



REDMOND DISABILITY BOARD

MEETING MINUTES

**Wednesday, September 3, 2025 @ 3:30 p.m. via Microsoft Teams or Council Conference Rm
PUBLIC CALL-IN NUMBER (206)800-4590 Meeting ID: 623449527**

I. Call to Order

Altenburg called the regular meeting of the City of Redmond Disability Board to order at 3:31p.m. at the City of Redmond and via Microsoft Teams.

II. Roll Call

Representative Dwight Altenburg
Councilmember Forsythe

Representative Larry Gainer
Councilmember Nuevacamina

III. Consent Agenda:

M: Nuevacamina **S:** Gainer to approve the following items of Consent Agenda **4-0**

- A. Approval of Minutes July 2, 2025.
- B. Approval of Claims for:
 1. Service Retired Fire Department for Medicare Part B premiums for September 2025 in the amount of **\$480.90 per month**, for a **total reimbursement of \$480.90**.
 2. Disability Retired Police Department for Medicare Part B premiums for January - July 2025 in the amount of **\$185.00 per month**, for a **total reimbursement of \$1,295.00**.
 3. Disability Retired Police Department for Nursing Home care for 30 days in the amount of **\$12,060.00 (\$402 per day)**; for a **total reimbursement of \$12,060.00**.
 4. Disability Retired Police Department for vision hardware in the amount of **\$400.00 month**, for a **total reimbursement of \$400.00**.
 5. Service Retired Police Department for Medicare Part A & B premiums for September 2025 in the amount of **\$703.00 per month**; for a **total reimbursement of \$703.00**.
 6. Service Retired Police Department for Medicare Part B premiums for August 2025 in the amount of **\$185.00 per month**; for a **total reimbursement of \$185.00**.

IV. Items Removed from Consent Agenda

V. Old Business

1. Review proposed policy language for uncovered services and supplies.
M: Nuevacamina **S:** Forsythe to approve new policy language below: **4-0**

"Services or Supplies Not Covered by Medical Insurance and/or Other Sources that Require Prior Authorization by the Board

Medical services or supplies, with a cost of over \$500, that are not covered by Medical Insurance and/or other source may be considered for reimbursement on a case-by-case basis if the member seeks prior Board approval and the medical services or supplies are prescribed by a

health care provider and deemed medically necessary. "Healthcare provider" means any health professional, hospital, or other institution, organization, or person that furnishes health care services and is licensed to furnish such services. In addition, members are required to consult first with their Medical Insurance plan to learn what is or is not covered in existing health insurance plans BEFORE incurring costs for medical services or supplies. Members must submit the following required documents needed for Board review and pre-approval:

- A. Denial of benefits coverage letter from medical insurance provider other proof of non-coverage for the services or supplies,
- B. Itemized quotes from at least two (2) providers for services and at least three (3) sources for supplies (if shipping is needed, this must also be included),
- C. A letter of medical necessity from the healthcare provider or a completed Health Care Providers Statement of Medical Necessity form,
- D. For medical supplies, the board may also consider who is providing the member's care."

2. Review request to cover **\$2,000** nursing home deposit covering the following items: creating a documentation binder, medication coordination with pharmacy, nurse delegation, setting up billing service, and setting up online medication administration/documentation.

M: Gainer **S:** Forsythe to approve \$2,000 deposit. **4-0**

VI. New Business

VII. Adjournment

3:38 p.m.

Respectfully Submitted,

Dwight Altenburg, Board Chair

Nicole Bruce, Staff Assistant