



**LEOFF I Disability Board**  
**Approval of Case #10-19 Long Term Care  
Request**

**Agenda Date:** 12/9/2019  
**Agenda Item Number:** 4.A  
**File Number:** 19-1061

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

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**Title**

Approval of Case #10-19 Long Term Care Request

**Report**

**Issue:**

Whether to approve payment for long term care for 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 long term care in the amount of \$8,000.00 per month. This care is provided in an adult family home setting.

The member suffered a stroke resulting in no meaningful use of his right side resulting in dependence for all activities of daily living with the exception of feeding.

This request is in accordance with LEOFF 1 Disability Board Policies & Procedures and is less than the amount charged by Panorama Rehabilitation and Convalescent Care Center in Lacey, Washington as specified in the LEOFF 1 Policies.

**Attachments:**

Application for Payment of Services  
Contract & Care Agreement

**Reference:**

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