

# FRANKLIN COUNTY DISABILITY BOARD

## GENERAL RULES AND REGULATIONS



**Adopted by the Franklin County Disability Board  
April 15, 2021**

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# **GENERAL RULES AND REGULATIONS OF THE DISABILITY BOARD**

## **FOR FRANKLIN COUNTY WASHINGTON**

Pursuant to the provisions of Chapter 41.26 RCW, the Franklin County Disability Board hereby establishes and adopts the following rules and regulations which shall govern the procedure of all applications, claims, and hearings filed with, or conducted by the Disability Board:

### **RULE I - EFFECTIVE DATE**

Section 1 - These rules and regulations of the Franklin County Disability Board shall become effective April 15, 2021.

### **RULE II - SEVERABILITY**

Section 1 - If any section, sentence, clause or phrase of these rules should be held invalid or unconstitutional, such holding shall not affect the validity or constitutionality of any other section, sentence, clause, or phrase of these rules.

### **RULE III - PUBLICITY**

Section 1 - These rules and regulations, and any documentation related to the Franklin County Disability Board shall be made available in accordance with RCW 42.56.

### **RULE IV – AMENDMENTS**

Section 1- These rules and regulations may be amended, suspended, or changed from time to time by the Disability Board, as circumstances may require at any regular or special meeting of the Board. Any approved changes shall be reflected in the record of the meeting, and all retirees will be notified of the rule changes and will be informed where the updated rules can be made available.

### **RULE V – ADMINISTRATION AND MEETINGS**

Section 1- The Disability Board shall hold regular meetings quarterly. Additional meetings may be required for the proper discharge of the Board's duties. All meetings shall be held in accordance with RCW 42.30.

Section 2- Board members shall elect a Chairperson of the Board from among themselves at the Board's first meeting of the new calendar year. The Chairperson shall preside over each meeting. A Chair Pro Tem shall be elected at the same meeting. The Chair Pro Tem shall preside over each meeting when the Chairperson of the Board is not present.

Section 3- Between scheduled Disability Board meetings, or when the Chairperson of the Board or the Board member from the Board of County Commissioners is unavailable to approve expense vouchers for pre-approved expenses, the Human Resources Director is authorized to approve expense vouchers for pre-approved expenses (See Rule IX) so long as administrative support to the Disability Board is provided by the Human Resources Department.

Section 4- One week out from the scheduled meeting, the Clerk to the Board will make available to all Board members the agenda and any paperwork necessary for review prior to the scheduled meeting. The agenda shall be posted for the public in accordance with RCW 42.30.

Section 5- When a Board member's absence is foreseeable, the Board member shall notify the Clerk of the Board within one week of the meeting date. Otherwise, the Board member shall notify the Clerk of the Board of their absence as soon as possible for the Clerk to determine the availability of a quorum and notify Board members accordingly.

Section 6- If a meeting is cancelled due to a lack of quorum, the Clerk of the Board shall schedule a special meeting within 45 days of the cancelled meeting if there were agenda items outside of standard office business. If only standard office business items were on the agenda of the cancelled meeting, those items shall carry over to the next regularly scheduled Board meeting, and no special meeting shall be called.

## **RULE VI – BOARD MEMBERS**

Section 1- Pursuant to RCW 41.26.110 there shall be a Law Enforcement Officer elected to serve on the Disability Board. The representative may be an active or retired member of the LEOFF I or LEOFF II state retirement system. In the event of a vacancy, the Clerk of the Board shall contact each retiree to solicit their interest in filling the vacancy. Interested retirees shall submit, within 10 business days, an application to fill the vacancy. Ballots shall be mailed to the retiree's place of residence to vote for a representative or write-in the name of another individual. Ballots shall be returned to the Clerk of the Board within 14 days of the postmark. Election results shall be reported to the Board at its next scheduled meeting. The newly elected representative shall take their position at the meeting in which the election results are reported. In the event that the election results in a tie, the Board shall elect the representative from the top 2 candidates.

- a. In the event no active or retired law enforcement officer is willing or able to serve, the process for filling the vacancy shall follow Section 6 of this rule.

Section 2- As there are no active or retired firefighters under the jurisdiction of the Franklin County Disability Board, the process for filling a firefighter representative vacancy shall follow Section 6 of this rule.

Section 3- Pursuant to RCW 41.26.110 a Citizen-at-Large shall hold a seat on the Disability Board. Citizens eligible for appointment under RCW 41.26.110 shall submit their application to the Disability Board for consideration. Interviews, if necessary, will be held at the Board's next scheduled meeting. The Board shall motion to appoint the citizen to the Board and the newly elected Board member shall take their seat at the meeting in which they are elected.

Section 4- Pursuant to RCW 41.26.110 a representative appointed by the mayors of cities in Franklin County which do have a Disability Board shall hold a seat on the Disability Board. The Disability Board shall be notified in writing of the appointee, and the appointee shall assume their position at the next scheduled meeting.

Section 5- Pursuant to RCW 41.26.110 a member of the legislative body of the County shall be appointed to the Disability Board by the legislative body.

Section 6- If no eligible active or retired firefighter or law enforcement officer is willing or able to be elected to the board under this rule, then the following individuals may be elected to the board:

- a. Any active or retired firefighter under 41.26, 41.16, 41.18, and 52.26 RCW or law enforcement officers under 41.26 or 41.20 RCW who resides within the jurisdiction served by the board
- b. The surviving spouse or domestic partner of a firefighter or law enforcement officer subject to the jurisdiction of the board.

Section 7- All members appointed or elected pursuant to RCW 41.26.110 shall serve for two year terms.

#### **RULE VII – MEDICAL RECORDS, HEALTH CARE INFORMATION ACCESS AND DISCLOSURE**

Section 1- Pursuant to RCW 70.02.030 a retiree covered by these rules may authorize a health care provider to disclose the patient's health care information to the Board. Annually, the Clerk of the Board shall obtain authorization forms from the retirees to be used to conduct business on behalf of the retiree for that year.

Section 2- Pursuant to RCW 70.02.040 a retiree may revoke, in writing, a disclosure authorization form unless authorization is required to effectuate payments to providers.

#### **RULE VIII – FILING DISABILITY BENEFIT CLAIMS**

Section 1- Retirees covered by a health provider (Group insurance, Medicare, TriCare, etc.) must submit claims to that provider first for payment or rejection.

Section 2- Claims submitted to the Disability Board for reimbursement shall be received by the Clerk of the Board no later than 90 days from the date the claim has been processed by the insurance company, or the expense incurred, whichever is longest. Failure to submit claims within this time period may result in the Board not authorizing payment of the claim. Claims received after the 90<sup>th</sup> day are not pre-approved by the Disability Board for reimbursement and will be presented for special approval consideration at the next regularly scheduled meeting.

Section 3- Claims submitted for reimbursement shall be submitted on the Disability Board approved claim form, and shall have all applicable supporting documentation attached to the claim form. Any missing documentation may result in delayed approval of the claim.

Section 4- The Disability Board retains the right to enlist a third party medical professional to evaluate any claim for medical necessity or request certification from the retiree's provider prior to approval.

Section 5- The Disability Board will not allow for claims of interest on delinquent accounts or charges for missed appointments.

Section 6- Should a reimbursement be denied by the Disability Board, the Clerk of the Board shall notify the retiree, in writing, notification of the denial.

#### **RULE IX – BOARD APPROVED REIMBURSEMENTS**

Section 1- The following expenses are pre-approved by the Disability Board for reimbursement, provided the reimbursement request is received by the Clerk of the Board no more than 90 days from the date the claim was processed by insurance or the expense incurred, whichever is longest:

**Hospital Expenses:**

- A. Charges made by a hospital, on its own behalf, for:
  - 1. Board and room not to exceed semiprivate room rate, unless a private room is required by the attending physician due to the condition of the patient.
  - 2. Necessary hospital services, other than room and board, furnished by the hospital.

**Co-Payments:**

- A. Co-pays charged for medical treatments as approved by the Disability Board.

**Medical Professional Services:**

- A. A physician or surgeon licensed under the provisions of RCW 18.71
- B. An osteopath licensed under the provisions of RCW 18.57
- C. A chiropractor licensed under the provisions of RCW 18.25
  - 1. For a maximum of 20 visits per calendar year
  - 2. A medical evaluation and treatment plan will be required by the Disability Board for visits beyond the 20 annual visit maximum.
- D. The charges of a registered graduate nurse, other than a nurse who ordinarily resides in the retiree's home or who is a member of the family of either the retiree or the retiree's spouse.
- E. Professional ambulance service, when used to transport the retiree to or from a hospital when injured by accident or stricken by a disease.
- F. Physical therapy, by a registered physical therapist.
- G. Massage therapy, by a licensed massage therapist.
  - 1. Maximum of 10 visits per calendar year.
  - 2. Must be prescribed by a physician.
  - 3. A medical evaluation and treatment plan will be required by the Disability Board for visits beyond the 10 annual visit maximum.
- H. Counseling services, from a licensed mental health counselor

**Prescriptions:**

- A. Drugs, medicines, and vitamins upon a physician or physician's assistant prescription.

**Examinations, Treatments, and Durable Medical Equipment:**

- A. Diagnostic X-ray, MRI, and laboratory examinations.
- B. X-ray, radium, and radioactive isotopes therapy.
- C. Anesthesia and oxygen.
- D. Rental of iron lung and other durable medical or surgical equipment.
- E. Artificial limbs and eyes, and casts, splints, and trusses.
- F. Crutches and other general medical support devices
- G. Diagnostic or preventative blood or fluid work.
- H. Diagnostic, routine, or preventative medical examinations or treatments.
- I. Audiogram,
- J. Blood transfusions, including the cost of blood and blood plasma, not replaced by voluntary donors.

**Vision:**

- A. Services of an optometrist or ophthalmologist licensed under RCW 18.53.
- B. One annual eye examination up to \$50.
- C. Lenses annually up to \$100.
- D. Frames up to \$150 every 24 months.
- E. Contacts in lieu of glasses up to \$150 annually.

**Dental:**

- A. Dental expenses incurred by a member who sustains an accidental injury to their teeth and commences treatment within 90 days after the accident, or if treatment is to cure or correct an existing health problem. An accidental injury does not include teeth broken or damaged by the act of chewing, biting or grinding, or damage as the result of dental hygiene neglect.
- B. Dental expenses not the result of an accidental injury up to \$1000 per calendar year.
  - 1. General check-up.
  - 2. Dental cleanings.
  - 3. Routine dental and periodontal care.
- C. Prosthodontics
  - 1. Dentures, fixed partial dentures, removable partial dentures, and the adjustment or repair of existing prosthetic device.
  - 2. Maximum reimbursement of \$1000.
  - 3. Reimbursement once every 5 years.

**Nursing Home and Long Term Care:**

- A. Nursing home or long term care facility rate not to exceed the average rate charged by skilled nursing facilities for semi-private room and board.
  - 1. When a retiree should need nursing home or long term care facility care, the Clerk of the Board shall obtain the average rate charged within the market.
- B. "Level of care" services as medically required by the retiree while in a nursing home or long term care facility to include:
  - 1. Bathing.
  - 2. Medication Management.
  - 3. In-House Laundry Services.
- C. Charges for medically necessary physician or physician assistant prescribed medications, medical services, and other medically necessary prescribed supplies.
- D. Retirees shall be encouraged to use the services and facilities of participating providers through their medical insurance carrier.
- E. Retirees shall submit, to the Board, documentation from their medical provider stating the medical necessity for nursing home or long term care.
- F. Retirees shall file a claim with their Medicare, Medicare supplement, group insurance, TriCare, or long term care insurance carrier when nursing home or long term care services become necessary. The Board shall only approve reimbursement amounts not covered by insurance providers listed in this section.
- G. The Board reserves the right to request an independent medical examination to determine to medical necessity for nursing home or long term care.

### **Medicare Premium:**

- A. Retirees shall enroll in Medicare once they turn 65, and shall be eligible for reimbursement of Medicare premiums.
  - 1. Retirees shall notify the Clerk of the Board two months prior to turning 65 so the Clerk can work with the retiree to obtain Medicare supplement insurance. If the retiree fails to do so, they will be responsible for any back premium for Medicare supplement insurance.
  - 2. Retirees shall submit documentation to the Clerk of the Board listing the retiree's name and monthly premium amount.
  - 3. Retirees shall be responsible for notifying the Clerk of the Board of any premium increases, and submitting the necessary documentation of any increases.
  - 4. Retirees shall not be reimbursed for any permanent penalties imposed by Medicare as a result of late enrollment.
  - 5. Reimbursement of Medicare premiums shall be reimbursed quarterly.
  - 6. Claim reimbursements shall be reduced the amounts payable by Medicare if the retiree declines Medicare enrollment.

### **Office and Operating Supplies:**

- A. Standard office and operating supplies required by the Disability Board or Clerk of the Board to conduct the business of the Board.

### **Travel and Training:**

- A. When approved by the Board of County Commissioners, travel and training related expenses are approved for the Clerk of the Board or Disability Board designee to attend conferences or events related to administration of RCW 41.26.
- B. Reimbursements shall be in accordance with the Franklin County Travel Policy.

## **RULE X – BOARD REQUIRED ENROLLMENT**

Section 1- The Board requires all retirees to enroll in certain coverages, programs, etc. which are included in this section. When practical, the Board shall pay directly to the provider any programs in which they require the retiree to enroll.

- A. Medicare Supplement Insurance.
- B. Long Term Care Insurance.
- C. Group Health Insurance if the retiree has not reached the age of 65.
- D. Life Flight.

## **RULE XI – ADDITIONAL MEDICAL SERVICES**

Section 1- Claims or services not pre-approved by the Disability Board in Rules IX and X shall be submitted to the Disability Board for consideration of approval. The claim shall be presented to the Disability Board at their next regularly scheduled meeting for consideration and shall be approved at the Board's discretion in accordance with applicable state and federal laws. The Board reserves the right to request any supporting documentation of medical necessity as part of the approval process.

**RULE XII – APPEALS PROCESS**

Section 1- Any retiree denied reimbursement by the Disability Board may appeal the decision to the Disability Board.

Section 2- Written notice of appeal must be received by the Clerk of the Board from the retiree within 30 days from the date of denial of the reimbursement.

Section 3- The formal appeal hearing will take place at the next regularly scheduled Disability Board meeting.

Section 4- It is the responsibility of the retiree to be present at the hearing, and/or make available in advance of the hearing any additional supporting documentation to be considered by the Disability Board.

Section 5- Notification of the Board’s decision shall be sent in writing to the retiree.

Section 6- Should the Board decide to approve the reimbursement, the Clerk of the Board shall process the reimbursement in the normal course of business.



Rocky Mullen Franklin County Commissioner

APPROVED  
TELEPHONICALLY

Patti Bailie Mayoral Representative



Mike Harris Fire Representative

APPROVED  
TELEPHONICALLY

George Michael Bumpaous Law Enforcement Representative



Debora Smith Citizen-at-Large

Attest:



Eric Wyant

Clerk of the Board

Approved to Form:



Franklin County Prosecutor's Office

March 3, 2021