



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				
Allocation Code	00000000				
Buyer ID	ALaFollette				
Needed By Date	12/05/2019				
General Commodity					
Vendor	002419				
		EDEN HOSPICE AT CARSON CITY, LLC			
		907 MOUNTAIN STREET			
		CARSON CITY, NV 89703			
		CARSON CITY WELFARE			
		900 E. LONG STREET			
		CARSON CITY, NV 89701			
Ship To Address	6574				
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				Credit	0.00		Freight	0.00	Sales	0.00
Qty Received				0.00				Line Item Total		\$49,000.00
Qty Canceled				0.00				Liquidated		\$45,042.21
								Canceled		\$ 0.00
								Line Item Open Encumbrance		\$3,957.79

Description	1016575-501036 EDEN HOSPICE SERVICE
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Department	6800	1099	Box	Capital Asset	N	Needed By
Quote	Bid					
Work Order:			Task:			

Allocation Details				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.