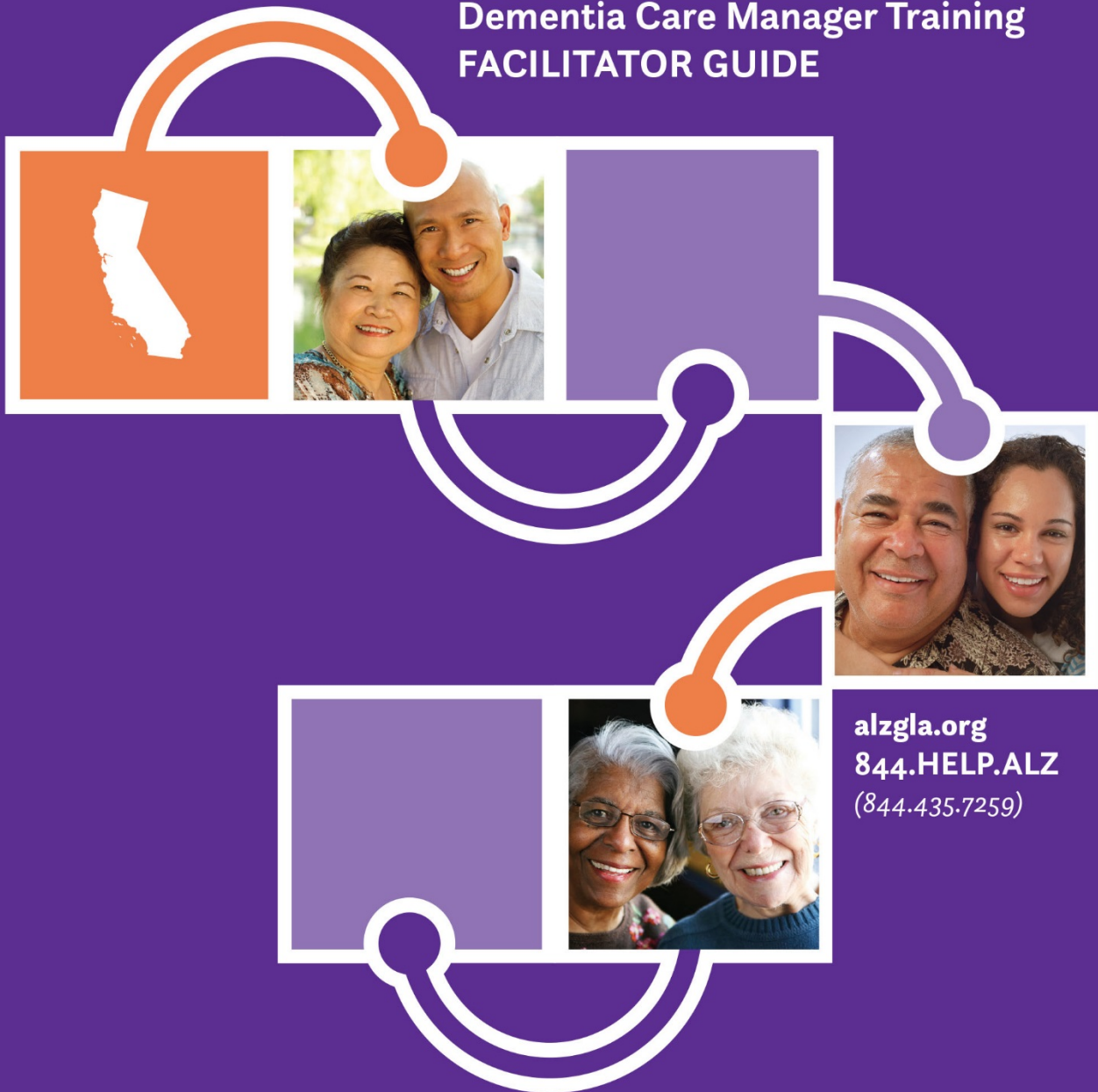




# *Dementia Cal MediConnect Project*

Dementia Care Manager Training  
FACILITATOR GUIDE



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## **Dementia Cal MediConnect Project**

# **DEMENTIA CARE MANAGER TRAINING FACILITATOR GUIDE**

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## Dementia Care Specialist Training Overview

The Dementia Care Manager Training is designed for various health plans throughout the State of California who are participating in California's Coordinated Care Initiative, Cal MediConnect Dual Demonstration. Care managers are selected by the health plans to participate in the Dementia Care Manager Training.

The duration of the training is approximately seven hours. The training can occur in one day; however, it is preferable to conduct over two days, as it better facilitates the learning process.

The Dementia Care Manager Training aims to improve quality of care for patients with Alzheimer's disease and related dementias (ADRD), and their caregivers. The training ultimately works towards optimizing health system performance by enhancing patient care, improving overall health, and managing costs. The training, as part of the larger Dementia Cal MediConnect Project, improves dementia care capacity within health plans by strengthening workforce capabilities and cultural competency. The Dementia Care Manager Training aligns with goals and recommendations outlined in *California's State Plan for Alzheimer's Disease: An Action Plan for 2011-2021*.

### Dementia Care Manager Learning Objectives:

- Increase understanding of Alzheimer's disease and related dementias (ADRD) and their symptoms
- Increase ability to manage care for people with ADRD
- Increase knowledge of effective management of cognitive and behavioral symptoms of ADRD
- Demonstrate ability to make appropriate referrals to available home and community based services (HCBS)
- Increase care manager self-efficacy in developing and implementing care plans for patients and their caregivers

## Materials/Supplies

The following materials/supplies will be needed for the training:

Audiovisual Supplies	General Supplies	Participant Materials
Computer	Name badges	Sign-in sheet
Projector	Markers (to write on board)	PowerPoint slides
Speakers	Pens	Worksheets
	Post-it notes	DCS Toolkit
	Easel Pads	Post-training evaluation
	Index cards	Resource Directory (if applicable)
		Certificates of completion/CEUs

Trainers are encouraged to review all materials and activities prior to the training so they are familiar with what needs to be set up ahead of time.

## Symbols

The following symbols are used throughout the DCS Training presentation. Corresponding colors are used in the training outline to differentiate direct instruction from other forms of learning.



Videos/vignettes help illustrate, provide insight, and put a “face” to training topics; immediately following a video, it is helpful to debrief main ideas, relevant topics, or areas that merit further attention. During the training, refer back to videos/vignettes so that concepts can be applied to what was seen.



Facilitated discussions help the trainer guide discussions so that participants actively engage in dialogue, relate concepts to previous experiences, discuss immediate relevance, and determine future relevance. Facilitated discussions shift the focus of the training from being didactic to participatory. They also allow participants to process concepts and exchange ideas in a respectful manner.

During facilitated discussions, the trainer should encourage participation from multiple participants and set the tone for respectful discussion. Make sure to allow different people opportunities to speak and provide affirmations.



Activities help participants apply what they are learning and build team learning. Activities encourage active participation and problem solving. Like facilitated discussions, activities shift the focus of the training from being didactic to participatory and interactive.

## Dementia Care Manager Training Modifications/Considerations

- The Dementia Care Manager Training has been designed as an approximately seven-hour training [note: time on outline is only an estimate and should be used as a guide]; however, each health plan will determine the specific amount of time allocated to the training. In accommodating and respecting the **time allocated** to the training, **flexibility** must be used.
  - If a plan allocates additional time to the training, more in-depth discussions can take place, more thorough review of activities can occur, and the trainer will be able to provide more detailed examples throughout the training.
  - If a plan allocates less time to the training, the trainer will need to scale back activities and discussions.
- Each trainer should incorporate examples, stories, and vignettes into the training. This helps bring topics “to life,” increases relevance, and promotes application of concepts.
- Because the Dementia Care Manager Training is being delivered within various health plans throughout California, the **training content will need to be modified for each health plan**. Training content needs to reflect the different structures, systems, and needs of health plans, the variations in home and community-based services in different geographical locations throughout the State, and different services available through various Alzheimer’s organizations.

Training content, particularly in ***Part IV: Resources/Support Services***, needs to be **adapted** to reflect the structure of the health plans and the available resources and support services in the area.

Although modifications will need to be made to the training, **components of the training, and general content, need to be maintained so there is fidelity.**

- It is important that **breaks are built into the training**. Breaks are not pre-determined because each health plan will structure the training differently. The trainer needs to allow time for participants to take breaks. This will facilitate learning and make the overall training more productive.
- Throughout the training, the trainer will need to **assess group dynamics** to determine if activities are better completed individually, with a partner, or in groups. Most activities have been designed to allow for flexibility. If the trainer sees that the larger group enjoys working collaboratively and uses time effectively, activities should be adapted to accommodate for this learning style. Conversely, if the trainer sees that people prefer working independently, more individual activities can occur.

- The trainer should **utilize concepts of adult learning** throughout the training to maximize effectiveness. Principles of adult learning that should be integrated throughout the training, include:
  - **Dialogue** (facilitate sharing life experiences and insights; participants will benefit from hearing from their peers/colleagues)
  - **Respect** (appreciate the contributions and life experiences of participants; connect existing knowledge to learning objectives)
  - **Relevance** to previous experience (make connections to what people already know or can do)
  - **Immediate relevance** (participants should see how they can immediately use and apply what they have learned; application of knowledge to jobs is important)
  - **Future relevance** (participants need to realize the utility of what they are learning for the future)
  - **Active participation** (professionals have a depth of knowledge and skills to contribute to the training; they are not passive recipients of knowledge)

# Dementia Care Manager Training Outline

## Introduction: Dementia Cal MediConnect Project

### Introduction: Dementia Cal MediConnect Project

### Part I: Fundamentals of Cognitive Impairment, Alzheimer's Disease, and Related Dementias

- 1) Statistics/Impact of Alzheimer's on Health Care
- 2) Age-Related Memory Loss/Early Warning Signs
- 3) Dementia
- 4) Alzheimer's Disease
- 5) Disease Progression
- 6) Risk Factors
- 7) Screening and Diagnosis
  - A. Assessment: AD8 screening tool

### Part II: Practical Dementia Care Management

- 1) The Unique Role of Care Managers in Dementia Care Management
- 2) Engaging Caregivers
- 3) Management of Alzheimer's Disease and Related Dementias
  - A. Guideline for Alzheimer's Disease Management
  - B. Mandatory Reporting/Elder Abuse and Driving
  - C. Medication Management
  - D. Co-Existing Conditions
  - E. Safety
  - F. Managing Behavioral Symptoms
    - a. *IDEA!* Approach
    - b. Identification of warning signs of health issues/red flags
    - c. Common challenging behaviors and management strategies
  - G. Alternatives to Pharmacological Approaches
- 4) Reducing Hospitalizations and Readmissions
  - A. Delirium

### Part III: Caring for the Family

- 1) Cultural Perspectives on Alzheimer's
- 2) Lesbian, Gay, Bisexual, Transgender (LGBT) considerations
- 3) Caring for Caregivers

### Part IV: Resources/Support Services

- 1) Dementia Care Specialist
- 2) Alzheimer's Greater Los Angeles Resources
- 3) ALZ Direct Connect Referral Program

### Closing: Culminating Activity/Problem-Based Scenario



## Sample Training Agenda

\*All times are approximate; trainer/presenter should adjust times as needed

### **Dementia Cal MediConnect Project**

8:00am-8:30am

- Pre-Training Evaluation
- Dementia Cal MediConnect Project
- Care Manager Training Objectives

### **Part I: Fundamentals of Cognitive Impairment, Alzheimer's Disease and Related Dementias**

8:30am-10:30am

- Statistics/Impact of Alzheimer's on Health Care
- Age-Related Memory Loss/Early Warning Signs
- Dementia
- Alzheimer's Disease
- Disease Progression
- Risk Factors
- Screening and Diagnosis

### **Break**

10:30am-10:45am

### **Part II: Practical Dementia Care Management**

10:45am-12:00pm

- The Unique Role of Care Managers in Dementia Care Management
- Engaging Caregivers
- Management of Alzheimer's Disease and Related Dementias
- Mandatory Reporting: Elder Abuse/Driving
- Medication Management
- Co-Existing Conditions
- Safety

### **Lunch**

12:00pm-1:00pm

### **Part II: Practical Dementia Care Management (continued)**

1:00pm-2:45pm

- Behavioral Symptoms
- IDEA!
- Alternatives to Pharmacological Approaches
- Reducing Hospitalizations and Readmissions

### **Break**

2:45am-3:00pm

### **Part III: Caring for the Family**

3:00pm-3:45pm

- Culture Perspectives on Alzheimer's
- Caring for Caregivers

### **Part IV: Resources/Support Services**

3:45pm-4:15pm

### **Culminating Activity/Post-Training Evaluation**

4:15pm-5:00pm

### Video Clips

(1) Alzheimer's Disease Latest Facts and Figures 2014

<https://www.youtube.com/watch?v=waeuks1-3Z4>

(2) What is Alzheimer's Disease

<https://www.youtube.com/watch?v=gWv9jrk-gXc>

(3) HBO: The Alzheimer's Project

<http://www.hbo.com/alzheimers/the-films.html>

(4) The Forgetting (PBS Documentary)

<http://www.pbs.org/theforgetting/>

(5) Study: hospitals dangerous for Alzheimer's patients

<https://www.youtube.com/watch?v=5AhWll27lm4>

(6) Department of Veterans Affairs: Delirium Quiet and Excited

<https://www.youtube.com/watch?v=zv38U8SNJFs>

(7) The Alzheimer's Caregiver - Janice Crenwelge on her Husband's Wandering

<https://www.youtube.com/watch?v=wOAEJAtfTWU>

Clip time: 0:02-1:16

## **Training Evaluation**

The Dementia Care Manager Training will be evaluated using a pre-training survey, a post-training survey, and six-month post-training survey. The evaluation tool will assess previous ADRD training, knowledge of ADRD, knowledge of home and community based services, self-efficacy, increase in referrals, and training satisfaction. The evaluation tool will also assess care managers' thoughts about systems of care.