



ELKO COUNTY SOCIAL SERVICES UNIFORM GUIDELINES

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SECTION 1 INTRODUCTION

Purpose: The purpose of these guidelines is to define the policies necessary to effectively administer indigent programs and comply with the Elko County Code and the Nevada Revised Statutes.

1.1 General Criteria for All Services and Programs

The individual or household applying for assistance from Elko County Social Services must reside in Elko County, Nevada and intend to continue to reside in Elko County Nevada for an indefinite period of time. Examples of documents that could be provided for Elko County Social Services consideration to establish residency are:

- A valid governmentally issued photo identification
- Nevada photo identification card
- Nevada driver's license that clearly identifies Elko County
- Nevada as the place of residence
- Utility bill in the applicant or household member's name
- Rent receipts or mortgage statements in the applicant or household member's name showing Elko County, Nevada residence
- School records showing that the applicant has enrolled his/her children in a public or private school located in Elko County, Nevada
- A document showing employment in the State of Nevada, with a legal residence located in Elko County
- At least two (2) documents proving that the applicant's residence in a prior state of domicile has ended (e.g. closing or transfer of bank accounts, termination of employment or sale of a home)
- A document showing that the applicant is receiving public assistance/other services, requiring proof of domicile, from agencies other than Elko County Social Service's
- Health Department records showing an Elko County, Nevada address
- Pay stubs with the applicant's name and an Elko, Nevada residential address
- Vehicle registration in Elko County

Elko County individuals placed in institutional care in another county/state are residents of Elko County if the individual lived in Elko County prior to placement in another county/state.

Certain Elko County Social Services programs, e.g. cremation/burial services may provide limited assistance to individuals or households without established Elko County residency.

Individuals or households who knowingly relocate to Elko County, Nevada, for the purpose of acquiring public assistance will be denied assistance from Elko County Social Services. An individual must prove his/her valid Elko County residency.

SECTION 2 ORGANIZATION

County Code Creating Department: Title 10, Chapter 8 of the Elko County Code creates the Department of Social Services, which consists of the following:

- Director
- Authorized officers, agents and employees of the Department.

Responsibility of Director: The Director is responsible for administration and direction of the Department.

Development of Rules and Regulation: The Director develops Rules and Regulations for programs, which are the responsibility of the Department with the approval of the Board of Elko County Commissioners.

Services: Appropriate services will be rendered based on availability of budgeted resources, and the applicant's ability to qualify under the eligibility criteria.

SECTION 3 GENERAL ASSISTANCE / SERVICES PROVIDED

3.1 General Assistance

Assistance provided by the County to eligible persons is subject to the limitations contained in these Guidelines, and shall not exceed available, budgeted resources.

Program Description: The County's financial assistance program is referred to as General Assistance. General Assistance provides a voucher to vendors for assistance to income eligible families or individuals. Federal and State programs are prior resources to the County program and must be utilized by the applicant/client.

- Shelter/Rent: Assistance may be provided for rent assistance. The maximum amount that can be paid by Elko County is \$750 per month. Rental assistance can be provided for the current month or one month past due. A client may not receive more than two (2) months of assistance per calendar year, unless the client has applied and is pending approval for Supplemental Security Income (SSI). In addition, the applicant must complete an Authorization for Reimbursement of Interim Assistance Agreement or have a letter from their physician stating that they are unable to work.
- Transportation: The Department may provide transportation of an indigent person to the nearest homeless shelter.
- Utilities: The Department may assist eligible clients with payment of utilities, subject to the following requirements: The bill must be in the applicant's name. Type of utilities include: Pre-cut wood, wood pellets, power, water and gas/propane.

Utilities cannot be more than sixty (60) days past due at the time of application.

Assistance provided for utilities will not exceed \$300 per calendar year. Deposits are not eligible for assistance and must be paid prior to assistance from the Department.

3.2 Application to Social Security Disability or Supplemental Security Income

- If a client has an application pending with SSI / SSD, and they have provided documentation of the application, Elko County may provide assistance with rent and utilities. While pending approval for Medicaid and/or Medicare, medical assistance cannot be provided. Medicaid may approve assistance retroactively.
- Notification must be received within thirty (30) days from the client approval denial from Social Security and Medicaid. If notification is not received from the client within thirty days, the application will be denied.

SECTION 4 ELIGIBILITY STANDARDS

Purpose: To evaluate an applicant's eligibility for General Assistance.

4.1 Eligibility Criteria

Eligibility for General Assistance will be based on the gross household income, resources, assets, and other factors thirty (30) days prior to the application date. Applications are required to be updated every thirty (30) days to determine eligibility for continued assistance.

Applications may be pended for up to thirty (30) days if all requested documentation is not provided at the time of initial application. A resident of this County without sufficient resources, assets or income may be deemed indigent and eligible for assistance, if the applicant:

- Has submitted a completed and signed Application for Assistance. An application is not considered complete until all requested documentation has been received by the department.
- Meets the eligibility requirements and limitations imposed by the County based upon assets, other resources, or potential resources.
- Eligible applicants' income must not be more than one hundred percent (100%) of the Federal Poverty Level for total number of household members.

If services are denied, based on the criteria previously set forth;

- The applicant or representative has thirty (30) days from the date of the mailing of the denial letter to deliver a written notice of appeal to the Department of Social Services. The written notice of appeal must specify the decision or action appealed, and the grounds for the appeal, and must comply in all respects to the requirements for appeals contained in the Elko County Code, Section 10-8-5.
- And/or must wait 30 days to resubmit an updated application.
- The applicant may petition District Court for review of the Board of County Commissioner's decision on appeal within thirty (30) days from the mailing of a certified, written notice of the Board's final decision to the appellant at the appellant's last known address.

SECTION 5 ELIGIBILITY DETERMINATION

Purpose: To determine whether or not the applicant is eligible for assistance from the County.

5.1 Process for Approval / Denial of Applicants

All applicants will be evaluated according to the following process:

- Income Resource Test:
Ensure the application form has been completed and signed. Return the application to the applicant if it is not complete. Questions regarding information should be clarified with the applicant.
- Determine the number of household members listed in the Household Member Information Section of the Elko County Application for Assistance.
- Identify the maximum allowable income for the number of household members.
- Determine household income from the Earned and Unearned Income Sections of the Elko County Application for Assistance.
- If income is under the allowable amount for the number of household members, continue the eligibility process. If the income exceeds the allowable amount for the number of household members issue a written denial due to excess income and refer to other appropriate resources.

NOTE: Use only gross income figures.

5.2 Asset Resource Test

- Using the completed application for assistance, calculate the total asset resources available to the household.
- If total asset resources exceed the limits enumerated in Section 4.2, of these Guidelines, issue a written denial to the applicant due to excessive assets and refer to other appropriate resources. If assets are under the limits, continue the eligibility process.
- For purposes of this Subsection, "income" includes the entire income of a household and the amount which the County projects a Person or household is able to earn. "Household" is defined as all persons residing in the dwelling. Household is not limited to a person and his spouse, parents, children, brothers, sisters, or other relatives. The term household includes a person's spouse, whether living in the dwelling or not. The term household does not include caretakers required at home because of illness or incapacity as documented by a licensed health care provider.
- Third Party Payers: Using the Current Assistance Section of the Elko County Application for Assistance, verify that applicant has applied for other appropriate resources.

5.3 Required Documentation

A. Copy of one of the following documents for each household member is to be placed in the case file:

- Forms of Identification
- Birth Certificate
- Social Security Card
- Valid or current Driver's License/Photo ID

5.4 Residency

If the address on the driver's license is the same as the address on the application, residence is assumed verified. If the addresses are not the same, request one of the following:

- Rent receipt with address of residence or current rental agreement.
- Utility bill

5.5 Income

Documentation of each source of income listed in Earned and Unearned Incomes Section of the Elko County Application for Assistance.

- Other Resources: Documentation of each source listed:
 - Insurance (health and life)
 - Deferred Income
 - State, Federal or agency programs

SECTION 6 INCOME DETERMINATION

6.1 Income Defined

- **Earned Income:** Money received by the client through salary, self-employment, or tips 30 days prior to application date.
- **Income does not include:**
 - **Disregarded Income:** Funds received from utility grants, food stamps, commodities or WIC are not considered as income.
- **Unearned Income:** Money not earned through salary, self-employment, or tips, including but not limited to retirement, unemployment compensation, T.A.N.F., federal stimulus payments, annuities, trust income, child support, interest, dividends, income from rentals, income from roomers or boarders, and loans. Unearned income includes the reasonable value of room and / or board provided in exchange for services rendered, or otherwise provided at no cost or reduced cost to the applicant. Unearned income also includes the reasonable value of in-kind contributions.

6.2 Assets

For purposes of determining eligibility, property and other assets may not exceed levels set forth herein:

- **Real Property:** Any real property except as provided from hereinafter, will be considered an asset and must be liquidated before assistance will be granted. The primary residence of an applicant or client will be considered. The assessed value of the primary residence may not exceed \$80,000 as per Elko County Assessor Records.
- **Personal Property:** The following items are considered the personal property of an applicant, and an asset for purposes of eligibility for assistance:
 - **Life Insurance Policies:** Cash surrender value for a policy of an applicant may not exceed \$1,500. Any policy with a cash surrender value of less than \$1,500 as verified by the insurance company to the Department will be disregarded as an asset.
 - **Vehicles:** A household may own one motor vehicle essential to the transportation needs of the household without the loss of eligibility status. The value of the essential vehicle (highest value vehicle when more than one) will not be considered when determining assets.
 - A second vehicle (second highest value vehicle) will not be considered as an asset, if it is necessary for the transportation for medical care or employment. Market value, less encumbrances, of any additional vehicle (s) will be considered an asset.

If the market value of an automobile is not listed due to age or is listed as zero value in the Kelley Blue Book (including older vehicle book), the vehicle will not be considered an asset. Antiques and/or classic vehicles will, however, be considered at appraisal value, regardless of listing in the Kelley Blue Book.

Boats, trailers, motorcycles, aircraft, and other recreational vehicles shall be considered personal property and an asset for eligibility determination.

- Burial Plots or Plans: The value of an irrevocable burial plan purchased prior to an application for assistance shall not be considered an asset. The purchase of an irrevocable burial plan (\$1,500 per person), after the submission of an application for assistance may be approved by the Director.

Financial and Personal Assets: An applicant may own personal property not to exceed \$2000 in cash value; with \$500 in assets for each additional household member.

6.3 Citizenship

Clients must have a Social Security Number to receive any type of assistance. If they do not have a Social Security Number, they will be unable to receive assistance. Any members of the household, who do not have a Social Security Number, will not be included in the household members. Adults must obtain the Social Security Number, if they do not have a social security number, the case will be closed. Children cannot be head of household.

SECTION 7 PROGRAM MANAGEMENT

Purpose: To provide a consistent method of case review and management; to ensure that all client cases are determined uniformly.

7.1 Seeking Employment

Seeking employment forms must be completed weekly and turned into the Social Services Department.

Those exempt from seeking employment, include:

- Children under 16 years of age. Additionally, children 16 through 18 years of age who are enrolled as at least half-time students, have regular attendance, and are maintaining an overall passing grade as determined by the school of attendance and living in parental home.
- Disabled persons, a documented illness or injury documented by a licensed health care provider which prevents employment, whether temporarily or permanently.
- Persons ages 65 or older.
- Caretakers required at home because of illness or incapacity as documented by a licensed health care provider.

Should a client have an appeal pending with SSI or SSD, if all other requirements are met, including a letter from their physician stating they are not able to work, assistance may be granted for up to 90 days. In the event the appellant prevails the client will be ineligible for continued assistance from the Welfare Department. If client is pending SSI or SSD and receiving Elko County Assistance client will sign an Interim Assistance Reimbursement Agreement. Reimbursement is due to SSI approval and provides the retroactive payment to this Department rather than directly to the client as related in the Interim Reimbursement Agreement Form.

Clients shall make a continuing genuine effort to find gainful employment and shall accept gainful employment when offered. Failure to make a genuine effort to find gainful employment or to accept gainful employment when offered shall be grounds for denying and/or terminating assistance.

Application Update: A client with an on-going case must provide, at least, a monthly update regarding their situation and any changes to their application, or eligibility status, cooperate with the Social Services Department, and provide requested information, so that a determination of continuing eligibility may be made. Cases are closed after 30 days and client would need to reapply to determine eligibility.

7.2 Application to 3rd Party Payer

An applicant must exhaust all resources prior to receiving assistance from the County. Federal, State, and other third-party payers, i.e., grants, not-for-profit agencies, etc., are prior resources to the County's programs.

7.3 Reimbursement Agreement

An applicant shall agree to reimburse this County for the cost of any assistance provided to the extent of the applicant's present and future financial ability. A statement setting forth charges to be reimbursed shall be available upon request. No interest or carrying charges for such indebtedness shall be charged or collected.

7.4 Disposition of Application

Time Frame:

- Determination of eligibility shall be made within 30 days of receipt of a completed application and all required documentation.

7.5 Termination

Assistance to the client shall be denied or terminated upon, but not limited to:

- Non-cooperation with the Department.
- Termination of residence in this County.
- Failure to report changes in their situation.
- Misrepresentation of information.
- Failure to accept employment which the client is capable of performing.
- Failure to maintain contact with the agency.
- The client becomes eligible for any State or Federal program or other program of assistance or benefits.

7.6 Non-cooperation

Failure to provide requested documentation or information, or refusal to consent to verification, among other forms of non-cooperation shall render the applicant ineligible for assistance or cause current assistance to terminate.

7.7 Case Review

Any applicant for County Assistance who is dissatisfied with a decision of the Social Services Department will be given the opportunity to appeal that decision. The Social Services Department will provide a written letter of denial specifying the applicable regulation and factual basis for the decision. The letter will also include provision (A) of this section relating to the review process. The Department will serve this letter personally or by mail within 30 days, at the applicant / client's at the last known address or by electronic mail (e-mail).

7.8 How to Request a Review

The aggrieved applicant or representative has 30 days from the date of the mailing of the denial letter or receipt of the electronic mail to deliver a written notice of appeal to the Department of Social Services. The written notice of appeal must specify the decision or action appealed, and the grounds for the appeal, and must comply in all respects to the requirements for appeals contained in Elko County Code Section 10-8-5. The appellant may petition District Court for

review of the Board of County Commissioner's decision on appeal within 30 days from the mailing of a certified written notice of the Board's final decision to appellant at the appellant's last known address.

SECTION 8 CASE FILE MANAGEMENT

Purpose: To provide a uniform system of establishing case files; to ensure accurate and complete records.

8.1 Description

A case file shall be established on each applicant / client. It will be utilized for the following:

- Case continuity
- Documentation of services
- Professional communications
- Supervision and training of workers
- Administrative decision making
- Evaluation of services
- Research

8.2 Case File Content

The case file may contain:

- Narrative: Documentation of the interaction between all parties.
 - The narrative may contain the following elements:
 - Social history
 - Assessment of the situation
 - Goals
 - Plan
 - Progress notes
- Closing summary (The SOAP (Subject, Object, Assessment, Plan) format may be utilized. Each entry shall be dated and initialed).

8.3 Financial

A financial accounting sheet shall be kept depicting all expenditures on behalf of a client. It will also document any reimbursement made to the department.

8.4 Application

Applicants must submit a completed Elko County Application for Assistance and all supporting documentation for the type of assistance the client is applying for in order to determine eligibility for the particular program prior to service being rendered.

8.5 Other Documentation Deemed Appropriate

This may include, but is not limited to, medical documentation, verification of employment, residential verification, eligibility determinations for other programs, etc. The client shall provide

all documentation deemed necessary by the Social Services Department to facilitate an eligibility determination, or a determination for further and / or continued assistance is appropriate.

8.6 Client Files and Applications

All Social Services Department client files and applications for assistance are confidential and, except as provided below, may not be published, released or otherwise disclosed. For the purpose of collecting verifications and other pertinent information, applicants are required to sign a release of information waiver, so that the Social Services Department may obtain medical or other information deemed by the Social Services Department to be relevant to the client's application and / or receipt of assistance.

Disclosure allowed: Client files, applications for assistance, and all information contained therein, may be disclosed to the following persons and entities with written authorization to access the record (i.e. court order, subpoena, written request from client, etc.):

- District Attorney's Office
- Law enforcement agencies
- Court appointed Special Advocates
- Local, County, State and Federal Agencies
- Client, applicants, or their representative
- All other persons or entities entitled to examine such files pursuant to NRS 428.290.

SECTION 9 TRANSPORTATION ASSISTANCE

9.1 Transportation Assistance

Transportation to Reno, NV or Salt Lake City, UT may be provided to applicants who meet eligibility criteria and by an available mode of transportation approved by the County. A person requesting transportation assistance must complete an application and provide photo identification accepted by the transportation provider. Without photo identification transportation assistance cannot be provided. Assistance for transportation will not be provided more than once in a twelve-month period, unless approved by the Social Services Director.

- Warrants Check: A warrants check shall be performed, and the applicant must be cleared prior to transportation assistance being provided.

SECTION 10 MEDICAL ASSISTANCE

10.1 Emergency Medical Care

The Department will pay for emergency medical care as defined pursuant to NRS 428.015 as any care for an urgent medical condition which is likely to result in serious and permanent bodily disability or death if the patient is transported to a medical facility designated by the County.

10.2 Eligibility

Eligibility requirements are provided in NRS 428.015. Applicants must meet the following minimum requirements for medical assistance.

- Must have a total monthly income of less than \$438 for one person, for two persons \$588, and for households with two or more \$150 each for each additional household member.
- Applicants must apply for Nevada Medicaid in order to be considered for medical assistance.

10.3 Indigent Inmate Policy

Under Indigent Inmate Policy, the Department provides financial assistance to those inmates who have been incarcerated, do not have health insurance and who meet the Indigent Inmate Policy eligibility guidelines.

Proof of citizenship or legal status in the United States is not required.

Department will pay for all medical care, including physician fees at Medicaid or contracted rates, whichever is less for eligible applicants.

Northeastern Nevada Regional Hospital will be reimbursed at 45 cents on the dollar for hospital costs.

Prescriptions will be paid at 100%.

SECTION 11 ELIGIBILITY DETERMINATION FOR MEDICAL ASSISTANCE

Purpose: To determine whether or not the applicant is eligible for medical assistance.

Clients have thirty days (30), from date of approval letter to notify their health care provider(s) that they have been approved for assistance through Elko County. If the bill is not received within thirty days payment will not be made.

11.1 Denied Applications

Applications shall be denied when: One or more eligibility factors are not met.

- The applicant fails to complete the application for assistance and/or provide information deemed by the Department to be necessary for the determination of eligibility.
- The applicant voluntarily withdraws or cancels the application or fails to maintain contact with the Department.
- Applicant is receiving like assistance from another program and is considered a prior resource.
- If billing for services is submitted more than three (3) months from the date services were rendered.
- The application may be denied if the client voluntarily terminates means of support from a private source, employment, or another county, state, federal or other source.
- If the client fails to keep the appointment made, and the original application submitted exceeds the thirty (30) day guideline, a new application will need to be completed.

11.2 Process for Approval / Denial of Applicants

All applicants will be evaluated according to the following process:

Income Resource Test

- Ensure the application form has been completed and signed.
- Identify the maximum allowable income for the number of household members who are eligible to earn income.
- Determine household income based on information from the application and supporting documentation.
- If income is under the allowable amount for the number of household members continue the eligibility process. If the income exceeds the allowable amount for the number of household members issue a written denial due to excess income and refer to other appropriate resources.

NOTE: Use only gross income figures.

Asset Resource Test

- Using the completed and supporting documentation total asset resources available to the household. If total asset resources exceed the limits enumerated in Section 4 of these Guidelines, issue a written denial to the applicant due to excessive assets and

refer to other appropriate resources. If assets are under the limits, continue the eligibility process.

Third Party Payers

Using the completed application and supporting documentation verify that applicant has applied for other appropriate resources.

11.3 Required Documentation

A copy of one of the following documents for each household member is to be placed in the case file:

- Identification
- Birth Certificate
- Social Security Card
- Government issued photo identification.
- Income: Documentation of each source of income listed in the completed application.
- Other Resources: Documentation of each source listed.
- Insurance (health and life)
- Deferred Income
- State or Federal programs.

SECTION 12 LONG TERM CARE – 50/50 MATCH PROGRAM (300% of Social Security Index)

12.1 Program Description

A joint program between Nevada State Welfare Division and County Welfare Departments. All eligibility determinations for clients under the 300% of SSI will be done by Nevada State Welfare Division and the County will pay one-half (1/2) of the cost for client care whose income is between 142% and 300% of SSI. The County will be billed monthly by the State. Residency disputes will be referred to NACO.

12.2 Group Care

Subject to the guidelines stated, the County may provide care for an individual needing a group care environment. A personal allowance of \$35 per month will be provided to a county patient in group care. The facility shall establish a trust account. The funds shall be available to the individual for their personal needs.

12.3 Long Term Care

Persons in need of extended care, and who are over the 300% of Social Security Index (SSI), are eligible for assistance. Applicants' resources will be used to satisfy cost of care first, the balance will be paid by the County. Residency shall be determined to be the County in which the applicant resided at least six (6) weeks prior to institutionalization.

Payments and Disputes: The County will be billed by the State pursuant to the interlocal agreement. Residency disputes will be referred to NACO.

12.4 Prescriptions

Only pre-authorized prescriptions will be paid by the County.

12.5 Personal Allowance

A monthly personal care allowance will be determined by Medicaid and not applied to the patient's liability for those County indigent patients in long term or extended care.

12.6 Liens

Upon such terms as are appropriate, as determined by the Social Services Director, a lien against the property of the applicant, client, patient or responsible relative may be taken.

- Such lien may be enforced against the home of the eligible person or his responsible relative according to the terms thereof.
- Any lien taken by the Department shall be released when the amount owing for care or assistance received has been paid. If a person against whose home a lien has been imposed desires to acquire a different home, the Department may release its lien against

the original home and transfer it to the new home if the security will not thereby be impaired.

If the person desires to borrow money for the purpose of making improvements to the person's home, using the home for security, the Department may subordinate its lien to the mortgage or other security interest given if the Departments security will not thereby be impaired.

SECTION 13 GROUP HOME PAYMENT ASSISTANCE

13.1 Criteria for Group Home Assistance

- The Client must be a resident of Elko County.
- Client cannot be eligible for Long Term Care Assistance. A letter is required from a physician that assisted care is required; not skilled care.
- Payment cannot exceed \$2,400.00 per month.
- Assistance can be provided for any group home in Elko County. All income, except for a small personal allowance as deemed by the State of Nevada Welfare Division must be paid to the group home for care.

13.2 Income

If an applicant's income is below the Social Security Domiciliary Rate and meets the requirements for Domiciliary Care rates, an application must be made to the Social Security Department, within 30 days from the date of the admission to the group home.

13.3 Application for Medicaid

If you are approved for assistance, you will be required to apply for Nevada Medicaid within 30 days from the date of the application for assistance. Elko County will be responsible for any medical payments after Medicare or insurance, and any prescriptions, until approval is received from the Nevada Department of Health and Human Services. All medical visits must be pre-authorized through this department.

13.4 Resource Limits

An applicant cannot have a resource limit over the resource limit set by the Division of Welfare and Supportive Services or \$2,000.00. While receiving assistance through the group home program if the resource limit exceeds \$2,000.00, the client must bring their balance below \$2,000.00 within 30 days to ensure continued eligibility.

SECTION 14 VICTIMS OF SEXUAL ASSAULT / ABUSE

The County may be responsible for \$1,000.00 of medical and / or psychological care needed as a result of sexual assault. An applicant for benefits under this section must meet the requirements set forth in the Elko County Aid to Victims of Sexual Assault Ordinance. The abuser with pay for domestic abuse cases, if convicted.

SECTION 15 INDIGENT ACCIDENT FUND

The hospital will submit to the Social Services Department the completed application for the IAF for the purpose of certification only. The County's maximum obligation is \$3,000.

SECTION 16 STATE SUPPLEMENTAL FUND

Pursuant to NRS 428.209, the Department will submit annually to the State Supplemental Fund hospital bills for which Elko County would have liability in excess of Twenty-Five Thousand Dollars (\$25,000.00) established by using Medicaid rates in accordance with program and statutory requirements.

SECTION 17 INITIAL MENTAL HEALTH ASSESSMENT

The County is responsible for the Court Ordered bill for the initial physical examination of eligible individuals prior to admission to a State mental facility. (Per NRS 433A.165(4)).

The cost of the examination must be paid by the county in which the person alleged to be a person in mental health crisis resides if the services are provided at a county hospital located in that county or a hospital or other medical facility designated by that county, unless the cost is voluntarily paid by the person alleged to be a person in a mental health crisis or, on the persons behalf, by his or her insurer or by a state or federal program of medical assistance.

NRS 433A.165(4)

SECTION 18 COUNTY CREMATION ASSISTANCE

Cremation for qualified Elko County residents, and those who die within the County without having resources or responsible relatives to pay for such cremation will be provided by the County. The Social Services Director may direct that a deceased indigent be cremated at County expense. The financial situation of surviving responsible relatives, such as spouses, children, and parents of the deceased, with respect to their ability to pay for cremation will be considered. However, if assets are available and or spouse, children or the parents have income or assets over County Guidelines, the County may arrange for the cremation, but the spouse, children or parent will be required to sign a reimbursement agreement (Per NRS 451.025 & 451.023).

SECTION 19 PROGRAM MANAGEMENT

Purpose: To provide a consistent method of case review and management; to ensure that all client cases are determined uniformly.

19.1 Registration for Work

Registration for work at the Nevada Employment Security Department and / or with the JOIN Office is mandatory except for:

- Children under 16 years of age. Additionally, children 16 through 18 years of age who are enrolled as at least half-time students, have regular attendance, and are maintaining an overall passing grade as determined by the school of attendance.
- Disabled persons with a documented illness or injury preventing employment, whether temporarily or permanently.
- Persons ages 65 or older.
- Caretakers required at home because of illness or incapacity as documented by an attending physician.
- Caretakers of children four years of age or under.

Should a client have an appeal pending with the Nevada Employment Security Department, or other 3rd party payer (SSI, SDI, etc.) assistance will be rendered at the discretion of the Social Services Director.

Clients shall make a continuing genuine effort to find gainful employment and shall accept gainful employment when offered.

19.2 Application Update

A client with an on-going case must provide, at least, a monthly update regarding their situation and any changes to their application.

19.3 Application to Third Party Payer

An applicant must exhaust all resources prior to receiving assistance from the County. Federal, State, and other third-party payers, i.e., grants, not-for-profit agencies, etc.; are prior resources to the County's programs.

19.4 Reimbursement Agreement

An applicant shall agree to reimburse this County for the cost of any assistance provided to the extent of the applicant's present and future financial ability. A statement setting forth charges to be reimbursed shall be available upon request. No interest or carrying charges for such indebtedness shall be charged or collected.

19.5 Liens

Upon such terms as are appropriate, as determined by the Social Services Director, a lien against the property of the applicant, client, patient or responsible relative may be taken.

- Such a lien may be enforced against the home of the eligible person or his responsible relative according to the terms thereof. During his lifetime or that of his spouse if they still reside in the residence. During the minority of his children if they reside in the home. During the lifetime of any dependent adult child who resides in the home and who is incapable of self-support because of mental or physical disability.
- Any lien taken by the Department shall be released when the amount owing for care received is paid. If a person against whose home a lien has been imposed desires to acquire a different home, the Department may release its lien against the original home and transfer it to the new home, if its security will not thereby be impaired.
- If the person desires to borrow money for the purpose of making improvements to the person's home, using the home for security, the Department may subordinate its lien to the mortgage or other security interest given, if the Department's security will not thereby be impaired.

19.6 Disposition of Application

Determination of eligibility shall be made within 30 days of receipt of a completed application and all required documentation.

Applications shall be denied when:

- One or more eligibility factors are not met.
- The applicant fails to provide information deemed by the Department to be necessary for the determination of eligibility.
- The applicant voluntarily withdraws or cancels the application or fails to maintain contact with the Department.
- Applicant is receiving like assistance from another program.
- If billing for services are submitted more than 6 months from the date services were rendered. (NRS Chapter 244)

The application may be denied if the client voluntarily terminates means of support from a private source, employment or another county, state, federal or other source.

Termination: Assistance to the client shall be denied or terminated upon, but not limited to:

- Non-cooperation
- Termination of residence in this County.
- Failure to report changes in their situation.
- Misrepresentation of information.
- Failure to accept employment which the client is capable of performing.
- Failure to maintain contact with the agency.
- The client becomes eligible for any, State or Federal program of assistance.

19.7 Non-cooperation

Failure to provide, or refusal to consent to, verification constitutes non-cooperation and shall render the applicant ineligible for assistance.

19.8 Case Review

Any applicant for County Assistance who is dissatisfied with a decision of the Social Services Department will be given the opportunity to appeal that decision. The Social Services Department will provide a written letter of denial specifying the applicable regulation and factual basis for the decision. The letter will also include provision (A) of this section relating to the review process. The Department will serve this letter personally or by mail at the applicant or client's last known address. To request a review:

- The applicant or representative has 30 days from the date of the mailing of the denial letter to deliver a written notice of appeal to the Department of Social Services. The written notice of appeal must specify the decision or action appealed, and the grounds for the appeal, and must comply in all respects to the requirements for appeals contained in Elko County Code Section 10-8-5.
- The appellant may petition District Court or review of the Board of County Commissioner's decision on appeal within 30 days from the mailing of a certified, written notice of the Board's final decision to the appellant at the appellant's last known address.

19.9 Divestiture

If it appears that an applicant, or responsible relative, has conveyed property within two (2) years prior to the date of application for assistance, or at any time after such date, the Department shall determine whether such conveyance was for fair and adequate consideration. Making a conveyance for less than fair and adequate consideration is grounds for denial of assistance.

19.10 Recovery and Assistance

The County may also proceed against the applicant or responsible relative to recover expenses incurred by the County on behalf of the applicant, when appropriate.

19.11 Uniform Hospital Billing Procedure

Any licensed medical facility within the State of Nevada, wishing to receive payment for medical services from the County, must comply with the Uniform Hospital Billing Procedure.

SECTION 20 CASE FILE MANAGEMENT

Purpose: To provide a uniform system of establishing case files; to ensure accurate and complete records.

20.1 Description

A case file shall be established on each applicant I client. It will be utilized for the following:

- Case continuity.
- Documentation of services.
- Professional communications.
- Supervision / training of workers.
- Administrative decision making.
- Evaluation of services.
- Research

20.2 Case File Content

The case file shall contain, but not be limited to, the following :

- Narrative: Shall document the interaction between all parties. The narrative shall consist of the following elements: social history, assessment of the situation, goals, plan, progress notes, and closing summary. The Subject, Object, Assessment, Plan (SOAP) format may be utilized. Each entry shall be dated and initialed.
- Application: Applicants must submit a completed application for assistance in order to determine eligibility prior to service being rendered.
- Other documentation deemed appropriate: This may include, but is not limited to, medical statements, correspondence, eligibility determinations for this and other programs, etc.

20.3 Client files and applications

All Social Services Department client files and applications for assistance are confidential and, except as provided below, may not be published, released or otherwise disclosed. Applicants are required to sign a release of information waiver.

20.4 Disclosure Allowed

Client files, applications for assistance, and all information contained therein, may be disclosed to the following persons and entities:

- The District Attorney's Office
- Law enforcement agencies
- Court appointed Special Advocates
- Local, county state and federal agencies
- Client or applicants or their representatives

- All other persons or entities entitled to examine such files pursuant to NRS 432.B290.
- May also be disclosed to any party acting upon an appeal or dispute.

SECTION 21 DISSEMINATION OF CLIENT FILES

21.1 Dissemination of Client Files to the Public

Client records will not be disseminated to the public, to protect client confidentiality.

21.2 Dissemination of Client Files to the Applicant

- Clients may receive copies of any document that they have signed.
- Clients may receive copies of paid doctor bills.
- There will be a cost of 25 cents per page charged to the client for these documents.
- HIPAA Compliance regulation are applicable.

SECTION 22 GRANTS

22.1 Description

The Department may apply for grants to enhance the services available to persons within this County.

22.2 Standards

All grants shall be managed in accordance with the provisions of the grant. Additionally, the financial management of the grants shall be in accordance with OMB Circular A-87, A-120, A-128, and the Single Audit Act of 1984. The Department shall maintain the required accounting and documentation.

22.3 Temporary Disqualification of Certain Newly Legalized Aliens from Receiving Grant Benefits

Aliens granted lawful, temporary protected status pursuant to 245 (a) (UINA) are not eligible for a period of five (5) years after such grant to receive benefits from financial assistance programs furnished under federal law on the basis of financial need.