

WESTPORT BOARD OF EDUCATION

REVISED AGENDA *

(Agenda Subject to Modification in Accordance with Law)

PUBLIC SESSION/PLEDGE OF ALLEGIANCE:

7:30 p.m., Staples High School, Cafeteria B (Room 301)

ANNOUNCEMENTS FROM BOARD AND ADMINISTRATION

PUBLIC QUESTIONS/COMMENTS ON NON-AGENDA ITEMS (15 MINUTES)

MINUTES: January 6 and 10, 2019

PRESENTATIONS

- 1. Health and Medical Insurance Review with Board of Education (Encl.) Mr. Tim Hasselman
Insurance Consultant, Lockton Companies LLC, *pages 1-7* Ms. Jill Ritter
- 2. School Start Time Committee Ms. Christine Wanner
Ms. Christine Meiers-Schatz

DISCUSSION/ACTION

- 1. Gifts, *page 9* (Encl.) Dr. David Abbey

DISCUSSION

- 1. Update on Policy Committee and First Reading of the Following (Encl.) Ms. Karen Kleine
Policies:
 - 6161.3, Comparability of Services, *pages 11-12*
 - 6162.3, Testing Program, *pages 13-14*
- 2. FY 2021 Education Budget Dr. David Abbey
Mr. Elio Longo

ADJOURNMENT

* A 2/3 vote is required to go to executive session, to add a topic to the agenda of a regular meeting, or to start a new topic after 10:30 p.m. The meeting can also be viewed on Cablevision on channel 78; Frontier channel 6021 and by video stream @www.westportps.org

PUBLIC PARTICIPATION WELCOME USING THE FOLLOWING GUIDELINES:

- Comment on non-agenda topics will occur during the first 15 minutes *except* when staff or guest presentations are scheduled.
- Board will not engage in dialogue on non-agenda items.
- Public may speak as agenda topics come up for discussion or information.
- Speakers on non-agenda items are limited to 2 minutes each, except by prior arrangement with chair.
- Speakers on agenda items are limited to 3 minutes each, except by prior arrangement with chair.
- Speakers must give name and use microphone.
- Responses to questions may be deferred if answers not immediately available.
- Public comment is normally not invited for topics listed for action after having been publicly discussed at one or more meetings.

2020

Renewal Planning



Medical Claims Experience

<u>Month</u>	<u>Employees</u>	<u>Members</u>	<u>Premium</u>	<u>Medical Claims</u>	<u>Pharmacy Claims</u>	<u>Total Claims</u>	<u>Claims PEPM</u>
Sep-18	777	2,024	\$1,318,542	\$128,436	\$165,152	\$293,588	\$377.85
Oct-18	778	2,033	\$1,338,285	\$797,851	\$275,559	\$1,073,410	\$1,379.70
Nov-18	779	2,033	\$1,349,207	\$876,994	\$184,673	\$1,061,667	\$1,362.86
Dec-18	783	2,047	\$1,334,166	\$783,021	\$202,515	\$985,536	\$1,258.67
Jan-19	788	2,060	\$1,341,191	\$897,329	\$219,136	\$1,116,465	\$1,416.83
Feb-19	785	2,058	\$1,360,006	\$1,277,989	\$208,173	\$1,486,162	\$1,893.20
Mar-19	784	2,056	\$1,342,847	\$1,451,865	\$223,101	\$1,674,966	\$2,136.44
Apr-19	785	2,057	\$1,334,482	\$1,177,976	\$240,411	\$1,418,387	\$1,806.86
May-19	784	2,058	\$1,343,365	\$1,243,866	\$272,183	\$1,516,049	\$1,933.74
Jun-19	782	2,054	\$1,332,956	\$855,544	\$297,973	\$1,153,517	\$1,475.09
Jul-19	786	2087	\$1,463,103	\$1,491,401	\$170,954	\$1,662,355	\$2,114.96
Aug-19	798	2,120	\$1,478,443	\$1,231,758	\$197,039	\$1,428,797	\$1,790.47
Sep-19	800	2,112	\$1,461,022	\$1,136,311	\$191,160	\$1,327,471	\$1,659.34

October 2018 - September 2019	786	2,065	\$16,479,073	\$13,221,905	\$2,682,877	\$15,904,782	\$1,686.26	97%
Claims Over \$250k ISL						\$281,367	\$1,987.71	95%

- ISL prior to move to state plan: \$250k
 - Removal of claims in excess of \$225k = \$281,367
 - Net loss ratio decreases from 97% to 95%

Claims Experience – High Cost Claimants

<u>Claimant #</u>	<u>ICD 10 Code</u>	<u>Total Paid Claims</u>
1	Endocrine, Metabolic, Immune	\$471,758
2	Nervous System Diseases	\$299,867
3	Circulatory Diseases	\$259,742
4	Digestive Diseases	\$247,968
5	Circulatory Diseases	\$236,036
6	Injury and Poisoning	\$234,836
7	Circulatory Diseases	\$231,113
8	Neoplasms	\$199,830
9	Musculoskeletal Diseases	\$184,782
10	Neoplasms	\$184,371
11	Nervous System Diseases	\$172,027
12	Neoplasms	\$170,118
13	Neoplasms	\$157,777
14	Perinatal Conditions	\$151,817
15	Endocrine, Metabolic, Immune	\$139,745
16	Endocrine, Metabolic, Immune	\$139,614
17	Symptoms, Other Conditions	\$128,665
18	Respiratory Diseases	\$125,421
19	Neoplasms	\$125,045
20	Injury and Poisoning	\$124,789
21	Digestive Diseases	\$119,062
22	Restricted Diagnosis	\$115,970
23	Circulatory Diseases	\$114,953
24	Restricted Diagnosis	\$108,399
25	Genitourinary Diseases	\$106,599
26	Nervous System Diseases	\$99,351
27	Musculoskeletal Diseases	\$93,780
28	Restricted Diagnosis	\$91,936
29	Neoplasms	\$90,968
30	Neoplasms	\$88,257
31	Musculoskeletal Diseases	\$76,515

State Partnership Plan – Estimated Rate Impact

	<u>Enrollment</u>	<u>FY 2020 Rates</u>	<u>Estimated FY 2021 Rates*</u>	<u>% Inc</u>	<u>\$ Inc</u>
Active					
EE	229	\$914.97	\$1,006.47	10%	\$91.50
EE+1	141	\$1,965.90	\$2,162.49	10%	\$196.59
FAM	386	\$2,403.78	\$2,644.16	10%	\$240.38
Annual Premium		\$16,974,949	\$18,672,444		
Pre-65					
EE	15	\$1,165.46	\$1,282.01	10%	\$116.55
EE+1	10	\$2,507.45	\$2,758.20	10%	\$250.75
FAM	0	\$3,066.61	\$3,373.27	10%	\$306.66
Annual Premium		\$510,677	\$561,744		
Post 65					
EE	9	\$2,083.85	\$2,292.24	10%	\$208.39
EE+1	0	\$4,529.06	\$4,981.97	10%	\$452.91
FAM	0	\$5,547.94	\$6,102.73	10%	\$554.79
Annual Premium		\$225,056	\$247,561		
Total Combined Annual Premium		\$17,710,682	\$19,481,750		
Combined Premium \$ Increase			\$1,771,068		
Combined Premium % Increase			10%		

*estimated increase of 8% to state plan rates plus regional rate impact for Fairfield county (+2%)

**regional rate impact for Fairfield estimated to be +4% spread over 2 years

**rates reflect cost without HEP

Self-Funded vs. State Plan Comparison

Self-funded HDHP Offering

	<u>2019 FY Projection</u>	<u>2021 FY Projection</u>
Medical Claims	\$14,198,902	\$13,976,893
Rx Claims	2,573,835	3,040,338
Administrative Fees	409,698	409,698
Network Access Fees	160,108	160,108
Stop Loss Premium	1,127,168	1,253,984
ACA Fees	4,525	5,278
HSA Contribution	1,242,000	1,318,000
Pharmacy Adjustments	-383,560	-423,360
Total Expected Medical Cost	\$19,332,676	\$19,740,939

Partnership Plan

<u>Oxford Medical Plan</u>	<u>Enrollment</u>	<u>FY 2019 Rates</u>	<u>Enrollment</u>	<u>ESTIMATED FY 2021 Rates</u>
Employee Only	230	\$846.63	229	\$1,006.47
Employee + 1	127	1815.43	141	2,162.49
Family	386	2219.11	386	2,644.16
Gross Active Cost	743	\$15,382,332	756	\$18,672,444
<u>Pre-65 Retirees</u>				
Employee Only	27	\$1,082.75	15	\$1,282.01
Employee + 1	9	2327.19	10	2,758.20
Family	3	2845.71	0	3,373.27
Gross Pre-65 Cost	39	\$704,593	25	\$561,744
<u>Post-65 Retirees</u>				
Employee Only	0	\$1,934.71	9	2,292.24
Employee + 1	0	4202.55	0	4,981.97
Family	0	5147.53	0	6,102.73
Gross Post-65 Retiree Cost	0	\$0	9	\$247,561
Annual Gross Cost	782	\$16,086,925	790	\$19,481,750
Estimated Savings		\$3,245,751		\$259,189

Does not include potential HEP charges

FY 2021 Self-Funded Cost Projection

		Medical-Rx	
		PMPM	Projected Total
Rolling-12 Month Experience			
Projected Lives (as of September 2019)		2,112	
Current Claims Experience (Oct 2018 - Sep 2019)			
Average Lagged Lives (1 Month)		2,057	
Gross Claims		\$603.03	\$15,283,082
Stop Loss Adjustments		(\$11.40)	(\$288,855)
Net Claims		\$591.63	\$14,994,227
Current Experience Period Weighting		100%	
Combined Claims Experience		\$591.63	\$14,994,227
Annual Trend Assumption		7.5%	
Months of Trend		21	
Effective Trend Assumption		13.5%	
Trended Claims		\$671.45	\$17,017,231
Claims Experience Credibility %		100%	
Projected Claims		\$671.45	\$17,017,231
Self-Funded Renewal Projection:			
ASO Admin Fee (PMPM)		\$16.17	\$409,698
Network Access Fee		\$6.32	\$160,108
Stop Loss Premium (PMPM)		\$49.48	\$1,253,984
H.S.A. Seeding		\$52.00	\$1,318,000
Rx Rebates		(\$16.70)	(\$423,360)
Total ASO Fixed Costs		\$107.26	\$2,718,430
Total ASO Projected Cost		\$778.71	\$19,735,661
Current ASO Accrual Rate Cost		\$691.77	\$17,532,264
ASO Accrual Rate Increase %		12.6%	
ASO Accrual Rate Increase \$		\$2,203,397	

*cost does not include PCORI fee

Dental Cost Summary

Fiscal Year	2018	2019	2020	2020	2021
	<i>Actual</i>	<i>Actual</i>	<i>Projection</i>	<i>Updated Projection</i>	<i>Projection</i>
<u>Paid Claims</u>					
Dental	<u>1,012,758</u>	<u>1,043,128</u>	<u>1,116,646</u>	<u>1,063,616</u>	<u>1,098,030</u>
2020 Change from 2019 Actual, 2021 Change from 2020 Projected			7.0%	2.0%	-1.7%
<u>Enrollment</u>					
Dental	960	972	975	977	977
<u>Plan Expenses</u>					
Dental Admin Fees	56,327	56,327	56,859	58,110	59,899
Total Dental Plan Cost	\$1,069,085	\$1,099,455	\$1,173,505	\$1,121,726	\$1,157,929
2020 Change from 2019 Actual, 2021 Change from 2020 Projected			6.7%	2.0%	-1.3%

2021 updated projections based on 4 months actual and 8 months of projected

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Staples High School
70 North Avenue
Westport, CT 06880

Westport Board of Education
110 Myrtle Avenue Westport,
Connecticut 06880

January 8, 2020

Dear Members of the Board of Education:

The safety and well-being of our students is a top priority for the administration at Staples High School. With rising illnesses and deaths linked to vaping nationwide, Principal Thomas has requested the PTA's help in purchasing vape detectors to help combat vaping among our students. It is our hope that in conjunction with proper education around the dangers of vaping and substance abuse, the recent addition of a Licensed Drug and Alcohol Counselor, the addition of technology will help combat vaping at Staples.

It is the pleasure of the SHS PTA to gift \$3,500 to the Board of Education for the purchase of Vape Detectors for Staples High School.

Thank you,

Netta Levy and Claudia Shaum
SHS PTA Co-Presidents

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Instruction

Comparability of Services

The Superintendent or his/her designee shall pursue funding under Title I of the Academic Achievement of the Disadvantaged, as amended by the Every Student Succeeds Act (ESSA) to supplement instructional services and activities in order to improve the educational opportunities of educationally disadvantaged or deprived children.

All District schools, regardless of whether they receive Title I funds, shall provide services that, taken as a whole, are substantially comparable. Teachers, administrators and other staff shall be assigned to schools in a manner that ensures equivalency among the District's schools. Curriculum materials and instructional supplies shall be provided in a manner that ensures equivalency among the District's schools.

Comparability, is defined, for purposes of this policy, that the District uses state and local funds to provide services to Title I schools that are comparable to those offered in non-Title I schools in order to get federal funding under ESSA.

The Board of Education believes that at all times its schools should be equally as well equipped and maintained as may be possible within existing financial limitations.

It shall be the policy of the Board of Education to insure comparability of services funded by state and local sources in both Title I project schools and non-project schools. The Board of Education will therefore:

1. Maintain a district-wide salary schedule.
2. Provide services with federal, state and local funds in schools serving Title I project areas that are at least comparable to services in non project areas.
3. Use federal, state and local funds to provide for an equivalence among all schools in all schools with the same grade levels in teachers, administrators, auxiliary personnel.
3. Use federal, state and local funds to provide for an equivalence among all schools with the same grade levels in the provision of curriculum and instructional materials, books and supplies.

The District shall maintain records that are updated biannually documenting its compliance with this ESSA requirement.

Nothing in this policy will prohibit the administration from addressing identified problems at individual schools.

Note: The comparability requirements of 20 U.S.C. Section 6321(c) shall not apply to a district that does not have more than one building from each grade span. (20 U.S.C. Section 6321(c)(4))

Legal Reference: Title I Improving Basic Programs Operated by State and Local Educational

Agencies, Improving Every Student Succeeds Act, P.L. 114-95

20 U.S.C. Section 6321 (c)

Agostini v. Felton 521 U.S. 103 (1997)

Policy adopted:

WESTPORT PUBLIC SCHOOLS
Westport, Connecticut

Instruction

Research: Testing

Testing Program

A plan of system-wide testing in addition to mandated statewide assessments, shall be developed and implemented as one indication of the success and quality of the district's total educational program. In the case of individual students, standardized achievement tests, in combination with other criteria, can provide an indication of student achievement. When appropriate, students may also be tested for mental ability, aptitude and interest.

The purposes of the district-wide testing program are to facilitate and provide information for the following:

1. **Student Achievement** - To produce information about relative student achievement so that parents/guardians, students and teachers have a baseline against which to monitor academic progress. Within the limitations of group testing instruments, the information should be useful to serve as a validation device for other measures of student progress.
2. **Student Counseling** - To serve as a tool in the counseling and guidance of students for further direction and for specific academic placement.
3. **Instructional Change** - To provide data which will assist in the preparation of recommendations for instructional program changes to:
 - a. Help teachers with instructional decisions, plans and changes regarding classroom objectives and program implementation;
 - b. Help the professional staff formulate and recommend instructional policy; and
 - c. Help the Board of Education adopt instructional policies.
4. **School and District Assessment** - To provide additional indicators of the progress of the district toward established goals.

The testing program is an integral part of the district's needs assessment and evaluation programs. The program should be developed primarily for furnishing needed information to decision makers, including the Board, administrators, teachers, parents/guardians and students.

The needs of these various groups shall be clearly identified, and the testing program shall be limited to obtaining that information which is needed and useful.

In planning, every effort will be made to see that testing contributes to the learning process rather than detracts from it. Efforts shall be made to incorporate necessary culture-free and culture-fair tests to assure reasonably accurate measurements.

The district shall not discriminate in the methods, practices and materials used for testing, evaluating

and counseling students on the basis of sex, race, national origin, creed, sexual orientation or physical, mental, emotional or learning disability. Discrimination complaints shall be processed in accordance with established procedures.

Parents shall be notified prior to any individual student testing, beyond that which is part of the regular classroom routine. Parental notification shall include the reason for the testing and an explanation of the test to be used. All such tests results shall be shared with parents.

Staff will receive in-service education in the use of designated tests, confidentiality issues and interpretation of test results.

A periodic review and evaluation of the district's testing program will be conducted.