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Date: 9/15/2017 1:22:25 PM

Subject: Lifespan Respite State Plan Recommendations

Attachments: [Lifespan Respite Recommendation Training 2017.doc](#)

[Lifespan Respite Recommendation Provider Registry 2017.doc](#)

Danny,

I've attached a couple of our recommendations, still in draft form, which correlate to our earlier conversation. Although respite specific, they could certainly apply to a broader direct worker perspective.

I'll reach out to our grant partner for the info on other states that we also talked about earlier. Once I receive that, I'll forward. Additionally, I went back to the Alzheimer's State Plan I referenced in our conversation and have cut and pasted below, those recommendations applicable to the topic. Please let me know if you any questions.

Recommendation 8.

Establish standards for dementia-specific training for staff of any state licensed entity, including but not limited to nursing homes, community residential care facilities, home health agencies, hospice, or adult day care centers that provide for care of individuals with ADRD

Rationale: There is currently no standard curriculum for staff working with Alzheimer's patients. Consistent training will enhance delivery of care to Alzheimer's patients.

Responsible Party: SC Alzheimer's Association, SC Department of Health and Environmental Control, long term care providers, SC Technical College System, SC Department of Health and Human Services, USC Office for the Study of Aging

Recommendation 15.

Incorporate mandatory training modules and continuing education on ADRD for medical school students, licensed doctors, and licensed nurses of all disciplines.

Rationale: There is limited mandatory training on dementia for physicians and health professionals; however, the field of dementia is continually changing, and patients rely on physicians and health professionals to provide them with up-to-date information, diagnostic tools and treatment options. As physicians frequently represent the initial point of entry for persons with ADRD, opportunities for continuing education on dementia will increase patient access to an accurate diagnosis and appropriate referrals. In addition, existing senior mentoring programs may be an appropriate vehicle for additional training on ADRD for medical students.

Responsible Party: SC Medical Association, SC Nurses Association, Medical University of South Carolina, USC School of Medicine, SC Technical College System, Primary Care Association with facilitation through the SC Alzheimer's Association and the Lt. Governor's Office on Aging

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