

## Wayne County Commissioners' Agenda

- Pledge of Allegiance to the Flag
- Call to Order Regular Session of May 1, 2019
- Announcement of Commissioners in Attendance
- Approval of Agenda
- Approval of minutes from April 24 through April 30, 2019

Date	Res.#	Resolution Title
5/1	2019-215	<b>Approval of County Bills</b>
5/1	2019-216	<b>Approval of County Home Bills</b>
5/1	2019-217	<b>Appropriation Transfer Approval</b>
5/1	2019-218	<b>Fund Transfer Approval</b>
5/1	2019-219	<b>Personnel Change Approval</b>
5/1	2019-220	<b>Travel/Training Expense Approval</b>
5/1	2019-221	<b>Board Appointment and/or Board Designation Approval</b>
5/1	2019-222	<b>Resolution to Approve Changes to Wayne County Health Plans</b>
5/1	2019-223	<b>Bridge Load Limit Authorization (O.R.C. 5591.42)</b>

# Resolution

No. 2019-215

*Board of Wayne County Commissioners*  
*Ron Amstutz    Rebecca S. Foster    Sue A. Smail*

*Adopted:* May 1, 2019

*Subject:* **Approval of County Bills**

It was moved by Commissioner Smail and seconded by Commissioner Foster that the following resolution be adopted:


Computer run dated **April 30, 2019** for County Bills in the amount of **\$472,057.82**, Interagency Transaction/Payment **batch #6059 & 6058** in the amount of **\$42,013.85**, and any Then & Now Certificates are hereby approved for payment.

As taxing authority, the Then & Now Certificates submitted as of this date for the Board of Elections, Children Services, Department of Developmental Disabilities, Soil and Water and Veterans Services are approved for processing by the Auditor.

The vote is as follows: Ron Amstutz yea    Rebecca S. Foster yea    Sue A. Smail yea

## CERTIFICATE

I, Diane L. Austen, Clerk of the Board of County Commissioners, Wayne County, Ohio, hereby certify that the above is a true and correct copy of the resolution adopted and journalized by said Board on said date.

  
Diane L. Austen, Clerk

# Resolution

No. 2019-216

*Board of Wayne County Commissioners*  
*Ron Amstutz    Rebecca S. Foster    Sue A. Smail*

*Adopted:* May 1, 2019

*Subject:* **Approval of County Home Bills**


It was moved by Commissioner Smail and seconded by Commissioner Foster that the following resolution be adopted:

Computer run dated April 30, 2019 for County Home Bills in the amount of \$14,511.54, Interagency Transaction/Payment batch #6061 in the amount of \$105,000.00, and any Then & Now Certificates are hereby approved for payment.

The vote is as follows: Ron Amstutz yea    Rebecca S. Foster yea    Sue A. Smail yea

## CERTIFICATE

I, Diane L. Austen, Clerk of the Board of County Commissioners, Wayne County, Ohio, hereby certify that the above is a true and correct copy of the resolution adopted and journalized by said Board on said date.

  
Diane L. Austen, Clerk

# Resolution

No. 2019-217

Board of Wayne County Commissioners  
Ron Amstutz    Rebecca S. Foster    Sue A. Smail

Adopted: May 1, 2019

Subject: **Appropriation Transfer Approval**

It was moved by Commissioner Foster and seconded by Commissioner Smail that the following resolution be adopted:

The following appropriation amounts are to be transferred by the Wayne County Auditor.

### Appropriation Transfers:

<b>Commissioners</b>	To cover necessary expenses			
\$200,000.00	From	Contingencies	A015A17	001.1915.01.6130.000.000
	To	Equipment	A004A04	001.0125.01.5300.000.000
<b>Common Pleas</b>	To cover necessary expenses			
\$6,000.00	From	Contingencies	A015A17	001.1915.01.6130.000.000
	To	Witness Fees (Common Pleas)	A002B08	001.3100.02.5580.000.000
<b>Common Pleas</b>	To cover necessary expenses			
\$10,000.00	From	Contingencies	A015A17	001.1915.01.6130.000.000
	To	Attorney Fees (Common Pleas)	A002B06	001.3100.02.5410.000.000
<b>Dog Shelter</b>	To cover necessary expenses			
\$2,500.00	From	Transfers (Dog & Kennel)	B000B12	007.0160.05.6140.000.000
	To	Utilities (Dog Shelter)	B000B51	007.0165.05.5800.000.000

The vote is as follows: Ron Amstutz yea    Rebecca S. Foster yea    Sue A. Smail yea

### CERTIFICATE

I, Diane L. Austen, Clerk of the Board of County Commissioners, Wayne County, Ohio, hereby certify that the above is a true and correct copy of the resolution adopted and journalized by said Board on said date.

  
Diane L. Austen, Clerk

# Resolution

No. 2019-218

## Board of Wayne County Commissioners

Ron Amstutz    Rebecca S. Foster    Sue A. Smail

*Adopted:* May 1, 2019

*Subject:* **Fund Transfer Approval**

It was moved by Commissioner Foster and seconded by Commissioner Smail that the following resolution be adopted:

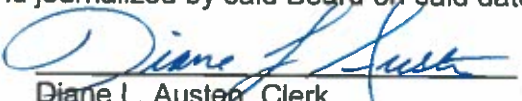
### Fund Transfers:

Department	Amount	From (Fund)	From Approp Acct	To (Fund)	To Receipt Acct
Engineer	16,253.84	Fund 030 (K) Engineer-Motor Veh. & Gas Tax	K000K38 030.5002.04.6150. 000.000 Transfers	Fund 299 (O3) Debt Retirement	RO003A08 299.5000.00.4904. 000.000 Engineer's Transfer for Facility Improvement Bonds
To transfer funds for Engineer's Facility portion of the 2011 Series Improvement Bond payment of 2019 interest due 06/01/2019					

The vote is as follows: Ron Amstutz yea    Rebecca S. Foster yea    Sue A. Smail yea

### CERTIFICATE

I, Diane L. Austen, Clerk of the Board of County Commissioners, Wayne County, Ohio, hereby certify that the above is a true and correct copy of the resolution adopted and journalized by said Board on said date.

  
Diane L. Austen, Clerk

# Resolution

No. 2019-219

Board of Wayne County Commissioners  
Ron Amstutz    Rebecca S. Foster    Sue A. Smail

Adopted: May 1, 2019

Subject: Personnel Change Approval

It was moved by Commissioner Smail and seconded by Commissioner Foster that the following resolution be adopted:

Department	Name	Title	Effective Date	Status Change
Care Center	Everett Caldwell	Chaplain	On or After 5/6/2019	New Hire p/t
Care Center	Danielle Taylor	STNA	5/6/2019	New Hire f/t (36 hours)
Care Center	Megan Friend	STNA	5/20/2019	New Hire f/t (36 hours)

The vote is as follows: Ron Amstutz yea    Rebecca S. Foster yea    Sue A. Smail yea

## CERTIFICATE

I, Diane L. Austen, Clerk of the Board of County Commissioners, Wayne County, Ohio, hereby certify that the above is a true and correct copy of the resolution adopted and journalized by said Board on said date.



Diane L. Austen, Clerk

# Resolution

No. 2019-220

Board of Wayne County Commissioners  
Ron Amstutz    Rebecca S. Foster    Sue A. Smail

Adopted: May 1, 2019

Subject: **Travel/Training Expense Approval**

It was moved by Commissioner Foster and seconded by Commissioner Smail that the following resolution be adopted:

Dept./Person	Where	Date	Travel	Travel (taxable)	Seminar, Conf., Mtg., etc.
<b>Common Pleas</b>					
Tyler Beamon	Smithville/ North Lawrence	5/6-31/2019	500.00	0	OPOTA Firearms Class
<b>Juvenile Court</b>					
Roberta Teter	Columbus	5/3/2019	100.00 Addition to Res. 2019-190	0	Ohio DYS-RECLAIM Quarterly Meeting
<b>Probate/Juvenile Court</b>					
Latecia Wiles	Dublin	5/2/2019	195.00	0	Juvenile Judge's Spring Seminar
Latecia Wiles	Sandusky	6/11-13/2019	955.48	0	Probate Judge's Summer Conf.

The vote is as follows: Ron Amstutz yea    Rebecca S. Foster yea    Sue A. Smail yea

## CERTIFICATE

I, Diane L. Austen, Clerk of the Board of County Commissioners, Wayne County, Ohio, hereby certify that the above is a true and correct copy of the resolution adopted and journalized by said Board on said date.

  
Diane L. Austen, Clerk

# Resolution

No. 2019-221

*Board of Wayne County Commissioners*  
*Ron Amstutz    Rebecca S. Foster    Sue A. Smail*

*Adopted:* May 1, 2019

*Subject:* **Board Appointment and/or Board Designation Approval**


It was moved by Commissioner Smail and seconded by Commissioner Foster that the following resolution be adopted:

Name of Board	Appointee/Address	Term
<b>Multi County Juvenile Attention System (Personnel)</b>	Ron Amstutz	January 1, 2019 – December 31, 2019
<b>Law Library Resources Board</b>	Kristy Burkholder	May 1, 2019 – December 31, 2021 (replacement for Bill Bartos to finish his term)

The vote is as follows: Ron Amstutz yea    Rebecca S. Foster yea    Sue A. Smail yea

## CERTIFICATE

I, Diane L. Austen, Clerk of the Board of County Commissioners, Wayne County, Ohio, hereby certify that the above is a true and correct copy of the resolution adopted and journalized by said Board on said date.

  
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Diane L. Austen, Clerk



# Resolution

No. 2019-222

*Board of Wayne County Commissioners*  
*Ron Amstutz    Rebecca S. Foster    Sue A. Smail*

*Adopted:* May 1, 2019

*Subject:* **Resolution to Approve Changes to Wayne County Health Plans**

It was moved by Commissioner Foster and seconded by Commissioner Smail that changes to Wayne County Health Plans as listed on Exhibit A are hereby approved.

The vote is as follows: Ron Amstutz yea    Rebecca S. Foster yea    Sue A. Smail yea

## CERTIFICATE

I, Diane L. Austen, Clerk of the Board of County Commissioners, Wayne County, Ohio, hereby certify that the above is a true and correct copy of the resolution adopted and journalized by said Board on said date.

  
Diane L. Austen, Clerk

## Recovery of Overpayments

### Health Coverage

If a benefit payment is made by the Plan, to you or on your behalf, ~~or on the behalf of any of your covered dependents~~, which exceeds the benefit amount that you are entitled to receive, the Plan has the right:

- To require the return of the overpayment; or
- To reduce by the amount of the overpayment, any future benefit payment made to or on behalf of a Participant in the Plan. ~~that person or another person in his or her family.~~

Another way that overpayments are recovered is by reducing future payments to the provider by the amount of the overpayment. These future payments may involve this Plan or other health plans that are administered by the Plan's third-party administrator - Aetna. Under this process, Aetna reduces future payments to providers by the amount of the overpayments they received, and then credits the recovered amount to the Plan that overpaid the provider. Payments to providers under this Plan are subject to this same process when Aetna recovers overpayments for other plans administered by Aetna.

Such right does not affect any other right of recovery the Plan may have with respect to ~~such~~ overpayments.

*above section updated and effective 7/1/19*

## Reporting of Claims

A claim must be submitted to Aetna in writing. It must give proof of the nature and extent of the loss. Your employer has claim forms.

All claims should be reported promptly. The deadline for filing a claim is 12 months after the date of the service.

If, through no fault of your own, you are not able to meet the deadline for filing claim, your claim will still be accepted if you file as soon as possible. Unless you are legally incapacitated, late claims for health benefits will not be covered if they are filed more than 2 years after the deadline.

## Payment of Benefits

Benefits will be paid as soon as the necessary proof to support the claim is received. Written proof must be provided for all benefits.

All covered health benefits are payable to you. However, Aetna has the right to pay any health benefits to the service provider. This will be done unless you have told Aetna otherwise by the time you file the claim.

The Plan may pay up to \$1,000 of any other benefit to any of your relatives whom it believes fairly entitled to it. This can be done if the benefit is payable to you and you are a minor or not able to give a valid release.

When a PCP provides care for you or a covered dependent, or care is provided by a network provider (network services or supplies), the network provider will take care of filing claims. However, when you seek care on your own (out-of-network services and supplies), you are

### ***Ground Ambulance***

Covered expenses include charges for transportation:

- To the first hospital where treatment is given in a medical emergency.
- From one hospital to another hospital in a medical emergency when the first hospital does not have the required services or facilities to treat your condition.
- From hospital to home or to another facility when other means of transportation would be considered unsafe due to your medical condition.
- From home to hospital for covered inpatient or outpatient treatment when other means of transportation would be considered unsafe due to your medical condition. Transport is limited to 100 miles.
- When during a covered inpatient stay at a hospital, skilled nursing facility or acute rehabilitation hospital, an ambulance is required to safely and adequately transport you to or from inpatient or outpatient medically necessary treatment.

### ***Air or Water Ambulance***

Covered expenses include charges for transportation to a hospital by air or water ambulance when:

- Ground ambulance transportation is not available; and
- Your condition is unstable, and requires medical supervision and rapid transport; and
- In a medical emergency, transportation from one hospital to another hospital; when the first hospital does not have the required services or facilities to treat your condition and you need to be transported to another hospital; and the two conditions above are met.

### ***Autism spectrum disorder***

Autism spectrum disorder is defined in the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* of the American Psychiatric Association. **Eligible health services** include the services and supplies provided by a **physician or behavioral health provider** for the diagnosis and treatment of autism spectrum disorder. **We will only cover this treatment if a physician or behavioral health provider orders it as part of a treatment plan.**

*Effective 7/1/19*

### ***Limitations***

Not covered under this benefit are charges incurred to transport you:

- If an ambulance service is not required by your physical condition; or
- If the type of ambulance service provided is not required for your physical condition; or
- By any form of transportation other than a professional ambulance service.

## **Diagnostic and Preoperative Testing**

### ***Diagnostic Complex Imaging Expenses***

The plan covers charges made on an outpatient basis by a physician, hospital or a licensed imaging or radiological facility for complex imaging services to diagnose an illness or injury, including:

- C.A.T. scans;

***Outpatient Cognitive Therapy, Physical Therapy, Occupational Therapy and Speech Therapy Rehabilitation Benefits***

Coverage is subject to the limits, if any, shown on the "Schedule of Benefits". Inpatient rehabilitation benefits for the services listed will be paid as part of your Inpatient Hospital and Skilled Nursing Facility benefits provision in this Book.

- Physical therapy is covered for non-chronic conditions and acute illnesses and injuries, provided the therapy expects to significantly improve, develop or restore physical functions lost or impaired as a result of an acute illness, injury or surgical procedure. Physical therapy does not include educational training or services designed to develop physical function.
- Occupational therapy (except for vocational rehabilitation or employment counseling) is covered for non-chronic conditions and acute illnesses and injuries, provided the therapy expects to significantly improve, develop or restore physical functions lost or impaired as a result of an acute illness, injury or surgical procedure, or to relearn skills to significantly improve independence in the activities of daily living. Occupational therapy does not include educational training or services designed to develop physical function.
- Speech therapy is covered for non-chronic conditions and acute illnesses and injuries and expected to restore the speech function or correct a speech impairment resulting from illness or injury; or for delays in speech function development as a result of a gross anatomical defect present at birth. Speech function is the ability to express thoughts, speak words and form sentences. Speech impairment is difficulty with expressing one's thoughts with spoken words.
- Cognitive therapy associated with physical rehabilitation is covered when the cognitive deficits have been acquired as a result of neurologic impairment due to trauma, stroke, or encephalopathy, and when the therapy is part of a treatment plan intended to restore previous cognitive function.

A "visit" consists of no more than one hour of therapy. Refer to the Schedule of Benefits for the visit maximum that applies to the plan. Covered expenses include charges for two therapy visits of no more than one hour in a 24-hour period.

The therapy should follow a specific treatment plan that:

- Details the treatment, and specifies frequency and duration; and
- Provides for ongoing reviews and is renewed only if continued therapy is appropriate.

**Important Reminder:** Refer to the "Schedule of Benefits" for details about the short-term rehabilitation therapy maximum benefit.

Unless specifically covered above, not covered under this benefit are charges for:

- Therapies for the treatment of delays in development, unless resulting from acute illness or injury, or congenital defects amenable to surgical repair (such as cleft lip/palate), are not covered. Examples of non-covered diagnoses include Pervasive Developmental Disorders (including Autism), Down's Syndrome, and Cerebral Palsy, as they are considered both developmental and/or chronic in nature;
- Any services which are covered expenses in whole or in part under any other group plan sponsored by an employer;

Services and supplies provided in connection with treatment or care that is not covered under the plan.

Speech therapy for treatment of delays in speech development, except as specifically provided in the "What the Medical Plan Covers" Section. For example, the plan does not cover therapy when it is used to improve speech skills that have not fully developed.

Spinal disorder, including care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion or dislocation in the human body or other physical treatment of any condition caused by or related to biomechanical or nerve conduction disorders of the spine including manipulation of the spine treatment, except as specifically provided in the What the Plan Covers section.

Strength and performance: Services, devices and supplies to enhance strength, physical condition, endurance or physical performance, including:

- Exercise equipment, memberships in health or fitness clubs, training, advice, or coaching;
- Drugs or preparations to enhance strength, performance, or endurance; and
- Treatments, services and supplies to treat illnesses, injuries or disabilities related to the use of performance-enhancing drugs or preparations.

Therapies for the treatment of delays in development, unless resulting from acute illness or injury, or congenital defects amenable to surgical repair (such as cleft lip/palate), are not covered. Examples of non-covered diagnoses include Pervasive Developmental Disorders (including Autism), Down Syndrome, and Cerebral Palsy, as they are considered both developmental and/or chronic in nature.

Therapies and tests: Any of the following treatments or procedures:

- Aromatherapy;
- Bio-feedback and bioenergetic therapy;
- Carbon dioxide therapy;
- Chelation therapy (except for heavy metal poisoning);
- Computer-aided tomography (CAT) scanning of the entire body;
- Educational therapy;
- Gastric irrigation;
- Hair analysis;
- Hyperbaric therapy, except for the treatment of decompression or to promote healing of wounds;
- Hypnosis, and hypnotherapy, except when performed by a physician as a form of anesthesia in connection with covered surgery;
- Lovaas therapy;
- Massage therapy;
- Megavitamin therapy;
- Primal therapy;
- Psychodrama;

# Resolution

No. 2019-223

*Board of Wayne County Commissioners*  
*Ron Amstutz    Rebecca S. Foster    Sue A. Smail*

*Adopted:* May 1, 2019

*Subject:* **Bridge Load Limit Authorization (O.R.C. 5591.42)**

It was moved by Commissioner Smail and seconded by Commissioner Foster that the load limit, recommended by the Wayne County Engineer in correspondence dated April 26, 2019, be approved and posted as required near each end of bridge(s) listed below.

BAU-CR32-2.37  
WOO-TR168-0.38

The vote is as follows: Ron Amstutz yea    Rebecca S. Foster yea    Sue A. Smail yea

## CERTIFICATE

I, Diane L. Austen, Clerk of the Board of County Commissioners, Wayne County, Ohio, hereby certify that the above is a true and correct copy of the resolution adopted and journalized by said Board on said date.

  
Diane L. Austen, Clerk