



AANHR

Arkansas Advocates for Nursing Home Residents

PROTECTING NURSING
HOME RESIDENTS

May
2009

Conway (501) 450-9619 · Fairfield Bay (501) 884-6728
Conway (501) 450-7405

AANHR's Mission Statement:

"To protect and improve the quality of care and life for residents in Arkansas nursing homes."

**Next Meeting
May 11**

**MEETING
PLACE:**

**First Assembly of God
Church**

**4501 Burrow Road
North Little Rock
Directions to church
on back of Newsletter.**

**10:00 a.m.
Meeting for
members, family
and friends of
residents (Closed to
persons
representing the
nursing home
industry).**

**11:00 a.m.
Public Meeting
(see President's
column, pg. 2)**

**DID YOU KNOW?
The AANHR
Newsletter Is
Available Online
At aanhr.org**

NURSING HOME INDUSTRY MAKES SECRET SURVEY AND ENFORCEMENT PROPOSALS TO CONGRESS

Deregulating public oversight of nursing facilities and relying on voluntary quality improvement programs have been a priority for the nursing home industry for many years. This year is no different. In a secret Issue Brief[1] being circulated on Capitol Hill, but not included with other Issue Briefs on its website, the American Health Care Association (AHCA), the trade association of for-profit nursing facilities, is asking Congress to turn back the clock on nursing home residents. AHCA wants to repeal the current statutory requirement for annual surveys of nursing facilities and to go back to the Reagan Administration's 1982 proposal for less-than-annual surveys, undermining years of work toward greater facility accountability.

The Secret Proposal

In proposed revisions to the survey and enforcement provisions of the Nursing Home Reform Law enacted by Congress in 1987, AHCA asks that nursing facilities in the "Top Tier" have on-site surveys only every three years, at statewide intervals not exceeding 39 months. [See AHCA, "Proposed Legislation; Nursing Home Survey Reform" (Issue Brief, undated).] AHCA does not define "Top Tier" facilities, does not describe how they would be selected, and does not identify how many facilities would avoid annual surveys under its proposal. Top Tier facilities would have "quarterly off-site reviews of acuity adjusted quality indicators" and, in the years when they did not have surveys, "a half day on-site review of quality of life and safety issues." No details are provided.

AHCA's secret legislative proposal also excludes, and may be intended to delete, long-standing statutory language that authorizes the imposition of various intermediate sanctions against facilities that fail to provide residents with the care and services they need. The proposal deletes enforcement requirements that have been in place for decades, such as the statutory mandate that more serious remedies be imposed for uncorrected or repeated deficiencies. (continued on pg. 4)

Meeting Room Change for May: Details on page 2

*AANHR's annual CNA luncheon coming in June. Invitations for
nominations mailed April 30th.*

Deadline for registration for luncheon is May 22nd !



From the President's Desk Martha Deaver

Dental and Vision Care Topic of May 11 Meeting

Many readers may not be aware that dental and vision care is now available in-house for long term care residents. I am pleased to inform you that AANHR's May meeting topic will offer information about this needed service for nursing home residents. Please join us at 11:00 a.m. May 11 to learn more.

Lynne Coats, Legacy/Business Group, Bob Mullenax representing Senior Care Solutions and Drew Ramey from Matone-Cooper Mobile Dentistry, will tell us about an exciting dental and vision insurance program that will be offered to facilities for their long term care patients. **The premiums for these services have been approved by DHS as an ALLOWABLE DEDUCTION to the patient liability for medicaid residents.** The program can be offered to private pay residents as well. The mobile providers actually go into the facility and set up their equipment in a room designated for their use. This reduces the liability of the facility as they don't have to transport the patient outside the facility for routine care. It also allows the patients more access to routine care which will improve the overall health of the patient.

The insurance products are designed with no out of pocket costs as long as Senior Smiles Mobile Dentistry or Vision Health, Inc. providers are used. These programs work much like an HMO. Our speakers will explain how the organization will assist with the enrollment process, DHS communications, working to get the mobile units scheduled, and any administrative issues or concerns that you may have. Associates are ready to market the program and work with the facility staff and residents and be on-site routinely to assist in any way needed.

Bob Mullenax is known as the "developer". He is an insurance agent and had questioned what was being done for long term care residents' oral health care needs. Realizing that there really wasn't anything being done other than on an emergency basis, he developed the program you will hear about.

Lynne Coats has been in the insurance business for 35 years. She joined Bob Mullenax in his endeavor to develop the concept of dental and vision care for nursing home residents. She is from Northeast Arkansas and graduated from UCA with a degree in Business Management.

Drew Ramey is an Arkansan who graduated from Hendrix College. He has worked with Winrock International and others providing volunteer assistance. He has a Masters Degree in Public Administration from UALR and has primarily worked in the non-profit arena and joined Matone-Cooper Mobile Dentistry at the inception of the company.

Please join us at 11:00 a.m. May 11th to learn more about these valuable services.

Meeting Room Change for May

*Due to a national church meeting taking place on AANHR meeting day, the AANHR meeting place will be the "Reality" room. It is down the hall and to the left from the current meeting room.

*The alley will not be available for parking.

*If you can find a parking place in lot A or B that is fine but will not be likely. AANHR members and guests may have to park behind the Mac building. The Mac building is to the right of the main entrance, the parking lot behind the Mac building is lot C.

*Lot D is across the street on a gravel lot behind their office building. Watch for the sign.

*The church will be running a shuttle and anyone attending our meeting is welcome to use it.

Enter the church at the EAST facing glass doors marked: Administrative Complex/Reality Youth Ministries. Go up the stairs, then to the right to the Reality room. If using the elevator upon entering the building, turn LEFT off the elevator to reach the Reality room.

Special Telephones Can Aid Impaired Persons

Has communication by telephone become difficult for you or for a loved one? If so, the Telecommunications Access Program (TAP) can probably provide a special telephone at no cost to you. This is a state agency, a part of Arkansas Rehabilitation Services, funded by a small surcharge on all land line telephone bills. AANHR members attending the April 13 meeting heard Lynn Vigneault, TAP Program Director, tell of the program and saw the many different phones and signaling devices available for persons who:

- * are entirely deaf
- * need amplification because of hearing loss
- * are blind (the phone speaks the number as it is pushed)
- * have speech difficulty
- * cannot hold a receiver or push a button
- have memory or cognitive impairment



This program is available to any resident of the state of Arkansas who has a disability that makes using a standard telephone difficult or impossible. The disability must be certified by a qualified professional (doctor, nurse, social worker, hearing consultant, etc.) and is free to anyone with an annual income below \$50,000. Above that income level a small fee may be assessed. It is available in any home or nursing home where standard telephone service is available. TAP staff will work with the individual to determine the instrument that best meets his/her needs.

For more information about this truly wonderful resource or to apply for the service call **501-686-9693** or **1-800-981-4463**.

TAP staff would like to speak to groups about this service. This would be an excellent resource for Family Councils, service clubs, or church groups.

\$250 Stimulus Checks???

AANHR members have fielded a few questions about the upcoming stimulus check that many senior citizens will receive in May per the 2009 economic recovery package. According to an AR Long Term Care Ombudsman program spokesperson :

To receive the one-time payment, individuals must have been eligible for the above-mentioned benefits in November or December 2008, or January 2009. Beneficiaries should receive their payment in May 2009.

Certain SSI recipients **will not** get the one-time payment:

❖ Those who are in a nursing home and whose care is paid for by Medicaid who get a reduced SSI benefit in the form of a \$30 personal needs allowance;

❖ Most SSI recipients who live in governmentally owned or operated facilities, including nursing facilities, assisted living facilities, and board and care homes

The beneficiary will automatically receive their \$250 in the same manner in which they receive their regular benefit; no action is required on the part of the beneficiary. The payment will arrive separately from their usual monthly payment. If the payment is usually delivered by direct deposit into their bank account, the one-time payment will be direct deposited. If the beneficiary usually receives their payment by check, the one-time payment will be delivered by check.

In those cases where the beneficiary lives in a nursing home and the facility or someone else is the representative payee, the facility or other payee **may not** keep the money as payment to themselves. The money belongs to the beneficiary and is to be used as that person sees fit. The law specifically states: "...the entire payment shall be used only for the benefit of the individual who is entitled to the payment."

The one time \$250 payment won't count as income for federal, state or local benefits. If an individual chooses to save the money instead of spending it, the amount would also be excluded as a resource in the month it was received and also for the following nine months without being taken into account for purposes of determining eligibility for Medicaid. If not spent at the end of those 10 months, any remaining funds would be counted as an asset.

Questions may be referred to the Long Term Care Ombudsman program at 501-682-2441 or to AANHR, using the three contact numbers at the top of page one of this newsletter

(Continued from pg. 1)

Back to the Future

AHCA's legislative proposal revives the Reagan Administration's 1982 proposal to conduct nursing home surveys on a less-than-annual basis.[2] It was this proposal, among others, that led to two Congressionally-enacted moratoria preventing deregulation of the nursing home industry, the Institute of Medicine's 1986 study of nursing homes, *Improving the Quality of Care in Nursing Homes*, and, ultimately, enactment of the 1987 Nursing Home Reform Law.[3] Since 1987, Congress has required that all nursing facilities have annual standard surveys, conducted on a 9- to 15-month cycle, with a statewide average of 12 months.[4]

AHCA's Proposal Lacks Merit

In support of its proposal, AHCA first argues that "a one size fits all approach" to surveys "fails to provide incentives and disincentives to encourage better performance by nursing homes." This argument ignores the fact that current law already mandates a flexible survey cycle, allowing less frequent surveys in facilities with fewer problems. The incentives that AHCA calls for to encourage better facility performance are already in place.

Next, AHCA argues that "variation within the survey process makes it extremely difficult to provide information that would allow for meaningful comparisons of individual homes within and across states." Yet current Federal law requires that surveyors use a uniform survey process throughout the country for all facilities participating in Medicare or Medicaid or both. AHCA fails to explain how, if its members are concerned with variation in the use of the uniform survey process, having different survey processes for "Top Tier" facilities and other facilities would make "meaningful comparisons" among facilities more likely. Rather, the exact opposite seems true; different survey processes would make "meaningful comparisons" less possible.

AHCA's argument concludes, "When all of this is considered in the context of a confluence of shrinking resources, increased availability of quality data and a public demand for more useful, timely and reliable data, there is the opportunity to streamline and improve the current survey system."

Shrinking survey resources are indeed a problem. The Government Accountability Office recently reported that the portion of the Medicare budget spent on quality assurance declined from 0.1% in fiscal year 2000 to 0.06% in fiscal year 2008[5] and that some categories of health care providers are surveyed only once every 10 years.[6] State survey agencies contend that no health care provider should go more than two or three years without a public survey. Restoring and substantially increasing survey budgets should be a priority for the federal government.

AHCA's reference to the availability of "quality data" is presumably a reference to the quality measures, which are self-reported information about residents, taken from residents' assessments. These measures were originally developed to help surveyors focus on problems that were likely to be found in a facility, not to indicate whether residents were receiving high quality of care. Although the industry uses these quality measures as a proxy for actual quality of care in its voluntary campaign, *Advancing Excellence in America's Nursing Homes*,[7] these self-reported measures are not a reliable substitute for an independent, on-site, and public evaluation of actual facility performance.

Additional proposals by AHCA require that surveyors "include all the positive aspects of care and facility life as well as the aspects of care that are performed less well" and rename the Statement of Deficiencies to "Report of Survey." AHCA proposes that the Department of Health and Human Services focus more attention on survey consistency. While consistency is important and has been required by the Reform Law for decades, accuracy is also important. A facility should not be allowed to challenge a deficiency simply because the facility next-door was not also cited for the same problem.

Conclusion

AHCA's proposals do not "streamline and improve" the survey and enforcement processes; they destroy them. Congress should reject industry proposals to deregulate the nursing home industry.

[1] The Issue Brief is reproduced at www.medicareadvocacy.org/SNF_09_04.16.AHCAamdtsurveycert.pdf

[2] 47 Federal Register 23,403 (May 27, 1982).

[3] 42 U.S.C. §§1395i-3(a)-(h), 1396r(a)-(h), Medicare and Medicaid respectively.

[4] 42 U.S.C. §§1395i-3(g)(2)(A)(iii)(I), 1396r(g)(2)(A)(iii)(I).

[5] Government Accountability Office, Medicare and Medicaid Participating Facilities; CMS Needs to Reexamine Its Approach for Funding State Oversight of Health Care Facilities, page 47, GAO-09-64 (Feb. 2009), <http://www.gao.gov/new.items/d0964.pdf>.

[6] *Id.* 5.

[7] <http://nhqualitycampaign.org/>. See Center for Medicare Advocacy, "The 'New' Nursing Home Quality Campaign: Déjà vu All Over Again" (Weekly Alert, Sep. 21, 2006), http://medicareadvocacy.org/SNF_QualityCampaign.htm.



Pioneer Network in Culture Change
P.O. Box 18648
Rochester, NY 14618-0648
tel: 585 271-7570
fax: 585 244-9114
www.PioneerNetwork.net

Coming This Summer:
Ninth Annual National Pioneer Network Conference
Little Rock, AR
August 12-14, 2009

**Inspiring Person-Directed Care through Culture Change Practices and Principles
in Aging and Long-Term Care**

Audience

Attendees include 1,200+ health care decision makers:

- 41% health care executives
- 28% nursing leaders
- 15% direct care staff
- 10% architects, physicians, researchers, advocates and consumers
- 6% public policy leaders and grant makers.
- National leaders from all care environments including: long-term care; home care; assisted living; adult day services; aging network agencies; hospice; PACE programs; rehabilitation/post-acute services; retirement communities; senior centers; senior housing; and wellness centers.

Conference Content: What you will experience

Participants say this conference energizes, inspires and helps them renew their commitment to the aging field. Conference Highlights include:

- Content that showcases innovative thought and practices in culture change
- Opportunity for attendees to learn, network and inspire
- Over 60 conference sessions and 10 conference intensives that focus on strategy, research, practical approaches, processes and programs for system change
- Topics include architecture, design, new environments and models, operations, strategic planning, financial management, leadership, hiring and recruiting, training, staffing, team building, diversity, activities, dining, bathing, medications management, marketing, sustainability, admissions, regulatory issues, program design and management, end-of-life, family and community relations.
- Opportunities to share products and services that support our nation's aging.

Become a Sponsor, Exhibitor, Advertiser: to learn of these new opportunities to reach those transforming long-term care and aging through person-directed products, practices, and programs.

Contact Cheryl Ritzi of Pioneer Network at 312-587-7327 and at Cheryl.Ritzi@PioneerNetwork.net. To learn more about Pioneer Network, visit our new Website at www.PioneerNetwork.net.



Volunteer Ombudsmen Needed

Do you have one hour per week to visit with residents (those who have few/if any visitors) in a nursing home? We have a place for you. After one day of training and a short orientation period one can become a Certified Volunteer Ombudsman and can choose to be assigned to a specific nursing home where just two hours service per week is expected.

Regardless of whether or not you end up becoming a volunteer ombudsman, your knowledge will increase greatly by attending an ombudsman training session. Volunteer Ombudsman training takes only one day and can make an incredible difference in the life of a nursing home resident. A volunteer ombudsman is authorized to help residents with any concerns. Protecting the resident's rights is a priority. The volunteer ombudsman is authorized to take complaints and report things they see that are questionable to their regional ombudsman, who can take steps to remedy the situation. A volunteer ombudsman can make a big difference brightening the life of a nursing home resident. If interested, please contact Martha Deaver at 501-450-7405; she will put you in touch with your regional ombudsman.



Great Source of Information!

AANHR would like to recommend the publication AGING ARKANSAS as a source for helpful news relevant to senior citizens. One can subscribe to this monthly newsletter for one year by mailing a \$12.00 check to AGING ARKANSAS, 706 South Pulaski St., Little Rock, AR 72201. Phone 501-376-6083

Join the *Advancing Excellence in America's Nursing Homes Campaign* as a Consumer to make a difference for resident-directed care.

Name: _____

Email Address: _____

Address: _____

I would like to be included on the Arkansas LANE electronic mailing list to receive updates on educational opportunities and events.

I do not wish to be included at this time.



RETURN TO:
Arkansas LANE
Advancing Excellence in America's Nursing Homes

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Little Rock, Arkansas 72205

Phone: 501-686-7984

Fax: 501-686-8350

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LubinSandraA@uams.edu

www.arkansaslane.org

www.nhqualitycampaign.org

"Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly; defend the rights of the poor and needy." Proverbs 31:8 NIV

AANHR Special Thanks

We extend our heartfelt thanks to the following people and groups who make our outreach possible:

- Brian Reddick and Bob Edwards** of Wilkes and McHugh for its financial assistance in the printing and mailing of AANHR's newsletter and other publications as well as financing the attendance of two board members to the annual NCCNHR conference.
- Eric Wewers** of The Law Offices of Eric Wewers, PLLC, for advising AANHR's Board of Directors.
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- First Assembly of God Church** in North Little Rock for providing AANHR a meeting room.
- Bob Davidson** of the Law Offices Of Bob Davidson, PLLC, for advising AANHR's Board of Directors.
- Chad Trammel and Don Sorey** of The Law Offices of Nix, Patterson and Roach for gift memorials and financial support.

AANHR Officers and Board Members

President - Martha Deaver, Conway

Vice President - Nancy Johnson, Fairfield Bay

Program Chairman - Nancy Allison, Conway

Secretary - Betty Buckta, Judsonia

Treasurer - Nancy Johnson, Fairfield Bay

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Honorary Board Members: Jim and Faye Sandstrum, Searcy.

Newsletter Editors: Martha & Ernie Blount, Searcy

Helpful/Important Numbers

The Office of Long Term Care (OLTC)

has a toll-free number for information, assistance and complaints for residents and family members:
1 - 800 - LTC - 4887 between 8 a.m. and 4:30 p.m. on weekdays.

You may also write to: Office of Long Term Care (OLTC) P.O. Box 8059, Slot 400 Little Rock, AR
72203-8059

OLTC website:

<https://www.medicaid.state.ar.us/InternetSolution/General/units/oltc/index.aspx>

You should also report complaints to the Arkansas Attorney General

Toll Free: 1 - 866 - 810 - 0016

Little Rock Local: 682 - 7760

For additional assistance or a listening ear, call AANHR at

(501) 450 - 9619 in Conway;

(501) 884 - 6728 in Fairfield Bay;

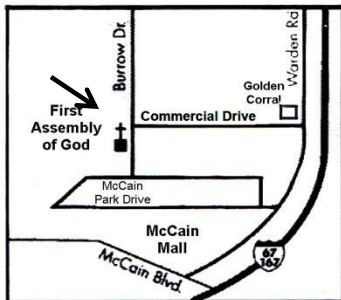
Visit our website at www.aanhr.org or e-mail us at Info@aanhr.org

Your local Ombudsman's number should be posted in a prominent place in the nursing home, preferably near the front entrance. You may also call your local Area Agency on Aging to secure the name and phone number of the Ombudsman.

The UALR Senior Justice Center can be reached at: 501 - 683 - 7153.



Place label here



**Strength in Numbers,
AANHR Needs You!!**

AANHR is a nonprofit organization run by non-paid volunteers dedicated to protecting and improving the quality of care and life for Arkansas residents in long term care facilities.

Won't you please lend your support to us by joining our organization? Your membership dues help to pay for our activities that support our mission statement. Memberships are available on a calendar year basis. Join now and you will be a member through December 31, 2009.

Name _____

Mailing address _____

City/State/Zip _____

Phone _____

Email _____

- () I wish to receive the AANHR newsletter.
- () \$15 per individual membership enclosed.
- () \$20 per family or corporate membership.
- () \$4 per student or CNA membership.
- () Waive dues because of financial hardship.

Please make checks payable to: AANHR and mail to
135 Hillside Dr #112 Fairfield Bay AR 72088-4026

**Driving directions to
First Assembly of God Church,
4501 Burrow Road, North Little Rock**

Coming from the North:

When driving South on Highway 67/167, take exit #1 onto Warden Road. As soon as you safely can, move into the right-hand lane, as you will be turning right at the Golden Corral Restaurant onto Commercial Drive.

Coming from East, West or South:

If you are on either I-30 or I-40, take Highway 67/167 North. Take exit #2 onto Landers Road. Stay in the left-hand lane, as you will be turning left and going under Highway 67/167 and enter Warden Road going southbound. As soon as you safely can, move into the right-hand lane, as you will be turning right at the Golden Corral Restaurant onto Commercial Drive.

Commercial Drive terminates at the church. Proceed straight across Burrow Road into the church's parking lot and turn right at the far side of the building into the narrow alley-like drive.

The entry door is located about half-way down this side of the church and the meeting room (#113) is immediately inside the entrance door.