

PUBLIC MEETING NOTICE  
BOARD OF TRUSTEES OF THE FUND FOR HOSPITAL CARE TO  
INDIGENT PERSONS (BOARD)  
Nevada Revised Statute (NRS) 428.195  
September 12, 2018, 1:00 p.m.

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

Board members may attend via video link or 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 March 22, 2018 Meeting of the Board. **For Possible Action.**
4. Review and Possible Approval of Updated Application for Reimbursement from the Fund 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.**
5. Discussion of the Timeline for Future IAF Applications and Applications for Reimbursement from the Fund 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.
6. Future Meeting Dates.
7. Public Comment.

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.

The following links and/or pages are support for 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

March 22, 2018, 1:00 p.m.

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

**UNADOPTED MINUTES**

**ATTENDANCE:** Chairman, Humboldt County Commissioner French, Nye County Commissioner Wichman, Clark County Health and Human Services Director Pawlak and NACO Staff (Dagny Stapleton & Amanda Evans)

**OTHER ATTENDANCE:** Buddy Valasques and Sarah Lamb, Nevada Department of Health & Human Services (DHHS) and Bill Welch, Nevada Hospital Association

The meeting was called to order at 1:00 p.m.

1. **Public Comment.** None was given.
2. **Approval of Agenda.** The agenda was approved on a motion by Commissioner Wichman with second by Mr. Pawlak.
3. **Approval of Minutes for the February 14<sup>th</sup>, 2018 Meeting of the Board.** The minutes were approved on a motion by Commissioner Wichman with second by Mr. Pawlak.
4. **Approval of the Amount of the Non-Federal Medicaid Match IAF Supplemental Payment for 2019.** Dagny introduced the item and referenced the spreadsheet included in the agenda packet and created by the DHHS Division of Healthcare Finance and Policy. She explained that the projected transfer of approximately \$33,641.738 to the State for Medicaid match must be approved by the Board so that it can be included in the State's Plan Amendment for Medicaid. The transfer was approved on a motion by Commissioner Wichman with second by Mr. Pawlak.
5. **Discussion of Future Agenda Items and Future IAF Meeting Dates.** Dagny reminded the Board of previous discussion regarding the need to review the standards and threshold for county reimbursement under the long-term care obligation grants, and re-opening the applications for the 2015/16FY in the late summer or early fall. She also informed the Board that she is working with the Human Services Administrators to ensure understanding and provide training on the Indigent Accident Fund claims process. She also mentioned that a round table is being planned with the Administrators, DHHS and the Hospital Association for June 14<sup>th</sup>. Mr. Pawlak inquired as to the effect of the non-renewal of the individual mandate under the ACA and Dagny informed the Board that the

issue would be addressed at the meeting in June. The Board agreed by consensus that the next meeting would be determined by Doodle Poll and would occur in the late summer.

6. **Public Comment.** None was given.

The meeting was adjourned at 1:15 p.m.

DRAFT

The following links and/or pages are support for agenda  
Item 4

**APPLICATION FOR INDIGENT ACCIDENT FUNDS FOR THE COUNTY MEDICAID MATCH PROGRAM FOR LONG TERM CARE (FOR COUNTY EXPENDITURES IN FY16)**

**County:** \_\_\_\_\_

**Contact Person**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**FISCAL INFORMATION**

- 1) In FY15-16 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 FY15-16? \_\_\_\_\_
- 4) In FY15-16 how much revenue did 1 cent of property tax generate? \_\_\_\_\_
- 5) In FY15-16 did your county's General Fund have a fund balance greater than 16.6% or 2 months' worth of expenditures? Yes \_\_\_\_\_ No \_\_\_\_\_
- 6) In FY15-16 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 FY15-16 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 FY15-16 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 their 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 FY15-16 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 (if direct expenses related to indigent services can be calculated)	\$
Indigent Guardianship	\$
Other (please provide explanation)	\$
<b>Total</b>	<b>\$</b>

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please include the following documents with your application:**



- FY15-16 State Budget Document and any correspondence from the Department of Taxation notifying the County of budget deficiencies in the Indigent Accident Fund or Funds.
- FY15-16 Audited Financial Statements and any audit findings pertaining to your counties Indigent Fund or Funds, including certified/verified amount of revenues received from the indigent property tax levys.
- FY15-16 detailed summaries of expenditures for each of the costs listed in question 12 above.

*Please submit this application by November 15, 2018 to:*

[aevans@nvnaco.org](mailto:aevans@nvnaco.org)

I certify the information provided in this application is true and correct.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

DRAFT