



**City of Bellevue**  
**Human Resources Department**

**Date:** February 27, 2018  
**To:** LEOFF 1 Disability Board members  
**From:** Paula Dillon x 7198, Human Resources  
**RE:** Tuesday, March 6, 2018, Regular Meeting

Please review the attached Agenda packet for the upcoming LEOFF 1 Disability Board meeting on Tuesday, March 6, 2018. The meeting will be held in Room 1E-118.

Attachments

**Distribution List**

*Disability Board Members:*

Susan Neiman, Chair  
Lynne Robinson, Councilmember  
Janice Zahn, Councilmember  
Wayne Bergeron, Fire Department  
Bryan Reil, Police Department

*Other Copies:*

Cindy Lin, City Attorney's Office  
Joy St Germain, Diane Kendall, Human Resources  
Paula Dillon, Human Resources  
Sandra Nunnelee, Council Coordinator  
Michelle Luce, Council Coordinator  
Todd Dickerboom, Fire Department  
Steve Mylett, Police Department  
Michelle Cash, Minutes taker – without attachments



# **City of Bellevue**

## *Disability Board*

### **Agenda Regular Meeting City Hall, Conference Room 1E-118**

**Date:** Tuesday, March 6, 2018

**Time:** 5:30 pm Administrative Meeting  
6:00 pm Business Meeting

- I. Call to Order**
- II. Roll Call**
- III. Public Comment**
- IV. Approval of Minutes of Regular Meeting, February 6, 2018**
- V. Consideration of Applications for Disability Allowances**
  - A. Applications for Disability Allowances**
    - 1) Fire Department**
  - B. Applications for Disability Allowances Greater than 1 month**
    - 1) Fire Department**
- VI. Consideration of Medical Claims**
  - A. Routine claims**
  - B. Special claims**
  - C. Pre-Approved Recurring Long-Term Care Claims**
- VII. Staff Reports**
- VIII. New Business**
- IX. Unfinished Business – Hearing Aids and Eyeglasses Policy Discussion**
- X. Announce Date & Time of next meeting: Tuesday, April 3, 2018**
- XI. Adjournment**

**CITY OF BELLEVUE  
LEOFF 1 DISABILITY BOARD  
Meeting Minutes**

February 6, 2018  
5:30 p.m. – Administration  
6:00 p.m. – Business Meeting

Conference Room 1E-118  
Bellevue City Hall

**MEMBERS PRESENT:** Chairperson Susan Neiman  
Councilmember Lynne Robinson  
Councilmember Janice Zahn

**MEMBER ABSENT:** Boardmember Wayne Bergeron  
Boardmember Bryan Reil

**OTHERS PRESENT:** Paula Dillon, Human Resources

**MINUTES TAKER:** Michelle Cash

**I. CALL TO ORDER**

The meeting was called to order at 6:03 p.m. by Chair Neiman.

**II. ROLL CALL**

A quorum was present.

**III. PUBLIC COMMENT**

None.

**IV. APPROVAL OF MINUTES**

Approval of the January 9, 2018 meeting minutes was postponed due to a lack of quorum.

**V. CONSIDERATION OF APPLICATIONS FOR DISABILITY ALLOWANCES**

A. Applications for Disability Allowances

**Motion by Councilmember Robinson and second by Councilmember Zahn to approve the Disability Allowances as presented. Motion carried unanimously (3-0).**

B. Applications for Disability Allowances Greater than 1 month

None.

**VI. CONSIDERATION OF MEDICAL CLAIMS**

A. Routine Claims

None.

B. Special Claims

**Motion by Councilmember Robinson and second by Councilmember Zahn to approve the Special Claims as presented.**

Boardmembers discussed Member #3's claim for reimbursement. The Kaiser member received a prescription for allergy eye drops. However, Kiser did not cover the prescription cost. Boardmembers would like to approve Member #3's claim and directed staff to ask the Member if there is an eye drop prescription that might be covered by insurance.

Boardmembers discussed Member #111's claim for reimbursement. The Member submitted a reimbursement request for ambulance rides to/from the hospital to be treated for ulcer debridement. Boardmembers were concerned that an ambulance was utilized, rather than a cabulance or less expensive transportation option. Boardmembers would like to approve Member #111's claim.

Boardmembers discussed Member #57's claim for reimbursement. The Member submitted a reimbursement request for protein shakes and depends. The Member has metastasis and metastatic breast cancer. The protein shakes and depends have been prescribed to help with issues related to the cancer care. Ms. Dillon read a letter from the Member's physician which stated that the protein shakes and depends are both medically necessary. Boardmembers would like to approve Member #57's claim.

**At the question, motion carried unanimously (3-0) to approve the Special Claims as presented.**

C. Pre-Approved Recurring Long-Term Care Claims

The pre-approved recurring long-term care claims were reviewed and included in the Board packet.

**VII. STAFF REPORT**

None.

**VIII. NEW BUSINESS**

None.

**IX. UNFINISHED BUSINESS**

A. Hearing Aids and Eyeglasses Policy Discussion

Discussions regarding the hearing aid and eyeglasses policy were postponed until the full Board can be present.

**X. ANNOUNCE DATE & TIME OF NEXT MEETING**

The next Disability Board meeting will be held on March 6, 2018. Ms. Dillon notified Boardmembers that extra time should be allowed for the meeting since HIPPA training will be conducted.

**XI. ADJOURNMENT**

By general consensus, the meeting was adjourned at 6:22 p.m.

## 2. Additional Approved & Pre-Approved Medical Expenses

- A. In each calendar year, one eye exam, one set of prescription lenses and up to \$200 toward the cost of frames. Unused amounts authorized in 2.A may not be carried forward to subsequent calendar years.
- B. Laser/refractive eye surgery –
  - 1. Up to a lifetime maximum of \$1,000 incurred for laser/refractive eye surgery in lieu of eyewear benefit for three (3) calendar years following the year of surgery.
  - 2. On a case by case basis, the Board may consider reimbursement for laser/refractive eye surgery in amounts greater than 2.B.1 where said procedures are necessary to correct vision conditions uncorrectable by any other means **and** without the procedure the member is precluded from performing the duties of his/her position with average efficiency.
- C. Hearing aid devices will be considered a necessary medical expense if prescribed by a state licensed audiologist. Medically necessary hearing aid expenses will be authorized subject to the following:
  - 1. The Board will allow a maximum payment of \$3,000 per hearing aid.
  - 2. The costs allowed in 2.C.1. must include a 2-year warranty.
  - 3. Replacement hearing aids are allowed every 3 years.
  - 4. No more than \$50 per calendar year may be reimbursed for the purchase of hearing aid batteries.

- (ii) The charges of a registered graduate nurse other than a nurse who ordinarily resides in the member's home, or is a member of the family of either the member or the member's spouse.
- (iii) The charges for the following medical services and supplies:
  - (A) Drugs and medicines upon a physician's prescription;
  - (B) Diagnostic x-ray and laboratory examinations;
  - (C) X-ray, radium, and radioactive isotopes therapy;
  - (D) Anesthesia and oxygen;
  - (E) Rental of iron lung and other durable medical and surgical equipment;
  - (F) Artificial limbs and eyes, and casts, splints, and trusses;
  - (G) Professional ambulance service when used to transport the member to or from a hospital when injured by an accident or stricken by a disease;
  - (H) Dental charges incurred by a member who sustains an accidental injury to his or her teeth and who commences treatment by a legally licensed dentist within ninety days after the accident;
  - (I) Nursing home confinement or hospital extended care facility;
  - (J) Physical therapy by a registered physical therapist;
  - (K) Blood transfusions, including the cost of blood and blood plasma not replaced by voluntary donors;
  - (L) An optometrist licensed under the provisions of chapter 18.53 RCW.

## 2. Additional Approved & Pre-Approved Medical Expenses

- A. Once every twenty-four months, two sets of prescription lenses plus up to \$200 toward the cost of frames. Unused amounts authorized in 2.A may not be carried forward to subsequent 24 month periods.
  - 1. Laser/refractive eye surgery –
    - a. the amounts authorized in 2.A up to a maximum of \$400 may instead

be applied to medical expenses incurred for laser/refractive eye surgery that occurred during that 24 month period.

b. On a case by case basis, the Board may consider reimbursement for laser/refractive eye surgery in amounts greater than 2A.1a where said procedures are necessary to correct vision conditions uncorrectable by any other means **and** without the procedure the member is precluded from performing the duties of his/her position with average efficiency.

B. Hearing aid devices will be considered a necessary medical expense on a case by case basis, as follows:

1. Requests for authorization of payment for hearing aid devices must be submitted in advance by the LEOFF I active/retiree and pre-approved by the Disability Board.
2. Where the Disability Board authorizes a hearing aid device as a necessary medical expense, 100% of the cost will be paid.

C. Long Term Care reimbursement

1. Policy: The Disability Board has studied how to contain escalating costs associated with Long Term Care Expenses. The LEOFF statute provides that a LEOFF 1 member is entitled to reimbursement for the medically "reasonable charges" incurred for Long Term Care (LTC). The Board has determined that it is appropriate to establish a cap on reimbursing LTC charges that represents a reasonable charge for these services. This cap is based on The Genworth Cost of Care Survey, a nationally recognized survey of average costs for LTC adjusted annually in March of each year. The survey provides average costs by geographic region. For services listed in the survey the Board will reimburse up to 120% of average cost for the geographic region in which the member lives. The cap may be adjusted based on a periodic survey conducted by city staff.

2. Rates: In November of each year, members will be notified by mail of the maximum reimbursement rate for the Puget Sound region that will apply in the following year. The average daily total cost for Home Health Care that will be reimbursed shall not exceed the average daily rate for a Skilled Nursing Facility. If the member lives outside the Puget Sound region they would need to contact the Disability Board staff assistant for the rates for their area.

The maximum reimbursement for the following Long Term Care facilities are:

- a) Assisted Living Facility \* (one bedroom unit)