

118
9/65

mat

Furnish further

MEMORANDUM

State of Alaska

TO:

Karl M. Bowman, M.D.
Superintendent, API

DATE : 5 December 1966

FROM:

John P. Rollins, M.D. *JPR*
Chief of Psychiatric Services

SUBJECT: Report of visit to Morningside Hosp.

On Monday, November 28, a meeting was held with Mr. McLean, Administrator, Division of Mental Health, Mr. Robert Sharp, Assistant Commissioner of Administration, Mr. Ray Pagenkopf, Public Assistance Supervisor, Division of Public Welfare, and Mrs. Clara Salisbury, Division of Mental Health Social Worker to Morningside Hospital and Baby Louise Haven. This began with a discussion of the general need to terminate Morningside Hospital as a place for Alaska patients by June 30, 1967. The following specific representative cases were discussed in some detail.

1. Mary Francis Lindsay is over age 65. She is in a boarding house arrangement. She is a recipient of Medicare. We paid the \$50 deductible portion of the Medicare cost.
2. Rose Pijana is under age 65. There is no physical problem. She is in Greenacres Nursing Home on boarded out status from Morningside. We pay Morningside \$19.6435 a day plus medications, plus medical-surgical care. Morningside pays the boarding fee which is about \$7 a day. It was suggested this case be changed to convalescent leave, if judicial. This would preserve the commitment, would do away with the boarded out classification; it would also easily meet eligibility under Alaska Welfare.
3. Clayton Walters is a judicially committed mental retard, mild, who is on boarded out status from Morningside and working at Baby Louise Haven. OVR is sponsoring this somehow. It was suggested that the boarded out status be changed to convalescent leave to comply with Alaska Statutes and to eliminate the boarded out classification.
4. Peggy Betts is a 63 year old. She is on boarded out status from Morningside. A psychiatric case who has physical problems, now in Gresham, which is a licensed boarding home. It was recommended that if judicial change to convalescent leave, remove the boarded out status, see if she is eligible for Medicare because of her physical difficulty. If she needs financial support, see if she is eligible for Alaska Welfare.
5. As additional models for placement of patients out of Morningside, they could be handled in the following ways.

Discharged as no longer needing psychiatric care.

6. Transferred to Alaska Psychiatric Institute.
7. Transferred to Valdez via API.
8. Transferred to Baby Louise Haven.

Karl M. Bowman, M.D.
Re: Morningside Hospital

5 December 1966
Page 2

I expressed the opinion that at the present time our plans were to admit all patients to API before sending them to Valdez, although this is not a fixed procedure.

Mrs. Salisbury's role was discussed whether or not her function as an agent for the State of Alaska should include the approval for payment of bills incurred at nursing homes, Baby Louise Haven, etc. It was agreed that this should not be her function. Apparently the Welfare Division or the Mental Health Division through their Juneau offices will deal directly with the nursing home operator in the matter of actual reimbursement. Mrs. Salisbury will continue to function as the local agent for obtaining services helping to arrange for placement in nursing homes, in foster homes, in group homes, helping to obtain medical or surgical services where requested by the family care or nursing home operator and approved through their medical consultants. She will assist in obtaining information about patients at Morningside so that they may be transferred under one of the general methods described.

In discussing the contract we have with Morningside a number of issues were raised. From the foregoing, some of these can be readily seen. That is, we pay \$19.64 a day for care at Morningside. Morningside pays about \$7 to \$10 a day for the actual care of a patient when boarded out. Patients can readily be readmitted to Morningside when necessary. The number of beds we are paying for now at Morningside is 106, whether there is someone in the bed or not. At the present these are full. (If we admit above 106 then we pay for them individually.) Fifty of these patients, it was believed, could be sent to a nursing home or to Baby Louise Haven. This would leave 57, including "children" to go to API or Valdez. Further reduction in our cost to Morningside could be made if a whole ward was closed then the personnel staffing that area could be relieved of duty. Within the last two weeks the Alaska patients have been shuffled so that Ward K has 18 older men. Ward A has 13 women of all ages. Ward One has 47 retarded adolescent boys, adult mentally retarded as well as regressed and active psychotic males. The children's area, east infirmary and nursery, has 29 boys and girls ranging in age from 6 to 20 years.

On Monday afternoon a meeting was held with both Mr. Henry Coe, Jr. and Sr., Robert Sharp, C. M. McLean, Ray Pagenkopf and myself. After the usual chitchat Mr. Coe raised the need to empty an entire ward of patients in order to effect an economical reduction in cost to Morningside. He stated that after moving patients they had closed Ward Two, and were able to effect an economy in the number of employees. It was hoped that the 33 or 34 children could be moved from Morningside in January so they could close the area. They would then be able to reduce 16 staff members on a per day basis. Mr. Sharp indicated the desirability to effect an economy but continue to obtain adequate patient care. He indicated very clearly that this group had the authority to make decisions in relation to the contractual agreement between Morningside and the State of Alaska. I was asked what our plan was for handling the patients there. It was pointed out that it would be very difficult for us to start with the children

Karl M. Bowman, M.D.
Re: Morningside Hospital

5 December 1966
Page 3

because Valdez was not opened yet. If the number was too large they could not be absorbed at API unless we opened another children's unit for the mentally retarded. At the time our hospital census was 168. It was my opinion that we had the capability to do this if it were absolutely necessary. The elderly patients could be moved into nursing homes. It was agreed that many of the younger patients could be moved into nursing homes or family care or group homes with the assistance of our welfare division who have a number of these in operation in the state of Oregon and Washington, as well as the capability of Greenacres and Baby Louise Haven.

At this point Mr. Coe raised the question of their possibly applying under Medicare for approval to operate extended care and/or nursing home beds. It was agreed that if they would apply for this and if our patients could be cared for under the same agreements that they work out with the State of Oregon, that we may be quite interested. Mr. Pagenkopf indicated, as others in the group, that we would assist in trying to effect this arrangement. That evening Mr. Pagenkopf called someone he knew on the Oregon Welfare Board to help arrange for this.

I asked about the possibility of obtaining medical records on patients from Alaska who had been released from Morningside, wondering if it might be possible for us to obtain complete records rather than merely a transfer summary at the time these patients were released.

It was finally agreed that another meeting would be planned for January if Mr. Coe would indicate when he obtains authorization from Oregon to operate part of the hospital as a nursing home. In January then it may be possible to discuss further the actual contract agreement and possibly get modification that would be acceptable to the State of Alaska.