



BOARD OF SUPERVISORS AGENDA ITEM REPORT
AWARDS / CONTRACTS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 02/06/2024

* = Mandatory, information must be provided

or Procurement Director Award: ☐

***Contractor/Vendor Name/Grantor (DBA):**

Aetna Life Insurance Company
Aetna, Inc. dba Aetna Behavioral Health, LLC

***Project Title/Description:**

Medical Benefits Administrative Services-Third Party Administration and Employee Assistance Program

***Purpose:**

Amendment of Award: Master Agreement No. MA-PO-18-189, Amendment No. 06. This Amendment updates Exhibit C: Employee Assistance Program (EAP) Scope of Work and Exhibit I.1-Amendment 5 Fees Schedule to implement onsite EAP provider services as an option for County Departments and authorizes the Procurement Director to make, execute, acknowledge and deliver such other instruments and documents, and take all such other actions as may be reasonably required in order to effectuate the purposes of this contract.
Administering Department: Human Resources.

***Procurement Method:**

Pursuant to Pima County Procurement Code 11.12.020, Competitive sealed proposals, on 01/16/2018, the Board of Supervisors approved an award of contract for an initial term of five (5) years and an initial award amount of \$15,000,000.00 with five (5) one-year renewal options.

On 01/08/2019, the Board of Supervisors approved Amendment No. 01, which removed counseling sessions for Public Safety Personnel and replaced Exhibit I.

On 08/06/2019, the Board of Supervisors approved Amendment No. 02, which increased the number of counseling sessions for participants and replaced Exhibit I.

On 04/06/2021, the Board of Supervisors approved Amendment No. 03, which incorporated a reference to the Pima County Medical Benefits Plan and expanded options for plan administration services.

On 07/19/2022, the Procurement Director approved Amendment No. 04, which added Aetna, Inc. dba Aetna Behavioral Health, LLC.

On 06/20/2023, the Board of Supervisors approved Amendment No. 05, which extended the termination date to 06/30/2024, increased the not-to-exceed contract amount by \$16,600,000.00 for a cumulative not-to-exceed contract amount of \$31,600,000.00 and added fee schedules for the five (5) one—year extension options. Four (4) renewal options remained.

PRCUID: 264063

Attachment: Contract Amendment No. 06.

***Program Goals/Predicted Outcomes:**

Provision of integrated claims administration for pharmacy services.

***Public Benefit:**

Cost effective health benefits program.

***Metrics Available to Measure Performance:**

Active review of various reports that monitor the overall effectiveness of claims administration and formulary management.

***Retroactive:**

No.

TD: COB 1-23-24 (1)
Vers: 14
pgs: 5

THE APPLICABLE SECTION(S) BELOW MUST BE COMPLETED

Click or tap the boxes to enter text. If not applicable, indicate "N/A". Make sure to complete mandatory (*) fields

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
 Commencement Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____
☐ Expense Amount \$ _____ * ☐ Revenue Amount: \$ _____

***Funding Source(s) required:** _____

Funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No

If Yes, is the Contract to a vendor or subrecipient? _____

Were insurance or indemnity clauses modified? ☐ Yes ☐ No
 If Yes, attach Risk's approval.

Vendor is using a Social Security Number? ☐ Yes ☐ No
 If Yes, attach the required form per Administrative Procedure 22-10.

Amendment / Revised Award Information

Document Type: MA Department Code: PO Contract Number (i.e., 15-123): 18-189
 Amendment No.: 06 AMS Version No.: 14
 Commencement Date: 02/06/24 New Termination Date: _____
 Prior Contract No. (Synergen/CMS): _____

☒ Expense ☐ Revenue ☐ Increase ☐ Decrease

Is there revenue included? ☐ Yes ☒ No If Yes \$ _____

Amount This Amendment: \$ _____

***Funding Source(s) required: Health Benefit Self-Insurance Fund**

Funding from General Fund? ☐ Yes ☒ No If Yes \$ _____ % _____

Grant/Amendment Information (for grants acceptance and awards)

☐ Award ☐ Amendment

Document Type: _____ Department Code: _____ Grant Number (i.e., 15-123): _____
 Commencement Date: _____ Termination Date: _____ Amendment Number: _____
☐ Match Amount: \$ _____ ☐ Revenue Amount: \$ _____

***All Funding Source(s) required:** _____

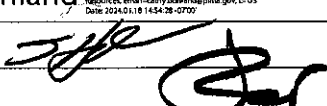
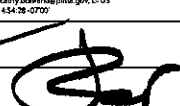
*Match funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____

*Match funding from other sources? ☐ Yes ☐ No If Yes \$ _____ % _____

*Funding Source: _____

*If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?

Contact: Procurement Officer: Kelsey Braun-Shirley Digitally signed by Kelsey Braun-Shirley
Date: 2024.01.17 14:34:42 -07'00' Division Manager: Ana Wilber Digitally signed by Ana Wilber
Date: 2024.01.17 16:25:17 -07'00'
 Department: Procurement Director: Terri Spencer Digitally signed by Terri Spencer
Date: 2024.01.17 16:51:44 -07'00' Telephone: (520) 724-7466

Department Director Signature: Cathy Bohland Digitally signed by Cathy Bohland
DN: cn=Cathy Bohland, o=Pima County, ou=Human Resources, email=cathy.bohland@pima.gov, c=US
Date: 2024.01.18 14:24:28 -07'00' Date: _____
 Deputy County Administrator Signature:  Date: 1-19-2024
 County Administrator Signature:  Date: 1/19/24

Pima County Department of Human Resources

Project: Medical Benefits Administrative Services-Third Party Administration and Employee Assistance Program

Contractor: Aetna Life Insurance Company
Aetna, Inc. dba Aetna Behavioral Health, LLC.
151 Farmington Ave.
Hartford, CT 06156

Contract No.: MA-PO-18-189

Contract Amendment No.: 06

Orig. Contract Term: 07/01/2018 - 06/30/2023	Orig. Amount:	\$ 15,000,000.00
Termination Date Prior Amendment: 06/30/2024	Prior Amendments Amount:	\$ 16,600,000.00
Termination Date This Amendment: 06/30/2024	This Amendment Amount:	\$ 0.00
	Revised Total Amount:	\$ 31,600,000.00

CONTRACT AMENDMENT

The parties agree to amend the above-referenced contract as follows:

- 1. Background and Purpose.**
 - 1.1. Background. On July 1, 2018, County and Contractor entered into the above referenced agreement to provide medical benefits administrative services for Pima County's health benefits program.
 - 1.2. Purpose. County requires additional onsite EAP provider services.
- 2. Scope of Services.**

Exhibit C: Employee Assistance Program (EAP) Services Scope of Work (1 page) is replaced in its entirety by Exhibit C-Amendment 6 Employee Assistance Program (EAP) Services Scope of Work (2 pages).
- 3. Compensation and Payment.**

Exhibit I.1-Amendment 5 Fees Schedule-EAP (1 page) is replaced in its entirety with Exhibit I.1-Amendment 6 Fees Schedule-EAP (1 page).

All other provisions of the Contract not specifically changed by this Amendment remain in effect and are binding upon the parties.

PIMA COUNTY

Chair, Board of Supervisors

Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM



Deputy County Attorney

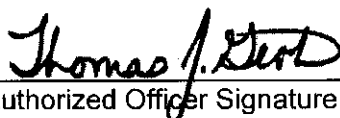
Rachelle Barr

Print DCA Name

11/28/2023

Date

CONTRACTOR



Authorized Officer Signature

Thomas Grote - CEO

Printed Name and Title

1/17/2024

Date

APPROVED AS TO CONTENT

Cathy Bohland

Department Head

Digitally signed by Cathy Bohland
DN: cn=Cathy Bohland, o=Pima County, ou=Human
Resources, email=cathy.bohland@pima.gov, c=US
Date: 2024.01.18 14:32:15 -0700

Date

EXHIBIT C-AMENDMENT 6

EMPLOYEE ASSISTANCE PROGRAM (EAP) SERVICES SCOPE OF WORK

1. General EAP Services

- 1.1. Provide 24-hour, 7 days a week access to EAP services for all Pima County employees, dependents, and persons living within the employee's household.
- 1.2. Provide professional EAP staff for intake, assessment and triage as needed to Pima County participants.
- 1.3. Provide participants with a toll-free, confidential telephone line for counseling requests, crisis intervention and other EAP resources and education.
- 1.4. Provide participants with confidential evaluation and assessment for at least ten (10) EAP counseling sessions per issue per year.
- 1.5. Provide Public Safety personnel who have experienced traumatic events with confidential evaluation and assessment for at least twelve (12) EAP counseling sessions per issue per year.
 - 1.5.1. Provide a dedicated phone line specific to the traumatic event benefit.
- 1.6. Provide participants with the option of placement with an in-network counseling provider and assist with scheduling appointments.
- 1.7. Provide participants appropriate referrals to specialized providers based upon participant need(s).
- 1.8. Provide an integrated model of care that coordinates with and refers to programs for medical and behavioral health.
- 1.9. Provide comprehensive work life consultation and referral services, specializing in childcare, elder care, care for persons with disabilities, convenience services, pet care and other work life balance needs.
- 1.10. Work collaboratively with HR and management team on employee wellness initiatives.
- 1.11. Provide access to additional services such as, but not limited to legal consultation, financial consultation, ID Theft consultation.
- 1.12. Provide standard or immediate on-site response services when a critical incident has occurred. A standard on-site attendance response time is greater than three (3) hours, an immediate on-site attendance response time is less than three (3) hours.
- 1.13. Support for reductions in force are provided fee for service.
- 1.14. Substance Abuse Professional (SAP) services are provided fee for service.

2. EAP Communication and Training Services

- 2.1. Provide educational and communication materials to the County and eligible participants.
- 2.2. Provide training for the County Human Resource Staff, Directors, Managers and/or Supervisors relative to how to best utilize an EAP including participant referrals, difficult employees, crisis interventions, and early detection mechanisms.
- 2.3. Provide and update as necessary a complete listing of available on-site and virtual educational courses for Pima County employees.
- 2.4. Provide at least twenty (20) hours of on-site or virtual employee trainings or workshops at no additional cost. Provide additional on-site or virtual employee trainings or workshops for an additional cost as needed.

3. On-Site EAP Counseling Services

- 3.1. Provide on-site EAP counseling services with a licensed Mental Health Counselor, licensed Masters-level mental health professional or a licensed PhD level Psychologist capable of the following, but not limited to:
 - 3.1.1. Provide initial assessment and triage for mental/behavioral health services.
 - 3.1.2. Provide confidential, short-term individual consultation and counseling.
 - 3.1.3. Provide guided, short-term group consultation and counseling.
 - 3.1.4. Refer the employee to appropriate higher-level treatment as necessary.
 - 3.1.5. Provide referrals to, and promote, other support benefits that Pima County offers.
 - 3.1.6. Support company related events as needed (i.e. health fairs).
 - 3.1.7. Attend planning and staff meetings as needed.
 - 3.1.8. Maintain licensure in Arizona. The license must be current and unrestricted.
 - 3.1.9. Familiarity with risk assessments, prevention, and post incident recovery.
 - 3.1.10. Familiarity with work related issues.
 - 3.1.11. Experience working with Public Entities.
 - 3.1.12. Expertise in workplace related stress.
 - 3.1.13. Experience working as an on-site EAP Counselor at a large company/organization within an EAP, Wellness, and/or medical setting.
- 3.2. Provide assigned counselor for on-site services to departments by request. Coordinate with County department to arrange logistics such as days, hours, location, etc.
 - 3.2.1. County department to provide an appropriate location for on-site services including a confidential, private, quiet room, not in the Benefits or Human Resources area.
 - 3.2.2. County department to provide at least 48 hours advanced notice for cancellation.
 - 3.2.3. County department to request consistent hours and schedule. County to determine session duration.
 - 3.2.4. Counselor to manage session appointment and scheduling with participant.
 - 3.2.5. County department to request and coordinate additional hours with Counselor or coordinate with provider for an additional assigned Counselor.
- 3.3. Provide and coordinate billing logistics directly with County department.

Exhibit I.1-Amendment 6

Fees Schedule - EAP

Employee Assistance Program	Year 6 2023-2024	Year 7 2024-2025	Year 8 2025-2026	Year 9 2026-2027	Year 10 2027-2028
PEPM (Per Employee Per Month) Fee	\$2.49	\$2.56	\$2.63	\$2.70	\$2.77
Training Hours Included	20	20	20	20	20
Rate/Hour for Training Above Limit	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00
Travel Time/Hour for Training Above Limit	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00
Cancellation Fee/Hour for Training Above Limit	\$375.00	\$375.00	\$375.00	\$375.00	\$375.00
Critical Incident Hours	Unlimited with up to 20 hours per incident	Unlimited with up to 20 hours per incident	Unlimited with up to 20 hours per incident	Unlimited with up to 20 hours per incident	Unlimited with up to 20 hours per incident
Rate/Hour for Critical Incident Above Limit	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00
Rate/Hour for Critical Incident with Immediate Response	\$350.00	\$350.00	\$350.00	\$350.00	\$350.00
Rate/Counselor for Travel for Critical Incident Above Limit	\$180.00	\$180.00	\$180.00	\$180.00	\$180.00
Rate/Hour for Reduction In Force Response Services	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00
Per Incident Cancellation Fee for Critical Incident Above Limit/Critical Incident with Immediate Response/Reduction In Force Response Services	\$440.00	\$440.00	\$440.00	\$440.00	\$440.00
Rate/Case for Substance Abuse Professional (SAP) Case Management	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00
On-Site Provider Fee/Hour	\$155.00	\$155.00	\$155.00	\$155.00	\$155.00