

**AMENDMENT**

**TO**

**YMCA OF THE FOX CITIES  
EMPLOYEE HEALTH AND WELFARE PLAN**

Effective July 1, 2020, the **YMCA OF THE FOX CITIES EMPLOYEE HEALTH AND WELFARE PLAN** (the "Plan") is hereby amended in the following manner:

**ARTICLE IV – ELIGIBILITY FOR COVERAGE**

**In section 4.04B New Dependent:**

The following language should be DELETED:

1. For a marriage, on the date of the marriage.

The following language should REPLACE the above:

1. For a marriage, the first of the calendar month beginning after the date of the written or electronic request is received by the Plan.

**ARTICLE VII – SUMMARY OF BENEFITS**

**In section 7.06 Summary of Medical Benefits:**

The following language should be ADDED:

<b>Covered Medical Expenses</b>	<b>Network</b>	<b>Non-Network</b>	<b>Limits</b>
<b>Autism</b>	Paid the same as any other illness; cost-sharing provisions such as deductibles, coinsurance, or co-payments may apply depending upon the type of service rendered.	Paid the same as any other illness; cost-sharing provisions such as deductibles, coinsurance, or co-payments may apply depending upon the type of service rendered.	Pre-Certification may be required, depending upon the service rendered. ABA Therapy limited to 90 visits per member per Plan Year.

**ARTICLE VIII – MEDICAL BENEFITS**

**In section 8.01 Medical Benefits:**

The following should be ADDED:

**Autism Spectrum Disorder Services.**

The following definitions apply for purposes of Autism Spectrum Disorders:

- a. "Intensive level services" shall mean evidence-based behavioral therapies that are designed to help an individual with Autism Spectrum Disorder overcome the cognitive, social and behavioral deficits associated with that disorder. Intensive level services may include evidence-based speech therapy and occupational therapy provided by a qualified

therapist when such therapy is based on, or related to, an individual's therapeutic goals and skills, and is concomitant with evidence-based behavioral therapy.

- b. "Non-intensive level services" shall mean evidence-based therapy that occurs after the completion of treatment for Intensive level services and that is designed to sustain and maximize gains made during treatment with intensive level services or, for an individual who has not and will not receive intensive level services, evidence-based therapy that will improve the individual's condition.

#### *Intensive Level Services*

**NOTE: Benefits for intensive-level services begin after the enrolled Dependent Child turns two years of age but prior to turning nine years of age.**

- a. Benefits are provided for evidence-based behavioral intensive level therapy for a Participant with a verified Diagnosis of Autism Spectrum Disorder, the majority of which shall be provided to the Dependent Child when the parent or legal guardian is present and engaged. The prescribed therapy must be consistent with all of the following requirements:
  - i. Based upon a treatment plan developed by an individual who at least meets the requirements of a qualified intensive level provider or a qualified intensive level professional that includes at least 20 hours per week over a six-month period of time of evidence-based behavioral intensive therapy, treatment and services with specific cognitive, social, communicative, self-care, or behavioral goals that are clearly defined, directly observed and continually measured and that address the characteristics of Autism Spectrum Disorders. Treatment plans shall require that the Dependent Child be present and engaged in the intervention.
  - ii. Implemented by qualified providers, qualified professional, qualified therapists or qualified paraprofessionals.
  - iii. Provided in an environment most conducive to achieving the goals of the Dependent Child's treatment plan.
  - iv. Included training and consultation, participation in team meeting and active involvement of the Dependent Child's family and treatment team for implementation of the therapeutic goals developed by the team.
  - v. The Dependent Child is directly observed by the qualified intensive level provider or qualified intensive level professional at least once every two months.
  - vi. Beginning after the Dependent Child is two years of age and before the Dependent Child is nine years of age.
- b. Intensive level services will be covered for up to four cumulative years. The Plan may credit against any previous intensive level services the Dependent Child received against the required four years of intensive level services regardless of payer. The Plan may also require documentation including medical records and treatment plans to verify any evidence-based behavioral therapy the Participant received for Autism Spectrum Disorders that was provided to the Dependent Child prior to attaining nine years of age. Evidence-based behavioral therapy that was provided to the Dependent Child for an average of 20 or more hours per week over a continuous six-month period is considered to be intensive-level services.
- c. Travel time for qualified providers, supervising providers, professionals, therapists, paraprofessionals or behavioral analysts is not included when calculating the number of hours of care provided per week.
- d. The Plan requires that progress be assessed and documented throughout the course of treatment. The Plan may request and review the Dependent Child's treatment plan and the summary of progress on a periodic basis.
- e. The Plan will cover services from a qualified therapist when services are rendered concomitant with intensive level evidence-based behavioral therapy and all of the following apply:
  - i. The qualified therapist provides evidence-based therapy to a Dependent Child who has a primary Diagnosis of an Autism Spectrum Disorder.

- ii. The Dependent Child is actively receiving behavioral services from a qualified intensive level provider or qualified intensive level professional.
- iii. The qualified therapist develops and implements a treatment plan consistent with their license and this section.

#### *Non-Intensive Level Services*

Non-intensive level services will be covered for a Dependent Child with a verified Diagnosis of Autism Spectrum Disorder for non-intensive level services that are evidence-based and are provided to a Dependent Child by a qualified provider, qualified professional, qualified therapist or qualified paraprofessional in either of the following conditions:

- a. After the completion of intensive level services and designed to sustain and maximize gains made during intensive level services treatment.
- b. To a Dependent Child who has not and will not receive intensive level services but for whom non-intensive level services will improve the Dependent Child's condition.

Benefits will be provided for evidence-based therapy that is consistent with all of the following requirements:

- a. Based upon a treatment plan developed by an individual who minimally meets the requirements as a qualified provider, qualified professional or qualified therapist that includes evidence-based specific therapy goals that are clearly defined, directly observed and continually measured and that address the characteristics of Autism Spectrum Disorders. Treatment plans shall require that the Dependent Child be present and engaged in the intervention.
- b. Implemented by qualified providers, qualified professionals, qualified therapist or qualified paraprofessionals.
- c. Provided in an environment most conducive to achieving the goal of the Dependent Child's treatment plan.
- d. Included training and consultation, participation in team meetings and active involvement of the Dependent Child's family in order to implement the therapeutic goals developed by the team.
- e. Non-intensive level services may include direct or consultative services when provided by qualified providers, qualified supervising providers, qualified professionals, qualified paraprofessionals, or qualified therapists.
- f. The Plan requires that progress be assessed and documented throughout the course of treatment. The Plan may request and review the Dependent Child's treatment plan and the summary of progress on a periodic basis.
- g. Travel time for qualified providers, qualified supervising providers, qualified professional, qualified therapists, qualified paraprofessionals or qualified behavioral analysts is not included when calculating the number of hours of care provided per week.

Intensive level and non-intensive level services include but are not limited to speech, occupational and behavioral therapies.

The following services are not covered under the Autism Spectrum Disorders:

- a. Acupuncture.
- b. Animal-based therapy including hippotherapy.
- c. Auditory integration training.
- d. Chelation therapy.
- e. Child care fees.
- f. Cranial sacral therapy.
- g. Custodial or respite care.
- h. Hyperbaric oxygen therapy.
- i. Special diets or supplements.
- j. Pharmaceuticals and Durable Medical Equipment.

All other sections of the Plan remain unchanged.

APPROVED AND ACCEPTED

By:

*William R. Knicker*

Signature

Title:

*President / CEO*

Date:

*6/3/2020*