2/6/2024

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 December 5, 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 #2 is requesting a reimbursement of $1236.00 for a dental procedure.
   b. New Board Members
9. **BOARD COMMENTS/DISCUSSION**

NEXT MEETING DATE:

a. March 5, 2024 @ 11:45

DISABILITY BOARD
REGULAR MEETING
December 5, 2023

CALL TO ORDER

Jim Kraft called the regular meeting of the Kennewick Disability Board to order at 11:50 a.m. at the Kennewick City Hall Building, 210 W. 6th Ave, in the Cascade Conference Room & Teleconference.

Members Present: Jim Kraft, Police Representative; Gary Williams, Fire Representative
Brad Beauchamp, Council Member

Staff Present: Christie Brown, Secretary; Beth Goldberg, Interim Finance Director

Member Absent: Kathryn Armstrong, Member at Large

PUBLIC COMMENT

None presented.

APPROVAL OF MINUTES

Brad Beauchamp moved, seconded by Gary Williams to approve the minutes of the November 7, 2023 meeting. The motion passed unanimously.

FIRE CLAIMS

Gary Williams presented the Fire claims in the amount of $5972.33. Brad Beauchamp moved, seconded by Gary Williams to pay all claims as presented. The motion passed unanimously.

POLICE CLAIMS

None presented.

OLD BUSINESS

None presented.

NEW BUSINESS

A motion was made by Brad Beauchamp, seconded by Gary Williams to reimburse Police Member #13 in the amount of $288.20 for mileage to travel to Tigard, OR for a procedure at Dermatology Assoc.

A motion was made by Brad Beauchamp, seconded by Gary Williams to reimburse Police Member #5 in the amount $1776.30 for a dental procedure.

COMMENTS/DISCUSSION

ADJOURNMENT

The meeting adjourned at 12:10 p.m.

NEXT MEETING
Tuesday
February 6, 2023
@
11:45 AM

APPROVED:

DRAFT – FOR CONSIDERATION 2/6/2024

Prepared by Christie Brown, Disability Board Secretary

MEETING DATE: FEBRUARY 6, 2024

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
7			$ 1,599.99

$ 1,599.99

JIM KRAFT, POLICE REPRESENTATIVE

GARY WILLIAMS, FIRE REPRESENTATIVE

KATHRYN ARMSTRONG, MEMBER AT LARGE

GRETEL CRAWFORD, MAYOR

CHUCK TORELLI, COUNCIL MEMBER

LEOFF-1 CLAIMS - FIRE FEBRUARY 6 2024

Meeting Date	ID	Vendor #	Date of Service	Insurance PD	Claim #	Amount	Provider Type
2/6/2024		7	1/18/2024		HEARING AIDS	$ 1,599.99	COLUMBIA BASIN HEARING CENTER
					TOTAL	**$ 1,599.99**	

#7

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	Condtion or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
01-18-2024	HEARING AIDS	COLUMBIA BASIN HEARING CENTER	~~8,250.00~~	1599.99

1599.99

AL: ~~8,250.00~~

01-18-2024
Date

PHI

Board Use Only

Costco comparable hearing aid $ 1599.99

PHI

Professional Audiology Services

Diagnostic Hearing Evaluation & Management

Geriatric Hearing Evaluation & Management

Pediatric Hearing Evaluation & Management

Otoacoustic Emission Testing

Industrial Hearing Testing

Hearing Aid Evaluation

Hearing Aid Sales and Service

Hearing Aid Counseling

All Make & Model Hearing Aid Repair Services

Assistive Listening Device Sales

Tinnitus Evaluation, Treatment and Management

Bone Anchored Hearing Aid Evaluation and Programming

Forensic Audiology Services

Audiology Expert Witness Services

Public Speaking Services

Columbia Basin HEARING CENTER

Receipt and Contract

Hearing Aid Technology

LEFT
MAKE: Oticon
MODEL: REAL 1 miniRite R
SERIAL #: B7J3XH
REPAIR WARRANTY: 4 Yr (1/18/2028)
L&D WARRANTY*: 4 Yr (1/18/2028)
Batteries: Rechargable
Investment: $4125.00

RIGHT
MAKE: Oticon
MODEL: REAL 1 miniRite R
SERIAL #: B7J3NB
REPAIR WARRANTY: 4 Yr (1/18/2028)
L&D WARRANTY*: 4 Yr (1/18/2028)
Batteries: Rechargable
Investment: $4125.00

TOTAL INVESTMENT: $ 8250.00

ACCESSORIES
TELEPHONE ADAPTER.....$0.00
TV ADAPTER $0.00
FM MIC.....$0.00
STREAMER.....$0.00

DISCOUNTS
PROFESSIONAL..... $0.00

Additional Costs: **$0.00** **Total Discounts:** **$0.00**

PHI agrees to pay the **total sum of $ 8250.00** for the hearing aid(s) described above and associated accessories, in full, cash payment, due at time of fit. In the event the hearing aids are returned within the 75-day fitting optimization period and no other devices are selected for treatment, a $400 fitting fee may be applied for our doctor's expertise, staff's time, and for nonrecoverable costs.
4-Years of supplies & professional in-office services are included with the contract.

PHI

License # LD60042875 SA
LD60014705 JW
LD61322664 CW

January 18, 2024

Notice: All balances owing not paid within the terms of this contract are subject to a 1½% interest charge and a $25.00 monthly late fee. **Failure to make payment when due will be considered default, and Columbia Basin Hearing Center will, subject to applicable law, demand immediate payment of the entire amount owed under this agreement. Failure to pay the amount owed under this agreement, Columbia Basin Hearing Center will refer the matter to a collection agency or attorney, who will require payment of balance to Columbia Basin Hearing Center plus all reasonable collection costs and attorney fees.** A $400 nonrefundable fee on all returns. Allow for 10-14 business days to process any refund. **A ONE TIME Deductible (per hearing aid) for the Loss & Damage coverage is as follows: $550.00 per digital hearing aid, and $110.00 per ear mold if needed, or $325.00 per AP mold (if needed), does apply-L&D Warranty expiration date stated above. L&D coverage begins with receipt of Hearing Aids. *A comparable substitution may be made if the manufacturer no longer carries or services your device. "In certain circumstances, damage to the case of the hearing aid is not covered under the repair warranty and may ensue additional charges."** Surety #081 S 103336035 BCM

Hear for You Mobile fittings are subject to a $500 non-refundable return fee if hearing aids are returned-due to travel time

CBHC will service hearing aids for 8 years maximum based on limited availability of parts and manufacturer support past this date.

Appointments following the included years of included services will be billable based on usual and customary fees.

#2

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 [ ] Leoff

Date of Service	Condition or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
12-29-2023	Dental	Hanson Dental	$1,236.00	$1,236.00

TOTAL: $1,236.00

PHI

1-7-2024
Date

Board Use Only

Hansen Family Dental

PHI

December 29, 2023

PHI

PHI

PHI

Account Aging	
Current:	$1,236.00
30 Days:	$0.00
60 Days:	$0.00
90 Days:	$0.00
Contract:	$0.00
Balance Due:	$1,236.00
Estimated Insurance:	$0.00
Balance Due Now:	**$1,236.00**

Date	Transaction	Tth	Surface	Fee
12/29/2023	02700 - Seat Crown	12		$0.00
	02740 - 1-Crown Porcelain/Ceramic	12		$794.50
	00140 - Lim Oral Eval-Prob Focus			$63.50
	02331 - Resin, 2 surf, anterior	6	MF	$163.00
	00220 - Periapical single, first	12		$23.50
	02950 - Core Buildup, inculding Pins	12		$191.50

SubTotal:	$1,236.00
Tax:	$0.00
Charge(s):	$1,236.00
Balance Due:	$1,236.00

Contract Balance	Estimated Insurance	Previous Balance	Charge(s)	Payment(s)	Adjustment(s)	Balance Due Now
$0.00	$0.00	$0.00	$1,236.00	$0.00	$0.00	**$1,236.00**

Future Family Appointments:

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

Thank You for Visiting our Office. Have a Nice Day!

HANSEN FAMILY DENTAL

PHI

DEBIT SALE

PHI

PHI

12/29/23

PHI

ENCRYPTED BY ELAVON

Trace: 8

PHI

Chip

AMOUNT **$1,236.00**

APPROVED

US DEBIT

AID: A0000000980840

TVR: 80 80 04 80 00

TSI: 68 00

THANK YOU

CUSTOMER COPY

HANSEN FAMILY DENTAL

12-29-2023

To whom it may concern:

PHI was seen in our office on 12-29-23. Treating Doctor PHI

Upon xrays and an evaluation PHI needs #6MF filling and #12 Core build up and crown. We did complete the recommended treatment on 12-29-2023.

PHI

Broken Crown next to bridge

PHI

PHI

KENNEWICK WASHINGTON

Leading the Way

January 10, 2024

LEOFF Disability Board
Christie Brown

Dear Christie:

On behalf of City of Kennewick Mayor Gretl Crawforf, this letter is to inform you of the 2024 City of Kennewick representation change for the LEOFF Disability Board. Mayor Gretl Crawford and Mayor Pro Tem Chuck Torelli will represent the City of Kennewick City Council.

Ms. Crawford can be reached at (509) 531-0454 or gretl.crawford@ci.kennewick.wa.us
Mr. Torelli can be reached at (509) 405-2156 or chuck.torelli@ci.kennewick.wa.us

Sincerely,

Lisa Beaton

Lisa Beaton
Interim City Manager

Office of the City Manager

210 W. 6th Ave • PO Box 6108 • Kennewick, WA 99336-0108

(509) 585-4238 • Fax (509) 585-4445 • go2kennewick.com