certified nursing assistants are found in Table 2, attached.

and maintaining infection controls). Nine states also require continuing education, which may or may not include dementia-specific education:

- California, Delaware, and Indiana require dementia-specific continuing education. (California also has a non-dementia-specific in-service requirement.)
- Arkansas, Maine, Ohio, and Texas require continuing education, which must include dementia care education.
- Missouri and New York laws require continuing education, but are silent as to whether that training must cover dementia care topics.

At least 12 states (Arkansas, California, Iowa, Louisiana, Missouri, Nebraska, New York, Ohio, Oklahoma, Rhode Island, Texas, and Wisconsin) require CNAs to satisfactorily complete a competency evaluation or examination.⁴ In Iowa and Nebraska, the competency evaluation must be approved by the state. Under Louisiana's code, each curriculum unit objective must have performance criteria, which are measurable, and serve as the basis for the competency evaluation. Nebraska and New York require an assessment of written or oral competency as well as the demonstration of clinical skill proficiency. Wisconsin's written or oral examination must contain a minimum of five questions in the area of dementia care.

Dementia Training Curriculum Requirements

Twelve states all codified essentially the same five basic dementia care training standards:

- Techniques for addressing the unique needs and behaviors of individuals with Alzheimer's disease and other dementias
- Communicating with cognitively impaired residents
- Understanding the behavior of cognitively impaired residents
- Appropriate responses to the behavior of cognitively impaired residents
- Methods of reducing the effects of cognitive impairments.

Several other states require a list substantially the same as these five basic criteria, with small changes or additions. For example, in Delaware, CNAs must have dementia-related training on safety measures and prevention of patient abuse.

⁴ In all likelihood, other states, if not all states, also require CNAs to pass an examination, but the requirement is not spelled out in the same provision addressing dementia training.

State Spotlight - Training Curriculum for CNAs

Illinois

The state's dementia care training regulation is extremely comprehensive, with nine modules including the impacts of cognitive impairment, ability centered care, understanding behaviors as unmet needs, and psychosocial needs. For each module, detailed specific objectives are included. The objectives for Understanding Behaviors as Unmet Needs are illustrative of the level of specificity:

- Objectives: upon completion of this unit, the student will be able to:
 - Explain the difference between symptoms and behaviors;
 - Describe defense mechanism/coping behaviors used to compensate for cognitive impairment;
 - Examine ways in which the CNA can diminish behavioral challenges;
 - Explore creative strategies to manage common behavioral challenges: i) purposeful wandering; ii) agitation and aggression; iii) catastrophic reaction; iv) combativeness; v) delusions/hallucinations/paranoia; vi) rummaging and hoarding; vii) sexual behavior; viii) sleep disturbances; ix) sundowning; x) wanting to go home; xi) indifference; xii) purposeful waking; and xiii) other behaviors.

Wisconsin

The nurse aide training programs must include: the theory of and practice in communicating and interacting on a one-to-one basis with a client; serving as part of a team implementing client care objectives; demonstrating sensitivity to a client's emotional, social, and psychological needs through directed interactions; and skills that enable expressions of age-appropriate behavior by allowing a client to make personal choices and by reinforcing behavior that supports a client's sense of dignity.

Competency Examinations

To the extent testing requirements are set out in laws, those for CNAs frequently include a competency component. For example:

- Candidates for certification in Wisconsin must be able to demonstrate abilities in all of the areas in which they are trained. For example, with respect to the use of appropriate verbal and non-verbal communication skills, a nurse aide must show ability to: recognize effective listening techniques; distinguish assertive from aggressive responses; identify the difference between non-acceptable and acceptable touching during job performance; and identify therapeutic interventions and specialized techniques for responding to client's wandering and confusion.
- In Washington, where the law speaks to demonstrable competencies rather than training topics, nursing assistants must: use techniques for addressing the unique needs/behaviors of individuals with cognitive impairment; communicate with cognitively impaired residents in a manner appropriate to their needs; demonstrate sensitivity to the behavior of cognitively impaired clients or residents; and appropriately respond to the behavior of cognitively impaired clients or residents.⁵ In addition, nursing assistants must be able to demonstrate the ability to identify the psychosocial characteristics of all clients, including persons with Alzheimer's disease or dementia. A nursing assistant must: modify his/her own behavior in response to the client's behavior; identify adaptations necessary to accommodate the aging process; provide training in, and the opportunity for, self-care according to clients' capabilities; demonstrate skills supporting client's personal choices; and identify ways to use the client's family as a source of emotional support for the patient.

⁵ A more detailed description of Washington's requirements are found in Paper 5 in this series, Promising Practices.

Hourly Training Requirements

Sixteen states and the District of Columbia have laws which set forth the total number of training hours, classroom and/or clinical, required for certification.⁶ Not unexpectedly, training hour requirements for CNA certification are high, ranging from 30 hours of initial instruction in Indiana to 175 hours of training in Missouri (75 hours of classroom training and 100 hours of clinical on-the-job training). Many states prescribe classroom or theoretical training, as well as clinical or on-the-job training. Excluding Indiana (where there may be additional hour requirements beyond initial instruction), the average is 82 hours and the median is 95 hours. Chart 2 shows total training hours and dementia-specific training hours by state.

Chart 2. CNAs: Hourly Training Requirements

State	Total Number of Training Hours Required (classroom and/or clinical)	Dementia-Specific Number of Training Hours Required (classroom and/or clinical)
Arizona	120 hours	n/a
Arkansas	90 hours	15 hours
California	160 hours	6 hours
Colorado	75 hours	n/a
District of Columbia	120 hours	n/a
Illinois	120 hours	12 hours
Indiana	75 hours	14 hours
Iowa	75 hours	16 hours
Louisiana	80 hours	n/a
Missouri	175 hours	n/a
Nebraska	75 hours	n/a
New York	100 hours	n/a
Oklahoma	75 hours	10 hours
Rhode Island	80 hours	n/a
South Dakota	75 hours	n/a
Texas	100 hours	n/a
Wisconsin	120 hours	n/a

Among the nine states which mandate continuing education hour requirements, four (Arkansas, Maine, Ohio, and Texas) require twelve hours of annual continuing education, which must include components of dementia care training.

⁶ Federal regulations govern the training requirements for certified nurse aides (CNAs) working in long term care facilities. 42 CFR 483.75. As a general rule, facilities may not employ CNAs unless the CNA has completed a training and competency evaluation program approved by that state. 42 CFR 483.75(e)2(ii)(A). Under federal law, state training programs must include at least 75 hours of training, including at least 16 hours of supervised practical training. 42 CFR 483.152(a). The training curriculum must include 16 hours of training in enumerated areas including communication, basic nursing skills, and promoting resident independence. 42 CFR 483.152(b). A competency evaluation must cover all of the training areas required by federal law, and must allow the aide to choose between an oral or written examination. 42 CFR 483.154.

Home Health Aides/Personal Care Assistants

In the nationwide review, 13 states (Arkansas, Colorado, Connecticut, Delaware, Florida, Illinois, Massachusetts, Minnesota, Missouri, New York, Rhode Island, Washington, and West Virginia) were found to have enacted laws pertaining to dementia training for home health aides or personal care assistants.⁷ Training requirements set minimal standards, both for curriculum content and hour requirements.⁸ Our findings related to personal care assistants were limited to those workers subject to state certification or licensure.

Four states (Delaware, Florida, Minnesota, and Missouri) include a version of four or five basic training requirements from a list of about seven requirements in their laws: an overview of dementia; communicating with persons diagnosed with Alzheimer's disease or other form of dementia; the psychological, social, and physical needs of those persons; safety measures which need to be taken; managing difficult behaviors; promoting independence in ADLs; and working with families and caregivers. Some states simply include a requirement for "training in dementia and Alzheimer's disease." Dementia-specific hour requirements are nearly non-existent.

The hour requirements governing the provision of homecare services to clients through Illinois' Community Care Program are one exception to these minimalist training standards. Homecare aides must have 24 hours of initial pre-service training prior to assignment to a client without a supervisor present. The initial training is subject to a competency examination, and thereafter certified aides must have 12 hours per year of interactive in-service training. However, the dementia-specific training curriculum is thin, requiring only general training in dementias and communication techniques.

Rhode Island's Homemakers Training Program includes a requirement for 20 classroom hours of training and five hours of practical experience. Six hours must be dedicated to understanding basic human needs, including the needs of individuals with Alzheimer's disease or other dementias.

In Massachusetts, home care aides provided through a Medicaid home and community-based waiver must be certified as home health aide or certified nurse aide, and must also have additional training developed by the Alzheimer's Association of Massachusetts.

Laws across Categories Of Licensure

Eight states broadly require dementia care training across professions. Of these eight states, the laws in six (Alabama, Colorado, Delaware, New Hampshire, New York, and Ohio) direct the named state department to provide education and training to certain health professionals, members of the public, paid and unpaid caregivers, family members, etc., regarding Alzheimer's disease and dementia. Two states (Connecticut and West Virginia) require enhanced dementia-specific training for certain licensed and registered staff in dementia special care units across settings. The New York law requires training for medical students, physicians, and nurses, while the Colorado law requires the school of medicine to conduct education programs for physicians. In Ohio, dementia training materials must be disseminated by the state, through a state website, to physicians, nurses, and social workers who provide care.

Three states (Connecticut, Kentucky, and New Hampshire) require training for respite care providers; three states (California, Colorado, and Indiana) require training for medication aides; and three states (Delaware, Nebraska, and Oregon) require training for dining or feeding assistants.

7 This category includes service workers who provide services to individuals in their homes rather than in institutions. In some states, these workers are employed by licensed home health agency providers; in other states, personal care attendants themselves are certified or licensed. In some states, there may be different certification/licensure requirements for participant-directed versus agency-provided personal care. (For a general survey of personal care attendant training requirements, excluding participant directed services, see PHI, "Personal Care Aid Training Requirements," available at <http://phinational.org/policy/issues/training-credentialing/training-requirements-state/personal-care-aide-training>.) Delaware regulates both personal assistance services and home health aides/agencies. Some states allow other licensed professionals, including RNs, LPNs, and CNAs, to provide services in home- and community-based settings.

8 References supporting the discussion about home health aides and personal care assistants are found in Table 3, attached.

Recommendations

Build On Strengths. Training requirements for CNAs and for assisted living administrators are relatively specific and robust, though not adopted in all states. The emphasis on competency based training and evaluation is particularly helpful. The survey results suggest that past advocacy around dementia training standards and requirements focused on assisted living administrators. States may want to extend dementia training standards to administrators of other settings, including nursing homes and adult day programs.

Although the dementia-specific training requirements tend to be general, several states have specifically required more robust and dementia-specific topics in their curriculum. In particular, states may want to adopt training criteria related to the use nonpharmacological and person-centered approaches to dementia care.

Nearly half of the states that regulate dementia training standards for administrators require an applicant for certification to pass a competency exam. States may want to consider competency exam requirements for administrators in other settings as well.

Hourly training requirements were rigorous, but would be improved through more stringent dementia-specific training hours required prior to certification or licensure, and as a component of annual or bi-annual continuing education.

Prioritize Dementia Training For CNAs. Well-trained certified nursing assistants or nurse aides are a lynchpin in providing quality, consistent, and person-centered services to residents who have Alzheimer's disease or other dementias and live in long-term care facilities (nursing homes, assisted living facilities, intermediate care facilities, or other less restrictive regulated housing). As shown above, good competency-based models are available for states to use as a basis for designing programs. States with existing programs should consider incorporating best practices from states like Wisconsin. In particular, states should adopt rules that tie dementia care curriculum topics or modules to demonstrable competencies and consider adding more continuing education requirements.

Require Training For Both Nursing Facility And Assisted Living Administrators. Currently most requirements are limited to administrators in assisted living.

Make More Training Available To Home Health Aides And Personal Care Assistants. Certification programs for home health aides should include a robust competency-based dementia component incorporating many of the elements in CNA training. Personal care assistants are a special case in that many are not certified professionals but rather are family members or other persons chosen by individuals in self-directed care models. For those providers, imposing training requirements, especially if the training is not provided free-of-charge, can be burdensome and inconsistent with the self-directed, person-centered model. However, many of these caregivers would welcome and benefit from the opportunity for dementia training. As more and more states shift resources from institutional care to home and community-based care, and as greater numbers of individuals remain in their own homes as their care needs increase, it is critical to address this need by offering personal care assistants the opportunity to access solid training that is fully funded or available at nominal cost.

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.

Table 1. Administrator Dementia Training

State	Statute or Regulation	Summary	Hours
Alabama	<p>1. Ala. Admin. Code r. 135-X-5-.02 (2013)</p> <p>2. Ala. Admin. Code r. 135-X-6-.01 (2008)</p>	<p>1. Individuals wishing to be licensed as a Category II assisted living administrator must complete an approved eight hour Dementia Education and Training program. Law requires licensure examination.</p> <p>2. Administrator of a Category I and Category II Assisted Living facility must have a minimum of 12 hours of continuing education per year for license renewal, and in addition, administrators of Category II assisted living must have an additional 6 hours that pertain to cognitive impairment and/or dementia care.</p>	<p>1. Eight hours initial dementia-specific training for Category II.</p> <p>2. 12 hours continuing education annually for Category I and Category II, plus six hours of dementia-specific annual training for Category II.</p>
Arizona	<p>Ariz. Admin. Code § R4-33-603 (2013)</p>	<p>The curriculum for assisted living facility manager training programs must consist of at least 40 hours of classroom instruction. Among other topics, training must include instruction in developing systems for managing residents with dementia, Alzheimer’s Disease, or difficult behaviors.</p>	<p>40 total hours, including dementia training.</p>

Table 1. Administrator Dementia Training

State	Statute or Regulation	Summary	Hours
California	<p>1. Cal. Health. & Safety Code 1569.23 (2016)</p> <p>2. Cal. Health. & Safety Code 1569.616 (2014)</p> <p>3. Cal. Health. & Safety Code 1569.616 (2015)</p> <p>4. Cal. Health. & Safety Code 1569.616 (2016)</p> <p>5. Cal. Code Regs. tit. 22, § 87407 (2008)</p>	<p>1. (Effective 1/1/2016) Certification as the designated administrator of a residential care facility for the elderly requires 80 hours of course work, including an undetermined amount designated for studying the management of Alzheimer’s disease and related dementias, including nonpharmacologic, person-centered approaches to dementia care. It also requires a competency exam.</p> <p>2. (Expired 12/31/2014) Certification of administrators of residential care facilities for the elderly required completion of at least four hours of training on serving clients with dementia and a competency exam. Renewal every two years required at least eight hours of instruction on serving clients with dementia, including instruction related to direct care, physical environment, and admissions procedures and assessment.</p> <p>3. (Effective 2015) Training requirements remain the same as the previous version of the statute which expired on December 31, 2014.</p> <p>4. (Effective 1/1/ 2016) New law on certification of administrators of residential care facilities for the elderly will require 80 hours of training, but no longer require at least four hours of training on serving clients with dementia. The new law adds a requirement that dementia training include training in medication management and the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia. It also requires training in non-pharmacological approaches and person-centered care. A competency exam is required. The administrator’s license must be renewed every two years. Requirements for renewal include at least eight hours of instruction on serving clients with dementia, including instruction related to direct care, physical environment, and admissions procedures and assessment.</p> <p>5. Administrators of residential care facilities for the elderly must have eight hours of training in Alzheimer’s disease and dementia as continuing education every two years.</p>	<p>1. 80 total hours, including dementia training.</p> <p>2. Four hours initial dementia-specific training, plus eight hours annual dementia-specific instruction.</p> <p>3. The same as No. 2, above.</p> <p>4. 80 hours initial training, including dementia training, plus eight hours dementia-specific training every two years.</p> <p>5. Eight hours dementia-specific training every two years.</p>

Table 1. Administrator Dementia Training

State	Statute or Regulation	Summary	Hours
Colorado	6 Colo. Code Regs. § 1011-1:VII-1.103 (2013)	Administrators of assisted living residences are required to have at least 30 hours of training, with at least 15 hours of training with an emphasis on meeting the personal, social, and emotional care needs of the resident population served, for example, the elderly, Alzheimer’s, or the severely and persistently mentally ill.	30 hours initial training, of which 15 hours must be dementia-specific.
Connecticut	Conn. Gen. Stat. § 19a-512, 513, 515, 519 (2014)	Nursing home administrators are required to receive Alzheimer’s disease and dementia specific training as a condition of licensure and renewal of licensure.	n/a
District of Columbia	D.C. Code § 44-107.01 (2014)	Assisted living administrators are required to complete the basic training as well as an additional 12 hours of training annually, conducted by an organization with expertise in Alzheimer’s/dementia care, on managing residents who are living with cognitive impairments.	12 hours annual training.
Florida	1. Fla. Stat. § 429.52 (2007) 2. Fla. Admin. Code Ann. r. 58A-5.0191 (2010)	1. Administrators and other staff of assisted living facilities are required to meet minimum training requirements and to pass a competency test. The competency test must include the topic of training and education in the care of persons with Alzheimer’s disease and related disorders. Administrators are required to have a minimum of 12 hours of continuing education every two years. 2. The core training requirements for assisted living facility administrators must consist of a minimum of 26 hours of initial training and a competency test, with a passing score of 75%. Twelve hours of continuing education are required every two years. Additional training (four hours a year) is required for staff in facilities that advertise providing services to residents with dementia.	1. 12 hours continuing education every two years. 2. 26 hours initial training, plus 12 hours of continuing education every two years.

Table 1. Administrator Dementia Training

State	Statute or Regulation	Summary	Hours
Indiana	<p>1. 410 Ind. Admin. Code 16.2-3.1-13 (2013)</p> <p>2. 410 Ind. Admin. Code 16.2-5-1.3 (2013)</p>	<p>1. Directors at Comprehensive Care Facilities (nursing homes) that provide or offer Alzheimer’s and dementia special care units must have a minimum of 12 hours of dementia-specific training, and six hours of continuing education yearly thereafter. Directors must be trained to meet the needs or preferences, or both, of cognitively impaired residents; and gain understanding of the current standards of care for residents with dementia.</p> <p>2. Directors at Residential Care Facilities (assisted living) that provide or offer Alzheimer’s and dementia special care units must have a minimum of 12 hours of dementia-specific training, and six hours of continuing education yearly thereafter. Directors must be trained to meet the needs or preferences, or both, of cognitively impaired residents; and gain understanding of the current standards of care for residents with dementia.</p>	<p>1. 12 initial hours of dementia-specific, plus six hours annual continuing education.</p> <p>2. 12 initial hours of dementia-specific, plus six hours annual continuing education.</p>
Maryland	Md. Code. Regs. 10.07.14.17 (2014)	An assisted living manager basic course training must be 12 hours in length, and include training in dementia, mental health, and behavior management. The regulation is very detailed and lists numerous topics that must be covered in that training (e.g., effective communication including communication techniques, including verbal, nonverbal, tone and volume of voice, and word choice).	12 initial hours in dementia-specific training.
Minnesota	<p>1. Minn. Stat. § 144D.065 (2016)</p> <p>2. Minn. R. 6400.6500 (2014)</p>	<p>1. (Effective 1/1/2016) Supervisors of direct-care staff in housing with services must have at least eight hours of initial training on topics related to dementia care, and must have at least two hours of training on topics related to dementia care for each 12 months of employment thereafter. Initial training topics include: an explanation of Alzheimer’s disease and related disorders; assistance with activities of daily living; problem solving with challenging behaviors; and communication skills.</p> <p>2. Nursing home administrators must have certain training, including a general requirement for training in dementia and Alzheimer’s disease.</p>	<p>1. Eight initial hours in dementia-specific training, plus two hours of thereafter annually.</p> <p>2. n/a</p>

Table 1. Administrator Dementia Training

State	Statute or Regulation	Summary	Hours
Oregon	Or. Admin. R. 411-057-0140 (2010)	Administrators in a Memory Care Community (formerly known as Alzheimer’s Care Units) must complete ten hours of annual continuing education relating to caring for residents with Alzheimer’s disease or dementia. Memory Care Communities must also develop and implement procedures that address training of staff in dementia care.	Ten hours annual continuing education.
Pennsylvania	<p>1. 55 Pa. Code § 2600.64 (2007)</p> <p>2. 55 Pa. Code § 2800.64 (2011)</p>	<p>1. Administrators of Personal Care Homes (which provide ADL assistance) must receive a 100-hour standardized Department-approved training course and a Department-approved competency-based training test with a passing score. Training must include care for residents with dementia or other cognitive impairment.</p> <p>2. Administrators of Assisted Living Residences must receive a 100-hour standardized Department-approved training course and a Department-approved competency-based training test with a passing score. Training must include care for residents with dementia or other cognitive impairment.</p>	<p>1. 100 initial hours, including dementia training, plus 24 hours annual continuing education (not dementia-specific).</p> <p>2. 100 initial hours, including dementia training, plus 24 hours annual continuing education (not dementia-specific).</p>
Texas	Tex. Health & Safety Code Ann. § 247.029 (1999)	The manager of an assisted living facility must meet certain educational requirements and have at least one year’s experience working with people with dementia.	n/a

Table 1. Administrator Dementia Training

State	Statute or Regulation	Summary	Hours
Washington	1. Wash. Admin. Code § 388-112-0160 (2013)	1. Adult family home managers and assisted living facility administrators must complete specialty training and demonstrate competency with respect to residents with special needs, including dementia.	1. n/a
	2. Wash. Admin. Code § 388-112-0300 (2013)	2. Manager dementia specialty training must be included among the test subjects in the state-required residential long-term care competency test.	2. n/a
	3. Wash. Admin. Code § 388-112-0390 (2013)	3. This regulation lays out the qualifications (including education, teaching, and work experience) necessary to be a “manager dementia specialty” instructor in a facility that cares specifically for dementia patients.	3. n/a
Wyoming	1. WY Rules and Regulations HLTH AGD Ch. 12 § 6 (2007)	1. Managers of assisted living facilities must pass an open book test on Assisted Living Facility Licensure and Program Administration Rules with a passing score of 85% or greater.	1. n/a
	2. WY Rules and Regulations HLTH AGD Ch. 12 § 10 (2007)	2. Administrators and managers of assisted living facilities must have at least eight of 16 hours of annual continuing education related to caring for individuals with severe cognitive impairments.	2. Eight hours annually for administrators.

Table 2. Nurse/Certified Nurse Aide Chart

State	Statute or Regulation	Summary	Number Of Hours Of Training Required	Continuing Education
Arizona	Ariz. Admin. Code § R4-19-802 (2014)	The curriculum for nursing assistant training programs includes classroom instruction, instructor-supervised skills practice, and instructor-supervised clinical experience. Among the subjects of instruction, classroom and clinical instruction must be provided in the care of cognitively impaired patients or residents including: addressing the unique needs and behaviors of individuals with dementia; communicating with cognitively impaired patients or residents; reducing the effects of cognitive impairment; and appropriate responses to the behavior of cognitively impaired individuals.	Minimum of 120 hours of total instruction, including 40 hours of classroom instruction, 20 hours of instructor-supervised skills practice, and 40 hours of instructor-supervised clinical experience.	n/a
Arkansas	<p>1. Ark. Code Ann. § 20-10-705 (2005)</p> <p>2. Ark. Code R. 016.06.07-IV (2012)</p>	<p>1. The Office of Long-Term Care is required to promulgate regulations regarding the implementation of an aide training program for all long-term care facilities, which must include 15 hours of training specific to Alzheimer’s disease and related dementia.</p> <p>2. Long-term care facility nursing assistant training programs must include the Arkansas LTC Nursing Assistant Training Curriculum, and trainees must pass a state competency evaluation (regulations for competency evaluation are not dementia-specific). The regulation encourages nursing homes to offer in-service dementia training to CNAs certified before July 1, 2006.</p>	<p>1. A minimum of 90 hours of aide training, of which 15 hours of training must be specific to Alzheimer’s disease and related dementia.</p> <p>2. A minimum of 90 hours of aide training, and passing grade on competency exam.</p>	<p>1. n/a</p> <p>2. One hour per month.</p>

Table 2. Nurse/Certified Nurse Aide Chart

State	Statute or Regulation	Summary	Number Of Hours Of Training Required	Continuing Education
California	<ol style="list-style-type: none"> 1. Cal. Health. & Safety Code. 1263 (2002) 2. Cal. Health. & Safety Code. 1337.1 (2013) 3. Cal. Health. & Safety Code. 1337.3 (2013) 4. Cal. Code. Regs. tit. 22 § 71835 (2013) 5. Cal. Code Regs. tit. 22 § 71847 (1992) 	<ol style="list-style-type: none"> 1. Certified nurse assistants employed in skilled nursing facilities or intermediate care facilities must have two hours of dementia training initially and five hours annually thereafter. 2. Precertification nurse assistant training programs in skilled nursing facilities or intermediate care facilities must include 60 hours of classroom training, and 100 hours of supervised and on-the-job clinical training. A competency exam is required. 3. The Department shall inspect and maintain a list of approved nurse assistant training programs, including the program’s pass rate on competency exam. 4. Regulations establish the requirements and training modules for a certification program for certified nurse assistants, including a module on theories of long-term care, including Alzheimer’s and other dementias. A competency evaluation is required. 5. Nursing facilities must have annual in-service training programs, and provide continuing education in the topics specified, including working with patients with confusion and dementia. 	<ol style="list-style-type: none"> 1. Two hours initial dementia training. 2. Two of the 60 hours, and four of the 100 hours must address the special needs of persons including those with Alzheimer’s disease and other dementias. 3. Same as above. 4. Two hours must address the module including Alzheimer’s and other dementias. 5. 24 hours annually, non-dementia specific. 	<ol style="list-style-type: none"> 1. Five hours annual dementia training. 2. Required but hours not specified.

Table 2. Nurse/Certified Nurse Aide Chart

State	Statute or Regulation	Summary	Number Of Hours Of Training Required	Continuing Education
Colorado	3 Colo. Code Regs. § 716-1:11-5 (2014)	The education and training requirements for nurse aide training programs must include training in the care of cognitively impaired individuals: (1) techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer’s and others); (2) communicating with cognitively impaired clients; (3) understanding the behavior of cognitively impaired clients; (4) appropriate responses to the behavior of cognitively impaired clients; and (5) methods of reducing the effects of cognitive impairments.	75 hours, non-dementia-specific.	
Delaware	16-3000-3220 Del. Admin. Code § 2.0 (2013)	The recertification requirements for Certified Nursing Assistants include dementia training in the following topics: communicating with persons diagnosed as having Alzheimer’s disease or other forms of dementia; the psychological, social, and physical needs of those persons; safety measures which need to be taken with those persons; and prevention of patient abuse.	n/a	Six hours of dementia-specific training during each 24 month certification period.
District of Columbia	D.C. Mun. Regs. tit. 29, § 3204 (2014)	In nurse aide training program curriculum, initial 16 hours of training must include instruction in the care of cognitively impaired residents: techniques for addressing the unique needs and behaviors of individuals with dementia; communication with cognitively impaired residents; understanding the behavior of cognitively impaired residents; appropriate responses to the behavior of cognitively impaired residents; and methods of reducing the effects of cognitive impairments.	120 hours of training; 16 hours of training must be complete prior to any nurse aide’s contact with a resident and must include instruction in the care of cognitively impaired residents.	n/a

Table 2. Nurse/Certified Nurse Aide Chart

State	Statute or Regulation	Summary	Number Of Hours Of Training Required	Continuing Education
Illinois	<p>1. Ill. Admin. Code tit. 77, § 395.150 (2013)</p> <p>2. Ill. Admin. Code tit. 77, § 395.300 (2013)</p>	<p>1. Basic Nursing Assistants Training Programs must include 12 hours of theory instruction related to Alzheimer’s disease and other dementias.</p> <p>2. This regulation outlines the training curriculum and requirements for long-term care assistants and aides training programs. The requirements are complex and comprehensive, and do not lend themselves to summarization, but are among the strongest in this survey.</p>	<p>1. 120 hours of instruction: 80 hours of theory, including 12 hours of the theory of Alzheimer’s disease, and 40 hours of clinical.</p>	n/a
Indiana	410 Ind. Admin. Code 16.2-3.1-14 (2013)	Nurse aides hired to work in Comprehensive Care Facilities (nursing homes) are required to receive instruction 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.	30 hours of initial instruction, including 14 hours in the care of cognitively impaired residents. Staff who have regular contact with residents must have a minimum of six hours of dementia-specific training within six months of employment, or within 30 days for those assigned to the Alzheimer’s and dementia special care unit.	Three hours annual dementia-specific continuing education.

Table 2. Nurse/Certified Nurse Aide Chart

State	Statute or Regulation	Summary	Number Of Hours Of Training Required	Continuing Education
Iowa	441 Iowa Admin. Code r. 81.16 (2014)	Nurse aides in nursing facilities must receive pre-direct care training regarding the care of cognitively impaired residents, including: techniques for addressing the unique needs and behaviors of persons with dementia (Alzheimer’s and others); communicating with cognitively impaired residents; understanding the behavior of cognitively impaired residents; appropriate responses to the behavior of cognitively impaired residents; and methods of reducing the effects of cognitive impairments. Nurse aides are required to complete a training and competency evaluation approved by the state.	75 hours of initial training, of which an unspecified portion of a 16 hours subset must include training related to the care of cognitively impaired residents.	n/a
Louisiana	La. Admin. Code tit. 48, § 10015 (2012)	Nurse aide training and competency evaluation programs must cover curriculum set forth in the rule, including the requirement that each unit objective have a performance criteria which is measurable and serves as a basis for a competency evaluation. The training program must ensure competency in caring for residents suffering from Alzheimer’s disease or dementia.	80 hours of training, 40 hours of classroom training, and 40 hours of clinical training. Dementia training must be included, but hours not specified.	n/a
Maine	10-144 Me. Code R.110, § 8.C (2014)	Certified nursing assistants working in dementia care units of nursing homes must receive annual in-service education, including training on providing nursing services to residents with cognitive impairments.	n/a	12 hours per year in-service, which must include training related to providing services to residents with cognitive impairments.

Table 2. Nurse/Certified Nurse Aide Chart

State	Statute or Regulation	Summary	Number Of Hours Of Training Required	Continuing Education
Maryland	Md. Code Regs. 10.07.02.40 (2014)	Geriatric Nursing Assistant Program’s prescribed curriculum includes a comprehensive unit on dementia care. Objectives of this unit include: identifying and describing behavior and symptoms of dementia; recognizing and reporting changes in behavior to supervisors; assisting cognitively impaired patients with activities of daily living; maintaining a safe environment; and intervening appropriately in behavioral manifestations of dementia.	No hours specified.	n/a
Missouri	1. Mo. Rev. Stat. § 198.082 (1988) 2. Mo. Code Regs. Ann. Tit. 19 § 30-84.010 (2014)	Nursing Assistant training programs for those working in convalescent, nursing, or boarding homes shall include specific training topics, one of which is the methods of handling and caring for mentally confused residents such as those with Alzheimer’s disease and related disorders. 2. Classroom training requirements for nurse assistants include training in the methods of handling and caring for mentally confused residents such as those with Alzheimer’s disease and related disorders. A final examination is required.	1. 75 hours of classroom training, which must include the dementia-specific training for an unspecified number of hours. 100 on-the-job training hours also required. 2. Same as above.	1. Unspecified continuing in-service training required. 2. Continuing in-service required as provided in a separate regulation, not dementia-specific.

Table 2. Nurse/Certified Nurse Aide Chart

State	Statute or Regulation	Summary	Number Of Hours Of Training Required	Continuing Education
Nebraska	172 Neb. Admin. Code ch. 108 § 003 (2014)	Training requirements for nursing assistants in nursing homes include instruction in the care of cognitively impaired residents. This dementia-related instruction must cover: techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer’s and others); communicating with cognitively impaired residents; understanding the behavior of cognitively impaired residents; appropriate responses to the behavior of cognitively impaired residents; and methods of reducing the effects of cognitive impairments. Nursing assistants must successfully complete an approved competency evaluation program consisting of a written or oral examination and a demonstration of skills.	75 hours of instruction, including 16 hours of supervised practical training. 16 hours of training, including the dementia-specific training, must be completed before direct contact with residents.	n/a
Nevada	Nev. Admin. Code § 632.758 (1992)	Training programs for nursing assistants require instruction in the care of cognitively impaired persons, including: techniques for meeting the needs and managing the behavior of persons with dementia, including, but not limited to, Alzheimer’s disease; communicating with cognitively impaired persons; understanding the behavior of cognitively impaired persons; appropriate responses to the behavior of cognitively impaired persons; and methods for reducing the effects of cognitive impairments.	No hours specified.	n/a

Table 2. Nurse/Certified Nurse Aide Chart

State	Statute or Regulation	Summary	Number Of Hours Of Training Required	Continuing Education
New Jersey	N.J. Stat. Ann. § 26:2M-7.2 (2012)	Long-term care (nursing home) mandatory training program for certified nurse aides, licensed practical nurses, and registered nurses must include: communicating with patients with Alzheimer’s disease and related disorders; psychological, social and physical needs of patients with Alzheimer’s disease and related disorders; and safety measures which need to be taken for a patient with Alzheimer’s disease and related disorders.	No hours specified.	n/a
New York	10 N.Y. Comp. Codes. R. & Regs. § 415.26 (2010)	Nurse aide training curriculum must include: care of cognitively impaired residents; techniques for addressing the unique needs and behaviors of individuals with dementia; communicating with cognitively impaired residents; understanding the behaviors of cognitively impaired residents; appropriate responses to the behaviors of these residents; and methods of reducing the effects of cognitive impairments. CNAs must successfully complete state approved training program and pass state authorized clinical skills competency examination and written or oral competency examination.	100 hours of classroom and clinical training, of which 30 hours must be supervised practice experience in a nursing home. Dementia training must be included, hours not specified.	Six hours in-service every six month period, no dementia requirement.

Table 2. Nurse/Certified Nurse Aide Chart

State	Statute or Regulation	Summary	Number Of Hours Of Training Required	Continuing Education
Ohio	Ohio Admin. Code 3701-17-07.1 (2012)	In-Service education must include training for nurse aides providing nursing services to residents with cognitive impairment. General CNA competency evaluation is required.	n/a	12 hours per year; including dementia-related training; for aides working in specialty units for residents with dementia, sufficient additional hours of annual training to ensure competency to meet special needs of residents.
Oklahoma	1. Okla. Stat. Ann. tit. 63, § 1-1951 (2013) 2. Okla. Admin. Code § 310:677-11-4 (2009)	1. State Department of Health requires certified nursing aides to have a minimum of ten hours of training in the care of Alzheimer’s patients. A competency exam is also required. 2. Training program for long-term care aides must include training in the care of Alzheimer’s patients.	1. Ten hours of dementia-specific training. 2. 75 hours of training, including ten hours of dementia-specific training.	1. n/a 2. n/a
Rhode Island	R.I. Admin. Code 31-5-26 Appendix II (2012)	The basic nursing assistant training curriculum includes caring for patients with cognitive impairment, including training in: the techniques for addressing the unique needs and behaviors of individuals with dementia; communicating with patients; understanding behavior; appropriate responses to behavior; and methods for reducing the effects of cognitive impairment. In addition, CNA licensure by examination is required by R. I. Admin. Code 31-5-26:4.0.	80 hours of training, including dementia-specific training, hours not specified.	n/a

Table 2. Nurse/Certified Nurse Aide Chart

State	Statute or Regulation	Summary	Number Of Hours Of Training Required	Continuing Education
South Dakota	Admin. R. S.D. 44:04:18:15 (1995)	Nurse aide training programs require classroom and clinical instruction in basic nursing skills, personal care skills, mental health and social services, resident’s rights and the care of cognitively impaired patients and residents. Training for cognitively impaired patients or residents must include techniques for addressing the unique needs and behaviors of individuals with dementia, communicating with cognitively impaired individuals, understanding the behavior of patients or residents with dementia along with appropriate responses, and methods of reducing the effects of cognitive impairments.	75 hours of instruction, including the dementia-specific training, hours not specified.	n/a

Table 2. Nurse/Certified Nurse Aide Chart

State	Statute or Regulation	Summary	Number Of Hours Of Training Required	Continuing Education
Texas	<ol style="list-style-type: none"> 1. Tex. Health & Safety Code Ann. § 250.0035 (2011) 2. 40 Tex. Admin. Code § 94.3 (2013) 3. 40 Tex. Admin. Code § 94.9 (2013) 4. 40 Tex. Admin. Code § 1.1929 (2004) 	<ol style="list-style-type: none"> 1. Training requirements for nursing aides include 100 hours of course work as specified by law, and a passing grade on a competency evaluation at the completion of the program. 2. Nurse aide training and competency evaluation programs must include training in enumerated topics including the care of cognitively impaired residents (techniques for addressing the unique needs and behaviors of a resident with a dementia disorder including Alzheimer’s disease; communicating with a cognitively impaired resident; understanding the behavior of a cognitively impaired resident; appropriate responses to the behavior of a cognitively impaired resident; and methods of reducing the effects of cognitive impairments). In addition, there is a requirement that renewal training include training in geriatrics and dementia/Alzheimer’s 3. In order to be in active status, nurse aides must successfully complete a competency exam, and must complete in-service education that includes training in geriatrics and the care of residents with a dementia disorder. 4. Registered nurses, licensed vocational nurses, and nurse aides must have yearly training in caring for people who have dementia, including communication techniques and skills; assessments and nursing interventions; geriatric pharmacology; common emergencies (e.g., falls, 	<ol style="list-style-type: none"> 1. 100 hours, non-dementia specific. 2. 16 hours of introductory training, including the care of cognitively impaired residents. 3. n/a 4. n/a 	<ol style="list-style-type: none"> 1. 24 hours in-service education every two years, including training in the care of patients with Alzheimer’s disease. 2. n/a 3. 24 hours in-service every two years, including dementia-specific training. 4. One hour annually, including skills related to care of persons with cognitive impairment.

Table 2. Nurse/Certified Nurse Aide Chart

State	Statute or Regulation	Summary	Number Of Hours Of Training Required	Continuing Education
Virginia	<p>1. 18 Va. Admin. Code § 90-25-140 (2014)</p> <p>2. 18 Va. Admin. Code § 90-26-40 (2014)</p>	<p>1. An advanced certification education program for certified nurse aides must cover the care of cognitively impaired clients, including: signs and symptoms of dementia; concepts and techniques for addressing the unique needs and behaviors of individuals with dementia, including but not limited to agitation, combativeness, sundown syndrome, wandering, forgetfulness; basic concepts of communication with cognitively impaired clients, including techniques to reduce the effects of cognitive impairment; basic concepts of behavior management with cognitively impaired clients; and recognizing changes in the client’s condition and reporting and documenting such changes.</p> <p>2. The curriculum content for nurse aide education programs must include an initial core curriculum. The following topics related to the care of cognitively impaired clients must be covered: using techniques for addressing the unique needs and behaviors of individuals with dementia; communicating with cognitively or sensory impaired clients; demonstrating an understanding of and responding appropriately to the behavior of cognitively or sensory impaired clients; and using methods to reduce the effects of cognitive impairment.</p>	<p>1. Hours of dementia-specific training not specified.</p> <p>2. 24 hours of training prior to direct contact with clients, including dementia-specific training, hours not specified.</p>	<p>1. n/a</p> <p>2. n/a</p>

Table 2. Nurse/Certified Nurse Aide Chart

State	Statute or Regulation	Summary	Number Of Hours Of Training Required	Continuing Education
Washington	<p>1. Wash. Admin. Code § 246-841-100 (2008)</p> <p>2. Wash. Admin. Code § 246-842-100 (1991)</p>	<p>1. Nursing assistant-certified and nursing assistant-registered must demonstrate certain competencies, including competencies related to the care of cognitively impaired residents. The aide must demonstrate: the use of techniques for addressing the unique needs and behaviors of individuals with cognitive impairment including Alzheimer’s, dementia, delirium, developmental disabilities, mental illnesses, and other conditions; communication skills with cognitively impaired clients or residents in a manner appropriate to their needs; sensitivity to the behavior of cognitively impaired clients or residents; and responses to the behavior of cognitively impaired clients or residents.</p> <p>2. Nursing assistants must be able to identify the psychosocial characteristics of patients with dementia and Alzheimer’s disease, and modify their own behavior in response to client’s behavior; identify adaptations necessary to accommodate the aging process; provide training in self care according to the client’s capabilities; demonstrate skills supporting the client’s personal choices; and identify ways to use client’s family as a source of emotional support.</p>	<p>1. n/a</p> <p>2. n/a</p>	<p>1. n/a</p> <p>2. n/a</p>

Table 2. Nurse/Certified Nurse Aide Chart

State	Statute or Regulation	Summary	Number Of Hours Of Training Required	Continuing Education
Wisconsin	1. Wis. Admin. Code Trans. § 129.07 (2008) 2. Wis. Admin. Code Trans. § 129.08 (2011)	1. Curriculum for nurse aide training programs requires training include the needs of clients with Alzheimer’s disease; aides must demonstrate an understanding of seven specific training goals. 2. Nurse aide competency evaluations include a written or oral evaluation component, and must include a minimum of five questions in the area of dementias.	1. 120 hours, including dementia-specific training, no hours specified. 2. n/a	1. n/a 2. n/a

Home Health Aide/PCA Chart

State	Statute or Regulation	Summary	Number Of Hours Of Training Required	Continuing Education
Arkansas	<p>1. Ark. Code Ann. § 20-77-2303 (2014)</p> <p>2. Ark. Code R. 007.05.18-3 (2014)</p>	<p>1. In-home assistant training requires successful completion of a caregiver training course addressing core competencies. One of the core competencies is training in dementia and Alzheimer's diseases.</p> <p>2. Trained in-home assistant requires successful completion of a caregiver training course addressing core competencies. One of the core competencies is training in dementia and Alzheimer's diseases.</p>	<p>1. 40 hours of training, including dementia training, hours not specified.</p> <p>2. 40 hours of training, including dementia training, hours not specified.</p>	<p>1. n/a</p> <p>2. n/a</p>
Colorado	3 Colo. Code Regs. § 1011-1:XXVI-8 (2011)	Home care agencies must provide training to personal care workers within first 45 days of employment, including training in communication skills with consumers such as those who have dementia.	Required, but hours not specified.	n/a
Connecticut	Conn. P.A. 14-194 (2014)	Home health agencies must provide training and education on Alzheimer's disease and dementia symptoms and care to all direct care staff upon employment and annually thereafter.	Required, but hours not specified.	Required, but hours not specified.

Home Health Aide/PCA Chart

State	Statute or Regulation	Summary	Number Of Hours Of Training Required	Continuing Education
Delaware	<p>1. 16-4000-4469 Del. Admin. Code § 4.0 (2011)</p> <p>2. 16-4000-4406 Del. Admin. Code § 5.7 (2011)</p> <p>3. 16-4000-4410 Del. Admin. Code § 5.8 (2011)</p>	<p>1. Personal assistance services agencies must provide dementia specific training to healthcare providers providing services to persons who have Alzheimer’s disease or other forms of dementia. 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.</p> <p>2. Home health aides must attend annual staff development activities related to the needs of patients, including dementia-specific training (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).</p> <p>3. Skilled home health agency settings must provide dementia-specific training in: 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.</p>	<p>1. Required, but hours not specified.</p> <p>2. n/a</p> <p>3. n/a</p>	<p>1. n/a</p> <p>2. 12 hours annually, including dementia-specific training, hours not specified.</p> <p>3. n/a</p>

Home Health Aide/PCA Chart

State	Statute or Regulation	Summary	Number Of Hours Of Training Required	Continuing Education
Florida	<p>1. Fla. Stat. § 400.4785 (2003)</p> <p>2. Fla. Admin. Code Ann. r. 58A-8.001 (2005)</p>	<p>1. Home health agency direct care staff must complete training in Alzheimer’s disease and dementia within nine months of employment. This training must include, but is not limited to, an overview of dementia, a demonstration of basic skills in communicating with persons who have dementia, the management of problem behaviors, information about promoting the client’s independence in activities of daily living, and instruction in skills for working with families and caregivers.</p> <p>2. Home health agencies must ensure that direct care staff complete training in Alzheimer’s disease and dementia, including an overview of dementia, communicating with persons who have dementia, behavior management, promoting independence through assistance with activities of daily living, and developing skills for working with families and caregivers.</p>	<p>1. Two hours of dementia-specific training.</p> <p>2. Two hours of dementia-specific training.</p>	<p>1. n/a</p> <p>2. n/a</p>
Illinois	<p>1. 20 Ill. Comp. Stat. 2305/5.5 (2001)</p> <p>2. Ill. Admin. Code tit. 89, § 240.1535 (2009)</p>	<p>1. Department of Public Health to develop specialized training and experience criteria for persons who provide health or home care to victims of Alzheimer’s disease or other dementia-related disorders.</p> <p>2. Homecare staff and supervisors must meet training criteria, including understanding Alzheimer’s disease and communicating with clients with dementia. A competency evaluation is required.</p>	<p>1. n/a</p> <p>2. 24 hours of initial pre-service training, including dementia-specific training, hours not specified.</p>	<p>1. n/a</p> <p>2. 12 hours per year, including dementia-specific training, hours not specified.</p>

Home Health Aide/PCA Chart

State	Statute or Regulation	Summary	Number Of Hours Of Training Required	Continuing Education
Massachusetts	130 Mass. Code Regs. 630.404 (2014)	Supportive Home Care Aides in the HCBS waiver must be certified as home health aides or certified nurse's aides, and must have additional training in serving individuals with behavioral health needs or training developed by the Alzheimer's Association on serving individuals with Alzheimer's disease or related disorders.	12 hours of Alzheimer's-specific training.	n/a
Minnesota	Minn. Stat. § 144A.4796 (5) (2013)	Home care providers that serve persons with Alzheimer's or related disorders must receive training that includes a current explanation of Alzheimer's disease and related disorders; effective approaches to use to problem solve when working with challenging behaviors; and how to communicate with clients who have Alzheimer's or related disorders.	Required, but hours not specified.	n/a
Missouri	Mo. Code Regs. Ann. tit. 19 § 30-26.010 (2009)	Licensed home health agencies must provide dementia-specific training about Alzheimer's disease and related dementias to their employees and independent contractors who provide direct care or daily contact with consumers with Alzheimer's or related dementias. The training shall include: an overview of Alzheimer's disease and related dementias; communicating with persons with dementia; behavior management; promoting independence in activities of daily living; and understanding and dealing with family issues. The training must be provided annually.	Required, but hours not specified.	Required, but hours not specified.

Home Health Aide/PCA Chart

State	Statute or Regulation	Summary	Number Of Hours Of Training Required	Continuing Education
New York	N.Y. Pub. Health Law § 2007 (2007)	The Alzheimer's Community Assistance Program provides training programs and support services for volunteers, family members, and/or home health care workers enabling them to deliver proper care for persons with Alzheimer's who reside at home and in the community.	n/a	n/a
Rhode Island	R.I. Admin. Code 31-5-12 Appendix I (2012)	The homemaker training program curriculum sets out multiple topics including understanding basic human needs including people with dementia.	25 hours of training, including six hours of basic human needs and dementia-specific training.	n/a
Washington	<p>1. Wash. Admin. Code § 388-71-0916 (2013)</p> <p>2. Wash. Admin. Code § 388-71-1006 (2014)</p> <p>3. Wash. Admin. Code § 388-71-1045 (2014)</p>	<p>1. HCBS programs may include population-specific competencies of basic training including dementia training.</p> <p>2. HCBS programs must provide continuing education in relevant topics, including dementia.</p> <p>3. The HCBS training entity must oversee the administration of certain competency tests, including a dementia specialty test.</p>	<p>1. n/a</p> <p>2. n/a</p> <p>3. n/a</p>	<p>1. n/a</p> <p>2. Required, but hours not specified.</p> <p>3. n/a</p>
West Virginia	W. Va. Code R. 76-2-6 (2014)	In order to renew in-home care worker registration, worker must provide proof of completion of OSHA training: HIPAA, abuse, neglect and exploitation, and dementia care training.	n/a	n/a