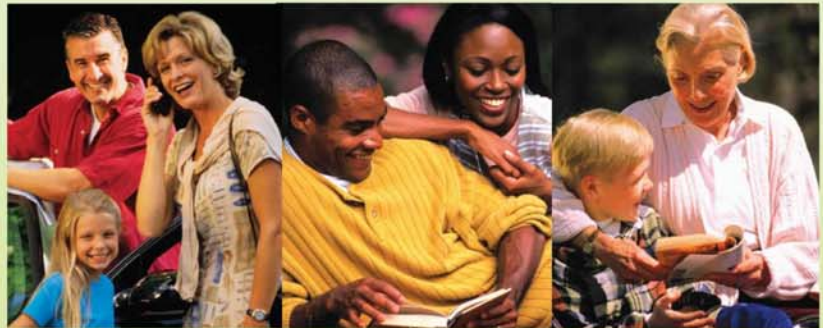


@LifeEAP

Affiliate Manual



ALTERNATIVES

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Section I: Introduction

Introduction

Since 1982, Alternatives has been delivering innovative EAP services through a network of meticulously selected partner affiliates who we believe share our same philosophy regarding excellence in workplace-based programs. Thank you for agreeing to be part of our team and the opportunity to partner with you to deliver EAP services in your community.

Our intention in developing this manual was to offer a simple yet consistent way in which we could work together in order to best serve the client company and their employees. We in no way ever mean to be intrusive or interfere with your clinical practices and would encourage any feedback you may have that would help us deliver better and more efficient service to our covered members.

Benefits of an Employee Assistance Program

Many employees report that managing the demands of work and home can be stressful and challenging. Studies have repeatedly demonstrated that employees who experience high levels of stress at home or work are more likely to be tardy or absent, will use more health benefits, are less productive, involved in more accidents, and will experience greater turnover. Alternatives is pleased to offer a state-of-the-art EAP service to our clients in consort with our many affiliate EAP counselor partners who play a key role in the success that we enjoy.

EAP services are for the employee who less often presents with serious clinical issues, but rather with a series of life transitions and challenges. The EAP provides assistance with clarification of the problem, development of an organized approach to problem solving, and identification of both personal and available community resources that can be utilized to reach that goal. The EAP:

- Is a valuable employee benefit, especially when properly promoted and communicated
- Emphasizes early intervention when confronting a variety of work and life issues
- Encourages employees and managers to take action early rather than later
- Offers easy access to professional and confidential assistance
- Offered at no charge to employees or their household dependents
- Addresses personal problems that are often not covered by any other benefit programs

Alternatives is committed to helping employees cope with issues as quickly and efficiently as possible. The EAP is distinct in its workplace focus, and is designed to:

- Help employees restore and maintain high levels of productivity
- Reduce absenteeism, tardiness and accidents that may result from personal problems that impact employee performance
- Help employers retain valuable employees

- Improve management's ability to recognize and respond decisively to employees who are experiencing personal problems of any kind that impact performance
- Provide a means for employees and their families to access help in a crisis or when personal problems interfere with their performance and/or quality of life
- Reduce overall health care costs by taking a more active role in promoting emotional health.

Core Technology Functions

Since EAP services are, by design, broad in scope, the following represents the Core Technology Functions of EAP service delivery as defined by the International Employee Assistance Professionals Association (EAPA):

- Consultation with, training of, and assistance to work organization leadership (managers, supervisors and union stewards) seeking to manage the troubled employee, enhance the work environment and improve employee job performance; and, outreach to and educate employees and their family members about availability of EAP services.
- Confidential and timely problem identification/assessment services for employee clients with personal concerns that may affect job performance.
- Use of constructive confrontation, motivation and short-term intervention with employee clients to address problems that affect job performance.
- Referral of employee clients for diagnosis, treatment and assistance, plus case monitoring and follow-up service.
- Consultation to work organizations in establishing and maintaining effective relations with treatment and other service providers and in managing provider contracts.
- Consultation to work organizations to encourage availability of and employee access to employee health benefits covering medical and behavioral problems, including but not limited to, alcoholism, drug abuse, and mental and emotional disorders.
- Identification of the effects of EAP services on the work organization and individual job performance.

Types of EAP Referrals to Affiliate Partners

As an affiliate partner of Alternatives you will receive most of your referrals from an Alternatives EAP Intake Counselor or Care Manager. The notification will include the type of EAP referral (defined below) and any particular information that will assist the Affiliate in the delivery of services to EAP participants including any client company specific protocol.

Voluntary Referral: an employee or eligible EAP participant requests EAP services. Alternatives will notify the affiliate that the EAP participant will be calling for an appointment or in some instances when possible, a 'warm-transfer' of the participant will be made to the Affiliate. **Please do not provide service of any kind if you are not prepared to discuss this case with Alternatives. If you or your organization requires a HIPAA-compliant authorization from this client in order to provide clinical information to Alternatives for care management purposes, please note that it is your responsibility to have the client sign your Authorization before the first session.**

Company Referral: a recommendation or directive is made by the work-site representative for an employee to access EAP services. The referral is for an employee who is exhibiting job performance problems and the work-site representative is requesting feedback regarding an employee's compliance with the EAP recommendations. A signed release of information is obtained from the employee to facilitate dialogue with the work-site representative. The EAP Affiliate provides an assessment and reports recommendations to the referring EAP Case Manager. EAP Affiliates should never communicate directly with employers even if contacted by the employer, unless authorized by Alternatives. If there are specific work-related issues that require attention by the EAP and/or coordination with the participant's employer, an Alternatives EAP Case Manager should be notified.

Voluntary referrals (commonly called self referrals), offer significant advantages not only to the employee but to the employer as well. In keeping with our demand management and prevention focus, the Alternatives program works diligently to encourage employees to self-referral as early and as often as possible or appropriate. This approach affords us four distinct advantages:

- When employees and/or family members use the EAP before problems reach crisis proportions, the likelihood of a positive outcome is greatly enhanced.
- Employees and/or family members who self-refer are more easily motivated to take corrective action.
- The highest degree of confidentiality is assured for all concerned.
- Problems are less costly to treat when corrected early.

When the employee or family member contacts the @Life program, great care is taken to assure the individual that they have made the right decision, and an appointment (usually within 48 hours) is made at the convenience of the employee or family member at a location of their choice.

During the initial contact, typically one or two sessions, the EAP counselor will evaluate the employee's situation and help develop a plan of action to solve the problem(s). After an action plan has been developed, the next step depends on the type of issues the employee is dealing with. In many cases the client may receive another appointment with the EAP counselor.

In other situations, the employee may be given a referral to a community resource, or to the employee's medical plan. This is appropriate if longer-term therapy is needed, or if the identified problem is not within the purview of the employee assistance program.

Whenever possible, employees are offered two or three referral options. At this point, it is clearly defined to the employee or family member that there may be costs incurred. The @Life counselor will match the resource with the employee's financial situation and/or health care benefit. Referral sources advise the EAP of client progress by phone or written report. The EAP counselor continues to monitor the client's progress until the case is brought to final disposition, which varies from 3 to 24 months, depending upon the primary problem.

Other Referrals: Other types of Company Referrals can include a referral related to state or federal regulatory guidelines, such as the Department of Transportation (DOT) with potential job jeopardy for noncompliance.

SECTION II: General Working Relationship Information

Code of Ethics

EAP affiliate partners are expected to practice and behave in a manner consistent with the Employee Assistance Program Association (EAPA) Code of Ethics and to avoid conflicts of interest in carrying out EAP responsibilities. It is the responsibility of our EAP partners to keep abreast of relevant regulatory and legislative developments impacting EAP practice.

Scheduling Appointments and EAP Participant Access

Important traditional elements of an EAP include the problem-solving nature of the EAP and an immediate response to EAP participant calls for assistance. In order for EAP participant assistance to occur as soon as possible upon the initial call to Alternatives, your role as an EAP affiliate is essential and critical. A solid link between Alternatives, EAP affiliates, and EAP participants requires twenty-four hour telephone access for EAP participants - seven days a week - with easy access to a nationwide network of EAP affiliates.

EAP participants from any client organization may access a team of Alternatives professional staff 24/7. EAP participants access Alternatives services via a dedicated toll-free number. **It is critical that access priority be given to participants with urgent needs or in emergency situations.**

Routine Appointments

Routine appointments should be offered to EAP participants within two to three (3) business days of the initial referral date.

Emergency and Urgent Appointments

All EAP Affiliates may be asked to handle emergency and urgent appointments. These emergency and urgent assessments should be conducted on an immediate basis and Alternatives will coordinate them at the time the referral is made.

We would ask that EAP Affiliates make available appointment times before, during or after traditional work hours and at least one evening per week.

Collecting and Sharing Confidential Information

It is important to impress upon all EAP participants that EAP counseling services are completely confidential. Confidentiality is also an important professional and administrative aspect of Alternatives policies and procedures. Participating EAP Affiliates are responsible for ensuring that they have the necessary EAP participant written consent before any information is released to any third party except as required to comply with any applicable state or federal law. Alternatives recommends the use of either the Alternatives' "Authorization to Release Protected Health Information" form located as an attachment to this manual, or you are welcome to use your own release form. This authorization form is designed to meet the requirements of all federal and legal mandates.

Please do not provide service of any kind if you are not prepared to discuss this case with Alternatives. If you or your organization requires a HIPAA-compliant authorization from this client in order to provide clinical information to Alternatives for care management purposes, please note that it is your responsibility to have the client sign your Authorization before the first session.

EAP affiliates must obtain approval from Alternatives prior to releasing any information. Except under rare circumstances, EAP Affiliates will not have any contact with employers. Such contact, when necessary, will be handled by Alternatives EAP Care Managers. EAP Affiliates should never contact an employee at home or at work without prior approval from the employee. Affiliates must also be careful not to release information or acknowledge EAP involvement to other members of an employee's family unless all parties have directly participated in the case. **Note: Disclosures must be indicated in the Affiliate's notes and filed in the clinical record with copies of any forms relating to confidentiality and release of information. Also, the EAP participant's refusal to sign any release or other statement must be documented by the Affiliate and immediately reported to the Care Manager. Alternatives may request a copy of a participant's case records.**

Clinical Record-Keeping

Participating EAP affiliates should establish a separate file for every case upon first contact with an EAP participant. This file should reflect services provided for each session and the time and date of each session rendered. Record entries contain only the information that is necessary to properly serve the participant. All record entries for services are completed, signed, and dated by the person who provided the service. The typical EAP case file may contain:

- Demographic information on the client, including age, sex, and ethnicity
- A statement of the presenting problem, as appropriate to the service provided
- The results of any assessments
- Service plans
- Progress notes*
- A detailed account of the supervision or case consultation, including data for the recommendations and actions taken
- Follow-up action plans, and
- A closing summary

When necessary due to the nature of individual needs and/or the type of service being provided, basic information is supplemented by psychological, and/or medical evaluations.

The EAP Affiliate must maintain records in accordance with federal and state legal mandates including participant access to records, amendments to records and documentation of disclosures of protected health information. Alternatives retains the rights to have copies of all EAP case records for a period of seven years.

Eligibility and Benefit Information

Alternatives will verify EAP eligibility prior to referring an EAP participant to you. If an EAP participant presents to your office and was not referred by Alternatives, please have the client call the Alternatives Call Center prior to seeing the participant. When Alternatives refers an EAP participant to an affiliate, the following specific information is provided:

- The number of EAP sessions available and other service specifics
- Any appropriate policies regarding substance abuse/compliance with regulatory agency requirements
- Information regarding the origin of the referral (i.e., self, company referral)
- Alternatives EAP Care Manager's name and telephone number
- Information on other workplace services for which the participant is eligible if the need arises, such as legal and financial services, work/life services, Web services, etc.

If you are unable to provide the needed services, please promptly notify the participant and advise Alternatives.

Duty to Warn

Participating EAP Affiliates must comply with all applicable state and federal laws regarding confidentiality, child/elder abuse, and other reporting or 'duty to warn' laws. It is the EAP Affiliate's responsibility to understand and comply with the professional and legal requirements in their state. The duty to warn may override the usual right to confidentiality of which an individual is assured when speaking to a clinician. This applies to any EAP Affiliate receiving information from an EAP participant. If an EAP Affiliate believes that an EAP participant represents a threat to others, the EAP Affiliate must attempt to warn the potential victim(s) in a timely manner. It is preferable to contact the police, but the EAP affiliate should warn the intended victim by telephone if that is the best way to assure the potential victim's safety. Threats to self should be handled in a similar manner in order to protect a person from harm. Alternatives must be notified immediately of the threat and the steps taken to notify victim and/or law enforcement. EAP Affiliates should consult with Alternatives if the level of threat is unclear.

Complaints and Grievances

A complaint is a verbal or written communication from a participant, participant representative or EAP Affiliate to Alternatives of dissatisfaction with some aspect of Alternatives' processes or services other than a denial of invoice payments related to services.

A grievance is a written or verbal communication from a participant, participant representative or EAP Affiliate to Alternatives of dissatisfaction with the outcome of a complaint resolution. Additional information on complaints and grievances can be obtained by contacting Alternatives.

It is the practice of Alternatives to make available a standard two-step complaint resolution process for both covered members and EAP Affiliate providers unless otherwise required by contract specific guidelines or regulation.

Self-Referrals

An affiliate self-referral is defined as a situation in which an EAP affiliate accepts and evaluates an eligible member in a case originating through the EAP, and then provides ongoing care and/or treatment for the covered member for mental health problems. The affiliate may or may not be a part of the covered member's mental health plan.

Historically, EAPs were designed as assessment and referral-only programs with a workplace focus. Over time, some programs offered brief, solutions-focused service models as well. To prevent any possible conflict of interest between the needs of participants and the affiliate, most employer plans required EAP affiliate to refer to a different provider any employee who needed care beyond the EAP. Today, even though most referrals into outpatient benefit plans are monitored for medical necessity, many customers still require that EAP providers not refer to themselves for ongoing care. Alternatives makes determinations regarding self-referrals based on the following considerations:

- consideration of continuity of care issues;
- the promotion of optimal service for EAP participants;
- the promotion of objectivity of the EAP assessment process and the highest ethical standards;
- and the design of the client company's EAP benefit.

The Alternatives Vice President of Clinical Services will indicate if self-referral is permissible during the referral process. It is important that EAP affiliates clearly understand their role when they accept a case as an employee assistance counselor.

HIPAA Compliance and Confidentiality

EAP Affiliates, as well as all mental health professionals, are required to make available in a visible area in the office, at each new participant contact, and upon request, a Notice of Privacy Practices in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Effective April 14, 2003, all mental health professionals shall comply with the privacy requirements associated with the transfer, use, or disclosure of such information (45CFR160, 164), including:

- Use, disclose, or transfer protected health information only as permitted pursuant to HIPAA rules;
- Use appropriate safeguards to prevent misuse of protected health information;
- Make protected health information available to individuals pursuant to HIPAA rules;
- Return or destroy all protected health information upon termination of this Agreement;
- Require that any subcontractors under this Agreement agree to the requirement of this section;
- Immediately report any improper disclosure of protected health information to Vice President of Clinical Services.

The following are a few suggestions for establishing procedures on confidentiality:

1. Discuss with each employee the procedures regarding telephone contact, (including phone numbers where employee may be reached or with whom messages may be left).
2. When leaving a message for a client, leave only a name and phone number. The purpose of the call is not to be revealed.
3. Maintain a separate file for each employee's case, and store them under lock and key when not in use.
4. Your office staff are informed of the protocol for confidentiality and made aware of their legal and ethical duty to maintain confidentiality of each employee. Personnel do not talk about employee or give out any information about them to anyone (including a spouse), without the employee's explicit written permission (an *Alternatives Release of Information* form can be used). Moreover, office personnel do not acknowledge by telephone, in person, or in writing, that an individual was or is an employee, or was on the premises of the office.
5. Establish a system for keeping employee telephone calls and messages confidential, and inform office staff of this system. Office staff needs to be sensitive to the need for maintaining confidentiality during phone conversations when other employees are in the reception area. Appointment books and telephone message books are treated as confidential and shall be kept in a locked file.
6. Confidentiality of faxed client information should be maintained under the same standard as case record materials.
7. An employee requesting information contained in the clinical record must put the request in writing using a *Release of Information* form.

Certain disclosures of information may be made by the EAP counselor without the prior written authorized consent of the employee:

1. For exchange of information between the EAP counselor and the staff of Alternatives.
2. When the disclosure is made to medical personnel in a medical emergency or when the disclosure is made in a non-identifiable form to qualified personnel for research, audit or program evaluation.

3. If an employee comes to the EAP as a company referral, the supervisor is entitled to know if the employee arrived for the appointment.
4. Federal law and regulations do not protect any information about a crime committed by an employee at the EAP location or against any person who works for the EAP or about any threat to commit such a crime. Information on crimes that may harm other persons (for example, duty-to-warn cases) or cause substantial property damage are also not protected, as long as the EAP does not identify the employee as an alcohol or drug abuser.
5. Federal laws and regulations do not protect any information about suspected child abuse/neglect or elder abuse/neglect from being reported under State law to appropriate State and local authorities. (See 42 U.S.C. 290dd-2, 42 U.S.C. 290dd-2, and 5 U.S.C. 552a for Federal laws and 42 CFR part 2 and 45 CFR part 5b for Federal Regulations.)

Office Environment

The physical environment of the EAP Affiliate office should reflect the EAP Affiliate's commitment to provide comfort and dignity to participants and personnel of diverse backgrounds and ages.

The EAP affiliate should also maintain a service environment that is safe, clean, free of hazards, smoke free, child-friendly and professional. EAP Affiliates should ensure sufficient office space to protect client and counselor confidentiality and maintain procedures to ensure that office, grounds and overall facilities are safe and secure for clients and personnel 24 hours a day.

For facilities, offices, and grounds that are regularly used, rented, or owned, the EAP Affiliate maintains a permanent file of reports, including incident reports, that demonstrate its compliance with all:

- a. Certification of occupancy requirements;
- b. Zoning and building codes;
- c. Occupational safety and health administration codes;
- d. Health, sanitation, and fire codes; and
- e. All other applicable safety codes.

The EAP Affiliate is encouraged to follow prudent anti-crime procedures to ensure that all buildings, grounds, and facilities are safe and secure for participants and personnel. Examples of prudent anti-crime procedures include, but are not limited to, the use of dead-bolt doors, panic alarms, entrance bells, congregate working areas to improve safety, and other security linkages.

The EAP Affiliate is encouraged to have procedures for responding to accidents, fire, medical emergencies, water emergencies, natural disasters, and other life threatening situations that address the needs of persons with special needs; specify evacuation procedures and appropriate responses to medical emergencies; address voluntary or involuntary closure of the office in emergency situations; and notification of participants and Alternatives in the event of catastrophic events.

The EAP Affiliate is encouraged to consider the accessibility, availability and affordability of public transportation, the location of area community resources and the special needs of actual or potential participants within the Affiliate's geographic area.

Alternatives expects participating EAP Affiliates to comply with all provisions of The Americans with Disabilities Act (ADA) and other federal, state or local laws or municipal codes applicable to EAP services. Services should be handicap-accessible for physically, visually, and hearing impaired participants. The EAP Affiliate adapts its environment to the special needs of participants. Accessibility of services is an integral component to meeting need equitably. The EAP Affiliate should attempt to deploy and adapt its facilities so that they are usable by all those in need and otherwise eligible. This

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includes providing or arranging for communication assistance for persons with special needs, who have difficulties making their service needs known, by providing assistance such as a computer, telephone amplification, sign language services, or other communication methods to facilitate service.

Section III: Clinical Guidelines and Protocols

These general guidelines help our affiliate partners understand the unique requirements of EAP service delivery for Alternatives' covered employees and dependents.

- The range of EAP services typically includes assessment, problem-solving and/or short-term intervention/counseling, and referral (when applicable) depending on the presenting problem(s) and the service design selected by the employer.
- EAP services should always begin with a thorough assessment of the presenting problem(s) to determine if an EAP intervention is appropriate or if more intensive care is indicated.
- The assessment should result in the formulation of an EAP Action Plan. Service goals and referral plans should be objective and measurable.
- For employees in crisis, the typical goal of EAP is the restoration of the employee's satisfactory level of functioning through rapid linkage and follow-up with appropriate services, including the coordination of other employee benefits, such as health care, when appropriate.
- The role of the EAP counselor is active and often directive, particularly during a crisis. Alternatives recommends that sessions be focused on discussing solutions, building on strengths, accessing support systems and utilizing community resources when appropriate.
- EAP counseling is typically present-centered and does not seek extensive exploration or attempted resolution of long-term family of origin issues.
- A DSM-IV diagnosis is not a requirement to obtain services, but such a diagnosis does not preclude treatment through the EAP. Severity and intensity of symptoms and/or presenting problems combined with the available number of sessions under the employee's benefit design may be a better indicator of appropriateness for EAP than diagnosis.
- If assistance is needed beyond the EAP visits allowed by the employer in the session model, the EAP Counselor will provide assistance in locating a referral resource covered by the EAP participant's benefit plan or an appropriate community resource to meet the participant's needs. **It is very important to work with the participant regarding deductibles, co-pays or other potential costs that may be related to the referral. Making a smooth transition to the referent is critical.**
- Alternatives' EAP Care Managers provide all communications with supervisors or other company officials in the event of management-based referrals for performance problems.
- EAP Counselors should **never** communicate directly with company personnel or other persons unless authorized by Alternatives. The only exception to this is upon acting in a Substance Abuse Professional (SAP) capacity for a Department of Transportation (DOT) violation.
- EAP partners must immediately report to Alternatives all critical incidents and cases which are potentially threatening to the participant, the customer organization, or the EAP.

Philosophy of Care

The Alternatives philosophy of care is a commitment to short-term, goal-oriented problem resolution. By utilizing this approach, 90%+ of the employees and family members who use the Alternatives service will resolve problems without requiring additional referrals to the health plan, community resources or other longer-term services. We have consistently seen that most presenting problems can be resolved or drastically improved through a directive approach to counseling that focuses on utilizing employee/family member strengths rather than exploring weaknesses.

To accomplish this goal, we base our clinical approach on facilitating change within the context of the employee's environment, including family and employment. Often there are multiple "clients" in single case--the employee, the family, the supervisor, and the HR Department. We also rely heavily on Motivational Enhancement Therapy that helps employees initiate behavioral change and more effectively resolve ambivalence. Our goal-oriented approach gives employees the tools and confidence to resolve their concerns, and can help long after the counseling has ended.

Our care philosophy also emphasizes that problem resolution and recovery involve the participation of the employee's significant others, and therefore we cover all individuals living in the same household, regardless of age, marital or kinship status. The Alternatives program also covers children or other dependents attending school/college in another community. Common applications of the short-term counseling model include the following.

- Working through a work-related or family related conflict or problem
- Dealing with situational problems or life-change events such as bereavement, relocation, retirement, job loss, etc
- Gaining insight for parenting challenges or dependent care concerns
- Developing improved interpersonal communications skills
- Improving stress management and resiliency techniques

Developing EAP Session Goals

Critical to EAP service delivery is the development of session goals between the EAP affiliate and participant. Session goals are objective, incremental, and measurable targets that are used to evaluate achievements toward problem resolution during the course of employee assistance program (EAP) involvement, whether the service is assessment and referral or short-term problem resolution focused.

Service planning and delivery must meet the diverse and unique needs and preferences of participants. These may be related to age, sex, gender, sexual orientation, physical limitations, ethnicity, culture, and other characteristics. The formulation of an objective, incremental, and measurable goal plan can be made easier by following the steps below:

I. Identify the Problem

Problem descriptions relate to the symptoms or complaint presented by the participant. A problem statement is one in which the symptom or complaint is described in behavioral terms.

II. Establish Goals That are Objective

Describe the action that is required to resolve the problem in observable terms. The expected behavior will need to be measurable in observable behaviors.

III. Establish Goals That are Incremental

Be specific and detailed. Goals need to be easily attainable to encourage success. By breaking a task into its parts, participants become conscious of success.

IV. Establish Goals That are Measurable

Once the goal is described, identify where, when, and how often this behavior should occur for the goal to be completed.

V. Establish a Target Date for Achievement

Determine how long it may take to achieve the goal or resolve the problem.

VI. Review Progress and the Goal Plan

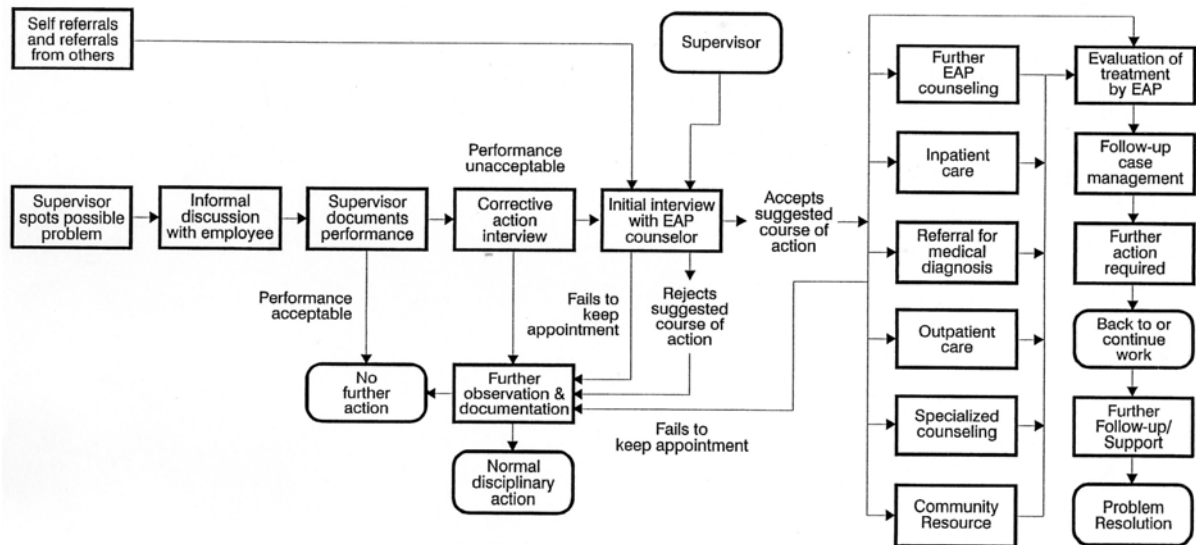
Periodically review the session goals. Have the goals been achieved? Does the treatment plan need modification?

The EAP Clinical Process

Below is a detailed description of the four components of the Alternatives clinical process and care protocols.

1. Confidential Clinical Assessment
2. Short-term, Solution-focused EAP Counseling and Care Coordination
3. Making Referrals
4. Follow-up Activities

EAP Clinical Process Flow Chart



1. Confidential Clinical Assessment

The initial intake should include first and foremost an assessment of any emergency needs requiring immediate attention. Then the EAP Counselor should obtain necessary clinical and non-clinical information. The EAP counselor is encouraged to administer standardized assessment tools as indicated and appropriate to help with the proper service provision and/or referral to meet the participant's needs. Alternatives requires that EAP Counselors have detailed procedures in place to address back-up and support in managing cases that involve threats of violence, including homicidal or suicidal ideation.

Note: Use discretion in gaining the following information. Due to the nature of the referral, some information listed below may not be applicable in every case. The EAP assessment should focus on problem identification and an appropriate action plan. Special consideration should be taken to appropriately assess substance abuse, depressive disorders, and risk to self and others. This assessment should cover the following areas:

- EAP participant's demographic, education, employment, work and military history information
- The nature of the request or presenting problem including stressors, precipitants and severity of symptoms; presenting vs. assessed problems (both primary and secondary)
- Self-report of any work-related issues (attendance, work history, problems with co-workers, job jeopardy, disability leave, etc) and safety issues as a result of job classification such as working in a safety-sensitive and/or government-regulated work environment such as the DOT
- Psychosocial and medical history, including date of last medical exam and any current medications, evaluation of environment and home situation
- Alcohol and drug history, current use and past or present addiction issues and treatment
- Religious or spiritual associations, if appropriate
- Ethnic and cultural issues, when appropriate
- Health insurance benefit levels, if appropriate
- Diagnostic impression on all five axes based on the DSM-IV-TR including V-Codes
- If short-term counseling is to be provided, there should be an action plan, including behavioral and measurable goals, which builds on the strengths of the participant.

Following the evaluation, the EAP Counselor identifies whether to retain the case for short-term counseling as allowable under the EAP benefit, or refer the case to the participant's health plan or another community resource. The EAP Counselor is encouraged to contact the Alternatives Vice President of Clinical Services with any questions or clarifications.

Workplace Emphasis in EAP Assessment

By design, the EAP assessment is structured, broad-based, brief and very focused. What makes an EAP unique and most valuable, by definition, is its workplace emphasis. Therefore, in addition to the assessment of clinical factors, worksite factors (e.g., employment data, job functioning) and non-clinical problems or concerns (e.g., work related issues, financial issues) will also be identified, defined and prioritized in the EAP assessment.

A thorough EAP assessment helps to ensure that presenting and assessed problems are recorded, compared, and reflected in aggregate reporting. Comparisons will often demonstrate the value of the EAP assessment process. Additionally, work history information is especially important for job performance-based referrals. So whenever possible, work history and job issues for performance referrals should be discussed with the Alternatives EAP Case Manager prior to an EAP participant's initial scheduled visit to the EAP affiliate.

Clinical Consultations

In order for EAP participants to receive the required standard of care, a cooperative relationship between Alternatives and all EAP Affiliates is necessary. To facilitate this relationship and the shared commitment for high quality and cost-effective EAP services to EAP participants and payers, EAP Affiliates are encouraged to call the Alternatives EAP Care Manager who referred the EAP participant for case consultation as necessary.

The EAP Affiliate shall report all required information to Alternatives. Difficult cases should be discussed with the Alternatives EAP Care Manager to jointly determine the most appropriate service intervention, possible service plan(s), and referral resources.

2. Solution Focused EAP Counseling and Care Coordination

Alternatives clinical approach is based on the solution focused, goal oriented model (please request a copy of *The Solution-focused Therapy Handbook* from Alternatives if appropriate). Short-term counseling can be used effectively to help employees and their family members:

- Understand the scope of their problems or concerns and identify primary symptoms
- Understand the consequences of not addressing their situation
- Create appropriate expectations regarding treatment and outcomes
- Set clear, understandable and attainable goals for problem resolution
- Determine measurement criteria for assessing progress

This approach is appropriate if the identified problem can be solved in a practical number of sessions and is within the field of expertise of the EAP counselor. These sessions are goal directed and focus on ways to resolve or ameliorate the identified problem.

The EAP Counselor should help the employee or family member understand that the EAP does not treat more severe emotional problems, thought disorders, or other conditions requiring medical attention and long-term therapy. Typical examples where short-term counseling can be effective include:

- Family/Marital Relationships
- Assertiveness
- Blended Family Concerns
- Family Crisis Intervention
- Work Related Issues
- Self-Esteem Issues
- Managing Stress and Building Resiliency
- Anger Management
- Parenting Skills
- Alcohol/Drug Intervention
- Career Transitions
- Dependent Care Concerns
- Dealing With Change
- Loss of a Loved One

3. Making Referrals

Once a problem (or problems) is identified and an action/treatment plan is agreed upon, the best-practices clinical pathway has three possible avenues: (1) the EAP Counselor proceeds using the short

term counseling model, (2) the EAP counselor has determined that the best approach for the participant is either a referral to the covered members health plan for treatment or referral to a community resource that will address the employee's specific difficulty, or (3) the EAP Counselor may utilize a combination of all the above. When making a referral, the EAP Counselor:

1. Considers the employee's location, ability to pay, cultural background, religious affiliations, and any other special needs.
2. Explains which services are covered by the employee's insurance, and helps the employee understand any applicable deductibles, co-pays, or out-of-pocket expense. Also helps the employee choose appropriate network providers. **It is always best to provide at least two options when assisting an employee find a specific provider in their health plan.**
3. Approximately 19% of all employees and their dependents that use employee assistance program are not covered by some type of healthcare insurance or other benefit plan. In those cases when a referral is needed, the EAP counselor should work closely with the covered member to find resources that charge based on the ability to pay, offer grants, or whose services are no charge.
4. Identify two or three potential community resources from which the employee can choose.
5. Helps the employer and the client contain health care costs by avoiding the use of insurance benefits whenever appropriate.
6. Employees with complex problems sometimes appreciate the assistance when making complicated decisions about treatment options. The EAP counselor helps them gain perspective, facilitate the decision-making process, and assists the employee in choosing a pertinent plan of action.
7. When the referral is agreed upon, an important role of the EAP Counselor is to assist the employee and family in making the appointment, and making the transition to the new service as smooth and seamless as possible. The EAP Counselor also supports the employee and family through the process, and follow-up to make sure the referral was completed.

Substance Abuse Issues

Individuals presenting with certain substance abuse/dependency issues may be appropriate candidates for EAP as the initial service option when an employee receives a mandatory referral (depending on company policies and federal regulations) into the EAP by the employer or supervisor. The referral may result from a/an:

- positive random drug or alcohol screen
- positive for-cause drug or alcohol screen
- positive post-accident drug or alcohol screen
- fitness-for-duty related issue
- internal policy/procedure requirement of the client company
- self-referral

In addition, the EAP can be of assistance when an individual has relapsed and the most appropriate intervention is education and referral to appropriate support systems.

Referrals for Specialized Treatment

Individuals presenting to Alternatives with the following problems may, after an initial assessment, require a referral for specialized treatment due to the complexity and/or urgency of their clinical situation:

- Individuals with psychotic symptoms
- Clinical conditions that require possible inpatient admission
- Psychiatric assessments needed prior to an admission to a psychiatric hospital, partial

- hospitalization program or residential treatment center
- Individuals presenting with substance dependence requiring stabilization in a structured program setting
- All diagnostic dilemmas, therapeutic dilemmas and complex psychiatric conditions
- Individuals whose clinical presentation leads the affiliate to suspect that a cognitive disorder may exist
- Individuals with unstable medical conditions with behavioral components
- Individuals in need of psychotropic medications or a medical consultation
- Individuals needing post-hospital medication follow-up
- Chronic relapsing illnesses with a history of previous hospitalization
- Individuals who have recurrent illnesses and/or a pattern of going from one crisis to another and have not been responsive to short-term intervention

Provider Referral Coordination

If assistance is needed beyond the EAP visits allowed in the session model, the EAP Affiliate should provide any assistance in locating a referral resource covered by the EAP participant's benefit plan or an appropriate community resource to meet the participant's needs. If needed, the EAP Affiliate is encouraged to call the Alternatives EAP Care Manager for any help or assistance.

Coordinating Other EAP Services

Upon Alternatives' special request, and based upon the qualifications of a credentialed EAP Affiliate, other EAP services provided by the Affiliate may include:

- Participation in return-to-work conferences
- Supervisory/management training and employee orientations
- Telephone and in-person management consultations
- Crisis management services
- Topical seminars (e.g. stress management, parenting skills, communications skills, etc.)
- Disability Management return-to-work coordination
- Drug-free Workplace Training and Consultation

4. Follow-up Activities

EAP affiliates are asked to coordinate follow-up activities with Alternatives EAP Care Managers. Follow-up activities are specific to the type of referral and treatment modality. For example, for inpatient needs, a return to work and/or discharge planning conference should be held with the EAP participant prior to return to work. EAP Care Managers will advise Affiliates of specific follow-up requirements.

Company Referrals

In certain circumstances, a directive is made by the employer for an employee to utilize EAP services. The referral is usually required for an employee who is exhibiting critical job performance problems or inappropriate work-site behaviors and the employer is requesting feedback regarding an employee's compliance with the EAP recommendations. In these special cases very specific protocols must be followed.

1. The Vice President of Clinical Services or designated Care Manager will contact you with all pertinent background information before the employee calls for an appointment.
2. The employee should be seen as soon as possible-usually within 24 hours of the call for an appointment.
3. The EAP Counselor will obtain a release-of-information from the employee to facilitate reporting to

Alternatives and the employer. **Please do not provide service of any kind if the employee will not sign the appropriate releases.**

4. The EAP Affiliate conducts a thorough assessment and reports the outcome and recommendations to the Vice President of Clinical Services or designee. This evaluation may take more than one visit or may require visits to other healthcare providers. **Please Note: It is imperative that the EAP Counselor not communicate directly with the employer unless authorized by Alternatives. If there are specific work-related issues that require attention by the EAP and/or coordination with the participant's employer, the Vice President of Clinical Services or designee should be notified.**

The evaluation is comprised of a detailed medical and psychosocial history, a current mental status evaluation (may include psychological testing), and a drug and alcohol use history (with information regarding onset, duration, frequency, and amount of use; substance(s) of use and choice; emotional and physical characteristics of use, as well as associated health, work, family, personal, and interpersonal problems).

If psychological testing is needed, the evaluation process is usually a combination of the following instruments:

- a) Minnesota Multiphasic Personality Inventory-2 (MMPI-2)
- b) Hilson Career Satisfaction Index (HCSI)
- c) Global Assessment of Functioning Scale (GAF)
- d) Structured Interview of Reported Symptoms (SIRS)

MMPI-2

The MMPI-2 is the most widely used and widely researched test of adult psychopathology. It is used to assist with the diagnosis of mental disorders and the selection of appropriate treatment methods. The MMPI-2 provides an Adjustment Rating Report which presents scores for the following five important work-related dimensions: openness to evaluation, social facility, addiction potential, stress tolerance, and overall adjustment

HCSI

Hilson Career Satisfaction Index (HCSI), often used in fitness for duty evaluations, aids in the identification of stress symptoms, drug/alcohol abuse, disciplinary history, excusing attitudes about antisocial behaviors, anger/hostility, and difficulty with supervisors and/or coworkers.

GAF

This 100-point scale measures an employee's overall level of psychological, social, and occupational functioning on a hypothetical continuum. The GAF Report decision tree is designed as a guide through a methodical and comprehensive consideration of all aspects of an employee's symptoms and functioning. The GAF addresses the growing need for accuracy and reliability in determining and reporting on GAF ratings by ensuring all aspects of an employee's functioning are considered. The GAF scale is a traditional instrument for managed care-driven diagnostic evaluations to determine eligibility for treatment and disability benefits, and to delineate the level of care required for employees.

SIRS

The genuineness of an employee's symptoms can often be assessed via standardized measures. One of the best-validated measures for this purpose is the Structured Interview of Reported Symptoms (SIRS). The SIRS is designed to identify possible exaggeration or fabrication of symptoms of psychopathology. It helps separate out those who are simply distressed from the pressures of their current situation from those who are malingering.

5. After staffing the case with the Vice President of Clinical Services or designee an action plan/treatment plan will be agreed upon for the employee.

6. Another face-to-face visit by the employee is typically necessary to review the final action plan/treatment plan and have employee agree in writing. **Note: This plan should be a permanent part of the employee's clinical file.**

7. Part of the action plan/treatment plan will always be face-to-face follow-up and supportive counseling visits to the EAP Affiliate. The number of sessions vary based on the nature of the presenting problem, but typically will last for 3 to 12 months.

8. A final disposition, based on performance, is determined for the case after an appropriate length of time, as determined by the H/R representative, manager, and the EAP counselor. A final Client Progress Report is sent to the designated company representative. Attention is also given to compliance with other specialized organizational procedures, such as positive drug screens, fitness for duty, sexual harassment, potential workplace violence, etc.

SECTION IV: Invoicing and Reimbursement

EAP Affiliates will be reimbursed in accordance with their contractual agreement. EAP Affiliates will be reimbursed when the case is closed and a Client Information Form (sample attached) is returned. Other important reimbursement information would include the following:

- Participating EAP Affiliates will be reimbursed by Alternatives at the contracted or negotiated rate for EAP services.
- Participating EAP Affiliates must not bill an EAP participant for any expense incurred.
- Affiliates should not bill for telephone contacts with or on behalf of the EAP participant unless authorized by the Alternatives Care Manager.
- Alternatives shall arrange for payment of invoices submitted by EAP affiliates for EAP services rendered within two to three weeks after receipt.
- Participating EAP Affiliates are required to file invoices within six months from the date of the last session of service. EAP Affiliates are prohibited from billing EAP participants for such services.
- Whenever there are specific questions or extenuating circumstances concerning an invoice, an EAP Affiliates should consult the Alternatives EAP Care Manager who referred the EAP participant.

Closing an Inactive Cases

Cases may remain open for one (1) month after the last contact with the covered EAP participant if no other follow-up is planned. At that time you may close the case and invoice Alternatives.

No-Show or Missed Appointments Policy

The first missed appointment should be documented as such. We would ask that you call the EAP participant to reschedule another appointment. Two consecutive 'no shows' do not require a call to the EAP participant, but please document. **If the covered member is a no-show for the second appointment, you may invoice Alternatives for one missed session.**

Authorizing Time Off or Disability

The EAP Affiliate will not, under any circumstances, authorize or suggest to an EAP participant a leave of absence, sick leave, short or long term disability leave or family medical leave (under FMLA) without review and consultation with an Alternatives EAP Care Manager.

SECTION V: Re-credentialing and Information Updates

To assure accurate and timely changes to our EAP Affiliate records, please give us prompt notification of any additions, deletions or changes (including the effective dates) related to any of the following:

Re-credentialing

- Verification of current state licensure or certification (annually)
- Verification of current Certified Employee Assistance Professional designation (CEAP)
- Verification of current individual malpractice liability insurance with limits, dates of coverage and provider's name
- Current resume/curriculum vitae (every three years) with special emphasis on substance abuse assessment and referral and EAP service provision
- Any pending legal, administrative or licensure action not previously reported

Updated Information

- Tax identification numbers
- Address and telephone numbers
- Name changes
- Newly acquired areas of expertise
- Any additions or changes in office locations

Affiliate Agreement Cancellations

Either Alternatives or a participating EAP Affiliate may choose to terminate the Alternatives/EAP Affiliate Agreement.

- If an EAP Affiliate chooses to resign from the network, please notify Alternatives in writing as specified in the Termination section of the Alternatives/EAP Affiliate Agreement. Alternatives will acknowledge receipt of the Affiliate resignation request and confirm the date.
- If Alternatives chooses to cancel the EAP Affiliate Agreement, written notification of the termination, including the effective date, will be given as specified in the Alternatives/EAP Affiliate Agreement.
- Upon termination, EAP Affiliates are obliged to continue to provide EAP services to current EAP participants and will be reimbursed for services.
- All EAP covered members currently under an Affiliate's Case will need services completed through the EAP Affiliate, or through another Affiliate that is assigned by Alternatives.

Agreement Amendments

Alternatives will notify the EAP Affiliate in writing of any amendments to the EAP Affiliate Agreement prior to the effective date of the amendment.

Participating EAP Affiliate Coverage and Continuity of Care

A participating EAP affiliate must notify Alternatives immediately by phone regarding any situation where he or she is unable to maintain a case. A participating EAP Affiliate must notify Alternatives in writing regarding any situation where he or she is unable to take referrals. Failure to notify Alternatives may result in inappropriate referrals to Affiliates and unnecessary delay for employees seeking assistance. Additionally, Alternatives must be contacted regarding any alternative Affiliate coverage arrangements.