

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

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 December 12, 2018 Meeting of the Board. **For Possible Action.**
4. Election of Chair and Vice Chair of the Board of Trustees of the Fund for Hospital Care to Indigent Persons. **For Possible Action.**
5. Update on the Status of the Fund for Hospital Care to Indigent Persons.
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. **For Possible Action**
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. **For Possible Action**
8. Discussion of Future Agenda Items and Future IAF Meeting Dates.
9. 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.

The following links and/or pages are support for agenda
Item 3

BOARD OF TRUSTEES OF THE FUND FOR HOSPITAL CARE TO
INDIGENT PERSONS (BOARD)

Nevada Revised Statute (NRS) 428.195

December 12, 2018, 9:00 a.m.

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

UNADOPTED MINUTES

ATTENDANCE: Humboldt County Commissioner French, Nye County Commissioner Wichman, Eureka County Commissioner Sharkozy, Clark County Human Services Director Pawlak and NACO staff (Dagny Stapleton and Amanda Evans)

OTHER ATTENDANCE: Bill Welch, Nevada Hospital Association; Sarah Lamb, Buddy Milazzo and Marianne Lockyer, NV Department of Health and Human Services, DHCFP; Churchill County Human Services Director Shannon Ernst and Nye County Human Services Director Karyn Smith.

The meeting was called to order at 9:00 a.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 March 22, 2018 Meeting of the Board.** The minutes were approved on a motion by Commissioner Wichman with second by Commissioner Sharkozy
4. **Review and Possible Approval of Claims from Hospitals for Reimbursement from the Fund for Hospital Care to Indigent Persons (Fund) for Unpaid Charges for Hospital Care for Indigent Persons Injured in a Motor Vehicle Accident (NRS 428.245).** No claims were submitted to the Board, no action was taken.
5. **Review and Possible Approval of Requests from Counties 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 (NRS 428.206).** Dagny reminded the Board that the application process was reworked earlier in the year to make both the application and the process clearer for counties as well as to ensure that counties were eligible to apply for reimbursement from the Fund. She informed the Board that the application process was opened in October, that there is \$2M set aside for potential reimbursements and that any reimbursements are at the Board's discretion. She also noted that it is primarily rural counties that apply for reimbursement since a large portion of the Fund had been repurposed to assist the

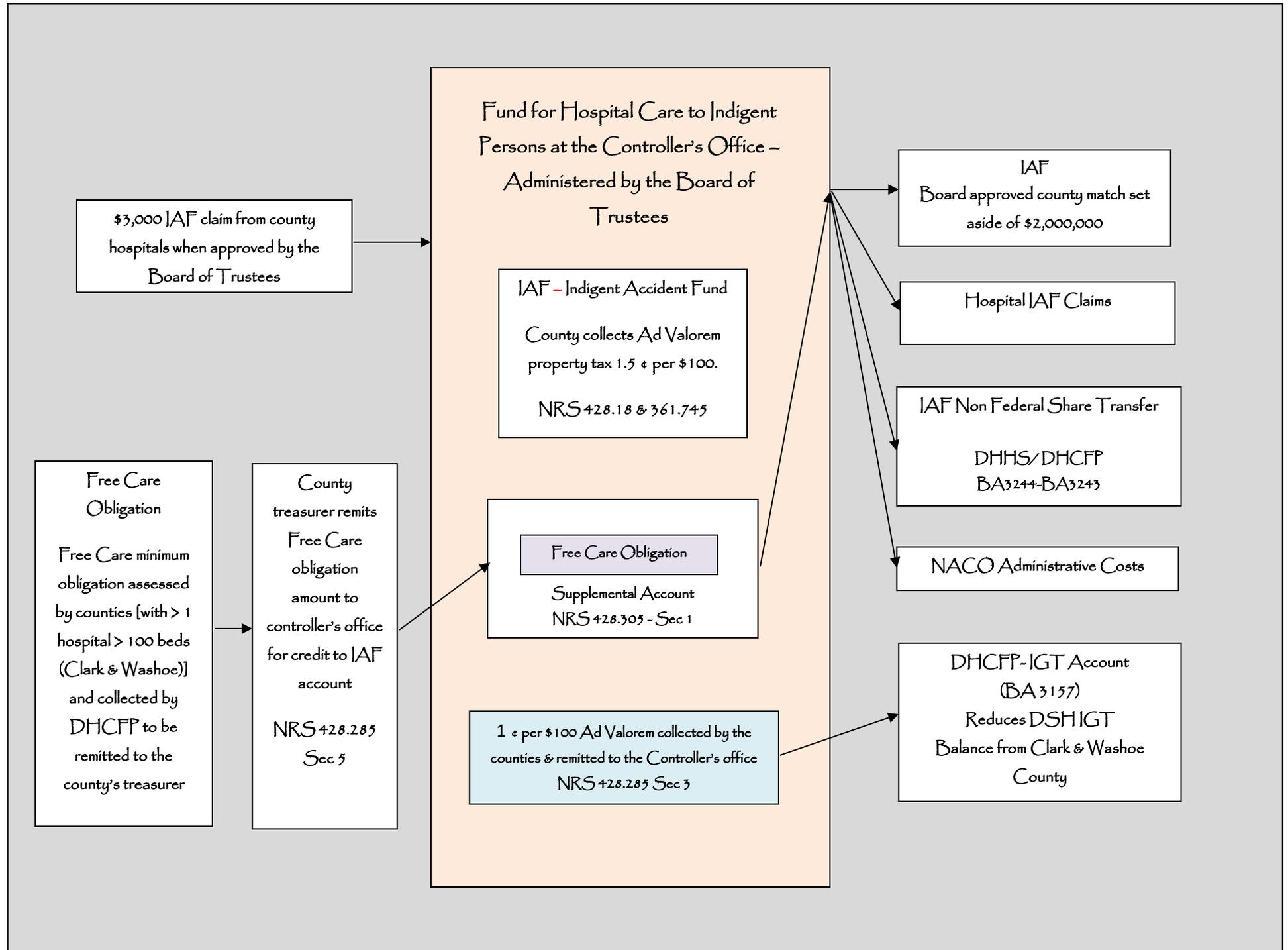
hospitals and urban counties. Dagny reviewed each of the applications received and the summary included in the agenda packet. Mr. Pawlak noted that there was an error in the summary, specifically that Carson City is at their Indigent Tax Levy cap. Mr. Pawlak inquired as to the administrative costs and what is included in the administrative costs. Amanda clarified that it was verified with the counties that any administrative costs were only for staff salaries and do not include any indirect costs. Chair French also noted that it was the consensus of the Board during previous conversation that the purpose is not to fund positions not directly related to indigent care. Dagny also noted that the costs included in the application are to provide a guide to the Board to show how much a county spends on indigent services, in their deliberation on how much of, if any, an award for reimbursement should be. The Board had no questions regarding the application from Churchill County. The Board requested additional information regarding the audit finding listed on Humboldt County's application. Chair French inquired about Nye County's administrative costs and it was clarified that the amount was for strictly salary costs - Karyn Smith, Nye County's Human Services Manager, verified that amount is for a percentage of salaries for employees who work directly on medical indigency and/or inmate medical programs. There were no questions from the Board regarding the application from Pershing County. Dagny concluded her review by reminding the Board that there is \$2M available for reimbursement. Additional discussion from the Board included the fact that the amount the counties had paid for Medicaid Match was over \$2M, and Dagny reminded the Board that any reimbursement amounts are at the Board's discretion. Chair French noted that some of the rural counties had not previously been able to benefit from the program, until the application and process was changed earlier in the year. Commissioner Wichman noted that all applications show specific needs and Mr. Pawlak noted that a reimbursement of 84% of each application would not exceed the \$2M cap. Mr. Pawlak inquired as to if these were the only counties that had expenditures that exceeded their match amount and noted concern with diluting the funds available over time by basing reimbursements on a percentage of all those who applied. Commissioner Wichman noted concern with counties not at their indigent tax cap, but at the total property tax cap and counties with the ability to increase their indigent tax rate. Dagny informed the Board that there was a workshop with the county human services administrators to ensure that the application addressed needs and not only expenses. She also noted that all counties were informed that the application process was opened. It was noted that of the counties that submitted applications only Humboldt County can increase their indigent tax rate. Chair French noted that many counties quit applying under the old application process and the perception was that counties that were trying to be tax friendly were being penalized under the old application approval formula. Dagny noted that the Board could choose to award reimbursement based upon a percentage as well as need, and that future application cycles as well could include the determination of award on need, programing, demographics and impacts. Chair French concurred that future application discussions would require more robust conversation and need to have county representatives available to present additional information to the Board. Mr. Pawlak inquired as to the indicator included in the application regarding the General Fund balance and what kind of measure that is. Chair French noted that it is somewhat of a false indicator of a county's fiscal health because that fund includes pass through funds that are not directly

available and does not give an accurate picture of needs that a county has experienced following the end of the fiscal year. Commissioner Wichman also noted that Nye County had reduced staff to meet contingency fund levels required by law and concurred that the end fund balance is not a good indicator of fiscal health of a county. Dagny reviewed the Board's conversation regarding approval of claims and that possible changes to the application could be placed on a future agenda. The Board approved reimbursement of the five applications received at a rate of 84% of their county match, with the receipt of additional guarantees that Carson City's administrative costs were directly attributed to salaries and information on the resolution of Nye County's audit finding. The motion was made by Commissioner Wichman with a second by Mr. Pawlak.

6. **Approval of Renewal of the Interlocal Contract Between the Board, NACO, and the State for NACO's Services Including Technical Assistance, Record Keeping, Programming and Research.** Dagny provided the Board with an overview of the contract, which contained no major changes. The Board approved the contract for an additional two years on a motion from Commissioner Wichman with second by Commissioner Sharkozy.
7. **Discussion of Future Agenda Items and Future IAF Meeting Dates Including IAF Meeting Date for January 2018 to Approve the Amount of the IAF Medicaid Non-Federal Share Transfer for 2020.** Dagny informed the Board that the Department of Health and Human Services (DHHS) will produce a document summarizing the sources and uses for the IAF account, including the amount approved today for the reimbursement for the county long term care, and the Board would need to approve the transfer to DHHS for the non-federal share in January. She noted that additional changes to the Medicaid Match application could be discussed in January as well. She outlined the previous discussion of the Board, suggested the addition of a question as to how counties who received an award during the previous cycle used those funds and requested any additional changes to the application to more accurately measure a county's fiscal health be submitted to her by January 15th. The Board decided to meet on January 30th at 9:00a, upon verification from the members not in attendance that they are available.
8. **Public Comment.** Mr. Pawlak inquired as to the term of appointment and it was clarified that the appointments are for two years. It was noted that all members term's expire in June 2019 except for Mr. Pawlak whose term expires December 2018. Dagny clarified that the seat is for a county human services director and that she can bring the appointment to the NACO Board in January, Mr. Pawlak informed her that either himself or another member of Clark County Human Services Department staff would be interested in continuing to serve on the Board and he would let Dagny know whom prior to the NACO Board meeting.

The meeting was adjourned on a motion by Mr. Pawlak with second by Commissioner Wichman at 10:07 a.m.

The following links and/or pages are support for 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.

The following links and/or pages are support for agenda
Item 7

APPLICATION FOR REIMBURSEMENT FROM THE FUND FOR HOSPITAL CARE TO INDIGENT PERSONS FOR COUNTY PAYMENTS FOR THE MEDICAID MATCH PROGRAM FOR LONG TERM CARE (FOR COUNTY EXPENDITURES IN FY18)

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) In FY17/18 did your county's General Fund have a fund balance greater than 16.6% or 2 months' worth of expenditures? Yes _____ No _____ As a measure of your county's fiscal health, please answer the following: xxxxxx
- 6) What was the FY17/18 ending fund balance of your indigent fund (as a percentage)? _____
 - a. What was the FY13/13 ending fund balance of your Indigent Fund (as a percentage)? _____
 - b. What was your Indigent Fund ending balance in FY 17/18 as a percentage of your county's general fund? _____
- 7) 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 _____
- 8) 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.)

- 9) 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:

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

11) 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: _____

12) 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.

13) 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).

14) 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.

15) 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 Accident 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