



CITY OF
Vancouver
WASHINGTON

**Police
Pension Board
Meeting Schedule
October 6, 2025**

**Police Pension Board
1:30pm
Aspen Conference Room, 1st Floor City Hall
Call In: 1 347-941-5324
Phone Conference ID: 670 797 037#
Teams Meeting ID: 258 468 595 869
Passcode: sr3TM9ch**

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



Police Pension Board

Anne McEnerny-Ogle, Chair
Erik Paulsen - Anthony Glenn - Natasha
Ramras - August Lehto - Kit Abemathy - Jeffrey
Dong

Police Pension Board Meeting Agenda

October 06, 2025

1:30 PM

Vancouver City Hall

Aspen Conference Room

415 W 6th St

Vancouver, WA 98668-1995

In accordance with the Open Public Meetings Act (OPMA), the Police Pension Board meeting will be open to in-person attendance. Options for viewing and/or participating in the meeting remotely will also be accommodated (see details below).

MEETING ACCESS INFORMATION

[Click here to join the meeting](#)

To access by phone (audio only), call: 1-347-941-5324

Phone Conference ID: 670 797 037#

- 1. Call to Order and Roll Call – McEnerny-Ogle**
- 2. Approval of Minutes – McEnerny-Ogle**
 - a. May 05, 2025, Minutes
- 3. Communications - Stinson**
 - a. Healthcare Benefit Changes – Effective January 1, 2026
 - b. Results of Election for Police Pension Board Member
 - c. Pensioner Death
 - d. Pensioner Death
 - e. Pensioner Death
- 4. Reports – Glenn**
 - a. Budget Report
 - b. Approval of Expenses for April 2025 – August 2025
- 5. Old Business - Stinson**
 - a. None

6. New Business – Stinson

- a. Request for Long Term Care – Claimant A
- b. Request for Orthopedic Shoes and Compression Stockings – Claimant B

7. Public Comment* – 3 minutes each

*The public is invited to speak regarding any New or Old Business item. Members of the public testifying are asked to limit testimony to three minutes. There are three ways to provide comments:

- In Writing: Public comments can be submitted in writing (name, address, contact information and comments) via email to April.Stinson@cityofvancouver.us by 5pm the day before the meeting.
- Remotely: Pre-register by phone at 360-487-8403 or email April.Stinson@cityofvancouver.us by 5pm the day before the meeting
- In Person: Pre-register by phone at 360-487-8403 or email April.Stinson@cityofvancouver.us by 5pm the day before the meeting or fill out a Public Comment form in person prior to the start of the Communications portion of the meeting.

City Hall is served by C-TRAN. Route information and schedules are available online at www.c-tran.com. You also may reach C-TRAN at (360) 695-0123 for more information on times, fares, and routes.

Anyone needing language interpretation services or accommodations with a disability may contact the Human Resources staff at (360) 487-8403 (RELAY: 711). Assistive listening devices and live Closed Captioning are available for the deaf, hard of hearing and public use. Please notify a staff person if you wish to use one of the devices. Every attempt at reasonable accommodation will be made. To request this agenda in another format, please also contact the phone numbers listed above.

Meeting Minutes

Monday, May 5, 2025

2:00 p.m.

Vancouver City Hall

Aspen Conference Room

415 W. 6th Street

Vancouver, WA 98660

Board Members Present:

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

Board Members Absent:

Erik Paulsen, Mayor Pro Tempore

Staff Present: Sara Baynard-Cooke, Assistant City Attorney; Iasmina Giurgiev, Human Resources; April Stinson, Human Resources

Guests:

None

Item 1: Call to Order

The May 05, 2025, meeting of the Police Pension Board was called to order at 2:00 p.m. by Chair Mayor McEnerny-Ogle in Aspen Conference Room at Vancouver City Hall and via Microsoft Teams.

Item 2: Approval of Minutes

Correction by Glenn to revise expenses for October 2024 through January 2025 totaled \$295,969.55. **Motion** by Abernathy, seconded by Lehto, and approved unanimously to adopt the minutes from March 03, 2025, with the correction.

Item 3: Reports

Glenn reported that total expenditures through March 2025 were 20% of budget. Total revenues through March 2025 were 26% of budget. The budget report is on track and no adjustments are needed from the Accounting department.

Expenses for February through March 2025 totaled \$129,190.76.

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

To request accommodation or other formats, please contact:

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

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

Item 5: Old Business

None

Item 6: Request for Long Term Care – Claimant A

Attached for Board review is a Physician’s Statement supporting a request for increased cost of medically necessary long-term care for Claimant A. Claimant A was approved for long term care April 18, 2019 and the cost of long-term care up to the maximum current cost of a semi-private room was approved for Claimant A on December 21, 2023. The attached documentation provides updated medical justification for a higher level of care and associated costs.

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 admitted to a long-term acute care hospital (LTAC). According to the Physician’s Statement and the RN case manager, he is now medically stable and does not meet the criteria for continued stay at the LTAC. He is ready for discharge to a lower level of care. Insurance providers have indicated they will not authorize further coverage for his stay, as his current condition does not justify LTAC-level services. Claimant A is unable to return to his previous living environment, as it does not have the capacity to support his complex and ongoing medical needs. He requires 24/7 mechanical ventilation via tracheostomy and a range of other intensive care supports. This level of care exceeds the previously approved cost threshold due to the complexity of medical needs.

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.”

The current average daily cost for a semi-private room in Washington State is \$408/day or about \$12,240/month.

Claimant A has submitted quotes from three different providers.

Legacy Adult Family Home:

All-inclusive rate: \$898.85/day or \$26,965.50/month (30-day)

Northwest Royal Home Care Adult Family Home:

All-inclusive rate: \$898.95/day or \$26,968.50/month (30-day)

Vancouver Specialty and Rehabilitative Care:

Semi-private room rate: \$650.00/day or \$19,500/month (30-day)

Ventilation rate: \$285.00/day or \$8,550/month (30-day)

Tracheostomy rate: \$170.00/day or \$5,100/month (30-day)

Action Requested

Consider Claimant A’s request for increased cost of medically necessary care above the semi-private room rate.

Motion by McEnerny-Ogle to approve the increased cost of medically necessary care above the semi-private room rate for one of the two Adult Family Homes of the member’s choosing. Seconded by Dong and approved unanimously.

Item 7: Public Comment

None

Adjourned:

This meeting adjourned at 2:11 p.m.



MEMORANDUM

DATE: October 6, 2025

TO: Police Pension Board

FROM: April Stinson, Pension Board Coordinator

RE: **Healthcare Benefit Changes – Effective January 1, 2026**

Background

In early 2025, Human Resources began exploring healthcare options that would align with the City's current benefit offerings and provide some enhancements to employees. The best option that was identified through this work was to offer PPO medical, dental and vision benefits through the Association of Washington Cities (AWC) benefit pool. Because AWC provides coverage to many public Employers in Washington, they insure over 40,000 lives, which provides them with economies and buying power that the City alone does not have. Additionally, their medical provider is Regence, and they offer Delta Dental, Willamette Dental and Vision Services Plan (VSP), which means that there will not be disruption to the providers LEOFF 1 Retirees currently use.

Kaiser coverage will not transition to AWC, but it will continue to be provided as a medical option.

Changes for LEOFF 1 Retirees

Effective January 1, 2026, all LEOFF 1 Retirees currently enrolled in the Regence MedAdvantage + Rx Enhanced Option 3 plan will be transitioned to the Regence MedAdvantage + Rx Enhanced Option 1 plan. LEOFF 1 Retirees and their dependents affected by this transition will be required to submit new enrollment forms in order to have coverage on 1/1/2026.

Billing and Payment Information for LEOFF 1 Retirees

- Dental Coverage:
 - Any dental insurance elected by LEOFF 1 Retirees will be billed directly by AWC to the retiree, effective January 1, 2026.
- Dependent Coverage:
 - Dependents of LEOFF 1 retirees, including spouses of LEOFF 1 Retirees, who decide to enroll in Regence medical or dental insurance, will also be billed directly by AWC.

- Payment Methods:
 - AWC will offer LEOFF 1 Retirees several payment options, including:
 - Personal check
 - ACH
 - DRS pension deduction

Conclusion

An open enrollment packet, including instructions and required enrollment forms, will be provided in October. Additional details and resources will be shared as the implementation date approaches.

Action Requested:

Communication only; No official action required by Board



MEMORANDUM

DATE: October 6, 2025

TO: Police Pension Board

FROM: April Stinson

RE: **Results of Election for Police Pension Board Member**

In accordance with the election process outline, an election was held to fill the expired term of Jeffrey Dong on the Police Pension Board. After the nomination period, there was only one nominee, Jeffrey Dong. Balloting was not required, as such Jeffrey Dong will serve as the Police Pension Board Member until the expiration of his term on June 30, 2028.

ACTION REQUESTED

Accept the results of the election and confirm Jeffrey Dong as Pension Board Member to serve until June 30, 2028.



MEMORANDUM

DATE: October 6, 2025
TO: Police Pension Board
FROM: April Stinson, Pension Board Coordinator
RE: Pensioner Death

Police Retiree, Al Woldrich, passed away on June 3, 2025, at 76 years of age.

"41.20.090 Lump sum payment on death before or after retirement. *"Whenever any member of the police department of such city shall, after five years of service in said department, die, his surviving spouse or, if there is no surviving spouse, the child or children under the age of eighteen years, or if there is no surviving spouse or child or children, then his parents or unmarried sister or sisters, minor brother or brothers, dependent upon him for support, shall be entitled to the sum of one thousand dollars from such fund. This section to apply to members who shall have been retired, for any reason, from active service under the provisions of this chapter."*

A check was prepared for the funeral benefit and delivered to Anne Woldrich, spouse of Al Woldrich.

Action Requested

Communications only; No official action required by the Board.



MEMORANDUM

DATE: October 6, 2025
TO: Police Pension Board
FROM: April Stinson, Pension Board Coordinator
RE: Pensioner Death

Police Retiree, William Farrell, passed away on September 6, 2025, at 97 years of age.

"41.20.090 Lump sum payment on death before or after retirement. *"Whenever any member of the police department of such city shall, after five years of service in said department, die, his surviving spouse or, if there is no surviving spouse, the child or children under the age of eighteen years, or if there is no surviving spouse or child or children, then his parents or unmarried sister or sisters, minor brother or brothers, dependent upon him for support, shall be entitled to the sum of one thousand dollars from such fund. This section to apply to members who shall have been retired, for any reason, from active service under the provisions of this chapter."*

A check will be prepared for the funeral benefit and delivered to the estate of William Farrell.

Action Requested

Communications only; No official action required by the Board.



MEMORANDUM

DATE: October 6, 2025
TO: Police Pension Board
FROM: April Stinson, Pension Board Coordinator
RE: Pensioner Death

Police Retiree, Duane Dewey, passed away on September 11, 2025, at 81 years of age.

"41.20.090 Lump sum payment on death before or after retirement. *"Whenever any member of the police department of such city shall, after five years of service in said department, die, his surviving spouse or, if there is no surviving spouse, the child or children under the age of eighteen years, or if there is no surviving spouse or child or children, then his parents or unmarried sister or sisters, minor brother or brothers, dependent upon him for support, shall be entitled to the sum of one thousand dollars from such fund. This section to apply to members who shall have been retired, for any reason, from active service under the provisions of this chapter."*

A check will be prepared for the funeral benefit and delivered to Marlene Dewey, spouse of Duane Dewey.

Action Requested

Communications only; No official action required by the Board.

COV - Composite Department Budget vs Actuals by Fund

Period FY 2025 - Aug

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	CC0131 HR-Pension Admin	540000:Services	0	0	0	580	580	(580)	0%	0	0	0	0	0%
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	520000:Employee Benefits	1,513,200	0	0	899,626	899,626	613,574	59%	1,513,200	1,193,999	319,201	718,799	48%
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	540000:Services	22,608	0	0	7,994	7,994	14,614	35%	21,750	4,351	17,399	3,877	18%
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	550000:Intergovernmental Services and Payments	210	0	0	0	0	210	0%	200	0	200	0	0%
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	590000:Interfund Services	19,341	0	0	10,512	10,512	8,829	54%	17,872	12,934	4,938	12,539	70%
Total				1,555,359	0	0	918,712	918,712	636,647	59%	1,553,022	1,211,284	341,738	735,215	47%

09/24/2025 02:45 PM stinsona / April Stinson

COV - Composite Department Budget vs Actuals by Fund

Period FY 2025 - Aug

Fund 617 Police
Pension Trust
Fund

Ledger Revenues

Account 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	361110:Investment Earnings	0	0	0	0	0	0	0%	0	(354)	354	(354)	0%
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	369910:Miscellaneous Other Operating Revenues	0	0	0	(1,209,591)	(1,209,591)	1,209,591	0%	0	(1,011,111)	1,011,111	(757,061)	0%
617 Police Pension Trust Fund		(Blank)	361110:Investment Earnings	(154,417)	0	0	(143,167)	(143,167)	(11,250)	93%	0	(191,919)	191,919	(123,361)	0%
617 Police Pension Trust Fund		(Blank)	369910:Miscellaneous Other Operating Revenues	(1,600,000)	0	0	0	0	(1,600,000)	0%	(1,000,000)	0	(1,000,000)	0	0%
Total				(1,754,417)	0	0	(1,352,759)	(1,352,759)	(401,658)	77%	(1,000,000)	(1,203,384)	203,384	(880,776)	88%

09/24/2025 03:22 PM stinsona / April Stinson

**Police Pension Board
April 2025 - August 2025****EXPENSES:**

April	2025 Pensions Paid	\$15,849.19
May	2025 Pensions Paid	\$15,849.19
June	2025 Pensions Paid	\$15,849.19
July	2025 Pensions Paid	\$15,849.19
August	2025 Pensions Paid	\$15,849.19
April	2025 Claims paid by Allegiance	\$1,986.70
May	2025 Claims paid by Allegiance	\$3,569.99
June	2025 Claims paid by Allegiance	\$5,643.56
July	2025 Claims paid by Allegiance	\$0.00
July	2025 Claims paid by HRPro	\$2,523.00
August	2025 Claims paid by HRPro	\$399.61
April	2025 Claims paid by CoV	\$41,053.94
May	2025 Claims paid by CoV	\$41,367.06
June	2025 Claims paid by CoV	\$72,705.84
July	2025 Claims paid by CoV	\$71,557.43
August	2025 Claims paid by CoV	\$76,412.83
April	2025 Allegiance Admin Fees	\$20.25
May	2025 Allegiance Admin Fees	\$40.50
June	2025 Allegiance Admin Fees	\$40.50
July	2025 Allegiance Admin Fees	\$851.25
July	2025 HRPro Admin Fees	\$403.25
August	2025 HRPro Admin Fees	\$225.50
April	2025 Medicare B Reimbursements	\$2,817.90
May	2025 Medicare B Reimbursements	\$0.00
June	2025 Medicare B Reimbursements	\$721.50
July	2025 Medicare B Reimbursements	\$28,644.00
August	2025 Medicare B Reimbursements	\$1,110.00
TOTAL EXPENSES FOR APPROVAL:		\$431,340.56

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 \$431,340.56 this 6th day of October 2025.



MEMORANDUM

DATE: October 6, 2025

TO: Police Pension Board

FROM: April Stinson, Pension Board Coordinator

RE: Request for Long Term Care – Claimant A

Attached for Board review is a long-term care Application Request, Physician's Statement, and quotes supporting a request for Long Term Care for Claimant A. The original Application Request and Physician's Statement requesting Home Health Care is attached for reference. Previously, Claimant A was approved for Home Health Care at the October 15, 2020, meeting.

According to his daughter, Claimant A's dementia has progressed, and a recent fall resulting in a fracture has further reduced his mobility. He now requires assistance with most activities of daily living, as outlined in the Application Request and Physician's Statement.

Section III.10.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."

The current average daily cost for a semi-private room in Washington State is \$408/day or about \$12,240/month.

Claimant A has submitted quotes from two different providers. Claimant A's daughter has expressed a preference for Aging Well Senior Care, stating that she feels the attending staff and the care setting are well suited to her father's current condition.

1. Aging Well Senior Care:
\$11,800 Ongoing Monthly Room, Board and Care
2. Noble Adult Family Home:
\$12,000 Ongoing Monthly Room, Board and Care

Section III.10.d of the Board rules for Conditional Approval of Medical Services and Supplies:

"The Pension Board Coordinator is authorized to provide conditional approval of requests for services requiring pre-approval and/or services with established limits by the Board (i.e. Chiropractic services, Hearing Aids, Vision Care services, Home Health Care, and Assisted Living/Long-Term Custodial Care/Skilled Nursing Facilities), as specified in the Board's rules."

Claimant A's request for medically necessary long-term care was conditionally approved. This approval covers ongoing monthly room, board, and care at Aging Well Senior Care, up to the current daily cost for a semi-private room. Claimant A moved into Aging Well Senior Care on August 27, 2025. A payment of \$2,347.64 was sent to Aging Well Senior care September 11, 2025.

Claimant A was relocated to Pleasant Family Home Care on September 1, 2025. According to his daughter, the previous facility failed to meet the care requirements outlined in the Adult Family Home Assessment, which included behavioral support, and a two person assist, despite prior assurances. Inadequate staffing, particularly at night, led to a dangerous incident when family members were not present, prompting an urgent move to a new care home over the holiday weekend.

Claimant A passed away on September 6, 2025.

Items for consideration by the Board:

\$2,327.64	Conditionally approved prorated August/September rent and care at Aging Well Senior Care
\$3,625.00	Prorated September rent and care at Pleasant Family Home Care

Action Requested

1. Ratify the conditional approval for payment of long-term care services at Aging Well Senior Care.
2. Consider Claimant A's request for payment of remaining balance of long-term care services at Pleasant Family Home Care.

Memorandum

Date: October 15, 2020
To: Police Pension Board
From: Emily Kemper, Pension Board Coordinator
RE: Request for Long Term Care – Claimant D

Attached for Board review is a long term care Application Request and Physician's Statement supporting a request for Home Health Care for Claimant D.

According to his daughter, Claimant D's has recently been diagnosed with moderate dementia and heart murmur. He also needs assistance with many of the activities of daily living as noted in the Application Request and Physician's Statement.

At this time, Claimant D's physician has recommended Home Health Care to meet his needs 10 hours/day, 7 days/week. Visiting Angels living assistance services has quoted \$30.00 per hour at 10 hours per day = \$300/day or approximately \$9,000.00/month.

The Pension Board Rule for long term care limits payment to the average daily rate of a semi-private room for Nursing Home Care services. The current average daily cost for a semi-private room in Washington State is \$300/day. The Visiting Angels quote combined with the number of hours estimated by Claimant D's doctor will meet the average daily cost covered by the pension board. Claimant D's family has been notified of the limit and understand that they will be responsible for any costs that exceed the pension board limit.

Action Requested

Approve Claimant D's request for medically necessary long term care as presented.



CITY OF VANCOUVER HUMAN RESOURCES

415 W Sixth St - 3rd Floor/P.O. Box 1995

Vancouver WA 98668-1995

360.487.8403 phone 360.487.8418 fax

E-Mail - Emily.Kemper@cityofvancouver.us

Physician's Statement

LEOFF I Member Name:

SSN:

Birth Date:

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

Diagnosis:

Diabetes Mellitus Type 2
Chronic Kidney Disease
Hypertension
Chronic Pancreatitis & insufficiency
Moderate Dementia

Prognosis:

Fair to guarded

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

Walking Ability: ☐ Independent ☒ Walker ☐ Cane ☐ Wheelchair ☐ Not Mobile

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

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

☒ Home Health Care ☐ Skilled Nursing Home Care Services ☐ Other _____

K:\WIR\Pension Admin\LEOFF I\Forms\Long Term Care Forms\COV Long-Term Care Application 110719.doc

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: 10 (#) hours a day, 7 (#) 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:

Mr. [REDACTED], independence, self care is no longer possible, he needs assistance with many facets of daily life and is highly unlikely to regain independence.

Physician's Signature: _____

Date: 10-1-2020

Typed or Printed Name: Patrick Roach D.O.

Phone: 800-813-2000

Physical Address, including zip code:

Patrick Roach, D.O.
Kaiser Permanente
Cascade Park Medical Office
12607 SE Mill Plain Blvd
Vancouver, WA 98684

Mailing Address, including zip code:

Patrick Roach, D.O.
Kaiser Permanente
Cascade Park Medical Office
12607 SE Mill Plain Blvd
Vancouver, WA 98684

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

**CITY OF VANCOUVER HUMAN RESOURCES**415 W Sixth St – 3rd Floor/P.O. Box 1995

Vancouver WA 98668-1995

360.487.8403 phone 360.487.8418 fax

E-Mail – Emily.Kemper@cityofvancouver.us**Application Request**

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

☒ Home Health Care ☐ Skilled Nursing Home Care Services ☐ Other _____

Name:	SSN:	Telephone Number:
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Complete address including zip code:	Pension Board:	Status:
	<input checked="" type="checkbox"/> Police <input type="checkbox"/> Fire	<input type="checkbox"/> Active <input checked="" type="checkbox"/> Retired

Medical Insurance: <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Kaiser Permanente <input type="checkbox"/> Blue Cross <input type="checkbox"/> Other _____	Veteran? <input checked="" type="checkbox"/> Yes - Branch of Svc [REDACTED] <input type="checkbox"/> No
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QUICK PERSONAL ASSESSMENT TOOL

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

Assistance Needed:	Full Assistance	Some Assistance	No Assistance
Taking Medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Toileting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bathing or Showering	<input checked="" type="checkbox"/>	<input 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.

My dad lives alone in his home.

Recently, he has been diagnosed with moderate dementia.

He has also been hospitalized this past month due to an irregular heart beat. This condition will require additional testing. Last week, a Cardiologist discovered he has a heart murmur that will also need additional testing.

He is in need of assistance with his daily medications including insulin. Any many of his activities of daily life.

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: 10/10/2020

Print Name: _____

Relationship to Member: daughter



October 2, 2020

Regarding

I met with [redacted] and his family on September 30, 2020 to discuss our services and how we may be able to assist in his care. [redacted] requires assistance with his Activities of Daily Living including bathing, dressing, toileting, transfers & ambulation as well as meal preparation and medication reminders. Our agency is prepared to provide these services at a recommended schedule of ten hours a day, split between the morning and evening for optimal coverage. Our current rate is \$30 per hour, which would put [redacted] care at \$300 per day. Please contact our office if there are any further questions.

Sincerely,

Amy Loudenback

Director, Visiting Angels



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: April.Stinson@cityofvancouver.us

Application Request

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

☐ Home Health Care ☐ Skilled Nursing Home Care Services ☒ Other *Assisted Living Long term*

Name: [REDACTED]	SSN: [REDACTED]	Telephone Number: [REDACTED]
Complete address including zip code: [REDACTED]	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 Sv [REDACTED] <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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Toileting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing or Showering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shaving, Hair Care	<input checked="" type="checkbox"/>	<input 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: <input type="checkbox"/> Home (alone) <input type="checkbox"/> Home (with services) <input type="checkbox"/> Lives with family <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Other _____
Walking Ability: <input type="checkbox"/> Independent <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input checked="" type="checkbox"/> Wheelchair <input checked="" type="checkbox"/> Not Mobile
Memory Loss: <input type="checkbox"/> Frequent loss <input type="checkbox"/> Occasional loss <input type="checkbox"/> No memory loss <input checked="" type="checkbox"/> Dementia Diagnosis <input type="checkbox"/> Alzheimer's Diagnosis

ADDITIONAL INFORMATION

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

Level of Dementia has increased.
A recent fall resulted in a fracture;
decreasing mobility.

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: _____

8/26/2025

Print Name: _____

Relationship to Member: _____

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: April.Stinson@cityofvancouver.us

Physician's Statement

LEOFF I Member Name:

[REDACTED]

SSN:

[REDACTED]

Birthdate:

[REDACTED]

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

Diagnosis:

Dementia

Prognosis:

~~Severe Dementia~~

Severe Dementia, poor

Assistance Needed:	Full Assistance	Some Assistance	No Assistance
Taking Medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Toileting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing or Showering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shaving, Hair Care	<input checked="" type="checkbox"/>	<input 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: 24 (#) hours a day, 7 (#) 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: 4/25/25

Typed or Printed Name: _____

Phone: _____

Physical Address, including zip code:

PHSW
400 NE Mother Joseph Place
Vancouver, WA 98664

Mailing Address, including zip code:

Same

Stinson, April

From: [REDACTED]
Sent: Tuesday, August 26, 2025 10:09 AM
To: Stinson, April
Subject: Re: Long Term Care Information Application
Attachments: Aging Well Senior Care quote.pdf; NOBLE ADULT FAMILY HOME.pdf; Physicians Statement.pdf; Member App.pdf

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.

Good morning April,

Sending you the completed application.

The facility I would like my dad to receive his needed care is the Aging Well Senior Care LLC. The address is 615 SE 104th Ave. Vancouver, WA 98664.

I feel the attending staff and the setting is suitable for my dad's current state.

Please let me know if I need to make any adjustments.

I appreciate your assistance,
[REDACTED]

On 08/25/2025 10:01 AM PDT Stinson, April <april.stinson@cityofvancouver.us> wrote:

Hi [REDACTED],

Thanks for reaching out today. I have included the attached Long Term Care Application Request Form and some information regarding Long Term care from the [City of Vancouver Police and Fire Pension Boards Pension Board Rules and Regulations](#).

Assisted Living/Long Term Custodial Care/Skilled Nursing Facility

Upon pre-approval, the Board may provide payment for reasonable expenses incurred by a member confined to an assisted living facility. It is the intent of this policy to reduce the amount paid for skilled nursing facility care, as well as to afford members a greater choice of Long-Term Care services. The Board requires explanation of benefits insurance documentation forms showing amounts paid and/or rejected, including proof of submissions to Medicare, VA Benefits, and any existing Long Term Care insurance. (Note: Medical Insurance plans provide coverage for Skilled

Nursing) Members are required to consult first with their Medical Insurance plan to learn what is or is not covered.

- a. Limitations: The Board will only consider payment for level of care services and rent. In addition to policy limitations and exclusions found elsewhere, the Board does not provide benefits for the following: services provided to anyone other than the member; services provided by family members or volunteer workers; services or supplies that are non-medical or custodial in nature; 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; services and supplies not included in the health plan of treatment or not specifically set forth as a covered expense.
- b. 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.
- c. City of Vancouver requires a "Long Term Care Application Request Form" to be completed in full by the member and healthcare provider. Forms can be obtained from the Pension Board Coordinator or online from the City's website. The healthcare provider shall provide medical documentation evidencing medical necessity for at least the level of care requested, the estimated length of time that care is needed, and the recommended level of care. The Board reserves the right to have an assessment agency evaluate the member's continued care needs. The question of medical necessity for level of care shall be subject to periodic review by the Board.
- d. The total daily cost allowed shall not exceed the semi-private room rate in a skilled nursing facility. This allowance will be determined by using the latest annual Genworth Cost of Care Survey for Nursing Home Care services in the state of Washington. Private room charges may be reimbursed upon written documentation of medically necessity from the member's healthcare provider. The Board may provide coverage for services by a licensed and bonded provider on a case-by-case basis. These services include assistance with medication or mental health conditions, including Alzheimer's and other forms of Dementia, or in the activities of daily living: walking, bathing, dressing, eating, etc.

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.

* The current average daily cost for a semi-private room in Washington State is \$408/day or about \$12,240/month

Thank you,

April Stinson | Benefits Specialist

Pronouns: She/Her
City of Vancouver
Human Resources
Office: 360-487-8486
cityofvancouver.us



Aging Well Senior Care

615 SE 104th Ave

Vancouver WA 98664

P 360.883.3459

F 360.896.4772

Adult Family Home - Quote Form

Resident Name: [REDACTED]

Date of Admission (Proposed): August 2025

Provider: Oksana Nazaruk

License #: 753453

Room & Board

Private Room	
Subtotal Room & Board:	\$1,500 per month

Care Services

Personal Care bathing, dressing, grooming, toileting, mobility, medication management, safety monitoring, laundry and housekeeping	\$10,000 per month
Supplies depends, gloves, washable pads, etc.	\$300 per month
Subtotal Care Services:	\$10,300 per month

Total Monthly Rate (Proposed Quote): \$11,800/month

6600 E Evergreen Blvd Vancouver WA, 98661

Phone # 1 (360) 254-8444

INVOICE #001

[illegible]

Thank you for your business!

Aging Well Senior Care
615 SE 104th Ave
Vancouver, WA 98664

INVOICE

302

Bill To:



Date: Aug 27, 2025

Due Date: Sep 1, 2025

Balance Due: \$2,439.70

Item	Quantity	Rate	Amount
08/27/2025-08/31/2025	5	\$387.94	\$1,939.70
Admission Fee	1	\$500.00	\$500.00

Subtotal: \$2,439.70

Tax (0%): \$0.00

Total: \$2,439.70

Aging Well Senior Care
615 SE 104th Ave
Vancouver, WA 98664

INVOICE

306

Bill To:



Date: Sep 1, 2025

Due Date: Sep 1, 2025

Balance Due: \$387.94

Item	Quantity	Rate	Amount
09/01/2025-09/01/2025	1	\$387.94	\$387.94

Subtotal: \$387.94

Tax (0%): \$0.00

Total: \$387.94

Long-Term Care Quote

Pleasant Family Home Care

12809 SE Angus St.

Vancouver, WA 98683

Phone: (360) 885-1081

For: [REDACTED]

DOB: [REDACTED]

Level of Care Determined at Time of Admission: LEVEL 5

*On a scale of 1-5

List of Diagnoses: Atherosclerosis of aorta; Bradycardia; Congestive heart failure; Chronic pancreatitis; Dementia; Diabetes mellitus; Diverticulosis of colon; Gout; Hypertension; Melanoma; Polyneuropathy due to type 2 diabetes; Premature atrial contraction; Premature ventricular contraction; Stage 3 chronic kidney disease due to type 2 diabetes; Arm fracture

High Level Care Needs:

- Needs assistance with all activities of daily living (e.g. changing, eating, hygiene needs, etc.) cannot do any of them on his own at this time.
- Broken arm – Cannot move his right arm at all, and left arm is also severely bruised and weak. Is unable to assist with changing and cannot reposition himself at all. Weeping occurred out of broken arm (drainage of a pus like substance).
- 2-Person assist – Due to broken arm and large size, needs 2 people to change briefs and to reposition in bed. He cannot assist one caregiver at this time to move him (i.e. grab bed rail to help roll) so 2 people are needed to move him and also to ensure minimal movement to minimize pain.
- Incontinent of both urine and bowels at this time. He has some sensation of when he needs to go but due to his high pain from broken arm and inability to move, he cannot go to the bathroom. Has said he needs to go or has gone when he has not, and other times when he has gone and doesn't realize it.

- Dementia/Behaviors – Following hospitalization and moving in and out of home, he has become disoriented (more than what is usual according to daughter). Yells throughout the day and night. Gets agitated and snappy when he is confused. physically aggressive with changing, does not always understand that he is incontinent, and has kicked his legs on several occasions when caregiver attempts to change briefs.
- Night Care – Wakes up throughout the night and needs assistance. Yells at night and creates a disturbance. He occasionally has bowel movements and needs to be changed throughout the night.
- Diabetes Monitoring – Checking blood sugar 3 times a day and as needed if symptoms of hypo or hyper glycemia present; monitoring skin, specifically feet for blanching and skin breakdown. Diabetics (especially if bedbound) are much more susceptible to skin problems.
- Medication Administration – Needs all medication to be administered, including insulin. Changes in medication coordinated closely with his home health team.
- Bed bound – Needs to be repositioned at least every two hours; Continuous monitoring of skin to make sure no skin breakdown occurs. He cannot ambulate at this time.
- Congestive heart failure – Monitoring for any signs or worsening heart failure, including checking blood pressure twice daily and checking skin to see if any additional water retention (unable to weigh at this time due to immobilization).

The above quote is based on the assessment received at admission and current care needs. It is subject to change based on changes in level of care.

If you have any questions, please contact us using the information below. Thank you.

Phone: (360) 885-1081

Pleasantfamilyhc@gmail.com

Invoice

Pleasant Family Home Care

12809 SE Angus St.

Vancouver, WA 98683

Phone: (360) 885-1081

For: [REDACTED]

Date: 9/1/25

Description	Amount
Admission Fee	\$1,000.00
Security Deposit	\$1,000.00
Room and Board	\$2,500.00
Long Term Care	<u>\$12,000.00</u>
Monthly Rate	\$14,500.00

Total: \$16,500.00

Payment received 9/2/25:

- 1 check in the amount of \$2,000 for initial move-in fees (admission fee and security deposit)
- 1 check for first the first week (1/4 month) of the monthly rate for \$3,625.00.

Total Payment Received: \$ \$5,625.00

* [REDACTED] was still processing the long-term care insurance payment, so we agreed to payment on a weekly basis as opposed to our normal full month by the 5th.



MEMORANDUM

DATE: October 6, 2025
TO: Police Pension Board
FROM: April Stinson, Pension Board Coordinator
RE: Request for Orthopedic Shoes and Compression Stockings – Claimant B

Attached for Board review is a request for payment of two pairs of orthopedic shoes and one pair of compression stockings 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 reimbursement for one pair of orthopedic shoes and one pair of compression stockings and preapproval to purchase an additional pair of orthopedic shoes. Claimant B's physician provided a prescription for two pairs of orthopedic shoes and compression stockings to accommodate left lower extremity edema and right lower extremity pes cavus.

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 provided a prescription from his physician, and confirmation from Regence health insurance that the orthopedic shoes and compression stockings do not meet the criteria for benefit coverage.

Items for consideration by the Board:

\$185.56	Reimbursement first pair of ORTHOFEET orthopedic shoes
\$185.56	Payment for second pair of ORTHOFEET orthopedic shoes
\$95.53	Reimbursement for one pair of Duomed Advantage compression stockings

Action Requested

Consider the request from Claimant B for orthopedic shoes and compression stockings.

AFTER VISIT SUMMARY

7/11/2025 11:00 AM Skagit Regional Health - Mount Vernon Surgery Center Foot and Ankle 360-848-4120

Instructions from Anisa S. Pea

ORTHOFEET brand shoes that can be used with edema

Yari Hands-Free
Tilos Hands-Free
Sprint Tie-Less

For shoe fitting, please make an appointment with

Althea's Footwear Solutions
altheasfootwearsolutions.com
1932 Broadway, Everett, WA 98201
(425) 303-0108

THE ACTION NET

Today's Visit

You saw Anisa S. Pea on Friday July 11, 2025. The following issues were addressed:

- Localized swelling of left foot
- Leg edema, left
- Gait abnormality
- Weakness of both lower extremities
- Pes cavus of right foot



Blood Pressure
137/78



Pulse
82

Done Today

AMB DME SUPPLY/REFERRAL

AMB DME SUPPLY/REFERRAL for
Localized swelling of left foot; Leg
edema, left

Vital Signs

Most recent update: 7/11/2025 11:14 AM

Blood Pressure
137/78 (BP Location: Left
arm, Patient Position: Sitting)

Pulse
82

Smoking
Status
Every Day

MyChart

View your After Visit Summary and more
online at [http://
www.skagitregionalhealth.org/mychart/](http://www.skagitregionalhealth.org/mychart/).

Date: Jul 11, 2025

Skagit Regional Health - Mount Vernon Surgery Center Foot and Ankle
211 South 13th Street
MOUNT VERNON WA 98274-4107
Phone: 360-848-4120
Fax: 360-424-7945

Patient: [REDACTED]

MRN: [REDACTED]

DOB: [REDACTED]

SSN: [REDACTED]

Sex: [REDACTED]

AMB DME SUPPLY/REFERRAL (Order ID: [REDACTED])

Diagnosis: Localized swelling of left foot (R22.42)

Leg edema, left (R60.0)

Gait abnormality (R26.9)

Weakness of both lower extremities (R29.898)

Pes cavus of right foot (Q66.71)

Quantity: 2

Comments: Adjustable orthopedic shoes to accommodate left lower extremity edema and right lower extremity pes cavus.

The face-to-face evaluation was completed by: Anisa S. Pea, DPM

Type: Shoe / Boot

Laterality: Bilateral

Signature: [REDACTED]

Anisa S. Pea, DPM

NPI: 1316157787

Skagit Regional Health - Mount Vernon Surgery Center Foot and Ankle
211 South 13th Street
MOUNT VERNON WA 98274-4107
Phone: 360-848-4120
Fax: 360-424-7945

Date: Jul 11, 2025

Patient: [REDACTED]

MRN: [REDACTED]

DOB: [REDACTED]

SSN: [REDACTED]

Sex: [REDACTED]

AMB DME SUPPLY/REFERRAL (Order ID: 88545664)
Diagnosis: Localized swelling of left foot (R22.42)
Leg edema, left (R60.0)
Quantity: 4

The face-to-face evaluation was completed by: Anisa S. Pea, DPM
Type: Compression Stocking
Compression Stocking Types: BK 20-30

Signature: _____

Anisa S. Pea, DPM

NPI: 1316157787



1932 Broadway, Everett, WA 98201-2316, Phone: (425) 303-0108



DELIVERY TICKET

Sales Order
Customer ID
Doc ID



Customer  DOB  Height  Weight  Sex 
Bill to  Deliver to 
Phone: 
Mobile: 

Insurance REGENE BLUESHIELD

Comments or Special Instructions

HIPAA Signature on file No

Delivery Date		Time	CSR	Branch			
7/16/2025			Katelin	Everett			
Qty	Type	Bin	Item	Ext. Allow	Ext. Charge	Tax	Co-Pay
Warehouse			Althea's Footwear Solutions, Everett				
1	Purchase		MCA023SBLK 13 5E / PORTER PROPET USA / MCA023SBLK 13 5E Unit of Measure: PR	\$169.00	\$169.00	\$16.56	\$185.56
TOTAL				\$169.00	\$169.00	\$16.56	\$185.56

Althea's Footwear Solutions

1932 Broadway
Everett, WA 98201
4253030108

SALE

7/16/25 1:54PM

Merchant ID: *****3827

Terminal ID: 1

Subtotal \$185.56

TOTAL \$185.56

AMERICAN EXPRESS

*****4000

Contactless

AUTH: 891756

Batch: 197001

Trans ID: 2048

Ref: 540100005

Invoice: 122885

APPROVED

CREDIT

AID: A000000025010801

ARC: 3030

TVR: 00000008000

TSL: A800

AC: 73ACF5343864F698

CID: 0x80 (ARQC)

Approved

USD \$185.56

CARDHOLDER COPY



1 | 7836 | 173293

Sales Order
Customer
Customer ID





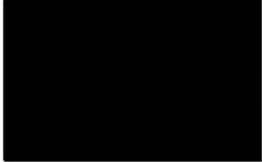
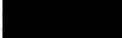



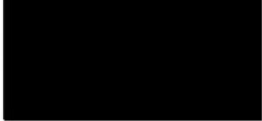

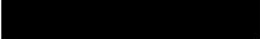

1932 Broadway, Everett, WA 98201-2316, Phone: (425) 303-0108



DELIVERY TICKET

Sales Order
Customer ID
Doc ID



Customer  DOB  Height  Weight  Sex 
Bill to  Deliver to 
Phone: 
Mobile: 

Insurance REGENCE BLUESHIELD

Comments or Special Instructions

HIPAA Signature on file No

Delivery Date		Time	CSR	Branch			
7/16/2025			Katelin	Everett			
Qty	Type	Bin	Item	Ext. Allow	Ext. Charge	Tax	Co-Pay
Warehouse			Althea's Footwear Solutions, Everett				
1	Purchase		MCA023STR 13 SE / PORTER PROPET USA / MCA023STR 13 SE Unit of Measure: PR	\$169.00	\$169.00	\$16.56	\$185.56
TOTAL				\$169.00	\$169.00	\$16.56	\$185.56

* Quote only *

NOTE: THIS 2ND PAIR OF SHOES WILL BE ORDERED
ONCE THE SWELLING GOES DOWN AND THE
FOOT IS REMEASURED.



1 | 7836 | 173296

Sales Order
Customer
Customer ID





1932 Broadway, Everett, WA 98201-2316, Phone: (425) 303-0108



DELIVERY TICKET

Sales Order
Customer ID
Doc ID

Customer
Bill to

DOB

Height

Weight

Sex

Deliver to

Phone:
Mobile:

Insurance REGENCE BLUESHIELD
Comments or Special Instructions

HIPAA Signature on file No

Delivery Date		Time	CSR	Branch			
7/16/2025			Katelin	Everett			
Qty	Type	Bin	Item	Ext. Allow	Ext. Charge	Tax	Co-Pay
Warehouse			Althea's Footwear Solutions, Everett				
1	Purchase		AC26253 / DUOMED ADVANTAGE MEDI USA / AC26253 Unit of Measure: PR	\$87.00	\$87.00	\$8.53	\$0.00
TOTAL				\$87.00	\$87.00	\$8.53	\$0.00

895.53



1|7836|173294

Sales Order
Customer
Customer ID

Stinson, April

From: Flandro, Tami <tami.flandro@regence.com>
Sent: Wednesday, August 20, 2025 8:20 AM
To: Stinson, April
Subject: RE: Request for Coverage Determination – Adjustable Orthopedic Shoes/Compression Stocking

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 April,

Please see the following response from Customer Service:

Below are the covered items related to your request. Based on the attached documentation, the member does not meet the criteria for benefit coverage.

Please note: We cannot provide a denial letter without a submitted claim. To process a claim, we will need some additional information:

- The HCPCS code for the requested items
- The DME supplier's NPI number or Tax ID number

Orthotics

For people with diabetes who have severe diabetic foot disease, we cover:

- One pair per calendar year of therapeutic custom-molded shoes (including inserts provided with such shoes) and two additional pairs of inserts, or
- one pair of depth shoes and three pairs of inserts (not including the non-customized removable inserts provided with such shoes).

Coverage includes fitting.

Shoes and/or inserts are only covered for members *without* diabetes when *very specific* criteria are met. To be eligible for benefit consideration the insert or other shoe modification must:

1. be an integral part of a covered brace
2. be medically necessary for the proper functioning of the brace.
3. include a specific modifier with the code on the claim indicating the medical requirements have been met.

Compression Stockings

Compression stockings for the treatment of an open venous stasis ulcer are covered based on Medicare criteria.

Medicare limits the benefit as follows:

- The person with/on Medicare must have an open venous stasis ulcer that has been treated by a physician or other health care professional requiring medically necessary removal of dead, damaged or infected tissue.
- The gradient stocking must be proven to deliver compression greater than 30 mm Hg and less than 50 mm Hg.

- When a covered gradient compression stocking is provided to a patient with an open venous stasis ulcer, the modifier AW (item furnished in conjunction with a surgical dressing) must be added or the claim will be denied as a noncovered service.

Coverage is also available for compression treatment items used to treat lymphedema. **Note:** Only enrolled DMEPOS suppliers may provide lymphedema compression treatment items.

The following items are for lymphedema compression treatment items only:

- Gradient compression stocking, below knee, 30-40 mmhg, each
- Gradient compression stocking, below knee, 40 mmhg or greater, each
- Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each

Tami Flandro | Medicare Group Account Manager

OR | WA | ID | UT

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From: Stinson, April <April.Stinson@cityofvancouver.us>

Sent: Monday, August 18, 2025 1:20 PM

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

Subject: Request for Coverage Determination – Adjustable Orthopedic Shoes/Compression Stocking

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

Hi Tami,

I am reaching out to request assistance in determining whether adjustable orthopedic shoes and/or compression stockings would be covered under retiree [REDACTED] Medicare Advantage plan. I have attached a document from the healthcare provider.

If this item is not covered under the plan, could you please provide a Denial of Benefits Coverage Letter for our records? We'll need that documentation to proceed with submitting a reimbursement request to the board.

Please let me know if you need any additional information or have any questions.

Thank you,

April Stinson | Benefits Specialist