

VERSION 1.0
APRIL 17, 2017

STATE OF WEST VIRGINIA
CRFQ VNF1700000008
ALZHEIMER'S TRAINING FOR STAFF

04/24/17 09:25:52
Purchasing Division

**Prepared for State of West Virginia
Division of Veterans Affairs
West Virginia Veterans Nursing Facility**

**Prepared by *Dementia Care Specialists,*
*a division of Crisis Prevention Institute (CPI)***

Bid Opening Date: April 25, 2017



dementia care specialists

TABLE OF CONTENTS

DEFINITIONS	2
QUALIFICATIONS	2-3
MANDATORY REQUIREMENTS	4-9
CONTRACT AWARD	9-10
MISCELLANEOUS	10
APPENDIX A: <i>DEMENTIA CAPABLE CARE: FOUNDATION AND CARE APPLICATIONS</i> COURSE OUTLINES	11-13
APPENDIX B: <i>DEMENTIA CAPABLE CARE</i> OUTCOMES DATA, RESPONSES FROM VETERANS FACILITIES	14-15
APPENDIX C: TAXPAYER IDENTIFICATION AND CERTIFICATION, INSURANCE	16-18
APPENDIX D: PRICING PAGE	19-20



dementia care specialists

Definitions

CPI: Crisis Prevention Institute, parent company of Dementia Care Specialists

DCS: Dementia Care Specialists, a division of Crisis Prevention Institute (CPI), Vendor

DCC: *Dementia Capable Care* training class and curriculum

WVNF: West Virginia Veterans Nursing Facility, Agency

GPI: Global Professional Instructor, Trainer of *Dementia Capable Care* class and full-time employee of Crisis Prevention Institute's Dementia Care Specialists division.

Qualifications

- 3.1 **Dementia Care Specialist must have attended and completed National Certification Training of Alzheimer's/Dementia**
- 3.2 **Must be a certified Dementia Care Specialist and Alzheimer's educator. Certification must be provided upon request.**

- Dementia Care Specialists (DCS) is a division of the Crisis Prevention Institute (CPI) that's committed to advancing person-centered, abilities-based care for those living with Alzheimer's and related dementias, as well as the organizations caring for them. We offer total solutions for dementia care, helping clients and their families experience a higher quality of life, caregivers find more job satisfaction, and providers improve their business results and returns.
- **Kim Warchol, OTR/L: President of Dementia Care Specialists**
Kim has been practicing as an Occupational Therapist for over 22 years and she founded Dementia Care Specialists in 1999. Kim is an expert in the Allen Cognitive Disabilities Model, and since 1999 she has educated over 5,000 therapists and other health care professionals on the best abilities approach to dementia evaluation, treatment, and programming. In addition, she has set up many dementia living environments and care programs using this model. Kim was instrumental in the advocacy effort which led to the 2001 CMS Memorandum prohibiting the denial of therapy services based solely on the diagnosis of dementia. Kim was a committee member which was responsible for creating the Illinois Dementia Care Unit Minimum Standards of Care. She was member of the AOTA Cognitive Disability Expert Panel, and Kim contributed to the development of the Dementia Care Guidelines for Assisted Living Facilities and Nursing Homes published by the Alzheimer's Association. She has authored several dementia care articles and she lectures nationally on various topics of dementia care and the aging.
- **Chris Ebell, OT/L: Global Professional Instructor for Dementia Care Specialists**
Chris is the lead DCS trainer and an Allen Authorized Instructor. Chris received her B.A. Degree in Psychology from the University of Dayton and her B.S. Degree in Occupational Therapy at Chicago State University. In her many years of experience Chris has worked in various geriatrics settings including psychiatry, hospital rehabilitation, skilled nursing, and home health.
- **Sharon R. Host, OTR/L: Global Professional Instructor for Dementia Care Specialists**
Sharon received a B.S. Degree in Occupational Therapy from the University of Alabama at Birmingham. Her specialty is geriatrics and she has many years of experience in the long-term care setting and the



home health care industry. Sharon began her journey using the Allen Cognitive Disabilities Model in 1999 and completed the Dementia Therapy Master Clinician Program in 2009. She has presented at AOTA on Pain Management in the Aging Population and at the Alabama Occupational Therapy Association (ALOTA) Conferences on patient positioning and documentation in the geriatric population.

- **Lesley Rynders: Global Professional Instructor**

Lesley Rynders has experience as case manager and a professional trainer. Lesley has worked in various departments in long-term care which have provided her with resident and family interaction. She has a Bachelor's Degree in social work and has extensive experience in training staff members at all levels. Her skills and practical experience in facilitating groups and engaging adults provide for the maximum adult learning opportunity at her workshops and training courses. She has worked as a Global Professional Instructor for CPI for over 8 years.

- **Sharon Jackson: Global Professional Instructor for Dementia Care Specialists**

Dementia consultant Sharon Jackson has a degree in Occupational Therapy Assistant Technology and she has worked in long-term care/skilled rehab since 1998. Her professional experience includes working as a program designer to integrate the Allen Cognitive Disabilities Model into nursing to enhance the care of residents with dementia. In addition, she has served as a manager of a Memory Care Household, an Activity Designer, and an Activity Manager. She believes that ongoing education can help you raise the standard of care for people with cognitive impairments. Consulting and educating are her passion, with specialization and focus on adaptation of Activities and ADL care to match the individual's best ability to function. Sharon Jackson is the past president of the Allen Cognitive Network. She has served on the board since 2007 and was the president for two terms.

- **Kate Keefe, OTD, OTR/L, DCCT: Senior Global Professional Instructor for Dementia Care Specialists**

Kate achieved a post-professional doctoral degree in occupational therapy with a concentration in aging and education in 2016 from Rocky Mountain University of Health Professions. She graduated from the University of Hartford, Hartford, CT in 1997 with a Bachelor's of Science in Occupational Therapy/Minor in Psychology. Kate has dedicated her career to serving seniors in short-term rehabilitation, long-term care, In-patient Acute Gero-psychiatry and outpatient services. She has completed extensive studies in Dementia Care and became a Master Clinician in Dementia Therapy in 2003. Kate has been passionate about serving those that live with Alzheimer's Disease and Related Dementia. She believes that every therapist should embrace the Allen model, as it is the very foundation from which Occupational Therapy functions. Being a voice and an advocate for those living with ADRD, as well as teaching care partners and family to change their approach and recognize the skills a person has remaining at every stage of dementia has been her life's work.



Mandatory Requirements

- 4.1.1 **Alzheimer’s Training for ALL staff of the West Virginia Veterans Nursing Facility (WVNF).**
 - 4.1.1.1 **Training must be provided to approximately 135 staff members of the WVNF.**
 - 4.1.1.2 **Training sessions must be conducted 12 times per year. Dates of the training will be established by the Agency.**
 - 4.1.1.3 **The training sessions will be for duration of eight (8) hours for four (4) consecutive days.**
 - 4.1.1.4 **Days 1 and 2 of the sessions will be conducted in a classroom setting.**
- ***Dementia Capable Care: Foundation and Care Partner Applications* Two-Day Course.** This interdisciplinary training is designed for all care partners involved in dementia care, including therapists, administrators, facility educators, dementia program directors, nurses, CNAs, social workers, and activities, dietary, housekeeping, and other support staff.
 - Day 1: The *Foundation* course focuses on fundamental concepts and gives staff the skills to provide the highest quality of dementia care. Participants who complete this course and pass an online post-test within six months earn Dementia Care Specialist Certification. Participants will learn to:
 - Identify empowering paradigm shifts to create successful outcomes for those with dementia.
 - Demonstrate an understanding of Alzheimer’s disease and related dementias and their impact on cognitive function.
 - Identify cognitive assessments and screening tools to identify best ability to function.
 - Describe the best ability to function and key remaining abilities for each dementia stage, as defined by Allen Cognitive Levels.
 - Identify key care approaches for each dementia stage to promote the highest possible level of function in ADL, mobility, and leisure activity.
 - Understand strategies to enhance communication, minimize negative behaviors, and support families.See Appendix A for course outline. Note: Training at WVNF will be extended by 1 hour to include additional Case Study Review, Role-Play, and Discussion time. Total daily class time = eight (8) hours.

The dementia curriculum, *Dementia Capable Care: Foundation Course*, has been reviewed by the Alzheimer’s Association® and meets the Alzheimer’s Association Dementia Care Practice Recommendations in all 10 topic areas as per the latest report, issued July 13, 2016. See report results at crisisprevention.com/ALZreport.

- Day 2: The *Care Partner Applications* course builds on principles from day 1 (*Foundation*). This second day helps staff develop and apply new skills to enhance the memory care they provide. Participants will learn to:
 - Link information about ADRD, cognition, and stages of dementia to work realities.
 - Identify care approaches that will facilitate best ability to function for an individual at each stage of dementia.



- Practice person-centered communication strategies and care approaches specific to each stage of dementia.
- Develop customized care strategies.
- Create a comprehensive care plan, given communication strategies, care approaches, and behavior responses.
- Explain how various team members' efforts contribute to achieving positive outcomes for persons with dementia.

See Appendix A for course outline. Note: Training at WVNF will be extended by 1 hour to include additional Case Study Review, Role-Play, and Discussion time. Total daily class time = eight (8) hours.

The dementia curriculum, *Dementia Capable Care: Care Partner Applications*, has been reviewed by the Alzheimer's Association® and meets the Alzheimer's Association Dementia Care Practice Recommendations in 7 of the 10 topic areas as per the latest report, issued July 13, 2016. See report results at crisisprevention.com/ALZreport.

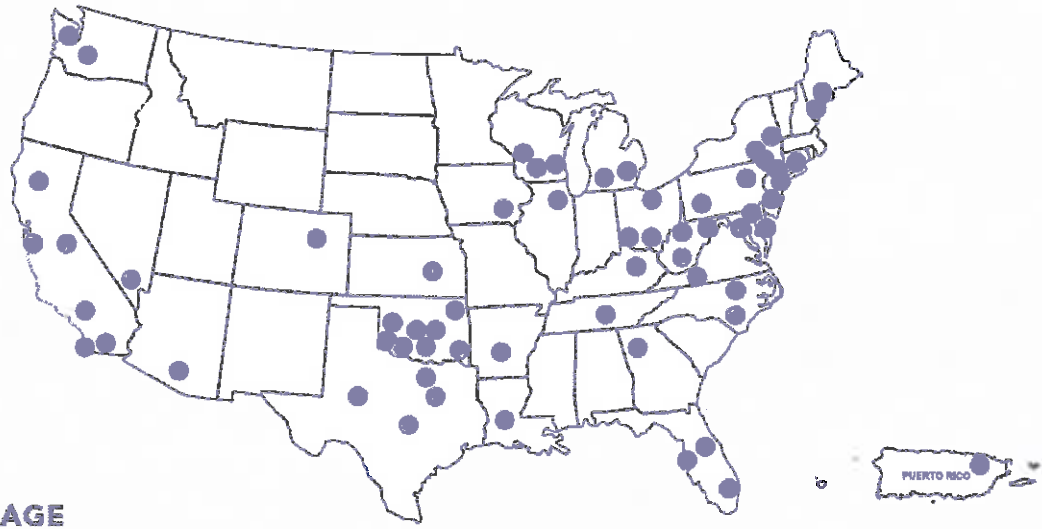
4.1.1.5 Days 3 and 4 of the sessions shall be conducted as observation training with the WVNF Alzheimer's/Dementia Care Unit.

- DCS Global Professional Instructor (GPI) will observe class participants from the 2-day *Dementia Capable Care: Foundation and Care Partner Applications* course as they implement the material recently learned in class in a real-life setting. Staff will gain additional insight into effectiveness of abilities-based, stage-specific, person-centered care for persons with dementia and learn problem-solving strategies with and for current residents. GPI will assess and sign off on individuals' competence and understanding of DCC material and make recommendations for changes to improve care.
- 4.1.1.6 Alzheimer's Training needs to be specifically directed to the unique needs of the Veteran Residents. Care for veterans with Alzheimer's and dementia differ from the average population due to the unique exposures to prisoner of war, hostage, and combat situations. Vendor must be capable of creating a different approach to the standardized training to meet the needs of the veteran population.**
- All individuals with dementia deserve respectful, person-centered care. But when those individuals are also veterans, providing the best possible care includes honoring the unique experiences of our nation's finest. And understanding that behaviors—even aggressive behaviors—may be rooted in the emotional aftermath of military service.

In 2014, the Crisis Prevention Institute's (CPI) team of Dementia Care Specialists (DCS) partnered with the VA to implement *Dementia Capable Care* at many of the hospitals and community living centers that serve veterans. As an approved dementia training provider, the DCS team has trained behavioral health, dementia, and memory care teams at more than 60 VA sites across the nation.



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CPI VA SITE COVERAGE

- | | | | | |
|---------------------------|------------------------|------------------------------|----------------------------|----------------------------|
| Arizona, Tucson | Florida, Tampa | New Jersey, Lyons | Oklahoma, Lawton | Texas, Carrollton |
| Arkansas, Little Rock | Georgia, Atlanta | New York, Albany | Oklahoma, Norman | Texas, Temple |
| California, Fresno | Illinois, Chicago | New York, Oxford | Oklahoma, Oklahoma City | Virginia, Salem |
| California, Long Beach | Kansas HCS | New York, Queens | Oklahoma, Sulphur | Washington, Seattle |
| California, Los Angeles | Kentucky, Lexington | New York, St. Cloué | Oklahoma, Tahhina | Washington, Tacoma |
| California, San Diego | Louisiana, Alexandria | North Carolina, Durham | Pennsylvania, Lebanon | West Virginia, Beckley |
| California, San Francisco | Maine, Augusta | North Carolina, Fayetteville | Pennsylvania, Philadelphia | West Virginia, Clarkburg |
| Colorado, Denver | Maine, Scarborough | Ohio, Chillicothe | Pennsylvania, Wilkes-Barre | West Virginia, Martinsburg |
| Connecticut, West Haven | Maryland, Baltimore | Ohio, Cincinnati | Puerto Rico, San Juan | Wisconsin, Madison |
| DC, Washington | Maryland, Perry Point | Ohio, Cleveland | South Dakota, Sioux Falls | Wisconsin, Milwaukee |
| Florida, Gainesville | Michigan, Battle Creek | Ohio, Dayton | Tennessee, Murfree | Wisconsin, Tomah |
| Florida, Miami | Michigan, Detroit | Oklahoma, Claremore | Texas, Big Spring | |
| Florida, Orlando | Nevada, Las Vegas | Oklahoma, Clinton | Texas, Bonham | |

VA Program Summary Participant Feedback: *DCC* consistently received high evaluation scores from class attendees, in keeping with the goals and metrics outlined by the VA Office of Innovation Grant which funded the initiative.

Course Attendees: 435 # of Course Evaluations Received: 421

Evaluation Questions Regarding Program Objectives and Content (5 = highest; 1 = lowest)

	Average Response
1. After reviewing the stated course objectives, I am satisfied the objectives were accomplished.	4.96
2. The program helped me increase my confidence to support persons with Dementia.	4.93
3. This program helped me to be prepared to train my staff.	4.91
4. The program emphasized a "best abilities" approach to care.	4.97
5. The program content was relevant to my needs.	4.95
6. How would you rate the program overall?	4.95

Evaluation Questions Regarding the Instructor(s): (5 = highest; 1 = lowest)

During the program, the instructor(s):

I-1. Applied the course content to variety of examples.	4.98
I-2. Stimulated interest in the subject matter.	4.97
I-3. Created an enjoyable learning atmosphere.	4.97
I-4. Utilized effective teaching methods.	4.97
I-5. Demonstrated content expertise.	4.98



- *Dementia Capable Care* is based on highly regarded theoretical frameworks that emphasize the importance of honoring the preferences, habits, and routines of each person in care. The program energizes the dementia care team to shift their focus from disabilities to abilities and to provide care that is truly person-centered.

For veterans, this means being cared for by a cohesive team of knowledgeable and well-trained dementia care professionals who have skills and the confidence to adapt care approaches, activities, and the environment at every stage of dementia and level of cognition.

- In September 2016, TechValidate, a 3rd-party research service, conducted a survey of Dementia Care Specialists/Crisis Prevention Institute customers. See Appendix B for responses from Veterans facilities across the US regarding DCC training outcomes.

- 4.1.1.7 Vendor's training sessions must discuss all stages of Alzheimer's disease and must include comprehensive care approaches for each stage. The care approaches must include how to obtain the highest level of patient functionality by discussing the most effective leisure activities, mobility improvement exercises, and activities of daily living (ADLs).**
 - 4.1.1.8 Training must provide strategies that will enhance communication, minimize negative behaviors, and assist families with support.**
 - 4.1.1.9 Vendor must have hand-outs and/or any training materials for the approximately 135 staff members prepared prior to the start of each training class. The Agency will not be responsible for providing any copies, hand-outs, or supplies of any type.**
- Day 1 -- *Dementia Capable Care: Foundation* establishes a common framework for promoting best abilities, providing all who work in dementia care a common framework about Alzheimer's disease and related dementias (ADRD), a best-abilities perspective, dementia stages, behavior management, and care techniques to promote the best ability to function. Participants are provided with all course materials for the day, including a Participant Workbook, Cognitive Assessment Tool Guide, and Certificate of Completion.

Course content includes:

- ✓ Introduction to Alzheimer's disease and related dementias (ADRD)
- ✓ Theoretical framework
- ✓ Philosophical framework
- ✓ Impact on cognition
- ✓ Identification of the stages of dementia
- ✓ Allen Cognitive Level and best-abilities approach
- ✓ Care approaches to maximize function and well-being
- ✓ Behavior and communication
- ✓ Strategies for minimizing behaviors and enhancing communication
- ✓ Family support methods

See Appendix A for course outline. Note: Training at WVVNF will be extended by 1 hour to include additional Case Study Review, Role-Play, and Discussion time. Total daily class time = eight (8) hours.

- **Day 2 – Dementia Capable Care: Care Partner Applications** applies new skills and adjusts various aspects of dementia care. Building on the *Foundation Course*, this course emphasizes application and includes activities, case studies, and discussions relative to assessment, care approaches, documentation, and functional maintenance programs. Participants are provided with all course materials for the day, including a Participant Workbook and Certificate of Completion.

Course content includes:

- ✓ Principles to guide care
- ✓ Examination of the stages of dementia in relation to the Allen Cognitive Levels
- ✓ Identification of care approaches for activities, ADLs, and behavior management
- ✓ Best-abilities approach for each stage
- ✓ Case studies
- ✓ Behavior and communication strategies
- ✓ Person-centered approach to each stage of dementia
- ✓ Simulations and role-plays
- ✓ Functional maintenance programs
- ✓ Creation of individualized plans with communication strategies, care approaches, and responses to behavior
- ✓ Interdisciplinary team strategies to achieve positive outcomes

See Appendix A for course outline. Note: Training at WVVNF will be extended by 1 hour to include additional Case Study Review, Role-Play, and Discussion time. Total daily class time = eight (8) hours.

- 4.1.1.10 The successful vendor must complete a tour of the WVVNF’s Alzheimer Unit and provide recommendations to enhance the resident environment. The facility will coordinate with the vendor to establish a date and time for the tour to be conducted.**
- 4.1.1.11 The successful vendor must review the policies of the WVVNF’s Alzheimer’s unit on a quarterly basis (March, June, September, and December) and provide written recommendations for changes or additions to existing policies.**
- **DCS will conduct a comprehensive Assessment of Key Components of Memory Care Best Practice.** Categories will include:
 - ✓ **Philosophy of Care:** What is the philosophy of care and is there evidence of the philosophy in practice?
 - ✓ **Policies and Procedures:** How are the systems of daily dementia care made operational and reinforced in the organization’s written protocols? How are these communicated and instructed to staff and families?
 - ✓ **Entry/Exit Criteria:** What is the entry/exit criteria for each level of care on campus? How is level of care assessed? Is there evidence of the criteria in practice?
 - ✓ **Environment:** Is the current (and planned future) interior and exterior Memory Care environment Dementia Supportive?
 - ✓ **Assessments:** How is Cognitive Level currently assessed, when and by what team members? How is key person-centered care information assessed, when and by what team members (i.e. Life Story, Dining Preferences and Activity Interests)?



- ✓ **Care Plans:** Do care plans demonstrate evidence of application of key memory care assessment information in care delivery including the ADL and Dining Programs?
- ✓ **Activity Program:** Does the individual Activity Plan and the group Activity Program demonstrate evidence of application of the key memory care assessment information?
- ✓ **Staffing:** What are the current staffing positions and staffing levels in Memory Care? Does staff planning (i.e. shifts and assignments) represent evidence of application of the resident memory care assessment information?
- ✓ **Training:** What dementia training is currently being offered and when? Is there evidence staff is implementing training principles, skills and approaches? Does the Occupational Therapy staff (and other therapy members) have advanced training in cognitive assessment and interventions? What is the role of therapy in the memory care program? Is there an opportunity to optimize (Medicare reimbursable) therapy service?
- ✓ **Quality Assurance/Improvement:** Is there a memory care QA/QI program in place? What tools are used to monitor and measure memory care outcomes? What are the results?
- ✓ **Family Education/Support:** How does the organization educate and support the loved ones of those with Alzheimer’s/dementia?

Note: In addition, DCS will gather other information such as the CLIENT’s memory care success vision and goals. The majority of the visit focus will be on the Memory Care neighborhood.

- **DCS will prepare a Comprehensive Audit Report**, identifying the following:
 - ✓ Areas of strength and weaknesses, with recommendations for small- vs. large-scale improvements as needed.
 - ✓ Overall readiness of CLIENT to deliver best in class memory care eligible to meet Memory Care Best Practice standards/criteria established by organizations such as the Alzheimer’s Association, Joint Commission and CMS/VA state surveys.

Contract Award

- 5.1 **Contract Award:** The Contract is intended to provide Agency with a purchase price for the Contract Services. The Contract shall be awarded to the Vendor that provides the Contract Services meeting the required specifications for the lowest overall total cost as shown on the Pricing Pages.
- 5.2 **Pricing Page:** Vendor should complete the Exhibit A Pricing Page by providing a flat fee for each training, which should cover all costs, including travel, hotel costs, training material, and any other training-related costs, and multiply by the number of classes for the year. Vendor should complete the Pricing Page in full, as failure to complete the Pricing Page in its entirety may result in the Vendor’s bid being disqualified.

Vendor should type or electronically enter the information into the Pricing Pages through wvOASIS, if available, or as an electronic document. In most cases, the Vendor can request an electronic copy of the Pricing Pages by sending an email request to the following address: Crystal.G.Rink@wv.gov.



- Alzheimer’s Training Class: Fees per 4-day session, to occur 12 times within contracted period, specific dates to be determined by WVNF.

See Appendix D for Pricing Page, as well as separate attachment Exhibit A

Description of Service	Rate	Extended Price
2-Day Dementia Capable Care: Foundation and Care Partner Applications course (Days 1-2) Maximum 40 participants per class	\$8,500 x 12 sessions	\$102,000
2-Day Observation Training in the WVNF Alzheimer’s/Dementia Care Unit (Days 3-4)	\$4,500 x 12 sessions	\$54,000
Alzheimer’s Unit Tour, Assessment, and Recommendations. Includes written report of findings in addition to all items listed in sections 4.1.1.10 and 4.1.1.11 One consultant, 3 onsite days total, includes but is not limited to: <ul style="list-style-type: none"> Focused on observation of staff Observation of programming Chart review Environmental review	\$2,500/day x 3 days	\$7,500
Remote Office Hours = 9 Hours related to preparation for visit, review and analysis of audit information, meetings, preparation and presentation of Comprehensive Tour and Assessment Report and recommended Project Plan.	\$200/hour x 9 hours	\$1,800
Total fees: Alzheimer Training Note: pricing is flat-fee and all-inclusive		\$165,300 (\$13,775 per session)

Miscellaneous

11.1 Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor’s responsibilities under this Contract. The Contract Manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

- Contract Manager: Virginia Pflanz, Director of Sales Operations
Telephone Number: (414) 979-7158
Fax Number: (414) 979-7098
Email Address: vpflanz@crisisprevention.com



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Appendix A:
Dementia Capable Care:
Foundation and Care Partner Applications
Course Outlines

Day 1 | Dementia Capable Care: *Foundation Course*

Course Description

The *Foundation Course* provides all who work in dementia care a common framework about Alzheimer's disease and related dementias (ADRD), a best-abilities perspective, dementia stages, behavior management, and care techniques to promote the best ability to function. Individuals who complete the *Foundation Course* and pass a free follow-up certification exam within six months can earn **Dementia Care Specialist Certification**.

Learning Objectives

By the end of this program, participants will be able to:

1. Identify empowering paradigm shifts to create successful outcomes for those with dementia.
2. Demonstrate an understanding of Alzheimer's disease and related dementias and their impact on cognitive function.
3. Identify cognitive assessments and screening tools to identify best ability to function.
4. Describe the best ability to function and key remaining abilities for each dementia stage, as defined by Allen Cognitive Levels.
5. Identify care approaches for each dementia stage to promote the highest possible level of function in ADL, mobility, and leisure activity.
6. Understand strategies to enhance communication, minimize negative behaviors, and support families.

Time Schedule and Program Content

Unit 1	Philosophical and Theoretical Framework 8:30-10:00 (.150)
	Break 10:00-10:15 (.25)
Unit 2	ADRD and Cognition 10:15-10:30 (.25)
Unit 3	Best Ability to Function 10:30-10:45 (.25)
Unit 4a	Stages of Dementia 10:45-12:00 (1.25)
	Lunch 12:00-1:00 (1.00)
Unit 4b	Stages of Dementia 1:00-2:15 (1.25)
	Break 2:15-2:30 (.25)
Unit 5	Assessment Tools 2:30-2:45 (.25)
Unit 6	Communication and Behavior in Dementia Care 2:45-4:00 (1.25)
Unit 7	Supporting Families 4:00-4:30 (.50)
	Post Assessment and Wrap-Up 4:30-5:00 (.50)
Total Contact Hours = 7 (excluding Lunch and Breaks)	

Format and Methods of Instruction

Group presentation and facilitation, large and small group activities, application exercises, discussion, videos, and case studies

Day 2 | Dementia Capable Care: Care Partner Applications

Course Description

The *Foundation Course* is a prerequisite. Building on the foundational structure, participants identify ways to use information and skills to improve approaches to care. Individual job responsibilities are considered as participants examine case studies to apply knowledge in meaningful ways. Participants elaborate on information from the *Foundation Course* to solidify and increase relevance of content areas and to transfer learning to work situations.

Learning Objectives

By the end of this program, participants will be able to:

1. Link information about AD/DRD, cognition, and stages of dementia to work realities.
2. Identify care approaches that will facilitate "best ability to function" for an individual at each stage of dementia.
3. Practice person-centered communication strategies and care approaches specific to each stage of dementia.
4. Develop customized care strategies.
5. Given communication strategies, care approaches, and behavior responses, create a comprehensive care plan.
6. Explain how various team members' efforts contribute to achieving positive outcomes for persons with dementia.

Time Schedule and Program Content

Review of Foundation Information | 8:30-9:15 (.75)

Principles to Guide Care | 9:15-9:30 (.25)

Care Provider Applications for Stages of Dementia – Allen Cognitive Levels | 9:30-10:00 (.50)

Break | 10:00-10:15 (.25)

Care Provider Applications for Stages of Dementia – Allen Cognitive Levels (cont.) | 10:15-12:00 (1.75)

Lunch | 12:00-1:00 (1.00)

Care Provider Applications for Stages of Dementia – Allen Cognitive Levels (cont.) | 1:00-1:45 (.75)

Apply Care Approaches to Personal Case Study | 1:45-2:15 (.50)

Break | 2:15-2:30 (.25)

Interdisciplinary Team Strategies and Communication Approaches | 2:30-3:00 (.50)

Working with Families | 3:00-3:30 (.50)

Post-Test | 3:30-4:00 (.50)

Total Contact Hours = 6 (excluding Lunch and Breaks)

Format and Methods of Instruction

Group presentation and facilitation, interactive discussion, video models, simulations, large group activities, small group activities, application exercises, and case studies

Appendix B:
Dementia Capable Care
Outcomes Data
Responses from Veterans Facilities



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In September 2016, TechValidate, a 3rd-party research service, conducted a survey of Dementia Care Specialists/Crisis Prevention Institute customers. The below responses are from Veterans facilities across the US.

Veterans Community	Survey Excerpt
<p>Belinda Jennings, RN, Primary Care Nurse Trinka Davis Veterans Village (GA) Certified Instructor since: 12/5/2013 Link to entire survey: https://www.techvalidate.com/tvid/B23-8B3-9D9</p>	<p>Using DCS training resulted in:</p> <ul style="list-style-type: none"> • Improved provisioning of person-centered care • Decreased use of psychotropic medication • Decreased decline in ADL performance • Improved resident engagement in meaningful activities
<p>Maria Ana Valdoria-Bautista Long Beach VA Healthcare System (CA) Certified Instructor since: 7/2/2015 Link to entire survey: https://www.techvalidate.com/tvid/8E7-260-C32</p>	<p><i>"I had an excellent class and great support from CPI staff."</i></p>
<p>Danielle Quinn New York State Veterans Home at Oxford (NY) Certified Instructor since: 7/2/2015 Link to entire survey: https://www.techvalidate.com/tvid/B11-224-2EF</p>	<p>Achieved return on their investment with DCS by:</p> <ul style="list-style-type: none"> • Increasing clients' function, safety, and quality of life • Improving staff skills and confidence in managing challenging behaviors • Meeting regulatory compliance
<p>Leticia Sisneroz Waco VA Medical Center (TX) Certified Instructor since: 5/15/2014 Link to entire survey: https://www.techvalidate.com/tvid/8FC-550-7B1</p>	<p><i>"I believe Dementia Capable Care training would be helpful to all staff and organizations."</i></p>
<p>Barbara Daniel Perry Point VA Medical Center (MD) Certified Instructor since: 5/15/2014 Link to entire survey: https://www.techvalidate.com/tvid/989-251-8EE</p>	<p><i>"With DCS, staff are now more understanding of resident behaviors. They are often able to identify triggers for potentially negative behavior, intervene, and make the situation more pleasant for both residents and themselves. Nurses assistants, in particular, express these feelings."</i></p>
<p>Amie O'Malia Wilkes Barre VA Medical Center (PA) Certified Instructor since: 2/9/2012 Link to entire survey: https://www.techvalidate.com/tvid/B6F-F52-EBB</p>	<p>Improved their dementia care practices by over 75%.</p>
<p>Mark Balabis VA Northern California (CA) Certified instructor since: 03/13/2014 Link to entire survey: https://www.techvalidate.com/tvid/5F0-397-B40</p>	<p><i>"DCS has made a difference in our perspectives: it taught us how to communicate without judgment or blame, making the workplace more efficient and exciting."</i></p>
<p>VA Facility in South Dakota (SD) Link to entire survey: https://www.techvalidate.com/tvid/B8F-F20-596</p>	<p><i>"DCS gives situations and examples of how to handle problems. It gives the tools to be able to teach the information and techniques to others."</i></p>
<p>Leslie Peck VA Tennessee Valley (TN) Certified instructor since: 6/19/2014 Link to entire survey: https://www.techvalidate.com/tvid/867-136-2CB</p>	<p><i>"Our staff have said that they have become less frustrated by challenging behaviors after taking the course. Their lowered stress correlates to our residents' lowered stress."</i></p>



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Appendix C: Taxpayer Identification and Certification, Commercial General Liability Insurance



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Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
[Redacted]

2 Business name/disregarded entity name, if different from above
[Redacted]

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ [Redacted]
 Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ [Redacted]

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exemption from FATCA reporting code (if any) [Redacted]
(Apply to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) [Redacted]
 6 City, state, and ZIP code [Redacted]
 7 List account number(s) here (optional) [Redacted]

Requester's name and address (optional)
[Redacted]

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
[Redacted]

OR
Employer identification number
[Redacted]

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here
 Signature of U.S. person ▶ [Redacted]
 Date ▶ [Redacted]

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1099 (home mortgage interest), 1099-E (student loan interest), 1099-T (tuition)
- Form 1099-C (cancelled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



dementia care specialists



CERTIFICATE OF LIABILITY INSURANCE

CRISH- OP ID: CL

DATE (MM/DD/YYYY)
11/03/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: RBN & Associates, Inc. 393 East Wacker Dr Suite 1130 Chicago, IL 60601 Bruce Scoops	CONTRACT NAME: Cyndi LaMotte	
	PHONE (AG, HO, EXT): 312-858-8400 FAX (AG, HO): E-MAIL ADDRESS: slamotte@rbn300.com	
INSURED: Crisis Prevention Institute, Inc. 10850 W Park Place #600 Milwaukee, WI 53224	INSURER(A) AFFORDING COVERAGE	NAIC #
	INSURER A: Hartford Fire Insurance Co.	19882
	INSURER B: Hartford Casualty Insurance Co	29424
	INSURER C: Hartford Insurance Group	
	INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NAIC CLASS	TYPE OF INSURANCE	PROD. SUBS. (IND. / AGG.)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LTD OTHER:		80 LUN V09721	11/01/2016	11/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGES TO RENTED PREMISES (EA OCCURRENCE) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMMOD AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		80 LUN V09721	11/01/2016	11/01/2017	COMBINED SINGLE LIMIT (EA OCCUR) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> EMPLOYER LIABILITY <input type="checkbox"/> EMPLOYER LIABILITY <input checked="" type="checkbox"/> RETIREMENTS 10,000		80 ZHU V09925	11/01/2016	11/01/2017	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 7,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETARY PARTNER, EXECUTIVE OR PROFESSIONAL ENDORSEMENT (necessary in MN) Spec. Section used DESCRIPTION OF OPERATIONS below	Y/N N	80 WE A01847	11/01/2016	11/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Evidence of Insurance	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
	BLANK-1



dementia care specialists

**Appendix D:
Pricing Page
(CRFQ VNF1700000008 Exhibit A)**



Exhibit A Pricing Page

CRFQ VNF1700000008

Alzheimer's Training Class

Item #	Description	Unit Price	Annual Class Quantity	Total Bid Amount
1	Alzheimer's Training Class	\$13,775	12	\$165,300

** Multiply bid price by the annual quantity

Failure to use this form may result in disqualification	
<u>Bidder / Vendor Information:</u>	
Name:	<u>Crisis Prevention Institute, Dementia Care Specialists division</u>
Address:	<u>10850 W. Park Place, Suite 600</u>
	<u>Milwaukee, WI 53224</u>
Phone# :	<u>(414) 979-7158</u>
Email Address:	<u>vpflanz@crisisprevention.com</u>

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

W. Pflanz, Director of Sales Operations
(Name, Title)

Virginia Pflanz, Director of Sales Operations
(Printed Name and Title)

10850 W. Park Place, Suite 600; Milwaukee, WI 54224
(Address)

(414) 979-7158 / (414) 979-7098
(Phone Number) / (Fax Number)

vpflanz@crisisprevention.com
(email address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Crisis Prevention Institute, Dementia Care Specialists
(Company)


(Authorized Signature) (Representative Name, Title)

Tony Jace, Chief Executive Officer
(Printed Name and Title of Authorized Representative)

April 21, 2017
(Date)

(414) 979-7158 / (414) 979-7098
(Phone Number) (Fax Number)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ VNF1700000008

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Crisis Prevention Institute, Dementia Care Specialists
Company


Authorized Signature

April 21, 2017
Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.

STATE OF WEST VIRGINIA
Purchasing Division**PURCHASING AFFIDAVIT**

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.


DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

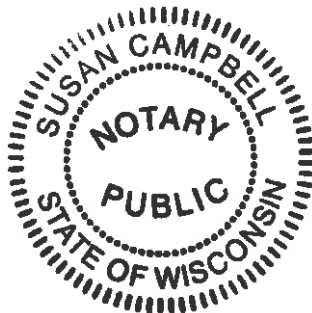
"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:Vendor's Name: Crisis Prevention Institute, Dementia Care SpecialistsAuthorized Signature:  Date: April 21, 2017State of WisconsinCounty of Milwaukee, to-wit:Taken, subscribed, and sworn to before me this 21 day of April, 2017My Commission expires 12/1, 2019.

AFFIX SEAL HERE



NOTARY PUBLIC

Susan Campbell

Purchasing Affidavit (Revised 07/01/2012)

Exhibit A Pricing Page

CRFQ VNF1700000008

Alzheimer's Training Class

Item #	Description	Unit Price	Annual Class Quantity	Total Bid Amount
1	Alzheimer's Training Class	\$13,775	12	\$165,300

** Multiply bid price by the annual quantity

Failure to use this form may result in disqualification

Bidder / Vendor Information:

Name: Crisis Prevention Institute, Dementia Care Specialists division

Address: 10850 W. Park Place, Suite 600

Milwaukee, WI 53224

Phone# : (414) 979-7158

Email Address: vpflanz@crisisprevention.com