



**LEOFF DISABILITY BOARD AGENDA**  
**Wednesday, February 19, 2020 at 11:00 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. OTHER BUSINESS**
  - A. Election of Chair and Vice-Chair
- V. ADJOURNMENT**

## **Agenda Item II**

### Approval of the Minutes

**Discussion:**

The minutes from the October 28, 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 October 28, 2019 meeting.

IF CHANGES REQUESTED:

- Motion to approve the minutes from the October 28, 2019 meeting with the discussed changes.



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

**Monday, October 28, 2019, 10:00 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: Melissa Smith

Absent: Paul Berg

Staff: Leisha Copsey, Jennifer Gorsuch and Shawn MacPherson

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

Chair Durgin called the meeting to order at 10:03 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 July 26, 2019. The motion carried unanimously.**

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

Administrative Services Director Gorsuch reviewed the reimbursement claims that were submitted and processed from July 1, 2019 through September 30, 2019, in the amount of \$33,197.77, 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.

**It was moved by Board Member Rhode, seconded by Council Member Chaney, to approve the Claims Summary Report in the amount of \$33,197.77 as presented. The motion carried unanimously.**

#### **IV. ADJOURNMENT**

The meeting adjourned at 10:05 a.m.

### **Agenda Item III**

#### **Claims Summary Report**

**Discussion:**

A summary of all reimbursement requests processed from October 1, 2019 through December 31, 2019 are included for review in the attached spreadsheet. The total amount of reimbursements is \$8,927.48.

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	Oct-19	Nov-19	Dec-19	YTD Total
Medicare Premiums			\$ 6,225.00			\$ 5,875.80	\$ 316.40		\$ 4,926.60			\$ 4,926.60	\$ 22,270.40
Rx/Office Visits/Co-pays		\$ 111.44	\$ 363.17	\$ 133.00	\$ 131.42	\$ 182.68	\$ 430.92	\$ 100.00	\$ 55.00	\$ 809.10	\$ 58.00	\$ 860.49	\$ 3,235.22
Dental Care (Verde)		\$ 614.00	\$ 1,869.00	\$ 398.00	\$ 146.00	\$ 1,025.00	\$ 271.00	\$ 362.00	\$ 265.00		\$ 252.00	\$ 1,473.00	\$ 6,675.00
Eye Care						\$ 219.98					\$ 222.00	\$ 230.00	\$ 671.98
Hearing Aids			\$ 3,900.00			\$ 1,599.99							\$ 5,499.99
Medical Equipment			\$ 10.00		\$ 44.39	\$ 329.46				\$ 96.29			\$ 480.14
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	\$ 905.39	\$ 532.00	\$ 7,490.09	\$ 207,894.60

\$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 (FI. Last name)

Eye Care

Hearing Aid

Med. Equip.

Assisted Living (FI. Last name, Month Year)

Home Health Services (FI. Last name)

Misc. Medical Expenses

**Police 613.00.521.201.21 (8 participants)**

**Fire 613.00.522.215.21 (3 participants)**

## **Agenda Item V**

### **A. Selection of Chair and Vice-Chair**

#### **Discussion:**

Selection of a Chairperson and Vice-Chairperson for the LEOFF Board is required.

The Chairperson shall preside over all meetings of the Board. The Chairperson shall sign all documents requiring the signature of the Board and his/her signature of the Board shall be as legal and binding as if all members had affixed their names.

The Vice-Chairperson shall perform the duties of the Chairperson in the absence of the Chairperson.

The term of office for both positions is one year, expiring December 31, 2020.

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#### **Action requested:**

- Motion to nominate (*STATE NAME OF NOMINEE*) of the Board for the position of Chairperson effective January 1, 2020, for a one year term expiring December 31, 2020.

AND

- Motion to nominate (*STATE NAME OF NOMINEE*) of the Board for the position of Vice-Chairperson effective January 1, 2020, for a one year term expiring December 31, 2020.