



## STAFF REPORT

**Report To:** Board of Supervisors      **Meeting Date:** July 16, 2020

**Staff Contact:** Mary Jane Ostrander, [mostrander@carson.org](mailto:mostrander@carson.org); Nicki Aaker, [naaker@carson.org](mailto:naaker@carson.org)

**Agenda Title:** For Possible Action: Discussion and possible action regarding proposed revisions to the Guidelines and Standards of the Human Services Division of the Carson City Health and Human Services Department (CCHHS), including a proposed fee increase from \$550 to \$650 as the amount to be paid to funeral homes for each indigent cremation or burial service. (Nicki Aaker, [Naaker@carson.org](mailto:Naaker@carson.org))

Staff Summary: In June 2019, Carson City representatives met with representatives from funeral homes that serve the Carson City community. The funeral homes suggested an increase in the indigent cremation/burial services fee that has not been increased in approximately 25 years. Because the Guidelines and Standards have not been updated and approved by the Board of Supervisors since November 2013, the entire document has been updated to reflect various clerical revisions for approval.

**Agenda Action:** Formal Action / Motion      **Time Requested:** 15 minutes

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### Proposed Motion

I move to approve the Guidelines and Standards as revised.

### Board's Strategic Goal

Economic Development

### Previous Action

The Guidelines and Standards were last approved in November 2013. The cremation/burial rates have not been adjusted in approximately 25 years.

### Background/Issues & Analysis

The Guidelines and Standards is the document that provides guidance for the following Human Service programs: Healthcare Assistance, General Assistance and Cremation/Burial.

Carson City currently has five funeral homes within the Carson City service area. For deceased individuals without a funeral home preference stated prior to death, there is an on-call rotation system of funeral homes overseen by the Coroner's office. Each funeral home is scheduled to be on-call for two months per year; additionally, two funeral homes are on-call for an additional month per year on a rotation schedule. The rotation schedule is completely voluntary.

CCHHS has an approval process for indigent cremations/burials and currently pays \$550 per cremation/burial. On average, there are approximately 50 indigent cremations/burials per year. The fee paid for an indigent cremation/burial has not increased in approximately 25 years. Until this year, most funeral homes have agreed to keep the fee at the current rate. The current fee of \$550 aligns with what is paid by Douglas and Washoe Counties. In rural Nevada, some counties, such as Lyon County, pay a higher rate because those counties

lack a crematorium which results in additional transportation expenses incurred by funeral homes providing services.

Some of the local funeral homes have recommended that the fee be increased to \$995, with annual increases of 1% per year or 5% after 5 years to cover their actual costs.

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

NRS Chapter 428

**Financial Information**

**Is there a fiscal impact?** Yes

**If yes, account name/number:** General Fund: Welfare Burials - 1016574-501019

**Is it currently budgeted?** Yes

**Explanation of Fiscal Impact:** The City pays cremation/burial costs for an average of 50 indigent persons per year. The current budgeted amount is \$23,252 (FY21) with additional funds available in other Welfare Department line items. Using the average number per year, the current expenditure at \$550 is \$27,500 so the budget will need to be increased by \$4,248. If the fee is increased to \$650, the expenditure for the year for the average number of cremations/burials will be \$32,500 so the budget will need to be increased by \$9,248.

**Alternatives**

Do not approve the proposed revisions, modify the proposed revisions or provide alternative direction to staff.

**Attachments:**

[Guidelines redline scan-compressed \(1\).pdf](#)

**Board Action Taken:**

Motion: \_\_\_\_\_

1) \_\_\_\_\_

Aye/Nay

2) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(Vote Recorded By)

# CARSON CITY HUMAN SERVICES DIVISION

## Guidelines & Standards

900 E. Long Street  
Carson City, NV 89706

(775) 887-2110  
Fax -(775) 887-2539

Approved ~~November 2013~~July 16, 2020

**Carson City Health and Human Services  
Human Services Division  
Guidelines & Standards**

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**SECTION 1 - INTRODUCTION**

**1.1** **Purpose:** The purpose of the Guidelines and Standards is to define the policies necessary to effectuate programs and comply with the Carson City Municipal Code and the with the City Code and Nevada Revised Statutes.

**1.2** **Definitions:** The following words and phrases used in these Guidelines & Standards will be construed as defined unless specifically defined in the individual Section.

**A.** **Applicant:**—The person who applies on behalf of the assistance unit.

**B.** **Assistance Period:**—The period that the applicant/assistance unit is eligible to receive assistance. The length of the assistance period will vary depending upon the category under which the applicant or assistance unit is being served.

**C.** **Assistance Unit:**—Specifically defined in Section 3 (Health Care Assistance Program – HCAP) and Section 4 (General Assistance).

**C.D.** **City:** Carson City, Nevada

**D.E.** **Client:**—Anyone who has been determined to be eligible for assistance.

**E.F.** **Date of Interview:**—The date when the initial interview is completed.

**F.G.** **Date of Eligibility:**—The date upon which the Human Services Division determines the client is eligible to receive assistance.

**G.H.** **Division:**—The Carson City Human Services Division (CCHS).

**H.I.** **Prior Resource:**—Any state, federal, private, or other source of funding for which the assistance unit is eligible. All prior resources must be pursued by the applicant prior to approval of eligibility assistance.

**I.J.** **Public Assistance Agency:**—Any state, federal, county, city, or other agency which distributes public assistance in any form.

**1.3** **Conflict:** In the event of a conflict between these regulations, CCHS Policies and Procedures adopted pursuant to these Guidelines & Standards and any Federal or State law, the terms of the Federal or State law will prevail.

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**SECTION 2 –AUTHORITY**

**–2.1 –Law Granting County Duty to Provide Aid and Relief to Indigent Residents – Nevada**

Revised Statute 428.010: Code Creating Department Chapter 9.08 of the Carson City, Nevada Municipal Code creates the Human Services Division which consists of:

A. To the extent that money may be lawfully appropriated by the Board of Supervisors for this purpose of providing aid and relief to indigent residents pursuant to NRS 428.050, 428.285 and 450.425, Carson City shall provide care, support and relief to the poor, indigent, incompetent and those incapacitated by age, disease, accident or motor vehicle crash, 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 [NRS 428.010 (1)].

B. The Board of Supervisors shall 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, accident or motor vehicle crash [NRS 428.010 (2)].

A. An Administrative Officer of Human Services.

B. Authorized officers, agents and employees of the Division.

2.2 **Development of Rules and RegulationsDivision Procedures:** The Administrative Officer and/or Human Services Division Manager may develop rules and regulationsprocedures for programs which are the responsibility of the Human Services Division.

2.3 **Grant Opportunities:** The Human Services Division Manager will seek and apply for grant opportunities to expand and meet the needs of the community it serves. New grant opportunities will be presented to the Board of Supervisors for approval as outlined in the Carson City Grants Administration Policy.

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**SECTION 3 – HEALTH CARE ASSISTANCE PROGRAM (HCAP)**

**3.1 Program Description:** —The Health Care Assistance Program provides assistance for services to meet the health care needs of eligible program applicants.

**3.2 Medical Care Available:** —The Human Services Division will provide assistance for medical care such emergency and pre-authorized medical and institutional care as is reasonable and necessary for the diagnosis and treatment of an eligible applicant's illness or injury, as required by State law. Financial assistance may be provided in, but not limited to, the following areas:

- A. In-Patient Hospital Care:** —Upon receipt of hospital notification or an application from a patient, the Human Services Division Manager or designee will determine, or attempt to determine, the patient's eligibility.
- B. Pre-Authorized Medical Treatment:** —Human Services Division Manager or designeeDivision staff, upon receipt of physician statement, may authorize payment for services requested by a medical professional.
- C. Emergency Medical Treatment:** —Indigent persons may seek care for medical emergencies, as defined herein, at any medical facility. Such care will be at CountyCity's expense if the following criteria are satisfied:
  1. The individual meets HCAP eligibility requirements, and
  2. Treatment was rendered for a medical emergency, pursuant to NRS Nevada Revised Statute 428.015, as amended.
- D. Alternative Living Arrangements (Adult Group Care, Assisted Living and Extended Care Facilities):** —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. The following conditions apply to this type of care:
  1. Applicants will be screened in accordance with current Medicaid and Medicare standards to determine which level of care can best satisfy the individual's needs.
  2. Eligibility for financial assistance referred to herein is based upon set forth HCAP standards with the exception that current income and asset levels as established by the Nevada State-Carson City Medicaid Match Program must be met prior to financial assistance for extended care facilities.
- E. Northern Nevada Adult Mental Health Services (NNAMHS):** —Medical expenses, excluding mental health care, incurred by an eligible NNAMHS patient may be paid by the Human Services Division.

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- F. **Indigent Accident Fund:** — The Human Services Division Manager or designee will determine eligibility of a motor vehicle accident victim and provide necessary certification to medical facilities for eligible individuals.
- G. **State Supplemental Fund:** — The Human Services Division Manager will submit to the State Supplemental Fund hospital bills in excess of \$25,000 in accordance with the program and statutory requirements.
- H. **Medical Care Not Provided:** — The following medical care or treatments are not provided by the HCAP program:
  - 1. Elective, cosmetic, or other non-emergency surgical procedures;
  - 2. Experimental surgery, defined as any surgical procedure not funded by Medicaid or Medicare, including, but not limited to, organ transplants;
  - 3. General and nonspecific medical needs such as physical examinations for sports or employment purpose, pregnancy and sexually transmitted disease test, immunizations, and substance abuse programs, or other services provided by federal, state or other local agencies; or
  - 4. Doctor, lab, radiologist, etc., unless pre-authorized.

3.3 **Eligibility Criteria:** — The Human Services Division Manager has jurisdiction over the enforcement and interpretation of eligibility provisions subject to the review and concurrence of the Health Department Director. Eligibility is determined by applying the guidelines set forth herein, completing an interview and submitting the necessary Human Services Division forms. Eligibility of the applicant must be established prior to expenditure of City funds.

- A. **Financial Criteria:** — Residents of Carson City without enough income or resources to pay for necessary medical assistance may be eligible for HCAP if their gross income does not exceed the limits established by the HCAP Income and Asset Tests as outlined in this Section 3.3 A. 1. and 2. parts 1) and 2)
  - 1. **Income:** — Gross income from any source must not exceed the limits established by the HCAP Income Test. Gross income of the applicant's assistance unit is countable. An Assistance Unit, specific to this section, is identified as the applicant, the applicant's spouse and minor children, and the natural or adopted parents of minor children for whom assistance is being requested. These amounts shall apply until such time as the Nevada Revised Statute (NRS 428) NRS Chapter 428 changes.

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**Income Test**

**Persons in the Assistance Unit**      **Gross Monthly Income**

1.....	\$ 438
2.....	\$ 588
3.....	\$ 738
4.....	\$ 888
5.....	\$ 1,038
6.....	\$ 1,188

For each additional person in the assistance unit, add \$150

Countable gross income includes:

a. **Earned Income:** — Cash received through salary, self-employment, tips, or work-study. ~~is considered earned income.~~

b. **Unearned Income:** — ~~Unearned income is e~~ Cash not earned through salary, self-employment or tips.

a.c. **Lump Sum Income:** — Such payments will be included in the calculation of gross income and include inheritances, cash settlements and other similar monies.

1. Non-recurrent lump sum payments are 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.

2. Recurrent lump sum payments are prorated for the specific time period by dividing the number of months each payment is intended to cover to determine the monthly income.

3. There may be allowable deductions related to the lump sum payment.

4. Documented verification of expenditure of lump sum income is required in order to determine and/or maintain eligibility for HCAP.

d. **Income Deductions:** — There are various income disallows for HCAP, which are described in the CCHS HCAP Policies and Procedures.

2. **Assets:** — The value of assets and other resources may not exceed the levels set forth herein.

a. **Personal Property:** — The following assets are considered personal property and shall be considered when determining eligibility for HCAP:

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1. **Cash Reserves:** —An applicant/client may own cash reserves and/or liquid assets with a quick sale or cash value not to exceed \$2,000. For each additional member of the assistance unit, add \$300 to the personal property limit.
2. **Insurance:** —Life insurance policies with a cash surrender value will be considered personal property.
3. **Vehicles:** —Automobiles, boats, trailers, motorcycles, fixed and non-fixed winged aircraft, jet skis, and other recreational vehicles will be valued as personal property. As applicable, the wholesale value specified in the most current Kelley Blue Book will 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 may include a statement from an auto dealer or mechanic stating the retail value of damaged or inoperable vehicle, vintage or classic vehicle, motorcycle, all boats, travel trailers, motorhomes, jet skis, and snowmobiles, trailers, and/or recreations vehicles.
4. **Burial Plots/Plans:** —The value of any irrevocable burial plan purchased prior to application for assistance will not be considered an asset. The purchase of an irrevocable burial plan after application for assistance may be exempt up to \$1,500 per person in the assistance unit in order to reduce the applicant's countable reserves.
  - b. **Real Property:** —Any real property owned by the applicant that is not the applicant, spouse, or dependent's primary residence is considered an available asset. The market value of real estate owned by an applicant, other than a personally occupied residence, is an available asset. The market value of the property will be considered as personal property an asset. Property currently listed for sale by the applicant is not considered an asset. Verification, and reimbursement to the City when sold is mandatory. Bona fide efforts must be made to sell the property during the period in which the client receives assistance as a condition of continued eligibility. When the property is sold, verification of sale must be provided and the total amount of assistance paid by the City must be reimbursed to the City.
3. **Medical Hardship:** —If an applicant's income exceeds HCAP income standard and the applicant's hospital account for the past 4 months exceeds \$25,000, he/she may be eligible if it is determined that the

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- applicant does not have enough funds to pay for all or part of his/her
- medical care and the applicant cannot retire his/her medical expenses
- within 60 months.

**B. Non-financial Criteria:** —Non-financial eligibility requirements include:

1. **Residence** — It is the responsibility of the applicant/client to prove residency. Applicants/clients who express no intent to reside in Carson City may be deemed ineligible for assistance. The Human Services Division Manager or designee ~~Carson City Human Services~~ makes the final determination of residency. The Human Services Division staff will consider an applicant's substantial contacts with or significant attachment to the community and whether a bona fide intent to establish or maintain a permanent domicile exists in its determination of that applicant's county of residence. Residency is considered when determining eligibility for HCAP when there is the possibility of other county or state payments for services rendered.
  - a. NRS 428.020 ~~inclusive~~ defines legal residence as:
    1. The county of residence of a person is the county in which he is physically present with the intent to reside, at least for an indefinite period of time and/or
    2. 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.
2. **Prior Resources:** —Federal, ~~State~~state, and community programs, including alien sponsorship, are prior resources to City programs. Carson City does not supplement ~~Federal~~federal, ~~State~~state, or community programs.
3. **Cooperation:** —Applicants/clients or their authorized representatives are the primary source of information and are required to cooperate with the Human Services~~Human Services~~ Division staff in securing all information needed to determine eligibility for assistance for the HCAP or other ~~Federal~~federal, ~~State~~state, or community programs. If an applicant/client is unable to obtain necessary information, the worker may assist. Failure to cooperate may result in denial or termination of assistance.
4. **Verification:** —In order to determine and/or maintain eligibility for the HCAP, verification of eligibility criteria will be requested. It is the applicant/client's responsibility to verify information necessary to determine eligibility. Failure to verify information necessary to determine eligibility for HCAP may result in HCAP being denied or terminated.

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5. **Responsible Relatives:** — Pursuant to NRS 428.070 and 451, ~~the spouse, father, mother, children, or siblings~~<sup>brothers, or sisters</sup> of an applicant for whom medical assistance is rendered may be responsible for the costs of care to the extent of their financial ability to pay.

3.4 **Disposition of Application:** — The Human Services Division staff will attempt to determine eligibility within 30 days from the date the application is received.

A. **Approval:** — When HCAP is approved, notification to the client and payment of the account are completed as outlined in the CCHS Policies and Procedures.

B. **Denial:** — Applicants (or applications) for HCAP may be denied if at least one eligibility factor is not met. The applicant may be denied because the applicant:

1. Voluntarily withdraws or cancels the request for assistance;
2. Fails to provide information needed to determine eligibility;
3. Misrepresents information;
4. Fails to contact and/or maintain contact with the Human Services Division staff;
5. Fails to cooperate with the Human Services Division staff and/or any prior resource;
6. Has assets in excess of program standards;
7. Has income in excess of program standards; and/or;
8. Is approved for prior resource.

3.5 **Reimbursement:** — An applicant/client may be required to agree to reimburse the City for the cost of assistance provided in accordance with the following criteria:

A. **Individual:** — The applicant/client may be individually responsible for reimbursing the City for the cost of assistance provided to the extent of the applicant's/client's present and future financial ability to do so. ~~By~~ applying acquired assets to satisfy accumulated costs of care. Statements setting forth charges to be reimbursed will be available upon request. No interest or carrying charges for such indebtedness will be charged or collected. Reimbursement for the costs of assistance provided may be made in installment payments in amounts and at intervals deemed acceptable to the City.

— B. **Interim Assistance Reimbursement (IAR):** — If ~~Carson~~ the City participates in the IAR Program, applicants/clients receiving financial assistance for extended services must fulfill the requirements of the IAR Program.

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## **SECTION 4 - GENERAL ASSISTANCE**

**4.1 Program Description:** The purpose of General Assistance is to provide financial assistance and social services to eligible Carson City residents.

**4.2 Definitions Specific to this Section.**

**A. Assistance Unit:** Consists of the applicant, the applicant's spouse and minor children, those related by blood or marriage, and those persons acting in the role of the spouse (PARS).

**4.3 Application Procedure**

- A.** All applicants requesting assistance must complete an initial interview with ~~a Human Services Division staff Eligibility Specialist.~~
- B.** The ~~Human Services~~ Division ~~staff~~ will attempt to determine eligibility within 10 business days of the date of interview; ~~however, the~~ ~~Human Services~~ Division ~~staff~~ will have up to 30 days to make a determination of eligibility.
- C.** Denial of the application may be appealed pursuant to Section 7 of these Guidelines and Standards.

**4.4 Eligibility Categories**

**A. Employable Applicants**

- 1. Presumption of Employability:** All applicants and members of the assistance unit 18 years of age or older are presumed to be employable.
- 2. Termination and Resignation:**
  - a.** Termination from employment of any member of the assistance unit, because of their own faults or habits, ~~(defined in Section 4.7)~~ within 30 days prior to the date of interview may result in denial of assistance.
  - b.** Resignation ~~of employment~~ by any member of the assistance unit within 30 days prior to the date of interview may result in denial of benefits.
- 3. Maximum Assistance:** Employable applicants may receive assistance no more than one time per program in a 12-month period.

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**-4. Work Search**

- a.** Except as provided in ~~Subsection~~~~subsection~~ bB below, all persons determined to be employable must participate in a work search or ~~participate in a workforce program the CCHHS Workforce Program as required by the Division~~. Completion of a work search is required but does not guarantee approval of the application for assistance.
- b.** The following persons are not required to participate in a work search or ~~workforce program~~:
  - 1.** Persons 60 years of age or older;
  - 2.** Caretakers of children less than one year of age, for whom no adequate child-care arrangements can be made;
  - 3.** Caretakers of family members who are ill or otherwise unable to care for themselves, for which the ~~The~~Human Services Division staff may request medical documentation of illness from the relevant family member's treating physician;
  - 4.** Persons participating in a job-training program such as Vocational Rehabilitation, Job Opportunities In Nevada (JOIN), or other similar programs.
  - 5.** Persons employed or receiving ~~State~~state unemployment benefits at the time of the initial interview.

**B. Appeals of Public Assistance Agency Determinations:** Persons appealing decisions of the Nevada Employment Security Division or other recognized employee representatives may apply for assistance pursuant to Section4.4.A of these Guidelines and Standards during the pendency of that appeal.

**C. Disability**

- 1.** Persons claiming mental/physical disability may be requested to provide the Human Services Division with a current disability statement from a treating physician. The Human Services Division may, at its own expense, request an independent medical, psychological and/or vocational evaluation prior to determination of disability and allowance of benefits.
- 2.** Persons claiming disability status may be referred to State Vocational Rehabilitation for an evaluation to determine whether they may be retrained or aided toward becoming employable.

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**3.** Refusal to cooperate with or to pursue assistance from Social Security or Vocational Rehabilitation when reasonably requested by the Human Services Division may result in denial of the application.

**D. Public Assistance Applicants**

**1.** Persons applying for or awaiting approval of Temporary Assistance for Needy Families (TANF) or other public assistance may be eligible to receive assistance.

**2.** Persons currently receiving TANF are not eligible to receive Carson City General Assistance.

**4.3.** Failure to cooperate with any public assistance agency may result in denial of the application.

**4.5 Eligibility Criteria**

**A. Financial Criteria** Eligibility is **determined** based upon the residency of the persons comprising the assistance unit and the assistance unit's gross income 30 days prior to the date of the initial interview as described in Section 4.5.A.1 of these Guidelines and Standards. The total value of the assistance unit's liquid assets may be considered. The assistance unit's gross income, value of assets, and current situation must meet grant specific requirements. The gross income may not exceed the amounts detailed in Table 4.5.A, below:

TABLE 4.5

<b>ELIGIBILITY TABLE</b>	
<b>Persons in the Assistance Unit</b>	<b>Maximum Benefit</b>
1.....	\$ 438.00
2.....	\$ 588.00
3.....	\$ 738.00
4.....	\$ 888.00
5.....	\$ 1,038.00
6.....	\$ 1,188.00

For each additional person in the assistance unit, add \$ 150

**1. Gross Income:** Gross income is the assistance unit's income of any kind, which is not otherwise excluded pursuant to Article III Section 2, Excluded Income, of CCHS Policies and Procedures. Gross income includes but is not limited to:

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- a. Assistance from public assistance agencies – Income from state, federal, or other public assistance agencies including but not limited to Temporary Assistance for Needy Families (TANF) and Social Security. Members of the assistance unit receiving benefits from these or other similar agencies that have had their benefits reduced by those agencies due to an overpayment, as the result of the assistance unit's own faults, will be determined as having had the total benefit of the program.
  - b. Lump sum payments will be included in the calculation of gross income and include annuities, cash settlements or other similar monies. Recurrent and non-recurrent lump sum payments will be counted as gross income up to 12 months prior to the date of application and prorated forward for a period of 12 months from the date received.
2. **Assets:** Assets include all personal and real property interests owned by any member of the assistance unit, wherever found, with the following exceptions:
  - a. Clothing, personal items, and tools and equipment necessary to employment;
  - b. One vehicle per licensed driver of the assistance unit, not to exceed two vehicles;
  - c. Cash, stocks, bonds, IRA's or any similar monetary instruments or funds, not to exceed \$-150. An additional \$-75 per member of the assistance unit will also be exempted. Life insurance cash surrender value may not exceed \$1,500 per person;
  - d. Any burial plot or plans purchased prior to the date of application;
  - e. The fair market value of one personal residence that is actually occupied by the members of the assistance unit; and
  - f. Real property listed for sale at the date of application, only upon verification by the Human Services Division that bona fide efforts to sell are occurring.

**B. Non-Financial Criteria**

1. **Residency:** All members of the assistance unit must reside in Carson City as defined in NRS 428.020.

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**4.6 Distribution of Assistance**

- A. The Human Services Division staff will attempt to render a decision concerning eligibility within 10 business days from the date application is received.
- B. Once eligibility is determined, assistance is distributed according to the size of the assistance unit. ~~The benefit amount will be reduced by the assistance unit's gross income.~~
- C. Assistance is payable directly to the vendor (i.e., landlord, utility company, etc.). No cash assistance is provided.

**4.7 Denial of Benefits**

- A. **Denial of Assistance:** In addition to any reasons described in the sections above, applications for General Assistance may be denied when any member of the assistance unit:
  1. Fail to meet the eligibility criteria;
  2. Voluntarily terminates other means of financial support of whatever kind within 30 days prior to the date of interview;
  3. Voluntarily withdraws or cancels the application;
  4. Fail to provide all information necessary to the determination of eligibility;
  5. Misrepresents information necessary to the determination of eligibility;
  6. Fails to maintain contact with the Human Services Division as reasonably requested;
  7. Has qualified to receive monetary assistance from a public assistance agency, but due to the applicant's acts or omissions, has not received assistance;
  8. Fails to cooperate with the reasonable requests of the Human Services Division;
  9. Has received the maximum assistance allowed by these Guidelines and Standards;
  10. Refuses to pursue a prior resource;
  11. Has excess income;
  12. Has excess assets;
  13. Does not reside in Carson City;

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- 14.** Is terminated from employment due to their own fault or habit;
- 15.** Unreasonably fails to accept employment; and/or
- 16.** Is approved for a prior resource.

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**SECTION 5 – CREMATION OR BURIAL**

5.1 **Program Description:** - The Human Services Division Manager may direct that a deceased indigent be buried or cremated at City expense. Friends or relatives of the deceased may also seek City assistance with the expenses of final arrangements.

5.2 **Eligibility Criteria:** - Eligibility for assistance with burial or cremation arrangements will be established pursuant to the Health Care Assistance Program criteria, except that the deceased must have been a Carson City resident at the time of death. Burials be may be considered for religious or spiritual reasons and must be authorized by the Human Services Division Manager, and the CCHHS Director.

If the assets and resources of the deceased or responsible relative exceed City eligibility guidelines, but the available liquid assets are not sufficient to pay full funeral expenses prior to disposition, the Human Services Division Manager may consider paying the costs and may secure an agreement that the responsible relative reimburse the City.

5.3 **Authorized Rates** Refer to Burial/Cremation Policies and Procedures. If the-a Carson City resident expires in another county, the rate paid will be the lower rate of between Carson City and the other county.

A. Cremation - \$650.00

Cremation - \$550

B. Stillborn - — \$160

C. Indigent Burial - — \$650.00 550.00 — (see 5.2 above) EXCEPTION- must be authorized by Human Services Division Manager -and CCHHS Director

D. Cemetery Open and Close: - \$235 - \$325 (only if burial is approved)

5.4 **Other Charges:** No charges in addition to the authorized rates set forth herein are eligible for City reimbursement unless the Human Services Division Manager's approval is obtained prior to such efforts being undertaken. Any payments made by a third party towards the fees will void City assistance for cremation.

5.5 **Payment:** Itemized statements of charges for services provided must be submitted to the Human Services Division. Charges in excess of authorized rates are not considered for payment.

5.6 **Veterans:** If the deceased is a veteran, the Veteran's Administration death benefit may be a prior resource. If a death benefit is not available, the authorized rates for burial or cremation may be paid by the Human Services Division. Eligible veterans may be buried or inurned at the Fernley National Cemetery upon certification by the Veteran's Administration.

5.7 **Indian Tribal Burials:** IndianTribal funeral arrangements are the responsibility of the Inter-Tribal Council. Indian Health Services will provide assistance for the burials.

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**5.8 Deceased Patients of Northern Nevada Adult Mental Health Services (NNAMHS):**

The NNAMHS provides burials for their indigent patients pursuant to NRS 433.544. This responsibility includes NNAMHS patients at Renown Regional Medical Center for medical treatment.

**5.9 Nonresident Burials/Cremation:** Burial or cremation expenses for nonresidents of Carson City may not be accepted or paid unless the decedent's county of last residence agrees to reimburse Carson City for such expense.

**5.10 Reimbursement** ~~The Division will offset against any amounts payable for burial or cremation, any death benefit payments which may be applied for by the decedent's survivors.~~

**5.115.10 Carson City Residents Who Expire ~~Carson City residents whose benefits expire in another Nevada County or Out of State:~~** ~~Carson City residents who expire in another Nevada county or out of state~~ may qualify for Carson City payment of burial or cremation services. Reimbursement for the cost of burial or cremation will be at the Carson City rates, or county of expiration, whichever is less, as outlined in the CCHS ~~Policies and~~ Procedures.

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**SECTION 6 - CONFIDENTIALITY**

**6.1      Client Files and Applications:** All Human Services Division client files and applications for assistance are confidential and may not be published, released, or otherwise disclosed.

**6.2      Request for Information:** The Human Services Division will require that a request for confidential information be in writing and state a specified purpose as outlined in CCHS Carson City Human Services Policies and Procedures Manual.

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## **SECTION 7 - APPEALS**

**7.1    Case Review:** Any applicant for Health Care Assistance or General Assistance, who is dissatisfied with the decision of the Human Services Division, will be given the opportunity to appeal that decision. The applicant will be informed of the procedure to follow for filing a written request for a case review.

**7.2    Appeals Procedure:**

- A.** Decisions made by the Human Services Division may only be appealed pursuant to this section and NRS 428.093. In the event this section conflicts with or contradicts the provisions of NRS 428.093, the provisions of NRS 428.093 will apply. The provisions of NRS Chapter 233B, the “Nevada Administrative Procedures Act,” are not applicable to appeals of Human Services Division decisions made pursuant to these Guidelines and Standards.
- B.** Applicants denied assistance may appeal that decision by submitting a written request for appeal to the Human Services Division within 30 business days from the date of the denial letter.
- C.** Upon receipt of the request for appeal, the Human Services Division will conduct a review to determine the propriety of the decision denying the application.
- D.** Any employee or other representative of the City who investigated or made the initial decision to deny assistance will not participate in any decision made pursuant to the review. A copy of the review decision must be in writing, set forth the factual basis for the decision and the applicable Guidelines and Standards, and must be served personally or by certified mail to the address listed on the application or last known address, within 10 business days of the decision.
- E.** An applicant may, within 30 days after the date on the written notice of decision, send a written petition in writing to the Director of Carson City Health and Human Services to review the decision. The Director will consult with the Carson City District Attorney and issue a final decision within 10 business days of receipt of the petition challenging the decision. A copy of the final decision must be in writing, set forth the factual basis for the decision and the applicable guidelines and standards, and must be served personally or by certified mail to the address listed on application or last known address.

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- F.** An aggrieved party may appeal the final decision of the Human Services Division to the Board of Supervisors.
- G.** The aggrieved party may appeal the decision of the Board of Supervisors to the court system in the same manner as a civil case.

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**SECTION 8 – FRAUD /—ASSISTANCE PROGRAMS**

- 8.1** **Penalty:** Any person who makes a false statement or a misrepresentation of information in order to qualify for assistance with the intent that the false statement or misrepresentation be relied upon in granting assistance, is guilty of a misdemeanor.
- 8.2** **Divestiture:** If it appears that an applicant or responsible relative has conveyed property within 60 months prior to the date of application for assistance or at any time after such date, the **Human Services Division** will determine whether such conveyance was for fair and adequate consideration. Any asset conveyed by an applicant or by a recipient of City assistance will be valued at the current fair market value and that figure will be used to compute a period of ineligibility. Transferring an asset for less than fair and adequate consideration is grounds for denial of assistance. The City may also in such cases proceed against the applicant or responsible relative to recover expenses incurred by the City.

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**SECTION 9 - VERIFICATION FOR ASSISTANCE PROGRAMS**

- 9.1     **Verification of Information:** Information submitted as proof of eligibility for the assistance programs will be subject to verification. The applicant will be informed of items to be verified.
- 9.2     **Non-cooperation:** Failure to provide or refusal to consent to such verification will constitute non-cooperation and will render the applicant ineligible for assistance.