Police
Pension Board
Meeting Schedule
December 1, 2025

Police Pension Board
2:00pm
Aspen Conference Room, 1st Floor City Hall
Call In: 1 347-941-5324
Phone Conference ID: 608 054 970#
Teams Meeting ID: 234 273 964 458
Passcode: PT2gE2EL

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

CITY OF Vancouver WASHINGTON

Police Pension Board
Anne McEnerny-Ogle, Chair
Erik Paulsen - Anthony Glenn - Natasha Ramras - August Lehto - Kit Abernathy - Jeffrey Dong

Police Pension Board Meeting Agenda

December 01, 2025
2:00 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: 608 054 970#

1. **Call to Order and Roll Call – McEnerny-Ogle**
2. **Approval of Minutes – McEnerny-Ogle**
   a. October 06, 2025, Minutes
3. **Communications - Stinson**
   a. None
4. **Reports – Glenn**
   a. Budget Report
   b. Approval of Expenses for September 2025 – October 2025
5. **Old Business - Stinson**
   a. None
6. **New Business – Stinson**
   a. Request for Speech Generating Device – Claimant A
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.

Police Pension Board

Meeting Minutes

Monday, October 6, 2025
1:30 p.m.
Vancouver City Hall
Aspen Conference Room
415 W. 6th Street
Vancouver, WA 98660

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

Board Members Absent:
Natasha Ramras, CFO/Board Secretary

Staff Present:
Tricia Juettemeyer, Assistant City Attorney; Antoinette Gasbarre, Human Resources; April Stinson, Human Resources; Cindy Matchett, Human Resources

Guests:
None

Item 1: Call to Order
The October 06, 2025, meeting of the Police Pension Board was called to order at 1:30 p.m. by Chair Mayor McEnerny-Ogle in Aspen Conference Room at Vancouver City Hall and via Microsoft Teams.

Item 2: Approval of Minutes
Motion by Dong, seconded by Abernathy, and approved unanimously to adopt the minutes from May 05, 2025, as written.

Item 3: Communications
*a) **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

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

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

b) ***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.

c) ***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:
Communication only; No official action required by Board

d) ***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:
Communication only; No official action required by Board

e) ***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:
Communication only; No official action required by Board

Item 4: Reports
Glenn reported that total expenditures through August 2025 were 59% of budget. Total revenues through August 2025 were 77% of budget. The budget report is on track and no adjustments are needed from the Accounting department.

Expenses for April through August 2025 totaled $ 431,340.56

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

Item 5: Old Business
None

Item 6: New Business

a) **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.

Motion by Paulsen to ratify the conditional approval for payment of long-term care services at Aging Well Senior Care and approve Claimant A's request for payment of remaining balance of long-term care services at Pleasant Family Home Care. Seconded by Lehto and approved unanimously.

b) **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.

Motion by Lehto to approve the request from Claimant B for orthopedic shoes and compression stockings. Seconded by Abernathy and Dong and approved unanimously.

Item 7: Public Comment
None

Adjourned:
This meeting adjourned at 1:50 p.m.

COV - Composite Department Budget vs Actuals by Fund

Period FY 2025 - Oct

Fund 617 Police Pension Trust Fund

Ledger Account Type Expenditures

				Current Year							Prior Year				
Fund	**Department**	**Cost Center**	**Ledger Account**	**Budget**	**Pre-Encumbrance**	**Encumbrance**	**Actuals**	**Actuals + Total Encumbrance**	**Available Budget**	**% Spent**	**Budget**	**Actuals (Years End)**	**Variance (Budget - Actual)**	**Actuals (PTD)**	**% Spent**
617 Police Pension Trust Fund	Budget - Human Resources	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	1,091,714	1,091,714	421,486	72%	1,513,200	1,193,999	319,201	1,005,634	66%
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	540000:Services	22,608	0	0	8,440	8,440	14,168	37%	21,750	4,351	17,399	4,351	20%
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	13,040	13,040	6,301	67%	17,872	12,934	4,938	15,353	86%
Total				**1,555,359**	**0**	**0**	**1,113,774**	**1,113,774**	**441,585**	**72%**	**1,553,022**	**1,211,284**	**341,738**	**1,025,338**	**66%**

11/23/2025 11:50 AM stinsona / April Stinson

COV - Composite Department Budget vs Actuals by Fund

Period FY 2025 - Oct

Fund 617 Police Pension Trust Fund

Ledger Account Type Revenues

				Current Year							Prior Year				
Fund	**Department**	**Cost Center**	**Ledger Account**	**Budget**	**Pre-Encumbrance**	**Encumbrance**	**Actuals**	**Actuals + Total Encumbrance**	**Available Budget**	**% Spent**	**Budget**	**Actuals (Years End)**	**Variance (Budget - Actual)**	**Actuals (PTD)**	**% Spent**
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	361110:Investment Earnings	0	0	0	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	(1,613,658)	(1,613,658)	1,613,658	0%	0	(1,011,111)	1,011,111	(1,009,495)	0%
617 Police Pension Trust Fund		(Blank)	361110:Investment Earnings	(154,417)	0	0	(180,857)	(180,857)	26,440	117%	0	(191,919)	191,919	(157,400)	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**	**(1,794,515)**	**(1,794,515)**	**40,098**	**102%**	**(1,000,000)**	**(1,203,384)**	**203,384**	**(1,167,249)**	**117%**

11/23/2025 12:05 PM stinsona / April Stinson

ITEM IV.b.

Police Pension Board
September 2025 - October 2025

EXPENSES:

September	***2025 Pensions Paid***	$15,849.19
October	***2025 Pensions Paid***	$13,784.96
September	***2025 Claims paid by HRPro***	$40.00
October	***2025 Claims paid by HRPro***	$3,962.05
September	***2025 Claims paid by CoV***	$52,169.29
October	***2025 Claims paid by CoV***	$52,444.95
September	***2025 HRPro Admin Fees***	$225.50
October	***2025 HRPro Admin Fees***	$220.00
September	***2025 Medicare B Reimbursements***	$721.50
October	***2025 Medicare B Reimbursements***	$0.00
TOTAL EXPENSES FOR APPROVAL:		**$139,417.44**

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 $139,417.44 this 1st day of December 2025.

CITY OF Vancouver WASHINGTON

MEMORANDUM

DATE: December 1, 2025

TO: Police Pension Board

FROM: April Stinson, Pension Board Coordinator

RE: **Request for Speech Generating Device – Claimant A**

Attached for Board review is a request for payment of a Speech Generating Device for Claimant A 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."

According to the evaluation Claimant A has a history of CVA (cerebrovascular accident, commonly known as a stroke) and resides in a long-term care facility and uses a wheelchair. He has severe expressive aphasia, preventing effective verbal communication, though receptive language skills remain strong. Despite prolonged speech therapy, expressive speech has not improved enough for functional daily communication, and the aphasia is considered permanent. The assessment shows Claimant A can understand spoken language, attend and learn new tasks, and interact appropriately, indicating sufficient cognitive ability to use a speech-generating device (SGD). Physically, Claimant A has limited use of the right arm, none of the left, and cannot reliably use switches or direct touch selection. Vision and hearing are adequate for SGD use. Claimant A must communicate a broad range of daily needs with family, caregivers, and medical staff. Non-SGD methods (speech therapy alone, sign language, writing, communication boards/PECS) are not viable due to motor, language, and functional limitations.

Claimant A is requesting payment for the Tobii Dynavox TD Navio Midi Speech Generating Device and a Wireless Apple Magic Mouse. According to the evaluation, the Tobii Dynavox TD Navio Midi (10.9" screen) is recommended as Claimant A's SGD due to its user-friendly and functional features: it runs TD Snap, supporting literacy and communication; has a built-in stand, durable design, and compatibility with mounting systems; and is lightweight (2.8 lbs). The device has powerful speakers, 20-hour battery life, and runs iOS, which reduces update interruptions and leverages familiarity for the client, family, and caregivers. As a dedicated speech-generating device, it restricts access to communication functions only. Because Claimant A cannot use direct touch or switches, a mouse with dwell function will be used for access.

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 A provided a prescription from his physician, an evaluation for a speech-generating device, and a quote for the recommended device along with a wireless mouse accessory. The funding consultant contacted his insurance company, which confirmed that custodial care facilities are considered an excluded place of service. Therefore, the insurance company will not cover the requested equipment.

Items for consideration by the Board:

$7,295.00	Tobii Dynavox TD Navio Midi Speech Generating Device
$99.00	Wireless Apple Magic Mouse

Action Requested
Consider the request from Claimant A for payment of a Tobii Dynavox TD Navio Midi Speech Generating Device and a Wireless Apple Magic Mouse.

PHYSICIAN PRESCRIPTION

tobii dynavox
2100 Wharton St. STE 400, Pittsburgh, PA 15203 800-344-1778

Patient Information ***Order Date:*** 08/18/2025

Patient Name: [redacted] Date of Birth: [redacted]

Insurance ID: [redacted] Address: [redacted]

Clinical Information

Medical Diagnosis: Cerebral infarction, unspecified

Communication Diagnosis: Aphasia

Length of Need: ☒ Lifetime Other:

Prognosis: ☒ Good with use of Speech Generating Device Other:

Date of last Face-to-Face visit (must be within last 6 months): 9/15/2025

Equipment Information

Equipment Description	HCPC Code	Quantity
TD NAVIO MIDI, SGD, WITH TD SNAP AND TD TALK, 256GB, ENGLISH	E2510 NU	1
APPLE MAGIC MOUSE WIRELESS	E2599	1

Mount Needed: ○ Yes ◉ No

Physician Information

I have reviewed a copy of the Speech Language Pathologist's completed communication evaluation for the above patient and agree with the recommendation for the listed equipment. The prescribed device and accessories are medically necessary to achieve the functional communication goals for this patient as noted in the SLP's treatment plan.

Physician's Printed Name: CHRISTINA HARTSHORN NPI: 1376003996

Medicaid ID: Phone: 888-637-9669

Address: 11120 NE 33RD PLACE SUITE 202 BELLEVUE WA 98004

Physician Signature: [signature] ***Date:*** 9/19/25

Christina Hartshorn, ARNP Signature/Date stamps are not permitted 9/19/2025

Return via fax to: 1-866-336-2737 or via email to: funding@tobiidynavox.com

F-PA-68 rev. A

OMIRX: 491737

Received 9/22/2025

Received 9/25/2025

EVALUATION FOR A SPEECH GENERATING DEVICE

Section 1: Demographic Information

Name:	[redacted]
Address:	[redacted]
Phone:	[redacted]
Date of Birth:	[redacted]
Medical Diagnosis:	Stroke
Date of Onset:	2018
Speech Diagnosis:	Aphasia
Date of Onset:	2018
Insurance Policy Number:	[redacted]
Place of Residence:	CustodialFacility
Primary Contact Name:	[redacted]
Address:	[redacted]
Phone:	[redacted]
Relationship to Patient:	Spouse
Physician Name:	Danish Mirza
Physician Phone Number:	(503) 257-5500
SLP Name:	Stephanie Pykonen
SLP Phone Number:	(503) 459-7298
Date of SGD Eval by SLP:	1/13/2025
Date of Report:	1/30/2025

Section 2: Current Communication Impairment

A. General Statements

1. **Impairment type and Severity (Diagnosis)**
   The patient has a diagnosis of CVA and lives at a long term care facility, using a wheelchair for mobility. Patient comprehends basic speech but cannot communicate expressively due to severe expressive aphasia. Although motivated to communicate, Patient lacks the means to do so effectively.

2. **Anticipated Course of Impairment**
   Despite receiving treatment for a speech and language disorder, the patient has not achieved sufficient verbal improvement to meet daily communication needs. Given the multi-year period since onset and the severity of aphasia, the prognosis for developing adequate speech for daily communication is poor. The aphasia is now considered permanent.

B. Comprehensive Assessment

1. **Language Skills: Receptive, Expressive, Pragmatic**
   The patient's main impairment is expressive aphasia, with strong receptive language skills. Patient comprehends words and sentences, and follows simple directives. An SGD with a picture format will help bridge the gap between receptive and expressive skills.

2. **Cognitive Skills**

The patient has good attention and concentration, needing short breaks after 30 minutes. Patient showed the ability to learn and retain new information, such as instructions for new tasks, and was very engaged in learning these skills. Although cognitive capacity cannot be formally assessed due to lack of expressive skills, this patient reacts appropriately during interactions with peers and support staff and possesses the cognitive abilities to use an SGD effectively.

3. **Physical Status**
   The patient has significant lower extremity paresis and primarily uses a wheelchair. Patient has limited functional use of right hand/arm and no use of left and is dependent on others for self-care and daily activities. Patient will need a mouse due to inability to lift arm high enough for direct select. Patient does not have quick enough response for accurate switch use.

4. **Vision Status**
   The patient can see and identify 1" symbols and words on an SGD with corrected vision using glasses. Patient possesses the visual abilities to effectively use an SGD for functional communication.

5. **Hearing Status**
   The patient's hearing was adequate for the evaluation. Patient attended to and discriminated natural and synthesized speech at conversational loudness levels. Patient possesses the hearing abilities to effectively use an SGD for functional communication.

Section 3: Daily Communication Needs

A. Specific Daily Functional Communication Needs

The patient must communicate daily activities, personal needs, medical needs, and social interactions. The patient communicates with family for medical decisions, caregivers for basic needs, and medical personnel for health conditions. Communication environments include home and doctor visits, with communication partners such as family, therapists, nurses, and caregivers. The patient needs to express needs, make requests, ask questions, share information, express opinions and feelings, and provide medical information.

B. Ability to Meet Communication Needs with Non-SGD Treatment Approaches

Speech Therapy The patient has received speech therapy services for an extended time since initial stroke. Although gains have been made in auditory comprehension, the patient remains unable to communicate effectively.

Sign Language Sign language is not a viable option for communication due to the patient's severe fine motor limitations. The patient does not have the motor ability to use hands to form signs necessary for ASL.

Writing Writing is not a viable communication method because the patient is not a functional speller.

Communication symbols, communication boards and PEC S Communication methods that rely on symbols in a book or board limit communication. Managing and having these symbols readily available presents a challenge to independent, easily accessible communication. Navigating through pages of language or individual symbol cutouts, often with assistance, slows down or stops the communication process.

Section 4: Functional Communication Goals

- Will spontaneously use greetings and farewells and answer simple questions by incorporating Quickfires and My Phrases.
- Given a specific message to find, patient will independently navigate to the correct topic page
- Client will use communication device to independently locate high-frequency vocabulary during familiar activities to convey feelings, wants, and needs.

Section 5: Rationale for Device Selection

A. General Features of Recommended SGD and Accessories

1. **Input Features/Selection Technique**
   - Direct Select

Mouse - The patient is unable to use direct select or scanning with a switch due to lack of motor control and range of

motion and will require the use of a mouse, with mouse dwell set as the access method. Language organized in categories, single-meaning icons, access to core vocabulary, access to pre-stored phrases, as well as individual words/letters for novel utterances.

2. **Message Characteristics/Features**
   - Icons
   - Combination of pictures and words

   Color symbols with wide ability to change size and provide high contrast. Ability to store a large number of messages for improved speed and access. Vocabulary organized in levels with access to Quickfires, My Phrases, and common constructions.

3. **Output Features**
   - Synthesized Speech

   Voice with intelligible life like qualities(gender/age specific); natural-sounding.

4. **Other Features**
   - Ability to be heard clearly from another room or over the phone
   - Ability to combine words into a phrase or sentence and speak it when complete
   - Enough battery life to get through the day

B. Description of Equipment Used and/or Considered During the Evaluation

- **Trial: Navio Midi**
  Access Methods:
  - Direct Select

  Implications of trial
  Patient used the Quickfires page to exchange greetings. He was able to navigate to specified pictures when given instructions. Given reduced arm strength and range of motion, it was difficult for the patient to reach items at the top of the page with direct select. Patient indicates he is familiar with use of a typical mouse and is interested in using one to access the device.

- **Trial: TD Navio Maxi**
  Access Methods:
  - Direct Select

  Implications of trial
  The TD Navio Maxi(13-inch Screen) was considered and ruled out because the TD Navio Maxi was too heavy and large for ease of transport around his home facility.

- **Trial: TD Navio Mini**
  Access Methods:
  - Direct Select

  Implications of trial
  The TD Navio Mini (8-Inch Screen) was ruled out because the pt. was not able to see small targets as easily as on theTD Navio Midi (10.9 Inch Screen) .

C. SGD and Accessories Recommended

The Tobii Dynavox Navio Midi (10.9 Inch Screen) SGD is the recommended SGD for various reasons. First, it has a comprehensive language system in TD Snap, which will allow for increased literacy and communication skills, features a built-in stand allowing for increased access, has built-in durability which allows for increased protection of the device, and will work with mounting systems. It's 10.9" screen makes it comparable to other devices but lighter weight, at 2.8 lbs. Two, powerful integrated and outward facing speakers provide speech-optimized voice output, and its 20-hr battery life ensures that users will get through the day. The TD Navio Midi uses the iOS instead of Windows operating system, eliminating the need to wait for frequent Windows updates when the device is turned on. In addition, the client as well as family and caregivers are already very familiar with the iOS system, which will reduce the learning curve for both the client and those who support the SGD. The TD Navio Midi is a dedicated device – meaning it allows access to only speech generating functions with no access to features such as the internet, word processing or other applications. Due to his inability to use direct select or switch scanning, the client will require the use of a mouse, with mouse dwell set as the access method.

This patient requires the use of a regular mouse with mouse dwell access. This alternate access device allows the patient to control a pointer on the screen by moving his hand slightly. The pointer activates the desired square when the patient dwells on it. The patient has adequate hand and arm range of motion and accurately accessed the SGC using mouse. Due to weakness of hand arm preventing rapid hand/arm movement for switch activation, switch/scanning access was ruled out as a viable option.

D. Patient and Family Support of SGD

The patient's spouse was not able to be present for the assessment due to the distance from their home. She is in agreement with the need for an SGD for communication. The spouse will support the Tobii Dynavox equipment and assist with its use at patient's care facility. Facility staff will be able to assist during day-to-day use.

E. Physician Involvement Statement

This report was forwarded to the treating physician, Danish Mirza. The physician was asked to write a prescription for the recommended equipment.

Section 6: Treatment Plan

The patient will not be returning to the evaluating SLP. The family should ask the prescribing physician to order Speech/Language Therapy for the patient through home health or facility therapists. It is recommended that the patient receive individual therapy 1-2x/week for 4 weeks to address goals.

Section 7: SLP Assurance of Financial Independence and Signature

The SLP performing this evaluation is not an employee of and does not have a financial relationship with the supplier of any SGD.

Stephanie M Pykonen, MS, CCC-SLP

E-SIGNED by Stephanie Pykonen (spykonen@vshportland.com) Client IP: 64.106.227.203, Package ID: 252149

Stephanie Pykonen
10300 NE Hancock St
Portland, OR 97220
(503) 257-5500
ASHA #: 12027179
State License #: 12948

[redacted]

Home: [redacted]
Guarantor: [redacted] Insurance: Blue Shield of Washington Regence Payer ID: [redacted]
Referring: Christina M Hartshorn External Visit ID: [redacted]
Appointment Facility: [redacted]

09/15/2025 Christina M Hartshorn

Received 10/8/2025

[redacted]

Reason for Appointment

1. Established In-Person Visit

History of Present Illness

General HPI:

The patient was seen today in their residence as an established patient for a routine visit including a comprehensive history, exam, and medical decision making which is medically necessary. The patient is restricted from leaving their home due to medical and/or mental health conditions which require evaluation and management by a qualified healthcare provider, which cannot be completed by a home health agency. Information obtained from patient and nurse at the assisted living facility.

[redacted] is a very pleasant [redacted] with history significant for COPD, hypertension and major depressive disorder. Facility states that there are no changes, he is at baseline and is doing well. Depression has improved since we started escitalopram. He is due for yearly labs. Facility is requesting A referral to interventional radiology for GJ tube exchange.

Examination

General Examination:

- General appearance: alert, pleasant, well-nourished and in no acute distress.
- Head: normocephalic, atraumatic.
- Skin: skin is warm and dry, with no rashes, good skin turgor and normal hair distribution.
- Heart: regular rate and rhythm without murmurs, gallops, clicks or rubs.
- Lungs: clear to auscultation bilaterally, with good air movement and no rales, rhonchi or wheezes, no cough.
- Abdomen: soft, nondistended, nontender, GJ tube present, no evidence of infection.
- Extremities: normal extremity with no clubbing, cyanosis or edema, right hand protector in place.
- Psych: alert, normal affect / mood.

Assessments

1. COPD (chronic obstructive pulmonary disease) - J44.9 (Primary)
2. Essential hypertension - I10
3. MDD (major depressive disorder), recurrent episode, moderate - F33.1

[redacted]

4. Gastrostomy tube in place - Z93.1

Treatment

1. **COPD (chronic obstructive pulmonary disease)**

   Notes: Chronic, stable. Continue current treatment. If patient presents with increased shortness of breath, has an increased need for as needed inhalers, has worsening productive cough and or fever, please call 911 as necessary and notify Seva Medical.

2. **Essential hypertension**

   LAB: Thyroid Panel
   LAB: CBC, Platelet with No Differential
   LAB: Lipid Panel
   LAB: COMPREHENSIVE METABOLIC PANEL (10231)

   Notes: Controlled, stable. Blood pressure and pulse within normal limits today. Continue anti-hypertension medication as directed. PCP will continue to monitor during routine in person visits every 4-6 weeks. If patient experiences chest pain/pressure, acute SOB and/or appears in distress, call 911.

3. **MDD (major depressive disorder), recurrent episode, moderate**

   Notes: Please monitor for increased sleeping throughout the day, difficulty sleeping, loss of appetite/eating less of meals, overeating, depressed mood, crying spells, irritability, agitation, anxiety, social withdrawal, and/or lack of interest in activities that once brought the patient joy. Please notify Seva medical of any changes to mental health status.

4. **Gastrostomy tube in place**

   Notes: [redacted] has GJ tube present. Referral made to interventional radiology for evaluation and exchange.
   Referral To:Interventional Radiology

   Reason: Request for GJ tube evaluation and replacement

5. **Others**

   Notes: Plan of care from today's visit discussed with patient caregiver.

   Visit note was completed using a medical dictation software. Please excuse any swelling or verbiage errors

Visit Codes

- 99349 Home Visit 40 Minutes.

Care Plan Details

Electronically signed by Christina Hartshorn , FNP on 09/16/2025 at 05:38 AM PDT

Sign off status: Completed

[redacted]

Progress Note: Christina M Hartshorn 09/15/2025

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)
Generated for Printing/Faxing/eTransmitting on: 10/07/2025 03:09 PM PDT

2100 Wharton Street, Ste 400
Pittsburgh, PA 15203
P: 800-344-1778
F: 866-336-2737

Tobii Dynavox Speech Generating Devices: Dedicated Features and Benefits

All Tobii Dynavox speech generating devices (SGDs) are medical-grade, dedicated devices based on iOS or Windows. Their primary purpose is speech generation. The external features of these SGDs are locked to ensure the primary use of the device remains speech generation, rendering them otherwise non-functional for individuals without speech impairment or loss.

High-tech speech generating devices are based on iOS or Windows because these devices require an operating system. Additionally, all high-tech speech devices need language software to enable communication. Tobii Dynavox SGDs come with the language software pre-loaded, ensuring immediate usability for speech-impaired individuals.

To further strengthen their dedicated nature, Tobii Dynavox SGDs feature robust security measures, including restricted access to non-communication applications and internet services. This ensures the devices are solely used for their intended purpose. The hardware is specifically designed to withstand daily usage in various environments, providing durability and reliability for users.

Tobii Dynavox ships only dedicated devices to Commercial Insurance, Tricare, Medicare, and Medicaid beneficiaries, adhering to strict regulatory standards and guidelines to guarantee their suitability for medical use.

Please reach out to us if you have any questions or concerns about any of our devices.

Kind Regards,

Tobii Dynavox Funding Team
P: 800-344-1778
F: 866-336-2737

tobii dynavox

Remit to:
Tobii Dynavox
PO Box 72153
Cleveland, OH 44192

Mailing Address:
Tobii Dynavox
2100 Wharton Street, Ste 400
Pittsburgh, PA 15203

Phone: 1-800-344-1778
Fax: 1-866-336-2737

QUOTE

Case Number: PA 491737 **Requested: 5/22/2025** **Sales Consultant: Blaire Sellers** **Point of Care:**

Quote Number: 795022 **Expiration: 7/21/2025** **Shipping Method: UPS GROUND** **Condition:**

REQUESTOR

NAME: STEPHANIE PYKONEN

ADDRESS 1: VIBRA SPECIALTY HOSPITAL
10300 NE HANCOCK STREET

CITY, STATE, POSTAL CODE: PORTLAND, OR 97220

COUNTRY: USA

PHONE 1: (503) 257-5500

EMAIL: STEPHANIE.PYKONEN@LIFEPOINTHEALTH.NET

END USER

NAME: [redacted]

ADDRESS 1: [redacted]

CITY, STATE, POSTAL CODE: [redacted]

[redacted]

EMAIL:

Item #	Item Description	QTY	List Price	HCPC	Modifier	Extended List Price
113559	TD NAVIO MIDI, SGD, WITH TD SNAP AND TD TALK, 256GB, ENGLISH	1	$7,295.00	E2510	NU	$7,295.00
SP18603	Apple Magic Mouse Wireless	1	$99.00	E2599	NU	$99.00

Tax: $0.00

Shipping: $0.00

Total: $7,394.00

Note:

Tobii Dynavox Speech Generating Devices (SGD)

SGD (E2510)	MSRP	Specifications	Operating system	Eye Gaze Compatibility
TD Navio Mini	$6,995.00	Screen 8.3 in Size 8.27 × 7.68 × 0.98 in 210 × 195 × 25 mm Weight 1.9 lbs / 0.86 kg	iOS	No
TD Navio Midi	**$7,295.00**	**Screen 11 in** **Size 10.43 × 9.06 × 0.98 in 265 × 230 × 25 mm** **Weight 2.8 lbs / 1.27 kg**	**iOS**	**No**
TD Navio Maxi	$8,665.00	Screen 13 in Size 11.61 × 10.63 × 0.98 in 295 × 270 × 25 mm Weight 3.4 lbs / 1.54 kg	iOS	No
TD Pilot	$8,665.00	Size (w × h × d) 12.0 × 10.0 × 3.5 in Weight 4.4 lbs	iOS	Yes, with purchase of E2599 Eye Gaze

TD I-110	$7,295.00	Screen 10.1" 1920 × 1200 Size 258 × 186 × 38 mm 10.2 × 7.3 × 1.5 inches Weight 1.4 kg 3.1 lbs	Windows	Yes, with purchase of E2599 Eye Gaze
TD I-13	$8,665.00	Screen 13.3″ 1920 × 1080 Pixel (FHD) Size 34.3 × 24.1 × 8.1 cm Weight 2.4 kg	Windows	Yes, with purchase of E2599 Eye Gaze
TD I-16	$9,000.00	Screen 15.6″ 1920 × 1080 Pixel (FHD) Size 39.1 × 26.9 × 8.1 cm Weight 2.7 kg	Windows	Yes, with purchase of E2599 Eye Gaze

Information is current as of November 2025

Stinson, April

From: Rachel Friel <rachel.friel@tobiidynavox.com>
Sent: Thursday, November 6, 2025 9:37 AM
To: Stinson, April
Cc: Blaire Sellers; [redacted]
Subject: Re: [redacted] Tobii Dynavox Case # 491737
Attachments: Tobii Dynavox SGD Quotes and Specifications.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon April,

I wanted to follow up regarding [redacted]'s speech generating device. Thank you for providing an update regarding the process. We are eagerly awaiting the pension board meeting scheduled for 12/1. As promised, please see the attached document that includes a quote and corresponding specifications for each of our speech generating devices.

Please let me know if you have any questions or need additional information. I am more than happy to help!

Best,
Rachel

Rachel Friel, MS CCC-SLP
Interim Funding Consultant
Phone: 412-209-6685
Customer & Technical support: 1-800-344-1778
Fax: 1-866-840-1725
E-mail: rachel.friel@tobiidynavox.com
Web: us.tobiidynavox.com
Tobii Dynavox | 2100 Wharton St, Suite 400 | Pittsburgh, PA 15203| USA
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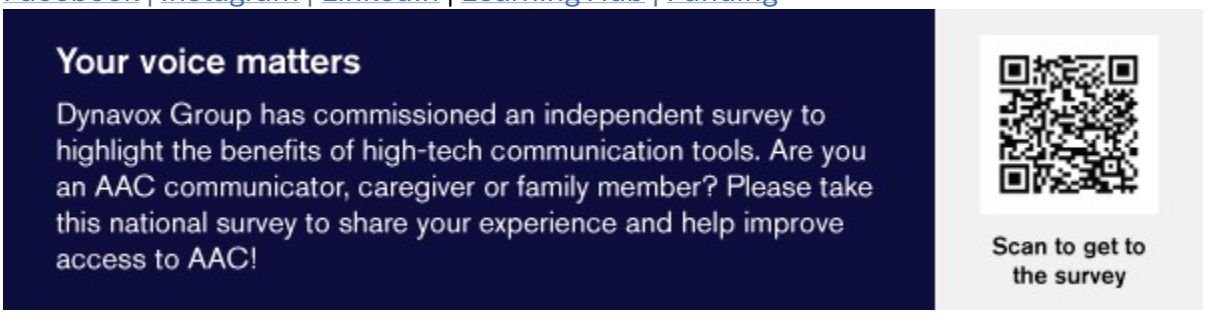

From: Rachel Friel <rachel.friel@tobiidynavox.com>
Sent: Tuesday, October 28, 2025 2:28 PM
To: Stinson, April <April.Stinson@cityofvancouver.us>
Cc: STEPHANIE.PYKONEN@LIFEPOINTHEALTH.NET <STEPHANIE.PYKONEN@LIFEPOINTHEALTH.NET>; Blaire Sellers <blaire.sellers@tobiidynavox.com>; [redacted]>
Subject: Re: [redacted] Tobii Dynavox Case # 491737

Good afternoon April,

I wanted to follow up regarding [redacted]'s speech generating device. We have received all clinical documents from his physician and sent the information to his insurance in an attempt to obtain coverage. His insurance plan will not review for prior authorization. I have contacted his insurance company, and they have confirmed that custodial care facilities are considered an excluded place of service, therefore they will not cover his equipment. I spoke with [redacted], and she would like to have his request presented at the next pension board meeting. She explained that his pension plan would cover medical expenses.

Please let me know if you have any questions or need additional information. I am more than happy to help!

Best,
Rachel

Rachel Friel, MS CCC-SLP
Interim Funding Consultant
Phone: 412-209-6685
Customer & Technical support: 1-800-344-1778
Fax: 1-866-840-1725
E-mail: rachel.friel@tobiidynavox.com
Web: us.tobiidynavox.com
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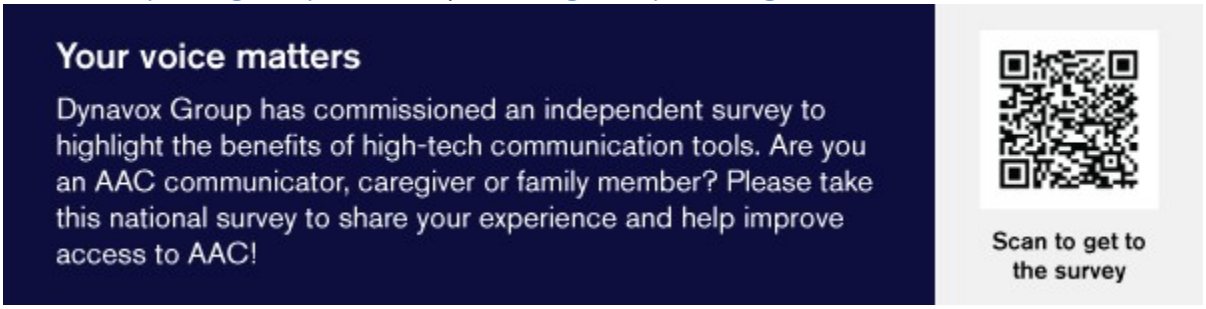

From: Rachel Friel <rachel.friel@tobiidynavox.com>
Sent: Thursday, August 28, 2025 9:10 AM
To: Stinson, April <April.Stinson@cityofvancouver.us>
Cc: STEPHANIE.PYKONEN@LIFEPOINTHEALTH.NET <STEPHANIE.PYKONEN@LIFEPOINTHEALTH.NET>; Blaire Sellers <blaire.sellers@tobiidynavox.com>; [redacted]
Subject: Re: [redacted] Tobii Dynavox Case # 491737

Hi April,

We are currently waiting for the physician to sign the prescription and send over an office note from [redacted]'s most recent office visit. They recently sent over a prescription, but it was incomplete. I have followed up and will call them again today once the office opens!

I understand that you are gathering documents to present to his pension plan board. Once we recieve the perscription, I will be sure to send it over for you to present.

Please let me know if you have any questions, I am more than happy to help!

Best,
Rachel

Rachel Friel, MS CCC-SLP
Interim Funding Consultant
Phone: 412-209-6685
Customer & Technical support: 1-800-344-1778
Fax: 1-866-840-1725
E-mail: rachel.friel@tobiidynavox.com
Web: us.tobiidynavox.com
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From: Stephanie Englert <Stephanie.Englert@tobiidynavox.com>
Sent: Thursday, August 28, 2025 8:51 AM
To: Stinson, April <April.Stinson@cityofvancouver.us>
Cc: STEPHANIE.PYKONEN@LIFEPOINTHEALTH.NET <STEPHANIE.PYKONEN@LIFEPOINTHEALTH.NET>; Blaire Sellers <blaire.sellers@tobiidynavox.com>; [redacted]>; Rachel Friel <rachel.friel@tobiidynavox.com>
Subject: Re: [redacted] Tobii Dynavox Case # 491737

Hello April,

I have added Rachel here, she is now working on [redacted]'s case. Rachel can you please provide and update to April.

Thank you,

Stephanie Englert
Funding Consultant II MI
Phone: +1 412-222-7915
Email: Stephanie_Englert@tobiidynavox.com
Customer & Technical support: 1-800-344-1778
Fax: 866-336-2737/866-470-6729
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tobii dynavox

Tell us how we are doing!

https://www.surveymonkey.com/r/tobiidynavoxfunding

From: Stinson, April <April.Stinson@cityofvancouver.us>
Sent: Wednesday, August 27, 2025 3:39 PM
To: Stephanie Englert <Stephanie.Englert@tobiidynavox.com>
Cc: STEPHANIE.PYKONEN@LIFEPOINTHEALTH.NET <STEPHANIE.PYKONEN@LIFEPOINTHEALTH.NET>; Blaire Sellers <blaire.sellers@tobiidynavox.com>; [redacted]
Subject: RE: [redacted] Tobii Dynavox Case # 491737

Hi Stephanie,

I hope you're doing well. I just wanted to follow up to see if there have been any updates regarding the email below.

Thank you again for coordinating this.

Thank you,

April Stinson | Benefits Specialist
Pronouns: She/Her
City of Vancouver
Human Resources
Office: 360-487-8486

From: Stephanie Englert <Stephanie.Englert@tobiidynavox.com>
Sent: Wednesday, July 30, 2025 1:30 PM
To: Stinson, April <April.Stinson@cityofvancouver.us>
Cc: STEPHANIE.PYKONEN@LIFEPOINTHEALTH.NET; Blaire Sellers <blaire.sellers@tobiidynavox.com>; [redacted]
Subject: [redacted] Tobii Dynavox Case # 491737

Good afternoon everyone,

I wanted to send this email so we all had a way to communicate. We had contacted [redacted]'s Regence Medicare plan and we were advised that they would not cover the cost of the speech device while he is in custodial care.

I called [redacted] and she provided me with April's contact information, and I called April who is with the pension plan for [redacted]. She advised that in order to see if the pension plan will even cover the device she would have to present the request to the board.

She advised she would need to show medical necessity (Speech evaluation, prescription, quotes from both Tobii and other DME companies) as well as confirmation from Regence that they will not cover the equipment. She did advise she would need this before April 18th/19th.

I do currently have the speech evaluation and can obtain the prescription and a quote from us. However, someone else will have to gather the quotes from other vendors.

April please let me know if I missed anything. I am going to send out a request for the prescription to [redacted]'s doctor today and once I have that I will send over the prescription, evaluation and quote from Tobii.

Warm Regards,

Stephanie Englert
Funding Consultant II OR
Phone: +1 412-222-7915
Email: Stephanie_Englert@tobiidynavox.com
Customer & Technical support: 1-800-344-1778
Fax: 866-336-2737/866-470-6729
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