



**CITY OF**  
**Vancouver**  
**WASHINGTON**

**Fire  
Pension Board  
Meeting Schedule  
April 6, 2026**

**Fire Pension Board  
1:30pm  
Birch Conference Room, 2<sup>nd</sup> Floor City Hall  
Call In: 1 347-941-5324  
Phone Conference ID: 234 617 246#  
Teams Meeting ID: 246 844 581 190 50  
Passcode: Pf2eo6QX**

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



## Fire Pension Board

Anne McEnerny-Ogle, Chair  
Anthony Glenn - Lisa Brandl - Michael Lyons -  
Patrick Kelly - Greg Straub (Alternate)

## Fire Pension Board Meeting Agenda

April 06, 2026

1:30 PM

Vancouver City Hall

Birch Conference Room

415 W 6th St

Vancouver, WA 98668-1995

In accordance with the Open Public Meetings Act (OPMA), the Fire 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: 234 617 246#

- 1. Call to Order and Roll Call – McEnerny-Ogle**
- 2. Approval of Minutes – McEnerny-Ogle**
  - a. January 5, 2026, Minutes
- 3. Communications - Stinson**
  - a. Introduce New Board Member
  - b. Pensioner Death
  - c. Pensioner Death
- 4. Reports – Glenn**
  - a. Budget Report
  - b. Approval of Expenses for December 2025 – February 2026
  - c. Fire Pension Trust Fund Levy – Report (Requested Jan. 5, 2026)
- 5. Old Business – Stinson**
  - a. Approval of Letter to AWC Board of Trustees
- 6. New Business – Stinson**
  - a. Request for Hearing Aids – Claimant A

- b. Request for Long Term Care – Claimant B
- c. Approval of WSLEA LEOFF 1 Conference Expenses – Alternate Board Member

**7. Public Comment\* – 3 minutes each**

\*The public is invited to speak regarding any agenda 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](mailto: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](mailto: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](mailto: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.

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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, January 05, 2026

1:30 p.m.

Vancouver City Hall

Aspen Conference Room, 1<sup>st</sup> Floor

415 W. 6<sup>th</sup> Street

Vancouver, WA 98660

### **Board Members Present:**

Anne McEnerny-Ogle, Chair; Anthony Glenn, Treasurer; Patrick Kelly, Fire Retiree; Mike Lyons, Fire Retiree.

### **Board Members Absent:**

Natasha Ramras, CFO/Board Secretary

### **Staff Present:**

Tricia Juettemeyer, Assistant City Attorney; Antoinette Gasbarre, Human Resources; Megan Sarvela, Human Resources; April Stinson, Human Resources; Emily Azadi, Human Resources

### **Guests:**

Terri Luther, Association of Washington Cities (AWC); Cody Madsen, Association of Washington Cities (AWC)

### **Item 1: Call to Order**

The January 05, 2026, meeting of the Fire Pension Board was called to order at 1:30 p.m. by Chair McEnerny-Ogle in Aspen Conference Room at Vancouver City Hall and via Microsoft Teams.

### **Item 2: Approval of Minutes**

**Motion** by Lyons, seconded by Kelly, and approved unanimously to adopt the minutes from October 6, 2025, as written.

### **Item 3: Communications**

#### **a) Results of Election for Fire Pension Board Member**

In accordance with the election process outline, an election was held to fill the expired term of Patrick Kelly on the Fire Pension Board. After the nomination period, there was only one nominee, Patrick

## Members

Anne McEnerny-Ogle, Mayor  
*Chair*

Anthony Glenn, City Treasurer  
Natasha Ramras, CFO Board  
*Secretary*

Patrick Kelly, Fire Retiree  
Mike Lyons, Fire Retiree

Human Resources  
Department

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Kelly. Balloting was not required, as such Patrick Kelly will serve as the Fire Pension Board Member until the expiration of his term on December 31, 2027.

**Action Requested:** Accept the results of the election and confirm Patrick Kelly as Fire Board Member to serve until December 31, 2027.

**Motion** by Lyons to accept the results of the election and confirm Patrick Kelly as Fire Board Member to serve until December 31, 2027. Seconded by Glenn and approved unanimously.

#### **Item 4: Reports**

Glenn reported that total expenditures through November 2025 was 75% of budget. Total revenues through November 2025 were 123% of budget. The budget report is on track and no adjustments are needed from the Accounting department.

Expenses for September 2025 – November 2025 totaled \$ 137,518.70.

**Motion** by Lyons, seconded by Kelly, and approved unanimously to accept the expenses as presented.

#### **Item 5: Old Business**

##### **a) Fiscal Year Revenue Report – Requested at October 6, 2025 Meeting**

Year-Over-Year Revenue (Through November 2024 vs. November 2025)

Three main revenue sources were reviewed:

- General Fund Transfers
  - 2024: \$1,500,000
  - 2025: \$900,000
  - Reduced because fund revenues have exceeded expenses.
- Investment Earnings
  - 2024: \$565,428
  - 2025: \$694,797
- Fire Insurance Premium Tax
  - 2024: \$308,149
  - 2025: \$371,488

Overall Status

- Revenues exceeded expenses in both years.
- Fund balance increased.
- The Fire Pension Fund is financially healthy.

Discussion on 22.5 cents Property Tax Levy

- Questions were raised about how the 22.5 cents levy under RCW 41.16.060 is collected and transferred.
- Currently, the levy is part of the City's general property tax and is transferred to the pension fund through general fund transfers.
- Board members requested clarification on whether the levy should go directly into the pension fund first.

Action Item

- Anthony Glenn will prepare a spreadsheet showing:
  - The value of the 22.5 cents over the past 30 years.

This will be reviewed at the next meeting.

#### **Item 6: New Business**

##### **a) 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 two hearing tests, two Hearing Instrument Specialist evaluations, and two quotes for hearing aids that are adequate for his hearing loss. All hearing aids have a three-year warranty. Claimant A would prefer to proceed with North Alabama ENT'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"*

According to North Alabama ENT, Claimant A's severity of hearing loss for both ears are in the Severe to Profound range, for which the Board covers \$3,500/ear.

According to North Alabama Audiology, 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.

North Alabama ENT:

- Oticon Intent 1: \$6,510.00

North Alabama Audiology:

- Binaural Phonak i90 Sphere: \$6,826.00

**Action Requested**

Consider the request from Claimant A for hearing aids.

**Motion** by Kelly to approve of payment of \$6,510.00 for North Alabama ENT hearing aids. Seconded by Lyons and opposed by McEnery-Ogle and Glenn. Motion does not pass.

**Motion** by McEnery-Ogle to approve coverage of up to \$2,500 per ear based on the Moderate to Moderately Severe classification and to extend the appeal period to two (2) months from the date of notice to appeal the Board's decision. Seconded by Lyons and approved unanimously.

**b) AWC Healthcare Benefit Plans Discussion Requested by Board Members**

Fire Pension Board members Michael Lyons and Patrick Kelly have requested a general discussion regarding the Association of Washington Cities (AWC) healthcare benefit plans offered to City of Vancouver LEOFF 1 Police and Fire retirees effective January 1, 2026.

- Concerns were raised that the AWC Delta Dental plan provides reduced benefits compared to the previous city plan, including:
  - Lower annual maximum
  - Reduced coverage percentages for preventive care.
  - Higher overall premiums relative to benefits.
- Patrick Kelly noted alternative options, including an AARP Delta Dental plan with lower premiums and increasing annual maximums over time.
- Access to the Willamette Dental managed-care plan was noted as a concern due to provider distance and existing dentist relationships.
- AWC representatives Terry Luther and Cody Madsen explained that retiree plan offerings are determined by the AWC Board of Trustees; currently, only one Delta Dental plan and the Willamette Dental option are available to retirees.
- AWC advised that the Board may submit a formal letter requesting review or reconsideration of plan benefits; the request could be reviewed at the next advisory committee meeting.

Action Item:

- The board agreed to draft and send a letter to AWC requesting reconsideration of the dental plan benefits.

#### **Item 7: Public Comment**

None

#### **Adjourned:**

This meeting adjourned at 2:36 p.m.



## MEMORANDUM

**DATE:** April 6, 2026

**TO:** Fire Pension Board

**FROM:** April Stinson, Pension Board Coordinator

**RE:** **Introduce New Board Member**

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By statute, the City Clerk serves as Board Secretary and must be a Board member. Effective January 15, 2026, Natasha Ramras, who served as Board Secretary, is no longer with the City of Vancouver. Going forward, Lisa Brandl, the current City Clerk, will serve as Board Secretary of the Fire Pension Board.

**Action Requested**

Communication only; No official action required by the Board.



## MEMORANDUM

**DATE:** April 06, 2026  
**TO:** Fire Pension Board  
**FROM:** April Stinson, Pension Board Coordinator  
**RE:** Pensioner Death

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Fire Retiree, Henry Richard Jones, passed away on March 8, 2026, at 81 years of age.

***"41.18.140 Funeral expenses.*** *The board shall pay from the firemen's pension fund upon the death of any active or retired fireman the sum of one thousand dollars, to assist in defraying the funeral expenses of such fireman."*

A check will be prepared for the funeral benefit and delivered to Janice Jones, spouse of Henry Richard Jones.

### **Action Requested**

Communications only; No official action required by the Board.



## MEMORANDUM

**DATE:** April 06, 2026  
**TO:** Fire Pension Board  
**FROM:** April Stinson, Pension Board Coordinator  
**RE:** Pensioner Death

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Fire Retiree, Martin James, passed away on March 9, 2026, at 77 years of age.

***"41.18.140 Funeral expenses.*** *The board shall pay from the firemen's pension fund upon the death of any active or retired fireman the sum of one thousand dollars, to assist in defraying the funeral expenses of such fireman."*

A check will be prepared for the funeral benefit and delivered to Barbara James, spouse of Martin James.

### **Action Requested**

Communications only; No official action required by the Board.

**COV - Composite Department Budget vs Actuals by Fund**

Period FY 2026 - Feb

Fund 618 Fire Pension Trust Fund

Ledger Expenditures

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	
618 Fire Pension Trust Fund	Budget - Human Resources	CC0131 HR-Pension Admin	540000:Services	0	0	0	0	0	0	0	0%	0	579	(579)	0	0%
618 Fire Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	520000:Employee Benefits	1,400,000	0	0	222,510	222,510	1,177,490	16%	1,400,000	1,146,057	253,943	229,200	16%	
618 Fire Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	540000:Services	33,528	0	0	437	437	33,091	1%	33,528	8,930	24,598	0	0%	
618 Fire Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	590000:Interfund Services	27,438	0	0	3,229	3,229	24,209	12%	28,122	14,410	13,712	0	0%	
<b>Total</b>				<b>1,460,966</b>	<b>0</b>	<b>0</b>	<b>226,176</b>	<b>226,176</b>	<b>1,234,790</b>	<b>15%</b>	<b>1,461,650</b>	<b>1,169,976</b>	<b>291,674</b>	<b>229,200</b>	<b>16%</b>	

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**COV - Composite Department Budget vs Actuals by Fund**

Period FY 2026 - Feb

Fund 618 Fire 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
618 Fire Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	369910:Miscellaneous Other Operating Revenues	0	0	0	(225,000)	(225,000)	225,000	0%	0	(900,000)	900,000	0	0%
618 Fire Pension Trust Fund		(Blank)	336000:State Shared Revenue, Entitlements & Impact Payments	(281,807)	0	0	0	0	(281,807)	0%	(273,599)	(371,488)	97,890	0	0%
618 Fire Pension Trust Fund		(Blank)	361110:Investment Earnings	(340,769)	0	0	(125,733)	(125,733)	(215,036)	37%	(431,353)	(759,339)	327,986	(121,509)	28%
618 Fire Pension Trust Fund		(Blank)	361300:Gains (Losses) on Sale of Investments	0	0	0	0	0	0	0%	0	(115,214)	115,214	0	0%
618 Fire Pension Trust Fund		(Blank)	369910:Miscellaneous Other Operating Revenues	(900,000)	0	0	0	0	(900,000)	0%	(900,000)	0	(900,000)	0	0%
<b>Total</b>				<b>(1,522,576)</b>	<b>0</b>	<b>0</b>	<b>(350,733)</b>	<b>(350,733)</b>	<b>(1,171,842)</b>	<b>23%</b>	<b>(1,604,952)</b>	<b>(2,146,040)</b>	<b>541,089</b>	<b>(121,509)</b>	<b>8%</b>

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**Fire Pension Board  
December 2025 - February 2026**

**EXPENSES:**

<i>December</i>	<i>2025 Pensions Paid</i>	<i>\$35,875.53</i>
<i>January</i>	<i>2026 Pensions Paid</i>	<i>\$35,875.53</i>
<i>February</i>	<i>2026 Pensions Paid</i>	<i>\$35,875.53</i>
<i>December</i>	<i>2025 Claims paid by HRPro</i>	<i>\$100.00</i>
<i>January</i>	<i>2026 Claims paid by HRPro</i>	<i>\$5,801.00</i>
<i>February</i>	<i>2026 Claims paid by HRPro</i>	<i>\$5,450.00</i>
<i>December</i>	<i>2025 Claims paid by CoV</i>	<i>\$5,308.00</i>
<i>January</i>	<i>2026 Claims paid by CoV</i>	<i>\$5,308.00</i>
<i>February</i>	<i>2026 Claims paid by CoV</i>	<i>\$5,308.00</i>
<i>December</i>	<i>2025 HRPro Admin Fees</i>	<i>\$220.00</i>
<i>January</i>	<i>2026 HRPro Admin Fees</i>	<i>\$220.00</i>
<i>February</i>	<i>2026 HRPro Admin Fees</i>	<i>\$217.25</i>
<i>December</i>	<i>2025 Medicare B Reimbursements</i>	<i>\$555.00</i>
<i>January</i>	<i>2026 Medicare B Reimbursements</i>	<i>\$48,836.60</i>
<i>February</i>	<i>2026 Medicare B Reimbursements</i>	<i>\$2,864.50</i>
<b>TOTAL EXPENSES FOR APPROVAL:</b>		<b>\$187,814.94</b>

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**APPROVAL OF EXPENSES**

We, the undersigned members of the Fire 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 \$187,814.94 this 6th day of April 2026.

## **Fire Pension Trust Fund Levy Overview**

The intent of this communication is to explain the amount allocated to the fire pension trust fund created under RCW 41.16 and the complexities of how it is funded. While RCW 41.16 references a 22.5-cent levy, that figure cannot be applied or interpreted as a fixed amount today. The current funding level reflects both statutory requirements and long-standing legal limits on how much property tax revenue the City can collect.

Over the past 50+ years, laws such as RCW 84.55 have limited annual growth in total property tax collections through “levy lid limits”—initially 106% in 1974 and reduced to 101% by Initiative 747 in 2001. State law (RCW 41.16.060(3)) explicitly allows the pension levy to be reduced proportionally within these limits. As a result, the pension levy functions as a percentage of the City’s overall general levy rather than as a standalone or additive tax.

Historically, the City fully implemented both the base and additional pension levies authorized under RCW 41.16.060, totaling the full 22.5-cent rate (originally calculated in mills and converted to dollars in 1975). The 1991 tax collection year was the last year this rate was levied at 22.5 cents and serves as the base year for this analysis. Beginning in 1992, total levy growth—including the pension component—was limited to 6%, and since 2001 has been limited to 1% annually under RCW 84.55.010 and 84.55.0101.

Since that time, the pension levy has remained embedded within the City’s overall property tax structure and must operate within these broader constraints. The City is also subject to a statutory maximum property tax rate of \$3.325 per \$1,000 of assessed value, though it currently levies well below that amount (\$2.1578 in 2026, \$2.1121 in 2025, and \$2.0896 in 2024). These constraints, combined with rising assessed values, reduce the effective levy rate over time and shape how funds are distributed. In practice, the amount allocated to the fire pension trust fund is a proportion of the total levy that reflects the historic 22.5-cent rate (expressed in later-year dollars) while complying with current legal limits; this equated to approximately \$337,500 in 1991 and about \$650,000 today.

The key point is that the fund is financially sound. Actuarial reports as of December 31, 2025 show that the combined Pension and OPEB liabilities are just under \$16 million, while current fund assets total approximately \$18.7 million. This equates to a funded ratio of roughly 115–117%, meaning the plan holds significantly more assets than are needed to cover all projected obligations. This surplus indicates that the plan is well-funded and has a strong capacity to meet all LEOFF 1 obligations both now and in the future. Even in the unlikely event that the fund were to become exhausted, the City would remain legally responsible for paying all promised benefits, ensuring there is no risk to beneficiaries.

# 1991 Property Tax Levy Staff Report

2 - 8

# 6

STAFF REPORT NO 233-90

TO Mayor and City Council      DATE: 11/5/90  
FROM: John F Fischbach, City Manager  
SUBJECT: Property Tax Levy for 1991 Revenue

**OBJECTIVE**

To pass the attached ordinance setting the property tax levy for 1991

**PRESENT SITUATION**

State law requires that cities prepare a tax levy ordinance to be adopted by its governing body and to be filed with the Board of County Commissioners each year

Final property values have been provided by the Clark County Assessor's Office which will allow council to set the levy amount for 1991. It is expected that the city will remain at the \$3 10 per thousand of assessed value lid in 1991, plus \$0 225 per thousand for fire pension contributions. However, it is possible that the combined total levy from all taxing districts, other than the state, will exceed the limit of \$5 90 per thousand. If that does happen, the city's fire pension contribution would be reduced. Each cent reduction will reduce city revenues by approximately \$15,000

**PROPOSAL**

It is recommended that council approve the proposed ordinance levying taxes for the 1991 tax year

**ACTION**

- 1 On November 5, 1990, approve the attached ordinance on first reading and set date of second reading and public hearing for November 19, 1990
- 2 On November 19, 1990, subject to public hearing, approve ordinance

Attachment Ordinance

## 1992 Property Tax Levy Staff Report

STAFF REPORT NO 223 91

TO Mayor and City Council DATE 11/12/91  
FROM John F. Fischbach, City Manager *J.F. Fischbach*  
SUBJECT Property Tax Levy for 1992 Revenue

State law requires that cities prepare a tax levy ordinance to be adopted by its governing body and to be filed with the Board of County Commissioners each year

Final property values have not been provided by the Clark County Assessor's Office, but the deadline for submittal to the county of the tax levy is the middle of November. Therefore, council will need to set the levy amount for 1992 based on estimates that have been provided by the Assessor's Office. The county estimates will be close enough to the final to allow fairly accurate approximation of the levy amount.

For the last three years, the city has been limited to the maximum levy rate of \$3.10 per thousand, plus \$0.225 per thousand for fire pension contributions, and approximately \$0.30 for voter approved debt. However, the 1991 increase in property valuations will mean the city is limited, instead, to a 6% increase over the prior 1991 levy plus amounts for new construction, annexation and debt service. The change in value will drop the property levy rate from the 1991 rate of \$3.61679 (including debt issues approved by the voters) to approximately \$3.56 per thousand for 1992.

### PROPOSAL

It is recommended that council approve the proposed ordinance levying taxes for the 1992 tax year.

### ACTION REQUESTED

- 1 On November 12, 1991, approve the attached ordinance on first reading and set date of second reading and public hearing for November 18, 1991.
- 2 On November 18, 1991, subject to public hearing, approve ordinance.

E1103002/JS MFF/1

Attachments Ordinance

## **Fire Pension Trust Fund Levy Value**

<b>Collection Year</b>	<b>Annual Increase Approved by Council</b>	<b>Annual Levy</b>
1991	Base Year	\$337,500
1992	106%	\$357,750
1993	106%	\$379,215
1994	106%	\$401,968
1995	106%	\$426,086
1996	106%	\$451,651
1997	106%	\$478,750
1998	101.90%	\$487,846
1999	103.00%	\$502,482
2000	101.42%	\$509,617
2001	102%	\$519,809
2002	101%	\$525,008
2003	101%	\$530,258
2004	101%	\$535,560
2005	101%	\$540,916
2006	101%	\$546,325
2007	101%	\$551,788
2008	101%	\$557,306
2009	101%	\$562,879
2010	100%	\$562,879
2011	101%	\$568,508
2012	101%	\$574,193
2013	101%	\$579,935
2014	101%	\$585,734
2015	101%	\$591,592
2016	100.251%	\$593,077
2017	100.953%	\$598,729
2018	101%	\$604,716
2019	101%	\$610,763
2020	101%	\$616,871
2021	100.602%	\$620,584
2022	101%	\$626,790
2023	101%	\$633,058
2024	101%	\$639,388
2025	101%	\$645,782
2026	101%	\$652,240



## MEMORANDUM

**DATE:** April 6, 2026  
**TO:** Fire Pension Board  
**FROM:** April Stinson, Pension Board Coordinator  
**RE:** **Approval of Letter to AWC Board of Trustees**

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At the Monday, January 05, 2026 Fire Pension Board meeting, the Fire Pension Board agreed to draft and send a letter to AWC requesting reconsideration of the dental plan benefits. In addition to the letter, Fire Pension Board member Michael Lyons has requested the attached spreadsheets be included with the letter for comparison.

### **Proposed Letter to AWC Board of Trustees:**

Dear AWC Board of Trustees,

On behalf of the City of Vancouver Fire Pension Board, we are writing to express our concerns regarding the current retiree dental plans offered through AWC. After reviewing the available plans, the Board has identified several issues for your consideration:

1. Annual Maximum Limit – The current AWC Delta Dental retiree plan provides a \$1,000 annual plan maximum, which is lower than the coverage previously provided by the City of Vancouver, reducing the overall value of the benefit for retirees.
2. Preventive Care Coverage – Coverage levels for routine exams and preventive services under the AWC Delta Dental retiree plan are lower than those previously offered by the City, impacting retirees' ability to maintain necessary dental care.
3. Cost vs. Benefit – The cost of the current AWC Delta Dental retiree plan, relative to its maximum benefit, is higher than that of prior retiree plans offered by the City, making it a less favorable option for retirees.
4. Accessibility of Alternative Plans – While the Willamette Dental plan is offered as an alternative to Delta Dental, it has a limited network, may require significant travel, and is not available to retirees outside its service area.
5. Declining Enrollment – Enrollment in retiree dental coverage among City of Vancouver Police and Fire retirees has decreased significantly for 2026, which may reflect concerns about the affordability and overall value of the current plan offerings.

6. Competitive Market Comparison – In contrast, retirees may obtain dental coverage directly through providers such as Delta Dental or organizations like AARP, often with similar or more favorable benefit structures.

Our Board believes that addressing these issues would strengthen retiree dental benefits and better support the long-term well-being of those who have served our community. We appreciate your consideration and look forward to your response.

**Action Requested**

Approve of the letter to be sent to AWC Board of Trustees.

## Retiree Only Delta Dental Plans

	Vancouver	AWC	Delta Dental Plans for WA Seniors			AARP Member Delta Dental Plans		
	Previous City Plan	AWC Plan	Premium Plan	Ascent Plan	Enhanced Plan	PPO Protect Plus	PPO Protect Propel	PPO Protect
Monthly Cost	\$55.73	\$65.44	\$78.30	\$69.60	\$65.00	\$64.72	\$53.40	\$40.03
Maximum Yearly Benefit	\$1,500	\$1,000	\$2,000	1st Yr, 2nd Yr, 3rd Yr \$1000/\$1250/\$1500	\$1,000	\$2,000	1st Yr, 2nd Yr, 3rd Yr, 4th Yr \$1000/\$1250/\$1500/\$1750	\$1,000
Class I Benefits	100%	90%	100%	100%	100%	100%	100%	80%
Class II Benefits	70%	70%	50%	50%	50%	50% *	1st Yr, 2nd Yr, 3rd Yr, 4th Yr 10%/25%/40%/50%	50% * **
Class III Benefits	50%	50%	50%	50%	50%	50%	1st Yr, 2nd Yr, 3rd Yr, 4th Yr 10%/25%/40%/50%	50%
Fillings	70%	70%	80%	1st Yr, 2nd Yr, 3rd Yr 50%.60%/70%	50%	80%	1st Yr, 2nd Yr, 3rd Yr, 4th Yr 40%/50%/50%/60%	80%
Surgical Extractions	?	?	50%	0%	0%	?	?	?
Periodontal Maintenance	50%	50%	50%	1st Yr, 2nd Yr, 3rd Yr 50%/60%/70%	50%	50%	1st Yr, 2nd Yr, 3rd Yr, 4th Yr 10%/25%/40%/50%	50%
Yearly Cost	\$669	\$785	\$940	\$835.20	\$780	\$777	\$640.80	\$480
Benefit above Cost (if maxed out)	\$831	\$215	\$1,060	1st Yr, 2nd Yr, 3rd Yr \$165/\$415/\$665	\$220	\$1,223	1st Yr, 2nd Yr, 3rd Yr, 4th Yr \$359/\$609/\$859/\$1,109	\$520

\* Have waiting periods

\*\* Excludes Implants

## Retiree and Spouse Delta Dental Plans

	Vancouver	AWC	Delta Dental Plans for WA Seniors			AARP Member Delta Dental Plans		
	Previous City Plan	AWC Plan	Premium Plan	Ascent Plan	Enhanced Plan	PPO Protect Plus	PPO Protect Propel	PPO Protect
Monthly Cost	\$108.77	\$133.36	\$156.60	\$139.05	\$129.95	\$127.82	\$105.48	\$78.92
Maximum Yearly Total Benefit	\$3,000	\$2,000	\$4,000	1st Yr, 2nd Yr, 3rd Yr \$2000/\$2500/\$3000	\$2,000	\$4,000	1st Yr, 2nd Yr, 3rd Yr, 4th Yr \$2000/\$2500/\$3000/\$3500	\$2,000
Class I Benefits	100%	90%	100%	100%	100%	100%	100%	80%
Class II Benefits	70%	70%	50%	50%	50%	50% *	1st Yr, 2nd Yr, 3rd Yr, 4th Yr 10%/25%/40%/50%	50% * **
Class III Benefits	50%	50%	50%	50%	50%	50%	1st Yr, 2nd Yr, 3rd Yr, 4th Yr 10%/25%/40%/50%	50%
Fillings	70%	70%	80%	1st Yr, 2nd Yr, 3rd Yr 50%.60%/70%	50%	80%	1st Yr, 2nd Yr, 3rd Yr, 4th Yr 40%/50%/50%/60%	80%
Surgical Extractions	?	?	50%	0%	0%	?	?	?
Periodontal Maintenance	50%	50%	50%	1st Yr, 2nd Yr, 3rd Yr 50%/60%/70%	50%	50%	1st Yr, 2nd Yr, 3rd Yr, 4th Yr 10%/25%/40%/50%	50%
Yearly Cost	\$1,305	\$1,600	\$1,879	\$1,668.60	\$1,559	\$1,534	\$1,265.76	\$947
Benefit above Cost (if Maxed out)	\$1,695	\$400	\$2,121	1st Yr, 2nd Yr, 3rd Yr \$331/\$831/\$1,331	\$441	\$2,466	1st Yr, 2nd Yr, 3rd Yr, 4th Yr \$734/\$1,234/\$1,734/\$2,234	\$1,053

\* Have waiting periods

\*\* Excludes Implants



## MEMORANDUM

**DATE:** April 6, 2026  
**TO:** Fire Pension Board  
**FROM:** April Stinson, 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 three hearing tests, three Hearing Instrument Specialist evaluations, and three quotes for hearing aids that are adequate for his hearing loss. All hearing aids have a three-year warranty.

*"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 his left ear is in the Moderate to Moderately Severe, for which the Board covers \$2,500/ear. His right ear is in the Severe - Profound range, for which the Board covers \$3,500/ear. The total for both ears is \$6,000.

Medicare Hearing Co.:

- Oticon Intent 1 RIC: \$7,000

Vancouver Clinic:

- Oticon Intent 1 miniRITE: \$7,310

Vancouver Hearing Aid Center:

- Oticon Intent 1 RIC: \$5,990

**Action Requested**

Consider the request from Claimant A for hearing aids.



**City of Vancouver Human Resources**  
 415 W 6<sup>th</sup> St - 3<sup>rd</sup> Floor/P.O. Box 1995  
 Vancouver, WA 98668-1995  
 P: 360.487.8403 F: 360.487.8418  
 Email: [AprilStinson@cityofvancouver.us](mailto:AprilStinson@cityofvancouver.us)

<b>Physician's Statement</b>		
LEOFF I Member Name: <span style="background-color: black; color: black;">[REDACTED]</span>	SSN: <span style="background-color: black; color: black;">[REDACTED]</span>	Birth Date: <span style="background-color: black; color: black;">[REDACTED]</span>

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 type="checkbox"/>
Severe Hearing Loss (71 - 90db)	<input type="checkbox"/>	<input checked="" 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):

<u>Bilateral</u>	Unilateral
Symmetrical	<u>Asymmetrical</u>
<u>Progressive</u>	Sudden Onset
Fluctuating	<u>Stable</u>

<p>Diagnosis:</p> <p>H. 90.3 Sensorin. Loss Bi. Lat.</p>	<p>Prognosis:</p> <p>H. 90.3 may continue to worsen with time.</p>
--	--

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

Bi. N. Loss with need of 2 hearing instruments in both ears. Recommending 2 Oticon Intent RIC Rch. With such a profound loss in both ears, especially Hi-Freq. Premium technology will help the most with discrimination in speech and noise. Patient compared technology of Oticon versus insurance brand. The clarity was much improved for clarity with Oticon Intent 1.

**PROVIDER INFORMATION**

Type of Provider (please check one):

Audiologist  Hearing Instrument Specialist  Other: \_\_\_\_\_

Physician's Signature: 

Date: 2.23.26

Typed or Printed Name: Terry Walters

Phone: 360-256-1987

Physical Address, including zip code:  
Medicare Hearing Company  
25. 56 pl.  
Ridgelyield, WA 98642

Mailing Address, including zip code:  
same.



City of Vancouver Human Resources  
415 W 6<sup>th</sup> St – 3<sup>rd</sup> Floor/P.O. Box 1995  
Vancouver, WA 98668-1995  
P: 360.487.8403 F: 360.487.8418  
Email: [AprilStinson@cityofvancouver.us](mailto:AprilStinson@cityofvancouver.us)

Hearing Aid Application Request (To Be Completed by Member, Family Member or Legal Rep – please check one)		
<input checked="" type="checkbox"/> Member <input type="checkbox"/> Family Member <input type="checkbox"/> Legal Rep <input type="checkbox"/> Other: _____		
Name: [REDACTED]	SSN: [REDACTED]	Telephone Number: [REDACTED]
Complete address including zip code: [REDACTED]	Pension Board: <input type="checkbox"/> Police <input checked="" 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>REFER TO "THE STEPS I TOOK IN THIS PROCESS" LETTER.</i>		
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: <i>3/25/26</i>	
Print Name: [REDACTED]	Relationship to Member: _____	

## Pension Board Members

The steps I took in this process.

I called TruHearing and got an appointment with one of their providers, Medicare Hearing Company.

He (Terry Walters) gave me the hearing exam then had me try the best hearing aid that TruHearing has to offer. My opinion was that these hearing aids were similar to the hearing aids I had before which had a scratchy tone in the higher range, I wore them very little because they were annoying. After my feedback he had me try the Oticon Intent 1, the difference was noticeable the words were clear and lucid I didn't have to try hard to understand the conversation, he stated that when you have a profound hearing loss like yours it's hard to get good clarity in many hearing aids.

He was generous enough to let me take the Oticon hearing aids home and use them for several days.

My conclusion is I found myself wanting to wear them instead of leaving them on the counter as I did with my last hearing aids.

Thank you



PATIENT HEARING AID PURCHASE HANDOFF SHEET

Revised 02/21/20

Patient Name: \_\_\_\_\_

Date of Purchase: 2.23.26 Date of Delivery: \_\_\_\_\_

Devices: L Aid: Oticon Intent 1 RIC R Aid: Oticon Intent 1 RIC  
MAKE & MODEL MAKE & MODEL

L Aid: \_\_\_\_\_ R Aid: \_\_\_\_\_  
SERIAL NUMBER SERIAL NUMBER

Battery Size: 675 13 512 10 Rechargeable Dome Size: Medium dome open

Receiver Size: #3 Receiver Power: S M P (circle one)

Case/Shell Color: beige Venting: \_\_\_\_\_

Other Specific Custom Make Requirements: \_\_\_\_\_

Accessory 1: 1 RIC Recharge Price: \$ included.

Accessory 2: \_\_\_\_\_ Price: \$ \_\_\_\_\_

Net HA Purchase Amount: L Aid: \$ \_\_\_\_\_ R Aid: \$ \_\_\_\_\_

Total MHC Care Package Purchase Amount (add-on): \$ 7,000.-  
Complete This Part (check one)

Payment Method(s) & Amount(s):

Check/Cash \$ \_\_\_\_\_

Credit Card \$ \_\_\_\_\_

Financing \$ \_\_\_\_\_ HP Ahead CC WF LoanFI MHC (circle one)

Approval #: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ % Term: \_\_\_\_\_ months

Insurance \$ \_\_\_\_\_

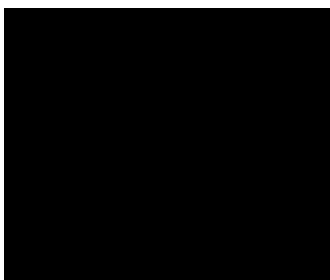
Insurance Provider/Plan: \_\_\_\_\_

Other Invoicing/claim processing instructions: 3 year manufacturer  
warranty with a 1 time loss + Damage of  
25% per aid replacement in 3 yr

# Audiological Evaluation

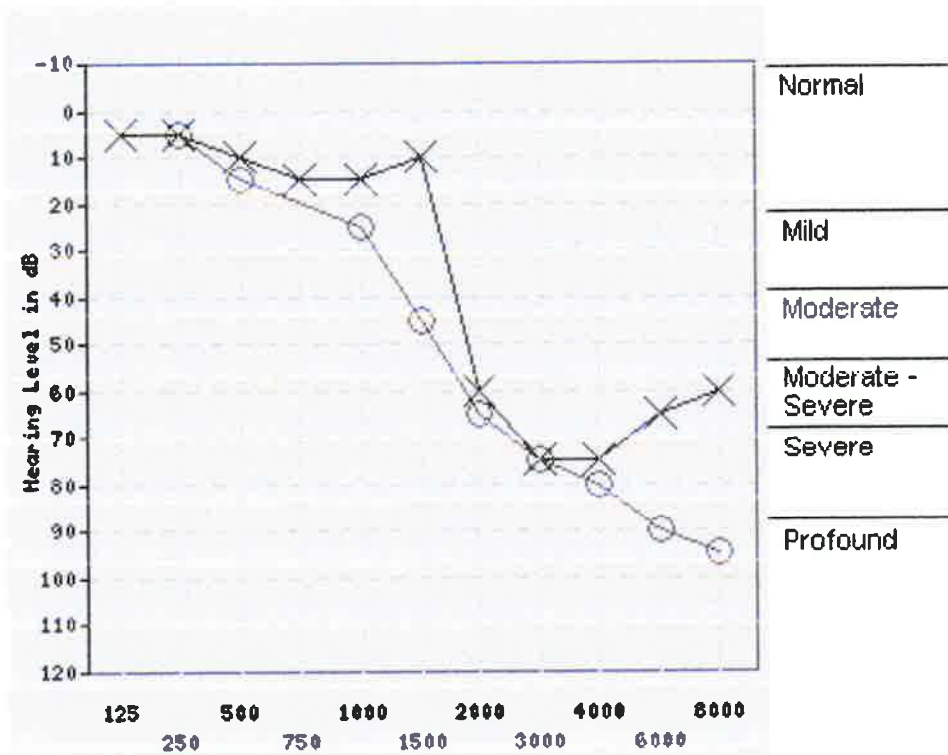
02/18/2026

Medicare Hearing



## Audiometric Symbols

- x - Left Ear (AC)
- > - Unmasked Bone (left)
- o - Right Ear (AC)
- < - Unmasked Bone (right)





**City of Vancouver Human Resources**  
 415 W 6<sup>th</sup> St - 3<sup>rd</sup> Floor/P.O. Box 1995  
 Vancouver, WA 98668-1995  
 P: 360.487.8403 F: 360.487.8418  
 Email: [AprilStinson@cityofvancouver.us](mailto:AprilStinson@cityofvancouver.us)

<b>Physician's Statement</b>		
LEOFF I Member Name: <span style="background-color: black; color: black;">[REDACTED]</span>	SSN: <span style="background-color: black; color: black;">[REDACTED]</span>	Birth Date: <span style="background-color: black; color: black;">[REDACTED]</span>

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 (tympometry 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 type="checkbox"/>
Severe Hearing Loss (71 - 90db)	<input type="checkbox"/>	<input checked="" 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):

Bilateral	Unilateral
Symmetrical	Asymmetrical
Progressive	Sudden Onset
Fluctuating	Stable

Diagnosis:

H90.3 - Sensorineural hearing loss of both ears

Prognosis:

Hearing loss is likely to remain stable or slightly worsen over time.

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

Binaural hearing aid fitting with RIC/RITE style hearing aids, such as Oticon Intent 1 miniRITE R devices or similar.

This includes a 3-year service period and a 3-year repair warranty through the manufacturer (Oticon).

Oticon Intent 1  
miniRITE R

Total (for 2 HAs):

\$7310

**PROVIDER INFORMATION**

Type of Provider (please check one):

Audiologist  Hearing Instrument Specialist  Other: \_\_\_\_\_

Physician's Signature: Rachel Archer, AuD

Date: 2/19/2020

Typed or Printed Name Rachel Archer, AuD

Phone: 360-882-2778

Physical Address, including zip code:  
2621 NE 134th Street, Suite 300  
Vancouver WA 98686

Mailing Address, including zip code:  
Same



Create date 4/22/2024 3:32 PM

Gender

Person ID

Address 1

First name

Address 2

Last name

City

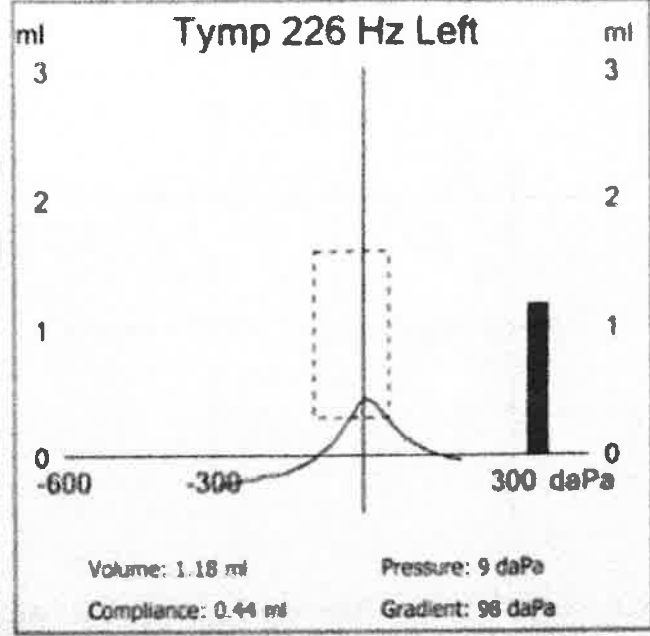
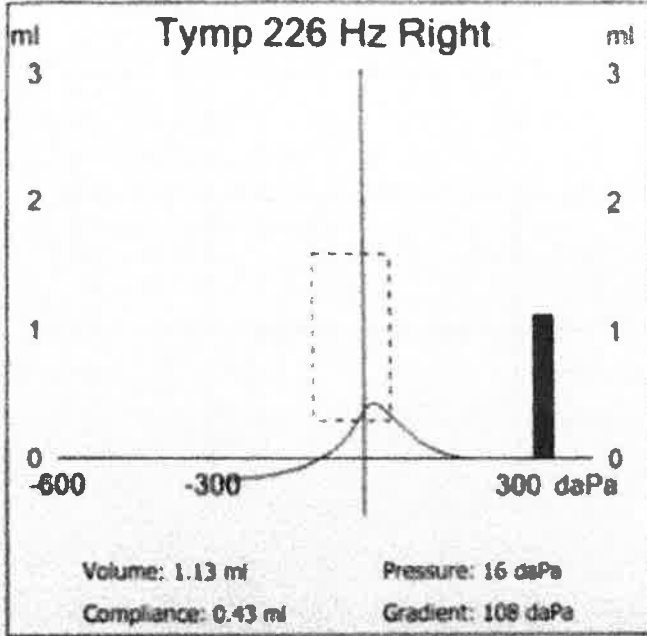
Birth date

Zip code



**Interacoustics**

IMP 4/7/2025 11:38 AM





**City of Vancouver Human Resources**  
 415 W 6<sup>th</sup> St - 3<sup>rd</sup> Floor/P.O. Box 1995  
 Vancouver, WA 98668-1995  
 P: 360.487.8403 F: 360.487.8418  
 Email: [AprilStinson@cityofvancouver.us](mailto:AprilStinson@cityofvancouver.us)

**Physician's Statement**

LEOFF I Member Name: [REDACTED]	SSN: [REDACTED]	Birth Date: [REDACTED]
------------------------------------	--------------------	---------------------------

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

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 type="checkbox"/>
Severe Hearing Loss (71 - 90db)	<input type="checkbox"/>	<input checked="" 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):

<u>Bilateral</u>	Unilateral
<u>Symmetrical</u>	Asymmetrical
Progressive	Sudden Onset
Fluctuating	Stable

★ VANCOUVER HEARING AID CENTER 3/5/26

April Stinson | 360-487-8403 | [April.Stinson@cityofvancouver.us](mailto:April.Stinson@cityofvancouver.us)  
 P.O. Box 1995 | Vancouver, WA 98668-1995 | [cityofvancouver.us](http://cityofvancouver.us)

# Vancouver Hearing Aid Center

<b>Diagnosis:</b> The patient presents with a mild to severe high frequency steeply sloping sensorineural hearing loss in right & mild to profound HF, steeply sloping sensorineural hrg loss for right ear. word recognition left ear 100% Right 90%	<b>Prognosis:</b> Proper amplification via hearing aids will allow for significant benefits, including improved speech recognition, better engagement in conversations & overall enhanced quality of life.
--	---

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

I am recommending a pair of Oticon Intent 1 RIC hearing aids for your consideration. The Oticon Intent 1 represents the top-tier technology and includes a 3 yr manufacturer warranty & a 60 day trial period.

cost \$ 5990<sup>00</sup> for the set.

### PROVIDER INFORMATION

Type of Provider (please check one):

Audiologist  Hearing Instrument Specialist  Other: \_\_\_\_\_

Physician's Signature: HIS Heather L. Dillon Date: 03-05-2026

Typed or Printed Name Heather Dillon Phone: 360-695-4200

Physical Address, including zip code:  
 Vancouver Hearing Aid Center  
 11805 NE 99th St. Ste 1350  
 Vancouver, WA 98682

Mailing Address, including zip code:

same



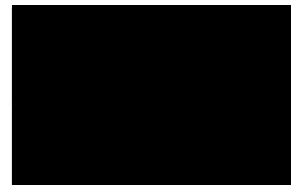
Tested By:

Heather Dillon

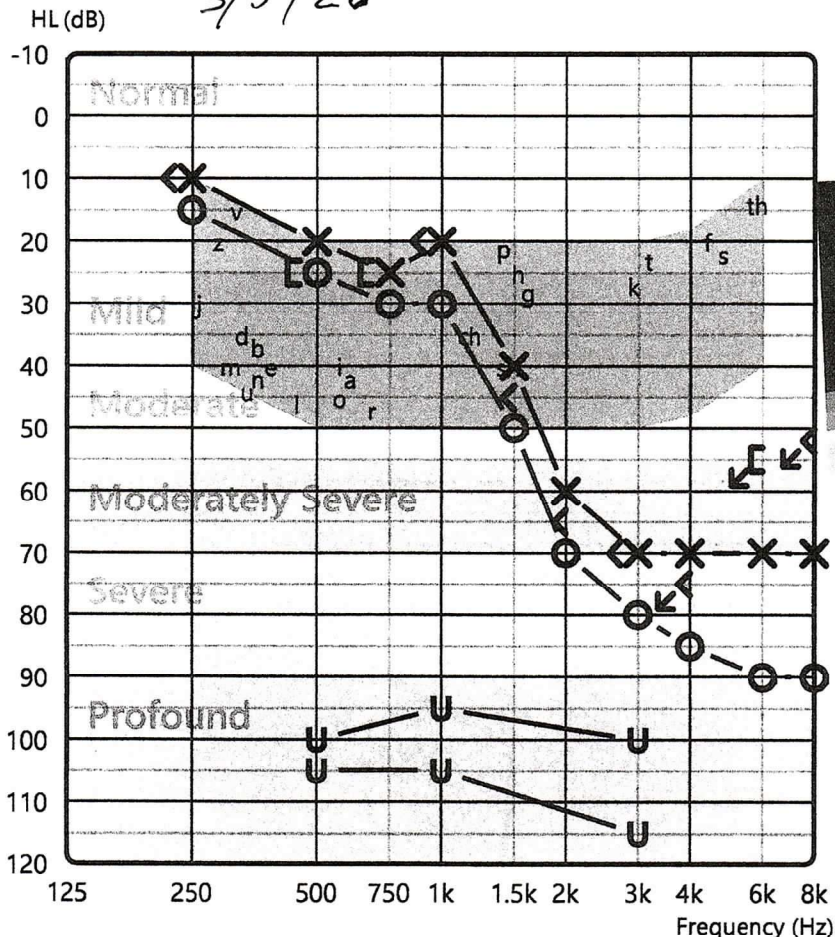
License #

HA 61686454

Your Clinic Address  
www.YourClinicWebsite.com



3/5/26



Journal

**Heather Dillon**  
Hearing Aid Specialist  
360.695.4200

**vancouver hearing AID CENTER**

11805 NE 99th, Ste#1350, Vancouver, WA 98682  
email: heather@vancouverhearing.com  
www.vancouverhearingaidcenter.com

License #HA61686454

Red : Right Blue : Left

- — IP30, SII: 41%, AI: 36%, PTA: 42, HFA: 62
- × — IP30, SII: 47%, AI: 46%, PTA: 33, HFA: 50
- U — UCL, IP30
- U — UCL, IP30
- ◁ — B71, AI: 44%, PTA: 37

Right	125	250	500	750	1k	1.5k	2k	3k	4k	6k	8k
IP30 Threshold		15	25	30	30	50	70	80	85	90	90
IP30 UCL			105		105			115			
B71 Threshold		10	25	25	20	45	65	70	NR <sub>75</sub>	NR <sub>55</sub>	NR <sub>52</sub>
IP30 Masking			50	55						85	

Ear Side	SRT	WR	MCL	UCL
Right	40 dB HL	90% @ 85 dB HL	80 dB HL	
Left	40 dB HL	100% @ 85 dB HL	80 dB HL	
Both		80% @ L:85dB HL R:85dB HL		

Left	125	250	500	750	1k	1.5k	2k	3k	4k	6k	8k
IP30 Threshold		10	20	25	20	40	60	70	70	70	70
IP30 UCL			100		95			100			

Ear Side	QuickSIN List	Level	SNR Loss	Severity



## MEMORANDUM

**DATE:** April 6, 2026  
**TO:** Fire Pension Board  
**FROM:** April Stinson, Pension Board Coordinator  
**RE:** Request for Long Term Care – Claimant B

---

Attached for Board review is a long-term care application request, physician’s statement, resident assessment, and quotes supporting a request for Long Term Care for Claimant B.

According to his physician, Claimant B has Type 2 diabetes, obstructive sleep apnea, retinopathy, mild cognitive impairment with memory loss, hypertension, coronary artery disease, and depression. Due to decreased cognition and mobility, he is unable to safely perform activities of daily living, including meal preparation, and struggles with medication adherence. Notably, he required an emergency room visit on 12/26/25 for hyperglycemia caused by missing diabetes medications. Given these limitations, transfer to a higher level of care is recommended, and assisted living would be appropriate if it includes structured support for medication management and adherence.

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 \$443/day or about \$13,290/month.

According to documentation provided by Canterbury Inn, Claimant B is assessed at a Level 2 care rate, with a care cost of \$2,100 per month in addition to base rent of \$3,705 per month. He is eligible for a 5% family and friends discount on the base rent. Claimant B has also submitted a quote from an additional provider; however, he has expressed a preference to reside at Canterbury Inn if possible, noting that the staff were particularly helpful and made him feel the most comfortable in making his decision.

Items for consideration by the Board:

1. Canterbury Inn:
  - Rent: \$3,705/month
  - Level of Care: \$2,100/month
  - Total (Rent + Level of Care): \$5,805/month
2. Delaware Plaza:
  - Rent: \$3,800/month
  - Level of Care: \$2,100/month
  - Total (Rent + Level of Care): \$5,900/month

**Action Requested**

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



City of Vancouver Human Resources  
 415 W 6<sup>th</sup> St – 3<sup>rd</sup> Floor/P.O. Box 1995  
 Vancouver, WA 98668-1995  
 P: 360.487.8403 F: 360.487.8418  
 Email: [April.Stinson@cityofvancouver.us](mailto:April.Stinson@cityofvancouver.us)

### Physician's Statement

LEOFF I Member Name:

[Redacted]

SSN:

[Redacted]

Birthdate:

[Redacted]

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

Diagnosis:

Type 2 diabetes  
 OSA  
 retinopathy  
 mild cognitive impairment w/  
 memory loss  
 HTN  
 CAD  
 depression

Prognosis:

Fair - will not improve  
 may be stable or progress.

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 type="checkbox"/>	<input checked="" type="checkbox"/>
Bathing or Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Continence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shaving, Hair Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing Meals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Laundry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Walking Ability:  Independent  Walker  Cane  Wheelchair  Not Mobile

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

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

- Home Health Care  Assisted Living  Long Term Custodial Care  Skilled Nursing  
 Other \_\_\_\_\_

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

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

Frequency of Need: 10 (#) hours a day, 7 (#) days a week

Duration (how long do you anticipate need):  Less than 2 weeks  3 - 4 weeks  
 1 - 3 months  4 - 6 months  over 6 months  not sure  other permanent

#### ADDITIONAL INFORMATION

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

*Due to decreased cognition, mobility and ability to independently perform ADL such as meal prep I recommend patient transfer to higher level of care. Assisted living would be appropriate if this includes assistance with medication management and adherence*

Physician's Signature: *Trudy Doyle*

Date: 12/22/25

Typed or Printed Name: Trudy Doyle

Phone: 360 747 5800

Physical Address, including zip code:

1718 E Kessler Blvd  
Langview WA 98632

Mailing Address, including zip code:

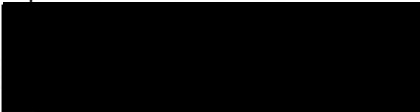
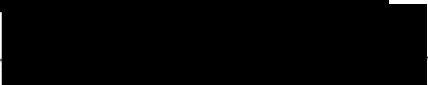
same

**ADDITIONAL INFORMATION**

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

Recent GR visit on 12/26/25 for  
Hypoglycemia due to forgetfulness  
& missing diabetes medication x 3 days.  
Rebecca Abernathy RV 12/28/25

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

Signature:  Date: 12-28-25  
Print Name:  Relationship to Member: \_\_\_\_\_

## Apartment Rent

APARTMENT TYPE	MONTHLY RATE
STUDIO	\$3,900
ONE BEDROOM	\$5,000
TWO BEDROOM	Average \$6,000

→ \$3,705 (5% family & friends discount applied)

\*Apartment rates may vary based on location and apartment amenities.

## Level of Care Rate

LEVEL OF CARE	MONTHLY RATE
LEVEL 1	\$1,200
LEVEL 2	\$2,100
LEVEL 3	\$3,000
LEVEL 4	\$3,900
LEVEL 5	\$4,700
LEVEL 6	\$5,500
LEVEL 7	\$6,500

Additional:  
\$200 monthly personal laundry fee

First month:  
\$6,950  
Monthly at level 2 care:  
\$6,130

## Additional Fees

COMMUNITY FEE	SECOND PERSON
* \$5,000 (one-time)	\$800/mo

PET RENT
\$750 First Month's Pet Rent \$125/mo after first month

# Resident Assessment for [REDACTED]

CARE SCORE 15 LEVEL 2  
created on February 24, 2026 11:02 AM

## ADMISSION TYPE REQUIRED

Assisted Living

## ASSESSMENT REASON REQUIRED

Pre-Move In

## BATHING

### NEEDS

What is the level of assistance needed with bath or shower routine?

- None - Independent, self-care (0)
- Minimal - Setup, verbal cueing (2)
- Moderate - Hands-on help with bathing (4)
- Max - Full assistance with bathing and mobility support in the shower (6)

### ENHANCED NEEDS

- Assistance with bathing Tx per week
- Two-person assistance (+6)
- Unscheduled assistance with bathing (+2)

### DETAILS

- Shower chair
- Sponge bath

Is able to complete bathing.

## DRESSING

### NEEDS

What is the level of assistance needed with dressing?

- None - Independent, self-care (0)
- Minimal - Pick out clothes, verbal cueing, stand by assist (1)
- Moderate - Help put on clothes (2)
- Max - Full assistance with dressing (3)

### ENHANCED NEEDS

- Assistance due to dressing and undressing throughout the day (+2)
- Two-person assistance (+3)

### DETAILS

- Assistance with morning dressing
- Assistance with bedtime undressing

Is able to get dressed and undressed without assistance. Assist with socks. Uses shoe horn to place shoes.

## GROOMING

### NEEDS

What is the level of assistance needed with personal hygiene routine (such as hair brushing, facial care, shaving, and deodorant)?

- None - Independent, self-care (0)
- Minimal - Set up, verbal cueing (1)
- Moderate - Help with grooming activities (1)
- Max - Full assistance with grooming activities (2)

### ENHANCED NEEDS

- Unscheduled assistance throughout the day with grooming activities (+2)

### DETAILS

- Assistance with morning grooming
- Assistance with bedtime grooming

Is able to use razor without assistance.

## ■ DENTAL

### NEEDS

What is the level of assistance needed with dental or oral care including brushing and denture use?

- None - Independent, self-care (0)
- Minimal - Set up, verbal cueing (1)
- Moderate - Help with oral care (2)
- Max - Full assistance with oral care (3)

### ENHANCED NEEDS

- Assistance with special rinses and oral care based on physician's order (+2)

### DETAILS

- Assistance with morning dental care
- Assistance with bedtime dental care
- Assistance with dental care throughout the day
- Wears dentures
- Wears a partial

Remove lower at night sleeps with upper plate in.

## ■ TRANSFER

### NEEDS

What is the level of assistance needed with transfers?

- None - Independent, self-care (0)
- Minimal - Set up or verbal cueing to use devices (2)
- Moderate - One person assistance with resident participation (3)
- Max - Full assistance or bedridden (4)

### ENHANCED NEEDS

- Assistance with transfers using mechanical devices (+4)
- Frequent unscheduled requests with transferring assistance (+4)
- Two person assistance with transferring (+4)

### DETAILS

- Non-weight bearing
- Transfer pole
- Mechanical lift

## ■ TOILETING

### NEEDS

What is the level of assistance needed with bathroom, toileting, or continence care?

- None - Independent, self-care (0)
- Minimal - Reminders, verbal cueing (2)
- Moderate - Help with bathroom activities and hygiene (4)
- Max - Full assistance with all aspects of bathroom activities and hygiene (6)

### ENHANCED NEEDS: TOILETING

- Assistance with morning toileting
- Assistance with bedtime toileting
- Assistance with nighttime toileting (+3)
- Unscheduled escort and assistance with toileting (+4)
- Two person assistance with toileting (+6)
- Uses bedside urinal - self-managed
- Uses bedside urinal - needs assistance (+2)
- Uses bedside commode - self-managed
- Uses bedside commode - needs assistance (+5)

### ENHANCED NEEDS: INCONTINENCE

- Assistance with AM incontinence care (+1)
- Assistance with PM incontinence care (+1)
- Assistance with nighttime incontinence care (+3)
- Assistance with frequent or unscheduled incontinence care (+5)
- Assistance with incontinence of bowels (+5)
- Assistance coordinating urinary catheter care (+3)
- Assistance coordinating colostomy care (+3)
- Two person assistance with incontinence care (+6)

Is incontinent of bowel at times d/t urgency. Wears pull up garment.

## ■ MOBILITY

### NEEDS

What is the level of assistance needed with mobility?

- None - Independent, self-care (0)
- Minimal - Verbal reminders and cueing (1)
- Moderate - One person partial assist, hand hold (2)
- Max - Full, hands-on assistance (4)

### ENHANCED NEEDS

- Assistance with observation & fall management (+6)
- Assistance with using assistive devices & monitoring due to noncompliance (+2)
- Escorts to meals (+2)
- Escorts to activities (+2)
- Bedridden, assistance with repositioning in bed (+2)

### ASSISTIVE DEVICES AND DME USED REGULARLY

- Cane
- Four prong cane
- Walker
- Crutches
- Wheelchair
- Electric wheelchair / motorized cart
- Probing cane for the sight impaired
- Gait belt
- Half bed rails for positioning
- Brace or prosthetic
- Toilet riser
- Reaching device
- Hospital bed

Uses cane most of the time. Is able to walk without it.

■ HEARING

NEEDS

What is the level of assistance needed with hearing aids?

- None - Hears without aid or independent with devices (0)
- Minimal - Reminders and set up (0)
- Moderate - Help with proper hearing aid care, including reminders, cleaning prompts and battery replacement (1)
- Max - Full assistance with hearing aid care, including storage, cleaning, battery replacement, insertion and removal (1)

ENHANCED NEEDS

- Frequent and unscheduled support to find and adjust hearing aids (+1)

DETAILS

- Wears aids in both ears
- Wears aid in right ear only
- Wears aid in left ear only

Is able to hear normal conversational tones. Wears hearing aids. Goes to advanced hearing aids in Vancouver

■ MEALS AND NUTRITION

NEEDS

What is the level of assistance needed with meal reminders or feeding?

- None - Independent, no assistance with meal reminders or feeding support (0)
- Minimal - Meal reminders or cueing to eat (1)
- Moderate - Some help cutting food or feeding (2)
- Max - Full assistance with feeding and mealtime support (3)

DIET General Diet, Regular Texture diet.

ENHANCED NEEDS

- Food services support during off meal times (+2)
- Encourage hydration
- Special diet

DETAILS

- Adaptive devices to feed self
- Support participating in dining program

Is unable to stand long enough to prepare meals.

■ VISION

NEEDS

What is the level of assistance needed with eyewear?

- None - Sees without aid or is independent with eyewear (0)
- Minimal - Reminders (0)
- Moderate - Help with proper care (1)
- Max - Full assistance with vision care (1)

ENHANCED NEEDS

- Frequent and unscheduled support in location, cleaning and positioning eyewear (+2)

DETAILS

- Wears glasses regularly
- Wears glasses for reading only
- Has prescription sunglasses
- Wears contact lenses
- Legally blind

Is able to place and remove glasses without assistance. Is followed by provider in Vancouver.

■ SPECIAL CARE NEEDS

NEEDS

What is the level of assistance needed due to special care needs (such as chronic illness, wound care, pain issues, or substance use)?

- None - No special care needs, self managed (0)
- Minimal - Occasional, routine support with special care needs (2)
- Moderate - Assistance with addressing special care needs (4)
- Max - Frequent and ongoing assistance with addressing special care needs (8)

DETAILS

- Chronic illness / injury
- Diabetic care oversight
- Active wounds / skin breakdown
- Chronic pain
- Tobacco / Smoking
- Alcohol or Drugs
- Mental health services

Has lower back pain that he takes hydrocodone for. Has a pain contract with Trudy Doyle. Uses Fred Meyer Pharmacy. Uses insulin pen. Has sensor for monitoring blood sugar.

■ POTENTIALLY DANGEROUS ITEMS

POTENTIALLY DANGEROUS ITEMS

Can this resident have access to potentially dangerous items (e.g., water features, disinfectants, cleaning solutions, tools, etc.)

Indicate yes or no and provide explanation

Yes

■ SAFETY CHECKS

SAFETY CHECKS - ASSISTED LIVING

Assisted Living Safety Checks  (+1)

SAFETY CHECKS - MEMORY CARE

Additional Details Regarding Safety Checks:

■ COGNITIVE

NEEDS

What is the level of assistance needed due to cognitive impairment?

- None - No significant cognitive decline; does not require assistance (0)
- Minimal - Occasional help due to forgetfulness and difficulty concentrating (2)
- Moderate - Frequent help due to disorientation, memory loss, and difficulty completing tasks (4)
- Max - Ongoing assistance with care due to advanced dementia with speech, functional, and behavioral impairments (8)

ENHANCED NEEDS

- Provide interventions to manage and reduce sundowning (+2)
- Provide extensive intervention and care coordination to support dementia-related conditions (+5)

DETAILS

- Resident has no observable safety awareness deficits
- Disoriented to person/time/place
- Memory impairment
- Repeats information
- Poor historian regarding information or events
- Poor safety awareness
- Poor judgment

Has trouble with name recall.

■ WANDERING AND ELOPEMENT

NEEDS

What is the level of assistance needed due to wandering and elopement risk?

- None - Independent, no assistance (0)
- Minimal - Cueing or reminders if wandering (2)
- Moderate - Occasional redirection if wandering or approaching exits. Exits must be monitored due to elopement risk. (4)
- Max - Ongoing redirection due to frequent elopement risk. Exits must be monitored due to elopement risk. (8)

ENHANCED NEEDS

- Provide ongoing redirection for exit seeking behavior (+5)
- Assistance with wanderguard device (+3)

DETAILS

- Wanders throughout the building
- Wanders in residents' rooms
- Exit seeking during the day
- Exit seeking at night
- Prior history of elopement

■ BEHAVIORAL EXPRESSIONS

NEEDS

What is the level of assistance needed due to behavioral disturbances?

- None - No support or assistance (0)
- Minimal - Reminders to respond appropriately (3)
- Moderate - Occasional intervention to de-escalate (6)
- Max - Ongoing strategies to maintain safe and appropriate interactions (8)

ENHANCED NEEDS

- Provide enhanced interventions due to resistance to care services (+5)
- Provide enhanced interventions and care coordination to de-escalate negative behaviors (+5)

SOCIAL TRAITS

- Cooperative
- Social, talkative
- Quiet and reserved
- Appropriate affect and mood
- Makes good eye contact
- Resistant to engaging in social interactions

EMOTIONAL TRAITS

- Expresses feelings of sadness
- Expresses feelings of grief and loss
- Expresses feelings of distrust and paranoia
- Expresses feelings of loneliness

#### BEHAVIORS

- Uncooperative and resistant to care
- Verbally disruptive (yelling, argumentative, or angry outbursts)
- Physically disruptive (pushing, biting, throwing, or hitting)
- Sexually inappropriate behaviors
- History of physical aggression or violence

Has triggers for behavioral expressions. If yes, add below.

#### MENTAL HEALTH

- History of mental illness
- History of suicide attempts
- History of addiction

#### FAMILY SUPPORT

- Has conflict within the family support system
- Has a strong family support system

#### SLEEP

##### NEEDS

What is the level of support needed due to sleep disturbances?

- None - Regular sleep patterns (0)
- Minimal - Support in managing occasional inconsistent sleep patterns (1)
- Moderate - Ongoing support for disruptive sleep patterns (1)
- Max - Full assistance due to severe sleep disturbances (2)

##### ENHANCED NEEDS

- Provide frequent and unscheduled support for sleep disturbances (+2)

##### DETAILS

- Inconsistent sleep patterns
- Requires medication to support routine sleep patterns

Has some trouble sleeping at night.

#### COMMUNICATION

##### NEEDS

What is the level of support needed due to difficulty communicating needs?

- None - Independent, makes needs known (0)
- Minimal - Occasional help with prompting to make needs known (0)
- Moderate - Frequent help to make needs known (1)
- Max - Full assistance to communicate needs (4)

##### DETAILS

- Aphasia (inability to speak or comprehend primary language)
- Nonverbal strategies
- Frequent and ongoing interventions to determine needs
- Prefers language other than English

#### PSYCHO-SOCIAL ENGAGEMENT

##### NEEDS

What is the level of assistance needed to participate in community life?

- None - Actively involved in community life (0)
- Minimal - Occasional encouragement to participate (1)
- Moderate - Frequent encouragement to participate (1)
- Max - Full assistance to participate (3)

##### INTERESTS AND HOBBIES

- Enjoys cards
- Enjoys exercise
- Enjoys walking
- Enjoys music
- Enjoys animals
- Enjoys museums
- Enjoys arts and crafts
- Enjoys pottery
- Enjoys the news and current events
- Enjoys puzzles
- Enjoys bingo
- Enjoys movies
- Enjoys outings
- Enjoys spirituality

Likes to fish and hunt. Has a cat that he likes.

**MEDICATION MANAGEMENT**

**NEEDS**

What is the level of assistance needed with medication management or administration?

- None - No medications or self-manages (0)
- Minimal - Central storage and set up of medications (4)
- Moderate - Central storage, set up, and prompt to take medications (6)
- Max - Full assistance with medication management (8)

**ENHANCED NEEDS: MEDICATION MANAGEMENT**

- Assistance with 10+ centrally stored medications (+4)
- Assistance with crushed medications (+1)
- Coordination with non-house pharmacy (+1)
- Medication-related lab work coordination (+1)
- Coordinate injections and glucometer checks (+2)
- Assistance with additional vital sign checks (+1)

**ENHANCED NEEDS: RESPIRATORY**

- Assistance with regular breathing treatments (+2)
- Independent with oxygen
- Assistance with continuous supplemental oxygen use compliance (+3)
- Independent with CPAP/BIPAP
- Assist with self-management of CPAP OR BIPAP (+3)

**DETAILS**

- Eye drops, ointments, creams or sprays centrally stored
- Off routine pass medications centrally stored
- Psychotropic medications centrally stored
- Narcotic medications centrally stored

Is able to do injections

**COORDINATION WITH OUTSIDE AGENCIES**

**NEEDS**

What is the level of assistance needed coordinating with outside agencies such as home health, social work, PT/OT, or hospice?

- None - Independent, coordinates own healthcare and home care appointments (0)
- Minimal - Reminders for healthcare and home care appointments (0)
- Moderate - Occasional assistance with care coordination with outside healthcare and home care providers (1)
- Max - Ongoing assistance with care coordination with outside healthcare and home care providers (3)

**ENHANCED NEEDS**

- Long-term care billing support (+1)

**DETAILS**

- Has routine private duty caregiver/companion
- Has routine home health care or rehab
- Has active case manager
- Frequent outpatient services
- Support coordinating transportation to appointments
- Telemedicine coordination
- Palliative care
- Hospice care

Goes to and from MD appointments. Is able to drive. Family will take to out of town appointments.

**ADDITIONAL SERVICES REQUESTED**

- Assistance making telephone calls or electronic communication with friends and family
- Assistance with pet care
- Assistance with handling cash resources

**LAUNDRY TEAM**

- Assistance with laundry
- Laundry Type Standard

**Laundry Comments**

These comments do not go to Care Track

**SPECIAL LAUNDRY REQUESTS FOR RAS**

- RA laundry assistance with personalized requests

**RA laundry assistance comments**

These comments go to Care Track

**HOUSEKEEPING TEAM**

- Assistance with Housekeeping
- Housekeeping type Standard

**Housekeeping Comments**

These comments do not go to Care Track

**SPECIAL HOUSEKEEPING REQUESTS FOR RAS**

- RA laundry assistance with personalized requests

**RA laundry assistance comments**

These comments go to Care Track

**SERVICE PLAN**

**SERVICE PLAN**

- Does the resident require a new Service Plan as a result of this assessment? No

Please explain, in detail, why this resident does or does not require a service plan as a result of this assessment

preadmit

Hello,

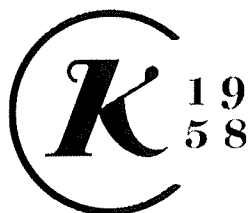
My name is Ellyssa and I am the Director of Community Relations for Delaware Plaza Assisted Living. Our rent ranges from \$2800-\$3800 for Studio apartments. [REDACTED] has been determined to be level two for care, which is \$2100. The rent of the unit plus the level of care makes up the monthly payment.

Warmly,

*Ellyssa Gogenola*

**ELLYSSA GOGENOLA**

Director of Community Relations  
Delaware Plaza



E: [delawaredcr@koelschsenior.com](mailto:delawaredcr@koelschsenior.com)

W: [www.koelschcommunities.com](http://www.koelschcommunities.com)

P: 360.742.4371

A: 926 Delaware St, Longview, WA 98632



# MEMORANDUM

**DATE:** April 6, 2026  
**TO:** Fire Pension Board  
**FROM:** April Stinson, Pension Board Coordinator  
**RE:** **Approval of WSLEA LEOFF 1 Conference Expenses – Alternate Board Member**

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Fire Pension Board members Michael Lyons and Patrick Kelly are requesting approval for the Fire Pension Fund to cover associated costs, including registration, lodging, meals, mileage, and other approved expenses for Retired Fire Captain (Alternate) Gregory Straub to attend the WSLEA LEOFF 1 Conference, scheduled Tuesday, May 5, 2026, through Friday, May 8, 2026. Michael Lyons and Patrick Kelly will also be attending the conference.

**Estimated Costs:**

- Registration: \$695.00
- Lodging: \$616.59
- Meals, mileage, and other approved expenses (estimated based on 2025 conference costs for a board member living in Vancouver, WA): \$587.00
- Total Estimated Cost: \$1,898.59

**Action Requested**

Consider payment of associated costs, including registration, lodging, meals, mileage, and other approved expenses, for the Alternate Board Member to attend the WSLEA LEOFF 1 Conference, in addition to Fire Pension Board members Michael Lyons and Patrick Kelly.