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Testimony

House Aging and Long Term Care Committee
Larry Nanny, Eureka Nursing Center
Kansas Health Care Association
January 31, 2012

Representative Bethell and Committee Members,

Good Morning. My name is Larry Nanny and I have been a Long Term Care Administrator for almost ten years. During this time span I have had the opportunity to report many things to Adult Protective Services. While not being a requirement I consider it a responsibility to report situations to Adult Protective Services when I feel an elder may be put into a situation that may have serious negative consequences of a mental or physical nature. These situations include abusive family members; families, guardians, or DPOA's stealing or misallocating money that belongs to the elder; putting an elder's health and well being at risk by placing them in an inappropriate level of care, etc.

I can honestly say that my dealings with APS have generally been me reporting things to them, and them not following through and resolving the situation or working the situation to some sort of solution that is beneficial to the elder. I learned early on in my career to not really expect any sort of involvement or follow through, but at least in an appropriate situation I could document that I "notified APS." This would at least show that I attempted to get the appropriate agency involved.

My most recent situation where I tried to get APS involved was with a current resident. Adult Protective Services had been involved with her when she was staying in her little trailer. This trailer was in very poor condition. It had broken or missing glass in the windows, raggedy steps that were unsafe, and just general poor condition. This elder is in her nineties, living alone, ambulating in a wheelchair. APS was involved with her. I'm not sure how much, but they knew she was in a bad situation and could not care for herself. I do believe that they were attempting to get her into a better, more appropriate situation but she declined. During this time, this lady got sick and went to the hospital. Upon discharge from the hospital she came to my facility for what was supposed to be short term rehabilitation. This particular lady had no living family, only a couple of friends. She progressed as far as she could with her rehabilitation but was still not able physically or even mentally to care for herself at home.

We immediately contacted one of her friends who had been to visit several times. We also notified APS, as the friend told us that the resident now had no heat or water in the trailer and a family or raccoons had moved in. We knew going home was not an option as she could not handle living alone and the only place she had to go was unlivable. She did

not have funds to pay for long term care, as her Medicare only paid for services while she was attempting to rehab from her acute illness and get stronger to be able to return home. Once she ceased to make progress we needed a different payer source, so with the help of this friend we tried to gather all of the documents needed to apply for Medicaid. Still no follow up from APS from our original call. This coming from the agency that knew what kind of situation she had at home as they had been working with her previously, and now it was worse.

We submitted an application to SRS for Medicaid and it was denied, as we did not have all of the information required. The resident finally gave the friend who was working with us Financial DPOA, so this allowed her the power to gather the bank statements and property deeds needed to submit the application. APS was again notified, but no follow up came. The application for Medicaid was denied again because we lacked a Benefit letter related to some retirement income the elder had from a previous employer. Now we were about 4 months into our efforts of trying to get this resident a long term payer source and racking up about 20K in money due the facility.

At this time I could not discharge her to her home in good conscience, knowing the living conditions were not conducive to anyone's survival, let alone a 90 year old woman confined to a wheelchair. Even if I did not have a conscience, I am sure the Dept.of Aging would not have looked favorably on this decision. The family of raccoons had now torn apart the furniture inside the mobile home, and it was November and too cold for anyone to live there without heat and water. I also could not discharge her to another facility as no one else was going to take her without an adequate payer source. We were all now between a rock and a hard place. I was not getting paid for the services we provide, and the resident could not go to her home.

The friend who was helping our elder contacted the retirement agency to get this benefit letter, the only thing we lacked to get her approved for Medicaid. The person she talked to would not send it to her. She said the best she could do was send a copy of this letter to the address they had on file for the elder. The friend had previously forwarded all of the elder's mail to the facility. About three weeks went by, and still no letter was delivered to us at the facility or to the elders' home address. Adult Protective Services was contacted again, still no response or follow up. Each time it was reported they knew whom I was talking about as they had her in their file as she had been on case load prior to admission into our facility.

Next I had the friend come in and we got the elder in my office and we made a call to the retirement company with all of us there to visit. The lady we spoke to said the letter had been sent. Upon trying to explain that it was never received she said we did all we could do. We then wanted to have the resident request the Benefit Letter, so she got on the phone with the Retirement Company. They asked the resident a series of questions that would have been hard for a young adult to answer, let alone a 90 year old that had suffered from a cognition decline. They would not send it because she could not answer all of their questions.

Now we were in a real dilemma. We have a resident here who is racking up one heck of a bill, that needs our care and can not survive at home, and seemingly has no other source to get us the benefit letter she needed to get her Medicaid in place.

I issued a discharge letter as we were now up to about 30K that it was apparent we were not going to collect. I had no intention of discharging her but was hoping APS or a State agency would step in and help to keep her from going back into that terrible home situation. As per regulation I notified the Ombudsman. My regional Ombudsman said I was in my rights, as we had tried every avenue to get her a payer source, and we could not continue to care for her an indefinite amount of time without getting reimbursed for our care. I also notified APS yet one more time. I explained to them that Pauline was being discharged to home. I also explained to them that the home was more deplorable than what they remembered several months prior as there was now a family of raccoons and no heat or water.

Within a couple of days an APS caseworker gave me a call. I explained the whole situation, including our intent to discharge on a particular date, as we are required to give a 30day notice. The case worker took all of the information and then stated, "I can get you the benefit letter. They are required to send those types of things when requested by a state agency." A few days later we had the Benefit letter and resubmitted the application. A couple of weeks later we got the verbal notification that the resident would be approved for Medicaid and another week after that we got the written approval.

Everything worked out great for the resident, which is a good thing. She is still at our facility, where she is getting the type of care she needs. The facility is out about 25 K, as when she was approved they only retro the approval back one month even though we had been trying to get this done for about 6 months.

My personal opinion in retrospect of this entire incident is that once this resident came to our facility APS pretty much washed their hands of her and she was now our responsibility. They did not want to get involved until it looked as if she was going to be going back to her less than desirable living arrangements, which would have made her their responsibility again. In addition, had they responded to any of my other three calls and "requested" this one document we needed to get the resident a payer source, we would not have 25 K on our books that we will not be able to collect.

As someone who has dealt with APS plenty in my career, I believe there needs to be more oversight of this agency to ensure more appropriate and timely follow up occurs for those in need. In these tough economic times, the more streamlined processes they have could be absorbed into another entity where there would be more accountability to ensure our tax dollars are providing the services intended.

Sincerely
Larry Nanny
Administrator
Eureka Nursing Center