



**BEHAVIORAL HEALTH SYSTEMS**

Behavioral Healthcare Programs for Business & Industry Since 1989

**AMENDMENT #11**


This Amendment is made to the **INTEGRATED MHSA/EMPLOYEE ASSISTANCE PLAN AGREEMENT**, entered into October 1, 2024, by and between Behavioral Health Systems, Inc. ("BHS") and Jefferson County Commission ("Corporation") is amended as follows:

1. Addendum C shall be replaced in its entirety with Revised Addendum C attached hereto, to be effective until the same may be revised from time to time.

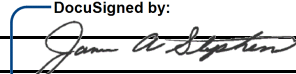
All other provisions of said Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed on the day and year first above written.

**BEHAVIORAL HEALTH SYSTEMS, INC.**

By:   
 Its Founder, Chairman, & CEO  
 Date: 6/26/2024

**JEFFERSON COUNTY COMMISSION**

By:   
 Its: \_\_\_\_\_  
 Date: 7/11/2024  
 President

**BEHAVIORAL HEALTH SYSTEMS, INC.**  
**COVERED SERVICES AND CONDITIONS**  
**JEFFERSON COUNTY COMMISSION**

For the purpose of definition, and except as otherwise excluded below, covered conditions generally include those described by the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), including V Codes. This document has been designed to comply with the plan sponsor's group health benefits and the Mental Health Parity and Addiction Equity Act (MHPAEA). Covered conditions include the following DSM categories:

Substance Abuse Disorders  
Schizophrenia and Other Psychotic Disorders  
Bipolar Disorders  
Depressive Disorders  
Autism Spectrum Disorders  
Anxiety Disorders  
Obsessive Compulsive Disorder and Related Disorders  
Trauma and Stress Related Disorders  
Dissociative Disorders  
Somatic Symptom Disorders  
Personality Disorders  
Eating Disorders  
Gender Dysphoria  
Adjustment Disorders  
Disruptive, Impulse Control and Conduct Disorders  
Attention-Deficit/Hyperactivity Disorder  
Relationship, Grief, Communication, and Other Short-Term Non-Acute Conditions

**Covered Services and Conditions**

**The following constitute covered mental health or substance use disorder services and conditions:**

- Treatment or services rendered in connection with mental health and substance use disorders described in the most current version of the DSM listed above.
- Treatment or services determined by BHS to be medically necessary either before, during or after care is rendered.
- Covered services, or treatment specifically allowed otherwise by the plan, which are rendered by a provider who meets BHS licensure or Employee Assistance Professional certification (CEAP) requirements, or other applicable credentialing criteria which satisfy the licensure requirement, or a licensed and accredited facility, and is approved by BHS for the type of service being rendered as an in-network (paneled, referral, or case specific) provider or out-of-network provider, to the extent out-of-network benefits are allowed by the Plan.
- Initial assessment and such other psychological diagnostic services necessary for the purpose of diagnosing a mental health or substance use disorder condition.
- Treatment or services rendered in connection with a covered secondary or co-occurring mental health or substance use disorder diagnosis which is the primary focus of treatment.
- Nicotine dependence.
- Pathological Gambling.

- Medication Assisted Treatment (MAT) for opioid use disorders, when provided by a prescriber/ program meeting all requirements established by the Substance Abuse and Mental Health Services Administration (SAMHSA) and all other legal requirements.
- **Residential** treatment (program) rendered at a non-acute or custodial level of care.
- Psychiatric evaluation and treatment of pain that cannot be directly attributed to a physical cause such as an illness, injury, or other medical condition.
- Virtual mental health and substance use disorder services (i.e., telepsychiatry) when provided in accordance with all of the following: 1) according to generally accepted standards of mental health and substance use disorder professional practice, the recommended virtual services can be safely and effectively delivered using remote, interactive videoconferencing; 2) all virtual services are provided using HIPAA-compliant secure video-based technology; 3) the standard of care for all virtual services provided is equivalent to the standard of care required for the same service when provided in-person; and 4) the provider is in compliance with all applicable federal and state laws, and licensing board requirements related to virtual behavioral healthcare practice. Benefits for out-of-network virtual behavioral health services are available to the extent out-of-network benefits are allowed by the plan for comparable medical services.
- Nutrition planning, counseling or consultation for patients diagnosed with a primary eating disorder condition when provided by an appropriately licensed, credentialed and experienced dietician, nutritionists or other nutrition professional.
- Treatment for Autism Spectrum Disorder, including Applied Behavior Analysis (ABA).

#### **Non-Covered Services and Conditions**

**The following do not constitute covered mental health or substance use disorder 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 the plan sponsor's group health benefits in the same classification:**

- **Administrative** and clerical services, including but not limited to expert testimony, medical records, review/maintenance/copying, report preparation, and medical leave or disability paperwork completion.
- Psychiatric examinations, testing or treatment for any **administrative** purpose, such as that required for obtaining/maintaining employment, determining disability, elective surgery/medical procedure approval, or relating to legal advice or proceedings.
- **Alzheimer's** disease, or any neurocognitive disorder related to physical injury, infection, disease or other medical condition, including unspecified cognitive disorder.
- **Caffeine** dependence.
- **Claims** received after a period of 12 months from the date treatment or services were rendered, or which were not properly submitted to BHS.
- Treatment or services received after the date the member's **coverage has ended**, including inpatient or other hospital care. 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.
- Treatment or services while confined in a prison, jail or other penal institution, or for any psychological diagnosis, condition or problem resulting from participation in **criminal** activity.
- Any condition where the primary focus of treatment is illegal or **criminal** behavior, including treatment for sexual offenders or perpetrators of sexual/physical violence or abuse.
- **Custodial** care or nursing home care. Custodial care is care rendered to a patient with a prolonged psychiatric disorder that may include assisted daily living, routine nursing care and other forms of supervisory care, but in general no acute mental health services are provided. Patients are typically

hospitalized in an acute care facility while awaiting transfer to a long-term psychiatric care facility.

- Weight loss and/or **dietary management** services. This exclusion does not apply to services provided by appropriately credentialed and experienced dietitians, nutritionists or other nutrition professionals approved by BHS for medically necessary nutritional counseling and individualized nutrition planning for patients with a covered, primary eating disorder diagnosis.
- Psychological testing and other services which schools or other institutions/agencies are required to provide/cover in whole or in part under **federal, state or other laws**.
- Care or treatment provided by any federal or state hospital, facility or program, or covered in whole or in part under the laws, including workers compensation laws, of any federal, state or other **governmental** agency that provides or pays for care, except as required by law.
- Treatment, treatment protocols, medical devices or equipment, facilities and programs, drugs or procedures which are **investigational** or considered unproven, including services that are part of a clinical trial.
- Services related to **learning**, educational performance and/or learning disorders, including but not limited to IQ, academic placement and achievement testing, remedial education, tutoring, educational therapy and therapeutic boarding schools.
- Services for which the patient is not **legally obligated to pay**, or for which there would be no charge if the patient had no health care coverage.
- Treatment, care or services which do not require a **licensed provider**, given the level of simplicity and the patient's condition.
- **Malingering**.
- Treatment, care or services BHS determines are not **medically necessary**.
- Charges for **missed provider appointments**.
- Psychological/**neuropsychological** evaluation and testing related to a primary medical diagnosis.
- Services delivered after any applicable **Plan limits** have been exceeded.
- Except in cases of an emergency, a finding of medical necessity upon retrospective review, or as otherwise allowed by the plan, any inpatient admission without BHS **preauthorization**. BHS should be notified of any admission for inpatient treatment within 48 hours or as soon as reasonably possible. Certain other services require BHS preauthorization, including partial hospital programs (PHP), intensive outpatient programs (IOP), electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS) and psychological testing for more than 10 hours.
- Procedures determined by BHS to be **redundant or duplicative** when performed in combination with other procedures.
- 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.
- Services and expenses for convenience, such as **room and board** furnished by a hospital/facility when necessary and appropriate treatment could be provided outside of an inpatient setting, or weekend partial hospital program/outpatient programming absent medical necessity.
- Retreats, workshops, seminars, courses, trainings, biofeedback and other types of **self-care** or personal improvement and development (i.e., animal, art, music therapy).
- Treatment or services for sexual paraphilic disorders or disorders of **sexual functioning**.

- Mental health/substance use disorder assessment or care rendered to a patient diagnosed with **simple intoxication, or while under the influence** of alcohol or other substances. This exclusion does not apply to medically necessary inpatient detoxification provided when there is a reasonable expectation for severe withdrawal or serious complications related to withdrawal.
- **Sleep** disorders.
- Health care services, including but not limited to, **speech, occupational, physical and recreational therapy** provided for the treatment of co-occurring medical/physical diagnoses, problems or impairments for patients diagnosed with a covered, mental health/substance use disorder condition. Disorders related to speech, communication, or language.
- **Travel and lodging** even if associated with medically necessary services approved by BHS.
- Services rendered by any **unlicensed or non-accredited** behavioral health provider, hospital, facility or program unless the licensure requirement is satisfied by other applicable BHS credentialing criteria. Requirements for licensure and accreditation are applicable to both BHS in-network and out-of-network providers.

Client'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.