

**To: Helen Lamont PhD
HHS Office of the Assistant Secretary for Planning and Evaluation
Room 424 E
Humphrey Building
200 Independence Ave SW
Washington DC 20201**

**Subject: National Alzheimer's Project Act
Meeting July 19th 2013**

Date: July 2nd 2013

**From:
National Council of Certified Dementia Practitioners NCCDP /
International Council of Certified Dementia Practitioners ICCDP**

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Please see below the HHS 2013 recommendations and National Council of Certified Dementia Practitioners and International Council of Certified Dementia Practitioners recommendations for items pertaining to HHS numbers 14, 16, 18, 21 and 22 and education related items.

HHS 14: Develop a unified curriculum for primary care practitioners to become more knowledgeable about AD and enhance the skills necessary to deliver dementia capable care.

HHS 16: Form a blue ribbon panel of experts on advanced dementia to develop innovations in clinical care practice and quality, including palliative care, for people with advanced dementia.

HHS 18: States should assure that they have robust, dementia capable LTSS systems.

HHS 21: State education and health agencies and others should include key information about AD in all curricula for any profession or career track affecting LTSS.

HHS 22: State, local and private sector organizations should ensure that paraprofessional caregivers in every venue are adequately trained and compensated.

**National Council of Certified Dementia Practitioners NCCDP /
International Council of Certified Dementia Practitioners ICCDP
Recommendations:**

NCCDP is recommending that the HHS include in the July 19th 2013 meeting of NAPA recommendations;

NCCDP is recommending that Alzheimer's disease and dementia education be provided by a Certified Alzheimer's Disease and Dementia Trainer who has completed at minimum 12 hours of dementia education by a national training company who provides training for in-service directors and trainers, a Train the Trainer program that includes but not limited to; dementia / Alzheimer's disease overview, diagnosis, prognosis, treatment, medications, behaviors, wandering, hoarding, sexuality, cultural diversity, nutrition, death and dying issues, types of dementia, depression, etc.

NCCDP recommends that the National Council of Certified Dementia Practitioners and International Council of Certified Dementia Practitioners are added to the list of organizations that provide dementia education.

NCCDP is recommending that dementia education be required of all health care professionals and front line staff which includes but not limited to Physicians, Medical Directors, Pharmacists, Consultants, Activity Professionals, Recreation Specialists, Administrators, Assistant Administrators, Occupational Therapists, Physical Therapists, Speech Therapists, Nurses, Nursing Assistants, Personal Care Assistants, Home Health Aides, Dietitians, Social Workers, Clergy, Dietary Workers, Universal Workers, Housekeepers, Maintenance Workers, Security Guards, Bus Drivers, Mental Health Workers, MDS Coordinators, etc., All health care workers and front line staff who are currently working in Hospitals, Nursing Homes, Assisted Living, Adult Day care, CCRC, Hospitals, Home Care Agencies, , Hospice Agencies, Management Companies, Hospitals, Rehab Centers, Memory Centers, Boarding Homes, Adult Foster Homes, Senior Centers, Independent Living, HUD Housing, Shared Housing and any other geriatric setting and that the dementia education at minimum will consists of 12 hours of LIVE dementia education and an additional LIVE 8 hours that includes abuse and neglect and presented LIVE by Certified Alzheimer's disease and Dementia Trainers

NCCDP recommends that all new staff (new hires) are required to have this education prior to beginning work or assignments.

NCCDP is recommending that all employees who work in any health care industry such as; associations, aging government office such as the Ombudsman, Office On Aging, State Offices who have Surveyor's, etc., are all required to have a minimum of 12 hours live dementia education at minimum and an additional LIVE 8 hours of education that includes abuse and neglect and presented LIVE by Certified Alzheimer's disease and Dementia Trainers

NCCDP is recommending that all learning institutions, trade schools, universities and two year colleges who provide any type of health care curriculum such as Nursing Assistant, Occupational Therapy, Physical Therapy, Speech Therapist, Certified Therapeutic Recreation Specialist, Social Work, Nursing, Physician, Pharmacist, Dietitian, etc., either as a certificate program, registry program, licensing program or a degree degree will be required to provide 12 hours of dementia education and 8 hours of abuse and neglect classes prior to graduating from the program. NCCDP is recommending that the dementia education be taught live by a Certified Alzheimer's disease and Dementia Trainer.

NCCDP recommend mandatory 6 hours minimum of dementia education for all First Responders which includes but not limited to Law Enforcement, EMT's and Fire Fighters because they are often the first professional in the home during a crisis and they need dementia education so they are equipped to respond to a confused or disoriented individual. NCCDP recommends the education is provided by a NCCDP Certified First Responder Dementia Trainer CFRDT.

NCCDP recommends that the health care professional, front line staff and organization have the ability to select which company, college, trade school or private trainer to provide the Alzheimer's disease and dementia education and no one should be forced to select from a pared down list of a few institutions regardless of the organization private or nonprofit status. The public should make a choice based on the reputation, experience and knowledge of the organization presenting the dementia education.

NCCDP recommends that HHS put together a comprehensive list of institutions, technical colleges, organizations, consulting companies, private trainers and companies who provide Alzheimer's disease and dementia education and companies should be allowed to add their name to the list of providers with no endorsement from HHS. HHS should not recommend nor endorse one organization, trade school, university, private trainer, etc over another.

NCCDP recommends that HHS not put any kind of stipulation on a training program nor require that a training program be evidenced based. HHS should recommend what topics a comprehensive curriculum includes.

NCCDP recommends that ADEAR be expanded to include more information and resources for health care professionals to utilize rather than develop another national repository.

NCCDP recommends that ADEAR provide a list of USA and international organizations of what they provide and products, resources, learning materials, assessments currently available and includes but not limited to state organizations, institutions, organizations, companies, etc.

NCCDP recommends that no money be put aside for HHS to develop a national Alzheimer's disease and dementia repository when ADEAR already exists.

NCCDP recommends that more organizations that are providing Alzheimer's disease and dementia training are added to the NAPA sub committees.