

➤ Hearing Records ... HR

**** 07hr_sb0283_SC-PHSILTCP_pt02**

WISCONSIN STATE
LEGISLATURE ...
PUBLIC HEARING
COMMITTEE RECORDS

2007-08

(session year)

Senate

(Assembly, Senate or Joint)

Committee on
Public Health, Senior
Issues, Long Term
Care and Privacy

(SC-PHSILTCP)

(FORM UPDATED: 07/02/2010)

COMMITTEE NOTICES ...

➤ Committee Reports ... CR

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➤ Public Hearings ... PH

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➤ Record of Comm. Proceedings ... RCP

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**INFORMATION COLLECTED BY
COMMITTEE FOR AND AGAINST
PROPOSAL ...**

➤ Appointments ... Appt

**

Name:

➤ Clearinghouse Rules ... CRule

**

➤ Hearing Records ... HR (bills and resolutions)

**

➤ Miscellaneous ... Misc

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Lake Terrace Office Building
121 E. Wilson Street, Suite L200
Madison, Wisconsin 53703
608-257-0125 FAX: 608-257-0025
web: www.whca.com
email: info@whca.com



TO: Senator Tim Carpenter, Chair, and Members of the Senate Committee on Public Health, Senior Issues, Long Term Care and Privacy

FROM: Jim McGinn, WHCA

DATE: December 5, 2007

RE: Senate Bill 283

The Wisconsin Health Care Association (WHCA) is a statewide organization which represents 180 proprietary, non-profit, and municipal nursing homes as well as community based residential facilities, residential care apartment complexes, and other providers of long-term care services.

WHCA recognizes the Legislature's concerns with providing our state's frail elderly and disabled with the highest quality of life and care in nursing homes and all long-term care settings. Our members share your concerns with providing this care to residents with Alzheimer's disease or related dementia.

However, WHCA is opposed to SB 283, which requires DHFS to establish administrative rules relating to the care and treatment for people with Alzheimer's disease that all long-term care providers must satisfy prior to caring for them.

It is difficult for WHCA to oppose legislation focused on the delivery of care to individuals with Alzheimer's or dementia. Our mission is to provide a safe, homelike, activity based environment that allows Alzheimer's and dementia related residents the independence to choose areas of activity or rest as they desire, which is no different that the authors of this bill.

However, a few meetings with DHFS staff over a 7-month period to develop permanent administrative rules may not be the appropriate course of action to take with respect to Alzheimer's residents. WHCA would suggest that perhaps the authors and interested parties review Admission Information material our facilities share with family members prior to admission to determine if our standards are sufficient.

For your information, I have attached material that was shared with Representative Peggy Krusick and me at a meeting and tour we both attended recently at Willow Court Memory Care Neighborhood at Mount Carmel, Greenfield.

Thank you.



Willow Court
Memory Care Neighborhood

Admission Information



MOUNT CARMEL
Benedictine Health System

5700 West Layton Avenue
Greenfield, WI 53220
(414) 281-7200





MOUNT CARMEL
Benedictine Health System

Dear Friend,

Thank you for your interest in Willow Court. Willow Court is a 42 bed Memory Care Neighborhood that is designed to focus exclusively on the needs of individuals with mid-stage dementia. It provides a home-like environment with varying levels of stimulation based on the needs of the residents.

In addition to the home-like environment, we have also provided intensive dementia training for Willow Court staff members. Education sessions will also be held on an on-going and as needed basis. This training allows us to provide the best care possible for our resident experiencing memory loss.

Included in this packet you will find:

- ◆ *Our Mission*
- ◆ *Alzheimer's Disease Bill of Rights*
- ◆ *Willow Court Admission/Discharge Criteria & Acknowledgement*
- ◆ *Willow Court Admission Agreement*
- ◆ *Authorization to Photograph & Photo Release*
- ◆ *Shadow Box Information*
- ◆ *Allen Cognitive Level Assessment Profile*
- ◆ *A Mini-Mental State Examination*

Thanks again for your interest. I hope that you will find Willow Court as comforting and inviting as I do.

Sincerely,

Ruth Hovland, RN, BA, MA

Willow Court

*“To love a person
Is to learn the
Song that is in their
Heart
And sing it
To them
When they have
Forgotten”*

L. Decker

Willow Court is a homelike, activity-based environment that allows residents with Alzheimer’s disease or other related dementias the independence to choose areas of activity or rest as they desire.

Residents with memory loss require Willow’s low stress environment. Modulation of the day is accomplished through structured activities and normalization activities which are “failure free tasks or work”. These tasks help nurture a sense of purpose, a feeling of belonging and gives meaning to the resident’s lives.

Willow’s staff helps the residents focus on what memories remain, not on what has been lost.

Dementia: A group of symptoms characterized by a decline in intellectual functioning severe enough to interfere with a person’s normal daily activities and social relationships.

Alzheimer’s Disease: The most common cause of dementia among older people. It is marked by progressive, irreversible declines in memory, performance of routine tasks, time and space orientation, language and communication skills, abstract thinking, and the ability to learn and carry out mathematical calculations. Other symptoms of Alzheimer’s disease include personality changes and impairment of judgment.

Mission

Mount Carmel, LLC, a Benedictine Health System facility, is committed to providing compassionate and competent services to all we serve. Providing quality of care and quality of life is our commitment to our residents. We achieve this through the Benedictine Core Values of hospitality, respect, stewardship and justice. We provide quality care and services to those in need, enhancing quality of life by meeting the physical, spiritual and emotional needs of those we serve, as well as preserving their dignity. Support for our residents, family members, employees and all others is the philosophy of Mount Carmel. We serve the community as an employer and resource, striving to assist our community, especially the poor and the powerless.

- ***Hospitality***
Listening to and accepting other opinions, warmly welcoming all customers, promoting creative thoughts and ideas.
- ***Respect***
Valuing and caring about each other, honoring the dignity of all work, encouraging involvement in decision making, accepting spiritual and cultural differences.
- ***Stewardship***
Making responsible decisions related to material and monetary resources, promoting conservation of all resources.
- ***Justice***
Promoting open and fair decision making, being non-judgmental in our approach to others, accepting our current responsibilities while looking forward to a positive future.

Willow Court Mission

*We dedicate ourselves to preserving the dignity of residents
experiencing Alzheimer's and other related dementias,
by providing respect,
loving care and compassion.*

Alzheimer's Disease Bill of Rights

**Every person diagnosed with Alzheimer's disease or a related disorder
deserves the following rights:**

- To be informed of one's diagnosis
- To have appropriate, ongoing medical care
- To be productive in work and play for as long as possible
- To be treated like an adult, not like a child
- To have expressed feelings taken seriously
- To be free from psychotropic medications, if possible
- To live in a safe, structured, and predictable environment
- To enjoy meaningful activities that fill each day
- To be outdoors on a regular basis
- To have physical contact, including hugging, caressing and hand-holding
- To be with individuals who know one's life story, including cultural and religious traditions
- To be cared for by individuals who are well trained in dementia care

Criteria for Admission/Discharge to Willow Court

PURPOSE

To establish criteria for admission/discharge to Willow Court in order to assure the residents residing in this memory care neighborhood will benefit from the specialized programming.

POLICY

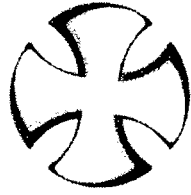
It is the policy of this facility that the criteria for admission/discharge to Willow Court will be followed in order to assure that the residents residing in this memory care neighborhood will benefit from the specialized programming.

GUIDELINES

1. The physician must establish a primary diagnosis of Alzheimer's or other related dementias.
2. Needs to be determined that the cognitive loss is not a result of head injury, mental illness or mental retardation. Note: People with traumatic brain injury, mental illness or mental retardation have different needs.
3. The resident demonstrates behaviors associated with dementia such as memory loss (short and long term), poor judgment, disorientation to person, place and time, decreased attention span, mood fluctuations, wandering and exit-seeking, expression of anxiety centering on specific fantasy, catastrophic reaction.
4. The resident must not be harmful to themselves or others(See note 2).
5. The resident must not require a skilled level of nursing care (IV's, enteral feedings, O2).
6. The degree of nursing care needed must not outweigh the opportunity of the resident to benefit from the daily structured programming and normalization activities. Residents needs are best met in an activity based environment (See note 1).
7. Residents must be ambulatory, self-propelling in a wheelchair or use of an assistive device, such as walkers or canes. No Geri-chairs should be in this neighborhood.
8. The presence of a Mini Mental State Examination (Folstein, Folstein & McHugh, 1975) score of 10 or above.
The presence of an Allen Cognitive Level (Claudia Allen, 1985) of 3.4 to 4.4.
9. All residents must have a legal guardian or an activated Power of Attorney for Healthcare.
10. The resident must be able to participate and complete feeding within an average of 45 minutes with assistance.
11. The resident must meet all requirements of general nursing home placement.

Note 1: All residents who meet the above criteria will be admitted on a trial basis to insure suitability of the resident to the program.

Note 2: Behavioral aggression, whether physical or verbal, will not be an exclusion criterion, but will be limited to no more than 2 residents with these problems residing in this neighborhood at one time.



MOUNT CARMEL
Benedictine Health System

ADMISSION & DISCHARGE CRITERIA

Acknowledgement of Receipt

I, _____, have received the *Admission & Discharge Criteria* for Willow Court. I have reviewed and understand this information.

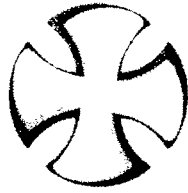
Date: _____

Signature of Resident

Signature of Guardian

Signature of Legal Representative

Facility Representative



MOUNT CARMEL
Benedictine Health System

Date:

Re:

Dear _____:

On behalf of the Willow Court Memory Care Wing, it is a pleasure caring for your loved one. At this point, while your loved one is still appropriate for the Willow Court Memory Care Wing, he/she is approaching the time when he/she will no longer meet the criteria for this unit.

The purpose of this letter is simply to inform you of the change that the Interdisciplinary Care Plan Team has noted and that a transfer off of Willow Court may occur in the near future when a change of condition establishes that your loved one no longer meets the criteria.

Please feel free to call me with any questions or concerns you may have. My telephone number is _____. Thank you.

Sincerely,

Social Services

Willow Court Memory Care Admission Agreement

I agree to placement on Willow Court and understand the need for such placement is due to the following (circle appropriate items):

1. Confused wanderer with documentation of risk of harm to self.
2. Behavior management problems that require close supervision within a confined area exhibited by aggressive behavior towards self and others.
3. Potential vulnerability to abuse from others due to inappropriate behavior.
4. Inability to care for self due to cognitive/neurological impairment.

I have reviewed the mission and objectives for the Dementia Unit with Social Services.

All prohibited items such as smoking materials, perfumes, mouthwash, drinkable items and sharp/dangerous objects will be turned in to the nursing station to ensure resident's safety. Wallet, time card, money and any identification will be locked up by nurse until family arrives.

Responsible Party

Date

Authorization to Photograph and Photo Release

I hereby authorize Mount Carmel, and its agents or employees, to photograph _____, and I consent to the following use of such

(Resident's name)

photographs:

- for an identification reality orientation photograph to be displayed outside of the resident's room;
- for collage type photos on the wing; and
- for Medication Administration Record identification.

I understand that this Authorization will expire one year from the date below.

I understand that I may revoke this Authorization by giving written notice of my revocation to Mount Carmel, Director of Social Services.

I understand that revocation of this Authorization will not affect any action taken in reliance of this Authorization prior to receipt of my written notice of revocation.

Name: _____

Address: _____

Signature: _____

Relationship to Resident: _____

Date: _____

Dear Family Member or Advocate,

To best meet the needs of our residents on Willow Court, we are asking two things from family members:

- 1) Shadow Box Items
- 2) Personal Items which have special meaning for the Resident
(in standard-size shoe box, labeled with Resident's name)

With regard to ***Shadow Box Items***:

Willow Court has been gifted with Shadow Boxes outside each resident's room. These boxes measure 5" high x 8" wide x 2" deep and are meant for you to fill with memorabilia. This box is used as a "wayfinding tool" to help your loved one recognize his/her room and to symbolically capture the essence of your loved one. Shadow Box items could include a copy of a photo of parents or a sibling, a wedding photo, an item representing a past hobby, etc. Please do not send items of high monetary value.

With regard to ***Personal Items which have special meaning - "Memory Box"***:

We are asking you to collect several personal items with special meaning to the resident along with a shoebox to contain the items. These items will provide comfort and help retain past experiences reflecting joyful times in their lives and should fit in a standard-size shoe box. Examples of items might be...a refrigerator magnet, quilting or knitting square, pictures of family members, pets, home (these should be covered in plastic, and names and dates should be written on the back describing the picture), coin purse, measuring spoons, lady's or men's cloth handkerchief, small unbreakable knick-knack, favorite music tape, or any item that holds a special meaning. They should be inexpensive and large enough to prevent being accidentally ingested by the resident.

Please label the shoe box with the resident's name. These *Memory Boxes* will be offered to the resident to promote comfort, security, and an opportunity to reminisce about favorite memories.

Simply bring in the Shadow Box and Memory Box items at your earliest convenience and give to a staff member in the Activity Department.

Thank you for your cooperation.

Sincerely,

The Staff of Willow Court

ALLEN COGNITIVE LEVELS

Functional Implications of the Cognitive Level

The severity of an illness, as it affects the individual's ability to function, is measured by 6 cognitive levels.

LEVEL 6.0 The individual experiences no cognitive disability. The individual anticipates the consequences of his or her actions. An effective course of action is planned. Individual can accomplish set goals on an independent basis and can adjust routine schedule to meet demands of daily life.

LEVEL 5.0 Mild decline in abstract thought. Has ability to learn new things. Hazards are not anticipated by the individual. Requires supervision in using dangerous or expensive products.

LEVEL 4.0 Memory, judgment, reasoning and planning are obviously and/or very impaired. Does not have the ability to learn new things. Actions are goal-directed to complete a FAMILIAR activity. The routine ADL's may be done independently. Assistance is required to solve any problems presented by the ENVIRONMENT and to protect from unseen hazards.

LEVEL 3.0 CONSISTENT prompting, cueing and sequencing are needed to complete simple tasks due to memory loss. Structure of daily routines need to be consistent. The hands are used to reach for and grasp objects. Repetitive manual actions are common without an understanding of the end result. Constant supervision is required to protect the resident from harm.

LEVEL 2.0 No recognition of objects or knowledge of them and individual needs total care. The individual may control gross body movement to sit up, stand up, walk and do push/pull exercises. Adaptive equipment that protects the individual from hazardous postural movements or supports a functional position is indicated.

LEVEL 1.0 24 hour care with comfort measures. The individual responds to external stimulus. A general response, like a change in heart rate usually precedes a specific response to noxious stimuli, followed by additional stimuli like bells, voices, pictures or mobiles.

LEVEL 0 The individual is alive but in a coma. No conscious control of movement is evident.

MINI-MENTAL STATE EXAMINATION

Potential resident's name _____ Date _____

Score	Maximum Score	
_____	5	ORIENTATION What is the...year...season...date...day...month?
_____	5	Where are we: what...country...state...county...city...place?
_____	3	REGISTRATION Name three objects...apple...book...coat...name them after me. I will be asking you them again later so try to remember them.
_____	5	ATTENTION and CALCULATION Begin with 100 and count backwards by 7 (stop after 5 answers: 93...86...79...72...65) Score one point for each correct answer. If unwilling to perform task, ask the person to spell "world" backwards (dlrow). Record spelling _____ (Score one point for each correctly placed letter.)
_____	3	RECALL Repeat the three objects we talked about before. (One point for each correct answer.)
_____	2	LANGUAGE Naming: Show a watch and a pen and ask the person to name.
_____	1	Repetition: Repeat the following: "no ifs, ands, or buts".
_____	3	3 Stage Command: Follow these commands, "Take a paper in your right hand, fold it in half, and put it on the table."
_____	1	Reading: Read and do the following, "CLOSE YOUR EYES."
_____	1	Writing: Write a sentence.
_____	1	Copying: Copy the design on reverse side.
<hr/>		
_____	30	Total score possible
		24-20 = Significant cognitive disfunction 20 or less = Found in people with dementia

Examiner: _____ file: minimental 6/99





December 5, 2007

To: The Senate Committee on Public Health, Senior Issues, Long Term Care and Privacy

From: Gail Sumi, State Issues Advocacy Director – 608-286-6307

Re: Support Standards for Alzheimer's Units – Senate Bill 283

Thank you for allowing me to testify today in support of Senate Bill 283, related to setting standards for Alzheimer's units. I am Gail Sumi, State Issues Advocacy Director at AARP Wisconsin. Pat Finder-Stone, AARP Wisconsin State President was hoping to be here today, but decided not to drive down. AARP has 825,000 members in Wisconsin.

AARP Wisconsin supports Senate Bill 283. We thank Senators Darling and Coggs, Representative Krusick and the other co-sponsors for recognizing the need and authoring this bill.

Current law allows for nursing homes, residential care facilities and home health agencies to promote special services for Alzheimer's or related dementia but does not set any criteria regarding the care that is provided.

Most families already assume that government has set standards for the care of their loved ones and that they are getting what was advertised. But that is not always the case.

By setting standards this bill would provide family members with "truth in advertising." They will have the information they need to compare facilities, to know where appropriate care is available and to know that they are getting the care that they paid for.

Regardless of whether the goal of this proposal is accomplished by administrative rule or through legislation, AARP Wisconsin supports the goal of providing consumers with transparency. Allowing families to compare facilities based on price and actual services offered will help them to make good long term care decisions for their family members.

Thank you for your consideration.



MEMO

TO: Members, Senate Committee on Public Health, Senior Issues,
Long-Term Care and Privacy
FROM: Rob Gundermann, Public Policy Director
Wisconsin Alzheimer's Association Chapter Network
RE: Support of Senate Bill 283
DATE: December 5, 2007

**Greater
Wisconsin
Chapter**
alz.org/gwwi
800-272-3900

Ashland
715-682-3974

Eau Claire
715-835-7050

Fox Valley
920-727-5555

Green Bay
920-469-2110

Hayward
715-934-2222

La Crosse
608-784-5011

Rhineland
715-362-7779

Superior
715-394-3611

Wausau
715-393-3950

Wautoma
920-787-6570

**South
Central
Wisconsin
Chapter**
alz.org/scwisc
Madison
608-232-3400
800-272-3900

**Southeastern
Wisconsin
Chapter**
alz.org/sewi
Milwaukee
414-479-8800
800-272-3900

Good Afternoon Chairman Carpenter and members of the Committee. I'm Rob Gundermann, public policy director for the Wisconsin Chapters of the Alzheimer's Association. Thank you for the opportunity to speak today.

The Alzheimer's Association supports SB 283. We believe that creating minimum standards protects consumers by ensuring that specialized care, which is usually more expensive, can be understood by consumers to provide some basic level of care for people with dementia. Under current law it's very difficult for families to know what specialized care means and that makes it difficult to choose a good facility.

We feel minimum standards are necessary, as we still see basic problems such as unsecured units and units without adequately trained staff. We believe anyone claiming to offer specialized care should have at least one staff member on duty with training beyond that of a certified nursing assistant. Certainly some training would be expected in detection of pain in a patient group who can't speak and may not show symptoms we would commonly expect. An ombudsman called me this week to say she had seen cases of Alzheimer's patients on psychotropic medications because of behavior issues when the underlying problem was an infection. I think we could also all agree that a unit or wing offering specialized care for people with Alzheimer's disease needs to be secured in some way, either through a wander guard system, alarms, locks, something.

A lack of standards has also led to an uneven playing field on which some facilities provide excellent care while others provide little but may have excellent marketing materials. This has been unfair to the majority of facilities who are doing a very good job. This bill protects the consumer and levels the playing field.

Thank you for your time and consideration,
Rob Gundermann, Public Policy Director
Wisconsin Alzheimer's Association Chapter Network
(608) 232-3408





To: Senator Tim Carpenter, Chair
Members of the Committee on Public Health, Senior Issues, Long Term Care and Privacy

From: Jim Murphy, Executive Director – WALA
LuAnne Barnet, President – RSA
Patti Mueller, President – CAPOW

Date: Wednesday, December 5, 2007

Re: **Concern with SB-283\AB-493 as Currently Drafted**

On behalf of the memberships of the Community Alliance of Providers of Wisconsin (CAPOW), Residential Services Association of Wisconsin (RSA), and the Wisconsin Assisted Living Association (WALA) we oppose passage of Senate Bill 283 and Assembly Bill 493 as currently proposed.

Our respective organizations absolutely support the best quality treatment and care of persons with Alzheimer's disease or related dementia in residential care facilities. In addition, we commend the intent of Senator Darling and Representative Krusick to improve Wisconsin's care delivery system.

However, it is our belief that Senate Bill 283 and Assembly Bill 493 have been drafted too broadly and does not adequately identify the problems that this legislation is meant to resolve, nor does the legislation as it is currently drafted provide sufficient guidelines for the department to follow to create the proposed rules.

It is our experience that existing state statute, administrative rule and department policies may already provide the necessary regulation and enforcement tools that the department and its respective internal divisions require to deal with inadequate care and treatment issues.

Our organizations respect and have an excellent working history of with organizations advocating for resident\patient rights, including the Wisconsin Alzheimer's Association Chapter Network.

Our organizations are committed to promoting quality care through best practices, education, training, regulation, and sensible enforcement. Our member facilities strive to provide the best care and treatment to all of our residents.

Although we oppose SB-283 and AB-493 as currently drafted, we welcome the opportunity to work with the authors of this legislation and the various stakeholders to identify and resolve quality of care issues. If there are issues that may require changes to state law, we want to work with the various groups to define and obtain the best solution to meet the needs of the persons we care for.

If you should require any additional information please feel free to contact us, or our government relations representative - Forbes McIntosh.

Thank you.





STATE OF WISCONSIN
BOARD ON AGING AND LONG TERM CARE
1402 Pankratz Street, Suite 111
Madison, WI 53704-4001
(608) 246-7013
Ombudsman Program (800) 815-0015
Medigap Helpline (800) 242-1060
Fax (608) 246-7001
<http://longtermcare.state.wi.us>

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TESTIMONY
Before the Senate Committee
On Public Health, Senior Issues, Long Term Care and Privacy
5 Dec 2007

Chairman Carpenter, members of the committee, Good Afternoon.

I am William P. Donaldson, Counsel to the Board on Aging and Long Term Care. I appear today to speak in favor of SB 283, the Dementia Standards bill.

Long Term Care Ombudsman Program is a unit of the state's Board on Aging and Long Term Care. This program is charged by both state and federal law to advocate for the health, safety, well-being and interests of residents of Wisconsin's nursing homes and assisted living facilities. For years, our Ombudsmen have been being called by families of residents with dementia who are in obvious distress when it becomes apparent that the promise of specialized care for their loved one is not forthcoming.

The Board on Aging and Long Term Care's Long Term Care Ombudsman Program deals regularly with situations brought about because families have placed their loved ones afflicted with the horrible disease into facilities with the understanding that the provider is prepared to offer specialized services for the programming, care and treatment of Alzheimer's Disease or another dementia. When it becomes apparent that, like those of a used car salesman, the provider's promises are not born out in practice, the resident and her family suffer a profound loss of trust in the system and the resident does not receive the level of care that would be optimal for her condition. We can no longer allow this "sucker punch" to be delivered to these residents and their families.

Sen. Darling and Rep. Krusick have crafted a proposal that would, at the minimum, require facilities that claim to have special skills to care for and programming specially designed for the extraordinarily vulnerable population that we are talking about to actually demonstrate that those things are a regular part of their care plans. This is, as I said, a bare minimum that we should ask of providers.

I understand that the long term care provider industry would prefer to see the basic topics and the scope of the regulations to be drafted as one of the provisions of SB 283. The Board on Aging and Long Term Care does not object in principle to this proposal, but we fear that this could add significant time to the process and unnecessarily delay the implementation of this much-needed resident protection. If it is determined that the Legislature will include the framework of the proposed regulations in the bill, itself, the Board on Aging and Long Term Care is eager to participate and to see the task accomplished in a timely fashion. The residents who are afflicted with Alzheimer's Disease and dementia cannot afford to wait.





WISCONSIN LEGISLATIVE COUNCIL

*Terry C. Anderson, Director
Laura D. Rose, Deputy Director*

TO: SENATOR TIM CARPENTER

FROM: Jessica L. Karls, Staff Attorney *JK*

RE: 2007 Senate Bill 283, Relating to the Care and Treatment of Persons with Alzheimer's Disease or Related Dementia in Residential Care Facilities

DATE: January 4, 2008

This memorandum describes 2007 Senate Bill 283 and an un-introduced amendment to the bill, Senate Amendment ___ (LRBa1016/1).

CURRENT LAW

Under current law, the Department of Health and Family Services (DHFS) licenses, certifies, or registers adult family homes, residential care apartment complexes, community-based residential facilities, nursing homes, and hospices.

In addition, current law requires that DHFS provide each nursing home and the office of the long-term care ombudsman with a report that includes the following information:

1. The ratio of nursing staff available to residents per shift at each skill level for the previous year for the nursing home.
2. The staff replacement rates for full-time and part-time nursing staff, nurse's assistants, and administrators for the previous year for the nursing home and for all similar nursing homes in the same geographical area.
3. Violations of statutes or rules by the nursing home during the previous year for the nursing home and for all similar nursing homes in the same geographical area.

The nursing home must make the report available to any person who requests the report. DHFS must prepare a summary of the information in the report, and the summary must state that a copy of the nursing home's most recent inspection report is available from DHFS. The nursing home must provide a copy of the summary to every resident of the nursing home and his or her guardian, if any, to every

prospective resident of the nursing home, if any, and to every person who accompanies a prospective resident or acts as the prospective resident's representative, if any. [s. 50.095, Stats.]

SENATE BILL 283

The bill requires that DHFS establish standards for the care and treatment of persons with Alzheimer's disease or related dementia that an adult family home, residential care apartment complex, community-based residential facility, nursing home, or hospice must satisfy to hold itself out as providing special services for persons with Alzheimer's disease or related dementia. The bill provides that an adult family home, residential care apartment complex, community-based residential facility, nursing home, or hospice may not hold itself out as providing special services for persons with Alzheimer's disease or related dementia unless DHFS determines that the facility satisfies the standards for the care and treatment of persons with Alzheimer's disease or related dementia.

SENATE AMENDMENT — (LRBa1016/1)

Standards for the Care and Treatment of Persons with Alzheimer's Disease or Related Dementia

The amendment removes hospices from the bill's requirements. In addition, the amendment requires that DHFS establish standards for the care and treatment of persons with Alzheimer's disease or related dementia that an adult family home, residential care apartment complex, community-based residential facility, or nursing home must satisfy to hold itself out as providing special services for persons with Alzheimer's disease or related dementia, *including standards for staff training and staffing levels and standards for security at the adult family home, residential care apartment complex, community-based residential facility, or nursing home.*

Facility Reports

The amendment requires that the following information also be included in the nursing home report described above: *if the nursing home holds itself out as providing special services for persons with Alzheimer's disease or related dementia, a description of how the nursing home satisfies the standards for the care and treatment of persons with Alzheimer's disease or related dementia.*

In addition, the amendment requires that DHFS provide each adult family home, residential care apartment complex, and community-based residential facility and the office of the long-term care ombudsman with a report that includes the following information:

1. Violations of statutes or rules by the adult family home, residential care apartment complex, or community-based residential facility during the previous year for the facility and all similar facilities in the same geographical area.
2. If the adult family home, residential care apartment complex, or community-based residential facility holds itself out as providing special services for persons with Alzheimer's disease or related dementia, a description of how the facility satisfies the standards for the care and treatment of persons with Alzheimer's disease or related dementia.

The adult family home, residential care apartment complex, or community-based residential facility must make the report available to any person who requests the report. DHFS must prepare a summary of the information in the report for each adult family home, residential care apartment complex, and community-based residential facility, and the summaries for community-based residential facilities must state that a copy of the facility's most recent inspection report is available from DHFS. The adult family home, residential care apartment complex, or community-based residential facility must provide a copy of the summary to every resident of the facility and his or her guardian, if any, to every prospective resident of the facility, if any, and to every person who accompanies a prospective resident or acts as the prospective resident's representative, if any.

If you have any questions, please feel free to contact me directly at the Legislative Council staff offices.

JK:ty





**WISCONSIN LEGISLATIVE COUNCIL
AMENDMENT MEMO**

2007 Senate Bill 283

Senate Amendments 1 and 2

Memo published: January 14, 2008

Contact: Jessica L. Karls, Staff Attorney (266-2230)

Under current law, the Department of Health and Family Services (DHFS) licenses, certifies, or registers adult family homes, residential care apartment complexes, community-based residential facilities, nursing homes, and hospices.

Current law requires that DHFS provide each nursing home and the office of the long-term care ombudsman with a report that includes the following information:

1. The ratio of nursing staff available to residents per shift at each skill level for the previous year for the nursing home.
2. The staff replacement rates for full-time and part-time nursing staff, nurse's assistants, and administrators for the previous year for the nursing home and for all similar nursing homes in the same geographical area.
3. Violations of statutes or rules by the nursing home during the previous year for the nursing home and for all similar nursing homes in the same geographical area.

The nursing home must make the report available to any person who requests the report. DHFS must prepare a summary of the information in the report, and the summary must state that a copy of the nursing home's most recent inspection report is available from DHFS. The nursing home must provide a copy of the summary to every resident of the nursing home and his or her guardian, if any, to every prospective resident of the nursing home, if any, and to every person who accompanies a prospective resident or acts as the prospective resident's representative, if any. [s. 50.095, Stats.]

SENATE BILL 283

The bill requires that DHFS establish standards for the care and treatment of persons with Alzheimer's disease or related dementia that an adult family home, residential care apartment complex, community-based residential facility, nursing home, or hospice must satisfy to hold itself out as

providing special services for persons with Alzheimer's disease or related dementia. The bill provides that an adult family home, residential care apartment complex, community-based residential facility, nursing home, or hospice may not hold itself out as providing special services for persons with Alzheimer's disease or related dementia unless DHFS determines that the facility satisfies the standards for the care and treatment of persons with Alzheimer's disease or related dementia. Further, the bill provides that whoever violates this prohibition may be required to forfeit not more than \$500.

SENATE AMENDMENT 1

Standards for the Care and Treatment of Persons with Alzheimer's Disease or Related Dementia

Senate Amendment 1 removes hospices from the bill's requirements. In addition, the amendment requires that DHFS establish standards for the care and treatment of persons with Alzheimer's disease or related dementia that an adult family home, residential care apartment complex, community-based residential facility, or nursing home must satisfy to hold itself out as providing special services for persons with Alzheimer's disease or related dementia, *including standards for staff training and staffing levels and standards for security at the adult family home, residential care apartment complex, community-based residential facility, or nursing home.*

Facility Reports

The amendment requires that the following information also be included in the nursing home report described above: *if the nursing home holds itself out as providing special services for persons with Alzheimer's disease or related dementia, a description of how the nursing home satisfies the standards for the care and treatment of persons with Alzheimer's disease or related dementia.*

In addition, the amendment requires that DHFS provide each adult family home, residential care apartment complex, and community-based residential facility and the office of the long-term care ombudsman with a report that includes the following information:

1. Violations of statutes or rules by the adult family home, residential care apartment complex, or community-based residential facility during the previous year for the facility and all similar facilities in the same geographical area.
2. If the adult family home, residential care apartment complex, or community-based residential facility holds itself out as providing special services for persons with Alzheimer's disease or related dementia, a description of how the facility satisfies the standards for the care and treatment of persons with Alzheimer's disease or related dementia.

The adult family home, residential care apartment complex, or community-based residential facility must make the report available to any person who requests the report. DHFS must prepare a summary of the information in the report for each adult family home, residential care apartment complex, and community-based residential facility, and the summary for community-based residential facilities must state that a copy of the facility's most recent inspection report is available from DHFS. The adult family home, residential care apartment complex, or community-based residential facility must provide a copy of the summary to every resident of the facility and his or her guardian, if any, to

every prospective resident of the facility, if any, and to every person who accompanies a prospective resident or acts as the prospective resident's representative, if any.

SENATE AMENDMENT 2

Senate Amendment 2 provides that whoever violates the bill's prohibition may be required to forfeit not more than \$500 *for each day of violation*.

LEGISLATIVE HISTORY

On January 8, 2008, the Senate Committee on Public Health, Senior Issues, Long-Term Care and Privacy introduced both amendments by unanimous consent. The committee then recommended adoption of Senate Amendment 1 on a vote of Ayes, 3; Noes, 2, and adoption of Senate Amendment 2 on a vote of Ayes, 5; Noes, 0, and passage of the bill, as amended, on a vote of Ayes, 3; Noes, 2.

JK:jal