**Purpose:** To assist with identifying providers that offer specific support and services to members who have needs related to advanced dementia which include, but are not limited to: high levels of physical aggression (to peers and staff), self-injurious behaviors, property destruction, elopement/wandering, and/or other behaviors that may be connected to stages of dementia which, if not supported appropriately, may lead to:

|  |  |
| --- | --- |
| * Health and Safety Risks
 | * Decrease in quality of life
 |
| * Possible Institutionalization
 | * Barriers to an outcome
 |
| * Loss of independence
 |  |

There are specific programmatic and structural emphasis that lead to increased success in supporting members with dementia related behavioral needs. The categories and subsets below are not all inclusive, but make up the elements often required to properly support individuals with advanced dementia:

**Staffing:**

[ ]  Flexibility within staffing ratio to support ebb and flows of member need/crisis.

[ ]  Ability to match staff specifically to individual member need.

[ ]  One or multiple staff that has five years or more experience and/or training around Alzheimer's disease and/or

 dementia care.

[ ]  Flexibility of management staff to work on site during different shifts providing oversight to direct line staff in an

 effort to support consistency of behavioral interventions.

[ ]  Access to additional staff during emergency situations (i.e., on-call capabilities).

[ ]  Established longevity within current staff at a program or additional experience requirements when hiring new

 staff.

**Programmatic:**

[ ]  Effective assessment tools specific to Alzheimer's disease or related dementia.

[ ]  Effective proactive and positive behavior support planning.

[ ]  Effective process for establishing a plan of care and/or a behavioral support plan for individuals with advanced

 Alzheimer's disease and/or Dementia care.

[ ]  Effective documentation and data collection systems.

[ ]  Effective internal and external communication strategies

[ ]  Ability to continue to support a member during crisis situations even if there is an identified need for a change in

 provider or setting.

**Training:**

[ ]  Overall training plan and schedule that supports an understanding of specific behaviors, Alzheimer's disease and/or

 Dementia care, de-escalation, and providing staff coping skills to decrease burn out.

[ ]  Training specific to supporting health and safety during incidents of dangerous and challenging behaviors (i.e. verbal

 and/or physical aggression). This would occur minimally during staff orientation and annually.

[ ]  Training of individuals specific to resident rights.

**Ability to Modify the Environment Based on Member-Specific Assessed Needs** *Examples include, but are not limited to:*

[ ]  Ability to safeguard members that wander through use of delayed egress or alarmed doors.

[ ]  Create a calming environment low-moderate stimulation (calming music).

[ ]  Use large clocks and large signs.

[ ]  Decrease shadowy lighting, reflective surfaces, and pattern wallpaper.

[ ]  Other home modifications to support health and safety as needed.