



AANHR

Arkansas Advocates for Nursing Home Residents

PROTECTING NURSING
HOME RESIDENTS

March
2016

Next Meeting
March 14th
Meeting

Place:

First Assembly of God
Church
4501 Burrow Road
North Little Rock
Directions to church
On back of
Newsletter.

10:00 - 11:00 A.M.
Open Forum

11:00 A.M.
Program Speaker:
(See article at right.)



PLEASE Stay:
For a complimentary
lunch after our March
14th meeting, provided
by Darren O'Quinn,
Little Rock Attorney,
an AANHR friend and
supporter.

Conway (501) 450-9619

AANHR's Mission Statement:

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



March 14th Topic: Medicaid Fraud
Speaker: Floyd Strayer,
Senior Medicaid Fraud Investigator

Quite often those who seek to defraud Medicaid funds make the news and we often wonder how they were caught and what the consequences are for those seeking to take advantage of tax dollars intended to help Arkansas' poorest and infirm. AANHR has invited a fraud detecting expert to give us an overview of how the system works to ferret out absconders.

Floyd Strayer has a fine record in law enforcement and training people, which spans a period of 43 years. Following eight years of military service post high school, Mr. Strayer joined the Little Rock Police Department in November of 1979, where his law enforcement experience spanned Patrolman to S.W.A.T. Team leader and Detective for the Detective Division where he investigated burglaries, thefts, robberies, and homicides. In 1993 Mr. Strayer received the Award of Excellence in Law Enforcement from the Arkansas Attorney General and in the same year was honored with the award of Police Officer of the Year.

Mr. Strayer performed his duties with dedication and enthusiasm until his retirement from law enforcement in January of 1998. Following retirement, Mr. Strayer accepted the Position of Security Manager at one of the largest casino's in Tunica Mississippi in order to curb an internal theft problem. Within the first six months of his year and six month employment at the casino he was able to detect and bring to justice 46 employees committing theft. Mr. Strayer left the gaming industry to accept a position with the Arkansas Attorney General's Medicaid Fraud Unit.

Mr. Strayer went on in 1999 to continue his Law Enforcement Career with the Arkansas Attorney General's Office in the Medicaid Fraud Division where he is employed as a Senior Medicaid Fraud Investigator. Mr. Strayer currently investigates cases of Neglect and Abuse in Arkansas Nursing Homes and issues of Fraud involving Medical Providers billing and receiving Medicaid Dollars. Mr. Strayer is also involved in instructing classes on Adult Abuse and Neglect in Nursing Homes.



From the President's Desk Martha Deaver

We have decided to include information in this month's newsletter that will be especially relevant to those who are new to nursing facility culture. When the time comes to check yourself or a family member into a facility the details can overwhelm. Usually a marketing specialist from the facility shows up at the hospital with a million questions to be answered and forms to be filled out and signed. Always ask for a copy of the completed admission packet. Also, if possible, opt out of signing any arbitration clause agreement, if included among the forms. Some of the questions include end of life issues that need to be dealt with.

END OF LIFE ISSUES

During the admission to a nursing home, your loved one will be asked if they have an Advance Directive, a legal document which will guide the doctor and the nursing home regarding treatment if your resident becomes unable to express his or her own wishes. If a resident does not have an Advance Directive and is or becomes unable to make their own decisions someone else will make those decisions and it may not be what the individual would have wished. It is important to understand that these documents take effect *only when the resident is unable to make or express his or her own wishes* and that they can be revoked or changed at any time.

There are at least three important kinds of Advance Directives.

- **A Living Will** tells family members and medical professionals to what extent special means should or should not be used when a person becomes incurably ill or permanently unconscious. Such a statement can relieve family members of the burden and stress of trying to guess at a very emotional what their loved one might want.
- **Financial Durable Power of Attorney** - in which a person is appointed to make business and financial decisions for the resident. This person is not authorized to make health decisions.
- **Health Care Durable Power of Attorney** - which names the person to make decisions about health care and treatment. Appointment of such a person may avoid later quarrels between family members who may disagree about treatment.

Advance Directives must be in writing, signed by the maker, and witnessed by two other adults. Forms prepared by the Health Law section of the Arkansas Bar Association are available at <http://www.arkbar.com> or from any attorney.

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 friend and supporter.**

Check out aanhr.org for valuable information and to read former AANHR newsletters.

Are you attending quarterly Care Plan meetings? Care Plans and Assessment



If you are currently involved in the oversight of a family member's care while he/she resides in a nursing home, have you attended a Care Plan meeting lately? A care plan is essentially the "recipe" that dictates care for your loved family member. Care plans are as different as each resident is different. Each care plan should be individualized to fit the resident it is created to serve. You should receive by snail mail (or other communication) an appointment to attend a care plan meeting with the department heads overseeing the care of your family member nursing home resident.

As the term implies, assessment is the means for measuring the results of overall care and follow through on the care plan components.

What's a care plan in a nursing home? *(Reprinted from Medicare.gov)*

The nursing home staff will get your health information and review your health condition to prepare your care plan. You (if you're able), your family (with your permission), or someone acting on your behalf has the right to take part in planning your care with the nursing home staff.

The basic care plan includes:

- A health assessment (a review of your health condition) that begins on the day you're admitted, and must be completed within 14 days of admission
- A health assessment **at least every 90 days after your first review**, and possibly more often if your medical status changes
- Ongoing, regular assessments of your condition to see if your health status has changed, with adjustments to your care plan as needed

Nursing homes are required to submit this information to the federal government. This information is used for quality measures, nursing home payment, and state inspections.

Depending on your needs, your care plan may include:

- What kind of personal or health care services you need
- What type of staff should give you these services
- How often you need the services
- What kind of equipment or supplies you need (like a wheelchair or feeding tube)
- What kind of diet you need (if you need a special one) and your food preferences
- Your health and personal goals
- How your care plan will help you reach your goals
- Information on whether you plan on returning to the community and, if so, a plan to assist you in meeting that goal

Paying for Nursing Home Care in Arkansas

MEDICARE

Many people believe that Medicare will cover the cost of nursing home care. Medicare only pays for nursing home costs under specific guidelines and for a certain number of days:

1. The individual entering a nursing home must require skilled nursing or rehabilitation services. This does not include custodial, intermediate or personal care.
2. The nursing home care is provided after a three day or longer hospital stay for treatment of the same illness or condition.
3. The nursing home must be Medicare approved and the bed the individual is assigned must be certified for Medicare reimbursement.
4. All covered services for the first 20 days of care are fully paid by Medicare. For the next 80 days a co-payment is required of the individual's health insurance. Starting at day 101 the individual is responsible for all charges.
5. Always ask if a facility is certified for Medicaid payment after Medicare benefits are exhausted. If the facility is not dually licensed, you may have to move to another facility.

MEDICAID

Long Term Care Medicaid: Conditional Eligibility Requirements

Even if you already receive Medicaid benefits, you must apply for long-term care Medicaid for nursing home payment. You do this at your county Department of Human Services Office.

1. The Individual must be a U.S. citizen or qualified alien.
2. The individual must be a resident of Arkansas. If the individual is coming from another state, prior approval must be obtained from the Office of Long Term Care, Medical Need Determination Section.
3. Categorical eligibility requires that the individual be 65 years of age or older, or;
4. Blind (visual acuity of 20.200 or less, or limited visual field of 20 or less, with best correction, or;
5. Disabled (unable to engage in sustained gainful work activity for a least 12 months as determined by the Social Security Administration or the Medical Review Team.)

Long Term Care Medicaid: Financial Eligibility Requirements

There are two categories for financial assets that are taken into account in determining an individuals eligibility for Medicaid: income and resources

INCOME: Think of income as the amount of money an individual receives. This would include Social Security, Veteran's benefits, railroad retirement, pensions, annuities, dividends, rental income, withdrawals from IRA, etc. For the year 2014, the acceptable monthly income cap is \$2,163.00. The income limit usually increases at the first of each calendar year. Income of spouse and children not counted. Persons applying for the Assisted Living waiver may establish eligibility through an income trust.

RESOURCES: Resources are countable things of value a person has ownership in. Resources include real property, cash, checking and/or savings accounts, certificates of deposit, promissory notes, mortgages, stocks, mutual fund shares, bonds, trusts, automobiles, life insurance policies with a cash value, IRA's, Revocable burial funds, etc

Resources that are not usually counted:

The Home - Equity interest in your primary home is a factor. If your spouse, your child under age 21, or your blind or disabled child resides in the home. If you, your spouse or a relative dependant on the home for shelter resides in the home.

One motor vehicle

Burial spaces for any member of the individual's immediate family

Prepaid irrevocable burial plans

The resource limit for the covered individual is \$2,000. If you have a spouse living at home, special protection of resources are available based on total resources for you and your spouse. In 2014, the amount is between \$23,448 and \$117,240 based on a formula.

Individuals who exceed these requirements might still be able to qualify by creating what is known as a Miller's Trust. Contact your county Department of Human Services office for more information.

PRIVATE PAY

About half of all nursing home residents pay the costs out of their own savings. Most nursing homes have a private pay rate that is higher than the Medicaid reimbursement rate. This rate varies from facility to facility. Be sure to ask about the rate and determine what services you will be expected to pay for in addition to your room rate. Make sure that the Admissions Contract spells out exactly what charges you are responsible for before you sign the contract. Depending on the length of the nursing home stay, an individual may exhaust all of his/her savings and be eligible for Medicaid. Even if you are paying for care yourself, it is a good idea to determine in advance if the facility is Medicaid eligible.

LONG TERM CARE INSURANCE

It is generally acknowledged that long term care coverage is the glaring hole in the safety net provided by Medicare, Medicaid and private health care insurance. As with most insurance, the younger you are when you enroll in a plan, the more reasonable the premiums.

Even if you enroll early, the costs of long term care insurance reflects the staggering cost of nursing home care. Before you select a plan, it is important to understand the cost and benefits. Assistance in determining your options is available through SHIP, the Senior Health Insurance Program at 1-800-224-6330.



Residents' Personal Funds ***A.K.A. Resident Trust Funds***

Stormy Smith, Program Manager with the Office of Long Term Care (OLTC) recently explained resident trust funds to those attending an AANHR meeting. The standard monetary amount for personal needs is currently \$40.00 per month. If a resident's social security check is sent directly to the home to help pay for his/her care then the \$40.00 designated for the resident's personal needs should be set aside for the resident's personal needs in a trust fund account. If the resident's responsible party or some other "trustee" has oversight of the resident's social security funds then he/she (the responsible party) is obligated to see that the \$40.00 for personal needs is used for the resident's personal benefit. Certain parameters exist to govern these funds.

Resident Trust Fund Facts:

1. The management of resident trust funds, personal funds and reporting of violations are governed by federal and state regulations.
2. Upon written authorization of a resident, the facility must hold, safeguard, manage, & account for the personal funds of a resident deposited with the facility.
3. Individual account funds with a balance greater than \$50 (Medicaid) and \$100 (Medicare) must be placed in an interest bearing account.
4. The facility must provide that upon request of a resident/representative up to \$50 (Medicaid) and \$100 is available for the resident/representative the same day request is made. Amounts greater than those should be available within three banking days of the request. Residents should have access to petty cash on an ongoing basis.
5. Residents' funds are not to be co-mingled with facility funds or with another person's funds.
6. Quarterly statements should be provided to residents in writing within 30 days after the end of each quarter.
7. The facility must notify the resident/representative when an account balance reaches \$200 less than the resource limit to maintain eligibility for Medicaid/SSI. (This notice must include info that if the amount in the trust fund plus the value of the resident's non exempt resources reaches the SSI limit for one person, the resident may lose their eligibility for Medicaid/SSI).
8. Trust fund monies should not be used for any item/service for which Medicaid/Medicare pays.
9. Proper bookkeeping for trust funds requires an individual ledger card, ledger sheet or equivalent established for each resident on which only those transactions involving his/her personal funds are and maintained. (The record should have info on when transactions occurred, what they were, as well as maintain the ongoing balance for every resident).
10. Any allegation, suspicion or proof of the misuse or theft of resident trust funds must be reported to the OLTC. Report must be made, using the proper form by 11:00 AM the next business day after incident occurs. Also, the local law enforcement authority must be called!
11. Theft/misuse of resident trust funds is a criminal act; it is theft of property. \$500.00 or more is a Class C Felony. \$2,500 or more is Class B Felony. If \$70.00 is misused from 10 residents, it equals \$700.00 which, under the cumulative provision is a Class C Felony.
12. The facility must convey the resident's funds and provide a final accounting to the individual/probate jurisdiction for the resident's estate within 30 days of the resident's death.

AANHR Special Thanks

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

First Assembly of God Church in North Little Rock for providing AANHR a meeting room.

David Couch of The Law Offices of David A. Couch, PLLC, PA, for his support and assistance, and his providing POA documents pro bono.

Gary Miller of Prosmart Printing for assistance in newsletter and brochure publication.

The **Law Office of Bob Edwards and Mrs. Edwards** for providing financial assistance as well as AANHR Good Care booklets

M. Darren O'Quinn, Attorney, Little Rock, for his continued assistance to and support of AANHR.

Paschall Strategic Communications for their continued assistance with public relations needs.

AANHR Officers and Board Members

President - Martha Deaver, Conway (501-450-9619)

Vice President - Nancy Patterson, Searcy (501-305-4034)

Secretary - Nancy Allison, Conway (501-327-3152)

Treasurer - Frances Walker, Benton (501-316-0260)

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Newsletter Editors: Ernie and Martha Blount, Searcy.

Honorary Board Members: Faye Sandstrum, 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:

[Http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx](http://humanservices.arkansas.gov/dms/Pages/oltcHome.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

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.**

www.ualr.edu/senior justice



Arkansas Advocates for Nursing Home Residents

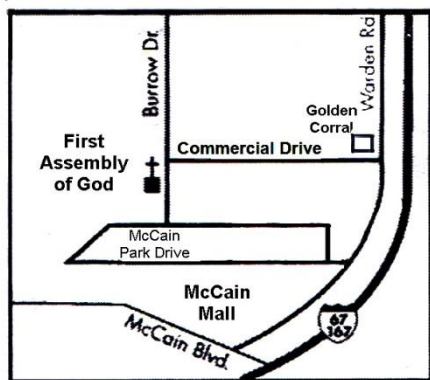
AANHR

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March 2016



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, 2016**.

Today's Date _____

Name _____

Mailing address _____

City/State/Zip _____

Phone _____

Email _____

- I wish to receive the AANHR newsletter.
- \$20 per family or corporate membership.
- Waive dues because of financial hardship.

Please make checks payable to: AANHR and mail to
2336 Riverview Circle, Benton AR 72019

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 #1A 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.