City of Longview

1525 Broadway
Longview, WA 98632
www.ci.longview.wa.us

LEOFF-1
Disability Board

Agenda

Wednesday, March 29, 2023 | **8:30 AM** | **2nd Floor, City Hall**

The City Hall is accessible for persons with disabilities. Special equipment to assist the hearing impaired is also available. Please contact the City Executive Office at 360.442.5004 48 hours in advance if you require special accommodations to attend the meeting.

To attend the meeting virtually use the link or information below:
https://us02web.zoom.us/j/82919320810
Telephone: 1 253 215 8782 or 1 346 248 7799
Webinar ID: 829 1932 0810

1 CALL TO ORDER

2 FLAG SALUTE

3 ROLL CALL

4 AGENDA APPROVAL

5 PUBLIC COMMENT

6 APPROVAL OF MINUTES

23-000941 February 22, 2023 Regular Meeting

7 MEDICAL REIMBURSEMENT REQUESTS

23-000996 R-43 Hearing Aid Purchase Memo & Documentation

8 APPROVAL OF BILLS

23-000942 March 2023 Medical Bills (Regular)

23-000943 March 2023 Medicare B Reimbursement

9 NEW BUSINESS

23-000945 Update Disability Board Rules and Regulations for Law Enforcement Officers and Firefighters

23-000952 Annual Election of Chairperson and Vice Chairperson per Rule 1 - General, Section 9 - Officers

10 CONTINUED BUSINESS

23-000944 Update Long-Term Care Form
Update regarding presentation of resources/policies from other jurisdictions for review regarding the reimbursement of hearing aids and eyeglasses

11 ADJOURNMENT

NEXT REGULAR MEETING
Wednesday, April 26, 2023 at 8:30 a.m.

City of Longview

Agenda Summary

February 22, 2023 Regular Meeting

Attachments:
1. February 22, 2022 Regular Board Meeting Minutes

City of Longview

1525 Broadway
Longview, WA 98632
www.ci.longview.wa.us

LEOFF-1
Disability Board

Minutes

Wednesday, February 22, 2023 | **8:30 AM** | **2nd Floor, City Hall, Small Conference Room**

The City Hall is accessible for persons with disabilities. Special equipment to assist the hearing impaired is also available. Please contact the City Executive Office at 360.442.5004 48 hours in advance if you require special accommodations to attend the meeting.

1 CALL TO ORDER

Chairman Don Barnd called the meeting to order at 8:30 a.m.

2 FLAG SALUTE

The flag salute was recited.

3 ROLL CALL

Present: Don Barnd, Police Department Representative
Jim Morkert, Fire Department Representative
Ruth Kendall, City Council Representative
Mike Wallin, City Council Representative
Vacant, Member-at-large

Also Present: Tiffany Ostreim, Board Secretary
Dana Beck, Payroll Specialist
Jim McNamara, City Attorney
Don Jensen, LEOFF-1 Member

4 AGENDA APPROVAL

No changes to the agenda.

5 PUBLIC COMMENT

Mr. Jensen provided public comment. Requested his invoices denied at a previous Board meeting because they were submitted over six months be approved.
Board rules and regulations state medical claims shall be submitted to the Board within six months (180 days) following the original billing for services. Claims submitted after that period of time may be denied. The Board discussed the need for concrete circumstances and clear language in the rules.
Options for the Board were to reconsider the previous motion or add the request to the next Board agenda.

6 APPROVAL OF MINUTES

23-000843 January 25, 2023 Regular Meeting

A motion was made by Member Wallin, seconded by Member Morkert to approve the minutes of January 25, 2023. The motion carried unanimously.

7 MEDICAL REIMBURSEMENT REQUESTS

23-000899 R - 24 Invoices over 6 months

Board rules and regulations state medical claims shall be submitted to the Board within six months (180 days) following the original billing for services. Claims submitted after that period of time may be denied. The Board discussed the need for concrete circumstances and clear language in the rules. Using "shall" and "may" causes confusion; it was intended for snow birds who are away for long periods of time and to reduce the volume of small reimbursement requests. The six months was an arbitrary time.

A motion was made by Member Wallin, seconded by Member Morkert to reconsider Mr. Jensen's invoices which were denied at a previous Board meeting because they were submitted over six months. The motion carried unanimously.

A motion was made by Member Morkert, seconded by Member Walin to approve Mr. Jensen's invoices which were denied at a previous Board meeting and approve R-24 invoices over six months. The motion carried unanimously.

23-000910 Over the Counter Drug Purchase Memo

Over the counter items are not reimbursable unless medically necessary documentation is submitted from a doctor for specific items. Requests for reimbursement require submittal of the Reasonable and Medically Necessary Services Form signed by a Physician or Dentist.

Dental and Health Insurance should be billed first. If insurance does not cover and it is medically necessary, the LEOFF member should complete the appropriate paperwork for reimbursement. If not medically necessary, the LEOFF member will not be reimbursed.

Section 3 of policy states in part, "The burden shall be on the member to justify medical expenses beyond those defined in RCW 41.26.030(20) and in no case allowing such extra services, shall stand as binding precedent for future similar claims to the Board".

Section 4 of the policy states in part, "If the medical expense is not fully covered by insurance, complete a LEOFF-1 Medical Expense Reimbursement Claim Form, attach a copy of the doctor or hospital bill(s) and all applicable Explanation(s) of Benefits (EOB's) from all available insurance sources. When the member's insurance coverage for chiropractic treatment has been exhausted, the member is directed to see an orthopedist before the Board will consider additional chiropractic claims".

Gallagher Benefit Advocates resource manual was mailed to all LEOFF-1 members. It is a resource to help navigate their healthcare benefits and get the most from their benefit program. It highlights Humana and Kaiser insurance coverage.

8 APPROVAL OF BILLS

23-000847 February 2023 Medical Bills (Regular)

A motion was made by Member Wallin, seconded by Member Kendall to approve the bills as presented, reasonable, and medically necessary. The motion carried unanimously.

23-000848 February 2023 Medicare B Reimbursement

A motion was made by Member Wallin, seconded by Member Kendall to approve the bills as presented, reasonable, and medically necessary. The motion carried unanimously.

9 CITIZEN AT LARGE POSITION

23-000844 Review Volunteer Applications - Member At Large Position

Two applications were received for the open Member-At-Large Position.

A motion was made by Member Morkert, seconded by Member Wallin to appoint Chet Makinster. The motion carried unanimously.

10 CONTINUED BUSINESS

23-000845 Update Long-Term Care Form

Update regarding presentation of resources/policies from other jurisdictions for review regarding the reimbursement of hearing aids and eyeglasses.

The updates will continue to be studied and brought forward at a later date.

Disability Board Rules and Regulations for Law Enforcement Officers and Firefighters

Board members requested updates to the Disability Board Rules and Regulations for Law Enforcement Officers and Firefighters be presented at the March regular meeting.

Recommended updates:

Rule II - Necessary Medical Services, Section 4 - Medical Services, General Guidelines. Medical claims of a member should be submitted to the Board within six months (180 days) following the original billing for services. Claims submitted after that period of time may be denied. Claims submitted later than 12 months (365 days) shall be denied except for medical incapacity or death.
Board members discussed the need for clarifying "may" and length of time to submit claims.

Rule I - General, Section 14 - Administrative Approval and Payment of "Routine" Medical Bills and Medicare Part "B Premiums; Ratification, Subsection 4 - Nursing/convalescent facilities costs in the amount previously approved by the Board. The cost limit should be taken out.

Rule II - Necessary Medical Services, Section 3 - Reasonable and Necessary Claims. Correct RCW 41.26.030(20).

Board members reiterated, the Disability Board is reimbursement only. Medical and dental insurance must be billed first.

11 ADJOURNMENT

With no further business to discuss, a motion was made by Member Morkert, seconded by Member Kendall to adjourn the meeting. Upon a vote duly held, and unanimously passed, Chairman Barnd adjourned the meeting at 9:45 a.m.

Next Meeting

The next regular meeting of the LEOFF-1 Board is scheduled for March 29, 2023 at 8:30 a.m.

_____ _____

Don Barnd, Chairman *Tiffany Ostreim, Board Secretary*

City of Longview

Agenda Summary

R-43 Hearing Aid Purchase Memo & Documentation

Attachments:
1. R-43 Hearing Aid purchase memo & documentation

The City of Longview Washington

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

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

SUBJECT: R-43 REQUEST APPROVAL OF REIMBURSEMENT FOR PURCHASE OF HEARING AIDS.

R-43 purchased hearing aids and is seeking reimbursement approval of $3996.50. Hearing aids were purchased 02/22/2023 from Pease Health.

Action needed on this claim:

1. Make determination as to wether R-43 qualifies for reimbursement of hearing aids in the amount of $3996.50

Documents included for review:

1. Audiogram
2. Medical Clearance for hearing aids
3. Medically Necessary Form
4. Reciept for $3996.50

R-43

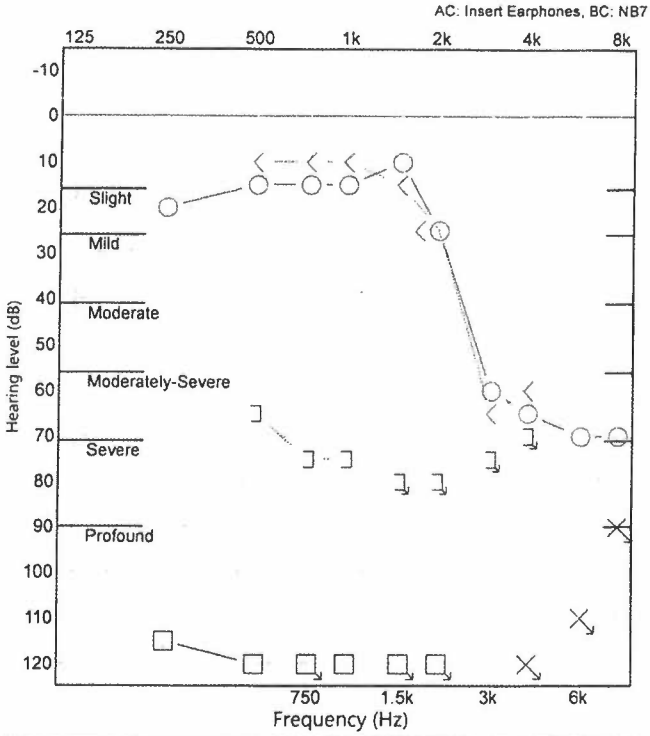
[redacted]
MRN:01886434 CSN:491715415
0006707
DATE:10/13/2022, APPT:1:00 PM, ARR:
PROV:Luke W Hinson, Au.D RVSU AUDIO
CHAR:P/F INS:Humana Medicare
Age: [redacted]
Date of birth: [redacted]
Report Date: 10/13/2022
Tester: LWH

PeaceHealth Medical Group
Ear, Nose & Throat

Report Comments:
Hx of left mastoidectomy
Gradual dec. in hearing
No HA use

AUDIOMETRY 10/13/2022

AC: Insert Earphones, BC: NB71



S/N: 1831980
Calibrated: 7/29/2022 11:49:08 AM

		125	250	500	1k	2k	4k	8k
AC	R							
	L		50	50	45	50	50	55
BC	R							
	L		70	90	85	90	90	90 90

Legend

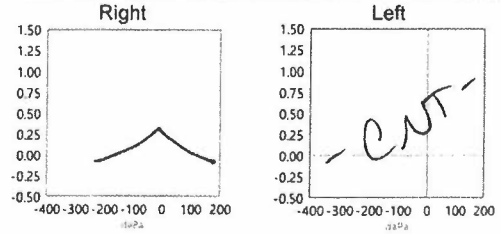
L		R		Masked
×		○	AC	□ △
>	^	<	BC	⌋ ⌊
S	S	S	SF	⊗ ⊘
M		M	MCL	
U		U	UCL	
↘	↓	↙	NR	

PTA (dB HL) / AI (%)

	AC	BC	AI
Right	18	15	62
Left			

PTA AC: 500, 1k, 2k
BC: 500, 1k, 2k
Aud Method: Standard

IMMITTANCE 10/13/2022



Tymp	Right
Tone	Hz
SC	0.3 ml
TPP	-13 daPa
ECV	0.9 ml
TW	124 daPa
Type	A

Tymp	Left
Tone	Hz
SC	ml
TPP	daPa
ECV	ml
TW	daPa
Type	

Reflex	Threshold (dB HL)					Decay (s)	
	500	1k	2k	4k	BBN	500	1k
R Ipsi							
L Ipsi							
R Contra							
L Contra							

Stimulus Ear
Probe tone: 226 Hz

Speech	SDT		SRT		WRS / SRS 1				WRS / SRS 2				MCL	UCL
	dB HL	(m)	dB HL	(m)	%	dB HL	(m)	S/N	%	dB HL	(m)	S/N	dB HL	dB HL
Right			20		100.0	70								
Left			~~CNT~~ CNT		CNT	~~CNT~~	CNT	CNT						
Bin														
Note	[1] NU-6 List 4A					[2] NU-6 List 2B								
Aided														
Note	[1]					[2]								

Reliability
Good

Stenger	
T:	S:

Signed by:
L. Hinson, Au.D, ABAC
#LD61267828

Page 1 of 1

R-43

PeaceHealth
Medical Group

Ear, Nose & Throat

Medical Clearance for Hearing Aids

Today's date: 11/23/2022

Patient Name: [redacted]

Patient's DOB: 06/27/1942

Physician Certification

I have medically evaluated the hearing loss of this patient in the past 6 months. This patient is medically cleared as a candidate for amplification.

Priyanka O'Brien, MD

1405 SE 164th Avenue, Suite 102, Vancouver, WA 98683
14411 NE 20th Avenue, Suite 101, Vancouver, WA 98686
1801 1st Avenue, Suite 3A, Longview, WA 98632

360-256-4425 Vancouver Phone
360-636-4469 Longview Phone

R-43

City of Longview

LEOFF-1

Reasonable and Medically Necessary Services

Completion of this form by the physician (or dentist) recommending treatment is required for the LEOFF-1 Disability Board to consider reimbursement requests for services not covered by insurance (dental, massage, acupuncture, etc). The retiree is responsible for submitting the form to the LEOFF-1 Disability Board with a completed claim form, invoice or estimate, explanation of benefits from insurance (denial of claim), & proof of payment. ***Procedures that are purely cosmetic and not medically necessary are not eligible for reimbursement. The City of Longview cannot pay providers directly – the retiree is responsible for making payment. Only procedures/services that are determined to be reasonable and medically necessary by the LEOFF-1 Board will be considered for reimbursement.***

PATIENT/RETIREE NAME: [redacted]

1. Name of physician/dentist and business/clinic address: Dr. Priyanka O'Brien 1801 1st Ave, Longview WA 98632 - Peacehealth ENT

2. Condition requiring treatment: hearing loss

3. Summary of recommended services: hearing aids / amplification

4. Are the recommended services purely cosmetic (yes/no): NO

5. Are the recommended services reasonable and medically necessary (yes/no): yes

6. Explain why you determined that the recommended services are reasonable and medically necessary:

hearing loss

7. Please provide the dates on which services were provided (if already provided):

hearing test on 10/13/22

8. If the treatment has not yet been provided, are there alternative treatment options? NO

R-43

9. What are the approximate costs of alternative treatment, if applicable?

N/A

10. Explain why these alternative treatment options were not chosen:

N/A

I swear under penalty of perjury that the above statements are true.

Physician/Dentist Signature

11/23/22
Date

Patient/retiree authorization for the release of this form to the City of Longview LEOFF-1 Disability Board (Board Secretary Kaylee Cody):

Patient/Retiree Signature

Date

PeaceHealth

R-43

PO BOX 1768 VANCOUVER, WA 98668

[redacted]
LONGVIEW WA 98632-5333

Receipt #:	8758038	**Date:**	2/22/23
Guarantor ID:	193251	**Department:**	Otolaryngology - River Suites - Longview, Wa
Medical Record #:	[redacted]	**Patient Name:**	[redacted]

Account #	Appt/Admit Date	Type	Source	Reference	Payment
Future	2/22/2023	Other	Credit Card	054235 Visa x0928	$3,996.50
			Total Amount:		**$3,996.50**

HA payment

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

Received by: 17594

City of Longview

Agenda Summary

March 2023 Medical Bills (Regular)

Attachments:
1. March 2023 Medical Bills Regular

March 2023 MEDICAL BILLS (Regular)				
Member	**Dental**	**Regular**		
R-02		$65.00		
R-03		$282.47		
R-23	$60.80			
R-24	$328.00	$8.54		
R-34		$34.44		
R-36		$829.85		
R-38		$7,392.00		
R-49	$1,102.00			
R-43		$3,996.50	**PENDING APPROVAL**	
R-48		$126.27		
R-63		$285.64		
TOTAL	$1,490.80	$13,020.71		$14,511.51

City of Longview

Agenda Summary

March 2023 Medicare B Reimbursement

Attachments:
1. March 2023 Medicare B Reimbursement

Medicare Premiums		March 2023		
Code	Vendor #	Year	RATE	
R59	000092	2023	$31.50	
R2	000122	2023	$243.00	
R5	000233	2023	$361.20	
R6	000278	2023	$164.90	
R34	000447	2023	$156.90	
R8	000465	2023	$164.90	
R9	000466	2023	$164.90	
R11	000632	2023	$164.90	
R36	000634	2023	$164.90	
R28	000664	2023	$164.90	
R13	000666	2023	$164.90	
R37	000701	2023	$164.90	
R14	000706	2023	$164.90	
R39	000740	2023	$164.90	
R40	000744	2023	$164.90	
R16	000789	2023	$164.90	
R17	000827	2023	$164.90	
R64	000883	2023	$164.90	
R19	000963	2023	$164.90	
R44	001021	2023	$164.90	
R51	001106	2023	$164.90	
R29	001124	2023	$164.90	
R47	001226	2023	$164.90	
R21	001245	2023	$164.90	
R49	001402	2023	$164.90	
R50	001481	2023	$151.90	
R23	001511	2023	$164.90	
R57	001599	2023	$151.90	
R24	001631	2023	$164.90	
R25	001644	2022	$134.00	
R53	001685	Quarterly	$0.00	
R63	001694	2023	$164.90	
R55	001714	2023	$164.90	
R56	001732	2023	$164.90	
R58	001823	2023	$164.90	
R26	002066	2023	$164.90	
R27	210058	2023	$164.90	
R18	210122	2023	$164.90	
R42	210489	2023	$4,789.60	2023 Part B premiums
R48	211292	Quarterly	$484.30	
R12	211809	2023	$479.30	
R43	216727	2023	$164.90	
R1	217402	2023	$164.90	
R38	217404	2023	$164.90	
R31	218105	2023	$141.90	
R33	218134	2022	$164.90	
R46	218350	2023	$164.90	
R41	223804	2023	$164.90	
R61	224982	2023	$164.90	
R22	225194	2022	$148.50	
R15	226325	2023	$164.90	
			$13,540.20	

CITY OF LONGVIEW DISABILITY BOARD

RULES AND REGULATIONS

FOR

LAW ENFORCEMENT OFFICERS

AND FIREFIGHTERS

ADOPTED
MARCH 2, 1982

(REVISED ~~6/15/2021~~ 3/29/2023)

Table of Contents

RULE I - GENERAL

Section 1. PREAMBLE.

The purpose of these Rules and Regulations is to establish the general operating procedures and to reduce to writing the administrative policies of the City of Longview Disability Board. The Board recognizes that conditions may exist or come into existence which are not properly encompassed by these rules and regulations. In such cases, the Board reserves the right to take whatever action is necessary to properly deal with the situation, such actions to be consistent with applicable statutes, insofar as found by the Board to be applicable.

Section 2. SCOPE.

These Rules and Regulations shall be applicable to all employees and retirees covered by RCW Chapters 41.16, 41.18, and 41.26, whether firefighter or police officer, unless specifically provided herein.

Section 3. EFFECTS OF RULES AND REGULATIONS.

All personnel and retired members covered by the chapters set out under the scope of these Rules and Regulations shall be subject to the Rules and Regulations contained herein, to the extent consistent with applicable state statutory provisions, and shall at all times follow the procedure contained herein. In the event any rule or regulation as applied to a particular member, shall be held contrary to state law, such member shall not be relieved of any other requirement contained herein, and any such findings shall not relieve the member from the responsibility to comply with all other rules and regulations contained herein. A member's failure to follow these procedures may subject such member to the loss of benefits otherwise due under the acts.

Section 4. NAME.

The name of the Board shall be the City of Longview Law Enforcement Officer's and Firefighter's Disability Board, hereinafter referred to as the "Board." The Board is established pursuant to the provisions of RCW 41.26.010.

Section 5. OFFICE.

The principal office of the Board shall be as the offices of the City of Longview, City Hall, as it presently exists or as it may hereinafter be moved.

Section 6. MEETINGS.

The Board shall hold, in the City Hall conference room, at least one (1) regular monthly meeting on the last Wednesday of each month at 8:30 a.m. In the event that the regularly scheduled meeting falls on a holiday, such meeting shall be held on the Wednesday next following.

Special meetings may be called at any time by the Chairperson of the Board or a majority of the Board members.

Notice of all meetings, whether regular or special, should comply with RCW 42.30 (Open Meeting Act, although the Board does not by these rules subject itself to RCW 42.30 except as the statute itself requires). With the exception of sensitive personnel matters, which may be discussed in closed Executive Session pursuant to RCW 42.30.100, all meetings will otherwise be open to the public.

Section 7. COMPOSITION OF THE BOARD.

The composition of the Board shall be as provided by RCW 41.26.110 and shall consist of the following members:

A. Two (2) members of the City Council to be appointed by the Mayor.

B. One (1) Firefighter to be elected on the even-numbered years by the Firefighters employed by or retired from the City of Longview.

C. One (1) Law Enforcement Officer to be elected on the odd-numbered years by the Law Enforcement Officers employed by or retired from the City of Longview.

D. One (1) member from the public at large who resides within the City of Longview to be appointed by the other four (4) duly appointed and elected members heretofore designated in this section.

Section 8. ELECTIONS.

The Law Enforcement Officer and Firefighter members of the Board shall be nominated and elected in accordance with RCW 41.16.110 and procedures established by the Board. The election of a firefighter representative shall be by secret ballot of all firefighter personnel within the LEOFF system and shall be held during the month of February every other year. The name of the elected law enforcement officer and firefighter member(s) shall be noted in the minutes of the next regular meeting of the Board subsequent to the election,

along with the term for which elected. Each member will hold office for a period of two (2) years, or as soon thereafter as the successor is elected.

All members appointed or elected pursuant to this section shall serve a two (2) year term. The members shall not receive compensation for their service but shall be reimbursed for travel expense incidental to that service.

Section 9. OFFICERS.

Elected officers of the Board shall be a Chairperson and Vice Chairperson. Such officers shall be elected annually at the end of the March meeting and hold office until their successors are qualified and elected. The Chairperson of the Board shall preside over all meetings. The Vice Chairperson of the Board shall perform all the duties of the Chairperson during the absence of the Chairperson.

The Board shall appoint a secretary to the Board at the annual meeting in March. The Secretary shall assist the Board in preparing necessary correspondence and documents related to their official duties and functions. The Secretary shall keep an attendance record of the members of the Board for all regular meetings. The Secretary shall contact and advise members of the Board in advance of all regular and special meetings.

Section 10. QUORUM.

The presence of three (3) of the authorized five (5) Board members shall constitute a quorum for the transactions of all business. Unless provided to the contrary by state law, a majority of the total members of the Board present shall be necessary to take action on any matter coming before the Board.

Members of the Board shall be responsible for contacting the Secretary of the Board prior to any regular or special meetings if unable to attend the same. Such notice will serve to establish such absence as excused. All attendance at meetings shall be recorded in the minutes of the meeting. An excused absence shall be construed as either illness, work, or vacation. Three (3) unexcused absences in a period of one (1) year shall be cause for review and possible removal from the Board by a majority vote of the Board.

Section 11. AGENDA.

An agenda shall be prepared by the Secretary and distributed to the members prior to each regular monthly meeting.

Section 12. MINUTES.

The Secretary of the Board shall take and prepare the official minutes of the Board containing the actions of the Board and a substantive account of the proceedings. A record of the Board members present and absent shall be entered, along with the ayes, nays, and abstentions of each member when voting. The minutes shall by signed by the Secretary and placed on record. Copies shall be distributed to all members of the Board.

Section 13. RULES GOVERNING ALL MEETINGS.

The City Attorney is to be the Legal Counsel for the Longview Disability Board.

Section 14. ADMINISTRATIVE APPROVAL AND PAYMENT OF "ROUTINE" MEDICAL BILLS AND MEDICARE PART "B" PREMIUMS; RATIFICATION.

From time to time, regular meetings of the Disability Board cannot occur due to a lack of a quorum. Obligations for necessary medical services and for Medicare Part "B" premiums become due and payable, and payment thereof may be delayed because of the lack of a quorum of the Disability Board. When such delays occur, payments become delinquent, sometimes resulting in unjustified bad credit reputations of eligible active and/or retired Law Enforcement Officers and Firefighters. Therefore, the Finance Director of the City of Longview is hereby authorized and requested to pay, a soon as commercially reasonable, obligations owing directly to the following described providers or to members by way of reimbursement who have previously made payment, subject to ratification by the Disability Board at its then next regular or special meeting:

1. Prescription drug co-pay amounts;

2. Office visit co-pay amounts;

3. Eye examinations and eye glasses within the established parameters for frames;

4. Nursing/convalescent facilities costs previously approved ~~up to $3,500.00~~by the Board;

5. Payment for physical examinations;

6. Batteries for hearing aids previously approved;

7. Premiums for Medicare part "B" and Medicare Part “D”, if the member is required to pay a premium for Medicare Part “D”;

Payment of the uninsured portions of the above described obligations by the said Finance Director may be made without prior approval by the Disability Board for amounts up to but not in excess of **$600.00;** payment of amounts exceeding such sum or payments for services not described above must be approved by the Disability Board prior to payment. All requests for payment or reimbursement must be appropriately documented and accompanied with adequate evidence that the medical services were provided to the member. If payment is made pursuant to this provision, the Finance Director shall provide the Disability Board with appropriate documentation at its then next regular or special meeting.

RULE II - NECESSARY MEDICAL SERVICES

Section 1. PURPOSE

The purpose of this rule is to establish uniform methods for the administration of necessary medical service benefits to eligible active and retired Law enforcement Officers and Firefighters. The necessary medical services for active members and those retired subsequent to March 1, 1970, are as set forth by RCW 41.26.150 and as further defined by RCW 41.26.030. Necessary medical services for RCW 41.18 disability retirees will be provided by that legislation.

Section 2. DISABILITY BOARD DOCTOR.

No disability retirement shall be approved by the Board without prior examination of the claimant by a Board approved doctor or a specialist on or near the expiration of the disability leave period. A Board approved doctor shall render such other medical service as may be requested by the Board.

In order to carry out the duties of this position, each physician or specialist approved by the Board is required to be knowledgeable concerning the duties, functions, and general demands required of the employee being examined. The Board shall furnish to the examining physician or specialist the job and/or position description of the applicant.

Re-examination of any member on disability retirement shall be conducted by a Board approved physician or specialist.

Section 3. REASONABLE AND NECESSARY CLAIMS.

Whenever any active or retired member covered under the provisions of RCW 41.26 is sick or disabled, not caused by dissipation or abuse, of which the Board shall be the judge, the Board shall pay reasonable and necessary

claims for the applicant member (excluding spouses and survivors), which are not payable from some other source.

The burden shall be on the member to justify medical expenses beyond those defined in RCW 41.26.030 (~~22~~20) and in no case allowing such extra services, shall stand as binding precedent for future similar claims to the Board.

Section 4. MEDICAL SERVICES, GENERAL GUIDELINES.

Members processing claims for benefits covering the expenses of necessary medical services must first present the claim to the appropriate insurance carrier(s) and only thereafter make claim to the Board for those costs which are not paid by the insurance company.

If the medical expense is not fully covered by insurance, complete a LEOFF-I Medical Expense Reimbursement Claim Form, which forms will be furnished to all members and which may be amended/updated from time to time. Attach a copy of the doctor or hospital bill(s) and all applicable Explanation(s) of Benefits (EOB's) from all available insurance sources. Certify the accuracy of the claim by signing the form and submit it to the Disability Board Secretary at least one week before the regular Board meeting. Regular Board meetings are held on the last Wednesday of every month; reimbursement claim forms should be turned in on or before the next-to-last Wednesday of the month in order to be processed that month.

Claims which do not have complete documentation or which contain irregularities will be pended until all documentation is received and/or irregularities are resolved. The Board secretary will promptly notify members of any problems and/or the need for additional documentation.

Medical claims of a member shall be submitted to the Board within ~~six months (180 days)~~one year (365 days) ~~days~~ following the original billing for services. Claims submitted after that period of time ~~may be denied~~will be denied except for medical incapacity or death.

When the member's insurance coverage for chiropractic treatment has been exhausted, the member is directed to see an orthopedist before the Board will consider additional chiropractic claims.

Claims considered by the Board to be purely cosmetic, rather than reasonable and necessary, will be denied.

Claims for expenses incurred in a vasectomy procedure will be allowed only when shown to be necessary for the health of the member.

Effective September 1, 2019, all retirees are enrolled in a dental insurance plan. Claims for out-of-pocket dental expenses will be allowed up to five hundred dollars ($500.00) per calendar year. Any additional claims for dental expenses will be allowed only when determined to be reasonable and medically necessary.

~~Claims for dental expenses will be allowed up to three hundred dollars ($300.00) per calendar year. Any additional claims for dental expenses will be allowed only when incurred as a result of accidental injury.~~

Claims for eye examinations, glasses or contact lenses, will be allowed only when prescribed by a licensed ophthalmologist or optometrist. The Board will automatically pay charges associated with normal corrective eyewear, consisting of normal lenses and frames ($100 limit per year on frames, or $200 every two years) or contact lenses. Any expense in excess of these limits requires prior Board approval.

The average of median cost allowed for frames will be determined by periodic surveys of Cowlitz County optometrists by the Board and shall not be reduced by the contributions by other insurance carriers. Optical payments will be limited to one examination and one pair of glasses and/or contact lenses each twelve (12) month period unless deemed necessary due to a change in a member's vision requiring a change in the prescription. Payment for repairs and replacement not caused by abuse or dissipation and incurred in the line of duty will be covered by the Disability Board.

Claims for the cost of Lasik Eye surgery, if recommended by an optometrist or a medical doctor as necessary medical treatment, shall be allowed to a maximum of $3,500.00.

Section 5. HEARING AIDS.

Prior approval must be obtained from the Board before any active or retired member shall purchase a hearing aid. An audiology report, a device recommendation from the audiologist, and a cost estimate are required for Board consideration. Individuals requesting replacement hearing aids must submit renewed documentation. Failure to comply with this rule may result in denial of payment of all or part of the costs of such hearing aid or device.

Section 6. SPECIAL CLINICS OR TREATMENTS.

Prior Approval Requirements: Except for emergencies where prior approval cannot be reasonably requested, prior approval from the Board is required before any medical treatment procedures, medical services, medical supplies, or special clinic services are obtained by the member, if such

treatment, procedures, medical services, medical supplies or special clinic services:

A. Are not covered by insurance selected by the member as required by Rule 8; or

B. Will result in a coinsurance expense exceeding 20% of the cost thereof, or will exceed such other percentage of coinsurance that is set forth in insurance contracts provided by the City for its LEOFF I employees or retirees.

If such prior approval is not sought from or granted by the Board, approval of payment of any uninsured expense may be denied.

Prior approval is not required for medical treatment procedures, medical services, medical supplies, or special clinic services that are covered by insurance selected under Section 8 if such insurance will pay 80% or more of the cost thereof, or such other coinsurance percentage as may be contracted by the City in insurance contracts provided by the City for its LEOFF I employees or retirees.

"Emergency" shall be defined as: The sudden and unexpected onset of an illness or accidental injury that requires medical or surgical care necessary to safeguard the patient's life immediately after the onset of the emergency.

Section 7. LONG-TERM CARE.

Any request for long-term in-home nursing assistance, confinement in a nursing home or similar facility, or in a hospital extended care facility shall require prior approval by the Board. Approval shall not be granted without a physician's report and recommendation stating the medical necessity for such assistance or confinement and the estimated duration thereof. Such physician's report shall be on a form substantially as attached to this policy marked Exhibit "A," and shall identify at least two ADLs (activities of daily living) that the member is unable to perform. The Physician's Statement obtained by UNUM prior to long-term care claim approval is also acceptable verification of at least two ADLs (activities of daily living) that the member is able to perform. Such medical necessity may be subject to annual or more frequent review by the Board's physician.

Additionally, the care must be provided by or through a professional facility and/or agency that is licensed, certified and overseen (as appropriate based on the type and level of care) by the State in which the retiree resides.

After initial approval of a request, the maximum monthly benefit amount shall be based upon the average of the monthly cost of three commercial private nursing homes or facilities in Longview, based on 24-hour-a-day care in a semi-private room. The nursing homes selected for such average shall be within the discretion of the Board.

The Board may reduce the amount of such monthly benefit by a sum equal to the amount received, or to which the member is entitled, by way of ***medical costs*** paid by other sources such as Medicare, Medicaid, Worker's Compensation, other pension plans, and Social Security, and by the amount received by reason of "nursing home insurance" purchased by the City of Longview' provided, however, that the amount of such monthly benefit shall not be reduced by reason of the receipt of ***non-medical*** benefits received from other pension plans or ***any*** receipts by reason of privately purchased nursing home expense insurance.

Non-medical costs, including, but not limited to, hair care, personal toiletries, and sundries, bed holds, and recreational activities shall not be included in the allowed monthly confinement costs.

Section 8. MILEAGE.

The Board will ***consider*** mileage reimbursement requests, at the current City reimbursement rate (currently the IRS specified mileage rate), that meet or exceed the following parameters: *driving* a distance of 500 miles or more is required within a thirty-day period; the medical procedure/treatment is medically necessary and has been ordered/prescribed by a physician to that specific facility or is unavailable in the member's area; this excludes mileage associated with routine medical visits, annual physicals or routine wellness checks, or the like. If the medical treatment(s) extend beyond the 30-day period, the total accumulated mileage will be considered for payment.

The intent of this provision is to offset expenses to members who are required to make frequent, lengthy car trips for reasonable and necessary medical services. In particular, it is intended to defray expenses associated with extended treatments, such as radiation, chemotherapy or other treatments as may be directed by a physician. It is not intended to afford mileage to members who wish merely to seek medical treatment at a distant facility in order to have their mileage paid by the Board.

This request must be put into writing by the member and submitted with supporting documentation, including a copy of the physician's referral; name and address of facility; an anticipated schedule of proposed treatments; MapQuest or other mileage data, and any other information that may support a claim for mileage. This request should be made before or at the beginning of

such treatment(s) involving travel, if possible, or as soon thereafter as practicable. Reimbursement shall be made only for actual miles driven upon submission of proper documentation.

Section 9. MEDICAL SERVICE PAYMENTS REDUCED BY OTHER SOURCES.

As provided in RCW 41.26.150, the cost of medical services payable under this section will be reduced by any amount received or eligible to be received under insurance provided by, but not limited to, the following: worker's compensation; social security; insurance provided by another employer; other pension plans; or any other similar source, including amounts received or eligible to be received under City of Longview employee insurance plans as provided above.

Section 10. AVOIDANCE OF INSURED SERVICES.

A member who has selected health and/or medical insurance through the City of Longview, the premiums for which are paid by the City of Longview, shall be required to fully utilize the services, coverages and facilities made available through such selected health and/or medical insurance. Claims for costs, expenses or services that are so insured (including chiropractic and optical supplies), but are obtained outside the coverage of such insurance, shall not be allowed or paid by the Board, except for the following:

A. Examinations requested by the Board;

B. Services approved by the Board prior to their performance;

C. Emergency treatment of a member, subject to the requirements of such insurance as to emergency care and treatment.

Section 11. THIRD PARTY LIABILITY.

The Board shall assure that the City of Longview is subrogated to all rights of the member against any third party who may be held liable for the payment of the cost of medical services in connection with a member's sickness or disability to the extent necessary to recover the amount of payments made by the City of Longview.

The Board shall insure that all claims involving a third party in subrogated cases are referred to the City Attorney of the City of Longview. The member's file shall be flagged for future reference to secure reimbursement to the City of Longview.

RULE III - DISABILITY LEAVE AND RETIREMENT

No member shall receive disability retirement benefits unless an application for disability retirement has been filed with the Board. Disability leave benefits granted pursuant to RCW 41.26.120 shall be controlled by the provisions therein unless specifically provided otherwise therein.

Section 1. DISABILITY RETIREMENT APPLICATION.

All applications for disability retirement shall be submitted to the Secretary of the Board and shall bear the date the application was executed as well as the date the application was received by the Board.

No application shall be accepted by the Board unless it is accompanied by a physician's report substantiating the nature of the illness or injury in confirming that the applicant is unfit for duty. Such report shall be made by the treating physician except where the applicant has made prior arrangements for examination and evaluation by a physician appointed by the Board or such physician as he shall designate. Such application, with appropriate documentation, shall thereafter be forwarded to the Board for consideration. The Board may require such additional medical reports including an independent medical examination by a Board approved physician, or his designee, as it may require to determine the disability of the applicant.

Each application shall be accompanied by a list identifying by name any physician who had been contacted within the last six months for the illness or injury for which disability is claimed.

The minimum medical and health standards previously promulgated by the State membership were provided only to safeguard the fiscal integrity of the pension system and are not the applicable standards for any other purpose.

If a LEOFF-I member has exhausted his sick leave as provided by the City of Longview, and such member is unable to work due to illness or injury, and such inability is expected to last for a period of time not exceeding 24 "work hours," such member may apply for Disability Retirement and be entitled to receive Disability Leave without submitting a Physician's statement; provided, however, that if such member's illness or injury prevents such member from performing his employment duties for more than 24 work hours, a Physician's statement shall be required before any additional Disability Leave is granted to such member. For purposes of this provision, the 24 work hours is deemed to mean a single shift for a Fireman and three (3) eight-hour shifts for a Policeman or administrative Fire Department personnel.

Section 2. VALIDATION OF APPLICATION.

The Board shall examine the application to determine its validity and completeness. Where the application appears to be valid and the submitted exhibits indicate sufficient evidence that there is the probability the applicant is either physically or mentally unfit for duty, the Board shall place the applicant on disability leave.

Section 3. START OF DISABILITY LEAVE.

Disability leave shall begin the day following the date the applicant is separated from active duty. The Board shall require a letter from the department head stating the date the member separated from active service.

The date the Board acts on the application, and grants a disability leave, the Secretary shall be instructed to make an appointment with a Board designated physician to examine the applicant and report his findings to the Board.

When disability leave is granted, the Board shall notify, by letter, the applicant, his department head, and the State Retirement Board.

Section 4. CONTINUATION OF DECISION.

In the event the Board finds insufficient information is available to make a determination, the matter may be continued to the next regular Board meeting or be set for consideration at a special meeting. The Board shall also advise the member of the additional information needed, and of the member's obligation to provide additional information and the deadline date by which such information must be provided.

In the event the medical and other relevant evidence is inconclusive, the Board may specify in written order a reasonable trial service period to determine the member's fitness for active duty. The reasonable length of such conditional return to service shall be supported by medical evidence. Such a conditional return to service does not entitle the member to a second six-month period of disability leave for the same disability if, based upon this trial period of service, the member is found to be disabled.

Section 5. MANDATORY APPEARANCE.

The Board shall be authorized to demand the appearance of the member and to request the appearance of such other persons as it deems appropriate. It shall be incumbent upon each member obtaining medical evaluations to be used in connection with such disability leave and subsequent evaluation, to advise each and every examining physician: That such evaluation is being

conducted at the direction of the Board; that any reports relating thereto are for the benefit of the Board; that the doctor-patient privilege may not be invoked with respect thereto; and that the physician may be called upon by the Board to testify as to his findings.

Section 6. TIME OF DISABILITY LEAVE.

Disability leave is not granted for any specific amount of time. Such leave may encompass a period of time from one (1) hour to a maximum of six (6) months. During this time the member is to receive an allowance equal to his full monthly salary starting with his first day of such leave, such allowance to be prorated to the applicable time period of the disability leave.

Where the Board approved physician indicates the disability is likely to be temporary in nature, the Board shall fix a date for a follow-up examination.

Section 7. STATUS REVIEW.

The Board shall periodically review and update the status of members on disability leave and, where indicated, cause such member to be re-examined by a Board approved physician.

Where such periodic re-examination shows the disability no longer exists, the Board shall cancel the member's disability leave and order such member to return to active service on a day certain. The order directing a member on disability leave to return to work shall be by registered mail, with a return receipt requested.

Section 8. EXAMINATION FOR DISABILITY RETIREMENT.

Applicants for disability retirement shall be re-examined during the fifth (5th) or sixth (6th) month of disability leave in order to determine their eligibility for disability retirement, with the following exceptions: (1) if a Board approved doctor assures the Board that the applicant's condition has not and will not be corrected before the end of the sixth (6th) month; or (2) if the applicant established that the disabling condition will be in existence for a period of at least six (6) months and he/she voluntarily waives disability leave. No applicant will be granted a disability retirement allowance unless the conditions imposed by this subsection are met.

Section 9. OBLIGATION OF MEMBER WHILE DISABLED.

A. TREATMENT. During the period of disability leave, the Board shall have the authority to inquire of any examining physician as to what physical, medical, or therapeutic treatment might be employed to rehabilitate the applicant and, based upon such

evaluation, to direct the applicant to participate in rehabilitation. If the applicant fails or refuses to submit to such treatment, the Board may terminate the applicant's disability leave benefits.

B. MEMBER TO SEEK AUTHORIZATION TO RETURN TO DUTY. It shall be the responsibility of each member granted disability leave pursuant to RCW 41.26 to seek authorization to return to active service at the earliest possible time he believes he is fit for duty. In the event the Board finds that a member has not actively sought authorization to return to active service immediately upon cessation of disability, the Board shall have the authority to require the report of the Board approved physician to determine his ability to return to duty and therefore to determine whether or not the member's disability leave allowance shall be continued.

C. JURISDICTION OF MEMBER ON DISABILITY LEAVE OR RETIREMENT. Any member who is on disability leave or retirement is under the jurisdiction of the Board for all matters pertaining to his disability, and shall not engage in any activity which is contrary to the directives of the member's or Board approved physician or which might be detrimental to his return to active service. The Board has authority to, and it may at any time in any case, cause an investigation to be made of the activities of any active member or any member retired for disability to determine whether his disability continues to exist, and may request the police or other agency to make such investigation, subject to any special instructions or conditions related to the member and his condition and/or activity.

Section 10. GRANTING DISABILITY RETIREMENT.

If the evidence shows to the satisfaction of the Board that the member is physically or mentally disabled from further performance of duty and that the disability has been continuous from the date of commencement of disability leave for a period of six (6) months, the Board shall enter its written decision and conclusions of law in compliance with RCW 41.26.120. Such written decision and order with supporting documentation shall thereafter be forwarded to the Director, Department of Retirement Systems, for review. In the event a regular meeting of the Board precedes by no more than 40 days the date at which the full six (6) months will conclude and the evidence is clear that the disability can be expected to continue through the full six (6) month period, the Board may take a finding of six (6) months continuous prior to the actual conclusion of the six (6) month period, so as to eliminate unnecessary delay in receipt of retirement benefits.

Section 11. EXECUTION.

Every order of the Board granting or denying a disability retirement allowance shall contain the following presented in clear and concise terms:

A. Findings of Fact supported by evidence in the record supporting the granting or denying of the disability retirement allowance. When a disability retirement is granted, Findings of Fact shall include:

1. A determination of whether or not the disability for which a member is retired, was incurred in the line of duty. Provided that, all respiratory and/or cardiopulmonary disabilities shall be considered as "line of duty."

2. Whether or not the disability was incurred in other employment.

3. Dates encompassing disability leave and/or dates relating to authorized trial basis return to duty; and, in case of return to duty on a trial basis, the factual basis for such decision.

4. Dates encompassing waiver of disability leave, if applicable, and that applicant established that such disability will be in existence for a period of six (6) months.

5. Conclusions of law in accordance with law on the basis of the facts in the case.

6. Decision and order.

Section 12. RE-EXAMINATION AND RETURN TO DUTY.

A. In the event a member is placed on disability retirement, the Board shall determine whether or not the member is so disabled that no possibility exists for return to duty or that there is no possibility that rehabilitation could restore the member to fitness for duty. Further, the Board may at any point subsequent to retirement make such a determination. A copy of all such determinations shall be sent to the Department of Retirement Systems. Unless the Board has made such a finding, the Board's representative shall order a re-examination at six (6) month intervals and advise the Board of the results thereof with a copy to the Department of Retirement Systems: Provided that such re-examination need not be conducted on a member over 49.5 years of age. In the event the retired member is residing at a location more than 100 miles from

his former place of employment, the member may be authorized to be examined by a physician in his immediate area, provided, however, such physician shall be first approved by the Board and prior to such evaluation the examining physician shall be apprised of the basis upon which the examination is to be conducted and the issues to be addressed in the physician's evaluative report.

B. In the event such evaluation discloses fitness to perform duties of the rank or position held by the member at the time of disability retirement, the member shall be entitled to a hearing before the Board, and further consideration of the matter. Such notice and hearing shall comply with the Administrative Procedure Act, RCW Chapter 34.04.

C. The hearing provided by RCW 41.26.140(2) is to be held, unless the retiree waives such hearing, prior to actual cancellation of a disability retirement allowance.

D. The retirement allowance of any member who fails to submit to medical examination as provided herein shall be discontinued and in the event such refusal continues for one (1) year, his retirement allowance shall be canceled. Failure of the member to affirmatively respond to the request for re-examination shall be deemed a continuing refusal.

The Board may allow, or require, a member retired for disability to be returned to active service on a trial basis, when medical evidence would so indicate.

A member allowed, or required, to return to active service on a trial basis and found to be unable to perform his duties at a reasonable average level shall be returned to disability retirement status.

A member receiving disability retirement, or leave, who is returned to active service on a trial basis, then returned to disability retirement, or leave, status shall not be granted an additional six (6) months disability leave, for retirement, or leave. The member who was on disability leave status will be returned for the balance of the original six (6) months disability leave.

The member previously on disability retirement will be returned to that status.

Section 13. BURDEN OF PROOF.

The burden of proving the existence of a disability condition, and whether or not the condition was incurred in the line of duty, shall be placed upon the applicant.

In order to qualify to receive a disability retirement allowance or to retain the rights to receive a disability retirement allowance, in the case of re-examination, the member will be required to provide that he is unable to perform the duties of their position or rank with reasonable average efficiency. The member will not qualify for disability benefits merely because he is unable to perform the duties of the most strenuous position within his rank, nor will he be deemed disqualified because he is able to perform the duties of the least strenuous. The test will be, simply, whether he can discharge the duties of those positions within his rank, for which he is qualified by education, training or experience with reasonable average efficiency. Provided that, no member shall be entitled to a disability retirement allowance if the appropriate authority advises that there is an available position for which the member is qualified and to which one of such grade or rank is normally assigned and the Board determines that the member is capable of discharging, with average efficiency, the duties of the position.

RULE IV - APPEALS

Section 1. FILING APPEALS INVOLVING CLAIMS FOR MEDICAL SERVICES.

Any person feeling aggrieved by any denial of payment of a claim for medical services by the Board shall have the right to request the Board to reconsider its decision and the Board may grant or deny such request for reconsideration, at its discretion. Request for reconsideration must be filed with the Secretary of the Board within thirty (30) days following the denial of claim by the Board. The Board will set a time at the next regular Board monthly meeting for a hearing at which time the member may present evidence deemed relevant. If the denial of a claim is sustained by the Board, the member has the right to judicial review.

Section 2. FILING APPEALS INVOLVING DISABILITY LEAVE OR RETIREMENT.

If the Board denies disability leave or disability retirement or cancels a previously granted disability leave or retirement, the applicant shall be immediately notified and advised of the right to appeal such decision or order to the Director of the Department of Retirement Systems, pursuant to RCW 41.26.200. Such notification shall be in writing and served by personal service or mail. Provided, that written notice need not be given if applicant or his/her

duly authorized representative is in attendance at the meeting or hearing and is advised of the decision and of the right of appeal.

Section 3. TRAVEL REIMBURSEMENT.

Any member retired for disability may be requested by the Board to present himself/herself to the Board or to a Board appointed physician for examination and such retired member must bear the cost of such travel to Longview. The Board shall not require such travel for members living more than 100 miles from Longview unless it has evidence that such appearance or examination is necessary.

RULE V - HEARINGS

Section 1. HEARINGS.

Hearings by the Board shall be open to the public and may be conducted by a quorum of the Board. All parties to the hearing shall be notified in advance of such hearing and may, at their own expense, select representatives of their choosing. The Board may, and shall at the request of any party, issue subpoenas and subpoenas duces tecum. Any fee or expense of any kind for the appearance of a witness shall be assumed by the party requesting the issuance of the subpoena.

Section 2. TESTIMONY UNDER OATH.

The testimony of any witness shall be under oath administered by the Chairperson or any member of the Board.

Section 3. OFFICIAL RECORD.

The Board shall prepare and keep an official record of the hearing which shall include testimony recorded manually or by mechanical device, and all other evidence including but not limited to the pleadings, documents, exhibits, and other records and documents and made a part of the record by the Board. Documentary evidence may be received in the form of copies or excerpts, or by incorporation by reference. No factual information or evidence other than the official records shall be considered by the Board in the determination of the case.

Section 4. HEARING INFORMAL.

All hearings shall be informal and the Board may admit and give probative effect to evidence which possesses probative value commonly

accepted by reasonably prudent men in the conduct of their affairs. The Board shall give effect to the rules of privilege recognized by law and it may exclude incompetent, irrelevant, immaterial and unduly repetitious evidence.

Section 5. CROSS-EXAMINATION.

Every party shall have the right of cross-examination of witnesses who testify.

Section 6. JUDICIAL NOTICE.

The Board may take notice of judicially recognizable facts and in addition may take notice of general, technical, or scientific facts within its specialized knowledge. Parties shall be notified of the material so noticed and they shall be afforded an opportunity to contest the facts so noticed.

Section 7. DECISIONS.

Three affirmative votes by the Board are required to render a decision and decisions of the Board on hearings shall be final and binding unless otherwise provided by RCW 41.26 pursuant to which the hearing is being conducted. Board members who are to participate in the making of a decision, but who were not present at the reception of evidence shall review, consider and familiarize themselves with the record of the hearings. Decisions and orders arising from hearings shall be in writing and shall be accompanied by Findings of Fact and Conclusions of Law, which shall also be in writing.

Section 8. AMENDMENTS.

These rules and regulations may be amended, repealed or altered in whole or in part by a majority vote of the total membership of the Board.

City of Longview

Agenda Summary

Annual Election of Chairperson and Vice Chairperson per Rule 1 - General, Section 9 - Officers

SUMMARY STATEMENT:

City of Longview Disability Board Rules and Regulations for Law Enforcement Officers and Firefighters establishes the general operating procedures for the City of Longview Disability Board.

Rule 1 - General, Section 9 - Officers states in part:
Elected officers of the Board shall be a Chairperson and Vice Chairperson. Such officers shall be elected annually at the end of the March meeting and hold office until their successors are qualified and elected.

Recommend a Chairperson and Vice Chairperson be elected for the period of March, 2023 - March, 2024.

RECOMMENDED ACTION:

Appoint a Chairperson and Vice Chairperson for the period of March, 2023 – March, 2024.

City of Longview

Agenda Summary

Update Long-Term Care Form
Update regarding presentation of resources/policies from other jurisdictions for review regarding the reimbursement of hearing aids and eyeglasses

Attachments: None