

**CATASTROPHIC COUNTY POOR RELIEF PROGRAM**  
**PROCEDURES MANUAL**  
**2016 VERSION**

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## **CHAPTER I**

### **COUNTY PARTICIPATION AND WITHDRAWAL**

- **PURPOSE**

The CCPR program was established under SDCL 28-13A to assist counties with the payment of catastrophic medical expenses incurred on behalf of individuals who are medically indigent and who have no ability or only limited ability to pay the costs of hospitalization.

- **ADMINISTRATION – HOW TO CONTACT THE BOARD**

The CCPR program is administered jointly by the South Dakota Association of County Commissioners (SDACC) and the Catastrophic County Poor Relief Board (Board). The Board consists of five county commissioners appointed by the executive board of the South Dakota Association of County Commissioners. Board members serve staggered terms of four years or until their term as county commissioner has expired. Issues concerning the CCPR program and contacts with and correspondence to the CCPR Board should be directed to the CCPR Program Administrator (Administrator) at the below address:

Kris Jacobsen, Administrator  
Catastrophic County Poor Relief Program  
South Dakota Association of County Commissioners  
222 E Capitol Ave Suite 1  
Pierre, South Dakota 57501  
(605) 224-4554

- **BOARD MEETINGS**

Board meetings are subject to call. To request a meeting with the Board, interested parties should contact the Administrator to schedule a meeting. (§ 22:02:02:01)

If a claim for reimbursement is submitted by a CCPR Board member's county, that Board member may participate in the discussions concerning the claim, but that board member may not participate in the Board's final vote of approval or disapproval. (§ 22:02:02:02)

- **COUNTY ELIGIBILITY IN THE CATASTROPHIC PROGRAM**

If a county wishes to begin participation in the CCPR program, it must notify the Administrator, in writing, by July 31. (§ 22:02:01:02)

The Administrator and the Board shall review the county's request to participate and shall notify the requesting county, in writing, of its approval status by September 1. If the county's request to participate is denied, the notice shall contain the reasons for the denial and the county will have until October 1 to correct the deficiencies contained in the notice of denial. If approved as a participating county, the county may not begin participation before January 1 of the following year. (§§ 22:02:01:02 and 22:02:01:03)

Once approved as a participating county, the county remains a participating county for successive calendar years until either the county fails to pay a CCPR assessment or the county has submitted a withdrawal request and a new calendar year has begun. (§ 22:02:01:05)

A request to withdraw from the fund must be in writing and must be submitted to the Administrator by July 31. A county submitting a withdrawal request will be removed from participation effective January 1 of the following year. A county that has withdrawn from the CCPR program but wishes to again participate must submit to the Administrator a new request for participation. The request must be in writing and must be submitted to the Administrator by July 31. A county requesting to rejoin the CCPR program may not have any

arrears due the CCPR fund from previous years of participation. (§§ 22:02:01:06 and 22:02:01:07)

- **DENIAL OF REQUEST TO PARTICIPATE**

A county may be denied participation in the fund (§ 22:02:01:04) for any of the following reasons:

1. The county has failed to pay any portion of a previous CCPR annual assessment;
2. The county has failed to pay any portion of a previous CCPR supplemental assessment;
3. The county has withdrawn from the fund but failed to pay its final assessment;
4. The county's request to participate did not meet the deadline requirements of § 22:02:01:02; or
5. The county did not correct the deficiencies cited in its notice of denial.

- **ADVERSE DECISIONS – REVIEW BY BOARD**

Decisions under this program which are adverse to a county may be appealed through the Board's review process. The Administrator will notify a county by certified mail if a decision is made which is adverse to the county. A county wishing to contest an adverse decision may request a meeting with the Board for purposes of reviewing the claim. A request for review must be made to the Administrator within 30 days after the county receives the notice of the adverse decision. On receipt of the request, the Administrator will schedule the review with the Board. At the time of the review, the county must present its arguments in support of the claim. Based on the review, the Board will enter its final decision. Notice of the final decision will be sent to the county within 30 days after the review. (§ 22:02:01:08)

## **CHAPTER II**

### **DETERMINING MEDICAL INDIGENCE**

- **DEFINITION OF "MEDICALLY INDIGENT"**

Before an individual's claim is eligible for reimbursement from the CCPR fund, the county must have determined that the individual is "*medically indigent*." To be considered *medically indigent*, the individual must meet the following criteria:

1. Requires *medically necessary hospital services* for which no public or private third-party coverage is available to cover the cost of hospitalization. Third-party coverage includes coverage such as insurance, veterans' assistance, Medicaid, or Medicare;
2. Has no ability or only limited ability to pay a debt for hospitalization;
3. Has not voluntarily reduced or eliminated ownership or control of an asset for the purpose of establishing eligibility;
4. Is not *indigent by design*; and
5. Is not a veteran or a member of a Native American tribe who is eligible or would have been eligible for services through the Veterans' Administration (38CFR17.54) or the Indian Health Service (42CFR136.24) if the services would have been applied for within 72 hours of the person's admission.

If an individual fails to meet any one of these tests, he/she is not considered medically indigent and the county is not responsible for the payment of the individual's hospital bill.  
(SDCL 28-13-1.3; 28-13-32.3)

- **MEDICALLY NECESSARY HOSPITAL SERVICES**

Services billed to the county for an individual who is *medically indigent* must be "*medically necessary*." In order to be considered *medically necessary*, the services must meet the following criteria:

1. The services must be consistent with the person's symptoms, diagnosis, condition, or injury;

2. The services must be recognized as the prevailing standard and must be consistent with generally accepted professional medical standards of the provider's peer group;
3. The services must be provided in response to a life-threatening condition; to treat pain, injury, illness, or infection; to treat a condition which would result in physical or mental disability; or to achieve a level of physical or mental function consistent with prevailing standards for the diagnosis or condition;
4. The services must not be furnished primarily for the convenience of the person or the provider; and
5. There may be no other equally effective course of treatment available or suitable for the person needing the services which is more conservative or substantially less costly.

This is the same test which hospitals must use when determining medical necessity for a Medicaid recipient. A county must rely on the attending physician's determination as to medical necessity *unless evidence exists to the contrary.* (SDCL 28-13-27.1)

- **INDIGENT BY DESIGN**

A person may not be considered medically indigent if the person is "*indigent by design.*"

A person is indigent by design if the individual meets any one of the following criteria:

1. The individual is able to work but has chosen not to work; *[The individual must be employable and must have **CHOSEN** not to work. This will not affect those individuals who are between jobs through no fault of their own. It will, however, affect those who have voluntarily terminated their employment before acquiring another job. A county needs to be realistic when making this determination. An individual who is chronically mentally ill or who has a history of long-term alcohol or drug abuse may, quite simply, be "unable" to work.]*
2. The individual is a student at a postsecondary institution and has chosen not to purchase health insurance;
3. The individual has failed to purchase health insurance that was made available through the individual's employer; *[A county must be realistic when making this determination. It would be normal to expect that the employee would participate in the employer's health plan. It may not, however, be possible for the individual to purchase the additional family coverage due to the cost.]* or

4. The individual has transferred resources for the purpose of establishing eligibility for medical assistance. When making this determination, the lookback period includes the 36-month period immediately prior to the onset of the individual's illness and continues through the period of time for which the individual is requesting county assistance.

An individual who is determined to be "*indigent by design*" is ineligible for medical assistance and no other criteria may be used to determine eligibility. (SDCL 28-13-27(6); 28-13-32.10)

- **EMERGENCY vs NON-EMERGENCY**

Hospital services are divided into "*emergency*" and "*non-emergency*" services. If the hospital services are emergency services, the physician, physician's assistant, or nurse practitioner on duty or on call at the hospital must determine whether the individual requires emergency hospital care. The need for emergency hospital care is established if the absence of emergency care is expected to result in death, additional serious jeopardy to the individual's health, serious impairment to the individual's bodily function, or serious dysfunction of any bodily organ or part. The term does not include care for which treatment is available and routinely provided in a clinic or physician's office. (SDCL 28-13-27(2))

If the hospital service is not an emergency and the county is involved as a payer, state law requires that the affected county must approve non-emergency hospital services **before** the services are provided. (SDCL 28-13-33)

Regardless of the type of case, a county always has the right to review the case before accepting responsibility for payment or before paying the claim. As part of the review, the county may request assistance from the Department of Social Services. Requests for such assistance must be directed to the Department of Social Services/Medical Review. In any

event, any review conducted must be done under the supervision of a licensed physician.  
(SDCL 28-13-37.1)

- **VETERANS AND NATIVE AMERICANS**

With respect to veterans and Native Americans, there has been a change in the way counties and hospitals do business. An individual will not qualify as medically indigent if the individual is eligible or would have been eligible for VA or IHS assistance ***if the services had been applied for within 72 hours of the individual's admission.*** (38CFR17.54 & (42CFR136.24) Effective July 1, 1997, the hospital must inquire whether the individual is a veteran or a member of a Native American Tribe (SDCL 28-13-34.1(8)). If the response to either of these inquiries is "yes," it is the hospital's responsibility to pursue eligibility through the VA or IHS. Counties are encouraged to assist the hospital in working through these particular cases. Keep in mind that a veteran may not be eligible on the day of admission but may actually become eligible during his/her hospital stay due to the cost of care and the resulting reduction in net worth. It, therefore, becomes very important that hospitals and counties work together in monitoring these cases very closely.

A veteran who is eligible for medical care through the Veterans' Administration (VA) and enters a hospital, other than an available VA hospital, for emergency care is ineligible for county benefits.

A veteran who enters a hospital, other than a VA hospital, for emergency care who is determined to be ineligible for reimbursement while at the hospital but who would be eligible once stabilized and transferred to a VA facility, may be eligible for county assistance for the inpatient days during which the veteran was not stable enough to be transferred, providing

the veteran is determined to be medically indigent under the provisions of SDCL chapter 28-13.

At the point the veteran can be transferred, the veteran is no longer considered eligible for county benefits and the county's obligation ends.

- **EXPERIMENTAL PROCEDURES/MODES OF TREATMENT**

State law now makes it very clear that no county is liable for the payment of any experimental procedures or experimental modes of treatment. (SDCL 28-13-33.1)

- **HOSPITAL TO OBTAIN RELEASE OF INFORMATION FROM PATIENT**

When submitting a notice of hospitalization, the hospital must make every reasonable effort to secure from the patient ***and to include with the notice***, a release of information form that has been signed by the patient or the patient's authorized representative. The form must authorize the release of information concerning the patient or members of the patient's household to the patient's county of residence. (SDCL 28-13-34.2)

Copies of the forms to be used for these purposes have been developed in cooperation with the South Dakota Association of Healthcare Organizations. These forms have been made available to all South Dakota hospitals for their use in meeting the requirements of SDCL 28-13-34.2.

Copies of both of these forms may be found in Attachments #A and #B. A hospital is not required to use these forms; however, any release supplied to the county must contain the information specified on the forms.

If a county needs to obtain either financial or medical information on the patient or the patient's household, the county must supply a copy of the appropriate release to the agency, person, or institution and must specify in writing what information the county is seeking.

- **HOSPITAL TO EXHAUST OTHER PAYMENT SOURCES**

In the end, before a hospital can submit a bill to a county, state law requires the hospital to exhaust other payment sources, including accepting "reasonable" payments from the patient. While "reasonable" is certainly open to interpretation, the hospital should attempt to establish a payment plan that is reasonable when considering the household's income and other debt and the amount of the hospital bill. When submitting a claim to a county, the hospital must be able to demonstrate that it has met this criterion. (SDCL 28-13-33.2)

- **ABILITY TO PAY**

When determining whether a person is eligible for medical assistance through the county, the county must determine what income and resources are available to the household. The county must calculate the household's monthly expenses and must then use the formula established in statute that calculates whether the individual has any ability to pay the hospital bill. These calculations must be made according to SDCL 28-13-32.5 to 28-13-32.9, inclusive.

The form used to determine whether a person has any ability to pay the hospital bill may be found at Attachment #C. Please refer to the statewide guidelines on county poor relief for detailed information on how to complete this form.

Once a county determines that an individual has an ability to pay all or part of the cost of hospitalization, the county must notify the hospital. The notice should include the amount payable by the patient and the amount payable by the county, if any.

### **CHAPTER III**

#### **REIMBURSEMENTS**

- **COUNTY TO PURSUE THIRD-PARTY PAYMENT SOURCES**

Because the county is the payor of last resort, a county must pursue the availability of a third-party payment source before accepting responsibility for a catastrophic claim. A third-party payment source is the obligation of an entity other than the county for either partial or full payment of the medical cost of injury, disease, or disability. Third-party payment sources include coverage such as Medicare, Medicaid, private health insurance, workers' compensation, supplemental security income, disability insurance, and automobile insurance.

The county must be able to document pursuit of the availability of a third-party payment source. The documentation must be maintained in the individual's record. When the claim is subsequently submitted to the CCPR program for payment, evidence of the third-party payment or rejection must accompany the claim. (§ 22:02:02:10)

- **COUNTY PAYMENT GOVERNED BY COST STATEMENT OR MEDICAID RATE**

Effective July 1, 1997, the county's rate of reimbursement to a hospital is the actual cost of hospitalization determined according to the hospital's cost statement or the amount payable under the state's Medicaid system, whichever is lower. (SDCL 28-13-29) Also effective July 1, 1997, the responsibility for reviewing, approving, and maintaining copies of the hospitals' cost statements was transferred to the Department of Social Services. Questions relating to a hospital's cost statement or requests for copies of cost statements should be directed to the following office:

Office of Provider Reimbursement & Audits  
Department of Social Services  
700 Governors Drive

Pierre, South Dakota 57501 (605) 773-3643

Hospital claims covering both in-patient and same-day surgery cases must be submitted on both a UB-92 form and on the billing form which breaks out the hospital's ratio of costs to charges for the county. To obtain the Medicaid pricing information, both of these forms must be forwarded to the South Dakota Department of Social Services at the below address:

South Dakota Department of Social Services/Medical Services  
Premium Assistance  
700 Governors Drive  
Pierre, South Dakota 57501

Once a claim is priced, the South Dakota Department of Social Services will return the claim to the County with the Medicaid pricing information attached. It is the county's responsibility to maintain this pricing information in the individual's file. If county payment is based on the Medicaid price, these documents constitute the evidence for the Medicaid pricing. The Department **does not** maintain copies of these documents. If a hospital questions the pricing, it is the county's responsibility to produce the documentation that substantiates the calculated price and to relay the pricing information back to the hospital.

- **COUNTY TO NOTIFY DEPARTMENT OF IMMINENT CLAIM**

As soon as it appears to a county that the possibility of a catastrophic claim exists, the county is required to notify the Catastrophic Program. Notification may be made either in writing or via a telephone call to the Administrator. (§ 22:02:02:03)

- **BENEFIT PERIOD**

Reimbursement from the CCPR fund for medical expenses is limited to those medical expenses that an individual has incurred over a 12-month period. This 12-month period is referred to as the individual's "benefit period." The 12-month benefit period begins with the first day an eligible individual incurs hospital or other medical expenses, as long as those expenses are used in establishing or computing a CCPR payment. (§ 22:02:02:04)

**EXAMPLE:** Joe is medically indigent and incurred miscellaneous medical expenses beginning July 15, 1997. On August 13, 1997, Joe was involved in an accident. He was hospitalized and incurred additional, major medical expenses as a result of the accident. Joe continued to incur medical expenses throughout the next 14 months. Even though the county began paying Joe's medical bills in July, the county could choose to limit its request for reimbursement for those medical claims which began on August 13, rather than July 15. If the county chooses August 13 as the starting date, the 12-month benefit period expires at midnight August 12, 1998. If the county chooses July 15 as the starting date, the 12-month benefit period expires at midnight July 14.

- **COUNTY APPLICATION FOR REIMBURSEMENT**

A county wishing to request reimbursement from the CCPR fund should do so on an Application for Reimbursement form which is available from the SDACC. (See Attachment #D)

The county should complete the Application for Reimbursement and return it, together with the necessary documentation/evidence, to the Administrator.

The amount of requested reimbursement for each provider should show the amount billed by the provider, the amount actually paid by the county, the required deductions (\$20,000 + 10% county share), and the balance due from the CCPR fund. Regardless of the amount paid, the rate of reimbursement from the fund for a hospital expense incurred after

June 30, 1997 may not exceed the hospital's ratio of cost to charge or the Medicaid rate of reimbursement, whichever is lower. (§ 22:02:02:08)

**EXAMPLE:**

	<u>Actual Bill</u>	<u>Paid by County</u>
Sanford Hospital	40,000.00	28,000.00
Avera St. Mary's Hospital	60,000.00	51,000.00
Smith's Medical Supplies	2,000.00	1,700.00
Bill's Pharmacy	700.00	595.00
TOTALS	102,700.00	81,295.00
LESS:		
County Deductible		-20,000.00
County Share (10% of balance)		-6,129.50
Balance to be Paid by CCPR Fund		\$55,165.50

If the county determined that the individual had an ability to pay part of the hospital bill, the amount contained in the "Paid by County" column must reflect the county's share after deducting the client's share.

The county must provide evidence that will substantiate the claim, the dates of service, the individual's and the county's share of the bill, and the amount paid by the county. Evidence supporting the individual's and county's share must consist of a copy of the county's calculations made on the "ability to pay" form. (See Attachment #C) If county payment to a hospital was based on the Medicaid rate, the county must include a copy of the documentation from Medicaid that calculates the Medicaid payment rate. In order to expedite payment, the county should also transmit a voucher that has been signed in the lower left-hand corner by either the county board chair or vice-chair. (Attachment #E)

A county may submit more than one voucher per individual but one voucher may contain claims for only one individual. A copy of the voucher will be returned to the county.

If this is the county's first claim on behalf of an eligible individual, the evidence submitted by the county will need to show that the county has met its \$20,000 share of the expenses for the individual for the 12-month period in which the services were provided.  
(§ 22:02:02:05)

If a county carries an individual into a new 12-month benefit period, the individual's medical expenses for the new 12-month period must again exceed \$20,000 before his/her medical expenses would again be eligible for reimbursement from the fund. (§ 22:02:02:08)

- **CLAIMS INVOLVING CHILDREN BORN AS PART OF A MULTIPLE BIRTH**

Children born as a result of a multiple birth (twins, triplets, etc.) who incur medical expenses as a result of that birth are considered to be a single individual when applying the provisions of SDCL 28-13A-6 and 28-13A-7:

**28-13A-6. Reimbursement from fund – Eligibility – Application.** Any participating county which has incurred hospital and other medical claims in excess of twenty thousand dollars for any individual eligible for county poor relief in a twelve-month period may apply to the board for funds from the catastrophic county poor relief fund. The application shall include such information as the board of catastrophic county poor relief may prescribe.

**28-13A-7. Amount of reimbursement.** The catastrophic county poor relief board shall determine if the application is in order and the claim is justified and may approve disbursements to the county for ninety percent of any hospital and other medical claim payments the county has made for the individual in excess of twenty thousand dollars in the twelve-month period and may continue to reimburse the county for ninety percent of hospital and other medical claim payments for the individual for the remainder of that period.

If a county has a claim involving a multiple birth, the children's expenses are considered **together** and the total bill for both/all the children is subject to only one \$20,000 deductible. In other words, in this particular instance only, a county paying for the birth of twins can request reimbursement for both children while only making one \$20,000 deductible payment. Two for the price of one!

Additional claims submitted for these multiple-birth children for the remainder of the 12-month benefit period are not subject to another \$20,000 deductible. When the initial 12-month period ends, each child is considered as a separate individual and each child's medical claim is subject to a \$20,000 deductible.

**WARNING:** Since the state expanded its Medicaid coverage groups, the Catastrophic Program has seen very few, if any, claims for children. If a county receives a notice from a hospital, and the notice involves a child, the county *must be* pro-active. The recommendation is that the county immediately make sure that the family has applied for assistance through the Department of Social Services. In addition, if there is a possibility that the child will require long-term hospitalization or has a long-term disabling condition, an application must be made immediately to the Social Security Administration. If the county fails to investigate these other payment sources, the claim may be denied by the CCPR Board if a determination is made by the Board that the child would have been eligible for benefits through another payment source but the county failed to act. (§ 22:02:02:07)

- **ORGAN TRANSPLANTS**

When an organ transplant is involved, a county must ensure that the requirements of SDCL 28-13A-13 have been met before the county accepts responsibility for the expenses. SDCL 28-13A-13 contains the following provisions:

**28-13A-13. Conditions for disbursement for organ transplants.** The catastrophic county poor relief board may not approve a disbursement for care related to an organ transplant unless the county making application establishes the following:

(1) That the same care is available to nonindigent residents of the county. This may be established by the receipt of letters from six insurance companies doing business in the state verifying that insurance coverage is available for such care;

(2) That the care will not jeopardize the funding of health care services already available within the county;

(3) That the care is reasonable and necessary;

(4) That the care provider has determined that the individual in need of the organ transplant is medically, psychologically and socially qualified to receive the transplant according to criteria established by the care provider; and

(5) That there is a reasonable expectation that there will be a significant improvement in the individual's duration or quality of life as a result of the transplant.

Evidence of compliance with SDCL 28-13A-13 will be requested at the time reimbursement is requested through the CCPR fund. *(Don't forget to notify the CCPR Program when an organ transplant is imminent.)*

It is strongly recommended that the county enter into a written agreement with the facility performing the transplant so the extent of the county's responsibility is very clear. If the county intends that the maximum amount stated includes **all** of the expenses relating to the transplant (the actual surgery and hospitalization; physician fees; housing; follow-up, etc.) the county should specify such in the agreement.

- **DOCUMENTS TO BE TRANSMITTED WITH CLAIM**

When a county submits a claim for reimbursement, the following documents must be submitted with the claim:

1. A completed Application for Reimbursement;

2. A copy of the hospital bill showing the dates of service and the charges;
3. A copy of the UB-92 pricing scheme if the county paid the hospital bill based on the Medicaid rate;
4. The application for county assistance or the completed ability to pay form that contains the individual's and the county's share of the hospital bill;
5. Evidence that the county has paid the bill, together with an indication as to the amount paid;
6. If the claim is for an organ transplant, evidence of compliance with SDCL 28-13A-13;
7. Evidence that the county has paid its \$20,000 +10 percent share; and
8. A voucher which has been signed by either the county board chair or vice chair.
9. Deposition records (if case has gone to deposition).

If, within the same 12-month period, the county submits subsequent claims on behalf of the same individual, the county does not have to re-establish the fact that the county has met its \$20,000 share of the expenses.

- **NEGOTIATING WITH OTHER MEDICAL PROVIDERS**

If a county chooses to pay a medical provider other than a hospital, the county is encouraged to negotiate the rate of reimbursement with the medical provider. If a county is successful in its attempts to negotiate a claim down, the CCPR fund will reimburse 90 percent of the negotiated amount, less the \$20,000 share, if applicable.

Experience to date has shown that other medical providers will, and do, provide a percentage reduction for county poor bills. Some counties utilize the Medicaid rate of payment while others have a pre-arranged agreement with the medical provider under which

the provider agrees to accept a 25 – 50 percent reduction in billed charges if the county agrees to participate in the payment of the claim.

- **CLAIM APPROVAL**

On receipt of a completed application and the supporting documentation, the Administrator forwards the information to the CCPR Advisory Committee for review. (See attachment #G) If that Committee feels it has the sufficient information to make a decision that recommendation will be forwarded to the Administrator. If a county's application for reimbursement and/or the accompanying documents contain insufficient information or evidence with which to make a decision as to claim eligibility and/or the amount of the CCPR reimbursement, the Committee will inform the Administrator who will notify the county of the necessary supporting documentation needed. The claim will be held until full documentation is submitted.

The following procedures are used when approving, denying, or amending a claim: A copy of the claim submitted for reimbursement together with the claim documentation and the Committee's recommendation is sent to each CCPR board member by the Administrator. Each board member reviews the claim and notifies the Administrator, in writing, of the board member's recommended approval, denial, or adjustment of the claim. Final action on the claim is based on the responses received from the board, as long as a majority of the board has responded. If there is disagreement among the responding board members as to whether a claim should be approved, denied, or adjusted, a board meeting is held. If unanimous approval cannot be reached at that time, action on the claim will be as per

majority rule. Once there is Board approval, reimbursement is usually made within 90 working days. (§ 22:02:02:06)

- **CLAIM DENIAL**

The board may deny a county's claim for reimbursement for any of the following reasons:

1. The county has not paid its CCPR annual assessment;
2. The county has not paid its supplemental CCPR fund assessment;
3. The county has not paid the first \$20,000 for the individual for the 12-month benefit period;
4. The county has not provided the evidence required under § 22:02:02:05;
5. The service was provided before January 1, 1985;
6. The service was provided before the date of county participation;
7. The county has not been approved as a participating county;
8. The request for reimbursement has been delayed and the county failed to notify the department according to § 22:02:02:03;
9. The claim is for an organ transplant but the county has failed to meet the requirements of SDCL 28-13A-13;
10. The county failed to follow its guidelines when determining eligibility;
11. The county failed to pursue other third-party payment sources;
12. The individual was not eligible for county poor relief; or
13. The claim exceeds the payment limits established in § 22:02:02:08.

If the Board denies the claim, the Administrator shall notify the county of the claim denial. The notice of denial will be in writing, will contain the reasons for the denial, and will be sent by certified mail. (§§ 22:02:02:06 and 22:02:02:07)

- **ADVERSE DECISIONS – REVIEW BY BOARD**

Decisions under this program that are adverse to a county may be appealed through the Board's review process. The Administrator will notify a county by certified mail if a decision is made which is adverse to the county. A county wishing to contest an adverse decision may request a meeting with the Board for purposes of reviewing the claim. A request for review must be made to the Administrator within 30 days after the county receives the notice of the adverse decision. On receipt of the request, the Administrator will schedule the review with the Board. At the time of the review, the county must present its arguments in support of the claim. Based on the review, the Board will enter its final decision. Notice of the final decision will be sent to the county within 30 days after the review. (§ 22:02:01:08)

- **LIENS**

A county has the ability to pursue reimbursement for relief furnished by filing a lien and pursuing other third-party payment sources. **A reimbursement to the county as a result of a lien or other third-party collection does not release the county's obligation to repay the CCPR fund for those medical expenses previously reimbursed from the fund.** When filing a lien, the amount of the lien filed must be for the full amount paid by the county without regard to any reimbursement from the CCPR fund. (SDCL 28-14-5)

- **REIMBURSEMENT TO CCPR FUND WHEN COUNTY COLLECTS ON COUNTY POOR RELIEF CLAIMS**

If a county had previously received a CCPR fund reimbursement for an individual's medical claims and the county subsequently collected either all or part of the claim from the individual or a third party, the county must reimburse the CCPR fund for its pro rata share. Once a collection is made, the county should notify the Administrator of the amount collected. The Administrator will then calculate the county/CCPR share and notify the county of the

amount that must be reimbursed to the CCPR fund. When making the calculation, the percentage of the collection to be repaid must equal the percentage of the claims that the CCPR reimbursement represents. (§ 22:02:02:09)

**CHAPTER IV**  
**ASSESSMENTS**

• **ANNUAL ASSESSMENTS**

Each January, the Administrator will determine how much money is needed to replenish the CCPR fund and will compute the annual assessment for each participating county. The annual assessments are subject to board approval and once approved, the Administrator will inform the county auditors of each participating county of the amount of that county's annual assessment. The computation is based on the following statutory provision:

**28-13A-9. Computation of counties' shares.** Each participating county's share of the catastrophic county poor relief fund shall be computed utilizing the following factors:

- (1) The percent of the total population, minus individuals eligible for medicaid, of the participating counties in the state which reside in the county; and
- (2) The percent of the taxable value of the participating counties in the state associated with the county as determined by the department of revenue.

Each participating county's share of the catastrophic county poor relief assessment shall be calculated by multiplying the average of the two factors by the total assessment.

A county must remit its share of the annual assessment to the South Dakota Association of County Commissioners on or before March 15<sup>th</sup>.

• **ANNUAL ASSESSMENT – NEW COUNTIES**

A county is not subject to an annual assessment until after its first year of participation.

(§ 22:02:03:02)

**EXAMPLE:** On June 15, 1996, County "A" requested permission to join the CCPR pool. The Board approved the request and County "A" became a participating member of the pool effective January 1, 1997. County "A's" first annual assessment was not levied until January 1998.

- **SUPPLEMENTAL ASSESSMENTS**

If it appears to the Administrator that the CCPR fund is in danger of being depleted, the Administrator may recommend to the Board that a supplemental assessment be levied on each participating county. The amount of the supplemental assessment is to insure the availability of funds for pending claims and does not necessarily have to bring the fund balance back to the level established at the beginning of the calendar year. Supplemental assessments are subject to Board approval and once approved, the Administrator sends a written notice to each participating county informing them of the amount of the supplemental assessment due.

The county must remit its share of the supplemental assessment to the South Dakota Association of County Commissioners within 30 days after the county's next scheduled commission meeting following receipt of the notice that a supplemental payment is due.  
(§ 22:02:03:03)

- **SUPPLEMENTAL ASSESSMENTS – NEW COUNTIES**

A county that has just begun participating in the CCPR pool and has yet to pay an annual assessment for its first year of participation ***is liable*** for the payment of a supplemental assessment. (§ 22:02:03:03)

**EXAMPLE:** County "A" began participating in the CCPR pool on January 1, 1997. On September 29, 1997, the Board levied a supplemental assessment. County "A" ***is liable*** for the payment of its share of the supplemental assessment even though the county has yet to pay an annual assessment.

If a county serves notice on the CCPR Board (by July 31) that it wishes to begin participation in the CCPR Program, that county is not liable for the payment of any

supplemental assessments until it actually begins participating in the program.

(§ 22:02:03:03)

**EXAMPLE:** County "A" requested permission to join the CCPR pool on June 15, 1996. The Board levied a supplemental assessment on September 5, 1996. County "A" **is not liable** for the payment of the supplemental assessment because it will not begin participating in the CCPR Program until January 1, 1997.

- **SUPPLEMENTAL ASSESSMENTS – WITHDRAWING COUNTY**

If a county has served notice (by July 31) of its intention to withdraw from the CCPR Program, the county remains liable for the payment of any supplemental assessments which may be levied through the end of the county's year of participation. (§ 22:02:03:03)

- **FINAL ASSESSMENTS – WITHDRAWING COUNTY**

If a county has served notice (by July 31) of its intention to withdraw from the CCPR fund, the withdrawing county is subject to a final assessment. This final assessment is levied at the same time as the annual assessment and constitutes the last, or "final", annual assessment for the withdrawing county. This final assessment is payable to the South Dakota Association of County Commissioners on or before March 15<sup>th</sup> of the county's first calendar year of non-participation.

**EXAMPLE:** County "C" notified the CCPR Board on July 15, 1997, that it wished to withdraw from the CCPR program. County "C" became a non-participating county on January 1, 1998 and was liable for a final assessment. This final assessment was levied by January 31, 1998 and was payable to the South Dakota Association of County Commissioners on or before March 15, 1998.

- **FINAL ASSESSMENTS – DISCONTINUANCE OF FUND**

The CCPR fund will be discontinued if, at the end of any calendar year, less than 35 counties elect to remain in the fund. If it becomes necessary to discontinue the fund, a final

assessment will be made against all of the counties that were participating during the final year of the program. The appropriate statutory provision follows:

**§ 28-13A-5. Discontinuance - Disposition of fund.** If at the end of any calendar year less than thirty-five counties elect to remain in the fund, the fund shall be discontinued and the reserve shall revert to the counties that were in participating in the fund before the fund was discontinued. If the fund balance is negative when the fund is discontinued, a final assessment shall be made on all the counties that were participating in the fund before the fund was discontinued to bring the fund balance to zero. *(Pending Legislative approval of statutory change)*

This final assessment will not be levied until the Administrator is reasonably certain that all claims against the CCPR fund have been submitted and paid. When this final assessment is made, it will be payable to the South Dakota Association of County Commissioners within one year after the assessment is levied. (§ 22:02:03:04)

**EXAMPLE:** The Administrator determines on December 31, 2000 that less than 35 counties will be remaining in the CCPR pool for the next calendar year. As per statutory provisions, the program is automatically discontinued. The Administrator makes the last reimbursements from the fund on May 18, 2001. On June 1, 2001, the Administrator computes the final assessment and notifies each of the counties that were participating on December 31, 2000. This final assessment is payable to the South Dakota Association of County Commissioners by June 1, 2002.

- **FAILURE TO PAY ASSESSMENT**

If a county fails to pay an assessment, the Administrator will send a written notice to the county auditor. Copies of the notice will be sent to each of the county's commission members as well as each CCPR board member. Except in the case of a final assessment due to discontinuance of the fund, the notice will inform the county that failure to pay the assessment within the time specified in the notice will result in ineligibility.

If a county withdraws from the fund and fails to pay its final assessment, the county is not eligible for readmission to the fund until its arrearages are paid. If a participating county fails to pay an assessment, the county is not eligible to receive reimbursements from the fund until the county's arrearages are paid.

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

RE: Patient's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

County of Residence \_\_\_\_\_

Date of Admission \_\_\_\_\_

I hereby authorize \_\_\_\_\_ Hospital to release to my county of residence medical information concerning my care and treatment during the period of hospitalization. I further authorize the county to release such medical information to providers or cooperating state or federal agencies.

This authorization is given only in connection with its use by my county of residence in the administration of its programs under the provisions of SDCL chapters 28-13, 28-13A, and 28-14. I understand that this information will be considered confidential and shared only with individuals, agencies, institutions, or facilities assisting with my financial needs.

I understand that the records concerning this admission may include information regarding drug and/or alcohol abuse, HIV testing, or mental health records. I acknowledge that such information is protected by federal and/or state law and I hereby release the above-named hospital from all legal responsibility or liability that may arise as a result of this action.

A photocopy of the release shall be as valid as the original and shall continue in effect until such time as I notify the county that it is no longer valid.

Dated this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Signature of parent, guardian, spouse, or authorized representative if patient is either a minor or incapacitated.

\_\_\_\_\_  
Relationship to Patient

**AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION**

RE: Patient's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

County of Residence \_\_\_\_\_

Date of Admission \_\_\_\_\_

I hereby authorize \_\_\_\_\_ hereby authorize any individual, agency, institution, or facility to supply financial information to the county of my residence concerning myself and/or my family and to allow inspection and reproduction of financial records in the individual's, agency's, institution's, or facility's possession pertaining to myself and/or my family. I further authorize the county to release such financial information to providers or cooperating state or federal agencies.

This authorization is given only in connection with its use by my county of residence in the administration of its programs under the provisions of SDCL chapters 28-13, 28-13A, and 28-14. I understand that this information will be considered confidential and shared only with individuals, agencies, institutions, or facilities assisting with my financial needs.

A photocopy of the release shall be as valid as the original and shall continue in effect until such time as I notify the county that it is no longer valid.

Dated this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Spouses Signature

\_\_\_\_\_  
Spouses Social Security Number

\_\_\_\_\_  
Signature of parent, guardian, spouse, or authorized representative if patient is either a minor or incapacitated.

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Parent's Social Security Number

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_

### I. PROCESS OF ESTABLISHING INCOME (RESOURCE) GUIDELINE

1	CALCULATE MONTHLY HOUSING ADJUSTMENT		
	(County Housing Index) X (\$306)		
2	Derive Annualized Guideline VIA Formula		
	[(1.75 X poverty level) + Line 1] X 12		

### II. PROCESS OF ESTABLISHING ELIGIBILITY

#### (Step 1):

#### CONSIDERATION OF RESOURCES / ASSETS

3	Equity value of primary residence MINUS \$60,000 (homestead exemption): PLUS entire equity value of other real property	\$0.00	
4	Equity value of recreational and leisure equipment	\$0.00	
5	equity value of motor vehilces in excess of \$5,000	\$0.00	
6	Cash in excess of one-half month's gross income	\$0.00	
7	Personal assets, savings, CD's, stocks, securities, notes due, cash value of life insurance, judgments receivable, and monetary gifts.	\$0.00	
8	Equity value of business property, include real estate, equipment, and inventory.	\$0.00	
9	Household goods and personal property beyond that wich can reasonably be considered to be essential for everyday living and self support	\$0.00	
10	One time gains (lump Sum Settlements, inheritances, winnings, etc.)	\$0.00	
11	Total lines 3 through 10 (equals estimate of net assets / resources)		\$0.00
12	Subtract \$5,000		-\$5,000.00
13	Balance equals adjusted resources / assets		\$0.00

#### (Step 2):

#### DERIVE TOTAL MONTHLY INCOME

14	Gross Salary, Wages, Commissions and bonuses	0	
15	Self-employment income	0	
16	Pension, social security, and VA disabililty insurance payments	0	
17	Annuities and/or trust income	0	
18	Interest, dividends, rents, royalties, and investment gains	0	
19	Unemployment compensation and/or strike benefits	0	
20	Workers compensation benefits	0	
21	Alimony and child support	0	
22	School grants and stipends (excluding grants for books & tuition)	0	
23	Total lines 14 through 22 (equals unadjusted gross montly income)		0
24	add adjusted resources / assets from line 13		\$0.00
25	Compute gross annual income [(12 X line 23) _____ + line 24 = _____]		\$0.00

(Compare line 25 to line 2. If line 25 is less, individual is income eligible, if line 25 is greater, individual is not income eligible, regardless of outcome, continue to next page.)

### III. PROCESS OF ESTABLISHING ABILITY TO PAY (CO-PAYMENT)

#### (STEP 1):

	CALCULATE MONTHLY EXPENSES		
26	Income taxes and contributions to social security, medicare, etc	\$0.00	
27	Contributions to standard retirement programs	\$0.00	
28	total of lines 26 and 27 (equals total deductions)		\$0.00

	CALCULATE MONTHLY EXPENSES		
29	Actual rent paid or scheduled principal and interest payments for a personal residence plus property taxes and homeowners insurance costs	\$0.00	
30	All Utilities	\$0.00	
31	Child care expenses related to work schedules	\$0.00	
32	Grocery expenses (maximum allowance under the Thrifty Food Plan Plus household supplies and toiletries)	\$0.00	
33	Basic auto expenses, gasoline, and upkeep	\$0.00	
34	Employee paid ins: Health\$_____, Life\$_____, Auto\$_____.	\$0.00	
35	Monthly health or medical installment payments	\$0.00	
36	Customary monthly expenses for medicine and medical care	\$0.00	
37	Court-ordered child support and alimony payments	\$0.00	
38	Automobile installment payments pertaining to one vehicle	\$0.00	
39	Other expenses (including clothing and installment debt for necessary household items)	\$0.00	
40	Total of lines 29 through 39 (equals total basic monthly expenses)		\$0.00

	CALCULATE MONTHLY DISCRETIONARY INCOME & DEBT LOAD		
41	Line 23 - Line 28 - Line 40		\$0.00
42	Line 41 X %50 (Equals one-half of discretionary income)		\$0.00
43	Line 42 X 44.96 (equals the amount of debt which can be amortized over 60 months at %12 annual interest per dollar of payment)		\$0.00

	CALCULATE HOUSEHOLDS ABILITY TO PAY		
44	Enter amount of adjusted assets / resources from line 13	\$0.00	
45	Enter household's debt load from line 43	\$0.00	
46	Total of lines 44 and 45 (equals total ability to pay and constitutes the household's share of hospital bill)		\$0.00

#### (Step 3):

	CALCULATE COUNTY'S SHARE		
47	Enter the hospital charges computed according to SDCL 28-13-29	\$0.00	
48	Enter the household's share from line 46	\$0.00	
49	subtract line 48 from line 47 (equals county's obligation)		\$0.00

# Catastrophic County Poor Relief (CCPR) VOUCHER

VOUCHER NUMBER:	INVOICE DATE:
INVOICE NUMBER:	
TO:	FROM: Catastrophic County Poor Relief Attn: Kris Jacobsen 211 E Prospect Ave Pierre, SD 57501
DESCRIPTION / JUSTIFICATION:	

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

COMMISSION CHAIR \_\_\_\_\_ DATE \_\_\_\_\_

AUTHORIZATION	DATE
---------------	------

AUTHORIZATION \_\_\_\_\_ DATE \_\_\_\_\_

# APPLICATION FOR REIMBURSEMENT CATASTROPHIC COUNTY POOR RELIEF

RESERVED FOR SDACC OFFICE USE

County: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check One: ☐Emergency      ☐Pre-Approved Emergency

Date Received: \_\_\_\_\_

Notice To Board: \_\_\_\_\_

Board Action Date: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Written summary on Patients Eligibility for CCPR  
program:

Provider

Actual Bill

Amount Paid By County

## CHAPTER 22:02:01

### COUNTY PARTICIPATION AND WITHDRAWAL

#### Section

22:02:01:01	Definitions.
22:02:01:02	County request to participate -- Beginning date of participation.
22:02:01:03	Notice of approval to participate.
22:02:01:04	Reasons for denial of request to participate.
22:02:01:05	Automatic renewal of participation.
22:02:01:06	Request for withdrawal -- Effective date of withdrawal.
22:02:01:07	Reapplications.
22:02:01:08	Review procedure.

#### **22:02:01:01. Definitions.** Terms used in this article mean:

- (1) "CCPR," the catastrophic county poor relief program established by SDCL 28-13A;
- (2) "Board," the Board of Catastrophic County Poor Relief;
- (3) "Association," the South Dakota Association of County Commissioners;
- (4) "Annual assessment," the assessment made by the board in January of each year against a participating county;
- (5) "Supplemental assessment," an assessment made by the board against each participating county when it anticipates that the CCPR funds remaining in a given calendar year will be insufficient to meet predicted obligations for the remainder of the current calendar year; and
- (6) "Final assessment," for a withdrawing county, the assessment made by the board against the county which is used to reimburse that county's share of the CCPR fund from the previous calendar year; for a county participating at the time the program ends, the assessment made by the board against each of the remaining participating counties which will bring the fund balance back to the \$500,000 level.

**Source:** 11 SDR 144, effective May 2, 1985; 25 SDR 69, effective November 12, 1998; transferred from § 67:19:01:01, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4, 28-13A-5.

**Cross-Reference:** CCPR appropriation, SL 1984, ch 204, § 6.

**22:02:01:02. County request to participate -- Beginning date of participation.** A county wishing to participate in the CCPR program must notify the board, in writing, by July 31. If approved as a participating county, the county may not begin participation before January 1 of the following year.

**Source:** 11 SDR 144, effective May 2, 1985; 13 SDR 134, effective March 30, 1987; transferred from § 67:19:01:02, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4.

**Cross-Reference:** Reasons for denial of request to participate, § 22:02:01:04.

**22:02:01:03. Notice of approval to participate.** The board and association shall review the requests submitted under § 22:02:01:02 and shall notify the requesting county, in writing, of its approval status by September 1.

If the county's request for participation is denied, the notice shall contain the reason for the denial.

Counties which have been denied participation have until October 1 to correct the deficiencies contained in the notice of denial.

**Source:** 11 SDR 144, effective May 2, 1985; 25 SDR 69, effective November 12, 1998; transferred from § 67:19:01:03, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4.

**Cross-Reference:** Review procedure, § 22:02:01:08

**22:02:01:04. Reasons for denial of request to participate.** The board may deny a county's request to participate in the CCPR program for any of the following reasons:

- (1) The county has failed to pay any portion of a previous CCPR annual assessment;
- (2) The county has failed to pay any portion of a previous CCPR supplemental assessment;
- (3) The county has withdrawn from the program but failed to pay its final assessment;
- (4) The county's request to participate did not meet the deadline requirements of § 22:02:01:02; or
- (5) The county did not correct the deficiencies cited in its notice of denial.

**Source:** 11 SDR 144, effective May 2, 1985; 13 SDR 134, effective March 30, 1987; transferred from § 67:19:01:04, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4.

**Cross-References:** Notice of approval to participate, § 22:02:01:03; Assessments, ch 22:02:03.

**22:02:01:05. Automatic renewal of participation.** Once approved as a participating county, the county is a participating county for successive calendar years until the January 1 after the county submits a withdrawal request according to § 22:02:01:06 or until the county fails to pay a CCPR assessment.

**Source:** 11 SDR 144, effective May 2, 1985; 19 SDR 76, effective November 23, 1992; transferred from § 67:19:01:05, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4.

**Cross-Reference:** Failure to pay assessment, § 22:02:03:05.

**22:02:01:06. Request for withdrawal -- Effective date of withdrawal.** A participating county wishing to withdraw from the CCPR program shall submit a withdrawal request to the

board by July 31. Counties submitting withdrawal requests shall be removed from participation effective January 1 of the following year.

**Source:** 11 SDR 144, effective May 2, 1985; 13 SDR 134, effective March 30, 1987; transferred from § 67:19:01:06, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4, 28-13A-6, 28-13A-7.

**Cross-Reference:** Final assessments, § 22:02:03:04.

**22:02:01:07. Reapplications.** A county which has withdrawn from participation in the CCPR program and wishes to again participate shall comply with § 22:02:01:02. To receive board approval, the county may not have any arrearages due the CCPR fund from previous years of participation.

**Source:** 11 SDR 144, effective May 2, 1985; 13 SDR 134, effective March 30, 1987; transferred from § 67:19:01:07, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4.

**Cross-Reference:** Reasons for denial of request to participate, § 22:02:01:04.

**22:02:01:08. Review procedure.** When the board renders an adverse decision under this article, it shall notify the county concerned within 10 working days after the decision is rendered. Notification shall be by certified mail. A county wishing to contest an adverse decision may request the board to review the decision. A review is held under the provisions of SDCL 1-26. A request for a review must be sent to the association within 30 days after receiving the notice of the decision. The association shall schedule the review before the board and shall notify the county. At the time of the review, the county shall present its arguments in support of the claim. Based on the review, the board shall enter its final decision. The board shall send written notice of its final decision to the county within 30 days after the review.

**Source:** 11 SDR 144, effective May 2, 1985; 13 SDR 134, effective March 30, 1987; 22 SDR 2, effective July 17, 1995; transferred from § 67:19:01:08, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4.

## CHAPTER 22:02:02

### REIMBURSEMENTS

#### Section

22:02:02:01	Board meetings.
22:02:02:02	Board member conflict of interest.
22:02:02:03	Notice of imminent claim -- Deadline for notifying board of amount of delayed claim.
22:02:02:04	Determination of 12-month period.
22:02:02:05	Application for reimbursement -- Evidence of payment.
22:02:02:06	Claim approval process.
22:02:02:07	Reasons for claim denial.
22:02:02:08	Payment limits.
22:02:02:09	Repayment to CCPR fund if county collects on claims.
22:02:02:10	County to pursue third-party payment sources.

**22:02:02:01. Board meetings.** Board meetings are subject to call. Interested individuals must contact the association or a CCPR board member to request a meeting with the board.

**Source:** 11 SDR 144, effective May 2, 1985; 19 SDR 76, effective November 23, 1992; transferred from § 67:19:02:01, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4.

**22:02:02:02. Board member conflict of interest.** If a claim for reimbursement is submitted from a board member's county, that board member may participate in the discussions concerning the claim but may not participate in the board's final vote of approval or disapproval.

**Source:** 11 SDR 144, effective May 2, 1985; transferred from § 67:19:02:02, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4.

**22:02:02:03. Notice of imminent claim -- Deadline for notifying board of amount of delayed claim.** A county shall notify the association in writing as soon as possible if a claim appears to be imminent. If the county's application for CCPR fund reimbursement for the claim is going to be delayed, the county shall provide written notification to the association of the amount of the claim no later than the end of the calendar year following the year the county is billed for the medical expenses.

**Source:** 11 SDR 144, effective May 2, 1985; transferred from § 67:19:02:03, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4.

**22:02:02:04. Determination of 12-month period.** A 12-month period begins the first day an eligible individual incurs hospital or other medical expenses used in establishing or computing

a CCPR payment. A 12-month period ends at 12:01 a.m. on the anniversary of the first date the expenses were incurred.

**Source:** 11 SDR 144, adopted May 2, 1985, effective July 1, 1985; 19 SDR 76, effective November 23, 1992; transferred from § 67:19:02:04, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4.

**22:02:02:05. Application for reimbursement -- Evidence of payment.** A county requesting reimbursement from the CCPR fund must submit an application for reimbursement to the association on a form available from the association.

In addition to the application, a county must provide the following information to the association:

- (1) A copy of the provider's invoice showing dates of service;
- (2) Evidence, such as a copy of the approved county voucher, that payment was made by the county, including the amount paid;
- (3) If the request for reimbursement is for a hospital claim incurred after June 30, 1997, documentation which establishes both the individual's and the county's share of the hospital bill;
- (4) If county payment to a hospital was based on the Medicaid rate, a copy of the documentation from Medicaid which calculates the Department of Social Services payment rate; and
- (5) A voucher signed by the county board of commissioners chair or vice-chair.

If the claim being submitted is the first reimbursement request covering a particular individual, the county must also submit evidence which shows that the county has met its \$20,000 share of the expenses for that individual for the 12-month period in which the services were rendered.

If the claim is for an organ transplant, the county must submit evidence of compliance with SDCL 28-13A-13.

**Source:** 11 SDR 144, effective May 2, 1985, amended effective July 1, 1985; 13 SDR 134, effective March 30, 1987; 19 SDR 76, effective November 23, 1992; 25 SDR 69, effective November 12, 1998; transferred from § 67:19:02:05, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4, 28-13A-6.

**22:02:02:06. Claim approval process.** The association shall return an application for reimbursement containing insufficient information or evidence to the county for completion and resubmission.

After receipt of the county's application, supporting documentation, and the association's recommendations, the board shall review the claim and approve, deny, or adjust the payment.

The board shall notify the county in writing if the claim is denied. The notice shall contain the reasons for the denial and shall be sent by certified mail within 10 working days after the decision is rendered.

**Source:** 11 SDR 144, effective May 2, 1985; 13 SDR 134, effective March 30, 1987; 22 SDR 2, effective July 17, 1995; 25 SDR 69, effective November 12, 1998; transferred from § 67:19:02:06, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4, 28-13A-6, 28-13A-7.

**Cross-Reference:** Review procedure, § 22:02:01:08.

**22:02:02:07. Reasons for claim denial.** The board shall deny a county's claim for reimbursement for any of the following reasons:

- (1) The county has not paid its CCPR annual assessment;
- (2) The county has not paid its supplemental CCPR fund assessment;
- (3) The county has not paid the first \$20,000 for the individual for the 12-month period;
- (4) The county has not provided the evidence required under § 22:02:02:05;
- (5) The service was provided before January 1, 1985;
- (6) The service was provided before the date of county participation;
- (7) The county has not been approved as a participating county;
- (8) The request for reimbursement has been delayed and the county failed to notify the department according to § 22:02:02:03;
- (9) The claim is for an organ transplant for which the county has failed to meet the requirements of SDCL 28-13A-13;
- (10) The county failed to follow its guidelines when determining eligibility;
- (11) The county failed to pursue other third-party payment sources;
- (12) The individual was not eligible for county poor relief; or
- (13) The claim exceeds the payment limits established in § 22:02:02:08.

**Source:** 11 SDR 144, effective May 2, 1985, amended effective July 1, 1985; 19 SDR 76, effective November 23, 1992; 22 SDR 2, effective July 17, 1995; 25 SDR 69, effective November 12, 1998; transferred from § 67:19:02:07, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4.

**22:02:02:08. Payment limits.** If a county has negotiated final payment with a provider, the CCPR fund shall reimburse 90 percent of the negotiated amount, less the county's \$20,000 share, if applicable.

The rate of reimbursement from the CCPR fund for a hospital expense may not exceed the limits established in SDCL 28-13-29.

If a county carries an individual over into a new 12-month period, the individual's medical expenses for the new 12-month period must exceed \$20,000 before the individual's medical expenses are again eligible for reimbursement from the CCPR fund.

**Source:** 11 SDR 144, effective May 2, 1985, and July 1, 1985; 25 SDR 69, effective November 12, 1998; transferred from § 67:19:02:08, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4, 28-13A-7.

**22:02:02:09. Repayment to CCPR fund if county collects on claims.** If a county receives a CCPR reimbursement to cover an individual's medical claims and the county subsequently collects all or part of the claims from either the individual or a third-party source, the county shall repay a percentage of the collection to the CCPR fund. The percentage of the collection to be repaid equals the percentage of the claims that the CCPR reimbursement represents.

**Source:** 13 SDR 134, effective March 30, 1987; transferred from § 67:19:02:09, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4.

**22:02:02:10. County to pursue third-party payment sources.** Because the county is the payer of last resort, a county must pursue the availability of a third-party payment source before accepting responsibility for a catastrophic claim. A third-party payment source is the obligation of an entity other than the county for either partial or full payment of the medical cost of injury, disease, or disability. Third-party payment sources include coverage such as Medicare, Medicaid, private health insurance, workers' compensation, supplemental security income, disability insurance, and automobile insurance.

The county must be able to document pursuit of the availability of a third-party payment source. The documentation must be maintained in the individual's record. When the claim is subsequently submitted to the CCPR program for payment, evidence of the third-party payment or rejection must accompany the claim.

**Source:** 22 SDR 2, effective July 17, 1995; transferred from § 67:19:02:10, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4.

## CHAPTER 22:02:03

### ASSESSMENTS

#### Section

22:02:03:01	Annual report to board.
22:02:03:02	Annual assessments.
22:02:03:03	Supplemental assessments.
22:02:03:04	Final assessments.
22:02:03:05	Failure to pay assessment.

**22:02:03:01. Annual report to board.** The association's annual report to the board shall contain the following information:

- (1) Beginning balance of the CCPR fund;
- (2) County annual assessment receipts;
- (3) County supplementary assessment receipts;
- (4) Disbursements;
- (5) Year-end balance;
- (6) Anticipated influences which could affect the new year's disbursements;
- (7) A list of each participating county's annual assessment;
- (8) A list of final assessments for withdrawing counties; and
- (9) An estimate of the probable need for supplemental assessments in the new year.

**Source:** 11 SDR 144, effective May 2, 1985; transferred from § 67:19:03:01, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4, 28-13A-8.

**22:02:03:02. Annual assessments.** Annual assessments shall take into consideration the unencumbered balance remaining in the CCPR fund from the previous calendar year. A county is not subject to an annual assessment until after its first year of participation.

**Source:** 11 SDR 144, effective May 2, 1985; transferred from § 67:19:03:02, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4, 28-13A-9.

**22:02:03:03. Supplemental assessments.** The amount of the supplemental assessment shall insure the availability of funds. If the board and the association agree that a supplemental assessment is necessary, the board shall send written notice to each participating county. The notice shall contain the amount of the county's supplemental assessment. The county must pay its supplemental assessment to the association within 30 days after the county's next scheduled commission meeting following its receipt of the notice.

A withdrawing county remains liable for the payment of any supplemental assessments which the board may levy through the remainder of the calendar year.

A county which has just joined the CCPR fund and has yet to be assessed an annual assessment is liable for the payment of any supplemental assessments levied during the first year of its participation.

**Source:** 11 SDR 144, effective May 2, 1985; 25 SDR 69, effective November 12, 1998; transferred from § 67:19:03:03, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4, 28-13A-10.

**22:02:03:04. Final assessments.** The board shall levy a final assessment against a withdrawing county which is payable to the association before March 16 of the county's first calendar year of nonparticipation.

If the fund is discontinued because of circumstances contained in SDCL 28-13A-5, the board shall levy a final assessment against the counties which were participating during the final year of the program. This final assessment is payable to the association within one year after the final assessment is levied against the remaining participating counties.

**Source:** 11 SDR 144, effective May 2, 1985; 13 SDR 134, effective March 30, 1987; transferred from § 67:19:03:04, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4, 28-13A-5.

**22:02:03:05. Failure to pay assessment.** If a county fails to pay an assessment, the association shall send a written notice to the county. The notice shall inform the county that failure to pay the assessment within the time specified in the notice will result in ineligibility and that interest on the delinquent assessment will be applied according to SDCL 4-3-14.

A county is not eligible for readmission to the fund until its arrearages are paid. Claims from the county are not reimbursable until the county's arrearages are paid.

**Source:** 19 SDR 76, effective November 23, 1992; transferred from § 67:19:03:05, 36 SDR 27, effective August 26, 2009.

**General Authority:** SDCL 28-13A-4.

**Law Implemented:** SDCL 28-13A-4.

# CATASTROPHIC COUNTY POOR RELIEF ADVISORY COMMITTEE

## MISSION

The mission of the Catastrophic County Poor Relief (CCPR) Advisory committee is to assist and provide support to the CCPR board to promote fair and equitable distribution of the CCPR funds by ensuring catastrophic claims submitted are eligible pursuant to SDCL 28-13 and Administrative Rules 22:02:02 thru 22:02:10.

## GOALS AND OBJECTIVES

The Mission Statement of the CCPR advisory committee describes, in the broadest manner, the vision for the CCPR board **pursuant to SDCL 28-13**

## APPOINTMENT

The CCPR advisory committee will be comprised of three appointed county employees to serve on the committee for a two year term with consideration on recommendations of SDACWO, SDSAA and the SDACO Association. All appointments are required to have a common working knowledge of SDCL 28-13 along with hands on experience in processing indigent medical claims. The body of the committee will be made of a representative from a county state's attorney office, welfare office and auditor's office. All three of these persons must have familiarity with processing medical poor relief claims

## TERMS

The term of a CCPR Advisory committee member will begin on April 1<sup>st</sup> and end on March 30<sup>th</sup> two years following. The three person committee will have staggered terms with new auditor and states attorney members joining one year and a welfare member joining the following year. Upon completion of term a Committee member may be reappointed. The SDACWO President will participate as: 1) Advisor if committee needs guidance. 2) Complete the term of any member who is not able to fulfill their two year commitment. 3) Review any CCPR claims in lieu of any member who is from the county where the claim has been submitted. (NOTE: Initial term will begin 4/1/2016 for auditor and states attorney for one year, and 4/1/2016 for welfare member for two years.)

## RESPONSIBILITIES

To review claims submitted by County Welfare offices or designee. **LEGISLATIVE CONCERNS WILL BE ADDRESSED BY THE WELFARE OFFICIALS AS STATED IN THEIR BY-LAWS.**

## **1. Reviewing Claims**

- a) Reviewing catastrophic medical claims submitted to ensure sufficient documentation is provided to support the guidelines, statutes, and case law to establish that a person is indigent and the county is the payee of last resort.
- b) Upon support of sufficient documentation, review case(s) to determine if the claim meets medical indigency pursuant to SDCL 28-13 and Administrative Rules 22:02:02 thru 22:02:10. Reference for items to be submitted can be obtained from the CCPR Procedure Manual established under SDCL 28-13A, listed as "DOCUMENTS TO BE SUBMITTED WITH CLAIM".
- c) Give recommendation of approval or denial of a claim, based upon Statutes, Administrative rulings, or case law to the CCPR board within 30 days upon receipt of all the required documentation.. These can be referenced in the CCPR manual listed as, "CLAIM APPROVAL" and "CLAIM DENIAL".

## **REIMBURSEMENT**

Reimbursement will be reviewed annually and set by the SDACC Board of Directors during the Spring Workshop. Each participating County shall receive notice that a part of their yearly assessment may be used for reimbursement to the Advisory Committee.

Each appointed committee member participating in the review shall be compensated lump sum rate of \$50 per case reviewed. It is up to the specific County Commissioners for each Advisory Committee member to determine if the \$50 will be given to the person or to the County funds.

A county may request the CCPR Advisory committee to review a case if the submitting county pays the review fee, or at no cost a County may wish to contact a regional trainer for their area as set up by the SDACWO.

To: County Welfare Directors

From: SDACC

RE: County Claims

Date: March 2016

As we work through the process regarding Catastrophic County Poor Relief (CCPR) claims, **starting APRIL 1, 2016** the CCPR committee is requesting additional documents when submitting claims for payment.

Currently documents required are as follows:

1. A completed Application for Reimbursement;
2. A copy of the hospital bill showing the dates of service and the charges;
3. A copy of the UB-92 pricing scheme if the county paid the hospital bill based on the Medicaid rate;
4. The application for county assistance **AND** the completed ability to pay form that contains the individual's and the county's share of the hospital bill;
5. Evidence that the county has paid the bill, together with an indication as to the amount paid;
6. If the claim is for an organ transplant, evidence of compliance with SDCL § 28-13A-13;
7. Evidence that the county has paid its \$20,000 +10 percent share;
8. A voucher which has been signed by either the county board chair or vice chair

Additional documentation now to be included:

1. Deposition records (if case has gone to deposition)

**Submitting counties should only submit claims that are authorized under statute pursuant to SDCL 28-13-29 for consideration.**

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Geraldyn Sherman, Auditor, McCook  
Dan Todd, SA office, Hughes