



## 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 in Cascade of the Sierra's purchase order (PO) from \$43,398.60 to a total amount not to exceed \$60,000 for fiscal year (FY) 20 and a proposed increase for the FY 21 PO 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, 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, \$42,279 has been paid for invoices through March. An additional \$16,601.40 needs to be added to the PO for invoices through June 2020. Current projection was based on previous year's rates. Future projection is based on current request/rate.

**Agenda Action:** Formal Action / Motion

**Time Requested:** Consent

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### **Proposed Motion**

I move to approve the increase of Cascade of the Sierra'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 the Carson City Health and Human Services (CCHHS) Guidelines and Standards previously adopted 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. Applicants are required to first receive a denial from Medicaid before they are eligible for assistance from CCHHS. The applicant's income goes toward the payment of the facility with the exception of \$35 for personal care costs. Carson City pays the balance. CCHHS Guidelines and Standards Section 3.D. Alternative Living Arrangements provides that "individuals in need of greater supervision and care than is available to them in their present independent living arrangement may apply for financial assistance for licensed extended care facilities."

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

NRS Chapter 428; CCHHS Guidelines and Standards

### **Financial Information**

**Is there a fiscal impact?** Yes

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

**Is it currently budgeted?** Yes

**Explanation of Fiscal Impact:** This is a mandated service. The current balance in the account is \$17,388. A balance transfer in the amount of \$10,213 will be made from 1016574-501030 - Hospital Costs to cover both additional PO requests - Eden Hospice and Cascade of the Sierra.

**Alternatives**

N/A

**Attachments:**

[Cascades current PO.pdf](#)

[Cascades Invoice Spreadsheet - BOS.xlsx](#)

**Board Action Taken:**

Motion: \_\_\_\_\_ 1) \_\_\_\_\_  
2) \_\_\_\_\_

Aye/Nay  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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City of Carson City  
PURCHASE ORDER CURRENT LIST

P 1  
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Purchase Order Type: Normal Fiscal Yr/Per 2020/04 PO# 20200328  
 Batch 1 PO Date 10/21/2019  
 Requisition 20100485  
 Department Code 6574 WELFARE  
 Allocation Code 00000000  
 Buyer ID ALaFollette Bretta Inman  
 Needed By Date 10/18/2019  
 General Commodity  
 Vendor 002432 CASCADE LIVING GROUP - SPARKS, LLC  
 275 NEIGHBORHOOD WAY  
 SPANISH SPRINGS, NV 89441  
 Ship To Address 6574 CARSON CITY WELFARE  
 900 E. LONG STREET  
 CARSON CITY, NV 89701  
 Ship To Reference  
 Shipping Method  
 Bill To Address 6574 CARSON CITY WELFARE  
 900 E. LONG STREET  
 CARSON CITY, NV 89701  
 PO Description REST HOME SERVICES UNIT 166  
 Special Handling None Status Printed Distribution 1  
 Total PO Amount \$43,398.60  
 Liquidated \$42,279.18  
 Open Encumbrance \$1,119.42

#### Line Item Details

Line	001	Commodity	Req	Qty	1.00 UOM EACH	Unit Price	43,398.60000
%Disc	0.00	Credit	0.00	Freight	0.00	Sales Tax	0.00

Qty Received	0.00	Line Item Total	\$43,398.60
Qty Canceled	0.00	Liquidated	\$42,279.18
		Canceled	\$ 0.00
		Line Item Open Encumbrance	\$1,119.42

Description  
REST HOME SERVICES UNIT 166

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

Allocation Details					Encumbered Amt	Bud
Org	Obj	Proj	Description			
1016574	501036		REST HOME		\$43,398.60	U
			Liquidated		\$42,279.18	
			Canceled		\$ 0.00	
			Allocated Open Encumbrance		\$1,119.42	

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City of Carson City  
PURCHASE ORDER CURRENT LIST

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

Invoice Number	Invoice Date	Total Invoice	Pt. Liability	Net Amount	Check Number
COTS-0719	07/31/2019	\$ 6,499.00	\$ (2,159.14)	\$ 4,339.86	paid on p-card
COTS-0819	08/31/2019	\$ 6,495.00	\$ (2,159.14)	\$ 4,335.86	paid on p-card
COTS-0919	09/30/2019	\$ 6,495.00	\$ (2,159.14)	\$ 4,335.86	paid on p-card
COTS-1019	09/27/2019	\$ 6,495.00	\$ (2,159.14)	\$ 4,335.86	903076007
COTS-1219	12/29/2019	\$ 7,083.88	\$ (2,159.14)	\$ 4,924.74	903077689
COTS-1119	10/02/2019	\$ 7,045.00	\$ (2,159.14)	\$ 4,885.86	903077006
COTS-0120	01/30/2020	\$ 7,053.50	\$ (2,159.14)	\$ 4,894.36	903078316
COTS-0220	02/01/2020	\$ 7,177.21	\$ (2,159.14)	\$ 5,018.07	903078953
COTS-0320	03/01/2020	\$ 7,367.85	\$ (2,159.14)	\$ 5,208.71	903079700
<b>TOTAL</b>		<b>\$ 61,711.44</b>	<b>\$ (19,432.26)</b>	<b>\$ 42,279.18</b>	
Current PO Amt				\$ 43,398.60	

\*\* This patient does not have a patient liability due to

Check Date
11/13/2019
11/13/2019
11/13/2019
11/08/2019
01/17/2020
12/13/2019
02/14/2020
03/13/2020
04/17/2020