



LEOFF Disability Board Meeting Agenda
Friday, April 14, 2023, 12:00 PM
Council Chambers, 616 NE 4th AVE

NOTE: The City welcomes public meeting citizen participation. TTY Relay Service: 711. In compliance with the ADA, if you need special assistance to participate in a meeting, contact the City Clerk's office at (360) 834-6864, 72 hours prior to the meeting so reasonable accommodations can be made (28 CFR 35.102-35.104 ADA Title 1)

To Participate Remotely:

OPTION 1 -

1. Go to www.zoom.us and download the app or click "Join A Meeting" and use Meeting ID – 810 2448 9988
2. Or, from any device click <https://us06web.zoom.us/j/81024489988>

OPTION 2 - Join by phone (audio only):

1. Dial 877-853-5257 and enter meeting ID# 923 9874 7239

For Public Comment:

1. Click the raise hand icon in the app or by phone, hit *9 to "raise your hand"

SPECIAL MEETING

CALL TO ORDER

PUBLIC COMMENTS

This is the public's opportunity to comment about any item on the agenda, including items up for final action.

ELECTION OF CHAIR & VICE CHAIR

APPROVAL OF THE MINUTES

CLAIMS SUMMARY REPORT

OTHER BUSINESS

CLOSE OF MEETING



Staff Report

SUMMARY:

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, 2023.

ACTION REQUESTED:

Motion to nominate (STATE NAME OF NOMINEE) of the Board for the position of Chairperson effective January 1, 2023, for a one year term expiring December 31, 2023.

AND

Motion to nominate (STATE NAME OF NOMINEE) of the Board for the position of Vice-Chairperson effective January 1, 2023, for a one year term expiring December 31, 2023.



Staff Report

SUMMARY:

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

ACTION REQUESTED:

Motion to approve the minutes from the November 16, 2022, meeting.

IF CHANGES REQUESTED:

Motion to approve the minutes from the November 16, 2022, meeting with the discussed changes.



**LEOFF Disability Board Meeting Minutes - draft
Wednesday, November 16, 2022, 12:00 PM
Council Chambers, 616 NE 4th AVE**

NOTE: Please see the published agenda packet for item attachments.

SPECIAL MEETING

Present: Paul Berg, Marilyn Boerke, Don Chaney, Joan Durgin and Robert Rhode

Staff: Heidi Bealer, Jennifer Gorsuch, and Shawn MacPherson

CALL TO ORDER

Chair Durgin called the meeting to order at 12:01pm.

PUBLIC COMMENTS

No one from the public wished to speak.

APPROVAL OF THE MINUTES

It was moved by Council Member Boerke, and seconded, to approve the meeting minutes of July 19, 2022. The motion carried unanimously.

CLAIMS SUMMARY REPORT

Administrative Services Director Gorsuch reviewed the reimbursement claims that were submitted and processed from July 1, 2022, through September 30, 2022, in the amount of \$1959.86, 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, and seconded, to approve the City of Camas LEOFF Disability Board reimbursements as presented. The motion carried unanimously.

OTHER BUSINESS

Council Member Chaney inquired about the dental coverage for LEOFF I retirees and if there was an option to change the current benefit level, which has been in place since 2016. Legal counsel will review the statute regarding providing dental coverage and provide information to staff to provide to the Board.

CLOSE OF MEETING

The meeting closed at 12:10pm.



Staff Report

SUMMARY:

A summary of all reimbursement requests processed from November 1, 2022, through March 31, 2023, are included for review in the attached spreadsheet. The total amount of reimbursements is \$17,018.84.

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.

2022													
Expense Type	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	YTD Total
Medicare Premiums			\$ 6,154.80			\$ 6,154.80			\$ 6,154.80			\$ 6,154.80	\$ 24,619.20
Rx/Office Visits/Co-pays		\$ 397.27	\$ 30.00	\$ 103.00	\$ 15.00	\$ 616.28		\$ 315.46	\$ 285.40		\$ 653.57	\$ 276.96	\$ 2,692.94
Dental Care (Verde)				\$ 2,360.00	\$ 183.85	\$ 3,155.00	\$ 93.00	\$ 798.00	\$ 468.00	\$ 635.00		\$ 847.00	\$ 8,539.85
Eye Care					\$ 289.98						\$ 225.00		\$ 514.98
Hearing Aids			\$ 4,400.00	\$ 1,399.99									\$ 5,799.99
Medical Equipment													\$ -
Assisted Living (pre-approved)													\$ -
Home Health Services (pre-approved)													\$ -
Miscellaneous											\$ 108.40		\$ 108.40
Total	\$ -	\$ 397.27	\$ 10,584.80	\$ 3,862.99	\$ 488.83	\$ 9,926.08	\$ 93.00	\$ 1,113.46	\$ 6,908.20	\$ 635.00	\$ 986.97	\$ 7,278.76	\$ 42,275.36
	\$		10,982.07	\$		14,277.90	\$		8,114.66	\$		8,900.73	

- 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

Feb 7 = \$397.27 (Rhode \$58 & P. Pearce - \$339.37 includes 251.60 for 2021)
June = \$618 (R. Golladay \$218 & P. Pearce \$400 for 2021)

Police 613.00.521.201.21 (8 participants)

Fire 613.00.522.215.21 (2 participants)

- 1st Quarter
- 2nd Quarter
- 3rd Quarter
- 4th Quarter

2023													
Expense Type	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	YTD Total
Medicare Premiums			\$ 5,605.30			\$ 5,605.30			\$ 5,605.30			\$ 5,605.30	\$ 22,421.20
Rx/Office Visits/Co-pays		\$ 53.00	\$ 55.00										\$ 108.00
Dental Care (Verde)	\$ 328.00	\$ 548.00	\$ 842.00										\$ 1,718.00
Eye Care													\$ -
Hearing Aids		\$ 1,679.97											\$ 1,679.97
Medical Equipment													\$ -
Assisted Living (pre-approved)													\$ -
Home Health Services (pre-approved)													\$ -
Miscellaneous		\$ 184.80	\$ 50.00										\$ 234.80
Total	\$ 328.00	\$ 2,465.77	\$ 6,552.30	\$ -	\$ -	\$ 5,605.30	\$ -	\$ -	\$ 5,605.30	\$ -	\$ -	\$ 5,605.30	\$ 26,161.97
	\$		9,018.07	\$		5,605.30	\$		5,605.30	\$		5,605.30	

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