

CITY COUNCIL AGENDA ITEM COVER MEMO

Agenda Item Number: _____

Meeting Type: Regular

Meeting Date: Sep 22, 2016

Action Requested By: Human Resources

Agenda Type: Resolution

Subject Matter:

Modification to the Agreement between the City of Huntsville and Behavioral Health Systems for renewal of the Managed Care Plan.

Exact Wording for the Agenda:

Resolution authorizing the Mayor to execute Modification No. 8 to the agreement between the City of Huntsville and Behavioral Health Systems, Inc.

Note: if amendment, Please state title and number of the original

Item to be considered for: _____

Unanimous Consent Required: _____

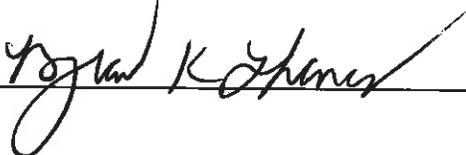
Briefly state why the action is required; why it is recommended; what council action will provide, allow and accomplish and; any other information that might be helpful.

This Modification is needed to provide for the yearly renewal of group mental health services for employees, as well as covered retirees and dependents.

Associated Cost: _____

Budgeted Item: _____

MAYOR RECOMMENDS OR CONCURS: _____

Department Head: 

Date: 9/8/16

ROUTING SLIP CONTRACTS AND AGREEMENTS

Originating Department: Human Resources Council Meeting Date: 9/22/2016

Department Contact: Cindy Lehman Phone # 256-427-5244

Contract or Agreement: Behavioral Health Systems Modification No. 8

Document Name: Modification No. 8 to the Agreement between the City of Huntsville, AL and Behavior...

City Obligation Amount: 0

Total Project Budget:

Uncommitted Account Balance:

Account Number: 1005-00-00000-517030-00000000

Procurement Agreements

<u>Select...</u>	<u>Select...</u>
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Grant-Funded Agreements

<u>Select...</u>	Grant Name: <input style="width: 90%;" type="text"/>
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Department	Signature	Date
1) Originating	<i>royal k Thomas</i>	9/8/16
2) Legal	<i>Mary Clates</i>	9/12/16
3) Finance	<i>M. Dargatzis</i>	9-13-16
4) Originating		
5) Copy Distribution		
a. Mayor's office (1 copies)		
b. Clerk-Treasurer (Original & 2 copies)		

RESOLUTION NO. 16-_____

WHEREAS, the City of Huntsville currently has in place an agreement with Behavioral Health Systems, Inc. for administration services for its employee mental health services; and

WHEREAS, the City of Huntsville desires to enter into an agreement with Behavioral Health Systems, Inc. for the period January 1, 2017 through December 31, 2017; and

WHEREAS, the City Council of the City of Huntsville, Alabama, does hereby declare in accordance with Code of Alabama (1975) that the Mayor be, and he is hereby authorized to enter into an agreement between the City of Huntsville and Behavioral Health Systems, Inc. on behalf of the City of Huntsville, a municipal corporation in the State of Alabama, which said agreement is substantially in words and figures similar to that certain document attached hereto and identified as Modification No. 8 to the Agreement Between the City of Huntsville, Alabama and Behavioral Health Systems, Inc., dated September 24, 2015, as adopted by City Council pursuant to Resolution No. 06-999 and modified by Resolution No. 09-842, 10-416, 10-837, 11-686, 13-754, 14-844, and 15-725 consisting of two (2) pages, plus four (4) pages of additional documents, and the date of September 22, 2016 appearing on the margin of the first page, together with the signature of the President or President Pro Tem of the City Council, an executed copy of said document being permanently kept on file in the Office of the City Clerk-Treasurer of the City of Huntsville, Alabama.

ADOPTED this the 22nd day of September, 2016.

President of the City Council of
the City of Huntsville, Alabama

APPROVED this the 22nd day of September, 2016.

Mayor of the City of
Huntsville, Alabama

STATE OF ALABAMA)

COUNTY OF MADISON)

Modification No. 8 to the Agreement Between the City of Huntsville, Alabama and Behavioral, Health Systems, Inc., dated September 22, 2016, as adopted by City Council pursuant to Resolution No. 06-999 and modified by Resolution No. 09-842, 10-416, 10-837, 11-686, 13-754, 14-844, and 15-725

MODIFICATION NO. 8

THIS MODIFICATION NO. 8 IS MADE TO THE AGREEMENT entitled "Managed Care/Employee Assistance Plan Agreement" between the City of Huntsville, Alabama and Behavioral Health Systems, Inc., and is entered into on this the 22nd day of September, 2016 by and between the City of Huntsville, Alabama (City) and Behavioral Health Systems, Inc. (BHS).

WITNESSETH

WHEREAS, the parties previously entered into a Managed Care/Employee Assistance Plan Agreement effective January 1, 2007; and

WHEREAS, Addendum C of said Agreement is "Behavioral Health Systems, Inc., City of Huntsville, Covered Conditions"; and

WHEREAS, said Addendum C describes the conditions for which services are covered when approved by BHS;

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein, BHS and the City agree to the following modification to the Agreement:

1. Addendum C shall be replaced in its entirety with revised Addendum C attached hereto, effective January 1, 2017.
2. All other provisions of said Agreement shall remain in full force and effect

IN WITNESS WHEREOF, the parties hereto have entered into this agreement, consisting of this page and one (1) following page, on the 22nd day of September, 2016.

President of the City Council of the
City of Huntsville, Alabama
Date: 9-22-2016

DATE: _____

By: _____
Mayor Tommy Battle

ATTEST:

By: _____

Behavioral Health Systems, INC.

DATE: _____

By: _____

ATTEST:

By: _____

BEHAVIORAL HEALTH SYSTEMS, INC.
CITY OF HUNTSVILLE
COVERED CONDITIONS

For the purpose of definition, and except as otherwise excluded below, Covered Conditions generally include treatment rendered in connection with the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) categories 291.81 – 314.01 and V Codes. Covered Conditions include but are not limited to:

291.81 – 292.9 and 303.90 – 305.90	Substance Abuse Disorders
295.4 – 295.9 and 297.1 – 298.9	Schizophrenia and Other Psychotic Disorders
296.4 – 296.89	Bipolar Disorders
296.2 – 296.36, 296.99 and 300.4	Depressive Disorders
300.0 – 300.29, 300.7 and 309.21	Anxiety Disorders
300.3	Obsessive Compulsive Disorder and Related Disorders
308.3 and 309.81 – 309.21	Trauma and Stress Related Disorders
300.12 – 300.15 and 300.6	Dissociative Disorders
300.11, 300.19 and 300.7 – 300.89	Somatic Disorders
301.0 – 301.9	Personality Disorders
307.1 and 307.50 – 307.59	Eating Disorders
309.0 – 309.4	Adjustment Disorders
312.34 and 312.81 – 313.81	Disruptive, Impulse Control and Conduct Disorders
314.00 – 314.01	Attention-Deficit/Hyperactivity Disorder
V15.41 – V69.9	Relationship, Grief, Communication, and Other Short-Term Non-Acute Conditions

Covered Services and Conditions

The following constitute covered mental health or substance abuse services or conditions when approved by BHS:

- A. Treatment or services rendered in connection with mental illnesses classified in the DSM-5 categories listed above.
- B. Treatment or services determined by BHS to be medically necessary either before, during or after care is rendered.
- C. Covered services, or treatment specifically allowed otherwise by the plan, rendered by a licensed provider, or a licensed and accredited facility, who is approved by BHS for the type of service being rendered as a paneled, referral, or case specific provider.
- D. Covered services, or treatment specifically allowed otherwise by the plan, rendered by a licensed out-of-network provider, or a licensed and accredited out-of-network facility, to the extent out-of-network benefits are allowed by the plan.
- E. Initial assessment/psychological testing/other psychological diagnostic services for the purpose of diagnosing a mental, nervous or substance abuse condition.
- F. Treatment or services rendered in connection with a secondary diagnosis which is a covered diagnosis as defined above and is the primary focus of treatment.
- G. Treatment or services related to tobacco use.
- H. Treatment or services for gambling disorders, when reasonably expected to improve in response to the treatment provided or recommended.
- I. Treatment or services related to narcotic maintenance therapy, and detoxification from medications prescribed for narcotic maintenance.
- J. Treatment of chronic pain or any pain disorder that cannot be attributed to a general medical condition.

Non-Covered Services and Conditions

The following services or conditions **do not** constitute covered mental health or substance abuse services or conditions, unless shown to be required by federal or state law or regulation, or which are demonstrated to be more restrictive than the treatment limitations applied to substantially all medical/surgical benefits in the same classification:

- I. Evaluative and Educational:
 - A. Speech, occupational, physical and recreational therapy.
 - B. Evaluation, testing or other services for the purpose of assessing or resolving educational performance questions or other academic problems, or for the purpose of establishing functional capacity related to medical conditions.
 - C. Remedial education, tutoring, and treatment or services related to learning disorders.
 - D. Testing and other services which schools or other institutions/agencies are required to provide under federal, state or other laws.
 - E. Therapeutic boarding school, including any mental health/substance abuse treatment or services provided as a component of the school program.
 - F. Services for Autism Spectrum Disorder, intellectual disability or other developmental disorder.
- II. Administrative, Legal, and Judicial:
 - A. Administrative psychiatric services, including but not limited to expert testimony, medical records review, report preparation, and record maintenance/copying.
 - B. Psychiatric or psychological examinations, testing or treatment for any administrative purpose, including but not limited to obtaining or maintaining employment, determining disability, obtaining approval for elective surgical or other medical procedures, or relating to legal advice or proceedings.
 - C. Evaluation, testing or treatment while confined in a prison, jail or other penal institution.
 - D. Care or treatment provided by any federal or state hospital, facility, or treatment program, or covered in whole or part under the laws, including workers compensation laws, of any federal, state, county, city, or other governmental agency that provides or pays for care, except as required by law.
 - E. Treatment for alleged or convicted sexual offenders or perpetrators of sexual/physical violence or abuse.
 - F. Any condition where the primary focus of treatment is illegal or criminal behavior.
- III. Self Care and Improvement:
 - A. Dietary management consultation and any other services provided for the purpose of weight loss.
 - B. Retreats, workshops, seminars or courses for the purpose of self improvement or personal growth and development.
 - C. Biofeedback.
 - D. Services or expenses for treatment which does not require a licensed provider, given the level of simplicity and the patient's condition, will not further restore or improve the patient's symptoms, behaviors, or level of functioning, or is not reasonable as to number, frequency, or duration.

IV. Maintenance and Rehabilitation:

- A. Residential psychiatric care, defined as a program or physical environment providing 24-hour monitoring/supervision/behavior modification for a term extending beyond that required for acute inpatient stabilization.
- B. Custodial care or nursing home care.

V. Services Unproven Or Not Symptom Focused:

- A. Treatment, treatment protocols, medical devices, drugs or procedures which BHS considers to be experimental/investigational or unproven, including services that are part of a clinical trial.
- B. Assessment, consultation or treatment conducted via telephone, on-line or by any means other than direct face-to-face care.

VI. Other:

- A. Disorders related to speech, communication or language.
- B. Any sexual paraphilic disorder or disorders of sexual functioning.
- C. Caffeine use.
- D. Simple intoxication, or assessment/care rendered to a patient while under the influence of alcohol or other substances.
- E. Any neurocognitive disorder related to head injury, infection, disease (including Alzheimer's disease or delirium), other medical condition or substance use; or unspecified cognitive disorder (799.59) or any other nonspecific condition related to cognitive functioning.
- F. Sleep disorders, including any substance-induced forms.
- G. Malingering.
- H. Dissociative Identity Disorder (formerly Multiple Personality Disorder).
- I. Procedures determined by BHS to be redundant when performed in combination with other procedures.

VII. Non-Authorized Services:

- A. Except in cases of an emergency admission, a finding of medical necessity upon retrospective review, or as otherwise allowed by the plan, any inpatient treatment or services delivered without BHS preauthorization. Coverage for emergency care requires BHS notification within 48 hours of the time the care was rendered, or the next business day. Certain other services require BHS preauthorization, including partial hospital programs (PHP), intensive outpatient programs (IOP), ECT (electroconvulsive therapy), and psychological testing.
- B. Services rendered by any unlicensed or non-accredited behavioral health provider, hospital, facility or program. Requirements for licensure and accreditation are applicable to both BHS in-network and out-of-network providers.
- C. Services rendered which are different from those requested and described by the provider, hospital, facility or program and which are not clinically appropriate and/or medically necessary. This includes but is not limited to specific treatment protocols, regimens, procedures, levels of care, or treatment settings as they are defined by generally accepted professional guidelines.
- D. Services for which the patient is not obligated to pay, or for which there would be no charge if the patient had no health care coverage.
- E. Treatment or services received after the date the member's coverage has ended, regardless of whether the member is an inpatient on that date. In instances where a member is eligible for but

has not yet elected COBRA, payment of benefits will not occur until COBRA continuation and benefit eligibility is confirmed.

- F. Services delivered after any applicable Plan limits have been exceeded, including but not limited to calendar year maximums.
- G. Claims received after a period of 24 months from the date treatment or services were rendered, except as otherwise required by the plan.
- H. Travel, lodging, room and board, and other expenses even if associated with medically necessary services approved by BHS.
- I. Charges for missed provider appointments.

Corporation's Medical Plan shall be financially responsible for providing covered medical services (including emergency medical services) and for any medical tests or services which normally are not included as a part of a psychiatric treatment program, unless specifically authorized by BHS for treatment of a mental health or substance abuse problem.