MASON COUNTY LEOFF 1 DISABILITY BOARD
LONG TERM CARE REIMBURSEMENT POLICY
FOR LEOFF 1 MEMBER

The Mason County LEOFF 1 Disability Board (Board) may provide approval of reimbursement for the reasonable expenses incurred by a LEOFF 1 member (member) needing the services of long term care, including nursing home, assisted living or in-home health care (see #6 for definitions below).

1. Before any long term care charges may be approved for reimbursement, the Board must be provided a “Medical Request for Long Term Care” form filled out by the member’s attending licensed physician. The physician shall state the medical necessity and the estimated length of time during which the long term care will be required and the type of care required (nursing home, assisted living or in-home health care). This form may be obtained from the Mason County LEOFF 1 Disability Board office. The attending physician must provide to the Board a description of the care required. This description is to be as detailed as possible. The question of medical necessity shall be subject to annual, or more frequent, review by the Board.

2. Cost allowed: The Board will allow an average cost for care that has been prescribed as medically necessary by a licensed physician. The average cost is determined by surveying the type of prescribed facilities/service providers in Mason, Thurston and Kitsap Counties OR the average cost of such facilities/service providers in the county of residence as determined by the member. The number of facilities/service providers to be surveyed shall be determined by the Board at the time of request for reimbursement.

Costs allowances as listed in Section 2 may be exceeded with the concurrence of member’s attending physician and a 2nd opinion from a licensed physician of the Board’s choice.

3. All care must be prescribed as medically necessary by a licensed physician.

4. All charges must be submitted to Medicare and any other available insurance before submission to the Board. Members are encouraged to use the services and facilities of participating providers through their insurance carrier.

5. The Board shall approve, pursuant to the rules and procedures as set forth in this policy, reimbursement to the member, or payment to the member and the agency, for services rendered.

6. Definitions of care:
Nursing Home care is for 24 hour-a-day care in a semi-private room plus the “level of care” charge, where charged separately by a skilled nursing facility. Non-medical charges such as hair care, bed holds, telephone and recreational events shall not be reimbursed.

Assisted Living and In-Home Care: The total amount allowed shall not exceed the average cost for nursing home care as determined in #2 and service must be from a state licensed provider. There shall be no coverage for care provided by an
individual who ordinarily resides in the member’s home, or is a family member of either the member or the member’s spouse. Charges not covered include those that are non-medical or custodial in nature such as, but not limited to, house cleaning, cooking, laundry services, (unless ordered in the home health plan of treatment and provided by a home health aide), recreational companionship, hair care, personal toiletries and sundries, bed holds, and telephone.

Independent living facilities shall not be covered.

7. The provisions of this policy are not meant to be used for any other LEOFF 1 policy. It is specifically to be used for only long term care including nursing home, assisted living or in-home health care.