Longview LEOFF Disability Board
Regular Meeting
August 31, 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
1 346 248 7799
1 408 638 0968
1 669 444 9171
1 669 900 6833
1 719 359 4580
1 386 347 5053
1 564 217 2000
1 646 876 9923
1 646 931 3860
1 301 715 8592
1 309 205 3325
1 312 626 6799

Join Zoom Meeting
https://us02web.zoom.us/j/82919320810

Ener the meeting ID #829 1932 0810

1 Call to Order – 8:30 a.m.

2 Roll Call

3 Agenda Approval

4 Public Comments

5 Minutes Approval

- July 27, 2022

6 Medical Reimbursement Requests

- R-18 Request for 2021 and 2022 Medicare reimbursement

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

August MEDICAL BILLS (Regular)

Member	Dental	Regular
R61	$0.00	$130.00
R09	$391.60	$6,890.00
R18	$0.00	$980.15
R3	$0.00	$1,374.00
R19	$0.00	$189.98
R39	$1,563.20	$0.00
R36	$0.00	$973.13
R29	$189.40	$155.90
R38	$0.00	$7920.00
Total	**$2,144.20**	**$18,613.16**

MEDICARE PART "B" PREMIUMS FOR September

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 $170.10
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R21	OUTDATED RATE $134.00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R25	OUTDATED RATE $134.00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R50	OUTDATED RATE $109.00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 $0.00
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	**$8,912.70**

Longview LEOFF Disability Board
Regular Meeting Minutes
July 27, 2022

HYBRID ZOOM MEETING

1. **Call to Order – 8:30 a.m.**
   Chairman Don Barnd called the meeting to order at 8:30 a.m.

2. **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 Dana Beck, Payroll Specialist Jim McNamara, City Attorney

3. **Agenda Approval**
   A motion was made by Member Wallin, seconded by Member Morkert, to approve the agenda as presented. The motion carried unanimously.

4. **Public Comments**
   None.

5. **Minutes Approval**
   A motion was made by Member Wallin, seconded by Member Morkert, to approve the minutes of the June 29, 2022, LEOFF-1 Disability Board Meeting as submitted. The motion carried unanimously.

6. **Medical Reimbursement Requests**

- **R-9 Hearing aid pre-approval request.**
  A Motion was made by Member Wallin, seconded by Member Morkert, to approve the hearing aid pre-approval request for R-9. The motion carried unanimously.

- **R-38 Requesting deposit reimbursement for care services.**
  Dana Beck presented additional information regarding why and for what purpose a deposit was required.
  A motion was made by Member Morkert, seconded by Member Walling, to approve the deposit reimbursement request for care services for R-38. The motion carried unanimously.

- **R-42 Hearing aid reimbursement request**
  A motion was made by Member Morkert, seconded by Member Wallin, to approve the hearing aid reimbursement request for R-42. The motion carried unanimously.

- **Discussion - do ancillary supplies at long-term care facilities qualify for reimbursement?**
  Dana Beck Presented.
  The Board discussed the presentation and determined that reimbursements for ancillary supplies at long-term care facilities would continue to be reviewed on a case-by-case basis.

7. **Approval of Bills**
   A motion was made by Member Wallin, seconded by Member Morkert, to approve the bills as presented, reasonable, and medically necessary. The motion passed unanimously.

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**
    With no further business to discuss, a motion was made by Member Wallin, seconded by Member Morkert to adjourn the meeting. Upon a vote duly held, and unanimously passed, Chairman Barnd adjourned the meeting at 9:02 a.m.

Next Meeting
The next regular meeting of the LEOFF-1 Board is scheduled for August 31, 2022.

Don Barnd, Chairman

Elizabeth Halili, Board Secretary

The City of Longview Washington

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

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

SUBJECT: R18 REQUEST FOR 2021 & 2022 Medicare reimbursment

R18 is requesting 2021 & January -July 2022 Medicare increase reimbursements. For 2021 reimbursement would be $46.80 and January -August 2022 reimbursment would be $204.00. Total reimbursement $250.80.

Action needed on this claim:

1. Make determination as to whether Board will approve reimbursement of Medicare Premiums of $250.80.

Documents included for review:

1) Medicacre Benefit documentation

The City of Longview Washington

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Your New Benefit Amount

BENEFICIARY'S NAME:

Your Social Security benefit will increase by **1.3%** in 2021 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much You Will Get	
Your monthly benefit before deductions	$2,425.50
Deductions:	
Medicare Medical Insurance (If you did not have Medicare as of November 19, 2020 or if someone else pays your premium, we show $0.00)	$148.50
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2021. If you did not elect withholding as of November 1, 2020, we show $0.00)	$0.00
U.S. Federal tax withholding	$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 19, 2020, we show $0.00)	$0.00
After we take any other deductions, you will receive the payment you are due for December 2020 on or about January 20, 2021.	**$2,277.00**

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

The Treasury Department requires Federal benefit payments to be made electronically. If you still receive a paper check, please visit the Department of the Treasury's Go Direct website at ***www.godirect.org*** or call their Electronic Payment Solution Center at **1-800-333-1795.** If outside the United States, please call **1-214-254-3113.**

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. The fastest and easiest way to file an appeal is to visit ***www.ssa.gov/benefits/disability/appeal.html*** online.

Received 8/11/22
current $144.60

R-18	Medicare Premiums			
		Should have reimbursed	LEOFF reimbursed	difference owed
2020 rate	$144.60	$1,735.20	$1,735.20	$0.00
2021 rate	$148.50	$1,782.00	$1,735.20	**$46.80**
2022 rate	$170.10	$1,360.80	$1,156.80	**$204.00**

Your New Benefit Amount

Lydia
R-18

BENEFICIARY'S NAME:

Your Social Security benefit will increase by **5.9%** in 2022 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much You Will Get	
Your monthly benefit before deductions	$2,568.10
Deductions:	
Medicare Medical Insurance (If you did not have Medicare as of November 18, 2021 or if someone else pays your premium, we show $0.00)	-$170.10
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2022. If you did not elect withholding as of November 1, 2021, we show $0.00)	-$0.00
U.S. Federal tax withholding	-$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 18, 2021, we show $0.00)	-$0.00
After we take any other deductions, you will receive the payment you are due for December 2021 on or about January 19, 2022.	**$2,398.00**

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

The Treasury Department requires Federal benefit payments to be made electronically. If you still receive a paper check, please visit the Department of the Treasury's Go Direct website at ***www.godirect.gov*** to request electronic payments.

If you disagree with any of these amounts, you must file an appeal with us within 60 days from the date you receive this letter. We will assume you got this letter 5 days after the date of the letter, unless you show us that you did not get it within the 5-day period. The fastest and easiest way to file an appeal is to visit ***https://secure.ssa.gov/iApplNMD/start*** online.

Received 8/11/22

current
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