

PUBLIC MEETING NOTICE
BOARD OF TRUSTEES OF THE FUND FOR HOSPITAL CARE FOR
INDIGENT PERSONS (IAF BOARD)
Nevada Revised Statute (NRS) 428.195
October 10, 2019, 1:00 p.m.

Nevada Association of Counties
304 South Minnesota Street
Carson City, NV 89703

Board members may attend via phone from other locations.

AGENDA

Items on the agenda may be taken out of order. The Board may combine two or more agenda items for consideration. The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

Call to Order, Roll Call

1. Public Comment. *Please Limit Comments to 3 Minutes*
2. Approval of Agenda. **For Possible Action.**
3. Approval of Minutes for the January 30, 2019 Meeting of the Board. **For Possible Action.**
4. Workshop on the History and Functions of the Fund for Hospital Care for Indigent Persons (IAF) Including How the Fund Works and a Summary of its Sources and Uses.
5. Update on the Status of the Fund for Hospital Care for Indigent Persons.
6. Discussion of the Next Round of Claims from Hospitals for Reimbursement from the IAF for Unpaid Charges for Hospital Care for Indigent Persons Injured in a Motor Vehicle Accident and Requests from Counties for Reimbursement from the IAF to Satisfy a Portion of the Counties' Obligation to Pay the Nonfederal Share of Expenditures for Long-Term Care Pursuant to the State Plan for Medicaid. **For Possible Action**
7. Discussion of Future Agenda Items and Future IAF Meeting Dates.
8. Public Comment. *Please Limit Comments to 3 Minutes*

Adjournment

This agenda was posted at the following locations:

NACO Office 304 S. Minnesota Street, Carson City, NV 89703
Washoe County Admin. Building 1001 E. Ninth Street, Reno, NV 89520
Elko County Manager's Office 540 Court Street #101, Elko NV 89801
POOL/PACT 201 S. Roop Street, Carson City, NV 89701

Members of the public who are disabled and require special assistance are requested to contact the NACO office by phone at (775) 883-7863 or by writing to NACO, 304 S. Minnesota Street, Carson City, NV 89703, at least three working days prior to the meeting.

Members of the public can request copies of the supporting material for the meeting by contacting Amanda Evans at (775) 883-7863. Supporting material will also be available at the NACO office.

Agenda Item 3

PUBLIC MEETING NOTICE
BOARD OF TRUSTEES OF THE FUND FOR HOSPITAL CARE TO
INDIGENT PERSONS (BOARD)
Nevada Revised Statute (NRS) 428.195
January 30, 2019, 9:00 a.m.

Nevada Association of Counties
304 South Minnesota Street
Carson City, NV 89703

UNADOPTED MINUTES

Attendance: Chairman Jim French, Nye County Commissioner Wichman, Eureka County Commissioner Sharkozy, Clark County Human Services Administrator Pawlak, and NACO Staff (Dagny Stapleton and Amanda Evans)

Other Attendees: Bill Welch, Nevada Hospital Association; Sara Lamb, NV Department of Healthcare Finance and Policy; Budd Milazzo, Nevada Department of Health and Human Services; Shannon Ernst, Churchill County Human Services Administrator and Chris Bosse, Renown Regional Medical Center

The meeting was called to order by Chairman French at 9:00 a.m.

1. **Public Comment.** None was given.
2. **Approval of Agenda.** The agenda was approved on a motion by Commissioner Sharkozy with second by Commissioner Wichman.
3. **Approval of Minutes for the December 12, 2018 Meeting of the Board.** The minutes were approved on a motion by Mr. Pawlak with second by Commissioner Wichman. Commissioner Sharkozy abstained as he was not at the previous meeting.
4. **Election of Chair and Vice Chair of the Board of Trustees of the Fund for Hospital Care to Indigent Persons.** Dagny informed the Board that the positions could be either one- or two-year terms at the discretion of the Board. Mr. Pawlak nominated Commissioner French to continue as Chair and he was reelected on a second by Commissioner Wichman. Mr. Pawlak nominated Commissioner Sharkozy to serve as Vice Chair and he was elected to the position on a second by Commissioner Wichman. Dagny recommended that the Board enact two-year terms due to the infrequency of meetings of the Board. Two-year terms were enacted on a motion by Commissioner Wichman with second by Mr. Pawlak.
5. **Update on the Status of the Fund for Hospital Care to Indigent Persons.** Dagny reviewed the flow chart included in the agenda packet which shows how funds come into the Fund and how they are disbursed. Commissioner Wichman noted

that it is a valuable tool and that she would like to see more in-depth information included in the future. Mr. Pawlak echoed her comments. Dagny informed the Board that at the next meeting of the Board a discussion would take place regarding the future process for federalization of portions of the Fund. Chair French indicated that he would like that meeting to take place prior to the opening of the application process for Indigent Accident and County Long Term Match claims. Dagny informed the Board that the possible approval of transfer of funds to the State for federalization would be discussed under agenda item six and reviewed the Sources and Uses document included in the agenda packet. She noted the Indigent Accident Fund and Long-Term Match set asides and informed the Board that the Department of Health and Human Services is working to bring back an additional \$7.5 million to the fund in a one-time infusion. She noted that \$5 million would be dedicated to the State for federalization and that \$2 million would be set aside for County Long-Term Match. Budd Milazzo, the Chief Financial Officer of the Division of Health Care Finance and Policy (DHCFP) informed the Board that the Department of Health and Human Services would transfer the funds to DHCFP who would then transfer the funds back to the Fund. He informed the Board that the funds are currently sitting in reserves as a result of funds collected in FY14 but not approved or transferred by DHCFP. He informed the Board that the transfer is currently part of an April work program and would need to be approved by the Interim Finance Committee. Commissioner Sharkozy inquired as to the 2019 actuals and if the Fund can have a reserve. Mr. Milazzo informed the Commissioner that a reserve is allowed, however it is best to have a set-aside as a reserve requires a work program through the Interim Finance Committee. Dagny noted that it is important to carry the balance forward to allow for the timely transfer of funding as the following year's payments come in to late for FY distribution in the first and second quarters. It was also noted that the State Budget Office and the LCB approve of the process to keep the State from having to 'front' payments. Commissioner Sharkozy inquired as to if that increases the ad valorem and it was clarified that it does not because the funds that come in in March are set asides and shows the legislature the funds needed as currently set in statute. Dagny informed the Board that she is working with DHCFP to ensure that the funds are maintained. Dagny informed the Board that a Bill Draft Request may be submitted to add a phrase to the uses of the Fund to allow the transfer of funds to the State to be legally authorized. Chairman French noted concern with the process not being done properly and it was noted that LCB fiscal is looking at the current language and that LCB legal may say it is ok as it is. Dagny noted that she wanted to ensure that the Board was aware of the issue and would keep them apprised of any developments.

6. **Approval of the Proposed Sources and Uses of the Fund for Hospital Care to Indigent Persons Supplemental Payment Program for 2020, including Approval of the Amount of the Non-Federal Medicaid Match Share Transfer, and a One-Time, \$2,000,000, Addition to the Indigent Accident Fund County Match Set Aside.** Dagny explained to the Board that the approval of the Proposed Sources and Uses would transfer the funds for the approved FY19 Indigent Accident Fund and County Long-Term Match claims and the additional \$2 million for Long-

Term Match claims for FY20. She also suggested that the additional funds would be made available to the urban counties for one-time only approval as \$2 million would still be available for the remaining 15 counties. Dagny suggested to the Board that the distribution of the \$2 million to Clark and Washoe could be distributed as 18% to Washoe County with the remaining 82% going to Clark County, in proportion to their share of Medicaid Match assessments. The Sources and Uses as proposed, including the additional \$2million dollars allocated as discussed, were approved on a motion by Commissioner Sharkozy with second by Commissioner Wichman.

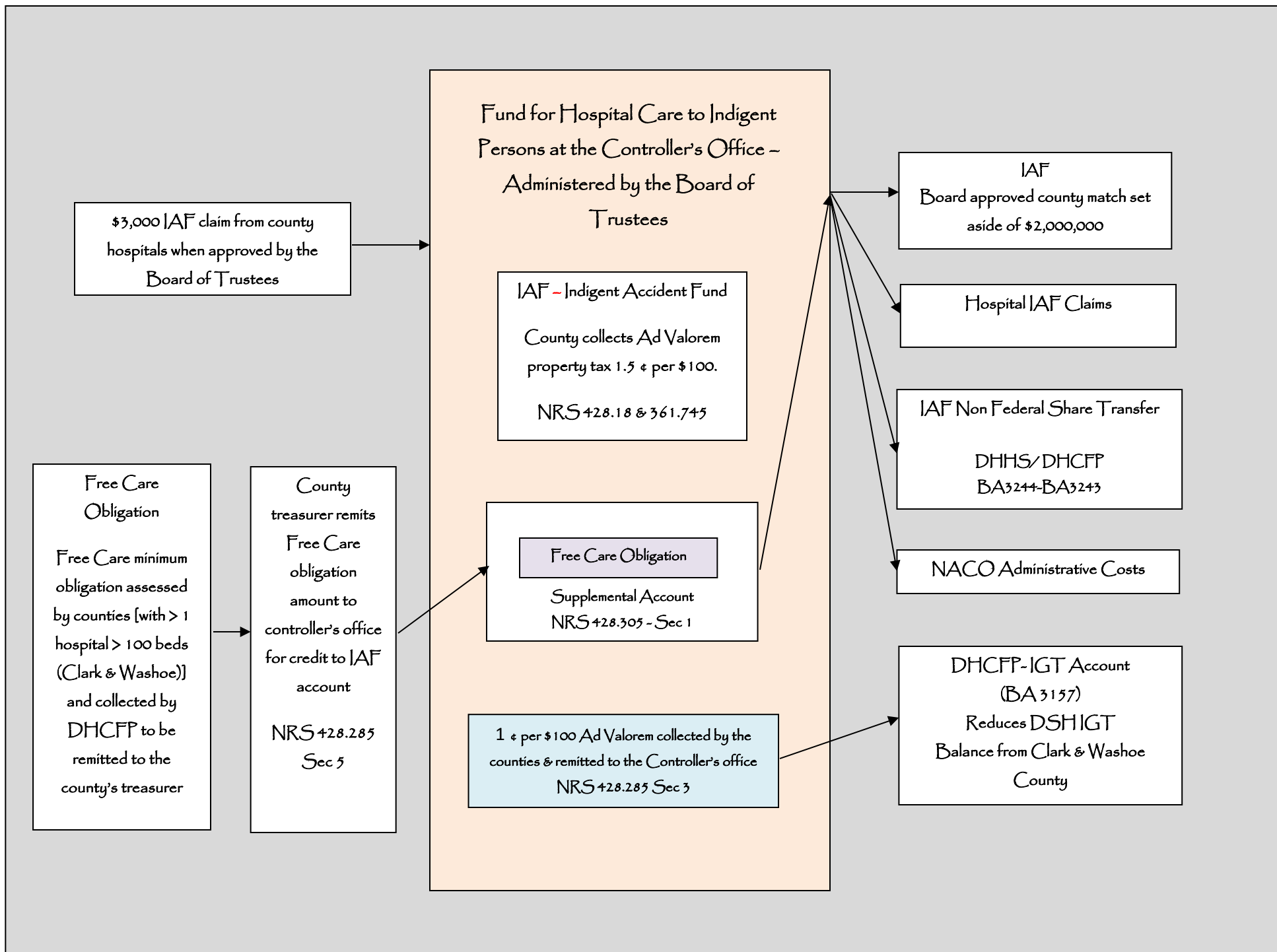
7. Discussion and Approval of Changes to the FY2018 Application for Reimbursement from the Fund for Hospital Care to Indigent Persons for County Payments for the Medicaid Match Program for Long Term Care. Dagny referenced the changes to the application previously approved to determine county fiscal health and noted that further direction is needed regarding question 5. She noted the addition of question 6, specific to indigent funds and Chairman French indicated concern with utilizing end-fund balances and pass throughs because they don't always accurately measure a county's fiscal stability as long term trends aren't reflected by those numbers. Commissioner Wichman also noted concern with penalizing counties who exercise fiscal responsibility and that actual uses of indigent funds and programing more accurately identify intent. Mr. Pawlak stated that he liked the addition of question 14 and suggested giving staff administrative authority to adjust the application as necessary. Further discussion included removing the burden on county staff to obtain irrelevant information, the distribution of future funds based on identified needs and the streamlining of the new application process. Dagny requested clarification from the Board on their desires for the application and it was clarified that question 5 was to be deleted and question 6 was to be reworded to identify services that aren't being provided because the counties are required to pay matching funds so large that they can't afford to provide them. The indicated changes and further application adjustments at the discretion of staff were approved on a motion by Commissioner Wichman with second by Commissioner Sharkozy.

8. Discussion of Future Agenda Items and Future IAF Meeting Dates. Commissioner Sharkozy inquired about the terms of the Board members and Dagny informed the Board that she is waiting on a recommendation from the Health and Human Services Directors Association for the seat reserved for a member of their organization which would then go to the NACO Board for approval. Then the Governor would make all the Board appointments. A meeting would not be able to be scheduled until the Governor has made all the necessary appointments.

9. Public Comment. None was given.

The meeting was adjourned at 10:25 a.m.

Agenda Item 4



Agenda Item 5

Sources and Uses - HIF- IAF Supplemental Payment Program

Sources	SFY2014	SFY 2015	Actual SFY 2016	Actual SFY 2017	Actual SFY 2018	Actual SFY 2019	Projected SFY 2020	Projected SFY 2021	Data Provided By:
Balanced Forward from Prior Year	535,423	-	3,612,506	20,393,875	21,369,996	23,558,288	29,507,816	20,810,667	DHHS Director's Office
1.5 Cent Ad Valorem Tax	11,627,930	11,897,174	12,616,511	12,680,018	13,436,373	13,683,840	13,683,840	13,683,840	DHHS Director's Office
Unmet Free Care Obligation	1,270,803	3,499,750	16,282,421	15,312,145	19,131,926	20,810,667	20,810,667	20,810,667	DHCFP - Supplemental Reimb Unit
Elko County PY Prop Tx Pmt ³	-	178,284	500,000	500,000	129,884	-	-	-	
Interest Earned ²	28,080	7,230	48,972	244,920	356,317	356,317	356,317	356,317	DHHS Director's Office
\$3,000 per Claim from Counties	9,000	78,000	-	48,000	3,000	-	3,000	3,000	NACO, DHHS Director's Office
Reserve County Match Set Aside						2,000,000			
Reserve IAF Non Federal Share from 2014						5,573,584			
Total Sources	13,471,236	15,660,438	33,060,410	49,178,958	54,427,496	65,982,697	64,361,640	55,664,491	

Uses	SFY2014	SFY 2015	Actual SFY 2016	Actual SFY 2017	Actual SFY 2018	Actual SFY 2019	Projected SFY 2020	Projected SFY 2021	Data Provided By:
NACO Administration	60,000	60,000	60,000	60,000	70,000	70,000	70,000	70,000	NACO, DHHS Director's Office
HIF - IAF Non Federal Share Transfer	11,245,692	11,245,692	12,606,535	25,466,791	30,113,131	33,641,738	37,402,882	30,705,733	NACO, DHCFP - Supplemental Reimb Unit
IAF Transfer to Medicaid to offset decrease in UPL	-	-	-	649,395	578,091	814,241	578,091	578,091	NACO, DHCFP - Supplemental Reimb Unit
Hospital Claims ⁴	535,423	-	-	1,632,776	59,525	-	1,500,000	1,500,000	NACO
IAF County Match 2014	1,630,121	369,879							
IAF County Match Set Aside ^{1, 4}	-	372,361	-	-	48,461	1,948,902	4,000,000	2,000,000	NACO
Total Uses	13,471,236	12,047,932	12,666,535	27,808,962	30,869,208	36,474,881	43,550,973	34,853,824	
Remaining to Balance Forward:	-	3,612,506	20,393,875	21,369,996	23,558,288	29,507,816	20,810,667	20,810,667	

¹ There is a \$2,000,000 Set Aside for County Match Claims maintained in the Fund. For SFY 2020, \$4,000,000 was allocated to make up for delays for procedural changes in the claims submission process in 2017.

² The projected interest for SFY 2018 and SFY 2019 is per State budget.

³ The Elko County PY Prop Tx Pmt was a repayment agreement with Elko County for past due property taxes. This is not an ongoing source to the fund.

⁴ The Hospital Claims and County Match Totals for SFY 2019 were finalized at the 12/12/2018 meeting of the Board.

Agenda Item 6

**APPLICATION FOR REIMBURSEMENT FROM THE FUND FOR HOSPITAL CARE
TO INDIGENT PERSONS FOR COUNTY PAYMENTS FOR THE MEDICAID MATCH
PROGRAM FOR LONG TERM CARE**

(Please use data from FY18 county expenditures)

County: _____

Contact Person

Name: _____

Email: _____

Phone: _____

FISCAL INFORMATION

- 1) In FY17-18 did your county enact the full 9 cent Indigent Tax Levy (not including the 1 cent Supplemental Tax and the 1.5 cent Indigent Accident Tax)? Yes_____ No_____

- 2) Has your county enacted an additional tax that is dedicated to (or primarily used for) providing services to the indigent? If yes, please explain _____

- 3) What was the highest overlapping property tax rate in your county in FY17/18? _____

- 4) In FY17/18 how much revenue did 1 cent of property tax generate? _____

- 5) What was the FY17/18 ending fund balance of your Indigent Fund (as a percentage)? _____
 - a. What was the FY12/13 ending fund balance of your Indigent Fund (as a percentage)? _____
 - b. For any large Indigent Fund balances that were spent down by your County over the past 5 years, explain how those funds were used including details on any new programs and/or capital expenditures. _____

- 6) In FY17/18 did the county's auditors note any audit finding pertaining to the county's indigent expenditures? If yes, please submit the audit finding with the application.
Yes_____ No_____

- 7) In FY17/18 did the State Department of Taxation note any deficiencies in the county's Indigent Fund or Funds budgets? If yes, please submit correspondence from the Department of Taxation.
Yes_____ No_____

HUMAN SERVICES INFORMATION

(For the following answers, please attach a page(s) with longer responses as needed.)

- 8) In FY17/18 did the county budget sufficient funds for the anticipated amount of its indigent medical expenditures, and/or were there unanticipated expenses related to the indigent? Please explain:

9) In your county, are there needs pertaining to the indigent population that are not being met?

10) Are there programs, services, or expenses related to the indigent population in your county that your County Human Services Department or county partners could provide but currently do not due to budget limitations? Please explain and include examples: _____

11) Please attach information on any key demographic indicators from your county that may illustrate need, including: poverty rate, % of children living in poverty, key economic indicators, key health indicators.

12) In FY17/18 list the amount of expenditures and attach documentation of the expenditures for the following:

Indigent Expenditures*	Amount
Medicaid Match for Long-Term Care (<i>paid to State**</i>)	\$
County Long-Term Care	\$
Child Developmental Services (<i>paid to State</i>)	\$
Inmate Medical	\$
Indigent Burial and Cremation	\$
Prescription Drugs (<i>non-hospital</i>)	\$
Direct County Administrative Costs*** (<i>include documentation</i>)	\$
Homeless Programs	\$
Community Health Nurses (<i>if direct expenses related to indigent services can be calculated</i>)	\$
Indigent Guardianship	\$
Other (<i>please provide explanation</i>)	\$
Total	\$

*qualifying expenses cannot include those paid with grants and/or federal funds

** make sure to include any dollars deducted from your assessment due to awards from this grant process

*** please do not include indirect costs (e.g.: utilities, rents, office supplies, or benefits or portions of salaries for employees not providing services directly to or related to indigent populations).

13) If you received an award of IAF Funds for the county Medicaid Match for Long-Term Care for FY16/17 expenses (awarded in 2018) please attach a summary of how you used the additional

indigent or human services funds that were subsequently available in your county. Please include exact dollar amounts and expenditures.

14) Is there any additional information you would like to provide?

Please include the following documents with your application:

- **FY17/18 State Budget Document and any correspondence from the Department of Taxation notifying the County of budget deficiencies in the Indigent Fund or Funds.**
- **FY17/18 Audited Financial Statements and any audit findings pertaining to your county's Indigent Fund or Funds, including certified/verified amount of revenues received from the indigent property tax levies.**
- **FY17/18 detailed summaries of expenditures for each of the costs listed in question 12 above.**

Please submit this application by xx to:

aevans@nvnaco.org

I certify the information provided in this application is true and correct. I understand that the amount that may be granted to any county is equal to or less than the counties assessment for the non-federal match for long term care.

Printed Name

Date

Signature