



## **LEOFF DISABILITY BOARD AGENDA**

**Friday, July 26, 2019 at 9:30 a.m.  
Camas City Hall, 616 NE 4<sup>th</sup> Avenue**

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### *SPECIAL MEETING*

- I. CALL TO ORDER BY CHAIR**
- II. APPROVAL OF THE MINUTES**
- III. CLAIMS SUMMARY REPORT**
- IV. OTHER BUSINESS**
  - A. Rule Change – Massage Therapy Benefits
  - B. Rule Change – Long Term Care
- V. ADJOURNMENT**

## **Agenda Item II**

### Approval of the Minutes

**Discussion:**

The minutes from the April 10, 2019 meeting are included in this packet.

Minutes should be reviewed and approved as-is or with necessary changes/edits.

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**Action requested:**

- Motion to approve the minutes from the April 10, 2019 meeting.

IF CHANGES REQUESTED:

- Motion to approve the minutes from the April 10, 2019 meeting with the discussed changes.



## **LEOFF DISABILITY BOARD MEETING MINUTES - Draft**

**Wednesday, April 10, 2019, 1:30 p.m.**

**Camas City Hall, 616 NE 4<sup>th</sup> Avenue**

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### *SPECIAL MEETING*

Present: Paul Berg, Don Chaney, Joan Durgin, Bob Rhode and Melissa Smith

Excused:

Staff: Leisha Copsey, Jennifer Gorsuch and Shawn MacPherson

### **I. CALL TO ORDER BY CHAIR**

Chair Smith called the meeting to order at 1:30 p.m.

### **II. APPROVAL OF THE MINUTES**

**It was moved by Council Member Chaney, seconded by Vice-Chair Durgin, to approve the meeting minutes of September 26, 2018. The motion carried unanimously.**

### **III. CLAIMS SUMMARY REPORT**

Administrative Services Director Gorsuch reviewed the reimbursement claims that were submitted and processed from October 1, 2018 through March 31, 2019, in the amount of \$182,186.38, with the Board. These claims were approved by the Administrative Services Director per the authority delegated by the Board and reimbursement claims that were previously approved by the Board.

Gorsuch responded to questions from the Board.

**It was moved by Vice-Chair Durgin, seconded by Council Member Chaney, to approve the Claims Summary Report in the amount of \$182,186.38 as presented. The motion carried unanimously.**

#### IV. CLOSED SESSION

Chair Smith stated that the Board will be going into a closed session to discuss a Quasi-Judicial matter arising from the motion presented and passed by the Board at its meeting of September 26, 2018. The Board went into a closed session at 1:32 p.m.

The Meeting reconvened at 1:44 p.m.

#### V. OTHER BUSINESS

- A. Decision Regarding Board's Own Previous Motion to Extend Service as Discussed in the Closed Session

**It was moved by Board Member Berg, seconded by Board Member Rhode, as a result of the information provided by the consultant, to extend 24 hour home health care services for Deloy Little for another six months. The motion carried unanimously.**

Gorsuch stated for the record that it is in the Board's rules that this level of care requires re-evaluation by a physician and approval by the Board every six months.

- B. Selection of Chair and Vice-Chair

**It was moved by Chair Smith, seconded by Board Member Rhode, to nominate Vice-Chair Durgin for the position of Chairperson effective January 1, 2019, for a one-year term expiring December 31, 2019 or until further order of the Board. The motion carried unanimously.**

**It was moved by Council Member Chaney, seconded by Vice-Chair Durgin, to nominate Chair Smith for the position of Vice-Chairperson effective January 1, 2019, for a one-year term expiring December 31, 2019 or until further order of the Board. The motion carried unanimously.**

- C. Massage Therapy Benefits Coverage Request

Gorsuch gave a brief overview of Washington State medical insurance requirements and reviewed the provisions of the medical plans for active employees with the Board. Discussion ensued.

The Board directed staff to research other LEOFF Board's rules to provide options for the Board's consideration at the next meeting for a potential rule change to add massage therapy benefits.

D. Discussion Regarding How to Contain Escalating Costs

Gorsuch gave the Board an overview of other LEOFF Board's policies and procedures related to medical benefit limits and discussion ensued.

The Board directed staff to bring back a draft rule change regarding medical benefit limits, specific to long term care, to the next meeting for the Board's consideration.

**VI. ADJOURNMENT**

The meeting adjourned at 2:31 p.m.

### **Agenda Item III**

#### **Claims Summary Report**

**Discussion:**

A summary of all reimbursement requests processed from April 1, 2019 through June 30, 2019 are included for review in the attached spreadsheets. The total amount of reimbursements is \$89,084.47. .

These reimbursement requests were authorized by the Administrative Services Director, as outlined in the delegation of authority given by the Board.

The documentation submitted will be available at this meeting for review or in the event of questions from the Board.

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**Action requested:**

- Motion to approve the City of Camas LEOFF Disability Board reimbursements as presented.

## 2019

Expense Type	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	YTD Total
Medicare Premiums			\$ 6,225.00			\$ 5,875.80	\$ 12,100.80
Rx/Office Visits/Co-pays		\$ 111.44	\$ 363.17	\$ 133.00	\$ 131.42	\$ 182.68	\$ 921.71
Dental Care (Verde)		\$ 614.00	\$ 1,869.00	\$ 398.00	\$ 146.00	\$ 1,025.00	\$ 4,052.00
Eye Care						\$ 219.98	\$ 219.98
Hearing Aids			\$ 3,900.00			\$ 1,599.99	\$ 5,499.99
Medical Equipment			\$ 10.00		\$ 44.39	\$ 329.46	\$ 383.85
Assisted Living (pre-approved)		\$ 5,777.27	\$ 5,772.25	\$ 5,772.25	\$ 5,772.25	\$ 5,772.25	\$ 28,866.27
Home Health Services (pre-approved)		\$ 12,262.50	\$ 39,780.25	\$ 15,120.00	\$ 25,572.00	\$ 20,520.00	\$ 113,254.75
Miscellaneous				\$ 470.00			\$ 470.00
<b>Total</b>	\$ -	\$ 18,765.21	\$ 57,919.67	\$ 21,893.25	\$ 31,666.06	\$ 35,525.16	\$ 165,769.35

\$5446.88 Allocated to 2018

**\$9744** noted in Springbrook as **Assisted Living**, but is actually **Home Health Services**

### Descriptions

Medicare Part B  
 Rx/Office Visits/Co-pays  
 Dental (FI. Last name)  
 Eye Care  
 Hearing Aid  
 Med. Equip.  
 Assisted Living (FI. Last name, Month Year)  
 Home Health Services (FI. Last name)  
 Misc. Medical Expenses

**Police 613.00.521.201.21 (8 participants)**

**Fire 613.00.522.215.21 (3 participants)**

## **Agenda Item IV**

### **A. Rule Change – Massage Therapy Benefits**

#### **Discussion:**

At the April 10, 2019 meeting, Staff was directed to draft language providing for massage therapy benefits.

Staff reviewed Board Rules from other entities around the state and found that generally, the benefits for massage therapy are the same as they are for chiropractic benefits.

Staff proposes revising Section VII (A) (c) to read:

*Services provided for massage therapy, chiropractic and acupuncture treatment is limited to 20 visits per year per type of treatment. A prescription describing medical necessity for massage therapy is required prior to reimbursement/payment for services. Services beyond the 20 visits per year must be pre-authorized by the Board.*

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#### **Action requested:**

- Consider approval of the proposed rule change providing for massage therapy services as outlined above.

#### **IF CHANGES REQUESTED:**

- Motion to approve the rule change in Section VII (A) (c) providing for massage therapy services as outlined.

## **Agenda Item IV**

### **B. Rule Change – Long Term Care**

#### **Discussion:**

At the April 10, 2019 meeting, Staff was directed to draft a rule change related to long term care limits.

Staff reviewed Board Rules from other entities around the state and found that many entities utilize the annual Genworth Cost of Care Survey to set limits on benefit amounts for long term care services. This survey provides averages for the services, as part of a nationwide survey they conduct annually. The averages are specific to each state and to specific regions in each state.

Staff has drafted a rule that would replace Sections VII (A) (3) (e) and (n).

The proposed rule allows reimbursement up to 103% of the average cost of care for the geographic region in which the member lives.

The rule also sets a limit on the cost of home health care services to not exceed the average daily rate for nursing home care services.

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#### **Action requested:**

- Consider approval of the rule change for Long Term Care as outlined by Staff.

#### **IF CHANGES REQUESTED:**

- Motion to approve the rule change for Long Term Care as outlined by Staff in the attachment provided.

## **Agenda Item IV**

### **B. Rule Change – Long Term Care**

#### **Long Term Care**

**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 June of each year. The survey provides average costs by geographic region.

**Rates:** In November of each year, affected members will be notified by mail of the maximum reimbursement rate for the Clark County region that will apply in the following year. If the member lives outside the Clark County region they would need to contact the City staff liaison for the rates for their area.

**For services listed below, the Board will reimburse up to 103% of average cost for the geographic region in which the member lives.**

Maximum reimbursement amounts will be provided for the following LTC facilities/services:

- Assisted Living Facility (one bedroom unit) – includes Boarding Houses/Continuing Care Retirement Communities at the Assisted Living Level
- Nursing Home Care (semi-private room) – includes Adult Family Homes, Hospice Care, Skilled Nursing Care, Continuing Care Retirement Community at the Nursing Home Level
- Home Health Care (home health aide) – includes Respite Care

**The total daily cost for Home Health Care services that will be reimbursed shall not exceed the average daily rate for Nursing Home Care as outlined above.**

**Exceptions:** Under extraordinary circumstances the Board will consider reimbursing above the established maximum where the member can show that he or she cannot obtain the necessary medical service at the established maximum rate.

**Procedure for Obtaining Authorization and Reimbursement:** The procedure for obtaining any long term care services as outlined above requires pre-approval by the Board, if care is expected to last beyond 30 days.

The LTC Application must be completed by the member (or designee), and requires a physician's statement. The Board will review the application and approve or deny the services.

Requests for LTC facilities/services as outlined above must be re-submitted and re-approved by the Board every six (6) months.

The procedure for obtaining reimbursement for LTC charges is the same as it is for any other necessary medical expense. This includes submitting appropriate documentation/receipts required by the board using the Claim Form. The charges must be submitted to Medicare and other insurance prior to submitting the reimbursement claim to the Board. Please note that expenses that are not medically necessary for the member shall not be reimbursed, including but not limited to personal care items, recreational charges and utilities.

The Board will not reimburse for home health care provided by an individual who ordinarily resides in the member's home or is a member of the family of either the member or the member's spouse, unless the individual is a currently licensed home health care provider and the individual is providing the services as part of his or her employment working for an agency/employer who normally provides such services.

LTC facilities/care providers may submit invoices to the City staff liaison directly, if the services have been approved by the Board. Payments will not be paid in advance, and only after the services have been rendered.