

LEOFF Application for Payment of Services

Case No: _____

Please Print Clearly & Legibly - Incomplete Form Will Be Returned

A) This Section to Be Completed by LEOFF 1 Member

Member Name: _____

Member Telephone: _____

Member Address: _____

Alternate Contact: _____

Describe Your Condition and Why It Is Duty Related: Right knee on duty injury operated on before has completely collapse and is inoperable. Cannot stand, sit up in bed, use toilet. While in St Peter's 48 hrs later suffer stroke leaving him totally incontinent

Describe the Service/Treatment Requested: help for 2 person care. Been doing alone for over 30 days. After 90 days in appropriate rehab he can no longer be transported to outside appointments

Total Cost of Treatment/Service: \$ 10080.00

Amount Paid by Insurance/Medicare: \$ _____

Amount Requested from the Board: \$ 10080.00

shower/daily cleaning
transfer
medication

hr
*45 x 8 = 360 x 7 days = 2520 x 4 weeks =

\$10,080 minimum

LEOFF member-Please attach the Explanation of Benefits statement(s) from your insurance provider(s) and/or Medicare which indicates the

Member Signature: _____

Date: 7-3-2025

by the alternate contact.

B) This Section To Be Completed by Member's Attending Health Care

Provider's Name: Gopal Ghimire MD Provider's Telephone: _____

Clinic/Office Name: Providence Cardiology

Provider's Address: 500 Lilly Rd NE Olympia WA 98506

Describe the Patient's Current Condition and State Whether It Is Duty Related: _____

CVA, hemiplegia

Describe Your Recommended Treatment Plan and Why It Is Medically Necessary: _____

Rehabilitation for mobility

Please Describe Any Reasonable Alternative Treatment Plans. Include Expected Outcome & Costs: _____

Bedridden, full care.

Date: 7/2/25



July 3, 2025

Dear Chanda,

It was a pleasure briefly speaking with you today about your client's in home care needs. We are eager to answer any questions you have concerning our home care services, realizing that there are a lot of agencies you could call. We hope to stand out in your mind. There are a number of important considerations in evaluating and selecting an appropriate home care agency to provide care in the home. It is our desire to answer as many of your concerns and questions as possible, so that you are able to make the most informed decision possible for their specific care needs.

Since 1984, Advanced Health Care has maintained a reputation for providing quality in home care. We are locally owned, not a franchise, and are a 2nd generation family business. We have also acquired a distinction for developing very detailed, creative home care plans to assist families and professionals in meeting the specific care needs of each client we serve. **For several years, we have received the "Best of Home Care: Provider of Choice"** award from the Home Care Pulse, a quality assurance company, and voted **"Best of South Sound"** in Showcase Magazine's reader poll for many years. Here are the rates for our caregivers:

Pierce County Hourly Care:

- **Nursing Assistant Caregivers**

\$44 per hour for 4 - 24 hour shifts (so for an 8 hour day shift it would be 8x\$44=\$352 day)

\$59 per hour for shorter 2-3 hour shifts

\$85 for a 1 hour shift (bath visit)

- **If providing transportation, mileage is billed at \$0.65/mile if the caregiver's vehicle is used for transportation or errands.**

Something that makes us unique is that fact that we are home health licensed and our registered nurse does an initial assessment and care planning with the client and family. ***When other agencies can only send a marketer or salesperson to assess your needs, we send a nurse!*** The \$195.00 initial assessment fee is waived once you start our home care services and use 40 hours of care within the first 30 days of service. Follow-up nursing visits (every 30-60 days) are provided at no additional charge. Ask around; you'll see that no one else is doing home care this way.

We're happy to provide you with this information and look forward to the opportunity to support you. If you have any questions or are ready to schedule a nursing assessment and begin care, please don't hesitate to call us Monday through Friday, between 8:00 AM and 5:00 PM. Our staff is here and ready to help.

Sincerely,

Lynessa Stone

VP of Marketing & Recruiting, Co-Owner

Telephone: ☐ Olympia 360-459-8311
☐ Chehalis 360-330-8585
☐ Shelton 360-428-7428



PATIENT INSTRUCTIONS

☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Pathology ☐ Nursing ☐ MSW

Have Instead 564-2363508

Synergy 360 338 0837

Comfort Keepers 360 742-3773

Allways Caring 360 5293410

~~At Home~~

Need Caregiving assistance. He is
Bed Ridden, needs full care for
bathing dressing. He had a stroke and severe
non operable knee injury. Dependent fully.
He is incontinent of Bowel & Urine.

Patient Name: _____ Patient Number: _____ Team Number: _____

Signature/Title: _____ Date: _____

Original to Patient; Yellow to Medical Record; Pink to Working Chart
OTR351

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[REDACTED]

[REDACTED] has been my best friend for several decades. We promised to care for each other during the aging process. He has taken care of me in the last few years, and I, [REDACTED], am committed to doing everything I can for him so that he can remain at home per his wishes. However, this year I will be 75 years old and need some help.

[REDACTED] has been home from CHI Franciscan Rehabilitation Hospital in Tacoma since May 30.

After a week a nurse from Providence at Home did an in home evaluation. This was followed by continuing visits from an OT (2 times a week), a nurse (1 time a week), and ONE visit from a PT who was not strong enough to work with [REDACTED] (and she NEVER came back, or called, never returning my calls). Everyone recommended that I get help from a caregiver agency like Catholic Charities. With NO experience I had a VERY hard time understanding what they were suggesting and what I needed to do.

So from May 30 through June 2025 I have taken care of [REDACTED] every day for 24 hours of the day. This includes THREE levels of care:

1. Care because of his demolished right knee that culminated on April 5, 2025:
 - All care associated with being bedridden from inoperable right knee injury. He cannot stand due to pain from pressure or touch.
 - Fully cleaning [REDACTED] in bed every day. Cleaning [REDACTED] clothing and bed linen at least once a day. Changing diapers and external catheter multiple times per day.
 - Fully organizing, shopping, preparing, serving, and cleaning for three meals and two snacks a day.
 - Organizing all appointments with medical personnel (thus far only by "Zoom"). Also organizing medications and confirming that he receives EXACTLY what they prescribe.
 - Laundry to include several loads per day.
 - Several maintenance projects throughout the home that were in progress when [REDACTED] lost total use of his leg.
 - Clean the house and around the house as [REDACTED] used to do on his own.
 - Not yet successfully completed because I need assistance for safety:
 - TRANSFER to wheelchair, lift, shower chair, car for clearly obvious reasons. If I don't get help I will find some way to achieve these as he has MANY upcoming appointments.
2. Care required by the damage caused by the stroke he suffered after having been in the emergency department for approximately 48 hours:
 - Remaining damage to his right (dominant) hand making strength and fine motor skills lacking. I assist him with the exercises outlined by his VERY

[REDACTED] [REDACTED]

[REDACTED]

COMPITANT current OT. These include stretching, lifting with the trapeze I purchased, core rebuilding repetitions, achieving sitting position on the bedside and maintaining balance using support from his diminished right arm and hand. He has improved so much since coming home but nothing compared to what I expected to see after SO LONG in a special rehab facility.

- New damage to bodily functions resulting in bowel and bladder incontinence several times a day. He had almost complete control before the stroke. Now, he can feel eliminations coming but only seconds before they happen. There is NO time to transfer him to a commode or wheelchair. Care due to this requires care throughout the day.
 - Although, his speech has improved almost to normal. He still needs assistance being understood on the telephone (which is the only way for him to communicate with anyone outside of his room.)
3. Care for damage caused by inappropriate therapy while in rehab care. Even though PT individuals were told that he has NO use of NOR hope of regain use of his right knee they persisted in concentrating on “getting him to walk.” They sent videos.
- His damaged knee was further aggravated by this push to stand and walk. This resulted in a seriously inflamed and swollen knee. He needs aid to lift, turn, move in any way a much more injured knee. Extreme caution is needed to reduce the daily pain. This encompasses massage and repositioning as self-movement can cause swelling to start again.