



## **LEOFF DISABILITY BOARD**

### **AGENDA**

**Friday, October 6, 2017 at 10:00 a.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. CLOSED SESSION**
- V. OTHER BUSINESS**
  - A. Decision Regarding Retiree Coverage Request Discussed During Closed Session
- VI. ADJOURNMENT**

## **Agenda Item II**

### Approval of the Minutes

**Discussion:**

The minutes from the August 16, 2017 meeting are included in this packet.

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

---

**Action requested:**

- Motion to approve the minutes from the August 16, 2017 meeting.

IF CHANGES REQUESTED:

- Motion to approve the minutes from the August 16, 2017 meeting with the discussed changes.



## **LEOFF DISABILITY BOARD**

### **MEETING MINUTES - Draft**

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

#### *SPECIAL MEETING*

Present: Don Chaney, Joan Durgin, Bob Rhode and Melissa Smith

Excused:

Absent: Paul Berg

Staff: Leisha Copsey, Jennifer Gorsuch and Shawn MacPherson

#### **I. CALL TO ORDER BY CHAIR**

Chair Smith called the meeting to order at 1:00 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 May 24, 2017. The motion carried unanimously.**

#### **III. CLAIMS SUMMARY REPORT**

Administrative Services Director Gorsuch reviewed the reimbursement claims that were submitted and processed from April 1, 2017 through July 31, 2017, in the amount of \$30,923.71, with the Board. These claims were approved by the Administrative Services Director per the authority delegated by the Board and reimbursement claims that were previously approved by the Board.

Gorsuch responded to questions from the Board.

**It was moved by Council Member Chaney, seconded by Vice-Chair Durgin, to approve the Claims Summary Report in the amount of \$30,923.71 as presented. The motion carried unanimously.**

#### **IV. OTHER BUSINESS**

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

Gorsuch reviewed the reimbursement request for the medical equipment that was purchased by Bill Adams' family with the Board. Discussion ensued.

**It was moved by Board Member Rhode, seconded by Council Member Chaney, to approve the reimbursement request for medical equipment to the Estate of Bill Adams. The motion carried unanimously.**

#### **V. ADJOURNMENT**

The meeting adjourned at 1:10 p.m.

### **Agenda Item III**

#### **Claims Summary Report**

**Discussion:**

A summary of all reimbursement requests processed from August 1, 2017 through September 30, 2017 are included for review in the attached spreadsheet. The total amount of reimbursements is \$16,977.33.

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.

---

**Action requested:**

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

9/22/2017

# 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			\$ 4,197.90				\$ 13,223.10
Rx & Office Co-pays		\$ 35.00	\$ 35.00	\$ 272.56		\$ 719.05	\$ 254.00	\$ 280.21	\$ 7.65				\$ 1,603.47
Dental Care (Verde)	\$ 290.00		\$ 1,431.00	\$ 1,534.00	\$ 2,134.00	\$ 224.00	\$ 402.00	\$ 337.00	\$ 359.00				\$ 6,711.00
Eye Care								\$ 163.18					\$ 163.18
Hearing Aids		\$ 1,743.34											\$ 1,743.34
Medical Equipment		\$ 215.72							\$ 1,142.39				\$ 1,358.11
Assisted Living (pre-approved)	\$ 4,845.50	\$ 5,058.25		\$ 5,271.00	\$ 5,271.00	\$ 5,159.40	\$ 5,067.50	\$ 5,067.50	\$ 5,067.50				\$ 40,807.65
In Home Care (pre-approved)													\$ -
Miscellaneous								\$ 355.00					\$ 355.00
<b>Total</b>	\$ 5,135.50	\$ 7,052.31	\$ 5,876.00	\$ 7,180.16	\$ 7,405.00	\$ 10,615.05	\$ 5,723.50	\$ 6,202.89	\$ 10,774.44	\$ -	\$ -	\$ -	\$ 65,964.85

**Police 613.00.521.201.21 (9 participants)**

**Fire 613.00.522.215.21 (3 participants)**

## Descriptions

Medicare Part B  
Co-pay & Rx  
Dental (Fl. Last name)  
Eye Care  
Hearing Aid  
Med. Equip.  
Assisted Living (Fl. Last name, Month Year)  
Misc. Medical Expenses

## **Agenda Item V**

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

#### **Discussion:**

Board members were provided with the following documents during the closed session:

- Staff Report
- Application Request for Home Health Care including letter from family and doctor's note
- Home Health Provider Information Form

---

#### **Action requested:**

- Motion to approve Home Health Care Services for member Deloy Little as requested

OR

- Motion to deny Home Health Care Services for member Deloy Little

OR

- Motion stating other direction of the Board