



CITY OF
Vancouver
WASHINGTON

**Police
Pension Board
Special Meeting Schedule
May 22, 2024**

**Police Pension Board
2:30pm
Aspen Conference Room, 1st Floor City Hall
Call In: 1 347-941-5324
Phone Conference ID: 358 927 344#
Teams Meeting ID: 291 317 025 532
Passcode: ENGwh8**

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

Wednesday, May 22, 2024

2:30p.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: 358 927 344#

AGENDA

1. Call to Order and Roll Call – Paulsen
2. Approval of Minutes – Paulsen
 - a. March 21, 2024
3. Communications – Trant
 - a. None
4. Reports – Glenn
 - a. Budget Report
5. New Business – Trant
 - a. Request for Long Term Care – Claimant A
 - b. Request for Dental Care – Claimant B
6. Public Comment – Paulsen
7. Old Business – Trant
 - a. None
8. Expenses – Glenn
 - a. Approval of Expenses for April 2024

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

Monday, May 6, 2024

2:00 p.m.

Vancouver City Hall

Aspen Conference Room

415 W. 6th Street

Vancouver, WA 98660

Board Members Present:

Anne McEnerny-Ogle, Chair; Erik Paulsen, Mayor Pro Tempore; Anthony Glenn, Treasurer; Natasha Ramras, CFO/Board Secretary; August Lehto, Police Retiree; Kit Abernathy, Police Retiree; Jeffrey Dong, Police Retiree

Board Members Absent:

None

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

Guests:

None

Item 1: Call to Order

The May 6, 2024, meeting of the Police Pension Board was called to order at 2:03 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 Ramras, seconded by Abernathy, and approved unanimously to adopt the minutes from March 21, 2024, as written.

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

Human Resources Department

P.O. Box 1995
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cityofvancouver.us

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 March 2024 were 19% of budget. Total revenues through March 2024 were 29% of budget. The budget report is on track and no adjustments are needed from the Accounting department.

Item 5: 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 A's request for medically necessary home health care up to the current daily cost for a semi-private room as presented.

Motion by Ramras to approve payment for medically necessary home health care up to the current daily cost for a semi-private room as presented. Seconded by Dong and approved unanimously.

Item 6: Expenses

Expenses for March 2024 totaled \$53,530.89.

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

Adjourned:

This meeting adjourned at 2:12 p.m.

COV - Composite Department Budget vs Actuals by Fund

Period FY 2024 - Apr

Fund 617 Police Pension Trust Fund

Ledger Account Expenditures

Type

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	520000:Employee Benefits	1,513,200	0	0	363,877	363,877	1,149,323	24%	1,513,200	1,004,979	508,221	359,632	24%
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	540000:Services	21,750	0	0	3,781	3,781	17,969	17%	21,750	7,467	14,283	2,206	10%
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	6,061	6,061	12,543	33%	18,574	16,022	2,552	5,310	29%
Total				1,553,754	0	0	373,719	373,719	1,180,035	24%	1,553,724	1,028,468	525,256	367,148	24%

05/21/2024 11:10 AM trantc / Caylee Trant

COV - Composite Department Budget vs Actuals by Fund

Period FY 2024 - Apr
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	(182)	(182)	182	0%	0	(467)	467	(115)	0%
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	369910:Miscellaneous Other Operating Revenues	0	0	0	(504,193)	(504,193)	504,193	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	(56,460)	(56,460)	56,460	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	(500,000)	50%
Total				(1,000,000)	0	0	(560,836)	(560,836)	(439,164)	56%	(1,000,000)	(1,055,494)	55,494	(505,267)	51%

05/21/2024 11:18 AM trantc / Caylee Trant



MEMORANDUM

DATE: May 22, 2024
TO: Police Pension Board
FROM: Caylee Trant, Pension Board Coordinator
RE: Request for Long Term Care – Claimant A

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

Section I.7 of the Board’s rules states:

“Claims that require Board approval must be submitted directly to the Pension Board Coordinator. All information to be submitted to the Board must be received no less than 14 calendar days prior to the meeting date.”

Claimant A’s family requested a special meeting to be held as they were unable to provide all documentation required for the regularly scheduled meeting on May 6, 2024. They have paid the prorated May rent for a long-term care facility and would like the City to pay the facility directly for June. The next regularly scheduled meeting is June 3, 2024, if the claim is approved, payment for rent and care would need to be distributed to the supplier prior to this date.

Section I.1 of the Board rules allows:

“Pursuant to RCW 41.20.030, the Police Board shall hold monthly meetings on the first Monday of each month, provided there is new business. If necessary, special meetings may be called by the chairperson or majority of the Board.”

The Board can determine if this meets the threshold of an emergency and hold a special meeting.

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 was residing in a skilled nursing facility, Oaks at Timberline for rehabilitation following a fall from a ladder. His stay at the facility was covered under his Kaiser Senior Advantage plan.

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 has moved into Clearwater Springs as of May 13th, 2024. He needed to move to Clearwater due to his stay at Oaks Timberline no longer being covered by his Kaiser Senior Advantage plan. On May 2nd, his family was informed that his insurance coverage would be ending as they deemed, he no longer needed the care of a skilled nursing facility. His daughter filed an appeal with Kaiser Permanente to get them to cover his skilled nursing stay until he was able to move. They won the appeal, but they would only allow him to stay for another week. After the week was over, they would need to file another appeal to stay longer. Claimant A’s second appeal was denied and were told they no longer needed therapy or nursing care at the level of a skilled nursing facility.

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

“The Board does not provide benefits for the following.... Charges for reports or records; transportation; bed holds; move in fees;”

Claimant A’s daughter secured a spot at Clearwater Springs with a \$2500 move-in fee, and she is requesting reimbursement for these fees.

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, Claimant A is currently a level 4 resident which has a care level cost of \$2,400/month plus rent \$2,900/month. He will receive a thirty-day evaluation in June and the facility believes he will be a level 3 resident. The current average daily cost for a semi-private room in Washington State is \$359/day or about \$10,770/month.

Items for consideration by the Board:

\$2,500	One-Time Move-In Fee
\$3,125.81	Prorated May Rent and Care
\$5,300	Ongoing Monthly Room, Board, and Care

Action Requested

Consider Claimant A’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 6th St – 3rd Floor/P.O. Box 1995

Vancouver, WA 98668-1995

P: 360.487.8403 F: 360.487.8418

Email: Caylee.Trant@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 Long Term Care/Assisted Living

Name: Claimant A		SSN:	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	
Medical Insurance: <input checked="" type="checkbox"/> Kaiser Permanente <input type="checkbox"/> Blue Cross <input type="checkbox"/> Other _____	Veteran? <input checked="" type="checkbox"/> Yes - Branch of Svc <u>Army</u> <input type="checkbox"/> 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	<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 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"/>

Current Living Situation: Home (alone) Home (with services) Lives with family
 Hospital Other _____

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.

On 30 March 2024, fell off a ladder and broke/separated left femur. Plus have previous injuries to lower back, right lumbar radiculopathy, sciatic nerve, and scoliosis.

Care at home would be unsafe and inadequate due to the severity of his injury, combined with his previous health issues and age.

Proximity to family members maximizes his support, which improves the speed and quality of his recovery.

This placement would support his mental and emotional well-being by enabling him to focus on his recovery rather than the stress of burdening his wife, who is also elderly.

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: 01 May 2024

Print Name: _____ Relationship to Member: Youngest Daughter



City of Vancouver Human Resources
 415 W 6th St - 3rd Floor/P.O. Box 1995
 Vancouver, WA 98668-1995
 P: 360.487.8403 F: 360.487.8418
 Email: Caylee.Trant@cityofvancouver.us

Physician's Statement

LEOFF I Member Name:

Claimant A

SSN:

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: **S72.025D**

Nondisplaced Fracture of Epiphysis (separation) (upper) Left Femur Subsequent Encounter for Closed Fracture with routine Healing.

Prognosis: **Skilled nursing care/ Nursing home care.**

Physical Therapy and Occupational Therapy.

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 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"/>
Continenence	<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 Assisted Living Long Term Custodial Care Skilled Nursing
 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: _____ (#) hours a day, _____ (#) days a week

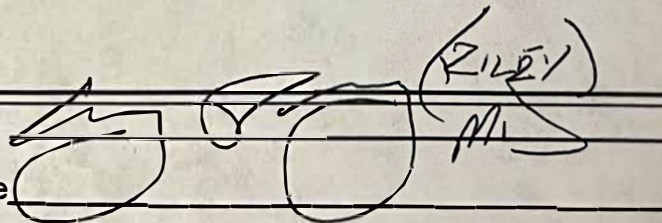
Duration (how long do you anticipate need): Less than 2 weeks 3 - 4 weeks

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: AS a result of Claimant A's left hip fracture is prior right hip fracture, he is unable to transfer or ambulate independently. He requires physical assistance with use of a walker to prevent falls, as he is at a very high risk.

Physician's Signature: _____

 (RILEY)

Date: _____

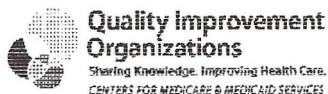
4/30/24

Typed or Printed Name: _____

Phone: _____

Physical Address, including zip code:

Mailing Address, including zip code:



5/2/2024

Case ID: 20240430 1110_

MA Organization Name: Kaiser Permanente
Provider Name: The Oaks At Timberline
Provider ID#: 505206
Patient Name: Claimant A
Patient MBI/HIC#: 1VQ9R64GP32
Admission Date: 5/8/2024 - 5/5/2024
Physician Name: Dr Craig Riley

Dear Claimant A:

Kepro is the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) authorized by the Medicare program to review skilled services provided to Medicare patients in your area. By law, we review Medicare cases to determine if the services meet acceptable standards of care, are medically necessary, and are delivered in the most appropriate setting.

You asked for an immediate appeal of your Medicare Advantage (MA) plan's decision to end skilled services provided by The Oaks At Timberline.

According to the Kepro physician's review of the medical record and the Medicare Benefit Policy Manual, ending skilled nursing services is **not appropriate** based on the findings noted below:

You have been in a skilled nursing facility (SNF) because of a left femur fracture. Before your time in the SNF, you lived with others.

A physician reviewed your medical records. The physician looks at multiple activities to determine your ability to move around. The information about a few of your important movement activities is listed below.

Before your stay at the SNF:

- You could move from the bed to a chair independently, meaning you needed no help from others. You were able to move without any equipment to help you.
- You were able to walk greater than 100 feet. You were able to walk without anything to help you. You were able to walk independently, meaning you needed no help from others.

According to the most recent therapy notes in your medical record:

- You can move from the bed to a chair with moderate assistance, meaning someone needs to help you with approximately half of the work to do this activity. You need a walker to help you to move.
- You are able to walk approximately 40 feet. You need a walker to help you to walk. You are able to walk modified independently, meaning you need no help from others, but you need to use something to help you.

According to the most recent nursing and/or physician notes:

- You do not have any signs or symptoms that need to be watched and/or treated seven days a week.

The plan once you leave the SNF is to go home with your family and or caregivers.

You need therapy five days a week to learn how to keep up your ability to move. Kepro disagrees with the Notice of Medicare Non-Coverage. Medicare will pay for continued care in the skilled nursing facility.

Based on this documentation, the independent physician has decided that you require skilled services.

You do not have to pay for any services except for deductible and coinsurance amounts that apply and convenience services and items normally not covered by Medicare.

You have the right to review the complete medical record and other information that we used to make the decision about the medical necessity of your care. The provider is responsible for keeping the official medical record of the care received, but we can provide a copy at a reasonable cost. Kepro will tell you the cost for a medical record copy. We must receive your payment before we can send the record.

We would also like to make you aware of a feature on our website that allows you to check the status of your appeal (www.Keproqio.com/casestatus) if you are in need of our services in the future.

Sincerely,

cc: MA Organization: Kaiser Permanente
Provider: The Oaks At Timberline

This document (letter) contains Protected Health Information (PHI) and should be treated as confidential, private, and protected in a manner consistent with the Social Security Act and the Health Insurance Portability and Accountability Act (HIPAA) and implementing regulations.



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Organizations**
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES



Kepro™

A handwritten signature in black ink, appearing to read "Jessica Whitley".

Jessica Whitley, MD, MBA
Chief Medical Officer

Information and questions about quality of care or appeals?

Contact Kepro at 888-305-6759

Complaints or concerns about Kepro's work?

Let CMS know at QIOCONCERNS@cms.hhs.gov



5/9/2024

Case ID: 20240508_855_
MA Organization Name: Kaiser Permanente
Provider Name: The Oaks At Timberline
Provider ID: 505206
Patient Name: Claimant A
Patient MBI/HIC#: 1VQ9R64GP32
Admission Date: 4/8/2024 - 5/12/2024
Physician Name: Dr Craig Riley

Dear Claimant A:

Kepro is the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) approved by the Medicare program to review skilled services for Medicare patients in this state. The process includes a medical record review from an independent, actively-practicing doctor (physician reviewer). This Kepro physician decides if services meet acceptable standards of care, are medically necessary, and are provided in the most appropriate setting.

You requested an immediate appeal of your Medicare Advantage (MA) plan's decision to end skilled services provided by The Oaks At Timberline. Based on a review of your medical record and the information provided, the Kepro physician has determined that the MA plan's decision was medically appropriate.

According to the independent physician's review of the medical record and the Medicare Benefit Policy Manual, the ending of skilled services is appropriate as noted below.

Your need for skilled services has been reviewed, and it was noted that:

You have been in a skilled nursing facility (SNF) because of functional decline after discharge from an acute care hospitalization where he was treated for a fall that caused a fracture of the epiphysis of his left femur. Before your time in the SNF, you lived with others.

A physician reviewed your medical records. The physician looks at multiple activities to determine your ability to move around. The information about a few of your important movement activities is listed below.

Before your stay at the SNF:

- You could move from the bed to a chair independently, meaning you needed no help from others. You needed a cane to help you to move.
- You were able to walk approximately 10 feet. You needed a cane to help you to walk. You were able to walk independently, meaning you needed no help from others.

- You were not using a wheelchair. Because you were not using a wheelchair before, there is no information about assistance needed with wheelchair use.

According to the most recent therapy notes in your medical record:

- You can move from the bed to a chair with contact guard assistance, meaning someone should place a hand on you to help if needed. You need a walker to help you to move.
- You are able to walk greater than 100 feet. You need a walker to help you to walk. You are able to walk with contact guard assistance, meaning someone should place a hand on you to help if needed.
- You are not using a wheelchair. Information about the amount of help that you need to use a wheelchair was not found in the medical record.

According to the most recent nursing and/or physician notes:

- You do not have any signs or symptoms that need to be watched and/or treated seven days a week.

The plan once you leave the SNF is to go home with your family and or caregivers.

You may still need skilled services, but you no longer need therapy five days a week and/or nursing care seven days a week. Getting therapy or nursing care less often should not cause your health or ability to move to worsen. Kepro agrees with the Notice of Medicare Non-Coverage. Medicare probably will not pay for continued care in the skilled nursing facility.

Based on this documentation, the Kepro physician has determined that a different level of care would be appropriate.

You were notified by telephone on 5/9/2024, at 2:37:54 PM of the determination that the decision made by the MA plan to terminate skilled services was correct. Beginning 5/13/2024, Medicare will no longer pay for the skilled services. If you decide to remain in The Oaks At Timberline beginning 5/13/2024, you must pay for all costs of services except those covered by Medicare Part B.

Medicare will help pay for medically necessary and appropriate medical care or services, but please be aware that you may have to pay for denied services occurring in the future that involve reasonably comparable conditions.

If you disagree with this decision, you may ask Kepro to reconsider the decision to uphold your MA plan's ending of covered services. Your request may be made by telephone or in writing no later than **60 calendar days** from the date of this notice.

cc: MA Organization Name: Kaiser Permanente
Provider: The Oaks At Timberline

This document (letter) contains Protected Health Information (PHI) and should be treated as confidential, private, and protected in a manner consistent with the Social Security Act and the Health Insurance Portability and Accountability Act (HIPAA) and implementing regulations.



You have the right to review the complete medical record and other information that we used to make the decision about the medical necessity of your care. The provider is responsible for keeping the official medical record of the care received, but we can provide a copy at a reasonable cost. Kepro will tell you the cost for a medical record copy. We must receive your payment before we can send the record.

We would also like to make you aware of a feature on our website that allows you to check the status of your appeal (www.Keproqio.com/casestatus) if you are in need of our services in the future.

Sincerely,

A handwritten signature in black ink, appearing to read "Jessica Whitley", is written over a faint, larger version of the same signature.

Jessica Whitley, MD, MBA
Chief Medical Officer

Information and questions about quality of care or appeals?

Contact Kepro at 888-305-6759

Complaints or concerns about Kepro's work?

Let CMS know at QIOCONCERNS@cms.hhs.gov

Resident Service Plan Clearwater Springs

Pre-Admission Evaluation on 5/1/2024

Resident: Claimant A

Next Evaluation Due Date: 5/31/2024

Apartment #: 0

Moved-In: 5/10/2024

Care Type: ALF

Life History		
Service Needs	Service Notes	Resp. Party
Resident Date of Birth	03/16/1941	
What was the Residents Occupation (Duties and Position(s) Held):	Claimant A was a police officer.	
Who were former employers of the Resident (# of Years):	30 years in law enforcement	
Is the Resident currently Married or been Married in the past?	Current	
Is spouse living?	Yes	
Does the Resident have Biological/Step or Adopted Children?	Yes -Biological	
Cognitive Impairment/Dementia		
Service Needs	Service Notes	Resp. Party
Does Resident have Cognitive Impairment/Dementia Diagnosis?	No	
General Information		
Service Needs	Service Notes	Resp. Party
What is the Resident's Primary Language	English	
How does the Resident currently identify their gender to self and/or others?	Male	
Where was Resident living prior to moving into current location?	Resident was at rehab.	
What is the name of the previous place of residency?	Oaks at Timberline	
Does Resident have family and/or close friends that are involved in care or visit frequently?	Yes	
Mobility		
Service Needs	Service Notes	Resp. Party
Does Resident require full staff assistance with will all the task segments or for the duration of the task? (For escort for the total duration around community by staff with or without a mobility device (wheelchair/walker, cane). Additionally, the Resident may require full assistance with completing mobility tasks such as bed mobility and repositioning.)	Resident in one person assist at this time. Resident will use wheelchair in room. Staff to walk to meals with gait belt and other staff member having wheelchair behind.	Caregiver
Does the Resident have a history of falls with injury prior to admission?	Resident fell off ladder resulting in left hip fracture.	
Did the fall(s) result in Significant injury (Fracture or Required ER/Hospitalization from injury)?	Yes	

Transfers

Service Needs	Service Notes	Resp. Party
Does Resident require full staff assistance with will all of the task segments or for the duration of the task? (For example: transfers to/from chair and bed. Resident is able to move or step feet for pivot with staff assistance. Resident may benefit from a sit-to-stand lift (one team member, this does include on/off toilet and in/out of shower).	Resident is one person assist with transfers at this time. Staff to cue resident "nose over toes" before transferring and remind to push up off wheelchair. Resident tends to grab walker to try to push on to stand.	Caregiver

Dressing

Service Needs	Service Notes	Resp. Party
Does Resident require full staff assistance with all of the task segments or for the duration of the task? (For example: for putting on/ taking off clothes, undergarments, socks, and shoes).	Resident able to dress upper body. Staff to assist with lower body dressing.	Caregiver
Does Resident requires assistance with putting on and/or removing shoes/socks:	Yes	Caregiver
Does Resident requires assistance with fastening, buttoning, snapping or tying clothing or undergarments?	No	Caregiver
Does Resident require assistance with dressing and/or undressing upper body?	No	Caregiver
Does Resident require assistance with dressing and/or undressing lower body?	Yes	Caregiver

Grooming

Service Needs	Service Notes	Resp. Party
Is Resident able to complete all grooming tasks independently without hands-on help or reminders from staff to include but not limited to brushing hair and teeth, shaving, applying makeup.	Yes-Independent	Caregiver
Nail Care (Non-Diabetic, Diabetic, Podiatry Visits, Manicure/Pediure)	Non-Diabetic	Caregiver

Bathing

Service Needs	Service Notes	Resp. Party
Does Resident require full staff assistance with all of the task segments or for the duration of the task? (For example (For example once in the shower, washing body and hair, drying off, applying lotion). Staff must be present during the entire shower for safety purposes.	Yes-Full_Assist	Caregiver
Does Resident have a preferred bathing method such as a whirlpool/tub bath/shower/bed bath/sponge bath?	Shower	Caregiver
Does Resident have time of day they prefer to bathe?	No	Caregiver

Toileting

Service Needs	Service Notes	Resp. Party
Does Resident require full staff assistance with will all of the task segments or for the duration of the task? (For example: hands-on assistance with perineal and personal care (hand hygiene (associated with toileting), changing and removal of incontinent product). This includes the need for staff presence during toileting for safety purposes. Routine assistance with indwelling catheter to be included here.	Yes-Full_Assist	Caregiver
Bladder Continence		
Service Needs	Service Notes	Resp. Party
What is the Resident's current level of bladder continency?	Occasionally_Incontinent(2_or_More Episodes/Week_But_Not Daily)	
Bowel Continence		
Service Needs	Service Notes	Resp. Party
What is the Resident's current level of bowel continency?	Continent(0_Episodes_of_Incontinency)	Caregiver
Dining		
Service Needs	Service Notes	Resp. Party
Is Resident able to complete all tasks related to dining without hands-on help or reminders from the staff? (For example: find dining room at correct time and make all meal choices. Additionally, the Resident is able to complete meal prep with items such as opening packages, cutting food, etc.)	Yes-Independent	Caregiver
Diet and Nutrition		
Service Needs	Service Notes	Resp. Party
Does Resident have any specific food preferences (Likes)	Claimant A has a sweet tooth. Likes fried potatoes, apple fritters.	Caregiver
Redirection		
Service Needs	Service Notes	Resp. Party
Resident requires no redirection. Is Resident aware of time of day, location of his/her apartment, activities without reminders or hands-on help. Resident exhibits socially appropriate interactions with other residents and staff activities, bedtime without reminders or hands on help.	Yes-Independent	Caregiver
MOOD/BEHAVIOR/THOUGHT DISORDER		
Service Needs	Service Notes	Resp. Party

Does Resident have any Depression/Thought Disorders/Behavior or Mood Problems such as: tearfulness, voicing being sad, Withdrawal from activities of previous interest, anger or aggressive outburst at staff or other residents, acts of harm toward self, refusal to eat or drink, eating non-stop or increased snacking, excessive sleeping, not sleeping or up at unusual hours of night, other noted changes in mood or behavior?	Claimant A has PTSD from career as a police officer. Staff to approach always from the front. Staff to make sure presence known by resident before entering room. If resident mumbling or grimacing. Staff to ask resident what is wrong. Resident able to determine if his PTSD is triggered or he is in pain.	
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Sleep

Service Needs	Service Notes	Resp. Party
Is the Resident currently taking any Medications or Herbal/Homeopathic Supplements for sleep?	No	Caregiver

Medications

Service Needs	Service Notes	Resp. Party
Does Resident require enhanced care services due to the complexity and/or frequency of the medication regimen and/or administration techniques. The regimen may consist of medications that require staff that are administering the medications to have specialized training or skills to provide the proper oversight of the medication and observation of the resident. This could be based on the number of medications, the route of the medication is administered, Complexity of medications examples may consist of but not limited to medications that have physician ordered parameters for administration, Medications with lab and notification requirements associated. Additional medications or conditions that would be considered enhanced care services may include Insulin Dependent Diabetics, Anti-coagulants, Anti-hypertensives with v/s orders, other delegated injections to unlicensed staff in states this allowed under the regulations.	Yes-Enhanced_Care	Medication Tech
Does the Resident utilize the communities preferred pharmacy?	Yes	
Does Resident wish to Self-Administer Medications?	If No, Next 6 questions should not be answered.	
Is the Resident able to self-administer medications?	Document Justification for decision.	

Psychotropic Drugs

Service Needs	Service Notes	Resp. Party
Is the Resident currently receiving Antidepressant medication(s)?	Duloxetine 30mg. Med prescribed to treat nerve pain.	Medication Tech

Antidepressants

Service Needs	Service Notes	Resp. Party
What is the expected outcomes from the use of this medication?	Relief from hereditary and idiopathic neuropathy.	

Other Medications

Service Needs	Service Notes	Resp. Party

Is the Resident receiving any Anti-hypertensive Medications?	Metoprolol 50mg once a day; Losartan 12.5mg once a day	Medication Tech
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NON-ORAL ROUTES

Service Needs	Service Notes	Resp. Party
Does Resident receive medications via any non-oral routes?	Yes	Medication Tech
Does the Resident receive Cutaneous (cream, ointment, lotion, solution, powder or gel) medications?	Voltaren Gel every 4 hours as needed for pain. Miralax 17 gram as needed if no BM in 3 days.	Medication Tech
Does the Resident receive Transdermal patches?	Lidocaine Patch every 12 hours as needed for pain	Medication Tech

Pain Management

Service Needs	Service Notes	Resp. Party
Is the Resident receiving medication analgesic (pain) medications?	Yes	Medication Tech
Does Resident have physician orders for Nonopioid medications(examples: Tylenol, Ibuprofen, Naproxen)?	Tylenol-SEE MAR	Medication Tech
Does Resident have physician orders for Opioid medications : (examples: Morphine, Oxycodone, Fentanyl, other Narcotics)?	Oxycodone 5mg every 4 hours as needed for severe pain.	Medication Tech
Where does the Resident indicate the pain is located?	Claimant A has chronic back pain	Caregiver
How Does Resident Express Pain (verbally or non-verbally)?	Claimant A is able to verbalize pain and the severity of pain.	Caregiver

AntiCoagulation Therapy

Service Needs	Service Notes	Resp. Party
Is Resident receiving any Anticoagulation Medication(s)?	Apixaban	Medication Tech
Are Residents Labs monitored Routinely?	No	Medication Tech

Nursing Assessment

Service Needs	Service Notes	Resp. Party
Is Resident currently receiving services from any outside providers such as: Dialysis/Therapy/Home Health/Hospice/MCO (PACE/HCBS/Medicaid Caseworker)/ISNP/IESNP Plans	Home Health PT/OT	Caregiver
Name of Residents Primary Care Physician:	Mike Lin Kaiser Permanente Phone: 813-2000 Fax: 503-571-2624	

Hearing

Service Needs	Service Notes	Resp. Party
Hearing: Does the Resident have a Hearing Aide?	Yes	Caregiver
Hearing: Does the Resident use the Hearing Aide?	Yes	Caregiver

Hearing: Is the Resident able to hear adequately with or without the use of a hearing aide to include: normal talk, TV, phone without difficulty?	Claimant A has only ten percent of his hearing. Staff to face Claimant A and speak slowly. Using gestures helps as well.	Caregiver
Vision: Ability to see in adequate light (with glasses, contacts, etc.):		
Service Needs	Service Notes	Resp. Party
Vision: Ability to see in adequate light (with glasses, contacts, etc.): Does the Resident wear corrective lens/eye wear?	Claimant A wears reading glasses.	Caregiver
General Skin Condition		
Service Needs	Service Notes	Resp. Party
General Skin Condition: Does the Resident have any open areas on skin to include: Pressure wounds, Diabetic wounds, Vascular Wounds, Other Skin Conditions?	No	Medication - Licensed Nurse
REVIEW OF RESIDENT HEALTH STATUS SINCE LAST EVALUATION		
Service Needs	Service Notes	Resp. Party
Has the Resident had any changes to their medication regiment since the last evaluation to include but not limited the following classes of drugs : Antipsychotics, Antidepressants, Anti-anxieties, Hypnotics, Blood Pressure Medications, Pain Medications, etc?	No	Medication - Licensed Nurse
Hospitalization	Claimant A was hospitalized when he fractured his femur.	Medication - Licensed Nurse

Acknowledgement and Acceptance

Agreement

This document reflects the agreement of the parties regarding the needs of Resident, regarding who will be responsible for providing the services to fill those needs, and regarding payment for services to be provided by Community. The parties enter into this agreement for services to be provided to Resident by Community or to be provided by Resident for themselves. All parties acknowledge that the needs identified above are to be fulfilled by the Resident, either directly or indirectly through arrangements made by the Resident, unless Community agrees herein to provide services to meet the identified need. Resident understands and acknowledges that independently providing services needed can entail risks, including serious health risks. Resident agrees to release and hold Community harmless against any claims or harm suffered by Resident's decision to provide for the identified needs either directly by Resident or indirectly by arrangements made with anyone other than Community. This is a release. Resident understands and agrees that the Community will charge for the services it agrees to provide, until both parties mutually agree otherwise pursuant to a new Service Agreement. Resident agrees to pay for the services indicated above to be provided by Community. Resident agrees to comply with the terms of this Services Agreement, and to provide prompt, timely, and effective services either directly or through others to meet those needs which are not to be met through Community services. A breach of this Services Agreement may be grounds for declaring a default under the Servcies Agreement and the lease agreement.

Community Staff: _____ Signature: _____ Date: _____
(Print Name)

Community Staff: _____ Signature: _____ Date: _____
(Print Name)

Resident: _____ Signature: _____ Date: _____
(Print Name)

Family Member: _____ Signature: _____ Date: _____
(Print Name)

Responsible Party: _____ Signature: _____ Date: _____
(Print Name)

Other Provider: _____ Signature: _____ Date: _____
(Print Name)

Trant, Caylee

From:
Sent: Friday, May 3, 2024 3:29 PM
To: Trant, Caylee
Subject: Fwd: Requested Care Plan
Attachments: WWEP.pdf; WWCP.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

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

Attached is both the Care Plan & Evaluation Plan from the Clearwater Springs Assisted Living.

Care Plan: Level 4, Cost \$2400 a month.
Plus Rent: \$2900 a month.

Please let me know if you need anything else from them.

Thx,
Sent from my iPhone

Begin forwarded message:

From: Clearwater Springs RCC <RCC@clearwatersprings seniorliving.com>
Date: May 3, 2024 at 11:26:51 PDT
To:
Subject: Requested Care Plan

I have attached your dad's care plan and Eval Plan which breaks down points of care at the end of report. I tried everything to get his points down. He is very close to being level three. His points are at 248. Once he gets down to 225 he will qualify for Level 3. I feel that after a month and his 30 day review he will have improved enough that we can change to a level 3 at that point. Please let me know if you have any more questions. It was a pleasure getting to know you and your dad and all his comedic quirks.

Level 4 Cost-\$2,400

Heather McCoy

Resident Care Coordinator
Clearwater Springs Assisted Living
RCC@clearwatersprings seniorliving.com

Cell: 360-947-1445
Tel: 360-546-3344
201 NW 78th St. Vancouver, WA 98665



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Clearwater Springs

ASSISTED LIVING

Shelley Ross

Business Office Manager

Phone: 360-546-3344

Cell: 541-921-5119

Fax: 360-696-4030

201 NW 78th Street
Vancouver, WA 98665

office@clearwaterspringseniorliving.com
clearwaterspringseniorliving.com

RECEIPT

DATE 5/13/24

No. 023120

RECEIVED FROM Claimant A

\$ 3125.00

FOR RENT
FOR

DOLLARS

COUNT	
AMOUNT	<u>3125.00</u>
DATE DUE	

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM May TO June
 BY Heather McEay



MEMORANDUM

DATE: May 22, 2024
TO: Police Pension Board
FROM: Caylee Trant, Pension Board Coordinator
RE: **Request for Dental Care – Claimant B**

Attached for Board review is a request for payment of dental care for Claimant B.

Section I.7 of the Board’s rules states:

“Claims that require Board approval must be submitted directly to the Pension Board Coordinator. All information to be submitted to the Board must be received no less than 14 calendar days prior to the meeting date.”

Claimant B requested a special meeting to determine approval of dental care as he is trying to start the process of a dental implant. The entire process will take multiple months before the tooth is fully repaired. The next regularly scheduled meeting is June 3, 2024, if the claim is approved, payment for care would need to be distributed to the supplier prior to his appointment.

Section I.1 of the Board rules allows:

“Pursuant to RCW 41.20.030, the Police Board shall hold monthly meetings on the first Monday of each month, provided there is new business. If necessary, special meetings may be called by the chairperson or majority of the Board.”

The Board can determine if this meets the threshold of an emergency and hold a special meeting.

Section II.1 of the Board’s rules and regulations states:

“Pursuant to RCW 41.26.150, whenever a member requires medical services as defined by RCW 41.26.030 (20), such services may be paid for by the City, only if those medical services are deemed medically necessary and not payable from another source.”

RCW 41.26.030(20)H states:

“Dental charges incurred by a member who sustains an accidental injury to his or her teeth and who commences treatment by a legally licensed dentist within ninety days after the accident.”

Claimant B cracked a tooth while eating a beef stick and bit down on a small bone fragment. Claimant B is requesting the Board consider reimbursement to him for the cost emergency extraction which was needed at the time of the incident and implant to restore this tooth.

Items for consideration by Board:

\$364.10 Reimbursement for emergency extraction

\$2,690.90 Payment for implant

Action Requested

Consider Claimant B's request for reimbursement of emergency extraction and payment of dental repair.

Trant, Caylee

From:
Sent: Monday, March 25, 2024 2:22 PM
To: Tashiro, Caylee
Subject: Dental Claim
Attachments: IMG_4977.jpeg; IMG_4999.jpeg; IMG_5001.jpeg

Follow Up Flag: Follow up
Flag Status: Flagged

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;

I searched for that pension application form but could not find it on the cityofvancouver.us website. I would appreciate your assistance in helping me fill out this appropriate paperwork for submittal.

Therefore, I would like to make a claim on this email and here are the specific:

On Wednesday, March 20th, 2024, at 1000 hours, while driving back from a visit to my daughter in Spokane, WA, I was chewing on some beef stick and bit down on a small bone fragment that chipped my tooth, on my upper jaw right side. So, I called my dentist in Vancouver; Dr. Aaron Huang with Garden City Dental (9409 NE Hwy 99, Suite B, Vancouver, WA 98665) 360-326-4740 to explain the situation. Because the pain was bearable, Dr. Huang set an appoint for me the following morning of Thursday, March 21st, 2024 at 0800 hours.

I went to my appointment and he took an x-ray and then probed by upper jaw tooth #4 for damages. See below attached photo. He informed me that the tooth is completely cracked all the way to the roots. The tooth is not repairable and has to be extracted and an implant is required to restore this tooth. The reason that a crown would not work is because there is no root or foundation for the crown. The tooth has to be removed or it will cause additional pain and will eventually get infected.

Therefore, an emergency extraction took place and after two hours the procedure was completed. I paid the extraction cost \$364.10 (see credit card slip). That was my cost after Delta Dental insurance was applied. See attached photo of total cost for this procedure of \$3055.00 with insurance. A prescription for pain medication was also submitted to Walmart for the discomfort I would be feeling for the next 4 to 7 days.

I am requesting that this cost of \$3055.00 be submitted to the pension board for reimbursement which includes the amount of \$364.10 that has already been paid.

I am requesting the \$364.10 be remitted to me and the \$2690.90 to be submitted to Garden City Dental for the rest of the work to be completed.

Sincerely,

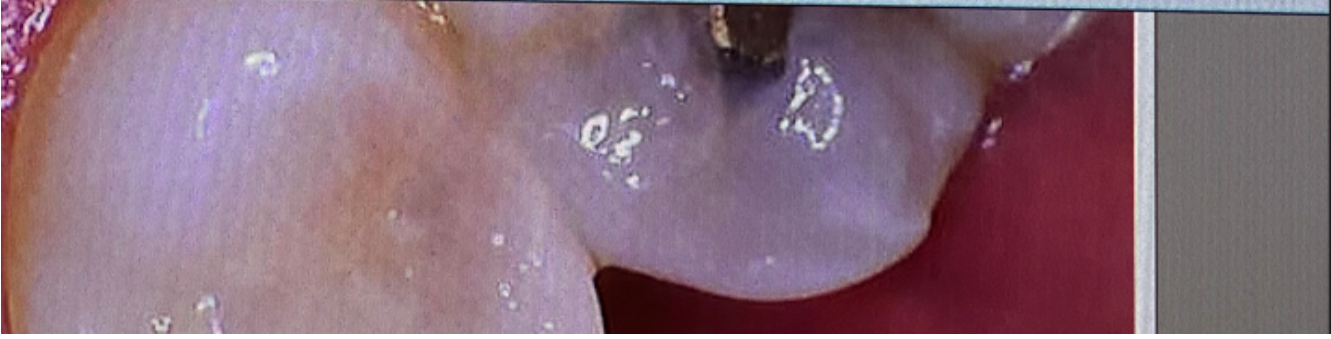
Claimant B

- T(4)

Original

03/21/2024 8:13AM - T(4)

Original



**Garden City Dental
9409 NE Hwy 99
Vancouver, WA
(360) 326-4740**

Order ID: ab31b36e96714e82

Ref #: 081776943922

Desc: Approval

Auth #: 06072A

Batch #: 277

MID: ***1886**

03/21/2024

12:12:02 PM

Amount

\$364.10

Method: Contactless Chip

VISA CREDIT

VISA CARDHOLDER

AID: A0000000031010

AthNtwkNm: VISA

RtInd: CREDIT

Mode: Issuer

Signature Verified

Approved

Updated #4

Garden City Dental
(360)326-4740

03/21/2024

Done	Priority	Tth	Surf	Code	Sub	Description	Fee	Allowed	Pri Ins	Sec Ins	Discount	Pat
	2	4		D7210		Surgical Extraction	376.00	202.00	88.90	0.00	174.00	113.10
						Pri Deduct Applied: \$75.00						
	2	4		D7953		bone replacement graft for ridge preservation - per site	502.00	0.00	0.00	0.00	251.00	251.00
						Subtotal	878.00	202.00	88.90	0.00	425.00	364.10
	3	4		D6010		surgical placement of implant body: endosteal implant	2808.00	1827.00	913.50	0.00	981.00	913.50
						Subtotal	2808.00	1827.00	913.50	0.00	981.00	913.50
	4	4		D6058		abutment supported porcelain/ceramic crown Over annual max	1715.00	1272.00	252.60	0.00	443.00	1019.40
	4	4		D6057		Custom Abutment - Connects Implant to Crown Over annual max	1130.00	758.00	0.00	0.00	372.00	758.00
	4	4		N4137		Implant Zirconia Crown Seat	0.00		X	0.00	0.00	0.00
						Subtotal	2845.00	2030.00	252.60	0.00	815.00	1777.40
						Total	6531.00	4059.00	1255.00	0.00	2221.00	3055.00

Family Insurance Benefits

BenefitName	Primary	Secondary
Family Maximum		
Family Deductible		

Individual Insurance Benefits

BenefitName	Primary	Secondary
Annual Maximum	1500.00	
Deductible	75.00	
Deductible Remaining	75.00	
Insurance Used	187.00	
Pending	0.00	
Remaining	1313.00	

If you have dental insurance, please be aware that THIS IS AN ESTIMATE ONLY. Coverage may be different if your deductible has not been met, annual maximum has been met, or if your coverage table is lower than average. If there is a remaining balance due once insurance processing has been completed, a final statement will be provided.

By signing this document you are confirming that this treatment plan was reviewed with the financial coordinator and all questions were answered. This is not a commitment to treatment.

Fees are honored for 90 days.

Signature: [Redacted]

Date: 3-21-2024

OUR DENTAL WARRANTY

Our purpose at Garden City Dental is for all of our patients to achieve wellness. We believe that the health of your gums and teeth is a strong predictor of your overall health and wellness. It is very difficult to have poor health in your mouth and have good health in your body. We want to help you adopt healthy preventative habits with your oral health to optimize your overall wellness.

Our dental warranty was created with this purpose in mind. We will cover fillings for 3 years and crowns for 5 years - so long as you KEEP UP WITH YOUR RECOMMENDED HYGEINE CARE by our team of dental professionals. We want this guarantee to encourage you to maintain your oral health, while giving you great value and peace of mind as you undergo restorative dentistry and maximize your opportunity for overall wellness.

**Police Pension Board
April 2024**

EXPENSES:

April	2024 Pensions Paid	\$13,790.01
April	2024 Claims paid by Allegiance	\$36.52
April	2024 Claims paid by CoV	\$36,867.00
April	2024 Allegiance Admin Fees	\$57.70
April	2024 Medicare B Reimbursements	\$681.30
TOTAL EXPENSES FOR APPROVAL:		\$51,432.53

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 \$51,432.53 this 22nd day of May 2024.