

PRESENTATION TO:

STUDY COMMITTEE ON COUNTY FUNDING
AND SERVICES

JULY 12, 2023 – PIERRE, SD

SOUTH DAKOTA ASSOCIATION OF COUNTY WELFARE OFFICIALS (SDACWO)

RAY KOENS – PRESIDENT (MINNEHAHA COUNTY)

LINDLEY HOWARD – SECRETARY/TREASURER (MCIPHERSON COUNTY)

COUNTY POOR RELIEF

- SDCL Chapter 28-13 - County Poor Relief
 - Guiding statutes for determining process and eligibility for indigent citizens.
 - All 66 South Dakota Counties follow this chapter but have individual policies and procedures which does allow for variance of opinion and practice.
 - There can be a broad difference in what one County ultimately covers for services vs another County. Mostly among small vs large Counties.
 - SDACWO does view the language and content of this chapter as outdated and has had discussions about possible revision of the chapter for a number of years.
 - SDACWO also views the biggest concern and proposed change for this chapter is to add a statute of limitations for hospital claims that can be brought to the County for payment by the hospital or the patient.
 - There are services that Counties do provide other than medical assistance.

PROCESS AND ELIGIBILITY

County workers are notified by a hospital that a patient is receiving in-patient, out-patient or emergency room care and does not have payment for these services.

The initial notification is by a “Notice of Hospitalization” which must come to the County of residence within 15 days of the admission.

Both the patient and the hospital have the ability to apply for payment from the County for this admission.

In most cases an open case for the hospital claim is done when the patient completes a County application for assistance and has an interview with the County worker.

PROCESS AND ELIGIBILITY

- The County worker who handles the case can be a Welfare Director, County Auditor, County Caseworker, States Attorney or other County worker familiar with poor relief statutes who is assigned by the County Commission.
- Information must be received from both the hospital and client (patient) for verification of eligibility.
- Information can include:
 - Hospital medical records.
 - Written verification of assets, income and expenses for the client.
 - Written verification of employment.
 - A work ability form from the clients Doctor.
 - Any other item that can pertain to the persons eligibility.

PROCESS AND ELIGIBILITY

- After all needed information is obtained by the County worker a decision is made by the worker and County Officials if the client's claims are to be paid or denied.
- The County Commissioners have the ultimate authority to approve or deny a claim.
- The client is notified of the outcome and sent a Notice of Action or similar document explaining the decision and plan of action.
- If a claim is denied both the client and the hospital have the right to appeal the decision.
- If the claim is paid the County pays at either the County cost-to-ratio or the Medicaid (DRG) rate, whichever is lower.

OTHER DOCUMENTS

- NOH – previously mentioned.
- Application For Poor Relief Assistance (AFPRA) – must come to the County of residence within one year of discharge.
- Request For Payment – outlines the patient information, the hospital information, the billed charges from the hospital and the County cost-to-ratio amount.
- Hospital claim forms including the UB-04, 1500 claim form and itemized bill.
- Ability-To-Pay form – this form is required to determine a clients eligibility for services and must be turned into the Catastrophic County Poor Relief Program (CCPR) for possible reimbursement of claims paid over \$20,000.

CHANGES FOR COUNTY MEDICAL

- Affordable Care Act (ACA)
 - Many persons who previous to 2014 did not have access to affordable health care are now covered and no longer are dependent on County assistance.
 - Some hospital patient assistance programs have increased their rates of assistance to uninsured patients with their medical expenses.
- Medicaid Expansion
 - It is anticipated that expansion will take a majority of previously uninsured patients out of the County medical indigent rolls.
 - There will be some individuals who will “fall between the cracks” and still need County medical poor relief assistance.
 - Jail medical expenses far outway County Poor Relief medical expenses and it is unknown to Welfare/Human Services Offices if medicaid expansion will have any effect on those costs.

CHALLENGES TO COUNTIES

- Being able to gather the proper information from a client in order to determine eligibility.
- Legal processes.
 - It is very common for hospital attorneys to become involved in negotiations, settlements, litigation and court appearances to seek payment from the County for claims deemed not eligible.
 - These cases are very costly to both the County and to the hospital.
 - The client may or may not be aware this process is taking place.
 - At this time if the hospital sends the necessary documents and “keeps the case alive” then the hospital can request payment for claims 10 or more years old since there is no statute of limitations.
 - It is extremely difficult to determine eligibility for a very old claim.

OTHER COUNTY ASSISTANCE

- Depending on the particular Counties policies, procedures and budget there are other services available to indigent residents and transients.
- These may include (but not limited to):
 - Burial and funeral (State mandated)
 - Rent, deposit, temporary housing, shelters etc.
 - Utilities
 - Transportation (in town bus, out of town bus, gasoline)
 - Medications
 - Medical equipment
 - ID's, birth certificates
 - Food & non-food items (diapers, formula, etc.)
 - Case Management services

FUNDING AND REPAYMENT

- The primary source of County Poor Relief funding is from property tax dollars of County residents.
- The County worker is accountable to both the taxpayer to use their money wisely and also to the County Commissioners who approve the Counties policies and procedures.
- When assistance is provided a lien/bill is in place for the amount of assistance and a repayment contract is implemented (in most cases) for repayment to the County for that assistance.
- Over time if the client does not begin to repay their lien/bill then that claim can be sent to a collection agency to seek repayment.
- The lien is placed on any real property and can affect future transactions.

OTHER COUNTY EXPENSES

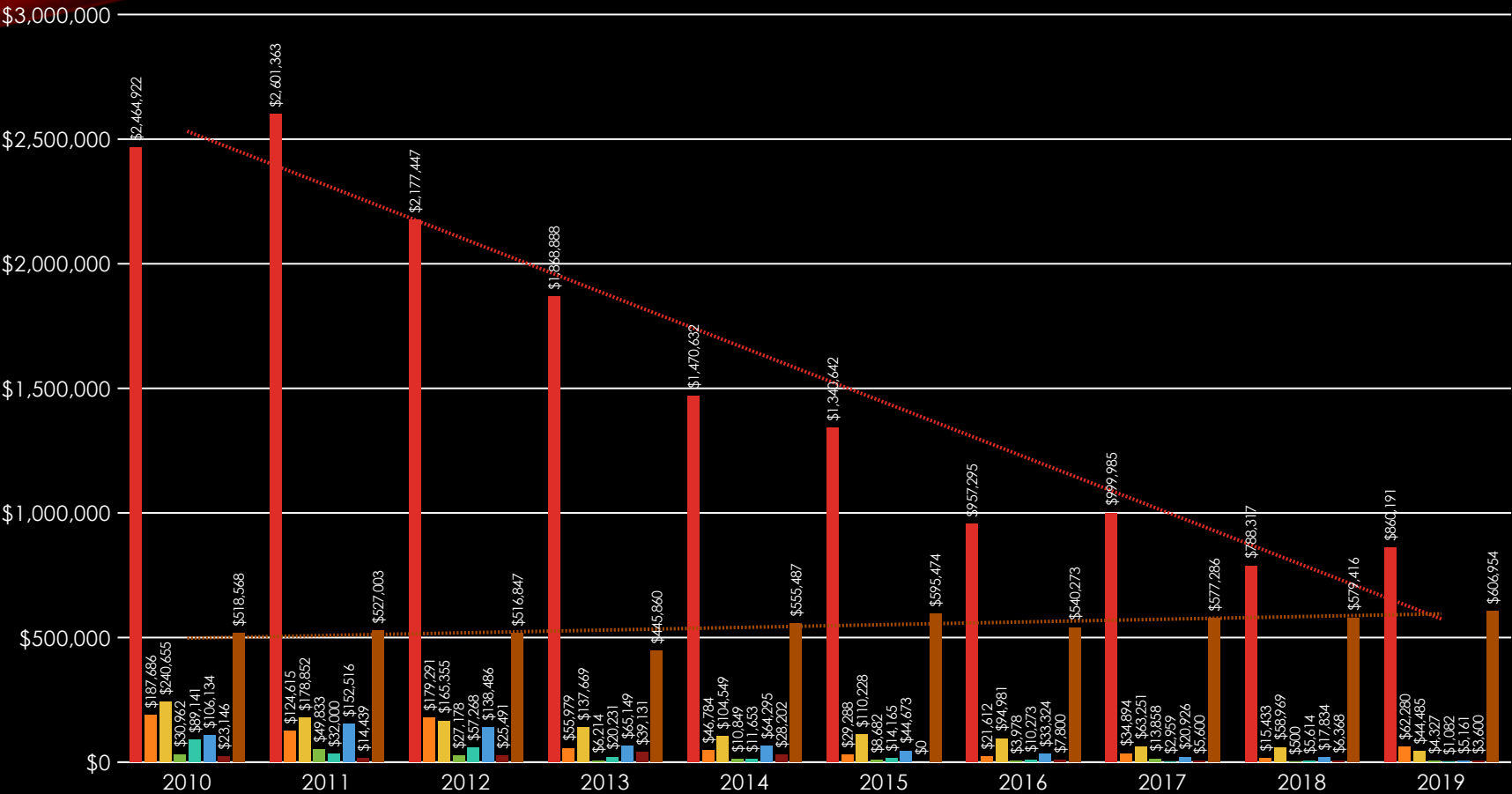
- Law enforcement.
- County Jail.
- Juvenile Detention Center.
- Detox or sobering center.
- County subsidies.
- Mental Health Holds.
 - Lawyer expenses.
 - QMHP evaluations.
 - Hospital and other medical expenses.
 - Court costs.
 - Transportation.



TABLES AND GRAPHS

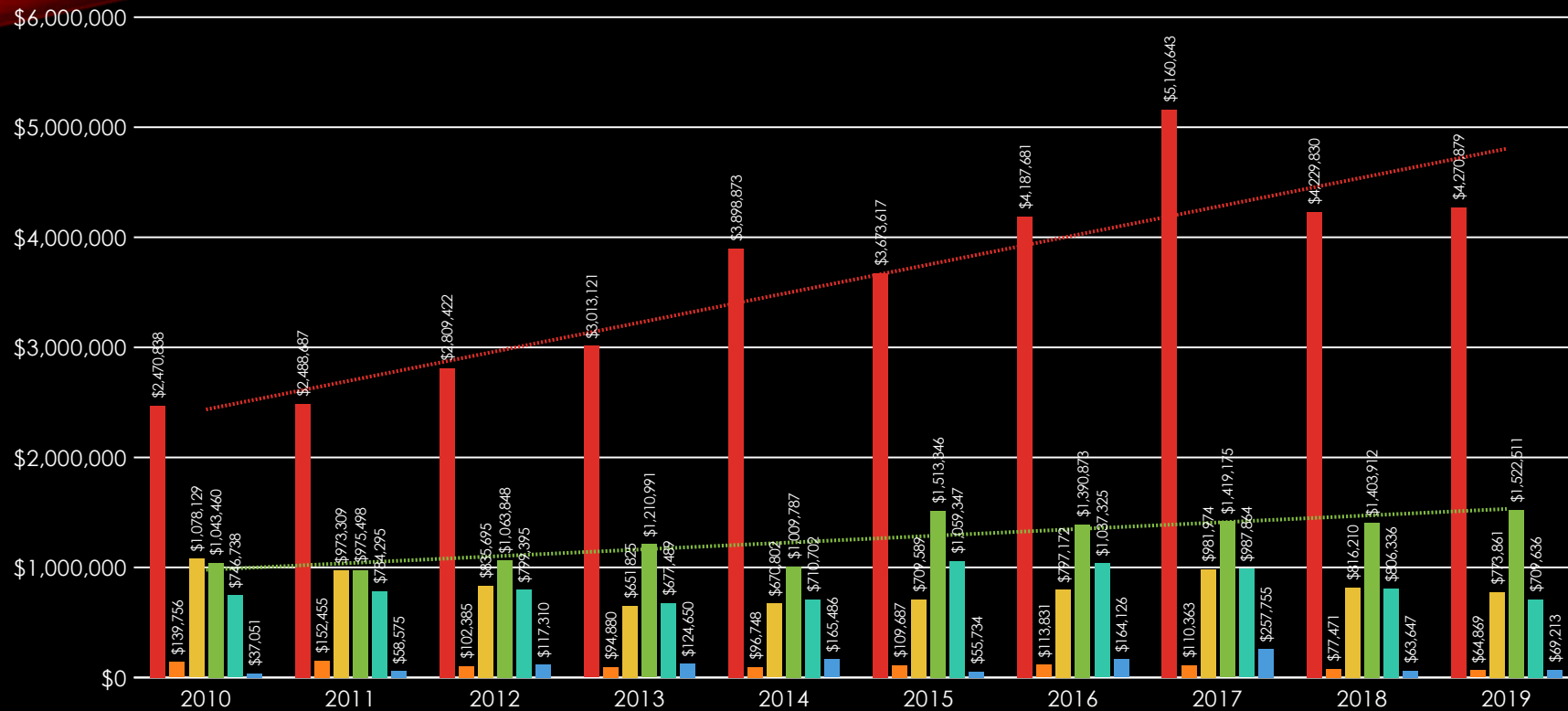
- Developed by:
 - Jamie Phelps – Manager with Minnehaha County Human Services.

County Medical Indigent Expense 2010-2019 (\$24,152,749 total)



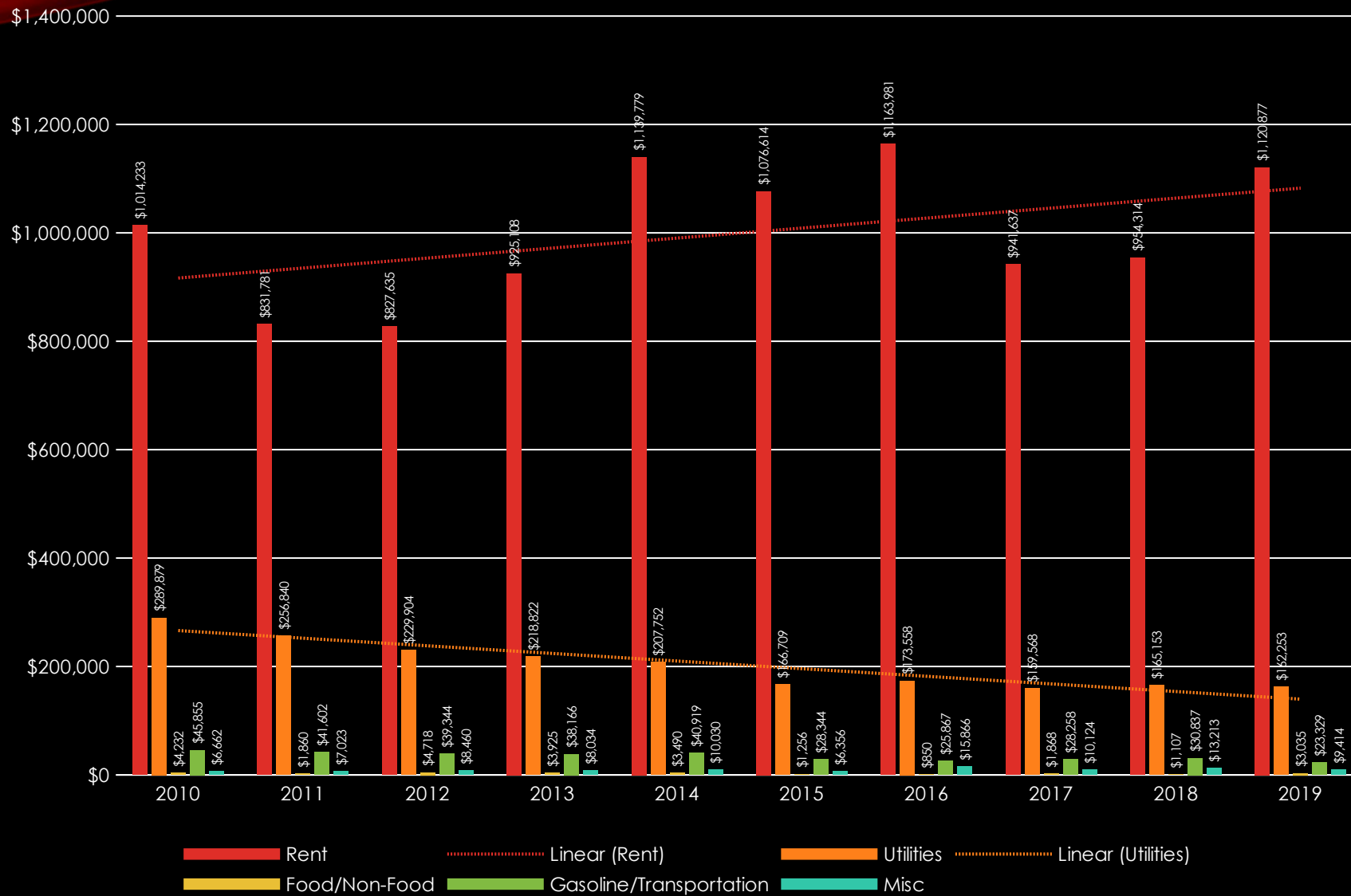
- █ In-Patient/Out-Patient Hospital
- █ Physician Services
- █ Amulance/Medical Transportation
- █ Health Insurance
- █ County Burials
- Linear (In-Patient/Out-Patient Hospital)
- █ Prescriptions/Dental/Optometric
- █ Home Health Services/Medical Equipment
- █ Voluntary Mental Health/Alcohol
- Linear (County Burials)

County Mandated Medical Expenses 2010-2019 (\$67,847,988 total)

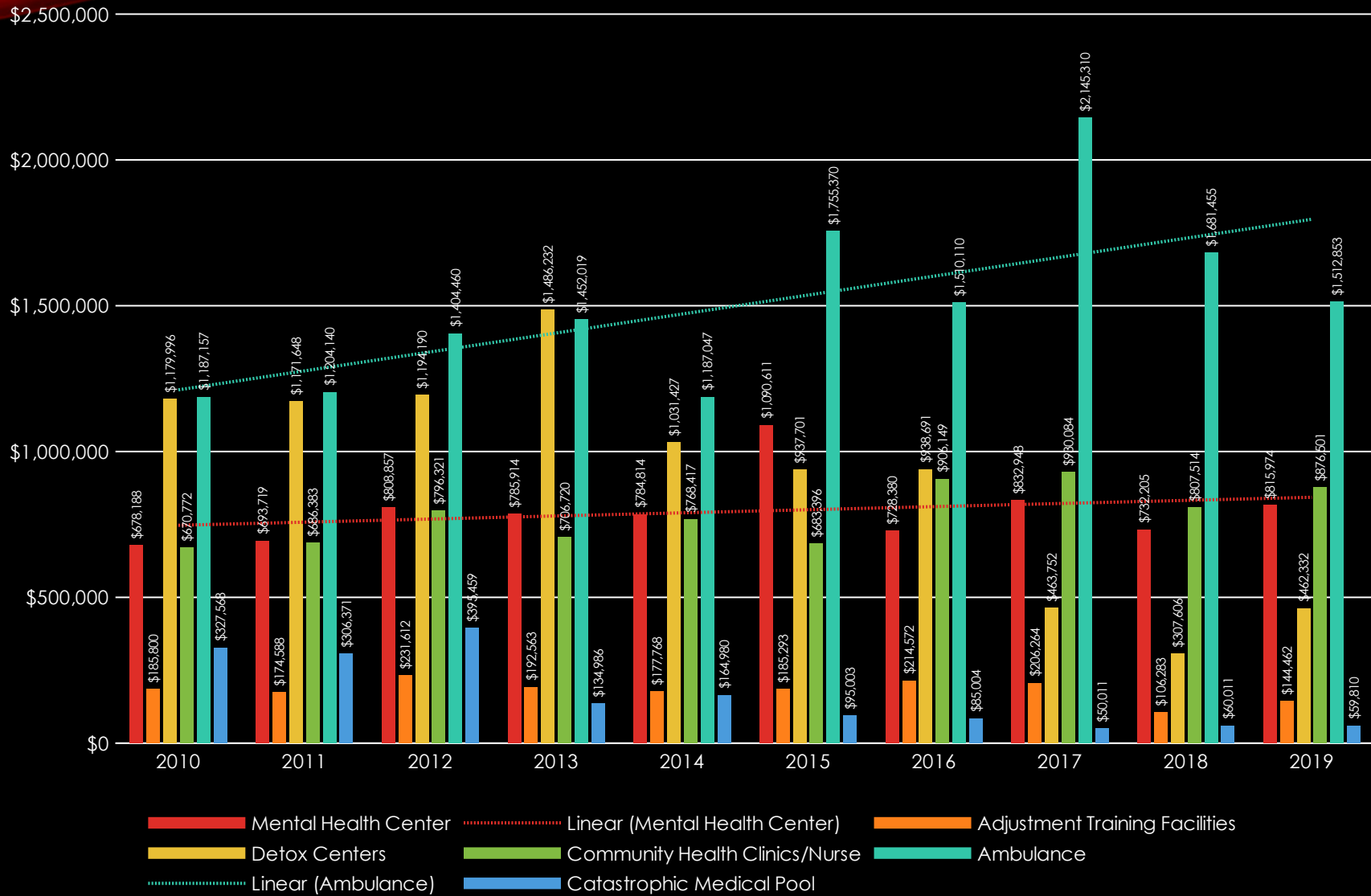


- █ Jail Medical Expenses
- ⋯ Linear (Jail Medical Expenses)
- █ Developmentally Disabled
- █ Involuntary Mental Health/Alcohol- Medical (majority is MH)
- █ Involuntary Mental Health/Alcohol- Non-Medical (majority is MH)
- ⋯ Linear (Involuntary Mental Health/Alcohol- Non-Medical (majority is MH))
- █ Involuntary Mental Health/Alcohol- Yankton (majority is MH)
- █ Involuntary Mental Health/Alcohol- Other Placement

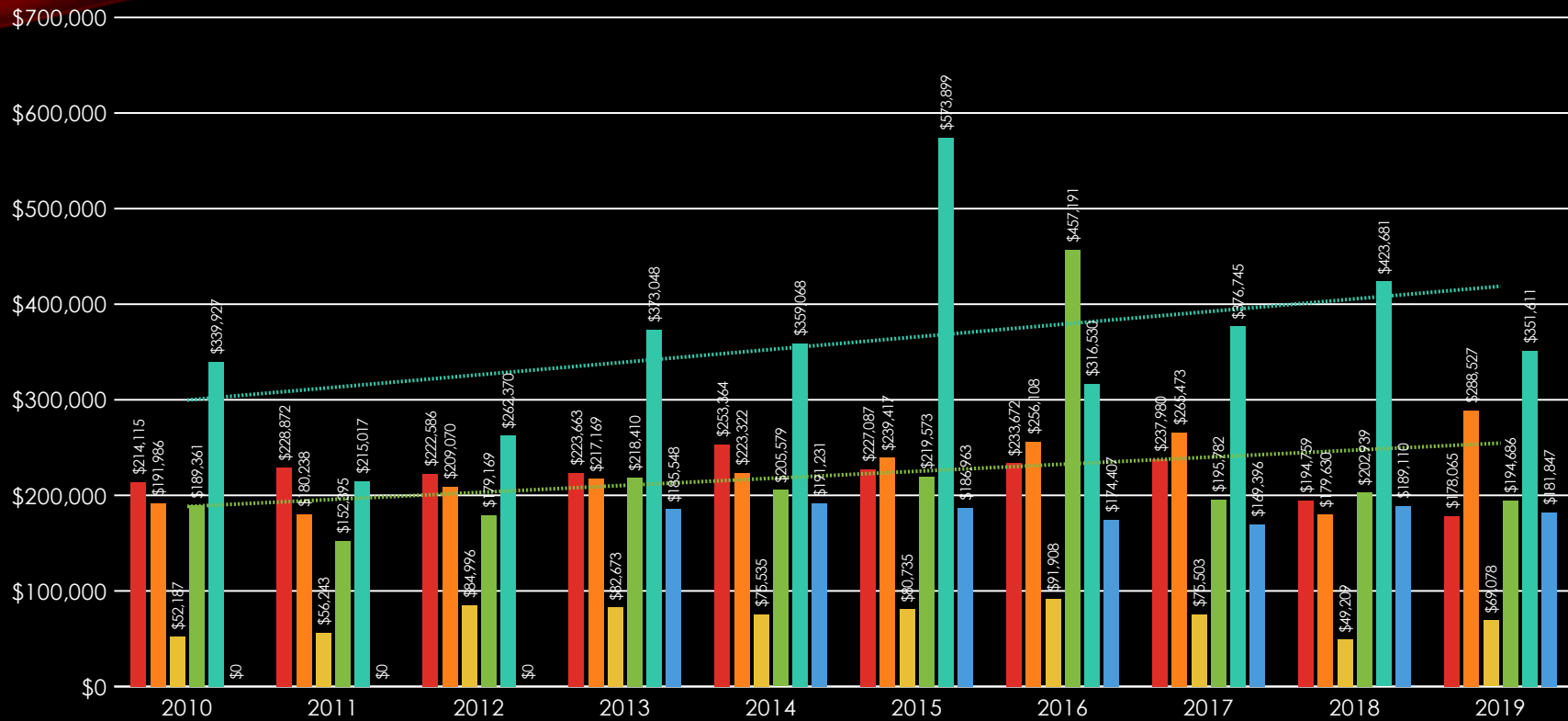
County Indigent Subsistence Expense 2010-2019 (\$12,490,439 total)



County Medical Subsidies 2010-2019 (\$44,251,055 total)

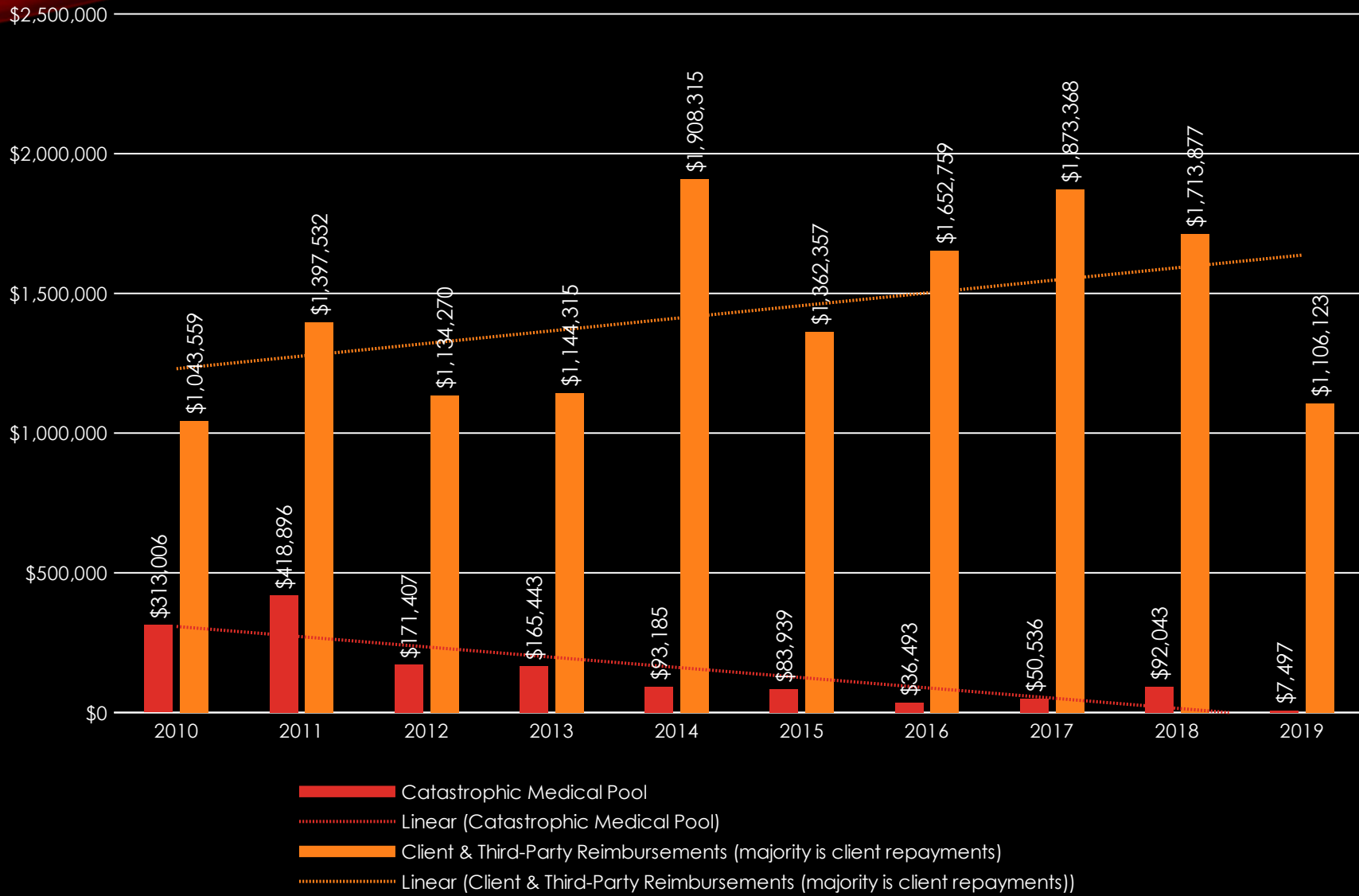


County Non-Medical Subsidies 2010-2019 (\$10,990,149 total)



- Shelter
- Transportation
- Food
- Community Action
- Other Community Agencies
- County Safe Home Facility (Minnehaha County Permanent housing for alcohol dependent homeless)

County Reimbursements 2010-2019 (\$15,768,923 total)



COUNTY COOPERATION

- Lincoln County contracts with Minnehaha County for its poor relief work.
- Other Counties in the State do coordinate and work together on medical cases. This happens mostly in small Counties who have few claims.
- SDACWO is very active in trying to ensure communication is prevalent between County workers when there is a question that another worker may be able to assist with.
- County workshops/trainings are held at least twice/year in the spring and the fall which are available to any County worker to be updated on changes, attend presentations and be involved in State-wide efforts at being as concise and consistent as possible with other Counties.
- Further cooperation between Counties is encouraged by SDACWO.



QUESTIONS?

CONTACT INFORMATION

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