Dementia Care Specialist Program
ADRC Operations Manual

I. Introduction

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:

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

II. Requirements for Performing Dementia Care Specialist and Related Services

A. Pillar 1: Fostering a Dementia-Capable ADRC or Tribal Partner agency

The dementia care specialist (DCS) is responsible for fostering a dementia-capable ADRC and/or Tribal Partner agency. A dementia-capable ADRC and/or Tribal Partner agency is defined as an ADRC and/or Tribal Partner agency that trains and empowers staff members and volunteers to have the knowledge and 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 and/or Tribal Partner agency

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 ADRC or Tribal Partner agency. When an ADRC or Tribal Partner agency is dementia-capable, the aging and disability resource staff and other agency ~~ADRC~~ staff can manage general dementia-related questions and issues and make appropriate referrals.~~,~~ For more complex situations, ADRC or Tribal Partner agency staff will follow an 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) dementia e-book and the ADRC Dementia-Capable Training Plan (F-02881).

ADRCs and Tribal Partner agencies need to create an internal referral process for warm and seamless referrals to and from the dementia care specialist and develop a regular staff meeting check-in.

Dementia capability training for ADRC and Tribal Partner agency staff must include memory screening training. Memory screening training must be conducted in accordance with the Memory Screening in the Community Manual (P-01622), developed by DHS. It is the expectation that the majority of memory screens will be provided by ADRC specialists, not the DCS.

It is recommended that DCSs measure the change in knowledge and attitudes about dementia in staff members using the Dementia Knowledge and Assessment Tool (DKAT).

DCS may also train other county, municipal, and Tribal agency staff members to be dementia-capable, including aging unit staff, public health staff, veteran services officers, sheriff department staff, police officers, firefighters, 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.

The following is a list of topics that DCS should use when providing training. Some of the topics are more complex than others and may not be appropriate for all audiences. DCS should use their professional judgment to select which topics are appropriate for which audiences.

1. **Knowledge topics**
    - Definition of dementia
    - Different types of dementia, including mild cognitive impairment

- Basic demographic data about dementia and population level information
- Disparities in dementia prevalence
- General stages of dementia
- Brain changes in dementia
- Common symptoms of Alzheimer's disease and related dementias
- Needs of caregivers
- Needs of a person with dementia
- Importance of screening and diagnosis and diagnostic process with a focus on early diagnosis
- Normal aging versus dementia
- Conditions that mimic dementia
- Brain health, dementia risk factors, and prevention
- Safety at home or in another environment

2. **Skill topics**
    - How to assess for communication and behavioral changes
    - How to recognize someone who has dementia
    - How to interact with someone who has dementia
3. **Services and resources**
    - DCS role and referral process to the DCS
    - Dementia-friendly communities or dementia-friendly business training
    - ADRC services for people with dementia and caregivers
    - Community resources for people with dementia and caregivers
    - Resources used by the DCS

B. Pillar 2: Facilitating Dementia-Friendly Communities

DCS will serve as catalysts for developing and implementing strategies to create and sustain dementia-friendly communities in the ADRC or Tribal Partner agency 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 and 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 all ADRCs and Tribal Partner agencies: a dementia-specific community coalition, active memory cafe(s), and dementia-friendly business trainings.

C. 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 (P-02009 18-03). One of the two programs must be evidence-based and specific to serving family caregivers.

In addition, DCSs are expected to provide the following to support people with memory concerns or a dementia diagnosis, when appropriate:

- 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
- Assistance with advanced and ongoing care planning

The Dementia Care Specialist Program also serves family caregivers of people with dementia. DCSs are expected to provide the following to caregivers, when appropriate:

- Information and education about dementia, communication strategies, and safety considerations
- Assistance with identifying, appropriately responding to, and managing behavioral symptoms
- 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 an ADRC specialist/Tribal ADRS. 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.

III. Collaborating With Other Aging and Disability Programs

A. DCS Role in Older Americans Act (OAA) Programs

Regardless of whether the ADRC or Tribal Partner 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.

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

2. **Caregiver programs**
   The DCS 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). The DCS may not manage AFCSP or NFCSP, which includes assisting customers with completing and turning in applications.

3. **OAA-funded health promotion programs**
   The DCS 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 the DCS to facilitate are outlined in Evidenced-Based Health Promotion Programs and Evidenced-Informed Health Promotion Activities for Dementia Care Specialists (P-02009 18-03). The DCS should coordinate with the staff member at the aging unit and report the necessary data for the program.

4. **Senior Employment Program**
   The DCS may train program coordinators on how to work with customers with dementia. When customers are looking for employment opportunities, the DCS may refer them to the program coordinator.

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

6. **Adult protective services**
   The DCS may provide dementia-related training, including memory screen training, to APS workers. Additionally, the DCS may do joint home visits with APS workers to provide dementia-specific support.

B. DCS Role in Dementia Crisis Planning and Response

The DCS is 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.
- Accompany adult protective services workers on home visits when dementia is suspected to be involved in the case.
- Consult with crisis workers and other emergency responders on individual cases during regular business hours.
- Consult with or serve on local coalitions or task forces that are working to improve local systemic responses for people with dementia in crisis.

The DCS can 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.

The DCS can 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.

The DCS can 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.

C. DCS Role With Volunteers

The DCS 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 Brain and Body Fitness. 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. Volunteers that provide memory screens should have an appropriate skill set to provide memory screening.

D. DCS Role With Medical Providers

This section uses the following definitions:

1. **Medical care providers**

   Medical care providers include clinical staff in the following settings:

   - Hospitals
   - Medical clinics
   - Private medical or psychiatric practice
   - Home health care agencies
   - Mental health clinics

2. **Clinical staff**

   The term "clinical staff" refers to any care provider holding a license to practice their profession, and individuals hired into positions that provide direct care to people with dementia in these settings, such as certified nursing assistants and lab technicians.

3. **Non-clinical staff**

   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

The following are appropriate activities for the DCS to engage in with medical providers:

- Provide dementia-friendly business training to non-clinical staff in medical settings.
- Provide outreach and education about the ADRC and the memory screening program to all medical care providers.
- Consult with medical care providers about the development and implementation of training materials and education for clinical staff.
- Assist medical professionals in a hospital setting in determining goals for becoming a dementia-friendly hospital.
- The DCS 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.

E. DCS Role in Working With Residential Care Providers

1. Training

The DCS does 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, and AFH).
- Home health care staff.

The DCS can refer requests for training to resources that offer specialized training for professional care staff. The following is a partial list of resources available to professional care providers:

- 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 workshops 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.

2. 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.
- Allowing staff members to participate in coalition activities, including providing unbiased, non-promotional dementia-friendly business training, or offering educational events to the public.
- Working with schools to provide hands-on experiences for students to be able to interact with people with dementia.

In addition, 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.

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.

F. DCS Role With Long-Term Care Programs and Their Members and Participants

In general, members and participants of long-term care programs (P-03062-03) should be served by the staff of the program in which the person enrolls. Therefore, the DCS 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 living with dementia and has built a relationship with that person before they enroll in a long-term care program, the DCS can continue to work with them while initiating a transition to the case manager or other long-term care staff member. The transition period should not exceed 30 days.

The DCS is allowed to provide support to family caregivers of people who are members or participants of long-term care programs.

The DCS 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.

IV. Operational Policies and Procedures

A. Agency Requirements

ADRCs and Tribal Partner agencies need to meet the requirements of a dementia-capable ADRC/Tribal Partner agency. A dementia-capable ADRC/Tribal Partner agency is defined as an ADRC/Tribal Partner agency that trains and empowers all staff members and volunteers to have the knowledge and 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/Tribal Partner agency recognizes and accommodates the

needs of people with dementia who experience physical, cognitive, and behavioral symptoms of dementia, in addition to other conditions.

In the event that the DCS leaves their position or is on an extended leave, the ADRC/Tribal partner agency 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.

All ADRCs are required to staff a DCS at a minimum of .5 FTE per county in their service area. ADRCs are prohibited from combining a part-time DCS position with any of the following:

- Adult protective services
- Disability benefit specialist
- Elder benefit specialist

ADRCs may choose to share a DCS position with another ADRC. ADRCs that are considering this approach should consult the Organizational Structure (P-03062-12) section of the ADRC operations manual that describes positions shared between multiple ADRCs.

All Tribal Partners are required to staff a DCS at a minimum of 1.0 FTE per Tribe.

B. Supervision

The ADRC shall hire and orient the DCS in accordance with the Dementia Care Specialist Position Description template (P-03121) and the Dementia Care Specialist Orientation Plan template.

The ADRC/Tribal Partner 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

C. Allowable Funding Sources and Expenses

Grant to ADRCs and Tribal Partners (P-03062-16)

Beginning in 2022, DCS funding was included with the ADRC base funding allocation. In order to determine the amount of additional base funding each ADRC would receive to support the DCS program, a population based formula was used. For every county, the minimum funding allocation for the DCS program is $40,000. For ADRCs that receive more than the minimum, the ADRC should employ a minimum of 1.0 FTE dementia care specialist, or one that is as close to full-time as possible within the limits of the funding allocated to the county. This expectation increases incrementally as the funding allocation increases based upon population.

ADRCs can use the following table as a guideline for the FTE expected to be employed for the DCS program based upon the funding allocated. Please contact the DCS Program Manager regarding any questions about minimum required or expected FTE.

Single County ADRC

Funding Amount	Expected FTE *as close as possible within the limits of funding
$40,000	.5
$80,000	1.0
$120,000	1.5
$160,000	2.0

Regional ADRC

Total Counties in Region	Funding Amount	Minimum Required FTE

2	$80,000	1.0
3	$120,000	1.5
4	$160,000	2.0

All Tribal Partners receive a base funding allocation for the dementia care specialist in the amount of $80,000 and are expected to employ a minimum 1.0 FTE DCS.

Policy Requirements

Confidentiality (P-02923-06)

Conflict of Interest (P-02923-03)

Complaints and Grievances Regarding ADRC Services (P-02923-02)

D. Training and Certification Requirements

The DCS 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, and training events.

The DCS is expected to attend all recurring, virtual team meetings, and participate in regional and statewide program meetings. DCS are required to attend annual, statewide, in-person training in the fall, consisting of programmatic training and collaborative discussions, and DCS Research Day, hosted by Wisconsin Alzheimer's Institute and the Wisconsin Alzheimer's Disease Research Center. Participation in other in-person, statewide, training are optional, though strongly encouraged.

The DCS is required to complete training to conduct memory screens.

E. Reporting Requirements

1. **Client tracking**

   The DCS must follow the requirements for client tracking reporting that are outlined in the Client Tracking (P-03062-09) section of this manual. e to ensure reliable, accurate data.

2. **DCS Activity reporting**

   All outreach, public education, and programming activities should be reported in the PeerPlace statewide database. DCS activity reporting that was previously reported on the DCS SharePoint site will continue to be available on SharePoint on a read-only basis.

   Media outreach about the role of the DCS or dementia-related ADRC/Tribal Partner agency services should be recorded in PeerPlace . Media outreach related to an in-person event should be recorded when the program or event is recorded.

   Outreach and public education events should be recorded in PeerPlace . The DCS should include meetings that are external to the ADRC/Tribal Partner agency 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.

   Programming including memory cafes and book clubs should be recorded in PeerPlace . 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 in Peer Place .

   If the DCS trains other ADRC/Tribal Partner agency 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 in PeerPlace .

3. **Annual Work plan and Year-end Summary Report**

   The DCS must develop an annual work plan using the Dementia Care Specialist Work Plan & Year-End Summary Report template (F-02882). Work plans for the current contract year should be prepared, in consultation with the supervisor, and retained at the local agency for reference. The document is intended to be a living document and can be

updated and amended, as needed, during the contract year. At the end of the contract year, DCS should email the Work Plan and Year-end Summary Report for the prior contract year within 30 days of the closing date of the reporting period. . Completed Work Plan and Year-end Summary Reports should be emailed to DHSBADRDCS@dhs.wisconsin.gov . Agencies requesting technical support in the preparation of the Work Plans and Year-end Summary Report, may request assistance via email to DHSBADRDCS@dhs.wisconsin.gov.

4. **Other required reporting**

   The DCS may provide services or programs that are managed by other organizations. The DCS should follow the reporting requirements of those organizations (for example, reporting Powerful Tools for Caregivers data to WIHA).