CITY OF
Vancouver
WASHINGTON

Police
Pension Board
Meeting Schedule
May 6, 2024

Police Pension Board
2:00pm
Aspen Conference Room, 1st Floor City Hall
Call In: 1 347-941-5324
Phone Conference ID: 292 072 135#
Teams Meeting ID: 286 693 527 639
Passcode: t72Szb

Please contact Caylee Trant at (360) 487-8403 or
Caylee.Trant@cityofvancouver.us
if you are unable to attend.
Thank you!

CITY OF Vancouver WASHINGTON

Police Pension Board

Thursday, May 06, 2024
2:00p.m.
Vancouver City Hall
Aspen Conference Room, 1st Floor

MEETING ACCESS INFORMATION:
[Join the meeting now]
Call In: 1-347-941-5324
Phone Conference Number: 292 072 135#

AGENDA

1. Call to Order – McEnerny-Ogle
2. Approval of Minutes – McEnerny-Ogle
   a. March 21, 2024
3. Communications – Trant
   a. None
4. Reports – Glenn
   a. Budget Report
5. New Business – Trant
   a. Request for Home Health Care – Claimant A
6. Public Comment – McEnerny-Ogle
7. Old Business – Trant
   a. None
8. Expenses – Glenn
   a. Approval of Expenses for March 2024

Members

Anne McEnerny-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

CITY OF Vancouver WASHINGTON

Police Pension Board

Meeting Minutes

Thursday, Mar. 21, 2024
2:30 p.m.
Vancouver City Hall
Aspen Conference Room
415 W. 6th Street
Vancouver, WA 98660

Board Members Present:
Anne McEnerny-Ogle, Chair; Anthony Glenn, Treasurer; Erik Paulsen, Mayor Pro Tempore; August Lehto, Police Retiree; Kit Abernathy, Police Retiree; Jeffrey Dong, Police Retiree

Board Members Absent:
Natasha Ramras, CFO/Board Secretary

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 March 21, 2024, meeting of the Police Pension Board was called to order at 2:31 p.m. by Chair Mayor McEnerny-Ogle in Aspen Conference Room at Vancouver City Hall and via Microsoft Teams.

Item 2: Approval of Minutes:
Motion by Abernathy, seconded by Dong, and approved unanimously to adopt the minutes from January 25, 2024, as written. Paulsen abstained.

Item 3: Communications
None

Item 4: Budget Report

Members

Anne McEnerny-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

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Glenn reported that total expenditures through February 2024 were 12% of budget. Total revenues through February 2024 were 28% of budget. The budget report is on track and no adjustments are needed from the Accounting department.

Item 5: Request for Hearing Aid – Claimant A
Attached for Board review is a request for hearing aid reimbursement for Claimant A and Section III.5 of the Board's Rules and Regulations requires:

"If a member chooses not to use their Medical Insurance benefits, Board preapproval is required."

Claimant A's current hearing aids were purchased In January 2023 and are still under the three-year warranty. However, since the hearing aids have not malfunctioned his insurance does not cover the cost of the BiCros hearing aid.

Section III.5 of the Board's Rules and Regulations states:

"The Board will only pay up to the out-of-network limits set forth below based on the specific type of hearing loss. City of Vancouver requires a "Hearing Aid Application Request Form" to be completed in full by the member and provider. Members must submit the following required documents needed for Board review:

a) Documentation:
    i. Denial of hearing aid coverage from insurance provider or
    ii. Explanation of Benefits (EOB) and/or
    iii. Letter from Physician, Audiologist, licensed Hearing Aid Examiner or Hearing Instrument Specialist providing reason for use of an out-of-network provider, and
b) Quotes from at least two providers, and
c) Current hearing aid test and hearing aid recommendation from a physician, Audiologists, licensed Hearing Aid Examiner or Hearing Instrument Specialist, and
d) Hearing aids must have a three-year warranty."

Following an injury in July 2023, Claimant A has complete hearing loss in his right ear and has struggled with his balance. After months of therapy his hearing surgeon declared his right ear deaf and recommended that Claimant A see Audiology for a BiCros hearing aid for help in communication. The BiCros hearing aid, works as a sound transmitter. The device is worn on his deaf ear and the microphone picks up sounds that are occurring on that side of his head. The device then sends the signal wirelessly to the hearing aid of his left ear. The BiCros is the same brand as his current left hearing aid which allows them to be programmed together. Claimant A has provided a hearing test, surgeon recommendation, statement from Kaiser showing his estimated insurance benefit of $0 for the BiCros aid, and receipt of purchase. The BiCros has a three-year warranty.

BiCros Hearing Aid
- $1000

Action Requested
Consider the request from Claimant A for hearing aid reimbursement.

Motion by Dong to approve reimbursement for the BiCros hearing aid. Seconded by Glenn and approved unanimously.

Item 6: Expenses
Expenses for January through February 2024 totaled $136,262.01.

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

Adjourned:
This meeting adjourned at 2:38 p.m.

COV - Composite Department Budget vs Actuals by Fund

Period FY 2024 - Mar

Fund 617 Police Pension Trust Fund

Ledger Account Type Expenditures

				Current Year							Prior Year				
Fund	**Department**	**Cost Center**	**Ledger Account**	**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	520000:Employee Benefits	1,513,200	0	0	282,104	282,104	1,231,096	19%	1,513,200	1,004,979	508,221	285,706	19%
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	540000:Services	21,750	0	0	731	731	21,019	3%	21,750	7,467	14,283	1,105	5%
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	18,604	0	0	3,979	3,979	14,625	21%	18,574	16,022	2,552	3,969	21%
Total				**1,553,754**	**0**	**0**	**286,814**	**286,814**	**1,266,940**	**18%**	**1,553,724**	**1,028,468**	**525,256**	**290,780**	**19%**

05/03/2024 01:35 PM trantc / Caylee Trant

COV - Composite Department Budget vs Actuals by Fund

Period FY 2024 - Mar

Fund 617 Police Pension Trust Fund

Ledger Account Type Revenues

				Current Year							Prior Year				
Fund	**Department**	**Cost Center**	**Ledger Account**	**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	(182)	(182)	182	0%	0	(467)	467	(82)	0%
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	369910:Miscellaneous Other Operating Revenues	0	0	0	(252,980)	(252,980)	252,980	0%	0	(18,884)	18,884	(5,152)	0%
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	369920:Miscellaneous Other Nonoperating Revenue	0	0	0	0	0	0	0%	0	827	(827)	0	0%
617 Police Pension Trust Fund		(Blank)	361110:Investment Earnings	0	0	0	(41,307)	(41,307)	41,307	0%	0	(36,971)	36,971	0	0%
617 Police Pension Trust Fund		(Blank)	369910:Miscellaneous Other Operating Revenues	(1,000,000)	0	0	0	0	(1,000,000)	0%	(1,000,000)	(1,000,000)	0	(250,000)	25%
Total				**(1,000,000)**	**0**	**0**	**(294,469)**	**(294,469)**	**(705,531)**	**29%**	**(1,000,000)**	**(1,055,494)**	**55,494**	**(255,234)**	**26%**

05/03/2024 01:47 PM trantc / Caylee Trant

MEMORANDUM

DATE: May 6, 2024

TO: Police Pension Board

FROM: Caylee Trant, Pension Board Coordinator

RE: **Request for Home Health Care – Claimant A**

Attached for Board review is a Long-Term Care Application and Physician's Statement with request for Home Health Care for Claimant A.

Section III. 11 of the Board's rules and regulations requires:

"Explanation of benefits insurance documentation forms showing amounts paid and/or rejected, including proof of submission to Medicare, VA Benefits, and any existing Long Term Care Insurance."

Claimant A is currently receiving home health care services provided by Regence twice a week. However, they only provide follow-up care for surgery and do not provide the custodial care needs that were outlined in the Physician's Statement. Regence provided a list of agencies that could provide custodial care services (i.e., preparing meals, transportation, housekeeping).

Section III.11.b of the Board rules state:

"The member must obtain pre-approval for assisted living care unless at the Board's sole discretion determine that emergency circumstances reasonably prevented prior approval."

Claimant A is awaiting Board approval to acquire home health care services provided by Freedom Home Care.

Section III.11.a of the Board rules limits:

"The Board does not provide benefits for the following…. homemaker or housekeeping services; recreational events organized by the facility; supportive environmental materials, such as but not limited to air conditioners, telephones; expenses for normal necessities of living such as food, clothing, household supplies; toiletries, incontinence products, dietary assistance (e.g. Meals on Wheels) or nutritional guidance; charges for reports or records; transportation; bed holds; move in or deposit fees; laundry services; except as ordered in health plan of treatment;"

Claimant A's physician stated that during his recovery from surgery he would require full assistance with preparing meals, transportation, housekeeping, personal laundry including some assistance with continence.

Section III.11.d of the Board rules for long term care costs:

"Total daily cost allowed shall not exceed the semi-private room rate in a skilled nursing facility. This allowance will be determined using the latest annual Genworth Cost of Care Survey for Nursing Home Care services in the state of Washington."

According to the plan of care documents provided by Freedom Home Care, Claimant A will be provided services 3 days a week for four hours. Freedom Home Care is a preferred provider for the Seattle Police Pension Board and agreed to provide services at their contracted rate of $40 per hour. The current average daily cost for a semi-private room in Washington State is $359/day or about $10,770/month.

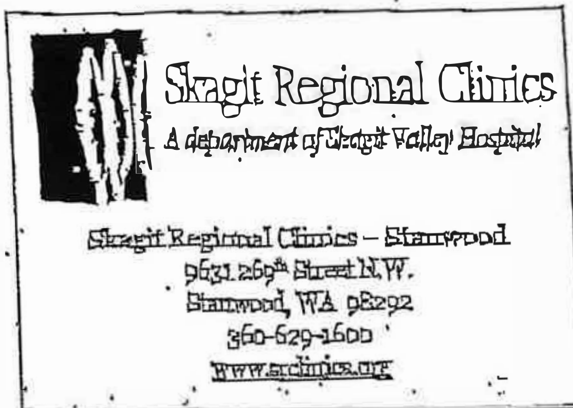
Section III.11.e of the Board rules for long term care requires:

"The Board requires quotes from at least two (2) comparable facilities/providers in the county for which the member is requesting services, if outside of Clark County Washington."

Claimant A resides in Snohomish County, and he could not find another agency that could provide the type of care he needed. Claimant A stated that he contacted 10 other service providers, but they only provided medical care that Regence is providing. He is requesting to use the recommended agency from Seattle Police Pension Board.

Items for consideration by the Board:
$40/hour Ongoing Home Health Care by Freedom Home Care

Action Requested
Consider Claimant B's request for medically necessary home health care up to the current daily cost for a semi-private room as presented.



Fax

To: Vancouver HR	From: Skagit Regional Clinics DR. LITTON
CC:	Dept: NICKI MA-C
Fax: 360 487 8418	Fax: 360-629-1644 Phone:
Phone:	Pgs: (Including cover)
Re:	Date: 3/20/24

☐ Urgent ☐ For Review ☐ Please Comment / Reply ☐ Please Recycle

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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 ____________

Name:	SSN:	Telephone Number:
[redacted]	[redacted]	[redacted]

Complete address including zip code:	Pension Board:	Status:
[redacted]	☒ Police ☐ Fire	☐ Active ☒ Retired

Medical Insurance:	Veteran?
☐ Medicare ☐ Kaiser Permanente ☒ Blue Cross ☐ Other LEOFF I	☒ Yes - Branch of Svc Army ☐ No

QUICK PERSONAL ASSESSMENT TOOL

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

Assistance Needed:	Full Assistance	Some Assistance	No Assistance
Taking Medications	☐	☐	☐
Eating	☐	☐	☐
Toileting	☐	☐	☐
Bathing or Showering	☐	☐	☐
Dressing	☐	☐	☐
Transferring	☐	☐	☐
Continence	☐	☒	☐
Shaving, Hair Care	☐	☐	☐
Preparing Meals	☒	☐	☐
Transportation	☒	☐	☐
Housekeeping	☒	☐	☐
Personal Laundry	☒	☐	☐

Current Living Situation: ☒ Home (alone) ☐ Home (with services) ☐ Lives with family
☐ Hospital ☐ Other WIFE IS DISABLED

Walking Ability: ☐ Independent ☒ Walker ☒ 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.

PATIENT WAS ALREADY BEING TREATED FOR A SEVERE CASE OF SPINAL STENOSIS WHEN A FALL AT HOME

FRACTURED (LEFT) TIBIA AND (LEFT) FIBULA

ALSO HAS A PREVIOUS FRACTURE TO LEFT FOOT THAT RESULTED IN SURGERY BUT NEVER HEALED.

PATIENT IS 77 YEARS OLD AND IS COMPLETELY IMMOBILE AND NO LONGER IS ABLE TO ASSIST HIS 71 YEAR OLD WIFE WITH DAILY HOUSEHOLD CHORES LIKE DOING DISHES, LAUNDRY, VACUMING HOUSE, MAKING BEDS OR PREPARING MEALS.

PATIENTS WIFE IS ALSO DISABLED WITH LIMITED MOBILITY AS SHE SUFFERS FROM POLYMYALGIA RHEUMATICA & CHRONIC KIDNEY DISEASE.

SHE IS PHYSICALLY UNABLE TO MAINTAIN OUR HOME WITHOUT MY HELP AND NOW I'M NOT ABLE TO ASSIST HER IN THAT REGARD

WE HAVE NO FAMILY MEMBERS IN THIS AREA CAPABLE OF ASSISTING US IN OUR HOME.

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: [redacted] Date: 3/19/2024

Print Name: [redacted] Relationship to Member: SELF

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

Physician's Statement

LEOFF I Member Name:	SSN:	Birth Date:
[redacted]	[redacted]	[redacted]

*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:	Prognosis:
FRACTURED TIBIA (LEFT) AND FRACTURED FIBULA (LEFT) SPINAL STENOSIS (SEVERE) HBTP ? (PROSTRATE) FRACTURED LEFT FOOT	

Assistance Needed:	Full Assistance	Some Assistance	No Assistance
Taking Medications	☐	☐	☒
Eating	☐	☐	☒
Toileting	☐	☐	☒
Bathing or Showering	☐	☐	☒
Dressing	☐	☐	☒
Transferring	☐	☐	☐
Continence	☐	☒	☐
Shaving, Hair Care	☐	☐	☒
Preparing Meals	☒	☐	☐
Transportation	☒	☐	☐
Housekeeping	☒	☐	☐
Personal Laundry	☒	☐	☐

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 TAKING CARE OF HOUSE & LAUNDRY

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, [illegible] (#) days a week (FOUR DAYS PER 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: PRIOR TO THIS INJURY (FRACTURED LEFT LEG) PATIENT WAS AWAITING APPROVAL OF A MOBILITY CART DUE TO SEVERE CASE OF SPINAL STENOSIS WHERE TREATMENT FOR PAIN HAS NOT BEEN SUCCESSFUL.
MY WIFE SUFFERS UNDER CONSTANT PAIN DUE TO A CONDITION KNOWN AS POLYMYALGIA RHEUMATICA AND TYPE II DIABETES. SHE IS UNABLE TO CARE FOR OUR HOME. I WAS DOING SOME OF THE WORK BUT I AM NO LONGER ABLE TO DO EVEN THAT. MY WIFE ALSO HAS CRONIC KIDNEY DISEASE AND IS BEING TREATED FOR THAT AS WELL.

Physician's Signature: [signature] Date: 3/20/24

Typed or Printed Name: Mark Litton, DO Phone: 360 629 1600

Physical Address, including zip code:	Mailing Address, including zip code:
9631 269th Street NW Stanwood, WA 98292	same

Please **SEND** this form to: City of Vancouver Human Resources/Pension Board, Attn: Caylee Tashiro
P.O. Box 1995, Vancouver, WA 98668-1995 OR Fax: (360) 487-8418

Freedom Home Care
6912 220th Street SW #305
Mountlake Terrace, WA 98043

Plan Of Care
Assessment Date: 4-21-24

Client Name: Claimant A **Phone:**

Address:

E-mail:

Birthdate: **Height:** **Weight:**

P.O.L.S.T Form: **Location:**

Emergency Instructions: NONE

Allergies (Medication): NONE

Allergies (Food): NONE

Diet Restrictions: NONE

Proposed Days & Time of Service:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
X		X		X		
4 Hrs		4 HRS		4 Hrs		

Assessment Notes:

-
-
-
-

Emergency Contacts:

1. **Name:** **Phone:**
   Email: **Relationship:** Wife
2. **Name:** **Phone:**
   Email: **Relationship:**
3. **Name:** **Phone:**
   Email: **Relationship:**

Freedom Home Care
6912 220th Street SW #305
Mountlake Terrace, WA 98043

Plan Of Care
Assessment Date: 4-21-24

Client Acknowledgement

The following information has been provided to and/or discussed with the client

- ✓ Assessment
- ✓ Client Agency Agreement
- ✓ Care Plan
- ✓ Bill of Rights
- ✓ Code of Ethics
- ✓ List of Services
- ✓ Pricing Sheet and Client References
- ✓ Service Quotation
- ✓ Log Book
- ✓ Client Consent

Document and Information:
I acknowledge the documentation and information as noted above has been discussed with me and I will be provided a copy for my records.

Client Consent:
I consent to have the non-medical home care services as requested and recorded in this Care Plan. I understand the service requests/needs will be reviewed by Freedom Home Care every 3 months and updated annually. Changes are made based on needs, wishes and wants.

Assessor Signature: [signature] Date: 4-21-2024

Client Signature: ______ Date: 4/21/2024

Client Representative Signature: ______________________ Date: ______________

Freedom Home Care
6912 220th Street SW #305
Mountlake Terrace, WA 98043

Plan Of Care
Assessment Date: 4·21·24

Service Plan

ADL's

___ Bathing
X Cooking
___ Doctor Visits
___ Dressing
___ Exercise Reminders
___ Feeding Assistance
___ Grooming
___ Hair Care
___ Oral Care
___ Skin Care
___ Sponge Bath
___ Walking

AMBULATION

___ Ambulatory/Independent
___ Assist/Fall Risk
___ Bed Bound
___ Semi Ambulatory
___ Stand By Assist
___ Transfer Assist

COMPANIONSHIP

___ Activities (Games/Puzzles)
___ Cognitive Stimulation
___ Conversations

CONTINENCE

___ Catheter Care
___ Colostomy Care
___ Continence Care
___ Depends/Briefs
___ Reminders
___ Routine Check

COORDINATING ORGANIZATIONS

___ Home Health
___ Hospice

EQUIPMENT

___ Commode
___ Elevated Toilet Seat
___ Gait Belt
___ Grab Bars
___ Hospital Bed
___ Hoyer Lift
___ Nebulizer
___ Oxygen Concentrator
___ Shower Chair/Bench
___ Transfer Board
___ Walker
___ Wheelchair

HOME SUPPORT

X Bathroom Cleaning
X Change Bedding
X Cleaning Kitchen
X Dishes
X Dusting
X Laundry
X Mopping
___ Pet Care
___ Plant Care
X Sweeping
___ Garbage Removal
X Vacuuming
___ Other Put Groceries Away
___ Other
___ Other Organize Refrigerator

HYGIENE

___ Bed Bath
___ Denture Care
___ Grooming
___ Hair Washing
___ Nail Care
___ Oral Care
___ Peri Care
___ Shaving
___ Showering

NUTRITION

___ Breakfast
___ Snack
___ Encourage Fluids
X Lunch
X Snack
X Dinner
___ Snack

SKIN CARE & PRECAUTIONS

___ Apply Lotion
___ Compression Socks
___ Pressure Sore Prevention
___ Reposition As Needed
___ Skin Tears Easily
___ Other

Freedom Home Care
6912 220th Street SW #305
Mountlake Terrace, WA 98043

Plan Of Care
Assessment Date: 4.21.24

Caregiver Preference:

Female: ____ Male: ____ Non-Smoker: X Vaccinated: ____ Pet Friendly: (cat)____ (dog) X

Existing Conditions:

____ Acid Reflux
____ AFIB
____ Alzheimer's
____ Anemia
____ Anxiety
X Arthritis
____ Aspiration Risk
X Back Pain
____ Bed Sores
____ BP (high)
____ BP (low)
____ Cancer
____ Cardio Disease
____ Cataracts
____ Circulation
____ Confusion
____ Cognitive Impairment
____ Congestive Heart Failure
____ COPD
____ Dementia
____ Depression
____ Diabetes
____ Dialysis
____ Difficult Swallowing
____ Dizziness
____ Edema
____ Forgetfulness
X Hearing Loss
____ Hydrocephalus
____ Hypertension
____ Incontinence (bladder)
____ Incontinence (bowel)
____ Kidney Disease
____ Lung Disease
____ Macular Degeneration
____ MS
____ Neuropathy
____ Osteoporosis
____ Pacemaker
____ Paralysis
____ Parkinson's
____ Prostate Cancer
____ Pulmonary Embolism
____ Renal Failure
____ Shingles
____ Skin Cancer
____ Sleep Apnea
____ Speech Impairment
X Spinal Stenosis
____ Sundowners
____ Stroke - TIA
____ TBI
____ UTI
____ Vision Impairment

Client Condition: Poor Fair (Good) Excellent

Client Home Condition: Poor Fair Good (Excellent)

Service Level: Low Moderate (High)

Place of Service: Home

Client and Agency Agreement

It's with great pleasure I welcome you to our services and to our dedicated employees ready to provide you with the highest level of care.

Thank you for choosing **Freedom Home Care** as your partner in providing compassionate home-based care. The care we provide comes from the heart and is a combination of enthusiasm, interest, dedication and commitment. We are truly passionate about the caregiving services we provide.

Yours truly,
Ronald S. King
Owner
425-221-9848 Cell
425-742-0904 Office
Freedom Home Care

ABOUT OUR EMPLOYEES

Our employees are screened and trained to provide excellent care. You can expect the following from our employees:

- Respectful
- Helpful
- Maintain your Confidentiality
- Evaluation every 6 months
- Receive Ongoing Training
- Punctuality
- Professional
- Understanding
- Compassionate

COMPANY RIGHTS

The parties agree Freedom Home Care shall have the right to:

- Conduct a client assessment to help construct a Plan of Care customized to clients' needs and wants
- Contact and/or consult and/or release information with the client's physician, other care providers assisting the client and other health or social care agencies involved in assisting the client in matters directly related to the care of the client
- Refuse or discontinue service immediately if a client poses a health or safety risk to the employee, is abusive or discriminatory, or refuses to allow the delivery of services

The client agrees to the following payment terms and conditions:

- **A deposit equal to the first WEEK of service will be collected today. This deposit WILL be used towards the final week of service. This deposit amount will be $** -0-
- Charges for services will be billed weekly and invoices will be sent by mail or email whichever is your preference PER PENSION BOARD REQUIREMENTS
- Charges for services provided by the caregiver are billed at the established rate plus any additional authorized expenses
- Your rate will be ~~48.00~~ 40.00 per hour or per day.
- If you change hours of service your rate will adjust accordingly based on our current pricing.
- Your established rate for the following 6 holidays will be time and a half:
  New Year's Day, Memorial Day, July Fourth, Labor Day, Thanksgiving and Christmas Day
- Caregiver are allowed to drive your vehicle ~~yes~~ ______ no (Initial) N/A
  Make__________________ Model__________________ License #____________
- Charges for transportation services using caregiver's vehicle will be charged the current IRS mileage rate
- Client will not solicit private services by our caregivers for any reason
- If you would like to retain a caregiver, you MUST inform us of your intentions and pay our $20,000 loss of revenue fee. ***No Exceptions***
- We accept the following payment methods - check, credit card (Visa, MasterCard, AMEX)
- All credit card payments will have an additional service charge of 3.5% applied to their payment amount

AGREEMENT SIGNATURES

This agreement made this 24 day of APRIL, 2024
PER APPROVAL OF VANCOUVER WA PENSION BOARD 5/6/2024
IN WITNESS WHEREOF the parties hereto have duly executed the within Agreement the day and year first above written.

SIGNED, SEALED AND DELIVERED in the presence of:

Ron King

Freedom Home Care

CLIENT OR GUARDIAN, POWER OF ATTORNEY, PUBLIC TRUSTEE

Client's Printed First and Last Name

This is not a contract binding the client to continued services.
This business relationship can be terminated at any time by the client, with or without cause.

Responsible party to pay weekly invoices:

PENSION BOARD – Caylee Tashiro

Preferred method of receiving invoices:

Email

If mailing using USPS, please provide address:

If emailing, please provide email address:

Caylee Trant

From: Flandro, Tami <Tami.Flandro@regence.com>
Sent: Friday, April 12, 2024 4:08 PM
To: Tashiro, Caylee
Subject: Follow Up

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.

Hi Caylee,

Here's what's going on:

2. Home Care:
   The home care that was ordered and approved by Regence is for his medical follow up care only, as we discussed.
   Poonam provided some names of care agencies that can help him with his day-to-day "custodial care" they call it (cooking, cleaning, bathing, etc.).
   - The home health agency that will be coming to his home to change dressing, etc. **MAY** offer these services, but he would have to check with them. If they do, they would just separate their bills so we would get the medical care and you would get the custodial care.
   - **Full Life Care**: (425) 355-1313 it says they offer care at a reduced cost.
   - **Home Care by LXC Group**: (360) 659-1487
   - **Signature Health Care**: (425) 747-7747
   - **Findhelp.org** is a website that helps people find specific resources. You enter your zip code and you'll see LOTS of options for things outside of your Medicare coverage. There are lots of things specific to veterans if that is applicable.

Have a great weekend, Caylee!

Tami Flandro | Medicare Group Account Manager
OR | WA | ID | UT
2890 E Cottonwood Pkwy Salt Lake City, UT 84121
Office: (801) 333-6102
Mobile or Text: (801) 824-1649

Caylee Trant

From: Claimant A
Sent: Friday, April 26, 2024 10:25 AM
To: Caylee Trant
Subject: Re: Status of claim

Further, in regards to getting a 2nd bid for a provider of home help I have only found one, and I contacted at least 10 other service providers. However those providers only provide services, very much what I have today, which is a nurse visit twice a week.

Can you reach out to other LEOFF 1 pension boards and see if they have any providers they use.?

ITEM VII.a.

Police Pension Board
March 2024

EXPENSES:

March	***2024 Pensions Paid***	$16,550.97
March	***2024 Claims paid by Allegiance***	$109.92
March	***2024 Claims paid by CoV***	$36,831.50
March	***2024 Allegiance Admin Fees***	$38.50
March	***2024 Medicare B Reimbursements***	$0.00
TOTAL EXPENSES FOR APPROVAL:		$53,530.89

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 $53,530.89 this 6th day of May 2024.