12/5/2023

DISABILITY BOARD AGENDA
210 W. 6TH AVE, KENNEWICK CITY HALL
CASCADE CONFERENCE ROOM

11:45 AM

1. **CALL TO ORDER**
2. **ATTENDANCE**
3. **PUBLIC COMMENT**
4. **APPROVAL OF MINUTES**
   a. Approval of November 7, 2023 Meeting Minutes
5. **FIRE CLAIMS**
   Summary of claims for signature.
   a. Fire Claims for Consideration
6. **POLICE CLAIMS**
   Summary of claims for signature.
7. **UNFINISHED BUSINESS**
8. **NEW BUSINESS**
   a. Police Member #13 is requesting a reimbursement of $288.20 for mileage.
   b. Police Member #5 is requesting reimbursement of $1776.30 for a dental procedure.
9. **BOARD COMMENTS/DISCUSSION**

NEXT MEETING DATE:

a. January 2, 2023 @ 11:45

DISABILITY BOARD
REGULAR MEETING
November 7, 2023

CALL TO ORDER

Jim Kraft called the regular meeting of the Kennewick Disability Board to order at 11:45 a.m. at the Kennewick City Hall Building, 210 W. 6th Ave, in the Cascade Conference Room & Teleconference.

Members Present: Jim Kraft, Police Representative; Bill McKay, Mayor; Kathryn Armstrong, Member at Large; Brad Beauchamp, Council Member

Staff Present: Christie Brown, Secretary; Dan Legard, Finance Director

Member Absent: Gary Williams, Fire Representative

PUBLIC COMMENT

None presented.

APPROVAL OF MINUTES

Kathryn Armstrong moved, seconded by Bill McKay to approve the minutes of the October 3, 2023 meeting. The motion passed unanimously.

FIRE CLAIMS

Jim Kraft presented the Fire claims in the amount of $6574.64. Kathryn Armstrong moved, seconded by Brad Beauchamp to pay all claims as presented. The motion passed unanimously.

POLICE CLAIMS

Jim Kraft presented the Police claims in the amount of $1017.80. Kathryn Armstrong moved, seconded by Brad Beauchamp to pay all claims as presented. The motion passed unanimously.

OLD BUSINESS

NEW BUSINESS

A motion was made by Kathryn Armstrong, seconded by Brad Beauchamp to reimburse Police Member #12 in the amount of $708.69 for a consultation at Swedish Hospital in Seattle.

Informed Board Members about Fire Member #29.

COMMENTS/DISCUSSION

Dan Legard announced that he would be leaving the City of Kennewick on Dec 1, 2023

ADJOURNMENT

The meeting adjourned at 12:10 p.m.

NEXT MEETING
Tuesday
December 5, 2023
@
11:45 AM

APPROVED:

DRAFT – FOR CONSIDERATION 12/5/2023

Prepared by Christie Brown, Disability Board Secretary

MEETING DATE: DECEMBER 5, 2023

FIRE PENSION BOARD

FROM: CHRISTIE BROWN, SR. ACCOUNTING SPECIALIST/ DISABILITY BOARD SECRETARY

RE: FIRE PERSONNEL BUDGET NO. J2517210 . 520012

VENDOR#	LAST NAME	FIRST NAME	TOTAL
29			$ 5,912.33
22			$ 60.00
			$ 5,972.33

JIM KRAFT, POLICE REPRESENTATIVE

GARY WILLIAMS, FIRE REPRESENTATIVE

KATHRYN ARMSTRONG, MEMBER AT LARGE

BRAD BEAUCHAMP, COUNCIL MEMBER

LEOFF-1 CLAIMS - FIRE DECEMBER 2023

Meeting Date	ID	Vendor #	Date of Service	Insurance PD	Claim #	Amount	Provider Type
12/5/2023		29	10/01/2023-10/31/2023		LONG TERM CARE	$ 5,912.33	FARMINGTON SQUARE MEMORY CARE
12/5/2023		22	10/25/2023		PHARMACY RX	$ 60.00	WALMART PHARMACY
					TOTAL	$ 5,972.33	
					TOTAL	**$ 5,972.33**	

29

LEOFF I – CERTIFICATION CLAIM FORM – FIRE

I hereby certify under penalty of perjury that this is a true and correct claim for necessary medical expenses incurred by me, and that no payment has been received by me on account thereof.
I further certify that I am an active/retired member of the Kennewick Fire Department; that the following claim was required by an allowable provider; **I am enclosing the required explanation of benefits**; and that I am eligible for reimbursement under the following plan(s):

Asuris [ ] Medicare [ ] Other [✓] Per board approval

Date of Service	Condtion or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
October 2023	Chronic Dementia / Alzheimers	Farmington Square Memory Care		$5912.33

TOTAL: $5912.33

PHI redacted

10/30/2023
Date

Board Use Only

INVOICE

Invoice Period: 10/2023

FARMINGTON SQUARE

Farmington Square Medford

PHI

Send To: PHI

IMPORTANT NOTICE

HAPPY HALLOWEEN

Print date: September 22, 2023

Account Summary				
Prior Balance	**Payments**	**Credits**	**Charges**	**TOTAL DUE**
$6,556.42	($6,556.42)	($943.67)	$6,856.00	$5,912.33

Account Detail			
Prior Balance			**$6,556.42**
Payments		**Date**	
Check # 5091	:CHECKscan Payment	09/06/23	($6,556.42)
		Total Payments	**($6,556.42)**
Credits		**From**	
Memory Care Level 3		09/14/23 - 09/30/23	($736.67)
MC Rent Adjustments		10/01/23 - 10/31/23	($207.00)
		Total Credits	**($943.67)**
Charges		**From**	
Memory Care Level 2		09/14/23 - 09/30/23	$510.00
Memory Care Rent		10/01/23 - 10/31/23	$5,300.00
Memory Care Level 2		10/01/23 - 10/31/23	$900.00

INVOICE

Invoice Period: 10/2023

FARMINGTON SQUARE

Charges	From	
Personal Care Package Tier 2	10/01/23 - 10/31/23	$146.00
	Total Charges	**$6,856.00**
TOTAL DUE for PHI		**$5,912.33**

PHI

If you have any questions regarding this invoice please contact our office. Thank you!

Remit Payment To: PHI

Friendly Reminder:
Please remit payment by the 1st of the month to avoid late fees.

PHI

PAID BY ECHECK
AT R.F.C.U.
9/27/23

Conf#
VF6P3-79VBX

PHI

From: PHI
Sent:
To:
Subject:
Attachments:

Hi Christie,
Attached, please find Dad's claim for October. I think this will be his final claim as he passed away on October 14. I don't think there will be any more final bills for reimbursement, but I will let you know if one comes up.
Thank you for being there to process his claims over the past few years, and reminding me when I got distracted and fell behind on dealing with his care claims.
Your thoughtful work has been very appreciated.
Many thanks from me and my family.
PHI

#22

LEOFF I – CERTIFICATION CLAIM FORM – FIRE

I hereby certify under penalty of perjury that this is a true and correct claim for necessary medical expenses incurred by me, and that no payment has been received by me on account thereof.
I further certify that I am an active/retired member of the Kennewick Fire Department; that the following claim was required by an allowable provider; I am enclosing the required explanation of benefits; and that I am eligible for reimbursement under the following plan(s):

Asuris [ ] Medicare [ ] Other [ ] _____

Date of Service	Condition or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
				$60.00
10-25-23	PRECOLONOSCOPY MEDICATION		$190.97	

TOTAL: $60.00

[redacted] PHI

Print Name Signature 11-18-23 Date

Board Use Only

Total: $60.00
Total RX: 2
Signature Required: N
Counsel: Y

BULK

Walmart Pharmacy

OR 339

BULK

PHI

Pharmacy hours:

Mon: 09:00 AM - 07:00 PM	Wed: 09:00 AM - 07:00 PM	Fri: 09:00 AM - 07:00 PM	Sun: 10:00 AM - 06:00 PM
Tue: 09:00 AM - 07:00 PM	Thu: 09:00 AM - 07:00 PM	Sat: 09:00 AM - 07:00 PM	Lunch Time Varies

PHI

PHI

PHI

SUTAB TAB BRA

DIRECTIONS: TAKE 1ST DOSE OF 12 PILLS BY MOUTH WITH 16 OUNCES OF WATER THEN TAKE ATLEAST 2 CUPS OF 16 OUNCES OF WATER IN THE NEXT 2 HOURS THEN IN 5 HOURS, REPEAT

Ref = 0 DATE: 10/25/23

Patient Pay: $60.00 Cash: $190.97 WMD

PHI

QTY: 24 DAW: 0 DAY SUPPLY: 2

PHI

PHI

PHI

PHI

PHI

PHI

#13

LEOFF I – CERTIFICATION CLAIM FORM – POLICE

I hereby certify under penalty of perjury that this is a true and correct claim for necessary medical expenses incurred by me, and that no payment has been received by me on account thereof.
I further certify that I am an active/retired member of the Kennewick Police Department; that the following claim was required by an allowable provider; **I am enclosing the required explanation of benefits**; and that I am eligible for reimbursement under the following plan(s):

~~Asuris~~ [ ] REGENCE Medicare [X] Other [ ] _____

Date of Service	Condtion or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
11-2-23	SKIN CANCER BODY SCAN BIOPSEY (3)	PHI DERMATOLOGY ASSOC.		
	ONE DAY TRAVEL TO/FROM TIGARD, OREGON @ 220 MILES X2 = 440 MILES			
	0.655 per mile			

PHI

TOTAL: # 288.20

PHI

11-7-2023
Date

Board Use Only

#5

LEOFF I – CERTIFICATION CLAIM FORM – Police

I hereby certify under penalty of perjury that this is a true and correct claim for necessary medical expenses incurred by me, and that no payment has been received by me on account thereof.
I further certify that I am an active/retired member of the Kennewick Police Department; that the following claim was required by an allowable provider; **I am enclosing the required explanation of benefits**; and that I am eligible for reimbursement under the following plan(s):

Asuris [ ] Medicare [ ] Other [ ] _____

Date of Service	Condition or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
11/3/23	Tooth nerve inflamation	Ideal Dentistry		1,776.30

PHI

PHI

TOTAL: 1,776.30

11/14/23
Date

November 14, 2023

TO: Kennewick Disability Board
RE: Emergency Dental Treatment

Dear Board Members;

On July 19th and October 10th, I submitted documentation to the Board from PHI at Ideal Dentistry regarding a crown that was broken accidentally. As noted, that crown was replaced by PHI on September 27th but since that time, I've experienced pain in the tooth when it was exposed to hot or cold food. PHI attempted to remedy the problem by prescribing steroid medication and allowing time to pass, however the problem persisted and even worsened. As he's noted in the attached letter, it's not uncommon for the nerve in a tooth to get irritated when it's disturbed during the process of placing (or replacing) a crown on a tooth. Once the nerve gets irritated, the tooth becomes extremely sensitive to heat or cold and, when letting time pass or trying steroids both fail, the only treatment for this condition is nerve removal (root canal).

Since all of this originated from the crown getting accidently broken by biting down on an olive pit, I am submitting the billing from PHI to the Board for reimbursement of the $1,776.30 cost of the root canal performed at Ideal Dentistry on November 3, 2023.

Thank you for your consideration of this matter.

PHI

Ideal Dentistry

To: Director of Benefits

From: PHI

Date: November 1, 2023

RE: PHI

Follow up procedure for tooth #30- see previous letter dated July 18, 2023

PHI presented today with mandibular right first molar (tooth #30) with symptoms of extreme cold sensitivity and pain to thermal stimuli. The diagnosis is: #30- symptomatic irreversible pulpitis secondary to replacement of crown - lingering pain to cold requiring endodontic treatment.

As is widely accepted, up to 5-10% of teeth that have crowns placed or replaced require additional unplanned endodontic treatment. PHI is returning for emergent treatment November 3, 2023.

An estimate for the work listed above is included with this letter. Thank you for your consideration.

PHI

Phone: 509.737.8700 Fax: 509.737.1133
1408 Louisiana Street, Suite 101 Kennewick, WA 99336
idealdentistry.biz

Ideal Dentistry

PHI

November 14, 2023

PHI

ID: 4654

PHI

Account Aging	
Current:	$0.00
30 Days:	$0.00
60 Days:	$0.00
90 Days:	$0.00
Contract:	$0.00
Balance Due:	$0.00
Estimated Insurance:	$0.00
Balance Due Now:	**$0.00**

Date	Transaction	Tth	Surface	Fee
11/3/2023	D3330 - ROOT CANAL MOLAR (Standard Fee $1,495.00) (Adjust $0.00) (Fee $1,495.00)	30	DM	$1,495.00
	D2391 - RESIN-BASED COMPOSITE-ONE SURFACE, P (Standard Fee $253.00) (Adjust $0.00) (Fee $253.00)	30	O	$253.00
11/1/2023	D0140 - LIMITED ORAL EVALUATION-PROBLEM FOCUSED (Standard Fee $162.00) (Adjust $0.00) (Fee $162.00)			$162.00
11/14/2023	Credit Adj - 7% senior discount for ($133.70)			
	Acct Pmt - Dental Intel Payment for ($1,776.30)			

	SubTotal:	$1,910.00
	Tax:	$0.00
	Charge(s):	$1,910.00
-	Payment(s):	$1,776.30
-	Adjustment(s):	$133.70
	Balance Due:	$0.00

Contract Balance	Estimated Insurance	Previous Balance	Charge(s)	Payment(s)	Adjustment(s)	Balance Due Now
$0.00	$0.00	$0.00	$1,910.00	$1,776.30	($133.70)	**$0.00**

Future Family Appointments:

Patient:	Next Appointment:	Patient:	Next Appointment:	Patient:	Next Appointment:
PHI					

Thank You for Visiting our Office. We appreciate your patronage. Have a Great Day!