Clarifications Surrounding Emergency Protective Placement

Subsequent to the 2012 Wisconsin Supreme Court Decision stating persons with only dementia or Alzheimer’s disease are more appropriately treated under the protective placement provisions in Chapter 55 than involuntary commitment under Chapter 51, the Division of Quality Assurance issued DQA Memo 13-017 to address the impact of that decision. Since then, questions arose as emergency situations resulted in conflicts with administrative rules.

This memo addresses questions from facilities that provide emergency protective services:

Can a facility accept an emergency protectively placed individual who does not have a guardian or activated POA-HC?

- Yes. According to Chapter 55, law enforcement officials provide documentation of court-ordered protective placement. If the individual does not have a guardian, a petition for guardianship will accompany the documented protective placement petition.

Can a person be admitted before the needs assessment is completed?

- Both AFHs and CBRFs are required to assess the needs of individuals in order to determine how those needs will be met. The protective placement process involves an evaluation of the individual, and information obtained from emergency room clinicians can be used to determine needs. The administrative code for CBRFs accommodates the need for delayed assessments due to emergency admissions. DHS 83.35(1)(a) allows a CBRF to conduct the assessment within five days of an emergency admission. A CBRF is required to develop a temporary service plan upon admission, and the crisis plan may serve this purpose. DHS 88.06(3)(a) allows an AFH to complete a written assessment and individual service plan within 30 days after placement.
Can facilities admit an incompetent individual who has not signed the admission documents?

- Both CBRFs and AFHs require the individual or guardian to sign and date an admission agreement or service agreement. However, if there is no guardian, the legal protective placement petition will suffice.

How do facilities know an individual’s health is stable enough for residence in a CBRF or AFH?

- A facility’s preadmission assessment needs to include a review of health conditions to verify the facility’s ability to provide or arrange for any needed medical or health care. The need for acute hospitalization or skilled nursing services related to the individual’s crisis situation would be determined by emergency room medical professionals.

What if the facility does not have physician’s orders at the time of admission?

- Written orders for medications should be received as soon as possible, within two business days. This could also include a copy of a prescription that is faxed, mailed, or hand delivered by the pharmacist. While waiting for a written order, a facility can follow the instructions on the prescription label.

Will facilities be cited by DQA for not following admission requirements?

- The Bureau of Assisted Living will consider the nature of emergency admissions and attempts to comply with administrative codes. Facilities serving persons under emergency protective placement should have policies in place to direct the process.

If you have questions regarding this memo, please contact the appropriate regional office for the county in which your facility is located.

Contact information can be found at the following website:
http://www.dhs.wisconsin.gov/rl_dsl/Contacts/ALSreglmap.htm