



## **LEOFF DISABILITY BOARD**

### **AGENDA**

**Wednesday, August 16, 2017 at 1:00 p.m.**

**Camas City Hall, 616 NE 4<sup>th</sup> Avenue**

#### *SPECIAL MEETING*

- I. CALL TO ORDER BY CHAIR**
- II. APPROVAL OF THE MINUTES**
- III. CLAIMS SUMMARY REPORT**
- IV. OTHER BUSINESS**
  - A. Medical Equipment Purchase Reimbursement
- V. ADJOURNMENT**

## **Agenda Item II**

### Approval of the Minutes

#### **Discussion:**

The minutes from the May 24, 2017 meeting are included in this packet.

Minutes should be reviewed and approved as-is or with necessary changes/edits.

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#### **Action requested:**

- Motion to approve the minutes from the May 24, 2017 meeting.

#### IF CHANGES REQUESTED:

- Motion to approve the minutes from the May 24, 2017 meeting with the discussed changes.



**LEOFF DISABILITY Board  
MEETING MINUTES - Draft  
May 24, 2017, 2:30 p.m.**

*SPECIAL MEETING*

Present: Paul Berg, Don Chaney, Joan Durgin, Bob Rhode (arrived at 2:38 p.m.) and  
Melissa Smith

Excused:

Staff: Leisha Copsey, Jennifer Gorsuch and Shawn MacPherson

**I. CALL TO ORDER BY CHAIR**

Chair Smith called the meeting to order at 2:31 p.m.

**II. APPROVAL OF THE MINUTES**

**It was moved by Vice-Chair Durgin, seconded by Council Member Chaney, to approve the meeting minutes of March 29, 2017. The motion carried unanimously.**

**III. RECONSIDERATION OF DENIAL OF SERVICES**

Administrative Services Director Gorsuch informed the Board that the City received a request for reconsideration from Deloy Little's family regarding the decision that was made by the Board during the March 29, 2017 meeting. Gorsuch distributed the reconsideration request that was received from Laryn Arvidson, daughter of Deloy Little, to the Board.

Council Member Chaney informed the Board that he had been contacted by Arvidson regarding the Board's prior decision. He added that he advised her that he was unable to comment about the matter.

City Attorney Shawn MacPherson explained what ex-parte communication was and the protocol that should be followed.

Chair Smith asked if there were any objections to Chaney participating in the decision making process due to the ex-parte communication revealed by Chaney. There were no objections.

#### **IV. CLOSED SESSION**

Smith stated that the Board will be going into a closed session to discuss a Quasi-Judicial matter. The Board went into a closed session at 2:36 p.m.

The meeting reconvened at 3:09 p.m.

#### **V. OTHER BUSINESS**

##### **A. Decision Regarding Appeal of Retiree Coverage Request Discussed During Closed Session**

**It was moved by Council Member Chaney, seconded by Board Member Rhode, to deny the request for reconsideration of services as discussed and reviewed during the closed session.**

Smith asked if there was any discussion.

Vice-Chair Durgin stated that she does not feel that it is medically necessary but does understand the importance of companionship to the family. Smith concurred.

**The motion carried unanimously.**

#### **VI. ADJOURNMENT**

The meeting adjourned at 3:11 p.m.

### **Agenda Item III**

#### **Claims Summary Report**

**Discussion:**

A summary of all reimbursement requests processed from April 1, 2017 through July 31, 2017 are included for review in the attached spreadsheet. The total amount of reimbursements is \$30,923.71.

These reimbursement requests were authorized by the Administrative Services Director, as outlined in the delegation of authority given by the Board.

The documentation submitted will be available at this meeting for review or in the event of questions from the Board.

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**Action requested:**

- Motion to approve the City of Camas LEOFF Disability Board reimbursements as presented.

8/11/2017

**LEOFF I Disability Board  
Reported Expenses**

Expense Type	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	YTD Total
Medicare Premiums			\$ 4,410.00	\$ 102.60		\$ 4,512.60							\$ 9,025.20
Rx & Office Co-pays		\$ 35.00	\$ 35.00	\$ 272.56		\$ 719.05	\$ 254.00						\$ 1,315.61
Dental Care (Verde)	\$ 290.00		\$ 1,431.00	\$ 1,534.00	\$ 2,134.00	\$ 224.00	\$ 402.00						\$ 6,015.00
Eye Care													\$ -
Hearing Aids		\$ 1,743.34											\$ 1,743.34
Medical Equipment		\$ 215.72											\$ 215.72
Assisted Living (pre-approved)	\$ 4,845.50	\$ 5,058.25		\$ 5,271.00	\$ 5,271.00	\$ 5,159.40	\$ 5,067.50						\$ 30,672.65
In Home Care (pre-approved)													\$ -
Miscellaneous													\$ -
<b>Total</b>	\$ 5,135.50	\$ 7,052.31	\$ 5,876.00	\$ 7,180.16	\$ 7,405.00	\$ 10,615.05	\$ 5,723.50	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 48,987.52

**Police 613.00.521.201.21 (9 participants)**

**Fire 613.00.522.215.21 (3 participants)**

**Descriptions**

Medicare Part B

Co-pay & Rx

Dental (FI. Last name)

Eye Care

Hearing Aid

Med. Equip.

Assisted Living (FI. Last name, Month Year)

## **Agenda Item IV**

### **A. Medical Equipment Purchase Reimbursement**

#### **Discussion:**

One of our LEOFF I retirees, Bill Adams, passed away in June. Prior to his passing, he purchased some medical equipment to assist with his mobility, as he was unable to move on his own without assistance.

These items were not covered by Medicare or his insurance plan. In order for these items to have been approved and paid for, he would have had to see his doctor so his needs could be assessed and a prescription or doctor's order could be written for the wheelchair and lift. Medicare was unable to determine if he met the requirements for the purchases since this did not occur. Had he seen his doctor and secured the documentation, it would have been covered by Medicare and his health plan under the medical equipment benefit.

Mr. Adams and his family were not told of this detail by the supplier and were not aware that documentation was needed in order for it to be covered. They purchased the items due to his immediate necessity. The total amount of the used wheelchair and lift were \$1019.40.

The invoices are attached for the Board's review.

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#### **Action requested:**

- Motion to approve the reimbursement request for medical equipment submitted by Bill Adams' family.

OR

- Motion to deny the reimbursement request for medical equipment submitted by Bill Adams' family.

577353

219067

**COXHEALTH HOME SUPPORT - HOUSTON**

1336 S. SAM HOUSTON BLVD

HOUSTON, MO 65483-2045

417-967-5671 800-362-9480

**DELIVERY TICKET For WILLIAM ADAMS**

MRN:219067 From 05/05/2017 To 05/05/2017 Delivered 05/05/2017 PPE

Ship To: WILLIAM ADAMS

(H) 417-217-6028 Delivery Method: PCR

112 E Spruce St

(C)

PHYSICIAN: STEPHEN HAWKINS, MD

Houston, MO 65483

(W)

PHONE: 417-962-3015

417-217-6028

ORDERS

DATE OF BIRTH 05/29/1937

PAYOR Patient

DELIVERY Lift chair new set-up

INSTRUCTIONS tlc 5/4/17

*Paid in advance 424-17 TLC*

Category	Delivery Item	Qty	Bill Price	Ext. Price
Other				
	Sale Discount - Cash	1	-372.60	-372.60
	SPECIAL ORDER LIFT CHAIR	1	892.00	892.00
Rental Equipment				
	LIFTCHAIR BASE SN: _____	1	350.00	350.00

Total: \$869.40

Delivered By: \_\_\_\_\_

Date: \_\_\_\_\_

Customer/Caregiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Patient Must Date)

Caregiver Name: \_\_\_\_\_  
(Please Print)

Relationship: \_\_\_\_\_

Items must be returned UNUSED within Five (5) working days for credit to account.

Date Printed: 05/04/2017



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ORDERS

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Delivery Method: PCR

PHYSICIAN: STEPHEN HAWKINS, MD

PHONE: 417-962-3015

DATE OF BIRTH 05/29/1937

PAYOR Patient

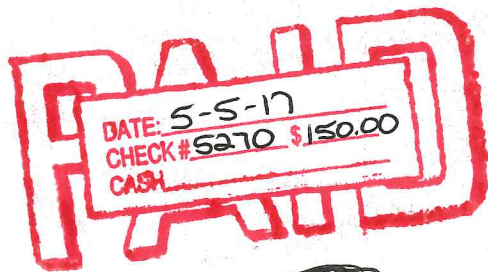
DELIVERY Self-pay wheelchair purchase

INSTRUCTIONS Price approved by Mike W.

tlc 5/5/17

*paid check #5270*

Category	Delivery Item	Qty	Bill Price	Ext. Price
Rental Equipment				
TREX26RP	WHEELCHAIR STANDARD 16X16" SN: _____	1	150.00	150.00
Pickup	WHEELCHAIR STANDARD 18X16" SN: 16HM006644	1		



Total: \$150.00

Delivered By: \_\_\_\_\_

Date: \_\_\_\_\_

Customer/Caregiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Patient Must Date)

Caregiver Name: \_\_\_\_\_

(Please Print)

Relationship: \_\_\_\_\_

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