AGENDA
LEOFF 1 DISABILITY BOARD
January 31, 2024

Hybrid Meeting In-person and via Zoom

AMERICANS WITH DISABILITIES ACT

The City of Ellensburg strives to make our services, programs, and activities readily accessible and usable by individuals with disabilities. Reasonable accommodations will be made upon request. Please furnish the ADA Coordinator with your request in sufficient time for the City to provide a reasonable accommodation by calling the City of Ellensburg ADA Coordinator at (509) 962-7222 or email ADAcoordinator@ellensburgwa.gov.

CITY OF ELLENSBURG
LEOFF 1 DISABILITY BOARD AGENDA
Ellensburg City Hall - Council Conference Room
501 N Anderson St.
Ellensburg, WA 98926
Wednesday, January 31, 2024
8:00 AM - Regular Meeting

1. **Call to Order and Introduction**
2. **Election of Member at Large and Chairperson**
3. **Citizen Comment**
4. **Review of Draft Bylaws**
   - 4.A Draft bylaws for review
5. **Review of Medical Claims**
   - 5.A Claims from five retirees
6. **Miscellaneous**
7. **Adjournment**

For more information on the LEOFF 1 Disability Board or to request remote attendance, contact Beth Leader at 509-925-8614.

CITY OF ELLENSBURG
LEOFF 1 DISABILITY BOARD
BY-LAWS

PURPOSE:

The purpose of these rules is to establish uniform methods of procedure for the conduct of the business of the City Law Enforcement Officers and Fire Fighters Disability Board. In the event of any conflict of these rules with State Law, the latter shall govern.

MEETINGS:

Meetings of the board shall be held on the fourth Wednesday of the month in a meeting room specified by the board and at a time specified by the board. Election of the Board officers shall occur at the first meeting of each calendar year. Officers shall consist of the Chairperson and Vice Chairperson. The duties of the Chairperson shall include, but not be limited to: calling the meeting to order, conducting the general business and calling regular and special meetings. The Vice Chairperson will assume the duties of the Chairperson in their absence. All special meetings of the board shall be held upon the call of the Chairperson, of which due notice shall be given in accordance with RCW 42.30. Three members of the Board shall constitute a quorum; the same shall have the power to transact all business. Board members will be allowed no more than two unexcused absences per calendar year; three unexcused absences shall constitute removal from the board. A job related or emergency medical conflict may be an exception to 24 hour notification. All meetings shall be open to the public.

MINUTES:

The Clerk shall take and prepare the official minutes of the Board's meetings. They shall contain the actions of the Board and a substantive account of proceedings. A record of the Board members present and absent shall be entered. The Clerk shall sign the minutes and they shall be placed on record at the Board's approval.

BOARD PHYSICIAN:

A duly licensed and practicing physician shall be appointed by the Board as per WAC 415.105.030. The Board's physician shall render such assistance and any other medical related services as may be requested by the board. Compensation for the Board physician shall be agreed upon by the board and the physician on the basis of services rendered.

MEDICAL CLAIMS:

Claims for medical expenses shall be submitted on approved forms provided by the employer. LEOFF 1 rules require that all other benefits or insurance coverage, including Medicare, shall be utilized before LEOFF 1 coverage is applicable. All forms, LEOFF claims, statements of insurance coverage or denial and all attached bills shall be submitted in duplicate. All applicable information requested must be completed, such as service performed, diagnosis, etc. or claims may be returned. All claims must be legible and in non-medical language to be considered for approval. Completed forms must be turned in to any member of the Disability Board or the clerk/secretary, who will then present the claim to the board at the next regular meeting of the board.

The board, at its discretion, may require an applicant to appear before the board to present and clarify his/her claim. All medical claims must be submitted by a member to the board within 180 days of their receipt of the original billing. Billings submitted after this period of time will not be approved by the board. RCW 41.26, except in extenuating circumstances, payment for medical services is the responsibility of the claimant. Late charges or finance charges are not the responsibility of the board or employer.

MEDICAL SERVICES:

INCLUSIONS AND EXCLUSIONS. The purpose of this section is to establish uniform methods for the administration of conventional and necessary medical service benefits to eligible Law Enforcement officer and Fire Fighters and those retired subsequent to March 1970 as set forth by RCW 41.26.150, and as further defined by RCW 41.26.030. Conventional and necessary medical services for RCW 41.18 disability retirees will be provided as by that legislation.

DRUGS AND MEDICINES:

Only conventional drugs and medicines prescribed by a physician in accordance with RCW 41.26.030 will be approved. Claims for prescription drugs must include copies of the co-pay receipt.

Item	Frequency	Reimbursement
Glasses & Contact Lenses	1 every two years (unless prescription change)	$500 max (excl. eye exam)
Preventable Care – Dental	Exam/x-rays/cleaning	$500 max per year
Chiropractic	15 visits annually	None specified
Hearing Aids	Every 3 years	$6,500 max every 3 years (not including batteries)
Psychological Counseling	10 visits within 12-month period	$600 within 12 months

GLASSES AND CONTACT LENSES:

Glasses or contacts shall be obtained upon a prescription of an ophthalmologist or optometrist licensed under the provisions of RCW 18.53. The purchase of one (1) pair of glasses or contacts every two years, per member, will be approved unless a prescription requires a change, or eyewear is lost or broken. No glasses or contact lenses shall be provided for cosmetic purposes. The current maximum allowance for eyewear is $500.00 excluding the actual eye exam.

DENTAL:

Dental claims incurred by a member who sustains an accidental injury to his/her teeth and who commence treatment by a legally licensed dentist within ninety days after the accident will be approved for payment. Specifics of the accident need to be provided in the claim, in order to be considered for coverage. Other claims involving dental service work will be considered on a case by case basis dependent upon the medical necessity of the service provided. Based on the parameters of the existing and relevant RCW's, coverage of preventable dental care, including exam, x-rays and teeth cleaning shall be covered up to $500.00 per year.

CHIROPRACTIC COVERAGE:

All members are allowed 15 visits annually to the chiropractor for treatment. Upon reaching the fifteenth visit, the member will make an appointment with the board's medical physician for a checkup and review of his/her condition. The board will determine whether continued chiropractic visits constitute a medical necessity based on the board's medical physician's report. If it's determined by the board that the treatments are not medically necessary, continued visits would become the responsibility of the member to pay.

HEARING AIDS:

Hearing aids purchased or prescribed by an audiologist, licensed under RCW 18.71, shall be approved at a maximum of $6,500 every three (3) years. The cost of replacement batteries shall also be covered.

PROSTHESIS:

Approval would be on a case by case basis and most likely would be covered with physician documentation stating medical necessity.

DRUG AND ALCOHOL TREATMENT:

The board will approve costs of an alcoholism and/or drug treatment facility and/or detoxification center licensed by the State of Washington under the following conditions:

- That the member's regular health care provider recommends such treatment and submits a written statement to the Board.
- The treatment facility or detoxification center provides the board with a written treatment plan including a recommendation as to the required length of time that the member remain in the alcohol or drug treatment program at such treatment facility or detoxification center withing five (5) business days of the member's admission to such program
- The member remains in the alcohol or drug treatment program for the recommended required length of time and the treatment facility provides a written statement to that effect. Should the member leave the alcohol or drug treatment program against medical advice or before the recommended required length of treatment, the board will approve only a pro-rated share of the costs of such a program.

PSYCHOLOGICAL COUNSELING:

Members are allowed treatment by a psychologist or psychiatrist licensed by the State of Washington until such time as the member has accumulated 10 visits or $600.00 in billings within a 12 month period. Any psychological or psychiatric costs or course of treatment in excess of these limits shall be reviewed and approved by the board before further costs are incurred.

MANDATORY VS. ELECTIVE SURGERIES:

All claims for elective surgeries shall comply with RCW 41.26.150(2). The claims will be approved as to medical necessity; however, the amounts payable may vary in accordance with the member's insurance policy.

RETIREE STATUS:

It is the responsibility of the retiree to keep the board informed of their current medical coverage and of their current mailing address.

CLAIM REVIW AND APPROVAL:

Board members shall not sign their own medical claim submittals in the approval process.

Adopted this _____ day of _____, 2024.

_____ _____

Board Chair Board Member

Board Member

Board Member

Board Member