

**This document was submitted to the Special Committee on Legal Interventions for Persons with Alzheimer's Disease and Related Dementias, by committee member Tom Hlavacek, on November 12, 2012.**

Alzheimer's Association input on draft

Background

In reflecting back on our previous discussions, in my opinion there are two overarching issues that could help to advance the legislation. They are:

- how we designate 55 placement facilities, and
- how we can build capacity for both those facilities, and for facilities that will accept referrals of people coming out of them in the future.

I realize we cannot accomplish this second point through the current legislation, but I think we can lay the groundwork and obtain needed data that we don't have now.

We have been reminded that "funding is off the table," and I accept that. And yet most people would indicate that funding is at least part of the problem. In my opinion there are two inter-related funding issues: reimbursement for emergency protective placement (EPP) facilities under Chapter 55 – what we are calling "inpatient facilities," and funding for where people go AFTER the crisis behaviors have been stabilized.

Our Task Force in Year one found the same issue that Dr. Robbins has described. At one time there were more facilities that provided geriatric psychiatry services but no longer do, and one of the main reasons was unreimbursed care because there was nowhere for people to go after the placement. This begs an important question: if there were adequately funded places for people to go AFTER, would there be more places that would make themselves available for EPP care?

In order to describe and eventually address this fundamental issue, again in my opinion, we need the State and the counties to work together to identify gaps, so that as a community we can take steps later to fund needed resources.

In that light, please consider my suggested revisions below

In 55.02 (2) (b) 5 on page 13 of draft WLC 0017/3, change "Identify" to "Designate" to keep consistent with the rest of 55.02

Add (b) 6:

Obtain input from community groups such as the Alzheimer's Association and from family caregivers of individuals with dementia in designating an inpatient facility for individuals with dementia.

Add (b) 6:

Prepare and submit a report to the designated State governmental agency identifying the inpatient facility that has been designated and the community input process utilized in making the designation.

Add somewhere (Mary and Brian will know where!):

A requirement that the State governmental agency charged to receive reports from the counties prepare a report for the Legislature that lists the designated inpatient facilities and the community input the counties obtained. In the report, also require the State governmental agency to identify any issues identified by the counties in making the designations, and any difficulties inpatient facilities encountered in discharging individuals with dementia after treatment.

In regard to the (e) language, I support Rob Mueller's suggestion below, with the *italicized* addition:

Rob wrote: "The individual is placed on a unit or part of a unit designated and certified by the County Department of Health and Human Services as appropriate to treat the medical, behavioral and psychiatric needs of dementia patients, *and that to the extent possible is physically separate from any unit or part of a unit in which acutely mentally ill individuals are located.*"

Thanks all and see you next week.