CITY OF BATTLE GROUND

LAW ENFORCEMENT OFFICERS' AND FIRE FIGHTERS'
(LEOFF 1) DISABILITY BOARD

RULES AND PROCEDURES MANUAL

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CITY OF BATTLE GROUND
LEOFF 1 DISABILITY BOARD
RULES AND PROCEDURES
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SECTION I – INTRODUCTION

A. Purpose: To establish rules and procedures and administrative policies regarding the conduct of business of the City of Battle Ground Disability Board in order to ensure compliance with the provisions of RCW 41.26 (Law Enforcement Officers and Fire Fighters Retirement System).

B. Scope: The provisions outlined in these procedures apply only to members who were employed prior to October 1, 1977.

C. Distribution: Copies of these rules and any amendments hereto shall be provided by the Clerk to each active and retired LEOFF Plan I member subject to the jurisdiction of the Board.

SECTION II – THE BOARD

A. Membership: (Five Members)

1. Two Council members from the City to be appointed by the Mayor.

2. Two active or retired law enforcement officers employed by or retired from the city who are elected by the law enforcement officers employed by or retired from the city who are subject to the jurisdiction of the board.

3. One member from the public at large who resides within the City limits and who is appointed by the other four members designated in this subsection.

B. Terms: All members appointed or elected pursuant to this section shall serve a two-year term, with the exception of one law enforcement member and one city councilmember who, on the first term, shall only serve a one-year term. All terms shall expire on the thirty-first day of December of the last year for which the term is made provided, each member shall hold office until a successor is appointed or elected.

C. Nomination and Election:

1. *Law Enforcement Officer.* Prior to October 1 of the year of the term expiration, the Clerk to the Board will contact eligible LEOFF 1 members who are subject under the jurisdiction of the Board to inquire about re-appointment. In the case of a vacancy, the Clerk shall request nominees from eligible LEOFF I members. The City shall take appropriate action to provide notice of acceptance of Disability Board nominations to both active and retired employees eligible for nomination. In particular, such notice to retired employees shall specify the procedure and time frame for nomination and election. The Clerk shall assist in maintaining a list of names and addresses for retired employees. No later than November 1, the Clerk will send a list of eligible nominees to all LEOFF 1 members under the jurisdiction of the Board. The ballots will be distributed to all LEOFF 1 members to be returned to the Clerk no later than December 1. Any ballots received after December 1 will not be counted.

2. *City Council Members.* Prior to December 1 of the year of the term expiration, the Clerk will provide notification to the City of Battle Ground's Mayor of the need for appointments for expiring terms. No later than December 1, the Mayor shall notify the Clerk of the selected Councilmember to succeed the expiring member's term.

3. *Public-at-large member.* The member from the public-at-large will be selected at the Board's regular meeting in October during odd numbered years.

D. Vacancies: Vacancies on the Board will be filled for the unexpired term utilizing the above selection process within a reasonable time. Any member resignation shall be made to the city council and to the board. The vacancy caused by the resignation shall be deemed to occur upon the effective date of the resignation. Appointed members may be removed prior to the expiration of their term by a majority vote of the city council upon a recommendation made to the city council by a majority vote of the board. Prior to a third consecutive absence, a member may request that the board excuse one or more absences. The board shall determine the validity of the request, and approve or deny the request. Vacant appointed positions shall be filled by mayoral appointment and vacant elected positions shall be filled pursuant to the applicable election method set forth in these rules and procedures.

E. Pending Matters: Board members whose successors have been qualified may continue to perform Board duties to the extent necessary to complete action on pending applications where participation by the new member would be inappropriate.

F. Officers: The Board shall elect from its members a chairperson and vice-chairperson every two years at the regular January meeting. The chairperson shall preside over all meetings of the Board and call special meetings as needed. The chairperson shall sign all documents requiring the signature of the Board and his/her signature of the Board shall be as legal and binding as if all members had affixed their names.

The vice-chairperson shall perform the duties of the chairperson in their absence.

G. Clerk to the Board: The City Manager will designate, from among departmental employees, an employee to serve as the Clerk to the Board. The duties of the Clerk include:

1. Notification to members of date, time and location of scheduled meetings.
2. Prepare agendas for meeting.
3. Distribute agenda, previous meeting minutes and packets to the Board members prior to the meeting.
4. Take minutes of Board meetings.
5. Inform and provide claimant necessary forms and documents necessary to make a claim.
6. Ensure that all benefits under insurance or health care plans are obtained prior to payments by the Disability Board.
7. Arrange doctors' appointments for claimant as required by Disability Board.

8. Notify claimant of doctors' appointment when required by Disability Board.
9. Prepare the annual budget.
10. Assist claimants, when requested, in preparing paperwork for claim approval by the Board.
11. Approve and process expenditures that have been approved by the Board as recorded in the Board proceedings.
12. Prepare and send all necessary correspondence and forms to State Retirement Board, employers, and claimants.
13. Notify employer of employee claims prior to Board meeting where claim will be discussed.
14. Order supplies.

H. Expenses: Members shall receive no compensation for their services to the Board but shall be reimbursed for expenses incidental to such service upon receipt of appropriate documentation.

I. Board Doctor: A duly licensed and practicing physician, or a physician employed by an objective medical assessment group shall be appointed by the Board for each exam. The Board physician shall render such other medical service as may be requested by the Board.

SECTION III – MEETINGS

A. Regular Meetings: Regular meetings shall be the first Tuesday of each quarter beginning at 4:00 p.m., if there is business to be conducted.

B. Special Meetings: Special meetings may be called by the Chairperson giving such notice thereof as is required by RCW 42.30.080. The Board will consider at special meetings only those matters set forth in the notice of special meeting.

C. Quorum: Three (3) members of the Board constitute a quorum. A majority of the quorum may take action.

D. Agenda: The Clerk to the Board will prepare an agenda for all regular and special meetings. Such agenda will include an item for approval of minutes of prior meetings. The agenda will be emailed prior to the meeting to Board members and will be posted on the City of Battle Ground website.

E. Minutes: Minutes of all meetings shall be kept by the Clerk and, when approved by the Board, shall be signed by the Chairperson.

F. Executive Sessions: All meetings of the Board shall be open to the public unless the Board by majority vote calls an executive session as authorized by RCW 42.30.110.

G. Hearings: The Board may hold a full hearing on any matter when deemed necessary. When the Board is conducting a hearing or considering any matter related to a hearing, it is acting in a quasi-judicial capacity; as such, it is exempt from the provisions of the Open Meetings Act, RCW 42.30.140(2), and the hearing is not open to the public.

   At such hearings:

   1. Any person testifying before the Board may have his/her attorney present.

   2. Opportunity shall be afforded to all parties to respond and present relevant evidence and argument on all issues involved.

   3. Unless precluded by law, information dispositions may also be made of any contested case by stipulation, agreed settlement, consent order, or default.

   4. The record of a hearing shall include:

      a) All pleadings, motions, intermediate rulings;
      b) Evidence received or considered;
      c) A statement of matters officially noticed, if any;

d) Questions and offers of proof, objections, and ruling thereon, if any;
e) Prepared findings and exceptions, if any; and
f) Any decisions, opinion, or report by the Board.

5. All oral proceedings in a board hearing shall be recorded. A copy of the record or any part thereof shall be transcribed and furnished to any party to the hearing upon request therefore, and payment of the reasonable costs thereof.

6. Findings of fact shall be based exclusively on the evidence and on matters officially noticed.

7. The Disability Board may:

   a) Administer oaths and affirmations, examine witnesses, and receive evidence;
   b) Issue subpoenas as provided in Section III, subsection G(8a) below;
   c) Rule upon offers of proof and receive relevant evidence;
   d) Take or cause depositions to be taken pursuant to rules promulgated by the Board; and,
   e) Regulate the course of the hearing.

8. The Board may compel the attendance of a witness at any hearing as follows:

   a) The Board may issue a subpoena on its own motion or on the request of any party.
   b) If an individual fails to obey a subpoena, or obeys a subpoena but refuses to testify when requested concerning any matter under examination or investigation at the hearing, the Board may petition the Superior Court of the County where the hearing is being conducted for enforcement of the subpoena. The petition shall be accompanied by a copy of the subpoena and proof of service, and shall set forth in what specific manner the subpoena has not been complied and shall ask for an order of the Court to compel the witness to appear and testify before the Board.

SECTION IV – APPLICATIONS

A. Filing: Applications for disability leave, disability retirement, or payment for medical expenses shall be filed with the Clerk to the Board. The Clerk to the Board is located in the City of Battle Ground's Executive Department.

B. Forms: All applications shall be on forms prescribed by the Board. The forms may be obtained from the Clerk.

C. Board Consideration: In order for a claim to be presented at the Disability Board's meeting the first Tuesday of the Quarter, all necessary forms must be submitted to the Clerk no later than 5:00 p.m. on the 15th day of the preceding month.

SECTION V – MEDICAL CLAIMS

A. Medical Services are allowed whenever:

1. Any active or retired uniformed officer subject to the jurisdiction of the Disability Board and who is covered under the provisions of RCW 41.26 is sick or disabled.

2. The sickness or disability is not caused by dissipation or abuse, of which the Board shall be judge.

3. The employer shall pay reasonable charges for such active or retired employee (excluding spouses or survivors) for those necessary medical services listed below, which are not payable from some other source as provided for in Section V, Subsection B.

   Issues regarding reasonableness of charges may be resolved by referring to the maximum fees stipulated in the State Industrial Schedule WAC 296-20 through 23.

   a) Hospital expenses made in the member's 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) Fees of a physician or surgeon licensed under the provision of RCW 18.71.

   c) Services provided for chiropractic treatment is limited to 20 visits per year. Services beyond the 20 visits per year must be pre-authorized by the Board.

   d) An optometrist licensed under the provisions of RCW 18.53.

   e) The charges of a health care provider other than a provider who ordinarily resides in the member's home or is a member of a family of either the member or the member's spouse, provided, that continuous care beyond 45 days must be approved in advance by the Board, and required by a physician.

   f) Legend drugs and medicines prescribed by a physician.

   g) Diagnostic, x-ray and laboratory examinations.

   h) X-ray, radium and radioactive isotopes therapy.

i) Anesthesia and oxygen.

j) Rental or purchase of durable medical and surgical equipment as prescribed by a physician. Purchase of medical equipment requires a doctor's note or prescription and must be submitted to Medicare and secondary insurance prior to requesting reimbursement from the City. Medicare submittal may be waived by the Board for extenuating circumstances.

k) Artificial limbs, eyes, casts and splints and trusses as prescribed by a physician.

l) Professional ambulance service when used to transport the member to or from a hospital when he or she is injured in an accident or stricken by a disease. Other transportation expenses will be considered only if such transportation is to a medical facility more than 200 miles from the member's home, is found to be medically necessary, and is approved in advance by the Board.

m) Dental Coverage:

- Members shall be enrolled in the Delta Dental PPO $2500 annual benefit insurance plan.
- The premiums for this plan will be billed to and paid for by the city.
- Out-of-pocket expenses for services not covered by the members' insurance plan would need to be submitted to the city through the claim for reimbursement process.
- The annual reimbursement allowance for out-of-pocket costs shall be equivalent to the difference between the annual cost of the plan premium and $2,500. *(i.e., if the annual premium is $900, the amount allowed for reimbursement would be $1,600)*
- No dental expenses incurred for work which is purely cosmetic in nature will be approved or paid, unless determined to be medically necessary by a dentist, dental specialist or oral surgeon. The approval of such expenses will be decided on by the board on a case-by-case basis.

n) Long-Term Care (LTC): The Disability Board recognizes the need to contain escalating costs associated with Long Term Care (LTC) Expenses. The Board has determined that for expenses beyond what LTC insurance can provide, it is 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. The Survey provides average costs by geographic region.

Rates: Annually, 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 of the Clark County region they would need to contact the City's Board Clerk for the rates for their area.

For services listed below, the Board will reimburse the 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 - (coverage at the semi-private room rate) – 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.

Costs of LTC coverage not covered by LTC insurance requires the completion of a City of Battle Ground, LEOFF1 disability application with the physician's statement. Application must be completed by the member (or designee). 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 of Battle Ground Board Clerk 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.

o) Physical therapy by a registered physical therapist when prescribed by a physician, provided, that any continuous care in excess of 45 days must be pre-approved by the Board.

p) Blood transfusions including the cost of blood and blood plasma not replaced by voluntary donors.

q) Optical charges[1] only if prescribed by a licensed physician or optometrist, up to the following limits:

Examinations	$ 70.00
Single vision lens	$ 80.00
Blended/Bifocal	$ 110.00
Trifocal	$ 150.00
Progressive	$ 180.00
Frames	$ 175.00
Coating	$ 50.00

Contact lenses allowance up to cost of standard eyeglasses. Optical payments limited to one (1) examination and one (1) pair of glasses (or contacts) each twelve (12) month period, except for replacement of glasses broken in line of duty or additional examinations or glasses needed for specific medical conditions with substantiating doctor's report submitted to the Board. Charges for sunglasses, photogray lenses, or contact lenses in excess of allowance indicated, will be paid if pre-approved by the Board and prescribed by a licensed optometrist as a medical necessity.

The Board will consider, on a case-by-case basis, requests for radial keratotomy. In considering the individual applications, the Board will evaluate the requests

[1] All lenses and coating for lenses are calculated per pair.

where an ophthalmologist or medical doctor recommends radial keratotomy to correct a vision condition uncorrectable by any other means and would preclude the member from performing their duties with average efficiency.

r) Hearing aids must be prescribed by a physician and pre-approved by the Board. Charges are limited to that necessary to achieve functional corrections. Pre-authorization request for hearing aids must include two estimates of providers.

For members whose insurance pays the full cost of hearing aids, no claims need be filed with the board. For members whose insurance pays nothing or only a portion of the cost of hearing aids, the board may approve the cost/remaining cost of the lower estimate for hearing aids. For members choosing to purchase hearing aids more expensive than the lower of the two estimates referred to above, the employer will be responsible for payment of the lower estimate and the member will be responsible for the cost difference between the lower estimate and the actual cost of the hearing aids purchased.

s) Routine physical examinations: The Disability Board will approve, as a necessary medical service, one (1) routine physical medical examination every (2) years for members over forty (40) years of age. More frequent physical examinations and such examinations for members under forty (40) years of age require prior Board approval.

t) Mental Health Treatment.

B. Medical service payments reduced by other sources:

As provided in RCW 41.26.150, the cost of medical services payable under this section will be reduced by any amount received or eligible to be received under insurance provided by, but not limited to the following: Workers' Compensation; Social Security; Medicare; insurance provided by another employer; other pension plan; or any other similar source, including amounts received or eligible to be received under insurance plans.

It is the responsibility of the claimant to ensure that all benefits payable under insurance policies, health care plans, Workers' Compensation, Medicare or any other such sources are claimed. The Disability Board will not authorize payment of claims until assurances of the above are provided to the Clerk.

C. Services outside medical coverage:

Each member must generally obtain medical services through his/her prepaid health provider, if any. The Board will authorize payment of charges outside the member's medical coverage under the following circumstances:

- *Injury or illness* – Charges will be paid for the initial treatment in the case of life threatening emergency.

- *Unavailable services* – any charges incurred as a result of a Board direction or with the prior approval of the Board. The Board will approve such charges only if it determines the medical services to be necessary and of a type not available from the member's insurance.

D. Board may require examination by a Physician of the Board's choice:

The Board may, in all cases, have the member examined at any time by a physician of the Board's choice. Refusal to submit to such examination may result in forfeiture of rights to benefits.

E. Subrogation:

Upon making payments to any member or retiree, the employer shall be subrogated to all rights of the member or retiree against any third party who may be held liable for the member's injuries to the extent necessary to recover the amount of payments made or to be made by the Board.

F. Claims Procedure:

Delegated authority has been granted to the Clerk of the Board to process Medicare Part B reimbursements, and some reimbursements requests as outlined in Section V, subsection 3 (a) through 3 (u), with the following exclusions which require Board authorization/pre-approval:

- 3 (e) The charges of a health care provider other than a provider who ordinarily resides in the member's home or is a member of a family of either the member or the member's spouse, provided, that continuous care beyond 45 days must be approved in advance by the Board, and required by a physician.

- 3 (n) – Long-Term Care Facilities

- 3 (o) – Physical therapy by a registered physical therapist when prescribed by a physician in excess of 45 days

- 3 (q) – Charges for sunglasses, photogray lenses, or contact lenses in excess of allowance indicated if prescribed by a licensed optometrist as a medical necessity.

- 3 (r) – Hearing aids must be prescribed by a physician.

All claims for payment of medical expenses shall be processed in the following manner:

1. Claims shall be filed with the Clerk to the Board on forms provided by the Board.

2. The claimant shall certify the claim as being true and correct and that the claimant has paid and/or is liable for payment of any amounts claimed and that the claim is not collectible from any other source.

3. Upon receipt of a copy of the completed claim form, the Clerk shall determine, where possible, any amounts which the applicant has received or may be eligible to receive from such other sources listed above, and those amounts shall be deducted to determine the net amount of the claim. Claims that require Board approval shall be presented at the next regular meeting.

4. The Board shall act upon all claims promptly, advising the claimant in writing of any claim that is rejected, together with a reason for rejection.

5. Following approval by the Board of a claim, the Clerk is authorized and empowered to execute on behalf of the Board necessary documentation to process payment of such claim.

G. Payment Restrictions:

Claims for less than $25.00 may be held for reimbursement until future claims submitted total $25.00 or December 31 of each year, whichever occurs first.

H. Filing Deadline:

Medical claims must be filed with the Clerk within one (1) year of the date upon which medical services were rendered or medical supplies purchased. Exceptions may be made when the filing of a claim is beyond the control of the claimant.

In order for a claim to be reviewed at the Disability Board's meeting the first Tuesday of the quarter, all necessary forms must be submitted to the Clerk no later than 5:00 p.m. on the 15th day of the preceding month.

SECTION VI – APPEALS

A. Claims for Medical Services:

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

B. Acceptance of Service of Judicial Process:

The City Clerk to the City Council is authorized to accept service of judicial process on behalf of the Board.

SECTION VII – RECORDS

A. Maintenance: The Clerk shall be responsible for maintaining the records for the Board.

B. Disclosure: Disclosure of records will be administered by the City's Public Record Officer.