



LEOFF-1 Disability Board Policies & Procedures

Obtaining or Submitting Information to the City of Lynnwood LEOFF-1 Disability Board

Information may be obtained or submitted by mail to:

City of Lynnwood
Attn: LEOFF-1 Disability Board
19100 44th Ave W
Lynnwood, WA 98036

Phone Inquiries:

LEOFF-1 Disability Board Secretary – 425-670-5084
Main: 425-670-5000
Fax: 425-670-8722

E-mail:

leoff1@lynnwoodwa.gov

Website Address:

<https://www.lynnwoodwa.gov/Government/Boards-and-Commissions/LEOFF-1-Disability-Board>

Fire Insurance Contact Information

Medical & Rx	Medicare HMA	800-869-7093
Dental	Delta Dental	800-554-1907
Vision	HMA	800-869-7093

Police Insurance Contact Information

Medical, Rx, & Vision	Medicare Regence MedAdvantage	800-541-8981
Dental	LEOFF-1 Disability Board	425-670-5084

Section I

The Board

1.01 Membership (per RCW 41.26.110 a)

The Board shall consist of five (5) members, as follows:

- A. Two (2) members of the City legislative body to be appointed by the Mayor.
- B. One (1) firefighter retired from the City or the South Snohomish County Regional Fire Authority (SSCRFA) to be elected by the firefighters retired from the City or the SSCRFA who are subject to the jurisdiction of the Board. Only those retired firefighters who are subject to the jurisdiction of the Board have the right to elect under this selection. All firefighters retired from the City or the SSCRFA are eligible for election. Elections for firefighter representative will be in even numbered years.
Revised 4-11-2023
- C. One (1) police officer retired from the City to be elected by the police officers retired from the City who are subject to the jurisdiction of the Board. Only those retired police officers that are subject to the jurisdiction of the Board have the right to elect under this selection. All police officers retired from the City are eligible for election. Elections for police officer representative will be in odd numbered years.
- D. One (1) member from the public at large who resides within the City to be appointed by the other four (4) duly appointed and elected members.

1.02 Terms

Each member shall serve a two (2) year term. The City legislative members shall serve alternate terms, as will the police and fire representatives.

1.03 Vacancy

If a vacancy occurs in the membership, a successor will be elected or appointed in the same manner as the original election or appointment and shall serve the unexpired term.

1.04 Meetings

The regular monthly meetings of the Board are held at 9:00 AM on the second Tuesday of each month in the Lynnwood City Hall Conference Room 4, or in such other meeting room as shall be advertised (including virtual). If the regular meeting falls on a holiday, the meeting is moved to the following Tuesday.

Special meetings shall be held at any time upon the call of the Chairperson. Advanced written notice including the date, time, and location of the meeting shall be given to each member of the Disability Board. Notice shall otherwise be in compliance with applicable laws governing meeting notice. No subjects other than those specified shall be considered except upon the unanimous consent of all members present at the meeting.

The Board generally conducts its meetings in an informal and professional atmosphere, insofar as such is allowed by law. Provisions of the Open Public Meetings Act (RCW 42.30) apply to all meetings of the Board. Meetings will be open to the public with the exception of discussions relating to litigation, potential litigation, medical issues, or sensitive personnel matters; such discussions will be held in closed executive sessions pursuant to RCW 42.30.110. The Chairperson will state the purpose and expected timeframe of the executive session. Persons other than Board members may attend the executive session at the invitation of the Board. Final action will not be held in executive session and any motions must occur in open session.

1.05 Elections

At the first (1st) meeting of each year, the members shall elect from among the members, a member to serve as Chairperson and a member to serve as Vice Chairperson. The seats of Chairperson and Vice Chairperson must be occupied by the Police member and Fire member, one in each position.

- A. The election of a LEOFF-1 firefighter representative shall be by secret ballot of all LEOFF-1 firefighter personnel and shall be held during the month of December of every even numbered year. The election of the LEOFF-1 law enforcement officer shall be by secret ballot of all retired LEOFF-1 law enforcement personnel and shall be held in December of every odd numbered year. The name of the elected LEOFF law enforcement officer or firefighter member shall be noted in the minutes of the next regular meeting of the Board subsequent to the election, along with the term for which elected. Each member will hold office for a period of two (2) years, or as soon thereafter as a successor is elected.
- B. Procedure for election by secret ballot shall be as follows:
 - 1. In October of each year, the Secretary of the LEOFF-1 Disability Board shall prepare and mail forms for nomination of law enforcement or firefighter representative to each LEOFF-1 law enforcement officer or firefighter at their last address of record. Any LEOFF-1 member wishing to run for representative must nominate themselves on the form provided by the Secretary. Only those LEOFF-1 members nominating themselves will be placed on the election ballot. LEOFF-2 members may serve on the Board, but they must be nominated by a LEOFF-1 member. The LEOFF-2 member must agree to the nomination.
 - 2. After the November meeting, and upon receipt of nominations, the Secretary shall prepare ballot packages which shall contain: a) ballot, b) self-address envelope for returning the ballot, c) a letter sized envelope with no markings on it in which the marked ballot is to be enclosed, and d) an information sheet explaining who is running for the position and the deadline date by which the ballots must be received by the Secretary.
 - 3. The time between the mailing out of the ballot packets and the deadline for receipt by the Secretary will in no case be less than seven (7) but no more than ten (10) business days as determined by the Chairperson.
 - 4. All returned ballots must be received by the Secretary through the U.S. mail (by the designated deadline), in person or inter-office mail.

5. The Secretary shall be custodian of all returned ballots and shall keep them in a safe place and assure that they remain unopened until authorized, in a locked box.
6. The ballots shall be opened by the Secretary. The results will be announced after the three (3) day protest period. Notification of the election results will be sent to the LEOFF-1 members.
7. In the event that there are three (3) or more individuals running for representative and one of the individuals does not receive a simple majority of those voting, a run-off election shall be scheduled between the two individuals receiving the highest vote totals utilizing the same process outlined above.
8. All ballots shall be retained by the Secretary for one (1) year. After a one-year period, the Secretary shall prepare the ballots for destruction as authorized by the State of Washington General Records Retention Schedule & Destruction Authorization.
9. Any discrepancies regarding the election process shall be submitted in writing to the Secretary of the LEOFF-1 Disability Board within three (3) calendar days following the deadline date.
10. Candidates-elect shall take office at the regularly scheduled meeting in January.
11. In the event that there is only one person nominated for police or fire representative, balloting will not be required, and the individual will be considered elected.

1.06 Absence of Members

In the case of absence or inability of the Chairperson to act, the Vice Chairperson shall perform the duties and exercise the powers of the Chairperson. Each Board member is expected to notify the Chairperson or the Secretary prior to a scheduled meeting if that member will not be able to attend that meeting. Notice will serve to establish the absence as excused. An excused absence shall be construed as illness, work, vacation, or a family emergency. Three (3) unexcused absences in a period of one (1) year shall be cause for review and possible removal from the Board by a majority vote of the Board. All attendance at meetings will either be in person or telephonically and shall be recorded in the minutes of the meeting.

1.07 Voting

Each member shall have one (1) vote, which must be cast by that member in person or telephonically.

If any person(s) on the Board concludes that they have a conflict of interest or an appearance of fairness problem with respect to a matter pending before the Board so that they cannot discharge their duties, they shall disqualify themselves from participating in the deliberations and the decision-making process with respect to the matter.

1.08 Board Powers

The Board shall have the powers granted by the state legislature or necessarily implied from such grant of powers in Chapter 41.26, Revised Code of Washington, as those chapters now exist or may hereafter be amended and per Washington Administrative Code 415-105 as now exist or may hereafter be amended.

1.09 Quorum

A quorum is a simple majority and shall have the authority to conduct all business of the Board.

1.10 Disability Board Officers

- A. The elective officers of the board shall consist of a Chairperson, and a Chairperson Pro Tempore. The Human Resources Director shall select the Secretary and the Assistant Secretary to the Board.
- B. Nomination and election of officers shall be made at the regular meeting in January of each year.
- C. The elective officers shall take office at the regular meeting in January and shall serve for a term of one (1) year.
- D. Board members shall serve a two-year term. In the event of a vacancy, a successor shall be appointed or elected in the same manner as with an original appointment or election to serve the remainder of the unexpired term or to begin a new term.
- E. Duties of Officers:
 - 1. Chairperson - The Chairperson shall preside at all meetings and public and/or disability hearings of the Disability Board and call special meetings. The Chairperson shall have the privilege of discussing all matters before the Board except where to do so would constitute a conflict of interest. The Chairperson shall have all the duties normally conferred by parliamentary procedures on such officers and shall perform such other duties as may be requested by the Disability Board.
 - 2. Vice Chairperson - The Vice Chairperson shall assume the duties and powers of the Chairperson in their absence. If the Chairperson and the Vice Chairperson are both absent, the Disability Board members may elect a temporary Chairperson by a majority vote of those present at a regular or special meeting, who shall assume the duties and powers of the Chairperson and Vice Chairperson during their absence.
 - 3. Secretary - The Secretary shall keep the minutes of all regular and special meetings of the Disability Board; the Board shall approve such minutes and copies shall be distributed to all members of the Board. The Secretary shall give notice of all regular and special meetings to the Board members and post all

notices of adjournment or continuance of meetings and public and/or disability hearings; shall prepare the agenda of regular and special meetings; shall serve proper and legal notice of all public and/or disability hearings; and shall draft and sign routine correspondence of the Board, and prepare the LEOFF- Disability Board approved claims for payment according to the policies and procedures established by the City of Lynnwood Administrative Services Department. The Secretary shall maintain a file of all rules, findings, orders, recommendations, and all other official records of the Disability Board.

4. Assistant Secretary - The duties of the Assistant Secretary shall be as outlined in the duties of the Secretary to be performed in the absence of the Secretary.

1.11 Agenda and Order of Business

An agenda shall be prepared by the Secretary under the direction of the Chairperson and distributed to the members prior to each regular monthly meeting. "Robert's Rules of Order" shall guide the Board where these policies or State Law does not otherwise govern the proceedings.

1.12 Minutes

The Secretary shall take and prepare the official minutes of the City of Lynnwood Disability Board containing the actions of the Board and a summary account of the proceedings. A record of the Board members present and absent shall be entered, and a record of action authorized by the Board. The minutes shall be signed by the Secretary and the Chairperson and placed on record after approval by the Board.

1.13 Delegation of Authority to Secretary

The City of Lynnwood Disability Board delegates to the Secretary of the Board the authority to instigate investigative activities, including gathering facts regarding matters within the scope of the Board's authority. These matters include, but are not limited to, pensions, and medical expenses.

1.14 Medical Records Disclosure

Subsection removed for the good of the cause – 5-2018

1.15 Reasonable Accommodation

The Board will reasonably accommodate qualified members who, because of sensory, mental or physical disability, need assistance beyond the level of assistance ordinarily provided by the Board Secretary with regard to the processing of necessary medical service benefits. The member's request for a reasonable accommodation is to be made in a timely fashion to the Board Secretary, who will take it to the Board to determine the accommodation, if any, to be made. Once a reasonable accommodation is made, the Board Secretary may periodically review the accommodation in order to address effectiveness and to implement any necessary changes. If the Board Secretary declines to grant accommodation, or the member disagrees with the accommodation made, the member may renew his or her request for accommodation by making a written request to the Board Secretary to schedule the matter for review by the Board. The Board will

determine if the matter should be reviewed and, in the event it elects to review, make the final determination regarding accommodation.

1.16 Legal Counsel

The Legal Advisor shall coordinate legal assistance to the Disability Board. The Legal Advisor will be the City Attorney. If conflict of interest occurs, the Board may request from the Administration outside council, including the State LEOFF-1 Attorney. The Legal Advisor shall:

- A. Attend all regular and special meetings of the Disability Board as needed.
- B. Provide legal advice to the Disability Board.

1.17 Board Member Training

All Board Members must complete the following training within their first month of sitting on the Board.

Trainings include:

- A. Advisory Body Member Training
 - 1. This includes:
 - a. Role of the Advisory Board Member
 - b. Code of Ethics
 - c. Roberts Rules of Order/Parliamentary procedures
 - d. Open Public Meetings Act
 - e. Public Records Act
 - f. Use of E-mail
- B. HIPAA Training

Section II

Definitions

2.01 Medical Advisor(s)/Board Doctor

Subsection removed for the good of the cause – May 2018

A contracted service as requested by the Board for medical professional review of a Member's claim.

2.02 Medical Care Provider

"Medical Care Provider" to take the place of the following language in this handbook: "doctor", "physician", or "nurse practitioner". **Added 07-14-2020**

Section III

Falsification

3.01 Record or Statement Falsification

All applications and other documents filed in conjunction with disability leave or disability retirement must be accurate and truthful.

RCW 41.26.062 provides as follows:

“Any employer, member or beneficiary who shall knowingly make false statements or falsify or permit to be falsified any record or records of the retirement system, shall be guilty of a felony.”

Section IV

Medical Services

4.01 Medical Services Provided

Whenever any member requires medical services, the employer (the City or the South Snohomish County Regional Fire Authority), subject to approval by the Disability Board, shall pay for such services.

Only those medical services, which are deemed necessary, shall be approved, unless the Board finds the condition, which has caused the need for such medical service, was caused or brought on by dissipation or abuse. Determinations of dissipation or abuse and the necessity of such medical services shall be determined by the Board after considering the medical evaluation of the Board's medical advisor together with any other relevant evidence. Applications to the Board for medical services shall be approved prior to receipt of services except in extraordinary circumstances. Medical services payable shall be reduced by any amount received or eligible to be received under Workers' Compensation, Medicare, insurance provided by another employer, other pension plan, or other similar sources. In the event any such alternative source of payment is available, it shall be incumbent upon the requesting member to apprise the Board of such source, if known to the member, and failure to do so may result in the loss of medical benefits. It shall be the policy of the Board to seek repayment from other sources.

NOTE: Medical services payable by insurance provided by an employer pursuant to RCW 41.26.150 shall not be subject to approval by the Board.

4.02 Medical Services – General Guidelines

- A. Where deemed necessary, the local Disability Board may approve payment for any medical services, which constitute preventative as opposed to curative services. Preventative services are those which are meant to prevent future occurrence of an illness injury or disabling condition, as opposed to curative services meant to restore health, cure or correct an existing condition.
- B. The Board will not consider any service of a cosmetic nature unless it meets necessary medical criteria.
- C. In the event the member has obtained medical services without obtaining prior approval, the Board may authorize payment upon filing of such claim by the applicant.
- D. The Board will pay one hundred percent of billed charges for routine dental care not to exceed two thousand five hundred dollars (\$2,500). One mandatory cleaning per calendar year is required for members. Special claims will be on a case-by-case basis. Members are allowed to carry funds over year to year with a maximum amount of five thousand dollars (\$5,000). **Revised 06-11-2019**

- E. The Board may presume that each individual who has attained the age sixty-five (65) is eligible for Medicare and will not authorize payment for necessary medical services where Medicare meets such expenses, pursuant to RCW 41.26.150. Where the expense of necessary medical services exceeds that which is paid by Medicare, the Board may authorize the payment of the excess.
- F. Members possessing insurance benefits covering the expense of necessary medical services which would otherwise be the obligation of the employer shall first present the claim to the appropriate insurance carrier and only thereafter make claim to the Board for those costs which are not paid by the insurer.
- G. Upon making payment for authorized medical services, the employer shall be subrogated to all rights of the member against any third party who may be held liable for the member's injuries or for the payment of the costs of medical services in connection with a member's sickness or disability. Such subrogation shall be to the extent necessary to recover payments made by the employer.

4.03 Medical Services – Defined

Medical Services for persons who establish membership in the retirement system on or before September 30, 1977, shall include the following as minimum services to be provided. Reasonable charges for these services shall be paid in accordance with RCW 41.26.150.

- A. Hospital expenses are the charges made by a hospital, on its own behalf, for; Board and room not to exceed semi-private room rate unless private room is required by the attending physician due to the condition of the patient. Necessary hospital services, other than board and room, furnished by the hospital.
- B. Other medical expenses, provided that they have not been considered hospital expenses.

The fees of the following:

- 1. A physician or surgeon licensed under the provisions of RCW 18.71.
- 2. An osteopath licensed under the provisions of RCW 18.51.
- 3. A chiropractor licensed under the provisions of RCW 18.25.
- 4. 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.

The charges for the following medical services and supplies as provided in RCW 41.26.030 [22iii]:

- 1. Drugs and medicines upon a physician's prescription.
- 2. Diagnostic x-ray and laboratory examinations.

3. X-ray, radium, and radioactive isotopes therapy.
4. Anesthesia and oxygen.
5. Rental of durable medical and surgical equipment.
6. Artificial limbs and eyes, and casts, splints, and trusses.
7. Professional emergency medical transportation service when used to transport the member to or from a hospital when he/she is injured by an accident or stricken by a disease as prescribed by attending physician. **Revised 1-11-2022**
8. Dental charges incurred by a member who sustains an accidental injury to his/her teeth and who commences treatment by a legally licensed dentist within ninety (90) days after the accident.
9. Nursing home confinement or hospital care extended facility.
10. Physical therapy by a registered physical therapist.
11. Blood transfusions, including the cost of blood and blood plasma not replaced by voluntary donors.
12. An optometrist licensed under the provisions of RCW 18.53.

(This entire section as provided in RCW 41.26.030[22iii].)

Section V

LEOFF Board Claim Procedures

5.01 Timeliness of Bills

Bills should be submitted in a timely manner and no later than one year from the date of service. On a case-by-case basis, the Board may consider bills beyond this date due to extenuating circumstances beyond the member's control. In such circumstances, the member must provide a written explanation for the delay.

5.02 Coordination with Medicare and Other Insurance Coverage

It is the member's responsibility to ensure that medical bills are processed through their correct primary insurance provider and to follow the requirements of their primary insurance provider.

For Fire Members:

1. The Disability Board and South County Fire have enrolled eligible members in Medicare and a Medicare Supplemental plan. When the member submits their billing, they must submit it through Medicare first, then the supplemental plan second. If, after both submittals, there is an outstanding balance, submit the claim to the Disability Board.
2. Medical, Prescription, and Vision supplemental coverage are all provided by Healthcare Management Administrators (HMA) group number 020353.
3. Dental Supplemental coverage is provided by Delta Dental of Washington group number 00665.

For Police Members:

1. The Disability Board has enrolled eligible members in Medicare and a Medicare Supplemental plan. When the member submits their billing, they must submit it through Medicare first, then the supplemental plan second. If, after both submittals, there is an outstanding balance, submit the claim to the Disability Board.
2. Medical, Prescription, and Vision supplemental coverage are all provided by Regence MedAdvantage.
3. Dental claims should be submitted directly to the Disability Board.

Group Plan and contact information for providers can be found on the second page of the Policies and Procedures Handbook.

5.03 Medical Claim Procedure

- A. All medical expenses incurred and claimed for reimbursement by the member will be submitted through the member's health insurance provider(s) **BEFORE** the claim is

sent to the Board for approval. The medical expense claim submitted for reimbursement is to be that portion NOT covered by the existing health insurance provider(s).

1. The Board may presume that each individual who has attained the age of sixty-five (65) is eligible for Medicare and will not authorize payment for necessary medical services where such expenses are met by Medicare, pursuant to RCW 41.26.150. It is each member's responsibility to obtain Medicare insurance. **All eligible retirees shall be required to purchase Plan B social security benefit.** The members will be reimbursed for premiums upon proof of payment. This will be done in the same method under which claims are processed. Claims may be processed monthly, quarterly or annually, whichever the member chooses.
 2. Where the expense of necessary medical services exceeds that which is paid by Medicare, the Board will authorize the payment of any balance, which may exist after coordination of benefits with the provided medical insurance carrier.
- B. Process all medical expenses through the appropriate insurance carriers. Elective medical procedures, surgery and/or appliances/supplies may not be covered by the health insurance provided by the employer or authorized by the Board. These expenses shall be presented to the Board for preapproval. **Revised 3-14-2017**
- C. If the medical expense is not covered by insurance, a claim can be submitted to the LEOFF Board for payment. The burden is upon the claimant to establish necessity of a provided medical service and the reasonableness of the service charge in order for the Board to consider the claim for payment.
- D. Submit all explanation of benefits insurance documentation forms showing the amount they paid and/or rejected and any physician documentation necessary to support the claim to the Board Secretary.
- E. Claims must be submitted in a timely fashion and in no case will payment be authorized for claims one year after receipt of the insurance explanation of benefits from the City's insurance carrier. Medication claims shall be submitted no later than one year from date of prescription. **Revised 2-14-2017 / Revised 2-24-2017**

Additionally, the following must be attached:

1. Detailed provider statement including back up documentation.
2. Insurance rejection notice also known as explanation of benefit.
3. Pharmacy record slips and receipts.

The Board will approve claims submitted through physicians that are in-network for the City's insurance carriers or who accept Medicare. It is the employee's responsibility to make sure the doctor belongs to the City's insurance carrier. This can be confirmed either by checking the list of member physicians for the insurance carrier, or by asking the doctor's office before making the appointment.

Members unable to obtain services from in-network providers shall exercise due diligence to ensure there are no in-network providers in their area prior to obtaining services from out-of-network providers. The member shall then submit the claim to the disability board for payment.

In case of an emergency, the Board will normally pay charges for an emergency situation. **Revised 2-14-2017 / Revised 2- 24-2017 / Revised 4-11-2023**

Claims for all necessary medical expenses not covered by insurance will be paid directly to the provider unless the member presents proof of payment to the Board.

- F. If the LEOFF Board approves the claim for payment, the claim will be processed according to established Administrative Services Department policies and procedures.
- G. Only completed claims shall be forwarded to the Board for consideration of payment. Only those medical services, which are deemed necessary, shall be approved, unless the Board finds the condition, which has caused the need for such medical service, was caused or brought on by dissipation or abuse. Determinations of dissipation or abuse and the necessity of such medical services shall be determined by the Board after considering the medical evaluation of the Board's medical advisor together with any other relevant evidence.
- H. Upon making payment for authorized medical services, the employer shall be subrogated to all rights of the member against any third party who may be held liable for the member's injuries or for the payment of the costs of medical services in connection with a member's sickness or disability. Such subrogation shall be to the extent necessary to recover payments made by the employer.
- I. The Board Secretary is authorized to approve members claims for \$50 and under at their discretion. The Board signatures are waived for this action. **Revised 9-11-2018**

5.04 Medical Claims for Corrective Lenses

The Board will approve payment of the expense of eyeglasses prescribed by an ophthalmologist or optometrist as follows:

- A. One (1) eye examination per year.
- B. One (1) initial set of frames with new frames available every two (2) years.
- C. Lenses by prescription for that examination year.
- D. The Board will pay a maximum of \$400.00 per year plus any deductibles not covered by insurance. **Revised 11-13-2012 / Revised 2-14-2017 / Revised 4-11-2023**

5.05 Medical Claims for Dental

The Board shall pay up to \$2,500.00 per calendar year, with a (yearly roll-over of unused balance up to \$5,000.00) which shall include one yearly visit. **Revised 6-11-2019**

5.06 Medical Claims for Hearing Aids

The Board shall pay actual costs, up to \$2,600 per ear for hearing aids every five years, when prescribed by a state licensed audiologist or an M.D. Requests for hearing aids prior to the five-year limit, will be on case-by-case basis.

- A. \$100 will be allowed towards a handheld remote control.
- B. Damage due to negligence is the responsibility of the member.
- C. The Board shall pay for the cost of replacement hearing aid batteries.

Revised 6-26-2018

5.07 Medical Claims for Long Term Medical Care

All charges must be submitted to any other insurance prior to submission to the Board. All requests for long-term care nursing assistance shall be submitted to the LEOFF Disability Board for approval.

Charges for services associated with long-term care must be substantiated by a physician's report of medical necessity. The Disability Board has a right to request additional examinations by the Board's doctor in order to obtain needed information regarding any request for payment for services.

To qualify for **nursing home, assisted or home health care** benefits for a nursing home, assisted or home health care, one must show care is required due to the following:

- A. Being unable to perform, without substantial assistance from another individual, at least two activities of daily living for a period of at least ninety (90) days due to a loss of functional capacity. The activities of daily living (ADL's) are eating, dressing, bathing, toileting, transferring, continence and eating. (See Unum contract page 31 for specific definitions)
- B. Requiring substantial supervision to protect you from threats to health and safety due to severe cognitive impairment. Cognitive impairment is defined as a deficiency in your short or long-term memory, orientation as to person, place and time, deductive or abstract reasoning, or judgment as it relates to safety awareness.

AUTHORIZE MONTHLY BENEFIT

After initial review by the Disability Board's selected physician, and after initial Board approval of a request, the monthly benefit for a:

- A. **Nursing Home** care shall be based upon the average of the cost of three nursing facilities in the Snohomish County geographic area for twenty-four hour a day

restorative in nature with twenty-four hour physician/nursing care in a semi-private room as private pay.

B. **Assisted Living** shall be treated upon the average of the cost of three assisted living facilities in Snohomish County geographic or twenty-four hour a day in a studio apartment or semi-private room as private pay.

1. Only services provided by bonded and licensed facilities will be considered for approval.
2. The Board shall only reimburse for services rendered; the Board will not make advanced payment for any charges.
3. Itemized statements or billings shall be submitted with the reimbursement request. Payment by other insurance coverages, including Medicare and private nursing home insurances, are primary to this policy.
4. In-home services not covered are those of custodial or housekeeping nature such as house cleaning, laundry services, cooking, recreational companionship, and other homemaker tasks.
5. The amount paid for nursing home confinement or confinement in a hospital extended care facility will not include non-medical charges such as hair care, personal toiletries and sundries, bed holds and recreational events.
6. All explanations of benefits, insurance documentation forms showing the amount paid and/or rejected and any physician documentation necessary to support the claim must be attached.
7. Before any skilled nursing facility charges may be reimbursed, the Board must be provided with a letter from the member's attending physician stating medical necessity for an estimated duration of skilled nursing facility care. The question of medical necessity for skilled nursing facility care may be subject to annual, or more frequent, review by the Board, at the Board's discretion.

5.08 Psychiatric Care/Psychologist Care (Limited to Contract Benefits)

Members must receive prior Board approval before exceeding the defined benefit. The Board may require a written treatment plan from the provider or request additional information as needed. The Board may also seek a second opinion conducted by a Board appointed physician.

5.09 Counseling – Family, Substance Abuse, Individual

Members must receive prior approval of the Board before exceeding the defined benefit. The Board may require a written treatment plan from the provider or request any additional information as needed. The Board may also seek a second opinion by Board appointed physician. Refer to Regence Blue Shield or Group Health plan for defined benefit.

5.10 Chiropractic Care – (Limited to Contract Benefits)

Members must receive prior approval by the Board before exceeding the defined benefit. The Board may require a written treatment plan from the provider or request additional information as needed. The Board may also seek a second opinion conducted by a Board appointed physician.

5.11 Exercise and Fitness Programs

The Board encourages and supports physical fitness for members. However, physical fitness is considered the responsibility of the individual member. Members enrolling in exercise programs, physical fitness clubs and/or health spas are advised the Board considers these programs as elective on the part of the member and not medically necessary.

5.12 Preventative Care

A. Routine Annual Physical Examination

Routine annual physical examinations are authorized for members. Expenses for an annual physical shall not exceed \$350.00 per year. **Any additional procedures prescribed by the physician shall also be paid.**

B. Vaccinations and Immunizations

Members are authorized one annual flu vaccination. All other vaccinations shall be authorized when prescribed by a physician.

5.13 Rejected Claims

The Board shall act promptly on all claims. The secretary shall advise the member in writing, if a claim is rejected with the reason for rejection.

5.14 Filing Appeal in Cases Involving Claims for Medical Services

Any person feeling aggrieved by any denial of payment of a claim for medical services by the Board shall have the right to request the Board to reconsider its decision and the Board may grant or deny such request at its discretion. A request for reconsideration must be filed with the Board Secretary within thirty (30) days following the denial of the claim by the Board. The Board will set a date and time for reconsideration at which time the member may present such evidence deemed relevant. If the Board sustains the denial of the claim, the member has the right of judicial review.

5.15 Medical Claims for Services Where Insurance Benefits Have Been Expended

When insurance benefits have been exhausted or treatment is not covered by insurance, the Board may require a written report from the member's physician requesting a diagnosis, prognosis, and recommended treatment for the medical problem. The Board

may refer the member to the Board doctor for his opinion regarding the member's physician diagnosis, prognosis, and recommended treatment for the medical problem.

5.16 Medical Claims for Services Where Treatment is Not Covered By Insurance

When insurance does not cover treatment, the member must request prior approval from the Board before treatment. Failure to do so may cause the claim to be denied.

5.17 Medical Claims for Board Required Examinations/Re-Examinations

Upon receipt of proper documentation for medical claims for Board required re-examinations, the Board shall authorize the Secretary to institute the process to pay the bill to the provider according to established Administrative Services Department policies and procedures.

Section VI

Adoption and Review

6.01 Biennial Review

Policies and procedures shall be reviewed in odd years in January to assure that:

- A. Provisions remain in compliance with RCW 41.26 and WAC
- B. Dollar amounts specified in schedules of benefits reflect current average charges in the local area.
- C. Provisions herein reflect current philosophy and intent of the Board.

6.02 Severability Clause

The LEOFF Board Policies and Procedures are declared to be separate and severable. The invalidity of any clause, sentence, paragraph, subdivision, section or portion of these policies, or the invalidity of the application thereof to any person a circumstance shall not affect the validity of the remainder of these policies, or the validity of its application to other persons or circumstances.

Section VII

HIPAA Policies and Procedures

7.01 General Use and Disclosure

Protected Health Information (PHI) will be used or disclosed only upon authorization by the individual who is the subject of the information (or personal representative), unless state law requires, or federal law requires or permits disclosure.

7.02 Authorizations

A. Core Elements. Authorizations shall contain the following core elements:

1. A specific and meaningful description of the information to be used or disclosed.
2. The name or other specific identification of the person or class of persons authorized to make the requested use or disclosure of the information.
3. The name or other specific identification of the person or class of persons to whom the use or disclosure can be made.
4. A description of each purpose of the requested disclosure. (The statement “at the request of the individual” is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.).
5. An expiration date or event that relates to the individual or the purpose of the use or disclosure, such as a specific date (e.g., January 1, 2004); a specific time period (e.g., one year from date of signature), or an event directly relevant to the individual or the purpose for disclosure (e.g., 60 days following discharge from the facility).
6. Signature of the individual and the date of the signature. If an individual’s personal representative signs the authorization, the authority to act for the individual must also be documented on the form.

B. Required Statements. In addition to the required elements, the authorization form must contain statements that inform the individual of the following:

1. The individual’s right to revoke the authorization, the exceptions to the right to revoke, and a statement that the individual may revoke the authorization by signing a revocation statement that becomes a permanent part of the record.
2. The ability or inability to condition treatment, payment or enrollment on the authorization; and
3. The potential for information to be subject to redisclosure by the recipient and no longer protected by federal law.

- C. Documentation. An authorization must be retained for at least six years from the date of its creation or the date when it was last in effect, whichever is later.
- D. Photocopy/Facsimile Authorizations. An original authorization form is preferred for disclosure of individually identifiable health information; however, a clear and legible photocopy/facsimile is acceptable.

7.03 Personal Representative

- A. This Board will treat an individual who qualifies under Washington State law as a Personal Representative as the individual member in regard to how PHI is used and disclosed.
- B. PHI will not be disclosed to family members, relatives, close friends, or other individuals unless those persons are directly assisting in the care of the member, in which case careful discretion will be used in any such disclosure.

7.04 Identity Verification

No PHI shall be disclosed without verifying the identity of the person requesting the information if the person requesting is not known to staff fulfilling the request. Examples of verification include provision of a provider identification number, a telephone number for call back, identification badge, driver's license, etc. The means of identification will be documented in the medical record.

7.05 Minimum Necessary

The Board shall make reasonable efforts to use, disclose or request only the minimum PHI necessary to accomplish the intended purpose of the use, disclosure or request.

7.06 Notice of Privacy Practices

- A. The Secretary will provide all members with the Board's Notice of Privacy Practices.
- B. The Secretary will provide all members a revised Notice of Privacy Practices within 60 days of any material revision to the Notice.
- C. The Secretary must notify members of the availability of the Notice and how to obtain the Notice at least every three years.

7.07 Restricted Use of Disclosure

- A. Members may request restricted disclosure in writing.
- B. Such requests will be honored to the extent that they do not interfere with treatment, payment or health care operations, or are not otherwise required for release by federal regulation or state law.
- C. If it becomes necessary to terminate any such agreement, the Secretary will provide reasons why the restriction will no longer be honored in writing.

7.08 Alternate Communications

Reasonable requests for alternate means of communication or the use of alternate locations of contact will be honored. The requests must be made in writing.

7.09 Member Access to Records

- A. With few exceptions members' requests to access their medical records will be honored. Requests must be made in writing, dated and signed.
- B. The member may be charged a fee plus postage pursuant to the rates for Public Records Requests.
- C. An appointment to view or to receive copies of medical records will be accommodated within 15 days of initial request.
- D. Access may be denied if a licensed health care professional determines that the access requested is reasonably likely to endanger the life or physical safety of the member or another person.

7.10 Amendment of Member Records

- A. Requests to amend records created by the Board must be in writing (dated, signed letter), and will become a permanent part of the medical record of the member.
- B. All amendment requests will be approved or denied in writing within 60 days.
- C. Note of denial to amend records will be kept in the member's medical record.
- D. The Board will reasonably comply with a request by another HIPAA-covered entity to amend that covered entity's record or copy of such record in the Board's possession.

7.11 Accounting of Disclosures.

- A. A member may request, in writing, an accounting of disclosures of his or her protected health information, not including disclosures for purposes of treatment, payment or health care operations. Disclosures to business associates must be included in the accounting.
- B. Members may request an accounting of disclosures that were made up to six years prior to the date of request but no earlier than April 14, 2004.
- C. One such report per year will be provided without charge. Notation of requests of report of non-routine disclosures will be kept in the member's medical record.

7.12 Authorization for Release of Information

- A. Many LEOFF-1 Disability Board Members have allowed authorized personnel including family members (spouses/domestic partners and children) to contact the LEOFF-1 Disability Board on their behalf. To ensure the protection of member's

private health information, the Board has created the “LEOFF-1 Disability Board Authorization for Release of Information Form”. This form allows members to designate a person(s) to submit questions or claims and request documentation or information from the Board on the member’s behalf.

- B. The member is responsible for maintaining the status of their designated person(s). Members can add or remove a person(s) from their authorized list at any time by submitting an updated “LEOFF-1 Disability Board Authorization for Release of Information Form”. The form can be requested from the Board Secretary and can be accessed on the City of Lynnwood’s LEOFF-1 Disability Board webpage. If the member does not provide an authorized person(s) by way of not submitting the form or not completing the form, then no person(s) will have rights to the member’s private health information. **Section 7.12 “Authorization for Release of Information” Added 1-11-2022**

7.13 Board Acknowledgement

The Board will sign an acknowledgement at the beginning of each year demonstrating their understanding of HIPAA and PHI.

7.14 Documentation

All documentation required under the HIPAA privacy rule will be retained for six years from the date of creation or the date when it was last in effect, whichever is later.

7.14 Communications

- A. Reasonable efforts will be made to protect PHI within oral communications. Discussions with members and relatives will be held quietly and away from the presence of other people, likewise for phone conversations. Sensitive health information will not be left on answering machines or with individuals not recognized over the phone as appropriately receiving such.
- B. Facsimiles and e-mail involving PHI must contain confidentiality statements. If the Secretary faxes PHI to entities without established relationships with the Board, receipt of the facsimile should be confirmed by phone.

7.16 De-Identification

Requests for information will be fulfilled with de-identified data whenever such data can satisfy the need.

7.17 Privacy Complaints

- A. Privacy complaints must be in writing (a dated, signed letter).
- B. Information on filing a privacy complaint will be provided on the Notice of Privacy Practices.
- C. All privacy complaints will be investigated by the City of Lynnwood’s Privacy Officer.

- D. The Privacy Officer shall endeavor to provide a written disposition of the complaint to the complaining member within 30 days.
- E. The disposition will document the complaint, investigative course of action, conclusions, and the attempts to resolve or mitigate a breach in privacy protection.

7.18 Sanctions and Discipline

- A. Board members unintentionally responsible for violations of this policy or of the HIPAA privacy rule will undergo additional training.
- B. A pattern of inappropriate or improper use or disclosure of PHI will be grounds for civil or criminal action.
- C. Board members who knowingly and willfully violate this policy or the HIPAA privacy rule will be asked to resign.

7.19 Mitigation

- A. The Board will take prompt and reasonable steps to mitigate any harm caused by breaches in privacy of PHI.
- B. The Secretary shall document all such incidents, the description, investigation, steps taken, and efforts to mitigate.

7.20 Security Safeguards

- A. Paper records will be stored in locked files.
- B. Copies of the claims report will be distributed at the LEOFF Board meetings, when requested. Then collected by the Secretary after meetings are adjourned and shredded.
- C. All claims reports will be stored in locked files. Archived claims reports will be stored in the Board Secretary's office.
- D. Computer access to PHI will be controlled by password access assigned to the Secretary. Computer backups will be stored securely by the Information Technology Department of the City. When the Secretary leaves employment, his/her password will be immediately deactivated.
- E. All temporarily recorded PHI will be shredded including (but not limited to) handwritten notes, phone messages, phone logs, printouts, etc.
- F. The Secretary will maintain a current inventory of computer hardware and software containing PHI.

Notes

Sections on Disability Leave, Disability Retirement, Hearing Procedures, and Appeals were removed for the good of the cause in May of 2018. These sections were removed from the handbook as of May 2021.