



City Hall  
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## LEOFF I Disability Board

### Approval of Case 20-5 Long Term Care Request

**Agenda Date:** 5/11/2020  
**Agenda Item Number:** 4.A  
**File Number:** 20-0384

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**Type:** decision **Version:** 1 **Status:** Passed

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**Title**

Approval of Case 20-5 Long Term Care Request

**Report**

**Issue:**

Whether to approve payment for long term care of retired LEOFF 1 member.

**Staff Contact:**

Debbi Hufana, HR Analyst, Human Resources, 360.753.8149

**Background:**

The board must decide whether or not to approve the request for ongoing longterm care for this member. The approximate cost is \$8,520.00 per month.

This request is in accordance with LEOFF 2 Disability Board Policies & Procedures.

**Attachments:**

Application for Payment of Services  
Kaiser Permanente documentation of need letter  
Garden Courte Invoice for May 2020 Services  
Page 11 of Admission Agreement for member

**Reference:**

Section III Procedures to Receive Benefits, E. Long Term Care