

**CHELAN COUNTY
LAW ENFORCEMENT OFFICERS AND
FIRE FIGHTERS
DISABILITY BOARD
RULES AND REGULATIONS**

TABLE OF CONTENTS

RULE I – GENERAL

Section 1.1 PURPOSE

Section 1.2 MEETINGS

Section 1.3 COMPOSITION OF THE BOARD

Section 1.4 QUORUM

Section 1.5 ELECTIONS

Section 1.6 AGENDA AND ORDER OF BUSINESS

Section 1.7 MINUTES

Section 1.8 ABSENCE

Section 1.9 DELEGATION OF AUTHORITY

Section 1.10 AMENDMENTS TO RULES AND REGULATIONS

RULE II- NECESSARY MEDICAL SERVICES

Section 2.1 PUROSE

Section 2.2 DRUGS

Section 2.3 DISABILITY BOARD DOCTOR(S)

Section 2.4 HEARING AIDS

Section 2.5 MEDICAL EQUIPMENT/DEVICES/SUPPLES

Section 2.6 PSYCHIATRIC CARE

Section 2.7 FOOD/LODGING/MILEAGE

Section 2.8 CHIROPRACTIC CARE

Section 2.9 VISION CARE

a. EYE EXAMS

b. CORRECTIVE LENSES

c. SURGERY

Section 2.10 DRUG AND ALCOHOL RELATED PROBLEMS

Section 2.11 DENTAL CLAIMS

Section 2.12 MEDICARE BENEFITS

Section 2.13 LONG TERM CARE

Section 2.14 CLAIMS

Section 2.15 IN-NETWORK PROVIDERS

Section 2.16 RELEASE AND SUBROGATION

RULE III-RETIREMENT/LEAVE

Section 3.1 RETIREMENT FOR SERVICE

Section 3.2 RETIREMENT FOR DISABILITY

**Section 3.3 RE-EXAMINATION OF DISABLED LAW ENFORCEMENT
OFFICERS OR FIREFIGHTERS**

Section 3.4 DISABILITY LEAVE

RULE IV – HEARINGS

Section 4.1 GENERAL

Section 4.2 TESTIMONY UNDER OATH

Section 4.3 OFFICIAL RECORD

Section 4.4 HEARINGS INFORMAL

Section 4.5 CROSS-EXAMINATION

Section 4.6 JUDICIAL NOTICE

Section 4.7 DECISIONS

ADMINISTRATIVE GUIDELINES

APPENDIX ‘A’ DEFINITIONS

RULE I GENERAL

Section 1.1 Purpose

The purpose of these rules is to establish uniform methods of procedure for the conduct of business of the Chelan County Law Enforcement Officers and Fire Fighters (LEOFF) Disability Board. The Board was established pursuant to the authority of RCW 41.26.020, and its powers duties and responsibilities are established by State Law. In the event of any conflict of these rules with State Law, the latter shall govern.

Section 1.2 Meetings

The regular monthly meeting of the Chelan County Law Enforcement Officers and Fire Fighters Disability Board shall be held on the last Monday of each month at the County Administration Building at 12:00 noon. Special meetings of the Board shall be held upon the call of the Chairman of which due notice shall be given in accordance with RCW 42.30. All meetings shall be open to the public

Section 1.3 Composition of the Board

The composition of the Chelan County Law Enforcement and Fire Fighters Disability Board shall be as provided by RCW 41.26.020.

Section 1.4 Quorum

Three (3) members shall constitute a quorum and the same shall have the power to transact all business.

Section 1.5 Elections

The LEOFF members of the Board shall be nominated and elected in accordance with RCW 41.26.110 and procedures established by the Chelan County Law Enforcement Officers and Fire Fighters Disability Board. An election will be held in the event more than one person expresses interest in the position. The election shall be secret ballot of all LEOFF 1 members and shall be held in the month of November of every other year. The name of the elected Law Enforcement Officer and Fire Fighter member(s) shall be noted in the minutes of the regular December meeting of the Board subsequent to the election, along with the term for each elected. Each member will hold officer for a period of two (2) years beginning the month of January.

Section 1.6 Agenda and Order of Business

An agenda shall be prepared by the Secretary and distributed to the members at each regular monthly meeting. "Roberts Rules of Order" shall guide the Board where the proceedings are not otherwise governed by these rules or State Law.

Section 1.7 Minutes

The Secretary shall take and prepare the official minutes of the Chelan County Law Enforcement and Fire Fighters Board containing the actions of the Board and a substantive account of the proceedings. The minutes shall be signed by

the Secretary and placed of record. Copies shall be available to members upon request.

Section 1.8 Absence

Each Board member is expected to notify the Chairman or the Secretary prior to a scheduled meeting if that member will not be able to attend the meeting. Such notice shall serve to establish such absences as excused. All attendance at meetings shall be recorded in the minutes of the meeting.

Section 1.9 Delegation of Authority

The Chelan County Law Enforcement Officers and Fire Fighters Disability Board delegates to the Secretary of the Board, the authority to instigate investigative activities, including the gathering, collating and presenting facts regarding matters within the scope of the Board's authority. These matters include, but are not limited to, areas of disability leave, pensions, medical expenses and activities collateral to them.

The Chelan County Law Enforcement Officers and Fire Fighters Disability Board also delegates to the Secretary, that in the event that a quorum is not available, or in the event of an emergency, the Secretary shall have authority to make contact with three (3) members of the Board to approve medical expenses, or for other emergency purposes for that month. It shall be understood that any medical expenses that may be in question, shall be held until a quorum is available.

Section 1.10 Amendments to Rules and Regulations

The Rules and Regulations adopted by the Chelan County Law Officers and Fire Fighters Disability Board may be updated on an as needed basis. The Rules and Regulations will be reviewed on a yearly basis.

RULE II NECESSARY MEDICAL SERVICES

Section 2.1 Purpose

The purpose of this rule is to establish uniform methods for the administration of necessary medical service benefits to eligible active and retired Law Enforcement Officers and Fire Fighters and those retired subsequent to March 1, 1970, as are set forth by RCW 41.26.150 and as further defined by RCW 41.26.030. Necessary medical services for RCW 41.18 disability retirees will be as provided by that legislation.

Section 2.2 Drugs

Request for reimbursement of co-payment for prescription drugs shall be accompanied by the receipt received from the pharmacy. Such receipt shall include the name of the drug, the date the prescription was filled, the individual to whom the services was rendered, and the doctor prescribing the drug, quantity

and amount of co-pay. Claims for prescription drugs shall be reduced by any amount received or eligible to be received under Workmen's Compensation, Social Security, Medicare, insurance provided by employer, pension plan, or other similar source. Drugs prescribed by a doctor but not covered by insurance must be accompanied by a note from the doctor explaining condition being treated and medical necessity in order to be reimbursed.

Section 2.3 Disability Board Doctor(s)

A duly licensed and practicing physician shall be appointed by the Board for the purpose of examining applicants for disability retirement, fitness for duty examination of any member on disability leave, reexamination of any member on disability retirement, advising the Disability Board on medical matters, or for the performing other medical services required by the Disability Board. This Disability Board Physician's compensation shall be on the basis of services rendered.

Section 2.4 Hearing Aids

Hearing Aids, including the exam, will be paid up to a maximum allowable of \$6,000 during a 3 year period. Prior to submitting costs for repairs, all warranties must be utilized first.

Section 2.5 Medical Equipment, Devices and Supplies

Any medical equipment/devices prescribed by a physician, exceeding the cost of \$250.00, unless on an emergency basis, must have prior approval of the Chelan County Disability Board prior to purchase. Failure to comply may result in denial of payment of all or part of the costs of such equipment or devices.

Medical equipment, devices and supplies prescribed by a doctor which are less than \$250 will be reimbursed. See RCW 41.26.030 (22) for additional medical equipment, devices and supplies information.

RCW 41.26.030 (22) "Medical services" for plan 1 members, 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: These are the charges made by a hospital, in its own behalf, for

(i) Board and room not to exceed semiprivate room rate unless private room is required by the attending physician due to the condition of the patient.

(ii) Necessary hospital services, other than board and room, furnished by the hospital.

(b) Other medical expenses: The following charges are considered "other medical expenses", provided that they have not been considered as "hospital

expenses".

(i) The fees of the following:

(A) A physician or surgeon licensed under the provisions of chapter [18.71](#) RCW;

(B) An osteopathic physician and surgeon licensed under the provisions of chapter [18.57](#) RCW;

(C) A chiropractor licensed under the provisions of chapter [18.25](#) RCW.

(ii) The charges of a registered graduate nurse other than a nurse who ordinarily resides in the member's home, or is a member of the family of either the member or the member's spouse.

(iii) The charges for the following medical services and supplies:

(A) Drugs and medicines upon a physician's prescription;

(B) Diagnostic X-ray and laboratory examinations;

(C) X-ray, radium, and radioactive isotopes therapy;

(D) Anesthesia and oxygen;

(E) Rental of iron lung and other durable medical and surgical equipment;

(F) Artificial limbs and eyes, and casts, splints, and trusses;

(G) Professional ambulance service when used to transport the member to or from a hospital when injured by an accident or stricken by a disease;

(H) Dental charges incurred by a member who sustains an accidental injury to his or her teeth and who commences treatment by a legally licensed dentist within ninety days after the accident;

(I) Nursing home confinement or hospital extended care facility;

(J) Physical therapy by a registered physical therapist;

(K) Blood transfusions, including the cost of blood and blood plasma not replaced by voluntary donors;

(L) An optometrist licensed under the provisions of chapter [18.53](#) RCW.

Section 2.6 Psychiatric Care

At the time of the sixth visit for the same or similar condition, the member may be asked to provide the Board with a detailed doctor's report. Only those services deemed medically necessary shall be paid, providing services are not the result of the members' dissipation and abuse. Determination of dissipation and abuse are made by the Board after considering medical evaluation by the Chelan County Disability Board Physician.

Section 2.7 Food/Lodging/Mileage

No personal mileage, food or lodging expenses will be paid.

Section 2.8 Chiropractic Care

Once the maximum number of allowable visits to a Chiropractor has been met by the LEOFF 1 member's primary insurance carrier, the Chelan County Disability Board will require an evaluation and medical opinion to establish medical necessity from an orthopedic surgeon before reimbursing the LEOFF 1 member for additional chiropractic visits.

An explanation of benefits (EOB) must be sent in with the reimbursement request for chiropractic visits covered by insurance in order for it to be processed.

Section 2.9 Vision Care

Vision care includes eye examinations, corrective lenses and Radial Keratotomy and Photorefractive Keratectomy Laser procedures. See below for explanation.

Eye Examinations The eye examination shall be conducted by a licensed ophthalmologist or optometrist. Cases involving eye examinations for diabetes, cataracts or disease/injury to the eye, or special circumstances may be excepted under this rule with proper medical documentation on a case by case basis. Prior approval must be obtained.

Corrective Lenses Total costs for corrective lenses, excluding the eye examination, will be paid up to a maximum allowable of \$400.00 during a two year period. Sunglasses or prescription sunglasses will not be approved for payment. (12/08)

Radial Keratotomy and Photorefractive Keratectomy Laser Procedures

Total cost for Radial Keratotomy and Photorefractive Keratectomy Laser Procedures will be paid up to a maximum allowable of \$4,000.00, including post operative costs, with no other vision benefits approved for a period of five (5) years. No travel expenses, or per diem will be allowed for this surgery. All surgeries must be conducted by a licensed ophthalmologist. Prior approval must be obtained.

Section 2.10 Drug and Alcohol Related Problems

The Board may approve costs of an alcoholism and/or drug treatment facility and/or detox center licensed by the State of Washington and approved by the Chelan County Disability Board Physician up to a maximum of \$5000.00 during a continuous period of two consecutive years only under the following conditions:

- A. The LEOFF Member's regular health care provider recommends such treatment and provides a written statement to that effect to the Board; and
- B. The individual shall provide the Board with a written treatment plan including a recommendation as to the required lengths of time that the Member remains in the alcohol or drug treatment program as such treatment facility or detoxification center within five (5) business days of the Member's admission to such a program; and
- C. The Member remains in the alcohol or drug treatment program for the recommended required length of time and the treatment facility or detoxification center 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 rata share of the costs of such program; and
- D. One authorization for treatment. Any other treatment must have a pre-authorization from the Board, prior to admittance to such treatment facility.

In no event, will the Board approve any portion of a program's cost which is attributed to services to the Member's family.

Section 2.11 Dental

Dental charges incurred by a member who sustains accidental injury to his teeth and who commences treatment by a legally licensed dentist within 90 days after the accident will be paid. This Board requires documentation which substantiates the accidental injury. Additional services or frequency of services are eligible only if found to be medically necessary on an individual basis. All requests for such services must be submitted to the Disability Board with the appropriate documentation to be considered.

Accidental injury to teeth:

Accidental injury to teeth is defined as damage to teeth or dental appliances from an occurrence of sudden and tangible happening of a traumatic nature producing an immediate response. An accidental injury does not include teeth broken, or damaged by the neglect of dental hygiene or attributed to other medical conditions, or teeth broken or damaged when caused by an act of normal chewing or biting unless caused by a foreign object.

All other dental services not deemed medically necessary and pre-approved by the board. Damage due to normal wear and usage over time will not be covered by the Disability Board

Section 2.12 Medicare Benefits

All LEOFF 1 members when attaining eligible Medicare age shall apply for Medicare coverage. The Disability Board will approve reimbursement for the base rate cost of Medicare Part B set each year. However, the member shall submit all medical claims through Medicare prior to submittal to the Chelan County Disability Board.

Section 2.13 Long Term Care

Any request for long-term nursing assistance shall be submitted in writing by the patient's physician, to the Chelan County Disability Board for approval.

After the initial Board approval of a request, the maximum monthly benefit amount will be based on the average cost of three (3) nursing facilities within the Greater Wenatchee area, for 24 hour a day care in a semi-private room. The Board has established that amount to be \$7,675.00 per month starting in 2019. This amount will be updated annually at the end of the first quarter (end of March) according to the rates set by the CPI and members will be notified what the rate change is yearly.

Charges for services associated with long term care must be substantiated by a physician's written report of medical necessity. Medical necessity will normally be proven by the absence of two (2) ADL's (Activities of Daily Living) or the presence of senile dementia.

The Disability Board has the right to request additional examinations by the Board's appointed physician in order to obtain needed information regarding any requests for payment of services. Recertification of medical necessity may be required every six (6) months.

In home care or assisted living is considered to be preferable to nursing home care when appropriate. However, the level of care will normally be determined by the attending physician. In home services not covered are those of a custodial or housekeeping nature such as house cleaning, laundry services, recreational companionship, and other homemaker tasks. The Board has established at this time a \$4000.00 monthly limit for in home care.

Only those services provided by bonded and licensed providers will be considered for approval.

Itemized statements or billings must be submitted to the Disability Board Secretary and payment will be made to the family member or guardian in charge of retaining the services of the care providers for disbursements to the providers.

IMPORTANT: The difference between the limit of \$7,675.00 for nursing home care and \$4,000 for in home care and what is covered by long term care insurance, if applicable, will be reimbursed by the LEOFF I Disability Board

through the regular claims reimbursement process. Any cost above that is the responsibility of the member.

The Board will hear any requests for deviation to this policy. Any exceptions will be heard before the Disability Board.

The disability board requires written notification if a member enters a Long Term Care facility, if the member changes facilities or if the member exhausts his long term care insurance.

Facility Requirements:

The facility must remain current on Adult Home, Boarding Home or Nursing Home license from the State of Washington. If the facility is located outside of the state of Washington, it shall be the responsibility of the member to provide documentary evidence that the facility is licensed in the state where the facility is located and that the licensing requirements are similar, equal to or great than those required by the State of Washington.

The county will select and provide long term care insurance for eligible members, through the chosen Disability Board LTC Insurance Broker.

Section 2.14 Claims

Claim forms can be obtained from the Disability Board Secretary via mail or email.

Claims for necessary medical services shall be submitted with the appropriate form required by, and to, the employer. Claims will then be processed by the Disability Board Secretary and forwarded to the Chelan County Disability Board with a consolidated cover sheet with itemized expenses to be considered for approval. Once the Board has taken action on the submitted claims, they will be returned to the Disability Board Secretary to process payment.

All claims for medical expenses shall be submitted within six (6) months of the date of first billing, unless certain circumstances prevent the claims from being submitted within this time frame, then it must be presented to the Board with an explanation as to why the delay.

The Disability Board does not make payments directly to providers except in unique and pre-approved circumstances. The LEOFF 1 Retiree is responsible for all medical expenses then may submit these expenses with the appropriate documentation and claim form for reimbursement from the Disability Board.

Section 2.15 In-Network Providers

Members are required to use in-network providers for medical services whenever possible. A list of in-network providers in all areas of the United States may be found on the Premera website. Use of out of network providers shall result in the

Board reimbursing the difference that would have been paid if an in-network provider had been used, rather than the full amount charged by the out of network provider. Members should attach an explanation of why an out of network provider was used when submitting reimbursement requests for care received by an out of network provider.

Section 2.16 Release and Subrogation

Upon making payments for necessary medical services, the authorizing Department is subrogated to the rights of the Law Enforcement Officer and Fire Fighter against any third party who may be held liable for the injuries. Insurance or general releases shall not be signed by Law Enforcement Officers and Fire Fighters when there is possible third party liability until approval has been granted by the Board.

RULE III RETIREMENT AND LEAVE

Section 3.1 Retirement for Service

Retirement of a Law Enforcement Officer or Fire Fighter for service shall be as provided by RCW 41.26 or such prior Act to which the Law Enforcement Officer or Fire Fighter was making retirement contributions on March 1, 1970, as he shall elect.

Section 3.2 Retirement for Disability

Retirement of a Law Enforcement Officer or Fire Fighter for service shall be as provided by RCW 41.26 or such prior Act to which the Law Enforcement Officer or Fire Fighter was making retirement contributions on March 1, 1970, as he shall elect.

Section 3.3 Re-examination of Disabled Law Enforcement Officers or Fire Fighters

All Law Enforcement Officers or Fire Fighters retired for a disability and under the age of fifty (50) shall be examined by the Disability Board physician(s) semi-annually. This examination will be waived if upon certification by the Disability Board physician(s), the board enters a Finding of Fact that the disability is, and will continue to be, of such a nature that return to active duty can never be expected, if the semi-annual examination is waived, the Board may review its findings.

For any Law Enforcement Officer or Fire Fighter determined to no longer be disabled, the Board will take action to restore the individual to duty an/or recalculate his benefits under RCW 41.26.130(3), in accordance with the laws under which the Law Enforcement Officer or Fire Fighter was retired.

Section 3.4 Disability Leave

Disability Leave shall be granted by the Board as provided by RCW 41.26. An application for disability leave shall be deemed to have been "filed" upon submission to the Secretary of the Disability Board of the employee's time card properly coded for disability leave and the leave is in conformance with Department rules. All application and payments for disability leave shall be confirmed at the next regular Chelan County Disability Board meeting. In the event any application or payment for disability leave is disapproved by the Chelan County Disability Board, retroactive adjustments shall be made to comply with the Board's decision.

All Law Enforcement Officers and Fire Fighters who qualify for disability leave shall be carried on department sick leave until the Chelan County Disability Board has met at its regularly scheduled meeting and reviewed and approved applications for disability leave.

Any application for disability leave shall be accompanied by medical documentation.

All Law Enforcement Officers and Fire Fighters applying for disability leave may upon request, appear before the Chelan County Disability Board at the next regularly scheduled meeting, for action upon their application.

Law Enforcement Officers and Fire Fighters while on approved disability leave shall refrain from any other for of employment. (Exceptions to this rule may be made by the Chelan County Disability Board. Exceptions shall be required prior to any other employment. Consideration will not be given without the recommendation of the Department Head concerned.)

Any LEOFF 1 Member in his/her fourth (4th) month of disability leave who anticipates not being able to return to duty shall submit application for retirement in person to the Disability Board, accompanied by all necessary documentation, during that fourth month. Examination by the Chelan County Disability Board physician(s) shall be performed within thirty (30) days of receipt of application, The Disability Board physician(s) can make referrals to other physicians with expertise in the selected field of which the disability exists.

RULE IV HEARINGS

Section 4.1 General

Hearings by the Board shall be open to the public and may be conducted by a quorum of the Board. All parties to the hearing shall be notified in advance of such hearing and may, at their own expense, select representatives of their choosing. The Board may, and shall at the request of any party, issue subpoenas and subpoenas duces tecum. Any fees or expense of any kind for the

appearance of a witness shall be assumed by the party requesting issuance of the subpoena.

Section 4.2 Testimony Under Oath

The testimony of any witness shall be under oath administered by the Chairman or any member of the Board.

Section 4.3 Official Record

The Board shall prepare and keep an official record of the hearing which shall include testimony recorded manually or by recorded device, and all other evidence including but not limited to the pleadings, documents, exhibits, and other records and documents offered and made a part of the record by the Board. Documentary evidence may be received in the form of copies or excerpts, or by incorporation by reference. No factual information or evidence other than the official record shall be considered by the Board in the determination of the case.

Section 4.4 Hearings Informal

All hearings shall be informal and the Board may admit and give probative effect to evidence which possess probative value commonly accepted by reasonably prudent men in the conduct of their affairs. The Board shall give effect to the rules of privilege recognized by law and it may exclude incompetent, irrelevant, immaterial and unduly repetitious evidence.

Section 4.5 Cross-Examination

Every party shall have the right to cross-examination of witnesses who testify.

Section 4.6 Judicial Notice

The Board may take notice of judicially recognizable facts and in addition may take notice of general, technical or scientific facts within its specialized knowledge. Parties shall be notified of the material so noticed and they shall be afforded an opportunity to contest the facts so noticed.

Section 4.7 Decisions

A quorum of the Board may render a decision and decisions of the Board on hearings shall be final and binding unless otherwise provided by the pension legislation pursuant to which the hearing is being conducted. Board members who are to participate in the making of a decision, but who were not present at the reception of evidence shall review, consider and familiarize themselves with the record of the hearing. Decisions and orders arising from hearings shall be in writing and shall be accompanied by findings of fact and conclusions of law which shall also be in writing.

ADMINISTRATIVE GUIDELINES

1. Special meetings of the Chelan County Disability Board may be requested subject to the availability of the Board Members.
2. Decisions made by the Chelan County Disability Board may be appealed as directed in RCW 41.26.200 with the State LEOFF System.
3. There must be at least three (3) members of the Chelan County Disability Board in attendance to review applications and take actions.
4. The Chelan County Disability Board shall appoint a Secretary.

DEFINITIONS

Accidental Injury to Teeth:

Accidental injury to teeth is defined as damage to teeth or dental appliances from an occurrence of sudden and tangible happening of a traumatic nature producing an immediate response. An accidental injury does not include teeth broken, or damaged by the neglect of dental hygiene or attributed to other medical conditions; or teeth broken or damaged when caused by an act of normal chewing or biting unless caused by a foreign object.

Medical Necessity or Medically Necessary:

Treatments, services or supplies that must be ordered by a physician or other covered, qualified provider and are commonly and customarily recognized by the physician's profession as appropriate to treat the patient's diagnosed injury or illness. It does not include maintenance or supportive treatments or services or those that are educational or experimental or primarily for medical research. The fact that any treatments, services or supplies are furnished, prescribed or approved by a physician or other qualified provider does not mean it is medically necessary (i.e., it may be cosmetic or elective) A medical service, supply or setting may be medically necessary in part only.