

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied
(searchable text may contain some errors and/or omissions)



STATE LAW LIBRARY
AUGUSTA, MAINE

124th MAINE LEGISLATURE

FIRST REGULAR SESSION-2009

Legislative Document

No. 1245

H.P. 864

House of Representatives, March 30, 2009

**Resolve, To Improve the Continuity of Care for Individuals with
Behavioral Issues in Long-term Care**

(EMERGENCY)

Reference to the Committee on Health and Human Services suggested and ordered printed.

Millicent M. MacFarland
MILLICENT M. MacFARLAND
Clerk

Presented by Representative WALSH INNES of Yarmouth.
Cosponsored by Representatives: BEAUDOIN of Biddeford, EVES of North Berwick,
MARTIN of Eagle Lake.

1 **Emergency preamble. Whereas,** acts and resolves of the Legislature do not
2 become effective until 90 days after adjournment unless enacted as emergencies; and

3 **Whereas,** citizens of the State who are elderly and who develop behavioral issues
4 due to dementia or other reasons are receiving inappropriate treatment, often at
5 significant emotional costs to themselves and at significant financial cost to the State; and

6 **Whereas,** the long-term care facilities that provide care to these individuals lack the
7 resources to serve the persons they are caring for; and

8 **Whereas,** there exist policies and best practices that could improve the treatment of
9 these individuals and that can be made reasonably available within existing resources;
10 and

11 **Whereas,** in the judgment of the Legislature, these facts create an emergency within
12 the meaning of the Constitution of Maine and require the following legislation as
13 immediately necessary for the preservation of the public peace, health and safety; now,
14 therefore, be it

15 **Sec. 1. Implementation of recommendations. Resolved:** That the
16 Department of Health and Human Services, referred to in this resolve as "the
17 department," shall implement the recommendations contained in its report to the Joint
18 Standing Committee on Health and Human Services pursuant to Resolve 2007, chapter
19 61. In implementing these recommendations, the department shall:

20 1. Redirect its services to adult MaineCare members to focus on earlier intervention
21 so as to treat challenging behaviors at an earlier stage;

22 2. Identify individuals for earliest possible intervention and provide support and
23 training to nursing facility staff in regard to managing the challenging behaviors of these
24 individuals;

25 3. Provide support and training to in-state nursing facilities that accept individuals
26 who have been placed outside the State and who are returning to the State;

27 4. Convene an integrated team to develop a means to prevent placement outside the
28 State and to assist in developing appropriate placements for individuals in in-state
29 facilities;

30 5. Review each out-of-state placement annually to assess the individual's functional
31 and behavioral status to determine if the individual may be returned safely to an in-state
32 facility;

33 6. Educate nursing facilities regarding the obligations of the facilities under licensing
34 rules governing transfer and discharge requirements; and

35 7. Review current contracts and practices regarding geropsychiatric units to
36 determine if the geropsychiatric units are being properly used; and be it further

1 Services to report to the Joint Standing Committee on Health and Human Services by
2 February 1, 2010;

3 3. In conjunction with interested parties, including but not limited to representatives
4 from long-term care facilities and hospitals, to develop and implement a standardized
5 transfer protocol, including improving the support offered to long-term care facilities
6 once a hospital has determined an individual is ready to be discharged back to the facility.
7 It requires the Department of Health and Human Services to report by February 1, 2010
8 to the Joint Standing Committee on Health and Human Services;

9 4. To review existing and potential payment sources for psychiatric assessments and
10 psychiatric treatments that are currently unavailable to individuals with behavioral issues
11 because the individuals do not have a diagnosis of severe and persistent mental illness. It
12 requires the Department of Health and Human Services to report by February 1, 2010 to
13 the Joint Standing Committee on Health and Human Services; and

14 5. To work with interested parties to explore the need for a supplementary level of
15 care to accommodate the needs of individuals with behavioral issues who, because of the
16 severity of their behaviors, are not appropriate candidates for return to an existing long-
17 term care facility but who no longer require an acute geropsychiatric hospital setting. It
18 requires the Department of Health and Human Services to report by February 1, 2010 to
19 the Joint Standing Committee on Health and Human Services.