



CITY OF
Vancouver
WASHINGTON

**Police
Pension Board
Special Meeting Schedule
August 29, 2024**

**Police Pension Board
3:30pm
Aspen Conference Room, 1st Floor City Hall
Call In: 1 347-941-5324
Phone Conference ID: 694 777 372#
Teams Meeting ID: 296 122 899 961
Passcode: nAePXY**

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

Thursday, Aug. 29, 2024
3:30p.m.
Vancouver City Hall
Aspen Conference Room, 1st Floor.

MEETING ACCESS INFORMATION:

[Join the meeting now](#)

Call In: 1-347-941-5324

Phone Conference Number: 694 777 372#

AGENDA

1. Call to Order and Roll Call – McEnerny-Ogle
2. New Business – Trant
 - a. Request for Long Term Care – Claimant A
 - b. Request for Powered Scooter – Claimant B

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



MEMORANDUM

DATE: August 29, 2024
TO: Police Pension Board
FROM: Caylee Trant, Pension Board Coordinator
RE: Request for Long Term Care – Claimant A

Attached for Board review is a Long-Term Care Application and Physician’s Statement with request for Long Term Care for Claimant A.

Section I.7 of the Board’s rules states:

“Claims that require Board approval must be submitted directly to the Pension Board Coordinator. All information to be submitted to the Board must be received no less than 14 calendar days prior to the meeting date.”

Claimant A’s family requested a special meeting to be held as they were unable to provide all documentation required for the regularly scheduled meeting on August 5, 2024. They have paid August rent for a long-term care facility and would like the City to pay the facility directly for September. The next regularly scheduled meeting is October 7, 2024, if the claim is approved, payment for rent and care would need to be distributed to the supplier prior to this date.

Section III.11.b of the Board rules state:

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

Claimant A has moved into Hampton at Salmon Creek as of August 12, 2024. Claimant A was taken to PeaceHealth hospital following a fall and transferred to the memory care facility to continue treatment.

Section III.11.a of the Board rules limits:

“The Board does not provide benefits for the following.... Charges for reports or records; transportation; bed holds; move in fees;”

Claimant A’s family secured a spot at Hampton at Salmon Creek with a \$7000 community fee, and they are requesting reimbursement for these fees. The community fee covers processing fees associated with admitting and moving the resident into the community. This is not a security

deposit and does not go toward any care costs. As such, the Board rules do not allow for payment of this fee.

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.”

According to the plan of care documents, Claimant A is currently a level 1 resident which has a care level cost of \$8,100/month. However, due to concerning night conflicts and threatening behavior with his roommate, Claimant A was removed and put into a Deluxe Private Room. Deluxe Private Room is \$16,000/month. He is on a waiting list to be put into a regular private room which carries a cost of \$9,400. However, he is 4th on the waiting list and the facility cannot guarantee when he will be able to move to a private room. The facility believes if they can regulate his sleep patterns while stabilizing his condition with medication, he will likely be able to move to an assisted living facility.

The current average daily cost for a semi-private room in Washington State is \$404/day or about \$12,120/month.

Items for consideration by the Board:

\$7,000	Community Fee
\$8,100	August Rent and Care
\$16,000	Ongoing Monthly Room, Board, and Care

Action Requested

Consider Claimant A’s request for medically necessary long-term care.

405



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:

[Redacted Name]

SSN:

[Redacted SSN]

Birthdate:

[Redacted 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 toxic/metabolic
encephalopathy.
Moderate cognitive
impairment
AKI - resolved
Scelus
L/S electrolytes
BPH, Chronic pain

Prognosis:

if diagnosis is dementia
w/ decline is some

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

Walking Ability: Independent Walker Cane Wheelchair Not Mobile

Memory Loss: Frequent loss Occasional loss No memory loss
 Dementia Diagnosis Alzheimer's Diagnosis *not diagnosed yet*

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

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

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

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

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

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

ADDITIONAL INFORMATION

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

Physician's Signature: Tatyana Mollace

Date: 8/7/24

Typed or Printed Name Tatyana Mollace

Phone: (360) 514 3729

Physical Address, including zip code:

400 NE Mother Joseph
Place, Vancouver, WA 98684

Mailing Address, including zip code:

the same



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

Application Request

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

Home Health Care Skilled Nursing Home Care Services Other MEMORY CARE

Name: [REDACTED]	SSN: [REDACTED]	Telephone Number: 360-601-9294
Complete address including zip code: [REDACTED]	Pension Board: <input checked="" type="checkbox"/> Police <input type="checkbox"/> Fire	Status: <input type="checkbox"/> Active <input checked="" type="checkbox"/> Retired
Medical Insurance: <input type="checkbox"/> Kaiser Permanente? <input type="checkbox"/> Blue Cross <input checked="" type="checkbox"/> Other <u>REGENCE/MEDICARE</u>	Veteran? <input type="checkbox"/> Yes - Branch of Svc _____ <input checked="" type="checkbox"/> No	

QUICK PERSONAL ASSESSMENT TOOL

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

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

Current Living Situation: Home (alone) Home (with services) Lives with family
 Hospital Other _____

Walking Ability: Independent Walker Cane Wheelchair Not Mobile

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

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

ADDITIONAL INFORMATION

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

██████████ HAS FALLEN AT HOME SEVERAL TIMES. THE LAST TIME HE FELL HE WAS DISCOVERED ON THE BATHROOM FLOOR BY HIS FRIEND/CAREGIVER ██████████ SHE CALLED FOR HELP AND ██████████ WAS TRANSPORTED TO PEACEHEALTH. AT THE HOSPITAL THEY DISCOVERED ██████████ HAD A SEVERE LEG INFECTION, KIDNEY & PROSTATE ISSUES AND SEVERE DEHYDRATION. DURING THE LAST 10 DAYS AT PEACEHEALTH HE WAS ALSO TREATED FOR DIABETES AND BOUTS OF SEVERE MEMORY LOSS WITH SOME COMBATTIVENESS WHICH COMPLICATED REHAB. HIS ATTENDING PHYSICIAN AT HOSPITAL WROTE ██████████ HAS MODERATE COGNITIVE IMPAIRMENT ALONG WITH CHRONIC PAIN AND METABOLIC ENCEPHALOPATHY) AND RECOMMENDED A SKILLED CARE FACILITY.

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

Signature: ██████████

Date: 8-9-2024

Print Name: ██████████

Relationship to Member: ██████████ CAREGIVER

Resident Admission Agreement Memory Care | Washington State

Name: [REDACTED] Sex: [REDACTED]
Date of Birth: [REDACTED] Age: [REDACTED] Admission Date: 08/12/2024
Monthly Rate: 8100.00 Initial Level of Care: 1
Community Fee: 7000 Apartment #: 14 A
Responsible Party
Name: [REDACTED]
Phone: [REDACTED]
Address: [REDACTED]
POA or Legal Guardian (if any): [REDACTED]

This is an Agreement between Hampton Salmon Creek, LLC doing business as The Hampton at Salmon Creek (hereinafter referred to as the "Community") and [REDACTED] ("Resident").

[REDACTED] ("Responsible Party") is hereby designated as Resident's formal representative for the purpose of this Agreement. Responsible Party represents that he/she authorized to act on behalf of Resident and to bind Resident to this Agreement. Responsible Party also personally and completely guarantees all financial and other obligations of Resident under this Agreement and agrees to comply with the policies and procedures of the Community. The physical location in which the Community operates is secured (i.e. locked). Resident and Responsible Party agree it is both necessary and appropriate for Resident to live in a secured location.

1. **COMMUNITY FEE.**
Resident shall pay a non-refundable Community Fee to the Community in the amount noted above prior to moving into the Community. The Community Fee is explained in Schedule #5.
2. **PAYMENTS**
 - A. **Monthly Rate.** The Monthly Rate set forth above is due on the first day of each month. A late charge of \$50.00 will be assessed on accounts not paid in full by the 10th of a month.
 - B. **Persons Responsible for Payment.** Resident and Responsible Party are obligated to pay the Monthly Rate. The Community accepts no responsibility for communicating with, or taking any action necessary to collect monies from, long term care insurance companies or other similar organizations. Resident is not obligated to disclose the identity of any third party making a payment on Resident's behalf.
 - C. **Additional Fees.** The Monthly Rate covers those services listed in Section 4 below. The costs for different and/or additional services are listed in Schedules #2 and #3 attached at the end of this Agreement. Resident and Responsible Party are responsible for the costs of any additional items which shall be paid at the same time as the Monthly Rate.
3. **RATE ADJUSTMENTS**
 - A. **Changes in Rates or Services.** Except in emergencies, the Community will provide thirty (30) days advance written notice of any changes in the Monthly Rate, the Services included in the Monthly Rate, the availability of additional

- services and/or the charges for additional services.
- B. Changes without Notice. If the Community determines the Resident needs greater or fewer services because of a change in Resident's condition, the Community will begin providing the necessary level of care and charge the corresponding fee(s) immediately. The Community will notify Resident and Responsible Party as soon as possible of such changes.
- C. Refunds. In the event any regulatory agency orders relocation of Resident, Resident shall not be required to give notice of termination of this Agreement. The Community will refund any money to which Resident would have been entitled had notice been given.
4. **SERVICES AND ITEMS INCLUDED**
The following services are included in the Monthly Rate:
- A. The Community provides and launders linens and towels. The Community also launders Resident's clothing.
 - B. Room cleaning weekly.
 - C. The Community is staffed twenty-four (24) hours per day to provide reasonable supervision and assistance with the activities of daily living. Certified and licensed personnel are among those employed by the Community.
 - D. Three meals per day are served. Additional snacks are served at various times throughout the day.
 - E. Activities and social programs, for which Resident may state a preference.
 - F. Basic room furnishings.
 - G. Other services and amenities as deemed appropriate by the Community from time to time.

5. **ADDITIONAL SERVICES AND ITEMS NOT INCLUDED**

- A. Not Included. The costs of all other services and items are not included in the Monthly Rate. These include, but are not limited to, the following: telephone service, additional room furniture, medications, briefs for incontinence care, nutritional supplements, personal toiletries, health care provider fees, beauty salon services, special outings, communication devices and auxiliary aids.
- B. Services by Physicians. Resident may, from time to time, arrange for care by a physician. All costs of physician services are the sole responsibility of Resident and/or Responsible Party. The Community may assist Resident from time to time in arranging for services by physicians and may maintain a list of preferred physicians for consideration by Resident. The Community also does not provide physician services and does not restrict, in any way, Resident's choice of physician.
- C. Third Party Providers. Resident may obtain services from a third-party provider as long as the following conditions are met: 1) the services are approved by Responsible Party; 2) the third-party provider accepts responsibility for the proper performance of the Service; and 3) the third-party provider agrees to indemnify and hold harmless the Community. Upon request, the Community will provide assistance to Resident in procuring services from third party providers sought by Resident. Resident and Responsible Party agree that the Community shall not bear any responsibility, liability or obligation for or related to services provided by any third party.

6. **COMMUNITY POLICIES**
The general policies of the Community are attached as Schedule #1 and made a part of this Agreement. The policies are for the purpose of making it possible for residents within the Community to live together.
7. **APARTMENT CHANGES**
The Community reserves the right to change room assignments if the needs of Resident, or the needs of the Community's residents as a group, can be best met by changing one or more room assignments.
8. **VISITATION**
The Community maintains a visitation policy, which may be changed by the Community from time to time. The Community encourages regular family involvement with Resident and provides opportunities for family participation in activities within the Community. Due to normal resident activity patterns, it is encouraged that visits occur during daytime and early evening. Visitors will be required to abide by all Community policies. Additionally, the Community reserves the right to limit and/or prohibit visitation when the Community has reason to believe that such action is necessary to protect residents or staff, or to stop disruptive behavior. The Community may lock the exterior entrances during non-business hours. In the event the doors are locked, visitors should ring the doorbell and identification may be required for entry.
9. **RESIDENT'S RIGHTS AND RESPONSIBILITIES**
 - A. **Information Disclosures.** Resident and Responsible Party acknowledge receiving the information described in the attached Schedules #1 through #5 and #WA1 through #WA2.

- B. **Non-Discrimination.** The Community will not engage in illegal discrimination and will comply with all applicable state and federal laws concerning discrimination, including but not limited to laws concerning discrimination on the basis of age, race, color, national origin, religion and sex.
 - C. **Provision of Necessary Information.** Within 30 days of the Resident's move into the Community, the Community will complete a negotiated service agreement that addresses the Resident's health care needs, social needs and preferences, and personal care tasks. Resident and Responsible Party agree to provide the Community with accurate and complete information reasonably necessary for the Community to provide services to Resident. Such information shall include, but not be limited to information concerning Resident's relationships, life experiences, ability to communicate and initiate activities and Resident's patterns of behavior.
 - D. **Release of Resident Information Authorized.** Resident and Responsible Party authorize the Community to release resident information to Resident's primary and/or attending physicians, emergency medical personnel, and independent care providers (home health providers, private aides, etc.). Additionally, the Community is authorized to release resident information, as appropriate and/or required by law, to government agencies, ombudsmen, legal guardians, conservators, spouses, and attorneys in fact (i.e. persons authorized by a written Power of Attorney).
10. **RESIDENT'S PERSONAL PROPERTY AND VALUABLES**
Resident has the right to have and use personal property, space permitting, provided the property does not endanger the health or safety of others. The Community shall, upon request, provide Resident with a lockable container or other lockable storage space

Community cannot provide, the thirty (30) day notice will not be required. In such event, Resident's obligation to pay the Monthly Rate shall end as soon as Resident's apartment is fully vacated. **An apartment will not be considered vacant until everything is removed from the apartment including any personal property and hospice equipment.**

B. TERMINATION BY COMMUNITY WITH THIRTY DAYS'

NOTICE. The Community may terminate this Agreement and evict Resident with thirty (30) days advance written notice, for one or more of the following reasons:

- 1) Nonpayment of the Monthly Rate within ten days of the due date (which is the first day of each month);
- 2) Failure of Resident to comply with state or local law after receiving notice of the alleged violation;
- 3) Failure of Resident to comply with the general policies of the Community;
- 4) If it is determined that Resident has a need not previously identified, and the Community and the person who performs the reappraisal believe the Community is not appropriate for Resident; or,
- 5) Wrongful conduct by Resident or members of Resident's family, including:
 - Harassment of residents, visitors or staff;
 - Theft;
 - Destruction of property;
 - Use of illicit drugs; or,
 - Other behavior that disrupts the operation of the Community.
- 6) The Community ceases to operate or changes nature of its business.

C. Termination by Community without Thirty Days' Notice. The Community may terminate this Agreement with less than thirty (30) days advance notice, if:

- 1) Resident engages in behavior which is a threat to the mental and/or physical health or safety of Resident or to the mental and/or physical health or of others in the Community; and/or
- 2) Resident has not resided at the Community for thirty (30) days.

D. Termination Due to Decrease in Services. In the event the Community voluntarily decreases the scope of services provided to Resident, and such decrease will result in the termination of this Agreement and the discharge of Resident, the Community will give Resident ninety (90) days' notice of the decrease in services.

14. SEVERABILITY - AMENDMENTS.

The provisions of this Agreement shall be severable and if any phrase, clause, sentence, or provision of this Agreement or its application is held to be invalid or unenforceable for any reason, the remainder of the Agreement shall remain in full force and effect. Any amendment to this Agreement shall be in writing, dated and signed by Community, Resident and Responsible Party.

15. LEGAL MATTERS

A. Any action arising out of or relating to this Agreement which is not subject to arbitration, shall be brought in the appropriate court before a judge rather than a jury. The parties hereby expressly **WAIVE THEIR RIGHTS TO BRING THE MATTER BEFORE A JURY.** Resident and Responsible Party also agree to waive any right to participate in a class action against the

Community whether as a representative or member of a class.

B. This Agreement does not alter and shall not be construed to relieve the Community of compliance with any requirement or obligation under relevant federal, state or local law and regulation, including but not limited to the rights of Resident described in Exhibit #WA1.

16. REVIEW OF RESIDENT RECORDS

Departments and agencies within the State of Washington have the authority to examine the records of Resident maintained by the Community as part of their evaluation of the Community.

17. DISCLAIMER

Other than as is set forth in this Agreement and the attached Schedules, Resident and Responsible Party hereby acknowledge that the Community has not made any express or implied representation that the Community will maintain a specific number of staff at the Community, or that the staffing at the Community will be determined according to any specific standard or formula.

18. ACKNOWLEDGEMENT OF RISKS

Resident and Responsible Party acknowledge receipt of the "ACKNOWLEDGEMENT OF RISKS IN ASSISTED LIVING COMMUNITIES PROVIDING DEMENTIA/ ALZHEIMER'S CARE" attached as Schedule #4 and agree to assume the risks described in it.

[Signatures Required on Next Page]

My signature herein indicates I have received, read, understand and agree to the provisions of this Agreement (including the attachment concerning the risks in assisted living).

Responsible Party, signing for and on behalf of Resident 08/12/2024 Date

Responsible Party, signing on their own behalf 08/12/2024 Date

Community Representative Date

Index to Schedules

Schedule	Section	Document Name	ID	Signature
#1	G	General Policies of the Community Resident Handbook – MC	G.1	-
#WA1	H	Resident Rights	H.wa.1	Required
#2	I	Optional Services and Fees	I.1	-
#3	I	Fees and Costs of Additional Products	I.3	-
#WA2	I	Assisted Living Disclosure of Services Disclosure of Services – Form 10-351	I.wa.1	-
#4	J	Acknowledgement of Risks in Assisted Living Communities: Providing Dementia/Alzheimer's Care [Pages 13 – 14]	J.1	Required
#5	J	Community Fee Addendum	J.2	-

Community is an affordable home-like environment where Residents and their families must understand that the Community focuses on providing each resident a higher level of care than providing 24-hour nursing care and the corresponding institutional environment that many nursing homes provide. Residents have not entered into this home along with living in an assisted living environment.

As part of the Agreement, you and your family members acknowledge that while it is our intention to assist you beyond the Community's control, we recognize that certain risks would jeopardize the affordable home-like environment residents and their family members desire.

Because the Community does not provide 24-hour care or continuous monitoring, 24-hour care is not provided, the risk of injury from falls and wandering is a reality. If a resident has sustained a fall prior to moving into the Community, we understand the difficulty for other residents. It is being acknowledged as an agreed-upon risk. There is a risk of residents

wandering from the Community's premises and making poor decisions which result in injury or even death. Some residents are especially prone to skin breakdown. Additionally, there is a very real possibility of residents becoming agitated and even violent with each other due to the nature of their disease.

While we work with residents and their families to develop care plans intended to reduce these risks, many of the factors which contribute to these risks are beyond the Community's control. Although falls, wandering, and skin breakdown are considered the greatest areas of risk in assisted living, each resident usually has other risks related to their particular medical condition, needs, and diagnoses.

In summary the Community, Resident, and Responsible Party acknowledge these risks are inherent in an assisted living setting. Resident and Responsible Party accept these risks as part of their decision to live in a setting which offers a more affordable and home-like environment than a comparable skilled nursing home.

Received:

_____ 08 / 12 / 2024
 Responsible Party, signing for and on behalf of Resident Date

 _____ 08 / 12 / 2024
 Responsible Party, signing on their own behalf Date

Community Fee Schedule Schedule #5

The Community Fee is a fee paid to the Community by Resident. Payment of the Community Fee will hold an apartment for Resident and will cover processing costs associated with admitting and moving Resident into the Community. The Community Fee is not a security deposit. No part of the Community Fee will be used to cover any amounts that become payable to the Community by Resident. After Resident moves into the Community, the Community Fee becomes non-refundable.



New Resident Financial Summary

Resident: [Redacted] Apt #: 340
Community: The Hampton at Salmon Creek Level of Care: 1

Today's Date:	Financial Move-In Date:	Personal Move-In Date:
08/12/2024	08/12/2024	08/12/2024

First Month Only		Current Market Rate
Community Fee	+	\$7,000.00
	+	
	+	
	+	
	+	
		Adjustments
	-	
	-	
	-	
	-	
		Total
	Total #A =	\$7,000.00

Monthly		Current Market Rate
Monthly Rent	+	\$8,100.00
	+	
	+	
	+	
	+	
		Adjustments
	-	
	-	
	-	
	-	
		Total
	Total #B =	\$8,100.00

The Hampton
AT SALMON CREEK



Community Fee Receipt

Name: _____
Responsible Party: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
Email: _____

Apartment: 14 A Community Fee: 7000
Method of Payment: Check Cash ACH Credit
Date Paid: 8/6/2024 Check #: 2380 (Upload scan of check)
Terms: _____

The Community Fee has been paid for residency at the Community. Upon move-in, the Community Fee becomes non-refundable.

Received:

	Signature	Date
A Resident	_____	_____
B Authorized Signer, signing for and on behalf of Resident	_____	_____
C Responsible Party, signing for and on behalf of Resident	_____	08 / 09 / 2024
D Responsible Party, signing on their own behalf	_____	08 / 09 / 2024

Team Member Instructions: **ALUJL** Choose A or B. Always D. **MC** Always C and D.

2381
8-12-24
Pay to the Order of The Hampton at Salmon Creek \$8100.00
Eight thousand one hundred & 00/100
COLUMBIA
1ST MONTH RENT
332338334940000359877*

The Hampton

AT SALMON CREEK

Companion Apartment Rates – Inclusive of Care, Meals, Activities, Housekeeping, Laundry, and Nursing Oversight

Move in Fee: \$7,000

- Level 1: \$8,100 per month
- Level 2: \$9,100 per month
- Level 3: \$10,100 per month
- Level 4: \$11,100 per month

Private Apartment Rates – Inclusive of Care, Meals, Activities, Housekeeping, Laundry, and Nursing Oversight

Move in Fee: \$7,000

- Level 1: \$9,400 per month
- Level 2: \$10,400 per month
- Level 3: \$11,400 per month
- Level 4: \$12,400 per month

Deluxe Private: All Inclusive: \$16,000 per month

Courtyard View: \$150/month

2305 NE 129th St

Vancouver, WA 98686

(360) 949-7647



MEMORANDUM

DATE: August 29, 2024
TO: Police Pension Board
FROM: Caylee Trant, Pension Board Coordinator
RE: **Request for Powered Scooter – Claimant B**

Attached for Board review is a request for payment of a powered scooter for Claimant B and Section II.3 of the Board’s Rules and Regulations requires:

“Medical services or supplies that are not covered by Medical Insurance or other source may be considered for reimbursement on a case-by-case basis if the member seeks prior Board approval and the medical services or supplies are prescribed by a health care provider and deemed medically necessary.”

Claimant B is seeking preapproval to purchase a powered scooter. Claimant B’s physician provided a prescription for a powered scooter to help with his mobility.

Section II.3 of the Board’s Rules and Regulations states:

“Members must submit the following required documents needed for Board review and pre-approval of costs not considered copay:

- a. Denial of benefits coverage letter from medical insurance provider or Explanation of Benefits (EOB), and
- b. Letter from healthcare provider explaining the medical necessity of services, and
- c. Quotes from at least two (2) providers, and
- d. Letter explaining the need for the Board’s consideration for payment.”

Claimant B has submitted a denial from Regence health insurance for the payment of a powered scooter, a prescription from his physician, quotes from two different providers, and a letter explaining his need for the Board to consider payment. Home Health Solutions provide an assessment for medical equipment by accessing the patient’s environment as well as their ability to safely operate a product. They give a recommendation based on the following factors: general use, size or weight and ability

of patient to transport, indoor or outdoor use. Home Health Solutions provided quotes for two different models which come with delivery, setup and in-service. They recommend the Pride Victory 10 4-wheel model of \$2,370.38 as the Claimant has an older version of the model scooter and is familiar with the settings. Amazon has a similar scooter for purchase but does not include set up or in-service.

Home Health Solutions:

- Pride Victory 10 4-wheel: \$2,370.38
- Pride Victory S710 LX Sport 4-wheel: \$2,701.13.

Amazon:

- Pride Victory 10 4-Wheel: \$2,375.07

Action Requested

Consider the request from Claimant B for a powered scooter.

Trant, Caylee

From: Flandro, Tami <Tami.Flandro@regence.com>
Sent: Wednesday, June 5, 2024 10:36 AM
To: Trant, Caylee
Cc: Giurgiev, Iasmina
Subject: RE: Follow Up

Hi Caylee,

Poonam just informed me that [REDACTED] canceled his order for the electric wheelchair and wants to appeal for the mobility cart.

Poonam let him know that it will not be covered by Regence or Medicare, so this will be solely an appeal for the pension board.

I will formally step out of the process now and Poonam has closed the case in our system. I wish him the best with this request!

Tami Flandro | Medicare Group Account Manager

OR | WA | ID | UT

2890 E Cottonwood Pkwy Salt Lake City, UT 84121

Office: (801) 333-6102

Mobile or Text: (801) 824-1649

Email: Tami.Flandro@regence.com

www.regence.com

From: Trant, Caylee <caylee.trant@cityofvancouver.us>
Sent: Wednesday, May 29, 2024 9:24 AM
To: Flandro, Tami <Tami.Flandro@regence.com>
Cc: Giurgiev, Iasmina <iasmina.giurgiev@cityofvancouver.us>
Subject: RE: Follow Up

Hi Tami,

Can you confirm when Norco will be delivering the electric wheelchair to [REDACTED] As of this morning, [REDACTED] has not received his wheelchair.

Thank you,

Caylee Trant, SHRM-CP | Human Resources Specialist

From: Flandro, Tami <Tami.Flandro@regence.com>
Sent: Tuesday, May 21, 2024 3:19 PM
To: Trant, Caylee <caylee.trant@cityofvancouver.us>
Cc: Giurgiev, Iasmina <iasmina.giurgiev@cityofvancouver.us>
Subject: RE: Follow Up

Hi Caylee,

Our team reached out to Norco to let them know that we do not require preauthorization for this wheelchair. Norco wanted to wait for us to send documentation of this before filling the order. This will take a day or two, so Norco should be able to fill this order now. Hopefully they can get this out to him this week, but I don't know how long they take to get the delivery out to him.

However, it's all with Norco now.

Tami Flandro | Medicare Group Account Manager

OR | WA | ID | UT

2890 E Cottonwood Pkwy Salt Lake City, UT 84121

Office: (801) 333-6102

Mobile or Text: (801) 824-1649

Email: Tami.Flandro@regence.com

www.regence.com

From: Trant, Caylee <caylee.trant@cityofvancouver.us>

Sent: Tuesday, May 21, 2024 2:40 PM

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

Cc: Giurgiev, Iasmina <iasmina.giurgiev@cityofvancouver.us>

Subject: RE: Follow Up

Hi Tami,

██████ notified me that Norco sent him a letter stating that the request for the electric wheelchair is awaiting approval from Regence. Do you know if the PCP has submitted the paperwork?

Thank you,

Caylee Trant, SHRM-CP | Human Resources Specialist

City of Vancouver

P: (360) 487-8403 | **F:** (360) 487-8418

From: Flandro, Tami <Tami.Flandro@regence.com>

Sent: Monday, May 13, 2024 4:54 PM

To: Trant, Caylee <caylee.trant@cityofvancouver.us>

Cc: Giurgiev, Iasmina <iasmina.giurgiev@cityofvancouver.us>

Subject: RE: Follow Up

Poonam called the PCP and left another urgent message with the doctor via the receptionist. She asked to have them escalate the return of the order papers to Norco and mark it urgent. We're all just waiting for the doctor. Poonam spoke with them last Thursday.

Tami Flandro | Medicare Group Account Manager

OR | WA | ID | UT

2890 E Cottonwood Pkwy Salt Lake City, UT 84121

Office: (801) 333-6102

Mobile or Text: (801) 824-1649

Email: Tami.Flandro@regence.com

www.regence.com

From: Flandro, Tami <Tami.Flandro@regence.com>
Sent: Monday, May 13, 2024 5:44 PM
To: Trant, Caylee <caylee.trant@cityofvancouver.us>
Cc: Giurgiev, Iasmina <iasmina.giurgiev@cityofvancouver.us>
Subject: RE: Follow Up

Hi Caylee,
I called Norco and still no order from the doctor's office has been received. Requested on Thursday last week.

Tami Flandro | Medicare Group Account Manager
OR | WA | ID | UT
2890 E Cottonwood Pkwy Salt Lake City, UT 84121
Office: (801) 333-6102
Mobile or Text: (801) 824-1649
Email: Tami.Flandro@regence.com
www.regence.com

From: Trant, Caylee <caylee.trant@cityofvancouver.us>
Sent: Monday, May 13, 2024 11:32 AM
To: Flandro, Tami <Tami.Flandro@regence.com>
Cc: Giurgiev, Iasmina <iasmina.giurgiev@cityofvancouver.us>
Subject: RE: Follow Up

Hi Tami,

Can you check with Poonam to see if Norco has received the paperwork?

Thank you,

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



From: Flandro, Tami <Tami.Flandro@regence.com>
Sent: Thursday, May 9, 2024 3:27 PM
To: Trant, Caylee <caylee.trant@cityofvancouver.us>
Cc: Giurgiev, Iasmina <iasmina.giurgiev@cityofvancouver.us>
Subject: RE: Follow Up

Hi Caylee,

Poonam just called me. Norco is still waiting on some documentation from the provider who ordered the wheelchair. Poonam called the providers office to let them know that these documents were missing and asked that they get them faxed to Norco asap. That is where we are at- once we get the request, Poonam will help us expedite the Regence approval.

Tami Flandro | Medicare Group Account Manager

OR | WA | ID | UT

2890 E Cottonwood Pkwy Salt Lake City, UT 84121

Office: (801) 333-6102

Mobile or Text: (801) 824-1649

Email: Tami.Flandro@regence.com

www.regence.com

From: Flandro, Tami
Sent: Thursday, May 9, 2024 4:15 PM
To: Caylee Trant <caylee.trant@cityofvancouver.us>
Cc: Giurgiev, Iasmina <iasmina.giurgiev@cityofvancouver.us>
Subject: Follow Up

Hi Caylee,

I don't know what that is, but I believe it's related to the agreement for preauth requirements with Regence. I asked Poonam to reach out to Norco to see what the holdup is. I know they did have to wait for another new order from his doctor because they canceled the old one when [REDACTED] told them he did not want the electric wheelchair. That's what delayed and started this over.

I'm hoping Poonam can get this moving through Norco quickly.

Tami Flandro | Medicare Group Account Manager

OR | WA | ID | UT

2890 E Cottonwood Pkwy Salt Lake City, UT 84121

Office: (801) 333-6102

Mobile or Text: (801) 824-1649

Email: Tami.Flandro@regence.com

www.regence.com

From: Trant, Caylee caylee.trant@cityofvancouver.us
Sent: Wednesday, May 8, 2024 4:32 PM
To: Flandro, Tami Tami.Flandro@regence.com

Cc: Giurgiev, Iasmina iasmina.giurgiev@cityofvancouver.us

Subject: RE: Follow Up

Hi Tami,

Did Norco tell you what their internal review criteria consists of?

Thank you,

Caylee Trant, SHRM-CP | Human Resources Specialist

City of Vancouver

P: (360) 487-8403 | **F:** (360) 487-8418

From: Flandro, Tami Tami.Flandro@regence.com

Sent: Tuesday, May 7, 2024 1:05 PM

To: Trant, Caylee caylee.trant@cityofvancouver.us

Cc: Giurgiev, Iasmina iasmina.giurgiev@cityofvancouver.us

Subject: Re: Follow Up

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

Hi Caylee,

Norco told me that the electric wheelchair preauthorization process started completely over when [REDACTED] had his doctor order the scooter instead. So, this has delayed this whole process.

When I spoke with Norco, they said they had an internal review that needed to happen to ensure he met the criteria and then the preauth would come from Regence. We have not received the preauth request from Norco yet.

Tami Flandro | Medicare Group Account Manager

OR | WA | ID | UT

2890 E Cottonwood Pkwy Salt Lake City, UT 84121

Office: (801) 333-6102

Mobile or Text: (801) 824-1649

Email: Tami.Flandro@regence.com

www.regence.com

From: Trant, Caylee <caylee.trant@cityofvancouver.us>

Sent: Tuesday, May 7, 2024 12:07 PM

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

Cc: Giurgiev, Iasmina <iasmina.giurgiev@cityofvancouver.us>

Subject: Follow Up

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

Hi Tami,

[REDACTED] However, Norco mentioned that an electric wheelchair was not approved. Norco stated that he needed to meet the criteria for an electric wheelchair and then they would also need to get a preauthorization from Regence. Can you help us get the requirements from Norco? We would like to be able to tell [REDACTED] exactly what is needed from both Regence and Norco to move the ordering of the electric wheelchair forward.

Please let me know if you have any questions.

Thank you,

Caylee Trant, SHRM-CP | Human Resources Specialist

City of Vancouver

Human Resources

P: (360) 487-8403 | F: (360) 487-8418

cityofvancouver.us



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July 2, 2024

Skagit Regional Clinics
9631 269th St NW
Stanwood, WA 98292-8071

Dear Dr. Mark Litton,

██████████ has requested a powered scooter from the City of Vancouver LEOFF 1 Police Pension Board. ██████████ mentioned he would need a device that allows the arms to fold, a platform for his feet, and handlebars for him to lift himself out of the chair. To consider his request we will need a letter or prescription from you, as his Physician explaining the medical necessity of the motorized scooter and any required parts (such as headrest, special seat, or other add-ons). All add-ons outlined by your directive must be medically necessary for the Board to consider the request to cover them.

Following your prescription, we would appreciate any recommendations for Durable Medical Equipment (DME) suppliers that you work with to help facilitate this process for ██████████.

If you have any questions, please feel free to contact me at 360-487-8403 or email at Caylee.trant@cityofvancouver.us.

Sincerely,

Caylee Trant

Caylee Trant
Pension Board Coordinator
City of Vancouver – Human R

Skagit Regional Clinics Family Medicine Stanwood
9631 269th Street NW
Stanwood WA 98292-8071
Phone: 360-629-1600
Fax: 360-629-1644

Date: Jul 9, 2024

Patient:

MRN: 4774724

Ambulatory DME Supply (Durable Medical Equipment) Clinic Use Only

(Order ID: 72747049)

Diagnosis: Lumbar stenosis with neurogenic claudication (M48.062)

Quantity: 1

The face-to-face evaluation was completed by: Mark Litton, DO

Type: *Wheelchair / Scooter*

Wheelchair / Scooter Types: (Power scooter)

Signature:

Mark Litton, DO

NPI: 1255775789

Scooter Suppliers

[Hoveround.com](https://www.hoveround.com)

[Accessmedicalequipment.com](https://www.accessmedicalequipment.com)

[Pridemobility.com](https://www.pridemobility.com)

Home Health Solutions

16645 158th PL SE
 WA 98058
 (425)251-5995 ph
 (425)251-4991 fax

Estimate

Date	Estimate #
8/7/2024	210

Name / Address
City of Vancouver For: Claimant B Attn: Caylee Trant

Project

Description	Qty	Cost	Total
Pride Victory 10 4-wheel scooter	1	2,150.00	2,150.00T
* 400-lb capacity			
* w/ 10" flat-free wheels			
* w/ head light package			
* w/ charger & basket			
** Includes delivery, setup & in-service			
msrp: 3,079.00			
** Claimant B currently has an older version of the model scooter Would recommend this particular model for patient			
Sales Tax		10.25%	220.38
		Total	\$2,370.38

Customer Signature _____

Home Health Solutions

16645 158th PL SE
WA 98058
(425)251-5995 ph
(425)251-4991 fax

Estimate

Date	Estimate #
8/7/2024	211

Name / Address
City of Vancouver For: Claimant B Attn: Caylee Trant

Project

Description	Qty	Cost	Total
Pride Victory S710 LX Sport 4-wheel scooter	1	2,450.00	2,450.00T
* 400-lb capacity			
* larger hi-back seat			
* w/ shock absorbers			
* w/ front & rear light package			
* w/ basket & charger			
* red or blue color option			
** Includes delivery, setup & in-service			
Sales Tax		10.25%	251.13
		Total	\$2,701.13

Customer Signature _____

Secure checkout

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[Change](#)

[Place your order](#)

By placing your order, you agree to Amazon's [privacy notice](#) and [conditions of use](#).

[Use a gift card, voucher, or promo code](#)

[Change](#)

Items:	\$2,189.00
Shipping & handling:	\$0.00
Estimated tax to be collected:*	\$186.07
Order total:	\$2,375.07

Arriving Aug 28, 2024 - Aug 30, 2024



Pride Victory 10 4-Wheel Heavy Duty Scooter w/ avail ext warr (Red)

\$2,189⁰⁰ (\$2,189.00 / Count)

Ships from Living Well Stores, Inc
Sold by [Living Well Stores, Inc](#)

Quantity: 1 [Change](#)

Gift options not available

Choose your delivery option:

- Wednesday, Aug 28 - Friday, Aug 30**
FREE Delivery

[Place your order](#)

Order total: \$2,375.07

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