



People Healing People.

Guardianship and Dementia issues have an impact on both the cost and delivery of healthcare services.

When a Patient is admitted to the hospital, it is the responsibility of the institution to have a safe plan in place before he/she can discharge.

There are times when someone is admitted and it is determined by a physician that he/she does not have decision making capacity regarding their care or safety. If there is no designated power of attorney set up prior to that admission, the guardianship process begins. This is a legal process that involves the identification of a willing, appropriate person to assume that role. Once identified, a lawyer must file the documents in the court of jurisdiction. A judge then orders temporary guardianship and that person can then make decisions about the appropriate placement for the patient.

When there is a strong family support system, this process can be completed in a few days to a week. However that is not often the case.

When the court of jurisdiction is tribal, the time frame for the same process can extend to weeks. Tribal courts do not generally keep an open line of communication with the hospital case manager who is working on behalf of the patient.

This process is paid for by the family and this can be a tremendous barrier for many as they do not have the resources to pay for the services. There are a few attorneys who will do pro bono work, but they take a limited number of cases.

Another barrier is the lack of community guardians. If no family member is willing or able to take on this responsibility, there are waiting lists for the few slots available through local guardianship councils.

There are no guardianship services available through Adult Protective Services for help with finances, securing a non-family guardian or help with securing placement for these patients.

During the time it takes to secure guardianship, the patient remains in the hospital, even though there is no medical reason for them to remain an inpatient.

While guardianship is being pursued, the case manager is working on finding a suitable placement for the patient. This can be a difficulty as well as there are a limited number of beds available for those who have dementia.

Healthcare facilities are seeing increased need for post-hospital services for patients with dementia. When a family has a loved one that they have been caring for at home and that person has a need and comes to the hospital that is often the impetus for the caregivers to say they cannot take their loved one home.

It comes as a surprise to many people that Medicare does not pay for assisted living or long term care. The process for applying for Medicaid to assist with those costs is time consuming and the patient can have no more than \$2000.00 in assets. Families are then faced with paying out of pocket for the care their loved one needs.

If the patient is violent, has other behavior issues or needs expensive medications or require psychotropic to manage behavior is not likely that patient will be accepted by a facility, even if there is a bed and the family can pay.

There is only one facility in Billings with 6-8 beds in a secure unit for families that have Medicaid coverage. Other units have closed due to regulatory changes that have been cost prohibitive for the units to remain financially secure. These include not being able to use psychotropic medications, which increase the need for additional staff. There are numerous assisted living facility beds, but they are private pay only.

The only resources available for patients who are on the extreme end of the spectrum for behaviors are the State Nursing Home in Lewistown and the State Hospital in Warm Springs. These patients need to be court ordered to these facilities. In order for the court order to be obtained, the guardian and funding must be in place before it is issued. This process must be completed by the County Attorney in the county of residence.

There are a limited number of beds in Lewistown and it is very difficult to secure a direct placement for a patient from the hospital. The only other option for placement is Warm Springs. There is greater flexibility for placement as they are mandated to accept court ordered patients.

Please keep in mind that these facilities are being utilized by every county in the state for similar patients.

At St. Vincent Healthcare, this translates in to an average length of stay of 6-8 weeks for these patients. If a patient has Medicare or another payment source, they only reimburse for the days the patient has medical necessity for admission. The hospital continues custodial care, including medications and therapies, until the patient is able to be placed appropriately. A very conservative estimate of cost per day for custodial care is approximately \$300.00. If the person needed 7 days of medical care, that leaves an average of 42 days of custodial care for a total of \$12,600 of unreimbursed cost to the hospital per patient.