



**LEOFF DISABILITY BOARD AGENDA**  
**Monday, October 28, 2019 at 10:00 a.m.**  
**Camas City Hall, 616 NE 4<sup>th</sup> Avenue**

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*SPECIAL MEETING*

- I. CALL TO ORDER BY CHAIR**
- II. APPROVAL OF THE MINUTES**
- III. CLAIMS SUMMARY REPORT**
- IV. ADJOURNMENT**

## **Agenda Item II**

### Approval of the Minutes

**Discussion:**

The minutes from the July 26, 2019 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 July 26, 2019 meeting.

IF CHANGES REQUESTED:

- Motion to approve the minutes from the July 26, 2019 meeting with the discussed changes.



## **LEOFF DISABILITY BOARD MEETING MINUTES - Draft**

**Friday, July 26, 2019, 9:30 a.m.**

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

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### *SPECIAL MEETING*

Present: Don Chaney, Joan Durgin, and Bob Rhode

Excused: Paul Berg and Melissa Smith

Staff: Leisha Copsey, Jennifer Gorsuch and Shawn MacPherson

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

Chair Durgin called the meeting to order at 9:32 a.m.

### **II. APPROVAL OF THE MINUTES**

**It was moved by Council Member Chaney, seconded by Board Member Rhode, to approve the meeting minutes of April 10, 2019. The motion carried unanimously.**

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

Administrative Services Director Gorsuch reviewed the reimbursement claims that were submitted and processed from April 1, 2019 through June 30, 2019, in the amount of \$89,084.47, 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 Board Member Rhode, to approve the Claims Summary Report in the amount of \$89,084.47 as presented. The motion carried unanimously.**

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

##### **A. Rule Change – Massage Therapy Benefits**

Gorsuch reviewed the information that was gathered from other agencies around the state regarding massage therapy benefits and the proposed change to the City's rules with the Board.

Gorsuch responded to questions from the Board.

**It was moved by Board Member Rhode, seconded by Council Member Chaney, to approve the rule change in Section VII (A) (c) providing for massage therapy services as outlined effective July 26, 2019. The motion carried unanimously.**

##### **B. Rule Change – Long Term Care**

Gorsuch gave the Board an overview of the information that was gathered from other entities around the state regarding long term care limits and discussed ensued.

**It was moved by Council Member Chaney, seconded by Board Member Rhode, to approve the rule change for long term care as outlined by staff in the attachment provided modifying the reimbursement percentage to 110% effective July 26, 2019. The motion carried unanimously.**

#### **V. ADJOURNMENT**

The meeting adjourned at 10:06 a.m.

### **Agenda Item III**

#### **Claims Summary Report**

**Discussion:**

A summary of all reimbursement requests processed from July 1, 2019 through September 30, 2019 are included for review in the attached spreadsheets. The total amount of reimbursements is \$33,197.77.

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.

## 2019

| Expense Type                        | Jan-19 | Feb-19       | Mar-19       | Apr-19       | May-19       | Jun-19       | Jul-19       | Aug-19        | Sep-19      | YTD Total     |
|-------------------------------------|--------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|-------------|---------------|
| Medicare Premiums                   |        |              | \$ 6,225.00  |              |              | \$ 5,875.80  | \$ 316.40    |               | \$ 4,926.60 | \$ 17,343.80  |
| Rx/Office Visits/Co-pays            |        | \$ 111.44    | \$ 363.17    | \$ 133.00    | \$ 131.42    | \$ 182.68    | \$ 430.92    | \$ 100.00     | \$ 55.00    | \$ 1,507.63   |
| Dental Care (Verde)                 |        | \$ 614.00    | \$ 1,869.00  | \$ 398.00    | \$ 146.00    | \$ 1,025.00  | \$ 271.00    | \$ 362.00     | \$ 265.00   | \$ 4,950.00   |
| Eye Care                            |        |              |              |              |              | \$ 219.98    |              |               |             | \$ 219.98     |
| Hearing Aids                        |        |              | \$ 3,900.00  |              |              | \$ 1,599.99  |              |               |             | \$ 5,499.99   |
| Medical Equipment                   |        |              | \$ 10.00     |              | \$ 44.39     | \$ 329.46    |              |               |             | \$ 383.85     |
| Assisted Living (pre-approved)      |        | \$ 5,777.27  | \$ 5,772.25  | \$ 5,772.25  | \$ 5,772.25  | \$ 5,772.25  | \$ 5,772.25  | \$ 2,651.65   |             | \$ 37,290.17  |
| Home Health Services (pre-approved) |        | \$ 12,262.50 | \$ 39,780.25 | \$ 15,120.00 | \$ 25,572.00 | \$ 20,520.00 | \$ 20,155.95 | \$ (2,109.00) |             | \$ 131,301.70 |
| Miscellaneous                       |        |              |              | \$ 470.00    |              |              |              |               |             | \$ 470.00     |
| <b>Total</b>                        | \$ -   | \$ 18,765.21 | \$ 57,919.67 | \$ 21,893.25 | \$ 31,666.06 | \$ 35,525.16 | \$ 26,946.52 | \$ 1,004.65   | \$ 5,246.60 | \$ 198,967.12 |

**\$5446.88** Allocated to 2018

**\$9744** Noted in Springbrook as **Assisted Living**, but is actually **Home Health Services**

**\$2109** Deposit refunded from Comfort Keepers

### Descriptions

Medicare Part B  
 Rx/Office Visits/Co-pays  
 Dental (Fl. Last name)  
 Eye Care  
 Hearing Aid  
 Med. Equip.  
 Assisted Living (Fl. Last name, Month Year)  
 Home Health Services (Fl. Last name)  
 Misc. Medical Expenses

**Police 613.00.521.201.21 (8 participants)**

**Fire 613.00.522.215.21 (3 participants)**