



CITY OF
Vancouver
WASHINGTON

**Police
Pension Board
Meeting Schedule
January 25, 2024**

Police Pension Board

3:30pm

Aspen Conference Room, 1st Floor City Hall

Call In: 1 347-941-5324

Phone Conference ID: 292 127 676#

Teams Meeting ID: 218 435 857 507

Passcode: vLJQyK

Please contact Caylee Tashiro at (360) 487-8403 or

Caylee.Tashiro@cityofvancouver.us

if you are unable to attend.

Thank you!

Thursday, Jan. 25, 2024
3:30p.m.
Vancouver City Hall
Aspen Conference Room, 1st Floor

MEETING ACCESS INFORMATION:

[Click here to join the meeting](#)

Call In: 1-347-941-5324

Phone Conference Number: 292 127 676#

AGENDA

1. Call to Order – McEnery-Ogle
2. Approval of Minutes – McEnery-Ogle
 - a. December 21, 2023
2. Communications – Tashiro
 - a. Introduce New Board Member
3. Reports – Glenn
 - a. Budget Report
4. New Business – Tashiro
 - a. Request for Long Term Care – Claimant B
4. Public Comment – McEnery-Ogle
5. Old Business – Tashiro
 - a. Request for Hearing Aids – Claimant A
6. Expenses – Glenn
 - a. Approval of Expenses for December 2023

Members

Anne McEnery-Ogle
Chair

Erik Paulsen, Mayor Pro Tempore
Anthony Glenn, City Treasurer
Natasha Ramras, CFO/Board
Secretary
August Lehto, Police Retiree
Kit Abernathy, Police Retiree
Jeffrey Dong, Police Retiree

Human Resources Department

P.O. Box 1995
Vancouver, WA 98668
360-487-8403
TTY: 711
cityofvancouver.us

Meeting Minutes

Thursday, Dec. 21, 2023

3:30 p.m.

Vancouver City Hall

Aspen Conference Room

415 W. 6th Street

Vancouver, WA 98660

Board Members Present:

Ty Stober, Chair; Anthony Glenn, Treasurer; Natasha Ramras, CFO/Board Secretary; August Lehto, Police Retiree; Kit Abernathy, Police Retiree; Jeffrey Dong, Police Retiree

Board Members Absent:

Anne McEnergy-Ogle, Mayor

Staff Present: Nena Cook, Deputy City Attorney; Caylee Tashiro, Human Resources; Iasmina Giurgiev, Human Resources; Kelsey Sanfilippo, Human Resources.

Guests:

None

Item 1: Call to Order

The December 21, 2023, meeting of the Police Pension Board was called to order at 3:41 p.m. by Chair Ty Stober in Aspen Conference Room at Vancouver City Hall and via Microsoft Teams. Mayor McEnergy-Ogle was absent. August Lehto entered at 3:46 p.m.

Item 2: Approval of Minutes:

Motion by Dong, seconded by Ramras, and approved unanimously to adopt the minutes from November 16, 2023, as written.

Item 3: Communications

None

Item 4: Budget Report

Members

Anne McEnergy-Ogle

Chair

Erik Paulsen, Mayor Pro Tempore
Anthony Glenn, City Treasurer
Natasha Ramras, CFO Board Secretary
August Lehto, Police Retiree
Kit Abernathy, Police Retiree
Jeffrey Dong, Police Retiree

Human Resources Department

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To request accommodation or other formats, please contact:

Caylee Tashiro | 360-487-8403 | TTY: 711 | Caylee.Tashiro@cityofvancouver.us

Glenn reported that total expenditures through November 2023 were 60% of budget. Total revenues through November 2023 were 104% of budget. The budget report is on track and no adjustments are needed from the Accounting department.

Item 5: Request for Hearing Aids – Claimant A

Attached for board review is a request for hearing aids for Claimant A. Section V.S of the Board’s Rules and Regulations requires:

“Hearing Aids prescribed by physician and pre-approved by board. Charges are limited to those necessary to achieve functional correction. When seeking pre-approval, members must submit to the third-party administrator quotes from at least two providers. The member must also have a current hearing test, exam and referral from a physician. Hearing aids must have a three-year warranty.”

Claimant A is seeking preapproval to use an out-of-network provider for Hearing Aids. Claimant A’s current hearing aids have malfunctioned and are outside of the three-year warranty which expired on September 15, 2023. Claimant A returned his current hearing aids to Advanced Hearing Aid for an evaluation, and they provided him with an older model unit while the Board makes its decision. Claimant A provided a hearing test and two recommendations from Battle Ground Hearing, which is a TruHearing provider. However, due to his hearing requirements he would like to choose Advanced Hearing Aid’s recommendation. Claimant A has provided two hearing tests, two Hearing Instrument Specialist evaluations, and three quotes for hearing aids that are adequate for his hearing loss. All three hearing aids have a three-year warranty.

Advanced Hearing Aids

- Oticon Real 1: \$6,400

Battle Ground Hearing Aids

- TruHearing 6 Premium Lithium RIC: \$1,898
- Unitron Moxi V9-R: \$5,950

Action Requested

Consider the request from Claimant A for hearing aids.

Motion by Abernathy to table this request until more information can be provided on the inadequacy of TruHearing hearing aids for the Claimant’s specific hearing loss. Seconded by Ramras and approved unanimously.

Item 6: Request for Long Term Care – Claimant B

Attached is an invoice from Prestige Care for a change in the type of room Claimant B resides. Previously Claimant B was approved for long term care at the April 18, 2019, meeting. The approval included Prestige Care at a daily cost of \$285 per day or monthly cost of \$8,835.

According to the Prestige Care, Claimant B was moved to a private room on November 2, 2023, at a daily rate of \$588 or monthly cost of \$17,460. He was moved to a private room because he is prone to infection due to his feeding tube. They would like to minimize exposure when this is needing changed. The office manager believes that he will be in a private room for a prolonged period as she does not see the feeding tube going away. Prestige Care did not notify Claimant B’s wife or son prior to him being moved into the private room. We were informed of his change when they provided the invoice on December 1, 2023.

The Pension Board Rule for long term care limits payment to the average daily rate of a semi-private room for Nursing Home Care services. The current average daily cost for a semi-private room in Washington State is \$334/day or about \$10,020/month.

Action Requested

Consider Claimant B's request for increased cost of medically necessary long-term care at Prestige Care.

Motion by Ramras to approve the cost of long-term care up to the maximum current cost of a semi-private room. Seconded by Abernathy and approved unanimously.

Item 7: Expenses

Expenses for November 2023 totaled \$42,999.34.

Motion by Glenn, seconded by Ramras, and approved unanimously to accept the expenses as presented.

Adjourned:

This meeting adjourned at 4:02 p.m.



MEMORANDUM

DATE: January 25, 2024
TO: Police Pension Board
FROM: Caylee Tashiro, Pension Board Coordinator
RE: **Introduce New Board Member**

Erik Paulsen was elected Mayor Pro-Tempore on January 8, 2024, and assigned to the Police Pension Board.

Mayor Anne McEnery-Ogle was assigned to the Police and Fire Pension Board as the Chairperson.

Action Requested

Communication only; No official action required by the Board.

COV - Composite Department Budget vs Actuals by Fund

Period FY 2023 -
 Dec
Fund 617 Police
 Pension
 Trust Fund
Ledger Account Type Expenditures

Fund	Department	Cost Center	Ledger Account	Current Year							Prior Year					
				Budget	Pre-Encumbrance	Encumbrance	Actuals	Actuals + Total Encumbrance	Available Budget	% Spent	Budget	Actuals (Years End)	Variance (Budget - Actual)	Actuals (PTD)	% Spent	
617 Police Pension Trust Fund	Budget - Human Resources	CC0092 HR-Human Resources Admin	540000:Services	0	0	0	0	0	0	0	0%	1,000	0	1,000	0	0%
617 Police Pension Trust Fund	Budget - Human Resources	CC0131 HR-Pension Admin	530000:Supplies	0	0	0	0	0	0	0	0%	0	0	0	0	0%
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	520000:Employee Benefits	1,513,200	0	0	984,110	984,110	529,090	65%	1,513,200	1,007,823	505,377	1,007,823	67%	
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	540000:Services	21,750	0	0	7,467	7,467	14,283	34%	20,750	5,632	15,118	5,632	27%	
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	550000:Intergovernmental Services and Payments	200	0	0	0	0	200	0%	200	0	200	0	0%	
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	590000:Interfund Services	18,574	0	0	16,022	16,022	2,552	86%	23,521	12,142	11,379	12,142	52%	
Total				1,553,724	0	0	1,007,599	1,007,599	546,125	65%	1,558,671	1,025,598	533,073	1,025,598	66%	

COV - Composite Department Budget vs Actuals by Fund

Period FY 2023 - Dec

Fund 617 Police Pension Trust Fund

Ledger Account Type Revenues

Fund	Department	Cost Center	Ledger Account	Current Year						Prior Year					
				Budget	Pre-Encumbrance	Encumbrance	Actuals	Actuals + Total Encumbrance	Available Budget	% Spent	Budget	Actuals (Years End)	Variance (Budget - Actual)	Actuals (PTD)	% Spent
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	361110:Investment Earnings	0	0	0	(467)	(467)	467	0%	0	0	0	0	0%
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	369910:Miscellaneous Other Operating Revenues	0	0	0	(18,884)	(18,884)	18,884	0%	0	(19,943)	19,943	(19,943)	0%
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	369920:Miscellaneous Other Nonoperating Revenue	0	0	0	827	827	(827)	0%	0	350	(350)	350	0%
617 Police Pension Trust Fund		(Blank)	361110:Investment Earnings	0	0	0	(23,352)	(23,352)	23,352	0%	0	0	0	0	0%
617 Police Pension Trust Fund		(Blank)	369910:Miscellaneous Other Operating Revenues	(1,000,000)	0	0	(1,000,000)	(1,000,000)	0	100%	(1,000,000)	(1,000,000)	0	(1,000,000)	100%
Total				(1,000,000)	0	0	(1,041,876)	(1,041,876)	41,876	104%	(1,000,000)	(1,019,593)	19,593	(1,019,593)	102%



MEMORANDUM

DATE: January 25, 2024
TO: Police Pension Board
FROM: Caylee Tashiro, Pension Board Coordinator
RE: Request for Long Term Care – Claimant B

Attached for board review is a request is a Long-Term Care Application Request and Physician’s Statement supporting a request for Assisted Living for Claimant B.

According to his daughter, Claimant B has a history of chronic back pain and trouble walking. He recently fell, reinjuring his back and was taken to the hospital by ambulance on December 5, 2023. He was medically transported from Las Vegas to a skilled nursing facility in California on December 13, 2023, to be closer to his daughter.

Claimant B’s health and ability to live independently have declined rapidly in the last few months. He needs assistance with many of the activities of daily living as noted in the Application Request and Physician’s Statement. Claimant B has already moved into Oakmont Senior Living as of December 28, 2023. Claimant B was unaware that medically necessary long term care services could be covered with prior approval by the Pension Board. Otherwise, he would have requested the service beforehand. Once Claimant B was informed of the process, he provided the required application, physician’s statement, level of care assessment from facility, and invoices received from Oakmont Senior Living.

Items for consideration by the Board:

\$6,000	One-Time Community Fee
\$5,639.51	December and January Rent
\$5,700	Ongoing Monthly Room, Board and Care

The Pension Board Rule for long term care limits payment to the average daily rate of a semi-private room for Nursing Home Care services. The current average daily cost for a semi-private room in Washington State is \$359/day or about \$10,770/month.

Action Requested

Consider Claimant B’s request for medically necessary long-term care up to the current daily cost for a semi-private room as presented.



CITY OF VANCOUVER HUMAN RESOURCES

415 W Sixth St – 3rd Floor/P.O. Box 1995
 Vancouver WA 98668-1995
 360.487.8403 phone 360.487.8418 fax
 E-Mail – Gaylee.Tashiro@cityofvancouver.us

Physician's Statement

LEOFF I Member Name: Claimant B Birth Date: _____

The LEOFF I member, as listed above, has applied to the City of Vancouver Pension Board for approval of medical services. Please complete and sign the **PHYSICIAN** section of the form as listed below.

Diagnosis: ACUTE AND CHRONIC LOW BACK PAIN HISTORY OF LUMBAR FUSION URINARY TRACT INFECTION ACUTE KIDNEY INJURY	Prognosis: FAIR
--	--------------------

Assistance Needed:	Full Assistance	Some Assistance	No Assistance
Taking Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Toileting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bathing or Showering	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transferring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Continence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shaving, Hair Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preparing Meals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Laundry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Walking Ability: Independent Walker Cane Wheelchair Not Mobile

Memory Loss: Frequent loss Occasional loss No memory loss
 Dementia Diagnosis Alzheimer's Diagnosis

Based on the needs of this patient, I would recommend the following type of service (please check one):

Home Health Care Skilled Nursing Home Care Services Other _____

Based on the needs of this patient, I would recommend the following level of care (please check one):

- Skilled Care:** nursing care performed under the orders of a doctor, supervised by a licensed registered nurse or practical nurse available around the clock on a daily basis. A person with professional training or skills must perform most daily procedures.
- Intermediate Care:** nursing care performed under the orders of a doctor and under supervision of a licensed registered nurse or practical nurse. The patient is provided with skilled care on a periodic basis. These periodic procedures cannot be done without professional training or skill.
- Custodial Care:** primarily meets the personal needs of the patient and can be provided by a person without professional training or skill.

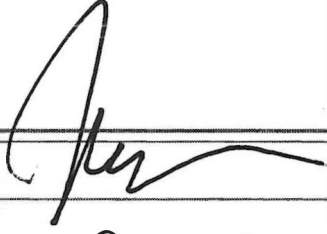
Frequency of Need: 3 (#) hours a day, _____ (#) days a week

Duration (how long do you anticipate need): Less than 2 weeks 3 – 4 weeks
 1 – 3 months 4 – 6 months over 6 months not sure other _____

ADDITIONAL INFORMATION

Please provide any additional opinions on the specific medical and other assistance this patient needs:

[Empty space for additional information]

Physician's Signature:  Date: 12/23/23
Typed or Printed Name JEFF CRUM, MD Phone: (818) 528-1260

Physical Address, including zip code:
4955 VAN NUYS BLVD
STE 308
STEAMER DKS, CA 91403

Mailing Address, including zip code:
SAME



CITY OF VANCOUVER HUMAN RESOURCES
 415 W Sixth St – 3rd Floor/P.O. Box 1995
 Vancouver WA 98668-1995
 360.487.8403 phone 360.487.8418 fax
 E-Mail – Caylee.Tashiro@cityofvancouver.us

Application Request

(To Be Completed by Member, Family Member or Legal Rep – please check one)

- Home Health Care
 Skilled Nursing Home Care Services
 Other assisted living - with in room nursing

Name: Claimant B	Telephone Number:
---------------------	-------------------

Complete address including zip code:	Pension Board: <input checked="" type="checkbox"/> Police <input type="checkbox"/> Fire	Status: <input type="checkbox"/> Active <input checked="" type="checkbox"/> Retired
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Medical Insurance: <input type="checkbox"/> Medicare <input type="checkbox"/> Kaiser Permanente <input checked="" type="checkbox"/> Blue Cross <input type="checkbox"/> Other _____	Veteran? <input type="checkbox"/> Yes - Branch of Svc _____ <input checked="" type="checkbox"/> No
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QUICK PERSONAL ASSESSMENT TOOL

(TO BE COMPLETED BY MEMBER, FAMILY MEMBER OR LEGAL REPRESENTATIVE)

Assistance Needed:	Full Assistance	Some Assistance	No Assistance
Taking Medications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Toileting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing or Showering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shaving, Hair Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preparing Meals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Laundry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Living Situation: Home (alone) Home (with services) Lives with family
 Hospital Other skilled nursing facility

Walking Ability: Independent Walker only a few steps Cane Wheelchair Not Mobile

Memory Loss: Frequent loss Occasional loss No memory loss
 Dementia Diagnosis Alzheimer's Diagnosis

ADDITIONAL INFORMATION

What recent conditions or events have occurred causing you to consider a change in your circumstance? Please be specific.

My dad Claimant B has had major physical back and neck problems for years and has had trouble walking even with a walker the last few years. He has tried every treatment, surgery, etc to no avail. The week before thanksgiving his wife, who had Alzheimers suddenly died. The day she died he fell and hurt his back. My sister and I live in other states and he didn't let on how bad this new injury was. It turns out it was so bad he couldn't take care of himself and was taken to the hospital by ambulance on 12/5/23. He was diagnosed with failure to thrive. He was transported by medical transport from Las Vegas to California, where I, his daughter Jennifer lives. He has been at Community Extended Care of Montclair skilled nursing facility since 12/13/23. This all happened very suddenly so we already arranged for him to move into an assisted living place with in room nursing care before we knew about the possibility of the city.

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information is true and complete to the best of my knowledge and belief.

Signature: _____ Date: 12/28/23

Print Name: Claimant B's daughter Relationship to Member: daughter

Resident Assessment**Claimant B**

Effective Date 12/28/2023

Reason for Assessment:	Initial Assessment	Completed by:	n/a
		Reviewed by:	Shavon Maddox
Move in date:	12/29/2023	Advance Directives:	POLST/MOLST
Primary diagnosis:	BACK PAIN	Code Status:	Full Code
Secondary diagnosis:	UTI, HTN, HYPOKALEMIA, DIFFICULTY WALKING	Evacuation Assistance:	Not evaluated
Alerts:	WEARS GLASSES AND DENTURES, USES AND WHEELCHAIR	Ambulatory:	No
		Allergies:	NKDA

Personal Care Services**Acuity Points Billable Points**

Dietary	Requires special meal preparation as ordered by physician (no added salt, carbohydrate controlled, texture modified, fortified supplements).	5	5
Grooming	Requires stand-by assistance with set up and performance of grooming tasks.	25	25
Denture Care	Requires assistance with cleaning, applying and/or storing dentures in appropriate container.	3	3
Dressing	Requires hands on assistance with dressing and undressing. Assistance with clothes selection included.	28	28
Assistive Devices	Resident uses two or more assistive devices such as a device for ambulating (cane, walker, wheelchair, etc.), a hospital bed, an overlay mattress, and/or a fall mat. (List devices used in task notes).	0	0
Transfers	Requires two-person physical assistance with transfers.	22	22
Escorting	Requires escorting and/or physical assistance to attend meals and/or activities.	32	32
Bathing	Requires total assistance for all showering/bathing needs (1-2x/week). (Please go to 'edit' and select preferred shower day(s); each additional day will add 13 points to the acuity score).	26	26
Toileting	Requires hands-on assistance with incontinence; gathering incontinence supplies, hygiene, and/or changing linen.	74	74
Personal Care Services			
Sub-total:		215	215

Resident Assessment

Claimant B

Effective Date 12/28/2023

Supportive Services**Acuity Points Billable Points**

Laundry	Requires laundering services 2x/week.	3	3
		<hr/>	
		3	3

Supportive Services
Sub-total:**Medication Management Services**

Medications	Resident is able to self-manage medications. Self-Medication Assessment completed and physician order is documented. Provide community current copy of signed physician orders for emergencies.	0	0
Pharmacy	Self-manages medications and self-manages orders/refills.	0	0
		<hr/>	
		0	0

Medication Management Services
Sub-total:**Health Care Assistance**

Fall Risk Assessment	Resident is at high risk for falling according to the Fall Risk Assessment. (Provide personalized interventions, per Fall Management Protocol).	18	18
Skin Care	Resident has skin impairment and/or Braden Score less than 16 that requires additional staff assistance up to 3 times per week. Provide personalized interventions per completed Skin Assessment and Braden Scale.	5	5
Healing Wounds/Bedsore	Requires staff monitoring and assistance with care of healing wound/pressure injuries from licensed nurse. Home Health Agency is managing and treating the condition.	32	32
Status Checks	Requires status checks daily for safety or recent change of condition.	5	5
		<hr/>	
		60	60

Health Care Assistance
Sub-total:**Coordination of Care Services**

Home Health	Requires services from a home health agency. Requires staff monitoring and coordination of care.	5	5
Acute or Chronic Care Monitoring	Resident is new or returning to the community and requires coordination of care from licensed nurse.	2	2
		<hr/>	
		7	7
		<hr/>	
		285	285

Coordination of Care Services
Sub-total:**Assessment Total:**

Resident Assessment

Claimant B

Effective Date 12/28/2023

Resident: _____ Date: _____ Other: _____ Date: _____

Family Member: _____ Date: _____ Other: _____ Date: _____

Reviewer: _____ Date: _____ Other: _____ Date: _____

Resident Name: Claimant B
 14837 Peyton Dr
 Chino Hills, Ca

DATE: 12/29/23
 Unit # 411A

Move in Date: 12/29/2023
 Rent Start Date: 12/29/2023
 Monthly Rent: \$4,995.00
 2nd Occupant Fee: \$0.00
 Monthly Care Fee #1: \$5,700.00
 Monthly Care Fee #2: \$0.00

DESCRIPTION	AMOUNT
Community Fee	\$ 6,000.00
Deposit received	\$ (2,000.00)
Initial Monthly Fee	
Prorated December Rent for Unit 301: 12/28-12/31/2023	\$ 644.51
January Rent 01/01-01/31/2024 for Unit 411A	\$ 4,995.00
	\$ -
	\$ -
Other Fees (if Applicable)	
	\$ -
TOTAL	\$ 9,639.51

Make all checks payable to: Oakmont of Chino Hills

Care fees will begin upon Claimant B physical move-in date.

Appendix A
FEES FOR ADDITIONAL ITEMS AND SERVICES, CARE POINTS AND LEVELS OF CARE

I. Additional Items and Services

By checking a box below, you decline the item or service. Please note that even if you do not check a box, you will only be charged if you receive an item or service. If you do check a box, you will not be able to receive the item or service unless and until you provide us with written notice of the change.

<input type="checkbox"/>	Guest Meals:	
	Breakfast:	\$12.00
	Lunch:	\$15.00
	Dinner:	\$17.00
	Special Events	\$25.00 or more
<input type="checkbox"/>	Extended resident tray service	\$10.00 per tray
<input type="checkbox"/>	Special Maintenance Services	\$40.00 per hour
<input type="checkbox"/>	Beauty & Barber Shop	Rates set by contracted service
<input type="checkbox"/>	Personal Transportation	\$45.00 per hour
<input type="checkbox"/>	Escort Service to Medical Appointment	\$45.00 per hour
<input type="checkbox"/>	Dry Cleaning	Based on local dry cleaner
<input type="checkbox"/>	Special Diets	\$5.00 per day
<input type="checkbox"/>	Personal supplies	Per price list
	Lost or Misplaced Cable Box/Equipment	Starting from \$350.00
	One on One Supervision	\$45.00 per hour
	Emergency Pendant Replacement	Based on current replacement cost
	Roam Alert Safety Bracelet replacement	Based on current replacement cost

I. For residents that are part of the *Traditions Memory Care Program*, care fees are charged based on care levels associated with each resident's individual assessment and the level of their specific needs. Below are the care levels, points associated with each level, and fees associated with each level within the *Traditions* program.

Level 1	(1-129 points)	\$ 1,590.00 per month
Level 2	(130-204 points)	\$ 2,600.00 per month
Level 3	(205-280 points)	\$ 3,550.00 per month
Level 4	(281-355 points)	\$ 4,560.00 per month
Level 5	(356-450 points)	\$ 5,570.00 per month

Plus \$20 for each point above 450 points

- II. Care fees are charged based on assessment points for residents residing in assisted living or memory care. Each assessment point results in a \$20.00 per month charge.

Note: Oakmont may change the rates in this Appendix at any time on sixty (60) days' written notice. Charges for changes in care will take place immediately.

I/We acknowledge receipt of **Appendix A**, Schedule of Fees for Additional Items and Services, Care Points, and Levels of Care, and further acknowledge that Resident declined to purchase the items/services checked above:

RESIDENT/REPRESENTATIVE:

(Signature)

OAKMONT OF CHINO HILLS

(Signature and Title)

(Date)

Cost of Care Communication

Claimant B

Date of Assessment December 28, 2023
Reason for Assessment Initial Assessment
Template AL Assessment (Sept 2023)

Previous acuity score	N/A	Billable	N/A
New acuity score	285	Billable	285

Billable points is the resident's acuity score adjusted by needs and tasks excluded from care fee calculation, if any.

New cost of care \$ 5700.00 per month

Effective date January 05, 2024

Method of delivery:

_____	Presented to resident	Date _____
_____	Presented to responsible party	Date _____
_____	Mailed, faxed or emailed to responsible party	Date _____

Name of responsible party _____ Date _____

Signature of staff member _____ Date _____

N/A = Zero care fee scheme applied



MEMORANDUM

DATE: January 25, 2024
TO: Police Pension Board
FROM: Caylee Tashiro, Pension Board Coordinator
RE: Request for Hearing Aids – Claimant A

At the December 21, 2023, Police Pension Board Meeting, Claimant A requested the Board to consider covering the hearing aid costs outside of his Regence medical coverage. At that time, Board Members did not see sufficient information showing inadequacy of hearing aids recommended by TruHearing. The request was tabled to allow time for Claimant A additional time to submit more documentation.

Following the meeting, Claimant A provided documentation from Battle Ground Hearing and Advanced Hearing Aids which explain differences in service and quality of products from TruHearing.

Attached for board review is a request for hearing aids for Claimant A. Section V.S of the Board's Rules and Regulations requires:

"Hearing Aids prescribed by physician and pre-approved by board. Charges are limited to those necessary to achieve functional correction. When seeking pre-approval, members must submit to the third-party administrator quotes from at least two providers. The member must also have a current hearing test, exam, and referral from a physician. Hearing aids must have a three-year warranty."

Claimant A is seeking preapproval to use an out-of-network provider for Hearing Aids. Claimant A's current hearing aids have malfunctioned and are outside of the three-year warranty which expired on September 15, 2023. Claimant A returned his current hearing aids to Advanced Hearing Aid for an evaluation, and they provided him with an older model unit while the Board makes its decision. Claimant A provided a hearing test and two recommendations from Battle Ground Hearing, which is a TruHearing provider. However, due to his hearing requirements he would like to choose Advanced Hearing Aid's recommendation. Claimant A has provided two hearing tests, two Hearing Instrument Specialist evaluations, and three quotes for hearing aids that are adequate for his hearing loss. All three hearing aids have a three-year warranty.

Advanced Hearing Aids

- Oticon Real 1: \$6,400

Battle Ground Hearing Aids

- TruHearing 6 Premium Lithium RIC: \$1,898
- Unitron Moxi V9-R: \$5,950

Action Requested

Consider the request from Claimant A for hearing aids



6612 E. MILL PLAIN BLVD. VANCOUVER, WA 98661 PH: (360) 695-8742 FAX: (360) 696-6721 EMAIL: kyle@advancedhearinc.com

Caylee Tashiro, Pension Board Coordinator

01/09/2024

City of Vancouver

P.O. Box 1995

Vancouver, WA 98668

Ph: (360) 487-8403

Greetings,

My name is Kyle Koch, owner and primary provider of Advanced Hearing Aids, Inc. in Vancouver, WA. I've been a practicing Hearing Instrument Specialist in both Washington and Oregon for 14 years. I obtained my Board Certification in Hearing Instrument Sciences in 2013 by completing a National Competency Exam dedicated to providing a standard of excellence and a strict Code of Ethics among hearing healthcare professionals. I enjoy helping members of my community reconnect to their friends and family through better hearing! It's come to my attention that the City of Vancouver Pension Board would like clarification on the varying levels of hearing loss and how that can affect the hearing instrument recommendation given by Hearing Care Providers (HCPs). Firstly, it's important to understand how hearing loss is measured. When performing a hearing evaluation, HCPs will place the client in a sound-proof room and administer a series of tones varying in frequency level to the client through headphones worn in or over the ears. The decibel (dB) is the unit used to measure the intensity (or loudness) level of those tones, and HCPs record the softest decibel level the client is able to hear each tone on a graph known as an audiogram. According to the National Institute of Health, the levels of hearing loss are outlined as follows:

1. 0-20dB = Normal Hearing (No Loss)
2. 20-40dB = Mild Hearing Loss
3. 41-60dB = Moderate Hearing Loss
4. 61-80dB = Severe Hearing Loss
5. > 81 dB = Profound Hearing Loss

This means that if a client's hearing thresholds in decibels fall on or above 20 dB, they are considered to have normal hearing. Once it takes greater than 20dB for the client to hear and respond to the tones provided, they are considered to have hearing loss. The higher the intensity level required to get them to barely hear the tone, the more severe their hearing loss is considered.

Claimant A's hearing loss (as noted on the audiogram provided with my original recommendation, dated 01/13/2023) ranges from mild to moderately-severe in the right ear and moderate-to-profound in the left ear. Both sides exhibit a "high frequency" hearing loss pattern with a slight notch upward at 4kHz,

indicating injury to the hearing nerves of the inner ear sustained by loud noise exposure. Out in the real world, this equates to a loss of speech clarity when the individual cannot see the speaker's face or when they are surrounded by loud noise (i.e. in the car, at restaurants, family get-togethers, etc.). This type of asymmetrical hearing loss also disrupts the brain's ability to tell where sounds are coming from, making it more difficult to locate sounds in a given environment and "tune out" unwanted sounds in noisier settings.


Hearing instrument technology can vary greatly depending on the manufacturer and the technology level. Basic technology may offer some assistance in these difficult areas, but will have greatly inferior digital sound processing (DSP) capabilities, noise reduction, feedback control, and speech enhancement than Premium level or even Advanced Level technology. Lower-level technology may be cost-effective but will not provide the same benefit needed for Claimant A given the severity and asymmetric nature of his hearing loss and his poor speech discrimination scores. This brings me to my next point.

TruHearing is a third-party managed care provider that works with insurance companies and other organizations to alleviate some of the costs associated with hearing loss treatment. Many of the lower cost options available through TruHearing are touted as premium level technology, but when compared with other manufacturer's top technology, they fall short in multiple areas. Many are watered down, de-featured private-labeled hearing instruments that ultimately may reduce the overall cost associated with the provision of care to the client but will not appropriately address the client's needs. TruHearing is owned by WS Audiology, owner of Signia, Widex, Rexton, etc. They tend to offer the deepest discount on their own private-labeled products, limiting the recommendation options available to providers who would otherwise recommend a different brand that suits their clients' best interests.

One of the most common complaints from consumers regarding TruHearing is the level of care and service provided as well. Being a Board-Certified HCP means I hold myself to a certain standard of excellence and care, one which I cannot provide given the minimal fitting fee TruHearing pays its contracted providers. If the client needs an extended trial period pre-fitting, needs multiple follow-up visits, or simply has a more challenging hearing loss and requires more in-office adjustments, they will incur additional service costs and may be better suited to go with a bundled hearing instrument model. Many local HCPs have declined to take TruHearing clients based on this, leaving a limited number of local providers available to your pensioners when replacements are needed.

Here at Advanced Hearing Aids, we pride ourselves on offering the highest level of care to all our clients. We offer a full diagnostic hearing evaluation and consultation upfront at no charge. When the decision to purchase amplification has been made, we fit the hearing instruments using best practices and the most advanced fitting tools, including real ear fitting verification. In addition to this, we offer a comprehensive 3-Year Manufacturer Warranty for both Repair as well as Loss & Damage Coverage, a 60-Day Trial period from the date of fit with a 100% Refund Guarantee, and lifetime care and service at no additional charge. I hope you find this information useful, and if I can be of further assistance, please don't hesitate to reach out.

Respectfully,



Kyle R. Koch, A.A., BC-HIS

Tashiro, Caylee

From: Felipe Ovando <battlegroundhearing@gmail.com>
Sent: Wednesday, January 3, 2024 10:39 AM
To: Tashiro, Caylee
Subject: TruHearing vs direct independant

Follow Up Flag: Flag for follow up
Flag Status: Flagged

You don't often get email from battlegroundhearing@gmail.com. [Learn why this is important](#)

CAUTION: This email originated from outside of the City of Vancouver. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello Caylee,

Claimant A has asked me to essentially compare and contrast the experience through TruHearing vs purchasing hearing aids directly through an independent provider.

As I tell all of my TruHearing patients. In most cases, TruHearing is the most affordable path to buy quality hearing aids. In some cases, they are available at literally half of my wholesale cost. There are, however, other considerations.

TruHearing requires payment up front for the patient to begin a trial period. Typical out of pocket costs, depending on the policy, are up to about \$4500. Most often, patient out of pocket is \$2098.00 for a set. This includes 1 year of free office visits, a 3 year repair warranty and 3 years of loss and damage coverage with a \$150 replacement fee and a \$125.00 reprogramming fee. After the first year, it's a \$65.00 charge per office visit and an additional \$45.00 for hearing tests. Also, if a TruHearing patient loses a device or it needs to go in for repair, we cannot provide loaners.

At Battle Ground Hearing, the only thing the patient pays for are the hearing aids. Hearing tests We provide hearing tests at no charge. Also, we do not allow patients to purchase on their first visit. We insist that they go through a trial period with demo devices so they can experience the benefit without having to pay for them in order to try them. This policy ensures patient satisfaction because they know what they're getting before they decide to purchase. We provide lifetime free office visits, testing and services. We also provide a 3 year repair warranty with 3 years of loss and damage. The loss and damage replacement cost is also \$150.00, but we do not charge a reprogramming fee. When the devices do need to be repaired, we provide loaner devices so the patient never has to go without hearing aids. The patient pays nothing else until the warranty expires, then they are responsible for the factory repair costs.

Bottom line, no independent provider can come close to TruHearing pricing. There is significant savings up front, but there is a trade off. The patient experience and service suffer for the discount. Many people are put off by the \$65.00 office visit charge, especially if it's a simple issue to be addressed. Most TruHearing providers charge the fee just to speak to a patient even if no services are provided because of the office time being blocked out.

Please feel free to reach out if you have questions or if I can provide further information.

Thank you!

--
Felipe Ovando

Battle Ground Hearing
360-723-5478

Tashiro, Caylee

From: Claimant A
Sent: Monday, December 4, 2023 10:09 AM
To: Tashiro, Caylee
Subject:

Follow Up Flag:
Flag Status:

Caylee;

Having discussed the recommendations from Mr. Ovando and asking questions of Mr. Koch concerning TruHearing 6 Premium hearing aids, it appears that those hearing aids are sub-standard with my hearing requirements. After some research on google, I've come to realize that the Unitron Moxi V9-R is not as good as the Oticon Real 1 in quality for my particular hearing challenges. I would like to choose the Oticon Real 1 set of hearing aids as compared to the Unitron Moxi.

Claimant A

On Friday, December 1, 2023 at 04:43:48 PM PST, Claimant A wrote:

Caylee;

My intention is not to go thru TruHearing but to submit the two quotes to the board. I am using an older model unit provided by Advance Hearing Aids until the board makes a decision. So, please submit this request to the board. I will not participate in this decision by recusing myself from this decision.

Claimant A

On Thursday, November 30, 2023 at 04:08:19 PM PST, Tashiro, Caylee <caylee.tashiro@cityofvancouver.us> wrote:

Hi Claimant A,

Are you trying to go through insurance? If you get the TruHearing recommended devices, we do not need to submit quotes to the Board. You could pay for the hearing aids upfront then submit the receipt to me and I would send to Allegiance for reimbursement. If you would like Allegiance to pay Battle Ground hearing directly, I would just need an itemized invoice from Felipe for the TruHearing devices.

If you do not go through insurance, I received Felipe's quote for \$5950. I have not received anything from Kyle Koch and would need that to present to the Board. Recently, the Board has approved of several reimbursements for hearing aids due to extenuating circumstances. Since your current hearing aids have malfunctioned you could purchase new devices through Advanced Hearing, but the Board might deny the claim.

Please let me know how you would like to move forward.

Thank you,

Caylee Tashiro, SHRM-CP | Human Resources Specialist

CITY OF VANCOUVER, WASHINGTON

Human Resources

P: (360) 487-8403 | F: (360) 487-8418

www.cityofvancouver.us



From:
Sent: Wednesday, November 29, 2023 8:31 PM
To: Tashiro, Caylee <Caylee.Tashiro@cityofvancouver.us>
Subject:

CAUTION: This email originated from outside of the City of Vancouver. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Caylee;

What paperwork do I need to fill out to request new hearing aids? My current set has malfunctioned and I've returned them to Advance Hearing Aid for an evaluation. The Oticon hearing aids have passed the three year warranty which expired September 2023. Mr. Kyle Koch recommended that I obtain new hearing aids and will submit to you a bid for a new set.

I also obtained two bids from Felipe Ovando of Battleground Hearing (Tru Hearing consultant) for my hearing test and also his two recommendations.

I've requested both Mr. Koch and Mr. Ovando to submit bids for new hearing aid to be emailed to your office.

Please advise my next steps.

Sincerely,



6612 E. MILL PLAIN BLVD. VANCOUVER, WA 98661 PH: (360) 695-8742 FAX: (360) 696-6721 EMAIL: kyle@advancedhearinc.com

**Caylee Tashiro, Pension Board Coordinator City
of Vancouver**

12/01/2023

P.O. Box 1995

Vancouver, WA 98668

Ph: (360) 487-8403

Re: Claimant A

Employer: City of Vancouver Police Department

Greetings,

On November 20th, 2023, Claimant A, a retired City of Vancouver Police Officer, came to our office seeking a recommendation for replacement hearing instruments. His current hearing instruments (Oticon Opn S1 miniRITE-Rs, Serial Nos. 81145751 and 81145799) were fit over 3 years ago on September 15th, 2020. Visual inspection of his existing devices revealed considerable wear-and-tear of the internal componentry, resulting in multiple failures such as non-functional rocker control, unwanted activation of Flight Mode, intermittent communication failure, etc. His existing hearing devices are now outside of the manufacturer's warranty. Therefore, I strongly recommend Claimant A receive replacements at this time.

During our consultation, I showed him Oticon's newest product platform that I believe would offer him the same convenient rechargeability that he has come to enjoy with his current devices while also offering superior speech clarity in noisy environments as well as increased compression of sudden impulse sounds in the wearer's environment.

Therefore, I propose to fit him with bilateral (2) new Oticon Real 1 miniRITE-R (Receiver-in-the-Ear) rechargeable hearing instruments. They would be Silver Grey in color with a #2, 85 gain receiver for the right side and a #2, 105 gain receiver for the left coupled with Oticon's custom Power Receiver Mold. These hearing instruments would come with a standard 3-Year Manufacturer's Warranty for Repair as well as 3-Year Loss & Damage Coverage including a one-time replacement per device. **The total cost for the hearing instruments and custom earmold would be \$6,400.00.**

We have enjoyed serving Claimant A hearing healthcare needs over past 3 years. I look forward to continuing to serve his needs should our bid be chosen. If you have any questions or concerns regarding this recommendation, please let me know. Thank you for your kind attention to this matter!

Respectfully,

A handwritten signature in cursive script that reads "Kyle R. Koch". The signature is written in black ink and is positioned above the printed name.

Kyle R. Koch, A.A., BC-HIS

President & Owner

Advanced Hearing Aids, Inc.

6612 E. Mill Plain Blvd.

Vancouver, WA 98661

Ph: (360) 695-8742

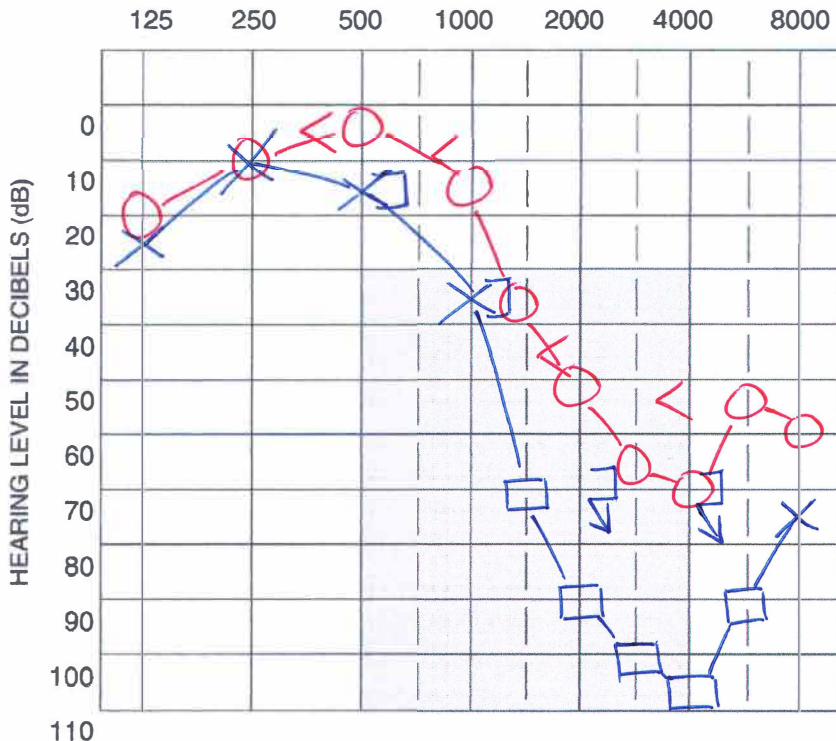
ADVANCED HEARING AIDS, INC.

6612 E. MILL PLAIN BLVD. VANCOUVER, WA 98661 Ph. (360) 695-8742

www.advancedhearinc.com

NAME Claimant A AGE _____ DATE 1/13/23
 ADDRESS _____ PHONE (360) 608-5935
 CITY, STATE & ZIP Vancouver, WA
 EXAMINER Kyle R. Koch, A.A., BC-HIS AUD. SERIAL NO. 00161
 COMMENTS _____

AUDIOGRAM



AUDIOGRAM KEY

		RIGHT	LEFT
AIR	UNMASKED	○	×
	MASKED	△	□
BONE MASTOID	UNMASKED	<	>
	MASKED	[]
EXAMPLES OF NO RESPONSE SYMBOLS			

	SRT	Speech Discrimination	MCL	UCL
R	DNT	96% @ 75 dB	90/HFE	110/120
L	DNT	88% @ 95 dB	70/12	110/120

HEARING AID SIMULATOR RESULTS

	dB/Octv.	MCL/GAIN	UCL/SPL (MPO)
R		dB	dB
L		dB	dB

PTA (dB HL)

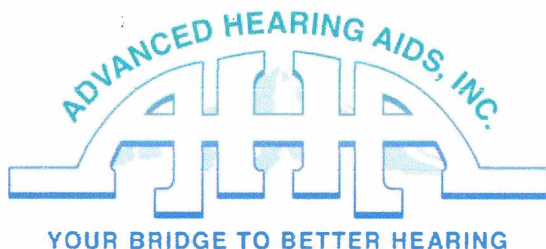
	500 Hz	1000 Hz	2000 Hz
R	dB	dB	dB
L	dB	dB	dB

TARGET 2cc - FOG

	250	500	1K	2K	3K	4K
R						
L						

COMMENTS Test Reliability: Good. Otoscopic examination: Pinnae and EACs clear; both TMs visible and unremarkable. Pure tone audiometric evaluation results:

- Ⓜ mild to moderate high frequency SNHL
- Ⓛ Profound high frequency SNHL



Battle Ground Hearing

To Whom it may concern in regards to Claimant A,

We've recently seen Claimant A for a diagnostic hearing evaluation. Claimant A reports that his hearing sensitivity has declined noticeably and it is having a significant impact on his ability to function and communicate in all situations. Results were as follows:

- **Otoscope Examination:** Normal
- **Speech Audiometry:** Right Ear 100%, Left Ear 80%, Binaural 100%
- **Puretone Audiometry:** Bilateral Sensorineural hearing loss, Moderate to severe High Frequency Hearing Loss in the right ear, Severe to profound High Frequency Hearing loss in the left ear.
- **Diagnosis:** H 90.3 Sensorineural Hearing Loss, Bilateral
- **Assessment:** Claimant A is experiencing significant difficulties in his daily life and would very likely benefit from hearing aids. This would improve his ability to communicate, his ability to recognize speech and his safety in terms of situational awareness.
- **Treatment Plan:** We are recommending that Claimant A consider appropriately fit amplification, properly programmed for his hearing loss and that he uses hearing protection in very loud or noisy situations. CPT Code V5261, Hearing aid, Digital, Binaural, BTE.

Claimant A has two options to consider:

Option 1: TruHearing

If he chooses TruHearing, we are recommending the TruHearing 6 Premium Lithium RIC devices at a total cost of \$1898.00. The TruHearing 6 Premium Lithium RIC's are premium level, rechargeable devices with Bluetooth connectivity to Apple devices and some Android devices. They have a 3 year warranty with 3 years of loss and damage coverage. The TruHearing service plan provides a 1 year service plan. After the first year, there is a \$65.00 service fee per service or office visit moving forward.

Option 2: Battle Ground Hearing

If he chooses Battle Ground Hearing, we are recommending the Unitron Moxi V9-R at a total cost of \$5950. The Unitron Moxi V9-R's are premium level, rechargeable devices with nearly universal Bluetooth connectivity. They will connect with virtually any Bluetooth device including phones, tv's, computers, stereo systems, Firestick TV and others. The warranty is 3 years and includes 3 years of loss and damage coverage. The service plan includes free service and free office visits for the life of the hearing aids as well as loaner devices should his hearing aids need to go in for repair.

If further information is required please reach out and we will be happy to provide any additional documentation.

Best Regards,

A handwritten signature in black ink that reads "Felipe Ovando". The signature is written in a cursive style with a large initial 'F'.

Felipe Ovando, HIS

License: HA00003183

Phone: 360-723-5478 Fax:360-723-5751

1710 SW 9th Avenue Suite 115 Battle Ground , WA 98604

Email: battelgroundhearing@gmail.com Website: Battlegroundhearing.com

Battle Ground Hearing

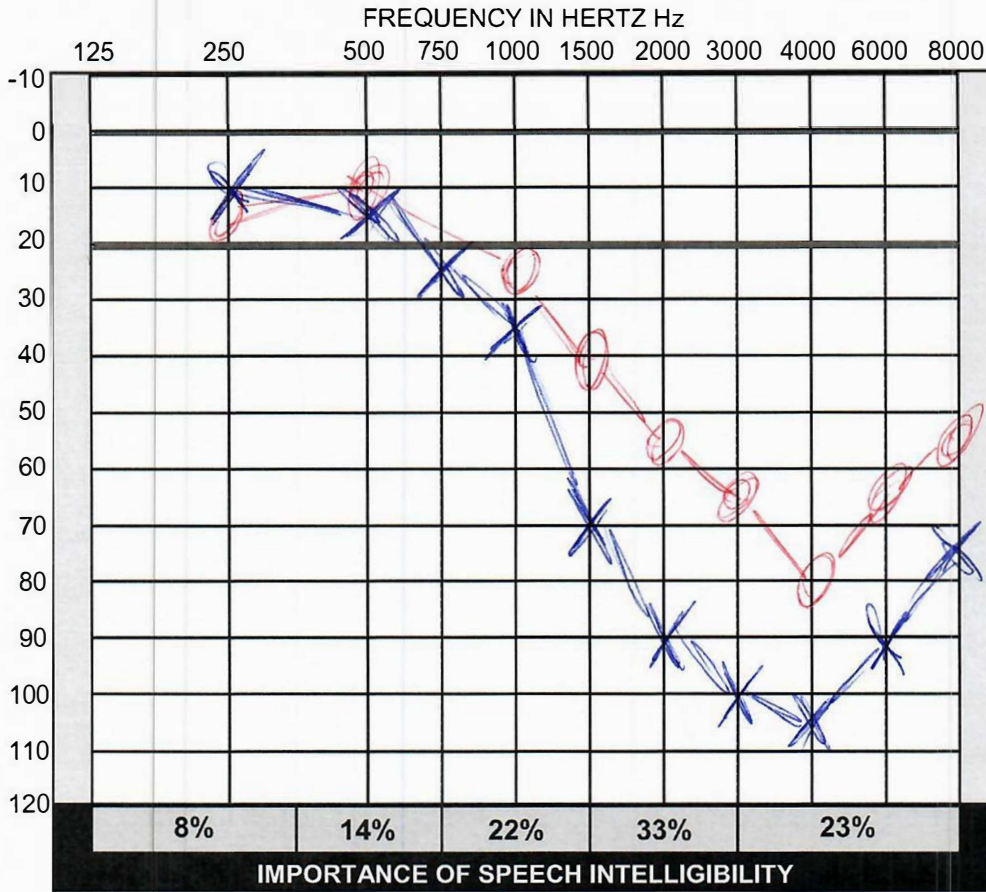
360-723-5478

1710 SW 9th Ave Ste B115 Battle Ground, WA 98604

Fax: 360-723-5751

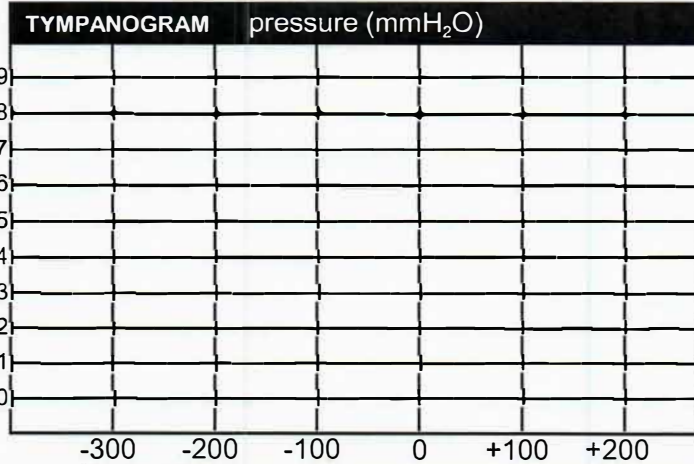
Patient: Claimant A

Date: 11-29-23



<input checked="" type="checkbox"/>	NORMAL
Ability to understand speech	
<input checked="" type="checkbox"/>	MILD
No significant difficulty with faint speech	
<input checked="" type="checkbox"/>	MODERATE
Difficulty only with faint speech	
Amplification needed	
Frequent difficulty with normal speech	
<input checked="" type="checkbox"/>	SEVERE
Frequent difficulty with loud speech	
Understand only shouted or amplified speech	
<input checked="" type="checkbox"/>	PROFOUND
May not understand even amplified speech	
<input type="checkbox"/>	<Value List Missing>

SPEECH RESULTS				
Speech Reception Threshold (SRT)	Most Comfortable Level (MCL)	Un-Comfortable Level (UCL)	Word Discrimination Percentage	Discrimination Level (dB)
Right	60		100	
Left	65		50	
Binaural	60		100	
Unaided Soundfield				
Aided Soundfield				



COMMENTS

AUDIOGRAM KEY									
	L	R	NR L	NR R		L	R	NR L	NR R
Air Conduction	X	O	X	O	Bone Conduction Forehead	V	V	V	V
Air Conduction Masked	□	△	□	△	Bone Conduction Forehead Mask	Γ	Γ	Γ	Γ
Bone Conduction	>	<	≥	≤	Threshold of Discomfort Pure	●	●	●	●
Bone Conduction Masked] [] [] [] [

**Police Pension Board
December 2023**

EXPENSES:

December 2023 Pensions Paid	\$13,891.59
December 2023 Claims paid by Allegiance	\$6,044.75
December 2023 Claims paid by CoV	\$23,535.75
December 2023 Allegiance Admin Fees	\$57.75
December 2023 Medicare B Reimbursements	\$0.00
TOTAL EXPENSES FOR APPROVAL:	\$43,529.84

APPROVAL OF EXPENSES

We, the undersigned members of the Police Pension Board of the City of Vancouver do hereby certify and attest that the above expenses have been approved for payment in the amount of \$43,529.84 this 25th day of January 2024.