

INTRODUCTION

This **Affiliate Handbook** is designed to provide information that will guide FEI Behavioral Health (FEI) Affiliates in serving the employees and dependents of organizations contracted with FEI for behavioral health care services. These services typically include Employee Assistance and Integrated EAP/Work-Life programs, as well as some Integrated EAP/Managed Care programs.

Part of FEI's orientation and training of our Affiliates includes a review of the Affiliate Handbook. This handbook is provided to all of our Affiliates with a requirement of a return receipt.

The EAP Program Coordinator is responsible for providing training about FEI's policies and procedures contained in this Handbook. FEI requires the EAP Coordinator to sign the **Affiliate Handbook Receipt** indicating that you have received a copy of the Handbook, have read the guidelines, and provided training to all FEI approved clinicians.

FEI may conduct periodic site reviews with Affiliates using a standardized site review protocol and in-depth checklists. Expectations and checklists are included in this handbook.

The procedures contained in this handbook are confidential and considered to be a part of the Affiliate Agreement between FEI and you, our Affiliate.

FEI Behavioral Health's *Network Operations Department* is available to address any questions or concerns. You may call 1-800-782-1948, option 4 for direct access or to leave a voice mail message. Our e-mail address is info@feinet.com and fax number is 414-359-1973. You may also find this information on-line at www.feinet.com; double-click on "For Providers" for EAP protocol, claim forms, applications, and contact information.

Overview for FEI Behavioral Health/Affiliate Network Relations

FEI recognizes that the success of the Employee Assistance Program (EAP) is dependent on its Affiliate provider network. While each Affiliate is an independent contractor through FEI, FEI views Affiliate providers as partners in providing appropriate EAP assessment and services to employees and family members. FEI staff is available for support, consultation, advisement and supervision regarding specific cases as well as EAP procedures and protocols.

FEI believes that clinical competence and employee assistance experience is critical to the program's success. Because various levels of experience, education, certification, and licensure exist throughout the FEI network, FEI has determined a base level of proficiency that must be met. Affiliates must have a current Master's level degree or higher in a mental health discipline and appropriate state licensure to practice. Affiliates must have appropriate limits of current professional liability insurance. FEI encourages all Affiliate to participate in ongoing education to advance their knowledge in the EAP field.

FEI's philosophy is that EAP services are a benefit to the employee client, as well as the corporate client. Affiliate providers should be able to demonstrate understanding of EAP practice, alcohol and other drug problems, mental health issues, human resource and labor relations issues and organizational dynamics.

FEI expects that Affiliate providers are skilled in assessment and that the EAP assessment will identify, document, and evaluate each clients' strengths, weaknesses, problems, and needs. The focus of the EAP sessions should be on short-term problem resolution and facilitation/referral, as necessary, for treatment beyond the EAP. Assessments should result in an appropriate, documented treatment plan. FEI considers the following to be the basic elements of an EAP assessment:

- Client statement of presenting problems
- Level of risk to self and others
- Any precipitating events
- Impact on job performance
- Past history of the issue
- Mental status
- Alcohol and drug use/abuse
- Relevant family history
- Initial impressions
- Recommendations/treatment plan

FEI expects that Affiliate providers understand and accept the policies and responsibilities associated with their role in the FEI Employee Assistance Program as outlined in the FEI Affiliate Handbook.

EAP STANDARDS AND PROCEDURES

EAP COORDINATOR

All Affiliates must designate an EAP Coordinator. This should be a staff member who meets FEI's clinical criteria and is available on a full time basis. It is the EAP Coordinator's responsibility to act as the Affiliate's primary contact with FEI, and to oversee and coordinate all aspects of the program locally. The EAP Coordinator is responsible for ensuring the Affiliate adheres to all aspects of FEI's Affiliate Agreement and Affiliate Handbook. The EAP Coordinator is also responsible for ensuring the communication and dissemination of the standards, procedures and program material provided by FEI to all appropriate staff members.

In such capacity, the EAP Program Coordinator will:

- Assure that Affiliate's clinical staff possesses the professional qualifications as stated on page 6 of this handbook. Distribute the Clinician Profile to clinicians to complete for approval by FEI.
- Distribute copies of the Affiliate Handbook and any updates provided by FEI to any branch offices designated as serving FEI clients.
- Provide training to all staff that will work with FEI clients, including counselors, intake personnel, receptionists, and billing staff.
- Ensure that the Affiliate's CEO/President is aware of FEI's requirements and expectations.
- Ensure that a copy of the site review information is available at any Affiliate branch offices.
- Provide all needed assistance in instances where Human Resources or a supervisor/manager refers an employee to the program.
- Promptly address any clinical or administrative problems related to the program.
- Review and sign all diagnostic reports/claims to ensure that they meet FEI standards.
- Arrange and provide any training seminars requested by FEI.
- Provide yearly updates of all approved clinicians' Licensure and Professional Liability Insurance.

Availability:

- **Be available from 9 a.m. to 5 p.m. (local time) Monday through Friday to answer direct calls.**
- **Designate and advise FEI of a qualified staff person to serve as backup coordinator when absent.**
- **Respond immediately to all calls designated by FEI to be an emergency. All other calls are expected to be returned promptly.**
- **Provide FEI with those phone numbers that will ensure FEI's ability to reach Affiliate at all times, including after-hours, holidays, and weekends for post trauma and other emergency needs.**

** NOTE: FEI Behavioral Health must have immediate written notification of any change to the EAP Program Coordinator. Direct notice to FEI Behavioral Health, Provider Relations Department.*

FEI BEHAVIORAL HEALTH CLINICIAN REQUIREMENTS – 10/06

Professional staff providing clinical or any other services through the program must meet all of the following qualifications.

A. Degree

Possess from an accredited program of study one of the following degrees:

- A master's or doctorate in social work;
- A master's or doctorate in clinical or counseling psychology;
- A medical degree with board eligibility or certification in psychiatry;
- A related master's or doctoral level clinical degree (transcripts showing courses of study must be sent with application.).

B. Licensure/Certification

Clinicians shall have a mental health licensure or certification in the clinician's state of practice, depending on that state's requirement.

C. Experience/Skills

- At least one (1) year of specific EAP experience.
- A minimum of three (3) years supervised post-master's counseling experience in a clinical setting, including:
 - "Broad brush" mental health and substance abuse assessment experience, knowledge and skill. This includes being able to assess (not treat) anyone over 5 years old.
 - Solid knowledge of and demonstrated ability in providing solution-focused brief intervention.
 - Experience, ability and willingness to provide referral liaison, collateral contact, follow-up and case management services.
 - Documentation to support that all these requirements are met must be submitted to FEI as required.

D. Professional Liability Insurance

Coverage must be a minimum of \$1 million per occurrence/\$3 million per aggregate.

EAP AFFILIATE PROCEDURES

Access to Service

- FEI EAP clients use their designated EAP toll-free number to utilize EAP benefits. When the client calls he/she speaks to a Clinical Case Manager. A brief assessment will be conducted and if appropriate, a referral is made for an in person assessment. FEI staff provides a warm transfer to the Affiliate and an authorization packet, which includes the billing information, will be faxed/sent to the Affiliate.
- Some clients may choose or need to contact the Affiliate on their own. When calling the Affiliate for services, employees/family members are instructed to say they are being referred by FEI and identify the employer through whom EAP services are being provided.

Appointments

- Accept all eligible clients referred for services under FEI's contracts.
- Offer clients an appointment within two (2) business days from the client's initial call to the Affiliate. If the client declines that appointment, Affiliate will offer another at a time convenient to both client and Affiliate.
- In emergencies, Affiliate will make every effort to arrange an immediate appointment.
- Documentation of all appointments offered must be maintained by the Affiliate.

Affiliate Availability

- FEI requires Affiliates to be available 24 hours/day, 7 days/week, 365 days/year, either through a live person or an answering device providing instruction on emergency options and a recording option for messages to be returned on a next morning basis.
- FEI requires an emergency number or pager number for all Affiliates.
- When a client leaves a message requesting an appointment, FEI expects the Affiliate to return the call within 2 hours.
- Affiliates are expected to provide evening and weekend sessions for clients who may be unable to schedule appointments during the workday.

Assessment

- Conduct in-person diagnostic/assessment interview(s).
- Assess the family or parents for referrals concerning **children under the age of 5** and provide short term counseling to the family or parents as appropriate. Open the case under one of the parents.
- Assess a **child over the age of 5**, along with the parents. It is understood this may be for assessment purposes only and counseling for the child may need to be referred to a child therapist. The case may be opened under the child's name.

Treatment Plan

- Develop a treatment plan that features the least restrictive, solution focused, brief type of intervention for all types of personal and family problems, including those involving alcohol and drugs.

- Provide short-term counseling services to the client, if appropriate, when the problem can be resolved with the total number of available EAP sessions.
- If appropriate, refer the client to accredited community resources suitable to the nature and severity of the client's problem.

Treatment beyond the EAP

- If it becomes apparent that the client's problem or diagnosis will require treatment beyond the scope of the available EAP sessions, refer the client to another provider after the initial assessment session.
- In making recommendations for further treatment, provide a list of three (3) practitioners who specialize in the client's presenting problem. This allows the client to have options in choosing with whom they will continue in treatment.
- Some contracts allow EAP Affiliates to self-refer for the ongoing treatment. The Affiliate may include themselves in the three- (3) options offered to the client if it is clinically appropriate and they accept the client's insurance.
- If referring to another counselor, please make sure the referral source is in the client's insurance network. When appropriate, utilize the last EAP session to work with the client in making calls, getting providers, requesting referrals from primary care physicians and getting the client connected with the treating practitioner.

On-site Activities

- Provide other relevant services as may be required by contract between FEI and a company, and for which Affiliate is appropriately approved by FEI (i.e., training, orientations, trauma response, etc.). **These on-site activities must receive prior approval from FEI.**

Confidentiality

All information related to EAP participation is strictly confidential and protected by FEI principles and policy, as well as federal regulations and state law. The Affiliate must be HIPAA-compliant with regards to any protected health information and follow its policies. No information, either verbal or written, will be communicated beyond the EAP without the written consent of the individual, unless disclosure is required by law such as when an individual poses a danger to themselves or others.

- When an employee is referred to the EAP, the company will not receive any information without the employee's written consent.
- Care should be taken to schedule consecutive appointments for employees of the same company.
- Affiliate will agree to submit a letter attesting that the Affiliate practices and follow all state laws regarding confidentiality and record retention, as well as HIPAA regulations.
- Affiliate agrees to inform FEI if there is a breach of confidentiality or any violation of HIPAA policy. Based on the situation, Affiliate agreement may be terminated.

In no case should the Affiliate call the client's company!

If there are questions, call the FEI Intake Department at 1-800-782-1948, Option 9.

Billing

- Submit ALL requested billing forms to FEI within thirty (30) days of **each** individual clinical session date. Incomplete or inaccurate forms will be denied, however, as long as the requested information is received, FEI will approve the session(s) for payment.
- To identify the number of reimbursable EAP sessions and the rate per session, refer to the authorization letter. Reimbursement will be made within 45 days of receiving a **correctly completed** form.

Record Retention Guidelines

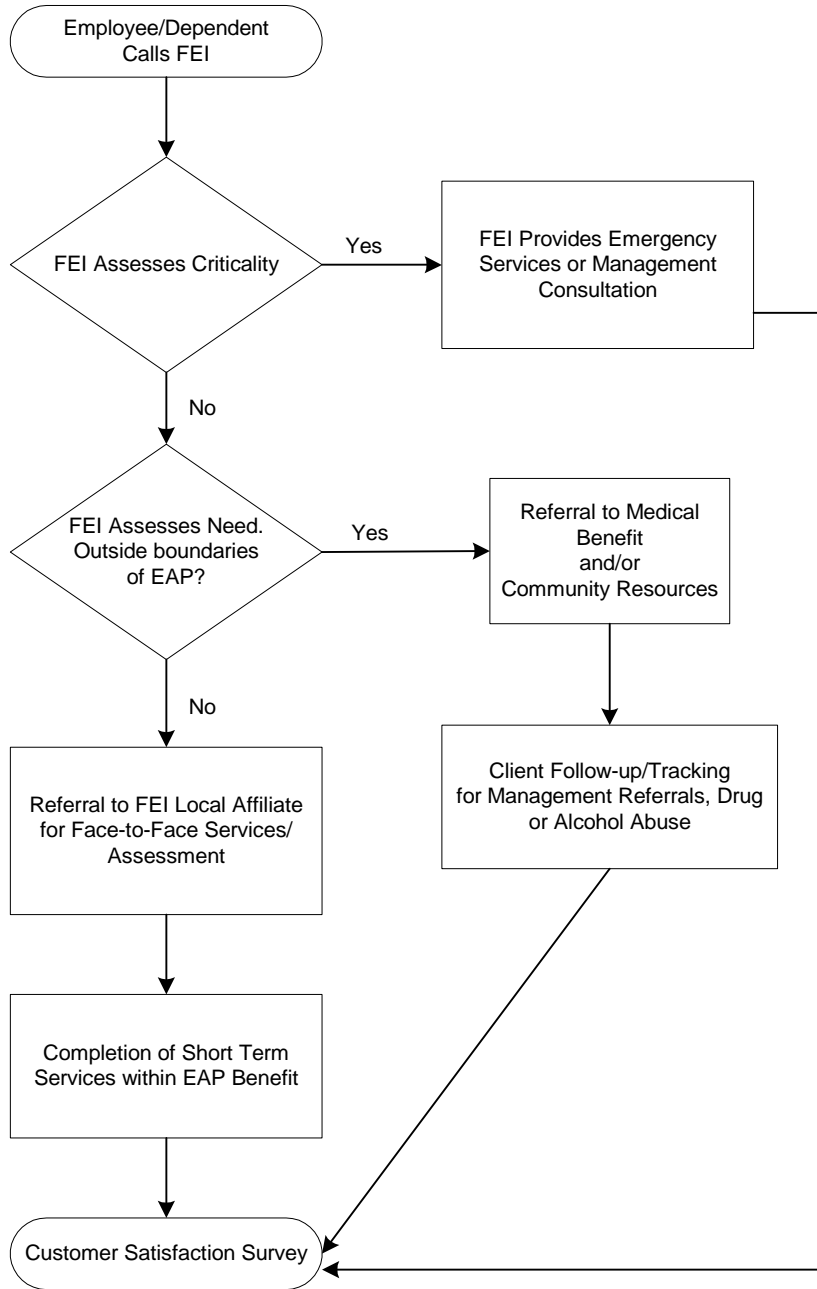
- Maintain case records in accordance with applicable state and federal guidelines, and state certification requirements.
- Maintain separate EAP records and have a policy in place regarding the content, handling, and secure storage of hard copy and computerized records.
- Accessibility to case records is limited to professional staff and administrative personnel who must be knowledgeable of privacy and confidentiality issues.
- Records are re-filed within 24 hours in a locked file cabinet.
- Records include signed releases and consents, psychosocial assessment and demographics.
- Case files will include EAP Professionals/Clinicians signature and credentials.
- Notes include issue, presentation, behavioral observations, and recommendations/homework.
- All phone calls, sessions, and collateral contacts are documented appropriately in records.
- Computer files containing client information are kept secure by controlled access through password protection. Information on disks must be kept in a locked file cabinet.

Services not covered by EAP

Affiliates are reimbursed for EAP assessments and short term counseling only. Other evaluations or treatment modalities are not part of the EAP. The following services are not covered:

- Fitness for Duty evaluations
- Psychological testing
- Court ordered evaluations or treatment
- Hypnosis
- Eye Movement Desensitization and Reprocessing therapy (EMDR)
- Nutrition counseling
- Group counseling
- Smoking cessation programs

EMPLOYEE ASSISTANCE FLOWCHART



EAP ASSESSMENT GUIDE FOR PROVIDERS

FEI Behavioral Health

- **PRESENTING PROBLEM(S) / PRECIPITATING EVENT(S)**
- **HISTORY OF PRESENTING PROBLEM**
- **HISTORY OF MENTAL HEALTH TREATMENT**
- **PAST / CURRENT AODA USE / ABUSE / TREATMENT**
- **PAST OR PRESENT SI OR HI**
- **PAST / CURRENT VIOLENCE / DOMESTIC ABUSE AS VICTIM OR PERPETRATOR**
- **MENTAL / MEDICAL STATUS**
- **FAMILY HISTORY / RELATIONSHIPS / ETC**
- **SUPPORT NETWORK**
- **CLIENT'S EMPLOYMENT STATUS**
- **JOB PERFORMANCE / ATTENDANCE**
- **FINANCIAL / LEGAL CONCERNS**
- **ADDITIONAL CONSULTS NEEDED TO COMPLETE EAP ASSESSMENT (Psych Eval, Medical Eval, Urine Screen, etc?)**
- **DIAGNOSIS**
- **EAP RECOMMENDATIONS**
- **TREATMENT PLAN**

*FEI provides this worksheet to assist providers with the EAP assessments
There is no need to return this page to FEI.*

OVERVIEW OF EAP PROCESS & REFERRAL FACILITATION

FEI Behavioral Health Employee Assistance Programs

- The EAP Counselor conducts initial session/s (typically 1 or 2) to fully assess the problem/s and situation.
- The EAP Counselor formulates a treatment plan that features the least restrictive, solution focused, brief treatment needed to ameliorate the problem.
- The EAP Counselor reviews the plan with the client upon completion of the assessment process.
- If/as appropriate, the EAP Counselor provides short-term counseling within the EAP when the problem can be resolved within the total number of available EAP sessions.
- Or, if apparent that the client's problem will require treatment beyond the scope of the available EAP sessions, the EAP Counselor refers the client to a treatment provider or community resource suitable to address the nature and severity of the problem. This is typically best done after completion of the assessment.
- In making recommendations for further treatment, the EAP Counselor helps facilitate appropriate care by working with the client and/or health plan to identify pre-certification requirements and network provider options. If you have specific providers or facilities in mind that you think are well suited for the client, check to see if they are in the health plan's network. EAP Counselors are advised to identify three treatment provider referral options, as appropriate and available, who specialize in treating the client's problem (i.e., depression, anxiety disorder). This allows the client to have options in choosing who they will continue to see for treatment.
- The EAP Counselor must also provide the client with three referral options, even when one of the options, as appropriate and desired by the client, is a referral to him/herself as an ongoing treatment provider. If the EAP Counselor is not in the client's behavioral health care network, and the client still wishes to remain with them, they can do so only after review of network options provided and agreement on fee and self-pay arrangements.
- Telephone follow-up with EAP clients should be conducted within 2 weeks of case closure. Follow-up is intended to check on client progress and well-being, to ensure that a connection to treatment has been established for those referred beyond the EAP, and to support treatment follow-up when clients haven't yet established this connection. Follow-up contact should be noted as required on the EAP Case Closing Form.
- EAP services and on-going behavioral health treatment have different purposes and are not intended to serve as benefit extensions of each other. Review and provisions are in place to ensure their distinct purposes and that the EAP benefit is used appropriately.
- Authorization and reimbursement for any treatment beyond the EAP benefit is made by and under the health plan at its discretion in line with benefit levels, coverage available, pre-certification, and/or medical necessity criteria. Payment for treatment is made directly to the provider or his/her organization, and not to FEI Behavioral Health. These authorization, reimbursement, and payment conditions apply in all situations, even if the treatment provider is the EAP Counselor who saw the client through the EAP as an EAP Affiliate of FEI Behavioral Health.

FEI BEHAVIORAL HEALTH EAP CASE CLOSING FORM – updated 1/06-----

This Form must be completed and signed **after the EAP case is closed AND the follow-up is complete.** All forms must be fully completed as instructed and returned to FEI ONLY within 30 days of final session date listed on the FEI BEHAVIORAL HEALTH EAP CLAIM FORM. Failure to do so can result in denial of payment.

**Send or Fax to: FEI Behavioral Health, 11700 West Lake Park Drive, Milwaukee, WI 53224
Fax #: 414-359-1973 Phone #: 800-782-1948, option 4**

Authorization #: _____ Date Authorized: _____ Employee's Company: _____

AFFILIATE INFORMATION

Name: _____ Phone #: (_____) _____

Service Address: _____ City: _____ State: _____ Zip Code: _____

CLIENT INFORMATION

Last Name: _____ First Name: _____ SSN#: ____/____/____

City: _____ State: _____

CASE CLOSING REASON: (check only one)

- 1. EAP process completed; no further sessions/services needed
- 2. Client failed first appointment; no further contact from client (for reimbursable "no show" failed appointments only)
- 3. Client withdrew **and** (check one) Some progress made **OR** Issues remain unresolved
- 4. Client referred beyond EAP: Referrals made: (check all that apply)
 - Outpatient IOP Detox Inpatient/Residential Psychiatrist PCP
 - Self Help Group/s (specify) _____ Other Community Resource (specify) _____
 - 4.a. **Client agreed to referral/s** **OR** **Did not agree to referral/s:** (if not, specify reason) _____
 - 4.b. **Was the above referral/s made through (check all that apply):** Insurance of company that sponsors EAP
 Other Insurance Client Self-Pay No Cost Assistance (i.e., self-help group such as AA or Al-Anon)
 - 4.c. **Was one of the referrals to you or your organization?** Yes No
 - 4.c.i. **If yes,** did the client select you or your organization for ongoing treatment? Yes No
 - 4.c.ii **And,** were at least 2 other referral sources for this level of care provided to the client? Yes No
- 5. Other reason (specify) _____

EAP CASE CLOSING & CLIENT FOLLOW-UP SUMMARY

Client follow-up by phone must occur within 2 weeks of last EAP session

Rate severity of the client's primary problem at case closing: ____ minimum ____ minor ____ moderate ____ severe ____ extreme

Rate your perceptions of client's progress on the following on a scale of : 1 = excellent; 2 = very good; 3 = good; 4 = fair; 5 = poor

Reduction in presenting symptoms ____ Resolution of primary problem ____ Resolution of secondary problems ____

Was direct phone contact made with client for follow-up? Yes (date): ____/____/____ No (specify): _____

Has client followed-up with referral/s if made? Yes No No referrals made No information

I/we certify that the identified services have been rendered to this client and that all information on this form is accurate and complete.

Clinician Signature

Date

EAP Coordinator Signature

Date

STATEMENT OF UNDERSTANDING

FEI Behavioral Health Employee Assistance Programs

Must Be Signed By Client at Initial Session

EAP Eligibility, Services and Costs

Your Employee Assistance Program (EAP) is provided through FEI Behavioral Health and offers confidential service to all eligible employees and their covered family members to help address issues impacting quality of life, emotional well being and productivity at work. Services are provided by the EAP at no cost to you, and can include assessment/consultation, brief counseling and referral to service providers and/or community resources outside the EAP should this be needed to help resolve your concerns. You are responsible for any costs associated with services beyond the EAP benefit. As these expenses may be covered in part or full under your medical plan, you should contact your plan prior to the onset of this care for specific information on coverage and benefit authorization.

Confidentiality

EAP services are strictly confidential. No information concerning your use of EAP will be disclosed to any party outside the EAP except in the following circumstances:

- you consent in writing
- you request that EAP speak with your health plan provider to assist in benefits verification for treatment recommended beyond EAP
- the law requires disclosure to appropriate parties, such as in a court subpoena, or when the life or safety of an individual is deemed at risk or seriously threatened.

Under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 the privacy of your health information is protected by law. FEI Behavioral Health maintains a “Notice of Privacy Practices” that describes how your protected health information may be used and disclosed and how you can obtain. Call your toll free EAP number to receive a copy of this document.

Participation

Use of the EAP is voluntary and your employment will in no way be affected by your use of this program. However, participation in the EAP does not prevent your employer from taking actions regarding unacceptable work performance or behavior. If you were referred to the EAP by your company’s management due to a work performance problem, the EAP will not advise them of your participation without your written consent, on a separate *Disclosure of Confidential Information* form.

Cancellation Policy

Should you need to cancel an EAP appointment you must notify your EAP Counselor at least 24 business hours prior to the scheduled appointment. Failure to do so may subject you to direct billing from the EAP Counselor or their organization. EAP reserves the right to terminate services when appointments are cancelled without appropriate notification.

I have read and understand the above information:

Signature of Client (or parent/guardian)

Date

Signature of FEI Affiliate EAP Counselor

Date

CLIENT SELF-ASSESSMENT FORM

FEI Behavioral Health Employee Assistance Programs

All information provided is strictly confidential as specified on the EAP Statement of Understanding. Should you have any questions, please speak with your EAP Counselor or call your toll-free EAP telephone number.

Name: _____ Social Security Number: ___/___/___ - ___/___ - ___/___/___/___

Please specify the company you are using your EAP benefit under: _____

Race/ethnic origin (optional)

- Caucasian
- African American
- Latino/Latina
- West Indian Islander
- Asian/Pacific Islander
- Native American
- Other (specify) _____

Please circle how you would describe your current functioning:

At home and with family	excellent	very good	good	fair	poor
With friends and acquaintances	excellent	very good	good	fair	poor
Balancing work, family and other areas	excellent	very good	good	fair	poor
Ability to focus on my work	excellent	very good	good	fair	poor
Productivity at work	excellent	very good	good	fair	poor
Attendance at work	excellent	very good	good	fair	poor
Relationships at work	excellent	very good	good	fair	poor

Please indicate the frequency of which you have been experiencing the following within the past month:

Sadness	all the time	often	sometimes	rarely	never
Loss of interest or enthusiasm	all the time	often	sometimes	rarely	never
Hopelessness about the future	all the time	often	sometimes	rarely	never
Concentration difficulties	all the time	often	sometimes	rarely	never
Anxiety	all the time	often	sometimes	rarely	never
Anger	all the time	often	sometimes	rarely	never
Relationship problems	all the time	often	sometimes	rarely	never
Use of alcohol	all the time	often	sometimes	rarely	never
Use of non-prescription drugs	all the time	often	sometimes	rarely	never
Sleep difficulties	all the time	often	sometimes	rarely	never
Appetite changes	all the time	often	sometimes	rarely	never
Health problems	all the time	often	sometimes	rarely	never
Stress	all the time	often	sometimes	rarely	never

Do you ever drink alcoholic beverages? Yes No If yes, please answer the following:

- Have you ever thought you should cut down on your drinking? Yes No
- Have you ever felt annoyed by other's criticism of your drinking? Yes No
- Have you ever felt guilty about your drinking? Yes No
- Do you have a morning "eye opener"? Yes No

FEI Behavioral Health Employee Assistance Programs
Authorization for Disclosure of Protected Health Information

Must be signed by every client at initial session

I, _____, (*first and last name of EAP client*) authorize both FEI Behavioral Health (FEI) Employee Assistance Program (EAP) and its Counseling Affiliate _____ (*name of affiliate*) as represented by _____ (*name of counselor*) to disclose to each other the following specific information:

- referral information and assessment findings
- treatment planning and recommendations
- attendance, compliance and progress
- any information required for service authorization, benefit coverage or for payment purposes
- any information required for administration of the EAP program or services

The purpose of this Authorization is to facilitate provision of services to client, to provide for verbal or written communication of information between parties involved, and to manage and pay for those services.

I understand that my EAP records are protected under the Federal and State Confidentiality Regulations and cannot be disclosed without my written consent, unless otherwise provided for in the regulations. I agree to release FEI Behavioral Health and its EAP Affiliates from liability that may result from furnishing this information as authorized in this disclosure. I further acknowledge that the nature of the information to be disclosed has been fully explained to me, and this consent is given of my own free will. I understand that I may revoke this consent at any time, except to the extent that FEI Behavioral Health has already taken action in reliance on it.

I may revoke this Authorization by sending a written revocation to: **Privacy Officer, FEI Behavioral Health, 11700 West Lake Park Drive, Milwaukee, WI 53224**. If not previously revoked, this consent will terminate one (1) year after the date I sign this form. I further understand that the information described above may be disclosed to and received by persons or organizations who are not subject to federal information privacy laws. These persons or organizations may further disclose the information and it may no longer be protected by federal information privacy laws.

I acknowledge that a copy of this Authorization has been provided to me and that a copy of this disclosure will be kept as part of the EAP records. I understand that I have a right, upon written request, to inspect and receive a copy of my protected health information, including any information disclosed under this Authorization.

Signature of Client: _____ Date: _____

Signature of Witness: _____ Date: _____

Title of Witness: _____ EAP Affiliate Organization: _____

FEI AFFILIATE PROCEDURES FOR FORMAL & MANDATORY JOB PERFORMANCE REFERRALS

FEI Affiliates must strictly adhere to protocol as follows for all Job Performance Referrals.

A Formal or Mandatory Job Performance Referral is initiated by an FEI client company management or human resource representative, due to an employee's:

- documented job performance problems;
- significant infraction against company policy, or
- positive drug or alcohol test, (including those required under DOT or other federal regulations).

Typically, FEI Account Managers are contacted directly by the client company representative. Account Managers conduct a thorough job performance consultation to evaluate the concerns, and ensure the appropriateness of a job performance referral. Should a formal or mandatory referral be appropriate, FEI will contact the Affiliate's designated FEI EAP Coordinator to initiate and assign the referral. FEI will provide all pertinent details regarding the employee and job performance situation, as well as fax the appropriate Disclosure of Confidential Information form.

Should you be contacted by a client company representative regarding a job performance referral or other matter, secure only the caller's name, title, company, city, state and telephone number, and let them know that FEI Behavioral Health will return their call promptly. You must promptly contact FEI's Employee Assistance Department at 800-782-1948 with this information. Or, if the individual prefers to call FEI directly, please have them do so through their company's EAP toll-free number.

General Guidelines for Job Performance Referrals

- All clients must be offered an appointment within 2 business days of referral, and sooner in the event of an urgent matter. Subsequent appointments must be made as quickly as possible, based on what is clinically indicated.
- Clients must be assigned to FEI approved clinicians. **Cases involving substance abuse must be seen by FEI approved Substance Abuse Specialists.** Because of the expected level/frequency of communication between the FEI Account Manager and the clinician, these cases should be assigned to either a clinician who is full time at the agency or one who can be reached on days not at the agency.
- The decision of compliance/non-compliance with the EAP rests with FEI staff managing the client's case. For all Mandatory Job Performance Referrals, including DOT referrals, should the client refuse to sign the **Disclosure of Confidential Information** form, the Affiliate must advise the client that failure to accept conditions of the mandatory referral will be reported to FEI as non-compliance.

- A comprehensive assessment must be completed, covering all areas identified on FEI's *EAP Assessment Guide For Providers*.
- Involving a family member or significant other in the assessment process should be considered if deemed as useful or necessary to the assessment.
- Referring a client for a psychiatric evaluation and/or medical evaluation during the assessment process should be considered if deemed useful or necessary to the assessment. As coverage for these services is not part of the EAP, the treatment provider(s) will need to be covered by and billed under the employee's health insurance, unless the employee chooses to self-pay.

For all cases involving alcohol and/or drugs, a thorough substance abuse evaluation must also be conducted, identifying: which substance(s) used, where used, frequency, quantity and history of use, date of last use, and problem/s associated with use.

- For all cases involving alcohol and/or drugs, you must support a clinical stance of total abstinence from all mood altering substances (except as prescribed by the client's physician).
- All cases must be staffed and reviewed with an FEI Account Manager/Case Manager within 1 business day after each EAP session.
- No Affiliate staff is to have any direct contact with a client company representative (the employee's supervisor, union representative, human resource or medical staff, etc.). All communication, be it verbal or written, that your organization provides regarding an employee's use of EAP must be made only with FEI and its account management staff, unless otherwise indicated by FEI.
- With the exception of those required for positive drug or alcohol test referrals mandated for federally regulated employees, no Affiliate is to complete a Fitness-for-Duty or Return-to-Work report. Should this or any other requests arise, contact FEI immediately.
- The minimum recommendation/treatment plan for any Mandatory Job Performance Referral involving substance abuse must include some form of educational program or support group.
- When referring a Job Performance Referral client out of the EAP to a treatment provider, you must complete and obtain the client's signature on the generic *Disclosure of Confidential Information* release, which permits the EAP to discuss case information with the provider.

Affiliate Job Performance Referral Procedures

The following applies to all Job Performance Referrals.

Prior to Assessment

- The Affiliate EAP Coordinator and assigned FEI approved counselor must be familiar with FEI procedures for handling Job Performance Referrals, review the employee referral information, client company Contract Summary and Disclosure of Confidential Information form.
- Within 1 business day of the employee contacting the Affiliate, and prior to the scheduled appointment, the Affiliate must confirm with the FEI designated Account Manager that the employee called, the date of the first scheduled EAP appointment, and the name of the assigned counselor.

Session 1

- Secure from the employee all information needed to complete the proper FEI report/billing form.
- Review client company concerns, reason for and nature of job performance referral, role of EAP, and **Disclosure of Confidential Information**.
- Secure client signature on the FEI report/billing form and the **Disclosure of Confidential Information** providing employee agrees.
- Signed Disclosure must be faxed to the FEI Account Manager promptly after the first session.
- Begin comprehensive assessment using FEI *EAP Assessment Guide For Providers*. Assessment may take 1 to 2 sessions to complete.
- Within one (1) business day of first scheduled session confirm with the FEI Account Manager/Case Manager whether the appointment was kept.
- If kept, provide session overview, initial diagnostic impressions, next steps and date of second appointment.

Additional EAP Sessions

- Within 1 business day of each scheduled session, confirm with FEI Account Manager/Case Manager whether appointment was kept.
- If kept, provide session overview, additional diagnostic impressions, next steps and date of next appointment.

At Conclusion of Diagnostic Assessment

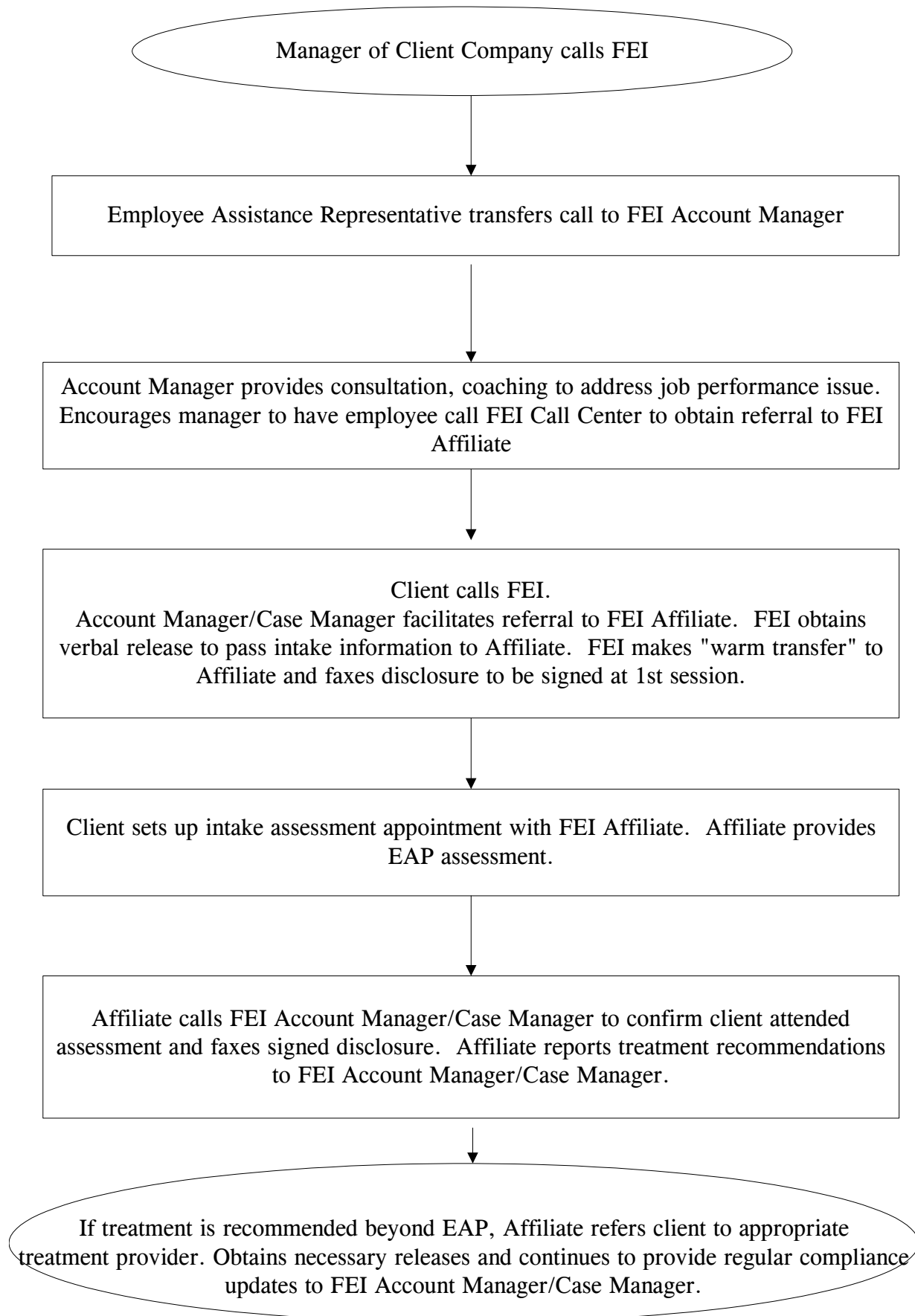
- Confirm with FEI Account Manager/Case Manager when EAP assessment is complete. Review diagnostic impressions, treatment recommendations and prognosis.
- Work with and/or advise employee on procedures for securing benefit authorization for treatment.

- Should treatment necessitate absence from work, advise employee to verify and comply with all leave policies and procedures required by their company or union. Clarify with employee that the EAP (you the Affiliate and FEI) does not approve or arrange their time off work.
- Request employee sign standard release(s) allowing all referred treatment providers to speak with you and FEI.
- Additional EAP sessions, if available and indicated, may be used to support, monitor and follow-up with employee during initial treatment period. The FEI Account Manager/Case Manager will review the need for this and best plan of action while the EAP case is in process.

Conclusion of EAP Sessions and Case Follow-up

- Confirm with the FEI Account Manager/Case Manager when all recommended EAP sessions are concluded.
- Follow-up with the employee and all treatment providers one week after last EAP session to confirm employee is following up with recommendations.
- Confirm this with FEI Account Manager/Case Manager within 1 business day of follow-up.
- Close the case once all needed EAP sessions and treatment provider follow-up is complete. FEI will provide continued case follow-up as needed and required on Job Performance Referrals once the EAP case is closed on your end.
- All billing forms must be forwarded to FEI within 30 days of each session date.

EAP JOB PERFORMANCE REFERRAL



DISCLOSURE OF CONFIDENTIAL INFORMATION

Formal Job Performance Referral

Employee Assistance Program

FEI Behavioral Health

The Employee Assistance Program (EAP) is a service whose purpose is to assist in resolving personal concerns through professional counseling evaluation, problem resolution and/or referral to appropriate community resources or treatment providers. It is the intent of your company to work with employees who demonstrate a sincere desire to correct personal problems that interfere with job performance. Involvement in the EAP is voluntary and does not jeopardize employment with your company.

I understand that my employment is based on my job performance, correcting any deficiencies present, and not on use of EAP. I understand that my EAP records are protected under the Federal and State Confidentiality Regulations and cannot be disclosed without my written consent, unless otherwise provided for in the regulations. With my written consent, only the information identified below will be disclosed to the personnel specified. The EAP will not disclose any information regarding the nature of my problem/s or specific treatment recommendation/s made on my behalf. I agree to release FEI Behavioral Health (FEI) and its EAP Affiliates from liability that may result from furnishing this information as authorized in this disclosure. I understand that should any treatment necessitate my absence from work, be it for personal, sick or disability leave, it is my responsibility to comply with appropriate leave and return to work policies and procedures required by my employer. I acknowledge that the nature of the information to be disclosed was fully explained to me, and this consent is given of my own free will. This consent is subject to written revocation at any time, except to the extent that EAP has already taken action in reliance on it. If not previously revoked, this consent will terminate one (1) year after the date it was signed by the employee.

I, _____ authorize FEI Behavioral Health (FEI), the administrator of my
(name of employee)

company's Employee Assistance Program (EAP), to disclose to _____
(name/title)

of _____ the following information:
(name of company)

- That I have sought the services of the EAP and have/have not kept scheduled appointments;
- The date/s of my scheduled appointments;
- Whether an assessment was/was not completed;
- Whether treatment beyond EAP was recommended;
- Whether I agreed/did not agree to follow the recommendation/s for this treatment;
- Whether treatment may necessitate my absence from work;
- Whether I am/am not following up with any treatment recommendations made.

I also authorize FEI's EAP Affiliate _____ to disclose and release to FEI all information needed to help manage or coordinate my case. This may include all information that any provider I am referred to by the EAP Affiliate has produced or obtained about services provided to me or on my behalf, including the details of such services.

Signature of Employee: _____ Date: _____

Signature of Witness: _____ Date: _____

Title of Witness: _____ EAP Affiliate Organization: _____

DISCLOSURE OF CONFIDENTIAL INFORMATION

Mandatory Job Performance Referral Employee Assistance Program

FEI Behavioral Health

The Employee Assistance Program (EAP) is a service whose purpose is to assist in resolving personal concerns through professional counseling evaluation, problem resolution and/or referral to appropriate community resources or treatment providers. I understand that my involvement in the EAP and compliance with any recommendations made has been required as one condition for my continued employment with my company due to the reason specified below. I understand that my EAP records are protected under the Federal and State Confidentiality Regulations and cannot be disclosed without my written consent, unless otherwise provided for in the regulations. In signing this disclosure I am permitting the EAP to verify my involvement with the program and my compliance with recommendations made, as required by my employer. With my written consent, only the information identified below will be disclosed to the personnel specified. I agree to release FEI Behavioral Health (FEI) and its EAP Affiliates from liability that may result from furnishing this information as authorized in this disclosure. I understand that should my treatment necessitate my absence from work, be it for personal, sick or disability leave, it is my responsibility to comply with appropriate leave and return to work policies and procedures required by my employer. I acknowledge that the nature of the information to be disclosed was fully explained to me, and this consent is given of my own free will. This consent is subject to written revocation at any time, except to the extent that EAP has already taken action in reliance on it. If not previously revoked, this consent will terminate one (1) year after the date it was signed by the employee.

I, _____ having been referred to the EAP due to: _____
(name of employee) (reason for referral)

authorize FEI Behavioral Health (FEI), the administrator of my company's Employee Assistance Program (EAP), to disclose to _____ of _____
(name/title) (name of company)

the following information:

- That I have sought the services of the EAP and have/have not kept scheduled appointments;
- The date/s of my scheduled appointments;
- Whether an assessment was/was not completed;
- Whether treatment beyond EAP was recommended;
- The treatment and provider/s recommended (if referred under DOT Regulations);
- Whether I agreed/did not agree to follow the recommendation/s for this treatment;
- Whether treatment may necessitate my absence from work;
- Whether I am/am not following up with any treatment recommendations made.

I also authorize FEI's EAP Affiliate _____ to disclose and release to FEI all information needed to help manage or coordinate my case. This may include all information that any provider I am referred to by the EAP Affiliate has produced or obtained about services provided to me or on my behalf, including the details of such services.

Signature of Employee: _____ Date: _____

Signature of Witness: _____ Date: _____

Title of Witness: _____ EAP Affiliate Organization: _____

DISCLOSURE OF CONFIDENTIAL INFORMATION

Employee Assistance Program

FEI Behavioral Health

I, _____ authorize FEI Behavioral Health (FEI), the Employee
(name of EAP client)

Assistance Program (EAP) administrator for _____, and/or its
(name of client company)

Counseling Affiliate _____ as represented by
(name of organization)

_____ to speak with, receive information from and disclose to
(name of counselor)

_____ of _____ the following specific information:
(name/title) (name of organization)

for the purposes of: _____

I understand that my EAP records are protected under the Federal and State Confidentiality Regulations and cannot be disclosed without my written consent, unless otherwise provided for in the regulations. I agree to release FEI Behavioral Health and its EAP Affiliates from liability that may result from furnishing this information as authorized in this disclosure. I further acknowledge that the nature of the information to be disclosed was fully explained to me, and this consent is given of my own free will. This consent is subject to written revocation at any time, except to the extent that EAP has already taken action in reliance on it. If not previously revoked, this consent will terminate one (1) year after the date it was signed by the client.

Signature of Client: _____ Date: _____

Signature of Witness: _____ Date: _____

Title of Witness: _____ EAP Affiliate Organization: _____

CISD RESPONSE

- When an Affiliate is contacted by FEI to provide such services, the Affiliate will take direction from FEI regarding the nature of the request, who to contact at the client company, site location, how much time to spend at the site, and what FEI materials to use as handouts.
- Only clinicians that have been trained and approved by FEI as Trauma Response Specialists, or those experienced in post trauma response or CISD, may respond to situations involving FEI clients.
- Affiliates that are called directly by FEI clients to respond to post trauma or CISD situations must direct them back to FEI. In situations where this may not be possible, the Affiliate must contact FEI for direction as soon as feasible.
- The EAP Affiliate represents FEI at all times and will not make any attempt to contract with the client company independently for any further services.
- Affiliate responsibilities include:
 1. Discuss the request with the Client Company and make arrangements to respond.
 2. Report back to FEI as soon as arrangements are made and indicate planned date(s) of response and number and names of clinicians. (**Please note:** FEI Account Manager determines the number of clinicians used and number of hours of service provided and instructs the Affiliate accordingly.)
 3. Report on a regular basis to the FEI Account Manager in the course of the provision of services.
 4. Provide the FEI Account Manager with the Trauma Intervention Feedback form within two (2) business days of service.

BILLING

- Submit completed claim form within 30 days of service.
- Reimbursement for these services, per FEI's Affiliate Agreement, is the same as reimbursement for a clinical hour. Reimbursement is made for total time on-site and round trip travel time.

- Reimbursement per clinician should not exceed the amount for an eight-hour day, unless approved ahead of time by the FEI Account Manager.

CONFIDENTIAL
FEI BEHAVIORAL HEALTH
Trauma Intervention Feedback

Client Company Name:

Client Company Address:

City:

State:

Manager/Human Resources name/phone #:

Date of incident:

Situation:

Responded on:

Facilitators of Debriefing:

Number of Participants:

Types of Intervention:

Concerns/Recommendations (include safety concerns):

Notes:

Affiliate Name:

Address:

On-site Hours:

Round Trip Travel hours:

Total Hours:

AFFILIATE RESPONSE TO TRAINING REQUESTS FOR FEI CLIENTS

- As part of the Affiliate Agreement, Affiliates agree to provide workplace seminars, presentations and training services to FEI client companies at their locations.
- As part of the Affiliate Agreement, Affiliates are reimbursed at the same rate as a clinical hour for training requested by FEI clients.
- All training and presentations are to be conducted by a clinician credentialed as part of FEI's network (MSW, MS, Ph.D. in a behavioral science). Clinicians providing these services must have training and/or experience in providing training or presentations, and have experience working with corporate customers.
- Any direct requests from FEI client companies must be redirected to FEI. FEI Affiliates are not to contract directly with FEI clients for services.
- FEI's standard curriculum packets will be sent to Affiliates when arrangements are made for training.
 1. These packets contain the outlines, overheads, handouts, and client feedback forms.
 2. Affiliates are free to enhance the curriculum, but any enhancements must be approved by the FEI Account Manager.
 3. Affiliates are responsible for copying and distributing the handouts included in the curriculum packet.
 4. Affiliates are responsible for having participants sign in and getting the feedback forms completed and sent to FEI within seven (7) business days.
- If conducting multiple training sessions, every attempt must be made to schedule sessions concurrently.

BILLING

- Submit completed claim form within 30 days of service.
- Reimbursement for these services, per FEI's Affiliate Agreement, is the same as reimbursement for a clinical hour. Reimbursement is made for total time on-site, round trip travel time, and up to 1 hour of preparation time.

- Reimbursement per clinician should not exceed the amount for an eight-hour day, unless approved ahead of time by the FEI Account Manager.

FEI BEHAVIORAL HEALTH

EAP Workplace Seminar Series

TOPICAL SEMINARS FOR EMPLOYEES

Anger Management – Understanding and Coping with Anger

This seminar discusses the process one's body and mind goes through when dealing with anger. After assessing individual ways of dealing with conflict and anger, participants will learn cognitive, physical and behavioral techniques to manage anger.

Stress Management – Keep That Stress Under Control!

Stress—what is it and how does it affect us? Participants will determine how stress affects them and learn techniques to diminish the effects of stress. Each participant will complete a *Personalized Stress Management Plan*. This is offered in a one session or multi-series format.

Handling Holiday Stress

The arrival of the holiday season does not automatically trigger feelings of warmth, peace, and harmony. For too many, the holidays are a time of extreme stress, unmet expectations and increased spending coupled with too much to accomplish. This seminar offers many of the same techniques offered in *Stress Management – Keep that Stress under Control*, but focuses specifically on the additional stress felt during the holidays.

Change & Transition: Dealing with the Inevitable

Rapid change in our workplaces, homes and society has become a “normal” component of life. However, many times we look upon change as something to be feared or ignored. In this session, participants will learn the implications of the different stages of change and learn appropriate strategies for dealing with inevitable change and transition.

Work/Life Balance

Most of us play numerous roles: employee, spouse, partner, parent, caretaker, house-cleaner, chauffeur, and so forth. With so much to do, it is easy to become unbalanced. This seminar will help participants determine their self-expectations, redefine roles and responsibilities and learn to reduce stress by incorporating balance into their lives.

Substance Abuse Training for Employees

This one-hour seminar will assist participants in understanding the signs and symptoms of alcohol or drug abuse. Participants will also learn the effects of alcohol and drugs on an individual's health, work and personal life. The company's substance abuse policies, procedures and resources will be reviewed.

Time Management

Pressures in our society are mounting. We are expected to do more in less time with fewer resources. In this seminar, participants will identify their own time-wasters, address specific time management skills and develop a time management plan.

Sexual Harassment in the Workplace

Sexual harassment is a serious problem in today's workplace. Problems of harassment, whether real or rumored, can seriously interfere with effective workplace functioning. It is crucial that employees understand the definition of harassment, what behaviors place them at risk, and the implications of the legal issues surrounding harassment.

TOPICAL SEMINARS FOR MANAGERS

Workplace Violence Prevention for Managers

Annually, two million workers are physically attacked while at work and another six million are threatened with physical harm. This seminar will educate managers on types of workplace violence, their role in violence prevention and the steps to take when acts of violence occur.

People Skills for Supervisors

This seminar reviews basic supervisory principles with the goal of increasing supervisory effectiveness. The effective supervisor works at making change easier for employees and using techniques to help reduce employees' stress levels. Participants will learn: basic communication techniques, delegation skills and ways to deal with angry employees. They will understand ways to empower employees while helping them deal with workplace change.

Substance Abuse Training for Managers

This two-hour seminar will assist participants in understanding the signs and symptoms of an alcohol or substance abuse problem in an employee. The manager will develop methods of intervening in probable situations and in establishing and monitoring a drug-free workplace.

AFFILIATE COMPLAINT PROCEDURES

FEI Behavioral Health takes all complaints very seriously and will immediately follow-up with an Affiliate when a complaint is made. This is important for quality assurance purposes and to address/monitor specific and multiple complaints. FEI expects its Affiliates to promptly respond to and address any complaints. Procedures are as follows:

1. After the immediate concerns are resolved via telephone, a written complaint summary of any serious complaints will be sent to the Affiliate. The summary will always be sent to the EAP Program Coordinator, with a copy to the Affiliate's CEO or President. If the complaint concerns a specific clinician, it may be also copied to him/her.
2. Affiliates must respond in writing to all written complaints. Any complaint letter not responded to within 30 days of the date on the letter will be considered a "non-response."
3. Affiliates receiving numerous complaints or a complaint of a serious nature, including but not limited to inappropriate professional conduct, billing/fraud complaints and unsafe/inappropriate facility will be evaluated by FEI to determine further action.

SITE REVIEW

Affiliates providing the top 20% of services to FEI customers will be reviewed annually, depending on the volume of business they handle. Affiliates providing less than the top 20% of services will be reviewed on a periodic basis. Affiliates may be visited by FEI administration and account management staff anytime during the year on an informal basis. Formal site reviews will be conducted by designated staff. A site review protocol and an in-depth checklist will be used by the reviewer.

All Affiliates will be provided with FEI's defined expectations and checklists and they will be offered an opportunity to consult with FEI via phone or e-mail to prepare for the site review by a FEI staff member. FEI and the Affiliate will mutually agree on the date for the formal site review. Informal visits to the Affiliate's site, other than for the formal site review, may be made by FEI without prior notification to the Affiliate.

Affiliate staff to be included in the formal site review:

- EAP Coordinator
- All FEI approved clinicians (including those at branches)
- CEO (in some instances)

The formal site review will include the following:

- Program review, including:
 4. Program process
 1. Clinical protocol
 2. Treatment and referral patterns
 5. Review protocols for referring clients to community-based programs (e.g., AA)
 6. Review of case records (5% of each Affiliate's yearly FEI cases)
 - a. To ensure clinical appropriateness of care decisions and referrals.
 - b. To ensure that case records are in proper order per clinical checklist.
 7. Internal operations
 - a. Overall functioning
 - b. Quality

8. Other quality measures to be reviewed:

- a. Number of rings for each telephone call
- b. Level of skill and knowledge of receptionist/intake
- c. Environment of offices and reception area
 - (1) Surrounding neighborhood/safety
 - (2) Cleanliness
 - (3) Timeliness of magazines and other reading materials
 - (4) Appropriateness of materials on bulletin boards or walls (e.g., posters, flyers, notices).

AFFILIATE CHECKLIST

ACCESS TO SERVICE	YES	NO
Phone system is user friendly		
Live person answering phone		
Telephone coverage 24/7days a week/365 days a year		
Protocol/procedure established for hearing impaired and foreign language speakers		
Evening and Saturdays hours are available		
Emergency number or pager is available for FEI use		
Calls are answered promptly, within ____ rings		
Calls are returned within _____ minutes/hrs.		
Receptionists & Counselors are knowledgeable about FEI requirements and FEI contracts		
Clients are offered appointment within two working days of call		
Emergency calls get an appointment as soon as possible and within 24 hours		
All who answer phones, Receptionist, EAP Coordinator & all Counselors understand the process for handling supervisory referrals, and confidentiality.		
All staff who interact with FEI clients are aware of the specifics of the programs		
FACILITY AND SURROUNDING AREA	YES	NO
Facility is easy to find		
Facility is located in a pleasant environment		
Facility is handicapped accessible		
Neighborhood in which the facility is located is safe		
Parking lot is well lit and safe		
Outside facility well-maintained, i.e., no maintenance problems that could potentially cause accidents		
LOBBY	YES	NO
Lobby is clean and well maintained		
Magazines are up-to-date		
Artwork on the walls is appropriate		
There is nothing on the bulletin boards which might be considered offensive to EAP clients		
Clients are greeted by a staff member when they arrive for their appointment		
Staff members behave in a professional manner when clients are in the building		
Staff dressed appropriately for working with EAP clients		
CONFIDENTIALITY	YES	NO
Staff conducts business in the reception area in such a way that clients' confidentiality is protected. Receptionist is careful not to use client's names or provide confidential information over the phone within hearing range of waiting clients		
Counselors do not discuss cases within hearing range of waiting clients, or as they walk through the waiting area		
Files and papers handled by receptionists and Intake staff protected for confidentiality		
HIPAA policies are followed by all staff		
FORMAL IN-SERVICE TRAINING	YES	NO
Affiliate provides in-service training for staff on EAP policies and procedures and developments in the EAP field		
Staff understands the business rationale for and benefits of an EAP		
Staff trained in customer service		
Staff working with EAP understands organizational development and HR management		
Continuing education records available to FEI		
Staff members have formal presentation skills		
EAP and management personnel current with regulatory and legislative developments affecting EAPs (i.e., Safety-sensitive position legislation, DOT regulations. The Americans with Disabilities Act)		

CLINICAL CHECKLIST

DIRECT SERVICE PERSONNEL	YES	NO
A minimum of a master's degree in a mental health profession and appropriate licensure/certification		
Training and experience in alcoholism/substance abuse assessment, brief therapy modalities, and organizational dynamics		
Experience in making differential diagnoses		
Receive appropriate regular training and supervision		
Are represented by at least one of the following designations: CEAP, CAC, MAC, and two years employee assistance program direct service or management experience		
Have, comply with, and have been trained in FEI procedures and protocol		
Meet or exceed agency's expectations/goals		
Maintain professional appearance when in office		
Understand and can articulate EAP/Affiliate/client company roles; their collaboration and separation		
Assessment includes level of risk to self and others, work-related issues, diagnostic impressions when relevant, and presenting problem, in addition to other standard assessment components		
Demonstrate knowledge of appropriate community resources (e.g., licensure, accreditation, certification, pricing information, open practices) and maintains record of available community resources (written or computerized)		
Have and comply with policies and protocols for determining whether to retain a case for short-term counseling		
One or more clinicians is able to provide the following core services:	YES	NO
Assessment, referral, and short-term counseling		
Familiarity with FEI's corporate contracts/programs		
Employee education and outreach		
Training of supervisory and union personnel		
A community referral network from which can be obtained needed services which are not provided under EAP contract		
A system of follow up of referrals made through FEI		
Records (On-site team will review records, interview personnel, receive demonstration of record keeping system, and review a sample of sanitized case records):	YES	NO
The agency maintains separate EAP records and has a policy regarding the content, handling, and secure storage of hard copy and computerized records		
Records are not accessible to anyone other than office/agency-employed staff (not volunteers, etc.)		
Records are re-filed within 24 hours and kept in locked file cabinet		
Records are kept in clinic, never taken home		
Records retain appropriate balance of relevant clinical information, and are legible and organized according to appropriate system		
Records include signed releases and consents, assessments, and demographics		
Each session's case notes are signed with clinician's full name, and credentials		
Notes include issue, presentation, behavioral observations, and recommendations/homework		
All phone calls, sessions, and collateral contacts, as well as communication with FEI, are documented appropriately in record		

AFFILIATE FEEDBACK FORM

We would appreciate your feedback regarding your relationship with FEI and service provision to FEI clients. Your feedback and suggestions will help us to find ways to continuously improve how we do business.

Affiliate Name: _____ **FEI Affiliate #:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone #: _____ **FAX #:** _____

Person Completing Form: _____ **Title:** _____

1. How are we doing in supporting your efforts to provide EAP services to FEI clients?
Please respond in the following areas:

Clarity of FEI's Affiliate Handbook:

- Clear Needs Clarification (details)

Contract Summaries:

- Adequate Information Need additional information (details)

Confidential Release of Information Form:

- Meets our needs Does not meet our needs (details)

Claim Forms:

- Directions are clear Needs clarification (details)

Reimbursement:

- Timely Delayed (details)

Job Performance Referrals:

- Process is clear Process needs clarification

Other:

2. On average, how many FEI clients does your organization serve each year?

- Less than 10 51- 100
 10 - 25 More than 100
 26 - 50

3. What trends, if any, does your organization see in providing EAP services to these clients?
Problem Areas:

Usage by family members/whole families:

of sessions:

Treatment beyond EAP:

Other:

4. How can we strengthen our relationship with your organization?
5. Does your organization act as an Affiliate vendor for other EAP/MBH organizations?
 Yes No
6. If you answered yes to question number 5, how would you rate your experience with FEI as compared to other organizations?
7. How would you describe FEI's strengths?
8. In what areas would you like to see changes/improvements?
9. How does FEI payment for services compare to your fees from other EAP/MCO organizations?
 Better Same Lower

What percentage, better or lower, is FEI? _____% better _____% lower

10. Please provide any additional comments/suggestions you may have.

Thank you for giving us your feedback. Please return the completed form to:

FEI Behavioral Health
Network Operations
11700 West Lake Park Drive
Milwaukee, WI 53224
1-800-782-1948, option 4
FAX 414-359-1973
info@feinet.com
www.feinet.com