

Goals



Avoiding Discharge and creating Continuity of Care

In order to assure residents care needs and respect their rights



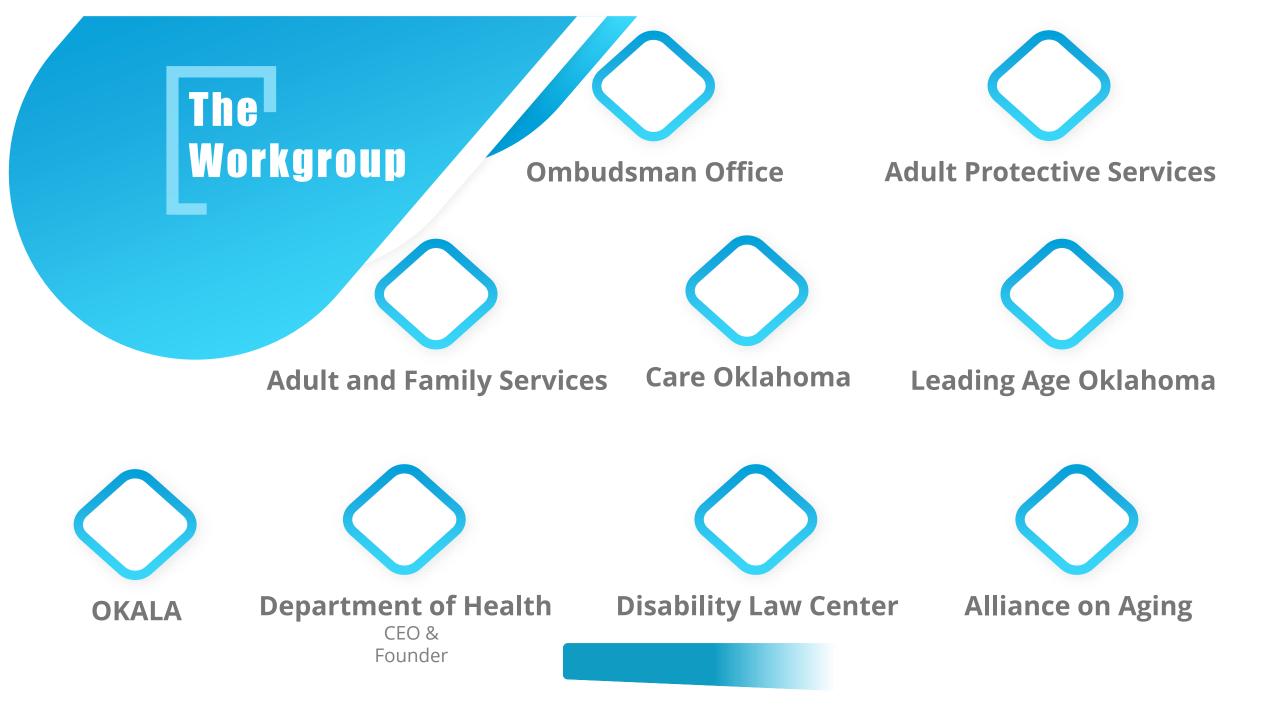
Timely Payment to Facility

In order to make sure the facility receives the financial compensation for providing care

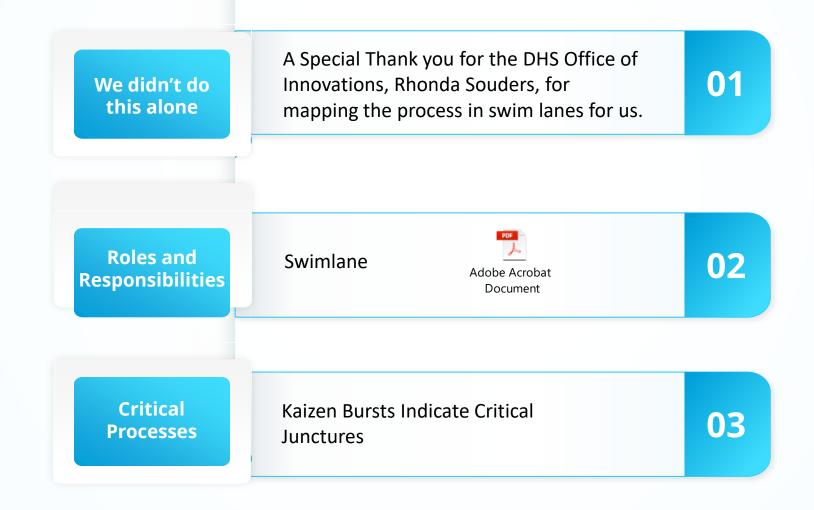


Regulatory compliance With Discharge Laws/Rules

To make sure the facility understands and follows laws/rules related to involuntary discharge



Averting Involuntary Discharges for Failure to Pay A Review of Roles and Processes



Acronyms

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AFS- Adult and Family Services

APS- Adult Protective Services

CAP- Community Living, Aging and Protective

Services

DA- District Attorney

ODLC- Oklahoma Disability Law Center

OHCA- Oklahoma Healthcare Authority

OSDH- Oklahoma State Department of Health

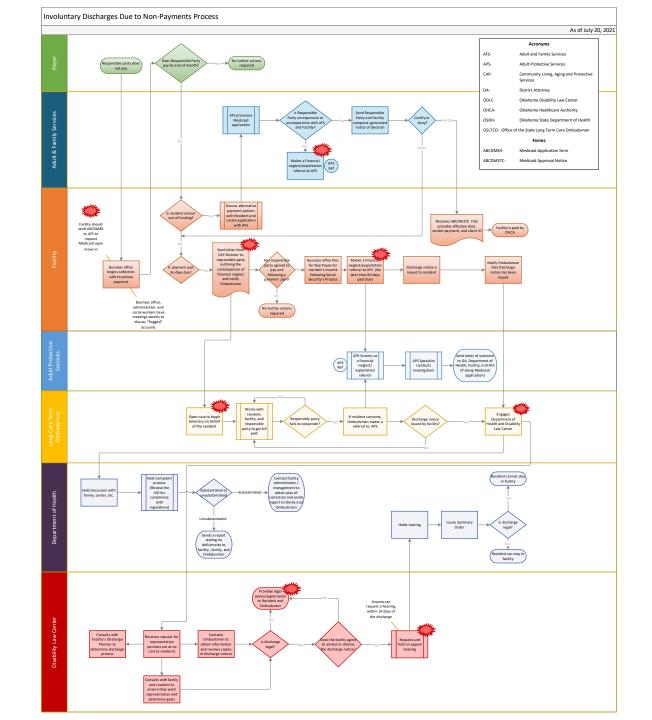
OSLTCO- Office of the State Long Term Care Ombudsman

Forms

ABCDM83- Medicaid Application form

ABCDM37C- Medicaid Approval Notice

Swimlane Process Map







Facility Role

Facility Triggers

Facility Business Office

Trigger

Non-Payment of Care

ACTION REQUIRED Begin collection efforts as soon as payment is missed.

Action Steps

- 1. If payment is received by end of month no further action is needed.
- 2. Does responsible party or resident indicate they are out of funding? If yes make application with AFS for Medicaid eligibility determination.
 - Apply Send in ABCDM83 either at time of admission or when responsible party/resident has indicated funds have been depleted.
 - Collect estimated patient liability monthly. Total monthly income less \$75 personal spending allocation.
- 3. If payment is not received within 30 days and collection attempts go unanswered:
 - > Letter Send letter from CAP Director
 - > Rep Payee Facility Files for Rep Payee
 - Referral Facility makes a Financial Neglect/Explotation referral to APS(www.OKHotline.org or 1-800-522-3511)
 - Eviction Discharge Notice is issued to the resident
 - Notification Notify Ombudsman that Discharge Notice has been issued. <u>Key</u> <u>Personnel - Ombudsman Supervisors</u> (oklahoma.gov)

CAP Director Letter



ADULT PROTECTIVE SERVICES

Sequoyah Building 2400 N Lincoln Blvd Oklahoma City, OK 73105 800-522-3511



August 19, 2021
Department of Human Services
Attn: Caretaker of Vulnerable Adult
2400 N. Lincoln Blvd.
Oklahoma City, OK 73105

Re: Failure of Caretaker to Pay for Nursing Care

Dear Caretaker,

The Oklahoma Department of Human Services (OKDHS) has responsibilities, pursuant to the following legal authority, to protect the public's health or safety and investigate or obtain information for the purposes set forth in and authorized by said cited authority:

The Protective Services for Vulnerable Adults Act, 43A O.S. §§10-101 through 10-114.

As the Director of Community Living, Aging and Protective Services, I am obliged to inform you of the potential consequences for failing to use the resident's resources to pay for the care of the vulnerable adult for whom you have assumed the role of caretaker.

"Caretaker" means a person who has:

- a. the responsibility for the care of a vulnerable adult or the financial management of the resources of a vulnerable adult as a result of a family relationship,
- assumed the responsibility for the care of a vulnerable adult voluntarily, by contract, or as a result of the ties of friendship, or
- been appointed a guardian, limited guardian, or conservator pursuant to the Oklahoma Guardianship and Conservatorship Act.

43A O.S. §10-103(A)(6).

Failure by a caretaker or responsible party to pay or to keep current an account with a nursing care facility may result in an allegation of financial neglect or exploitation, which, if substantiated, could result in prosecution by the State of Oklahoma pursuant to 21 O.S. §§843.1 – 843.4.

"Exploitation" or "exploit" means an unjust or improper use of the resources of a vulnerable adult for the profit or advantage, pecuniary or otherwise, of a person other than the vulnerable adult through the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense.

43A O.S. §10-103(A)(9).

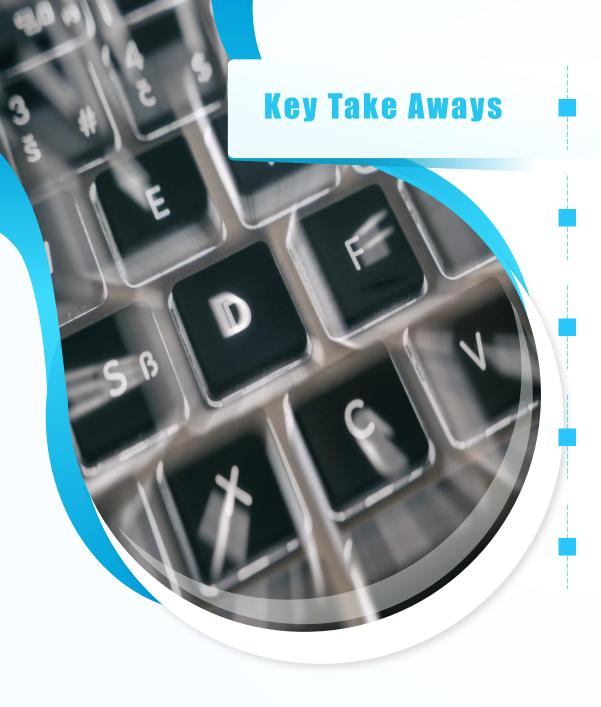
Financial neglect" means repeated instances by a caretaker, or other person, who has assumed the role of financial management, of failure to use the resources available to restore or maintain the health and physical well-being of a vulnerable adult, including, but not limited to:

- a. squandering or negligently mismanaging the money, property, or accounts of a vulnerable adult,
- b. refusing to pay for necessities or utilities in a timely manner, or
- providing substandard care to a vulnerable adult despite the availability of adequate financial resources.
 43A O.S. §10-103(A)(10).

Sincerely,

Jeromy Buchanan

Director of Community Living, Aging and Protective Services



Don't Let too much time pass before Acting

As soon as the bill is 30 days past due, act.

Educate about financial exploitation/neglect

The letter from Director Buchanan is available for you to use in your education

Apply for Medicaid ASAP

Medicaid can only be back dated for 90 days (not applicable for assisted living)

Refer allegations of financial exploitation or neglect to APS as soon as you find out about it

Medicaid Approval for Hardship requires APS involvement

Engage the Ombudsman for assistance

If discharge notice is issued notify the Ombudsman.

Facility Processes and the implications of financial exploitation and neglect

Questions



Assisted Living Facility Triggers

Assisted Living Facility Role

Facility Business Office

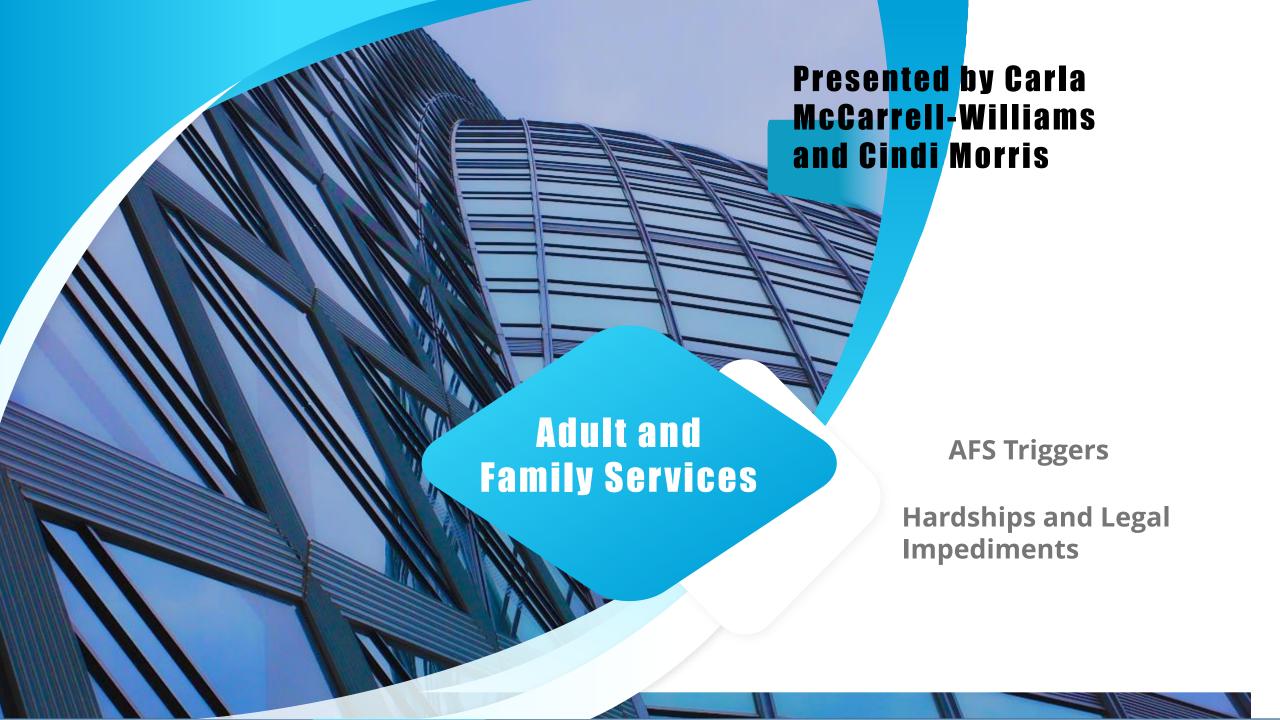
Trigger Action Steps

Non-Payment of Care

ACTION REQUIRED Begin collection efforts as soon as payment is missed.

- 1. If payment is received by end of month no further action is needed.
- 2. If payment is not received within 30 days and collection attempts go unanswered:
 - Letter Send letter from CAP Director
 - Referral Facility makes a Financial Neglect/Exploitation referral to APS
 - Eviction Discharge notice is issued to the resident, the resident's representative, and/or the person responsible for the payment of charges for the resident's care
 - Notification Written notice is sent to the OSDH





AFS Triggers

Adult Family Services - APS Involved Medicaid

Trigger

Action Steps

APS Involved Client with Pending Medicaid Application, or a Pending Review ACTION REQUIRED. Case action requires LTC supervisor approval. Do not deny or close benefits before contacting the APS worker.

ONGOING ACTION REQUIRED. The AFS worker will communicate about any type of case change or activity and work with the APS worker to obtain eligibility documentation.

If eligibility cannot be determined, assess the need for a legal impediment or hardship determination. Legal impediments and hardships may be requested by the AFS supervisor. If a legal impediment or hardship is needed, send a request to https://hrst.needed.need

Evidence that Client with Open Medicaid Application may be Victim of Exploitation or Financial Neglect ACTION REQUIRED. Submit an APS Referral immediately.

- Public Reporting Portal: www.AbuseisnotOK.org
- Abuse and Neglect Hotline: 1-800-522-3511

Hardships and Legal Impediments

Hardships Nursing Home Hardship Policy317:35-19-20(5)(H)

The following actions are detrimental to the approval or denial of a hardship

- Communication is KEY
- AFS and/or the Facility needs to make an APS referral for Financial neglect/exploitation
- Importance of the APS referral date
- Importance of actions taken to stop exploitation

Legal Impediment Policy 317:35-5-41(b)

Legal Impediments can be considered when, a countable resource isn't available to be converted for current use due to a legal impediment.

• Legal Impediments are not indefinite. All reasonable steps to initiate legal action must be started within 30 days. For the resource to be considered as unavailable while the legal action is in process.

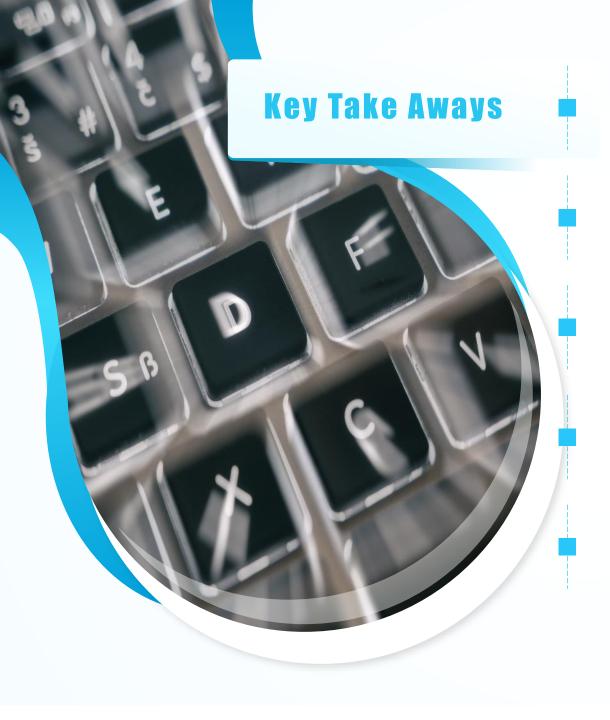
Hardships and Legal Impediments

Hardships Nursing Home Hardship Policy317:35-19-20(5)(H)

• If a determination is made and documented that the cost of making a resource available exceeds the gain, the member will not be required to pursue action to make it available.

Examples of legal impediments include but are not limited to:

 Clearing of an estate, Probate, Petition to sell, Appointment of legal guardian or Power of Attorney



Communication is Key

Keep the lines of communications open between the applicant/POA/Guardian, AFS and APS.

Take Action

Don't wait initiate communication or make a referral

 Hardship requests, if approved, can only be backdated 60 days from the
 Date an exploitation referral was made;





APS Triggers

Adult Protective Services APS Involved Medicaid

APS Worker or MAPSS

Trigger Action Steps **ACTION REQUIRED**. Send the following information > APS Referral Due to to AFS County Director, AFS Supervisor, LTC Worker, Notice APS Supervisor, and HRMS2@okdhs.org. Refer to of Eviction LTC worker directory: LTC Worker Directory. 1. Subject Line: APS/NH Referral 2. Email Body: Client Name AFS Case # Nursing Facility County # Brief Description of Circumstances that led to the Notice of Eviction

APS Ongoing Action

APS Worker or MAPSS

Trigger

Action Steps

APS Client with Open Medicaid Application ACTION REQUIRED. Send the following information to the AFS County Director, AFS Supervisor, LTC Worker, and APS Supervisor. Refer to LTC worker directory: LTC Worker Directory.

- 1. Subject Line: APS Involved Medicaid
- Email Body:
 - Client name
 - SSN
 - AFS case #
 - APS RID #
 - Guardianship or non-guardianship
 - Type of allegations
 - APS worker name and contact
 - "Responsible party" listed for communication
 - Current address and contact information with a note specifying if the AFS system needs to be updated
 - Nursing facility
 - ➤ County #
 - Date of LTC application
- 3. ADD to Service Plan:
 - Check the "Medicaid Application Pending" box
- 4. Make Contact:
 - Conduct a TEAMS meeting or TEAMS chat with the AFS worker to briefly staff the case

ONGOING ACTION REQUIRED. The APS worker or MAPPS worker will communicate about any type of case change or activity and work with the AFS worker to obtain eliqibility documentation.

 Do NOT close the APS case before the Medicaid Application has been approved.

If eligibility cannot be determined, assess the need for a legal impediment or hardship determination. Legal impediments and hardships may be requested by the AFS supervisor. If a legal impediment or hardship is needed, send a request to HRMS2@okdhs.org.



APS does not require resident consent to investigate

As soon as the bill is 30 days past due, make a referral to both APS and the Ombudsman.

Educate about financial exploitation/neglect

The letter from Director Buchannan is available for you to use in your education

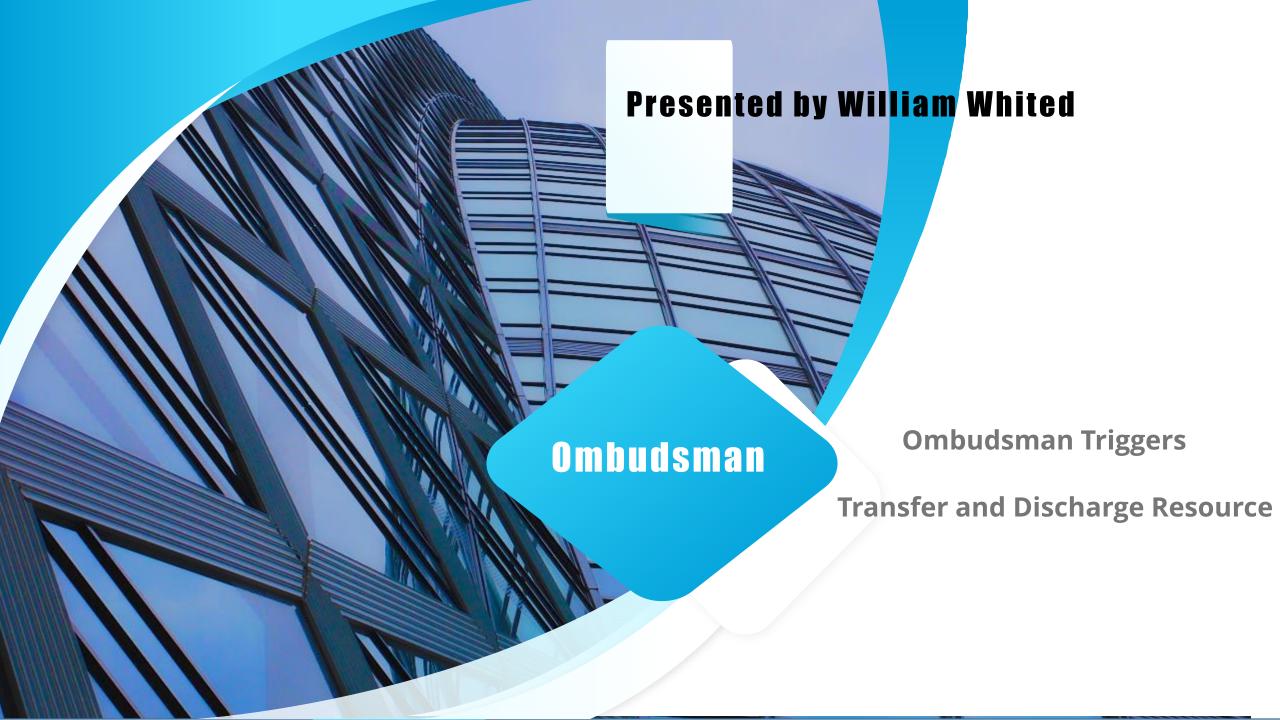
Financial exploitation and Neglect is a crime

Title 21 indicates a person found guilty of the crime may be punished by fine and/or imprisonment

A substantiated allegation of financial neglect or exploitation opens the door for a hardship request for Medicaid eligibility







Ombudsman Action

Office of the State Long-Term Care Ombudsman

Trigger Action Steps

Ombudsman is contacted about an involuntary discharge

ACTION REQUIRED.

CMS rules requires all Medicaid and Medicare certified Nursing Homes to send a copy of every discharge notice a facility issues to the Long-Term Care Ombudsman Program. The following protocol will be followed when an Ombudsman receives a request from the resident, the family or the facility for assistance in averting a potential discharge for failure to pay.

- 1. A case will be opened for advocacy assistance:
 - An in-person visit with the resident will be made within five business days.
 - Consent will be sought from the resident and/or their legal representative to proceed in taking actions to avert the involuntary discharge:
 - i. If consent is denied, Ombudsman cannot act;
 - ii. If consent is received, Ombudsman will proceed with coordinating with facility, resident and other parties to create a plan to avert any potential discharge for failure to pay;
 - iii. This can occur whether a discharge notice has been issued or not. We

Ombudsman Action Continued

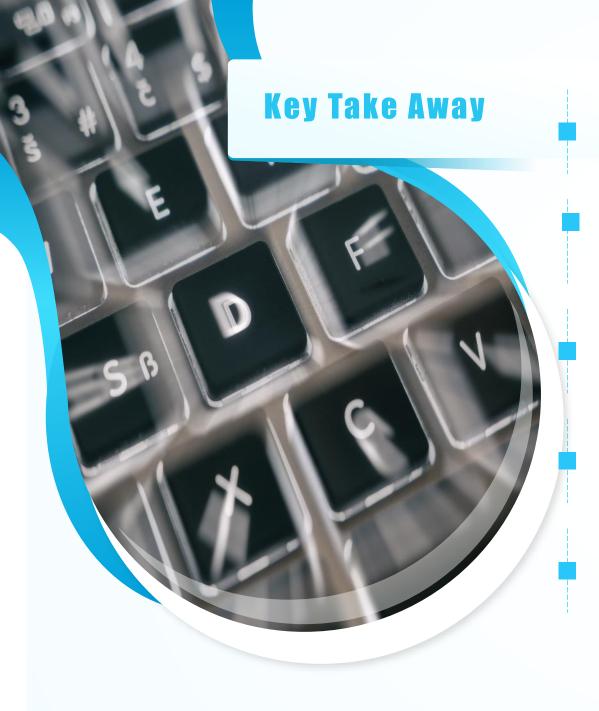
Office of the State Long-Term Care Ombudsman

Trigger Action Steps

Ombudsman is contacted about an involuntary discharge

Actions continued

- We encourage facilities to request assistance from the Ombudsman before a discharge notice is ever issued;
- ii. If the Ombudsman discovers the failure to pay is a result of financial exploitation or financial neglect the Ombudsman will seek consent and take proper steps to make a referral to Adult Protective Services (APS) for further investigation;
- iii. If a discharge notice has been issued the Ombudsman will assist the resident with filing appropriate appeals, communicating with APS, their Medicaid eligibility specialist and seeking legal representation.
- iv. The goal will be to avert the discharge, address any possible exploitation and/or financial neglect and to identify pathways for payment for their care in the facility
- 2. A case in this instance is only consider resolved when the resident is allowed to remain in the facility and any potential discharge has been averted.
- 3. If a client/attorney requests a hearing:
 - The Ombudsman may act as a witness, Provide technical assistance or a liaison.



Ombudsman are the Residents' Advocate

Ombudsman will open a case for advocacy but must have consent from the resident to act.

Ombudsman Can work with the Payer to identify barriers and resolutions

The goal is to avert discharge and make sure the facility is paid

Federal Regulations require Facilities to notify the Ombudsman if a discharge notice is issued

Failure to pay requires a written 30 day discharge notice

Ombudsman will engage APS, ODLC and OSDH with consent of the resident

The goal is to create continuity of care for the resident.

Residents have the right to seek a hearing if an involuntary discharge is issued

Referrals may be made to ODLC or others for legal representation





OKDLC Triggers

Disability Law Center

Involuntary Discharge Process

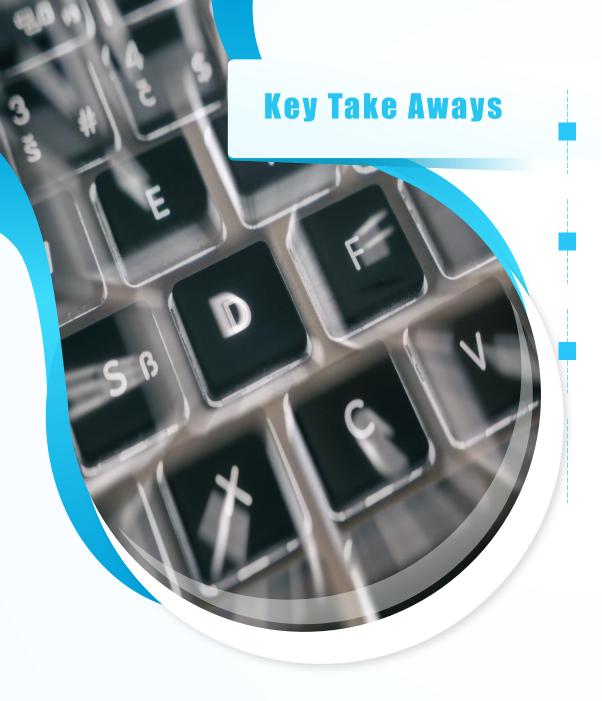
Trigger

Action Steps

 OKDLC is contacted about an involuntary discharge

ACTION REQUIRED.

- If the discharge is legal, discuss transfer and discharge planning with discharge planning coordinator and client's family.
- 2. If the discharge is not legal:
 - discuss involuntary discharge hearing option and facility's obligation to follow federal regulations 42 C.F.R §483.15
 - Review NOTICE to ensure it addresses:
 - i. Reason for discharge stated
 - ii. Effective date of discharge
 - Location to which Resident will be discharged, MUST be a specific place
 - iv. Appeal rights with contact information; 10 days to appeal which is made to OSDH
 - Contact information for LTCOP (Long-term care ombudsman program)
- Speak with Ombudsman and facility discharge planner
- 4. If a client/attorney requests a hearing:
 - Litigate hearing (10 days to issue ruling) Issue is whether facility is discharging for a legal reason?
 - Successful; client remains in facility and should keep in contact with ombudsman
 - Unsuccessful; client will be discharged from facility based on time frame of original notice
 - Refer to APS to address abuse, neglect, and exploitation concerns



ODLC may request a hearing

Provides legal advice/explanation to resident And Ombudsman

There is no Charge to the resident for this service

May represent the resident at any hearing on discharge

This service is provided at no cost to the resident





OSDH Triggers and Processes

OSDH Triggers

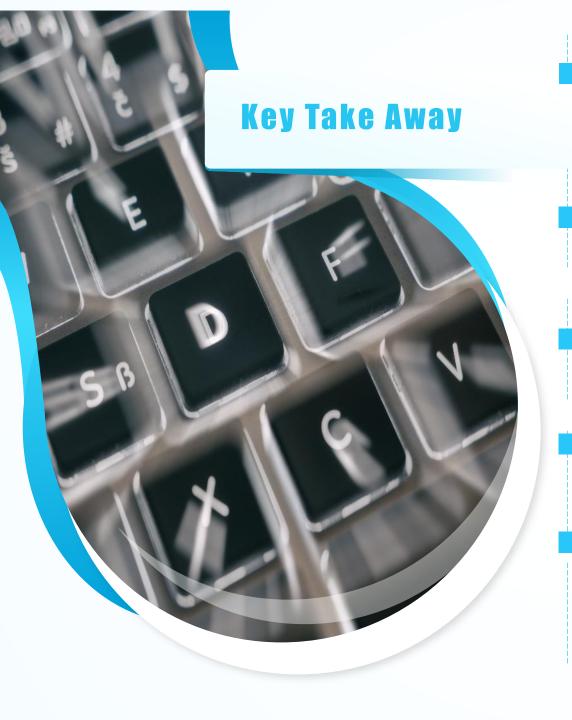
Trigger

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Action Steps

OSDH Complaint due to failure of following Transfer and Discharge Policy/Rules ACTION REQUIRED. The division is responsible for processing complaints that allege violations of federal and/or state rules/laws. Intakes or complaints are prioritized based on CMS triage guidelines and/or state statutes that take into consideration the seriousness of the allegations. Complaints by interested parties are investigated by qualified survey staff.

 Any individual with personal knowledge or specific information, who believes that state or federal laws/regulation have been violated may request an investigation through the complaint intake process. To file a complaint you may call the main OSDH number at (405) 426-8200 or e-mail the complaint to Ltccomplaints@health.ok.gov



Federal and State regulations require the facility establish and implement an admissions policy

Facility may request and require a resident/resident representative provide facility payment from the resident's income or resources

Federal and State regulations allow for Involuntary Transfer or Discharge

Reasons include Medical, Resident's Safety, and Non-payment of Charges

State regulations establish a process to resolve disputes related to Involuntary Transfer or Discharge

The process represents both the resident and the facility's rights

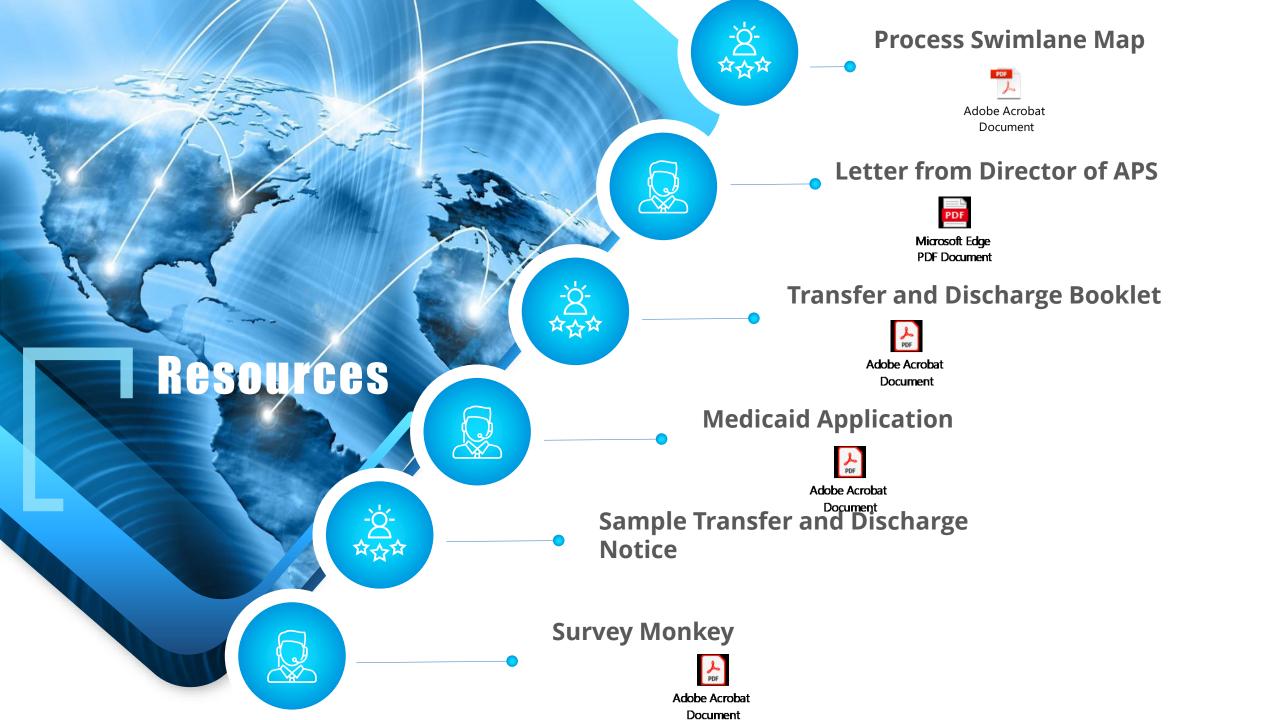
OSDH has dual roles, Hearings and Enforcement

Each function is done by different parts of the agency

Failure to comply with orders by hearing office may result in deficiencies

The letter from Director Buchannan is available for you to use in your education





THANK YOU



Ombudsman.intake.org@okdhs.org Ombudsmanfax@okdhs.org

1-800-211-2116



