



STAFF REPORT

Report To: Board of Supervisors

Meeting Date: May 21, 2020

Staff Contact: Nicki Aaker (naaker@carson.org); Mary Jane Ostrander (mostrander@carson.org)

Agenda Title: For Possible Action: Discussion and possible action regarding a proposed increase to Eden Hospice's Purchase Order (PO) from the current amount of \$49,000 to a total amount not to exceed \$60,000 for FY20, and a proposed increase to Eden Hospice's PO for FY21 for a total amount not to exceed \$60,000. (Nicki Aaker, naaker@carson.org and Mary Jane Ostrander, mostrander@carson.org)

Staff Summary: Pursuant to Nevada Revised Statutes (NRS) Chapter 428 and the Carson City Health and Human Services (CCHHS) Guidelines and Standards previously approved by the Board of Supervisors, Carson City pays for long term care costs for residents that are over income for Medicaid and unable to pay for their basic needs of long-term care. To date, \$45,042.21 has been paid to Eden Hospice for invoices through March. It is estimated that an additional \$11,000 needs to be added to the Eden Hospice PO for invoices through June 2020. Current projection was based on previous year's rates. Future projection is based on current request/rates.

Agenda Action: Formal Action / Motion

Time Requested: Consent

Proposed Motion

I move to approve the increase to Eden Hospice's PO for fiscal years 2020 and 2021 as presented.

Board's Strategic Goal

Quality of Life

Previous Action

N/A

Background/Issues & Analysis

Pursuant to NRS Chapter 428 and CCHHS Guidelines and Standards, Carson City pays for long term care costs for residents that are over income for Medicaid and unable to pay for their basic needs of long-term care. Applicants are required to first receive a denial from Medicaid before they are eligible for CCHHS assistance. The applicant's income goes toward the payment of the facility with the exception of \$35 for personal care costs. Carson City pays the balance. CCHHS Guidelines and Standards; Section 3.D. Alternative Living Arrangements provides that "individuals in need of greater supervision and care than is available to them in their present independent living arrangement may apply for financial assistance for licensed extended care facilities."

Applicable Statute, Code, Policy, Rule or Regulation

NRS Chapter 428; CCHHS Guidelines and Standards

Financial Information

Is there a fiscal impact? Yes

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

Is it currently budgeted? Yes

Explanation of Fiscal Impact: This is a mandated service; available budget is \$17,388.

Alternatives

N/A

Attachments:

[Eden Hospice current PO.pdf](#)

[Eden Hospice.pdf](#)

Board Action Taken:

Motion: _____

1) _____

2) _____

Aye/Nay

(Vote Recorded By)

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City of Carson City
PURCHASE ORDER CURRENT LIST

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Purchase Order Type: Normal Fiscal Yr/Per 2020/05 PO# 20200399
 Batch 1 PO Date 12/06/2019
 Requisition 20100599
 Department Code 6800 HEALTH ADMIN
 Allocation Code 00000000
 Buyer ID ALaFollette Bretta Inman
 Needed By Date 12/05/2019
 General Commodity
 Vendor 002419 EDEN HOSPICE AT CARSON CITY, LLC
 907 MOUNTAIN STREET
 CARSON CITY, NV 89703
 Ship To Address 6574 CARSON CITY WELFARE
 900 E. LONG STREET
 CARSON CITY, NV 89701
 Ship To Reference
 Shipping Method
 Bill To Address 6800 HEALTH ADMIN
 900 E. LONG STREET
 CARSON CITY, NV 89701
 PO Description EDEN HOSPICE SERVICES
 Special Handling None Status Printed Distribution 1
 Total PO Amount \$49,000.00
 Liquidated \$45,042.21
 Open Encumbrance \$3,957.79

Line Item Details

Line	001	Commodity	Req	Qty	1.00 UOM EACH	Unit Price	49,000.00000
%Disc	0.00	Credit	0.00	Freight	0.00	Sales Tax	0.00
Line Item Total						\$49,000.00	
Qty Received	0.00	Liquidated			\$45,042.21		
Qty Canceled	0.00	Canceled			\$ 0.00		
Line Item Open Encumbrance						\$3,957.79	

Description
1016575-501036 EDEN HOSPICE SERVICE

Department 6800 1099 Box Capital AssetN Needed By
 Quote Bid
 Work Order: Task:

Allocation Details		Description		Encumbered Amt	Bud
Org	Obj	Proj	Description		
1016574	501036		REST HOME	\$49,000.00	A
			Liquidated	\$45,042.21	
			Canceled	\$ 0.00	
			Allocated Open Encumbrance	\$3,957.79	

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City of Carson City
PURCHASE ORDER CURRENT LIST

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** END OF REPORT - Generated by Bretta Inman **

GEN HOSPICE

Invoice Number	Service Month	Invoice Date	Total Invoice	Pt. Liability	Net Amount	Check Number	Check Date
61657	March 2020	04/27/2020	\$ 6,608.89	\$ (1,997.54)	\$ 4,611.35	903080146	05/08/2020
57534	February 2020	04/27/2020	\$ 6,182.51	\$ (1,997.54)	\$ 4,184.97	903080146	05/08/2020
54545	January 2020	04/27/2020	\$ 6,608.89	\$ (1,997.54)	\$ 4,611.35	903080146	05/08/2020
53122	December 2019	04/27/2020	\$ 6,458.23	\$ (1,997.54)	\$ 4,460.69	903080146	05/08/2020
50630	November 2019	04/27/2020	\$ 6,249.90	\$ (1,997.54)	\$ 4,252.36	903080146	05/08/2020
0000544479-101119	October 2019 - 1/2	11/05/2019	\$ 2,291.63	reflected on 1st of the month's invoice	\$ 2,291.63	903077183	12/20/2019
0000544479-103119	October 2019 - 1/2	11/05/2019	\$ 4,166.60	\$ (1,292.00)	\$ 2,874.60	903077183	12/20/2019
0000544479-0919	September 2019	10/31/2019	\$ 6,249.90	\$ (1,292.00)	\$ 4,957.90	903077183	12/20/2019
22415476-083119	August 2019 - 1/2	10/31/2019	\$ 3,958.27	\$ (1,292.00)	\$ 2,666.27	903077183	12/20/2019
22415476-081219	August 2019 - 1/2	10/31/2019	\$ 2,499.96	reflected on 1st of the month's invoice	\$ 2,499.96	903077183	12/20/2019
22415476-0719	July 2019	10/31/2019	\$ 6,458.23	\$ (1,292.00)	\$ 5,166.23	903077183	12/20/2019
22415476-0719	June 2019	10/31/2019	\$ 3,756.90	\$ (1,292.00)	\$ 2,464.90	903077183	12/20/2019
TOTALS			\$ 61,489.91	\$ (16,447.70)	\$ 45,042.21		
Current PO Amount					\$ 49,000.00		

** The increase in the patient liability is due to the patient's income.