

Alzheimer's Disclosure Form

General Information/Background

During the 1994 session of the Georgia General Assembly, Title 31 of the Official Code of Georgia Annotated was amended to include a new article (number 7), requiring facilities, programs, or entities advertising specialized care for persons with a probable diagnosis of Alzheimer's disease or related dementia to provide written disclosure of information related to staffing, training, activities, involvement with the family, and program costs, among others. The Act requires that this information be provided to any person seeking information concerning placement in or care, treatment, or therapeutic activities from the program.

Which Organizations Must Complete This Form

Any program, facility, entity or any instrumentality of the state or political subdivision of the state other than those excluded by Code Section 31-8-181 (Disclosure of Treatment of Alzheimer's Disease or Alzheimer's Related Dementia) which advertises, markets, or offers to provide specialized care, treatment, or therapeutic activities for one or more persons with a probable diagnosis of Alzheimer's Disease or Alzheimer's-related dementia is required to complete this form. The Act does not apply to physicians or their employees. However, if a physician operates, manages, owns or controls a nursing home, personal care home, hospice, respite care service, adult day program or home health agency, the entity is still required to make the disclosure. Hospitals are exempt from the disclosure requirement. However, a hospital's nursing home, respite care service, adult day program, or home health agency is required to make the disclosure if it holds itself out as providing specialized care for persons with Alzheimer's Disease or Alzheimer's-related dementia.

Instructions

Please complete this form in the spaces provided and provide copies of this form to any person seeking information concerning placement in or care, treatment, or therapeutic activities for persons with Alzheimer's Disease or Alzheimer's-related dementia. **Information requested must be completed on this form, unless otherwise indicated.** This form must be revised whenever significant changes occur.

Failure to provide disclosure as required shall be considered a violation of Part 2 of Article 15 of the Chapter 1 of Title 10, the Fair Business Practices Act of 1975, and could result in a civil penalty of up to a maximum of \$2,000 per violation, per day. If the facility providing specialized care for persons with a probable diagnosis of Alzheimer's Disease fails to provide the Disclosure Form or the information contained within is inaccurate, contact:

The Administrator
Governor's Office of Consumer Affairs
2 Martin Luther King Jr. Drive, Suite 356
Atlanta, GA. 30334
(404) 656-3790
Facsimile (404) 651-9018

Name of Program, Facility, or Entity: _____

Address: _____

Phone Number: _____ Date Form Completed: _____

For further information regarding this program, contact _____ at
(specify phone number). _____.

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Section 1: Philosophy and Mission

Describe the overall philosophy and mission which reflects the needs of people with Alzheimer's Disease or related dementias. (Useful information might include type of license, permit or accreditation, or name of monitoring agency).

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Section 2: Admission and Discharge Requirements

Admission

Please attach a copy of the admission application form. If there is no form, please describe how the facility or program obtains information on physical status, mental status, functional ability, and medication profile of the person with dementia.

What is the title of the staff member who performs the assessment for admission?

Discharge

Does the facility/program have written criteria related to discharge? Yes ___ No ___ (If yes, attach copy).

Are family members provided a copy of discharge criteria? Yes ___ No ___

Describe any circumstances under which a person can be discharged without notice. _____

Is the family informed of discharge? Yes ___ No ___

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Section 3: Defining Programs/Services

If applicable, describe how the facility or program develops care plans to meet individual needs of people with dementia. (Useful information might include whether a person needs assistance with activities of daily living (ADL's); activities that address level of functioning; level of supervision needed; frequency of care plan updates; involvement of families in care plan development; or the credentials of the staff person who develops the care plan).

What are the Alzheimer's specific qualifications of the person(s) that develops the individualized care plans?

Are families consulted in the preparation of individualized care plans? Yes ____ No ____

How often are clients re-evaluated? _____

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Section 4: Training/Staffing

Is training provided to new employees regarding Alzheimer's Disease and other dementias? Yes ____ No ____

Describe the training for your staff that enables them to provide the specialized programs and services your organization provides for persons with dementia. (Example: Music Therapy for persons with Alzheimer's Disease. *Attach copy of the training plan if available.* Useful information might include topics of training sessions; hours of initial training; frequency of in-service training; credentials of employee trainers).

Additional questions for nursing homes, personal care homes, adult day programs, and other programs where applicable:

What is the program's ratio of staff to persons with dementia? _____

If applicable, how does this ratio differ from the program's ratio of staff to clients for non-dementia persons?

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Section 5: Description of the Physical Environment

Describe the physical environment of the facility, if applicable. (Useful information might include amount of privacy provided; enclosed outdoor area for walking; safety features of the building; frequency of fire or disaster drills; building modifications to create soothing atmosphere; visitors' policy). _____

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Section 6: Frequency and Types of Activities

What special activities are planned for participants with dementia? (List activities in this space, or attach a copy of activity calendar as a supplement if desired). _____

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Section 7: Family Support Programs

Describe any programs, services or activities provided to family members or friends of clients with dementia. (Useful information might include ways these programs complement your care/treatment/ activities; support groups; information and referral; care plan conferences; social functions or other activities).

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Section 8: Charge Structure

Specify the name and phone number of the staff person who can provide information regarding fees, AND attach a copy of any fees to the potential participant, family, or other decision maker (e.g. guardian). Include basic and any potential supplementary charges, including support services (e.g. occupational therapy, physical therapy, speech therapy, incontinence supplies, vision and hearing aids, dental, laundry, etc.).

How often is a copy of a list of incurred, itemized expenses provided to the client or their family? (please specify)

When an increase in charges occurs, how much advance notice does the program/facility provide to clients and their families? _____

What is the policy regarding non-payment or late payment? Specify penalties, etc. _____

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Glossary of Terms

accreditation - assurance by public or private agency that a facility, program, or entity meets standards which are separate from and in addition to any applicable state licensure requirements. Accreditation may include both 1) assurance that a facility, program, or entity meets standards of quality set forth by the accrediting agency (e.g. Joint Commission on Accreditation of Healthcare Organizations {JCAHO}) and 2) assurance that a facility, program, or entity meets standards necessary to qualify for the receipt of funds from the accrediting agency (e.g. the Department of Medical Assistance for Medicaid, Health Care Financing Administration (HCFA) for Medicare).

Alzheimer's Disease -A progressive neurodegenerative disease characterized by loss of function and death of nerve cells in several areas of the brain, leading to loss of cognitive function such as memory and language. The cause of this nerve cell death is unknown. Alzheimer's disease is the most common type of dementia.

care plan- a determination by a social worker or nurse of the problems and needs of the client based on information obtained during assessment and observations of individual functional capabilities. In addition, care plans include what service(s) are needed to meet client needs, set goals toward which to work, and indicate specific, expected changes in client capabilities at a specific future time as a result of services implemented.

client- in this document, the person with dementia who is receiving specialized Alzheimer's services.

dementia- the loss of intellectual functions (such as thinking, remembering, and reasoning) of sufficient severity to interfere with an individual's daily functioning. Dementia is not a disease itself, but rather a group of symptoms which may accompany certain diseases and conditions. Symptoms also include changes in personality, mood, and behavior. Dementia is irreversible when caused by disease and injury, but may be reversible when caused by drugs, alcohol, hormone or vitamin imbalances, or depression.

resident- in this document, a person with dementia who makes his/her home in a nursing home or personal care home.



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