



**LEOFF Disability Board Meeting Agenda
Tuesday, July 19, 2022, 10:30 AM
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 – 872 5175 9909
2. Or, from any device click <https://us06web.zoom.us/j/87251759909>

OPTION 2 - Join by phone (audio only):

1. Dial 877-853-5257 and enter meeting ID# 872 5175 9909

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.

APPROVAL OF THE MINUTES

CLAIMS SUMMARY REPORT

ELECTION OF CHAIR AND VICE CHAIR

CLOSE OF MEETING



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 February 19, 2020 meeting.

IF CHANGES REQUESTED:

Motion to approve the minutes from the February 19, 2020 meeting with the discussed changes.



LEOFF DISABILITY BOARD MEETING MINUTES - Draft

Wednesday, February 19, 2020, 11:00 a.m.

Camas City Hall, 616 NE 4th Avenue

SPECIAL MEETING

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

Excused:

Staff: Leisha Copsey and Jennifer Gorsuch

I. CALL TO ORDER BY CHAIR

Chair Durgin called the meeting to order at 11:04 a.m.

II. APPROVAL OF THE MINUTES

It was moved by Vice-Chair Smith, and seconded, to approve the meeting minutes of October 28, 2019. The motion carried unanimously.

III. CLAIMS SUMMARY REPORT

Administrative Services Director Gorsuch reviewed the reimbursement claims that were submitted and processed from October 1, 2019 through December 31, 2019, in the amount of \$8,927.48, 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 Vice-Chair Smith, and seconded, to approve the 4th quarter expenses. The motion carried unanimously.

IV. OTHER BUSINESS

A. Election of Chair and Vice-Chair

It was moved by Council Member Chaney, and seconded, to nominate Joan Durgin and Melissa Smith to retain the positions they currently hold as Chair and Vice-Chair. The motion carried unanimously.

Gorsuch informed the Board that Bob Rhode was willing to serve another term and Melissa Smith was reappointed by the Mayor. Both their terms will expire December 31, 2021. Discussion ensued.

V. ADJOURNMENT

The meeting adjourned at 11:10 a.m.



Staff Report

SUMMARY:

A summary of all reimbursement requests processed from January 1, 2020, through June 30, 2022, are included for review in the attached spreadsheet. The total amount of reimbursements is \$98,528.15

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.

| 2020 | | | | | | | | | | | | | |
|-------------------------------------|----------|-----------|-------------|-------------|--------|-------------|-----------|-------------|-------------|-----------|-------------|-------------|--------------|
| Expense Type | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | YTD Total |
| Medicare Premiums | | | \$ 5,394.30 | | | \$ 5,611.50 | \$ 72.00 | | \$ 5,828.10 | | | \$ 5,828.10 | \$ 22,734.00 |
| Rx/Office Visits/Co-pays | \$ 10.00 | \$ 95.00 | \$ 242.48 | \$ 53.00 | | \$ 366.00 | \$ 135.58 | | \$ 713.96 | \$ 259.24 | \$ 476.82 | \$ 299.61 | \$ 2,651.69 |
| Dental Care (Verde) | | | | \$ 3,975.00 | | | | \$ 1,705.00 | | | \$ 2,427.00 | \$ 1,371.00 | \$ 9,478.00 |
| Eye Care | | | | | | | | | | | \$ 219.98 | | \$ 219.98 |
| Hearing Aids | | | | | | | | | | | | | \$ - |
| Medical Equipment | | \$ 84.55 | | | | \$ 172.94 | | | | | | | \$ 257.49 |
| Assisted Living (pre-approved) | | | | | | | | | | | | | \$ - |
| Home Health Services (pre-approved) | | | | | | | | | | | | | \$ - |
| Miscellaneous | | | | | | | | | | | | | \$ - |
| Total | \$ 10.00 | \$ 179.55 | \$ 5,636.78 | \$ 4,028.00 | \$ - | \$ 6,150.44 | \$ 207.58 | \$ 1,705.00 | \$ 6,542.06 | \$ 259.24 | \$ 3,123.80 | \$ 7,498.71 | \$ 35,341.16 |

April payment of \$346.94 to P. Pearce (Chk 144150) lost in mail, payment reissued in June (Chk 144634)

| 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 (2 participants) |

| 2021 | | | | | | | | | | | | | |
|-------------------------------------|--------------|-------------|-------------|-----------|-------------|-------------|-------------|-----------|--------------|----------|----------|-------------|--------------|
| Expense Type | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | YTD Total |
| Medicare Premiums | | | \$ 5,714.70 | | | \$ 5,714.70 | | | \$ 5,714.70 | | | \$ 5,714.70 | \$ 22,858.80 |
| Rx/Office Visits/Co-pays | | \$ 88.00 | | \$ 912.35 | \$ 120.00 | \$ 98.00 | | \$ 473.46 | \$ 319.96 | \$ 45.00 | \$ 58.00 | \$ 401.46 | \$ 2,516.23 |
| Dental Care (Verde) | | \$ 3,820.00 | \$ 702.00 | | | \$ 1,130.00 | | | \$ 2,672.00 | | | \$ 2,802.56 | \$ 11,126.56 |
| Eye Care | | \$ 163.00 | | | | | | \$ 190.00 | | \$ 54.00 | | | \$ 407.00 |
| Hearing Aids | | \$ 92.00 | | \$ 75.00 | | | | | | | | \$ 36.73 | \$ 203.73 |
| Medical Equipment | | | | | \$ 814.70 | | | | | | | | \$ 814.70 |
| Assisted Living (pre-approved) | | | | | | | | | | | | | \$ - |
| Home Health Services (pre-approved) | | | | | | | | | | | | | \$ - |
| Miscellaneous | | | | | | | | | | | | | \$ - |
| Total | \$ - | \$ 4,163.00 | \$ 6,416.70 | \$ 987.35 | \$ 934.70 | \$ 6,942.70 | \$ - | \$ 663.46 | \$ 8,706.66 | \$ 99.00 | \$ 58.00 | \$ 8,955.45 | \$ 37,927.02 |
| | \$ 10,579.70 | | \$ 8,864.75 | | \$ 9,370.12 | | \$ 9,112.45 | | \$ 37,927.02 | | | | |

| 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 (2 participants) |

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

| 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 | | | | | | | \$ 12,309.60 |
| Rx/Office Visits/Co-pays | | \$ 397.27 | \$ 30.00 | \$ 103.00 | \$ 15.00 | \$ 616.28 | | | | | | | \$ 1,161.55 |
| Dental Care (Verde) | | | | \$ 2,360.00 | \$ 183.85 | \$ 3,155.00 | | | | | | | \$ 5,698.85 |
| Eye Care | | | | | \$ 289.98 | | | | | | | | \$ 289.98 |
| Hearing Aids | | | \$ 4,400.00 | \$ 1,399.99 | | | | | | | | | \$ 5,799.99 |
| Medical Equipment | | | | | | | | | | | | | \$ - |
| Assisted Living (pre-approved) | | | | | | | | | | | | | \$ - |
| Home Health Services (pre-approved) | | | | | | | | | | | | | \$ - |
| Miscellaneous | | | | | | | | | | | | | \$ - |
| Total | \$ - | \$ 397.27 | \$ 10,584.80 | \$ 3,862.99 | \$ 488.83 | \$ 9,926.08 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 25,259.97 |
| | \$ 10,982.07 | | \$ 14,277.90 | | \$ - | | \$ - | | \$ - | | \$ - | | |

- 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



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, 2022.

ACTION REQUESTED:

Motion to nominate (STATE NAME OF NOMINEE) of the Board for the position of Chairperson effective January 1, 2022, for a one year term expiring December 31, 2022.

AND

Motion to nominate (STATE NAME OF NOMINEE) of the Board for the position of Vice-Chairperson effective January 1, 2022, for a one year term expiring December 31, 2022.