



CITY OF
Vancouver
WASHINGTON

**Police
Pension Board
Meeting Schedule
May 5, 2025**

**Police Pension Board
2:00pm
Aspen Conference Room, 1st Floor City Hall
Call In: 1 347-941-5324
Phone Conference ID: 201 896 393#
Teams Meeting ID: 292 819 005 134
Passcode: fT6rH2Xi**

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



Police Pension Board

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

Police Pension Board Meeting Agenda

May 05, 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: 201 896 393#

- 1. Call to Order and Roll Call – McEnerny-Ogle**
- 2. Approval of Minutes – McEnerny-Ogle**
 - a. March 03 2025, Minutes
- 3. Communications - Stinson**
 - a. None
- 4. Reports – Glenn**
 - a. Budget Report
 - b. Approval of Expenses for February 2025 – March 2025
- 5. Old Business - Stinson**
 - a. None
- 6. New Business – Stinson**
 - a. Request for Long Term Care – 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.

Meeting Minutes

Monday, March 3, 2025

2:00 p.m.

Vancouver City Hall

Aspen Conference Room

415 W. 6th Street

Vancouver, WA 98660

Board Members Present:

Anne McEnerny-Ogle, Chair; 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: Sara Baynard-Cooke, Assistant City Attorney; Iasmina Giurgiev, Human Resources; April Stinson, Human Resources; Caylee Trant, Human Resources

Guests:

None

Item 1: Call to Order

The March 03, 2025, meeting of the Police Pension Board was called to order at 2:00 p.m. by Chair Mayor McEnerny-Ogle in Aspen Conference Room at Vancouver City Hall and via Microsoft Teams.

Item 2: Approval of Minutes

Motion by Dong, seconded by Lehto, and approved unanimously to adopt the minutes from November 04, 2024, as written.

Item 3: 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

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

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

Item 4: Reports

Glenn reported that total expenditures through January 2025 were 7% of budget. Total revenues through January 2025 were 1% of budget. The budget report is on track and no adjustments are needed from the Accounting department.

Expenses for January 2025 totaled \$61,040.91

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

Item 5: Old Business

None

Item 6: 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.

Motion by Lehto to approve of payment for Costco hearing aids. Seconded by Dong and approved unanimously.

Item 6: 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.

Motion by Dong to deny request for payment of technology bundle and approve of payment for fitness sessions. Seconded by Lehto and approved unanimously.

Item 7: Public Comment

None

Adjourned:

This meeting adjourned at 2:13 p.m.

COV - Composite Department Budget vs Actuals by Fund

Period FY 2025 - Mar

Fund 617 Police
Pension Trust

Ledger Fund
Account Expenditures

Type

Fund	Department	Cost Center	Ledger Account	Current Year							Prior Year				
				Budget	Pre-Encumbrance	Encumbrance	Actuals	Actuals + Total Encumbrance	Available Budget	% Spent	Budget	Actuals (Years End)	Variance (Budget - Actual)	Actuals (PTD)	% Spent
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	520000:Employee Benefits	1,513,200	0	0	300,923	300,923	1,212,277	20%	1,513,200	1,193,999	319,201	282,104	19%
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	731	3%
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	3,753	3,753	15,588	19%	17,872	12,934	4,938	3,979	22%
Total				1,555,359	0	0	304,676	304,676	1,250,683	20%	1,553,022	1,211,284	341,738	286,814	18%

04/22/2025 12:30 PM stinsona / April Stinson

COV - Composite Department Budget vs Actuals by Fund

Period FY 2025 - Mar

Fund 617 Police
Pension Trust
Fund

Ledger Revenues
Account Type

Fund	Department	Cost Center	Ledger Account	Current Year							Prior Year				
				Budget	Pre-Encumbrance	Encumbrance	Actuals	Actuals + Total Encumbrance	Available Budget	% Spent	Budget	Actuals (Years End)	Variance (Budget - Actual)	Actuals (PTD)	% Spent
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	361110:Investment Earnings	0	0	0	0	0	0	0%	0	(354)	354	(182)	0%
617 Police Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	369910:Miscellaneous Other Operating Revenues	0	0	0	(401,220)	(401,220)	401,220	0%	0	(1,011,111)	1,011,111	(252,980)	0%
617 Police Pension Trust Fund		(Blank)	361110:Investment Earnings	(154,417)	0	0	(49,432)	(49,432)	(104,985)	32%	0	(191,919)	191,919	(41,307)	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	(450,652)	(450,652)	(1,303,765)	26%	(1,000,000)	(1,203,384)	203,384	(294,469)	29%

04/22/2025 12:50 PM stinsona / April Stinson

**Police Pension Board
February 2025 - March 2025****EXPENSES:**

February	2025 Pensions Paid	\$17,754.53
March	2025 Pensions Paid	\$17,754.53
February	2025 Claims paid by Allegiance	\$0.00
March	2025 Claims paid by Allegiance	\$275.00
February	2025 Claims paid by CoV	\$40,100.91
March	2025 Claims paid by CoV	\$41,962.49
February	2025 Allegiance Admin Fees	\$20.25
March	2025 Allegiance Admin Fees	\$60.75
February	2025 Medicare B Reimbursements	\$6,348.00
March	2025 Medicare B Reimbursements	\$4,914.30
TOTAL EXPENSES FOR APPROVAL:		\$129,190.76

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 \$129,190.76 this 5th day of May 2025.



MEMORANDUM

DATE: May 5, 2025

TO: Police Pension Board

FROM: April Stinson, Pension Board Coordinator

RE: **Request for Long Term Care – Claimant A**

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

Section III.11 of the Board's rules and regulations requires:

"Explanation of benefits insurance documentation forms showing amounts paid and/or rejected, including proof of submission to Medicare, VA Benefits, and any existing Long Term Care Insurance."

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

Section III.11.d of the Board rules for long term care costs:

"Total daily cost allowed shall not exceed the semi-private room rate in a skilled nursing facility. This allowance will be determined using the latest annual Genworth Cost of Care Survey for Nursing Home Care services in the state of Washington."

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

Claimant A has submitted quotes from three different providers.

Legacy Adult Family Home:

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

Northwest Royal Home Care Adult Family Home:

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

Vancouver Specialty and Rehabilitative Care:

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

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

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

Action Requested

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

FAX

To: '3604878418@fax.vibrahealth.com' **From:** Portland Case Management Mailbox
Fax #: 3604878418 **Fax #:**
Date: 4/10/2025 6:50:14 PM **Phone #:**

Total number of pages: 4

Subject: FW: Physician's Statement for [REDACTED]

Comments:

Rebecca Bennett, MBA, BSN, RN
Vibra Specialty Hospital Portland
RN Case Manager
Phone: 503-257-5656
Fax: 503-257-5557
rbennett@vshportland.com

From: Rebecca Bennett On Behalf Of Portland Case Management Mailbox
Sent: Thursday, April 10, 2025 3:38 PM
To: '3604878418@fax.vibrahealth.com' <3604878418@fax.vibrahealth.com>
Subject: Physician's Statement for [REDACTED]

Rebecca Bennett, MBA, BSN, RN

Vibra Specialty Hospital Portland

RN Case Manager

Phone: 503-257-5656

Fax: 503-257-5557

rbennett@vshportland.com<<mailto:rbennett@vshportland.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:

Acute and chronic Hypoxic
 Respiratory Failure
 Ventilator Dependence

Prognosis:

Poor

Assistance Needed:

Full Assistance

Some Assistance

No Assistance

Taking Medications



Eating



Toileting



Bathing or Showering



Dressing



Transferring



Continence



Shaving, Hair Care



Preparing Meals



Transportation



Housekeeping



Personal Laundry



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

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

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

- ☐ Home Health Care ☐ Assisted Living ☐ Long Term Custodial Care ☒ Skilled Nursing
☐ Other _____

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

- ☐ Skilled Care: nursing care performed under the orders of a doctor, supervised by a licensed registered nurse or practical nurse available around the clock on a daily basis. A person with professional training or skills must perform most daily procedures.
- ☒ Intermediate Care: nursing care performed under the orders of a doctor and under supervision of a licensed registered nurse or practical nurse. The patient is provided with skilled care on a periodic basis. These periodic procedures cannot be done without professional training or skill.
- ☐ Custodial Care: primarily meets the personal needs of the patient and can be provided by a person without professional training or skill.

Frequency of Need: 24 (#) hours a day, 7 (#) days a week

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

☐ 1 - 3 months ☐ 4 - 6 months ☒ over 6 months ☐ not sure ☐ other _____

ADDITIONAL INFORMATION

Please provide any additional opinions on the specific medical and other assistance this patient needs:

Patient is ventilator dependent w/ multiple
severe co-morbidities including left CVA with
right sided weakness and aphasia, dysphagia
w/ feeding tube dependence and Stage III
sacral pressure ulcer.

Physician's Signature: Tim Simrell

Date: 4/10/25

Typed or Printed Name: Tim Simrell PA-C

Phone: 503-257-5300

Physical Address, including zip code:

10300 NE Hancock St.
Portland, OR 97226

Mailing Address, including zip code:

Stinson, April

From: Rebecca Bennett <RBennett@vshportland.com>
Sent: Thursday, April 24, 2025 11:51 AM
To: Stinson, April
Subject: Re. [REDACTED]

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.

Members of the City of Vancouver Pension Board,

I am writing to you on behalf of [REDACTED], a retired civil servant of the City of Vancouver. Your Board has graciously assisted with his long-term care costs since 2018: on behalf of [REDACTED], we are requesting continuation of financial support. [REDACTED] is currently admitted to a long-term acute care hospital (LTAC), however he is medically stable and ready to discharge to a lower level of care, as he is no longer appropriate to be at the LTAC, and insurance will not continue to pay. Unfortunately, he cannot return to his prior living situation as his long-term medical needs cannot be met there. His options are limited and costly as he requires around the clock mechanical ventilation through a tracheostomy as well as many other complex needs that can only be met at specialized long term care facilities. I have found three good options that can suit his needs (two Adult Foster Homes (AFH), and one Long Term Care (LTC) facility). An AFH would be his best option for a location for him to spend the rest of his years or the time he has left, as it is in a home setting, and more personal to his needs.

His Medicare insurance does not cover long-term care and if your board does not assist him then his wife will be forced into a tremendously difficult financial situation. Hopefully this information is helpful to help make a decision, and continue to provide the financial assistance for [REDACTED] and his medical needs. If you have any questions, or I can assist in any way please feel free to reach out to me.

Warm Regards,

[Rebecca Bennett, MBA, BSN, RN](#)
[Vibra Specialty Hospital Portland](#)
RN Case Manager
Phone: 503-257-5656
Fax: 503-257-5557
rbennett@vshportland.com

Stinson, April

From: Tim Shev <tim.shev@legacyafh.com>
Sent: Thursday, March 27, 2025 2:09 PM
To: Stinson, April
Subject: Cost of care and list of services
Attachments: Legacy AFH- Cost of care and Services.pdf; HCS rates- PDN AFH.pdf

You don't often get email from tim.shev@legacyafh.com. [Learn why this is important](#)

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.

Hello April, attached is a copy of the cost of care and the services that Legacy AFH-Ventilator Specialty Care provides. I also attached the 2025 DSHS daily reimbursement rate sheet to this email to show that we work based off of the lowest medicaid rates. On the DSHS rate sheet, I circled the PDN rate on page 2 which is what we are reimbursed for our facility.

Best regards,
Tim, RN Owner
Legacy AFH
Phone: (360) 947-0026
Fax: (360) 524-7862





Legacy AFH

Ventilator Specialty Care Home

Services

Legacy AFH works only with medicaid and medicaid reimburses the lowest possible rate for these services. This rate is an ALL-INCLUSIVE DAILY RATE of \$898.85. Below are all of the services that are provided with this rate.

1. Specialty Complex Respiratory Care

- Ventilator management
- Daily tracheostomy care, including inner cannula replacement
- Critical airway management through suctioning and lavage therapy
- Tracheostomy tube replacements
- Oxygen administration and monitoring
- Nebulization of medications
- Pulmonary hygiene using cough assist and internal percussive ventilation machines
- Chest physiotherapy
- Speaking valve application
- Frequent pulmonary assessments by a nurse with responsive therapy interventions

2. Gastrointestinal Services

- Administration of feedings and medications via PEG tube
- PEG tube replacement
- Bowel management protocols for constipation prevention and diarrhea treatment
- Ostomy care

3. Genitourinary Services

- Foley catheter replacements
- Catheter management, including obstructed catheters
- Prevention of urinary tract infections through strict cleaning protocols

4. Diabetic Services

- Blood glucose monitoring every six hours
- Administration of sliding scale insulin
- Monitoring and interventions for hypoglycemia and hyperglycemia

5. Wound Care

- Frequent assessments and repositioning to prevent wound development
- Nurse-led wound therapy for existing wounds

6. Rehabilitation Services

- Assessment and individualized treatment plan by a physical therapy team
- Daily stretching exercises

- Weekly massage therapy

7. Hospice & Palliative Care

- Compassionate end-of-life care focusing on comfort and dignity
- Emotional and spiritual support for residents and families

8. Basic Services

Medical & Nursing Care

- 24/7 skilled nursing care
- Medication administration and management
- Chronic disease management (e.g., hypertension, COPD, heart disease)
- Pain management
- Coordination with physicians and specialists

Personal Care & ADL Assistance

- Support with bathing, dressing, grooming, toileting, and hygiene
- Mobility and transfer assistance (including use of mechanical lifts)
- Incontinence care

Social & Recreational Activities

- Structured daily activities for cognitive and social engagement

- Music therapy, arts and crafts, games, and exercise programs

Nutritional Services

- Dietitian-planned meals tailored to residents' medical and dietary needs
- Assistance with eating if needed
- Special diets, including pureed, mechanical soft, and diabetic-friendly options

Housekeeping & Laundry

- Daily room cleaning and sanitation
- Personal laundry and linen services

Safety & Security

- 24/7 emergency call system and monitoring
- Fall prevention programs
- Secure environment for residents with dementia or cognitive impairments

Transportation Services

- Arranged transport for medical appointments and outings

Labs/Imaging

- Performed in facility if not urgent

Physician visits

- In person facility visits once per month

Service Code	Modifier	Service Name	Unit Type*****	Current Rates (as of July 1, 2025)	Shared Medical Service?
54240		Plethysmograph	EA	*Contracted Rate	N
90863		Medication Management, Psychiatric	EA	*Contracted Rate	Y
92507		Speech/Hearing/Communication Therapy (LTC: RCL and WA Roads only)	EA	\$0.01-\$186.52	Y
96138	U1	Psychological Testing First 30 Min	EA	\$0.01-\$500.00	
96139	U1	Psychological Testing Add'l 30 Min	EA	\$0.01-\$500.00	
97755		Assistive Technology assessment	OF	*Contracted Rate	N
99366		Behavior Support Treatment Team	EA	*Contracted Rate	N
99499	U1	Risk Assessment: sexual deviancy; each	EA	*Contracted Rate	N
99499	U4	Risk Assessment: non-sexual; hour	EA	*Contracted Rate	N
99499	U5	Risk Assessment: Brief Evaluation, Follow up, Additional Testing	EA	*Contracted Rate	N
H0044		Supportive Housing	MN	\$575.00	N
H0045	U1	Respite-Daily-Dedicated Bed-Child	DL	*Contracted Rate	N
H0045	U2	Respite-Daily-Enhanced-Child-Integrated	DL	\$376.05	N
H0045	U2	Respite-Daily-Enhanced-Child-Standalone	DL	\$435.00	N
H0045	U3	Respite-Daily-Dedicated Bed-Adult	DL	*Contracted Rate	N
H0047		Substance Abuse Services (LTC: RCL and WA Roads only)	EA	\$15.00-\$84.97	Y
H2014	U1	Skills training and dev, 15 min: Interview Skills Training	OF	\$0.01-\$20.00	N
H2014	U2	Skills training and dev, 15 min: Identify and Avoid Abuse Training	OF	\$0.01-\$20.00	N
H2014	UC	Skills training and dev, 15 min (Client Training: Medical)	OF	\$0.1-\$46.63	Y
H2014	U5	RN Delegation Per 15 Minute Unit (Individual; 163W0000X and 251J0000X)	OF	\$12.86	Y
H2014	U5	RN Delegation Per 15 Minute Unit (Agency; 251E0000X)	OF	\$15.43	Y
H2014	U9	Skills training and dev, 15 min, Technology Support Consultation and Assistance	OF	\$0.01-\$17.00	N
H2014	UD	Skills training and dev, 15 min (Client Training: Non-medical)	OF	\$0.1-\$46.63	N
H2014	UD	Skills training and dev *Music Therapist	OF	\$27.00-\$31.00	N
H2019		Behavior Support-Individual	OF	\$0.1-\$37.50	Y
H2019	HQ	Behavior Support - Group	OF	*Contracted Rate	N
H2019	U9	AHCA Behavior Support	OF	*Contracted Rate	N
H2028		Sexual Deviancy Therapy	OF	*Contracted Rate	N
H2028	HQ	Sexual Deviancy Therapy-Group	OF	*Contracted Rate	N
K0739		Repair/svc DME non-oxygen eq	OF	\$24.67	N
S0215	U2	Transportation - Other	MI	\$0.70	N
S0215	U3	Transportation - Other	MI	\$0.70	N
S0215	U4	Transportation - Other	MI	\$0.70	N
S0215	U9	Transportation - (AHCA)	MI	\$0.70	N
S5100		Adult Day Care King County	15 mins	\$4.89	
S5100		Adult Day Care Metropolitan Counties	15 mins	\$4.45	
S5100		Adult Day Care Non-Metropolitan Counties	15 mins	\$4.26	
S5100	U1	Adult Day Care Remote King County	15 mins	\$4.66	
S5100	U1	Adult Day Care Remote Metropolitan Counties	15 mins	\$4.24	
S5100	U1	Adult Day Care Remote Non-Metropolitan Counties	15 mins	\$4.06	
S5100	U2	Adult Day Health Remote King County	15 mins	\$6.65	Y
S5100	U2	Adult Day Health Remote Metropolitan Counties	15 mins	\$6.21	Y
S5100	U2	Adult Day Health Remote Non-Metropolitan Counties	15 mins	\$5.98	Y
S5102	U9	Adult Day Trial	DL	\$40.79-\$78.34	N
S5102	CG	Adult Day Health intake evaluation	DL	\$124.94	Y
S5102	TG	Adult Day Health King County	DL	\$117.86	Y
S5102	TG	Adult Day Health Metropolitan Counties	DL	\$110.15	Y
S5102	TG	Adult Day Health, Non-Metropolitan Counties	DL	\$106.00	Y
S5102	HQ	Adult Day Care King	DL	\$78.19	N
S5102	HQ	Adult Day Care Metropolitan Counties	DL	\$71.16	N
S5102	HQ	Adult Day Care Non-Metropolitan Counties	DL	\$68.20	N
S5102	UA	Adult Day Care Intake Evaluation	DL	\$124.94	N
S5160		PERS Installation	EA	*Contracted Rate	N
S5161		PERS Monthly Service	MN	*Contracted Rate	N
S5161	U1	PERS Monthly Service: Fall Detection	MN	*Contracted Rate	N
S5162	U2	PERS Monthly Service: GPS	MN	*Contracted Rate	N
S5163	U3	PERS Monthly Service: Medication Reminder	MN	*Contracted Rate	N
S5165	UA	Environmental Modifications	EA	*Contracted Rate	N
S5165	UB	Residential Environmental Modifications (RCL only)	EA	*Contracted Rate	N
S5165	U3	Enviro Adaptations In-Home: General Utility or Repairs	EA	\$0.01-\$5,000.00 (ETR allowed)	N
S5170		Home Delivered Meals	EA	\$8.50	N
SA075		Assistive Technology	EA	\$0.01-\$5,000.00	N
SA075	U1	Assistive Technology: CFC	EA	\$0.01-\$10,000.00	N
SA075	U2	Assistive Technology: Non-CFC	EA	\$0.01-\$5,000.00	N
SA106		Caregiver Support	EA	\$15.00 - \$186.52	N
SA260		Community Guide - Individual	HR	\$21.08	N
SA260		Community Guide - Agency	HR	\$26.72	N
SA263		Community Choice Guide	OF	\$0.27 - \$18.00	N
SA266		Shopping/paying-client not present	OF	\$10.00	N
SA290		Residential Care Discharge Allowance - Not subject to VRI	EA	Total to \$816.00 (ETR allowed to \$2500)	N
SA290, SA296		Community Transition/Stabilization - Items	EA	Total to \$850 (ETR allowed)	N
SA291, SA297		Community Transition/Stabilization - Service	EA	Total to \$850 (ETR allowed)	N
SA294	U1	Housing Subsidies (Interim Housing Federal)	EA	\$0.1-\$5,000.00	N
SA294	U2	Housing Subsidies (Interim Housing State)	EA	\$0.1-\$5,000.00	N
SA298		Emergency Rental Assistance (WA Roads only)		\$0.01-\$4,000.00	N
SA299	U1	Supportive Housing Specialist (Pre-Tenancy)	1/4 HR	\$16.25	N
SA330	U1	Wellness Programs and Activities - Care Reviewer	EA	\$0.01-\$100.00	N
SA330	U2	wellness Programs and Activities - Caregiver	EA	\$0.01-\$100.00	N
SA391	U1	Specialized Deep Cleaning (MAC-TSOA)	EA	\$0.01-\$2500.00 (ETR allowed to \$10,000)	N
SA392		Housework & Errands (Home Care Agency - 2532HE000L)	1/4 HR	\$10.29	N
SA392	U1	Heavy Housework - 1 Worker	1/4 HR	\$10.29 + \$0.75	N
SA392	U1	Heavy Housework - 2 Workers	1/4 HR	\$10.29 + \$1.50	N
SA392	U1	Heavy Housework - 3 Workers	1/4 HR	\$10.29 + \$4.50	N
SA392	U2	Yardwork	1/4 HR	\$0.01-\$15.00	N
SA393	U2	Pest Eradication (MAC-TSOA)	EA	\$0.01-\$2,500.00 (ETR allowed to \$5,000.00)	N
SA396		Bath Aide (Home Care Agency -253Z00000X)	1/4 HR	\$0.1-10.00	N
SA420	U1	Pantry Stocking Federal Match	EA	\$0.01-\$500.00	N
SA421		Non-Medical Equipment & Supplies	EA	\$0.01-\$10,000	N
SA421	U2	Non-Medical Equipment & Supplies - Wipes	EA	\$0.01-\$500.00	N
SA604	U1	1099 Vendor Supplemental Payment	EA	\$0.01-\$10,000.00	N
SA604	U2	APS Intervention Services Supplemental Vendor Payment	EA	\$0.01-\$200.00	N
SA636	U1	Assistive Technology Services: Evaluation	EA	\$60.00	
SA636	U2	Assistive Technology Services: Installation or Repair	EA	\$60.00	
SA636	U3	Assistive Technology Services: Training	EA	\$60.00	
SA685		Bed-Hold - First Seven Days (New as of July 1, 2003)	DL	See Bed Hold Tab	N
SA686		Bed-Hold - Days Eight Through Twenty (New as of July 1, 2003) AFH and AL	DL	See Bed Hold Tab	N
SA888		Physical Therapy (LTC: RCL and WA Roads only)	EA	\$0.01-\$186.52 (not to exceed Medicaid rate)	Y
SA889		Occupational Therapy (LTC: RCL and WA Roads only)	EA	\$0.01-\$186.52 (not to exceed Medicaid rate)	Y
SA890		Dietitian/Nutritionist	EA	\$0.01-\$186.52 (not to exceed Medicaid rate)	Y
SA892		Speech/Hearing/Communication Evaluation (LTC: RCL and WA Roads only)	EA	\$0.01-\$186.52 (not to exceed Medicaid rate)	Y

SA896	U1	Massage Therapy - Care Receiver	OF	\$0.01 - \$30.00	N
SA896	U2	Massage Therapy - Caregiver	OF	\$0.01 - \$30.00	N
SA897	U1	Acupuncture - Care Receiver	OF	\$0.01 - \$20.00	N
SA897	U2	Acupuncture - Caregiver	OF	\$0.01 - \$20.00	N
T1000	TD	Private Duty Nursing: RN, Individual	1/4 HR	\$14.15	Y
T1000	TD	Private Duty Nursing: RN, Agency	1/4 HR	\$16.97	Y
T1000		Private Duty Nursing: LPN	1/4 HR	\$11.62	N
T1000	TE	Private Duty Nursing: LPN, Individual	1/4 HR	\$11.62	N
T1000	TE	Private Duty Nursing: LPN, Agency	1/4 HR	\$13.95	N
T1000	TD,TV	PDN Hourly Holiday Pay RN, Individual	1/4 HR	\$21.22	N
T1000	TE,TV	PDN Hourly Holiday Pay LPN, Individual	1/4 HR	\$17.44	N
T1000	TD,TV	PDN Hourly Holiday Pay RN, Agency	1/4 HR	\$25.46	N
T1000	TE,TV	PDN Hourly Holiday Pay LPN, Agency	1/4 HR	\$20.92	N
T1001	CG	Nurse Consultation	EA	\$0.01-\$33.00	Y
T1001	U1	Skin Observation Protocol	EA	\$180.00	
T1002		Skilled Nursing - RN - quarter hour, Individual (163W00000X)	1/4 HR	\$14.15	N
T1002		Skilled Nursing - RN - quarter hour, Agency (251E00000X and 251J00000X)	1/4 HR	\$16.97	N
T1003		Skilled Nursing - LPN - quarter hour, Individual (164W00000X)	1/4 HR	\$11.62	N
T1003		Skilled Nursing- Agency (251J00000X)	1/4 HR	\$16.97	N
T1003		Skilled Nursing - LPN - quarter hour, Agency (251E00000X)	1/4 HR	\$13.95	N
T1005		253Z00CDEL Consumer Directed Employer - Respite Care	1/4 HR	\$8.99	N
T1005	U1	Respite in an Adult Family Home (up to 9 hours per day) - MAC & TSOA clients only	OF	\$4.89	N
T1005	U1	Respite in an Adult Family Home (9 hours or more in a 24-hour period) - MAC & TSOA clients only	DL	\$176.04	N
T1005	U3	Respite in an Adult Day setting	OF	*Contracted Rate	N
T1005	U5	Respite in an Adult Day Health Setting	OF	*Contracted Rate	N
T1005		Home Care Agency	1/4 HR	\$10.29	N
T1019	U2	Relief Care		\$0.01 - \$15.03	N
T1019	U3	Skills Acquisition: CARE Hours		See IP Tab / Base IP Rate listed below	N
T1019	U4	Skills Acquisition: Annual Limit		Derived	N
T1019	U5	AFH Medical Escort	1/4 HR	\$4.89	N
T1019	HQ,U2,U3,U4, U6	Home Care Agency - Personal Care	1/4 HR	\$10.29	N
T1019	U2, U3,U4, U6	253Z00CDEL Consumer Directed Employer - Personal Care	1/4 HR	\$8.99	N
T1020	U1	Adult Family Home	DL	See Community Rates Tab	N
T1020	U1	AFH HIV	DL	\$158.15	N
T1020	U2	Adult Residential Care		See Community Rates Tab	N
T1020	U3	EARC	DL	See Community Rates Tab	N
T1020	U4	Specialized Dementia Care	DL	See Community Rates Tab	N
T1020	U4	Specialized Dementia Care - Enhanced (SSRC 22C00)	DL	See Community Rates Tab	N
T1020	U5	ESF Base	DL	See ESF Rates Tab	N
T1020	TD	AFH PDN Spec Home	DL	\$898.95	N
T1021		Home Health Aide	VS	\$0.01-\$18.42	N
T2003		Non-emergency Transportation	EA	*Contracted Rate	N
T2025	U1	Chronic Disease Self-management Program (CDSMP)	EA	\$50.00	N
T2025	U2	Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)	EA	\$75.00-\$167.00	N
T2025	U3	Client Training - Intensive Behavior Support	EA	\$150.00	
T2025	UA	Client Training EBT EnhanceFitness	EA	\$0.01-\$150.00	N
T2031		Assisted Living	DL	See Community Rates Tab	N
T2033	U1	ECS for AFH	DL	See Community Rates Tab	
T2033	U3	ECS add on for AL and EARC	DL	See Community Rates Tab	
T2033	U2	Community Stability Supports Tier 1	DL	See CSS Rates Tab	
T2033	U4	Community Stability Supports Tier 2	DL	See CSS Rates Tab	
T2033	U6	Meaningful Day - King	HR	\$40.00	
T2033	U6	Meaningful Day - MSA	HR	\$40.00	
T2033	U6	Meaningful Day - NMSA	HR	\$40.00	
T2033	U5	AFH SBS	DL	\$165.00	
T2033	U7	EARC Medically Complex Add-On	DL	\$45.00	
T2033	U8	Specialized Dementia Care Program Plus Add-On	DL	\$204.00	N

*For contracted rates, the case manager should look in the AAA contractor list for the correct rate.

**Metropolitan Counties: Benton, Clark, Franklin, Island, Kitsap, Pierce, Snohomish, Spokane, Thurston, Whatcom, and Yakima Counties.

***Non-Metropolitan Counties: Adams, Asotin, Chelan, Clallam, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Grays Harbor, Jefferson,Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, San Juan, Skagit, Skamania, Stevens, Wahkiakum, Walla Walla, and Whitman.

****Shared Medical Service are services offered by both ALTA and HCA. HCA sets the rate for shared services.

*****Unit Type Key:

EA	Each
1/4 HR	One-quarter hour (15 minutes)
15 mins	One-quarter hour (15 minutes)
OF	One-quarter hour (15 minutes)
DL	Daily
HR	Hourly
MI	Per mile
MN	Monthly
VS	Per visit

Contacts:

- o CFC: Victoria Nuesca
- o COPES: Anne Moua
- o RCL/WA Roads, RCDA: Julie Cope
- o CDSMP: Sapphire Knight
- o PEARLS: Dawn Williams
- o ECS: James Selby
- o Skilled Nursing: Susan Worthington
- o Private Duty Nursing: Kaila O'Dell
- o Nurse Delegation: Janet Wakefield
- o Adult Day Services: Susan Worthington
- o MAC and TSOA: Debbie Johnson, Adrienne Cotton, Resa Lee-Bell

Stinson, April

From: Alla Polyakov <care@nwroyal.com>
Sent: Tuesday, April 1, 2025 6:34 PM
To: Stinson, April
Subject: Services Provided List & Cost Structure - Northwest Royal Home Care [REDACTED]
Attachments: Service List and Cost Structure.docx

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Hello April,

It was a pleasure to speak with you today. Attached is the requested potential cost and service breakdown for [REDACTED] at Northwest Royal Home Care.

I have attached the phone number of our Nursing Director who can answer your questions regarding how we can meet [REDACTED] nursing care needs etc.

Alla Polyakov
360-524-5653

Please let us know if you have any questions.

Best,
Feliks

--

Feliks Polyakov, RN, BSN,
Northwest Royal Home Care
7029 NE Fairway Ave
Vancouver WA 98662
(360) 281-4444
(360) 314-2674 Fax
care@nwroyal.com

04/01/2025

Submission of Comprehensive Cost Structure and Clinical Summary for Patient Care Reimbursement

To Whom It May Concern,

Thank you for the opportunity to potentially partner in providing exceptional in-home care for [REDACTED]. At Northwest Royal Home Care, we are committed to delivering patient-centered care that integrates expert clinical management with the comfort and stability of a home setting.

Cost Structure Overview

Our all-inclusive daily rate is \$898.95, and our pricing is directly aligned with the Medicaid AFH PDN reimbursement model in Washington State. By structuring our cost in this way, we ensure that the patient receives comprehensive, high-quality care that includes all necessary services, and that the reimbursement process remains straightforward by reflecting established state guidelines. This rate covers:

- **Room & Board:**
High-quality accommodations, nutritious meals, and essential living services that promote comfort and recovery.
- **Private Duty Nursing Care:**
Continuous, personalized skilled nursing services—including respiratory management, wound care, and nutritional support—integrated into our daily rate.
- **Ancillary Services:**
Essential support services such as housekeeping, maintenance, and administrative support, ensuring a safe and supportive care environment.

Significant Diagnoses

Central to our patient's care plan are the following significant diagnoses:

- **Cerebrovascular Accident (CVA) Sequelae:**
The patient experienced a left-sided stroke in 2021, resulting in right-sided weakness, aphasia, and oropharyngeal dysphagia, which have necessitated long-term GJ tube dependency.

- **Tracheostomy and Ventilator Dependency:**
Ongoing respiratory challenges require specialized care to manage tracheostomy and ventilatory support.
- **Severe Protein-Calorie Malnutrition:**
Managed via GJ tube feeding, addressing chronic nutritional deficits.
- **Stage 3 Sacral Pressure Ulcer:**
The patient requires continuous wound care to manage this significant pressure ulcer.

Advantages of In-Home Nursing Care

Our in-home care model is ideally suited to address these complex clinical needs:

- **Personalized and Compassionate Care:**
Providing care in a familiar home environment fosters a stable, comforting routine that supports both physical and emotional recovery.
- **Optimal Nurse-to-Client Ratios:**
Our low nurse-to-client ratios ensure individualized attention, timely interventions, and a high standard of care.
- **Continuity and Stability:**
Transitioning from hospital to home care enables a seamless continuum of care, enhancing the patient's quality of life and overall well-being.

Next Steps

We are committed to transparency and excellence in our care delivery. Please feel free to contact me at 360-524-5653 or via email at care@nwroyal.com to discuss further details or to schedule a meeting regarding our comprehensive care plan.

Thank you for your consideration. We look forward to collaborating to provide outstanding, tailored in-home care that meets the patient's significant clinical needs.

Sincerely,

Alla Polyakov, RN, BSN
Northwest Royal Home Care
7029 NE Fairway Ave
Vancouver, WA 98662
Phone: 360-5245653
Email: care@nwroyal.com

Stinson, April

From: Jamie Johnson <jjohnson@vancouver specialty.com>
Sent: Friday, April 25, 2025 11:32 AM
To: Stinson, April
Subject: rates
Attachments: vent rates.docx

You don't often get email from jjohnson@vancouver specialty.com. [Learn why this is important](#)

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Hi April,
Please see the attached and let me know if you have any additional questions.
Thank you.

Jamie Johnson

Vancouver Specialty & Rehab

Business Office

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April 25, 2025

Room and Board – Private Room	\$700.00/Day
Room and Board – Semi Private Room	\$650.00/Day
Vent Charge	\$285.00/Day
Trach Charge	\$170.00/Day

*Pharmacy, Physical Therapy, Occupational Therapy and Speech Therapy would all be extra charges.