



AANHR

Arkansas Advocates for Nursing Home Residents

Conway (501) 607-8976 * note new phone number!!

AANHR's Mission Statement:

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

PROTECTING NURSING
HOME RESIDENTS

May
2018

Next Meeting
May 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.)

May 14th, 11:00 AM
Meeting Topic:

Medicaid Fraud

Speaker:

Tammy Harrelson,
Senior Assistant
Attorney General



Tammy Harrelson has been Senior Assistant Attorney General for Arkansas since June of 2016. Her chief focus is Medicaid fraud which will be her topic for the AANHR meeting May 14 at 11:00 A.M.

Ms. Harrelson graduated from Hendrix College in Conway with a Bachelor of Arts (B.A.) with Distinction in 1985. In 1990 she received her Juris Doctorate Degree, with Honors from the UALR Bowen School of Law.

Ms. Harrelson joined the Attorney General's staff after over five years as Chief Counsel/Deputy Director for the Arkansas Department of Environmental Quality. Prior to serving at the ADEQ she was Senior Trial/Managing Attorney for Wilks & McHugh, P.A. in Little Rock for nearly twelve years from 1999 to 2010. She served as Deputy Prosecuting Attorney for the 6th Judicial District for five plus years from 1993 to 1999.

Please join us on May 14 as Ms. Harrelson shares her expertise and experience toward helping us advocates learn more about Medicaid fraud and ways to prevent it.





From the President's Desk Martha Deaver

Here is a checklist for families contemplating the placement of a loved one in a nursing home:

- *Obtain a Durable Power Of Attorney with provision that does not allow the DPOA to sign an arbitration clause.
- *Determine how nursing home bill will be paid: Medicaid? private pay? Medicare usually pays only for a limited amount of time in a nursing home, usually for rehabilitation after a hospital stay.
- *Go to www.medicare.gov/nursinghomecompare to view past history of nursing home
- *Find out whether the prospective nursing home has liability insurance coverage.
- *Visit after hours & weekends
- *Are there smells of urine and other bad odors present?
- *Speak with other families in nursing home
- *Read latest survey required to be posted in the nursing home
- *Observe whether call lights are going unanswered.
- *Do residents look sedated or alert?
- *Are residents clean?
- *Are residents happy/content?
- *Check staffing posted log sheet...required to be posted within twenty feet from the front entrance
- *Visit during meal time to observe how food is presented and served.
- *Check to see if residents that need assistance with eating are being fed.
- *Check to see if rooms have fresh water in arm's reach in pitchers located in residents' rooms.
- *Are employees taking care of the residents needs? Are the employees relating to the residents?
- *Does the nursing home have an active Family Council?
- *Make sure you are NOT required to sign a arbitration agreement. Simply state during admission document signing process that you do not desire to sign. Request a copy of all admitting documents.
- *Remember, this nursing home will become your family member's next home, whether temporary or permanent. Stay involved. Visit often. Speak up when problems arise.
- *Always attend Care Plan meetings and follow up on plans for action.





Attorney Jeff Priebe recently spoke to AANHR members about legal issues facing senior citizens such as end of life planning -- particularly the probate process. Initially, if a family member needs skilled care as provided by a nursing facility, a Power of Attorney for healthcare allows the responsible party to speak and act on the family member's behalf. When initiating a Power of Attorney it is also wise to name one or two backup POAs as a precaution. In Arkansas, Power of Attorney forms need to have the family member's signature notarized and a copy of the POA form given to the person who will act on behalf of the family member. In most cases, one cannot get information about a facility resident's Care Plan etc. without prior authorization that a POA affords.

Going through the probate process is a valuable learning experience that should compel one to be sure his/her affairs are in order prior to death. Some AANHR members have expressed the conclusion that one either pays the fees to put assets in a trust prior to death or bears the costs/time involved in taking the estate through the probate system after death.

Small estates (for instance \$100,000 or less) with few heirs don't usually require probate so are simpler to settle. Larger estates with many heirs of course require more time and patience hunting down heirs and thus driving up costs. What does probate cost in Arkansas? According to Attorney Priebe, there are three main ways to determine attorney fees: hourly, a flat fee, or percentage of the estate, for instance ten-percent of the first hundred thousand estate value and so forth.

Once one has designated a Power of Attorney (POA) for Healthcare and for Financial Affairs or both, next order of business is to create a Last Will and Testament that stipulates who will oversee settling his/her estate and distributing the estate's assets after death. One who dies without a will is deemed "Intestate" and the state (Arkansas here) decides who will administrator.

An Administrator (also known as Executor) selects an Attorney to assist in carrying out the wishes of the deceased. Administrators help find heirs, gather estate assets and debts, if any. Usually a probate notice is printed in an area newspaper allowing six months for debtors to come forward to produce their claims against estate assets. Any Medicaid claims against the estate can also be made during this time period. Administrators can receive compensation for their service but they may decline it.

Following the six month time period, any assets left after debts (credit card balances, mortgages, healthcare expenses etc) are resolved is divided among the designated heirs at the direction of the will and probate court. Currently, inheritances are not taxable.

Attorney Jeff Priebe is a long-time supporter of AANHR's advocacy outreach. AANHR members thank him for taking the time to speak to our group. If readers have further questions for Mr. Priebe, he can be reached at jpriebe@jamescarterlaw.com.

BIMS Score Role in Identifying Dementia

The Brief Interview for Mental Status Test as Part of the MDS

By Esther Heerema, MSW | Reviewed by Claudia Chaves, MD

Updated February 26, 2018

reprinted from: <https://www.verywell.com/bims-identifying-dementia-98637>

BIMS stands for Brief Interview for Mental Status. The BIMS test is used to get a quick snapshot of how well you are functioning cognitively at the moment. It is a required screening tool used in nursing homes to assess cognition. Because the BIMS is given every quarter, the scores can help measure if you're improving, remaining the same or declining in cognitive ability.

What Does the BIMS Test Contain?

The first section of the BIMS tests the ability to repeat information through immediate recall and assesses attention. Three words are spoken to you, and you have to repeat them back to the test administrator. The words are *sock*, *blue* and *bed*. After you repeat the words back to the test giver, the words are stated with cues: *sock- something to wear*, *blue- a color* and *bed- a piece of furniture*.

The second section of the BIMS assesses orientation. You will be asked to identify what month we are in currently, which year it is and what day of the week it is.

The third section of the BIMS tests short-term memory after the distracting task of orientation questions. It asks you to recall the three words you had to repeat earlier. If you can't recall the words, you will be given the cue to help trigger the memory, such as "something to wear" to determine if that helps you be able to recall and say the word "sock."

LEARN MORE - How Is the BIMS Scored?

Scoring is as follows:

Immediate Recall (Ability to Repeat) Section: 3 possible points:

- 1 point for each of the three words initially repeated correctly: Total of 3 possible points

Orientation Section: 6 possible points

Identification of Year-

- No answer or incorrect by more than 5 years = 0 points
- Missed correct answer by 2-5 years = 1 point
- Missed correct answer by 1 year = 2 points
- Correct answer = 3 points

Identification of Month-

- Missed correct answer by more than one month = 0 points
- Missed correct answer by 6 days to one month = 1 point
- Correct answer within 5 days = 2 points

Identification of the day of the week-

- Incorrect answer = 0 points
- Correct answer = 1 point

Short-Term Memory Section: 6 possible points

For each of the three words, give 0 points if the word could not be recalled, 1 point for each word that was recalled with cues and 2 points for each word recalled correctly without cues.

Finally:

In order to score the test, add up the total points.

- 13-15 points: the person is intact cognitively.
- 8-12 points: the person is moderately impaired.
- 0-7 points: the person is severely impaired.

How is the BIMS Used?

The BIMS is most often used as part of an assessment tool called the Minimum Data Set (MDS) in nursing homes. The BIMS is conducted periodically to assess cognition over time. It is not used to diagnose dementia but it can help track and compare changes over time. Significant deficits in the BIMS may trigger other, more comprehensive, cognitive assessments to assess for dementia.

The BIMS score can also help identify some basic needs of the person. For example, if you are unable to repeat the three words in the first section of the test, perhaps you have a hearing impairment or you are unable to communicate verbally. Or, if you're only able to remember the three words at the end of the test when the cues are provided, this can be a reminder to staff members that offering verbal or visual cues may be helpful in your activities of daily living.

How Accurate is the BIMS?

The BIMS assesses limited areas in cognition and thus it does not give a fully accurate picture of cognition.

A person may appear to be higher functioning than he is because the BIMS does not assess other areas of cognition such as executive functioning. However, research on the BIMS does indicate that it is a more reliable way to screen for cognitive functioning than simple observation. The goal of the BIMS is to provide a low-burden way (low in cost and time) to monitor for changes in cognition and based on clinical observation, it appears to be fairly effective in accomplishing this goal.

Why Does It Matter?

If you are in a nursing home—either for long-term care or for rehabilitation on a short-term basis—the BIMS will be administered, typically by the social worker. You can ask facility staff how you scored on the BIMS. The BIMS is typically conducted on a quarterly basis but can be administered more frequently if significant changes are occurring in your condition.

A decline in score, for example, a 13 to a 9, demonstrates a notable change in mental abilities. A sudden decline in the BIMS score could help point out a condition such as a delirium. Delirium sometimes develops from infections, including urinary tract infections and pneumonia. Prompt identification and treatment can often partially or fully restore cognitive functioning to its level prior to the delirium.

A Word from Verywell: While you might feel anxious about taking a cognitive screening test, it can be helpful to view the BIMS as a safeguard that helps monitor your cognitive abilities for any changes. If a decline does develop, early identification can help those around you evaluate what might be causing this change and how it might be treated and potentially reversed.

STARTING A FAMILY COUNCIL

A Booster Club for A Nursing Home's Residents

That Results in Better Care for All Residents and Thus, Each Resident

By Gary Melton, Searcy, Arkansas

During the past several years, I have had family members in two nursing homes. Sometimes I have found the care to be adequate; however, a few times the care was less than adequate and that is unacceptable!

Having recently retired from the military and wanting to improve the quality of care of residents, I thought of starting a Family Council. First, I asked the administration to announce a meeting and help spread the word by posting announcements on doors, talking to acquaintances and posting a notice in the nursing home newsletter.

At our first Family Council meeting we discussed the election of officers, our goals, organization of the meetings and plans for the next meeting. Fortunately, the six people in attendance were persons with a can-do attitude. The vice-president elect is a schoolteacher who has received major awards in her career field, the secretary is a CPA, and the treasurer/staff advisor is a social worker on the staff of the facility.

By the second meeting, I was hearing the questions: "What is a Family Council?", "What does a Family Council do?", "I don't need you to help take care of my love one!". Fortunately, in talking with my Regional Ombudsman she had a movie entitled, "Strength in Numbers, The Importance of Nursing Home Family Councils." The movie became our next program. By working hard and spreading word of the movie, we had 20 present. At this second meeting, we passed a budget of \$1000 for the year. We arrived at this amount by deciding on our projects: (1) donate \$25.00 to the employee of the month, (2) furnish snacks to the midnight shift, once a quarter and (3) a complimentary meal for each dietary staff member and spouse at a local restaurant. We discovered having our meetings in the dining room was disrupting the feeding/bingo schedule, so

we moved to the big, front lobby. Our meetings are from 6:30 PM to 7:30 PM and everyone walking in or out of the facility during this high visitation period is exposed to our meeting. Much work by the leaders was initially required between meetings. For example, our secretary completed the paper work to establish us as a non-profit organization under the U.S. Tax Code 501 (C)(3). This designation allows council members to collect tax-deductible donations for our budget. One local bank agreed to donate a \$50.00 savings bond in its name and the Family Council name to the employee of the month for a year. Another member worked with a local artist to have a painting donated for a raffle.

By the third meeting, we were beginning to get comfortable with each other. One of the members always volunteers to furnish the next month's meeting refreshments. We all wear name tags and start our meetings by introducing ourselves and stating our relationship with the facility. Near the end of a meeting, facility staff members present are asked to step outside so we can discuss care issues without any hesitancy. Areas of common concern are agreed on and are submitted in writing to the administration.

The most favorable comments I have had concern starting on time and ending on time. Most people work during the day and are ready to go home but can give their full attention for one hour to a worthwhile endeavor.

If you want to start or already have a council, I recommend the aforementioned movie available from your Regional Ombudsman or the AANHR. In addition, I recommend the publication, "The Family Council Guide" located under "Helpful Links" on the AANHR website: aanhr.org. This publication is a guide to organizing and maintaining an effective family council.



"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:

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.

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

AANHR Officers and Board Members

President - Martha Deaver, Conway (501-607-8976)

Vice President - Pat McGuire, Conway (501-847-1016)

Secretary - Julie Shaw, Memphis (901-508-0558)

Treasurer - Nancy Patterson, Searcy (501-278-6577)

Members of the Board: Martha Blount, Searcy (501-278-9168); James Brooks, North Little Rock (501-454-6279); Harry Burns Jr. White Hall (870-267-5298) Julie Edwards, Alexander (501-425-9959); Cindy Murders, Sheridan; and Ann Pinney, Benton (501-249-1084).

Newsletter Editors: Martha Blount, Searcy; Marcy Wilson, Sherwood

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/seniorjustice



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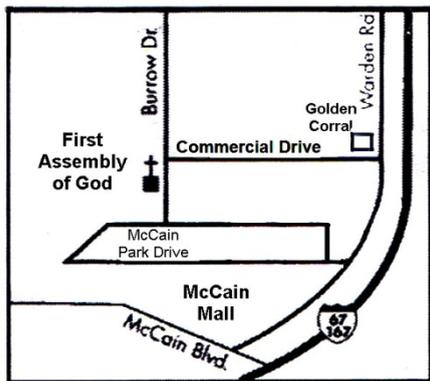
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www.aanhr.org

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Address Service Requested



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, 2018.

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 111 River Oaks Blvd, Searcy AR 72143.

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 just inside the door off the alley-drive.