

Storey County Health and Community Service Department

HEALTH CARE ASSISTANCE PROGRAM (HCAP)

Policies and Procedures



Administrative Office

100 Mill Street
PO Box 786
Virginia City, NV 89440

(775) 847-0957
Fax (775) 847-1008

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SECTION 1 - PURPOSE OF THE POLICIES AND PROCEDURES MANUAL

The Storey County Health and Community Service Department declares the policy and procedures manual for the Health Care Assistance Program as a guideline for its employees. It is intended as an internal reference for the efficient management of cases and information which pass through the Department. These policies and procedures are solely for the purpose of review by Department management personnel and do not create any entitlement or rights by third parties.

SECTION 2 - PROGRAM OVERVIEW

2.1 Policy

Social Services for the Health Care Assistance Program (HCAP) are available to any eligible applicant. In providing such services, the objectives are to enable clients to understand the nature and effects of illness and to assure the positive benefits that may be derived from the HCAP administered by Storey County Health and Community Service Department.

2.2 Authority for Health Care Assistance

Nevada Revised Statutes (NRS) 428.010 to 428.110 excluding 428.070 and 428.090 define the responsibility of the county for indigent persons: "To the extent that money may be lawfully appropriated by the Board of County Commissioners for this purpose pursuant to NRS 428.050, 428.285, and 450.425, every county shall provide care, support and relief to the poor, indigent, incompetent and those incapacitated by age, disease or accident, 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."

The county is mandated to "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 or accident."

In order to meet statutory obligations, Title 2, codified as Chapter 2.40 of the Storey County code, creates the Storey County Health and Community Service Department.

The county's Guidelines and Standards enacted by the Board of County Commissioners establishes the HCAP, related policies, procedures, and eligibility criteria. The Commissioners may authorize changes in the program that are reviewed and recommended by the Department Director and after public hearing.

2.3 Applicant/Client Rights

The applicant/client has the right to considerate, respectful services at all times and under all circumstances, with recognition of the dignity of the person.

2.4 Nondiscrimination

The U.S. Department of Health and Human Services (HHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity). HHS does not exclude people or treat them differently because of race, color, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity).

2.5 Confidentiality

A. Authority

1. Public Law 93-579, the Federal Privacy Act of 1974, restricts disclosure of information to third parties.
2. NRS 422.290 prohibits the disclosure by Nevada State Welfare Division (NSWD) of information regarding specific recipients for purposes not directly connected with the administration of NSWD programs and empowers and directs NSWD to establish and enforce rules and regulations relating to the use of information. The statutes further provide that any agency furnishing applicant or client information by NSWD is bound by the rules and regulations established by NSWD.

B. Department Procedures

1. All applicant/client information is considered confidential. The applicant's/client's right to privacy must be safeguarded at all times.

Except as otherwise provided by law, information contained in a confidential record must not be communicated to others without the applicant's/client's consent unless there is a clear and immediate danger to some person or to society, and then only to appropriate family members, professional workers, or public authorities.

When requesting confidential information from another agency, the applicants/clients written consent must accompany the request.

With written consent, applicants/clients or their or their representatives have the right to review information regarding their eligibility with the

department. The applicants/clients or their representatives do not have access to any other case information except through legal means.

Applicants/clients are requested to sign an “Request for Service” (Policy #800.001-F1) at the time of the interview.



2. Types of information to be safeguarded include but are not limited to:
 - a. Medical information
 - b. Any evaluation made by the department.
 - c. Economic or social conditions
 - d. Names and addresses of all applicants
3. The release or use of information concerning applicants/clients who have applied for and who are receiving service is restricted to persons or agencies subjects of confidentiality comparable to those of the department.
4. Information will be made available only to properly identified representatives of such agencies, including but not limited to:
 - a. Storey County District Attorney
 - b. Law enforcement agencies
 - c. Physicians
 - d. Social Security Administration
 - e. Nevada State Welfare Division
 - f. Authorized hospitals
 - g. Allied health care providers
 - h. Nevada Bureau of Vocational Rehabilitation
 - i. Public health service agencies
 - j. Community Chest, Inc.
5. Case records are not subject to review by persons or agencies other than by court order. Department policy prohibits the release of copies of the narrative to any person or agency.
6. A summary of the narrative may be released to clients if requested in writing. Clients requesting summaries are only entitled to information on their case.
7. General statistical data not identified with individuals does not fall within the class of material to be safeguarded.

8. If a worker is served with a subpoena duces tecum (under threat of penalty), the following guidelines should be followed:
 - a. Advise the supervisor who will notify the District Attorney immediately.
 - b. The supervisor will send by encrypted email a copy of the subpoena to the District Attorney.
 - c. If the District Attorney (DA) asks to review the case file, make the file available for review at the department office. If the DA needs a copy made, the supervisor will sign an affidavit attesting to the fact that the copied file is an exact replica of the original file, and have the file delivered to the District Attorney's office. If delivery is made by email, an email "read receipt" is required with the email.
 - d. The DA may file a motion to quash or a motion for a protective order. If a motion for a protective order is filed, the file may be reviewed by the judge in camera to determine if the entire file or relevant materials from the file should be released to the defendant's attorney or individual requesting the file. If neither of the above actions are taken, the DA will redact the confidential and/or privileged information before releasing the file.
 - e. In all instances, the original case file is not to be removed from the Health and Community Service department.

2.6 Verification

Verification is the process of confirming facts declared at application or during the eligibility interview. For the purposes of the HCAP, verification of the following information is required to ensure the eligibility of an applicant and to establish an audit trail for administrative purposes:

- A. Responsibility. It is the applicant's/client's responsibility to verify his/her circumstances. Eligibility is determined in accordance with the county's criteria. If an applicant/client has difficulty providing the verification required to establish or maintain eligibility, the worker may assist in obtaining verification. Exceptions may be approved by the supervisor.
- B. Compliance. It is the applicant's/client's responsibility to comply with all department policies and procedures. Failure to comply may result in denial or termination of HCAP assistance.
- C. Cooperation. Failure or refusal by the applicant/client to provide information required to determine eligibility for the HCAP may result in the denial of assistance for lack of cooperation.

2.7 Oral Verification

Collateral contacts with third parties may be acceptable verification. The conversation must be documented and recorded in the case record. Oral verification may be accepted and documented by the case worker in the case file when:

- A. Forms are completed questionably or incorrectly
- B. Circumstances which prevent such verification, including the possibility of harm, abuse, or discrimination, shall be discussed with the supervisor.

Original, unaltered documents on printed forms or letterhead may be accepted as received. Photocopies of such documents may be verified as to their accuracy by telephone contact with the person providing the information. Handwritten documents may be verified by telephone contact. Circumstances which prevent such verification shall be discussed with the supervisor.

SECTION 3 - SERVICES

3.1 Social Services

The overall goal of Human Services is to ensure all individuals referred to the Storey County Health and Community Service department receive the maximum social services the department provides. The department may, at any time, determine the need for, develop, and/or implement special programs for the benefit of the clients.

- A. Social services are available Monday through Friday during business hours. Services include assessment and evaluation of applicant's/client's need. Such assessments and evaluations may include applicant's/client's social history; review of employment and educational background; case plan; crisis intervention; discharge planning; home evaluation; follow-up recommendations; group care or extended care placement; referral to the Veteran's Administration, Nevada Mental Health Institute, or Nevada State Welfare Division, and referral to other department or community resources.
- B. Social services are provided to clients with medical, social or emotional problems and/or financial difficulties. Problems may include, but are not limited to, family difficulties, pediatric health problems, mental illness, alcohol and/or substance abuse, rehabilitation needs, medical handicaps, or limitations of employment or employment skills.
- C. Workers identify clients whose life situations indicate the need for casework intervention. Service is not a separate program but supports existing programs and augments the department's goal of providing services responsive to the needs of the client.
- D. Social services are available to applicants referred to the department. Workers are trained to work in collaboration with medical facilities, outpatient clinics, adult group care facilities, family care homes, intermediate care facilities, and skilled nursing or extended care facilities. Workers are trained in alternative services areas including General Assistance. Such cross-training provides for a more knowledgeable health care service team.
- E. The HCAP is a resource for all other department programs. Applications are accepted from within the department as well as from the community. Clients are referred for services, including short and/or long-term intervention, client advocacy, and/or need for community resources. Each case is monitored for services and may require a brief or ongoing case plan.

- F. Workers offer casework intervention as appropriate and use the department eligibility process as an effective intervention tool. Workers are trained in social services procedures as well as department eligibility criteria. Workers use a network of assistance programs for applicants in need to promote delivery of service, avoid duplication, and ensure the best use of available services.

Workers may be assigned as liaison to other designated coalitions and councils, community organizations, and/or related agencies.

The function of the liaison is to monitor changing policies and procedures, financial or health trends, and new services provided by groups and agencies. As a representative of the department the liaison provides department program information to groups and relays information gathered on social services in the community to other department staff.

3.2 Needs Assessment

Workers gather information regarding the applicant's background and need for department's services on the Request for Service form (Policy #800.001-F1). The applicant's social history is also used to determine eligibility for various programs within Storey County and for referral to other programs within the community.

- A. To evaluate an individual applicant's/client's needs the worker uses a team approach which includes conferences with the client, physician, family, friends, and other professionals as required by the client's circumstances. As a member of the team, the worker has access to and reviews information for discussion of applicant's/client's history and current needs. The worker must be able to utilize the special skills of the other team members in an effective manner.
- B. The worker analyzes the applicant's/client's and the family's needs, particularly those diagnosed with catastrophic disease, terminal illness, psychiatric conditions, mental retardation, or physical handicaps and works with other professionals to develop an appropriate case plan to address those needs.

It is the professional responsibility of the worker to ensure every case plan is documented in the Case Tracking Notes (Policy #800.001-F3) identifies the needs for, and the provision of, appropriate social services.

3.3 Case Plan

- A. Individual case plans are formulated for clients based upon:
1. Origin and nature of application or problem,
 2. Identification of need,
 3. Need for emergency or crisis intervention,
 4. Current medical, social, and emotional status,
 5. Diagnosis and prognosis,
 6. Financial status,
 7. Employment history,
 8. Support, referrals, and services (home, family, friends),
 9. Alternatives (to include applicant's/client's preference),
 10. Application, disposition, and implementation, and
 11. Follow up and evaluation of case plan.
- B. Evaluation is made as to the type of plan best suited for the individual client with emphasis on overall needs. A case plan may include and document the following:
1. Identifying Information
 - a. Statistics. Name, age, sex, marital status, religion, citizenship or immigration status, cultural background.
 - b. Description. Description of the client including appearance, mannerisms, lifestyle.
 - c. Family Members. All family members by name, age, sex.
 2. Presenting Problem
 - a. Problems presented by the client.
 - b. Explain the onset, cause, severity, and expected duration of the client's condition.
 3. Living and Family Situation
 - a. Family Composition. Discussion of the current family composition including lifestyle.

- b. Marital History. Discussion of any marital/family history pertinent to the case, including impressions of family relationships, the client's role and feelings, and the client's functioning within the family unit. Description of the level of emotional support to the primary client.
 - c. Positive Aspects. Identification of strengths, abilities, and any other positive aspects related to the family.
 4. Education and Employment History
 - a. Education Level. Review of education level and/or training program(s) completed by each adult family member.
 - b. Employment History. Discussion of employment history, current earnings and/or earning potential.
 - c. Literacy. Description of level of literacy and/or communication barriers.
 5. Medical Information
 - a. Past and Present. Review of past and present medical problems including physical addiction to alcohol and/or drugs.
 - b. Disabling Problems. Discussion of prognosis and impact on the client's ability to maintain employment.
 6. Adjustment Problems. List of institutionalizations, incarcerations, and juvenile history.
 7. Behavior During Interview. Describe the client's behavior including verbal, and non-verbal actions.
 8. Reason for Need of Services. Brief description of services requested.
 9. Involvement with other Agencies. Dates and status of other programs for which client has applied, i.e., AFDC, UIB, SSA, SSI. Description of benefits available and expected decision date.

Note verifications requested from the applicant/client and verifications requested by mail (i.e., bank verification, Employment Security printout, or wage verification).

10. Action Plan. The action plan must delineate the worker's responsibilities, the client's responsibilities, and the role of other agencies. Time framers for accomplishing the goals and objectives must be established in addition to projecting the duration of services.

3.4 Crisis Intervention

Crisis intervention includes referral to and assistance in securing counseling for the client and family concerning any difficulties relating to a client's medical problem, hospitalization, or general situation. Counseling may also be necessary for the client or family in a terminal illness or catastrophic injury case. Counseling should include planning how a family can best use those available resources until the immediate crisis or trauma is resolved.

3.5 Discharge Planning

- A. Discharge planning is the responsibility of the hospital utilization review team and discharge planning coordinator. They should discuss family difficulties and other problems the client may encounter after discharge.
- B. Discharge planning is necessary to ensure the continuity of high-quality client care and is available to aid the client in developing an adequate post-hospital care plan.
- C. Discharge planning can reduce the length of a client's hospital stay, thereby reducing the cost of medical care.
- D. It is the responsibility of the hospital worker and other health care professionals to coordinate the plan; however, the final decision is the client's responsibility.
- E. Discharge planning and support services are available to all patients, but are particularly necessary for adult group care, family care home, skilled nursing, or extended care facility placements.
- F. The American Hospital Association has developed a high-risk category to be used in discharge planning. The list can be used as a tool and is not to be considered as all inclusive.
 1. Any patient over age 62 who lives alone or with an invalid
 2. Patient with no relative and who is unable to give information at time of admission
 3. Patient transferred to hospital from a nursing or group care home
 4. Chronically ill patient who requires re-hospitalization

5. Patients with a condition likely to cause increasing impairment
 6. Adult patients are unable to care for himself/herself
 7. Patients who may need special equipment at home
 8. Out-of-town patients who will need to remain in or return frequently to this area for outpatient chemotherapy or radiation treatment.
- G. Through medical conference or chart review. Consideration is given to the client's condition and ability to function in his/her customary living arrangement. Discharge services include a plan for adult group care, family care home, or extended care facilities; visiting health nurses; Meals on Wheels; Homemaker Service; transportation; and outpatient care. The level of care required for placement is determined by the primary physician.

3.6 Home Evaluation

Upon request of a primary physician, a department Independent Living Program Case Manager or RN may conduct a home evaluation of a client's medical needs if the client is aged 60 years of age or older. Observations are included in the client's case record and information made available to the physician requesting the evaluation with the client's authorization. A client under the age of 60 may be referred to home health services.

3.7 Skilled Nursing or Extended Care Facility Placement

Prior to placement in a skilled nursing or extended care facility, an evaluation is made by the Nevada State Welfare Division, Medicaid Program, as to the appropriate level of care required by the client based on his/her medical condition.

3.8 Adult Group Care and Family Home Care

A medical evaluation is made by the attending physician to establish the medical necessity for placement in adult group care or family home care. The hospital discharge planner coordinates with a social worker to assess the client's social and emotional status and appropriateness for placement.

3.9 Veterans Administration

Applicants/clients who have served in the military are provided information for securing assistance from the many veteran programs available, including pension or disability benefits, medical care, and educational loans.

3.10 Nevada Mental Health Services

- A. Applicants/clients requesting or expressing a need for mental health services are provided information regarding inpatient or outpatient care available through the Nevada Mental Health Institute or Nevada rural mental health clinics.
- B. Applicants/clients who need mental health services are referred to Nevada Health Centers, Northern Nevada Hospital, St. Mary's Hospital, Nevada Rural Mental Health clinics, and/or the Nevada Mental Health Institute.

3.11 Nevada State Welfare Division

- A. Applicants/clients who may qualify for the following State programs are referred to Nevada State Welfare Division:

1. Temporary Assistance for Needy Families (TANF)
2. Supplemental Nutrition Assistance Program (SNAP)
3. Energy Assistance Program (EAP)
4. Medicaid
5. Medicare
6. Kinship Care
7. Nevada Check-up
8. Women, Infants & Children Nutritional Resources (WIC)

3.12 Social Security Administration

- A. Applicants/clients who may qualify for the following Federal programs are referred to the Social Security Administration:

1. Medicare
2. Presumptive Disability
3. Retirement
4. Social Security
5. Social Security Disability
6. Supplemental Security Income
7. Survivors
8. Widows/Widowers Pension

B. Reconsideration. If an applicant for SSI/SSD is denied and believes the decision is incorrect, he/she may request reconsideration of the decision from the Social Security Administration. Reconsideration is the first level of appeal and must be filed within 60 days of the date of denial.

C. Administrative Hearing. If an applicant for SSI/SSD believes the determination on the application is incorrect he/she may request a hearing before an Administrative Law Judge. The request for an administrative hearing must be made within 60 days of the date of denial.

3.13 Child and Adult Protective Services

A. The workers receive complaints, provide services, and make referrals for clients ages 19 through 59 who are in neglectful, abusive, or potentially dangerous environments.

Children from birth to age 18 requiring protective services are referred to the Nevada Division of Child and Family Services. Adults aged 60 and older are referred to Adult Protective Services at Nevada State Aging and Disability Services division.

Workers respond to complaints or referrals to other agencies for additional information and assistance.

3.14 Victims of Violent Crimes

A. Applicants/clients who may be eligible for assistance with medical expenses, counseling, lost wage reimbursement, or emergency awards are defined in NRS 217.005 through 217.480 are referred to the Storey County District Attorney.

B. Victims of Violent Crimes include but are not limited to:

1. Sexual assault.
2. Sexual abuse.
3. Domestic violence.
4. Motor vehicle accidents if drugs or alcohol are factors of the motor vehicle accident and the vehicle is used as a weapon.



SECTION 4 - ELIGIBILITY & VERIFICATION

Program Description. The department provides medical assistance and social services to individuals and families who qualify as medically indigent and do not have the current resources of Federal, State, or community programs to meet their medical needs.

4.1 Eligibility Procedures

- A. Applications. Applicants for HCAP shall place with the department a declaration of need and a full disclosure of financial and social information demonstrating a financial and medical need. The form of this declaration shall be prescribed by the department and shall be secured through a personal interview or referral from an appropriate agency.
 1. Applicant. An applicant is the person who applies on behalf of the assistance unit.
 2. Assistance Unit. The applicant, the applicant's spouse and minor children, and the natural or adoptive parents of minor children, those related by blood or marriage, and those persons acting in the role of the spouse (PARS), for whom assistance is being requested.
 3. Emancipated Minors. Minors who have been emancipated by the court process or marriage are considered adults. In addition, minors may be interviewed for HCAP assistance if they have lived apart from their parents or legal guardian for a period of at least four (4) months or if the minor is a mother, or has borne a child, pursuant to NRS 129.030.
- B. Entitlement to department assistance shall be determined in accordance with the provisions of eligibility. Failure to permit investigation shall result in denial of assistance.
- C. Applicants for HCAP shall, by signed authorization, permit the department to verify facts of eligibility. Failure to permit investigation shall result in denial of assistance.
- D. The department Director, or their designee, has jurisdiction over enforcement and interpretation of all eligibility provisions. In extreme circumstances, the Director may make exceptions to these policies and procedures at his/her discretion.

4.2 Other Agency Resources

- A. Numerous agencies and programs exist in Storey County and Nevada, which render assistance to indigent persons. These agencies and programs shall be considered resources prior to expenditure of county funds for the care of the indigent person.
- B. If it appears that an applicant is eligible for another program which is considered a prior resource to the department, it will be the applicant's/client's responsibility to apply for that program and make every effort to meet the eligibility criteria. If there is sufficient evidence to believe that the applicant/client has deliberately not complied with the eligibility criteria for that program, assistance may be denied by the department for failure to use a prior resource.

4.3 Eligibility Determination

- A. As defined in county ordinance Title 2, codified as Chapter 2.40, medical indigency must be determined prior to expenditure of department funds.
 - 1. Eligibility must be determined as soon as medically or administratively possible.
 - 2. Upon receipt of a referral or request for assistance, the applicant or a responsible family member, agency representative or other interested person is contacted to complete an interview.
 - 3. The applicant/representative is responsible for providing information to the worker for documentation and determination of eligibility.
 - 4. The required forms completed during the interview include:
 - a. Policy #800.001-F1 Request for Service
 - b. Policy #800.001-F2 Authorization to Release Confidential Information

4.4 Eligibility Criteria

The following items may be verified to determine eligibility:

- A. Household Composition. The name of all persons in the assistance unit.
Acceptable verification includes:
1. Lease/Rental agreement listing occupants
 2. Household composition verification as established by Nevada State Welfare Division
 3. Third party verification, such as a collateral contact
- B. Identification. The identity of ALL household members in the assistance unit.
Acceptable verification includes but is not limited to:
1. State identification cards
 2. Marriage certificates
 3. Birth certificates and records
 4. Driver license
 5. Baptism records
 6. Immunization records
 7. Naturalization documents and passports
 8. INS documentation
 9. Employment cards
 10. Other current photo ID
- C. Social Security Numbers. Social Security numbers or proof of enumeration for ALL members of the assistance unit. Acceptable verification includes but is not limited to:
1. Social Security cards
 2. A printout from the Employment Security Division
 3. A printout from the Social Security Administration
 4. Wage stubs
 5. IRS documents

UNACCEPTABLE verification includes metal stamped Social Security cards.

D. Residence.

1. Nevada Residents and Those Applicants Seeking Institutional Care. NRS 428.010 to 428.110 inclusive define a person's legal residence as "the county in which he is physically present with the intent to reside, at least for an indefinite period. 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."

a. Applicants are not considered residents under the following:

- 1) There is the possibility of other county or state payment for services rendered
- 2) The applicant wishes to return to the county of residence or to another state
- 3) The applicant does not intend to reside in Storey County
- 4) Applicants who are residents of group care or extended care facilities in other jurisdictions and who are transferred into comparable facilities for continued care within Storey County will not establish an independent residence. The applicant's residence is considered to be the county from which transfer originated.
- 5) Applicants who are residents in other jurisdictions and who have come to Storey County for the sole purpose of seeking medical care, psychiatric care, rehabilitation services, or a court order for educational purposes are not eligible for department services until they have established an independent residence.

Example: An applicant previously residing in Clark County was arrested in Clark County and sentenced to Nevada State Prison in Carson City. As a condition of his parole, he is residing in a home in Storey County. The applicant is considered a resident of Clark County until he/she has secured independent residency.

- b. Permanent Storey County residency, either long-standing or recent, is verified by:
 - 1) Current rent or mortgage receipts
 - 2) Current lease agreement
 - 3) Current utility/telephone bill showing the service address
 - 4) School registration for children
 - 5) Registration for employment
 - 6) Current Nevada driver's license
 - 7) Voter registration in county/state
 - 8) Determination that the applicant/client has abandoned his/her place of prior residence.
- c. An applicant/client living with someone else as a boarder or roomer will verify county residence. The purpose of address verification for the primary resident is to prove he/she has the authority to grant permission to the applicant/client to reside at the address provided. The following will be used as verification:
 - 1) A written statement from the primary resident granting permission for the applicant/client to reside in his/her household.
 - 2) Address verification for primary resident as indicated above.
- d. An applicant/client who claims residence in Storey County and who is homeless or has no fixed address will verify Storey County residence with one of the following:
 - 1) Verification of CURRENT registration, application, and/or participation in public or private employment programs such as
 - (a) Department of Employment, Training and Rehabilitation
 - (b) Casual labor agencies
 - 2) Public and/or private service agencies such as:
 - (a) Nevada State Welfare Division
 - (b) Social Security Administration

- (c) Veteran's Administration
 - 3) Department of Motor Vehicles:
 - (a) Current Nevada driver's license
 - (b) Current Nevada identification card
 - (c) Current motor vehicle registration
 - 4) Other verification may include:
 - (a) Third party statements
 - (b) Current receipts from plasma or aluminum centers
 - (c) Police work permit
 - (d) Individuals are known to the Agency
 - e. It is the burden of the applicant/client to prove residency.
 - f. The department makes the final determination of residency.
 - 2. Incarceration. Applicants who are incarcerated in a county detention facility and are subsequently hospitalized are exempt from Storey County residency requirements but must meet other HCAP eligibility criteria in order for the department to consider their application for assistance. (Verify with the Sheriff)
- E. Non-Citizen Eligibility Criteria
- 1. Visitor Visas. Those persons in the United States on a temporary visitor's visa may be eligible for county assistance with their hospital bills if they meet all other eligibility criteria.
 - 2. Student Visas. International students coming to the United States for educational purposes are required to obtain university health insurance as a condition of the enrollment. Insurance is a prior resource for these non-citizens.
 - 3. Sponsored Aliens. A citizen or lawful permanent resident of the United States may file a petition for an alien relative to immigrate to this country. The family relationship between the person filing as a sponsor and the alien must be verified by the Immigration Service.
- The petitioner agrees to be financially responsible for the alien until the alien completes forty quarters of employment, obtains U.S. citizenship, dies, or leaves the U.S. permanently. In order to be eligible for HCAP

assistance, indigency for the sponsor and the sponsored applicant must be determined. Sponsored aliens must provide the sponsor's Affidavit of Support (Federal form I-864), and the sponsor must meet all financial and non-financial criteria in order to be eligible for assistance. If the sponsor meets all HCAP eligibility criteria, the sponsored applicant will be eligible for health care assistance.



F. Income. Gross income is income of any kind, wherever found, which is not otherwise excluded pursuant to Section C-3, Excluded Income. Income is counted from the date received. The gross income received 30 days prior to the date of service must be at or below the levels listed in the Eligibility Table for the assistance unit. All income, earned, unearned, and exempt, MUST be verified.

1. Assistance Unit. Members of an applicant's household including spouse, adoptive or natural parents of minor children and/or minor children for whom assistance is being requested.

2. Types of Incomes

a. Wages and tips. Acceptable verification includes but is not limited to:

- 1) Wage stubs
- 2) Receipts
- 3) Third party statements

b. Disability, retirement, or unemployment benefits

c. Annuities disbursed in monthly increments

d. Trust income

e. Gifts or contributions

f. Incomes from rentals or boarders

g. Gratuities

h. Veteran's Administration (VA) pension

i. Winnings from gambling

j. Cash assistance from any state or county welfare program

k. Payments made directly to a vendor or landlord on a client's behalf

- i. Work-study. Defined as a job on or off-campus, tied to college or university attendance, with an employer/employee relationship.
- m. Self-Employment. Defined as earned income directly from one's own business. Must be able to substantiate self-employment status with one of the following: IRS Schedule C or a Profit and Loss statement. Gross business income less business operating costs is gross earned income. Verification of expenses and income is completed before eligibility is established. If the applicant is unable to provide a profit and loss statement, showing the IRS allowed expenses, the applicant's paid personal monthly expenses will be used to determine the applicant's self-employment net income.
 - 1) The following are not allowable business expenses:
 - (a) Depreciation
 - (b) Personal expenses such as federal, state and local incomes tax payment, or lunches
 - (c) Entertainment expenses
 - (d) Personal transportation (i.e., to and from work)
 - (e) Purchase of capital equipment
 - (f) Payments on loans for capital assets or durable goods
 - 2) Self-employment does not include work for a business or individual on a commission basis. These are regular earnings and business expenses are not allowed. Verify with the business or individual to determine if the work is on commission. Verification may include a copy of IRS form 1099, a statement from the business or individual employing the applicant, and/or the most recent IRS tax return.
- n. Rehabilitation Compensation. Defined as earned income received through rehabilitation programs, such as Situational Assessment through Vocational Rehabilitation. Any income received will be included in the calculation of monthly gross incomes.
- o. Emergency Assistance. Defined as any cash directly given to the applicant/client from a community agency.
- p. Loans. Provided from any source are considered income.

- q. Gate Monies. Defined as cash received from a correctional facility on the day of release and will be considered income.
- r. Income-in-kind. Defined as a verifiable agreement to provide a service in exchange for room and board. Count the value of work performed in exchange for benefits such as room, rent or other needs as earned income.

Example: If an applicant is working for a motel/apartment complex and resides in a room as a condition of employment, count the value of the room as income.

- s. Student Financial Aid. Student Financial Aid is prorated over the period of intended use. Verified mandatory fees, tuition, loan fees, and book expenses incurred may be applied as a deduction from the financial aid prior to prorating. The applicant must obtain verification of these expenses in writing from the Financial Aid Office. Other expenses such as supplies specifically for school may be allowed as a deduction and must be verified with receipts.

- t. Lump sum payments. Lump sum payments shall be included in the calculation of gross income and include cash settlement, inheritances, retroactive benefits, or other similar monies.

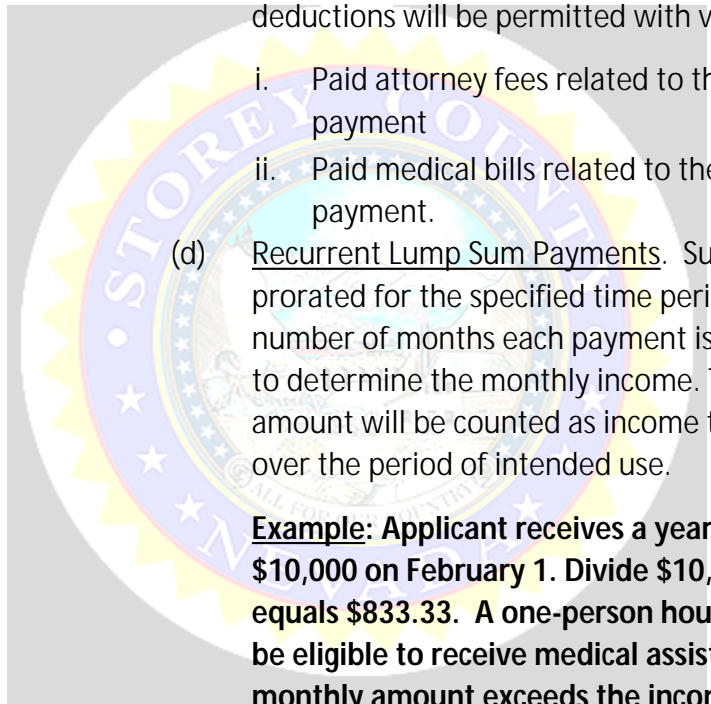
- 1) Non-recurrent Lump Sum Payments. Such payments will be counted as gross income up to 6 months prior to the date of application and will be prorated for 12 months from the date of receipt forward. The prorated amount will be counted as income to the assistance unit over this 12-month period.

Example: Applicant received a \$15,000 settlement on June 1. Divide the \$15,000 by 12 months, which equals \$1,250. A one-person household would not be eligible for medical assistance for 12 months from the date of receipt of the lump sum based on the prorated funds because the monthly amount exceeds the income limits on the Eligibility Table.

$$15,000 \div 12 = 1,250$$

- (a) Allowable Deductions. For the purpose of defining the gross amount of the lump sum, the following deductions will be permitted with verification:

- i. Paid attorney fees related to the lump sum payment
- ii. Paid medical bills related to the lump sum payment
- (b) Retroactive Payments. Defined as payments from SSI/SSD, the Veterans Administration, worker's compensation and other disability benefit programs. Retroactive payments will be exempt income for 6 months from the date of receipt. If the client has not spent the retroactive payment within six months, it will then count as an asset.
- (c) Allowable Deductions. For the purpose of defining the gross amount of the retroactive payment, the following deductions will be permitted with verification:



- i. Paid attorney fees related to the retroactive payment
- ii. Paid medical bills related to the retroactive payment.
- (d) Recurrent Lump Sum Payments. Such payments are prorated for the specified time period by dividing the number of months each payment is intended to cover to determine the monthly income. The prorated amount will be counted as income to the assistance unit over the period of intended use.

Example: Applicant receives a yearly lump sum of \$10,000 on February 1. Divide \$10,000 by 12, which equals \$833.33. A one-person household would not be eligible to receive medical assistance because the monthly amount exceeds the income limits on the Eligibility Table.

$$10,000 \div 12 = 833.33$$

- u. Tax Refunds. Tax refunds are exempt income for 30 days from the date of receipt. Thirty days after the receipt of the monies, the tax refund counts as an asset. Verification includes, but is not limited to, a receipt showing the date the refund was received, or if direct deposited to a bank account, then a bank statement is required.

3. Excluded Income. The following income will be excluded for purposes of determining eligibility for medical assistance:
 - a. Funds received from ACTION programs such as Foster Grandparents, Human Companion, and Retired Human Volunteer Program.
 - b. An eligible minor who works up to 18 hours per week. Earnings in excess of 18 hours per week shall be considered as income to the assistance unit.
 - c. Verified loans used to meet basic living needs.
 - d. Funds paid directly to a vendor or landlord.
 - e. Money is given from one individual to another within the same household, such as a roommate, for one's fair share of shelter costs.

4. Income Test

- a. In order to be eligible for medical assistance the assistance unit must meet income guidelines of the following:
- b. Monthly gross income is to not exceed 185% of the current Federal Poverty Guidelines for the number of Persons in the Assistance Unit for eligibility. (Reference www.HSA.GOV for current Federal Poverty Guidelines).

Note: Cash reserve/allowable assets – includes the cash surrender value for life insurance. Refer to Guidelines and Standards (3.4.C).

- G. Medical Hardship. If an applicant's assistance unit does not meet the eligibility income test, he/she may be eligible under one, or both, of the following criteria.

1. Hospital Assistance. If the applicant's inpatient, same day surgery, observation, emergency room and diagnostic bills for four months prior to the date of application exceed \$25,000 **and** cannot be paid from the assistance unit's excess income within a 60-month period. If the applicant is determined eligible under these criteria, all hospital bills for the four-month period will be accepted. The date of application is the date the client completes an application with SCHS or the date of referral from the hospital. NOTE: Prescription costs are not an allowable expense.

**Example: \$1,000 monthly gross income - \$438 standard of need = \$562.
\$562 x 60 months = \$31,320**

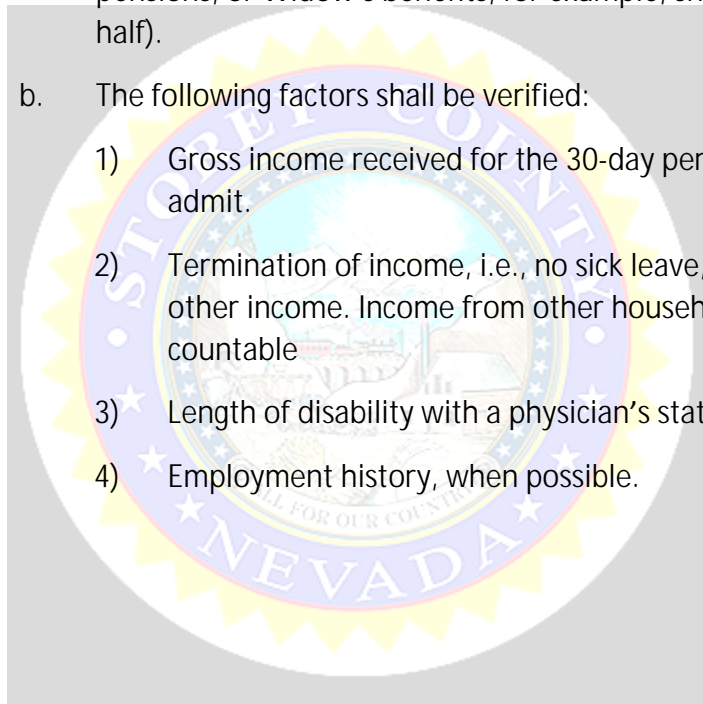
If the bill is larger than \$31,320, the applicant is eligible for HCAP under the medical hardship criteria.

2. Patients disabled for 30 days from the date of admit. Patients admitted to the hospital, who would normally have excess income for assistance, but are subsequently unable to return to work for at least 30 days from the date of admit (and meet eligibility criteria in every other respect), may be eligible for assistance if they meet the following income test:

a. The patient's gross earned income, 30 days prior to the date of admission to the hospital, shall be divided in two, with the result being deemed countable income for the purpose of determining eligibility (Note: unearned income from Child Support, Veterans' pensions, or Widow's benefits, for example, shall not be divided in half).

b. The following factors shall be verified:

- 1) Gross income received for the 30-day period prior to date of admit.
- 2) Termination of income, i.e., no sick leave, vacation pay or other income. Income from other household members may be countable
- 3) Length of disability with a physician's statement.
- 4) Employment history, when possible.



- c. Allowable deductions from Income. For the purpose of the income test, the following deduction may be allowed with appropriate verification:
- 1) If a child is receiving SSI or SSD benefit it is excluded from income and excluded from household computation.
 - 2) Reasonable childcare payments, as determined by the department, may be deducted from a family's gross income if both parents, or single parent, are employed and they must secure childcare for a minor child because of their employment. Prior to determining eligibility, the applicant(s) will be required to provide receipts showing current childcare costs have been paid. **If receipts cannot be provided by the applicant(s), the payments will not be deducted and will be counted as part of the gross income.** Childcare expenses cannot exceed reasonable and customary charges as determined by the local market. If a parent is incapacitated due to a medical disability and is not physically or mentally able to care for a child, allowable childcare costs paid by the employed parent will be deducted from the gross income.
 - 3) Fees, up to the federally approved amount, paid to a representative payee.
 - 4) Medicare Part B premium, deducted from client's social security check. Clients will be required to apply for Medicare Beneficiary programs, such as QMB or SLMB at Nevada State Welfare. Medicare Beneficiary programs are considered prior resources, and the client must apply to these programs to be eligible for county assistance. When clients are approved for QMB or SLMB they will no longer qualify for the premium deduction.

H. Assets

1. Assets are defined as anything that can be converted into cash or that has a resale or cash surrender value. Cash on hand or value of sale cannot exceed the asset limits as listed in the Eligibility Table for 30 days prior to application.
 - a. Asset Level per Assistance Unit:
 - 1) One individual, \$1,000

- 2) Each additional person adds \$150
- b. Co-ownership of accounts and assets for married individuals who apply for HCAP will be considered an available resource for the Assistance Unit.
- c. For individuals who hold any joint account with a relative or friend, those funds or assets will be considered a resource to the applicant as defined below:
 - 1) Computation for Checking and Savings Accounts. For accounts held by the applicant with friends/relatives, use the lowest daily balance in the 30 days prior to interview. Divide the amount in half and assign this amount as the available resource to applicant.
 - 2) Computation for Assets Held in Joint Ownership. Value of asset less encumbrances divided in half. This value will be assigned to the applicant.

| COUNTABLE ASSETS | EXCLUDED ASSETS |
|---|---|
| Combination of checking, savings, or cash | |
| Mutual funds, stocks, bonds, notes, time certificates, IRA, 401K, and/or other retirement plans | |
| Whole life insurance policies greater than \$1,500 cash surrender value | \$1,500 cash surrender value on whole life insurance less encumbrances |
| Vehicles and motorcycles | One vehicle for each adult member of the household with a maximum of two vehicles |
| Value of boats, travel trailers, motor homes, jet skis, snowmobiles, and/or trailers | Travel trailers and motor homes, if used for primary residence |
| Value of livestock | |
| | Clothing and personal items |
| Value of machinery and equipment | Tools, equipment, computers, and materials that may be used to secure employment |
| Residence/mobile home not used for primary residence and not up for sale | Residence/mobile home used for primary residence |
| Properties other than primary residence not up for sale | Real property on which applicant's primary residence is located |

| | |
|--|--|
| | <p>Property that applicant does not have the right to sell or is located in a depressed area</p> <p>Property must be up for sale at marketable value with a reputable realtor prior to date of interview</p> |
| | Burial plan or value of the burial plot |

- a. Checking or Savings Accounts. Sources of verification will include:
- 1) A copy of the bank statement encompassing 30 days prior to the interview. The lowest daily balance for the 30 days prior is applied to the total limit.
 - 2) A written statement from the bank signed, and dated, noting the lowest daily balance for the previous 30 days.
- b. Mutual Funds, Stocks, Bonds, Notes, Time Certificates, IRA, 401K and/or Other. Sources of verification will include a written statement from a bank, broker or retirement plan benefits office verifying current value, date of maturity and date the asset can be converted into cash. Verification must be provided in order to determine eligibility. The client may be eligible if the asset is unavailable.
- c. Life Insurance Policies. The cash surrender value of whole life insurance policies, less encumbrances in excess of \$1,500, is applied to the applicant's asset level. Term life insurance has no provision for cash surrender value and is not considered an asset. Sources of verification will include a copy of the policy and/or written verification from the insurance company.

d. Vehicles. Automobiles, boats, trailers, recreational vehicles, motorcycles, fixed and non-fixed wing aircraft, jet skis, and other recreational vehicles shall be valued as personal property. As applicable, the wholesale value specified in the most current Kelly Blue Book shall 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 will include a statement from a reputable auto dealer or mechanic stating the retail value of:

- 1) Damaged or inoperable vehicles
- 2) Vintage or classic vehicle
- 3) Motorcycle
- 4) All boats, travel trailers, motor homes, jet skis, snowmobiles, and/or trailers

e. Livestock. Source of verification will include:

- 1) Statement from a dealer or a veterinarian estimating resale value
- 2) Proof of ownership

f. Machinery and Equipment. Sources of verification will include a statement from one dealer estimating wholesale value, less encumbrance.

g. Real Property. Defined as a parcel of land and everything permanently attached to it. It also includes all the rights involved in the ownership of the land.

- 1) Property, other than excluded property, is considered an excess asset. The property must be up for sale with a reputable realtor prior to the date of the interview.
- 2) Property may not be marketable if:
 - (a) The applicant/client does not have the right to sell, or
 - (b) The property is located in a depressed area

- h. Mobile Homes. A structure manufactured in a factory, built on a chassis or frame without independent automotive power. Its use is designed with or without a permanent foundation as a permanent residence when connected to a utility system.
- i. Burial Plans and Plots. Burial plots are defined as conventional gravesites, crypts, urns, or other repositories customarily used for the remains of deceased persons. The value of any burial plot or plan purchased prior to application for cash assistance shall not be considered an asset.

2. Asset Spend Downs.

- a. Applicants that have excess assets for assistance with their inpatient or outpatient bills must spend down their assets in order to meet eligibility criteria.
 - 1) Non-liquid assets such as real property, vehicles or recreational vehicles may be sold and the cash from the sale applied to outstanding medical bills.
 - 2) Liquid assets such as savings accounts, 401k plans and IRAs may be applied to outstanding medical bills.
- b. For the purposes of this section, outstanding medical bills shall include physician, laboratory or radiology charges not otherwise covered by SCHCS.
- c. If an applicant's outstanding medical bill does not meet or exceed the amount of his/her asset overage, the application for assistance will be denied.

Example: Applicant has \$2,000 in excess assets. His outstanding medical bills to physicians and laboratories total \$1,500. He is not eligible for assistance because his medical bills do not meet or exceed the amount of his asset overage.

- d. Verification of payment for outstanding medical bills is required prior to determining eligibility.
 - 1) Applicants will have 60 days from the date of application, or re-referral, for assistance to provide proof of payment on outstanding medical bills.

- 2) Verification shall include receipts from physicians, laboratories or radiologists listing the date and amount of payment.
3. Pursuit of Prior Resources. Prior resources to the HCAP include health insurance and litigation settlements in addition to the following medical benefit programs:
 - a. The following programs are administered by Nevada State Welfare Division (NSWD) or third-party organizations.
 - 1) Temporary Assistance for Needy Families (TANF)
 - 2) Supplemental Nutrition Assistance Program (SNAP)
 - 3) Energy Assistance Program (EAP)
 - 4) Medicaid
 - 5) Medicare
 - 6) Kinship Care
 - 7) Nevada Check-up
 - 8) Women, Infants & Children Nutritional Resources (WIC)
4. Transfer of Assets (Extended Care Only)
 - a. If residential property has been sold while the client is receiving health care assistance, the total revenue from the sale must be reinvested in a new residence within six months if there is a surviving spouse, or the applicant is expected to return home. Otherwise, the revenue is considered an asset.
 - 1) The client must submit monthly verification that the revenue from the sale remains intact.
 - 2) If the funds are not reinvested in a new residence within six months, it will be assumed the funds are not reinvested to meet the client's monthly needs.
 - 3) Allowable expenditures (e.g., closing costs, realtor fees, inspection costs) related to the sale may be deducted and the remaining funds added to increase personal property to maximums.

5. Group Care – Determination of Disability. All applicants/clients claiming temporary (30 days) or permanent disability must substantiate this claim with a current statement from a Nevada physician, licensed psychologist, chiropractor, or recognized, licensed health care provider as required to determine eligibility for HCAP. Group Care applicants/clients are required to verify disability at time of placement; at each update or as requested by the worker. Clients with a permanent documented disability must re-verify their disability every six months. The worker retains the original form unless the applicant/client specifically requests the original. Verbal confirmation from the recognized/licensed health care provider may be accepted pending written verification of disability.

4.5 Responsible Relatives

- A. Definitions. Responsible relatives are defined as: spouse for spouse, father, mother, children, brothers, or sisters of the applicant, who have sufficient financial resources to assist with the cost of care.
 1. Parents of adult applicants, adult children, brothers, and sisters may be requested to voluntarily contribute to the needs of their family members. In cases where the responsible relative is obviously able to assist and refuses to do so, the matter may be referred to the District Attorney's Office for review.
 2. Spouse for spouse and parent responsibility for minor children is required before department assistance may be considered. In cases of separation of a spouse or parent from the applying household, that responsible person's ability to assist is assessed by the department.
 3. Support cases involving minor children are referred to the District Attorney's Office.
 4. Support cases involving an adult family member are referred to the District Attorney's Office.
- B. Existence of Marital Relationship. The guidelines for determining the existence of a marital relationship are:
 1. The individuals are considered husband and wife under appropriate State law.
 2. Either of the individuals is or has been determined to be the spouse of the other under Section 216 (H) of Title II of the Social Security Act (amendments to January 1, 1973). For example:
 - a. A state court declares a valid marriage.

- b. State law provides inheritance rights equal to those of a wife, husband, widow, or widower to the claimant.
- c. Unless valid proof of divorce is in process, married individuals that have been separated for less than six months will be considered married, and all income and assets of the marriage will count toward the applicant's eligibility.

Exception: Applicants who claim separation because of domestic violence shall verify separation with a current Temporary Restraining Order (TPO). The six-month separation rule will then be waived.

- d. Applicants that have been separated for less than six months but have no countable income or assets are excluded from the six-month separation rule.

4.6 Mental/Physical Impairments or Language Barriers

- A. Mental/Physical Impairments or Language Barrier. If it is determined by the worker that an applicant is unable to access prior resources because of a language barrier or due to physical/mental disabilities the worker may provide special assistance. As part of the case plan the worker will develop a process to ensure the applicant is complete and submitted within the prescribed time frame, track the progress of the application, assist and secure required documents for program eligibility, and secure appropriate follow-up care.

4.7 Bankruptcy

Patients applying for health care assistance, who inform the department that bankruptcy is a consideration, will be advised if they meet the department's eligibility criteria. Patients who are determined eligible using incomes and asset guidelines from the Eligibility Table will be informed that the department can accept the hospital bill. Medical Hardship criteria and Asset Spend Downs will not be applied in these cases. The patient is then given the option to include the bill in the bankruptcy proceeding or accept health care assistance. In either case, the patient's decision must be provided to the hospital and be included in the case plan.

- A. Disclosure. If the patient or the hospital fails to submit an application to the department prior to discharge of the bankruptcy, the department will not assume financial responsibility for the hospital bill.

SECTION 5 - APPLICATIONS

5.1 Applications

- A. Application for assistance with a social, medical, or financial problem is brought to the attention of the department in person, by telephone or through correspondence. Applications may be submitted by individuals, clients, physicians, hospitals, health care providers, friends, relatives, allied health care providers, service agencies, and other interested persons.
- B. Priority must be given those applications that indicate crisis or emergency conditions; however, all applications require immediate review.
- C. Telephone or drop-in applications are evaluated by staff as to medical service needed and are assigned to the appropriate worker. In the absence of a worker, applications may be taken by other staff or supervisor and assigned to the appropriate worker.

5.2 Inpatient Applications

- A. Hospital Procedures. The hospitals will screen admissions and submit a notification of admittance to SCHCS and will include a copy of the admit records for those patients who may meet county eligibility criteria, may need social or special health care services, or at the request of the patient/family. The worker will then complete a Request for Service (Policy #800.001-F1).
 1. Application Guidelines. Inpatient/outpatient applications may be deemed appropriate in the following circumstances:
 - a. Patient and/or family request
 - b. No pay source indicated
 - c. Unemployed or disabled
 - d. Employed, limited earnings or earnings unknown
 - e. Diagnosis may result in at least 30 days up to 12 months or greater disability, including but not limited to trauma cases, substance abuse, terminal illness.
 - f. Balance of the bill is \$25,000 and/or cumulative medical expenses of patient's assistance unit totals \$25,000 in the past 4 calendar months.
 - g. Eligibility for Medicaid terminated during the hospital stay.

- h. Storey County residents who are denied assistance from Nevada State Welfare Division.
 - i. Patients are in Storey County Sheriff's Office hold or pending booking.
 - j. Non-Storey County residents who become injured or ill within Storey County.
 - k. Patients have no source for follow-up/after care.
 - l. Motor vehicle accidents that occurred in Nevada for which the facility is petitioning verification for the IAF.
2. Exceptions. Application for HCAP does not require an interview for determination of eligibility in the following circumstances. An admit record and an application is required and eligibility shall be determined in accordance with Guidelines and Standards.
- a. Adult Group Care
 - b. Extended Care Facility
 - c. Indigent Accident Fund. The hospital will submit to the department the completed application for the IAF for the purpose of certification only.
3. Application Process in for County/State hospitals
- a. Option 1: The hospital will screen admissions and submit a notification of admittance to Storey County Human Services and will include a copy of the admit records for those patients who may meet county eligibility criteria. The department will complete, with the patient, a Request for Service (Policy #800.001-F1). The department will transmit application eligibility decisions and other related messages to the hospital by fax machine and/or mail OR
 - b. Option 2: Hospitals may refer patient admissions to the department if the patient is a Storey County resident. The hospital applies by letter.

B. Department Procedures

1. Appointment. The department will contact the applicant to schedule an appointment. The appointment should be scheduled within 5 working days. The applicant can choose to complete the paperwork with the worker as a walk-in. If the applicant chooses to be seen as a walk-in, the applicant will be given the information identifying the days and times available for walk-ins. Applicants are given a list of required items which must be completed prior to interview, which include but are not limited to:
 - a. Proof of residency in Storey County
 - b. Proof of assets and income
 - c. Any information which may be required for the interview.
 - d. Proof of disability, completed by a qualified medical professional.

Applicants that claim a disability without a treating physician will be referred to an appropriate medical clinic if the worker believes they meet the eligibility criteria.

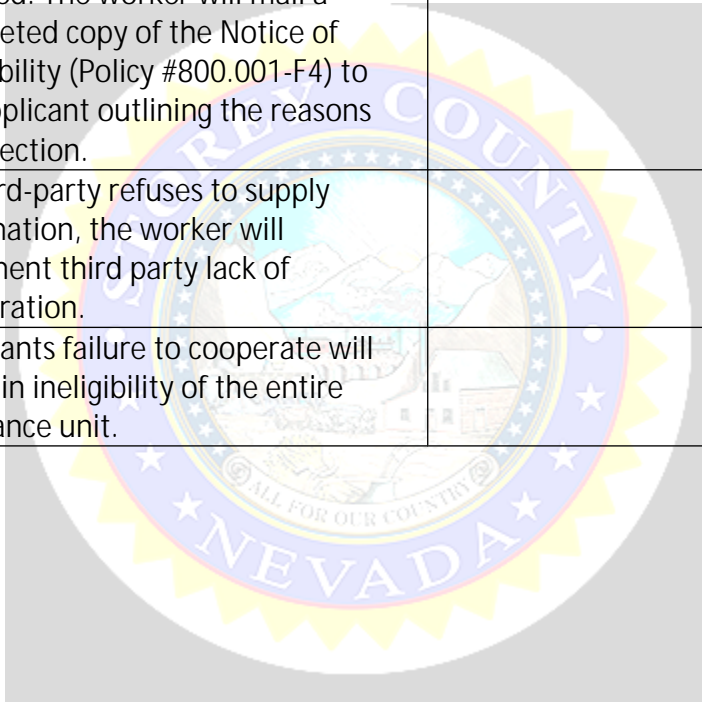
2. Request for Service. Completing a Request for Service (Policy #800.001-F1) is an initial request for benefits. Generally, the applicant completes the form as the result of an in-person inquiry. If the applicant is hospitalized or otherwise unable to complete the Request for Service in person, the worker may take the information by telephone.

Depending on the applicant's particular circumstances, information provided may include, but is not limited to the following:

- a. Low-cost housing
 - b. Shelters
 - c. Missions
 - d. Food pantries
 - e. Medical care
 - f. Nevada State Welfare Division
 - g. SSI/SSD
 - h. Employment services
3. Screening. The completed Request for Services (Policy #800.001-F1) is evaluated by department staff to determine if the applicant is eligible for assistance.
 4. Interviews. The worker has the right to reschedule the interview if the applicant has an obvious impairment or other barriers that would preclude the applicant from completing the interview. The worker conducts the eligibility interview, obtains verifications and completes the required forms.
 5. Eligibility Process

| INTAKE | ONGOING |
|--|--|
| 1. Applicants are required to cooperate with the department in securing all information needed to determine initial eligibility. | 1. Clients are required to cooperate with the department in securing all information needed to determine continuing eligibility. |
| 2. The worker will notify the applicant in the event of insufficient information by using the Notice of Insufficient Information (Policy #800.001-F5). The intake process will be put on hold until all documentation and information is supplied. | 2. An Intent letter is sent to the client notifying them their case will be closed if there is no contact with this Agency, allowing five workdays from the date the Intent letter is mailed. |
| 3. If the applicant returns with the required documentation, the worker will continue the process to determine eligibility. | 3. If the client does not cooperate within the time period given and has been given timely and adequate notice of any possible adverse action, the assistance will be terminated. The client is given the appropriate legal and factual reason |

| | |
|---|---|
| | on the termination letter and an explanation of the appeal process. |
| 4. Once the completed and signed Notice of Insufficient Information (Policy #800.001-F5) is given to the applicant, the applicant has 14 days to return the information to SCHS or the Request for Service process will need to be restarted. | 4. If a third part refuses to supply information, the worker will document third party lack of cooperation. |
| 5. If the applicant does not cooperate within the time period given and adequate notice of any possible adverse action, the application will be rejected. The worker will mail a completed copy of the Notice of Ineligibility (Policy #800.001-F4) to the applicant outlining the reasons for rejection. | 5. Failure to cooperate will result in ineligibility of the entire assistance unit. |
| 6. If a third-party refuses to supply information, the worker will document third party lack of cooperation. | |
| 7. Applicants failure to cooperate will result in ineligibility of the entire assistance unit. | |



SECTION 6 - CLIENT CASE TRACKING

6.1 Case Tracking and Documentation

- A. All client interactions are to be recorded on the Client Case Tracking Notes (Policy #800.001-F3).
- B. Initial Contact must include:
 1. Client information
 2. Name of person completing the initial contact
 3. If the client has been denied services
 4. If the client will be referred to Community Chest for services
- C. All contacts, including the initial contact, should be recorded on the subsequent pages. Each contact should include:
 1. Contact date
 2. Contact time
 3. The name of the case manager/contact recording the information
 4. Type of contact
 5. Contact notes, including issues identified
 6. All actions taken and/or recommendations made

SECTION 7 – GLOSSARY OF TERMS

Active Case. An open case receiving assistance.

Adequate Notice. Written notification provided to an applicant/client which notifies the individual of an impending action or change in their assistance or eligibility.

Adoption. The act of legally assuming, by choice, a child of other parents as one's own child.

Adult. A child who has reached the age of majority (18) is considered to be an adult.

Appeal Process. The process by which any applicant/client who is dissatisfied with an action or decision of the department may request a review of the action or decision through a Case Review or Information Hearing.

Applicant. A person who is applying for assistance and care, either directly or through a representative.

Appointment. A time slot assigned to applicant's household including, applicant, the applicant's spouse, and minor children and adoptive or natural parents of minor children for whom assistance is being requested.

Assets. Assets are resources such as real and personal property as defined in Storey County Guidelines and Standards.

Benefit. Assistance authorized by the department and paid to a vendor on behalf of an applicant and/or client.

Boarder. A person who lives in the home of another person and receives meals. May also refer to one who pays for lodging and board.

Budget. The determination of the monetary amounts due for specific needs of an assistance unit or calculation of an assistance unit's income and expenses for determining eligibility for HCAP.

Budget Month. The 30-day period or longer for which a budget is prepared.

Budget Worksheet. SCHS form upon which monthly needs and income are calculated to determine eligibility for medical assistance.

Burial. To place a deceased person into a burial plot in the ground.

Burial Assistance. An assistance program offered by Storey County to assist with burial or cremations.

Burial Plot. Conventional gravesites, crypts, mausoleums, urns, or repositories customarily used for the remains of dead persons.

Calendar Days. Consecutive days, including working days and non-working days.

Case Closed. A statistical definition denoting assistance has been denied or terminated and the case is inactive.

Case Record. A file containing application, verification, recorded material, and other pertinent material including required forms and correspondence (sometimes called "client file").

Cash on Hand. Cash on a person or elsewhere, deemed to be available to meet basic needs.

Cash Surrender Value. The amount of money available to the owner of a life insurance policy when borrowing against the policy or cashing in the policy.

Categorical Assistance. Income or aid from programs such as TANF, OASDI, SDI, UIB, Veteran's, SSI/SSD, SIDS, etc.

Client (Recipient). A person approved by the department to receive assistance and care.

Collateral Contacts. Contact with relatives, friends, former employers, landlords, for the purpose of verifying information given by the applicant or client for establishing initial or continuing eligibility for assistance.

Community Property. A legal term describing the system whereby each spouse has an undivided half-interest in property gained from earnings of either party during marriage.

Cremation. Reducing a deceased person to ashes by action of intensive heat or fire.

Cutoff. The date for which all ongoing information is due, following which the vendor payment is processed for Adult Group Care, Nursing Home patients and General Assistance.

Deed of Trust. A security transaction by which title to real property is held to secure the payment of a promissory note.

Deemed Incomed. Money considered available to meet the needs of the applicant/client including spouse for spouse, natural or adoptive parent for minor children and minor children for whom assistance is being requested and/or paid.

Deemed Resource. Resources considered available to meet the needs of the applicant/client, including spouse for spouse, natural or adoptive parents of minor children and minor children for whom assistance is requested/received.

Director. Director of Storey County Health and Community Service department

Disabled. A person who provides medical evidence of the inability to engage in substantial gainful activity.

Disregarded Income. Funds received from ACTION programs such as Foster, Grandparents, Human Companion, Retired Human Volunteer Program and Vista are not considered as income to the applicant/client.

Earned Income. Income received as wages, tips, salary, commissions or profit from self-employment activities, work-study, and income in-kind.

Eligibility Criteria. The criteria by which eligibility is determined in accordance with Storey County Guidelines and Standards, subject to the discretion of the department Director and the Storey County Board of Commissioners.

Emancipated Minor. A child who is married or declared emancipated by a court of law.

Emergency Care. Treatment and care provided in a facility emergency department for a medical emergency in which serious or permanent bodily disability or death is likely to result.

Employable. Any substantial activity from which evidence of an inability to engage in substantial gainful activity or employment.

Employment. Any substantial activity from which one received wages, salary or income-in-kind. Any activity or employment which is less than 20 hours per week at minimum wage is not considered “gainful” employment for the purposes of determined employability.

Encumbrances. Limitations on the free use of property, such as taxes, mortgages, leases, liens, etc.

Escrow. The holding of property, usually real property, by a disinterested person pending a transfer of title and money.

Excluded Assistance Unit Member. Any person who would normally be included in the assistance but has been determined to be an ineligible member of the assistance unit due to any reason.

Facility. Any hospital licensed by the state to provide medical, surgical and emergency care to persons in need of inpatient or outpatient services.

Financial Aid. Loans, grants or any financial assistance received from an institution of higher learning or vocational/trade school. Also referred to as Student Financial Aid.

Fraud. Knowingly and intentionally withholding information or giving false information to obtain benefits for which one is not otherwise entitled.

General Assistance. Temporary financial assistance that does not come within the coverage of specific Federal or State programs. The program is funded by the county government.

Disabled. Applicants/clients with verified disabilities, either long-term or short-term; pending such resources as SSI/SSD and Medicaid, VA Benefits and/or SIIS.

Employable. Applicants/clients who are deemed “employable” may be assisted in accordance with Storey County guidelines and standards.

Pending Aid to Families with Dependent Children (AFDC). Applicants/clients with children in their assistance unit may be assisted as a pending AFDC unit under several programs.

Mixed households. Applicants/clients whose circumstances do not allow concise categorization in one program or another.

Gross Income. Total income prior to deductions.

Guardianship. The control over the person of another, whether infant, incapable or aged, for his protection, or over his property for its protection. Not to be confused with adoption.

Health Care Assistance Program (HCAP). Medical program administered by the Department of Social Services including:

- Inpatient Care
- Emergency Room/Trauma Care
- Adult Group Care
- Extended Care Facility or Nursing Home Care
- Adult Protection (individuals between the ages of 18-59)

Homeless. A person who claims to have no fixed address or is living in a temporary shelter or on the streets.

Household Composition. All persons living in the home. Not to be confused with assistance unit.

Health and Community Service Department. A governmental agency of Storey County acting as a political subdivision of the State of Nevada.

Incapacitated. A person who provides medical evidence that he/she is unable to engage in substantial gainful activity or employment.

Income. Income is defined as wages, tips, benefits, interest, pensions or services received or expected to be received during a calendar month including any advances or personal draws.

Indigent Patient. Any patient or individual without sufficient financial resources to pay for medical care as determined by the department.

Ineligible Household Member. Any person living in the household who is not eligible to receive assistance. The income and resources of the ineligible household member may be deemed available to the assistance unit.

In-kind. Any item portion thereof of earned, contributed, supplied, or produced for which the applicant/client does not receive cash and for which the client does not have to reimburse. Income in-kind is considered earned income.

Inpatient. Any patient requiring treatment and care admitted to the hospital from the emergency room or from the clinic.

Interview. An interview with an applicant/client regarding information submitted by the applicant/client, requests for assistance, services, complaints, or inquiries.

Legal Guardian. A person who undertakes legal responsibility for someone who is incapable of managing his/her own affairs.

Lien. In law, a claim on property for debt or duty, such as a judgment or tax.

Loan. Any money, object, or services extended to an applicant/client with the condition it will be repaid or returned.

Lump Sum Income. Income received less often than monthly, on a non-recurring basis such as but not limited to, income tax refunds, insurance settlements, or retroactive benefits.

Market Value. The value of real or personal property one can reasonably expect to receive when that property is sold. Real property may also be referred to as having an assessed value.

Medical Emergency. Treatment and care in which serious or permanent bodily injury, disability or death may result without professional medical intervention.

Misconduct. Misconduct, or termination from employment due to one's faults and habits.

Mobile Home. A structure manufactured in a factory, built on a chassis or frame without independent automotive power. It is designed to be used with or without a permanent foundation as a permanent residence when connected to a utility system.

Monthly Statistics. Reports compiled monthly to reflect the number, decisions, and status of department program applications.

Morgue. Facility for determining identification and/or causes of death of a deceased person prior to burial or cremation.

Mortgage. A document giving a lender a lien on real property as security for a loan of money.

Mortuary. Business providing preparation and services for deceased persons requiring burial or cremation.

MVA. Motor Vehicle Accident

Net Income. The amount of income remaining after allowable deductions.

Noncooperation. A person's refusal or failure to participate actively in establishing and maintaining eligibility as required.

No Show. A person who does not appear for a scheduled interview and does not cancel or reschedule the appointment.

OJT. On the job injury.

Overpayment. Circumstances in which a client receives benefits to which he/she is not entitled.

Pending Case. A statistical definition denoting an application for assistance is being processed and no decision to accept or reject has been determined.

Person(s). The number of a person or persons in the assistance unit used when determining budgetary needs or income maximums.

Personal Needs. The expense allowed for personal needs in accordance with county guidelines and standards.

Personal Property. Property which can be easily moved or converted to cash and not used as a home.

Power of Attorney (POA). An instrument authorizing one to act as the attorney or agent of the person granting it either generally, or, more often, for some specified limited purpose.

Processing Time Frame. 30 days from the date application is received. Up to 45 days from date re-application is received by the department.

Real Property. Any land, building, house, or trailer assessed as real property owned by a person or in which a person lives or in which a person has an interest.

Recipient. A person who receives assistance through Storey County Health and Community Service Department.

Re-Applications. Requests made to the department by individuals or the facility's credit department for review of an outpatient or inpatient application that was originally rejected by the department when such request is made within six months of the date of the original rejection.

Residence. A verifiable fixed or non-fixed address within Storey County.

Resource. A liquid or non-liquid asset.

Responsibilities. Those actions required of the applicant/client to establish and maintain eligibility.

Review. A Review is held to determine whether or not the department's action violated county guidelines and standards.

Self-Employment. Engaging in an activity for profit when not considered an employee.

Shelter. A temporary housing arrangement provided by nonprofit community agencies.

Shelter Allowance. The amount allowed by General Assistance for the cost of shelter in accordance with county guidelines and standards.

Shelter Expense. The actual cost for shelter incurred by an applicant/client.

Spouse. Either of two individuals who are defined as married to each other under applicable state law.

Stop-payment. A request to stop-payment through the bank on an assistance payment issued by the department.

Student. Any person enrolled at least half-time in an institution of higher learning, trade school, or vocational training program.

Student Financial Aid. See Financial Aid.

Subsidized Housing. A program in which a governmental entity provides housing and/or is paying all or part of an applicant's/client's rent or mortgage. The following programs are considered subsidized housing:

- HUD Conventional Public Housing
- HUD Section 8 Housing
- FmHA Section 515
- HUD Indian Housing Mutual Help and Rental Assistance
- HUD Transitional Housing

Timely Notice. Written notification of an impending action to be taken by the Worker which provides the applicant/client five (5) working days advance notice of the action.

Underpayment. Circumstances in which a client does not receive the benefits to which he/she is entitled.

Unearned Income. Any income which is not earned, such as child support, unemployment benefits, or disability benefits.

Unemployable. A person who presents medical evidence of an inability to engage in substantial/gainful activity or employment or who is 60 years of age or older.

Utility Expense. The actual utility expense incurred for utilities by an applicant/recipient.

Vendor Payment. Payment made by a third party on behalf of a client. Vendor payments are not counted as income available to the client.

Work Search. The process of actively seeking employment by contacting at least two employers per work day.

SECTION 8 - CASE RECORDS AND FORMS

8.1 Case Records

- A. The case records contain the department's accumulated knowledge about an applicant/client and his/her family. Information in the case record is initially obtained from the applicant/client through an interview.

The case record is maintained to:

1. Assist in developing case plans.
2. Enable succeeding workers to provide continuity of assistance.
3. Ensure the worker's obligations to both the applicant/client and to the department are met.
4. Ensure adequate, accurate and clear information, which is of primary importance, not only for proper use of the record by the worker, but for others who may have need of the information contained in the record.
5. Failure of the worker to maintain accurate, up-to-date records is a disservice to both the applicant/client and the department.