AGENDA
Disability Board Meeting of
September 3, 2024
4:30 PM

Approval of Minutes

- August 6, 2024

Public Comment

Fire Claims

- N/A

Police Claims

- Summary of claims for signature

Old Business

- Update on Police Member #12 quotes from provider.

New Business

- None presented

Comments/Discussion

- Present Brandi Ralston as new Disability Board Secretary.

Adjournment

NEXT MEETING DATE
OCTOBER 1, 2024
4:30 PM

DISABILITY BOARD
REGULAR MEETING
August 6, 2024

CALL TO ORDER

Jim Kraft called the regular meeting of the Kennewick Disability Board to order at 4:32 p.m. at the Kennewick City Hall Building, 210 W. 6th Ave, in the Cascade Conference Room.

Members Present: Jim Kraft, Police Representative; Gary Williams, Fire Representative; Gretel Crawford, Mayor; Chuck Torelli, Mayor Pro-Tem

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

Member Absent: Kathryn Armstrong, Member at Large

PUBLIC COMMENT

None presented.

APPROVAL OF MINUTES

Gretel Crawford moved, seconded by Gary Williams to approve the minutes of the July 2, 2024 meeting. The motion passed unanimously.

FIRE CLAIMS

None presented

POLICE CLAIMS

Gary Williams presented the Police claims in the amount of $670.37. Gary Williams moved, seconded by Chuck Torelli to pay the claims as presented. The motion passed unanimously.

OLD BUSINESS

The Board requested Fire Member #32 get a second opinion regarding claim previously submitted for hearing aids, and also agreed to reimburse for cost of the hearing examination. A motion was made by Chuck Torelli, seconded by Gary Williams to proceed with a second opinion.

NEW BUSINESS

A motion was made by Chuck Torelli, seconded by Gary Williams to reimburse Police Member #12 for out of pocket expenses including mileage, parking, and lodging due to Back Surgery in the amount of $1587.64, excluding $18.76 for dry cleaning charges.

A motion was made by Gretel Crawford, seconded by Gary Williams to reimburse Fire Member #19 for Compression Stockings prescribed by physician, but not covered by insurance.

COMMENTS/DISCUSSION

ADJOURNMENT

The meeting adjourned at 5:10 p.m.

NEXT MEETING
Tuesday
September 3, 2024
@
4:30 PM

APPROVED:

DRAFT – FOR CONSIDERATION 09/03/2024

Prepared by Christie Brown, Disability Board Secretary

MEETING DATE: SEPTEMBER 3, 2024

POLICE PENSION BOARD

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

RE: POLICE PERSONNEL BUDGET NO. J2517210 . 520012

VENDOR#	LAST NAME	FIRST NAME	TOTAL
#15			$ 178.00

$ 178.00

JIM KRAFT, POLICE REPRESENTATIVE

GARY WILLIAMS, FIRE REPRESENTATIVE

KATHRYN ARMSTRONG, MEMBER AT LARGE

GRETEL CRAWFORD, MAYOR

CHUCK TORELLI, COUNCIL MEMBER

LEOFF-1 CLAIMS - POLICE SEPTEMBER 3, 2024

Meeting Date	ID	Vendor #	Date of Service	Insurance I	Claim #	Amount	Provider
#15			7/26/2024		GLASSES	$ 178.00	VALLEY VISION CLINIC
					Total:	**$ 178.00**	

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
July 26 - 2024	glasses	Valley Vision Clinic	178.00	178.00

TOTAL: 178.00

[redacted]

Aug 1 - 2024
Date

Board Use Only

[redacted]

Valley Vision
Since 1949

22 W Main St | Walla Walla, WA 99362
Phone: 509-529-2020

Order Information

Frame:	$0
Frame Type:	$0
Lens Type:	$0
Material:	$35
No Glare Coating:	$68
Photochromic:	$75
Polarized:	-
Tint:	-
Prism 4-10 D:	$0

Copay: $0

U&C Total: $608

ESTIMATED Patient Total: $178

At least Half of entire balance at order for Frame and Lenses. Remaining balance to be paid at pickup

All prescription eyewear is custom ordered. A 50% deposit is required on all orders. The above material fees are for your Frame and Lenses only and do not include any Exam or Contact Lens fees. The Final cost is determined by Insurance company.

Valley Vision
Since 1949

VALLEY VISION CLINIC
22 WEST MAIN STREET
WALLA WALLA, WA 99362
5095292020
HTTPS://WWW
.VALLEYVISIONCLINIC.COM

Cashier: Optical

[redacted]

Total **$178.00**

CREDIT CARD SALE $178.00

[redacted]

Retain this copy for statement validation

26-Jul-2024 12:40:17P
$178.00 | Method: CONTACTLESS

[redacted]

[redacted]

Clover Privacy Policy
https://clover.com/privacy

Hearing Healthcare Associates

[X] **PLATINUM CARE PLAN**
Bilateral Platinum Devices
5 Year Hearing Healthcare Plan
4 Year Device Warranty
5 Years Batteries Or 6 rechargeable

[ ] **PLUS CARE PLAN**
Bilateral Plus Devices
4 Year Hearing Healthcare Plan
4 Year Device Warranty
4 Years Batteries Or 4 rechargeable

[ ] **PREFERRED CARE PLAN**
Bilateral Preferred Devices
3 Year Hearing Healthcare Plan
3 Year Device Warranty
3 Years Batteries Or 4 rechargeable

[ ] **PRIMARY CARE PLAN**
Bilateral Primary Devices
2 Year Hearing Healthcare Plan
2 Year Device Warranty
2 Years Batteries Or 2 rechargeable

DEVICE STYLES

[X] Receiver in Canal	[ ] In the Canal (ITC)
[ ] Custom Earmold	[ ] Mini Canal
[ ] ITE	[ ] Micro Canal (CIC)
[ ] Half-Shell	[ ] Invisible ITC (Nano)
[ ] BTE	
[ ] Open Fit	
[ ] Earmold Non-refundable $ _____	

Device Manufacturer: Phonak
Model: Audeo Sphere I90-R
Color: Silver

ACCESSORIES

_____ Bluetooth	_____ Remote Microphone
_____ TV Adapter	_____ Dry & Store Unit
_____ FM System	_____ Remote Control
_____ Charger	_____ Advanced Remote

Your Hearing Healthcare Plan Includes:

- [X] Initial Hearing Aid Selection Assessment
- [ ] Initial Electroacoustic Analysis
- [ ] Hearing Aid Fitting and Orientation
- [ ] Speech Mapping
- [ ] Post-fitting Aided Processing Assessment
- [X] 3 Month Follow-up and Adjustment
- [X] Annual Electroacoustic Analysis
- [ ] Annual Aided Processing Assessment
- [ ] Annual Hearing Evaluation
- [ ] Life-Time Programming Adjustments
- [ ] Life-Time Quality Control Checks
- [X] Unlimited Office Visits

Hearing Healthcare Plan Total: $6298
(Price valid 30 days)

Audiologist/Specialist [redacted]

Date 8-19-24

License #LD00000983, LD60384234, HA60018339

Hearing Healthcare Associates
8102 W. Grandridge Boulevard, Suite A
Kennewick, WA 99336

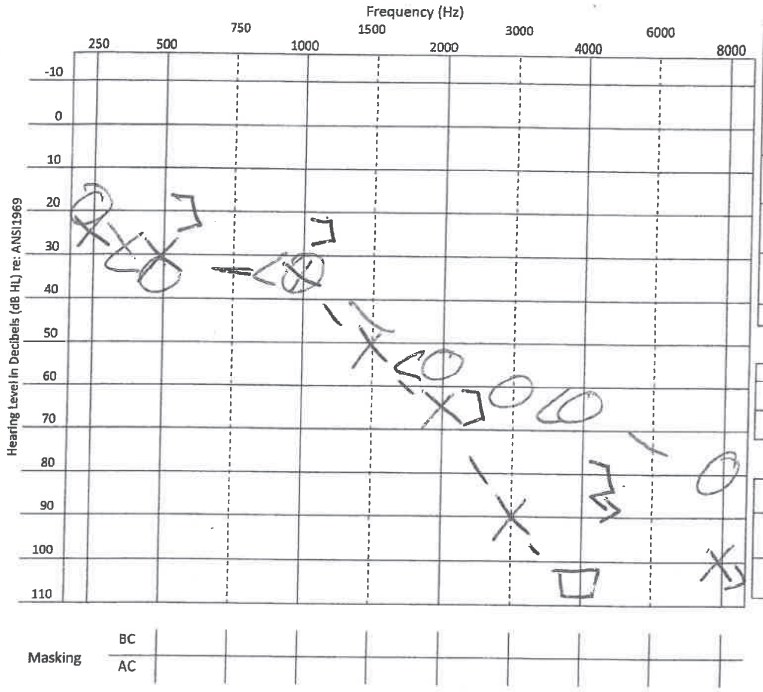
509-735-7461

Name [redacted] Age [redacted] DOB [redacted]

Date 08/19/2024 Referred by _____ Tested by Eric Jaquish

Audiometer GSI-61 Reliability G F P Headphones ____ Insert-Phones ____

AUDIOGRAM



SPEECH AUDIOMETRY

Test	R	L	Sound Field
SRT (dB HL)	35	40	
Discrimination (SRT +)	80%	76%	
Discrimination (SRT +)			
Most Comfortable Level (MCL)	70	75	
Loudness Discomfort Level (LDL)			

Stimuli: LV REC W22 MAY PBK OTHER

TYMPANOMETRY

Ear	Type	Pressure	Compliance	Volume
R				
L				

LEGEND

Ear	Air	Air Mask	Bone	Bone Mask	No Response
Right Red	O	△	<	[	↙
Left Blue	X	□	>	]	↘

COMMENTS: _____

[redacted] was seen on August 19, 2024 for an audiometric assessment. Patient reported tinnitus bilaterally. Pure tone air and bone conduction showed a mild to severe sensorineural hearing loss from 500-8000 Hz in the right ear and a mild to profound sensorineural hearing loss from 500-8000 Hz in the left ear. Speech reception thresholds were in agreement with pure tones. Word recognition scores were 80% correct in the right ear and 76% correct in the left. Hearing aids are recommended bilaterally for this patient.

Eric D. Jaquish, BA-HIS

All Inclusive

SOUND
Audiology & Hearing Aids

Choosing to improve your hearing is an important decision, and investing in the best available service and technology allows you complete peace of mind knowing that your ongoing hearing health is cared for by the Tri-Cities and Walla Walla's most trusted hearing care experts. If you have an active lifestyle and are looking for the best in long-term value, then "All-Inclusive" delivers you everything you need to start enjoying better hearing today and long into your future.

- **Best in class technology to suit your individual needs from a top hearing manufacturer**
- **Rechargeable option available**
- **Charger included or batteries for the length of plan**
- **4-year comprehensive treatment plan through 'Sound Audiology & Hearing Aids' Unique Journey to Better Hearing'**
- **Up to 4 year manufacturer repair warranty**
- **Up to 4 year replacement warranty ($275 deductible)**

- Custom ear-molds to maximize your hearing aid performance when indicated
- Multi-step process following audiological best-practices
- Multi-point preventative maintenance to maximize the performance of your hearing devices through regular hearing aid servicing
- Annual hearing checks to review your hearing health and make necessary improvements to your devices to maximize performance
- Tele Audiology Assistance' – receive support remotely
- In-house services – access to a hearing device specialists to carry out repairs, improvements and professional deep-cleanings
- Complimentary loaners if repair required (ensuring you're never without devices)
- $1,000 contribution towards purchase of upgraded technology within 48 months

$7,490

**Please note that although the majority of hearing aid manufacturers offer us a 4 year repair and replacement warranty, a rare few manufacturers only offer a maximum of 3 years.*

★★★★★

"I was worried that Audiology was another way for a professional to take money out of my pocket and that hearing aids wouldn't work for me, but at Sound Audiology the doctors really listened to me to understand my issues, what I wanted to achieve, and were so empathetic. WOW is all I can say." - Bryan M.

Office Locations

4015 W. Clearwater Avenue
Kennewick, WA 99336
(509) 736-4005

300 S. 2nd Avenue
Walla Walla, WA 99362
(509) 876-4541

Audiology Staff

Shannon Marie, Au.D.
Doctor of Audiology

Melanie Muhlestein Au.D.
Doctor of Audiology

Cassidy E. White, Au.D.
Doctor of Audiology

Professional Audiology Services

Diagnostic Hearing Evaluation & Management

Geriatric Hearing Evaluation & Management

Pediatric Hearing (5+) 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

Cochlear Implant Evaluation and Mapping

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: Intent 1 miniRITE
SERIAL #: B827GZ
REPAIR WARRANTY: 4 Yr (5/20/2028)
L&D WARRANTY*: 4 Yr (5/20/2028)
Batteries: Rechargable
Investment: $4125.00

RIGHT
MAKE: Oticon
MODEL: Intent 1 miniRITE
SERIAL #: B9P6N6
REPAIR WARRANTY: 4 Yr (5/20/2028)
L&D WARRANTY*: 4 Yr (5/20/2028)
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**

[redacted] 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.

[redacted]

PROVIDER
Shannon Marie, Au.D.
Signature
License # LD60042875 SA
LD61508445 MM
LD61322664 CW

May 20, 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.

Columbia Basin HEARING CENTER

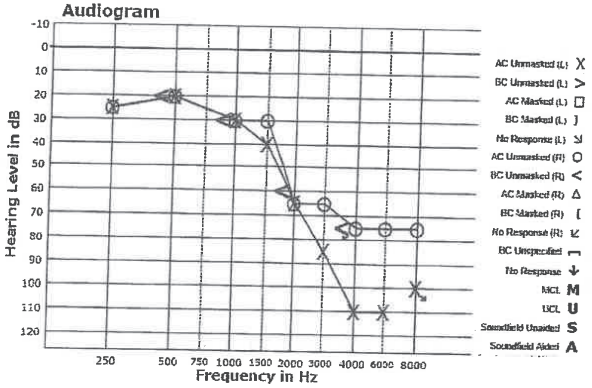
Audiologic Report

Columbia Basin Hearing Center LLC
4015 West Clearwater Avenue
Kennewick, Washington 99336
Phone: (509) 736-4005
Fax: (509) 737-9525
columbiabasinhearing.com

Patient Name: [redacted]
Date of Birth:
Visit Date: 04/25/2024

Audiologist: Shannon Marie
Title: Doctor of Audiology / Owner

Audiogram



CONFIGURATION	
Audiometer	Kennewick Front Inventis
Calibration	11/13/2023
Reliability	Excellent
Test Method	Conventional
Transducer	Headphones

QuickSIN []
SNR Degree (Loss)

TYMPANOMETRY [226 Hz]	Right	Left
Pressure (daPa)	-18	-75
Admittance (cc)	0.2	0.4
ECV (cc)	1.8	2.4

PTA (.5, 1, 2kHz)	
Right	Left
38.33	38.33

Neg: No significant reflex decay **Pos:** Significant reflex decay **Abs:** Absent **Pres:** Present **WNL:** Within Normal Limits **Red:** Reduced
NR: No Response **CNS:** Could Not Seal **CNT/DNT:** Could/Did Not Test **WR:** Word Recognition **SF:**Soundfield **EP:** Earphones

WORD RECOGNITION	dBHL	%	Mask	dBHL	%	Mask
Right	60	80				
Left	60	76				

SPEECH AUDIOMETRY	SAT	SRT	Mask	MCL	UCL
Right		25		80	
Left		30		60	

HISTORY: Gradual decrease in hearing sensitivity, bilaterally. Noise Exposure: Significant History (occupational).

RESULTS: Audiometric test results are consistent with a cochlear disorder. Otoscopy: Bilateral - Clear ear canals. **Pure Tone Testing (Asymmetric): Right Ear** - Mild-Severe Sensorineural Sloping Hearing Loss; **Left Ear** - Mild-Severe Sensorineural Sloping Hearing Loss. QuickSIN: Moderate Signal-to-Noise Ratio (SNR) loss indicating significant difficulty with speech understanding in the presence of background noise. Speech Recognition Thresholds (SRTs) of 30 dBHL and 25 dBHL were obtained in the left and right ears respectively. Speech Recognition Thresholds (SRTs) were in agreement with Pure Tone Averages (PTAs) indicating good reliability for today's behavioral results. Test Reliability: Excellent. Tympanometry: Normal TM mobility, middle ear pressure, and ear canal volume, bilaterally. Word Recognition: Good bilaterally.

RECOMMENDATIONS:

1. Utilize strategies for improving speech understanding (i.e. encourage face-to-face conversation, reduce background noise, enhance room lighting, etc).
2. Return to clinic for annual hearing assessments, or sooner as needed.
3. Pursue a trial with amplification. Based on the suspect Auditory Processing Disorder and [redacted] difficulty hearing in noise, he needs a premium hearing aid with the most advanced noise reduction technology available to help him hear and understand speech clearly in a variety of acoustic environments. Therefore I recommend a binaural set of Oticon Intent 1 hearing aid, which is included in our treatment plan for $8250.
4. Quick SIN scores obtained today indicated possible difficulty with Auditory Processing, therefore full evaluation of Auditory Processing Disorder was recommended to help determine if this is an underlying factor of the reported problems hearing in noise. If this condition is confirmed with testing, a 12 week APD treatment can be obtained at our sister clinic All Ears Therapy with Speech Pathology and Audiology working in conjunction to monitor progress and patient outcomes.

[redacted]

Columbia Basin HEARING CENTER

Audiologic Report

Columbia Basin Hearing Center LLC
4015 West Clearwater Avenue
Kennewick, Washington 99336
Phone: (509) 736-4005
Fax: (509) 737-9525
columbiabasinhearing.com

Audiologist:

Shannon Marie
License #: LD60043875

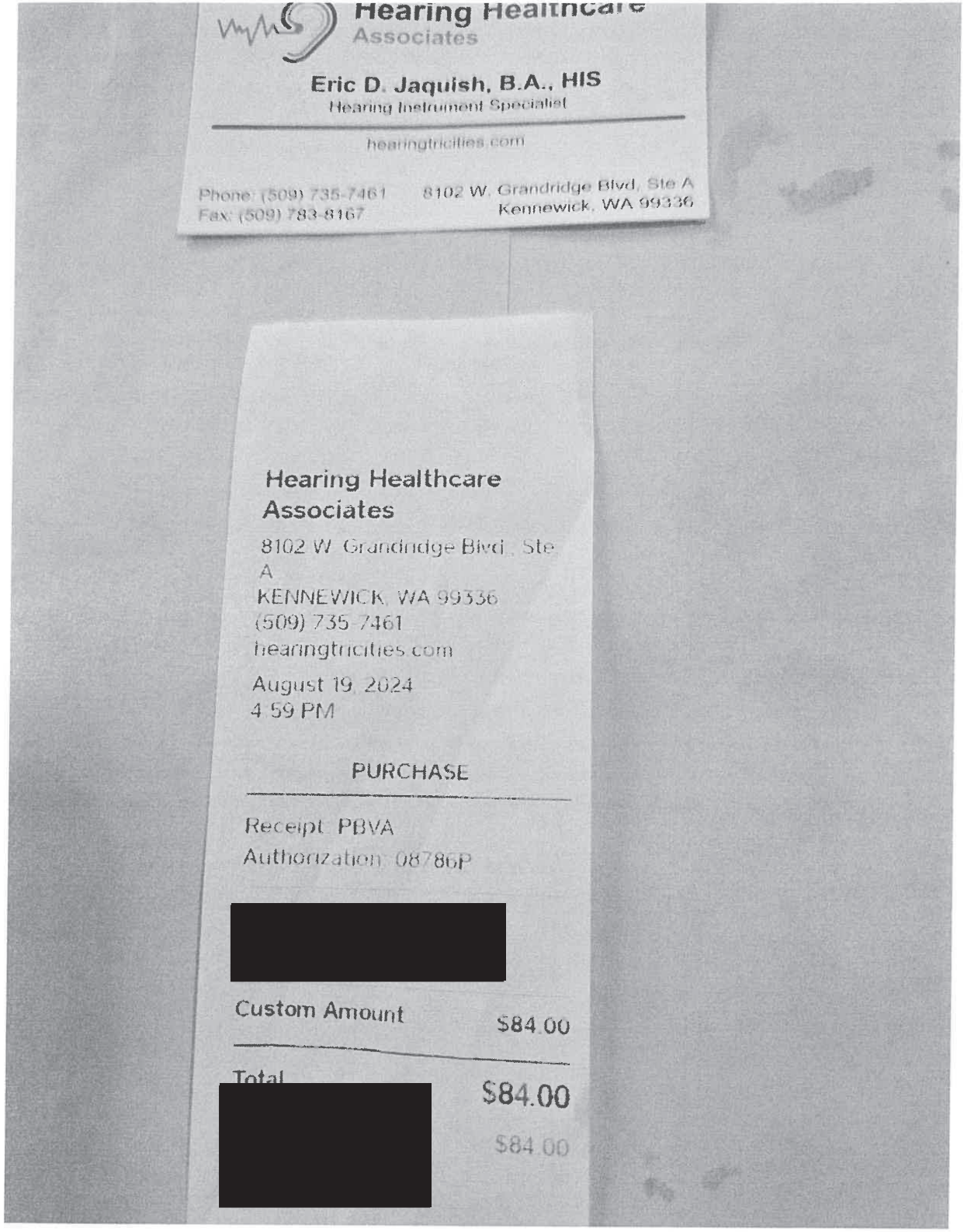
Date: 04/25/2024

[redacted]

Columbia Basin Hearing Center LLC
4015 West Clearwater Avenue
Kennewick, Washington 99336
Phone: (509) 736-4005
Fax: (509) 737-9525
columbiabasinhearing.com

[redacted]

Date	Code	Description	Qty
04/25/2024	92557	Comprehensive Audiometry Evaluation	1
06/24/2024		Comprehensive Audiometry Evaluation (Insurance/Contractual)	1
04/25/2024	92700	Speech In Noise	1
06/24/2024		Speech In Noise (Insurance/Contractual)	1
04/25/2024	92567	Tympanometry, Impedance Testing	1
06/24/2024		Tympanometry, Impedance Testing (Insurance/Contractual)	1
04/25/2024	99213	Office Visit, Est Pt. (20-29 mins)	1
06/24/2024		Office Visit, Est Pt. (20-29 mins) (Insurance/Contractual)	1
04/25/2024	92591	HA Exam & Selection; Binaural	1
04/25/2024	92504	Otoscopy	1
06/24/2024		Otoscopy (Insurance/Contractual)	1


Hearing Healthcare
Associates
Eric D. Jaquish, B.A., HIS
Hearing Instrument Specialist
hearingtricities.com
Phone: (509) 735-7461
Fax: (509) 783-8167
8102 W. Grandridge Blvd, Ste A
Kennewick, WA 99336
Hearing Healthcare
Associates
8102 W Grandridge Blvd , Ste
A
KENNEWICK, WA 99336
(509) 735 7461
hearingtricities.com
August 19, 2024
4 59 PM
PURCHASE
Receipt PBVA
Authorization 08786P
[redacted]
Custom Amount
$84.00
Total
[redacted]
$84.00
$84.00