



# **Provider Manual**

## **Employee Assistance Program Section**

# Table of Contents

## EMPLOYEE ASSISTANCE PROGRAM

<u>Section</u>	<u>Page</u>
Philosophy of Care	<a href="#">3</a>
Standards for Provider Accessibility, Care and Documentation	<a href="#">4</a>
Process of Referral and Reporting	<a href="#">8</a>
Sentinel Events/Adverse Incidents	<a href="#">12</a>
Procedure for Handling Management Referrals	<a href="#">16</a>
Guide to Conducting a Fitness-for-Duty Assessment	<a href="#">18</a>

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## PHILOSOPHY OF CARE

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The fundamental philosophy of New Avenues Employee Assistance Program is a belief in the normalcy of the human condition, the reality that people have problems, and knowledge that over a lifetime all of us will face some threatening and difficult personal and family crisis. New Avenues has a conviction that most people desire to be productive, self-reliant and are capable of making change to achieve happiness. We believe in the importance of the family and stable relationships, and realize the impact of loss, anger, unresolved conflict or abandonment on the individual. Knowing the importance of family, stable relationships, positive and supportive work and school environment, New Avenues links employees and their family members with professional counseling resources to assist people in making the necessary shifts in thinking and behavior to accomplish what they want out of life. We have experience that suggests most people, given choices for living, will try to focus their energies in a positive direction.

Over the last eight years, New Avenues has transitioned from a staff model Employee Assistance Program to developing a network of experienced professionals who are dedicated to helping people make positive choices through solution-oriented counseling. This Network now has professionals in over fifteen states who contract with New Avenues to offer employees professional counseling and assessment services. These psychologists and therapists have expertise in a wide variety of specializations, offer convenience to employees and their families, and are selected for their outcome-oriented approach to counseling and strong local reputations. Employers have the opportunity to offer all of their employees and their dependents solution-oriented counseling services for the resolution of a broad range of individual, family, and workplace issues.

In addition, New Avenues Employee Assistance Program has a very effective Management Referral program to address the employee demonstrating significant or chronic performance problems, substance abuse, violence, anger management problems, or troubled behavior. Complimentary to the internal disciplinary procedures, managers, supervisors, and human resource officers find that structuring assistance for the troubled employee often challenges the employee to make deliberate and concrete changes for saving one's job and career. The coaching and consultation become invaluable in addressing complex and time-consuming human resource issues often concentrated in dealing with a few high risk, or troubled persons. The Management Referral Program includes a full set of necessary documents for the employer to obtain appropriate releases of information, documentation of work performance issues to address, employee list of responsibilities, and monthly feedback reports.

Whether the goal is to save a troubled employee, to stress the necessity for accomplishing improved performance, or of having a means for providing professional service for individuals involved in positive drug tests, sexual harassment, inappropriate behavior, conflictual relationships, performance issues for highly visible leaders – whatever the situation, experience within the EAP staff becomes a strong added resource for effective human resource management in the health care setting of today. Under this program, fitness-for-duty evaluations may be arranged, Critical Incident Response Services, and mediation services are also available.

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## STANDARDS FOR PROVIDER ACCESSIBILITY, CARE & DOCUMENTATION FOR EAP

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**Routine Care:** *The Provider will initiate contact to the employee or their family (the client) within twenty-four (24) hours of the receipt of the referral.* The contact shall be made to the client's home or workplace as identified on the referral communication (faxed information sheet or telephone call from New Avenues). The Provider should be sensitive to the client's need for privacy as documented in the referral communication but, if possible, identify themselves as calling for New Avenues and give their (the provider's) name. An appointment should be offered within 3-5 days from the time of receiving the referral. If possible, the appointment should be outside of working hours for the client.

**Urgent Care:** The New Avenues staff will contact the provider when a determination is made, by a New Avenues Care Manager, that an urgent situation exists for a client. The Provider must contact the Client as soon as possible and arrange to see the client within forty-eight (48) hours of receiving the referral. If possible, an appointment will be scheduled outside of working hours for the client; however clinical urgency and availability of the provider may need to supercede the client's work schedule.

**Emergent Care:** A New Avenues staff member will contact the Provider when a New Avenues client is having an emergency. The Provider must arrange an appointment time within twenty-four (24) hours of the receipt of the referral, and the Provider or their office must contact the client and verify the appointment time.

The Provider will contact New Avenues within forty-eight (48) hours of receiving a referral to verify that a contact and an appointment has been made with the client. If attempts to contact the client have been unsuccessful, or the client has declined an appointment, the Provider should communicate this to New Avenues and New Avenues will follow-up with the member. Verification of contact and appointment may be made by phone or fax. See verification of appointment by therapist's section of the New Avenues Call Sheet (at the bottom).

### **PROVIDER DOCUMENTATION AND COMMUNICATION STANDARDS**

The Provider will complete all forms deemed necessary by New Avenues to document care. Forms may be faxed or mailed to our office.

**The Initial EAP Assessment Routine Level I:** Complete after the first session and fax to New Avenues.

**Case Closing Summary EAP:** Complete after the last EAP session is used and fax to New Avenues.

**Statement of Understanding:** Give to the client to read and sign, give client a copy and retain original in your client file.

**Initial Clinical Assessment, Level II-EAP:** Complete in situations of transitioning from EAP to behavioral health insurance coverage when New Avenues acts as the Gatekeeper.

If the Provider will require additional sessions to complete the desired outcome, (sessions beyond those originally authorized) prior to the last authorized session; the Provider should telephone a New Avenues Care Manager and discuss this. The Care Manager will advise the Provider as to the particular limits of a given EAP contract if this is relevant. It is the philosophy of New Avenues to accomplish optimal outcomes within the scope of the EAP whenever possible. Therefore, it is important for the provider to consult and work with the Care Managers to delineate the client's treatment needs and what can be accomplished within the EAP services. The intent of this clinical management is to accomplish the client's outcome within the EAP whenever possible.

## **COORDINATION OF CARE**

While the EAP benefits cover short-term solution oriented counseling at no cost to the member, at times, clients may need additional services. If the Provider discovers a client's need for a medical/psychiatric evaluation, psychological testing, IOP, partial, inpatient or other specialized services at any time during their assessment or work with a client, they should contact New Avenues immediately. If it is the assessment of the provider that longer-term treatment is needed and problem resolution is not feasible in the EAP, the Provider is requested to call a Care Manager before the third visit to discuss treatment options.

It should be noted that New Avenues performs "Gatekeeping Services" for a number of companies, but the health plans differ in pre-certification requirements, limitations, coverage, PPO Networks, etc; therefore, it is important to confer with the New Avenues Care Manager in planning appropriately the treatment for the client. Each employer has its own Benefit Plan; New Avenues only administers the plans according to their terms outlined in the specific Summary of Benefits, and secondarily uses its policies and procedures to serve as administrative and clinical guidelines.

Therefore, it is important that behavioral health services beyond the EAP, or not covered under the EAP, be coordinated and pre-authorized through New Avenues. Failure by the Provider to do this may result in the client not obtaining coverage or the maximum benefit from their insurance and creates poor coordination of care. New Avenues allows EAP Providers to continue treatment with EAP referred clients when this is desired by the client and it will maintain continuity of care. However, all care beyond the EAP must be coordinated and is subject to the terms of the client's behavioral health insurance benefit plan.

Use a Level II Assessment for Transitioning to Insurance: If New Avenues manages or gate-keeps the insurance benefit, the Care Manager will request a Level II Assessment, and will authorize continued treatment under the insurance benefit based on the documentation meeting clinical standards for medical necessity.

## **LIMITATIONS TO CARE**

EAP sessions are a benefit paid for by an employer for an employee. As such, the employer is also a client of the Employee Assistance Program. Thus, in certain instances there can be conflict of interests between the employee and the employer. One such conflict of interest is when an employee uses the services of the EAP to aid or substantiate a legal suit or grievance against the employer.

Because this is a conflict of interest, New Avenues hereby disallows and prohibits the use of the Employee Assistance Program for counseling related to a legal action against the employer, advice regarding employment grievances, and other such actions against the employer. In the event that a client requests such services of a provider, the client should be asked to call an EAP Care Manager, or asked to seek help elsewhere outside the EAP. Providers shall refrain from entering into such counseling or advising, either in the EAP, or by separate contract with the client once the client has been referred to them through the EAP.

### **SERVICES COVERED UNDER THE EAP WITH PRE-AUTHORIZATION**

Short term, goal directed counseling for a wide range of personal and family problems.

- Marriage and partner related counseling
- Family therapy
- Parenting
- Grief and trauma adjustment
- Work and occupational concerns
- Treatment for a wide range of clinical, adjustment and behavioral problems, no diagnosis is required
- Assessment interviews to determine recommendations for Psychological testing, ADHD testing, or the need for chemical dependency programs
- Clinical interviews to determine what problems are treatable under the EAP when a court has ordered treatment
- Consultation regarding options for educational services
- Assessment and referral to community resources such as: financial counseling, legal assistance, caregiver help, support groups, services for the elderly, etc.
- Service to resolve disciplinary work performance problems
- Other specific services requested by a client organization under the terms of the contract

### **SERVICES NOT COVERED UNDER THE EAP**

- Psychiatric or medical evaluation and treatment
- Intensive Outpatient Programs, Partial, or Inpatient services
- Residential services
- Psychological evaluation and testing
- Assessments for the courts, either criminal or civil
- Court ordered or referred studies for custody, visitation, or guardian disputes
- Reports to or for, judicial proceedings
- Classes, support groups, or self help groups
- Long-term treatment for behavioral healthcare
- Counseling to aid a legal action or grievance against the employer providing the EAP
- All services not pre-authorized by a New Avenues Care Manager

### **NO BILLING OF PATIENTS FOR EAP SERVICES**

The Provider is prohibited from billing a client for EAP services. Do NOT send any EAP claims or EAP statements to clients who are seen under New Avenues EAP Program. In the circumstance that two or more times, a client fails an appointment without any notification, or does not give reasonable 24 hour notification of cancellations, the Provider has the right to exercise an option not to re-schedule another appointment. The Provider shall contact New Avenues to notify that the client has missed appointments and discuss with a Care Manager future EAP services or a change of Provider. New Avenues Care Manager shall contact the client and make effort to encourage attendance.

### **EDUCATION, CRITICAL INCIDENT STRESS DEBRIEFING (CISD)**

From time to time, New Avenues may arrange with Provider the provisions of on-site training or Critical Incident Stress Debriefing services. These will be coordinated through New Avenues Educational or Care Management staff and reimbursed on a separate fee for service basis.

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## PROCESS OF REFERRAL AND REPORTING

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### A. MANAGING THE INITIAL SCREENING & REFERRAL – ROLE OF NEW AVENUES:

New Avenues Employee Assistance Program provides access to a broad range of employee assistance services through a single point-of-entry model. Enrollees are instructed to direct all requests for help to New Avenues. During normal business hours, either a New Avenues Intake Specialist or a Care Manager answer calls related to employee assistance or Gatekeeping requests (after hours, an on-call Care Manager responds to calls that are Urgent or Emergent).

#### Employee or Family Member calls New Avenues



#### New Avenues



#### Therapist



#### Employee or Family Member

- New Avenues
- Obtains overview of the individual's concerns, the level of urgency, severity of distress, and information about contacting the caller, caller's preferences, family members to be involved.
  - Assigns a therapist.

The EAP Coordinator will fax to the Provider an authorization for EAP sessions plus send the client demographics and brief overview of the clinical needs.

- The Therapist contacts the caller and arranges an appointment that is convenient for both parties within the time-frames listed above.
- Verify via fax to New Avenues successful contact with the client.

### Guide to Conducting Counseling Services

The following procedures represent a guide to the Provider in conducting the counseling services as an affiliate and representative of the EAP service. At any time, with any questions, feel free to contact New Avenues staff for assistance in making this a smooth experience for both the member and yourself. Our goal is to offer employees and their family members very effective, timely, and customer-friendly professional services.

### B. THE PROVIDER'S INITIAL CLINICAL ASSESSMENT FOR EAP:

- Conducting the Initial EAP Clinical Assessment Level I:
  - Length of the interview. In most instances, the assessment process should last approximately one clinical hour.

- b. Explaining purposes of the interview. The evaluating clinician should set a positive tone for the evaluation and treatment process. Preferably, the New Avenues Employee Assistance process will be explained in such a manner as to indicate to the client that New Avenues is an advocate for the client's best and most appropriate care. The patient should be left with the impression that treatment is to effectively resolve the problem(s) as efficiently as is possible in the framework of a short term EAP benefit, but that the Provider and member can discuss expectations and some realistic goals for what may be accomplished within the EAP, and/or transition into an insurance benefit if additional services are indicated.
- c. Explaining customary procedures. In addition to explaining the provider's own office procedures, the assessing clinician should take time to explain the procedures that are part of the case management process as well as the functions of the EAP. New Avenues typically has designed EAP Programs which are based on the concept of an average of 3, 4, or 5, (sometimes longer) sessions per family per contract year. The employer chooses an EAP program usually within one of these frameworks. The New Avenues Care Manager, Provider, and employee need to collaborate on developing the appropriate treatment plan regarding trying to optimize what can be accomplished within the employee assistance program.
- d. Obtain signature from the Client on the EAP Statement of Understanding. This form explains to members how their EAP benefit works and outlines what can be expected from the program, discusses privacy and confidentiality concerns, and supervisory or voluntary participation information. It also reviews the types of services not covered under the EAP. It provides information to the member about their responsibilities in attending scheduled appointments, and giving providers 24-hour notification for cancellations.
- e. Prioritizing clinical issues. When completing an Initial Clinical Assessment Level I, a clinician should be conscious of differentiating whether or not the client's "identified problem" is actually the primary treatment issue and how best to frame the intervention or treatment. Employees and/or their family members often present with a wide variety of issues, and sometimes are looking for a professional opinion, some direct guidance, information about community resources, or clinical help with a personal or family concern. Most persons are looking for some short-term assistance with specific problems that are affecting the individual or the family. When prioritizing the clinical issues to be addressed, the following variables are critical:
- 1a. Assessment of the **strength and resources** within the individual, family, and social environment of the client.
  - 1b. "Degree of **urgency, emergency, or risk** of serious self-harm to others".
  - 1c. "Degree of Functioning": This term is used to describe how well the member operates within his/her personal; family/social network when it comes to fulfilling his/her personal needs (use of the "General Assessment of Functioning" Scale (GAF) which is AXIS V in a DSM-IV multi-axial, differential diagnosis); **Note –on routine EAP cases, do NOT enter a diagnosis for Axis 1 or 2.**
  - 1d. "**Degree of Motivation**".
  - 1e. **Assessment of specific other factors** which may be affecting the individual's overall functioning- presence of substance abuse or use, medications and prior

treatment history, identification of other risk factors, list of symptoms, etc.

- 1f. **NOTE: “Medical Necessity”**: is a term used to indicate the severity and chronicity of the problem(s) as it becomes a condition to be satisfied in authorizing insurance related benefits. However, **“Medical Necessity” is NOT a required condition for employee assistance program services**. EAP can be used by the employee or family for a wide range of everyday issues that challenge the wellbeing of the individual or family.

*We use a motto in EAP:  
Services are for normal people handling a variety of everyday normal problems*

2. Clinician Decision-Making at the Initial Clinical Assessment:

Key Treatment Decisions: The assessing clinician must consider the following upon completion of the Initial Interview:

- a. What are the specific target states the client needs to attain for problem-resolution.
- b. What are the behavioral outcomes that will signal treatment is completed?
- c. What specific actions need to be done to achieve the identified target states?
- d. What level of care would best serve the member’s clinical needs?

In answering these four questions, the Clinician will make a recommendation to New Avenues by the end of the first (or second session at latest) on the Initial EAP Assessment Level I form.

- if the treatment can be completed within the EAP - yes or no;
- if yes, estimate how many sessions are needed; and
- if no, recommendations for transitioning into the behavioral health care benefit.

3. Determining Proper Treatment Plans:

Treatment Plans should be:

- Solution and action focused;
- Encourage participation of all family members (or workgroup if this is pertinent) whenever appropriate;
- Written in clear layperson’s language;
- Indicate anticipated timeframe for completion;
- The goals of treatment are clearly outlined in objective behavioral terms of improvement;
- Is specific symptomology the focus of therapy?
- For chemical dependency, does outpatient treatment involve a global focus on client's lifestyle with regard to specific physical, mental/emotional, social and spiritual factors? How are self-help groups utilized in the treatment approach?

For an acute crisis situation (**Urgent or Emergent**):

- Is the client a relatively well functioning individual who is currently undergoing a crisis?

**OR**

- Is the client someone who struggles with more chronic conditions (i.e. borderline personality disorder) and is currently undergoing an acute crisis?

**OR**

- Is the client a potentially dangerous individual who is currently undergoing an acute crisis? (If the answer is yes to this item, consideration should be given to including a support system intervention as well as working with the client).

4. Factors Related to Making an Additional Referral:

- a. **All referrals for care (treatment) are made by the EAP staff.** If the Initial Clinical Assessment has been completed and the assessing clinician believes a different provider, or additional services are needed, the assessing clinician should contact a **New Avenues** Care Manager to facilitate a proper in-network referral for the client based on the terms of his/her insurance benefit, PPO considerations, etc. The assessing clinician should not automatically refer the enrollee to a colleague. If the treatment issue is not covered by the enrollee's benefits, the assessing clinician will work with a Care Manager regarding the most appropriate referrals.
- b. When providing referral options to covered persons, the following factors are taken into consideration by a New Avenues Care Manager:
  - Special needs: does the enrollee have unusual issues that must be addressed?
  - Location: had the enrollee requested a particular geographical location where he/she wants to receive help?
  - Other factors: factors such as requests for specific in-plan providers or that the provider be of a specific gender are reviewed.

5. Completing & Submitting the Initial Clinical Assessment:

- a. In order to be compensated for conducting an Initial Clinical Assessment Level I, a network clinician must accurately complete the Initial Clinical Assessment Level I form in its entirety.
- b. The Initial Clinical Assessment Level I, which includes an Initial Treatment Plan, should be submitted to New Avenues.
  - within twenty-four (24) hours of completing the assessment for an Emergent case;
  - within two (2) working days of completing the assessment for an Urgent case ( is a call has been made); and
  - after the first (or second at latest ) outpatient visit for a Routine case, unless requested otherwise.
- c. A New Avenues Care Manager will review the Initial Clinical Assessment Level I and Treatment Plan to ensure that all necessary forms and sections have been completed.

### **Sentinel Events/Adverse Incidents: Provider Responsibility to Inform New Avenues**

New Avenues Inc. is committed to ensuring that Members are provided safe and appropriate treatment. As part of its Utilization and Quality Management Program, New Avenues shall monitor Sentinel Events including adverse incidences and situations that represent higher risk to the patient or others. New Avenues shall monitor the frequency, type of occurrences, providers, and type of cases to determine if there exist any delivery issues or member care issues that can be improved through root cause analysis. Such sentinel events may indicate a need for additional case management, need for authorization for higher levels of service, more intense level of services, or administrative involvement. These events also may sentinel potential network or health plan liability. New Avenues also shall monitor individual case situations through the utilization management program, and through the quality improvement program that may include provider inquiry, investigation, and peer review.

All Providers are responsible to notify a New Avenues Care Manager or administrative personnel regarding a sentinel event, adverse incident that is related to injury, death, property damage that involves a patient under the active care of a provider during an episode of treatment for which the patient was enrolled under a New Avenues plan.

Reporting responsibilities also include situations in which a patient has made an allegation of misconduct or threat of legal action against the provider related to treatment received while a covered person under a New Avenues plan.

Provider should contact New Avenues under the following circumstances:

1. Any incident involving slips, falls, injuries occurring to a client/patient while on the property or in vehicle of a provider, or
2. Any injuries or death occurring to the provider, its employees, or agents, or another party as a result of a patient/client's actions at the provider's facility.
3. Provider Property damage caused by a patient /client 's actions.
4. Suicide attempts resulting in medical or behavioral health treatment while an active patient under the care or supervision of the provider. Suicide attempt shall mean any self-inflicted action with intent to cause death, and has resulted in bodily harm, illness, or injury, or has seriously jeopardized the health of the covered person.
5. Deaths from suicide or homicide while under the care or supervision of the provider. This includes persons who are under active treatment within 90 days of an event and their actions contribute or cause death to self or another or the case comes under formal investigation for suicide or for charge of homicide.
6. Any mistaken procedures, executed incorrectly or misdiagnosis rendered.
7. Any severe drug reactions by a client or patient.
8. Elopement or patient leaving facility against medical advice (AMA).
9. Any patient who has had seclusion or restraint while in inpatient treatment.
10. Any covered person transferred to a medical facility or unit from behavioral health facility or provider office.
11. Any patient allegations or claims of professional misconduct, professional impropriety, abuse, or threatened legal action against the provider.

12. Accusation of or legal proceedings initiated by a patient of claim of malpractice related to an episode of care for a patient under treatment as a covered person with a New Avenues plan.

**PROCEDURES (As excerpted from New Avenues Policy & Procedure Manual)**

1. **All active cases in which such a sentinel event has occurred shall be reported. A Member shall be considered “active” if meeting one of the following conditions:**
  - 1.1 **The Member has an open authorization for treatment at the time of the event, or**
  - 1.2 **The Member has a patient-provider relationship that was not terminated prior to the event, or**
  - 1.3 **There is evidence that the member obtained treatment with the Provider within a 90 day period prior to the event.**
2. Upon receiving information of an adverse incident or high-risk situation event, the Care Manager or other staff shall document the information on an Adverse Incident Report Form (see attached) that describes the event, Provider, and type of occurrence. Staff members may become aware of an event through a Member’s self-report, family member report, Provider report, or news media. In the event that the situation involves a member for whom our records indicate is “active”, then the situation shall trigger filing an incident report.
3. A copy of the incident report shall be entered into the Member file and forwarded to the Executive Director within five (5) days; The Executive Director will review, sign and submit to the Director of Administrative Operations and Quality Improvement for tracking. Any cases involving serious injury, death, or harm shall be subject to individual case review and inquiry through the utilization management and/or quality improvement programs.
4. **Tracking:** The Director of Administrative Operations shall keep a log of all events in the computer Adverse Incident Log noting the Date of Incident, Date of Report, Type, Member’s Name, Case Number, Provider, and Health Plan and shall monitor these and report to the QI Committee on a regular basis.
5. **Review:** All cases involving sentinel events shall be referred to the Medical Director for review at the next Clinical Council meeting, or if warranted, may be directed to the Medical Director within ten (10) business days of receipt of the report. The case should be sent for review to determine if the level of care is appropriate given the event, assessment of need for more intense case management or Provider treatment resources. The Medical Director and Clinical Council shall determine further course of action from the following alternatives:
  - a. Follow the case through the routine utilization review process based on Utilization Review information that the treatment appears appropriate.
  - b. In the event of a serious, life-threatening suicide attempt, suicide, homicide, or other incident that has resulted in serious injury or death, then the case shall include an inquiry with the Provider. The Executive Director shall send a letter of inquiry asking the Provider to submit response to standard

questions within a time period not to exceed 30 days. The responses shall be reviewed in peer review at the next Quality Improvement Committee Meeting. The inquiry is meant to be an investigation only for fact finding; there is no implication of blame or fault on the part of the Provider.

- c. The New Avenues investigation may include a request for the Member's record, review of the Provider's file for any other quality issues or patterns of such occurrences; response to specific standardized questions, review of the Provider's policies as they relate to Member safety, access, or other actions.
  - d. It should be noted that legal counsel has advised us that Indiana statute (IC34-30-15-8a) allows the Provider, if employed by an agency, may elect to submit findings of an internal peer review process of an agency, to New Avenues. And we may accept those findings as part of our investigation. Any final conclusions regarding Providers shall be kept in the Provider file as part of a quality of care review, and handled through the Provider Credentialing/ Sanctioning channels.
6. In the event that a specific case is referred to the Quality Improvement Committee, the Quality Improvement Committee may review the documentation related to the case, or appoint an independent Peer Review Committee, and/or may recommend that an investigation be initiated to determine if appropriate clinical actions have been taken by the Provider in the treatment of the Member. The Committee shall attempt to determine a) if the Provider had acted responsibly and within proper professional and MBHN standards of care, b) if access to care was within the New Avenues standards, c) if proper medical management had occurred, d) if the New Avenues has acted appropriately with regard to referral and utilization management procedures, e) if the Provider had exercised appropriate precautions if she/he had evidence of imminent danger, f) if there existed presence of alcohol, drugs, treatment non-compliance, cognitive impairment or psychosis which could have seriously affected the individual's judgment at the time of the incident.
  7. The Committee should conclude its inquiry with a finding that is reported back to the Provider within 30 days from the Committee conclusion; and noted in the Provider's file, and shall include any recommendations as to whether any corrective actions should be taken.
  8. The New Avenues shall track and monitor the volume, types, and frequency of the occurrences on a monthly basis and report its findings to the Quality Improvement Committee on a bi-monthly basis. The New Avenues also shall cooperate with the Payors who may request statistical information on occurrences.
  9. The Quality Improvement Committee will evaluate aggregate data and root cause analysis of events on an annual basis to determine if the network needs to address any systemic or Provider issues affecting Member access or quality of care. The Quality Improvement Committee shall make recommendations for actions to improve quality of care for its Members that reduce possibility of any adverse incidences occurring related to systemic or procedural issues.

### **Provider Questions About Confidentiality:**

Providers are expected to inform the New Avenues if such event occurs. In the event that questions emerge related to protection of Member privacy or Provider's uncertainty or reluctance to disclose such events, the following explanations clarify HIPAA compliance and protection of the Member's privacy concerns.

The New Avenues as a business associate of a health plan may give statistical information or disclosure of the events pertaining to the respective health plan's Members specifically for the purpose of monitoring quality without the requirement of obtaining Member's authorization for Consent to Disclose.

The New Avenues uses such material at its level of review to improve delivery of a care on behalf of the Member and for quality improvement activities. The Adverse Incident Monitoring Program is considered a formal quality improvement initiative.

A Provider, as a "Covered Entity", may inform the New Avenues Network as a "Business Associate" of such an incident without receiving Authorization for Disclosure by the Member, as it is part of the exceptions to requirements for obtaining Consent for Disclosure. HIPAA regulations indicate that a Provider is not required to obtain Authorization for Disclosure when using and disclosing the health information for purposes of treatment, payment, or healthcare operations. "Treatment" definitions applies to situations in which the Provider may share health information with one or more healthcare providers for the purpose of providing treatment, coordinating treatment, or management of the Member's healthcare and related services. "Healthcare Operations" includes activities such as conducting quality assessments and improvement activities, evaluating Provider performance, measuring the performance of the business ... and general administrative activities. The standard of asking Providers to inform the New Avenues of an adverse incident meets the HIPAA standard of use for the purpose of coordinating treatment and for monitoring for quality improvement activity. Therefore, the Provider who does inform the Care Manager is within their legal bounds to do so. In the event that the Provider elects to inform the Member and prefers to obtain the Member's authorization to disclose an event, then the Member has the right to restrict such disclosure. The Provider should document in the Member file any times that the Provider has disclosed an event as the Provider is expected to be able to produce for a Member an accounting of all disclosures whether authorization has been obtained or not.

New Avenues has an **Incident Report Form** and template **Provider Inquiry letters** on record and available for review.

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## PROCEDURE FOR HANDLING MANAGEMENT REFERRALS

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**Purpose:** This document describes the standards and procedures related to the employees who have been referred by management as part of an employment action. Employees who are referred by management because of disciplinary problems may be referred to as participating in the Management Referral Program of New Avenues. The focus of this treatment should address those problems specifically related to performance in the workplace.

**Philosophy:** This type of referral is always based on work performance issues. The majority of occasions the individual is referred as part of a corrective action plan and may be at a final stage of discipline or may be referred on a last chance agreement. The employee hopefully takes this referral seriously and is prepared to address their obligation to work and treatment. The employer relies upon the professional judgment and documentation provided by the provider as to the client's level of motivation, treatment compliance, attendance, and sincerity in improving their work related performance. New Avenues acts solely in the capacity as the intermediary for facilitating the referrals, coordination of treatment resources, and handling the communications; but does not intervene in the treatment process, nor influence or partake in the employer's actions. All disclosures regarding assessment and treatment are subject to the scope of disclosure that has been signed by the employee.

**Documentation:** It is critical that New Avenues be provided with pertinent and timely information that is related to the reason for the referral. This consists of:

- A written assessment containing concrete goals of treatment and a plan of action which effectively addresses the behaviors that are interfering with the performance of the employee's job and that have led to this referral. (Initial Clinical Assessment Level II – EAP form).
- A Monthly Employee Progress Report will also be required which can be supplemented with telephonic updates as necessary. The progress reports should give the specific dates of appointments kept and missed or canceled, progress, motivation, and recommendations for any other referrals such as for example psychiatric assessment, IOP, classes, etc., and impressions as to when the case may be ready to terminate or transition from employment-related focus to personal counseling.
- New Avenues also asks that the Provider submit a Case Closing Summary. It is helpful to confer with New Avenues before closing the case to ensure that this coincides with the goals of the employer.
- It is important for you to have on record in your files a signed Consent for Treatment and an Authorization for Disclosure of Information with New Avenues. (Providers supply these forms).

New Avenues will be providing, at the minimum, a monthly report to the employer with up to date information as to the attendance, compliance and progress of the employee while in treatment. This will include refusal of services, missed appointments, and/or not following through on recommendations of treatment. The employee receives a copy of this correspondence to the employer. NOTE: The employee has in ALL cases completed a release of information to his/her employer's designated contact person. However, New Avenues requests that **the provider NOT contact the employer** unless under some specific and authorized circumstance, the employee has asked that you do so. In that case, please advise New Avenues that you have been in contact with the employer.

**Confidentiality:** New Avenues asks that you obtain an Authorization for Disclosure of information from this employee giving you permission to release information between New Avenues and yourself on the first appointment. Routinely, with a disciplinary referral, New Avenues will not share information beyond attendance, progress/compliance and motivation with the employer. Under certain circumstances, the employee will be asked by the employer to sign a release authorizing the sharing of more clinical information. You, as the provider, will always receive a copy of the release of information form so that you know what kind of information will be shared with the employer.

**Provider Responsibility:**

1. Contact the client after receiving the New Avenues referral within the time period noted. Please note whether this client will need to be contacted at home or at their place of employment. Fax the confirmation of the appointment to New Avenues within 48 hours. This is very important in that these clients may have their employment terminated if they do not demonstrate compliance with a referral. Therefore, we ask the Provider's utmost diligence in confirming appointments and reporting on the referred employee's compliance with attendance and treatment recommendations.
2. Contact New Avenues if unable to reach this employee or if the employee refuses the appointment as soon as possible.
3. Fax your written assessment (Initial Clinical Assessment Level II – EAP form) to New Avenues and call the designated Care Manager if needed regarding your assessment and recommendations. A decision will be made as to whether it is clinically appropriate for the client to continue with you or be referred into programmatic care, or to a different provider for specialized needs such as psychiatric evaluation, testing, IOP, etc.
4. Fax in monthly progress reports by the third week of the month, if possible, as the New Avenues employer report goes out the last week of the month.

**Payment:** Based on the assessment the employee may be referred for services not covered under the EAP, but covered under their insurance benefit. In many cases, this will require preauthorization by New Avenues in order to receive the higher benefit reimbursement. The employee may also be eligible to continue with EAP benefits at no charge to the employee. The payment arrangements and claims information should be discussed as part of managing on-going treatment with New Avenues at the time the assessment has been completed and discussions as to recommendations have been made.

**Time Off From Work:** Appointments should be scheduled outside of the client's work hours whenever possible. However, rarely, depending on the level of treatment, the employee may need time off from work. If time off from work is required for treatment, the employee may utilize sick leave, Family Leave, short term disability, long term disability, or worker's compensation benefits, dependant on getting the approval from his/her company, the length of time off needed, and his/her company policy. It is the employee's responsibility to understand the company policy and to arrange for time off.

If time off from work is not required to participate in treatment, but rather it is recommended by the treatment provider to help the employee cope with his/her situation, the treatment provider must communicate this recommendation to the New Avenues case manager.

Whether time off is required to participate in treatment or is being recommended by the treatment

provider, the New Avenues Care Manager, after all appropriate release forms are signed, will contact the employee's supervisor/human resources representative, to discuss the situation and educate the supervisor on the treatment process. Additionally, the Care Manager will ascertain from the supervisor what expectations the employer has regarding the employee's return to the workplace. This step will only be done with the employee's consent and signed release.

**Summary:** Throughout the treatment process, the New Avenues Care Manager provides ongoing case management and communication with the treatment provider. The treatment provider maintains regular contact with New Avenues to provide updates on the employee's treatment process. This contact is important as the Care Manager will coordinate care so that the employee may maximize their opportunity to resolve the workplace concerns that led to the disciplinary action. Additionally, the Care Manager will communicate about any workplace issues learned from communication with the employer to facilitate the focus of treatment by the provider.

**The New Avenues Care Manager will remain the point of contact for all concerned parties.**

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## PROVIDER'S GUIDE TO CONDUCTING A FITNESS-FOR-DUTY ASSESSMENT

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### **Definition of Fitness-For-Duty Evaluation/Risk Assessment:**

*A fitness-for-duty evaluation is an assessment, requested by an employer, to determine if a current employee is or is not able to perform essential job functions because of psychological or psychiatric conditions. A risk assessment encompasses the elements of a fitness-for-duty evaluation, with particular emphasis on identification of characteristics that are associated with increased risk of harm to self or others.*

### **Role of Independent Evaluator:**

Professionals conducting fitness-for-duty assessments and risk assessments are required to maintain a position of neutrality and advocate for neither the employer nor the employee. Your expert assessment is being requested to make an evaluation as to the employee's ability to perform his/her work duties, the existence of psychological difficulties that may interfere with an employee's ability to perform his/her work, or for assessment of risk for self-harm, harm to others, dangerousness, and/or the probability of recurrence of incidents related to work performance. As the employer's Employee Assistance Program, New Avenues has been asked to arrange an evaluation for the referred individual. New Avenues' services include facilitating the arrangements of such assessments and communicating the results to the employer. In order to maximize impartiality and objectivity, New Avenues will generally arrange evaluations with a professional who has not acted as a treating provider to the employee. Additionally, the employee generally will not be referred to the evaluator for follow-up treatment.

### **1. Authorizations for Release of Information:**

It is critical that you obtain from the employee written:

Authorizations for Release of Information for the exchange of information between yourself and New Avenues and Authorizations for Release of Information for the exchange of information between yourself and the employer.

### **2. Obtain an Informed Consent to the Assessment before the evaluation begins; include a dialogue with the client regarding: Refer to Forms section.**

- a. Purpose of the assessment
- b. Notification of the parties who will receive the report (i.e., employer and New Avenues);
- c. Information most likely to be covered in the evaluation and the techniques, i.e.: psychological tests, interview, etc.
- d. Information that will require disclosure, such as child or elderly abuse, potential harm to self or another person
- e. The need to disclose professional judgment regarding employee's ability to perform work duties, work-related limitations, ability to return to work, and treatment recommendations.

### **3. Content and Length of Report:**

The content should be directed specifically to the work-related question regarding fitness-for-duty or risk assessment. Refer to Forms section.

- a. Does employee have psychological conditions or limitations that would interfere with his/her ability to perform the essential functions of his/her job?
- b. Are there specific tasks that the employee may not be able to complete successfully due to his/her condition? If so, what are the limitations/restrictions? If the employee cannot perform the essential job functions of his/her position, are there accommodations that could be made which would allow the employee to perform these functions?
- c. Does the employee present current risk of harm to self or others? Provider should be cautious not to enter into prediction of employee aggression, but rather exploration of risk factors:
  - Examine history of direct and implied threats
  - Workplace behavioral
  - Past violent behavior at work or elsewhere
  - Information related to conflict between employee and coworkers/supervisor
  - Alleged harassment, grudges, difficulty with authority figures
  - Any trauma experiences on the job
- d. Are there any measures that the employer might consider to reduce likelihood of harm or other work-related problems?
- e. What is your professional judgment of probability of recurrence and/ or circumstances that could trigger recurrence of incidents/difficulties related to work performance?
- f. Recommendations for any additional medical or behavioral health evaluation, treatment, and/or monitoring. (In giving recommendations, it is important to consider if follow-up appointments with a behavioral health provider would be beneficial in providing the employee a structure for addressing work related issues, therapy for addressing personal or psychological problems affecting work performance, and/or recommendations for oversight of any treatment.)
- g. Recommendations as to ability to return to work
- h. If applicable, recommended time off (whether for continuous leave or intermittent time off, reason and duration of leave including any restrictions, limitations, and/or recommended accommodation.)
- i. Identify employee behaviors that might signal need for further evaluation and/or intervention.

**Special Considerations:**

The use of psychological or neuro-psychological testing may be indicated and should be appropriate to the assessment. Testing will be pre-authorized by the New Avenues Care Manager if applicable.

A. Please keep in mind the importance of the privacy of the individual by not disclosing

unrelated personal history, diagnosis, medications, personal information not directly relevant to the employee's ability to perform his/her duties, the referral questions and treatment.

- B. If the employer has only asked for a certification of the employee's fitness to return to work, then the statement should be brief and limited to your opinion to whether the employee is able to perform the essential functions of his/her job, date for release back to work, and any recommended limitations, restrictions (e.g., limitations) with regard to work schedule if applicable. Do not include any diagnosis, medications, medical information, descriptive history, etc.
- C. If the employer has requested and the employee has authorized a more extensive report, then the report should be rather brief - usually 2-3 pages, and address the specific questions presented by the employer in making the referral. See attached Fitness-For-Duty Assessment Report Outline as a suggested format. The writing should be directed to a layperson reader as this will be going to a human resource representative of the employer.

#### **4. Reimbursement of your Fees:**

The employer determines which party – employee or company – is responsible for bearing the cost of this evaluation. Typically, the employer assumes responsibility for the cost of the evaluation. However, in some cases, the employer may expect that the employee will assume responsibility for the cost of such evaluation; under such condition, the employee may elect to use their insurance benefit or self-payment. A New Avenues Care Manager will specify to you the terms of payment and where to send the claim. Please also consult with the New Avenues Care Manager on the estimated number of hours and fees such that these can be planned and pre-authorized if necessary.

#### **5. Disclosure:**

Send your report to New Avenues who will send your full report on to the employer, unless the employer has asked for a direct receipt of the report. New Avenues does not disclose reports or findings to the employee. If the employee requests a copy of the report, it is up to the provider to supply such a report, or give the employee a verbal summary of the provider's findings.

#### **6. Role of New Avenues:**

New Avenues' role is to facilitate the referral, act as an intermediary in the communication of the findings, and at the employer's discretion, conduct follow-up for arranging and monitoring service for the employee for recommended treatment. The provider's assessment, findings, treatment recommendations, and determinations are communicated as the sole judgment of the provider performing the fitness-for-duty evaluation or risk assessment. New Avenues does not have any role or responsibility in the use of the findings by the employer. The employer makes the sole determination if the assessment shall be considered a condition of employment or a condition of continuation of employment.

**If you have any questions please call New Avenues at 800-731-6501.**