Longview LEOFF Disability Board
Regular Meeting
July 27, 2022
AGENDA

HYBRID ZOOM MEETING

This meeting will be held both virtually by teleconference using Zoom and in-person at City Hall (Small Conference Room – 2nd Floor). Dial one of the following numbers (try a different number if you receive a busy signal):

1-253-215-8782
1-408-638-0968
1-669-900-6833
1-346-248-7799
1-312-626-6799
1-646-876-9923
1-301-715-8592

Join Zoom Meeting
https://us02web.zoom.us/j/9816641531

Enter the meeting ID #981 664 1531

1. **Call to Order – 8:30 a.m.**
2. **Roll Call**
3. **Agenda Approval**
4. **Public Comments**
5. **Minutes Approval**
    - June 29, 2022
6. **Medical Reimbursement Requests**
    - R-9 Hearing aid pre-approval request.
    - R-38 Requesting deposit reimbursement for care services.
    - R-42 Hearing aid reimbursement request

- Discussion - do ancillary supplies at long-term care facilities qualify for reimbursement?
    - Follow-up from previous month

Results of Long-Term Care Claims Review:

Retiree	Facility	Monthly Charges
1	Somerset	Consistently $0
2	Delaware Plaza	$17; $17 (two separate months)
3	Canterbury Memory Care	$18.75; $32.50; $18.74 (three separate months)
4	Canterbury Memory Care	$145.55; $248.45; $133.80; $141.60 (four separate months)
5	Canterbury Assisted Living	Consistently $0

7. **Approval of Bills**

8. **Updated Long-Term Care Form** – postponed due to limited staff availability, delayed until hiring of new City Clerk

9. **Update regarding presentation of resources/policies from other jurisdictions for review regarding the reimbursement of hearing aids and eyeglasses** – postponed due to limited staff availability, delayed until hiring of new City Clerk

10. **Adjournment**

JULY MEDICAL BILLS (Regular)

Member	Dental	Regular
R42 (Pending approval)	$0.00	$1399.99
R63	$0.00	$176.30
R44	$0.00	$534.00
R39	$0.00	$673.20
R03	$0.00	$1,189.00
R38	$0.00	$5,271.75
Total	**$0.00**	**$9244.24**

MEDICARE PART "B" PREMIUMS FOR JULY

Medicare	Amount
R1	2022 RATE $170.10
R2	2022 RATE $250.50
R3	2021 RATE $144.60
R5	2022 RATE $615.60
R6	2022 RATE $170.10
R7	2022 RATE $170.10
R8	2021 RATE $148.50
R9	2022 RATE $170.10
R11	2022 RATE $170.10
R12	2022 RATE $494.00
R13	2022 RATE $170.10
R14	2022 RATE $170.10
R15	2022 RATE $170.10
R16	2022 RATE $170.10
R17	2022 RATE $170.10
R18	2021 RATE $144.60
R19	2022 RATE $170.10
R21	OUTDATED RATE $134.00
R22	2021 RATE $148.50
R23	2022 RATE $170.10
R24	2022 RATE $170.10
R25	OUTDATED RATE $134.00
R26	2022 RATE $170.10
R27	2022 RATE $170.10

R28	2021 RATE $144.60
R29	2022 RATE $170.10
R31	2022 RATE $127.10
R33	2022 RATE $170.10
R34	2022 RATE $135.10
R36	2022 RATE $170.10
R37	2021 RATE $148.50
R38	2022 RATE $152.10
R39	2022 RATE $170.10
R40	2022 RATE $170.10
R41	2021 RATE $144.60
R42	2022 RATE $120.10
R43	2022 RATE $147.10
R44	2022 RATE $141.10
R46	2022 RATE $165.10
R47	2022 RATE $170.10
R48	PAYS QUARTERLY $0
R49	2022 RATE $170.10
R50	OUTDATED RATE $109.00
R51	2022 RATE $170.10
R53	PAYS QUARTERLY 2022 RATE $510.30
R55	2022 RATE $169.10
R56	2022 RATE $146.10
R57	2022 RATE $133.10
R58	2022 RATE $170.10
R59	2022 RATE $140.10
R61	2022 RATE $163.10
R63	2022 RATE $156.10
R64	2021 RATE $148.50
Total	**$9397.50**

Longview LEOFF Disability Board
Regular Meeting Minutes
June 29, 2022

HYBRID MEETING VIA ZOOM

This regular hybrid meeting of the Longview LEOFF Disability Board was called to order by Chairman Don Barnd at 8:31 a.m. on Wednesday, June 29, 2022.

Roll Call

Present:	Don Barnd, Police Department Representative Jim Morkert, Fire Department Representative Ruth Kendall, City Council Representative Mike Wallin, City Council Representative
Absent:	Ken Botero, Member-at-large
Also Present:	Elizabeth Halili, Board Secretary Pro-Tem Kurt Sacha, Longview City Manager Dana Beck, Payroll Specialist Stephen Shuman, Assistant City Attorney 1

Approval of Agenda
A motion was made by Mike Wallin, seconded by Ruth Kendall, to approve the agenda as presented. The motion carried unanimously.

Approval of Minutes
A motion was made by Mike Wallin, seconded by Jim Morkert, to approve the minutes of May 25, 2022, as submitted. The motion carried unanimously.

JUNE MEDICAL BILLS (Regular)

Member	Dental	Regular
R56 (Pending approval)	$0.00	$700.00
R63	$0.00	$344.82
R38	$0.00	$5761.20
R34	$0.00	$10.88
R3	$0.00	1189.80
Total	**$0.00**	**$6816.90**

MEDICARE PART "B" PREMIUMS FOR JUNE

Medicare	Amount
R1	2022 RATE $170.10
R2	2022 RATE $250.50
R3	2021 RATE $144.60
R5	2022 RATE $615.60
R6	2022 RATE $170.10
R7	2022 RATE $170.10
R8	2021 RATE $148.50
R9	2022 RATE $170.10
R11	2022 RATE $170.10
R12	2022 RATE $494.00
R13	2022 RATE $170.10
R14	2022 RATE $170.10
R15	2022 RATE $170.10
R16	2022 RATE $170.10
R17	2022 RATE $170.10
R18	2021 RATE $144.60
R19	2022 RATE $170.10
R21	OUTDATED RATE $134.00
R22	2021 RATE $148.50
R23	2022 RATE $170.10
R24	2022 RATE $170.10
R25	OUTDATED RATE $134.00
R26	2022 RATE $170.10
R27	2022 RATE $170.10
R28	2021 RATE $144.60
R29	2022 RATE $170.10
R31	2022 RATE $127.10
R33	2022 RATE $170.10
R34	2022 RATE $135.10
R36	2022 RATE $170.10
R37	2021 RATE $148.50
R38	2022 RATE $152.10
R39	2022 RATE $170.10
R40	2022 RATE $170.10
R41	2021 RATE $144.60
R42	2022 RATE $120.10
R43	2022 RATE $147.10
R44	2022 RATE $141.10
R46	2022 RATE $165.10
R47	2022 RATE $170.10

R48	PAYS QUARTERLY $0
R49	2022 RATE $170.10
R50	OUTDATED RATE $109.00
R51	2022 RATE $170.10
R53	PAYS QUARTERLY $0
R55	2022 RATE $169.10
R56	2022 RATE $146.10
R57	2022 RATE $133.10
R58	2022 RATE $170.10
R59	2022 RATE $140.10
R61	2022 RATE $163.10
R63	2022 RATE $156.10
R64	2021 RATE $148.50
Total	**$8,887.20**

Medical Reimbursement Requests

Hearing aid repair reimbursement request for R56

A motion was made by Mike Wallin, seconded by Ruth Kendall, to approve the hearing aid repair reimbursement request for R56. The motion carried unanimously.

R38 – Requesting deposit reimbursement for care services

The Board tabled the deposit reimbursement request for care services from R38 to a Special Meeting to be held before the next regularly scheduled board meeting. The Board directed the Board Secretary to research the deposit reimbursement request, provide additional information regarding why and for what purpose a deposit was required, and present this information at the Special Meeting.

Discussion – do ancillary supplies at long-term care facilities qualify for reimbursement?

The Board discussed whether ancillary supplies charged by long-term care facilities qualify for reimbursement. The Board directed staff to request each care facility provide data regarding their Medicaid reimbursements, reimbursement limits, and what these reimbursements specifically include prior to billing the city. Additionally, what specific expenses each facility is invoicing the city after billing Medicaid for reimbursement.

Payment of bills

It was moved by Mike Wallin, seconded by Ruth Kendall, to approve the bills as presented, reasonable and medically necessary. Upon a vote duly held, the motion passed unanimously.

Adjournment
The meeting was adjourned at 8:54 a.m.

LONGVIEW LEOFF DISABILITY BOARD
The next regular meeting of the LEOFF-1 Board is scheduled for July 27, 2022.

_____
Don Barnd, Chairman

_____
Elizabeth Halili, Board Secretary Pro-Tem

The City of Longview Washington

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

FROM: **DANA BECK, INTERIM LEOFF-1 ADMINISTRATOR**

SUBJECT: R9 REQUEST FOR PRE-APPROVAL OF HEARING AIDS EXPENSES

R9 is requesting pre-approval for hearing aids at a cost of $6890.00. An audiogram and the retiree's medical records from the audiology appointment have been submitted for consideration, as well as a purchase agreement signed by the retiree and the audiologist.

Action needed on this claim:

1. Make determination as to whether R9 qualifies for reimbursement for hearing aids in the amount of $6890.00.

Documents included for review:

1. Audiogram
2. Medical conculsion
3. Purchase agreement
4. Proof current hearing aids are over 4 years old

Northwest Hearing Aid Consultants, Inc.

Miracle-Ear

Listen to Life

R-9

July 19th, 2022

City of Longview Disability Board
PO Box 128
Longview, WA 98632

Ms. Dana Beck,

R-9 was into our office for a hearing evaluation on 07/12/2022. As is common with noise induced damage, his is a steeply sloping high frequency sensorineural bilateral hearing loss, with profound loss in the higher frequencies. He has a Pure Tone Average of 47 dB and 52 dB, an Articulation Index of 29% and 23% right and left ear respectively. [redacted] current hearing aids are over 4 years old and are not working satisfactorily.

I am recommending our top tier technology that include a 3- year warranty, and aftercare for the life of the hearing aids. Please see the invoice that has been provided.

If you have any questions, please feel free to contact me.

Sincerely,

Shannon Flanagan BC-HIS, ACA
Miracle-Ear, Longview, WA

CF284001 Longview
Miracle-Ear Center
812 Ocean Beach Hwy, Ste 300
Longview, WA 98632
(360) 423-6700

R-9

R-9

Purchase Agreement

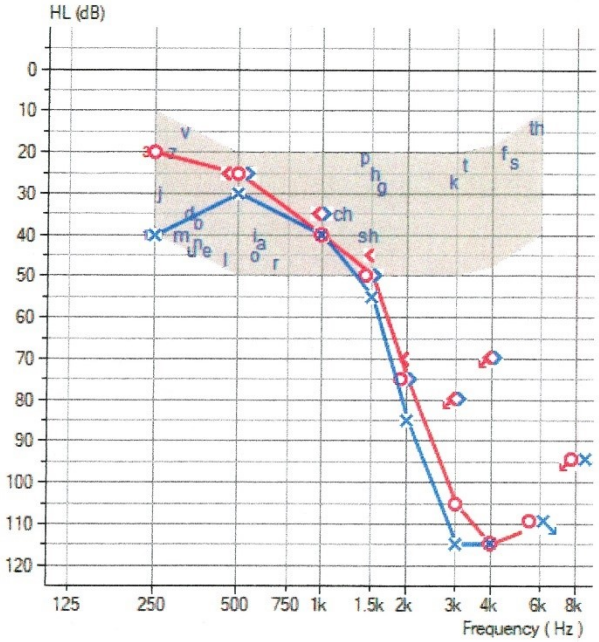
07/12/2022
TRACKING #:
INVOICE #: 7512
Customer ID #: 7163

QTY	ITEM	UNIT PRICE	AMOUNT
1	Left Hearing Aid MIRACLE-EAR GENIUS(TM) MEENERGY 5 RIC R AX BTE RITC Digital (New) Mfr Warranty Expires: 07/11/2025 CPT code: V5257	3,445.00	3,445.00
1	Right Hearing Aid MIRACLE-EAR GENIUS(TM) MEENERGY 5 RIC R AX BTE RITC Digital (New) Mfr Warranty Expires: 07/11/2025 CPT code: V5257	3,445.00	3,445.00

INVOICE TOTAL	$6,890.00
SALES TAX	$0.00
GRAND TOTAL	**$6,890.00**
TOTAL INSURANCE PAYMENTS	$0.00
TOTAL WRITE-OFFS	$0.00
TOTAL CUSTOMER PAYMENTS	$0.00
AMOUNT DUE FROM CUSTOMER	**$6,890.00**

Page 1

Audiometry



Right	125	250	500	750	1k	1.5k	2k	3k	4k	6k	8k
AC		20	25		40	50	75	105	115	110	NR 95
BC			25		35	45	70	NR 80	NR 70		

Left	125	250	500	750	1k	1.5k	2k	3k	4k	6k	8k
AC		40	30		40	55	85	115	115	NR 110	95
BC			25		35	50	75	80	70		

1 Air Conduction, AI=23%, PTA=52, HFA=80
2 Bone Conduction, PTA=45, HFA=60
3 Air Conduction, AI=29%, PTA=47, HFA=77
4 Bone Conduction, PTA=43, HFA=58

	SRT	WR	WR, Aided
Left			
Right			

MCL	UCL

Audiometry Legend	Right	Left
Air Conduction	O	X
Air Conduction, Masked	△	□
Bone Conduction	<	>
Bone Conduction, Masked	[	]
Sound Field	S	S
Sound Field, Aided	A	A
Comfortable Level	M	M
Uncomfortable Level	U	U

PeaceHealth

R-9

PO BOX 1768 VANCOUVER, WA 98668

Original purchase of hearing aids requesting replacement.

[redacted]

Receipt #: 1516540
Guarantor ID: 171616

Date: 7/31/18
Department: AUDIOLOGY - RIVER SUITES - LONGVIEW, WA

Patient Name [redacted]

Medical Record #: [redacted]

Account #	Appt/Admit Date	Type	Source	Reference	Payment
1101805760	6/19/2018	Other	Credit Card - PN Website	01458D	$6,900.00

Total Amount: **$6,900.00**

Hearing aids paid in full

Thank you for your payment. For questions regarding your account, please contact customer service, 877-202-3597.

Received by: 38701

The City of Longview Washington

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

FROM: **DANA BECK, INTERIM LEOFF-1 ADMINISTRATOR**

SUBJECT: R38 REQUEST FOR REIMBURSMENT OF DEPOSIT TO CAREDIRECT

R38 is requesting reimbursement of $2640.00 paid to CareDirect, which provides home care. .

Action needed on this claim:

1. Make determination as to whether R38 qualifies for reimbursement for deposit in the amount of $2640.

Documents included for review:

1. Letter from Care Options
2. Deposit agreement
3. Proof current deposit

R-38

Dana Beck

From: Shawnte <shawnte@careoptionswa.com>
Sent: Tuesday, July 19, 2022 3:32 PM
To: Dana Beck
Subject: [redacted] deposit for services
Attachments: We sent you safe versions of your files; 20220719151231719.pdf

Mimecast Attachment Protection has deemed this file to be safe, but always exercise caution when opening files.

If you look on the first page of attachments under Deposits, you will see [redacted] was charged a deposit of $2,640.00. Which is for two weeks of service that is usually applied at the termination of service for the last invoice. Any remaining balance is refunded to whoever paid the deposit.

The second page is a receipt showing [redacted] paid the deposit on 5/9/22.

If [redacted] reimbursed for the deposit please let me know so I can update our records here so any remaining deposit balance is paid out correctly.

If you have any questions, please call me at the number below.

Thank you,

Shawnte' Hart
Finance
Care Options
Phone: (360) 423-8223
Fax: (360) 636-5633
shawnte@careoptionswa.com

Sent from Mail for Windows

From: Support
Sent: Tuesday, July 19, 2022 3:12 PM
To: Shawnte
Subject: Scan from Elder Options

This E-mail was sent from "RicohIMC2000" (IM C2000).

Scan Date: 07.19.2022 15:12:31 (-0700)
Queries to: support@elderoptions.com

1

making CareDirect unable to meet client's needs. CareDirect may also terminate services if the client requires care beyond the capability of the Caregivers license. Services are private duty companion care and CareDirect does not contract to provide medical care. ***The client or client representative has 3 days to cancel this agreement without penalty but will pay for all services rendered during the 3-day period for support staff services, intake and any care provided through the work order at the rate determined.*** If no care was provided a flat rate of $250.00 will be billed for time and administrative services to set up the client.

ability: By signing this contract I the client or client representative understand and agree to indemnify and hold harmless CareDirect against all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and related costs if litigation arises pursuant to any claims made by me or by anyone else acting on behalf. I understand caregivers I have accepted to provide services to me are self-employed and not employees of CareDirect or any other related entity of CareDirect. I understand that I can take any legal claim or action directly to the caregiver for just cause.

Payment of Fees: There is a $100.00 annual placement fee for clients who wish to be "on call" without a regular schedule or for clients who have a work order under 10 hours per week. Any waiver of this fee will be determined on a case by case basis. If the client has payroll services funding and paying from a client trust the invoice will include our fees and the caregiver fees. Invoices will be billed every 2 weeks due upon receipt. If the client or responsible payor do not pay on time the caregiver will not be paid until the client has paid. **CareDirect does not pay the caregiver from any other funds other than those received through the payroll option on behalf of the client. CareDirect will not provide any funds in advance on behalf of the client.** There will be a late fee of $50.00 issued on all payments that are received past the due date on the invoice. There is a $35.00 returned check fee for NSF checks. If paying by credit card there is a 3.5% fee above invoice amount. The payment must be received in office on or before the due date. This is a CareDirect fee and not a caregiver fee. The referred Caregivers in the clients' home can refuse to continue to provide services until they are paid in full.

Deposits. A deposit equivalent to two week's service charge will be expected upon execution of this contract within 5 days of the start of services. The agreed total deposit is $ 2640. The deposit will be held in the trust account without interest for the duration of services. The deposit will be applied to the closing invoice. Any unused portion of that amount will be promptly refunded to the client upon termination of services. If there is an increase in services, the deposit will be increased proportionately.

Notice of Privacy Information Practices: The undersigned acknowledges that he/she received a copy of CareDirect USA Notice of Privacy Information Practices.

Acknowledgement: The undersigned acknowledges that he/she has read the foregoing contract and specifically has read the limitations of services and accepts the terms of the contract for the provisions of services named. By signing this contract, the senior client or client's representative acknowledges coverage, and services can be increased or decreased based on client's health needs. There is no pre-determined length of contract, but a two (2) weeks' notice is required to terminate services (except in hospitalization or death) unless services are terminated by the Client or legal client representative described in "Cancellations" sections above. Clients and/or representatives not providing written notice will be invoiced based on the original contract agreement. "Client" is defined as anyone living in the household receiving services. If there are any changes in payer responsibility, or rates, a new contract will be written.

Client Information Billing/Payor Information/POA

Client Name R-38 DOB 6/26/42

Client Name _____ DOB _____

Home Address [redacted] City Kelso Zip 98626

Phone [redacted]

Client Representative (if different than above) _____

Client Representative Mailing Address (if different than above) _____

Phone: _____ City: _____ Zip: _____

Emergency Contact [redacted] Phone [redacted]

_____ Phone _____

If the client becomes a threat to the Caregivers or any staff member associated with CareDirect or if contracted for home care support services APS may called and CareDirect may terminate the agr[redacted]

Client Signature: [redacted] Date: 5-2-22

Payment Receipt

CareDirect USA, Inc.
c/o Care Options
862 15th Ave
Longview WA 98632

Received From:
R-38

Date Received	05/09/2022	**Payment Amount**	$2,640.00
Payment Method	Check		
Check/Ref. No.	0501		

The City of Longview Washington

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

FROM: **DANA BECK, INTERIM LEOFF-1 ADMINISTRATOR**

SUBJECT: R42 REQUEST FOR REIMBURSEMENT OF HEARING AIDS EXPENSES

R42 is requesting reimbursement for hearing aids at a cost of $1399.99. An audiogram and the retiree's medical records from the audiology appointment have been submitted for consideration, as well as a purchase agreement signed by the retiree and the audiologist.

Action needed on this claim:

1. Make determination as to whether R42 qualifies for reimbursement for hearing aids in the amount of $1399.99.

Documents included for review:

1. Audiogram
2. Purchase agreement

R-42

COSTCO
HEARING AID CENTER

July 01, 2022

To Whom It May Concern,

R-42 was tested on May 23rd, 2022 and was recommended hearing aids. He purchased a pair of Kirkland Signature 10.0 hearing aids for $1399.99. The product code is #V5259 (binaural receiver in canal hearing aids).

Our Tax ID is 91-1223280 and our NPI is 1265825129.

Sincerely,

Jay Thurman
Hearing Instrument Specialist
HASP #756055

1804 S.E. Ensign Lane Warrenton, Or. 97146 (503)338-4125 Fax (503) 338-4126 ◦ www.costco.com

COSTCO
HEARING AID CENTER

1804 Se Ensign Ln
Warrenton, OR, 97146, USA
(503) 338-4125

6401342

R-42
NT NAME OF USER

307351265001
MEMBERSHIP NO.

DRESS

Kelso, WA, 98626, USA

TELEPHONE NO.

NT NAME OF BUYER (INDICATE IF BUYER IS THE SAME AS USER)

MEMBERSHIP NO.

DRESS

TELEPHONE NO.

tem Description	Item #	Model/Description	Manufacturer Warranty	Unit Price	Total Amount
Left Hearing Aid	1541000	KS 10.0 Silver RIC Left Loss & Damage Warranty Battery Size Rechargeable Serial Number 2209N0Y44	36 mths 36 mths	0.00	0.00
Right Hearing Aid		KS 10.0 Silver RIC Right Loss & Damage Warranty Battery Size Rechargeable Serial Number 2203N2HNW	36 mths 36 mths	0.00	0.00
Accessory		KS 10.0T Charger Case 2149Y57NW	12 mths	0.00	0.00
Accessory		KS 10.0T Silver Bundle	36 mths	1399.99	1399.99
.eft Receiver		Phonak / P, 2 v4.0	36 mths	0.00	0.00
Right Receiver		Phonak / P, 2 v4.0	36 mths	0.00	0.00

Check ☐ Cash ☒ Credit Card ☐ Debit

Tax (if applicable)
Total 1399.99

ıufacturer warranty periods are noted above:

gon has a 30-consecutive day trial period. Costco is offering a 180-day trial period. You will have the longer of two periods.

-DAY RESCISSION PERIOD: Under Oregon law, you have the right to return a hearing aid for any reason within 30 days m the date of initial fitting. If any hearing aid has been out of your possession for a period of 72 hours or more for any eration or adjustment during the 30-day rescission period, the 30-day rescission period is restarted.

0-DAY TRIAL PERIOD: During the 180-day trial period following the Dispensing Date, you may return the hearing aid, mponent, ear mold, and accessories for any reason to receive a full refund provided you return the item to the Costco aring Aid Center in the same condition as when purchased, ordinary wear and tear excluded. **Last Date to Return/Rescind**

ANUFACTURER WARRANTY POLICY: Beginning on the Dispensing Date, as identified below, ıe hearing aid, components, ear mold and accessories you purchased are warranted by the ıanufacturer to be free from all defects in materials and workmanship, and the manufacturer grees to make all necessary repairs or, at the manufacturer's option, provide a replacement ithout charge to the buyer during the warranty periods noted above.

6401342

NE-TIME REPLACEMENT POLICY FOR LOSS OR DAMAGE: Beginning on the Dispensing Date, if the hearing aid you urchased is warranted for damage (as noted above) and is damaged beyond repair or is warranted for loss (as noted above) nd is lost or stolen, the manufacturer will provide a one-time replacement with a comparable model for the same ear, at no dditional charge. You will receive only one replacement of your hearing aid whether that replacement is provided under the amage policy or the loss policy. The manufacturer's warranty policy will continue to apply to the replacement hearing aid for ıe remainder of the manufacturer's warranty period indicated above. If you find the lost or stolen hearing aid after replacement, becomes the property of the manufacturer and must be returned to the Costco Hearing Aid Center. **Please note that the earing aid replaced under the Loss or Damage Policy cannot be returned for a refund.**

uyer's Acknowledgement: I, the buyer, acknowledge that the hearing aid specialist or audiologist has:

- Advised me that the hearing aid is being sold by **[check one of the following]**:
  ✓ a licensed hearing aid specialist _____ a licensed audiologist.
- Advised me that any examination or representation made by a licensed hearing aid specialist or an audiologist in connection with the practice of fitting and selling of this hearing aid is not an examination, diagnosis, or prescription by a person licensed to practice medicine in this state, and shall not be considered a medical examination, opinion or advice.
- Advised me that all hearing aids are new on initial sale.
- Advised me that a licensee must conduct and document a minimum of one post-delivery follow-up session with me within 30 days following the dispensing date. The follow-up session will take place at the Costco Hearing Aid Center where my hearing aid was purchased. **Post Delivery Appt:** 06/17/22
- Advised me that the hearing aid has been specifically built to fit the acoustic needs of my particular loss and is not intended to be used on any other ear except the one tested.
- Advised me that the use of a hearing aid will not restore normal hearing, nor will it prevent further hearing loss.
- Reviewed with me the 180-Day Trial Period, Manufacturer Warranty, Loss Policy and Damage Policy, as they apply to my purchase.

omplaints: Hearing aid specialist or audiologist to check appropriate box.

☑ **For sales by hearing aid specialists:** Complaints regarding the sale, lease or attempted sale or lease of hearing aids should be directed in writing to: Oregon Health Licensing Office, 1430 Tandem Avenue NE, Suite 180, Salem, Oregon 97301-2192. Complaint forms may be obtained by calling (503) 378-8667 or at the Agency's Website: www.oregon.gov/OHA/PH/HLO/Pages/File-Complaint.aspx.

☐ **For sales by audiologists:** Complaints regarding the sale, lease or attempted sale or lease of hearing aids should be directed in writing to: Oregon Board of Examiners for Speech Language Pathology & Audiology, 800 NE Oregon St, Suite 407, Portland, Oregon 97232. Complaint forms may be obtained by calling (971) 673-0220 or at the Agency's Website: www.oregon.gov/bspa/Documents/ConsumerComplaintform.pdf.

udiogram: Copies of my audiogram and the results of tests or verification procedures were offered to me by the licensee, nd I hereby acknowledge receipt of the records or that I decline the offer.

Buyer waives acceptance of hearing tests. (✓ **Buyer accepts hearing tests.**) **Buyer's Initials:** [redacted]

ight to Rescind: The hearing aid specialist has provided me with a copy of Oregon's Right to Rescind A Hearing Aid Purchase ORS 694.042). **Buyer's Initials:** [redacted]

learing Aid Forms: The hearing aid specialist or audiologist has provided me with a copy of the observation criteria, referral o physician if certain medical conditions are present and a medical waiver statement for my consideration, as they apply to my urchase. **Buyer's Initials:** [redacted]

It is desirable that a person seeking help with a hearing problem (especially for the first time) consult an ear doctor and obtain a clinical hearing evaluation. Although hearing aids are often recommended for hearing problems, another form of treatment may be necessary.

hereby purchase from Costco Hearing Aid Center the hearing aid as shown above, and hereby acknowledge that I have read and understand the information in the Purchase Agreement. 6401342

SALES RECEIPT

Buyer: [redacted] **Purchase Date:** 05/23/2022
Signature
[redacted]
Print Name

User (if different from Buyer): _____ **Purchase Date:** 05/23/2022
Signature
Ted Hostetter
Print Name

Sold by: [signature] **License No.:** HAF-P-756055
Signature
Jay Thurman
Print Name and Title

Supervisor (if applicable): _____ **License No.:** _____
Signature
Print Name and Title

DELIVERY RECEIPT

Received by: [redacted] **Dispensing Date:** 6/17/22
Signature
Ted Hostetter
Print Name

Dispensed by: [signature] **License No.:** HAF-P-756055
Signature
Jay Thurman
Print Name and Title

Supervisor (if applicable): _____ **License No.:** _____
Signature
Print name and Title

Manufacturer's Name and Reg. No.: KS

Buyer's Initials: [redacted]

[Rev. 11/10/17]

6401342

Oregon's Right to Rescind A Hearing Aid Purchase (ORS 694.042)

694.042 Right to rescind hearing aid purchase; grounds; notice of rescission; time limit; refund. (1) In addition to any other rights and remedies the purchaser may have, including rights under ORS 646A.460 to 646A.476, the purchaser of a hearing aid shall have the right to rescind the transactior if:

(a) The purchaser for whatever reason consults with a physician licensed under ORS chapter 677 to practice medicine who specializes in diseases of the ear or with a physician assistant licensed under ORS 677.505 to 677.525 who specializes in diseases of the ear, or consults with an audiologist not licensed under this chapter and not affiliated with anyone licensed under this chapter and with a physician licensed under ORS chapter 677 to practice medicine or with a physician assistant licensed under ORS 677.505 to 677.525, subsequent to purchasing the hearing aid, and the physician or physician assistant advises such purchaser against purchasing or using a hearing aid and in writing specifies the medical reason for the advice;

(b) The seller, in dealings with the purchaser, failed to adhere to the practice standards listed in ORS 694.142, or failed to provide the statement required by ORS 694.036;

(c) The fitting of the hearing instrument failed to meet current industry standards; or

(d) The licensee fails to meet any standard of conduct prescribed in the law or rules regulating fitting and dispensing of hearing aids and this failure affects in any way the transaction which the purchaser seeks to rescind.

(2) The purchaser of a hearing aid shall have the right to rescind the transaction, for other than the seller's breach, as provided in subsection (1)(a), (b), (c) or (d) of this section only if the purchaser returns the product and it is in good condition less normal wear and tear and gives written notice of the intent to rescind the transaction by either:

(a) Returning the product with a written notice of the intent to rescind sent by certified mail, return receipt requested, to the licensee's regular place of business; or

(b) Returning the product with a written notice of the intent to rescind to an authorized representative of the company from which it was purchased.

(3) The notice described in subsection (2) of this section shall state that the transaction is canceled pursuant to this section. The notice of intent to rescind must be postmarked:

(a) Within 30 days from the date of the original delivery; or

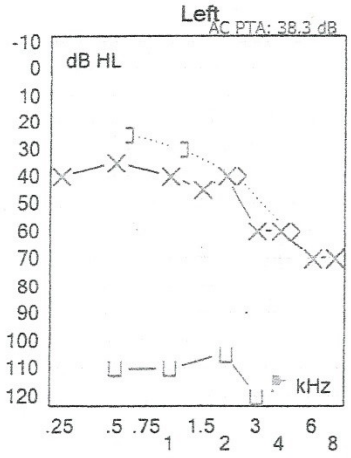
(b) Within specified time periods if the 30-day period has been extended in writing by both parties. The consumer's rescission rights can only be extended through a written agreement by both parties.

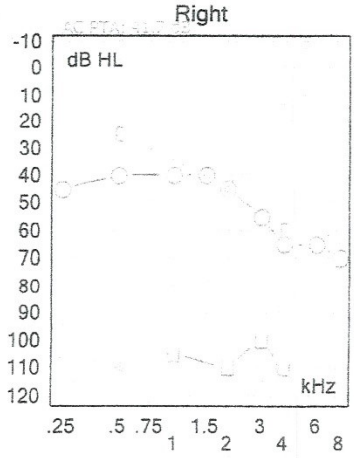
(4) If the conditions of subsection (1)(a), (b), (c) or (d) of this section and subsection (2)(a) or (b) of this section have been met, the seller, without further request and within 10 days after the cancellation, shall issue a refund to the purchaser. However, the hearing aid specialist may retain a portion of the purchase price as specified by rule by the Health Licensing Office when the purchaser rescinds the sale during the 30-day rescission period. At the same time, the seller shall return all goods traded in to the seller on account of or in contemplation of the sale. The purchaser shall incur no additional liability for th cancellation. [1975 c.673 §6; 1985 c.227 §6; 1993 c.133 §2; 1999 c.81 §3; 2003 c.547 §77; 2005 c.648 §91; 2013 c.568 §113; 2014 c.45 §74]

Person ID R-42
First name
Last name
Birth date

Address 1 720 Ostrander Road
Address 2
City Kelso
Zip code 98626

COSTCO WHOLESALE





Effective masking for test ear left

	.125	.25	.5	.75	1	1.5	2	3	4	6	8
AC											
BC			80		75						
IP											

Effective masking for test ear right

	.125	.25	.5	.75	1	1.5	2	3	4	6	8
AC											
BC		80						95			
IP											

SRT AC PTA Right: 41.7 AC PTA Left: 38.3

Trans	type	dB	Mask	Aided | Binau	List
IP-R	HL	45	--		Adult Spondees, Form A
IP-R	MCL	90	--		Rainbow Passage
IP-L	HL	45	--		Adult Spondees, Form A
IP-L	MCL	90	--		Rainbow Passage
Insert Left +	MCL	85 | 85	--	CO	Rainbow Passage

WR AC PTA Right: 41.7 AC PTA Left: 38.3

Trans	WR	dB	Mask	%	Aided | Bin	List
IP-R	WR1	95		88		NU-6 1A - Ordered
IP-L	WR1	95		90		NU-6 2A - Ordered
Insert Left	WR1	85 | 85		100	CO	NU-6 3A - Ordered

Audiogram Notes

AUD report - no data

	Right H	Right M	Left H	Left M	Bone R H	Bone R M	Bone L H	Bone L M	FF1 H	FF1 M	FF2 H	FF2 M
HL	O	△	X	□	<	[	>	]	5	‹	5	›
UCL	U	n	U	m	◄	◄	►	►				

AUD 5/23/2022 2:46:16 PM

Signed By

Pg 1

Yes ☐ No Have you ever had your hearing tested? If yes:

When? _____ Where? Longview, WA 98626 - Hearing Life

Was hearing loss detected? ☑ Yes ☐ No

Yes ☑ No Have you ever been fit with a custom-molded ear piece?

Yes ☑ No Is your hearing better on some days compared to other days?

Yes ☐ No Have you ever heard noises in your ears (e.g., buzzing, ringing, clicking, roaring)?

If yes, which ear(s)? ☐ Both ☐ Right ☐ Left Describe the sound you hear: _____

How often? _____ Is it bothersome? ☐ Yes ☐ No

Yes ☐ No Have you ever been exposed to occupational or recreational noise (e.g., military, music, gunfire)?

If yes, describe: Singing, Airplanes

Yes ☐ No Does anyone in your family have hearing loss? If so, who? ?

Yes ☑ No Have you seen a physician for your hearing?

If yes, what type of physician? ☐ Primary Care ☐ General Practitioner ☐ ENT ☐ Other

Yes ☐ No Have you ever tried a hearing aid(s)?

If yes: Do you wear the device(s) now? ☑ Yes ☐ No

If yes, what type of hearing aid(s) do you have? None - Lost

Check the box of the picture that looks like your hearing aid(s):

How long have you worn hearing aid(s)? 2 yrs +/-

Which ear(s) do you wear the device(s) in? ☐ Both ☐ Right Only ☐ Left Only

Do you wear your hearing aid(s) regularly? ☐ Yes ☐ No did

Do you hear better with your hearing aid(s)? ☑ Yes ☐ No

What do you like about your hearing aid(s)? When hear better!

What do you dislike about your hearing aid(s)? I have to clean them

Yes ☑ No Have you ever purchased and returned a hearing aid?

If yes, why did you return it? _____

there any other information related to your hearing that you feel may be important for us to know?

Pg. 2

Circle the number, 1 being the worst and 10 being the best: How would you rate your overall hearing ability without hearing aids?

1 -------- 2 -------- 3 -------- 4 -------- 5 -------- 6 -------- 7 -------- 8 -------- 9 -------- 10
Worst Best

Please list the top three situations in which you would like to hear better. Be as specific as possible.
For example: I would like to hear my daughter on my cellphone when we talk every Sunday.

1. My wife
2. T.V.
3. _____

Some things about hearing aids may seem more important than others. Please put a 1 by the most important consideration, a 2 by the next most important, a 3 by the third-most important, and a 4 by the least important.

3 Hearing aid size and the ability of others to (not) see the hearing aids

_____ Improved ability to hear and understand speech

2 Improved ability to understand speech in noisy situations (e.g., restaurants, parties)

4 Cost of the hearing aids

Please choose the statement that is most true for you.

✓ I prefer my hearing aids to be automatic so that I do not have to make any adjustments to them.

_____ I prefer to adjust the volume and change the listening programs of my hearing aids as I see fit.

_____ I do not have a preference.

☐ Yes ☑ No I am interested in having remote appointments for follow-up services and adjustments on my hearing aids using a smart device such as a phone or tablet.

☑ Yes ☐ No I am interested in listening to audio from a device such as a cellphone, tablet or TV through my hearing aids.

I would like to stream from the following type of device: no

☐ iPhone ☐ Android Cellphone ☐ Other Cellphone: _____
☐ iPad ☐ Android Tablet ☐ Other Tablet: _____
☐ TV ☐ Computer ☐ Other Audio Device: _____

pg. 3

PRIVACY NOTICE

Member Initials

I have reviewed the Costco Health Center Notice of Privacy Practices (the "Notice"), and understand that all of my medical information will be used by Costco Wholesale in accordance with the Notice.

INFORMATION STATEMENT

Member Initials

To provide a custom-fitted hearing aid, an accurate impression of the ear canal must be made. In some instances there may be some minor discomfort involved during the insertion of the impression material and the subsequent removal of the finished impression. Occasionally, there may also be some temporary aftereffects that might include: throbbing, abrasion to the ear canal, redness, soreness, hematoma or bleeding. Although rare, if a problem should occur, you should seek proper medical treatment.

IMPORTANT MEDICAL CONSIDERATIONS FOR A HEARING AID FITTING

To be completed by a Costco employee:

- ☐ Yes ☑ No Acute or chronic dizziness
- ☐ Yes ☑ No Pain or discomfort in the ear
- ☐ Yes ☑ No History of sudden or rapidly progressive hearing loss within the previous 90 days
- ☐ Yes ☑ No Unilateral hearing loss of sudden or recent onset within the previous 90 days
- ☐ Yes ☑ No History of active drainage from the ear within the previous 90 days
- ☐ Yes ☑ No Visible congenital or traumatic deformity of the ear
- ☐ Yes ☑ No Visible evidence of significant cerumen accumulation or a foreign body in the ear canal
- ☐ Yes ☑ No Audiometric air-bone gaps equal to or greater than 15 dB at 500, 1K, and 2K Hz

If the answer to any of the above questions is "yes," the member is advised that their best interests would be served by consulting with a licensed physician (preferably an ear specialist).

FOR STAFF ONLY

I have reviewed the Confidential Case History and Information Statements with the member.

HAC Licensed Staff Signature: _____ Date: _____

Title: _____

License #: _____

Dispenser Stamp/Sticker:

HA03_90094

13.4

HAC0000178 0621

The City of Longview Washington

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

FROM: **DANA BECK, INTERIM LEOFF-1 ADMINISTRATOR**

SUBJECT: Ancillary Supply charges

Per Marilyn Demyan, Business Office Manager of Delaware Plaza, Medicare does not pay for ancillary supplies. Medicaid does pay for ancillary supplies, but LEOFF members likely do not qualify for Medicaid which is low-income insurance. Ancillary supplies consist of anything used for personal needs and not medically necessary. Marilyn said most family members supply the types of items to their clients. However, ancillary items are stocked and made available by Delaware Plaza to their clients who aren't able to purchase their own personal supplies.

Examples of items considered to be ancillary supplies by Medicare:
Shampoo
Diapers
Gloves
Wipes
Toothpaste
Toothbrush
Band Aids

I only spoke to Marilyn at Delaware Plaza because Koelsch Senior Communities not only owns Delaware Plaza, but all of the Canterbury campuses as well.

If you have additional questions or concerns let me know.