4/1/2025

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

4:30 PM

1. **CALL TO ORDER**
2. **ATTENDANCE**
3. **PUBLIC COMMENT**
4. **APPROVAL OF MINUTES**
   a. Approval of the minutes dated March 4, 2025
5. **FIRE CLAIMS: NONE**
6. **POLICE CLAIMS: NONE**
7. **NEW BUSINESS**
   a. Pre-approval: Police Member #23 is requesting pre-approval for hearing aids
   b. WSLEA Conference approval to attend
8. **UNFINISHED BUSINESS: NONE**
9. **BOARD COMMENTS/DISCUSSION**
10. **CONCLUSION**

NEXT MEETING DATE: MAY 6, 2025

DISABILITY BOARD
REGULAR MEETING
March 4, 2025- DRAFT

1. **CALL TO ORDER:** Police Representative Jim Kraft called the regular meeting of the Kennewick Disability Board to order at 4:30 p.m.

2. **ATTENDANCE:**

Board Members Present:
Gretl Crawford, *Mayor*
Chuck Torelli, *Mayor Pro Tem*
Jim Kraft, *Police Representative*
Gary Williams, *Fire Representative*
Kathryn Armstrong, *Member-At-Large*

City Staff Present:
Brandi Ralston, *Board Secretary*
Richard Stoddard, *Accounting Supervisor*
Krystal Johnston, *City Clerk*

3. **PUBLIC COMMENT:** NONE

4. **APPROVAL OF MINUTES: The minutes of February 4, 2025, were unanimously approved as presented.**

5. **FIRE CLAIMS:**
   a. **SUMMARY OF CLAIMS:** Mrs. Ralston noted that the difference in the two receipt amounts correlated to the added cost of shipping. **The motion to approve the Fire claim was unanimously approved as presented.**

6. **POLICE CLAIMS:**
   a. **SUMMARY OF CLAIMS: The motion to approve the Police claim was unanimously approved as presented.**

7. **NEW BUSINESS:**
   a. **Claim: Police Member #2 is requesting reimbursement for a claim**: The Board briefly discussed the claim. Mrs. Ralston read the Disability Board regulations regarding Dental benefits (18-36-020). **The motion to approve Police Member #2's claim, in the amount of $314.50, was unanimously approved as presented.**

8. **UNFINISHED BUSINESS: NONE**

9. **BOARD COMMENTS/DISCUSSION:**
   Ms. Ralston noted that it is Mr. Williams' final meeting as the Fire Representative and thanked him for his service. The Board express their thanks to Mr. Williams.

   Mr. Kraft noted that he would be attending the April meeting via phone as he will be out of town.

   ADJOURNMENT: Mr. Kraft concluded the meeting at 4:37 p.m.

Draft
Brandi Ralston, CPRO
Disability Board Secretary

#23

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 [V] Medicare [V] Other [ ] _____

Date of Service	Condtion or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
2/21/25	HEARING	HEARING HEALTH ASSOC	$3798.00	0

TOTAL: $3798.00

[redacted] [redacted] 2/28/25
Date

Board Use Only

RECEIVED
FEB 28 2025
CITY OF KENNEWICK
CITY CLERK'S OFFICE

Hearing Healthcare Associates

☐ **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
- 3 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

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

Device Manufacturer: Phonak
Model: Audeo 130 - RIC
Color: _____

ACCESSORIES

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

Your Hearing Healthcare Plan Includes:

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

Hearing Healthcare Plan Total: $3798-
(Price valid 30 days)

Audiologist/Specialist

2/28/25
Date

[redacted]
Patient Name

License #LD00000983, LD60384234, HA60018339
LD61509934, LD61584134

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

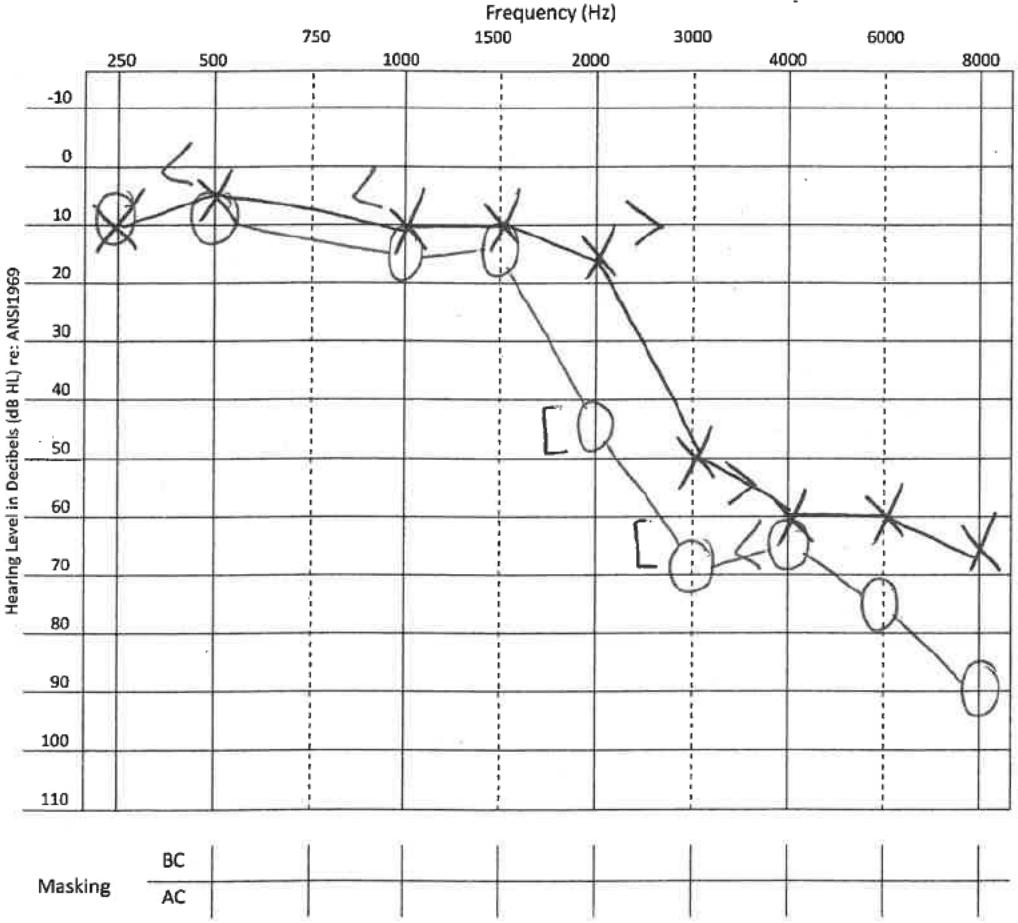
509-735-7461

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

Date 02/21/2025 Referred by _____ Tested by Seneca Baller

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

AUDIOGRAM



Masking BC AC

SPEECH AUDIOMETRY

Test	R	L	Sound Field
SRT (dB HL)	25	10	
Discrimination (SRT + 40)	80	100	
Discrimination (SRT +)			
Most Comfortable Level (MCL)			
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: Bilat QSIN 6.5 dB SNR loss

[redacted] was seen for an audiometric assessment on February 21, 2025. Patient reports significant history of hazardous noise exposure in the workplace. Pure tone air and bone conduction tests revealed moderate to severe sensorineural hearing loss in the right ear from 2000-8000 Hz and moderate to severe sensorineural hearing loss in the left ear from 3000-8000 Hz. Speech reception thresholds, obtained at 25 dB HL in the right ear and 10 dB HL in the left ear, were in agreement with pure tones. Word recognition scores, presenting CID W-22 word lists, were 80% in the right ear and 100% in the left ear. Tympanometry revealed normal, type A tympanograms in each ear. Speech in noise testing, presenting QuickSIN bilaterally, revealed a mild signal to noise ratio of 6.5 dB. Testing today indicates sensorineural hearing loss bilaterally. Bilateral, prescriptive wide dynamic range compression hearing aids are recommended. Thank you for referring [redacted] to us.

Seneca R. Baller, Au.D., CCC-A
Audiologist

WSLEA CONFERENCE AGENDA
Campbell's Resort
May 6 – 9, 2025

TUESDAY, MAY 6, 2025 SESSIONS WILL BE IN THE STEHEKIN RM UNLESS OTHERWISE STATED

11:30 am 2:00 pm	Board & Audit Committee Lunch – Bd. Mtg. Audit Committee Meeting	Monfort Room Hospitality Room
4:00 pm – 6:00 pm	Early Registration	Stehekin Foyer – Upstairs
5:00 pm	Meet & Greet – Closed During Sessions	Room 5423

WEDNESDAY MAY 7, 2025 SESSIONS WILL BE IN THE STEHEKIN RM UNLESS OTHERWISE STATED

7:00 am – 8:00 am	Registration	Stehekin Foyer – Upstairs Atrium
7:30 am – 8:30 am	Breakfast	Ballrooms II & III
8:45 am – 9:15 am	Presentation of Colors Pledge of Allegiance Invocation Call to Order Welcome Roll Call of Officers Appoint Nominating Committee	XXXX President Thrall, City of Richland West VP Vandver President Thrall, City of Richland Art Campbell Campbell's Resort Secretary Alvar, City of Lynnwood President Thrall, City of Richland
9:15 am – 10:15 am	Medicare	Judith Bendersky, MPH Certified Medicare Advisor Retired 3/22
10:15 am – 11:15 am	Veteran's Benefits	Sarah Simonson – VA Service Officer
11:30 am - 12:30 pm	Lunch	Ballrooms II & III
12:40 – 1:40 pm	Hearing & Dementia Connection	Johnny Hisey - Micron Audiology
1:40 pm – 2:40 pm	Secretaries Roundtable	Ballroom 1
2:40 pm 3:00 pm	Break	Stehekin Foyer – Upstairs Atrium
3:00 pm – 4:00 pm	First Class Cities	President Thrall, West VP Vandver
6:00 pm – 7:00 pm	No Host Social	Centennial Ballroom
7:00 pm – 9:00 pm	Banquet	Comedian – Gabe Rutledge

WSLEA CONFERENCE AGENDA
Campbell's Resort
May 6 – 9, 2025

THURSDAY, MAY 8, 2025 **SESSIONS WILL BE IN THE STEHEKIN RM UNLESS OTHERWISE STATED**

7:45: am – 8:45 am	Breakfast	Ballrooms II & III
8:50 am – 9:50 am	"Chapter 2; This was not part of my retirement plan"	Wendy Kleppe, Exec. Director Sunrise of Edmonds
9:50 am – 10:50 am	Senior Scams	Mary Cordova Concierge Caregivers
10:55 am – 11:10 am	Break	Stehekin Foyer – Upstairs Atrium
11:15 am – 12:15 pm	Sleep Apnea – Inspire Device	TBA
12:20 pm – 1:20 pm	Lunch	Ballrooms II & III
1:30 pm – 2:30 pm	Department of Retirement Systems	DRS LEOFF 1 Admin.
2:30 pm – 2:45 pm	Break	Stehekin Foyer – Upstairs Atrium
2:45 pm – 3:45 pm	Actuary Report	Matt Smith, State Actuary Office
3:50 pm – 5:00 pm	Association Business	Elections – West VP & Secretary
	DINNER ON YOUR OWN	

FRIDAY, MAY 9, 2025 **SESSIONS WILL BE IN THE STEHEKIN RM UNLESS OTHERWISE STATED**

8:00 am – 9:00 am	Breakfast	Ballrooms II & III
9:00 am – 10:30 am	LEOFF 1 Forum	President Thrall - West VP Vandver
11:00 am	Board Meeting	Monfort Room – Upstairs

WEAR YOUR NAME BADGE FOR ALL MEALS - IT IS YOUR MEAL TICKET YOU MUST HAVE A NAME BADGE TO HAVE MEALS - NO EXCEPTIONS - PLEASE PURCHASE YOUR BANQUET TICKETS BEFORE MAY 1,2025 TO AVOID A $23 PENALTY FEE. SEE INCLUDED BANQUET FORM.

SEE YOU NEXT YEAR AT CAMPBELL'S RESORT MAY 5 - 8, 2026

WSLEA 2025 Annual Conference

Employer Tax Identification

Number 26-4245065

Tuesday, May 6, 2025 – Friday, May 9, 2025

Campbell's Resort – 104 W Wooden, Chelan, WA 98816

Make RESERVATIONS directly with the hotel by April 4, 2025 Reservation 654378 (800) 553-8225

Indicate you are with LEOFF Group Traditional Room $178 Deluxe Room $228

CONFERENCE REGISTRATION: Please mail this form before April 22, 2025

Stephanie Coleman
WSLEA Association
4819 33rd Ave Ave W
Everett, WA 98203
Make checks payable to WSLEA

REGISTRATION QUESTIONS: **Stephanie Coleman – 206-510-7465** StephanieWSLEA@outlook.com

CONFERENCE QUESTIONS: **Linda Alvar – 425-330-1653** punkins39@comcast.net

FULL EARLY registration PAID by check before April 25, 2025 #____ @ $595 = _____
Includes all meals and events for conference delegates 595
(Payment must be received before April 25, 2025, for the Purchase Orders to qualify as early registration)

Full late registration PAID by check after April 25, 2025 # ____@ 35$= $_____

SINGLE DAY registration (**excluding Banquet**) #_____ @ $295= $_____

GUEST BANQUET TICKET – Wednesday (included in full registration) #_____ @ $75 = $_____

GUEST MEALS All guests who will be eating conference meals
MUST purchase a meal ticket (**includes Banquet**) #_____ @ $285=$_____

Guest Name: _____

TOTAL AMOUNT ENCLOSED OR PURCHASE ORDER NUMBER: P.O. #_____ $_____

Delegate's Name:_____ **Title:**_____

Jurisdiction/Organization:_____**Email**_____

Address:_____

City & Zip: _____ **Phone:**_____

CANCELLATION POLICY: There is a $35.00 administrative fee for any cancellation. Cancellations received by e-mail or in writing must be postmarked by April 25. 2025 to receive a refund minus the $35.00 administrative fee. Cancellations received April25, 2025, or later may receive a refund, minus the admin. fee of $35.00 and the cost of meals upon WSLEA Executive Board approval.

PLEASE COMPLETE ONE FORM FOR EACH DELEGATE ATTENDING