



City of Longview

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

LEOFF-1 Disability Board

Agenda

Wednesday, December 3, 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.

In observance of the Thanksgiving holiday, the November 26, 2025 Regular Meeting was canceled. December 3, 2025 is a Special LEOFF-1 Board 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**
 - 25-001051 October 29, 2025 Regular Meeting**
- 6 MEDICAL REIMBURSEMENT REQUESTS**
 - 25-001070 Request Pre-Approval of Hearing Aid Expenses - Total \$6,600.00**
 - 25-001073 Request Pre-Approval of Hearing Aid Expenses - Total \$7,890.00**
- 7 APPROVAL OF BILLS**
 - 25-001052 November 2025 Medicare B Reimbursement - Total \$8,625.00**
 - 25-001053 November 2025 Medical Bills (Regular) - Total \$31,424.36**
- 8 NEW BUSINESS**
- 9 ADJOURNMENT**

NEXT REGULAR MEETING - Wednesday, December 31, 2025 at 8:30 a.m.



City of Longview

Agenda Summary

October 29, 2025 Regular Meeting

Attachments:

1. LEOFF 1 Regular Meeting Minutes 10-29-25



City of Longview

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

LEOFF-1 Disability Board

Minutes

Wednesday, October 29, 2025

8:30 AM

2nd Floor, City Hall,
Small Conference Room

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1 CALL TO ORDER

Chair Wallis 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: Samantha Van Laer, Board Secretary
Dana Beck, Human Resources Specialist*

3 CHANGES TO THE AGENDA

4 PUBLIC COMMENT

5 APPROVAL OF MINUTES

25-00904 September 24, 2025 Regular Meeting

A motion was made by Member Barnd, seconded by Member Halvorson to approve the September 24, 2025 Regular Meeting Minutes. The motion carried unanimously.

6 MEDICAL REIMBURSEMENT REQUESTS

7 **APPROVAL OF BILLS**

25-00905 October 2025 Medicare B Reimbursement - Total \$8,995.00

A motion was made by Member Halvorson, seconded by Member Barnd, to approve the October 2025 Medicare B Reimbursement totaling \$8,995.00 as presented, reasonable, and medically necessary. The motion carried unanimously.

25-00906 October 2025 Medical Bills (Regular) - Total \$18,293.35 (\$18,313.33 if COVID-19 test approved)

The Board discussed the potential reimbursement of an over-the-counter COVID-19 test. A motion was made by Member Halvorson, seconded by Member Barnd, to approve the October 2025 Medical bills with the COVID-19 test totaling \$18,313.33 as presented, reasonable, and medically necessary. The motion carried unanimously.

8 **NEW BUSINESS**

9 **ADJOURNMENT**

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

Next Meeting

The regular LEOFF-1 Board meeting scheduled for Wednesday, November 26, 2025, has been canceled. The LEOFF-1 Board will hold a special meeting on December 3, 2025 at 8:30 a.m. instead.

MaryAlice Wallis, Chair

Samantha Van Laer, Board Secretary



City of Longview

Agenda Summary

Request Pre-Approval of Hearing Aid Expenses - Total \$6,600.00

Attachments:

1. R-55 Hearing Aid approval documents



Memorandum

TO: LEOFF-1 DISABILITY BOARD

FROM: DANA BECK, INTERIM LEOFF-1 ADMINISTRATOR

SUBJECT: R-55 REQUEST PRE-APPROVAL OF HEARING AID EXPENSES

R-55 is requesting approval for hearing aid cost of \$6,600.00. An audiogram and hearing assessment from audiology appointment have been submitted.

Action needed on this claim:

1. Make determination as to whether R-55 qualifies for reimbursement of hearing aid in the estimated amount of \$6,600.00.

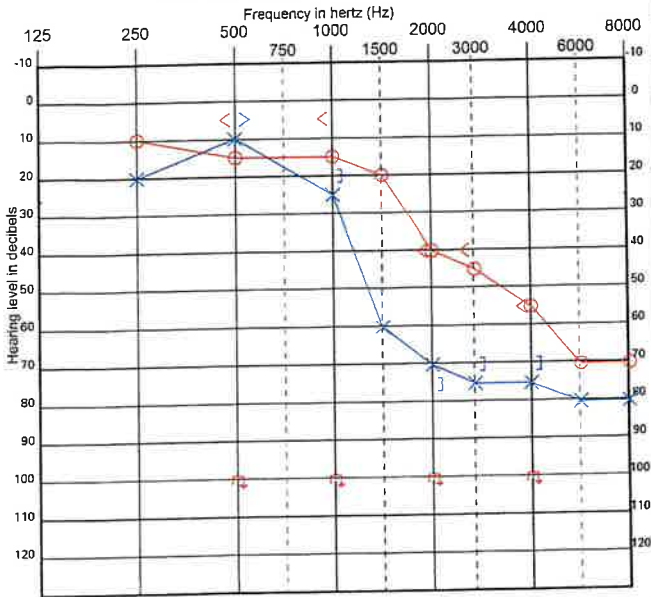
Documents included for review:

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

Hearing Assessment

Patient's Last Name	First Name	Initial	DOB	Age
XXXXXXXXXX	XXXXXXXXXX	S	XXXXXXXXXX	XXXX
Address Street	City	State	Zip/Postal code	
XXXXXXXXXX	Longview	WA	98632	
Telephone Number Home	Mobile	Work	Date of Service	
XXXXXXXXXX	XXXXXXXXXX		11/13/2025	

PURE TONE AUDIOMETRY



TEST CONFIGURATION				
Audiometer	AvantA2D+			
Calibration	09/03/2025			
Reliability	Excellent			
Transducer	Inserts			
	Air		Bone	
	Unmasked	Masked	Unmasked	Masked
Right	○	△	<	□
Left	×	□	>	□
				No Response

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

TYMPANOMETRY			
Probe frequency	Right	Left	
R: 226 L: 226			
Type	CNT	CNT	
Pressure (daPa)			
Compliance (ml)			
ECV (ml)			
Gradient (daPa)			
Width (daPa)			

ACOUSTIC REFLEX / DECAY			
	Cont. R	Cont. L	IPSI R
500 Hz			
1000 Hz			
2000 Hz			
4000 Hz			

Pure Tone Average dBHL: Right: 23 Left: 35

WORD RECOGNITION. Presentation: Recorded / Word List:						
	dBHL	%	Mask	dBHL	%	Mask
Right	70	100				
Left	85	68	55			
Binaural						

SPEECH AUDIOMETRY. Word List:				
	SRT/SAT	Mask	MCL	UCL
Right	25			
Left	30			
Binaural				

Impressions and Recommendations: Patient was seen today for a hearing evaluation. Patient reported difficulty hearing. Patient is interested in pursuing hearing aids. Denied otalgia, tinnitus, aural fullness, dizziness.

Otосcopy revealed non-occluding cerumen in the ear canals with visible tympanic membranes, AU. Tympanometry was attempted but unable to perform due to equipment malfunction. Pure tone thresholds for the right ear revealed normal hearing from 250 to 1500 Hz, sloping to a mild to severe sensorineural hearing loss from 2000 to 8000 Hz. Pure tone thresholds for the left ear revealed normal hearing from 250 to 1000 Hz, sloping to a moderately-severe to severe sensorineural hearing loss from 1500 to 8000 Hz. Speech reception thresholds were in agreement with pure tone average bilaterally. Word recognition scores were excellent in the right ear and poor in the left ear. They were obtained using recorded word lists.

Patient was counseled regarding today's test results. Recommend patient is seen by an Ear Nose and Throat physician regarding the significant asymmetry from 1500 to 4000 Hz (left ear poorer than the right ear). Recommend patient pursues premium technology for noise reduction capabilities. The ReSound Vivia 9 devices were recommended for a total cost of \$6600.

Assessment completed by: Abby Hansen AuD

Signature: *Abby Hansen*



City of Longview

Agenda Summary

Request Pre-Approval of Hearing Aid Expenses - Total \$7,890.00

Attachments:

1. R-21 Hearing Aid approval documents

TO: LEOFF-1 DISABILITY BOARD

FROM: DANA BECK, INTERIM LEOFF-1 ADMINISTRATOR

SUBJECT: R-21 REQUEST PRE-APPROVAL OF HEARING AID EXPENSES

R-21 is requesting approval for replacement hearing aid cost of \$7,890.00. An audiogram and hearing assessment from audiology appointment have been submitted along with a Medically Necessary form.

Action needed on this claim:

1. Make determination as to whether R-21 qualifies for reimbursement of hearing aid in the estimated amount of \$7,890.00.

Documents included for review:

1. Audiogram & Hearing Assessment
2. Letter from Miracle Ear
3. Medically Necessary Form
4. Estimate for Hearing Aids



Listen to Life®

R-21

October 1, 2025

Dana Beck
City of Longview

~~Mr. [redacted]~~ was in our office for an after-care appointment recently. During that appointment, ~~Mr. [redacted]~~'s family shared that he and they are dealing with his significant cognitive decline and his hearing loss.

My assessment of how best to serve him is the following: I recommend fitting ~~Mr. [redacted]~~ with a pair of rechargeable (so that he need not deal with battery insertion and removal as needed) in-the-ear hearing aids. This style change should significantly improve the ease of use for him. I understand that it is customary for your LEOFF-1 people to be eligible for replacement hearing aids at the 5-year mark. Regarding ~~Mr. [redacted]~~, it has been nearly 5 years, and his condition has changed causing his current system to be less than effective.

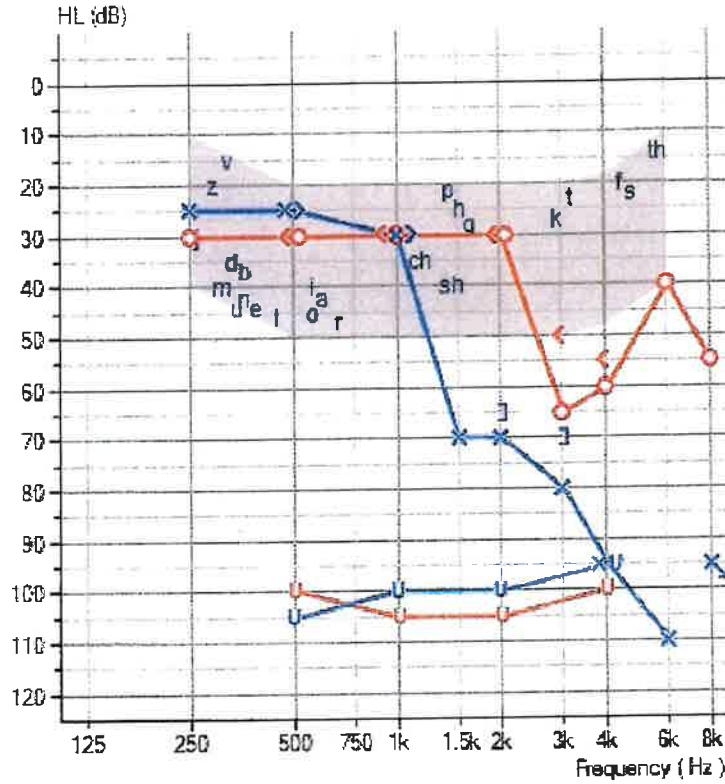
Please authorize replacement devices for ~~Mr. [redacted]~~. If I can answer any questions, please do not hesitate to contact me.

Thank you,

A handwritten signature in black ink, appearing to read 'Shannon Flanagan'.

Shannon Flanagan
BC-HIS

Audiometry



Right	125	250	500	750	1k	1.5k	2k	3k	4k	6k	8k
AC		30	30		30		30	65	60	40	55
BC			30		30		30	50	55		
Mask											

Left	125	250	500	750	1k	1.5k	2k	3k	4k	6k	8k
AC		25	25		30	70	70	80	95	110	NR 95
BC			25		30		65	70			
Mask Oppos							o	o			

- 1 x Air Conduction, AI=35%, PTA=42, HFA=15
- 2 x Bone Conduction, PTA=40, HFA=55
- 3 x Uncomfortable level
- 4 o Air Conduction, AI=48%, PTA=30, HFA=40
- 5 o Bone Conduction, PTA=30, HFA=38
- 6 o Uncomfortable level

AC	SRT	WR	WR, Aided
Left		69% at 90dB	
Right		93% at 65dB	
Both		100% at 80/60dB	

MCL	UCL

Audiometry Legend	Right	Left
Air Conduction	o	x
Air Conduction, Masked	△	□
Bone Conduction	<	>
Bone Conduction, Masked	E	J
Sound Field	S	S
Sound Field, Aided	A	A
Comfortable Level	M	M
Uncomfortable Level	U	U

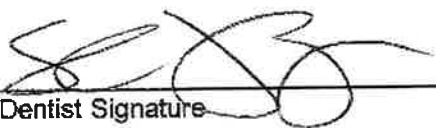
9. What are the approximate costs of alternative treatment, if applicable?

~~\$17890~~ 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

9/24/25
Date

Patient/retiree authorization for the release of this form to the City of Longview LEOFF-1 Disability Board (LEOFF Administrator Dana Beck and Board Secretary Tiffany Ostreim):


Patient/Retiree Signature

9/24/25
Date



City of Longview

Agenda Summary

November 2025 Medicare B Reimbursement - Total \$8,625.00

Attachments:

1. Medicare B November 2025 voucher list

Medicare Premiums Oct-25

Code	Vendor #	Year	
R59	000092	2025	\$185.00
R02	000122	2025	\$405.30
R05	000233	2025	\$382.70
R06	000278	2025	\$185.00
R34	000447	2025	\$172.00
R08	000465	2025	\$185.00
R09	000466	2025	\$174.70
R11	000632	2025	\$185.00
R28	000664	2025	\$185.00
R13	000666	2025	\$272.70
R14	000706	2025	\$185.00
R39	000740	2025	\$185.00
R40	000744	2025	\$185.00
R17	000827	2025	\$185.00
R64	000883	2025	\$185.00
R19	000963	2025	\$185.00
R44	001021	2025	\$185.00
R51	001106	2025	\$170.70
R29	001124	2025	\$272.70
R47	001226	2025	\$185.00
R21	001245	2025	\$174.70
R49	001402	2025	\$185.00
R23	001511	2025	\$185.00
R24	001631	2025	\$185.00
R25	001644	2025	\$174.70
R53	001685	2025	\$185.00
R63	001694	2025	\$185.00
R55	001714	2025	\$185.00
R56	001732	2025	\$184.00
R58	001823	2025	\$185.00
R26	002066	2025	\$185.00
R27	210058	2025	\$174.70
R18	210122	2025	\$185.00
R42	210489	2025	\$0.00
R48	211292	2025	\$0.00
R12	211809	2025	\$405.30
R43	216727	2025	\$184.00
R38	217404	2025	\$185.00
R31	218105	2025	\$153.00
R33	218134	2022	\$164.90
R46	218350	2025	\$184.00
R41	223804	2024	\$164.90
R61	224982	2025	\$185.00
R22	225194	2025	\$185.00
R15	226325	2025	\$185.00

\$8,625.00



City of Longview

Agenda Summary

November 2025 Medical Bills (Regular) - Total \$31,424.36

Attachments:

1. Reimbursement November 2025 Spreadsheet

November 2025 MEDICAL BILLS (Regular)

Member	Dental	Regular
R-22		\$11,408.38
R-38		\$17,024.00
R-42	\$2,030.00	\$377.98
R-43		\$200.00
R-61		\$384.00
TOTAL	\$2,030.00	\$29,394.36

2 months

2 months

\$31,424.36