



## STAFF REPORT

**Report To:** Board of Supervisors                      **Meeting Date:** May 20, 2021

**Staff Contact:** Nicki Aaker - Director, Carson City Health and Human Services; Mary Jane Ostrander - Human Services Division Manager

**Agenda Title:** For Possible Action: Discussion and possible action regarding a \$5,000 increase in purchase authority, beyond the previously approved \$60,000, for a total not to exceed amount of \$65,000 in Fiscal Year ("FY") 2021, and purchase authority for a total not to exceed amount of \$80,000 in FY 2022, for long-term care costs for residents at Cascades of the Sierra. (Nicki Aaker, naaker@carson.org, and Mary Jane Ostrander, mostrander@carson.org)

Staff Summary: Pursuant to Nevada Revised Statutes ("NRS") Chapter 428, Carson City pays for long-term care costs for residents that are over income for Medicaid and unable to pay for their basic needs of long-term care. To date, \$53,222.08 has been paid to Cascades of the Sierra for invoices through April 2021. It is estimated that an additional \$5,000 will need to be paid to Cascades of the Sierra for invoices through June 2021. The projection for FY 2021 is based on the previous year's rates. It is also estimated that \$80,000 will be needed to pay Cascades of the Sierra in FY 2022. The projection for FY 2022 is based on current requests/rates.

**Agenda Action:** Formal Action / Motion                      **Time Requested:** Consent

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### **Proposed Motion**

I move to approve the purchase authority as presented.

### **Board's Strategic Goal**

Quality of Life

### **Previous Action**

May 21, 2020 - FY 2021 purchase authority approved in an amount not to exceed \$60,000.

### **Background/Issues & Analysis**

Pursuant to NRS Chapter 428 and CCHHS Guidelines and Standards, Carson City pays for long-term care costs for residents that are over income for Medicaid and unable to pay for their basic needs of long-term care. Applicants are required to first receive a denial from Medicaid before they are eligible for assistance from CCHHS. The applicant's income goes toward the payment of the facility with the exception of \$35 for personal care costs. Carson City pays the balance. CCHHS Guidelines and Standards: Section 3.2.D. Alternative Living Arrangements provides that "individuals in need of greater supervision and care than is available to them in their present independent living arrangement may apply for financial assistance for licensed extended care facilities."

### **Applicable Statute, Code, Policy, Rule or Regulation**

NRS Chapter 428; CCHHS Guidelines and Standards

**Financial Information**

**Is there a fiscal impact? Yes**

**If yes, account name/number:** 1016574-501036 – Rest Home

**Is it currently budgeted? Yes**

**Explanation of Fiscal Impact:** This is a mandated service; the current available budget currently through June 30, 2021 is \$40,284.95. The FY 2022 budget, which is set for a hearing at this Board of Supervisors meeting (May 20, 2021) is requested to be approved at \$114,178 for the rest home account. An additional \$45,822 will be transferred from the hospital costs account (1016574-501030) that is requested to be approved at \$88,366 for FY 2022. This will bring the rest home account budget to \$160,000 to cover both the Cascades of the Sierra (\$80,000) and Mountain View Health and Rehabilitation Center (\$80,000) estimated FY 2022 expenditures.

**Alternatives**

N/A

**Attachments:**

[Cascades of the Sierra estimates for BOS .pdf](#)

[Human Services - Guidelines and Standard BOS 2020\\_Final.pdf](#)

**Board Action Taken:**

Motion: _____	1) _____	Aye/Nay
	2) _____	_____
		_____
		_____
		_____

\_\_\_\_\_  
(Vote Recorded By)

<b>Cascade of the Sierras</b>	<b>21200041</b>			
<b>Invoice Numer</b>	<b>Invoice Date</b>	<b>Net Amount</b>	<b>Check Number</b>	<b>Check Date</b>
COTS-1220	12/31/2020	5,854.00	903085799	01/29/2021
COTS-1120	11/30/2020	5,245.96	903085116	12/25/2020
COTS-1020	10/31/2020	5,383.86	903084232	11/13/2020
COTS-0920	09/30/2020	5,287.50	903083611	10/16/2020
COTS-0820	08/31/2020	5,330.46	903082788	09/11/2020
COTS-0720	07/31/2020	5,394.68	903082327	08/21/2020
COTS-0421	04/01/2021	5,098.24	903087764	04/30/2021
COTS-0321	03/01/2021	5,072.54	903087349	04/08/2021
COTS-0221	02/01/2021	5,220.94	903087229	04/02/2021
COTS-0121	01/01/2021	5,333.90	903087229	04/02/2021
	SPENT	53,222.08		
	ORIGNIAL PO	60,000.00		
	<b>REMAINING</b>	<b>6,777.92</b>		
	AVERAGE	5,322.21		
	2 month FY21	10,800.00		
	<b>need add'l</b>	<b>4,022.08</b>		
	Request	5,000.00		

# CARSON CITY HUMAN SERVICES DIVISION



## Guidelines & Standards

900 E. Long Street  
Carson City, NV 89706

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Approved August 6, 2020

**Carson City Health and Human Services  
Human Services Division  
Guidelines & Standards**

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**SECTION 1 - INTRODUCTION**

- 1.1 Purpose:** The purpose of the Guidelines and Standards is to define the policies necessary to effectuate programs and comply with the Carson City Municipal Code (CCMC) and the Nevada Revised Statutes (NRS).
- 1.2 Definitions:** The following words and phrases used in these Guidelines & Standards will be construed as defined unless specifically defined in the individual Section.
- A. Applicant:** The person who applies on behalf of the assistance unit.
  - B. Assistance Period:** The period that the applicant/assistance unit is eligible to receive assistance. The length of the assistance period will vary depending upon the category under which the applicant or assistance unit is being served.
  - C. Assistance Unit:** Specifically defined in Section 3 (Health Care Assistance Program – HCAP) and Section 4 (General Assistance).
  - D. City:** Carson City, Nevada
  - E. Client:** Anyone who has been determined to be eligible for assistance.
  - F. Date of Interview:** The date when the initial interview is completed.
  - G. Date of Eligibility:** The date upon which Carson City Human Services Division determines the client is eligible to receive assistance.
  - H. Division:** Carson City Human Services Division.
  - I. Prior Resource:** Any state, federal, private, or other source of funding for which the assistance unit is eligible. All prior resources must be pursued by the applicant prior to approval of eligibility assistance.
  - J. Public Assistance Agency:** Any federal, state, county, city, or other agency which distributes public assistance in any form.
- 1.3 Conflict:** In the event of a conflict between these Guidelines & Standards and any federal, state or local law, the terms of the federal, state or local law will prevail.
- 1.4 Review and Approve:** These Guidelines & Standards must be reviewed and approved by the Board of Supervisors at least every 3 years.

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**SECTION 2 –AUTHORITY**

**2.1 Law Granting County Duty to Provide Aid and Relief to Indigent Residents – Nevada Revised Statute 428.010:**

- A. To the extent that money may be lawfully appropriated by the Board of Supervisors for this purpose of providing aid and relief to indigent residents pursuant to NRS 428.050, 428.285 and 450.425, Carson City shall provide care, support and relief to the poor, indigent, incompetent and those incapacitated by age, disease, accident or motor vehicle crash, lawfully resident therein, when those persons are not supported or relieved by their relatives or guardians, by their own means, or by state hospitals, or other state, federal, or private institutions or agencies [NRS 428.010 (1)].
  
- B. The Board of Supervisors shall establish and approve policies and standards, prescribe a uniform standard of eligibility, appropriate money for this purpose and appoint agents who will develop regulations and administer these programs to provide care, support and relief to the poor, indigent, incompetent and those incapacitated by age, disease, accident or motor vehicle crash [NRS 428.010 (2)].

**2.2 Development of Division Procedures:** The Division Manager may develop procedures for programs which are the responsibility of the Division.

**2.3 Grant Opportunities:** The Division Manager will seek and apply for grant opportunities to expand and meet the needs of the community it serves. New grant opportunities will be presented to the Board of Supervisors for approval as outlined in the Carson City Grants Administration Policy.



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**SECTION 3 – HEALTH CARE ASSISTANCE PROGRAM (HCAP)**

- 3.1 Program Description:** The Health Care Assistance Program provides assistance for services to meet the health care needs of eligible program applicants.
- 3.2 Medical Care Available:** The Division will provide assistance for medical care such emergency and pre-authorized medical and institutional care as is reasonable and necessary for the diagnosis and treatment of an eligible applicant’s illness or injury, as required by State law. Financial assistance may be provided in, but not limited to, the following areas:
- A. In-Patient Hospital Care:** Upon receipt of hospital notification or an application from a patient, the Division Manager or designee will determine, or attempt to determine, the patient’s eligibility.
  - B. Pre-Authorized Medical Treatment:** Division Manager or designee, upon receipt of physician statement, may authorize payment for services requested by a medical professional.
  - C. Emergency Medical Treatment:** Indigent persons may seek care for medical emergencies, as defined herein, from any medical facility or emergency medical services provider. Such care will be at City’s expense if the following criteria are satisfied:
    - 1. The individual meets HCAP eligibility requirements, and
    - 2. Treatment was rendered for a medical emergency, pursuant to NRS 428.015, as amended.
  - D. Alternative Living Arrangements (Adult Group Care, Assisted Living and Extended Care Facilities):** Individuals in need of greater supervision and care than is available to them in their present independent living arrangement may apply for financial assistance for licensed extended care facilities. The following conditions apply to this type of care:
    - 1. Applicants will be screened in accordance with current Medicaid and Medicare standards to determine which level of care can best satisfy the individual’s needs.
    - 2. Eligibility for financial assistance referred to herein is based upon HCAP standards with the exception that current income and asset levels as established by the Nevada State/Carson City Medicaid Match Program must be met prior to financial assistance for extended care facilities.
  - E. Northern Nevada Adult Mental Health Services (NNAMHS):** Medical expenses, excluding mental health care, incurred by an eligible NNAMHS patient may be paid by the Division.

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- F. **Indigent Accident Fund:** The Division Manager or designee will determine eligibility of a motor vehicle accident victim and provide necessary certification to medical facilities for eligible individuals.
  
- G. **State Supplemental Fund:** The Division Manager will submit to the State Supplemental Fund hospital bills in excess of \$25,000 in accordance with the program and statutory requirements.
  
- H. **Medical Care Not Provided:** The following medical care or treatments are not provided by the HCAP program:
  - 1. Elective, cosmetic, or other non-emergency surgical procedures;
  - 2. Experimental surgery, defined as any surgical procedure not funded by Medicaid or Medicare, including, but not limited to, organ transplants;
  - 3. General and nonspecific medical needs such as physical examinations for sports or employment purpose, pregnancy and sexually transmitted disease test, immunizations, and substance abuse programs, or other services provided by federal, state or other local agencies; or
  - 4. Doctor, lab, radiologist, etc., unless pre-authorized.

**3.3 Eligibility Criteria:** The Division Manager has jurisdiction over the enforcement and interpretation of eligibility provisions subject to the review and concurrence of the Health Department Director. Eligibility is determined by applying the guidelines set forth herein, completing an interview and submitting the necessary Division forms. Eligibility of the applicant must be established prior to expenditure of City funds.

- A. **Financial Criteria:** Residents of Carson City without enough income or resources to pay for necessary medical assistance may be eligible for HCAP if their gross income does not exceed the limits established by the HCAP Income and Asset Tests as outlined in this Section 3.3 A. 1. and 2.
  - 1. **Income:** Gross income from any source must not exceed the limits established by the HCAP Income Test. Gross income of the applicant's assistance unit is countable. An Assistance Unit, specific to this section, is identified as the applicant, the applicant's spouse and minor children and the natural or adopted parents of minor children for whom assistance is being requested. These amounts shall apply until such time as the NRS Chapter 428 changes.

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**Income Test**

<b><u>Persons in the Assistance Unit</u></b>	<b><u>Gross Monthly Income</u></b>
1.....	\$ 438
2.....	\$ 588
3.....	\$ 738
4.....	\$ 888
5.....	\$ 1,038
6.....	\$ 1,188

For each additional person in the assistance unit, add \$150

Countable gross income includes:

- a. **Earned Income:** Cash received through salary, self-employment, tips, or work-study.
  - b. **Unearned Income:** Cash not earned through salary, self-employment or tips.
  - c. **Lump Sum Income:** Such payments will be included in the calculation of gross income and include inheritances, cash settlements and other similar monies.
    1. Non-recurrent lump sum payments are counted as gross income up to 6 months prior to the date of application and will be prorated for 12 months from the date of receipt forward.
    2. Recurrent lump sum payments are prorated for the specific time period by dividing the number of months each payment is intended to cover to determine the monthly income.
    3. There may be allowable deductions related to the lump sum payment.
    4. Documented verification of expenditure of lump sum income is required in order to determine or maintain eligibility for HCAP.
  - d. **Income Deductions:** There are various income disallows for HCAP, which are described in the Division HCAP Procedures.
2. **Assets:** The value of assets and other resources may not exceed the levels set forth herein.
    - a. **Personal Property:** The following assets are considered personal property and shall be considered when determining eligibility for HCAP:

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1. **Cash Reserves:** An applicant/client may own cash reserves or liquid assets with a quick sale or cash value not to exceed \$2,000. For each additional member of the assistance unit, add \$300 to the personal property limit.
  2. **Insurance:** Life insurance policies with a cash surrender value will be considered personal property.
  3. **Vehicles:** Automobiles, boats, trailers, motorcycles, fixed and non-fixed winged aircraft, jet skis, and other recreational vehicles will be valued as personal property. As applicable, the wholesale value specified in the most current Kelley Blue Book will be applied to his/her asset level. Up to two vehicles per household, not to exceed one vehicle per licensed adult member of the household, primarily used to secure and maintain employment, are exempt assets. Other sources of verification may include a statement from an auto dealer or mechanic stating the retail value of damaged or inoperable vehicle, vintage or classic vehicle, motorcycle, all boats, travel trailers, motorhomes, jet skis, and snowmobiles, trailers, or recreations vehicles.
  4. **Burial Plots/Plans:** The value of any irrevocable burial plan purchased prior to application for assistance will not be considered an asset. The purchase of an irrevocable burial plan after application for assistance may be exempt up to \$1,500 per person in the assistance unit in order to reduce the applicant's countable reserves.
- b. **Real Property:** Any real property owned by the applicant that is not the applicant's, spouse's, or dependent's primary residence is considered an available asset. The market value of the property will be considered an asset. Bona fide efforts must be made to sell the property during the period in which the client receives assistance as a condition of continued eligibility. When the property is sold, verification of sale must be provided, and the total amount of assistance paid by the City must be reimbursed to the City.
3. **Medical Hardship:** If an applicant's income exceeds HCAP income standard and the applicant's hospital account for the past 4 months exceeds \$25,000, he/she may be eligible if it is determined that the applicant does not have enough funds to pay for all or part of his/her medical care and the applicant cannot retire his/her medical expenses within 60 months.

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**B. Non-financial Criteria:** Non-financial eligibility requirements include:

1. **Residence** – It is the responsibility of the applicant/client to prove residency. Applicants/clients who express no intent to reside in Carson City may be deemed ineligible for assistance. The Division Manager or designee makes the final determination of residency. The Division staff will consider an applicant’s substantial contacts with or significant attachment to the community and whether a bona fide intent to establish or maintain a permanent domicile exists in its determination of that applicant’s county of residence. Residency is considered when determining eligibility for HCAP when there is the possibility of other county or state payments for services rendered.
  - a. NRS 428.020 defines legal residence as:
    1. The county of residence of a person is the county in which he is physically present with the intent to reside, at least for an indefinite period of time; or
    2. The county of residence of a person placed in institutional care is the county of residence of that person before he was placed in institutional care.
2. **Prior Resources:** Federal, state, and community programs, including alien sponsorship, are prior resources to City programs. Carson City does not supplement federal, state, or community programs.
3. **Cooperation:** Applicants/clients or their authorized representatives are the primary source of information and are required to cooperate with the Division staff in securing all information needed to determine eligibility for assistance for the HCAP or other federal, state, or community programs. If an applicant/client is unable to obtain necessary information, the worker may assist. Failure to cooperate may result in denial or termination of assistance.
4. **Verification:** In order to determine or maintain eligibility for the HCAP, verification of eligibility criteria will be requested. It is the applicant/client’s responsibility to verify information necessary to determine eligibility. Failure to verify information necessary to determine eligibility for HCAP may result in HCAP being denied or terminated.
5. **Responsible Relatives:** Pursuant to NRS 428.070 and 451.025, the spouse, father, mother, or children of an applicant for whom medical assistance is rendered may be responsible for the costs of care to the extent of their financial ability to pay.

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**3.4** **Disposition of Application:** The Division staff will attempt to determine eligibility within 30 days from the date the application is received.

**A.** **Approval:** When HCAP is approved, notification to the client and payment of the account are completed as outlined in the Division Procedures.

**B.** **Denial:** Applicants for HCAP may be denied if at least one eligibility factor is not met. The applicant may be denied if the applicant:

1. Voluntarily withdraws or cancels the request for assistance;
2. Fails to provide information needed to determine eligibility;
3. Misrepresents information;
4. Fails to contact or maintain contact with the Division staff;
5. Fails to cooperate with the Division staff or any prior resource;
6. Has assets in excess of program standards;
7. Has income in excess of program standards; or;
8. Is approved for prior resource.

**3.5** **Reimbursement:** An applicant/client may be required to agree to reimburse the City for the cost of assistance provided in accordance with the following criteria:

**A.** **Individual:** The applicant/client may be individually responsible for reimbursing the City for the cost of assistance provided to the extent of the applicant's/client's present and future financial ability to do so by applying acquired assets to satisfy accumulated costs of care. Statements setting forth charges to be reimbursed will be available upon request. No interest or carrying charges for such indebtedness will be charged or collected. Reimbursement for the costs of assistance provided may be made in installment payments in amounts and at intervals deemed acceptable to the City.

**B.** **Interim Assistance Reimbursement (IAR):** If the City participates in the IAR Program, applicants/clients receiving financial assistance for extended services must fulfill the requirements of the IAR Program.

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**SECTION 4 - GENERAL ASSISTANCE**

**4.1 Program Description:** The purpose of General Assistance is to provide financial assistance and social services to eligible Carson City residents.

**4.2 Definitions Specific to this Section.**

**A. Assistance Unit-** Consists of the applicant, the applicant's spouse and minor children, those related by blood or marriage, and those persons acting in the role of the spouse (PARS).

**4.3 Application Procedure**

**A.** All applicants requesting assistance must complete an initial interview with Division staff.

**B.** The Division staff will attempt to determine eligibility within 10 business days of the date of interview; however, Division staff will have up to 30 days to make a determination of eligibility.

**C.** Denial of the application may be appealed pursuant to Section 7 of these Guidelines and Standards.

**4.4 Eligibility Categories**

**A. Employable Applicants**

**1. Presumption of Employability:** All applicants and members of the assistance unit 18 years of age or older are presumed to be employable.

**2. Termination and Resignation:**

**a.** Termination from employment of any member of the assistance unit, because of their own faults or habits, within 30 days prior to the date of interview may result in denial of assistance.

**b.** Resignation of employment by any member of the assistance unit within 30 days prior to the date of interview may result in denial of benefits.

**3. Maximum Assistance:** Employable applicants may receive assistance no more than one time per program in a 12-month period.

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**4. Work Search**

- a. Except as provided in subsection b below, all persons determined to be employable must participate in a work search or participate in a workforce program. Completion of a work search is required but does not guarantee approval of the application for assistance.
- b. The following persons are not required to participate in a work search or workforce program:
  - 1. Persons 60 years of age or older;
  - 2. Caretakers of children less than one year of age, for whom no adequate childcare arrangements can be made;
  - 3. Caretakers of family members who are ill or otherwise unable to care for themselves, for which the Division staff may request medical documentation of illness from the relevant family member's treating physician;
  - 4. Persons participating in a job-training program such as Vocational Rehabilitation, Job Opportunities In Nevada (JOIN), or other similar programs.
  - 5. Persons employed or receiving state unemployment benefits at the time of the initial interview.

**B. Appeals of Public Assistance Agency Determinations:** Persons appealing decisions of the Nevada Employment Security Division or other recognized employee representatives may apply for assistance pursuant to Section 4.4.A of these Guidelines and Standards during the pendency of that appeal.

**C. Disability**

- 1. Persons claiming mental/physical disability may be requested to provide the Division with a current disability statement from a treating physician. The Division may, at its own expense, request an independent medical, psychological or vocational evaluation prior to determination of disability and allowance of benefits.
- 2. Persons claiming disability status may be referred to State Vocational Rehabilitation for an evaluation to determine whether they may be retrained or aided toward becoming employable.



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3. Refusal to cooperate with or to pursue assistance from Social Security or Vocational Rehabilitation when reasonably requested by the Division may result in denial of the application.

**D. Public Assistance Applicants**

1. Persons applying for or awaiting approval of Temporary Assistance for Needy Families (TANF) or other public assistance may be eligible to receive assistance.
2. Persons currently receiving TANF are not eligible to receive Carson City General Assistance.
3. Failure to cooperate with any public assistance agency may result in denial of the application.

**4.5 Eligibility Criteria**

- A. Financial Criteria Eligibility is based upon the residency of the persons comprising the assistance unit and the assistance unit’s gross income 30 days prior to the date of the initial interview as described in Section 4.5.A.1 of these Guidelines and Standards. The total value of the assistance unit’s liquid assets may be considered. The assistance unit’s gross income, value of assets, and current situation must meet grant specific requirements. The gross income may not exceed the amounts detailed in Table 4.5.A, below:

**TABLE 4.5**

<b>Persons in the Assistance Unit</b>	<b>Maximum Benefit</b>
1.....	\$ 438.00
2.....	\$ 588.00
3.....	\$ 738.00
4.....	\$ 888.00
5.....	\$ 1,038.00
6.....	\$ 1,188.00

For each additional person in the assistance unit, add \$ 150

1. **Gross Income:** Gross income is the assistance unit's income of any kind, which is not otherwise excluded pursuant to the Guidelines and Standards. Gross income includes but is not limited to:

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- a. Assistance from public assistance agencies – Income from federal, state or other public assistance agencies including but not limited to Temporary Assistance for Needy Families (TANF) and Social Security. Members of the assistance unit receiving benefits from these or other similar agencies that have had their benefits reduced by those agencies due to an overpayment, as the result of the assistance unit’s own faults, will be determined as having had the total benefit of the program.
  - b. Lump sum payments will be included in the calculation of gross income and include annuities, cash settlements or other similar monies. Recurrent and non-recurrent lump sum payments will be counted as gross income up to 12 months prior to the date of application and prorated forward for a period of 12 months from the date received.
2. **Assets:** Assets include all personal and real property interests owned by any member of the assistance unit, wherever found, with the following exceptions:
- a. Clothing, personal items, and tools and equipment necessary to employment;
  - b. One vehicle per licensed driver of the assistance unit, not to exceed two vehicles;
  - c. Cash, stocks, bonds, IRA’s or any similar monetary instruments or funds, not to exceed \$150. An additional \$75 per member of the assistance unit will also be exempted. Life insurance cash surrender value may not exceed \$1,500 per person;
  - d. Any burial plot or plans purchased prior to the date of application;
  - e. The fair market value of one personal residence that is actually occupied by the members of the assistance unit; and
  - f. Real property listed for sale at the date of application, only upon verification by the Division that bona fide efforts to sell are occurring.

**B. Non-Financial Criteria**

1. **Residency:** All members of the assistance unit must reside in Carson City as defined in NRS 428.020.

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**4.6 Distribution of Assistance**

- A. The Division staff will attempt to render a decision concerning eligibility within 10 business days from the date application is received.
- B. Once eligibility is determined, assistance is distributed according to the size of the assistance unit.
- C. Assistance is payable directly to the vendor (i.e., landlord, utility company, etc.). No cash assistance is provided.

**4.7 Denial of Benefits**

- A. **Denial of Assistance:** In addition to any reasons described in the sections above, applications for General Assistance may be denied when any member of the assistance unit:
  - 1. Fail to meet the eligibility criteria;
  - 2. Voluntarily terminates other means of financial support of whatever kind within 30 days prior to the date of interview;
  - 3. Voluntarily withdraws or cancels the application;
  - 4. Fail to provide all information necessary to the determination of eligibility;
  - 5. Misrepresents information necessary to the determination of eligibility;
  - 6. Fails to maintain contact with the Division as reasonably requested;
  - 7. Has qualified to receive monetary assistance from a public assistance agency, but due to the applicant's acts or omissions, has not received assistance;
  - 8. Fails to cooperate with the reasonable requests of the Division;
  - 9. Has received the maximum assistance allowed by these Guidelines and Standards;
  - 10. Refuses to pursue a prior resource;
  - 11. Has excess income;
  - 12. Has excess assets;
  - 13. Does not reside in Carson City;

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14. Is terminated from employment due to their own fault or habit;
15. Unreasonably fails to accept employment; or,
16. Is approved for a prior resource.

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**SECTION 5 – CREMATION OR BURIAL**

**5.1 Program Description:** The Division Manager may direct that a deceased indigent be cremated at City expense. Friends or relatives of the deceased may also seek City assistance with the expenses of final arrangements.

**5.2 Eligibility Criteria:** Eligibility for assistance with cremation arrangements will be established pursuant to the Health Care Assistance Program criteria, except that the deceased must have been a Carson City resident at the time of death. Burials be may be considered for religious or spiritual reasons and must be authorized by the Division Manager, and the CCHHS Director.

If the assets and resources of the deceased or responsible relative exceed City eligibility guidelines, but the available liquid assets are not sufficient to pay full funeral expenses prior to disposition, the Division Manager may consider paying the costs and may secure an agreement that the responsible relative reimburse the City.

**5.3 Authorized Rates:**

- A. Cremation - \$650
- B. Stillborn - \$160
- C. Indigent Burial - \$650.00 – (see 5.2 above) - must be authorized by Human Services Division Manager and CCHHS Director
- D. Cemetery Open and Close - \$235 - \$325 (only if burial is approved)

**5.4 Other Charges:** No charges in addition to the authorized rates set forth herein are eligible for City reimbursement unless the Division Manager’s approval is obtained prior to such efforts being undertaken. Any payments made by a third party towards the fees will void City assistance for cremation.

**5.5 Payment:** Itemized statements of charges for services provided must be submitted to the Division. Charges in excess of authorized rates are not considered for payment.

**5.6 Veterans:** If the deceased is a veteran, the Veteran’s Administration death benefit may be a prior resource. If a death benefit is not available, the authorized rates for burial or cremation may be paid by the Division. Eligible veterans may be buried or inurned at the Fernley National Cemetery upon certification by the Veteran’s Administration.

**5.7 Tribal Burials:** Tribal funeral arrangements are the responsibility of the Inter-Tribal Council. Indian Health Services will provide assistance for the burials.

**5.8 Deceased Patients of Northern Nevada Adult Mental Health Services (NNAMHS):** The NNAMHS provides burials for their indigent patients pursuant to NRS 433.544. This responsibility includes NNAMHS patients at Renown Regional Medical Center for medical treatment.

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- 5.8**     **Nonresident Burials/Cremation:** Burial or cremation expenses for nonresidents of Carson City may not be accepted or paid unless the decedent’s county of last residence agrees to reimburse Carson City for such expense.
- 5.9**     **Carson City Residents Who Expire in another Nevada County or Out of State:** Carson City residents who expire in another Nevada county or out of state may qualify for Carson City payment of burial or cremation services. Reimbursement for the cost of burial or cremation will be at the Carson City rates, or county of expiration rates, whichever is less, as outlined in the Division Procedures.

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**SECTION 6 - CONFIDENTIALITY**

- 6.1 Client Files and Applications:** All Division client files and applications for assistance are confidential and may not be published, released, or otherwise disclosed.
  
- 6.2 Request for Information:** The Division will require that a request for confidential information be in writing and state a specified purpose as outlined in the Division Procedures.

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**SECTION 7 - APPEALS**

- 7.1 Case Review:** Any applicant for Health Care Assistance or General Assistance, who is dissatisfied with the decision of the Division, will be given the opportunity to appeal that decision. The applicant will be informed of the procedure to follow for filing a written request for a case review.
- 7.2 Appeals Procedure:**
- A.** Decisions made by the Division may only be appealed pursuant to this section and NRS 428.093. In the event this section conflicts with or contradicts the provisions of NRS 428.093, the provisions of NRS 428.093 will apply. The provisions of NRS Chapter 233B, the “Nevada Administrative Procedures Act,” are not applicable to appeals of Division decisions made pursuant to these Guidelines and Standards.
  - B.** Applicants denied assistance may appeal that decision by submitting a written request for appeal to the Division within 30 business days from the date of the denial letter.
  - C.** Upon receipt of the request for appeal, the Division will conduct a review to determine the propriety of the decision denying the application.
  - D.** Any employee or other representative of the City who investigated or made the initial decision to deny assistance will not participate in any decision made pursuant to the review. A copy of the review decision must be in writing, set forth the factual basis for the decision and the applicable Guidelines and Standards, and must be served personally or by certified mail to the address listed on the application or last known address, within 10 business days of the decision.
  - E.** An applicant may, within 30 days after the date on the written notice of decision, send a written petition in writing to the Director of Carson City Health and Human Services to review the decision. The Director will consult with the Carson City District Attorney and issue a final decision within 10 business days of receipt of the petition challenging the decision. A copy of the final decision must be in writing, set forth the factual basis for the decision and the applicable guidelines and standards, and must be served personally or by certified mail to the address listed on application or last known address.
  - F.** An aggrieved party may appeal the final decision of the Division to the Board of Supervisors.
  - G.** The aggrieved party may appeal the decision of the Board of Supervisors to the court system in the same manner as a civil case.



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**SECTION 8 – FRAUD /ASSISTANCE PROGRAMS**

- 8.1 Penalty:** Any person who makes a false statement or a misrepresentation of information in order to qualify for assistance with the intent that the false statement or misrepresentation be relied upon in granting assistance, is guilty of a misdemeanor.
- 8.2 Divestiture:** If it appears that an applicant or responsible relative has conveyed property within 60 months prior to the date of application for assistance or at any time after such date, the Division will determine whether such conveyance was for fair and adequate consideration. Any asset conveyed by an applicant or by a recipient of City assistance will be valued at the current fair market value and that figure will be used to compute a period of ineligibility. Transferring an asset for less than fair and adequate consideration is grounds for denial of assistance. The City may also in such cases proceed against the applicant or responsible relative to recover expenses incurred by the City.

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**SECTION 9 - VERIFICATION FOR ASSISTANCE PROGRAMS**

- 9.1**    **Verification of Information:** Information submitted as proof of eligibility for the assistance programs will be subject to verification. The applicant will be informed of items to be verified.
- 9.2**    **Non-cooperation:** Failure to provide or refusal to consent to such verification will constitute non-cooperation and will render the applicant ineligible for assistance.