

ECHO IDAHO

**Alzheimer's Disease and
Related Dementias**

Idaho's Protective Placement Hold

March 25, 2025

Reiko Emtman MD

Geriatric Psychiatrist

Department of Veterans Affairs

None of the planners or presenters for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

This publication was made possible by NU58DP007507 from Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department or CDC. [ECHO Idaho] [2025]

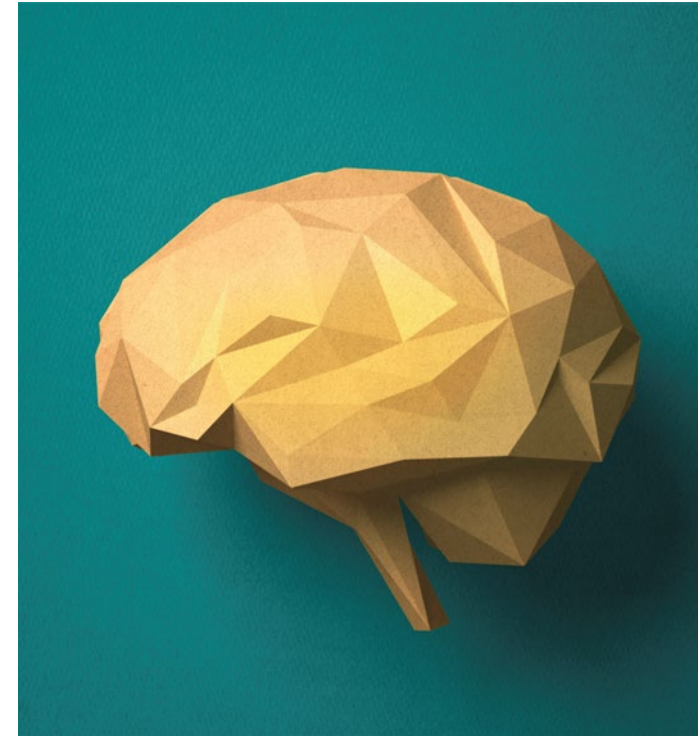


University of Idaho
School of Health and Medical
Professions



Learning Objectives

- Review Idaho Code 56-2101
- Compare and contrast with Idaho Involuntary Mental Health Holds
- Implications and Limitations
- Clinical Applications
- Logistics



Idaho Code 56-2101: Crisis Hold Law

Allows temporary detention of persons with a neurocognitive disorder who are in acute crisis due to an underlying medical condition to facilitate necessary medical care with the goal the person can **return home** once the underlying medical condition is resolved.

- Allows the court to authorize protective custody; does not encompass authorization for treatment
- Temporary: the court can only authorize the hold for up to 7-days post hearing
- Diagnoses covered: Alzheimer's disease, Frontotemporal lobar degeneration, Lewy body dementia, Vascular dementia, Traumatic brain injury, HIV, Prion diseases, Parkinson's disease, Huntington's disease

Types of Involuntary Holds

Crisis Hold

- Danger to self, danger to others, gravely disabled
- Symptoms are due to a neurological disorder or a neurocognitive disorder
- Examination is conducted by a healthcare provider in the hospital where the person is being detained
- Hold can be unilaterally dropped by an examining provider who determines the person no longer meets criteria for protective custody

Mental Health Hold

- Danger to self, danger to others, gravely disabled
- Symptoms are due to underlying mental illness
- Requires a designated examiner from Department of Health and Welfare
- Can only be released by the court

Compare/Contrast Cont.

Crisis Hold

- **Danger to self:** wandering outside with improper clothing
- **Danger to others:** impulsive aggression toward caregivers, other residents in a long term care setting
- **Gravely disabled:** not taking medications for HTN due to forgetfulness → hypertensive encephalopathy. Not taking antibiotics for pneumonia → sepsis

Mental Health Hold

- **Danger to self:** usually suicidal ideation with plan and intent
- **Danger to others:** typically homicidal ideation with intent and plan
- **Gravely disabled:** not taking medications, inadequate nutrition/hydration, not meeting basic needs due to disorganization (typically psychosis or mania) or neurovegetative symptoms (severe depression)

Exceptions

- Consent from a surrogate decision maker
- Consent from individual with decisional capacity

Implications and Limitations

Financial

- Responsibility for cost of crisis hold care is on the patient, the patient's insurance and/or DHW (I.C. § 56-2107)
- Statute allows third parties including the hospital to apply for Medicaid on behalf of the patient (I.C. § 56-2107(4))

Systemic

- InterQual Criteria

Clinical Applications

Logistics

Crisis Hold

1. Complete Application for Protective Placement of Neurocognitive Disorder Under I.C. § 56-2104 and/or § 56-2105
2. Fax to your local county Prosecuting Attorney's office
3. Drop the hold; note it is the responsibility of hospitals and healthcare providers to work with the court to track holds

Mental Health Hold

1. Complete Application for Commitment of the Mentally Ill Under I.C. § 66-326 and/or § 66-329
2. Fax to your local county Prosecuting Attorney's office
3. Designated Examiners from Idaho Department of Health and Welfare will assess and communicate with courts

Ethical Issues

Autonomy v. beneficence v. non-maleficence



Neighboring WWAMI States

- Alaska: neurocognitive disorders are included in Alaska Statute 47 Chapter 30 Mental Health →
 - Sec 47.30.910: payment of patient expenses
- Washington: RCW 71.05.040: persons...suffering from dementia shall not be detained for evaluation and treatment or judicially committed solely by reason of that condition unless such condition causes a person to be gravely disabled or present a likelihood of serious harm.
- Oregon:
 - ORS 426.241 payments made by community mental health program in the county of which the person is a resident from state funds provided to the community mental health program for this purpose. Care provided by state hospitals is billed to the person, third party payer or financially responsible individuals or entities
- Montana: House Bill 29: proposes to stop committing people with Alzheimer's disease, other types of dementia and traumatic brain disease by July 2025. Currently individuals are involuntarily committed to Montana State Hospital; anticipated they would move to the state Mental Health Nursing Care Center.

References

1. Morris, N. P., & Kleinman, R. A. (2020). Involuntary Commitments: Billing Patients for Forced Psychiatric Care. *American Journal of Psychiatry*, 177(12), 1115-1116. <https://doi.org/10.1176/appi.ajp.2020.20030319>