



CITY OF
Vancouver
WASHINGTON

**Police
Pension Board
Meeting Schedule
March 3, 2025**

**Police Pension Board
2:00pm**

Aspen Conference Room, 1st Floor City Hall

Call In: 1 347-941-5324

Phone Conference ID: 841 639 939#

Teams Meeting ID: 223 953 314 732

Passcode: K8G2fC9A

Please contact Caylee Trant at (360) 487-8403 or

Caylee.Trant@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 Abernathy - Jeffrey
Dong

Police Pension Board Meeting Agenda

March 03, 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: 841 639 939#

1. Call to Order and Roll Call – McEnerny-Ogle

2. Approval of Minutes – McEnerny-Ogle

- a. November 04 2024, Minutes

3. Communications - Trant

- a. New Pension Board Coordinator

4. Reports – Glenn

- a. Budget Report
- b. Approval of Expenses for October 2024 – January 2025

5. Old Business - Trant

- a. None

6. New Business – Trant

- a. Request for Hearing Aids - Claimant A
- b. Request for Long Term Care Services – 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 Caylee.trant@cityofvancouver.us by 5pm the day before the meeting.
- Remotely: Pre-register by phone at 360-487-8403 or email Caylee.trant@cityofvancouver.us by 5pm the day before the meeting
- In Person: Pre-register by phone at 360-487-8403 or email Caylee.trant@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, November 4, 2024

2:30 p.m.

Vancouver City Hall

Aspen Conference Room

415 W. 6th Street

Vancouver, WA 98660

Board Members Present:

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

Board Members Absent:

None

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

Guests:

None

Item 1: Call to Order

The November 4, 2024, meeting of the Police Pension Board was called to order at 2:27 p.m. by Chair Mayor McEnerny-Ogle in Aspen Conference Room at Vancouver City Hall and via Microsoft Teams.

Item 2: Approval of Minutes

Motion by Abernathy, seconded by Ramras, and approved unanimously to adopt the minutes from October 7, 2024, as written.

Motion by Dong, seconded by Abernathy, and approved unanimously to adopt the special meeting minutes from August 29, 2024, as written.

Item 3: Communications

a) Transfer of Home Health Care Services – Claimant A

Claimant A was approved of Home Health Care services with Freedom Home Care at the May 06, 2024, meeting up to the current daily cost for a semi-private room. Claimant A was unhappy with the service provided by Freedom Home Care and found a comparable home health care provider, Home Helpers Home Care of Marysville, WA. Claimant A transferred

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

services on October 16, 2024. Home Helpers Home Care of Marysville, WA is \$43-45/hour for ongoing home health care. They will continue the same recurring scheduled visits of 3 days per week for 4 hours. The current daily average for a semi-private room in Washington State is \$404/day or about \$12,120/month.

Action Requested

Communication only; No official action required by the Board.

b) Transfer of Long-Term Care Services – Claimant B

Claimant B was approved of Long-Term Care services with Hampton at Salmon Creek on August 29, 2024, meeting up to the current daily cost for a semi-private room. Claimant B was put into a Deluxe Private Room due to his night conflicts with his roommate. The Deluxe Private Room was \$16,000/month. Hampton at Salmon Creek reduced his price to the Board semi-private limit of \$12,120/month for a three-month trial basis. Following his care, Hampton at Salmon Creek was able to stabilize his condition and move him to their assisted living care facility, The Park at University Village on October 18, 2024. The Park at University Village charges a monthly rent of \$6,500/month and \$3,900/month for care. The current average daily cost for a semi-private room in Washington State is \$404/day or about \$12,120/month.

Action Requested

Communication only; No official action required by the Board.

Item 4: Reports

Glenn reported that total expenditures through September 2024 were 54% of budget. Total revenues through September 2024 were 88% of budget. The budget report is on track and no adjustments are needed from the Accounting department.

Expenses for September 2024 totaled \$61,040.91

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 Cogir of Glenwood Place assessment and Physician's Statement 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 July 24, 2024, meeting for up to current daily cost for a semi-private room.

Section III.10.b of the Board rules state:

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

Claimant A was exceeding the semi-private room rate for home health care services. He was receiving 24-hour care, and his family could not sustain paying the remaining balance every month. Claimant A moved into Cogir on October 26, 2024.

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."

According to the plan of care documents, Claimant A is currently a level 3 resident which has a care level cost of \$1,625/month plus rent \$5,430/month. Claimant A is receiving a 5% base rent Veteran discount. The current average daily cost for a semi-private room in Washington State is \$404/day or about \$12,120/month.

Items for consideration by the Board:

\$1,350.68 Prorated October rent and care

\$6,843.50 Ongoing Long-Term Care from Cogir of Glenwood Place

Action Requested

Consider Claimant A's request for medically necessary long term care up to the current daily cost for a semi-private room as presented.

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

Item 6: Public Comment

None

Adjourned:

This meeting adjourned at 2:34 p.m.



MEMORANDUM

DATE: March 3, 2025
TO: Police Pension Board
FROM: Caylee Trant, Pension Board Coordinator
RE: **New Pension Board Coordinator**

Effective March 3, 2025, I will be transitioning from my role as Pension Board Coordinator to a new position with the HR Leave Team. I am pleased to introduce April Stinson as the new Pension Board Coordinator.

April will be the primary point of contact for all future correspondence and inquiries related to LEOFF 1 pensioners. Moving forward, please reach out to April directly via email or phone for matters concerning LEOFF 1 members. You can contact April at (360) 487-8403 or by email at April.Stinson@cityofvancouver.us.

Action Requested:

Communication only; No official action required by Board

COV - Composite Department Budget vs Actuals by Fund

Period FY 2025 -
Jan
Fund 617 Police
Pension Trust
Fund
Ledger Account Expenditures

Fund	Department	Cost Center	Ledger Account	Current Year							Prior Year				
				Budget	Pre-Encumbrance	Encumbrance	Actuals	Actuals + Total Encumbrance	Available Budget	% Spent	Budget	Actuals (Years End)	Variance (Budget - Actual)	Actuals (PTD)	% Spent
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	520000:Employee Benefits	1,513,200	0	0	115,774	115,774	1,397,426	8%	1,513,200	1,193,999	319,201	82,329	5%
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	540000:Services	22,608	0	0	0	0	22,608	0%	21,750	4,351	17,399	0	0%
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	0	0	19,341	0%	17,872	12,934	4,938	1,323	7%
Total				1,555,359	0	0	115,774	115,774	1,439,585	7%	1,553,022	1,211,284	341,738	83,652	5%

02/28/2025 08:35 AM trantc / Caylee Trant

COV - Composite Department Budget vs Actuals by Fund

Period FY 2025 - Jan
Fund 617 Police
Pension Trust
Fund
Ledger Account Revenues

Fund	Department	Cost Center	Ledger Account	Current Year							Prior Year				
				Budget	Pre-Encumbrance	Encumbrance	Actuals	Actuals + Total Encumbrance	Available Budget	% Spent	Budget	Actuals (Years End)	Variance (Budget - Actual)	Actuals (PTD)	% Spent
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	361110:Investment Earnings	0	0	0	0	0	0	0%	0	(354)	354	0	0%
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	369910:Miscellaneous Other Operating Revenues	0	0	0	(1,220)	(1,220)	1,220	0%	0	(1,011,111)	1,011,111	(331)	0%
617 Police Pension Trust Fund		(Blank)	361110:Investment Earnings	(154,417)	0	0	(16,953)	(16,953)	(137,464)	11%	0	(191,919)	191,919	(13,976)	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	(18,173)	(18,173)	(1,736,244)	1%	(1,000,000)	(1,203,384)	203,384	(14,307)	1%

02/28/2025 08:59 AM trantc / Caylee Trant

**Police Pension Board
October 2024 - January 2025****EXPENSES:**

October	2024 Pensions Paid	\$13,790.01
November	2024 Pensions Paid	\$13,790.01
December	2024 Pensions Paid	\$13,790.01
January	2025 Pensions Paid	\$17,754.53
October	2024 Claims paid by Allegiance	\$26,205.27
November	2024 Claims paid by Allegiance	\$2,370.38
December	2024 Claims paid by Allegiance	\$0.00
January	2025 Claims paid by Allegiance	\$353.56
October	2024 Claims paid by CoV	\$54,676.61
November	2024 Claims paid by CoV	\$42,786.61
December	2024 Claims paid by CoV	\$50,042.28
January	2025 Claims paid by CoV	\$35,637.18
October	2024 Allegiance Admin Fees	\$19.25
November	2024 Allegiance Admin Fees	\$77.00
December	2024 Allegiance Admin Fees	\$173.25
January	2025 Allegiance Admin Fees	\$500.00
October	2024 Medicare B Reimbursements	\$0.00
November	2024 Medicare B Reimbursements	\$0.00
December	2024 Medicare B Reimbursements	\$0.00
January	2025 Medicare B Reimbursements	\$24,003.60
TOTAL EXPENSES FOR APPROVAL:		\$295,969.55

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 \$295,969.55 this 3rd day of March 2025.



MEMORANDUM

DATE: March 3, 2025
TO: Police Pension Board
FROM: Caylee Trant, Pension Board Coordinator
RE: **Request for Hearing Aids – Claimant A**

Attached for Board review is a request for hearing aid payment for Claimant A and Section III.5 of the Board's Rules and Regulations requires:

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

Claimant A is seeking preapproval to use an out-of-network provider for Hearing Aids. The claimant's current hearing aids are no longer functioning properly and are outside of the three-year warranty.

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

"City of Vancouver requires a "Hearing Aid Application Request Form" to be completed in full by the member and provider. Members must submit the following required documents needed for Board review:

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

Claimant A has provided one hearing test, one evaluation from a Hearing Instrument Specialist, and one quote from Costco for hearing aids with a three-year warranty that are appropriate for his hearing loss. Claimant A met with Miracle Ear on December 20, 2024; to get a quote. Miracle Ear only provided him with an estimate on a business card and did not supply him with a copy of the hearing test performed. Claimant A would prefer to proceed with Costco's hearing aid recommendation due to his hearing requirements.

“The Board will only pay up to the out-of-network limits set forth below based on the specific type of hearing loss.

Out-of-network Hearing Aid Limits for 3-year period:

Slight to Mild Hearing Loss (16-40dB): \$1800/ear

Moderate – Moderately Severe Hearing Loss (41-70dB): \$2500/ear

Severe - Profound Hearing Loss (71-90dB): \$3500/ear”

Claimant A’s severity of hearing loss for both ears are in the Moderate to Moderately Severe range, for which the Board covers \$2,500/ear.

Costco Hearing Aids:

- Sennheiser Ric (R): \$1,599.99

Miracle Ear Hearing Aids:

- \$6,990.00

Action Requested

Consider the request from Claimant A for hearing aids.



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

Hearing Aid Application Request

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

☒ Member ☐ Family Member ☐ Legal Rep ☐ Other:

Name: [REDACTED]	Telephone Number: [REDACTED]
Complete address including zip code: [REDACTED]	Pension Board: <input checked="" type="checkbox"/> Police <input type="checkbox"/> Fire
	Medical Insurance: <input type="checkbox"/> Kaiser Permanente <input checked="" type="checkbox"/> Regence <input type="checkbox"/> Other

ADDITIONAL INFORMATION

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

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation, and that the information is true and complete to the best of my knowledge and belief.

Signature: [REDACTED] Date: 2-15-25
Print Name: [REDACTED] Relationship to Member: Same



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

Physician's Statement

LEOFF I Member Name:

SSN:

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.

Hearing Test Conducted (please check all that apply):

- ☒ Pure-tone ☐ Bone conduction ☒ Speech ☐ Auditory brainstem response (ABR)
☐ Otoacoustic emissions test (OAE) ☐ Impedance testing (tympanometry and acoustic reflexes)

Severity of Hearing Loss:	Left	Right
Slight Hearing Loss (16 - 25db)	<input type="checkbox"/>	<input type="checkbox"/>
Mild Hearing Loss (26 - 40db)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Hearing Loss (41 - 55db)	<input type="checkbox"/>	<input type="checkbox"/>
Moderately Severe Hearing Loss (56 - 70db)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Severe Hearing Loss (71 - 90db)	<input type="checkbox"/>	<input type="checkbox"/>
Profound Hearing Loss (91+db)	<input type="checkbox"/>	<input type="checkbox"/>

Type of Hearing Loss (please check one):

- ☒ Sensorineural ☐ Conductive ☐ Mixed ☐ Other:

Additional Information (please circle all that apply):

<input checked="" type="checkbox"/> Bilateral	<input type="checkbox"/> Unilateral
<input type="checkbox"/> Symmetrical	<input type="checkbox"/> Asymmetrical
<input type="checkbox"/> Progressive	<input type="checkbox"/> Sudden Onset
<input type="checkbox"/> Fluctuating	<input type="checkbox"/> Stable

Diagnosis:

Binaural SNHL

Prognosis:

Based on the needs of the patient, I would recommend the following (please be specific):

Sennheiser Ric (R) pair
\$1599.99

PROVIDER INFORMATION

Type of Provider (please check one):

☐ Audiologist ☒ Hearing Instrument Specialist ☐ Other: _____

Physician's Signature: _____ Date: _____

Typed or Printed Name Bethany Raichl Phone: 503-338-4125

Physical Address, including zip code:

1804 SE Ensign Lane
Warrenton OR, 97146

Mailing Address, including zip code:

Create date 5/20/2021 8:12 PM

Person ID

First name

Last name

Birth date

Gender

Address 1

Address 2

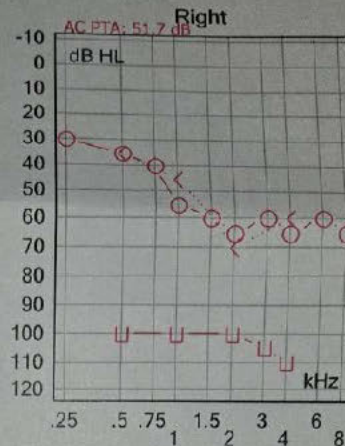
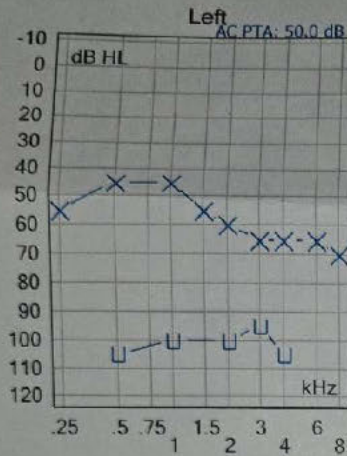
City

Zip code

State

Telephone

Mobile



Effective masking for test ear left

Effective masking for test ear right

AC _____

BC _____

IP _____

AC _____

BC _____

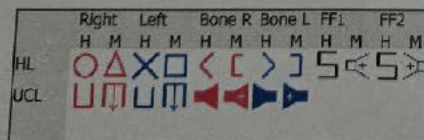
IP _____

SRT AC PTA Right: 51.7 AC PTA Left: 50.0						
Trans	type	dB	Mask	Aided Bina	List	
IP-R	MCL	70	--		Rainbow Passage	
IP-R	UCL	85	--		Rainbow Passage	
IP-R	HL	55	--		Adult Spondee, Form A	
IP-L	MCL	70	--		Rainbow Passage	
IP-L	UCL	85	--		Rainbow Passage	
IP-L	HL	55	--		Adult Spondee, Form B	

BCF WR AC PTA Right: 51.7 AC PTA Left: 50.0						
Trans	VR	dB	Mask	%	Aided Bina	List
IP-R	WR1	70		64		NU-6 2A - Ordered
IP-L	WR1	70		50		NU-6 1A - Ordered

Audiogram Notes

AUD 2/14/2025 11:02:01 AM



Signed By

Printed On: 2/14/2025 11:28:41 AM

AUD, REM, HIT - Affinity Compact

Hardware Version: 4.6

Serial number: 11386270

Last calibration date: 8/15/2024

Next calibration date: 8/15/2025



Miracle-Ear® Center
173 HWY 101
Warrenton, OR 97146
(503) 861-2470

6,990⁰⁰

Jerry Liphardt
Hearing Instrument Specialist
OR License #HAS-T-10228954
JerryL@Miracle-EarNW.com
www.miracle-ear.com

*We want you to hear
the best you possibly can!*

This is all new to me. I purchased my current hearing aids at Costco at around \$1500 total. The previous requirement was I had to obtain price quotes from two different providers and the pension board would approve the least expensive. Costco does have a 3 year warranty and I can drop them off at any Costco for free cleaning and repair.

I have my latest Medicare rate and will forward this to you.

From: Trant, Caylee <caylee.trant@cityofvancouver.us>
Sent: Wednesday, December 11, 2024 10:37 AM
To: [REDACTED]
Cc: Stinson, April <April.Stinson@cityofvancouver.us>
Subject: RE: hearing aids

Hi [REDACTED]

We have two options for payment of hearing aids by the Board:

1. You can go through your medical insurance with Regence. They provide hearing aids through TruHearing. I have attached the TruHearing member flyer for your review. You can schedule an appointment with a TruHearing provider in your area by calling 1-855-205-6316. Please have your Regence Member ID card with you when calling. You will just need to pay the copay for each ear which ranges in price from \$499-\$999, depending on the aid provided. After payment of the copay, please submit the receipt to me or directly with Allegiance for reimbursement. No Board approval is required for this option.
2. If you decide to purchase hearing aids outside of your Regence coverage, we will need the following items to present to the Board for preapproval. In addition to the requirements set forth below, the Board will only pay up to the out-of-network limits based on the specific type of hearing loss (see below). Any remaining balance will need to be covered by you. I have attached the Hearing Aid Application Request for you to complete. The first page is for you to fill out and the Physician Statement (pages 2-3) will need to be completed by your hearing aid provider.
 - a. Letter from Physician, Audiologist, licensed Hearing Aid Examiner or Hearing Instrument Specialist providing reason for use of an out-of-network provider, **and**
 - b. Quotes from at least two hearing aid providers, **and**
 - c. Current hearing aid test and hearing aid recommendation from a Physician, Audiologist, licensed Hearing Aid Examiner or Hearing Instrument Specialist, **and**
 - d. Hearing aids must have a three-year warranty.

Out-of-network Hearing Aid Limits for 3-year period:

Slight to Mild Hearing Loss (16-40dB): \$1800/ear

Moderate – Moderately Severe Hearing Loss (41-70dB): \$2500/ear

Severe - Profound Hearing Loss (71-90dB): \$3500/ear

We already have your 2024 Medicare part B premium rate and will be reimbursing you for the second half of 2024 (July-December) in January. If you have your 2025 Medicare Part B premium rate – please email or mail in a copy at your convenience.

Please let me know if you have any questions.

Thank you,

Trant, Caylee

From: [REDACTED]
Sent: Saturday, December 21, 2024 12:33 PM
To: Trant, Caylee
Subject: Re: hearing aids

This is just for info at this time. I had an appointment with Miracle Ear on the 20th of December. It turned out to be more of a sales pitch. I explained I needed a copy of the hearing test and price quote, They did perform a hearing test but could or would not supply a copy. The best he would do was write down a cost on a business card, See separate email. I do have an appointment with Costco in February. Do I need another test from a provider?

From: Trant, Caylee <caylee.trant@cityofvancouver.us>
Sent: Wednesday, December 11, 2024 12:49 PM
To: [REDACTED]
Subject: RE: hearing aids

Hi [REDACTED]

Yes, you can still go to Costco, but we would need a letter from your healthcare provider or Hearing Instrument specialist saying the medical necessity of the hearing aids, including a new hearing aid test. This evaluation can come from Costco if they are a licensed Physician, Audiologist, licensed Hearing Aid Examiner or Hearing Instrument Specialist. You will still need quotes from two different providers and the Board can pay up to the out of network limits set forth below based on hearing loss.

Please let me know how you would like to proceed.

Thank you,

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



From: [REDACTED]
Sent: Wednesday, December 11, 2024 12:42 PM
To: Trant, Caylee <caylee.trant@cityofvancouver.us>
Subject: Re: hearing aids

Trant, Caylee

From: [REDACTED]
Sent: Saturday, February 15, 2025 9:05 AM
To: Trant, Caylee
Subject: Re: hearing aids

I sent you my documentation from Costco and a copy of the business card from Miracle Ear for my hearing tests. These are separate emails. Will this suffice for approval to order hearing aids through Costco. The Miracle Ear person said he could not give me an actual copy of the hearing test but wrote down a quote for the cost which I forwarded to you. I explained to him I needed at least two quotes for approval. I believe he felt he was not going to make a sale so he was not going to cooperate. Let me know what else I will need to forward.

From: Trant, Caylee <caylee.trant@cityofvancouver.us>
Sent: Wednesday, December 11, 2024 10:37 AM
To: [REDACTED]
Cc: Stinson, April <April.Stinson@cityofvancouver.us>
Subject: RE: hearing aids

Hi [REDACTED],

We have two options for payment of hearing aids by the Board:

1. You can go through your medical insurance with Regence. They provide hearing aids through TruHearing. I have attached the TruHearing member flyer for your review. You can schedule an appointment with a TruHearing provider in your area by calling 1-855-205-6316. Please have your Regence Member ID card with you when calling. You will just need to pay the copay for each ear which ranges in price from \$499-\$999, depending on the aid provided. After payment of the copay, please submit the receipt to me or directly with Allegiance for reimbursement. No Board approval is required for this option.
2. If you decide to purchase hearing aids outside of your Regence coverage, we will need the following items to present to the Board for preapproval. In addition to the requirements set forth below, the Board will only pay up to the out-of-network limits based on the specific type of hearing loss (see below). Any remaining balance will need to be covered by you. I have attached the Hearing Aid Application Request for you to complete. The first page is for you to fill out and the Physician Statement (pages 2-3) will need to be completed by your hearing aid provider.
 1. Letter from Physician, Audiologist, licensed Hearing Aid Examiner or Hearing Instrument Specialist providing reason for use of an out-of-network provider, **and**
 2. Quotes from at least two hearing aid providers, **and**
 3. Current hearing aid test and hearing aid recommendation from a Physician, Audiologist, licensed Hearing Aid Examiner or Hearing Instrument Specialist, **and**
 4. Hearing aids must have a three-year warranty.

Out-of-network Hearing Aid Limits for 3-year period:

Slight to Mild Hearing Loss (16-40dB): \$1800/ear

Moderate – Moderately Severe Hearing Loss (41-70dB): \$2500/ear



MEMORANDUM

DATE: March 03, 2025

TO: Police Pension Board

FROM: Caylee Trant, Pension Board Coordinator

RE: **Request for Long Term Care Services – Claimant B**

Attached for Board review are the following documents related to Claimant B's request: Physician's letter, quote for provided fitness services, current invoice supplied by Cogir of Glenwood Place and original Application Request for reference. At the November 4, 2024, Board meeting, Claimant B was approved for Long Term Care up to the current daily cost of a semi-private room.

Claimant B's initial quote for rent and care totaled \$6,843.50 per month, which included a technology bundle. Recently, Cogir of Glenwood Place has itemized their invoices, listing the technology bundle as a separate line item. Claimant B is requesting that the technology bundle continue to be covered, as it was originally included in the initial quote.

Additionally, Claimant B is requesting payment for the fitness program provided by Cogir of Glenwood Place, which includes fall prevention, cardio, and post-therapy exercises. A Physician's letter has been submitted, outlining the benefits of the fitness program offered by the Sky Gym at Cogir of Glenwood Place, along with a quote for the services.

Section III.10.a of the Board rules state:

"The Board the Board does not provide benefits for the following: 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... 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."

Items for consideration by the Board:

- \$60/month for the technology bundle
- \$25 - \$85/week for fitness sessions, depending on the number of sessions per week.

Action Requested

Consider Claimant B's request for continued payment of technology bundle and coverage of fitness sessions on monthly invoices.



STATEMENT

Sheila Warne-Brooks
4012 NE 179th St.
Vancouver WA 98868

Resident Name: [REDACTED]
Resident ID: 00024127
Unit: 138
Payer ID: 90391597

Cogir of Glenwood Place
5500 NE 82nd Ave
Vancouver, WA 98662

Prior Statement Balance

\$13955.75

Payments	Date					Amount
Check # 23644	02/02/25	02/02/25	1.00	\$6,897.50	One time	(\$6,897.50)
:CHECKscan Payment						
Check # 1300	02/05/25	02/05/25	1.00	\$227.50	One time	(\$227.50)
:CHECKscan Payment						
Check # 23431	01/26/25	01/26/25	1.00	\$6,605.50	One time	(\$6,605.50)
:CHECKscan Payment						

TOTAL PAYMENTS

(\$13,730.50)

Current Activity	From	To	Quantity	Rate	Frequency	Amount
Guest Meals	01/26/25	01/26/25	1.00	(\$225.25)	One time	(\$225.25)
Credit meals not ordered						
Rent Concessions AL	03/01/25	03/31/25	1.00	(\$271.50)	Monthly	(\$271.50)
Assisted Living Rent	03/01/25	03/31/25	1.00	\$5,430.00	Monthly	\$5,430.00
Assisted Living Care 03	03/01/25	03/31/25	1.00	\$1,739.00	Monthly	\$1,739.00
Tech Bundle	03/01/25	03/31/25	1.00	\$60.00	Monthly	\$60.00

Please Pay This Amount: **\$6957.50**

Remittance

Balance Due on the 1st. Please make all checks payable to Cogir of Glenwood Place and include [REDACTED] #138 on the memo line.

Automatic payments (EFT) are now available for your convenience. Please contact our office or your administrator for more information and an authorization form.

Cogir of Glenwood Place
5500 NE 82nd Ave
Vancouver, WA 98662

Total Due: **\$6,957.50**

Amount Paid: _____

Payer ID: 90391597
Resident ID: 00024127
Unit: 138
Resident Name: [REDACTED]

Sheila Warne-Brooks
4012 NE 179th St.
Vancouver WA 98868

Current Activity	From	To	Quantity	Rate	Frequency	Amount
TOTAL CURRENT ACTIVITY						\$6,732.25

Please Pay This Amount: **\$6957.50**

Remittance

Balance Due on the 1st. Please make all checks payable to Cogir of Glenwood Place and include [REDACTED] #138 on the memo line.

Automatic payments (EFT) are now available for your convenience. Please contact our office or your administrator for more information and an authorization form.

5500 NE 82nd Ave
Vancouver, WA 98662

Total Due: \$6,957.50

Amount Paid: _____

Payer ID: 90391597

Resident ID: 00024127

Unit: 138

Resident Name: [REDACTED]

Sheila Warne-Brooks
4012 NE 179th St.
Vancouver WA 98868



12/12/2024

To : Ms Caylee Trant
City of Vancouver WA

fax number (360) 87-8418



Dear Ms. Trant:

I recommend that [REDACTED] participate in the one on one customize fitness program from Glenwood Place Sky Gym. I think the fitness program will benefit his physical and mental health.

Please contact me at the office if you have further questions.

Sincerely,

Mike G. Lin, MD

KAISER PERMANENTE NW
Salmon Creek Medical Office
14406 Ne 20th Ave
Vancouver, Wa 98686-1448
800-813-2000
Wayne P Warne

Glenwood Place Sky Gym

ONE-ON-ONE

Fitness Program

Cardio Equipment	A personal trainer will meet the resident at their apartment and escort them safely to and from the Sky Gym to use the cardio equipment such as our Nu-step cross-trainers, exercise bikes and more. Our Sky Gym equipment can be used by all ability levels.
In-Home	A personal trainer will come to your apartment for a ½ hour session, with any equipment needed for exercise in the comfort of your own home.
Fall Prevention	A trainer will develop a program to work specifically on your balance, strength, and coordination which may help decrease the risk of a fall. This can be done in the Sky Gym or your apartment.
Post Therapy Exercise	Upon discharge from Physical Therapy, a trainer will consult with your Physical Therapist and develop an individualized exercise program to maintain your progress and reach new goals.
Pool	A trainer will assist you safely through guided exercise in our heated saltwater therapy pool. Pool therapy is low weight bearing, acts as natural resistance, and is gentle on painful joints.
Custom	Meet with a trainer to create a customized exercise program tailored to your needs and goals.

Fitness ONE-ON-ONE pricing – BILLED MONTHLY

1 session per week – \$25 per week

2 sessions per week – \$45 per week

3 sessions per week – \$65 per week

4 sessions per week – \$80 per week

5 Sessions per week - \$85 per week

**For more information, please contact the Sky Gym at (360)-583-9417
or email Garry Renschler at grenchler@cogirusa.com**



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

Physician's Statement

LEOFF I Member Name:

SSN:

Birthdate:

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

Diagnosis:

History of Left femur Fx
HTN
Impaired Self care
Glau +
Gait abnormality

Prognosis:

good.

Assistance Needed:	Full Assistance	Some Assistance	No Assistance
Taking Medications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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

Caylee Trant | 360-487-8403 | caylee.tashiro@cityofvancouver.us
P.O. Box 1995 | Vancouver, WA 98668-1995 | cityofvancouver.us

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 Need caregiver help at assisted living

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:

Need 24^{hr} assistance & supervision.
Required set up of electronic pill organizer.
and assists for refills
Require SBA for all self care &
mobility within home due to hx of fall and
cognition affecting safety. Need total assist for
meal prep, transportation, housekeeping & laundry.

Physician's Signature: _____

Date: 10/1/24

Typed or Printed Name: _____

Phone: 800 813 2000

Physical Address, including zip code:

Mike C. Lin, MD
Kaiser Permanente
Salmon Creek Medical Office
14406 N.E. 20th Ave.
Vancouver, WA 98685-1448
(800) 813-2000

Mailing Address, including zip code:

Mike C. Lin, MD
Kaiser Permanente
Salmon Creek Medical Office
14406 N.E. 20th Ave.
Vancouver, WA 98685-1448
(800) 813-2000

From: [REDACTED]
To: [Trant, Caylee](#)
Subject: [REDACTED]
Date: Saturday, October 19, 2024 12:37:23 PM
Attachments: [image001.png](#)
[image002.png](#)

CAUTION: This email originated from outside of the City of Vancouver. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Caylee

Below is the Level Of Care assessment for my dad from Glenwood. It was provided by the Health Service Director (Cynthia).

I believe this should be the last part of the information needed for the pension boards review/approval.

Please let me know if you need anything additional.

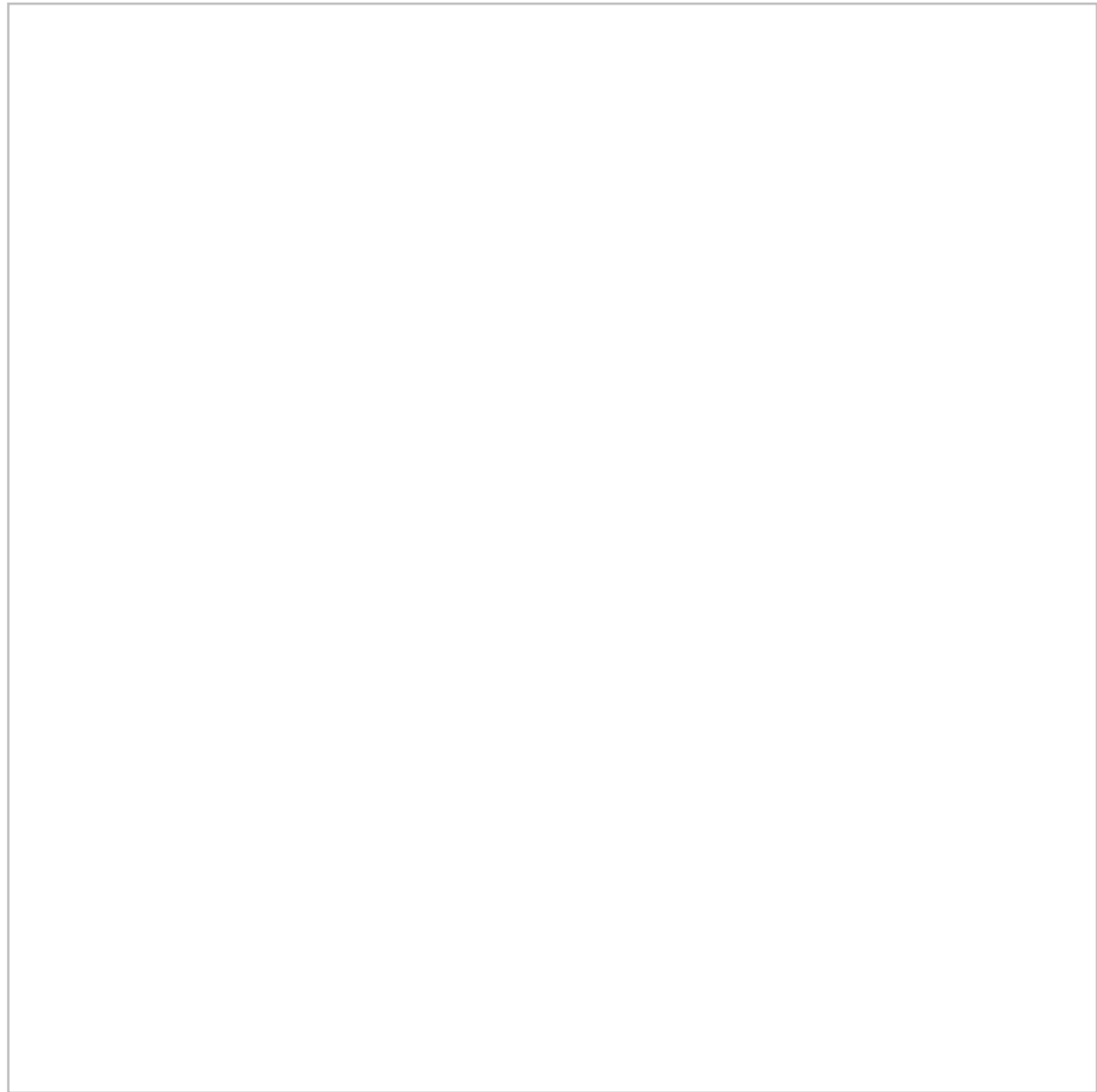
[REDACTED]

----- Forwarded Message -----

From: Jewel Rumble <jrumble@cogirusa.com>
To: [REDACTED]
Sent: Saturday, October 19, 2024 at 03:27:37 PM EDT
Subject: W Warne Assessment

Good Morning –

below you will find the assessment information. Hopefully this will work



From: Cynthia Wright <cwright@CogirUSA.com>
Sent: Saturday, October 19, 2024 12:16 PM
To: Jewel Rumble <jrumble@CogirUSA.com>
Subject: [REDACTED]

Assisted Living Level 3 Includes:

Total cost: \$1625.00

Medication assistance 3+ passes daily/ Uses Kaiser pharmacy 225 pts total

Med aide to administer medication 3x daily and collect monthly weight and vitals, order medication as needed and contact PCP for all orders or changes in medication. Med aide to contact family

for any OTC medication needed.

Grooming Assistance – Care staff to set up and cue resident and assist as needed 2x wk with Shaving
10pts total

Outside Agency coordination for PT/OT 25pts total

Staff to coordinate and follow instructions from PT/OT 1x weekly

Transfers/Mobility- Independent

Toileting – Independent

Meal Consumption – Escorts for the first 2 weeks, while resident acclimates to facility, then Independent
– No charge

Bathing Assistance – Independent

Dressing assistance: Independent

Cynthia Wright

Health Service Director

Cogir of Glenwood place

5500 NE 82nd Avenue

Vancouver, WA 98662

O: 360-583-5940

C: 360-281-9398

Cwright@cogirusa.com