



**Teton County Fair Board**  
**Memo to the Board of County Commissioners**  
**February 18, 2015**

The Teton County Fair Board is excited to update the BOCC on progress at the fair grounds and in carrying out our mission. The mission of the fair board is to produce an exceptional county fair, administer the fair grounds and bring our community together to promote our western heritage and rural traditions. This fall, the fair board welcomed four new board members to our ranks - Lynda Skujins, Aaron Myler, Kendall Jolley and Roger Kaufman. These individuals joined long-time fair board member, Elaine Johnson, and 2nd-year members, Patty Petersen and Katie Salisbury.

This fall, the fair board developed a plan to enclose the 4-H livestock barn and complete a year-round indoor riding/livestock venue for the community. This effort is the culmination of the community's long time commitment to the Teton Valley Indoor Arena project. Multiple small and large donations from the community were collected by the Indoor Arena Committee over the course of ten years. The administration of these funds was transferred to the Teton County Fair Board and past fair boards worked on a plan to create the best multiple-purpose pavilion for the community with the available funds. This project could not have happened without the leadership from the 4-H county extension office. The 4-H initiated the pavilion project by constructing the covered livestock barn with a generous donation from a private donor. In the spring of 2014, the fair board used Arena Funds to double the size of the livestock barn. The fair board is currently using the remaining Arena Funds to enclose the barn, bring in proper footing, set up panels, install electric and passive solar lighting, purchase grooming equipment, and install proper signage. Our goal is to have a soft opening of the pavilion on April 1, 2015 and a grand opening later in the spring.

In November 2014, the fair board updated our rental fees and policies and we are working on a plan to market and make the general public aware of the public use and rental of the fair building, pavilion, outdoor arena, picnic shelter, volleyball court, and our grounds for public uses and private rentals. We are also in the process of setting up a credit card point of sale for fairground rentals to try to increase future rental income.

In December 2014, the fair board reviewed our 2009 Strategic Plan and 2014 Update. We developed a new list of items that the board should focus on the fairgrounds that we will present to you on 2/23/15.

In January 2015, the fair board had two meetings to update the fairgrounds Master Plan, conduct regular business, and develop the 2015 fair schedule. In our second meeting, we decided to sponsor the Teton Basin Ranch Roping series and an additional Figure 8 race.

In February 2015, we decided that the theme of the Teton Valley Fair will be to celebrate the centennial anniversary of Teton County. We also developed a list of items from our strategic and master plans that we would like to ask for the county's support in accomplishing.

The following list highlights tasks that we could use help with at the fairgrounds. The purpose of our meeting on 2/23/15 will be to discuss this list with the BOCC and the possibility of the fair board working with the county to help us achieve our mission.

Road & Bridge -

- Road maintenance and dust abatement on road to Arena – When, how many times?
- Chip seal/repair road to Pavilion and Fair Building
- Level old track in center of fair grounds
- Create new gravel parking area on the south and east sides of the Pavilion
- Figure 8 Race Track Grading – June 27 and August 8
- Pavilion rolling and fair set-up

Solid Waste and Recycling -

- Remove junk pile in corner and level dirt piles
- Remove old food trailer
- Remove outhouses
- Remove satellite dish

Planning –

- Assist with HWY Sign
- Assist with Fair Building, Pavilion and Outdoor Arena Signs
- Road Easement Clarification

Public Works –

- Fire hydrant
- Septic system

Staffing –

- Part-time position to assist with fairground rentals, events, fair planning, advertising, sponsorships and fundraising.
- Volunteers / county personnel to help staff the exhibit hall, collect ticket \$, help with concessions, help with set-up and clean-up, etc. during the fair week

We appreciate and look forward to the opportunity to sit down with the BOCC and discuss these items.

Sincerely,

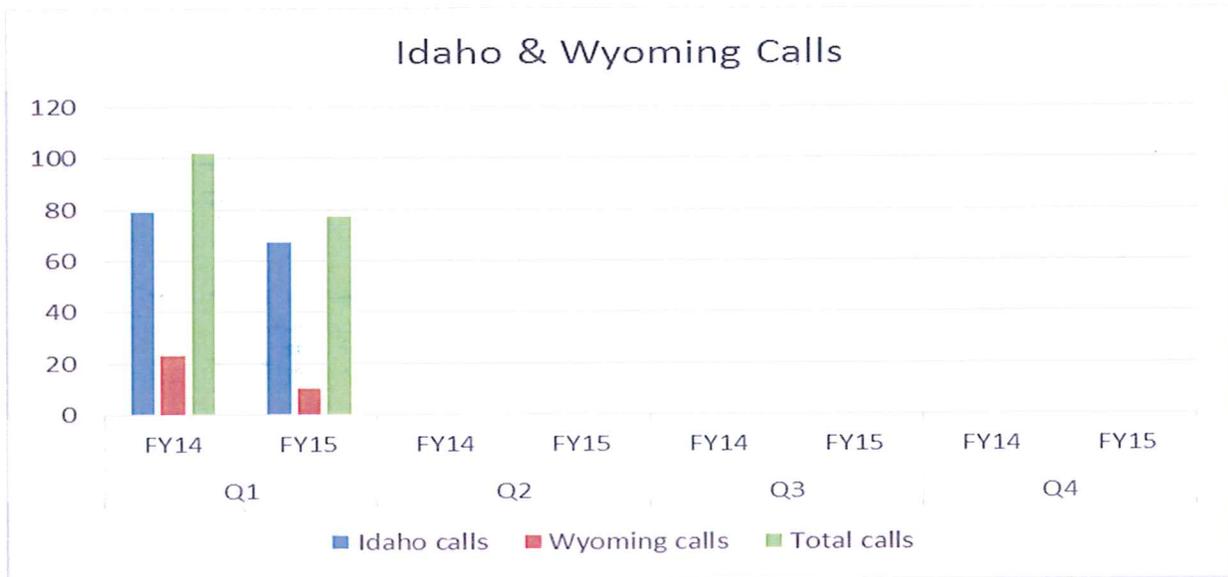
*Katie Salisbury, Teton County Fair Board Chair*

## Teton County Ambulance Service District Quarterly Report

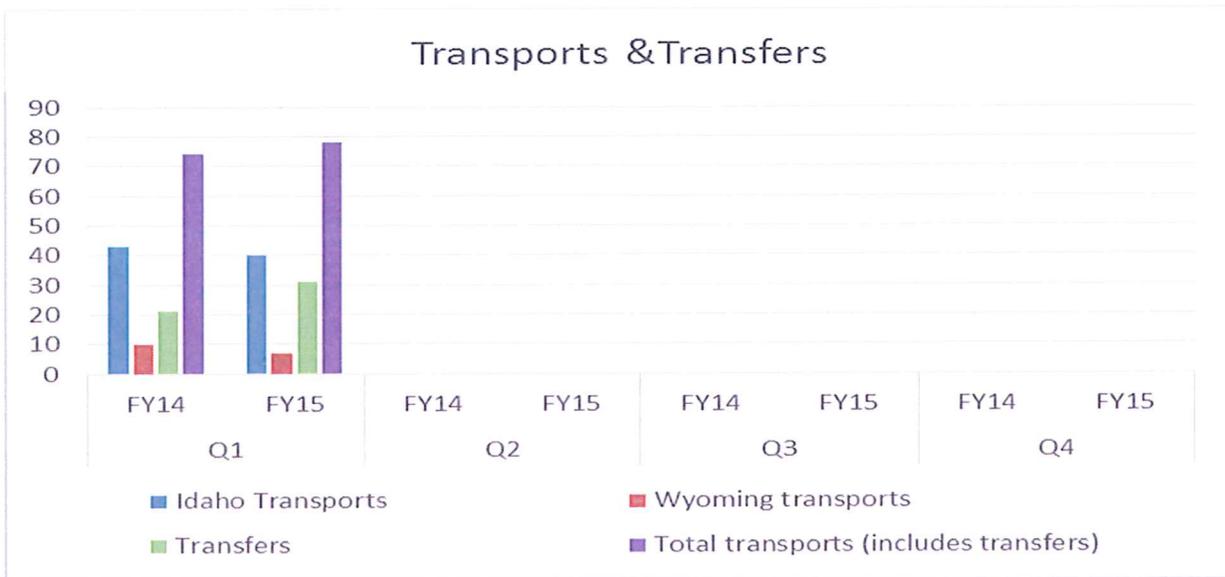
### 1st Quarter for FY 2015

**Overview:** As we compare total call numbers we have seen a decrease of 25 (almost 25%) this year from last, in spite of gain in transfers of 9 (43% increase). The percentage of transports compared to total calls increased in Q1 by 10%.

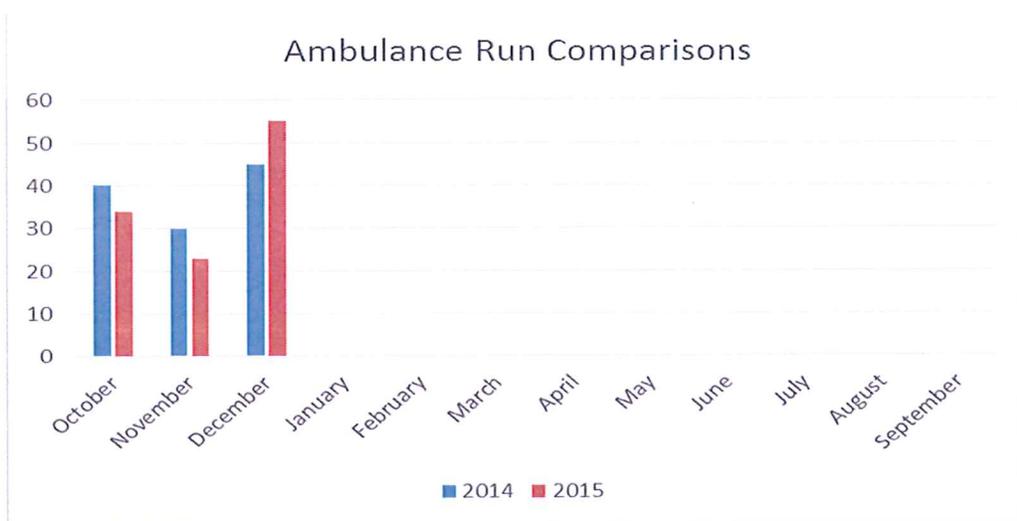
TOTALS	Q1		Q2		Q3		Q4	
	FY14	FY15	FY14	FY15	FY14	FY15	FY14	FY15
Idaho calls	79	67						
Wyoming calls	23	10						
Total calls	102	77						



TOTALS	Q1		Q2		Q3		Q4	
	FY14	FY15	FY14	FY15	FY14	FY15	FY14	FY15
Idaho Transports	43	40						
Wyoming Transports	10	7						
Transfers	21	30						
Total transports (includes transfers)	74	77						



Below is the graph that represents the total number of ambulance calls by month. December is historically higher than October and November.



## Vehicles and equipment: Ambulance inventory, mileage, and age.

Item	Mileage
Ambulance 1: 2009 Ford	56,600
Ambulance 2: 2004 Ford	106,460
Ambulance 3: 1999 Ford	74,322
Ambulance 4: 1992 Ford	72,585
EMS 1: 2008 Chevy Trailblazer	83,520

## Billings (Gross revenue): Quarterly report of ambulance runs billing.

1. 1<sup>st</sup> Quarter FY 2014 - \$91,090.00
2. 2<sup>nd</sup> Quarter FY 2014 -
3. 3<sup>rd</sup> Quarter FY 2014 -
4. 4<sup>th</sup> Quarter FY 2014-

## Special events and public service:

- Standby for fire/S&R/Sheriff --- 1

## Public Education and Service:

- PR event (Grand Targhee Outdoor Emergency Refresher course)--- 1
- CPR Classes--- 2 Community CPR classes were provided to the School district teachers and coaching staff with 1 Heart saver course being provided for the School district.

## Mutual Aid Agreement/Protocols

- Mutual Aid no change
- Adopted State EMS protocols

## Grants and fundraising:

- The Hospital foundation has raised the funds to purchase a new X series Zoll. It has been ordered and should be in soon.
- Received 3 Pedi mates from Idaho State EMS. Pedi mates are used to secure pediatric patients during transport. These have a \$920.00 value.

## Equipment:

We are requesting approval to use the money in the capital ambulance equipment line item 0805 to purchase needed equipment. The amount budgeted in this line item was to purchase a new X series Zoll cardiac monitor/defibrillator to supplement a grant that TVA requested. The Grant from the Idaho EMS was not awarded to Teton Valley Ambulance (TVA) in the grant cycle. The Hospital Foundation successfully campaigned to raise the full purchase amount for the Zoll monitor/defibrillator. The monitor has been ordered and should arrive soon.

The following is equipment is needed to outfit all four ambulances with the same or very similar equipment. The cost listed for each item is estimated with shipping. With any purchase we will prioritize and get the best pricing available and will actively attempt to get as much equipment on grants as possible.

<u>Item</u>	<u>Quantity</u>	<u>Per/each</u>	<u>Estimated Cost</u>
Scoop stretcher	3	\$ 950.00	\$ 2850.00
Half back Splints	3	\$ 390.00	\$ 1170.00
Portable suction unit	2	\$1000.00	\$ 2000.00
Vacuum splints Adult	4	\$ 400.00	\$ 1600.00
Vacuum splints Pediatric	4	\$ 300.00	\$ 1200.00
Mega movers-Soft flexible stretchers	10	\$ 30.00	\$ 300.00
Combat application tourniquets	20	\$ 30.00	\$ 600.00
Spinal immobilization bags	4	\$ 50.00	\$ 200.00
Long back boards Pediatric with straps	4	\$ 300.00	\$ 1200.00
IV warmers	2	Pricing in progress	
<u>Stryker gurney soft fabric shelves</u>	<u>2</u>	<u>Pricing in progress</u>	
		Total of listed cost	\$ 11,120.00



**TETON VALLEY  
HEALTH CARE**

*Your Healthcare — Elevated*  
120 East Howard Avenue, Driggs, Idaho 83422  
208-354-2383 www.tvhcare.org

February 10, 2015

Teton County Board of Commissioners  
150 Courthouse Drive  
Driggs, ID 83422

RE: 2014 Calendar Q4 – Hospital Lease / Report to Lessor

Teton County Commissioners,

Pursuant to the Hospital Lease Agreement and associated Liquid Asset Transfer Agreement (LATA), as commenced January 1, 2013 between Teton County, Idaho and Teton Valley Health Care, Inc. (TVHC) enclosed please find the following documents and updates:

**Article 4 / Operation and Use of Hospital**

**4.1) Reports to Lessor:**

- Balance Sheet as of 12/31/2014 as compared to same period prior year
- Cash Flow Statement
- Income Statement / Calendar Quarter 4 as compared to same period prior year

**Article 4.18 / Incurrence of Indebtedness**

No indebtedness as defined by the Lease has occurred in this quarter.

**Liquid Asset Transfer Agreement  
Schedule 2 / Payment 1**

As required in the aforementioned schedule, a payment in the amount of \$70,001 will be remitted at the end of March 2015 in advance of the April 1<sup>st</sup> due date and prior to the next quarterly report filing. The amount represents the annual rent in the amount of \$1 as well as the \$70k LATA payment.

We sincerely appreciate the opportunity to deliver quality health care to the community and visitors of Teton County, Idaho. Please direct inquiries to Traci Prenot, CFO @ 354-6340 or via email [tprenot@tvhcare.org](mailto:tprenot@tvhcare.org).

Sincerely,

Traci L. Prenot, CFO

**TETON VALLEY HEALTH CARE, INC.**  
**COMPARATIVE BALANCE SHEET**  
**CALENDAR 2014 QTR 3**

<b>ASSETS</b>	<b>Dec 2014</b>	<b>Dec 2013</b>	<b>Variance</b>
<b>Current Assets</b>			
Cash & Cash Equivalents	\$ 4,087,017	\$ 2,803,074	\$ 1,283,943
Restricted Cash	882,426	1,067,583	(185,157)
ST Investments 1 Yr TCD	168,811	163,176	5,635
<b>Receivables</b>			
Patient Receivables, Net of Estimated Reserves	2,278,710	2,142,822	135,888
Estimated Third-Party Payor Settlements	47,000	0	47,000
Other Receivable/Unrestricted Tax Levy	19,132	91,799	(72,667)
Capital Tax Levy	15,654	56,726	(41,072)
Supplies Inventory	828,857	765,617	63,240
Prepaid Expenses	173,866	116,993	56,873
<b>Total Current Assets</b>	<b>8,501,473</b>	<b>7,207,790</b>	<b>1,293,683</b>
<b>Noncurrent Assets</b>			
Capital Contribution	0	7,000	(7,000)
Deferred Financing Costs	0	0	0
Net pension benefit			0
Capital Assets, Net	2,359,409	2,276,392	83,017
LT Investment 2- 5 Yr TCD's	537,193	701,242	(164,049)
<b>Total Noncurrent Assets</b>	<b>2,896,602</b>	<b>2,984,634</b>	<b>(88,032)</b>
<b>Total Assets</b>	<b>\$ 11,398,075</b>	<b>\$ 10,192,424</b>	<b>\$ 1,205,651</b>
<b>LIABILITIES AND NET ASSETS</b>			
<b>Current Liabilities</b>			
Accounts Payable & Accrued Expenses	\$ 323,392	\$ 200,686	\$ 122,706
Accrued Salaries & Benefits	1,121,050	962,337	158,713
Accrued Interest Payable	446	584	(138)
Estimated Third-Party Payor Settlements	327,000	119,000	208,000
Deferred Tax Levy Revenue	0	0	0
Current Maturities Bond	0	0	-
Current Maturities of Capital Lease Obligations	12,373	11,957	416
<b>Total current Liabilities</b>	<b>1,784,261</b>	<b>1,294,564</b>	<b>489,697</b>
<b>Noncurrent Liabilities</b>			
Note Payable	529,650	696,887	(167,237)
Long-term Debt Less Current Maturities.	0	0	0
Capital Lease Obligations Less Current Maturities	26,054	38,428	(12,374)
Net Pension Obligation	0	47,627	(47,627)
<b>Total Noncurrent Liabilities</b>	<b>555,704</b>	<b>782,942</b>	<b>(227,238)</b>
<b>Net assets</b>			
Invested in capital assets, net of related debt	1,517,733	1,498,234	19,499
Restricted for capital acquisition	898,080	1,131,309	(233,229)
Unrestricted	6,642,297	5,485,375	1,156,922
<b>Total Net Assets</b>	<b>9,058,110</b>	<b>8,114,918</b>	<b>943,192</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 11,398,075</b>	<b>\$ 10,192,424</b>	<b>\$ 1,205,651</b>

Current Ratio: 4.8 5.6

<b>Change in Net Assets</b>			\$ 943,192
<b>Cash flows from Operating Activities:</b>			
<b>Add (deduct) to reconcile net income to net cash flow:</b>			
Depreciation & Amortization	\$	139,106	
Changes in Accounts Receivable		(110,221)	
Changes in Capital Levy Receivable		41,072	
Changes in Inventory		(63,240)	
Changes in Prepaid Expenses		(56,873)	
Changes in Accounts Payable & Accrued Expenses		122,706	
Changes in Accrued Salaries & Benefits		158,713	
Changes in Interest Payable		(138)	
Changes in Third-Party Payor Liability		208,000	
Changes in Deferred Tax Levy		-	
Changes in net pension		(47,627)	
Changes in Current Debt		416	
Net cash inflow from Operating Activities			391,914
<b>Cash flow from Capital &amp; Investing Activities:</b>			
Capital Expenditures		(222,123)	
Change in Capital Contributions from Foundation		7,000	
Change in Investments (short & long term)		158,414	
Deferred financing costs		-	
Net cash outflow from Investing Activities			(56,709)
<b>Cash flow from Financing Activities</b>			
Principal paid on long-term debt		-	
Principal paid on Note Payable		(167,237)	
Principal paid on capital lease obligations		(12,374)	
Net cash outflow from Financing Activities			(179,611)
<b>Net Increase (decrease) in cash during period</b>			<u>\$ 1,098,786</u>
Cash Balance start of period (unrestricted and restricted)	12/31/2013	3,870,657	
Cash Balance end of period (unrestricted and restricted)	12/31/2014	4,969,443	
<b>Net Increase (decrease) in cash during period</b>			<u>\$ 1,098,786</u>

**Teton Valley Health Care, Inc.**  
**STATEMENT OF REVENUES & EXPENSES**  
**CALENDAR QUARTER 4**  
**CALENDAR YEAR 2014**

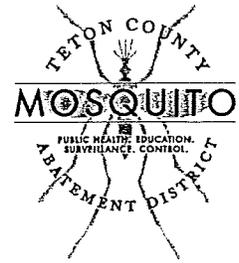
	Q4 2014 Actual	Q4 2013 Actual	Q3 Variance
<b>Patient Revenue:</b>			
Clinic Revenue	1,058,421	838,994	219,427
In-Patient Revenue	1,020,391	336,894	683,497
Out-Patient Revenue	<u>3,379,439</u>	<u>3,282,358</u>	<u>97,081</u>
<b>Gross Patient Revenue</b>	<b>5,458,251</b>	<b>4,458,246</b>	<b>1,000,005</b>
<b>Deductions from Revenue:</b>			
Contractual Allowances	1,087,910	721,716	(366,194)
Charity Care	21,173	2,446	(18,727)
Bad Debt	<u>214,076</u>	<u>202,054</u>	<u>(12,022)</u>
<b>Total Deductions from Revenue</b>	<b>1,323,159</b>	<b>926,216</b>	<b>(396,943)</b>
<b>Net Patient Revenue</b>	<b>4,135,092</b>	<b>3,532,030</b>	<b>603,062</b>
Other Revenue	8,556	17,988	(9,432)
Teton County Ambulance District contract	<u>124,248</u>	<u>112,599</u>	<u>11,649</u>
	132,804	130,587	2,217
<b>Total Net Revenue</b>	<b>4,267,896</b>	<b>3,662,617</b>	<b>605,279</b>
<b>Operating Expenses</b>			
Salaries	2,059,745	1,809,339	(250,406)
Benefits	264,246	326,599	62,353
Supplies/Minor Equipment	507,999	411,069	(96,930)
Contracted Services	405,563	247,095	(158,468)
Physician Services	128,863	121,080	(7,783)
Utilities & Telephone	53,040	39,372	(13,668)
Maintenance & Repairs	72,228	56,304	(15,924)
Insurance	33,719	24,795	(8,924)
Depreciation & Amortization	139,106	132,211	(6,895)
Other Expense	<u>184,414</u>	<u>151,652</u>	<u>(32,762)</u>
<b>Total Expenses</b>	<b>3,848,923</b>	<b>3,319,516</b>	<b>(529,407)</b>
<b>Operating Income</b>	<b>418,973</b>	<b>343,101</b>	<b>75,872</b>
<b>Non Operating Revenue &amp; Expense</b>			
Interest income	7,679	5,465	2,214
Interest Expense	(4,184)	(5,436)	1,252
Grants/Noncapital Contributions from TVHF	6,095	150	5,945
Grants/Noncapital Contribution to TVHC	10,000	55,172	(45,172)
Teton County Tax Levy	2,733	3,395	(662)
Gain (loss) disposal of capital assets	0	(2,952)	2,952
<b>Total Non Operating Income</b>	<b>22,323</b>	<b>55,794</b>	<b>(33,471)</b>
<b>Excess of Revenue over Expenses</b>	<b>441,296</b>	<b>398,895</b>	<b>42,401</b>
Grants/Capital Grants from TVHF	0	0	0
Grants/Capital Contributions to TVHC	<u>5,623</u>	7,000	(1,377)
<b>Change in Net Assets</b>	<b>446,919</b>	<b>405,895</b>	<b>41,024</b>
Excess Revenue over Expense Margin	10.3%	10.9%	
Change in Net Asset Margin	10.5%	11.1%	



# Teton County

## Emergency Management & Mosquito Abatement

Department Memo 2/18/15



### **Teton Creek Grant Project Performance Bond**

Now that the project is complete we need to release the performance bond on MD for the construction aspect of the project. The project coordinator and the engineer have both signed off on the project and we are now only waiting on the final grant report from FEMA.



## *Teton County Commissioners Proclamation*

*Whereas, President Abraham Lincoln signed a congressional act creating the Idaho Territory on March 4, 1863; and*

*Whereas, Idaho has been the birthplace and home of remarkable men and women who have distinguished themselves nationally and internationally in the fields of law, literature, music, the arts, athletics, philanthropy, politics and even space exploration; and*

*Whereas, the same combination of adventure, ambition, industry, innovation and enterprise that led to Idaho's founding has created a cradle for entrepreneurs, innovators, and visionaries; and*

*Whereas, their work has had a global reach and helped create the Panama Canal, Hoover Dam, the Chunnel, potato chips and computer memory chips, the supermarket, the engineering of wood products, farm machinery and locomotives, the laser printer and enough patents to rank Idaho among the nation's most prominent intellectual incubators;*

*Now Therefore, We, The Teton County Commissioners, by virtue of the authority vested in us, do hereby proclaim annually, March 4<sup>th</sup> to be*

### **IDAHO DAY**

*In Teton County and encourage all residents to learn and share Idaho's culture, her history, her diversity, her beauty, her resources, and her greatness.*

\_\_\_\_\_  
*Bill Leake, Chairman*

\_\_\_\_\_  
*Kelly Park, Commissioner*

Attest: \_\_\_\_\_

*Mary Lou Hansen, Clerk*

Dated: \_\_\_\_\_

\_\_\_\_\_  
*Cindy Riegel, Commissioner*



150 Courthouse Dr. #208  
DRIGGS ID 83422

Clerk's Office

PHONE: (208) 354-8780  
FAX: (208) 354-8410

## **Indigency 101**

### **Idaho Statutes Title 31 Chapter 35 (County Indigent)**

- Timeline
- Lien
- Interview Letter + Document Request
- Denial/Approval
- Release of Lien

Please feel free to ask questions, at any time.

Janette R. Burr  
HR/Payroll Clerk  
Teton County

## **INDIGENT TIMELINE:**

**10 DAYS** PRIOR TO RECEIVING SERVICES FOR NON-EMERGENCY NECESSARY MEDICAL TREATMENT APPLICATION SHALL BE FILED **§31-3505**

**20 DAYS** FROM RECEIVING NON-EMERGENCY UNIFORM APPLICATION TO CONDUCT INTERVIEW & INVESTIGATION. **§31-3505A** \*COMMISSIONERS HAVE 15 DAYS FROM THIS DATE TO MAKE DECISION

**30 DAYS** FROM DOS TO SUBMIT UNIFORM APPLICATION **§31-3505**

**30 DAYS** FROM RECEIVING UNIFORM APPLICATION TO FILE LIENS

**35 DAYS** FROM RECEIVING NON-EMERGENCY UNIFORM APPLICATION FOR COMMISSIONERS TO MAKE A DECISION **§31-3505C**

**45 DAYS** FROM RECEIVING EMERGENCY UNIFORM APPLICATION TO CONDUCT INTERVIEW & INVESTIGATION. **§31-3505A** \*COMMISSIONERS HAVE 15 DAYS FROM THIS DATE TO MAKE DECISION

**60 DAYS** FROM RECEIVING EMERGENCY UNIFORM APPLICATION (DOA) FOR COMMISSIONERS TO MAKE A DECISION **§31-3505C**

**60 DAYS** FROM FINAL DECISION TO RECEIVE ALL MEDICAL BILLS **§31-3519**

**14 DAYS** FROM APPROVAL TO SUBMIT TO CAT

**28 DAYS** FROM DENIAL FOR HOSPITAL TO APPEAL **§31-3505D**

**75 DAYS** FROM DATE OF APPEAL TO CONDUCT HEARING **§31-3505E**  
(SCHEDULE HEARING AS SOON AS THE HOSPITAL APPEALS. SCHEDULE THE DATE AND TIME UP TO 75 DAYS FROM DATE OF THE APPEAL)

**45 DAY** EXTENSION REQUEST FOR HEARING BEFORE 75 DAYS IS UP



Telephone No. (208) 354-8780  
FAX No. (208) 354-8410

Teton County Commissioners

150 COURTHOUSE DRIVE STE 208  
DRIGGS, ID 83422

**NOTICE OF LIEN AND APPLICATION FOR FINANCIAL ASSISTANCE**

Pursuant to Idaho Code §31-3501 et seq., the Board of County Commissioners of Teton County hereby claim a statutory lien on behalf of Teton County and/or the Catastrophic Health Care Costs Program in an unliquidated amount against all real and/or personal property in Teton County of \_\_\_\_\_, whose last known address is \_\_\_\_\_. Said lien arises from an application which was filed on \_\_\_\_\_ for medical services which were rendered to the above named individual(s), or their minor dependent(s), which service commenced on \_\_\_\_\_ Case # 1T-2015-

DATED this \_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Bill Leake, Chairman

STATE OF IDAHO                    )  
  ) ss.  
County of Teton County         )

On this \_\_\_\_\_ day of \_\_\_\_\_, before me the undersigned, a Notary Public in and for said State, personally appeared **Bill Leake**, Commissioner Chairman of the Board of Teton County, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she executed the same on behalf of the Board.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

\_\_\_\_\_  
Notary Public for the State of Idaho

Residing at: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



Telephone No. 208-354-8780  
FAX No. 208-354-8410

**Teton County Social Services**

150 Courthouse Dr. #208  
Driggs, Id. 83422

DATE

APPLICANT

Address

Address

Dear Applicant:

**Teton County has received a county medical assistance application for your medical expenses, incurred \_\_\_\_\_.**

**It is necessary that we review the application with you. Please call us within 7 days of the receipt of this application in order to schedule an appointment with our office.**

Please call our office MONDAY through FRIDAY between the hours of 9:00 A.M. and 5:00 P.M. You will need to provide proof of identification, social security card, verification of all household income, expenses and assets, your most recent federal and state tax returns, bank statements for the past 6 months, and any medical bills pertaining to the illness for which you are applying, so that we may determine your eligibility for county assistance. The interview will be held in my office in the N.E. corner of the 2<sup>nd</sup> floor of the new courthouse in Driggs.

**IF YOU DO NOT SPEAK ENGLISH, PLEASE HAVE AN INTERPRETER CALL AND COME IN TO THE INTERVIEW WITH YOU.**

**IF YOU FAIL TO CONTACT US FOR AN INTERVIEW, WE WILL ASSUME THAT YOU HAVE OTHER MEANS OF PAYING YOUR MEDICAL BILLS AND YOUR APPLICATION WILL BE DENIED.**

Thank-you,

Janette Burr  
Indigent Director

## GENERAL INFORMATION FOR COUNTY MEDICAL ASSISTANCE APPLICANTS

To establish eligibility for county medical assistance, you must provide the following information to the county assistance office:

- Proof of identity for applicant and spouse (photo ID, current driver's license).
- Social Security cards, visas for each household member.

### INCOME and ASSETS

- Complete copy of most recent Federal and State income tax forms with schedules and W-2s.
- Copies of **last 6 months** statements for all bank accounts:  
Checking Accounts      Savings Accounts      Credit Union      Escrow
- If self-employed, year-to-date Bookkeeping Records including sale & expense records.
- Proof of all household income from all sources for the **last 6 months** including:  
Statements from people who give/loan you money or pay your bills  
Wage stubs                      Employer Earning Statement                      Settlements                      Interest  
Social Security                      Veteran Benefits                      SSI                      Unemployment  
Rental/Escrow Income      Other Public Assistance                      Child Support                      Alimony
- Proof of the following expenses (**Last 6 months**):  
Rent Receipts                      Land/house payment                      Space rent                      Utility bills  
Child support                      Child care                      Medical expense                      Alimony  
All insurance                      Other monthly expenses including balances owed

### ASSETS

- Proof of value and balances owed for all real property owned, buying or recently sold including closing papers and property tax statements.
- Proof of value and balances owed for all personal property including:  
Household goods including: art, musical instruments, jewelry, coins, collections, guns, stereo/photo equipment, tools of the trade, etc.  
Motor Vehicle                      Other vehicles                      Trailers                      Campers  
Motorcycles                      Recreational vehicles                      Snowmobiles                      Livestock  
Farm Equipment                      Mining claims                      Timber                      Stocks  
Bonds                      IRA's                      401K's                      Trusts  
Annuities                      Inheritance                      Certificates of Deposit

### OTHER RESOURCES

- Proof of application for public assistance (food stamps, AFDC, AABD, Medicaid, Medicare, Social Security, SSI, rental/energy assistance, etc.)
- If injured as a result of an accident or criminal act, provide copy of police report, application or claim for Crime Victims or Workers Compensation.
  
- **Provide all medical bills for which county assistance is requested immediately upon receipt.**
  
- **Provide any additional information or documentation requested by the county assistance office.**

ASK YOUR COUNTY ASSISTANCE OFFICE FOR HELP IF YOU HAVE TROUBLE GETTING ANY INFORMATION OR RECORDS WE HAVE ASKED FOR.

## APPLICANT RESPONSIBILITIES

### YOU MUST:

- Complete and sign a uniform application and file with clerk's office within the following time frames.
  - File 10 days prior to receipt of non-emergency services.
  - File within 30 days following first day of emergency services or emergency admission.
  - File within 180 days of provision of necessary medical services when an application or claim for social security, medicaid, medicare, 3<sup>rd</sup> party insurance, crime victims and/or worker's compensation has been timely filed within 90 days following 1<sup>st</sup> day of necessary medical services or date of admission.
  - File with correct county within 30 days when a county determines it is not the obligated county.
- Cooperate with the county in investigating your application by providing documentation and submitting to an interview.
- Notify the county when you receive resources filing an application.
- Reimburse county if assistance is provided and the county determines your ability to do so.

### LIENS AND ESTATE RECOVERY

- When applying for county assistance, an automatic lien attaches to your real and personal property, all insurance benefits you are entitled to and any additional resources to which it may legally attach. The lien will be released when it is satisfied, denied or withdrawn.
- State law allows county to recover funds paid on your behalf from your estate after your death or the death of your spouse, whichever is later.

## VIOLATIONS AND PENALTIES

### IF YOU:

- Fail to cooperate with the county, make a material misstatement or omission, you will be ineligible for non-emergency services for 2 years.
- Give false or misleading information to a hospital, county or its agent, or to any person in order to receive county medical assistance, or fail to disclose resources or benefits available to you as payment or reimbursement, you will be guilty of a misdemeanor and punishable under the law.
- Do not provide required material information or divest yourself of resources within 1 year prior to filing an application in order to become eligible for county assistance, your application may be denied.
- Are sanctioned by federal or state authorities and lose medical benefits, you will be ineligible for county assistance for the period of the sanction.
- Do not file your application in the manner described or within the time limits established, the board shall not hear or approve your application.

### NOTICE OF DETERMINATION AND APPEAL RIGHTS

- The board's written determination will be mailed to you.
- You may appeal an adverse determination by filing a written notice of appeal with the board within 28 days of the date of determination.
- You may seek judicial review of the board's final determination denying your application.
- You may petition the board to reduce an order of reimbursement.
- You may seek judicial review of a reimbursement order that you feel is excessive.

**IF YOU HAVE QUESTIONS ABOUT THESE OR OTHER RELATED MATTERS, ASK YOUR COUNTY ASSISTANCE OFFICE.**



Telephone No. 208-354-2905

FAX No. 208-354-8410

**Teton County Commissioners**

150 Courthouse Dr. #208

Driggs, Id. 83422

### INITIAL DETERMINATION OF DENIAL

Date of Determination: \_\_\_\_\_ Case: 1T-2015-\_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
An application on behalf of: **(Applicant)** was received on: \_\_\_\_\_  
Assistance Requested: **Medical, Hospital** Dates of Service: \_\_\_\_\_

<u>Provider</u>	<u>Date of Service</u>	<u>Amount</u>
Hospital		
Doctor		
Anesthesia		

As required by Section 31-3505A and B, Idaho Code, an investigation was made of the application by the County Clerk of the Board or his/her deputy and based upon the Clerk's Statement of Findings and as required by 31-3505C, Idaho Code, the Board makes the following Initial Determination on the application.

The Board of Teton County Commissioners has determined that the application made under Chapter 35, Title 31, Idaho Code, has been denied for the following reasons:

Applicant is not medically indigent (31-3502(1),(17), Idaho Code.

Applicant has assets with net value beyond amount of billing.

Applicant has discretionary income which will satisfy the amount of the providers billing over a five year period.

Applicant is not a resident (31-3502(12), Idaho Code.

Teton County is not the last resource( 31-3502(17).

Application Filed Untimely(31-3505), Idaho Code. Application Must Be Made Within 30 Days of the Emergency Admission and/or care, and no less than 10 days prior to requested /non-emergency admission and/or care.

County is not the obligated county(31-3506), Idaho Code.

Applicant has violations and penalties under Chapter 35, Title 31, Idaho Code. (31-3511).

Applicant willfully gave false/misleading information.

Applicant failed to cooperate with County.

Applicant divested self from assets within the past 1 year.

Applicant is sanctioned by federal or state authorities.

Application Is Incomplete (31-3511(3). Idaho Code.

**IMPORTANT**

You may request an appeal hearing of the initial determination by filing a **written** notice of appeal with the board within 28 days of the date of the initial determination. If no appeal is filed within the allowed time, the determination of the board is final. (31-3505D)

If an application for necessary medical services is denied after a hearing as provided in 31-3505E. I.C., the applicant or third party making application on the applicant's behalf may seek judicial review of the final determination of the board in the manner provided in 31-1506, I.C. 31-3505G.

You Should Retain This Document For Your Permanent Records.

If you have any questions or additional information pertinent to this Initial Determination of Denial, please contact: Teton County Social Services, 208-354-8780.

**BOARD OF TETON COUNTY COMMISSIONERS**

\_\_\_\_\_  
**Bill Leake, Chairman**

\_\_\_\_\_  
**Kelly Park, Commissioner**

\_\_\_\_\_  
**Cindy Riegel, Commissioner**

ATTEST:

\_\_\_\_\_  
**Mary Lou Hansen, County Clerk**

**CERTIFICATE OF MAILING**

**I HEREBY CERTIFY** that on this \_\_\_\_ day of **September, 2014** I caused to be mailed a true and correct copy of the foregoing by U.S.Mail, postage prepaid, to the applicant and providers listed on case number : 1T-2015-10002.

\_\_\_\_\_  
Signature of Mailer



150 Courthouse Dr. #208  
DRIGGS, ID 83422

Teton County Commissioners

Telephone No: (208) 354-8780  
Fax: (208) 354-8410

### CERTIFICATE OF APPROVAL FOR COUNTY ASSISTANCE

**Date of Determination:**

**Case:**

**Name:**

**Address:**

**Application Received:**

**Assistance Requested:**

An application submitted on behalf of \_\_\_\_\_ for emergency medical services commencing \_\_\_\_\_ was received on \_\_\_\_\_.

As required by Section §31-3505A, Idaho Code, an investigation was made of the application by the County Clerk of the Board or his/her deputy and based on the Clerk's Statement of Findings and as required by Section §31-3505C, the Board make the following Initial Determination Upon Reconsideration on the application.

The Board of Teton County Commissioners has determined the application made under Chapter 35, Title 31, Idaho Code, has been approved as outlined below:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Medical Indigency §31-3502 (1) Idaho Code | <input checked="" type="checkbox"/> Emergency Need §31-3502 (13) Idaho Code              |
| <input checked="" type="checkbox"/> Obligated County §31-3506 (1) Idaho Code  | <input checked="" type="checkbox"/> Medically Necessary §31-3502 (18) (A) (B) Idaho Code |
| <input checked="" type="checkbox"/> Last Resource §31-3502 (17) Idaho Code    | Other Reasons  |

THE FOLLOWING MEDICAL BILLS HAVE BEEN APPROVED FOR PAYMENT:

Provider

Date of Service

Amount billed

**Total:**

THIS APPROVAL **EXCLUDES** PAYMENTS TO ANY OUT-OF-STATE MEDICAL PROVIDER ON OR AFTER 3/20/96 PER IDAHO CODE §31-3510A I.C. APPROVED WITH REIMBURSEMENT AND LIEN PER §31-3510A I.C.

Payment of approved bills will be within the timelines as provided for by Idaho Code. Payment shall be or no more than the Unadjusted. Medicaid Rate pursuant to Title XIX of the Social Security Act. Acceptance of county

payment constitutes payment in full and provider shall not seek additional funds from the applicant. §(31-3502(5) and §(31-3519(3), Idaho Code. All charges are subject to Teton County right to review reasonableness of charges.

You may request an appeal hearing of the Initial Determination by filing a written notice of appeal with the board within 28 days of the date of the initial determination. If no appeal is filed within the allowed time, the determination of the board is final. Idaho Code §(31-3505D)

You should retain this document for your permanent records. If you have any questions or additional information pertinent to this Determination of Approval, please contact this office:

Teton County Assistance: (208) 354-8780

BOARD OF TETON COUNTY COMMISSIONERS

\_\_\_\_\_  
BILL LEAKE, CHAIRMAN

\_\_\_\_\_  
KELLY PARK, COMMISSIONER

\_\_\_\_\_  
CINDY RIEGEL, COMMISSIONER

ATTEST:

\_\_\_\_\_  
MARY LOU HANSEN, COUNTY CLERK

CERTIFICATE OF MAILING FOR

I hereby certify that on \_\_\_\_\_ day of \_\_\_\_\_, 2013 . I caused to be mailed a true and correct copy of the foregoing by U.S. Mail, postage prepaid, to the applicant and providers listed on case number 1T-\_\_\_\_\_.

\_\_\_\_\_  
Signature of Mailer

**RELEASE OF LIEN**

RE: Request #2014-7

Applicant #: 229

Name(s):

The Board of County Commissioners of Teton County and/or the Catastrophic Health Care Cost Program does hereby release and remise the lien for Financial Assistance Benefits recorded as Instrument No. \_\_\_\_\_ on \_\_\_\_\_ in the office of the Teton County Recorder.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

BOARD OF TETON COUNTY COMMISSIONERS

\_\_\_\_\_  
BILL LEAKE

\_\_\_\_\_  
KELLY C. PARK

\_\_\_\_\_  
CINDY RIEGEL

STATE OF IDAHO                    )  
  ) ss.  
County of Teton                    )

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_, before me, \_\_\_\_\_, personally appeared BILL LEAKE, KELLY C. PARK, CINDY RIEGEL, known or identified to me to be the County Commissioners of Teton County, Idaho that executed the said instrument, and acknowledged to me that such Board of County Commissioners of Teton County, Idaho executed the same.

\_\_\_\_\_  
Notary Public for the State of Idaho

Residing at: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

cc: \_\_\_\_\_