**Policy**

The Bureau of Services to the Blind and Visually Impaired (BSBVI), Business Enterprises of Nevada Program (BEN), as approved by the majority of licensed operators, and approved by a majority of the Nevada Committee of Blind Vendors (NCBV), has established a Health Care Cost Reimbursement Policy for all eligible licensed blind operators. The total funds available each state fiscal year for the licensed operator and the members of his/her immediate family shall be established in accordance with NAC 426.387.

**Determination**

The annual amount for health care cost reimbursement will be determined by April of the preceding year of the start of the biennium and will remain in effect through the biennium. For example, the amount is to be determined by April 2016 for the SFY18/19 biennial budget request. This allows for the amount to be included in the biennial budget request and through the legislative process, be approved by the Legislature. The NCBV Finance Sub-committee will work with the Bureau in determining the amount available for health care cost reimbursement. The NCBV will discuss, vote, and call for a vote of the majority of licensed operators to adopt the amount available for distribution in the coming biennium.

The annual amount for distribution will be determined by the following:

1. The amount of money which the Legislature appropriates for the purpose of reimbursing each operator for health care costs that are not paid by a third-party insurer;
2. The lawful uses of the money appropriated to the Bureau;
3. Any reserves which the Bureau determines it must maintain; and
4. The number of operators who are anticipated to be eligible to receive reimbursement for health care costs pursuant to this policy and procedure.

Upon approval of NAC 426.387 and within 45 days of this policy going into effect the NCBV will conduct a meeting to decide the amount of funding available for the health care cost reimbursement for the remainder of state fiscal year 2015 as well as the following biennial cycle (SFY16/17), (due to the timing of the final approval not allowing for the inclusion in the SFY16/17 biennial request).

**Eligibility**

To be eligible to receive reimbursement for health care costs that are not paid by a third-party insurer, an individual must be:

1. A licensed blind operator operating a vending facility as part of the Business Enterprises of Nevada (BEN) program; or,
2. A licensed blind operator who is not currently operating a vending facility but who has retained the license issued by the Bureau; or,
3. A licensed blind operator of a vending facility operating under an Interim Operating Agreement.

An individual meets the criteria of being licensed when the terms and conditions of NAC 426.110 *et seq*. are met.

For the purposes of the health care cost reimbursement program, members of an operator’s immediate family are determined to be:

1. A spouse;
2. Children residing within the family residence who are eighteen years of age or younger.
3. Children under the age of twenty-six years who are enrolled in a post-secondary education program, their place of residence notwithstanding; and,
4. Children, their place of residence notwithstanding, for whom the court has ordered that health care cost coverage be provided by the licensed blind operator.

The operator shall provide to the Bureau:

1. Certified or abstract copy of the marriage license;
2. Each child’s birth certificate;
3. Proof of each child’s enrollment in a post-secondary education program; and
4. A copy of the court order granting the legal guardianship to the licensed blind operator for a dependent child.

**Annual Reimbursement Period**

For the purposes of the health care cost reimbursement program for licensed operators, the annual reimbursement period commences on July 1st of each year and expires on June 30th of the following year (state fiscal year). Reimbursement requests are due quarterly, at a minimum, with the final submission for the quarter being the 20th of the month following the end of the quarter. Reimbursement requests received later than the 20thshall be accompanied by documentation demonstrating that the billing was not received in time to meet the deadline.

The health care cost reimbursements will be requested by submission of a completed form, as provided by the Bureau, and accompanied by all relevant receipts and invoices. It is the responsibility of the operator to remove, by blacking out, any protected medical information located on the receipts and invoices as identified by HIPPA Regulations.

**Non-Transferability**

The health care cost reimbursement is the total annual amount for each eligible licensed operator and his/her eligible immediate family members. Should the annual amount requested by a licensed operator be less than the maximum, the remaining balance will not transfer to any other eligible licensed operator nor will it accrue to increase an individual’s total annual amount available in subsequent years.

**Reimbursement Exemption**

If health care cost expenses for a particular service or series of services within a one-month period exceed $500 (five-hundred dollars) which creates a financial hardship for the licensed operator, a written request for advance payment to the health care cost provider may be made to the Bureau Chief.

The request must include documentation from the medical provider: 1) the cost of the procedure, and, 2) the portion that the operator’s health care insurance provider will be paying.

If approved, the health care provider must be or become an approved vendor with the State of Nevada in order to issue the payment.

A request for an exception to issue payment to the operator rather than the health care provider must be in writing identifying the circumstance that cannot be overcome by the health care provided that precludes them from becoming an approved vendor with the State of Nevada. The request will be submitted to the Deputy Administrator of Operations, or designee for consideration. In the event an exception is granted, the operator must submit to the Bureau Chief proof of payment within 20 days of issuing payment to the operator.



APPROVED BY

United States Department of Education

Office of Special Education and Rehabilitative Services

Rehabilitation Services Administration

DATE OF APPROVAL

February 23, 2015

SIGNED BY

Janet L. LaBreck, Commissioner

 (Approval letter attached, page 5 of this document)