



10/7/2025

**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 September 2, 2025
- 5. TREASURER'S REPORT**
 - a. Treasurer's Report August
- 6. FIRE CLAIMS**
 - a. Summary of Claims for Signature
- 7. POLICE CLAIMS: NONE**
- 8. NEW BUSINESS**
 - a. Police Member #8 Seeking Reimbursement for Hearing Aids
 - b. Police Member #25 Seeking Reimbursement for Massages
- 9. UNFINISHED BUSINESS**
 - a. Review Fire Member #30's Hospital Outpatient Visit Reimbursement
- 10. BOARD COMMENTS/DISCUSSION**
- 11. ADJOURNMENT**

NEXT MEETING DATE: NOVEMBER 4, 2025

**DISABILITY BOARD
REGULAR MEETING
September 2, 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, <i>Mayor</i> Chuck Torelli, <i>Mayor Pro Tem</i> Jim Kraft, <i>Police Representative</i> Kathryn Armstrong, <i>Member-At-Large</i>	City Staff Present: Jessica Platt, <i>Finance Director</i> Joyce Pascua, <i>Senior Accounting Specialist</i> Krystal Johnston, <i>City Clerk</i> Kristi Smith, <i>Disability Board Benefits Administrator</i>
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3. **PUBLIC COMMENT:** NONE
4. **APPROVAL OF MINUTES:** The minutes of August 5, 2025 and August 12, 2025, were unanimously approved as presented.
5. **TREASURER’S REPORT:** Ms. Platt delivered the Treasurer's reports for June and July
6. **FIRE CLAIMS:** NONE
7. **POLICE CLAIMS:**
 - a. **SUMMARY OF CLAIMS:** The motion to approve the police claim was unanimously approved as presented.
8. **NEW BUSINESS:**
 - a. **Claim: Fire Member # 21 requesting reimbursement for medical supplies:** The Board briefly discussed the claim. **The motion to approve Fire Member #21’s claim for reimbursement in the amount of \$347.49 was unanimously approved as presented.**
 - b. **Claim: Fire Member # 30 requesting reimbursement for hospital outpatient visit:** The Board briefly discussed the claim. Board requests additional information on statement details and review of insurance coverage for claim.
 - c. **Home Healthcare Cost Analysis Discussion with Smith Consulting:** Ms. Smith discussed current average home care costs with board members.
9. **UNFINISHED BUSINESS:**
 - a. **Claim: Police Member #25 requesting reimbursement for massage:** The Board briefly discussed the claim with requested additional information from doctor presented. **The motion to approve Police Member #25’s claim for reimbursement in the amount of \$590.00 was unanimously approved as presented.**
10. **BOARD COMMENTS/DISCUSSION:**

Mr. Kraft noted that a request for massage therapy was submitted to the board and may result in a reimbursement request. The member will be asked to seek insurance coverage before the claim can be presented to the board for review and approval.

Ms. Smith addressed the board, noting that she is currently reviewing existing board policies and member insurance coverage, and outlined some of the enhanced services she will be able to provide members in the future.

Ms. Johnston discussed the plan to update all City-wide policies, including the Disability Board policies, which will eventually be formally adopted into the Kennewick Municipal Code.

ADJOURNMENT: Mr. Kraft concluded the meeting at 5:07 p.m.

Draft

Joyce Pascua
Disability Board Secretary

CITY OF KENNEWICK
OTHER POST EMPLOYMENT BENEFITS
TRUST FUND

Preliminary Financial Statements

August 31, 2025

CITY OF KENNEWICK

Other Post Employment Benefits Trust Fund

Balance Sheet
August 31, 2025

	Current Year	Prior Year
<u>Assets</u>		
Equity in Pooled Cash & Investments	\$ 5,944,851	\$ 5,302,006
Investments	-	\$ -
Interest Receivable		
Total Assets	\$ 5,944,851	\$ 5,302,006
<u>Liabilities</u>		
Accounts Payable	\$ 14,330	\$ -
Total Liabilities	14,330	-
<u>Fund Balance</u>		
Committed Fund Balance	5,930,521	5,302,006
Total Fund Balance	5,930,521	5,302,006
Total Liabilities and Fund Balance	\$ 5,944,851	\$ 5,302,006

CITY OF KENNEWICK

Other Post Employment Benefits Trust Fund

Income Statement

August 31, 2025

	2025 Budget	Year To Date	Over (Under) Budget	Prior Year To Date
<u>Revenues:</u>				
Water and Sewer Utility Tax	\$ 590,000	\$ 553,115	\$ (36,885)	\$ 504,758
Investment Interest	163,500	136,717	(26,783)	144,080
Total Revenues	753,500	689,832	(63,668)	648,838
<u>Expenditures:</u>				
Medical Insurance	348,500	229,277	(119,223)	192,135
Medical and Prescriptions	205,000	71,082	(133,918)	40,928
Disability Board Secretary	2,000	-	(2,000)	-
Office Supplies	50	-	(50)	-
Postage Expense	300	31	(269)	12
Travel and Training	2,000	-	(2,000)	2,851
Contractual/Consulting Services	12,500	-	(12,500)	3,700
Copier Charges	18	59	41	-
Total Expenditures	570,368	300,448	(269,919)	239,626
Net Income (Loss)	183,133	389,384	206,251	409,213
Beginning Fund Balance	5,541,137	5,541,137	-	4,892,793
Ending Fund Balance	\$ 5,724,270	\$ 5,930,521	\$ 206,251	\$ 5,302,006

MEETING DATE:
 FIRE DISABILITY BOARD
 FROM: JOYCE PASCUA, DISABILITY BOARD SECRETARY
 RE: FIRE PERSONNEL BUDGET NO. J2517210 . 520012

Member #	Date of Service	Claim Type	Provider Type	TOTAL
21	9/10/2025	Medical Supplies	Bellevue Healthcare	\$ 17.17
21	8/1/2025	Hospital Bed	Bellevue Healthcare	\$ 257.18

\$ 274.35

JIM KRAFT, POLICE REPRESENTATIVE

DENNIS WATERS, FIRE REPRESENTATIVE

KATHRYN ARMSTRONG, MEMBER AT LARGE

GRETL CRAWFORD, MAYOR

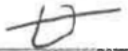
CHUCK TORELLI, MAYOR PRO TEM

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
9/10/25	Nebulizer MASK	Bellave	17.17	
8/1/25	hospital Bed	" " "	257.18	

TOTAL: 274.35





9-14-25

Print Name

Signature

Date

Board Use Only

RECEIVED
9/15/25

Fire Member #21

Billing Questions
(866) 451-2842
Monday - Friday;
9:00 am - 4:00 pm

Insurance on File
INS - Regence MedAvantage
- WA

Important Messages
Your insurance on file has been billed, remaining balance owed is your responsibility. Make a payment or enroll in eStatements at Bellevuehealthcare.com/payments.



Date Mailed: Jul 22, 2025

Account Number:

Patient Name:

AutoPAY will charge
\$257.18 on 08/01/2025

Current Due

AutoPAY is ON

INVOICE #	DATE	DESCRIPTION	PT. RESP.	PAYMENT	AMOUNT DUE
[REDACTED]	07/17/2025 07/17/2025	Bed Full Electric (Rental) Mattress Group 1 80" or 84" (Rental)	\$257.18	\$0.00	\$257.18

AutoPAY will charge on 08/01/2025 --> Total: \$257.18

Paid

INVOICE #	PATIENT RESPONSIBILITY	PAYMENT	DATE PAID
[REDACTED]	\$257.18	\$257.18	07/10/2025

AutoPAY IS ON

PLEASE DETACH HERE AND RETURN BOTTOM PORTION

Payments not accepted at this address
PO Box 1259 Dept # 132849
Oaks, PA, 19465

AutoPAY will charge \$257.18 on 08/01/2025

Account #:

Invoice(s):

Account #

Invoice(s):

Bellevue Healthcare
PO Box 35145 #1024
Seattle, WA, 98124-5145



DELIVERY TICKET

Date 9/10/2025 9:40:56 AM

Sales Order [REDACTED]

Customer ID [REDACTED]

223 West 1st Ave, Kennewick, WA 99336-3930, Phone: (509) 586-2778

Customer Walk in Cash Customer - Kennewick,
Kennewick

DOB [REDACTED]

Height

Weight

Sex F

Bill to [REDACTED]

Deliver to [REDACTED]

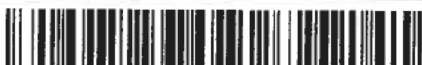
Insurance None

Referral Walk In, Customer

Comments or Special Instructions

HIPAA Signature on file Yes

Delivery Date	Time	CSR	Branch	Qty	UOM	Type	Bin	Item	Ext. Amt.	Tax	Co-Pay	
9/10/2025		Irma	Kennewick									
Warehouse				Kennewick								
5	EA	Purchase		RES090 / Nebulizer Kit w/ Mask Sunset HCS / RES090						\$15.78	\$1.39	\$17.17
TOTAL									\$15.78	\$1.39	\$17.17	



Sales Order [REDACTED]

Customer ID [REDACTED]

Customer Copy

Customer Walk in Cash Customer - Kennewick,
Kennewick

RENTAL AGREEMENT-I acknowledge that: 1)The equipment listed on the delivery slip is being rented only, and further acknowledge that Bellevue Healthcare (BHC) owns the equipment. 2)I have received the equipment in good working order. 3)I am responsible for the rented equipment and must pay a replacement fee if it is broken/damaged or lost. 4)A cleaning fee of \$25 may be charged if equipment is returned "unreasonably" dirty. 5)Rental periods are for one-month periods unless specified otherwise. No refund will be made if the equipment is returned early. 6)All outstanding balances will be turned over to collections if unpaid for 3 months. 7)The rental period is determined by the insurance company. If no insurance is involved, self pay items may cap, and will cap at a cost greater than the standard retail purchase price of the item. All rental payments may be applied to the purchase price of the equipment being rented. 8)It is the responsibility of the patient/representative to return to or contact BHC when the equipment is no longer needed. 9) Equipment that fits in a car should be returned to a BHC showroom or will be subject to a \$29 Pick up fee. 10)BHC is not responsible for any damage that may occur to the lessee's property caused by equipment during use.

 CREDIT CARD-BHC requires a credit card to be kept on file for all rental items and your account will be set up on auto-pay. Your credit card information is kept confidential and secure and will only be used as a method of payment for recurring rentals, or any portion of services that your insurance doesn't cover, or in the case a rental is not returned to BHC . Your credit card will be processed after the claim has been filed and processed by your insurer when applicable. Patient invoices will be charged on the due date of the invoice. It is your responsibility to contact us if you have questions or concerns on your invoice.

 RETURN POLICY-1)Hygienic items are non-returnable and non-refundable (including, but not limited to, all equipment used in the bathroom). 2)Returnable equipment may be returned with this receipt within 10 days of purchase. 3)Equipment must be unused and in original packaging. 4)All returns are subject to a minimum 25% restocking fee. 5)Custom items (items ordered specifically for you) are non-returnable. 6)Items being returned must be returned directly to BHC or they are subject to a pick-up fee. 7)Used equipment that was purchased was purchased "as-is" and is non-returnable.

 INFORMED CONSENT-What company provides your Medical Insurance: _____ . I attest that: I am not currently enrolled in Medicaid program nor am I renting or purchasing this item on behalf of a Medicaid beneficiary. I attest that my insurance benefits were explored and BHC will not submit a claim for the following reason:

 UPGRADED EQUIPMENT-This item is deluxe equipment. I attest I was offered the standard equipment and I am electing a deluxe version of a covered item. I am responsible for the charges beyond the allowed amount by my insurance.

 INSURANCE TRANSACTIONS-Assignment of Benefits: I request that payment of authorized insurance benefits be made either to me or on my behalf. I assign to BHC these benefits for any service furnished to me by that supplier. I authorize any holder of medical information about me to release to BHC, the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services. I further authorize BHC to release to my insurance company any and all information pertaining to me for benefit determination. MEDICARE BENEFICIARIES: Certain items classified as "Inexpensive and Routine" can be rented or purchased. Medicare also allows a Purchase Option for applicable Complex Rehab Chairs that fall into the Capped Rental Category.

By signing below, I acknowledge receipt of the equipment listed above and have received instructions on proper equipment use. If I am not the end user of the products listed, it is my responsibility to relay the information to them. I understand I can contact BHC for any issues regarding the equipment. I understand that I am under the care of my physician and that BHC has not prescribed the equipment, or made any representations regarding efficacy, length of need, its therapeutic value, and is not liable for any injuries or damages resulting from the use of the equipment and will be held harmless. ***BHC makes no guarantee of payment for any equipment provided. Patient understands that they will be financially responsible for any equipment or services provided that are not covered by their insurance company or any misrepresentation of insurance at the time services are rendered. Customer acknowledges and understands that copies of BHC privacy policy and supplier standards can be found online at <https://bellevuehealthcare.com/privacy-policy/> or can be requested in store.** The public may contact Bellevue Healthcare management at any time to report any concerns or register complaints regarding patient care and safety that you feel have not been addressed by the organization at 1-866-451-2842, email: administrator@bellevuehealthcare.com or contact the Joint Commissions Office of Quality Monitoring directly by either calling 1- 800-994-6610 or emailing: complaint@jcaho.org

_____ How was your experience with BHC? <https://bellevuehealthcare.com/feedback/>
Print Name



Sales Order
Customer

Customer ID

Walk in Cash Customer - Kennewick,
Kennewick

Customer Copy

Page 2 of 3

Page 12 of 20

BELLEVUE HEALTHCARE- KENNEWICK
223 W 1ST AVE
KENNEWICK WA 99336
509-586-2778

09/10/2025 08:40:16

CREDIT CARD
DISCVR SALE

Card #	XXXXXXXXXXXX6042
Chip Card:	Discover
AID:	A0000001523010
SEQ #:	1
Batch #:	0
Trans #:	1
Approval Code:	01027Q
TRANS ID:	475218184820664
Entry Method:	Chip Read
Mode:	Issuer

SALE AMOUNT \$17.17

THANK YOU

CUSTOMER COPY

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 [X] Other [X] _____

Date of Service	Condition or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
7-21-2025	Hearing Loss	COSTCO	1599.99	0

TOTAL: 1599.99

[Redacted]

[Redacted]

Print Name

Signature

8-21-2025

Date

Board Use Only

RECEIVED
9/4/25

Police Member #8



#00486 Kennewick
 8505A W. Gage Blvd
 Kennewick WA 99336
 (509) 737-0637

Vendor Copy - Slip Print Here

SLIP PRINT RECEIPT

NFI: [REDACTED]
 MEMBER #: [REDACTED]



F 1891069 SON PR+STRM 1,599.99
 KIOSK ORDER# 4863294
 SUBTOTAL 1,599.99
 TAX 0.00
 **** TOTAL 1,599.99
 [REDACTED] Visa 1,599.99
 CHANGE 0.00
 TOTAL NUMBER OF ITEMS SOLD = 1

CASHIER: SAVOEVN H.
 07/21/2025 11:05 486 79 4 179

PATIENT ID.

Item Description	Item #	Model / Description	Manufacturer Warranty	Unit Price	Total Amount
Bundle	1891069	Sennheiser Sonite Pair with Charger & Streamer		1599.99	1599.99
<i>Left Hearing Aid</i>		<i>Sennheiser Sonite R RIC Digital Loss & Damage Warranty Battery Size Rechargeable</i>	36 mths 36 mths		
<i>Right Hearing Aid</i>		<i>Sennheiser Sonite R RIC Digital Loss & Damage Warranty Battery Size Rechargeable</i>	36 mths 36 mths		
<i>Accessory</i>		<i>Sennheiser Sonite R-Li Standard Charger</i>	36 mths		
<i>Accessory</i>		<i>Phonak TV Connector</i>	12 mths		
Left Receiver		Sonova M Receiver 5, 2	36 mths	0.00	0.00
Right Receiver		Sonova M Receiver 5, 2	36 mths	0.00	0.00
				Tax (if applicable)	
				Total	\$1599.99

"SW"

Handwritten signature
 \$1599.99

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
6/25/25	SORE BACK	MASSAGE TRI CITIES	100.00	100.00
7/22/25	SORE BACK	MASSAGE TRI CITIES	100.00	100.00
9/03/25	SORE BACK	MASSAGE TRI CITIES	100.00	100.00
9/18/25	SORE BACK	MASSAGE TRI CITIES	100.00	100.00

TOTAL: \$ 400.00

Print Name 

Signature 

Date 9/18/2025

Board Use Only	Police Member #25	RECEIVED 9/18/2025
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You paid an invoice! [REDACTED]

Message Tri-Cities <messenger@messaging.squareup.com>
Reply-To: Message Tri-Cities
<CAESPhIkNTg4ZTdmY2U1NjM5Ny00YjQxLWEwMzQ1MjEwMzBjYmQ2MmNjGgtjOjQ5MzgwMjk5NyIjBjVWVzc2VuZ2VyljC0Tahl+b7IkNwT1O2Zs5zui1oqdNe7ZbmEYZ/sltJebA==@reply2.squa

Wed, Jun 25, 2025

Message Tri-Cities

Invoice Paid

\$100.00

Paid with Visa [REDACTED] on June 25, 2025 at 3:56 PM

Invoice [REDACTED]
June 25, 2025

Customer



[Download Invoice PDF](#)

Message

WA state License # MA00024917. NPI - 1144467895. CPT Code - 97140.

Invoice summary

60 Min Massage with Nancy **\$100.00**

Whether you are looking for light to medium pressure general relaxation, or firm pressure deep tissue and/or trigger point work this is a 60 min massage your way. As your therapist I will communicate with you in order to customize your experience.

Subtotal **\$100.00**

Total Paid **\$100.00**

Visa [REDACTED]

06/25/25, 3:56 PM

Send estimates or invoices for your business?
Process \$1,000 in sales free when you sign up for Square.



You received a new invoice [REDACTED]

Message Tri-Cities <messenger@messaging.squareup.com>
Reply-To: Message Tri-Cities
<CAESPhkNDkvMWI0YiMINTUxNi00MjA0LWI5ODMiNTZkNzUwMjJxYmFjGg0JQ5MzgwMjk5NylJbWVzc2VuZ2VyljBE2llxmHdbxTafbi8SWL4F1zJsvs/qwgallBrH4G7Qow==@reply2.squareu

Tue, Jul 22, 2025 at 1:

Message Tri-Cities
New Invoice

\$100.00

Due on July 22, 2025

Pay Invoice

Invoice [REDACTED]
July 22, 2025

Customer
[REDACTED]

[Download Invoice PDF](#)

Message
WA state License # MA00024917. NPI - 1144487895. CPT Code - 97140.

Invoice summary	
60 Min Massage with Nancy	\$100.00
Whether you are looking for light to medium pressure general relaxation, or firm pressure deep tissue and/or trigger point work this is a 60 min massage your way. As your therapist I will communicate with you in order to customize your experience.	
Subtotal	\$100.00
Total Due	\$100.00

Message Tri-Cities
4206 West 24th Avenue Suite A101



You paid an invoice! [REDACTED]

Message Tri-Cities <messenger@messaging.squareup.com>
Reply-To: Message Tri-Cities
<CAESPhkMTLwNm3ZmQizjBkZC00OTJiLWEyM2EIMjgzZTc1OTk3OWQ4GgtjOjQ5MzgwMjk5NyJbWVzc2VuZ2VyltiCMkzUV99bUL8xZQu-HQ7gDYgyYYSFZhyFjuoDEeqtO9A==@reply2.s

Wed, Sep 3, 2025

Message Tri-Cities
Invoice Paid

\$100.00

Paid with Visa [REDACTED] on September 3, 2025 at 3:44 PM

Invoice [REDACTED]
September 3, 2025

Customer
[REDACTED]

[Download Invoice PDF](#)

Message
WA state License # MA00024917. NPI - 1144467895. CPT Code - 97140.

Invoice summary	
60 Min Massage with Nancy	\$100.00
Whether you are looking for light to medium pressure general relaxation, or firm pressure deep tissue and/or trigger point work this is a 60 min massage your way. As your therapist I will communicate with you in order to customize your experience.	
Subtotal	\$100.00
Total Paid	\$100.00

Visa [REDACTED]

09/03/25, 3:44 PM

Send estimates or invoices for your business?
Process \$1,000 in sales free when you sign up for Square.



You paid an invoice!

Message Tri-Cities <messenger@messaging.squareup.com>

Reply-To: Message Tri-Cities

<CAESPhkYUvZIU3ZTgYjYIMDEwMGE3NzM4ZjU2GgltOjQ5MzgwMjk5NylJbWVzc2VvZ2VyljAdw5Xl7YQSQkohkzwVikL59ynv7wPspSoNC4yrFQrtxw==@reply2.squa

Thu, Sep 18, 2025

Message Tri-Cities

Invoice Paid

\$100.00

Paid with Visa on September 18, 2025 at 3:06 PM

Invoice September 18, 2025

Customer

Download Invoice PDF

Message

WA state License # MA00024917. NPI - 1144467895. CPT Code - 97140.

Invoice summary

60 Min Massage with Nancy \$100.00

Whether you are looking for light to medium pressure general relaxation, or firm pressure deep tissue and/or trigger point work this is a 60 min massage your way. As your therapist I will communicate with you in order to customize your experience.

Subtotal \$100.00

Total Paid \$100.00

Visa

09/18/25, 3:06 PM

Send estimates or invoices for your business? Process \$1,000 in sales free when you sign up for Square.