City of Longview

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

LEOFF-1
Disability Board

Agenda

Wednesday, July 29, 2026 | **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 /REVISIONS TO THE AGENDA

4 PUBLIC COMMENT

5 APPROVAL OF MINUTES

26-00478 June 24, 2026 Regular Meeting

6 MEDICAL REIMBURSEMENT REQUESTS

26-00638 R-34 Request Approval of Long Term Care Costs

7 APPROVAL OF BILLS

26-00479 July 2026 Medicare B Reimbursement - Total $10,011.50

26-00480 July 2026 Medical Bills (Regular) - Total $17,446.71

8 NEW BUSINESS

9 ADJOURNMENT

NEXT REGULAR MEETING - Wednesday, August 26, 2026

City of Longview

Agenda Summary

June 24, 2026 Regular Meeting

Attachments:
1. June 24, 2026 LEOFF 1 Regular Meeting Minutes

City of Longview

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

LEOFF-1
Disability Board

Minutes

Wednesday, June 24, 2026 | **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.

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1 CALL TO ORDER

Vice Chair Bryant called the meeting to order at 8:30 a.m.

2 ROLL CALL

Present: Don Barnd, Police Retiree Representative
Jim Morkert, Fire Retiree Representative
Chris Bryant, City Council Representative

Absent/Excused: Wayne Nichols, City Council Representative
Chet Makinster, Member-at-Large

Also Present: Dana Beck, Human Resources Specialist
James Goodman, Senior Assistant City Attorney
Tiffany Ostreim, Board Secretary

3 CHANGES TO THE AGENDA

4 PUBLIC COMMENT

5 APPROVAL OF MINUTES

26-00474 May 27, 2026 Regular Meeting

A motion was made by Member Morkert, seconded by Member Barnd, to approve the May 27, 2026 Regular Meeting Minutes. The motion carried unanimously.

6 MEDICAL REIMBURSEMENT REQUESTS

7 APPROVAL OF BILLS

A motion was made by Member Morkert, seconded by Member Barnd, to approve the June 2026 Medicare B Reimbursement and June 2026 Medical Bills (regular) as presented, reasonable, and medically necessary. The motion carried unanimously.

26-00475 June 2026 Medicare B Reimbursement - Total $10,214.40

26-00476 June 2026 Medical Bills (Regular) - Total $13,573.67

8 CONTINUED BUSINESS

26-00477 Update on E2SHB 2034 - Restated Law Enforcement Officers' and Firefighters' Retirement System

Association of Washington Cities., (2026 May 15). *Select Committee on Pension Policy begins studying LEOFF 1 medical costs for cities.*
https://www.wacities.org/advocacy/News/advocacy-news/2026/05/15/plan-to-sweep--3.3-billion-surplus-from-firefighter-and-police-pensions-revived

The Board discussed the new legislation. A federal lawsuit filed by retirees is attempting to block the changes to the Law Enforcement Officers' and Firefighters' Retirment System Plan 1 (LEOFF 1) before they go into effect. This federal case challenges the state's plan to transfer over $3 billion in surplus funds from LEOFF 1 to a new restated plan funded at 110% and to other state accounts. The federal suit argues that the state lacks legal standing to redirect these pension funds to address budget shortfalls, claiming the changes impair vested contractual rights protected under Washington law.

The Select Committee on Pension Policy (SCPP) has started its work on producing a study of LEOFF 1 medical costs incurred by cities. This work is being done as the Legislature explores transferring local retiree medical benefit obligations to the state.

The local impact of this will be determined over time.

9 NEW BUSINESS

26-00523 Information Only - Rate Preview for Delta Dental of Washington Plan for LEOFF-1 Retirees effective September 2026

This is notification only that the 2026 dental plan renewal from Delta Dental is a 4.7% increase from last year. The Board discussed the increase.

10 ADJOURNMENT

With no further business to discuss, Vice Chair Bryant adjourned the meeting at 9:10 a.m.

Next Meeting

The next regular meeting of the LEOFF-1 Board is scheduled for Wednesday, July 29, 2026 at 8:30 a.m.

_____ _____

Chris Bryant, Vice Chair *Tiffany Ostreim, Board Secretary*

City of Longview

Agenda Summary

R-34 Request Approval of Long Term Care Costs

Attachments:
1. R-34 LTC Approval Memo

The City of Longview Washington

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

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

SUBJECT: R-34 REQUEST APPROVAL OF LONG TERM CARE COSTS

R-34 is requesting approval of Long Term Care facility costs. R-34 was placed in LTC facility, Delaware Plaza, June 29, 2026 and is seeking approval for cost of treatment. The family has applied for UNUM LTC insurance. If approved, there is a 90 waiting period before the policy starts paying for LTC.

Action needed on this claim:

1. Make determination as to whether R-34 qualifies for reimbursement of Long Term Care costs.

Documents included for review:

1) LTC Application
2) Report from John Richards Jr MD
3) Laboratory results
4) Frontier Rehabilitation assement
5) Reasonable and Medically Necessary Services

R-34

CITY OF LONGVIEW FINANCE
1525 Broadway – 1st Floor/P.O. Box 128
Longview, WA 98632-7080
360.442.5023 phone 360.442.5950 fax
E-Mail – dana.beck@ci.longview.wa.us

Application Request

(To Be Completed by Member, Family Member or Legal Rep – please check one)

☐ Home Health Care ☑ Skilled Nursing Home Care Services ☑ Other Assisted Living

Name: [redacted]	SSN: [redacted]	Telephone Number: [redacted]
Complete address including zip code: 13 3rd Avenue 200 Longview, WA 98632	LEOFF-1 Disability Board: ☐ Police ☑ Fire	Status: ☐ Active ☑ Retired
Medical Insurance: ☐ Medicare ☐ Kaiser Permanente ☑ Humana ☐ Other _____		Veteran? ☑ Yes - Branch of Svc Army ☐ No

QUICK PERSONAL ASSESSMENT TOOL

(TO BE COMPLETED BY MEMBER, FAMILY MEMBER OR LEGAL REPRESENTATIVE)

Assistance Needed:	Full Assistance	Some Assistance	No Assistance
Taking Medications	☑	☐	☐
Eating	☐	☑	☐
Toileting	☑	☐	☐
Bathing or Showering	☑	☐	☐
Dressing	☐	☑	☐
Transferring	☑	☐	☐
Continence	☑	☐	☐
Shaving, Hair Care	☑	☐	☐
Preparing Meals	☑	☐	☐
Transportation	☐	☑	☐
Housekeeping	☑	☐	☐
Personal Laundry	☐	☑	☐

Current Living Situation: ☐ Home (alone) ☐ Home (with services) ☑ Lives with family ~~wife~~
☐ Hospital ☑ Other Assisted Living

Walking Ability: ☐ Independent ☐ Walker ☐ Cane ☑ Wheelchair ☐ Not Mobile

Memory Loss: ☐ Frequent loss ☑ Occasional loss ☐ No memory loss
☐ Dementia Diagnosis ☐ Alzheimer's Diagnosis

ADDITIONAL INFORMATION

What recent conditions or events have occurred causing you to consider a change in your circumstance? Please be specific.

Post mandibular cancer causing decline in cognitive abilities. Difficulty responding to questions, having conversations. Confusion.

Urine & bowel incontinent - Requires assistance to use toilet.

Two person transfer from bed to wheelchair or chair.

Neuropathy from waist down so does feel when needing to void. Require two person lift to change & clean him.

Needs Full Assistance dressing, moving (Rolling over at times) needs Full Assistance bathing, Pushing in the wheelchair, standing, sitting from standing.

Needs meals made for him.

Has his medications prepared & given to him.

Adult diabetic w/ insulin

Has had two strokes.

He has extreme weakness of the lower extremities more prominate on the Right leg with pain.

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information is true and complete to the best of my knowledge and belief.

Signature: [redacted] Date: 6-17-2026

Print Name: [redacted] Relationship to Member: daughter-POA

The City of Longview Washington

CITY OF LONGVIEW FINANCE
1525 Broadway – 1st Floor/P.O. Box 128
Longview, WA 98632-7080
360.442.5023 phone 360.442.5950 fax
E-Mail – dana.beck@ci.longview.wa.us

Physician's Statement

LEOFF I Member Name:	SSN:	Birth Date:
[redacted]	[redacted]	[redacted]

*The LEOFF I member, as listed above, has applied to the City of Longview LEOFF-1 Disability Board for approval of medical services. Please complete and sign the **PHYSICIAN** section of the form as listed below.*

Diagnosis:	Prognosis:
See attached report	

Assistance Needed:	Full Assistance	Some Assistance	No Assistance
Taking Medications	☑	☐	☐
Eating	☐	☑	☐
Toileting	☑	☐	☐
Bathing or Showering	☑	☐	☐
Dressing	☐	☑	☐
Transferring	☑	☐	☐
Continence	☑	☐	☐
Shaving, Hair Care	☑	☐	☐
Preparing Meals	☑	☐	☐
Transportation	☑	☐	☐
Housekeeping	☑	☐	☐
Personal Laundry	☑	☐	☐

Walking Ability: ☐ Independent ☐ Walker ☐ Cane ☑ Wheelchair ☐ Not Mobile

Memory Loss: ☐ Frequent loss ☑ Occasional loss ☐ No memory loss
☐ Dementia Diagnosis ☐ Alzheimer's Diagnosis

Based on the needs of this patient, I would recommend the following type of service (please check one):

☐ Home Health Care ☑ Skilled Nursing Home Care Services ☐ Other assisted living
c 24 hrs. care

Based on the needs of this patient, I would recommend the following level of care (please check one):

☐ Skilled Care: nursing care performed under the orders of a doctor, supervised by a licensed registered nurse or practical nurse available around the clock on a daily basis. A person with professional training or skills must perform most daily procedures.

☑ Intermediate Care: nursing care performed under the orders of a doctor and under supervision of a licensed registered nurse or practical nurse. The patient is provided with skilled care on a periodic basis. These periodic procedures cannot be done without professional training or skill.

☐ Custodial Care: primarily meets the personal needs of the patient and can be provided by a person without professional training or skill.

Frequency of Need: 24 (#) hours a day, 7 (#) days a week

Duration (how long do you anticipate need): ☐ Less than 2 weeks ☐ 3 – 4 weeks ☐ 1 – 3 months ☐ 4 – 6 months ☒ over 6 months ☐ not sure ☒ other long term

ADDITIONAL INFORMATION

Please provide any additional opinions on the specific medical and other assistance this patient needs:

See report

Physician's Signature: [signature] MD Date: 7/13/24

Typed or Printed Name John E. Richards, dr Phone: 360·423·9229

Physical Address, including zip code:	Mailing Address, including zip code:
John E. Richards, Jr, MD 1106 Douglas Suite D Longview, WA 98632	1106 Douglas Suite D Longview, WA 98632

Please SEND this form to: City of Longview Finance/LEOFF-1 Disability Board, Attn: Dana Beck
P.O. Box 128, Longview, WA 98632-7080 OR Fax: (360) 442-5950

John E. Richards, Jr. MD
1106 Douglas Suite D
Longview, WA 98632
Phone 360-423-9229 Fax 360-423-9230

[redacted] M | Jul 09, 2026 Thu 10:57 AM

CC follow up from 6/9/26 for worsening weakness and shortness of breath. Recently transferred to Delaware Plaza. Fell again this morning.

HPI 83 yo WMM well known to me with multiple life threatening issues seen after ED visit. All records reviewed in detail. At the present time he remains wheelchair bound and unable to do ADLs without full time help. Bilateral leg weakness is progressive and he has very poor appetite most of the time. No vomiting or pain but complete urinary and fecal incontinence over the past few weeks.

ROS Patient denies any recent fever, chills, headache, change in weight without trying, neww vision or hearing problems. No cp, sob, doe, pnd, orthopnea, but chronic ankle peripheral edema.He notes no lumps or swollen glands but chronic salivary gland scarring and swelling since cancer diagnosis and treatment, no new rashes, changing moles, or change in bowel or bladder function. No melena or BRBPR. Mood has been depressed and family feels he is losing his drive

PMH aodm, hypertension, hypogonadism, depression, bell's palsy, submandibular gland cancer with surgery and XRT, health care directive on file

SH [Tobacco: Never smoker], married, 5 kids but several in this area, never chewed tobacco, POLST signed and present at residence

FH hypertension

Allergies 1) No Known Allergies

Meds (Reconciled by JACKIE on 7/9/2026 2:03:40 PM)

1) Adult Aspirin Regimen 81 mg oral delayed release tablet, Taking 1 qd
2) allopurinol 300 mg oral tablet, 1 tab po daily
3) BD Pen Needle Mini U/F, use with toujeo
4) brimonidine 0.2% ophthalmic solution, 1 drop each eye tid
5) citalopram 20 mg oral tablet, TAKE 1 AND 1/2 TABLETS AT BEDTIME (NEED MD APPOINTMENT)
6) clopidogrel 75 mg oral tablet, Taking 1 po qd
7) FreeStyle Libre 3 Reader Device, use reader daily
8) FreeStyle Libre Sensor System W/ALCOHOL SWAB(S), W/GLUCOSE SENSOR(S), apply 1 sensor every 14 days
9) lisinopril 2.5 mg oral tablet, take 1 tab po qd
10) Lomotil 2.5 mg-0.025 mg oral tablet, 1 every 8 hours as needed for diarrhea
11) Metoprolol Succinate ER 50 mg oral tablet, extended release, take 1 tab po qd
12) Mounjaro 15 mg/0.5 mL subcutaneous solution, inject 15 mg once weekly
13) pravastatin 40 mg oral tablet, TAKE 1 TABLET AT BEDTIME
14) Toujeo SoloStar 300 units/mL subcutaneous solution, take daily on sliding scale
15) triamcinolone 0.025% topical lotion, apply to scalp at bedtime
16) Tylenol Extra Strength 500 mg oral tablet, taking 2 tabs po tid prn
17) Vitamin D2 1.25 mg (50,000 intl units) oral capsule, 1 pill weekly

The information on this page is confidential.
Any release of this information requires the written authorization of the patient listed above.

Vitals BP: 134/70 Pulse: 60 RR: 16 Temp: 97.7F Sat: 96

PE Unable to stand up from his wheelchair safely to check weight but approximately 198 and height approximately 70 inches , WNWD NAD sitting in wheelchair with single word response to questions, affect flat with moderate cognitive defect and depressed mood, Mucosa is pink and moist. Pharynx with erythema and injection. PERRLa. TMs and canals are normal bilaterally with absent light reflex and no erythema. Neck is stiff without significant lymphadenopathy or thyromegaly. left submandibular area is scarred without evidence of obvious recurrence tumor Chest CTA with normal I:E. Heart is RRR, nL S1 and S2 without murmurs, thrills, or rubs. Abdomen soft & non-tender. No HSM or masses appreciated. Extremities show no cyanosis, clubbing, but moderate bilateral ankle edema. Reflexes are absent, bilateral lower extremity weakness with unable to lift against gravity and poor sensation to light touch in legs.

A/P # Reactive depression (F32.9):
Complete fecal incontinence (R15.9):
Paraparesis (G82.20):
Urinary incontinence (R32):
History of gout (Z87.39):
Benign hypertension (I10):
Testicular hypogonadism (E29.1):
Adult onset diabetes mellitus (E11.9):
Carcinoma of submandibular gland (C08.0):
Physical deconditioning (R68.89):
Sarcopenia (M62.84):
Cerebellar ataxia (G11.9):
History of external beam radiation therapy (Z92.3):
Cerebral infarction (I63.9):
Generalized atherosclerosis (I70.91):
Compression fracture of thoracic spine (S22.000S):
Frail elderly (R54):
History of fall (Z91.81):
ADDED Current Meds: brimonidine 0.2% ophthalmic solution, 1 drop each eye tid, # 0, RF: 0.
CHANGED Current Meds: Tylenol Extra Strength 500 mg oral tablet
ADDED Current Meds: Metoprolol Succinate ER 50 mg oral tablet, extended release, take 1 tab po qd, # 0, RF: 0.
ADDED Current Meds: lisinopril 2.5 mg oral tablet, take 1 tab po qd, # 0, RF: 0.
ORDERED/ADVISED: Order Date 07-09-2026
- 1. A1C
- 2. CBC
- 3. CMP
E11.9, I10, R54, Z91.81
Specimens sent to Interpath lab. JClarkRN
current med list is reviewed and updated, discussed care with wife and daughter who are present, they agree that the goal is palliation. He has POLST and want hospice care when he qualifies which is not at this moment. He has progressive functional decline which I feel is multifactorial in cause and irreversible. He should be continued on medication as needed for comfort and care of chronic issues. He requires permanent 24 hour per day care for multiple incurable issues. Please direct any questions to my office. John Richards, MD, certified, American Board of Internal Medicine

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Electronically Signed By: John Richards Jr, MD
7/12/26 3:42 PM

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Any release of this information requires the written authorization of the patient listed above.

John E. Richards, Jr. MD
1106 Douglas Suite D
Longview, WA 98632
Phone 360-423-9229 Fax 360-423-9230

LABORATORY REPORT

ID #	SEX	PATIENT DEMOGRAPHICS
2142	M	[redacted]
DOB		LONGVIEW, WA 98632
[redacted]		

RESULTS PROVIDED BY
InterPath Laboratory

AGE
[redacted]

ACCESSION #
202607041250

LAB ID
23918

SPECIMEN INFORMATION:
Specimen ID: 202607041250
Type:
Source:
Condition:

ORDERING PROVIDER
JOHN RICHARDS

RECEIVED ON
07/10/2026 09:13:54

COLLECTION DATE / TIME
07/09/2026 11:30:00

REPORTED ON
07/10/2026 09:07:00

FASTING
NOT SPECIFIED

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
COMPREHENSIVE METABOLIC PANEL					F	
-Sodium	140	132-143	meq/L		F	InterPath Laboratory
-Potassium	3.7	3.6-5.1	meq/L		F	InterPath Laboratory
-Chloride	102	95-112	meq/L		F	InterPath Laboratory
-Carbon dioxide	32	19-31	meq/L	H	F	InterPath Laboratory
-Anion gap 4	9.7	7-21	--		F	InterPath Laboratory
-Glucose	175	70-100	mg/dL	H	F	InterPath Laboratory
-Urea nitrogen	15	6-23	mg/dL		F	InterPath Laboratory
-Creatinine	0.77	0.70-1.30	mg/dL		F	InterPath Laboratory
-Glomerular filtration rate/1.73 sq M.predicted.non black	89	--	ml/min		F	InterPath Laboratory
-Urea nitrogen/Creatinine	19.5	6.0-28.6	--		F	InterPath Laboratory
-Calcium	8.2	8.5-10.3	mg/dL	L	F	InterPath Laboratory
-Aspartate aminotransferase	12	13-39	U/L	L	F	InterPath Laboratory
-Alanine aminotransferase	16	7-52	U/L		F	InterPath Laboratory
-Alkaline phosphatase	119	31-120	U/L		F	InterPath Laboratory
-Bilirubin	0.41	0.0-1.2	mg/dL		F	InterPath Laboratory
-Protein	6.0	6.0-8.3	g/dL		F	InterPath Laboratory
-Albumin	3.5	3.5-5.0	g/dl		F	InterPath

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Longview, WA 98632
Phone 360-423-9229 Fax 360-423-9230

LABORATORY REPORT

ID # 2142
SEX M
DOB [redacted]
AGE [redacted]
LAB ID 23918

PATIENT DEMOGRAPHICS
[redacted]
LONGVIEW, WA 98632

ACCESSION # 202607041250
SPECIMEN INFORMATION:
Specimen ID: 202607041250
Type:
Source:
Condition:

RESULTS PROVIDED BY
InterPath Laboratory

ORDERING PROVIDER
JOHN RICHARDS
RECEIVED ON
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COLLECTION DATE / TIME
07/09/2026 11:30:00

REPORTED ON
07/10/2026 09:07:00
FASTING
NOT SPECIFIED

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
-Globulin	2.5	1.8-3.5	g/dl		F	Laboratory InterPath Laboratory
-Albumin/Globulin	1.4	1.1-2.4	--		F	InterPath Laboratory

NOTES on 'A/G RATIO':

ESTIMATED GFR Reference Range:
GFR = Greater than or equal to 90: Normal or increased GFR.
GFR = 60-89: Mild decreased GFR.
GFR = 30-59: Moderate decreased GFR.
GFR = 15-29: Severe decreased GFR.
GFR = Less than 15: Kidney Failure.

When found over a three month period, GFR less than 60 indicates Cnronic Kidney Disease.

GFR calculation is not valid for patients under age 18 years.

Please note: the equation for eGFR calculation has been updated to the 2021 CKD-EPI Creatinine equation as recommended by the National Kidney Foundation and Association for Diagnostics and Laboratory Medicine.

Bicarbonate may be falsely elevated in patients with Lactate Dehydrogenase values greater than 2000 U/L.

HEMOGLOBIN A1C PANEL

F

-Hemoglobin A1c/Hemoglobin.total	6.3	--	%	H	F	InterPath Laboratory
-Estimated average glucose	134	--	mg/dL		F	InterPath Laboratory

NOTES on 'EST AVG GLUCOSE':

Reference Range for HEMOGLOBIN A1c:

Non-Diabetic	<5.7%
Increased Risk for Diabetes	5.7% - 6.4%
Diagnostic for Diabetes	>6.4
Diabetic Goal	<7.0%

These values are for non-pregnant individuals according to the American Diabetes Association. 'Diabetes Care. 2010;33(suppl):S15-S61.'

Hb A1C results may be falsely decreased in the presence of conditions that shorten red cell survival such as the presence of unstable hemoglobins or hemolytic anemia. Results may be falsely elevated in the presence of Iron deficiency anemia.

CBC W/ANC

F

John E. Richards, Jr. MD
1106 Douglas Suite D
Longview, WA 98632
Phone 360-423-9229 Fax 360-423-9230

LABORATORY REPORT

ID # SEX
2142 M
DOB
[redacted]

PATIENT DEMOGRAPHICS
[redacted]
LONGVIEW, WA 98632

AGE
[redacted]

LAB ID
23918

ACCESSION #
202607041250

SPECIMEN INFORMATION:
Specimen ID: 202607041250
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Source:
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RESULTS PROVIDED BY
InterPath Laboratory

ORDERING PROVIDER
JOHN RICHARDS

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07/10/2026 09:13:54

COLLECTION DATE / TIME
07/09/2026 11:30:00

REPORTED ON
07/10/2026 09:07:00

FASTING
NOT SPECIFIED

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
-Leukocytes	5.2	3.6-11.2	K/uL		F	InterPath Laboratory
-Erythrocytes	4.97	4.1-5.6	M/uL		F	InterPath Laboratory
-Hemoglobin	14.3	13.5-18.0	g/dL		F	InterPath Laboratory
-Hematocrit	42.9	41-50	%		F	InterPath Laboratory
-Erythrocyte mean corpuscular volume	86.2	81-99	fL		F	InterPath Laboratory
-Erythrocyte distribution width	14.4	11.0-15.0	%		F	InterPath Laboratory
-Erythrocyte mean corpuscular hemoglobin	29	27-33	pg		F	InterPath Laboratory
-Erythrocyte mean corpuscular hemoglobin concentration	33	32-36	g/dL		F	InterPath Laboratory
-Platelets	147	140-440	K/uL		F	InterPath Laboratory
-Neutrophils/100 leukocytes	67.3	NOT EVALUATED	%		F	InterPath Laboratory
-Lymphocytes/100 leukocytes	19.7	NOT EVALUATED	%		F	InterPath Laboratory
-Monocytes/100 leukocytes	8.6	NOT EVALUATED	%		F	InterPath Laboratory
-Eosinophils/100 leukocytes	4.0	NOT EVALUATED	%		F	InterPath Laboratory
-Basophils/100 leukocytes	0.4	NOT EVALUATED	%		F	InterPath Laboratory
-Neutrophils	3.50	1.8-7.8	K/uL		F	InterPath Laboratory
-Neutrophils.band form	0.00	0.0-0.6	K/uL		F	InterPath Laboratory
-Lymphocytes	1.02	0.6-3.4	K/uL		F	InterPath Laboratory
-Monocytes	0.45	0.0-1.1	K/uL		F	InterPath

John E. Richards, Jr. MD
1106 Douglas Suite D
Longview, WA 98632
Phone 360-423-9229 Fax 360-423-9230

LABORATORY REPORT

ID # 2142
SEX M
DOB [redacted]
AGE [redacted]
LAB ID 23918

PATIENT DEMOGRAPHICS
[redacted]
LONGVIEW, WA 98632

ACCESSION # 202607041250
SPECIMEN INFORMATION:
Specimen ID: 202607041250
Type:
Source:
Condition:

RESULTS PROVIDED BY
InterPath Laboratory

ORDERING PROVIDER
JOHN RICHARDS
RECEIVED ON
07/10/2026 09:13:54
COLLECTION DATE / TIME
07/09/2026 11:30:00

REPORTED ON
07/10/2026 09:07:00
FASTING
NOT SPECIFIED

NAME	VALUE	NORMAL	UNITS	Flag	Status	Performed By
-Eosinophils	0.21	0.0-0.7	K/uL		F	Laboratory InterPath Laboratory
-Basophils	0.02	0.0-0.2	K/uL		F	InterPath Laboratory
-Other cells	0.00	0.0	K/uL		F	AA

Specimen 202607041250 facilities:

AA:
IP PENDLETON 1
2460 SW PERKINS AVE
PENDLETON, OR 97801

**This report has not been signed-off.

ALTEA HEALTHCARE

DOB: [redacted]

Provider: Jimmie Schwegerl, PA - Altea Healthcare
Date of Service: 06/25/2026
Facility: Frontier Rehabilitation and Extended Care

PROGRESS NOTE - Follow up

Chief Complaint:
Follow up

Interval History:
[redacted] continues to require a two-person assist for transfers due to persistent generalized weakness and a history of multiple recent falls. He remains pleasant and cooperative, with no behavioral disturbances or pain complaints reported during the current interval. Blood pressure and blood glucose have been stable, with recent readings of 138/76 mmHg and 126 mg/dL, respectively. He is working well with therapy and is compliant with his cardiac diet and medication regimen. No new neurological symptoms, pain, or complications have been observed. There are no concerns from the patient or his spouse at this time.

Medications reviewed

History Of Present Illness:
Admit Date: 2026-06-10

History of Present Illness: [redacted] was admitted to SNF on 2026-06-10 after multiple recent falls and severe generalized weakness. He has a history of thoracic vertebral fractures (T8-T10, 2025), chronic pain, and functional decline. Recent hospital admission was for acute on chronic back pain and weakness post-fall; imaging showed no new acute intracranial or cervical spine abnormality. He requires two-person maximal assist for transfers and has diffuse bilateral upper extremity bruising. Chronic conditions include type 2 diabetes with nephropathy (on insulin glargine and tirzepatide, CBGs 130–152 mg/dL), hypertension (metoprolol), hyperlipidemia (pravastatin), gout (allopurinol), major depressive disorder (citalopram), history of CVA/TIA (clopidogrel), vitamin D deficiency, obesity, muscle weakness, oral phase dysphagia, and history of squamous cell carcinoma of the lip (resected). He is on a cardiac diet with regular texture and thin liquids. No new procedures or complications during SNF stay.

POLST:
Code Status: DNR/DNI (Do Not Resuscitate/Do Not Intubate) per completed POLST, confirmed with patient and wife/POA.
POLST Discussion: Advance care directives reviewed and discussed with patient and spouse; POLST form completed and on file.

Medications:

Ergocalciferol Oral Capsule 1.25 MG (50000 UT): 50000unit by mouth one time a day. Give 50000 unit by mouth one time a day every Mon related to VITAMIN D DEFICIENCY, UNSPECIFIED (E55.9) ON MONDAY	ACTIVE	06/15/2026
Brimonidine Tartrate Ophthalmic Solution 0.2 %: 1drop in both eyes three times a day. Instill 1 drop in both eyes three times a day for OPHTHALMIC AGENT	ACTIVE	06/10/2026
Fleet Enema Enema 7-19 GM/118ML: 118ml rectally as needed. Insert 118 ml rectally as needed for constipation no results from supp give next shift during waking hours only notify MD if no results	ACTIVE	06/10/2026
Milk of Magnesia Suspension 400 MG/5ML: 30ml by mouth as needed. Give 30 ml by mouth as needed for Constipation If resident does not have a bowel movement for three days, administer milk of magnesia per physician order on day four	ACTIVE	06/10/2026
Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 50 MG: 50mg by mouth one time a day. Give 50 mg by mouth one time a day related to ESSENTIAL (PRIMARY) HYPERTENSION (I10) HOLD MED AND NOTIFY PROVIDER IF SBP<100 OR HR<60	ACTIVE	06/11/2026
Pravastatin Sodium Oral Tablet 40 MG: 40mg by mouth one time a day. Give 40 mg by mouth one time a day related to PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED (E78.00)	ACTIVE	06/10/2026
Citalopram Hydrobromide Oral Tablet 20 MG: 20mg by mouth one time a day. Give 20 mg by mouth one time a day related to MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED (F33.9)	ACTIVE	06/18/2026

Diclofenac Sodium Ophthalmic Solution 0.1 %: 1drop in both eyes four times a day. Instill 1 drop in both eyes four times a day for OPHTHALMIC AGENT	ACTIVE	06/10/2026
Diphenoxylate-Atropine Oral Tablet 2.5-0.025 MG: 1tablet by mouth as needed. Give 1 tablet by mouth as needed for DIARRHEA 3 TIMES DAILY	ACTIVE	06/10/2026
Toujeo SoloStar Subcutaneous Solution Pen-injector 300 UNIT/ML: subcutaneously one time a day. Inject as per sliding scale: if 101 - 150 = 10 UNITS; 151 - 200 = 15 UNITS; 201 - 999 = 20 UNITS, subcutaneously one time a day related to TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY (E11.21) NOTIFY PROVIDER if CBG <70 or >350	ACTIVE	06/11/2026
Mounjaro Subcutaneous Solution Auto-injector 15 MG/0.5ML: 15mg subcutaneously one time a day. Inject 15 mg subcutaneously one time a day every 7 day(s) related to TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY (E11.21) ONCE A WEEK	ACTIVE	06/11/2026
Bisacodyl Suppository 10 MG: 1suppository rectally as needed. Insert 1 suppository rectally as needed for Constipation If no results from MOM, administer per MD order on next shift, during waking hours only.	ACTIVE	06/10/2026
Acetaminophen Oral Tablet 500 MG: 1000mg by mouth three times a day. Give 1000 mg by mouth three times a day for Pain	ACTIVE	06/10/2026
Allopurinol Oral Tablet 300 MG: 300mg by mouth one time a day. Give 300 mg by mouth one time a day related to GOUT, UNSPECIFIED (M10.9)	ACTIVE	06/11/2026
Clopidogrel Bisulfate Oral Tablet 75 MG: 75mg by mouth one time a day. Give 75 mg by mouth one time a day related to PERSONAL HISTORY OF TRANSIENT ISCHEMIC ATTACK (TIA), AND CEREBRAL INFARCTION WITHOUT RESIDUAL DEFICITS (Z86.73)	ACTIVE	06/11/2026
Lisinopril Oral Tablet 2.5 MG: 2.5mg by mouth one time a day. Give 2.5 mg by mouth one time a day related to ESSENTIAL (PRIMARY) HYPERTENSION (I10)	ACTIVE	06/17/2026
Tubersol Solution 5 UNIT/0.1ML: 0.1ml intradermally every day shift. Inject 0.1 ml intradermally every day shift for TB screening for 1 Day Record additional info in Immunization Record Schedule read order.	ACTIVE	06/25/2026

PMH / Problem List:

E83.42:	HYPOMAGNESEMIA	Active	06/10/2026
E11.21:	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	Active	08/27/2025
R29.6:	REPEATED FALLS	Active	08/27/2025
Z71.89:	Other specified counseling	Active	08/28/2025
R91.8:	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	Active	08/27/2025
E87.5:	HYPERKALEMIA	Active	06/10/2026
M54.50:	Low back pain, unspecified	Active	09/02/2025
Z79.899:	Other long term (current) drug therapy	Active	08/28/2025
H25.13:	AGE-RELATED NUCLEAR CATARACT, BILATERAL	Active	06/11/2026
I67.9:	CEREBROVASCULAR DISEASE, UNSPECIFIED	Active	08/27/2025
Z96.0:	PRESENCE OF UROGENITAL IMPLANTS	Active	08/27/2025
E55.9:	VITAMIN D DEFICIENCY, UNSPECIFIED	Active	08/27/2025
M62.81:	Muscle weakness (generalized)	Active	08/28/2025
E87.6:	HYPOKALEMIA	Active	06/10/2026
I10:	ESSENTIAL (PRIMARY) HYPERTENSION	Active	08/27/2025
M45.4:	ANKYLOSING SPONDYLITIS OF THORACIC REGION	Active	06/10/2026
F33.9:	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	Active	08/27/2025
R13.11:	DYSPHAGIA, ORAL PHASE	Active	06/10/2026
E78.00:	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	Active	08/27/2025
C44.92:	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	Active	08/27/2025
Z86.73:	PERSONAL HISTORY OF TRANSIENT ISCHEMIC ATTACK (TIA), AND CEREBRAL INFARCTION WITHOUT RESIDUAL DEFICITS	Active	08/27/2025

E66.9:	OBESITY, UNSPECIFIED	Active	08/27/2025
M10.9:	GOUT, UNSPECIFIED	Active	08/27/2025
Z85.819:	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LIP, ORAL CAVITY, AND PHARYNX	Active	08/27/2025

Allergies:
No known drug allergies

Past Surgical History:
No surgical history documented. No procedures found in the past year. Past medical history notes presence of urogenital implants, but no details on type or date.

Family History:
non contributory

Social History:
Was residing in an independent living facility with his wife. He was able to ambulate with the use of a walker at home. Was experiencing multiple falls. He denies smoking, chewing tobacco, vaping and drug abuse but does admit to the use of alcohol I couple of beers once in a while

Immunizations:

Review of Systems:
10 points ROS performed, all negative except for what is stated above in HPI

Vital Signs:

72

/76

20

126

96

97.2

0

Physical Exam:

No acute distress, Alert
Dry, Warm
Trachea midline
Regular rate, rhythm
Non-labored respirations, Lungs CT, Symmetrical expansion
A/O x 4, Normal speech

Psychiatric: Cooperative, Appropriate mood & affect

Labs:

Radiology:

Assessment/Plan:

E87.5 - HYPERKALEMIA

[redacted] developed hyperkalemia during his skilled nursing facility stay, likely related to recent adjustments in antihypertensive therapy and underlying diabetic nephropathy. Lisinopril was initiated to address both hypertension and potassium balance, while tirzepatide was held per provider recommendation. Blood pressure and potassium levels are being closely monitored, and a basic metabolic panel is planned within 3–5 days to assess response and safety. The patient remains on a cardiac diet, and all medications are being reviewed for potential contributors to hyperkalemia.

Hyperkalemia was identified during skilled nursing facility stay, likely related to recent changes in antihypertensive therapy and underlying diabetic nephropathy.
Lisinopril was initiated and tirzepatide was held per provider recommendation.
No other ICD-specific medication dose, frequency, or route changes documented.
Relevant medications:
- Lisinopril Oral Tablet, 2.5 mg, one time a day (06/17/2026)
- Diclofenac Sodium Ophthalmic Solution 0.1 %, 1 drop, four times a day (06/11/2026)
- Toujeo Solostar Subcutaneous Solution Pen-Injector 300 Unit/Ml, one time a day (06/11/2026)

A basic metabolic panel is planned within 3–5 days to assess response and safety.
Monitor blood pressure and potassium levels.
Follow a cardiac diet and review all medications for potential contributors to hyperkalemia.

I10 - ESSENTIAL (PRIMARY) HYPERTENSION

Blood pressure readings during skilled nursing facility stay have ranged from 114/64 to 162/86 mmHg, with occasional elevations and no reported symptoms.
Lisinopril 2.5 mg daily was initiated and tirzepatide was held per provider recommendation.
No other ICD-specific medication dose, frequency, or route changes documented.
Relevant medications:
- Lisinopril Oral Tablet, 2.5 mg, one time a day (06/17/2026)
- Metoprolol Succinate Er Oral Tablet Extended Release 24 Hour, 50 mg, one time a day (06/11/2026)

Monitor blood pressure and heart rate.

I67.9 - CEREBROVASCULAR DISEASE, UNSPECIFIED

Brain MRI on 07/05/2025 showed recent lacunar ischemic infarcts in the left corona radiata and right putamen, multifocal chronic lacunar infarcts, severe chronic microvascular white matter changes, and multifocal postischemic encephalomalacia.
CT angiogram on 07/05/2025 revealed left vertebral origin occlusion of indeterminate chronicity, focal high-grade stenoses in the distal left vertebral artery, and multifocal intracranial atherosclerotic stenoses.
No new or recurrent neurological symptoms have been reported during skilled nursing facility admission.
No ICD-specific medication dose, frequency, or route changes documented.
Relevant medications:
- Lisinopril Oral Tablet, 2.5 mg, one time a day (06/17/2026)
- Clopidogrel Bisulfate Oral Tablet, 75 mg, one time a day (06/11/2026)
- Metoprolol Succinate Er Oral Tablet Extended Release 24 Hour, 50 mg, one time a day (06/11/2026)
- Pravastatin Sodium Oral Tablet, 40 mg, one time a day (06/11/2026)

Monitor for new or recurrent neurological symptoms and functional status.

R29.6 - REPEATED FALLS

Multiple recent falls have resulted in severe generalized weakness and functional decline.
Diffuse bruising in various stages of healing noted to bilateral upper extremities observed on 06/11/2026.
Requires two-person maximal assist for transfers and is compliant with therapy program.
Relevant medications:
- Ergocalciferol Oral Capsule 1.25 Mg (50000 Ut), 50000 unit, one time a day (06/15/2026)

Monitor for further falls, deconditioning, and changes in mobility.

E11.21 - TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY

Capillary blood glucose values have ranged from 103 to 188 mg/dL, with most values between 130 and 152 mg/dL.
Urinalysis on 06/09/2026 showed 1+ protein and negative glucose.
eGFR was 55 mL/min/1.73m2 and creatinine was 1.3 mg/dL on 06/09/2026, with albumin 3.1 g/dL.

No ICD-specific medication dose, frequency, or route changes documented.
Relevant medications:
- Mounjaro Subcutaneous Solution Auto-Injector /0.5Ml, 15 mg, one time a day (06/11/2026)
- Toujeo Solostar Subcutaneous Solution Pen-Injector 300 Unit/Ml, one time a day (06/11/2026)

Monitor capillary blood glucose, renal function, and urine protein.
Follow a cardiac diet with regular texture and thin liquids.

M62.81 - Muscle weakness (generalized)

Severe generalized weakness and functional decline have been noted, requiring 2-person maximal assist for transfers.
Diffuse bruising in various stages of healing noted to bilateral upper extremities observed on 06/11/2026.

Monitor strength, mobility, and functional status.

M54.50 - Low back pain, unspecified

History of chronic back pain with functional decline and recent exacerbation following a fall, with pain managed using scheduled acetaminophen and lidocaine patches for breakthrough pain.
Pain level documented as 0/10 on 06/25/2026.
Relevant medications:
- Acetaminophen Oral Tablet 500 Mg, 1000 mg, three times a day (06/11/2026)
- Diclofenac Sodium Ophthalmic Solution 0.1 %, 1 drop, four times a day (06/11/2026)

Monitor pain level and functional status.

Billing:

99309: SBSQ NURSING FACIL CARE/DAY MOD MDM OR 30 MIN - Units: 1

Measure #130: Documentation of Current Medications in the Medical Record

G8427 - Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications

Total Time Spent: At Least 30 mins

Disclaimer:
This note was generated using voice recognition software. While every attempt has been made to proofread and correct errors on this note, the software may at times alter the syntax/structure of a sentence or word. Hospital and facility records including but not limited to laboratory findings, radiology, clinical record, medication review, medication administration record reviewed in detail.

Electronically signed by: Jimmie Schwegerl, PA (NPI# 1578450334) on 06/25/2026 05:34 PM PDT

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: John E. Richards, Jr, MD

2. Condition requiring treatment: See report

3. Summary of recommended services:

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: See report

7. Please provide the dates on which services were provided (if already provided): multiple, most recent 7/9/26

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

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

Unknown

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

No other option

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

MD 7/9/26

Physician/Dentist Signature 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):

PHA 7-14-26

Patient/Retiree Signature Date

City of Longview

Agenda Summary

July 2026 Medicare B Reimbursement - Total $10,011.50

Attachments:
1. Medicare B July 2026 voucher list

Medicare Premium: July 2026

Code	Vendor #	NEW Vendor #	Year	
R59	000092	10004	2026	$202.90
R02	000122	10007	2026	$443.30
R05	000233	10014	2026	$443.30
R06	000278	10017	2026	$202.90
R34	000447	10031	2026	$188.90
R08	000465	10035	2026	$202.90
R09	000466	10036	2026	$202.90
R11	000632	10042	2026	$202.90
R28	000664	10045	2026	$202.90
R13	000666	10046	2026	$202.90
R14	000706	10049	2026	$202.90
R39	000740	10052	2026	$202.90
R40	000744	10053	2026	$202.90
R17	000827	10056	2026	$202.90
R64	000883	10058	2026	$202.90
R19	000963	10061	2026	$202.90
R44	001021	10063	2026	$201.90
R51	001106	10065	2026	$284.10
R29	001124	10066	2026	$202.90
R47	001226	10073	2026	$202.90
R21	001245	10075	2024	$174.70
R49	001402	10083	2026	$202.90
R23	001511	10087	2026	$202.90
R24	001631	10095	2026	$202.90
R25	001644	10097	2025	$174.70
R53	001685	10099	2026	$202.90
R63	001694	10101	2026	$202.90
R55	001714	10102	2026	$202.90
R56	001732	10103	2026	$202.90
R58	001823	10104	2026	$202.90
R26	002066	10124	2026	$202.90
R27	210058	11328	2024	$174.70
R18	210122	11331	2026	$202.90
R42	210489	11336	2026	$193.90
R48	211292	11346	2026	$284.10
R12	211809	11350	2026	$732.50
R43	216727	11383	2026	$202.90
R31	218105	11415	2026	$164.90
R33	218134	11417	2026	$202.90
R46	218350	11424	2026	$202.90
R41	223804	11544	2024	$164.90
R61	224982	11607	2025	$202.90
R22	225194	11620	2026	$298.60
R15	226325	11703	2026	$202.90
	BATCH 554			$10,011.50

City of Longview

Agenda Summary

July 2026 Medical Bills (Regular) - Total $17,446.71

Attachments:
1. Reimbursement July 2026 Spreadsheet

July 2026 MEDICAL BILLS (Regular)			
Member	**Dental**	**Regular**	
R-22		$ 2,926.29	
R-23		$ 441.55	
R-26		$ 296.00	
R-34		$ 804.00	Pending Approval
R-34		$ 9,800.00	Pending Approval
R-38		$ 1,422.87	
R-43		$ 300.00	
R-44		$ 560.00	
R-47	$ 78.00		
R-61		$ 818.00	
TOTAL	$78.00	$17,368.71	**$17,446.71**

$6,842.71 total if R-34 is not

: approved