# City of Longview

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

## LEOFF-1
## Disability Board

## Agenda

**Wednesday, June 26, 2024** | **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:
Click here to join the meeting
Meeting ID: 269 837 824 466
Passcode: 998pKy

Or call in (audio only)
+1 213-631-2692
Phone Conference ID: 315 649 02#

**1 CALL TO ORDER**

**2 ROLL CALL**

**3 CHANGES TO THE AGENDA**

**4 PUBLIC COMMENT**

**5 APPROVAL OF MINUTES**

**24-00513 May 29, 2024 Regular Meeting Minutes**

**6 MEDICAL REIMBURSEMENT REQUESTS**

**24-00596 Medical Equipment Rental Claim**

**7 APPROVAL OF BILLS**

**24-00514 June 2024 Medicare B Reimbursement - Total $8,192.40**

**24-00515 June 2024 Medical bills (Regular) - Total $27,358.55**

**8 NEW BUSINESS**

**9 ADJOURNMENT**

**NEXT REGULAR MEETING**
**Wednesday, July 31, 2024 at 8:30 a.m.**

# City of Longview

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

## LEOFF-1
## Disability Board

## Minutes

**Wednesday, May 29, 2024** | **8:30 AM** | **2nd Floor, City Hall, Small Conference Room**

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**1 CALL TO ORDER**

*Chair Halvorson called the meeting to order at 8:30 a.m.*

**2 ROLL CALL**

*Present: Don Barnd, Police Retiree Representative*
*Jim Morkert, Fire Retiree Representative*
*Chet Makinster, Member-at-Large*
*MaryAlice Wallis, City Council Representative*
*Erik Halvorson, City Council Representative*

*Also Present: Tiffany Ostreim, Board Secretary*
*Dana Beck, Payroll Specialist*
*Jim Duscha, Interim City Manager*

**3 CHANGES TO THE AGENDA**

**4 PUBLIC COMMENT**

*None*

**5 APPROVAL OF MINUTES**

**24-00123 April 24, 2024 Regular Meeting Minutes**

*A motion was made by Member Wallis, seconded by Member Makinster to approve the minutes of April 24, 2024. The motion carried unanimously.*

**6 MEDICAL REIMBURSEMENT REQUESTS**

## 7 APPROVAL OF BILLS

### 24-00124 May 2024 Medicare B Reimbursement - Total $8,133.60

*A motion was made by Member Barnd, seconded by Member Morkert to approve the bills as presented, reasonable, and medically necessary. The Board discussed LEOFF 1 members' Medicare premiums. The motion carried unanimously.*

### 24-00125 May 2024 Medical Bills (Regular) - Total $11,214.23

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

## 8 NEW BUSINESS

### 24-00505 NOTIFICATION OF R-38 HOURLY RATE INCREASE

*Beck notified the Board of a rate increase for in-home care for R-38.*
*A motion was made by Member Brand, seconded by Member Morkert to approve the increase. The motion carried unanimously.*

*The Board discussed long-term care.*

## 9 ADJOURNMENT

*With no further business to discuss, Chair Halvorson adjourned the meeting at 8:46 a.m.*

***Next Meeting***
*The next regular meeting of the LEOFF-1 Board is scheduled for Wednesday, June 26, 2024 at 8:30 a.m.*

_____ _____

*Erik Halvorson, Chair* *Tiffany Ostreim, Board Secretary*

The City of Longview Washington

# Memorandum

**TO:** **LEOFF-1 DISABILITY BOARD**

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

**SUBJECT:** R-16 REQUEST REIMBURSEMENT FOR MEDICAL EQUIPMENT RENTAL FOR IN HOME USE.

R-16 is deceased, and the family is requesting reimbursement for 2 months of in-home medical equipment rental. R-16 rented said equipment from January 9 through March 10, 2024. The requested reimbursement amount is $3,811.99.

Action needed on this claim:
Board needs to decide to approve or deny medical equipment rental expense claim.

Documents included for review:

1. Detailed invoices dated 01/09/2024 & 02/11/2024.

R-16

**HME Home Health Ltd**
**106 - 1875 Boxwood Rd**
[redacted]

1/09/2024

# INVOICE
N58838

Sales Rep: Reid C.
Delivery Date:
Assigned To:

GST# 892385709RT0001

**BILL TO:**
[redacted]

**SHIP TO:**
[redacted]

**Therapist Info:**
Martin, Tara
250-737-2030-44303

**Primary Contact:**
[redacted]

| Part Number | Description | Ordered | List | Discount | Price | Total |
|---|---|---|---|---|---|---|
| R-LIFT-CLP5 | Easy Track FS FREESTANDING Ceiling Lift (Monthly Rental) | 1.00 | 595.00 | | 595.00 | 595.00 |
| R-LIFT-MOTOR | Voyager Motor (Monthly Rental) | 1.00 | 0.00 | | 0.00 | 0.00 |
| R-LIFT-SL-UN-M | HighStar Universal Sling w/ H/S - M (Monthly Rental) | 1.00 | 65.00 | | 65.00 | 65.00 |
| R-BED-BEDH | IVC Beds with Half Rails (Monthly Rental) | 1.00 | 200.00 | | 200.00 | 200.00 |
| R-MAT-PREM-LTC9000 | LTC 9000 HME Exclusive Mattress (Monthly Rental) | 1.00 | 120.00 | | 120.00 | 120.00 |
| R-MAT-ROHO1610 | ROHO Mattress Section - 19" x 30" - Fits Adapt, LTC 9000 (Monthly Rental) | 3.00 | 195.00 | | 195.00 | 585.00 |
| R-WC-TILT-NEOX-18 | NEOX Manual Tilt Wheelchair 18"w (Monthly Rental) | 1.00 | 325.00 | | 325.00 | 325.00 |
| Seat Size | Width: 18 Depth: 18 STF: 19 unfinished (22 finished) | 1.00 | 0.00 | | 0.00 | 0.00 |
| R-SEA-HR | Wheelchair Headrest (Monthly Rental) | 1.00 | 40.00 | | 40.00 | 40.00 |
| R-SEA-BACK-E2S18 | Elite E2S Backrest - 18" (Monthly Rental) | 1.00 | 121.00 | | 121.00 | 121.00 |
| R-SEA-ROHOHP1818 | ROHO Air Flotation Cushion w. Pump - HI PRO 18" x 18" (Monthly Rental) | 1.00 | 110.00 | | 110.00 | 110.00 |
| R-BTH-COMW-TILT | Aquatec AP Shower Commode w. TILT (Monthly Rental) | 1.00 | 165.00 | | 165.00 | 165.00 |
| R-BED-OBED | Overbed Table (Monthly Rental) | 1.00 | 50.00 | | 50.00 | 50.00 |
| Return | Due to enhanced infection control practices, and in accordance with guidance from Health Canada, HME does not accept returns of any products purchased. All items are final sale and may not be restocked or returned | 1.00 | 0.00 | | 0.00 | 0.00 |

**Client Signature** **Date** **HME Signature** **Date**

**Continued Next Page**

**Thank You for Your Business!**

**All Sales are subject to HME's Return Policy**
**Please note that all HME client orders are bound by the HME Standard Terms and Conditions found at:**

HME Home Health Ltd
106 - 1875 Boxwood Rd
[redacted]

1/09/2024

# INVOICE
N58838

R-16

Sales Rep: Reid C.
Delivery Date:
Assigned To:

GST# 892385709RT0001

**BILL TO:**
[redacted]

**SHIP TO:**
[redacted]

**Therapist Info:**
Martin, Tara
250-737-2030-44303

**Primary Contact:**
[redacted]

| Part Number | Description | Ordered | List | Discount | Price | Total |
|---|---|---|---|---|---|---|
| Warranty | HME Rehab Warranty | 1.00 | 0.00 | | 0.00 | 0.00 |

HME provides a best fit guarantee for 90 days (i.e. seat-to-floor height changes or backrest adjustments, but does not include product substitutions); any sizing adjustments performed after 90 days from delivery date will be subject to standard service fees. HME honours warranty on parts and components per manufacturer's warranty periods. Labour is covered for six months. Repairing equipment for normal wear and tear is not covered under warranty (i.e.: worn tires, flat tires, or loose brakes or bolts). Damages caused by misuse, abuse, accidents, or negligence are not covered under warranty. Flat tires are not warranty items, and may be subject to a service call. Warranty is non-transferable. A 3 month warranty period is provided on rental buyouts and the purchase of demo equipment. Repairs, modifications, alterations or other services not related to a manufacturers defect will be charged. Batteries are covered under warranty for 30 days.

| | | | | | | |
|---|---|---|---|---|---|---|
| Deposit | HME Deposit Policy | 1.00 | 0.00 | | 0.00 | 0.00 |

- All custom orders need to have 100% of their non-refundable payment collected in advance. For clarification, please email MH/GP.
- All products under $4,000 with an installation/delivery must have 100% of their payment collected upfront.
- All stairlift products over $4,000 with an installation must have 50% of their payment collected on order and 50% collected at the latest 48 hours before installation. Clients may expect the balance to be collected when the item is received by the HME warehouse team.
- All other products over $4,000 must have 50% of their payment collected on order and 50% collected on the day of delivery.
- All rental payments will be due at 100% before the equipment is pulled and before the order is converted. No discount on rental rates.
- Credit card payments are accepted in person at HME stores.
- Pre-authorized Debit Form (PAD) is accepted with 100% payment collected upfront.
- Cheque payments are collectable with one cheque for 50% deposit, and one post-dated cheque for the balance.
- Online Mart portal payment – a payment link to be sent to the email provided by the client.

$ 1850.52 USD

| | | | |
|---|---|---|---|
| Subtotal: | $2,376.00 | **Grand Total:** | **$2,490.60** |
| PST: | $66.85 | | |
| GST: | $47.75 | | **PAID** |

**Client Signature** _____ **Date** _____ **HME Signature** _____ **Date** _____

**Thank You for Your Business!**

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R-16

**HME Home Health Ltd**
**106 - 1875 Boxwood Rd**
[redacted]

2/11/2024

# INVOICE
**N58838-01**

Sales Rep: Reid C.
Delivery Date:
Assigned To:

GST# 892385709RT0001

**BILL TO:**
[redacted]

**SHIP TO:**
[redacted]

PHN#:
K#:
PO#:

**Therapist Info:**
Martin, Tara
250-737-2030-44303

**Primary Contact:**
[redacted]

| Part Number | Description | Ordered | Price | Total |
|---|---|---|---|---|
| | [redacted] | | | |
| R-LIFT-CLFS | EasyTrack FS FREESTANDING Ceiling Lift (Monthly Rental) | 1.00 | 595.00 | 595.00 |
| R-LIFT-MOTOR | Voyager Motor (Monthly Rental) | 1.00 | 0.00 | 0.00 |
| | S/N 300448080 | | | |
| R-LIFT-SL-UN-M | HighStar Universal Sling w/ H/S - M (Monthly Rental) | 1.00 | 65.00 | 65.00 |
| R-BED-BEDH | IVC Beds with Half Rails (Monthly Rental) | 1.00 | 200.00 | 200.00 |
| R-MAT-PREM-LTC9000 | LTC 9000 HME Exclusive Mattress (Monthly Rental) | 1.00 | 120.00 | 120.00 |
| R-MAT-ROHO1610 | ROHO Mattress Section - 19" x 30" - Fits Adapt, LTC 9000 (Monthly Rental) | 3.00 | 195.00 | 585.00 |
| R-WC-TILT-NEOX-18 | NEOX Manual Tilt Wheelchair 18"w (Monthly Rental) | 1.00 | 325.00 | 325.00 |
| | S/N NX-3109 | | | |
| R-SEA-HR | Wheelchair Headrest (Monthly Rental) | 1.00 | 40.00 | 40.00 |
| R-SEA-BACK-E2S18 | Elite E2S Backrest - 18" (Monthly Rental) | 1.00 | 121.00 | 121.00 |
| R-SEA-ROHOHP1818 | ROHO Air Flotation Cushion w. Pump - HI PRO 18" x 18" (Monthly Rental) | 1.00 | 110.00 | 110.00 |
| | S/N A4403045 | | | |
| R-BTH-MISC | Miscellaneous Bathroom Products - Raz Tilt Commode (Monthly Rental) | 1.00 | 165.00 | 165.00 |
| | S/N EZAT-100117 | | | |
| R-BED-OBED | Overbed Table (Monthly Rental) | 1.00 | 50.00 | 50.00 |
| NOTE | Rental period: Feb. 11- Mar. 10,2024 | 1.00 | 0.00 | 0.00 |

**Client Signature** | **Date** | **HME Signature** | **Date**

**Continued Next Page**

**Thank You for Your Business!**

**All Sales are subject to HME's Return Policy** www.hmebc.com/return-policy/.
**Please note that all HME client orders are bound by the HME Standard Terms and Conditions found at:**
https://www.hmebc.com/hme-standard-terms-and-conditions/.

R-14

**HME Home Health Ltd**
**106 - 1875 Boxwood Rd**
[redacted]

2/11/2024

# INVOICE
**N58838-01**

Sales Rep: Reid C.
Delivery Date:
Assigned To:

GST# 892385709RT0001

**BILL TO:**
[redacted]

**SHIP TO:**
[redacted]

PHN#:
K#:
PO#:

**Therapist Info:**
Martin, Tara
250-737-2030-44303

**Primary Contact:**
[redacted]

| Part Number | Description | Ordered | Price | Total |
|---|---|---|---|---|
| | paid [redacted] | | | |

$1861.47 USD

| | | | |
|---|---|---|---|
| Subtotal: | $2,376.00 | **Grand Total:** | **$2,490.60** |
| PST: | $66.85 | Paid Amount: | $2,490.60 |
| GST: | $47.75 | Balance Owing: | $0.00 |

**Client Signature** | **Date** | **HME Signature** | **Date**

**Thank You for Your Business!**

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https://www.hmebc.com/hme-standard-terms-and-conditions/.

# City of Longview

## Agenda Summary

**June 2024 Medicare B Reimbursement - Total $8,192.40**

Attachments:
1. Medicare B June 2024 voucher list

## Medicare Premiums June 2024

| Code | Vendor # | | Year | | |
|---|---|---|---|---|---|
| R59 | | 000092 | 2024 | $508.00 | |
| R2 | | 000122 | 2024 | $257.50 | |
| R5 | | 000233 | 2024 | $382.70 | |
| R6 | | 000278 | 2024 | $174.70 | |
| R34 | | 000447 | 2024 | $164.70 | |
| R8 | | 000465 | 2024 | $174.70 | |
| R9 | | 000466 | 2024 | $174.70 | |
| R11 | | 000632 | 2024 | $174.70 | |
| R28 | | 000664 | 2024 | $174.70 | |
| R13 | | 000666 | 2024 | $174.70 | |
| R14 | | 000706 | 2024 | $174.70 | |
| R39 | | 000740 | 2024 | $174.70 | |
| R40 | | 000744 | 2024 | $174.70 | |
| R17 | | 000827 | 2024 | $174.70 | |
| R64 | | 000883 | 2024 | $174.70 | |
| R19 | | 000963 | 2024 | $174.70 | |
| R44 | | 001021 | 2024 | $223.70 | $174.70 additonal amount is 5 months RETRO @$49.00 |
| R51 | | 001106 | 2024 | $170.70 | |
| R29 | | 001124 | 2024 | $174.70 | |
| R47 | | 001226 | 2024 | $174.70 | |
| R21 | | 001245 | 2024 | $174.70 | |
| R49 | | 001402 | 2024 | $174.70 | |
| R50 | | 001481 | 2024 | $159.70 | |
| R23 | | 001511 | 2024 | $174.70 | |
| R24 | | 001631 | 2024 | $174.70 | |
| R25 | | 001644 | 2024 | $174.70 | |
| R53 | | 001685 | Quarterly | $0.00 | |
| R63 | | 001694 | 2024 | $174.70 | |
| R55 | | 001714 | 2024 | $174.70 | |
| R56 | | 001732 | 2024 | $174.70 | |
| R58 | | 001823 | 2024 | $174.70 | |
| R26 | | 002066 | 2024 | $174.70 | |
| R27 | | 210058 | 2024 | $174.70 | |
| R18 | | 210122 | 2024 | $174.70 | |
| R42 | | 210489 | 2023 | $0.00 | |
| R48 | | 211292 | Quarterly | $0.00 | |
| R12 | | 211809 | 2024 | $257.50 | |
| R43 | | 216727 | 2024 | $174.70 | |
| R38 | | 217404 | 2024 | $174.70 | |
| R31 | | 218105 | 2024 | $147.70 | |
| R33 | | 218134 | 2022 | $164.90 | |
| R46 | | 218350 | 2024 | $174.70 | |
| R41 | | 223804 | 2023 | $164.90 | |
| R61 | | 224982 | 2024 | $174.70 | |
| R22 | | 225194 | 2024 | $174.70 | |
| R15 | | 226325 | 2024 | $174.70 | |
| | | | | $8,192.40 | |

# City of Longview

## Agenda Summary

**June 2024 Medical bills (Regular) - Total $27,358.55**

Attachments:
1. Reimbursement June 2024 Spreadsheet

| June 2024 MEDICAL BILLS (Regular) | | | |
|---|---|---|---|
| **Member** | **Dental** | **Regular** | |
| R-16 | | $1,046.42 | |
| R-16 | | $3,709.93 | PENDING APPROVAL |
| R-22 | | $3,594.56 | |
| R-31 | | $592.00 | |
| R-38 | | $16,005.00 | 2 months LTC and medical reimburs |
| R-43 | | $360.00 | |
| R-49 | | $40.00 | |
| R-56 | | $38.00 | |
| R-63 | $1,332.20 | $640.44 | |
| | | | |
| | | | |
| **TOTAL** | $1,332.20 | $26,026.35 | $27,358.55 |

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