

Police Pension Board Special Meeting Schedule August 29, 2024

Police Pension Board 3:30pm

Aspen Conference Room, 1st Floor City Hall

Call In: 1347-941-5324

Phone Conference ID: 694 777 372#

Teams Meeting ID: 296 122 899 961

Passcode: nAePXY

Please contact Caylee Trant at (360) 487-8403 or <u>Caylee.Trant@cityofvancouver.us</u>

if you are unable to attend.

Thank you!



Police Pension Board

Thursday, Aug. 29, 2024 3:30p.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: 694 777 372#

AGENDA

- 1. Call to Order and Roll Call McEnerny-Ogle
- 2. New Business Trant
 - a. Request for Long Term Care Claimant A
 - b. Request for Powered Scooter Claimant B

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



MEMORANDUM

DATE: August 29, 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 August 5, 2024. They have paid August rent for a long-term care facility and would like the City to pay the facility directly for September. The next regularly scheduled meeting is October 7, 2024, if the claim is approved, payment for rent and care would need to be distributed to the supplier prior to this date.

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 Hampton at Salmon Creek as of August 12, 2024. Claimant A was taken to PeaceHealth hospital following a fall and transferred to the memory care facility to continue treatment.

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 family secured a spot at Hampton at Salmon Creek with a \$7000 community fee, and they are requesting reimbursement for these fees. The community fee covers processing fees associated with admitting and moving the resident into the community. This is not a security

deposit and does not go toward any care costs. As such, the Board rules do not allow for payment of this fee.

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 1 resident which has a care level cost of \$8,100/month. However, due to concerning night conflicts and threatening behavior with his roommate, Claimant A was removed and put into a Deluxe Private Room. Deluxe Private Room is \$16,000/month. He is on a waiting list to be put into a regular private room which carries a cost of \$9,400. However, he is 4th on the waiting list and the facility cannot guarantee when he will be able to move to a private room. The facility believes if they can regulate his sleep patterns while stabilizing his condition with medication, he will likely be able to move to an assisted living facility.

The current average daily cost for a semi-private room in Washington State is \$404/day or about \$12,120/month.

Items for consideration by the Board:

\$7,000 Community Fee \$8,100 August Rent and Care

\$16,000 Ongoing Monthly Room, Board, and Care

Action Requested

Consider Claimant A's request for medically necessary long-term care.



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: SSN: Birthdate:							
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 toxic/metaboloe if diagnosid è dementra encephalopatty. Prognosis: if diagnosid è dementra encephalopatty.							
Moderate cojnstite Modera							
Assistance Needed: Full Assistance Some Assistance No Assistance							
Taking Medications		- 0					
Eating	Ø						
Toileting		\times_					
Bathing or Showering		₩,					
Dressing		tiz/ _					
Transferring		Φ//					
Continence		0//					
Shaving, Hair Care		Ø					
Preparing Meals	Ø,						
Transportation	9/						
Housekeeping	9/						
Personal Laundry	onal Laundry						
Walking Ability: Indepe	ndent 🛘 Walker	□ Cane □ Wheelchair	□ Not Mobile				
Memory Loss: ☐ Freque☐ Demen		ional loss □ No memory l Alzheimer's Diagnosis n	oss of cleasuresed ye				

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 <u>level of care</u> (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: 29 (#) hours a day, 1 (#) 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:
Physician's Signature: Date: Date:
Typed or Printed Name 7 ady a ne Mollice Phone: (360)514372
Physical Address, including zip code: Mailing Address, including zip code:
Mace, Vancouver, WA 98684



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 Fmail: Caylee.Trant@cityofvancouver.us

(To Be Completed by Member, Family Member or Legal Rep - please check one) ☐ Home Health Care ☐ Skilled Nursing Home Care Services ☐ Other McMony CARE Name: SSN: Telephone Number: 360-601-9294						
	Complete address including z	ip code:	Pension Board: Police Fire	Police		
Medical Insurance: Kaiser Permanente? Blue Cross Yes - Branch of Svc Yes - Branch of Svc No						
		QUICK PERSONAL TED BY MEMBER, FAM	L ASSESSMENT ILY MEMBER OR LE	TOOL EGAL REPRE	SENTATIVE)	
A	ssistance Needed:	Full Assistance	Some Assis	stance	No Assistance	
Ta	aking Medications	Ø				
Ea	ating				Ø	
Toi	ileting		乜			
1	thing or Showering		□			
1	ssing					
Tran	nsferring	Ø				
	rinence					
Shavi	ing, Hair Care		囚			
Prepa	ring Meals	•				
	portation	Ø				
	keeping					
Person	al Laundry	Ø		No. of the last		
Current Living Situation: ☐ Home (alone) ☐ Home (with services) ☐ Lives with family ☐ Hospital ☐ Other						
Valking Ability: □ Independent ☑ Walker □ Cane □ Wheelchair □ Not Mobile						

ADDITIONAL INFORMATION
What recent conditions or events have occurred causing you to consider a change in your circumstance? Please be specific. HAS FALLEN AT HOME SENSEAL TIMES. BATHROOM FLOOR BY HIS FRIEND/CAREGIVER SHE CALLED FOR HELP AND WAS TRANSPORTED TO PERCEHSACION. SHE CALLED FOR HELP AND WAS TRANSPORTED TO PERCEHSACION. IN FECTION, KIDNEY & PROSTATE ISSUES AND SENSEE DEHYDRATION. IN FECTION, KIDNEY & PROSTATE ISSUES AND SENSEE MEMORY LOSS TREATED FOR DIABETES AND BOUTS OF SENSEE MEMORY LOSS TREATED FOR DIABETES AND BOUTS OF SENSEE MEMORY LOSS WITH SOME COMBATTIVENESS WHICH COMPLICATED REHAB. HIS ATTENDING PHYSICIAN AT HOS PITAL WROTE HAS MODERATE COGNITIVE IMPARMENT ALONG WITH CHRONIC HAS MODERATE COGNITIVE IMPARMENT ALONG WITH CHRONIC PAIN AND METABOLIC ENCEPHALOPATHY) AND RECOMMENDED A SKILLED CARE FACILITY.
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.
Print Name: Date: 8-9-2024 Relationship to Member: CAREGINER
Print Name: Relationship to Member: CAREGINEA

Cavlee Trant | 360-487-8403 | --

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Resident Admission Agreement Memory Care | Washington State

Date of Birth:	Age: Admission [Sex: 08/12/2024
Monthly Rate: 8100.00	Initial Level of C	
Community Fee: 7000		nt #: 14 A
Responsible Party		
Name:		
Phone:		
Address:	Manufacture of	
POA or Legal Guardian (if o	ony)t	
This is an Agreement betwe	een: Hampton Salmon Creek, LLC	daing
business as The Hampton at		(hereinafter
	DILLE FORG	
	1000	
("Resident").	("Responsible	e Party") is hereby
("Resident"). designated as Resident's fo	("Responsible	ose of this
("Resident"). designated as Resident's fo	("Responsible	oose of this orized to act on
("Resident"). designated as Resident's for Agreement. Responsible Patent on to be Party also personally and o	("Responsible primal representative for the purp rarty represents that he/she auth ind Resident to this Agreement, completely guarantees all finance	oose of this iorized to act on Responsible tial and other
("Resident"). designated as Resident's fo Agreement. Responsible P behalf of Resident and to b Party also personally and o obligations of Resident und	("Responsible purp of the purp	oose of this iorized to act on Responsible dal and other o comply with the
("Resident"). designated as Resident's for Agreement. Responsible Pehalf of Resident and to be Party also personally and a obligations of Resident und policies and procedures of	("Responsible or the purple of the thickness of the thickness of the community of the physical later the community of the purple o	oose of this lorized to act on Responsible tial and other o comply with the location in which
Agreement. Responsible P behalf of Resident and to b Party also personally and c abligations of Resident und policies and procedures of the Community operates is	("Responsible or the purport of the second of the purport of the this Agreement and agrees to the Community. The physical to secured (i.e. lacked). Resident of the purport	ose of this orized to act on Responsible tial and other ocomply with the ocation in which and Responsible
("Resident"). designated as Resident's for Agreement. Responsible Poetal of Resident and to be Party also personally and obligations of Resident und policies and procedures of the Community operates is	("Responsible or the purple of the thickness of the thickness of the community of the physical later the community of the purple o	ose of this orized to act on Responsible tial and other ocomply with the ocation in which and Responsible

(Section 2.11-Resident Admission Agreement - Hermary Care - Washington - Version No. February 2024)

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t. COMMUNITY FEE.

Resident shall pay a non-refundable Community Fee to the Community in the amount noted above prior to moving into the Community. The Community Fee is explained in Schedule #5.

2. PAYMENTS

- A. Monthly Rate. The Monthly Rate set forth above is due on the first day of each month. A late charge at \$50.00 will be assessed an accounts not paid in full by the 10th of a month.
- Persons Responsible for Payment, Resident and Responsible Party are obligated to pay the Monthly Rate. The Community accepts no responsibility for communicating with, or taking any action necessary to callect monies from, long term care insurance companies or other semilar organizations. Resident is not obligated to disclose the identity of any third party making a payment on Resident's behalf.
- C. Additional Fees, The Monthly Rate covers those services listed in Section 4 below. The costs for different and/or additional services are listed in Schedules #2 and #3 attached at the end of this Agreement. Resident and Responsible Party are responsible for the costs of any additional items which shall be paid at the same time as the Monthly Rate.

3. RATE ADJUSTMENTS

A Changes in Rates or Services. Except in emergencies, the Community will provide thirty (30) days advance written notice of any changes in the Monthly Rate, the Services included in the Monthly Rate, the availability of additional.

Page 2 or 16

Bertier St. II - Section Admission Agreement - Microry Care - Washington - Version N.) February 2024

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services and/or the charges for additional services.

- B. Changes without Notice. If the Community determines the Resident needs greater or fewer services because of a change in Resident's condition, the Community will begin providing the necessary level of care and charge the corresponding feets immediately. The Community will notify Resident and Responsible Party as soon as possible of such changes.
- C. Refunds. In the event any regulatory agency orders relocation of Resident, Resident shall not be required to give notice of termination of this Agreement. The Community will refund any money to which Resident would have been entitled had notice been given.
- SERVICES AND ITEMS INCLUDED.
 The following services are included in the Monthly Rate:
 - The Community provides and launders linens and towels.
 The Community also launders Resident's clothing.
 - B. Room cleaning weekly.
 - C. The Community is staffed twenty-four (24) hours per day to provide reasonable supervision and assistance with the activities of daily living. Certified and licensed personnel are among those employed by the Community.
 - D. Three meals per day are served. Additional snacks are served at various times throughout the day.
 - E Activities and social programs, for which Resident may state a preference.
 - F. Basic room furnishings.
- Other services and amenities as deemed appropriate by the Community from time to time.

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5. ADDITIONAL SERVICES AND ITEMS NOT INCLUDED

- A. Not included. The costs of oil other services and items are not included in the Monthly Rote. These include, but are not imited to, the following: telephone service, additional room furniture, medications, briefs for incontinence care, nutritional supplements, personal tolletries, health care provider fees, beauty solon services, special outlings, communication devices and auxiliary side.
- 8 Services by Physicians, Resident may, from time to time, arrange for care by a physician. All costs of physician services are the sole responsibility of Resident and/or Responsible Party. The Community may assist Resident from time to time in arranging for services by physicians and may maintain a list of preferred physicians for consideration by Resident. The Community also does not provide physician services and does not restrict, in any way, Resident's choice of physician.
- C. Third Party Providers. Resident may obtain services from a third-party provider as long as the following conditions are met. If the services are approved by Responsibile Party, 2) the third-party provider accepts responsibility for the proper performance of the Service, and 3) the third-party provider accepts responsibility for the proper performance of the Service, and 3) the third-party provider agrees to indemnify and hold harmless the Community. Upon request, the Community will provide assistance to Resident in procuring services from third party providers sought by Resident. Resident and Responsible Party agree that the Community shall not bear any responsibility, liability or obligation for ar related to services provided by any third party.

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6. COMMUNITY POLICIES

The general policies of the Community are attached as Schedule #1 and made a part of this Agreement. The policies are for the purpose of making it possible for residents within the Community to live tagether.

APARTMENT CHANGES

The Community reserves the right to change room assignments if the needs of Resident, or the needs of the Community's residents as a group, can be best met by changing one or more room assignments.

8. VISITATION

The Community maintains a visitation policy, which may be changed by the Community from time to time. The Community encourages regular family involvement with Resident and provides opportunities for family participation in activities within the Community. Due to normal resident activity patterns, it is encouraged that visits occur during daytime and early evening. Visitors will be required to abide by all Community policies. Additionally, the Community reserves the right to limit and/or prohibit visitation when the Community has reason to believe that such action is necessary to protect residents or staff, or to stop disruptive behavior. The Community may lack the exterior entrances during non-business hours. In the event the doors are locked, visitors should ring the doorbell and identification may be required for entry.

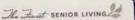
9. RESIDENT'S RIGHTS AND RESPONSIBILITIES

A Information Disclosures. Resident and Responsible Party acknowledge receiving the information described in the attached Schedules #1 through #5 and #WA1 through #WA2.

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Annual Agreement - Manual Core - Wastergoon - Vision No. February, 2024

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- B. Non-Discrimination. The Community will not engage in illegal discrimination and will comply with all applicable state and federal laws concerning discrimination, including but not limited to laws concerning discrimination on the basis of age, race, color, notional origin, religion and sex.
- C. Pravision of Necessary Information. Within 30 days of the Resident's move into the Community, the Community will complete a negotiated service agreement that addresses the Resident's health care needs, social needs and preferences, and personal care tasks. Resident and Responsible Party agree to provide the Community with accurate and complete information reasonably necessary for the Community to provide services to Resident. Such information shall include, but not be limited to information concerning Resident's relationships, life experiences, ability to communicate and initiate activities and Resident's patterns of behavior.
- D. Release of Resident Information Authorized. Resident and Responsible Party authorize the Community to release resident information to Resident's primary and/or attending physicians, emergency medical personnel, and independent care providers (home health providers, private aides, etc.). Additionally, the Community is authorized to release resident information, as appropriate and/or required by law, to government agencies, ombudsmen, legal guardians, conservators, spouses, and attorneys in fact (i.e. persons authorized by a written Power of Attorney).

10. RESIDENT'S PERSONAL PROPERTY AND VALUABLES

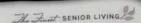
Resident has the right to have and use personal property, space permitting, provided the property does not endanger the health or safety of others. The Community shall, upon request, provide Resident with a lockable container or other lockable storage space

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Section JJ 11 - Resident Admission Agreement - Marriary Care - Washington - Version 16 / February 2024

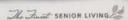
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Community cannot provide, the thirty (30) day notice will not be required. In such event, Resident's obligation to pay the Monthly Rate shall end as soon as Resident's apartment is fully vacated. An apartment will not be considered vacant until everything is removed from the apartment including any personal property and hospice equipment.

- TERMINATION BY COMMUNITY WITH THIRTY DAYS' NOTICE. The Community may terminate this Agreement and evict Resident with thirty (30) days advance written notice, for one or more of the following reasons:
 - 1) Nonpayment of the Monthly Rate within ten days of the due date (which is the first day of each month);
 - 2) Follure of Resident to comply with state or local law after receiving notice of the alleged violation;
 - 3) Failure of Resident to comply with the general policies of the Community;
 - 4) If it is determined that Resident has a need not previously identified, and the Community and the person who performs the reappraisal believe the Community is not appropriate for Resident, or,
- 5) Wrongful conduct by Resident or members of Resident's family, including:
 - Harassment of residents, visitors or staff;
 - · Theft:
 - · Destruction of propertu:
 - . Use of Illicit drugs; or,
 - Other behavior that disrupts the operation of the Community
 - The Community ceases to operate or changes nature of its business.



- C. Termination by Community without Thirty Days' Notice. The Community may terminate this Agreement with less than thirty (30) days advance notice, if:
 - 1) Resident engages in behavior which is a threat to the mental and/or physical health or safety of Resident or to the mental and/or physical health or of others in the Community, and/or
 - 2) Resident has not resided at the Community for thirty (30) days
- D. <u>Termination Due to Decrease in Services</u>, in the event the Community voluntarily decreases the scope of services provided to Resident, and such decrease will result in the termination of this Agreement and the discharge of Resident, the Community will give Resident ninety (90) days' notice of the decrease in services,

14. SEVERABILITY AMENDMENTS.

The provisions of this Agreement shall be severable and if any phrase, clause, sentence, or provision of this Agreement or its application is held to be invalid or unenforceable for any reason, the remainder of the Agreement shall remain in full force and effect. Any amendment to this Agreement shall be in writing, dated and signed by Community, Resident and Responsible Party. BUILDING STATE OF THE PARTY OF

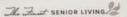
15. LEGAL MATTERS

A Any action arising out of or relating to this Agreement which is not subject to arbitration, shall be brought in the appropriate court before a judge rather than a jury. The parties hereby expressly WAIVE THEIR RIGHTS TO BRING THE MATTER BEFORE A JURY. Resident and Responsible Party also agree to waive any right to participate in a class action against the

Pope Norsk.

Section 2(11-Penalent Admission Agreement - Manage Core - Washington - Version 5(1) document 2024

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Community whether as a representative or member of a class.

B. This Agreement does not after and shall not be construed to relieve the Community of compliance with any requirement or obligation under relevant federal, state or local law and regulation, including but not limited to the rights of Resident described in Exhibit #WA1.

16. REVIEW OF RESIDENT RECORDS

Departments and agencies within the State of Washington have the authority to examine the records of Resident maintained by the Community as part of their evaluation of the Community.

17. DISCLAIMER

Other than as is set forth in this Agreement and the attached Schedules, Resident and Responsible Party hereby acknowledge that the Community has not made any express or implied representation that the Community will maintain a specific number of staff at the Community, or that the staffing at the Community will be determined according to any specific standard or formula.

18. ACKNOWLEDGEMENT OF RISKS

Resident and Responsible Party acknowledge receipt of the "ACKNOWLEDGEMENT OF RISKS IN ASSISTED LIVING COMMUNITIES PROVIDING DEMENTIA/ ALZHEIMER'S CARE" attached as Schedule #4 and agree to assume the risks described in it.

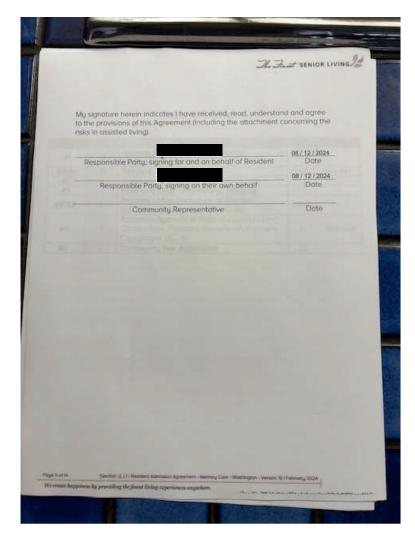
[Signatures Required on Next Page]

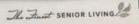
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[Section 3] 11 - Sessions Admission Agreement - Memory Core - Westington - Version 16 / February 2024

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Index to Schedules

Schedule	Section	Document Name	ID	Signature
#1	G	General Policies of the Community Resident Handbook – MC	G.1	
#WA1	н	Resident Rights	H.wa.1	Required
#2	1	Optional Services and Fees	1.1	-
#3	1	Fees and Costs of Additional Products	1.3	
#WA2	-	Assisted Living Disclosure of Services Disclosure of Services – Form 10-351	1.wa.1	9
#4	J	Acknowledgement of Risks in Assisted Living Communities Providing Dementia/Alzheimer's Care [Pages 13 – 14]	1,1	Required
#5	J	Community Fee Addendum	1.2	

Page Stat H

(Section 2) 11 - Resident Admission Agreement - Momony Core - Worldangton - Version 16 i February 2024

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wandering from the Community's premises and making poor decisions which result in injury or even death. Some residents are especially prone to skin breakdown. Additionally, there is a very real possibility of residents becoming agitated and even violent with each other due to the nature of their disease.

While we work with residents and their families to develop core plans intended to reduce these risks, many of the factors which contribute to these risks are beyond the Community's control. Although falls, wandering, and skin breakdown are considered the greatest areas of risk in assisted living, each resident usually has other risks related to their particular medical condition, needs, and diagnoses.

In summary the Community, Resident, and Responsible Party acknowledge these risks are inherent in an assisted living setting. Resident and Responsible Party accept these risks as part of their decision to live in a setting which offers a more affordable and home-like environment than a comparable skilled nursing home.

Received:

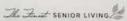
	08 / 12 / 202
Responsible Party, signing for and on behalf of Resident	Date
	08 / 12 / 202
Responsible Party, signing on their own behalf	Date



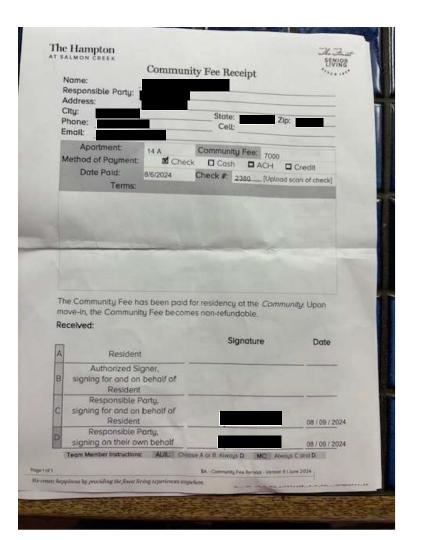
Community Fee Schedule Schedule #5

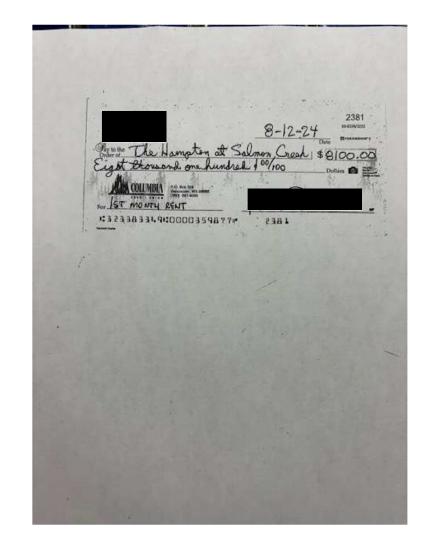
The Community Fee is a fee paid to the Community by Resident. Payment of the Community Fee will hold an apartment for Resident and will cover processing costs associated with admitting and moving Resident into the Community. The Community Fee is not a security deposit. No part of the Community Fee will be used to cover any amounts that become payable to the Community by Resident. After Resident moves into the Community, the Community Fee becomes non-refundable.





Resident			Apt #: 140
Community: The Hampton	at Salmon Creek	Level o	f Care: 1
Today's Date:	Financial Move-in Date	Pers	onal Move-in Date:
08/12/2024	08/12/2024		08/12/2024
First	Month Only		Current Market Rate
Community Fee		+	\$ 7,000.00
		+	
		+	
Total Alberta		-+	
Name and Address of the Owner, where	Company of the last of	+	Adjustments
		1014	engusunenta
927-03			
		DI COM	
		D.Com	Total
	Total	#A =	\$7,000.00
N	lonthly	HART !	Current Market Rat
Monthly Rent		+	\$ 8,100.00
		+	
THE RESERVE OF THE PARTY.	BALAD	+	and the same
		- +	
	And the last profit with	- +	
	Start I	End +	Adjustments
	Stutt	inds.	Aujustinents
		-	
			Total
	Tota	1#R =	\$8,100.00





The Finest
SENIOR
LIVING

The Hampton AT SALMON CREEK

Companion Apartment Rates - Inclusive of Care, Meals, Activities, Housekeeping, Laundry, and Nursing Oversight

Move in Fee: \$7,000

Level 1: \$8,100 per month

Level 2: \$9,100 per month

Level 3: \$10,100 per month

Level 4: \$11,100 per month

Private Apartment Rates - Inclusive of Care, Meals, Activities, Housekeeping, Laundry, and Nursing Oversight

Move in Fee: \$7,000

Level 1: \$9,400 per month

Level 2: \$10,400 per month

Level 3: \$11,400 per month

Level 4: \$12,400 per month

Deluxe Private: All Inclusive: \$16,000 per month

Courtyard View: \$150/month



MEMORANDUM

DATE: August 29, 2024

TO: Police Pension Board

FROM: Caylee Trant, Pension Board Coordinator

RE: Request for Powered Scooter – Claimant B

Attached for Board review is a request for payment of a powered scooter for Claimant B and Section II.3 of the Board's Rules and Regulations requires:

"Medical services or supplies that are not covered by Medical Insurance or other source may be considered for reimbursement on a case-by-case basis if the member seeks prior Board approval and the medical services or supplies are prescribed by a health care provider and deemed medically necessary."

Claimant B is seeking preapproval to purchase a powered scooter. Claimant B's physician provided a prescription for a powered scooter to help with his mobility.

Section II.3 of the Board's Rules and Regulations states:

"Members must submit the following required documents needed for Board review and pre-approval of costs not considered copay:

- a. Denial of benefits coverage letter from medical insurance provider or Explanation of Benefits (EOB), and
- b. Letter from healthcare provider explaining the medical necessity of services, and
- c. Quotes from at least two (2) providers, and
- d. Letter explaining the need for the Board's consideration for payment."

Claimant B has submitted a denial from Regence health insurance for the payment of a powered scooter, a prescription from his physician, quotes from two different providers, and a letter explaining his need for the Board to consider payment. Home Health Solutions provide an assessment for medical equipment by accessing the patient's environment as well as their ability to safely operate a product. They give a recommendation based on the following factors: general use, size or weight and ability

of patient to transport, indoor or outdoor use. Home Health Solutions provided quotes for two different models which come with delivery, setup and in-service. They recommend the Pride Victory 10 4-wheel model of \$2,370.38 as the Claimant has an older version of the model scooter and is familiar with the settings. Amazon has a similar scooter for purchase but does not include set up or in-service.

Home Health Solutions:

- Pride Victory 10 4-wheel: \$2,370.38
- Pride Victory S710 LX Sport 4-wheel: \$2,701.13.

Amazon:

• Pride Victory 10 4-Wheel: \$2,375.07

Action Requested

Consider the request from Claimant B for a powered scooter.

Trant, Caylee

From: Flandro, Tami < Tami.Flandro@regence.com>

Sent: Wednesday, June 5, 2024 10:36 AM

To: Trant, Caylee
Cc: Giurgiev, Iasmina
Subject: RE: Follow Up

Hi Caylee,

Poonam just informed me that canceled his order for the electric wheelchair and wants to appeal for the mobility cart.

Poonam let him know that it will not be covered by Regence or Medicare, so this will be solely an appeal for the pension board.

I will formally step out of the process now and Poonam has closed the case in our system. I wish him the best with this request!

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 Email: <u>Tami.Flandro@regence.com</u>

www.regence.com

From: Trant, Caylee <caylee.trant@cityofvancouver.us>

Sent: Wednesday, May 29, 2024 9:24 AM

To: Flandro, Tami < Tami. Flandro@regence.com>

Cc: Giurgiev, Iasmina <iasmina.giurgiev@cityofvancouver.us>

Subject: RE: Follow Up

Hi Tami,

Can you confirm when Norco will be delivering the electric wheelchair to As of this morning, has not received his wheelchair.

Thank you,

Caylee Trant, SHRM-CP | Human Resources Specialist

From: Flandro, Tami < Tami.Flandro@regence.com >

Sent: Tuesday, May 21, 2024 3:19 PM

To: Trant, Caylee < caylee.trant@cityofvancouver.us >

Cc: Giurgiev, lasmina < iasmina.giurgiev@cityofvancouver.us >

Subject: RE: Follow Up

Hi Caylee,

Our team reached out to Norco to let them know that we do not require preauthorization for this wheelchair. Norco wanted to wait for us to send documentation of this before filling the order. This will take a day or two, so Norco should be able to fill this order now. Hopefully they can get this out to him this week, but I don't know how long they take to get the delivery out to him.

However, it's all with Norco now.

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 Email: <u>Tami.Flandro@regence.com</u>

www.regence.com

From: Trant, Caylee <caylee.trant@cityofvancouver.us>

Sent: Tuesday, May 21, 2024 2:40 PM

To: Flandro, Tami < Tami. Flandro@regence.com>

Cc: Giurgiev, Iasmina <iasmina.giurgiev@cityofvancouver.us>

Subject: RE: Follow Up

Hi Tami,

notified me that Norco sent him a letter stating that the request for the electric wheelchair is awaiting approval from Regence. Do you know if the PCP has submitted the paperwork?

Thank you,

Caylee Trant, SHRM-CP | Human Resources Specialist

City of Vancouver

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

From: Flandro, Tami < Tami.Flandro@regence.com >

Sent: Monday, May 13, 2024 4:54 PM

To: Trant, Caylee < caylee.trant@cityofvancouver.us >

Cc: Giurgiev, lasmina < <u>iasmina.giurgiev@cityofvancouver.us</u>>

Subject: RE: Follow Up

Poonam called the PCP and left another urgent message with the doctor via the receptionist. She asked to have them escalate the return of the order papers to Norco and mark it urgent. We're all just waiting for the doctor. Poonam spoke with them last Thursday.

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 Email: <u>Tami.Flandro@regence.com</u>

www.regence.com

From: Flandro, Tami < Tami.Flandro@regence.com>

Sent: Monday, May 13, 2024 5:44 PM

To: Trant, Caylee < caylee.trant@cityofvancouver.us >

Cc: Giurgiev, Iasmina <iasmina.giurgiev@cityofvancouver.us>

Subject: RE: Follow Up

Hi Caylee,

I called Norco and still no order from the doctor's office has been received. Requested on Thursday last week.

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 Email: Tami.Flandro@regence.com

www.regence.com

From: Trant, Caylee < caylee.trant@cityofvancouver.us >

Sent: Monday, May 13, 2024 11:32 AM

To: Flandro, Tami < Tami.Flandro@regence.com>

Cc: Giurgiev, Iasmina <iasmina.giurgiev@cityofvancouver.us>

Subject: RE: Follow Up

Hi Tami,

Can you check with Poonam to see if Norco has received the paperwork?

Thank you,

Caylee Trant, SHRM-CP | Human Resources Specialist

City of Vancouver Human Resources **P**: (360) 487-8403 | **F**: (360) 487-8418 cityofvancouver.us



From: Flandro, Tami < Tami.Flandro@regence.com>

Sent: Thursday, May 9, 2024 3:27 PM

To: Trant, Caylee < caylee.trant@cityofvancouver.us >

Cc: Giurgiev, lasmina < iasmina.giurgiev@cityofvancouver.us >

Subject: RE: Follow Up

Hi Caylee,

Poonam just called me. Norco is still waiting on some documentation from the provider who ordered the wheelchair. Poonam called the providers office to let them know that these documents were missing and asked that they get them faxed to Norco asap. That is where we are at- once we get the request, Poonam will help us expedite the Regence approval.

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 Email: <u>Tami.Flandro@regence.com</u>

www.regence.com

From: Flandro, Tami

Sent: Thursday, May 9, 2024 4:15 PM

To: Caylee Trant <caylee.trant@cityofvancouver.us>

Cc: Giurgiev, Iasmina <iasmina.giurgiev@cityofvancouver.us>

Subject: Follow Up

Hi Caylee,

I don't know what that is, but I believe it's related to the agreement for preauth requirements with Regence. I asked Poonam to reach out to Norco to see what the holdup is. I know they did have to wait for another new order from his doctor because they canceled the old one when told them he did not want the electric wheelchair. That's what delayed and started this over.

I'm hoping Poonam can get this moving through Norco quickly.

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 Email: <u>Tami.Flandro@regence.com</u>

www.regence.com

From: Trant, Caylee caylee.trant@cityofvancouver.us

Sent: Wednesday, May 8, 2024 4:32 PM

To: Flandro, Tami Tami.Flandro@regence.com

Cc: Giurgiev, Iasmina iasmina.giurgiev@cityofvancouver.us

Subject: RE: Follow Up

Hi Tami,

Did Norco tell you what their internal review criteria consists of?

Thank you,

Caylee Trant, SHRM-CP | Human Resources Specialist

City of Vancouver

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

From: Flandro, Tami Tami.Flandro@regence.com

Sent: Tuesday, May 7, 2024 1:05 PM

To: Trant, Caylee caylee.trant@cityofvancouver.us

Cc: Giurgiev, lasmina iasmina.giurgiev@cityofvancouver.us

Subject: Re: 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,

Norco told me that the electric wheelchair preauthorization process started completely over when had his doctor order the scooter instead. So, this has delayed this whole process.



When I spoke with Norco, they said they had an internal review that needed to happen to ensure he met the criteria and then the preauth would come from Regence. We have not received the preauth request from Norco yet.

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

Email: Tami.Flandro@regence.com

www.regence.com

From: Trant, Caylee <caylee.trant@cityofvancouver.us>

Sent: Tuesday, May 7, 2024 12:07 PM

To: Flandro, Tami < Tami.Flandro@regence.com>

Cc: Giurgiev, Iasmina <iasmina.giurgiev@cityofvancouver.us>

Subject: Follow Up

This message is from an **EXTERNAL** email address - Please only click links and attachments if you're sure they are

safe.

Hi Tami,

However, Norco

mentioned that an electric wheelchair was not approved. Norco stated that he needed to meet the criteria for an electric wheelchair and then they would also need to get a preauthorization from Regence. Can you help us get the requirements from Norco? We would like to be able to tell exactly what is needed from both Regence and Norco to move the ordering of the electric wheelchair forward.

Please let me know if you have any questions.

Thank you,

Caylee Trant, SHRM-CP | Human Resources Specialist City of Vancouver Human Resources
P: (360) 487-8403 | F: (360) 487-8418
cityofvancouver.us



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July 2, 2024

Skagit Regional Clinics 9631 269th St NW Stanwood, WA 98292-8071

Dear Dr. Mark Litton,

has requested a powered scooter from the City of Vancouver LEOFF 1 Police Pension Board. mentioned he would need a device that allows the arms to fold, a platform for his feet, and handlebars for him to lift himself out of the chair. To consider his request we will need a letter or prescription from you, as his Physician explaining the medical necessity of the motorized scooter and any required parts (such as headrest, special seat, or other add-ons). All add-ons outlined by your directive must be medically necessary for the Board to consider the request to cover them.

Following your prescription, we would appreciate any recommendations for Durable Medical Equipment (DME) suppliers that you work with to help facilitate this process for the commendations.

If you have any questions, please feel free to contact me at 360-487-8403 or email at Caylee.trant@cityofvancouver.us.

Sincerely,

Caylee Trant

Caylee Trant

Pension Board Coordinator City of Vancouver – Human R Skagit Regional Clinics Family Medicine Stanwood

9631 269th Street NW Stanwood WA 98292-8071 Phone: 360-629-1600

Phone: 360-629-160 Fax: 360-629-1644



MRN: 4774724

Date: Jul 9, 2024

Ambulatory DME Supply (Durable Medical Equipment) Clinic Use Only

(Order ID: 72747049)

Diagnosis: Lumbar stenosis with neurogenic claudication (M48.062)

Quantity: 1

The face-to-face evaluation was completed by: Mark Litton, DO

Type: Wheelchair / Scooter

Wheelchair / Scooter Types: (Power scooter)

Signature:

Mark Litton, DO

NPI: 1255775789

Scooter Suppliers

Hoveround.com

Accessmedical equipment.com

Pridemobility.com

Home Health Solutions

16645 158th PL SE WA 98058 (425)251-5995 ph (425)251-4991 fax

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Date	Estimate #
8/7/2024	210

Name / Address		
City of Vancouver For: Claimant B Attn: Caylee Trant		

Project

Description	Qty	Cost	Total
Pride Victory 10 4-wheel scooter	1	2,150.00	2,150.00T
* 400-lb capacity		,	,
* w/ 10" flat-free wheels			
* w/ head light package			
* w/ charger & basket			
** Includes delivery, setup & in-service			
msrp: 3,079.00			
** Cl. '			
** Claimant B currently has an older version of the model scooter Would recommend this particular model for patient			
Sales Tax		10.25%	220.38
		Total	\$2,370.38

Home Health Solutions

16645 158th PL SE WA 98058 (425)251-5995 ph (425)251-4991 fax

Estimate

Date	Estimate #	
8/7/2024	211	

Name / Address	
City of Vancouver For: Claimant B	
Attn: Caylee Trant	

Project

Pride Victory S710 LX Sport 4-wheel scooter * 400-lb capacity * 410-lb capacity * 4				
* 400-1b capacity * larger hi-back seat * w' shock absorbers * w' front & rear light package * w' basket & charger * red or blue color option ** Includes delivery, setup & in-service Sales Tax 10.25% 251.13	Description	Qty	Cost	Total
* 400-1b capacity * larger hi-back seat * w' shock absorbers * w' front & rear light package * w' basket & charger * red or blue color option ** Includes delivery, setup & in-service Sales Tax 10.25% 251.13	Pride Victory S710 LX Sport 4-wheel scooter	1	2,450.00	2,450.00T
* larger hi-back seat * w/ shock absorbers * w/ shock absorbers * w/ shock absorbers * w/ basket & charger * red or blue color option ** Includes delivery, setup & in-service Sales Tax 10.25% 251.13	* 400-lb capacity			
* w/ shock absorbers * w/ front & rear light package * w/ basket & charger * red or blue color option ** Includes delivery, setup & in-service Sales Tax 10.25% 251.13	* larger hi-back seat			
* w/ basket & charger * red or blue color option ** Includes delivery, setup & in-service Sales Tax 10.25% 251.13	* w/ shock absorbers			
** red or blue color option ** Includes delivery, setup & in-service Sales Tax 10.25% 251.13	* w/ front & rear light package			
** Includes delivery, setup & in-service Sales Tax 10.25% 251.13	* w/ basket & charger			
Sales Tax 10.25% 251.13	* red or blue color option			
Sales Tax 10.25% 251.13				
Total	** Includes delivery, setup & in-service		10.050/	251.42
Total \$2,701.13	Sales Tax		10.25%	251.13
Total \$2,701.13				
Total				
			Total	\$2,701.13

Secure checkout =

Add delivery instructions

Change

Place your order

By placing your order, you agree to Amazon's <u>privacy notice</u> and <u>conditions of use.</u>

Change

 Items:
 \$2,189.00

 Shipping & handling:
 \$0.00

Estimated tax to be

collected:* \$186.07

Order total: \$2,375.07

Arriving Aug 28, 2024 - Aug 30, 2024

Use a gift card, voucher, or promo code



Pride Victory 10 4-Wheel Heavy Duty Scooter w/ avail ext warr (Red)

\$2,189⁰⁰ (\$2,189.00 / Count)

Ships from Living Well Stores, Inc Sold by Living Well Stores, Inc

Quantity: 1 Change

Gift options not available

Choose your delivery option:

Wednesday, Aug 28 - Friday, Aug 30 FREE Delivery

Place your order

Order total: \$2,375.07

By placing your order, you agree to Amazon's $\underline{\text{privacy notice}}$ and $\underline{\text{conditions of use.}}$

Why has sales tax been applied? See tax and seller information.

Do you need help? Explore our Help pages or contact us

For an item sold by Amazon.com: When you click the "Place your order" button, we'll send you an email message acknowledging receipt of your order. Your contract to purchase an item will not be complete until we send you an email notifying you that the item has been shipped.

Colorado Purchasers: Important information regarding sales tax you may owe in your State

Within 30 days of delivery, you may return new, unopened merchandise in its original condition. Exceptions and restrictions apply. See Amazon.com's Returns Policy

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