City of Longview

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

LEOFF-1
Disability Board

Agenda

Wednesday, January 29, 2025 | **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

24-001100 December 4, 2024 Special Meeting Minutes

6 MEDICAL REIMBURSEMENT REQUESTS

25-00108 Request for Pre-Approval of Hearing Aid Expenses

7 APPROVAL OF BILLS

24-001101 December 2024 Medicare B Reimbursement - Total $8,203.40
January 2025 Medicare B Reimbursement - Total $7,465.90

24-001102 December 2024 Medical Bills (Regular) - Total $13,301.84
January 2025 Medical Bills (Regular) - Total $20,684.65

8 NEW BUSINESS

9 ADJOURNMENT

NEXT REGULAR MEETING

Wednesday, February 26, 2025 at 8:30 a.m.

City of Longview

Agenda Summary

December 4, 2024 Special Meeting Minutes

Attachments:
1. December 4, 2025 Special Meeting Minutes

City of Longview

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

LEOFF-1
Disability Board

Minutes

Wednesday, December 4, 2024 | **8:30 AM** | **2nd Floor, City Hall, Small Conference Room**

The LEOFF 1 Disability Board will conduct a Special Meeting on Wednesday, December 4, 2024 at 8:30 a.m. at the City Hall in the Small Conference Room on the 2nd floor. The regular meeting of November 27, 2024, has been canceled.

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.

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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
Ruth Kendall, City Council Aternate Representative
Erik Halvorson, City Council Representative

Absent/Excused: MaryAlice Wallis, City Council Representative
Chet Makinster, Member-at-Large

Also Present: Tiffany Ostreim, Board Secretary
Jim Duscha, Interim City Manager

3 CHANGES TO THE AGENDA

4 PUBLIC COMMENT

None

5 APPROVAL OF MINUTES

A motion was made by Member Barnd, seconded by Member Morkert to approve the minutes of October 30, 2024. The motion carried with Alternate Member Kendall abstaining.

24-001004 October 30, 2024 Regular Meeting Minutes

6 MEDICAL REIMBURSEMENT REQUESTS

7 APPROVAL OF BILLS

A motion was made by Member Barnd, seconded by Member Morkert to approve the November 2024 Medicare B Reimbursement and November 2024 Medical bills as presented, reasonable, and medically necessary. The motion carried unanimously.

24-001005 November 2024 Medicare B Reimbursement - Total $8,507.80

24-001006 November 2024 Medical Bills (Regular) - Total $21,926.74

8 NEW BUSINESS

9 ADJOURNMENT

With no further business to discuss, Chair Halvorson adjourned the meeting at 8:33 a.m.

Next Meeting

The next regular meeting of the LEOFF-1 Board is scheduled for Wednesday, January 29, 2025 at 8:30 a.m.
No meeting Wednesday, December 25, 2024.

_____ _____

Erik Halvorson, Chair *Tiffany Ostreim, Board Secretary*

City of Longview

Agenda Summary

Request for Pre-Approval of Hearing Aid Expenses

Attachments:
1. R-64 Hearing Aid pre-approval memo & Documentation

The City of Longview Washington

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

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

SUBJECT: R-64 REQUEST FOR PRE-APPROVAL OF HEARING AID EXPENSES

R-64 is requesting pre-approval for hearing aid replacement estimated cost is $4,450.00. An audiogram and hearing assessment from audiology appointment have been submitted.

Action needed on this claim:

1. Make determination as to whether R-64 qualifies for reimbursement of hearing aid in the estimated amount of $4,450.00.

Documents included for review:

1. Audiogram & Hearing Assessment
2. Quote for Hearing Aids

R-64

TruHearing

Order Receipt

[redacted]

Harbor Audiology & Hearing Service, Inc (Longview)
843 12th Ave Ste A
Longview, WA 98632
(360) 577-7702

Order: OR5D0802E4-1
Date: 01/14/2025

Items	Amount	Credits	Total
Left - Starkey Genesis AI (Rechargeable - Lithium) 24 Half Shell R Shell Color: Pink Faceplate Color: Pink Venting: Factory Select User Controls: Push Button Wax Prevention: Hear Clear (Standard) Shell Options (Dexterity): Removal Notch Finish Options: Dull/Matte Finish Volume Control: None Canal Texture: Normal Gain/Matrix: 117/59	$2,225.00	$0.00	$2,225.00
Right - Starkey Genesis AI (Rechargeable - Lithium) 24 Half Shell R Shell Color: Pink Faceplate Color: Pink Venting: Factory Select User Controls: Push Button Wax Prevention: Hear Clear (Standard) Shell Options (Dexterity): Removal Notch Finish Options: Dull/Matte Finish Volume Control: None Canal Texture: Normal Gain/Matrix: 117/59	$2,225.00	$0.00	$2,225.00

SUBTOTAL	$4,450.00
SHIPPING & HANDLING	$0.00
SALES TAX	$0.00
TOTAL	$4,450.00
BALANCE	**$4,450.00**

You must pay in full amounts reflected on this receipt as your responsibility before your provider can dispense your hearing aids. Your failure to pay in full amounts owed for your hearing aids may result in (a) the obligation to return your hearing aids, (b) the voiding of warranties for your hearing aids and/or (c) your account being submitted to collection. You are responsible for all costs incurred in collecting any overdue payments and related interest, including collection costs, attorneys' fees, legal costs, court costs, and collection agency fees. Any payment disputes are subject to Utah law without regards to conflicts of law provisions.

Harbor Audiology & Hearing Services

Longview
843 12th Ave Ste. A
Longview, WA 98632
(360) 577-7702

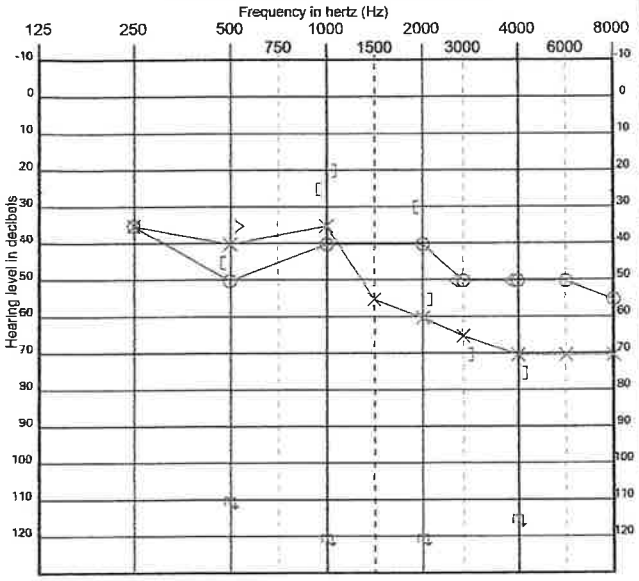
Hearing Assessment

Patient's Last Name	First Name	Initial	DOB	Age
[redacted]	[redacted]		[redacted]	[redacted]

Address Street	City	State	Zip/Postal code
[redacted]	Kelso	WA	98626

Telephone Number Home	Mobile	Work	Date of Service Month / Day / Year
[redacted]	[redacted]		01/14/2025

PURE TONE AUDIOMETRY



TEST CONFIGURATION	
Audiometer	AudioStarPro
Calibration	05/22/2024
Reliability	Excellent
Transducer	Inserts

	Air		Bone		No
	Unmasked	Masked	Unmasked	Masked	Response
Right	○	△	<	⊏	↘
Left	×	□	>	⊐	↙

CNT: Could Not Test
NR: No Response
Abs: Absent
WNL: Within Normal Limits
EP: Earphones
DNT: Did Not Test
CNS: Could Not Seal
Pres: Present
WR: Word Recognition
SF: Soundfield

Pure Tone Average dBHL: Right: 43 Left: 45

TYMPANOMETRY

Probe frequency R: 226 L: 226	Right	Left
Type	A	A
Pressure (daPa)	-119	-81
Compliance (ml)	1.24	0.56
ECV (ml)	1.51	1.21
Gradient (daPa)		
Width (daPa)		

ACOUSTIC REFLEX / DECAY

	Cont. R	Cont. L	IPSI R	IPSI L
500 Hz				
1000 Hz				
2000 Hz				
4000 Hz				

WORD RECOGNITION. Presentation: Recorded / Word List:

	dBHL	%	Mask	dBHL	%	Mask
Right				75	92	45
Left				85	96	55
Binaural						

SPEECH AUDIOMETRY. Word List:

	SRT/SAT	Mask	MCL	UCL
Right	40			
Left	45			
Binaural				

Recommendations: Patient was seen today for a hearing evaluation. Patient reported difficulty hearing especially in the presence of background noise. Patient has had to ask for repetition often. He has previously worn RIC devices but did not like the fit of the hearing aids. He would like to pursue in the ear devices. Denied otalgia, tinnitus, aural fullness, dizziness.

Otoscopy revealed non-occluding cerumen with visualized tympanic membranes, bilaterally. Tympanometry revealed type A tympanograms bilaterally, consistent with normal ear canal volume, normal ear drum compliance, and normal middle ear pressure. Pure tone thresholds for the right ear revealed a sloping mild to moderate sensorineural hearing loss from 250 to 8000 Hz. Pure tone thresholds for the left ear revealed a sloping mild to severe sensorineural hearing loss from 250 to 8000 Hz. Speech reception thresholds were in agreement with pure tone average bilaterally. Word recognition scores were excellent, AU. They were obtained using recorded word lists. QuickSIN testing not performed due to time constraints.

Patient was counseled regarding the degree, the type of hearing loss and the implications of hearing loss on communication. Recommend and discussed pursuing a trial with amplification for clarity of speech, tinnitus treatment, improved speech in noise processing, and prevention of auditory deprivation. Recommended that the patient is seen by an Ear Nose and Throat physician due to the left sided asymmetrical sensorineural hearing loss noted during today's testing.

Assessment completed by: Abby Hansen AuD **Signature:**

City of Longview

Agenda Summary

December 2024 Medicare B Reimbursement - Total $8,203.40
January 2025 Medicare B Reimbursement - Total $7,465.90

Attachments:
1. Medicare B 2024 December voucher list
2. Medicare B 2025 January voucher list

Medicare Premiums December 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	2023	$174.70	
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	$0.00	8/20/2024 deceased
R23		001511	2024	$174.70	
R24		001631	2024	$174.70	
R25		001644	2022	$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	2024	$174.70	
R61		224982	2024	$394.40	Nov & Dec
R22		225194	2024	$174.70	
R15		226325	2024	$164.90	
				$8,203.40	

Medicare Premiums Jan-25

Code	Vendor #	Year			2024 Rates
R59	000092	2025	$185.00	2024	$508.00
R02	000122	2025	$405.30	2024	$257.50
R05	000233	2025	$382.70	2024	$382.70
R06	000278	2025	$185.00	2024	$174.70
R34	000447	2025	$172.00	2024	$164.70
R08	000465	2025	$174.70	2024	$174.70
R09	000466	2025	$174.70	2024	$174.70
R11	000632	2025	$185.00	2024	$174.70
R28	000664	2025	$174.70	2024	$174.70
R13	000666	2025	$272.70	2024	$174.70
R14	000706	2025	$185.00	2024	$174.70
R39	000740	2025	$185.00	2024	$174.70
R40	000744	2025	$185.00	2024	$174.70
R17	000827	2025	$185.00	2024	$174.70
R64	000883	2025	$174.70	2024	$174.70
R19	000963	2025	$185.00	2024	$174.70
R44	001021	2025	$174.70	2023	$174.70
R51	001106	2025	$170.70	2024	$170.70
R29	001124	2025	$272.70	2024	$174.70
R47	001226	2025	$185.00	2024	$174.70
R21	001245	2025	$174.70	2024	$174.70
R49	001402	2025	$185.00	2024	$174.70
R23	001511	2025	$185.00	2024	$174.70
R24	001631	2025	$185.00	2024	$174.70
R25	001644	2025	$174.70	2022	$174.70
R53	001685	2025		Quarterly	$0.00
R63	001694	2025	$185.00	2024	$174.70
R55	001714	2025	$185.00	2024	$174.70
R56	001732	2025	$184.00	2024	$174.70
R58	001823	2025	$174.70	2024	$174.70
R26	002066	2025	$185.00	2024	$174.70
R27	210058	2025	$174.70	2024	$174.70
R18	210122	2025	$174.70	2024	$174.70
R42	210489	2025		2023	$0.00
R48	211292	2025		Quarterly	$0.00
R12	211809	2025	$405.30	2024	$257.50
R43	216727	2025	$184.00	2024	$174.70
R38	217404	2025	$174.70	2024	$174.70
R31	218105	2025	$153.00	2024	$147.70
R33	218134	2025	$164.90	2022	$164.90
R46	218350	2025	$184.00	2024	$174.70
R41	223804	2025	$164.90	2024	$164.90
R61	224982	2025	$174.70	2024	$174.70
R22	225194	2025	$185.00	2024	$174.70

R15	226325	2025	$185.00	2024	$164.90	
			$8,357.60		$7,465.90	

City of Longview

Agenda Summary

December 2024 Medical Bills (Regular) - Total $13,301.84
January 2025 Medical Bills (Regular) - Total $20,684.65

Attachments:
1. Reimbursement December 2024 spreadsheet
2. Reimbursement January 2025 spreadsheet

January 2025 MEDICAL BILLS (Regular)			
Member	**Dental**	**Regular**	
R-05		$313.78	
R-22		$3,399.45	
R-38		$7,840.00	
R-39	$63.80		
R-43		$300.00	
R-58		$894.00	
R-61		$140.98	
R-63		$349.83	
TOTAL	$63.80	$13,238.04	$13,301.84

January 2025 MEDICAL BILLS (Regular)			
Member	**Dental**	**Regular**	
R-09		$470.00	
R-22		$3,289.79	
R-29	$245.00	$171.86	
R-38		$16,016.00	eff. 1/04/2024 caregiver received $3 an hour rais
R-43		$200.00	
R-59		$292.00	
TOTAL	$245.00	$20,439.65	$20,684.65

se $38.00. 2 months billings