



Workplace Services

Network Affiliate Guide

Proprietary Notice

This document contains confidential information of Employee Health Programs (EHP) and is provided for the sole purpose of instructing the recipient in procedures and policies particular to the employee assistance program. In consideration of receipt of this document the recipient agrees to maintain such information in confidence and not to introduce or otherwise disclose this information to any other person outside the group to which this document was originally delivered



Workplace Services

To: Network Affiliate

From: Dale Kaplan, LCSW-C, MSWAC
Vice President of Workplace Services

I want to thank you for your participation in the Employee Health Programs, Inc. (EHP) national affiliate network. EHP offers an exceptional Employee Assistance Program (EAP), which has gained a national reputation for delivering quality EAP service. You have been chosen as a provider because of your clinical expertise. We, at the corporate office, are committed to assisting you in providing quality services to our clients, employers and employees. We strongly believe in our mission statement: **Through dynamic partnerships, EHP meets corporate behavioral wellness needs by addressing personal, professional and organizational challenges with solution-oriented interventions and proactive consultation. Our mission is to maintain and enhance workplace productivity.**

Employee Health Programs, located in Bethesda, Maryland, was founded by Donald Ian Macdonald, M.D. in 1989. EHP currently provides services to over 3,000 companies with locations in all 50 states. EHP's customers include Fortune 500 companies, federal agencies, state and local governments, financial institutions, transportation and food service companies, non-profit organizations, and health care providers. While our clients are diverse, they share a commitment to the health of their employees through quality workplace programs.

EHP's services include:

- Employee Assistance Programs/Work/Life Programs
- SAP Services-Comprehensive Substance Abuse Assessments
- Drug Free Workplace Program Design and Management
- Medical Review Officer Services
- Workplace Policy and Procedures Development
- Employee Education
- Supervisory Training
- Background Checks

The information included in this manual has been designed to assist you in understanding and meeting our clinical expectations. EHP has been successful because of the commitment and expertise of our network affiliates. I welcome your questions and comments. We have established a dedicated affiliate phone line to be able to respond quickly to your needs. The phone number is **1-800-935-9552**. The affiliate e-mail address is **ehpaffiliates@ehp.com**. Again, thank you in advance for your cooperation.

Table of Contents

I. Network Affiliate Responsibilities	
Scheduling	Page 1
Emergencies	Page 1
Back-up	Page 1
Licensing/Qualifications	Page 1
Insurance	Page 2
Facilities	Page 2
Non-Discrimination	Page 2
EHP Documents	Page 2
Reporting	Page 2
Transmission of Case Files	Page 3
II. Key EAP Clinical Procedures	
Assessment	Page 4
Psychiatric Emergencies, Suspected Violence or Suicide Cases	Page 4
Emergency Situation Flow Chart	Page 5
Protocol For Assessing the Presence of Child Abuse or Neglect	Page 6
Clinical Supervision	Page 7
Short-Term Counseling	Page 7
Referrals to Community Resources	Page 8
Clinical Follow-Up and Case Closing	Page 9

I. Network Affiliate Responsibilities

Role of the EHP Local Network Affiliate

In accordance with standards set forth by the Council on Accreditation, EHP's EAP maintains neutrality with our client companies with respect to employee/employer relations. All EHP local network affiliates must adhere to the same standards and agree to maintain neutrality.

Scheduling

In ensuring that requests for appointments from Clients can be met in an expedient manner, EHP and its Network Affiliates must work closely together. EHP expects its Network Affiliates to maintain a telephone answering service or machine, which is active 24 hours a day. This is crucial to the EAP scheduling process. Your telephone response system should be set up in such a way that you are able to respond promptly to messages from the EHP office. All urgent messages from the EHP office must be returned as soon as possible, preferably within 4 hours of receipt.

Once you have contacted the EHP office, you will be given the client's name, phone numbers, clinical and contract information. Please contact the client to schedule an appointment and inform EHP at 800-935-9552 ext 1 of the scheduled appointment. This is how we are able to monitor appointments. Clients should be able to schedule an appointment within three days of their call to EHP. If for any reason the appointment is rescheduled, canceled, or not attended, call the EHP office and inform us of the change so we can make a note in the case record.

Emergencies

Emergencies will occur in an EAP; however, precisely when they will occur is unpredictable. An EAP therefore must always be ready to respond adequately to crisis situations. The EAP 800-line is staffed 24-hours a day with clinically trained personnel with experience in responding to crisis situations.

When a crisis call comes in to the EAP 800-line, the staff immediately responds with assistance appropriate to the caller's needs. Depending on the situation at hand, EHP will:

- Administer crisis counseling
- Refer the caller to an emergency facility
- Connect the caller with a Network Affiliate in his/her area.

In the event that the 800-line staff contacts you with a request for an emergency scheduling, you will be asked to see a client as soon as possible, preferably within 24 hours. EHP expects you to maintain scheduling flexibility sufficient to allow for these types of situations.

Back-up

EHP realizes that situations may arise that necessitate your temporary absence from duties with EHP. During your absence, EHP will divert scheduling requests to an alternate affiliate in your area. It is your responsibility to notify EHP whenever you are unable to perform your duties as a Network Affiliate or when you are on vacation.

If you have scheduled EHP Clients for EAP sessions during your period of absence, it will be your responsibility to reschedule such appointments in a manner satisfactory to the client.

Licensing/Qualifications

EHP requires its Network Affiliates to be clinically licensed in the state where services are being provided. If available in the client's geographic area, Network Affiliates shall also be Certified Addiction Counselors or have a minimum of two years experience in the field of alcoholism and drug abuse (exclusive of EAPs). **Evidence of current licensure and trainings attended to maintain licensure must be on file with EHP.** Please send us a copy of your licensure and training certificates when they are renewed.

Insurance

The Network Affiliate shall maintain professional liability in amounts, which at no time shall be less than One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) aggregate. **Evidence of current insurance coverage must be on file with EHP.** Please send EHP a copy of your insurance policy when it renews.

Facilities

EAP services will be administered either at the site of the Client Company or in your professional office. If consultation is to take place at your professional office, the office must be private, soundproof, and ADA-compliant. Home visits are not allowed unless specifically authorized.

Non-Discrimination

It is the policy of EHP not to discriminate against any client seeking EAP services because of race, color, national origin, religion, age, sex, marital status, sexual orientation, political affiliation or physical handicap. As a Network Affiliate, you are expected to adhere to this policy.

Confidentiality

EHP and its Network Affiliates will keep all information gained through the counselor/client relationship strictly confidential, except as required by law, or in situations deemed potentially life threatening, or if there is an appropriately completed release of information form.

Network Affiliates shall maintain Client confidentiality in accordance with Federal guidelines (42 CFR Part 2) published in the Federal Register, Vol. 52, No.110, June 9, 1987, and any amendments thereto, and any relevant state laws. In addition, to the extent that a Network Affiliate determines him or herself to be or is deemed a covered entity pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Network Affiliate must meet all applicable requirements of HIPAA and any applicable regulations with respect to any Client Health Information subject to the HIPAA requirements, including but not limited to the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Standards"), 45 CFR Parts 160 and 164.

It is EHP's policy to handle all requests for release of confidential client information at the corporate office. In the event that the Network Affiliate receives a subpoena, letter from a lawyer and/or request for client records, the Network Affiliate should refer the requestor to EHP and immediately notify EHP's corporate office of the request.

EHP Documents

Provided with this manual is a complete set of documents with which you should become familiar before seeing Clients on behalf of EHP. These documents include both forms and assessment/screening tools that are proprietary to EHP, and may not be distributed to any other party without the explicit permission of EHP.

As you use these documents, you are permitted to make copies of them for use on behalf of EHP. If for any reason you run out of any of the forms, call the EHP office and we will send you copies either through the mail or fax. Forms can also be downloaded from www.ehp.com, under the “My EHP” tab. To download forms simply click on “Supplies” (the *user name is ‘EHPaffiliates’*; the *password is ‘supplies’*) and then click on “EAP/Clinical Services” and select the forms you need.

EHP will keep you informed well ahead of time if we expect you to use any documents not included with this manual.

Reporting

EHP, in the course of its duties as an EAP provider, must keep case information on its Clients. As an EHP Network Affiliate, it will be your responsibility to transmit case information and case records to the EHP Office. EHP will render payment for services based upon receipt of these documents.

Client records are the property of EHP.

Originals of all case record documents must be sent to EHP within sixty (60) days of the follow-up contact. Reimbursement for cases received beyond this period will be subject to a 10% reduction of the agreed upon fee for every two week period beyond the sixty day due date.

Repeated failure to provide case-closing documentation will result in termination from the network.

Transmission of Case Files

1. To mail confidential information, the package containing the client file is placed in a double envelope to protect against accidental opening. The outer envelope shall be marked "CONFIDENTIAL" and the designated recipient shall be clearly marked.
2. Upon case closing, the case file, including all original and copied documents pertaining to the case, is sent to the EHP office for safekeeping and eventual destruction. If the case is reopened or reactivated after you have sent the case files to the EHP office, copies of the case file are sent back to you.
3. It may be necessary for sensitive information to be transmitted to you via fax, or through modem. In these situations, EHP calls you at the site of transmission receipt to ensure that the files are received directly and immediately by the intended receiver.
4. EHP facilities are confidentially secured, and have a fax machine located in a secured area. No telephone contact is required before a facsimile/modem transmission to the EHP office.

II. Key Clinical EAP Procedures

At the time of Referral

At the time the referral is made to the Network Affiliate, the EHP corporate counselor will tell you the number of EAP sessions allotted by the company contract and if self-referrals are allowed. If you make a self-referral, be sure to offer at least one other alternative counselor name.

Prior to the Assessment

The **Client Data Form** is designed to collect as much information as possible on the client in a "waiting room" situation. The **Statement of Understanding** presents to the client important information concerning his/her use of the EAP. This form is extremely important in explaining the legal context in which the client's participation in the EAP takes place. The client may read the **Statement of Understanding** in the waiting room but must sign it in your presence. If the client refuses to sign, terminate the session. These two forms must be filled out before the initial interview begins. EHP will not reimburse you for cases where the client has not completed the Statement of Understanding and Client Data Form.

A minor may only be seen by the Network Affiliate if the minor and parent or legal guardian sign the **Statement of Understanding** form. The parent or legal guardian must sign for all clients under the age of 18, unless otherwise indicated by state law. In the case of joint custody, at least one parent must sign the **Statement of Understanding**. Written consent must be given by the other custodial parent in order for the minor to be seen by the Network Affiliate.

The Assessment

You must complete an assessment on each client in the session; unless the other individual is there only as a collateral contact and there is no counseling relationship.

The assessment forms consist of the **Individual Assessment Form** and the **Case Summary Form**.

The Brief Symptom Inventory (BSI) is available upon request. Just call 800-935-9552 ext 1 and request the form and the scoring sheet. This is an extremely helpful tool, which is easily and quickly administered. The test indicates the potential of the client for affective and psychotic disorders. It is also a good tool for clients who are not verbal or cannot tell you how they are feeling.

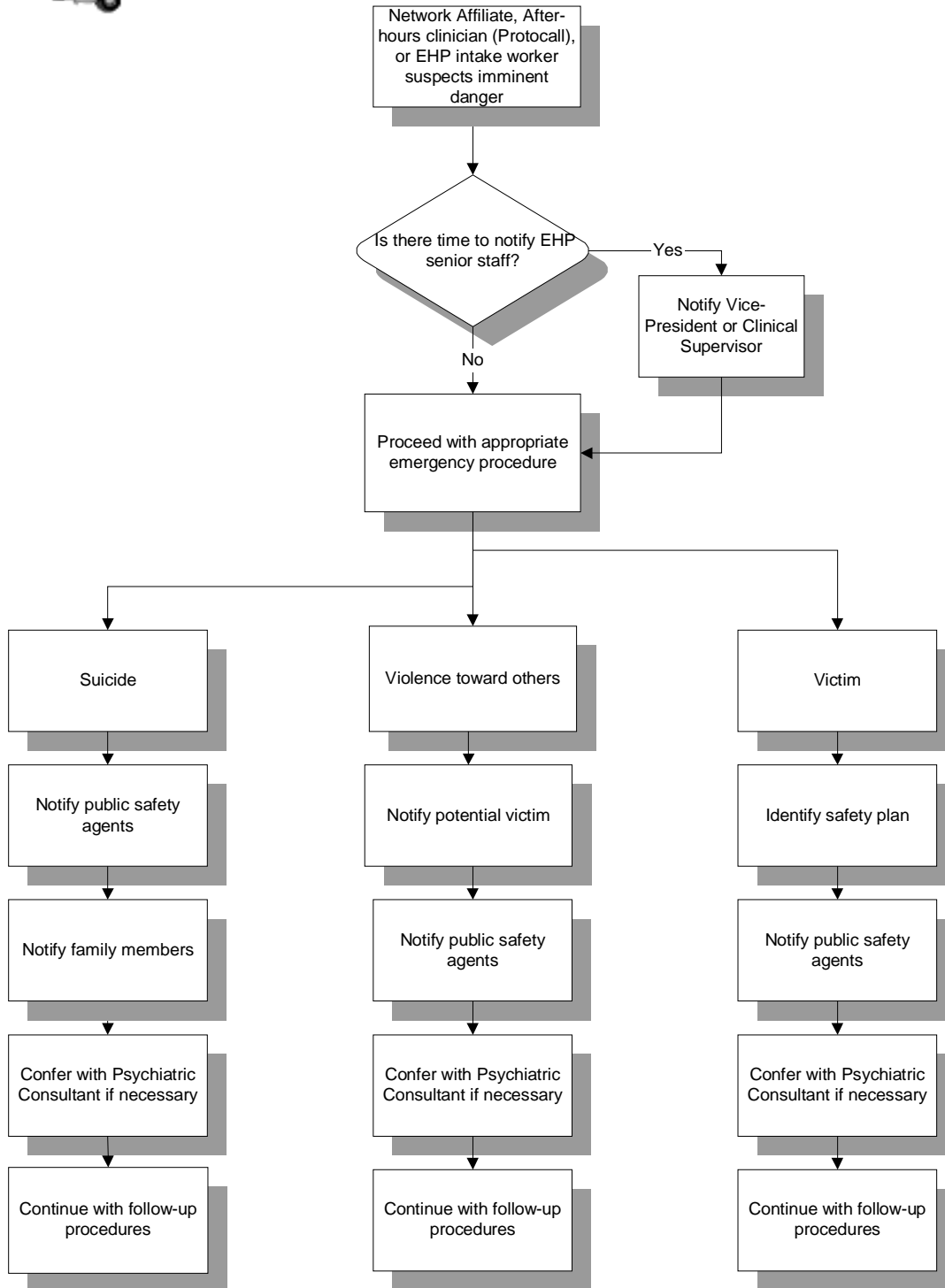
*****Only for contracts requiring clinical review (EHP will inform you if this is required at the time of the referral). Please do the following:***

Once you have completed the assessment, please complete the Case Assessment Part I and Part II (A and B). Mail or Fax these forms to EHP P.O. Box 1670, Bethesda, Maryland 20827 or Fax # (301) 571-0146. The Clinical Supervisor will review your material and contact you to review the case. You may use up to 3 sessions to complete the assessment forms.

Psychiatric Emergencies, Suspected Violence or Suicide Cases

During the assessment process, you will identify with the client the assessed problems and determine the best course of treatment. If at any time during this process you suspect the possibility of violence to self or others, you have a duty to warn the potential victims and protect the client. You are expected to be familiar with applicable laws in your state. You must contact the EHP clinical line at 1-800-935-9551, to report that you are working with a high-risk client or crisis situation. Always request to speak to the Vice President of Workplace Services or the Clinical Supervisor who are available 24 hours a day/7 days a week.

Imminent Emergency Situation Flow Chart



Upon assessment of a psychiatric emergency, suspected violence or suicide case, do the following:

1. **Alert appropriate public safety agencies**
EHP expects that you are aware of the appropriate authorities to contact in cases of threatened violence or suicide, as well as in cases where there is SUSPECTED child abuse. Keep informed of the requirements of your respective state with regard to these types of situations. In all cases where a client threatens violence, you will respond by notifying appropriate public safety officials.
2. **Notify potential target(s) of violence**
In cases where there is imminent danger to persons or property, make every effort possible to contact the potential target(s) of violence. Different states have different requirements with regard to whom you are obliged to report situations involving a suspected threat of physical harm or suicide. Keep informed as to the requirements of your respective state with regards to situations of suspected violence. When responding to emergency situations, enlist EHP as a resource.

If the client is making threats against his/her employer (EHP Client Company), and there is not an immediate danger situation, call the EHP at 1-800-935-9551 to report the threat and request to speak to the Vice President of Workplace Services or the Clinical Supervisor. The Vice President of Workplace Services or Clinical Supervisor will contact the appropriate person(s) within the organization to warn them of possible violence.
3. **Seek psychiatric consultation**
If the client has an established relationship with a psychiatrist, call the psychiatrist and make arrangements for the client to be seen that day. If the client does not have an established relationship with a psychiatrist, make a referral to a qualified psychiatrist or a local hospital emergency room, preferably one with a psychiatric ward, for an emergency assessment.
4. **Notify EHP Clinical Supervisor**
Once you have enacted the above safeguards, contact the EHP office and inform the EHP Clinical Supervisor of the situation.

Protocol For Assessing the Presence of Child Abuse or Neglect

Applies to children ages birth to 18 years

1. When a client's presenting or assessed problem is chemical dependency, domestic violence, suicidal ideation, homicidal ideation, and/or parenting concerns, the Network Affiliate must assess the client's ability to appropriately parent the child(ren) in his/her care.
2. When a client's presenting problem involves child(ren) who are running away, acting out, having nightmares, bed wetting, self mutilating, have a school phobia or violent behaviors, it is important to screen for physical, and/or sexual abuse. The Network Affiliate should have the parent bring in all children in the family, not just the child who is the identified problem for an assessment.

3. Whenever the above situations are present, complete the EHP **Child Health Form** with the parents.
4. Depending on subsequent information, obtain a signed **Release of Information** form to speak with the pediatrician.
5. The Network Affiliate should interview each child in the family alone and in addition to the clinical interview, ask the child the following:
Has anyone hit you or hurt you in any way?
Has anyone touched you in a way that has made you feel uncomfortable?
6. If there is any physical punishment or excessive yelling, it is imperative that the EHP clinical supervisor be notified. It is mandated that the Network Affiliate report any suspicion of child abuse or neglect to Protective Services. It is the responsibility of the Protective Service organization to determine if there is a case of neglect or abuse.

Clinical Supervision

Throughout the EAP process, you are able to consult with the EHP Clinical Supervisor. The EHP Clinical Supervisor is well trained in both the clinical and administrative processes of EAP services, as well as EHP policies and procedures. The Clinical Supervisor is intended to be a resource to the Network Affiliate as well as fulfill quality assurance responsibilities for EHP. For some contracts, clinical supervision following completion of the assessment is mandatory. EHP also has psychiatric consultation services available 24 hours a day/7 days a week.

Short-Term Counseling

EHP expects you to be familiar with the short-term counseling model. You should focus on a single problem, and ensure that the client understands and explicitly concurs with the goals of the short-term counseling through the beginning, middle, and end of therapy. Homework assignments are an important tool in brief therapy and need to be clearly documented. Network Affiliates must only treat in short-term counseling appropriate problems, not those requiring longer-term care, such as addiction. Short-term counseling is best suited for individuals who have functioned well in the past, but have encountered a situation that causes particular stress in their lives, e.g. bereavement, retirement, or loss through separation/divorce. Short-term counseling will involve the forming of an informal but explicit "contract" between you and the client to enable you to reach a consensus as to your work together. This agreement should include an identification of the problem, and the plan of action that will be taken towards resolution of the problem. During the last interview session, there should be a "closure" that logically concludes the counseling.

Use the **Session Documentation & Invoice Form** to document each clinical session. After the last clinical session, on this same form, you will need to circle the client's primary assessed problem (the problem which you have identified as primary). **ALCOHOL AND DRUG PROBLEMS ARE ALWAYS PRIMARY PROBLEMS WHEN IDENTIFIED BY THE CLIENT OR NETWORK AFFILIATE AND MUST BE CIRCLED.** EHP has developed these case record forms in order to standardize and facilitate the documentation of case progress. Your cooperation in filling out these forms completely is very important to EHP.

Referrals to Community Resources

In cases where it is determined that outside intervention would yield the best possible treatment for the client, you will be expected to make the necessary referral. Under no circumstances are you permitted to make a referral to a resource where you have a financial interest. Referral to community treatment resources will take place primarily for one of two reasons:

1. Client's assessed problem(s) is of a nature/severity that necessitates treatment not available in the EAP.
2. Services beyond what is provided for by the contract between the client's employer and EHP are deemed necessary.

EHP expects that as a qualified Network Affiliate, you will be familiar with community treatment resources in your geographical area. During the referral, it may be your responsibility as a Network affiliate to match the client with an appropriate treatment resource. With rare exception, the referral should take place no later than the third session.

In making the referral, explain to the client what fees are involved in enrolling in the treatment resource, as well as the extent to which his/her existing insurance policy will provide coverage. As a Network Affiliate, you will help Clients choose a treatment provider appropriate to their financial resources. You should discuss two or three different referral options to the client, and note in the case record the names of referrals offered and your rationale for selecting them.

Some of EHP's Client Companies may use managed mental health care programs. In the course of your duties as an EHP Network Affiliate, you may be expected to work with these managed care providers to facilitate the referral.

EHP believes in making the referral process as easy as possible for the client. Once an appropriate treatment resource has been chosen, EHP expects you to be active in providing encouragement and clinical support to Clients throughout the referral process. Obtain the client's signature on an EHP **Release of Information** form specifying that you may call the treatment resource to discuss the potential referral and to later inquire as to his/her progress. Your assistance will make the referral experience seem less intimidating and increase the chances for a successful referral. If the client is willing to sign the release, you should indicate that you will perform the following services on the client's behalf:

1. **During referral**
In the clinical interview during which the referral is being made, call the treatment resource to help schedule the appointment. Your experience in speaking with referral resources can make this task easier for you to perform than the client. If the client chooses to make his/her own appointment, contact the referral resource prior to the appointment to give a summary of the client's work with you.
2. **Within one week after the first scheduled appointment**
Contact the client to ensure that the client has kept the appointment and is satisfied with the referral. If for any reason the appointment has not been kept or the client is dissatisfied, provide clinical support and encouragement for rescheduling or revising the clinical plan.

Document the initial follow-up contact on the **EHP Session Documentation & Invoice Form**.

Clinical Follow-Up and Case Closing

Be sure that each client has been given a **Client Satisfaction Survey**. **Ask if the client needs another survey. The Client Satisfaction Survey should have been given to client at the initial session.**

EHP firmly believes that clinical care is an ongoing process that does not end with termination of treatment. The follow up plan will vary from case to case to allow for extra support for certain types of cases, especially those involving substance abuse. Employees who are referred to and accept treatment for addiction are eligible for extended follow-up to monitor the program and prevent relapse.

Follow-Up for Cases not Involving Referrals

This usually involves a phone contact with the client 2-4 weeks following completion of the EAP sessions. Document initial follow-up call on the **Session Documentation & Invoice Form**. **You must document all attempts to contact the client. At least three attempts must be made before closing the case, if you cannot reach the client.**

Case Closing

At the end of the clinical follow-up period, EHP will close the case. All original case documents must be mailed within 60 days to EHP's Clinical Supervisor for permanent storage. EHP expects that Network Affiliates will not keep hard copies or computer copies of EAP records. If you self-refer the case, you may write a summary of the case to keep for your records. If you maintain a copy of the EHP EAP record, you will be solely and fully responsible for maintenance of that record and any problem that may ensue.

Network Affiliates will be reimbursed at half the session rate if there is a 'no show' for the initial appointment, as long as a documented follow-up call is made to the client with an attempt to reschedule.