

■ ■ ■ APPENDIX 5 – EMPLOYEE ASSISTANCE PROGRAM AFFILIATES

GENERAL OVERVIEW

Many employees report that managing the demands of work and home is 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, are involved in more accidents and will experience greater turnover. ValueOptions® is pleased to offer Employee Assistance Programs (EAPs) to our client organizations that have contracted with us to deliver this service to participants.

Benefits of an Employee Assistance Program

Employee assistance programs represent a first-line response to providing prevention, triage, and short-term problem-resolution services within an organization. It is a valuable employee benefit, especially when properly promoted and communicated, which

- emphasizes early intervention when confronting a variety of work/life issues;
- encourages employees and managers to take action early rather than later;
- offers easy access to professional and confidential assistance;
- is typically offered at no charge to employees or their immediate household dependents; and
- addresses personal problems that are often not covered by any other benefit programs, such as relationship problems, occupational problems and other V-code issues, child and eldercare concerns, legal and financial difficulties, etc.

EAP services are for employees who typically present with less serious clinical issues, but rather with a series of life 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 resolve the problem.

ValueOptions® 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:

- Quickly identify and respond to employee and dependent personal problems.
- Help employees restore and maintain high levels of productivity.
- Reduce absenteeism, presenteeism, 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 situations where employees are experiencing alcohol and other drug abuse-related problems 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.

General Guidelines for EAP Affiliates

These general guidelines are to help providers understand the unique requirements of EAP service delivery for ValueOptions®-covered employees and dependents.

- The range of EAP services typically includes assessment and referral, problem-solving and/or short-term intervention, 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 service plan. Service goals and 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 benefits when appropriate.
- The role of the EAP clinician is active and often directive, particularly during a crisis. ValueOptions® 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-TR/ICD-9 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.
- ValueOptions® EAP Care Managers handle all communications with supervisors in the event of management-based referrals for performance problems.
- Affiliate providers should **never** communicate directly with employers or other persons unless authorized by ValueOptions®. The only exception to this is when the Affiliate provider is acting in a Substance Abuse Professional (SAP) capacity for a Department of Transportation (DOT) drug and alcohol testing rules violation.
- EAP Affiliates must immediately report to ValueOptions® all adverse incidents and cases which are potentially threatening to the participant, the customer organization, or the EAP. Examples of adverse incidents include, but are not limited to, self-inflicted harm requiring urgent or emergent treatment, violent/assaultive behaviors with physical harm to self or others requiring urgent or emergent medical intervention, or any other occurrences representing actual or potential serious harm to a participant.

Participant Rights and Responsibilities

- Participants have the right to receive services in a way that does not stigmatize or jeopardize employment;
- Participants have the right to be treated equitably and without favoritism;

- Participants have the right to receive services in a manner that is sensitive to the diverse and unique needs related to age, gender, sexual orientation, physical limitations, culture and religious preferences of each participant;
- Participants have a responsibility to notify EAP Affiliates if unable to attend a scheduled appointment;
- Participants have a responsibility to read and understand the EAP Participant Statement of Understanding and the EAP Affiliate's Notice of Privacy Practices; and
- Participants have a responsibility to behave in a manner that is not threatening or violent to those around him/her.

EAP Guidelines

Employee Assistance is the work organization's resource that utilizes specific core technologies to enhance employee and workplace effectiveness through prevention, identification, and resolution of personal and productivity issues.

An Employee Assistance Program (EAP) is a workplace-sponsored program designed to assist (1) work organizations in addressing productivity issues and (2) employees and/or family members in identifying and resolving personal concerns that may affect job performance. These concerns may include, but are not limited to:

- marital and/or family issues
- financial or legal problems
- child or elder care concerns
- alcohol and/or drug abuse
- emotional well-being
- stress
- health issues
- work-related concerns

These concerns may be adversely affecting an employee's job performance, attendance and/or safety.

The specific core activities of EAP services include assessment, brief-focused consultation or referral for appropriate diagnosis, treatment and assistance. Additionally, EAP may assist in linking employees and/or their families with available community resources that provide necessary services, follow-up and a wide range of support services.

The following are intended as guidelines only, to assist in the determination of an appropriate candidate for EAP services following the initial evaluation by an EAP Affiliate. Given the wide array of EAP support services available to eligible participants, it should be recognized that while EAP services may not always be the most appropriate intervention, it can and should be considered an adjunct to more intensive levels of intervention.

Problems Appropriate for EAP Services

Participants presenting with the following problems may, after an initial assessment, be appropriate candidates for EAP as the primary service option.

Psychosocial/environmental concerns:

- job/occupational issues
- financial/legal problems
- child/adult care
- work/life issues
- career planning
- marital/family issues
- relationship issues
- grief/loss
- concern about another's substance abuse
- compulsive behaviors (e.g., Internet use, shopping, gambling, etc.)

Clinical problems related to:

- anxiety
- depression
- other mood disorders
- phobias
- gambling and other addictive behavior
- eating disorders
- hyperactivity and/or inattention
- learning disability
- substance abuse

Participants with the above concerns *may*, after an initial assessment, be appropriate candidates for EAP services, provided:

1. The purpose of EAP intervention is time-limited and focused on problem resolution within a given session model; or
2. The purpose of EAP intervention is assessment, referral and education of a participant in the process of coordinating alternative levels of sustained care.

Substance Abuse Issues

Participants presenting with certain substance abuse/dependency issues may be appropriate candidates for EAP as the initial service option when an employee receives a formal, mandatory or regulatory 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
- self-admission of a substance abuse problem
- signs of impairment while on the job
- fitness for duty related issue
- internal policy/procedure requirement of the client company
- self-referral

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

Referral for Specialized Treatment

Participants presenting to ValueOptions® 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:

- Participants 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
- Participants presenting with substance dependence requiring stabilization in a structured program setting
- All diagnostic and/or therapeutic dilemmas and complex psychiatric conditions
- Participants with symptoms which suggest organic etiology
- Participants with unstable medical conditions with behavioral components
- Participants in need of psychotropic medication consultation or medication management
- Participants needing medication management post-hospitalization
- Participants with chronic relapsing illnesses with a history of previous hospitalization that require assistance beyond re-establishing existing support systems
- Participants who have recurrent illnesses and/or a pattern of going from one crisis to another and have not been responsive to short-term intervention

If a ValueOptions® participant presents to an EAP Affiliate with any of the problems described above, the EAP Affiliate should consider referring the participant for specialized treatment. A ValueOptions® Care Manager at the referring Service Center can assist with any referrals.

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 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 participants with personal concerns that may affect job performance.
- Use of constructive confrontation, motivation and short-term intervention with employee participants 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.

Code of Ethics

EAP Affiliate providers 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.

Regulatory and Legislative Developments

It is the responsibility of the EAP Affiliate to keep abreast of relevant regulatory and legislative developments impacting EAP practice.

Affiliate Self-referral

An Affiliate self-referral is defined as a situation in which an EAP Affiliate accepts and evaluates an eligible participant in a case originating through the EAP, and then provides ongoing treatment for the participant for mental health problems as part of the participant's mental health plan managed by ValueOptions®.

Historically, EAPs were designed as assessment and referral-only programs with a workplace focus. Over time, some programs offered brief, solution-focused service models as well. To prevent any possible conflict of interest between the needs of participants and the Affiliate, some employer plans required the 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 client organizations still require that EAP providers not refer to themselves for ongoing care. There are however, some client organizations that do permit self-referral from the EAP into the MHSA benefit for purposes of service continuity and a blended benefit.

ValueOptions® makes determinations regarding self-referrals based on the following considerations:

- the promotion of optimal service for EAP participants;

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

The ValueOptions® EAP Care Manager will indicate if self-referral is permissible under the benefit design during the referral process.

It is important that EAP Affiliates clearly understand their role when they accept a case as an employee assistance counselor, and that they explain their role and its limitations at the *first meeting* with an employee.

EAP Referrals Requiring More Extensive Care

Employer organizations are typically presented with a menu of EAP program options and select the service design that best fits the needs of their employees and the organization. This means that one employee may be eligible for a one to three-session assessment and referral model, while employees of another organization may be entitled to as many as eight sessions in a brief, short-term counseling model.

ValueOptions® EAP Care Managers assess incoming calls to the EAP based upon the program design and the severity of presenting problems before referring to the EAP. Face-to-face evaluation by the EAP Affiliate may uncover additional needs that clearly exceed the limitations of the EAP. In such cases, EAP Affiliates should contact their referring EAP Care Manager to facilitate a referral to the appropriate level of care. ValueOptions® strongly discourages EAP Affiliates continuing to see employees through the EAP when it becomes clear that the employee is in need of long-term or specialty care, unless the sessions are clearly used for purposes related to an EAP's role, such as work-related issues, while long-term services can be arranged. While it may be appropriate for the EAP Affiliate to utilize an additional session to explain their findings and recommendations to an employee, it is inappropriate to attempt to engage participants in therapy when services cannot reasonably be concluded within the remaining EAP session allowance.

GETTING STARTED

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 ValueOptions®, your role as an EAP Affiliate is essential and critical. A solid link between ValueOptions®, 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 payer (employer) organization may access a team of ValueOptions® professional staff during regular business hours. After hours, calls are handled by EAP Care

Managers at designated ValueOptions® regional call centers for each client organization. EAP participants access ValueOptions® services via a dedicated toll-free number.

EAP Affiliates are expected to contact participants within 24 hours after being contacted in order to schedule an appointment with the participant. If for some reason the EAP Affiliate is unable to accept the referral or accommodate the participant's needs in any way, the EAP Affiliate should ask the participant to contact ValueOptions® to obtain an alternative referral.

It is critical that access priority be given to participants with urgent needs or in emergency situations.

Types of EAP Participant Referrals to EAP Affiliates

Typically, referrals to contracted EAP Affiliates will be made by a ValueOptions® EAP Care Manager. In some circumstances, however, the participant may contact the EAP Affiliate prior to the Affiliate being notified by ValueOptions® of the referral. In such circumstances, it is suggested that the EAP Affiliate contact ValueOptions® to confirm that EAP sessions have been authorized.

The notification will include the type of EAP referral (defined below) and any particular information (such as client-specific protocols) that will assist the Affiliate in the delivery of services to EAP participants.

Self-referral: an employee or eligible EAP participant requests EAP services. ValueOptions® will notify the Affiliate that the EAP participant will be calling for an appointment or when possible, a "warm-transfer" of the participant will be made to the Affiliate or intake department of the EAP group practice.

Formal Referral: a "formal" recommendation is made by the worksite representative for an employee to access EAP services, with no potential job jeopardy for non-compliance. The referral is for an employee who is exhibiting job performance problems and the worksite 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 worksite representative. The EAP Affiliate provides an assessment and discusses recommendations with the referring EAP Care Manager. **EAP Affiliates *should never communicate directly with employers even if contacted by the employer, unless authorized by ValueOptions®.*** If there are specific work-related issues that require attention by the EAP and/or coordination with the participant's employer, a ValueOptions® EAP Care Manager should be notified.

Mandatory Referral: a directive is given by the worksite for an employee to access EAP services with *potential job jeopardy* for noncompliance. A signed release of information is obtained from the employee to facilitate dialogue with the worksite representative regarding attendance to the EAP appointment and cooperation with the recommendations as a result of the EAP assessment. The EAP Affiliate provides an assessment and discusses recommendations with the referring EAP Care Manager. **EAP Affiliates *should never communicate directly with employers even if contacted by the employer, unless authorized by ValueOptions®.*** If there are specific work-related issues that require attention by the EAP and/or coordination with the participant's employer, a ValueOptions® EAP Care Manager should be notified.

Regulatory Referral: a referral with ties to state or federal regulatory guidelines, such as the Department of Transportation (DOT), Nuclear Regulatory Commission (NRC), etc., with *potential job jeopardy for noncompliance*. The employee holds a safety-sensitive position and is subject to federal rules and mandates related to drug and alcohol use and a referral occurs due to a violation of these rules. In these cases, the EAP Affiliate may serve as a Substance Abuse Professional (SAP), in accordance with the appropriate regulatory guidelines. The Affiliate, as the SAP, performs an assessment of the employee and reports the assessment and recommendations to the Designated Employer Representative (DER) as well as ValueOptions®. The EAP Affiliate also provides any required follow-up evaluations of the employee and provides necessary documentation of their assessments and recommendations. Specific regulatory requirements and appropriate policies will be given to the Affiliate at the time of the referral. Follow-up calls will be required.

Eligibility Information

ValueOptions® 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 ValueOptions®, please call the appropriate regional ValueOptions® office prior to seeing the participant. Be prepared to provide ValueOptions® with the following:

- Payer's (employer's) name
- EAP participant's name, date of birth and Social Security Number

Payer (Employer) Information

When ValueOptions® refers an EAP participant to an Affiliate, the following payer (employer)-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, formal or regulatory referral)
- ValueOptions® EAP Care Manager's name and toll-free number
- Information regarding other ancillary services for which the participant is eligible if the need arises, e.g. 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 ask him or her to contact ValueOptions® to obtain an alternative referral.

Scheduling Appointments

Routine Appointments

- Routine appointments should be offered to EAP participants within three (3) business days of the initial referral date. EAP Affiliates are expected to contact participants within 24 hours after being contacted in order to schedule an appointment with the participant. If for some reason the EAP Affiliate is unable to accept the referral or accommodate the participant's needs in any way, the EAP Affiliate should ask the participant to contact ValueOptions® to obtain an alternative referral.

Emergent and Urgent Appointments

- EAP Affiliates may be asked to handle emergent and urgent appointments. These assessments should be conducted immediately and ValueOptions® will coordinate them at the time the referral is made.

EAP Affiliates are encouraged to make available appointment times before, during or after traditional work hours and at least one evening per week.

AFFILIATE RESPONSIBILITIES TO EAP PARTICIPANTS

Notice of Privacy Practices

EAP Affiliates 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).

Collecting and Sharing Confidential Information

It is important to impress upon all EAP participants that EAP counseling services are completely confidential, with the following exceptions:

1. If ValueOptions® or the EAP Affiliate learns about child, elder or disabled adult abuse or neglect, we are required by law to report it to the proper authorities.
2. If, in the judgment of ValueOptions® or the EAP Affiliate, an EAP participant presents a threat of imminent and serious bodily harm to himself or others we will disclose information in order to help prevent harm.
3. If ValueOptions® or the EAP Affiliate is required to present records to comply with a court order, it is our legal responsibility to comply.
4. If ValueOptions® or the EAP Affiliate learns about any emergency medical circumstances which require immediate medical attention, 9-1-1 should be called as appropriate.

Confidentiality is also an important professional and administrative aspect of ValueOptions® policies and procedures. Participating EAP Affiliates are responsible for ensuring that they have the necessary written consent from EAP participants before any information is released to any third party, except as required to comply with any applicable state or federal law. ValueOptions® recommends the use of the ValueOptions® “Authorization to Disclose Health Information” form located as an attachment to this Handbook. This authorization form is designed to meet the requirements of all federal and legal mandates.

EAP Affiliates *must* obtain approval from ValueOptions® 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 ValueOptions®, 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. If a

participant requests a copy of his or her EAP record, the Affiliate must contact ValueOptions® prior to releasing any information.

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. ValueOptions® may request a copy of a participant's case records.

Obligation to Report/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 a participant 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 may need to take steps to warn a third party, in accordance with local statutes or judicial interpretation of the law. It is preferable to contact the police, but the EAP Affiliate may need to 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. ValueOptions® must be notified immediately of the threat and the steps taken to notify victim and/or law enforcement. EAP Affiliates should consult with ValueOptions® if the level of threat is unclear.

EAP Participant Statement of Understanding

The EAP Participant Statement of Understanding explains to the participant how the EAP works and emphasizes the confidential nature of these services. The form *must* be reviewed with the EAP participant and signed at the beginning of the initial face-to-face session. If a participant refuses to sign, the Affiliate should write "Refused to Sign" on the form, attach it to the file, and document in their notes for the record as well as on the EAP Case Activity and Billing Form. (See www.ValueOptions.com for the EAP Participant Statement of Understanding and other EAP forms.)

Complaints and Grievances

It is the practice of ValueOptions® to make available a standard two-step complaint resolution process for both participants and EAP Affiliates unless otherwise required by network-specific guidelines or regulation.

A complaint is a verbal or written communication from a participant, participant representative or EAP Affiliate to ValueOptions® of dissatisfaction with some aspect of ValueOptions®, 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 ValueOptions® of dissatisfaction with the outcome of a complaint resolution.

Additional information on complaints and grievances can be obtained by contacting ValueOptions®.

Intake Protocols

The ValueOptions® EAP Care Manager provides the participant with information on his/her EAP benefit including number of sessions and any enhanced services for which the participant is eligible.

The initial intake should include first and foremost an assessment of any emergency needs requiring immediate attention. Additional intake methods are based on the services provided by the EAP and the needs of participants. The initial assessment is based upon clinical guidelines. The EAP Affiliate should obtain necessary clinical and non-clinical information. This assessment, which should cover the following areas, will assist in making an appropriate referral:

- a. Participant demographic information
- b. The nature of the request or presenting problem including stressors, precipitants and severity of symptoms
- c. Self-report of any work-related issues (attendance, work history, problems with coworkers, job jeopardy, disability leave)
- d. Safety issues as a result of job classification such as working in a safety-sensitive and/or government-regulated work environment (e.g., DOT, DOE, NRC)
- e. Assessment of risk to self or others

Following the intake or initial interview, the EAP Affiliate should identify whether to retain the case for short-term counseling as allowable under the EAP benefit, or refer the participant to outside or approved resources for ongoing treatment. EAP Affiliates who are unable to provide the needed services should promptly notify the participant and advise ValueOptions®.

Clinical Assessment Protocols

Note that some information listed below may not be applicable in every case, based on the nature of the referral.

The EAP assessment should focus on problem identification and an appropriate action plan. Special consideration should be taken to appropriately assess substance abuse, depression and risk to self and others. Assessments conducted by EAP Affiliates should include the following:

- EAP participant's demographic, education, employment, work and military history information
- Presenting vs. assessed problems
- History of assessed problems
- Evaluation of environment and home situation
- Psychosocial history
- Alcohol and drug history and current use
- Evaluation of past or present addiction issues and treatment
- Medical conditions, if any, including current medications
- Evaluation of past or present mental health issues and treatment

- Religion or spiritual association, if appropriate
- Ethnic or cultural issues, when appropriate
- Financial status and health insurance, if appropriate
- Legal, vocation and/or nutritional needs of the participant, if appropriate
- Social and peers group supports
- Interests, skills and aptitudes
- Behavioral/cognitive patterns that cause health risks, based on physical, emotional, behavioral or social conditions
- Evaluation of safety issues and overall assessment of risk
- Impact of problem on job performance
- Disability/Worker's Compensation history including current status
- Short- and long-term goals
- If short-term counseling is to be provided, there should be a service plan, including behavioral and measurable goals, which builds on the strengths of the participant.

When the participant is a victim of abuse or neglect, the EAP Affiliate intervenes with more intensive services and provides more frequent monitoring and coordination with the ValueOptions® EAP Care Manager.

The EAP Affiliate 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.

ValueOptions® expects that EAP Affiliates have detailed procedures in place to address back-up and support in managing cases that involve threats of violence, including homicidal or suicidal ideation.

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:

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.

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.

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.

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.

Establish a target date for achievement.

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

Review progress and the goal plan.

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

Follow-up Requirements

EAP Affiliates must coordinate follow-up activities with ValueOptions® 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 may be held with the EAP participant prior to return to work. EAP Care Managers will advise Affiliates of specific follow-up requirements.

Record-keeping Requirements

Participating EAP Affiliates must 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 EAP Case Record, which may be either paper or electronic, is considered the property of ValueOptions® except as otherwise indicated by applicable law. In addition, EAP Affiliates should maintain records in a secure location to which only the EAP Affiliated has access. ValueOptions® may audit EAP Affiliate records as needed in compliance with accrediting standards.

The EAP Case Record includes:

- The EAP Case Activity and Billing Form (There are two versions of this form – the one-page CAF-1, and the two-page CAF-2. More information about these forms can be found in the Reimbursement section of this handbook);
- EAP Participant Statement of Understanding;
- Authorization to Disclose Health Information, if applicable;
- Any standardized assessment and goal-setting forms that are copied and returned to ValueOptions®
- Service plans;
- Progress notes*;
- A detailed account of the supervision or case consultation, including information regarding the recommendations and actions taken, and including the signature of the EAP Affiliate and supervisor**;
- Follow-up action plans, and
- A closing summary***

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

*Progress notes for each contact must include the following:

- Date and type of contact
- Duration of contact
- Current functioning and risk assessment
- Assessment of EAP participant progress toward established goals
- Plan of action to be taken including discharge plan and follow-up
- EAP participant's response to presented action plan

**Supervision or case consultation occurs between the EAP Affiliate and a supervisor experienced in EAP who possesses at least two years of supervised post-graduate experience in counseling. Supervision or case consultation emphasizes the participant's progress toward achieving goals and objectives, the safety and well-being of the participant, the quality of documentation in participant records and consultation around any critical incidents. EAP Affiliates are encouraged to contact a ValueOptions® EAP Care Manager for consultation regarding difficult or complex case issues.

***Closing summary notes must include:

- A report of changes in condition regarding the assessed problem;
- Recommendations for further action by the participant and employer; and
- Referral or recommendations for any future services, as appropriate.

The EAP Case Activity and Billing Form, the key part of the participant case record, must be completed and returned to ValueOptions® minimally at case opening and case closing, but also may be submitted during the intervention phase of services (as an interim billing). The one-page version of the form (CAF-1) may alternatively be submitted online via ProviderConnect. Please see

additional information regarding submission of the EAP Case Activity and Billing Form (CAF-1 or CAF-2) in the Reimbursement section of this handbook.

The EAP Affiliate should screen his or her participant records for un-summarized notes, observations, and impressions, and other material that should be expunged at the closing of the record, at least annually and in accordance with legal and federal record keeping mandates.

ValueOptions® staff, including auditors and third-party evaluators, are permitted access to EAP records for the purposes of:

- a. Program oversight, evaluation, and quality improvement;
- b. Destruction of EAP records at the end of their period of maintenance, if applicable; and
- c. Assisting in the transfer of EAP records from one Affiliate to another.

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.

The Americans with Disabilities Act

ValueOptions® 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 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.

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 participant and counselor confidentiality and maintain procedures to ensure that office, grounds and overall facilities are safe and secure for participants 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 conducts and documents:

- a. regular fire drills and inspections and preventative maintenance to ensure the safety of its premises, equipment, and fixtures; and
- b. a review of the office or location's safety systems including fire safety and fire extinguishers, emergency exits, lighting, and other mechanisms that identify hazardous conditions monthly or in accordance with federal, state, local or municipal requirements. (Note: "Hazardous conditions" include, but are not limited to, such conditions as: uncovered electrical outlets; unsecured floor coverings or equipment; stairs without handrails; harmful water temperatures; inadequacy of light, ventilation and temperature; unscreened areas or unmarked glass doors; and unsafe use of electrical appliances and objects, such as space heaters, radios, or toys that are used by children or others who may be vulnerable.

The EAP Affiliate follows 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 ValueOptions® 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.

AFFILIATE ADMINISTRATIVE RESPONSIBILITIES

Recredentialing and Information Updates

To assure accurate and timely changes to our EAP Affiliate records, ValueOptions® *must receive prompt written notification* of any additions, deletions or changes (including the effective dates) related to any of the following:

Recredentialing

- Verification of current state licensure or certification (annually)
- Verification of current Certified Employee Assistance Professional (CEAP) designation

- Verification of current individual malpractice liability insurance with limits, dates of coverage and provider's name
- Current resume/curriculum vitae with special emphasis on substance abuse assessment and referral and EAP service provision
- Any pending legal, administrative or licensure action not previously reported
- Verification of work in a work in a clinical practice for a minimum of 10 hours per week.

Updated Information

Providers must notify ValueOptions® with changes to any of the demographic information below:

- Tax identification numbers and NPI numbers
- Address and telephone numbers
- Name changes
- Newly acquired areas of expertise
- New service sites and/or deletions of others

Any changes to your provider record must be submitted in writing to the address or fax below and by using the forms found at www.ValueOptions.com.

Mail: ValueOptions®, Inc.
c/o Practitioner Maintenance
P.O. Box 41055
Norfolk, VA 23541

OR

Fax : 866-612-7795

Disenrollments and Agreement Amendments

Disenrollments

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

- If an EAP Affiliate chooses to resign from the network, ValueOptions® must be notified in writing as specified in the disenrollment section of the ValueOptions®/EAP Affiliate Agreement. ValueOptions® will acknowledge receipt of the Affiliate resignation request and confirm the disenrollment date.
- If ValueOptions® chooses to disenroll an EAP Affiliate, written notification of the disenrollment, including the effective date, will be given as specified in the ValueOptions® EAP Affiliate Agreement.

- Upon disenrollment, EAP Affiliates are obliged to continue to provide EAP services to current EAP participants. All EAP participants currently under an Affiliate's care will need services completed through the EAP Affiliate, or through another Affiliate that is assigned by ValueOptions®. ValueOptions® will notify the disenrolled Affiliate of such an assignment. Upon completion of EAP services, all originals and copies of ValueOptions® copyright and proprietary documents, including this manual, must be returned immediately to the ValueOptions® Corporate office.

Agreement Amendments

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

Participating EAP Affiliate Availability

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

Clinical Consultations

In order for EAP participants to receive the required standard of care, a cooperative relationship between ValueOptions® 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 (employers), EAP Affiliates are encouraged to call the ValueOptions® EAP Care Manager who referred the EAP participant for case consultation as necessary. Difficult cases and all formal or mandatory referral cases should be discussed with the ValueOptions® EAP Care Manager to jointly determine the most appropriate service intervention, possible service plan(s), and referral resources.

Open and Inactive Case Definitions

Cases may remain open for three (3) months after the last contact with the EAP participant if no other follow-up is planned. Generally, after this period of time, the case becomes inactive (except for Department of Transportation cases and some non-DOT substance abuse cases).

Termination of the EAP participant's employment does not remove the case from inactive status. An EAP participant may refuse services at any time and request that we place their case on an inactive status.

EAP Affiliates should retain case records for a period of seven (7) years from the date the case becomes inactive unless their state law requirements specify a longer time frame. The complete chart should be disposed of by a means which results in its complete destruction. No materials may be retained from the charts for personal/research purposes.

No-show Policy

The first missed appointment should be documented as such. You may call the EAP participant to reschedule another appointment, depending upon payer (employer)-specific preferences. Two consecutive "no shows" do not require a call to the EAP participant but will require proper documentation. Job performance and DOT referrals that are "no show" will always require that the EAP Affiliate document the no show and also notify ValueOptions®. See "Billing for Missed Appointments."

Disability

The EAP Affiliate will not authorize disability or family medical leave (under FMLA) without review and consultation with a ValueOptions® EAP Care Manager. Exceptions may be made when the provider meets state and/or disability carrier requirements and when providing such authorization serves the best interests of the employee or employer. When the EAP does agree to authorize disability or FMLA, it is the provider's professional responsibility to complete all essential paperwork.

EAP RESPONSIBILITIES

Workplace Emphasis in EAP Assessment

By design, the EAP assessment is structured, 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, non-clinical problems or concerns (e.g., work related issues, job functioning, employment data, 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 ValueOptions® EAP Care Manager prior to an EAP participant's initial scheduled visit to the EAP Affiliate.

Job Performance-based Referral Coordination

In situations in which an employee is referred to the EAP by his/her employer due to job performance concerns, the EAP Affiliate will receive information on EAP participant disciplinary action and other job issues through the ValueOptions® EAP Care Manager. Any updated or previously unreported information needs to be coordinated between ValueOptions® staff and the EAP Affiliate. The ValueOptions® EAP Care Manager will validate any additional information or pertinent changes.

EAP Affiliates should never communicate with the employer, unless authorized by ValueOptions® staff or unless acting as a SAP evaluator under the Department of Transportation (DOT) regulations.

Department of Transportation Referral Coordination

ValueOptions® may refer employees covered under the federal Department of Transportation (DOT) alcohol and drug-testing regulations to EAP Affiliates who are qualified Substance Abuse Professionals (SAPs) for face-to-face evaluation. Actual return to work authorization is the responsibility of the employer, not the EAP Affiliate or ValueOptions®. To function as a SAP, EAP Affiliates must be able to demonstrate having completed SAP-qualifying training and passing of the SAP examination. Additionally, they must demonstrate having completed DOT-required continuing education credit every three years subsequent to passing the SAP examination.

Provider Referral Coordination

If assistance is needed beyond EAP visits allowed in the session model, the EAP Affiliate should call the ValueOptions® EAP Care Manager with the recommended service plan. ValueOptions® will 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 unique needs. As required, exceptions to this protocol are coordinated through the ValueOptions® EAP Care Manager. Refer to the EAP Affiliate Agreement for more information.

Any referrals made to non-ValueOptions® credentialed providers or programs, or to a community resource, is facilitated rather than made. This is an important legal distinction that has to do with limits to liability and responsibility over the actions of others that are not contractually agreed to in advance. EAP participants should be made aware of this distinction as it may apply.

If you have any questions regarding the EAP participant's benefits through ValueOptions®, please call the appropriate ValueOptions® service office listed on the participant's insurance card or contact the ValueOptions® EAP Care Manager.

Coordinating Other EAP Services

Upon ValueOptions® 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
- Critical incident response services
- Topical seminars (e.g. stress management, parenting skills, communications skills, etc.)
- Disability Management return-to-work coordination
- Drug-free Workplace Training and Consultation

REIMBURSEMENT

EAP Affiliates will be reimbursed in accordance with their contractual agreement. EAP Affiliates should submit an EAP Case Activity and Billing Form for each EAP case. There are two versions of this form, which serves as the Affiliate's invoice:

The CAF-1 is a one-page document that is mailed out to EAP Affiliates along with EAP authorization letters. Note that the CAF-1 may be used only when EAP services are pre-authorized. This form may be submitted through ProviderConnect, by mail or fax. Instructions for mailing or faxing the CAF-1 are included in the EAP authorization letter. Following are the steps for submitting the CAF via ProviderConnect:

- Log into ProviderConnect with your User ID and Password
 - If you have not already registered for ProviderConnect please register by going to <https://www.valueoptions.com/pc/eProvider/providerRegisterFromLogin.do>
 - Read the User Agreement page, and if you agree, select the “yes” button
- On your ProviderConnect Home page select “Review an Authorization”
- Enter the member ID, authorization number and/or authorization dates on the “Search Authorizations” screen and select “search”
- On the “Authorizations Search Results” page click on the blue hyperlink for the authorization number that corresponds with the services provided; this will bring you to the “Auth Summary” page
- Select “Auth Details” tab at the top of the “Auth Summary” page
- Select the “Enter EAP CAF” button to start the CAF entry process

The CAF-2 is a two-page document. The CAF-2 should be used by all onsite Employee Assistance professionals, and in cases where EAP services have not been pre-authorized. The CAF-2 should be mailed to the ValueOptions® location specified when authorization is obtained or in accordance with client-specific instructions for onsite Employee Assistance professionals. The CAF-2 may not be submitted by fax or via ProviderConnect.

Following is a list of information required on each version of the EAP Case Activity and Billing Form:

CAF-1:

- Billing Type (Interim, Final or Re-Open)
- Payer (corporate client, employer, company/division, location or department through which EAP benefits are available)
- Participant Information (name, date of birth, relationship to employee, gender, whether or not the EAP Statement of Understanding was signed)
- Employee Name
- Billing Information (dates of service)
- EAP Clinician Information (name, billing address, SSN or Tax ID number, NPI Number)
- Assessed Problem

- Risk and Functional Assessment (impairment level on eleven areas of functioning at case opening and at case closing)
- Case Closing Information (Problem Status at Closing, Disposition, Referral information)

CAF-2:

- Billing Type (Interim, Final or Re-Open)
- EAP Statement of Understanding signed; Release of Information signed (if applicable)
- Payer (corporate client, employer, company/division, location or department through which EAP benefits are available)
- Participant Information (name, address, date of birth, home phone, relationship to employee, ethnicity, relationship status, referral source, how they learned about the EAP, method of initial contact with the EAP, gender)
- Employee Information, if employee is not the participant (name, Social Security Number, hire date, employment status, job dysfunction, job problem, job title category, union status)
- Billing Information (dates of service)
- EAP Clinician Information (name, billing address, SSN or Tax ID number, NPI Number, phone number, signature, number of sessions)
- Presenting and Assessed Problem
- Risk Assessment (risk to self and others at case opening and case closing)
- Functional Assessment (impairment level on eleven areas of functioning at case opening and at case closing)
- Goals, and progress toward meeting goals
- Assessment of EAP/Psychiatric history, substance abuse treatment, strength, skills, aptitude and interests, supports and military history
- Case Closing Information (Problem Status at Closing, Case Disposition, Referral information)

EAP Affiliates will only be reimbursed when a EAP Case Activity and Billing Form is submitted with all the required information completed

EAP Affiliate Payments

- Participating EAP Affiliates will be reimbursed by ValueOptions®, or the applicable payer (employer), at the contracted or negotiated rate for EAP services for each approved 60-minute session.
- Affiliates must not exceed the number of sessions authorized for a participant.
- 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 previously authorized by a ValueOptions® representative due to special circumstances.

ValueOptions® shall arrange for payment of invoices submitted by EAP Affiliates for EAP services rendered within thirty (30) business days after receipt. This payment period may be extended if

ValueOptions® contests all or a portion of the invoice, in which case the EAP Affiliate shall be notified in writing within thirty (30) business days after receipt of the invoice. This payment period also may be extended if there is incomplete information on the EAP Case Activity and Billing Form.

Whenever there are specific questions or extenuating circumstances concerning an invoice, EAP Affiliates should consult the ValueOptions® EAP Affiliate Agreement and then contact the ValueOptions® EAP Care Manager who referred the EAP participant.

Billing for Missed Appointments

ValueOptions® does not reimburse participating EAP Affiliates for missed or cancelled appointments; nor may an EAP participant be billed.

Timely Filing

Participating EAP Affiliates are required to submit their billing within ninety (90) days from the date the service was provided. No payment will be made for services billed later than ninety (90) days and participating EAP Affiliates are prohibited from billing EAP participants for such services.

Payment is facilitated by the accurate completion and return of the CAF-1 or CAF-2, whichever is applicable. If ValueOptions® receives a CAF-1 in situations in which a CAF-2 is required, the form will be returned with a request that the CAF-2 be submitted.

*Claim filing requirements may differ according to payer (employer)-specific requirements. Consult your EAP Affiliate Agreement or the EAP Care Manager who referred the participant for specific information.

Maximum Visits Per Day

ValueOptions® EAP plans provide reimbursement for only one professional service per day.

ValueOptions® EAP Services

This description of ValueOptions® EAP Services is for reference only. The provision of such services may differ according to payer (employer)-specific EAP benefit design requirements.

Critical Incident Response Services

Employees involved in serious incidents (i.e. workplace violence, loss of co-worker, extraordinary events such as the terrorist attacks of September 11th, etc.) often experience emotional and physical symptoms affecting their work or return to work. A structured process of education and consultation will assist in easing the trauma and help to return personal control to the affected employee. Preparation for key personnel plus this "psychological first aid" component are part of ValueOptions® comprehensive crisis management services.

Employee Orientation

Employees may not fully understand the connection between the EAP and their own needs for assistance. This orientation helps employees quickly understand the risks associated with personal problems which may be negatively impacting their work performance, and describes how the EAP may help. This information emphasizes employee self-referral for issues or concerns that may

interfere with effective functioning in the workplace or in their personal lives. This program typically consists of an on-site meeting with large groups of employees lasting between 30 to 45 minutes per orientation.

Supervisor/Management Training

Formal training sessions for supervisors, managers, and key leadership clearly defines respective roles and aid in facilitating referrals to the EAP to support positive change in employees with personal and job related problems.

Management Consultation

ValueOptions® provides management consultation to client organizations. General guidance is provided on the management of employee performance problems, substance abuse identification and intervention, EAP referrals, conflict resolution, downsizing support, and assistance with design, implementation, operation, evaluation and modification of the EAP.

Topical Seminars

Seminars are typically one hour in length and may be customized to cover unique topics of concern to a company's employees. Seminars may include such topics as stress management, parenting skills, or communication skills, etc.

Violence Prevention Consultation and Training

Preventing employee violence is the best approach to this increasingly disturbing trend and workplace risk. ValueOptions® assists client companies by bringing the latest information and training to help prevent and manage workplace violence.

Drug-Free Workplace Training and Consultation

ValueOptions® provides support to employers who, due to requirements of federal contracts or the Department of Transportation (DOT) regulations, must implement policies and guidelines regarding employee alcohol and/or drug abuse. ValueOptions® can assist employers by providing supervisory training pertaining to identification of substance abuse and intervention techniques as well as policy development and implementation.

Fitness for Duty Evaluation Services

ValueOptions® provides client organizations with access to forensic psychiatrists specializing in Fitness for Duty Evaluations. ValueOptions® will not ask a contracted EAP Affiliate to determine whether or not an employee is fit for duty, and EAP Affiliates should not provide verbal or written information to an employer regarding an employee's fitness for duty. However, ValueOptions® may refer an employee to an Affiliate for EAP services following a Fitness for Duty evaluation.

MEASURING AND IMPROVING PARTICIPANT OUTCOMES

The ValueOptions *On Track* Outcomes Program is an ongoing initiative designed to assist participating providers incorporate member-reported feedback into EAP counseling sessions with the intended goal of improving outcomes. *On Track* supports *participating providers* as they help

members stay “on track” in achieving their goals. This program is based on the completion of the Client Feedback Form (CFF) by the *member* during the course of receiving EAP counseling services. Participation by *members* EAP *participants* is voluntary.

The CFF is designed to help *participating providers* assess clinical risk and monitor changes in symptoms and functioning as *members* receive services. *Participating providers* are asked to administer the CFF to members prior to the first, third, and every third session thereafter (or at the closing session for EAP cases). The completed CFF should be reviewed by the *participating provider* and faxed to the designated toll-free *On Track* facsimile number for analysis. Scored and analyzed results generally are available online within one (1) business day. *On Track* provides *member*-specific tracking of progress in comparison to normative benchmarks, uses predictive modeling to identify potential high risk cases, and generates reports on aggregate case-mix adjusted provider outcomes. ValueOptions clinical staff may conduct outreach calls on particularly high risk cases.

Participating providers begin the *On Track* Program by registering online at www.psychoutcomes.org/ValueOptions, a website operated by a ValueOptions business partner. *Participating providers* who are logged into ProviderConnect can connect directly to their *On Track* tools by using the link under ‘Clinical Support Tools’. A separate *On Track* user ID and password are not needed. A personal, secure web page is available for each *participating provider* to view CFF results for *members* under their care. Detailed information about the *On Track* program, personalized copies of the CFF, and information for *members* can also be accessed here.

The ValueOptions *On Track* Program does not change the requirements for submitting the EAP Case Activity and Billing Form (CAF) for EAP billing. *EAP Affiliates* should continue to submit the CAF to ValueOptions as in the past. CAFs should not be faxed to the *On Track* Program fax number, as this may result in a delay in processing and payment.

EAP AFFILIATE FREQUENTLY ASKED QUESTIONS

Q: If an EAP participant needs ongoing treatment beyond their EAP benefit, am I allowed to refer to myself?

A: Some ValueOptions® client contracts do not permit EAP Affiliates to self-refer; with other client contracts this is permissible. It is best to consult with the ValueOptions® EAP Care Manager who referred the participant before making any self-referral. See "Affiliate Self-Referral" in this handbook for more information.

Q: How much is the reimbursement fee?

A: The reimbursement fee is \$60 per participant session.

Q: To whom do I submit the billing information?

A: The CAF-1 should be submitted online via ProviderConnect, or faxed or mailed to ValueOptions®. The fax number and mailing address will be indicated on the EAP authorization letter. The CAF-1 should be used only when EAP services have been pre-authorized.

The CAF-2 should be mailed to the ValueOptions® location specified when authorization is obtained or in accordance with client-specific instructions for onsite counselors. The CAF-2 is used by all onsite EA professionals, and in situations where EAP services were not pre-authorized.

Q: Where can I find a copy of the CAF-1?

A: Affiliates will receive a copy of the CAF-1 with EAP authorization letters. If you have misplaced your copy of the form, contact ValueOptions® and we will provide a copy of the form to you.

Q: Where can I find a copy of the CAF-2?

A. The CAF-2 is available on www.ValueOptions.com under Providers>Forms>EAP Forms.

Q: How will I know the number of visits that are covered under the client's EAP model?

A: The ValueOptions® EAP Care Manager will advise you of the number of visits available for the participant being referred to you. This information will also be contained in the authorization letter that you receive from ValueOptions®.

Q: If I determine the participant's needs are beyond the scope of their EAP benefit should I refer the participant to their company sponsored medical or mental health/substance abuse benefit or should I refer them to ValueOptions®?

A: If ValueOptions® is the manager of the participant's mental health/substance abuse (MH/SA) benefits, you should contact the ValueOptions® EAP Care Manager to coordinate a referral to a network provider. If ValueOptions® is not the manager of the participant's MH/SA benefit, you should help link the participant to their company-sponsored benefit program.

Q: If a prior participant returns for additional services after his/her case has been closed, should I call for another authorization?

A: If a participant comes back for additional services, you should consult with the ValueOptions® EAP Care Manager to determine what can best meet the participant's needs. An authorization will depend on the needs of the participant and what is available under the participant's EAP benefit at that time.

Q: What should I do if I don't receive the EAP authorization letter for a participant who has been referred by ValueOptions®?

A: If you have any questions or concerns, please feel free to contact the ValueOptions® EAP Care Manager.

Q: Is it okay for me to excuse an employee from work (or request a shift change, or other change in the work environment)?

A: Any concerns of this nature should be referred to the ValueOptions® EAP Care Manager, who will consult with the participant's employer as necessary. You should not initiate contact with the participant's employer even if requested to do so by the employee.

Q: Should I have direct contact with an employee's supervisor?

A: You should not have contact with the participant's employer. Please feel free to consult with the ValueOptions® EAP Care Manager regarding any concerns of this nature.

Q: Why can't I bill using the same form I do for MH/SA service?

A: When you bill for EAP Services it is necessary to use the appropriate version of the EAP Case Activity and Billing Form (CAF-1 or CAF-2). The purpose of using this form is so the participant's EAP benefits are tracked separately from the participant's MH/SA benefits. The CAF-1 and CAF-2 are more simplified forms than the CMS-1500 form that is used for MH/SA services.

Q: There are many different forms identified specifically for EAP cases. Where do I find these forms?

A: EAP forms can be found at www.ValueOptions.com under Providers>Forms>EAP Forms.