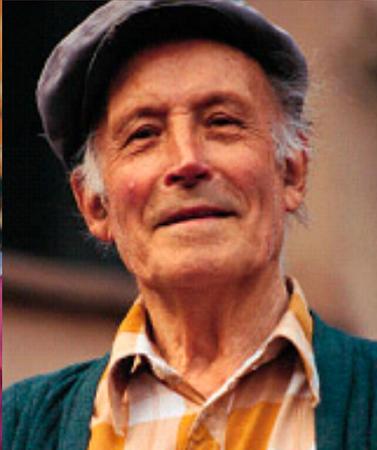
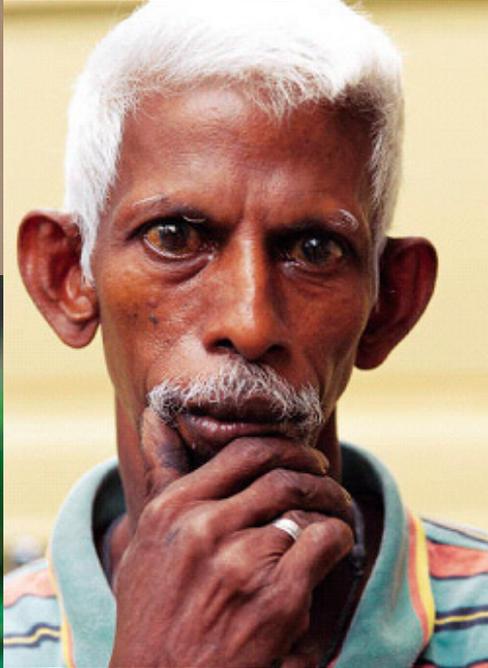
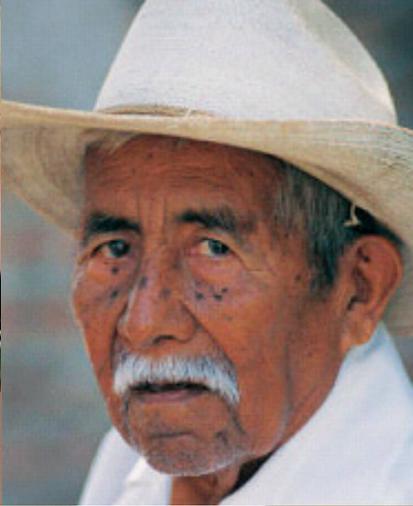


# Arkansas Nursing Home Consumer Guide



**Division of Aging & Adult Services  
Senior Medicare/Medicaid Fraud Patrol  
700 Main Street**

**PO Box 1437, Slot S530  
Little Rock AR 72203-1437**

**Phone: (501) 682-8504**

**Fax: (501) 682-8155**

**Toll-Free Hotline: 1-866-726-2916**

**[www.arkansas.gov/dhs/aging/asmp.html](http://www.arkansas.gov/dhs/aging/asmp.html)**

**To order additional copies of this guide**

**Contact:**

**The Address Above**

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**Gloria Gordon, Author**

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## **Your Choices for Long-Term Care:**

### ***Alternatives to Nursing Homes:***

Choosing to go into a nursing home is a major decision. Before you make that decision, you should know that you could receive long-term care services in your home or in an assisted living or residential care facility.

For information on alternatives to going into a nursing home, contact:

**Your County Department of Human Services Office**

**OR**

**Your local Area Agency on Aging**

**OR**

**The Department of Human Services,  
Division of Aging and Adult Services**

**PO Box 1437, Slot 401**

**Little Rock, AR 72203**

**(501) 682-2441, (501) 682-2443 TDD,**

**Or Toll-free 1-800-981-4457**

**OR**

**Check out the web site of the Division of  
Aging and Adult Services at:**

**<http://www.accessarkansas.org/dhs/aging/facts.html>**

If you are Medicaid eligible and meet the criteria for nursing home care, ask about Medicaid home- and community-based waivers.\* Arkansas has three Medicaid waiver programs that pay for personal care services in your home. They are *ElderChoices* and *IndependentChoices* for the elderly and *Alternatives* for people with physical disabilities.

## Selecting a Nursing Home:

To select the nursing home that is right for you, look at the Medicare web site at: <http://www.medicare.gov> and click on the link under “tools” that says, “**Compare Nursing Homes in Your Area.**” The following information is provided:

- What types of patients are accepted?
- How many employees do they have to care for residents?
- How many recent complaints about the home have been made to the Arkansas Office of Long Term Care?
- What did nursing home inspectors find when they visited the home?
- How does this home compare with others on certain measure of quality of care (like pain, the use of restraints, and bed sores)?

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\* A Medicaid waiver allows the State to use money that is generally spent on care in a nursing home to provide services to a person at home or in the community.

## ***Nursing Home Checklist:***

It is important for you to visit more than one nursing home to decide which offers the services you need and is most convenient for your family and friends to visit. You should take along a checklist of things to look for and questions to ask. You can print out a nursing home checklist at:

<http://www.medicare.gov/nursing/checklist.pdf>.

## ***Additional Nursing Home Information:***

Check out the web site of the Office of Long Term Care, the state agency that regulates nursing homes. Go to the state Medicaid web site at: <http://www.medicaid.state.ar.us>. Click on “consumer information” or the photograph labeled “consumer.” On the left side of the page, click on “nursing home information.” Once on the OLTC web site, click on the links “Frequently Asked Questions” and “Choosing A Facility.”



## The Dos and Don'ts of Admission:

Before you are admitted into a nursing home, you, your family member, or your representative will be asked to sign a lot of papers. Although this may be an emotional and difficult time for you, it is important that you read every page carefully before signing.

These papers should explain:

- What services are covered and not covered, and what are the costs for non-covered services;
- The nursing home's policies for payments and refunds; and
- The nursing home's policies for bed reservation and hold (how long your bed will be held for you if you have to go into a hospital or if you are away for a visit with friends or relatives).

DOS



AND

Most people 65 and older have Medicare, but Medicare only covers very limited nursing home services. (See *What Does Medicare Pay For?*) Medicaid regulations require nursing homes to cover most services. However, there are some services that are not included. (See *What Does Medicaid Pay For?*) It is important for you to ask up front what costs you or your family will have in the nursing home and what supplies, if any, you must provide.

The admission papers for many Arkansas nursing homes includes a “mandatory” or “binding” arbitration agreement or clause that you may not understand. For this reason, Attorney General Mike Beebe issued a consumer alert on 8/27/04 warning Arkansans about signing an arbitration agreement that will prevent them from going to court if they are injured in the nursing home. If you sign the agreement, you must honor its terms if you wish to make a claim against the nursing home at a later date. You cannot change your mind once you have signed the agreement.

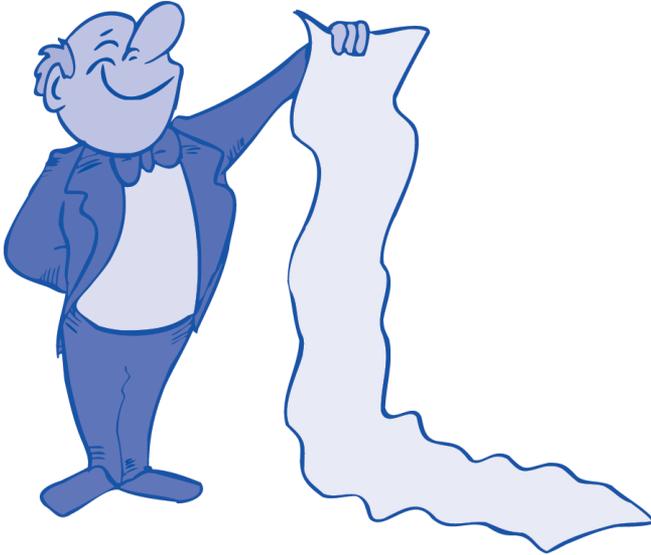
Upon Admission, the nursing home must give you or your representative a copy of the Residents’ Bill of Rights. The written statement of rights must say that you have a right to file a complaint with your Ombudsman or the Office of Long Term Care.

The following information must be posted in the nursing home where everyone can see and read it:

- A shortened version of the Residents’ Bill of Rights;
- A report of the most recent inspection of the nursing home by the Office of Long Term Care, including any Plan of Correction currently in effect;
- A picture of the Ombudsman with information on how to contact him or her.
- A Staffing Log showing the names and numbers of all direct care workers on each hall or wing of the nursing home during each shift (morning, afternoon and night).

# What Rights do you have as a Nursing Home Resident?\*

First and foremost, you have the same constitutional and legal rights as every other citizen, plus additional rights that have to do with your life in a nursing home.



## ***Right to Good Care and Safety:***

- To receive the health care you need and the support services outlined in your plan of care – such as social services, mental health services, if available, and services to help you recover from an illness (rehabilitative services).
- To be kept clean and live in a clean, safe place.

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\* Arkansas Code 20-10-1003 and 20-10-1204, and 42 CFR part 483.10(b)(4)

- To be free from physical restraints or chemical restraints (drugs used to change or control your behavior), except when ordered in writing by your doctor or in an emergency to protect you from harming yourself or others. Restraints may not be used for punishment, or when there are not enough employees to ensure your safety unless you are restrained.

### ***Right to Participate in Planning Your Care and Treatment:***

- To have a say in developing your plan of care.
- To refuse medications (drugs) or treatment, and to be told what may happen to you if you do not take the drugs or allow the treatment. The nursing home must continue to provide the services in your plan of care that you agree to accept.
- To formulate an advance directive.
- To direct whether you wish to receive nutrition (food, either by mouth or by feeding tube) or hydration (water or other fluids).
- To choose your own doctor and drug store from those that routinely serve the nursing home.\*

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\* Not all doctors will continue to see you once you go into a nursing home, unless you are still able to visit their office. Usually you will have to choose a new doctor from the ones who visit residents at your nursing home. As of January 2006, your personal choice of a drug store is subject to the terms of Medicare Part D, the new Medicare prescription drug benefit.

## ***Right to Individual Liberties:***

- To be treated politely, fairly, and with dignity and respect.
- To be free from physical or mental abuse, physical punishment, or being kept alone against your will.
- To exercise your civil liberties, including the right to vote, and your religious liberties, including the right to rely on spiritual means for treatment.



## ***Right to Privacy:***

- To have your medical records kept private.
- To close your room door and have people knock before entering, except in an emergency.
- To receive treatment and have your personal needs (going to the toilet, bathing and personal hygiene) cared for in private, except as needed for your safety or assistance.
- To spend time with and talk privately with persons of your choice, to send and receive personal mail unopened, and to use a telephone.
- To have private visits by your spouse, if married, or to share a room with your spouse if both of you live in the nursing home.
- To refuse to have your picture taken, except in the case of an inspection or complaint investigation by the Office of Long Term Care, the Attorney General, or the US Department of Health and Human Services.\*

## ***Personal Rights:***

- To manage your own financial affairs or let the nursing home do it for you. The home may not require a deposit of your personal funds, and must give you an accounting report every 3 months, upon request, for funds they are holding for your use only.
- To keep and use personal clothing and possessions if space allows, unless this infringes upon the rights of other residents or is against your doctor's advice as written in your medical record. If clothing is provided for you by the nursing home, it shall be of reasonable fit.

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\* Arkansas Code 20-10-104

## ***Right to Information:***

- To know about your medical condition and proposed treatment.
- To be informed about services available in the nursing home and their cost, including charges not paid by Medicare or Medicaid or not included in the basic rate per day.
- To be informed about the rules and regulations of the nursing home and your responsibility to comply with them and to respect the personal rights and private property of other residents.
- To receive notice before being moved to a different room.
- To be informed about the refund policies of the nursing home and the bed hold policy if you go to the hospital or home for a therapeutic visit.\*
- To see the posted results of the most recent inspection of the nursing home by a federal or state agency and any plan of correction in effect within the nursing home.

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\* The Medicaid bed hold policy depends on the occupancy rate of the nursing home. If it is 85% occupied or more, Medicaid will pay for up to 5 consecutive days for a leave of absence to the hospital. The July, 2004-June, 2005 statewide occupancy rate for Arkansas nursing homes is 70%. If you or a family member or representative signs an agreement to pay for your bed while you are in the hospital, you will be expected to pay according to that agreement. **PAY ATTENTION TO WHAT YOU SIGN.** Medicaid will pay for up to 14 consecutive days for therapeutic home visits, regardless of the home's occupancy rate.

## ***Right to Social Interaction:***

- To take part in various activities of the nursing home.
- To be visited by any person of your choice during visiting hours, provided that such visitors are not dangerous and do not make trouble, and to decide not to see visitors at any time.
- To meet with and take part in the activities of social, religious, and community groups, if you choose, as long as they do not interfere with the rights of other residents and your doctor says it is all right.
- To take overnight visits outside the nursing home with family and friends without losing your nursing home bed.
- To organize and participate in resident groups in the nursing home (Resident Councils) and to have your family meet in the home with the families of other residents (Family Councils).



## ***Rights When Faced With Transfer or Discharge:***

- To be transferred or discharged only after receiving reasonable notice (no less than 30 days, except in an emergency) and only for medical reasons, your welfare or that of other residents, or for nonpayment for care received (except as prohibited by the Medicaid program).
- To be protected from transfer or discharge from a Medicaid-certified nursing home solely because the source of payment changes.
- To appeal a transfer or discharge.

## **Right to Complain:**

- To complain to the staff or administrator of the nursing home, to government officials, or to any other person without fear of coercion or retaliation.



- To recommend changes in policies and/or services, and to join with other residents or individuals to work for improvements in resident care. (You are entitled to be visited by Ombudsmen and advocates and to be a member of advocacy or special interest groups.)

## **What Is The Difference Between Medicare and Medicaid?**

Medicare and Medicaid are the two health care programs that pay for long-term care, either at home, in assisted living facilities, or in a nursing home. Many Arkansans are eligible for both Medicare and Medicaid.

**MEDICARE** is the nation's largest federal **HEALTH INSURANCE** program, covering nearly 40 million Americans. Both employees and their employers pay taxes into the Medicare program, and beneficiaries of Medicare also pay monthly premiums for Part B

(physician and outpatient hospital services). Since it is a federal program, it is basically the same everywhere in the United States. Medicare provides services to people age 65 or older and those under age 65 that the Social Security Administration has judged to be disabled for 2 years or longer.

**To find out if you qualify for Medicare in a nursing home, contact your personal physician or hospital discharge planner**

**OR**

**Call: 1-800-MEDICARE.**

If you enter a nursing home as a Medicare patient, but believe you are also eligible for Medicaid services, contact the Arkansas Department of Human Services to apply for Medicaid nursing home coverage. Medicaid will cover all Medicare co-payments or deductibles if you are eligible for both Medicare and Medicaid.

**MEDICAID** is separate from Medicare. It is a joint federal and state **HEALTH CARE ASSISTANCE** program that pays for custodial long-term care services for people who meet the income and assets eligibility requirements. Since this is a state-run program, eligibility and coverage vary from state to state. **In 2005, Medicaid paid for at least 73% of all long-term care in Arkansas nursing homes.** (See *What Does Medicaid Pay For?*).

**To find out if you qualify for Medicaid in a nursing home, contact your local Department of Human Services Office.**

If you are already Medicaid eligible, you must still apply for Medicaid long-term care services. Eligibility for care in a nursing home is not automatic.

## What Does Medicare Pay For?

Most people believe that Medicare pays for long-term care. Generally, **IT DOES NOT.**

Most long-term care in a nursing home is called “custodial” or personal care. It involves helping people with activities of daily living (ADLs), such as eating, dressing, bathing, and using the bathroom. Custodial care can be provided by a person without licensed nursing skills. In the nursing home, it is provided by Certified Nurse Assistants (CNAs). **MEDICARE DOES NOT PAY FOR CUSTODIAL CARE.**



Medicare only pays for recuperative and rehabilitative care (treatment designed to help you recover after an illness) and, therefore, is only limited care for a short time. Medicare pays for medically necessary skilled care in a nursing home, also a called Skilled Nursing Facility (SNF), for up to 100 days, but only if you meet these conditions:

- You must need skilled nursing or rehabilitation staff to manage, observe and evaluate your care on a daily basis – 7 days a week of nursing care or 5-6 days a week of rehabilitative care. While you are in the Medicare-certified part of the nursing home, all of your therapy services must be billed by the facility.
- You must have been in the hospital for at least 3 days, not counting the day you leave the hospital, within the 30 days before admission to a Medicare-certified skilled nursing home.

In addition, you (or your supplemental Medicare insurance policy) will have to pay a daily co-payment for your care (\$119 in 2006) on days 21 through 100. Beyond 100 days, you pay for 100% of the care.

In summary, the maximum Medicare coverage in a nursing home is 100 days, with the first 20 days being covered in full and the remaining days requiring a co-payment or deductible amount that changes every year.

<b>Summary of Medicare coverage in a Nursing Home</b>	
Days 1-20	Medicare pays in full
Days 21-100	You must pay a co-pay of \$119 a day
After 100 days	No Medicare coverage

After you leave the nursing home, if you reenter the same or another nursing home within 30 days, you don't need another 3-day qualifying hospital stay to get additional nursing home benefits. This is also true if you stop getting skilled care while in the nursing home and then start getting skilled care again within 30 days.

## **What Does Medicaid Pay For?**

- (1) A semi-private room, unless there is a medical reason for a private room, such as to prevent the spread of an infection. However, the family may request a private room and pay the difference between the private and a semi-private room rates directly to the nursing home on the resident's behalf.
- (2) Rehabilitative services (physical, speech, occupational and mental health) ordered by your doctor and provided in the home by licensed therapists. These costs do not include the direct cost of services reimbursed by Medicare Parts A and B or private insurance.
- (3) All drugs prescribed by your doctor; over-the-counter drugs such as pain relievers, antacids, and antidiarrheal medications; laxatives and suppositories, cough syrups; insulin and insulin needles.

#### (4) Services:

- Assistance with activities of daily living (ADLs) – bathing, dressing, toileting, feeding, transfers between bed and wheelchair, etc.
- Assistance with oral care and nail care (this does not include care provided by healthcare professionals such as dentists and podiatrists).
- Daily hair grooming/shaving performed by the nursing home staff (does not include the services of licensed barbers or beauticians unless they are employees of the nursing home).
- Personal laundry services (does not include dry cleaning).
- Transportation to local community providers for medical care.



#### (5) Material and supplies. This includes but is not limited to:

- Food and nonalcoholic beverages, including special diets, salt and sugar substitutes, supplemental feedings, equipment required for preparing and dispensing tube and oral feedings, special feeding devices.
- Items furnished routinely to all residents – water pitchers, drinking glasses, trays, wash basins, emesis basins, bedpans, urinals, denture cups, thermometers, bed linen and towels, and hospital-type resident gowns.

- Items required for personal hygiene – combs, brushes, toothbrushes, toothpaste, toothettes, swabs, denture cream, razors, razor blades, soaps, breath fresheners, mouthwashes, deodorants, disposable facial tissues, sanitary napkins, and similar personal hygiene items. Residents who choose not to use the brands furnished by the home must purchase their own items.
- **ALL** disposable diapers and other incontinence items used to care for incontinent residents.
- Pressure relieving devices – air or water mattresses or pads, fleece pads, foam pads, and rings.\*
- Equipment and supplies to meet the activity needs of residents including those who cannot leave their room.
- Equipment for use by all residents – wheelchairs, geriatric chairs, foot stools, adjustable crutches, canes, walkers, bedside commode chairs, trapeze bars and overhead frames, foot boards, bed rails, cradles, hot water bottles or heating pads, ice bags, and traction equipment.



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\*These devices are used to prevent bedsores and to relieve pressure on existing sores. DO NOT HESITATE TO REQUEST THEM IF THEY ARE NOT PROVIDED TO YOU.

- Oxygen; related equipment, medications, and respiratory therapy supplies; nebulizers; and humidifiers.
- Other equipment required to care for residents – suction machines and related equipment; catheters; airways; infusion arm boards; sun or heat lamps; chest or body restraints; slings.
- Equipment to dispense medications (needles, syringes, paper cups, medicine glasses) and perform simple tests (clinitest, acetist, dextrostix) and examinations (sphygmomanometers, stethoscopes, glycometers, scales).
- General medical and first aid supplies (isopropyl alcohol, hydrogen peroxide, applicators, cotton balls, tongue depressors, small bandages, Merthiolate, Mercurochrome, and ointments for minor cuts and abrasions, etc.)
- Enema supplies, including equipment, solutions and disposable enemas.
- Douche supplies, including vaginal or perineal irrigation equipment, solutions and disposable douches.
- Urological, ostomy, and gastrostomy supplies not billable under Medicare Part B.
- Intravenous (IV) or subcutaneous trays, connecting tubing and needles.
- Special dressings – gauze, 4 X 4 ABD pads, surgical and micropore tape, telfa gauze, ace bandages, and cast materials.

## ***Charges You or Your Family May Have to Pay:***

- Telephone – private line in resident’s room.
- Television/radio for personal use. Cable service in resident’s room.
- Personal comfort items – smoking materials, notions and novelties, and confections.
- Cosmetic and grooming items and services in excess of those paid for by Medicare or Medicaid.
- Personal clothing.
- Social events and entertainment offered outside the scope of the activities program.
- Non-covered special care services, such as privately hired nurses or aides.



## When You Have a Complaint:

If you do not receive the care you need, you have the right to complain to the staff or administrator of the nursing home, to your Ombudsman, or to the Office of Long Term Care without fear of retaliation.

First discuss your concerns with the nursing home staff. Begin by taking your complaint to the Certified Nurse Assistant (CNA) who provides most of your direct care or a nurse who supervises your care. If that doesn't work, talk to the Director of Nursing (DON) or the nursing home social worker. If that still doesn't work, talk to the administrator.

All nursing homes have Resident Councils and most have active Family Councils that can assist you to negotiate with the nursing home staff for changes or improvement to your care.



### ***The Role of the Ombudsman:***

If you have gone through the proper chain of command at the nursing home and you are not satisfied with the results, you should contact the Ombudsman representing your area. Arkansas law requires that his or her name and telephone number be posted in the hallway of the nursing home. If it is not, you can contact your local Area Agency on Aging or go online at [www.arombudsman.com](http://www.arombudsman.com). The Ombudsman will visit you at the nursing home to investigate your complaint and take all steps necessary to resolve your problem.

## ***The Role of the Office of Long Term Care:***

If you or your Ombudsman believe that the nursing home is not providing the care you need (care that has been paid for by Medicaid or Medicare on your behalf), contact the Office of Long Term Care (OLTC) at the Department of Human Services. OLTC investigates complaints against nursing homes regarding abuse or neglect of residents, theft of residents' property, and poor quality of resident care. Investigations are confidential, and you do not have to give your name. If you choose to give your name, the OLTC informs you when the investigation is completed. Complaints to the OLTC are made by telephone, fax, email, or mail:

**Office of Long Term Care**  
**(501) 682-8425 in Pulaski County or toll-free at**  
**1-800-582-4887**  
**fax: (501) 682-1967, Attention Complaint Unit**  
**Email: [complaints.OLTC@arkansas.gov](mailto:complaints.OLTC@arkansas.gov)**  
**Mail: Complaints Unit, OLTC, PO Box 1437, Slot S409,**  
**Little Rock, AR 72203**

You will need to provide them with the following information:

- The name of the nursing home, the administrator, and the resident.
- Names of persons who witnessed or have knowledge of



the incident and the relationships of these persons to the resident (for example, employee, spouse, daughter, other resident, visitor).

- Facts of the incident, including the date, time and as much detail as possible. For example, is this a continuing situation or an isolated incident? Did you or someone else contact the administrator about the incident and, if so, what was the administrator's response?

## **What Is Healthcare Fraud and What Can You Do About It?**

When providers of health care bill Medicare or Medicaid for services never performed or medical equipment or supplies not ordered, or bill for a service at a higher rate than is actually justified, it may be fraud.

Healthcare fraud and abuse affect all Americans by wasting billions of our tax dollars, as documented by studies, audits, and reports issued by the General Accounting Office and the Office of the Inspector General. Higher Medicare costs also result in higher premiums and co-pays. Like Medicaid programs across the country, Arkansas Medicaid's budget is growing at an alarming rate and competes with other necessary services for the citizens of the State.

However, healthcare fraud is not just a matter of dollars and cents. Far more important is the serious effect on the quality of care received and the quality of life for people who depend on the Medicare and Medicaid Programs. Loss of money to fraud means that less money is available to pay for services and programs that people need.

***Healthcare Fraud in a Nursing Home is a Special Concern:***

The federal regulations for nursing homes state that, each resident must receive and the nursing home must provide *“the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.”*\* FAILURE TO PROVIDE THAT LEVEL OF CARE, WHILE BILLING MEDICARE OR MEDICAID FOR COVERED SERVICES, MAY BE FRAUD.

Elderly people or people with disabilities living in nursing homes are especially vulnerable to the consequences of healthcare fraud because they are totally dependent upon the care they receive. The signs of poor care are neglect, abuse (physical, emotional, or sexual), and/or exploitation.

NEGLECT\* is:

- Failure to provide a nursing home resident with necessary treatment, rehabilitation, care, food, clothing, shelter, supervision, or medical services;
- Failure to report health problems or changes in the health condition of a nursing home resident to the appropriate medical personnel;
- Failure to carry out a prescribed treatment plan; or
- Failure to provide goods and/ or services necessary to avoid physical harm, mental anguish or mental illness (as defined by the Office of Long Term Care for nursing home residents).

ABUSE\* is any intentional and unnecessary physical act that causes or threatens pain or injury (except for medical treatment or just cause); or any intentional or demeaning act that subjects a nursing home resident to ridicule or psychological injury or

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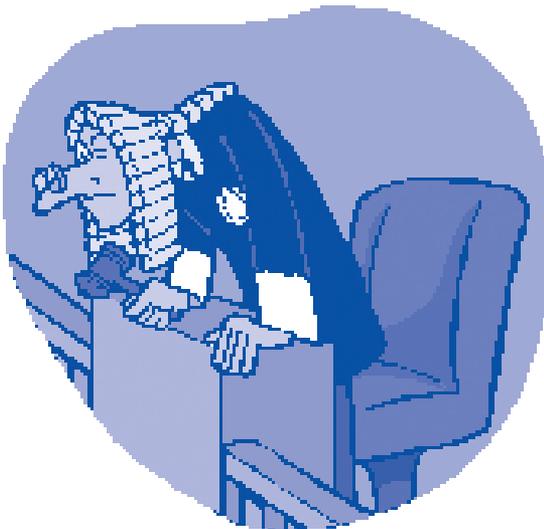
\* Arkansas Code 12-12-1603

causes fear; or unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.

EXPLOITATION\* is the illegal or unauthorized or management of a nursing home resident's funds, assets, or property, or the use of his or her power of attorney or guardianship for personal profit or advantage; or the misappropriation of a nursing home resident's property, belongings, or money without the resident's consent.

### ***The Role of the Attorney General:***

In Arkansas, the Attorney General's Medicaid Fraud Control Unit (MFCU) investigates and prosecutes health care providers who commit Medicaid fraud, and investigates and brings to justice those who abuse elderly or disabled nursing home residents. This includes both Medicaid residents AND private-pay residents if they live in a nursing home that receives funding from the Medicaid program.



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\* Arkansas Code 12-12-1603

## How Can You Prevent Healthcare Fraud?

- Ask questions! You have a RIGHT to know everything about your medical care, including costs billed to Medicare and Medicaid.
- Educate yourself about what services are paid for by Medicare and Medicaid. (*See What Does Medicare Pay For? and What Does Medicaid Pay For?*)
- To help prevent Medicare fraud, review your Medicare Summary Notice (MSN) for errors in payments made by Medicare on your behalf. The payment notice shows what services or supplies were billed to Medicare, what Medicare paid, and what you owe. Make sure Medicare was not billed for healthcare services or medical supplies and equipment you did not receive.
- If you are dually eligible (and receive services from both Medicare and Medicaid), your MSN will itemize charges to both programs. Review it carefully to be sure that you have received the services and supplies that were billed to both programs.
- Generally, people on Medicaid alone do not receive payment summaries, unlike with Medicare. Therefore, it may be hard for you or your family to check whether Medicaid has been billed correctly for the care and services you received. However, if you suspect that Medicaid is being billed incorrectly on your behalf, you can request an Explanation of Medicaid Benefits (EOMB) from the State Medicaid Agency.



**To Request a Medicaid Statement,  
Call Customer Service at 1-800-482-5431 or  
1-800-482-8988**

**OR**

**Write to DHS-DMS  
PO Box 1437, Slot S-401  
Little Rock, AR 72203**

Say that you want to receive a **“PAID HISTORY”** and give the following information:

- Your name
- Your Medicaid number
- The types of services, equipment, or supplies involved
- The dates of service
- Any other information that would make the request more specific



It is in your best interest and that of all citizens to report suspected fraud. Healthcare fraud, whether against Medicare, Medicaid or private insurers, increases everyone's health care costs, much the same as shoplifting increases the costs of the food we eat and the clothes we wear. If we are to maintain and sustain our current health care system, we must work together to reduce costs. If you have reason to believe someone is neglecting or abusing a nursing home resident in a Medicaid-funded nursing home or is defrauding the Arkansas Medicaid Program, contact:

**The Arkansas Attorney General's Medicaid Fraud  
Control Unit.**

**Office of the Attorney General  
323 Center Street, Suite 200  
Little Rock, Arkansas 72201  
(501) 682-2007  
1-800-482-8982  
[oag@arkansasag.gov](mailto:oag@arkansasag.gov)**

**OR**

**Contact ASMP  
1-866-726-2916  
PO Box 1437, Slot 530  
Little Rock, AR 72203  
<http://www.state.ar.us/dhs/aging/asmp.html>**

**BE INFORMED  
BE AWARE  
BE INVOLVED**

**Disclaimer: This guide is provided for informational purposes only. This is not a legal document. If you have specific questions, please contact the Office of Long Term Care, your local County Department of Human Services Office, or legal counsel.**

**If you need this material in an alternative format, such as **large print**, please contact our Americans with Disabilities Act (ADA) Coordinator at (501) 682-8920 or TDD (501) 682-8933.**



# Arkansas Department of Health and Human Services



**The Arkansas Senior Medicare/Medicaid Patrol is a program funded by a grant from the Administration on Aging (AoA), a division of the U.S. Department of Health and Human Services, that recruits retired persons to teach Medicare and Medicaid beneficiaries to recognize and report healthcare fraud. This guide is designed to help you, the consumer, participate in this worthwhile effort to safeguard state and federal dollars for Arkansans who rely on Medicare and/or Medicaid services.**