

**SECOND MODIFICATION TO
EMPLOYEE ASSISTANCE PROGRAM CONTRACT**

THIS SECOND MODIFICATION ("SECOND MODIFICATION") is made as of this 25th day of _____ May, 2022 by and between Jamusa Associates, Inc., dba "BHS" (the "Contractor"), and the State of Maryland, acting through the Department of Budget & Management, Office of Personnel Service and Benefits, Employee and Labor Relations Divisionaa (the "Department").aa

WHEREAS, on May 5, 2021aa the Department entered into a contract with the Contractoraa for the Employee Assistance Program, Project No. F10B0600055, (the "Contract") pursuant to aa the Request for Proposals for the Employee Assistance Program, Project No. F10B0600055aa dated May 22, 2020, and all amendments thereto issued in writing by the State (the "RFP"); and

WHEREAS, the Department and Contractor modified the Contract on September 9, 2021aa to change the Contractor's response time upon submission of an EAP Supervisory Referral Formaa by the State EAP Coordinator to the Contractor Account Executive ("Modification 1"); andaa

aaWHEREAS, the Department and Contractor now desire to modify the Contract to removeaa reporting of substance abuse referral by drug class, to revise the Supervisory Referral Form and to amend certain reporting dates.

NOW THEREFORE, IN CONSIDERATION of the promises and the covenants herein contained, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1.aa**RFP.** Section 2.3.10.1 of the RFP is hereby deleted in its entirety and replaced as follows:aa

2.3.10.1 All Contractor reports shall be in the form and format as approved by the Contract Manager. All required fields shall be filled in correctly prior to submission.

Utilization: The Contractor Account Executive shall provide monthly, quarterly and annual aggregate reporting of plan utilization and activity data. For all referrals, detail information shall include but not be limited to, problem areas, open cases, closed cases, online or in-person location of EAP counseling sessions, timeliness of appointment scheduling, gender of employees, age ranges, marital status, agency, referral source and referral outcome, employee home zip code, previous contact with the EAP, insurance information (Health Plan), employee type, time type, union information (including bargaining unit), eligibility status (employee, dependent, household member), referral source (self, state employee, supervisor), presenting issues, type of specialist/provider to which the caller was referred, setting (telephonic/chat/email/in-person),

distance to in person provider, number of sessions scheduled, number of sessions completed, number of sessions missed, number of sessions for ineligible participants, type of referral beyond EAP, and satisfaction results.

The utilization reports shall be submitted to the Contract Manager within seventy-five (75) calendar days following the end of the preceding month, quarter and year.

2. RFP Technical Proposal Attachment T-6. RFP Technical Proposal Attachment T-6 Compliance Checklist Sections CC-34 and CC-35 are hereby deleted in their entireties and replaced as follows:

	Monthly reports include	Offeror's Response
CC-34	Reporting of plan utilization and activity data, including but not limited to utilization by department/agency: number of referrals, source, presenting issues, open cases, closed case, number sessions per referral (of the session available per episode per year), number of sessions for ineligible participants, and the average number of sessions per episode. For Supervisor referrals number of sessions per supervisor referral (of the 2 sessions per year), location of EAP counselling sessions, timeliness of appointment scheduling, Agency, and referral outcome. Report shall be submitted to the Contract Manager with seventy-five (75) calendar days following the end of the preceding month. This report shall be in the form and format approved by the Contract Manager after contract commencement. (See Section 2.3.10)	Choose
	Quarterly reports include:	
CC-35	Reporting of plan utilization and activity data, including but not limited to utilization by department/agency: number of referrals, source, presenting issues, open cases, closed case, number sessions per referral (of the session available per episode per year), number of sessions for ineligible participants, and the average number of sessions per episode. For Supervisor referrals number of sessions per supervisor referral (of the 2 sessions per year), location of EAP counselling sessions, timeliness of appointment scheduling, Agency, and referral outcome. Report shall be submitted to the Contract Manager with seventy-five (75) calendar days following the end of the preceding month. This report shall be in the form and format approved by the Contract Manager after contract commencement. See PG-7 in "Attachment T-9: Performance Guarantees"	Choose

3. RFP. Appendix 3 to the RFP, "EAP Supervisory Referral Form," is hereby replaced in its entirety with the EAP Supervisory Referral Form attached hereto as Exhibit A.

4. RFP Technical Proposal Attachment T-9. RFP Technical Proposal Attachment T-9 Performance Guarantees Sections PG-6 and PG-7 are hereby deleted in their entireties and replaced as follows:

PG-6	Delivery of Quarterly Plan Performance Measurement Report Card to the State	Delivery to the State by 6:00 pm on the following dates First Quarter (Sep-Nov) Due: February 15th Second Quarter (Dec-Feb) Due: May 15th Third Quarter (Mar-May) Due: August 15th Fourth Quarter (June-August) Due: November 15th	Date-stamp of receipt by the State. Frequency of report: Quarterly	\$1,500 for each week, or fraction thereof that Report Card is not received.	Choose
PG-7	Delivery of Quarterly Utilization Reports to the State	Delivery to the State by 6:00 pm on the following dates First Quarter (Sep-Nov) Due: February 15th Second Quarter (Dec-Feb) Due: May 15th Third Quarter (Mar-May) Due: August 15th Fourth Quarter (June-August) Due: November 15th	Documentation of receipt by State, i.e., date-stamp of mailing package or data information and verification of completeness. (All required fields must be filled in correctly.) Frequency of report: Quarterly	\$1,500 for each week, or fraction thereof that Quarterly Report Card is not received.	Choose

5. Consideration and Payment. Payment to the Contractor for the services under the Contract shall remain the same as stated in the Contractor's Financial Proposal, RFP Attachment B, dated February 10, 2021, and shall not exceed \$3,098,038.00.

6. Scope of Second Modification. This Second Modification amends the Contract specifically as described herein. Except as specifically revised by the terms of this Second Modification, all

of the terms of the Contract shall remain in full force and effect and shall apply to this Second Modification.

[signature page follows]

Exhibit A

EAP Supervisory Referral Form

IN WITNESS THEREOF, the parties have executed this Second Modification as of the date hereinabove set forth.

CONTRACTOR:

JANUS ASSOCIATES, INC., DBA "BHS"

Dawn
Motovidlak

Digitally signed by
Dawn Motovidlak
Date: 2022.05.05
15:07:18 -04'00'

By:

Dawn Motovidlak, President & CEO

Print Name and Title

5/5/2022

Date

Michal A. Moffitt

Witness/Attest

Approved for form and legal sufficiency

this 11th day of May, 2022.

Damon A. Brown

Assistant Attorney General

STATE OF MARYLAND:

DEPARTMENT OF BUDGET AND
MANAGEMENT

Marc Nicole

By: Marc Nicole, Deputy Secretary

Or designee:

5/25/22

Date

Witness

Exhibit A

EAP Supervisory Referral Form

Appendix 3. EAP Supervisory Referral Form

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STATE OF MARYLAND - EAP SUPERVISORY REFERRAL FORM

The purpose of this form is to provide information to the Employee Assistance Program (EAP) regarding an employee who may have a personal problem that may negatively impact (or has negatively impacted) their job performance. Additionally, please note that the EAP contractor will inform the State's EAP Coordinator of each instance where an employee attends or fails to attend a scheduled EAP counseling session. **THIS FORM MUST BE SUBMITTED TO THE EAP COORDINATOR. IN THE SPACE PROVIDED PLEASE WRITE A BRIEF SYNOPSIS EXPLAINING THE BASIS FOR REFERRAL.**

Please print legibly in ink or type.

REFERRAL DATE: _____

COMPLETE EMPLOYEE INFORMATION BELOW:

EMPLOYEE'S NAME: _____ W#: _____

GENDER: FEMALE MALE NON-BINARY/THIRD GENDER PREFER TO SELF-DESCRIBE PREFER NOT TO SAY

HOME ADDRESS: _____
(Address, City, State, and Zip Code)

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

WORK EMAIL: _____ PERSONAL EMAIL: _____

CLASSIFICATION: _____ GRADE: _____

START DATE: _____ DATE OF BIRTH: _____ MARITAL STATUS: _____

DEPARTMENT/AGENCY NAME: _____
(Do not use acronyms)

WORK ADDRESS: _____
(Address, City, State and Zip Code)

WORK HOURS/SHIFT: _____ DAYS OFF: _____
(Use 12-hour clock - DO NOT use military time)

COMPLETE AGENCY CONTACT INFORMATION BELOW:

SELECT REFERRAL TYPE: SUPERVISORY MANAGEMENT

REFERRED BY: _____ PHONE: _____

TITLE: _____ FAX: _____

AGENCY EAP REPRESENTATIVE: _____ PHONE: _____

TITLE: _____ FAX: _____

AGENCY EAP REPRESENTATIVE EMAIL: _____

MAILING ADDRESS: _____

Agency EAP Representative (Print Name)

Agency EAP Representative (Signature)

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REASON FOR REFERRAL**

FORM COMPLETION STEPS

#1: Select referral type.

#2: Select each applicable subcategory as it relates to the requested referral type.

#3: Attach all supporting documentation and/or provide a synopsis that supports referral type and corresponding subcategories.

I. **SUBSTANCE ABUSE REFERRAL**

VIOLATION OF GOVERNOR'S EXECUTIVE ORDER REGARDING SUBSTANCE ABUSE: YES/NO (Circle One)

_____ Failed random drug test

_____ Alcohol related conviction

_____ Other

II. **MENTAL HEALTH REFERRAL**

ATTENDANCE (Please place numbers where numbers are requested)

_____ # of days absent in past 12 month

_____ # of extended lunches past six (6) months

_____ # of times late in past six (6) months

_____ Pattern (e.g., Mondays, Fridays, after paydays, before and after holidays). Please describe: _____

_____ Other

JOB PERFORMANCE (Please provide supporting documentation for any items checked below):

_____ Lower quality of work

_____ Erratic work patterns

_____ Decreased productivity

_____ Failure to meet schedules

_____ Increased errors

_____ Inability to concentrate

_____ Impaired judgment/memory

_____ Other

BEHAVIOR DEMONSTRATED WITH RESPECT TO JOB PERFORMANCE

_____ Avoids supervisors/coworkers

_____ Unusually sensitive to advice/constructive criticism

_____ Less communicative

_____ Unusually critical of supervisor/coworkers/employer

_____ Disregard for safety

_____ Frequent mood swings

_____ Loss of interest

_____ Other

DOMESTIC VIOLENCE

