

COMMISSIONERS JOURNAL NO. 46 - DELAWARE COUNTY
MINUTES FROM REGULAR MEETING HELD NOVEMBER 24, 2004

THE BOARD OF COMMISSIONERS OF DELAWARE COUNTY MET IN REGULAR SESSION ON THIS DATE WITH THE FOLLOWING MEMBERS PRESENT:

Present: Kristopher W. Jordan, Deborah B. Martin
Absent: James D. Ward

PUBLIC COMMENT

RESOLUTION NO. 04-1445

IN THE MATTER OF APPROVING THE RESOLUTIONS AND RECORDS OF THE PROCEEDINGS FROM REGULAR MEETING HELD NOVEMBER 22, 2004 AS CONTAINED IN THE COUNTY'S OFFICIAL ELECTRONIC RECORDINGS OF THE PROCEEDINGS:

It was moved by Mr. Jordan, seconded by Mrs. Martin to approve the resolutions and records of the proceedings from regular meeting held November 22, 2004 as contained in the county's official electronic recordings of the proceedings.

Vote on Motion Mrs. Martin Aye Mr. Jordan Aye Mr. Ward Absent

RESOLUTION NO. 04-1446

IN THE MATTER OF APPROVING PURCHASE ORDERS, VOUCHERS AND PAYMENT OF WARRANTS IN BATCH NUMBERS CMAPR1123 AND MEMO TRANSFERS IN BATCH NUMBERS MTAPR1123:

It was moved by Mr. Jordan, seconded by Mrs. Martin to approve payment of warrants in batch numbers CMAPR1123, memo transfers in batch numbers MTAPR1123 and Purchase Orders and Vouchers as listed below:

<u>Vendor</u>	<u>Description</u>	<u>Account Number</u>	<u>Amount</u>
PO's			
Verizon	Annual Maintenance Contract	21411306-5328	\$ 33,179.52
Vouchers			
Presbyterian Child Welfare	Residential Treatment	22511607-5342	\$ 16,120.00
Presbyterian Child Welfare	Residential Treatment	22511607-5342	\$ 13,330.00
Presbyterian Child Welfare	Residential Treatment	22511607-5342	\$ 17,050.00
Lehner Excavating	FY 03 Village of Galena/Drainage	23011704-5365	\$ 35,000.00
Prescription Relief Inc.	Prescription Relief Administration	23111709-5301	\$ 11,750.00
Memo Transfer Voucher			
From	To		
DJFS 10011501-5350	Del Co. Bd. MRDD 29519000-4539	Oct. Board & Care	\$ 7,500.00

Vote on Motion Mr. Jordan Aye Mrs. Martin Aye Mr. Ward Absent

RESOLUTION NO. 04-1447

IN THE MATTER OF APPROVING TRAVEL EXPENSE REQUESTS:

It was moved by Mr. Jordan, seconded by Mrs. Martin to approve the following:

The C.S.E.A Department is requesting that Susan Brown, Teresa Farlee and Joyce Rhodes attend a Performance Improvement Meeting in Fairfield County November 29, 2004, at the cost of \$30.00.

The Department of Job and Family Services is requesting that Sharon Lloyd attend a WIA Training in Columbus, Ohio December 2, 2004, at no cost.

The Environmental Services Department is requesting that Joe Scherler, Joseph Amato, Chris Bean & Ken Bruen attend a Bad Apples/Bad Attitude in the Workplace Seminar in Delaware, Ohio November 30, 2004, at the cost of \$200.00.

Vote on Motion Mr. Ward Absent Mr. Jordan Aye Mrs. Martin Aye

RESOLUTION NO. 04-1448

IN THE MATTER OF APPROVING TRANSFER OF APPROPRIATIONS FOR VETERANS SERVICES:

It was moved by Mr. Jordan, seconded by Mrs. Martin to approve the following:

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Transfer of Appropriation		Amount
From	To	
10062601-5310 Veterans Services/Travel Out of County	10062601-5260 Veterans Services/Inventories Tools & Equip.	\$2,500.00
10062601-5350 Veterans Services/Human Services	10062601-5294 Veterans Services/Food Supplies	\$2,500.00
Vote on Motion	Mrs. Martin Aye Mr. Jordan Aye Mr. Ward	Absent

RESOLUTION NO. 04-1449

IN THE MATTER OF APPROVING TRANSFER OF APPROPRIATIONS FOR BOARD OF ELECTIONS:

It was moved by Mr. Jordan, seconded by Mrs. Martin to approve the following:

Transfer of Appropriation		Amount
10011102-5901 Commissioners General/ Contingency	10016101-5001 Board of Elections/Compensation	\$20,000.00
10011102-5901 Commissioners General/ Contingency	10016101-5120 Board of Elections/PERS	\$2,710.00
10011102-5901 Commissioners General/ Contingency	10016101-5131 Board of Elections/ Medicare	\$290.00
10011102-5901 Commissioners General/ Contingency	10016101-5102 Board of Elections/Worker's Comp	\$170.00
Vote on Motion	Mr. Jordan Aye Mrs. Martin Aye Mr. Ward	Absent

RESOLUTION NO. 04-1450

IN THE MATTER OF AMENDING THE PURCHASE OF CHILD CARE SERVICES CONTRACTS BETWEEN THE DELAWARE COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES; THE DELAWARE COUNTY COMMISSIONERS AND CHILD CARE PROVIDERS KIMBERLY REA, CAROLYN CHUTE, KIDS ACADEMY AND ERIN COOMES:

It was moved by Mr. Jordan, seconded by Mrs. Martin to approve the following:

AMENDMENT TO PURCHASE OF CHILD CARE SERVICES CONTRACT

AMENDMENT NO. 1

This amendment, effective June 1, 2004, is to amend the Purchase of Child Care Services Contracts between the Delaware County Department of Job and Family Services and the following list of child care providers:

Article 4. Cost and Delivery of Purchased Services:

Name	Not to exceed amounts
Kimberly Rea	Increase from \$4,000.00 to \$6,300.00
Carolyn Chute	Increase from \$5,000.00 to \$8,000.00
Kids Academy	Increase from \$9,000.00 to \$13,000.00
Erin Coomes	Increase from \$3,000.00 to \$4,000.00

Vote on Motion Mr. Ward Absent Mr. Jordan Aye Mrs. Martin Aye

RESOLUTION NO. 04-1451

IN THE MATTER OF APPROVING TRANSFER OF FUNDS SUPPLEMENTAL APPROPRIATIONS FOR THE SANITARY ENGINEER:

It was moved by Mr. Jordan, seconded by Mrs. Martin to approve the following:

Supplemental Appropriation		Amount
65211905-5801	San Eng Regional 1A/Transfers	\$65,000.00
65211919-5801	San Eng Alum Creek/Transfers	\$65,000.00

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Transfer of Funds

From	To	
65211905-5801 San Eng Regional 1A/Transfers	65111904-4601 San Eng Admin/Interfund Revenue	\$65,000.00
65211919-5801 San Eng Alum Creek/Transfers	65111904-4601 San Eng Admin/Interfund Revenue	\$65,000.00
Vote on Motion	Mr. Jordan Aye Mrs. Martin Aye Mr. Ward	Absent

RESOLUTION NO. 04-1452

IN THE MATTER OF APPROVING TRANSFER OF APPROPRIATIONS FOR INTENSIVE SUPERVISION /PROBATION:

It was moved by Mr. Jordan, seconded by Mrs. Martin to approve the following:

Transfer of Appropriation		Amount
From	To	
25622303-5342 Intensive Supervision/Medical & Health	25622303-5201 Intensive Supervision/Office Supplies	\$1,000.00
25622303-5342 Intensive Supervision/Medical & Health	25622303-5238 Intensive Supervision/Safety & Security	\$1,000.00
25622303-5350 Intensive Supervision/Human Services	25622303-5246 Intensive Supervision/Lab Materials –Drug Testing Kits	\$4,000.00
Vote on Motion	Mrs. Martin Aye Mr. Jordan Aye Mr. Ward	Absent

RESOLUTION NO. 04-1453

IN THE MATTER OF AMENDING THE COUNTY HEALTH INSURANCE PLAN:

It was moved by Mr. Jordan, seconded by Mrs. Martin to approve the following:

Whereas, The Delaware County Commissioners place a high importance on providing health insurance coverage for county employees, and

Whereas, The Delaware County Commissioners must adopt a balance budget for fiscal year 2005, and

Whereas, In order to maintain affordable health insurance coverage for county employees the County has reviewed several possible health insurance options.

Now Therefore Be It Resolved, by the Board of Commissioners of Delaware County, Ohio that Delaware Count will now provide CEBCO medical plan PPO Plan 2 for all county employees.

Further Be It Resolved, that the Board of Commissioners of Delaware County, Ohio will make available CEBCO medical plan PPO Plan 1 for employees who desire the additional coverage, but will require employee contribution for the difference in the premium cost.

**CEBCO Option 1 – Delaware County
Blue Access®**

Summary of Benefits, Effective 01/01/2005

Covered Benefits	Network	Non-Network
Deductible (Single/Family) (Applies only to percent (%) copayments)	\$0/\$0	\$300/\$600
Out-of-Pocket Maximum (Single/Family)	\$500/\$1,000	\$1,000/\$2,000
Physician Office Services Including Office Surgeries, allergy serum and injections (1) - allergy - testing and treatment	\$10 copayment Covered in Full	20% copayment 20% copayment

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Preventive Care medical history mammographies ¹ , pelvic exams, and PAP testing immunizations ¹ annual diabetic eye exam annual vision and hearing exams	\$10 copayment	20% copayment
Outpatient Physical Medicine Therapies (Combined Network & Non-Network limits apply) physical and occupational therapy: 30/30 visits limit spinal manipulation: 12 visit limit speech therapy: 20 visit limit	Copayments based on place of service	Copayments based on place of service
Inpatient Services Unlimited days except for: 60 days Network/Non-Network for physical medicine / rehab 180 days Network/Non-Network combined for skilled nursing facility	Covered in Full	20% copayment
Outpatient Facility Services/Alternative Care Facility	Covered in Full	20% copayment
Other Outpatient Services Hospital/Alternative Care Facility	Covered in Full	20% copayment
Inpatient and Outpatient Professional Charges	Covered in Full	20% copayment
Home Care Services 30 visits Non-Network limit for Home Care, excludes IV therapy	Covered in Full	20% copayment
Hospice Services	Covered in Full	Covered in Full
Emergency Care / Urgent Care Emergency Care in Emergency Room (covers all services, copayment waived if admitted, then inpatient copayment applies) Urgent Care Facility:	\$75 copayment \$35 copayment	\$75 copayment \$35 copayment
Ambulance Services	Covered in Full	Covered in Full
Maternity Services	Covered in Full	20% copayment
Mental Health and Substance Abuse (2) (limits and maximums apply) Inpatient : 30 Network Days (includes inpatient mental health Non-Network) Outpatient care limited to 50 visits Non-network outpatient mental health is limited to 10 visits per calendar year inpatient and outpatient substance abuse \$550 Non-Network (Substance abuse rehabilitation programs are limited to two per lifetime Network and Non-Network combined) Call 1-800-788-4003 for authorized referral	Covered in Full Copayments based on place of service	20% copayment Copayments based on place of service
Lifetime Maximum (Combined Network and Non-network)	\$5 Million	\$5 Million

Covered Benefits	Network	Non-Network
Human Organ and Tissue Transplants Except Kidney and Cornea transplants (3) A Separate \$1 million lifetime maximum applies. (Combined Network and Non-network)	Covered in full	50% copayment
Medical Supplies, Equipment, and Appliances	20% copayment	40% copayment
Prescription Drugs Options:	Covered Under Separate Plan	Covered Under Separate Plan

Special Notes:**Notes:**

- All deductibles and copayments apply to the Out-of-Pocket Maximum except prescription drug and human organ and tissue transplants (excluding kidney and cornea), and flat dollar copayments for Preventive care, Physician Office Services and Urgent Care.
- The deductible(s) apply only to covered services listed with a percentage (%) copayment, excluding prescription drugs and allergy testing. (Network)

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- Network and Non-network deductibles, copayments, and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent age: to the end of the calendar year age 19 or age 25 if the dependent qualifies as a federal tax exemption.
 - (1) These covered services are covered in full if you have a flat dollar copayment and if rendered without an office visit.
 - (2) Mental health/substance abuse must be authorized by the mental health administrator for services to be covered at the highest benefit level. Refer to schedule of benefits for limitations.
 - (3) Kidney and Cornea are treated the same as any other illness and subject to the medical benefits and lifetime maximum.

Precertification:

- Members are encouraged to always obtain prior approval when using Non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

Pre-Existing Exclusion Period:

We will not provide benefits for services, supplies, or charges for any pre-existing condition for the time period specified below (subject to HIPAA portability requirements):

Timely enrollee: 12 months after the member's enrollment date

Late enrollee: 18 months after the member's enrollment date

A pre-existing condition is a condition (mental or physical), which is present and for which medical advice, diagnosis, care or treatment was recommended or received within the 6 month period ending on the member's enrollment date. Pregnancy is not considered a pre-existing condition. Genetic information may not be used as a condition in the absence of a diagnosis.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

CEBCO Option 2 – Delaware County Blue Access®

Summary of Benefits, Effective 01/01/2005

Covered Benefits	Network	Non-Network
Deductible (Single/Family) (Applies only to percent (%) copayments)	\$100/\$200	\$200/\$400
Out-of-Pocket Maximum (Single/Family)	\$1,000/\$2,000	\$2,000/\$4,000
Physician Office Services Including Office Surgeries, allergy serum and injections (1) - allergy - testing and treatment	\$15 copayment Additional 20%	30% copayment 30% copayment
Preventive Care medical history mammographies ¹ , pelvic exams, and PAP testing immunizations ¹ annual diabetic eye exam annual vision and hearing exams	\$15 copayment	30% copayment
Outpatient Physical Medicine Therapies (Combined Network & Non-Network limits apply) physical and occupational therapy: 30/30 visits limit spinal manipulation: 12 visit limit speech therapy: 20 visit limit	Copayments based on place of service	Copayments based on place of service
Inpatient Services Unlimited days except for: 60 days Network/Non-Network for physical medicine / rehab 180 days Network/Non-Network combined for skilled nursing facility	10%	30% copayment
Outpatient Facility Services/Alternative Care Facility	10%	30% copayment
Other Outpatient Services Hospital/Alternative Care Facility	10%	30% copayment

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Inpatient and Outpatient Professional Charges	10%	30% copayment
Home Care Services 30 visits Non-Network limit for Home Care, excludes IV therapy	10%	30% copayment
Hospice Services	20%	20%
Emergency Care / Urgent Care Emergency Care in Emergency Room (covers all services, copayment waived if admitted, then inpatient copayment applies) Urgent Care Facility:	\$75 copayment \$35 copayment	\$75 copayment \$35 copayment
Ambulance Services	20%	20%
Maternity Services	10%	30%
Mental Health and Substance Abuse (2) (limits and maximums apply) Inpatient : 30 Network Days (includes inpatient mental health Non-Network) Outpatient care limited to 50 visits Non-network outpatient mental health is limited to 10 visits per calendar year inpatient and outpatient substance abuse \$550 Non-Network (Substance abuse rehabilitation programs are limited to two per lifetime Network and Non-Network combined) Call 1-800-788-4003 for authorized referral	10% Copayments based on place of service	30% Copayments based on place of service
Lifetime Maximum (Combined Network and Non-network)	\$5 Million	\$5 Million

Covered Benefits	Network	Non-Network
Human Organ and Tissue Transplants Except Kidney and Cornea transplants (3) A Separate \$1 million lifetime maximum applies. (Combined Network and Non-network)	Covered in full	50% copayment
Medical Supplies, Equipment, and Appliances	20% copayment	40% copayment
Prescription Drugs Options:	Not Covered – Covered under stand-alone drug program	Not Covered – Covered under stand-alone drug program.

Special Notes:

Notes:

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- The deductible(s) apply only to covered services listed with a percentage (%) copayment, excluding prescription drugs and allergy testing. (Network)
- Network and Non-network deductibles, copayments, and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent age: to the end of the calendar year age 19 or age 25 if the dependent qualifies as a federal tax exemption.
- (4) These covered services are covered in full if you have a flat dollar copayment and if rendered without an office visit.
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Vote on Motion Mr. Jordan Aye Mr. Ward Absent Mrs. Martin Aye

RESOLUTION NO. 04-1454

IN THE MATTER OF APPROVING PERSONNEL ACTIONS:

It was moved by Mr. Jordan, seconded by Mrs. Martin to approve the following:

Christopher Muncey has accepted the position as the Custodian for the Maintenance Department; effective date November 29, 2004.

Vote on Motion Mrs. Martin Aye Mr. Jordan Aye Mr. Ward Absent

There being no further business the meeting adjourned.

Kristopher W. Jordan

Deborah B. Martin

James D. Ward