



CONTRACTED EAP PROVIDER GUIDELINES

Washington State Employee Assistance Program (EAP)

P.O. Box 47540

Olympia, WA 98504-7540

Questions?

Contact Laurel Tull, Provider Services Manager

eap-providers@des.wa.gov

(877) 313-4455

Thank you for joining our network of Contracted EAP Providers! You are a crucial part of ensuring that public employees across Washington State receive excellent support so they can function at their best and help make Washington a great place to live.

Please read these guidelines carefully as they describe your role and responsibilities as a Contracted Provider with our program.

Guidelines may occasionally change, and when they do you will be notified by email. It is your responsibility to know and follow the current guidelines and follow our procedures.

You can always find the most up-to-date version in the Providers section of our website: eap.wa.gov. Thank you!

Contents

DEFINITIONS	5
ABOUT WASHINGTON STATE EAP	6
Washington State EAP's Core Services	6
CONTRACTED EAP PROVIDER ROLE.....	7
Provider Relationship to the Employer	7
Consultation for Providers	8
GUIDELINES FOR ASSESSMENT SERVICES	8
EAP Model	8
Availability and Scheduling Expectations	8
Emergency Referrals	9
Phone Expectations	9
Frequency of Referrals	9
Types of Referrals to the EAP	9
Referral Process to Contracted Providers	10
Referral Policy.....	10
Office Expectations (for in person visits)	10
Expectations for Tele-health visits.....	11
Provider Expectation during Sessions	11
Mandatory Reporting	11
Client Follow Up	11
Steps to Performing Assessment Services.....	11
Closure of Cases / Case Files	12
Retaining or Referring EAP Clients.....	13
Couples, Families, or other Cases with Multiple Participants	13
Client Files	13
Communicating with EAP	14
Payment Procedures	14
No-Show or Cancelled Appointment	15
AUXILIARY SERVICES	15
General Guidelines for Auxiliary Services.....	15
Auxiliary Services Required Documentation.....	16
GUIDELINES FOR PRESENTATIONS	16
GUIDELINES FOR HEALTH AND WELLNESS FAIRS	17
GUIDELINES FOR CRITICAL INCIDENT ONSITE SERVICES	17

EAP Role in Managing Critical Incidents 17

CI Scheduling 17

CI Group vs Individual Format 18

DEFINITIONS

“Assessment” means a structured evaluation performed by a licensed behavioral health provider and/or an EAP professional to identify a client’s personal and/or workplace concerns. The assessment may lead to recommendations and referrals and creating an action plan that addresses the client’s situation.

“Case” means all interactions and dealings regarding a unique client on a particular issue and identified by a unique authorization/case number.

“Client” means the individual employee or employee's family member referred to the provider by the Washington State EAP.

“Contracted Provider” or **“Provider”** means a behavioral health, substance abuse professional, or Employee Assistance Professional who is approved by DES and included in the Provider Network.

“Critical Incident Onsite Service” (or CI) means a structured, confidential, group discussion that supports the individuals most impacted by a disruptive life event. These services are usually conducted in person at the workplace. The process is designed to help normalize symptoms, educate about the recovery process, and identify support services.

“Critical Incident Stress Management” or **“CISM”** means assessing the impact of a critical or traumatic event on the workplace, determining the best method for responding to the workgroup, and coaching the organization’s management to effectively lead and support their teams after a stressful incident occurs.

“EAP” means the Washington State Employee Assistance Program within the Department of Enterprise Services.

“EAP Client Record” means all records that Contracted Providers contribute to and maintain in connection with providing services to a Client under this Contract, including any forms and session notes that the Provider completes.

“Employer” means the entity that employs the Client, which includes the State of Washington, State Agencies, and other governmental or public sector organizations.

“RCW” means the Revised Code of Washington.

“Routine Referral” means situations where the Client’s circumstances do not require immediate intervention by the provider and an appointment can normally be scheduled within one to two weeks of referral.

“State” means the state of Washington.

“Unencumbered License” means a license that is not revoked, suspended, or made probationary or conditional by the licensing or registering authority in the respective jurisdiction as a result of disciplinary action.

“Urgent” means situations where the Client's circumstances are of sufficient severity to necessitate prompt intervention (within two days of the initial Client contact).

“Visit” means up to three (3) sessions with a client. Time spent contacting or attempting to contact the Client **shall not be included** within the meaning of Visit.

ABOUT WASHINGTON STATE EAP

Mission Statement: The Washington State Employee Assistance Program supports the well-being of public employees to promote a resilient and productive workforce.

Overview: The Washington State EAP is an internal employee assistance program located within the Washington State Department of Enterprise Services (DES). It is available to employees and their adult household family members.

The Washington State Employee Assistance Program has 50 years of experience in serving state government agencies, higher education, and other public sector organizations. The EAP is governed by [RCW 41.04.700](#) through 740, which establishes the EAP by state law.

EAP services are always confidential, voluntary, and free of charge to participants.

About Employee Assistance Programs: An Employee Assistance Program, or EAP, is a workplace-sponsored program designed to assist work organizations in addressing productivity by supporting employees and/or family members in identifying and resolving personal concerns that may affect job performance. An EAP applies knowledge of wellbeing, mental wellness and behavioral health to the workplace. It is the employer organization's resource for enhancing employee and workplace effectiveness through problem prevention, identification, and resolution.

Washington State EAP's Core Services

1. Assessment (Brief Counseling)

- 1-3 sessions *per issue*
- Includes problem identification, solution-focused brief problem solving, recommendations, and referrals to local resources/health insurance
- Available to covered employees and their adult (18+) family household members
- In person or HIPAA compliant tele-health sessions by local Contracted Providers or by EAP Clinical Staff

2. Management Consultation

- Coaching and consultation for Managers, Supervisors, and HR by EAP Staff
- Guidance in supporting employees with issues such as performance issues, substance abuse, and suicidal ideation or other mental health concerns

3. Crisis Intervention

- Critical Incident Stress Management
- Critical Incident Onsite or Online Services
- Individual referrals to Assessment services
- Psychoeducation

4. Resources

- [EAP Website](#) includes a Useful Links page
- *Some* customers have access to an enhanced Work-Life Benefit that includes free legal and financial consultation and a work-life website
- Presentations (in-person and webinars) for workgroups on work-life topics

- Newsletters, Tip Sheets, Management Guides, Workplace Violence Guide, etc.

CONTRACTED EAP PROVIDER ROLE

The purpose of the Contracted EAP Provider network is to increase access to employee assistance services statewide. Contracted Providers represent the Washington State EAP in their community / state and are located in the States of WA, ID and OR. As an extension of the program, Contracted Providers should deliver the highest level of expert, competent, and ethical care to the clients they serve. Providers shall:

- Maintain active, unencumbered **clinical licensure**
- Maintain the highest level of **ethical and confidentiality standards**
- Maintain **current knowledge** of the practice of mental and behavioral health within the employee assistance field, including expertise in assessment, short-term solution-focused intervention, referrals and community / state / national resources
- Respectfully and effectively serve **diverse populations**
- Have **generalist knowledge** to address a broad spectrum of presenting problems including assessing for substance abuse, relationship and parenting concerns, emotional health and wellbeing and trauma
- Maintain EAP client records on *PROVIDERfiles* platform that comply with HIPAA data security and case record retention protocols
- Ensure required documentation (session notes and closing data) is fully completed and delivered **on time**. Failure to comply with timelines will result in payment delay or denial.

Provider Relationship to the Employer

- Providers will **not** directly communicate with the employer or other persons unless authorized to do so by EAP. Client requests for the Provider to communicate directly with the employer **will be referred back to the EAP**. EAP will manage the communication with supervisors when a formal referral is made (see “Types of Referrals to the EAP” section for more details).
- The EAP serves a dual clientele, meaning both the employee and the employing organization. The EAP is a *neutral party*, with the ultimate goal of providing direct client intervention that promotes a resilient and productive workplace.
- When clients present with work-related concerns, EAP sessions should focus on seeking healthful and productive resolutions that benefit employees in their roles **without undermining the organization or its management**.
- Providers must not serve as an advocate for either the employee or management. The EAP provider has unique access confidential information that may involve the workplace, and providers should assist employees and employers to utilize internal systems and avoid adversarial situations.
- It is *not* appropriate for the Provider to comment, give advice, or provide information about legal actions against the client’s employer.
- The Provider will *not* make recommendations about FMLA or fitness-for-duty. Additionally, provider will not write letters on behalf of employee to their employer. Please direct any work-related requests back to the EAP.

Consultation for Providers

Washington State EAP master's level staff are available for confidential case consultation as needed. Anytime you have questions or concerns about a case, or want clinical feedback and support, please contact the EAP and ask to speak to the Clinical Services Manager or another EAP clinician. EAP staff may be able to provide you with resources or information about a variety of clinical issues or issues related to workplace concerns. If you have an urgent afterhours need, you may follow the instructions on the EAP voicemail to reach an emergency on-call clinician, who can help you get in touch with the EAP Program Director after-hours.

Critical or High-Risk Cases may involve suicidal ideation, intent to harm others, abuse, or high-profile cases. Please notify the EAP when such situations arise.

GUIDELINES FOR ASSESSMENT SERVICES

EAP Model

The employee assistance model used by Washington State EAP is ***assessment, short-term problem solving, and referral***. 1-3 visits (per distinct issue) are provided free-of-charge to the client, during which time the Provider's role is to accurately assess the client's problem, facilitate short-term problem solving, and provide information, recommendations, and referrals when appropriate.

Some clients will ***not need to*** utilize all 3 sessions to identify the problem and receive resources needed to address their presenting concern. Other clients may have more complex problems that will require more extensive evaluation or longer-term treatment. **Remember, psychological diagnosis, treatment and long-term counseling are not a part of EAP services.**

When you assess that longer-term services are needed, EAP providers give referrals to appropriate community resources. Please note that Contracted Providers *may* self-refer for ongoing counseling services if the provider determines this is the most appropriate referral—see the “Retaining or Referring EAP Clients” section for details.

Availability and Scheduling Expectations

Provider shall:

- **Receive a referral from EAP** under the email sender of noreply@eapexpert.com. Please open the email, click on the link in the body of the message, and log in to your PROVIDERfiles dashboard to see the new referral. Accept the referral and then contact client directly by their preferred method – phone call, text message or email.
- **Contact client to schedule an appointment within two to four (2-4) business days of referral** to set a mutually agreeable appointment time.
- **Offer the client an appointment within one week** or no later than within 2 weeks of initial contact for routine referrals. (NOTE: If the appointment time(s) you offer the client does not fit the client's schedule, the client can decide to schedule with you beyond a week or two, or can be referred back to EAP for a new referral if they desire more immediate services.)
- If during initial client contact the Contracted Provider determines that the presenting problem requires **urgent** services, make every effort to offer the client an appointment **within two (2) days** of client contact.

- **Immediately call or email the EAP office** to notify us if a mutually agreeable appointment time could **not** be reached so that the client can be re-referred.
- **Notify EAP within one day before any leave of absence when you are unable to accept EAP referrals.**

After the client is referred to the Provider, the Provider **should not refuse to offer an appointment** time due to over-booked schedules or absences. It is your obligation to notify EAP in advance so that we can temporarily suspend referrals.

Emergency Referrals

EAP is not a substitution for emergency services. If a client presents with the need for immediate services due to a critical situation, the EAP staff who triage the call will determine whether it is in the client's best interest to be redirected to local Emergency or Crisis Services or to an EAP provider. If deemed appropriate, in these situations EAP staff may call multiple providers in an area and leave a message for Providers with an emergency request to see an EAP client that day. Providers are not required to be available same day, but we ask that Providers make every effort to accommodate emergency situations, as they infrequently occur.

Phone Expectations

Contracted Providers must maintain the ability to receive confidential messages from the EAP and from clients (via a confidential answering service, answering machine or voice message box with appropriate security) with detailed referral information on a 24 hours per day, 7 days a week basis. ***The message on the Provider's voicemail should 1) identify the Provider by name and 2) direct clients to 911 or a local emergency room in case of emergency.***

Frequency of Referrals

Being a Contracted EAP Provider establishes you in a network and does not guarantee referrals. Frequency of referrals is dependent on a variety of factors, including but not limited to: Clients' demand for EAP services and matching a Provider with a Client with specific service requests, insurance specifications or other demographics.

Types of Referrals to the EAP

- **Self-Referral:** The client independently calls EAP to request services.
- **Informal Referral:** The client calls EAP to request services after their supervisor or human resources suggested contacting EAP. (*The EAP has not received notice of the referral.*) These referrals usually result from an identified concern.
- **Formal Referral:** The supervisor or human resources calls the EAP (*prior to the employee contacting EAP*) to advise that an employee has been referred. Formal referrals result from work performance issues related to attendance, work performance and/or conduct.

Though rare, when a formal referral is made, the EAP will advise the Provider when authorizing the referral. The Provider is required to call the EAP with notification when an appointment is kept or there is no contact. EAP will call the organization's referral source to notify whether or not the employee kept an appointment per [RCW 41.04.730](#). "Mandatory" EAP referrals are not allowed, as the statute governing the EAP states that employee participation is voluntary.

Referral Process to Contracted Providers

1) *Client Intake:*

EAP staff will triage and refer incoming callers to a Contracted Provider when:

- a. caller is an employee or adult family household member of a covered entity,
- b. an assessment is requested and is appropriate, and
- c. caller is located in an area where an EAP Provider is contracted and available or Provider meets certain preference requested by client, including gender, ethnicity, assessment via tele-health or insurance panel match.

2) *Provider Matching:*

Initial triage will determine the best fit for a provider referral based on specialty area of clinical practice, schedule or client preference, and otherwise by rotation.

3) *Referral to a Contracted Provider:*

- a. The caller will be asked to complete the Client Intake Form and submit it electronically. Once this form is received, the Intake team will triage the referral, conduct a brief intake assessment, and send an authorization to Provider via email. The authorization and email never contains identifiable information about client referral. **The provider is expected to check their email messages regularly for possible referrals and log into PROVIDERfiles to accept the referral.** Caller will NOT be given Provider's contact information, but rather Provider is instructed to reach out to client, either by phone, text message or email, to schedule an appointment.
- b. Provider will be notified of a pending referral opportunity via email from **NOREPLY@eapexpert.com**, our electronic case management system. Follow the instructions in the email to comply. An authorization/case number will be attached, and any specific instructions will be noted on the form. No personal identifiable information about a client is ever shared with provider via email.

Referral Policy

The EAP is responsible for pre-authorizing all EAP services and cannot reimburse Providers for services rendered without *prior* authorization. Pre-authorized services allow for reimbursement to the Provider for up to three sessions meant not to exceed 180 minutes per referral/unique case number. See "Retaining or Referring EAP Clients" section below for more details on continuing with a referral beyond authorized EAP sessions.

After a case is closed, if an employee requests to see the Provider again in the future, a new authorization is required. If a client contacts you without pre-authorization, **please redirect clients to the EAP for a new client intake and referral.** It is the Provider's responsibility to ensure authorization for services prior to an appointment.

Office Expectations (for in person visits)

Contracted Providers should maintain office environments that are:

- ADA compliant
- Safe and free of fire hazards
- Clean
- Smoke-free

- Professional
- Engender a feeling of respect and safety for all/any client populations

We expect that all offices/practices disclose a statement to clients about practice details (as described in [WAC 246-810-031](#)).

Expectations for Tele-health visits

Contracted Providers should maintain a HIPAA compliant video conferencing platform (e.g., Doxy.me, Simple Practice, etc.) to meet clients via tele-health. Occasionally clients will be met in session telephonically if that is preferred. All forms, privacy practices and confidentiality clauses are contained in the EAP document received in client file and can be re-addressed with client during the first intake session, as appropriate.

Provider Expectation during Sessions

- Length of sessions are expected to be 45-50 minutes in length per billable hour, with 10 minutes allotted for documentation and entering session progress notes. The EAP only provides up to 3 hours of counseling *per referral*.
- Pre-session wait times for clients should not exceed 15 minutes.
- Providers should deliver a professional and ethical standard of care, including:
 - During sessions, giving clients their full attention.
 - Not answering phone calls, texts, or attending to other business during the session.
 - Manage countertransference appropriately and seek consultation when needed.
 - Manage appointment time appropriately so as to not abruptly cut off a session.
 - Not cut sessions short unless it is acceptable by and requested by the client to do so.

Mandatory Reporting

- Providers are required to abide by all applicable state laws regarding limits to confidentiality and mandatory reporting, including but not limited to the laws found in [RCW 26.44.030](#), [WAC 388-15-009](#), [74.34 RCW](#), and [Duty to Warn case law](#).
- Providers **must** report to EAP within **one day** all incidents of mandatory reporting, critical incidents, and cases which are potentially threatening to the client, the agency, or EAP.

Client Follow Up

With the client's permission, EAP sends a survey to the client after the case is closed. Surveys are optional and confidential. EAP contacts Providers to address any reported concerns.

Steps to Performing Assessment Services

While each provider uniquely applies their own training and experience to perform EAP services, these are the general components of an assessment service that should be performed over the course of 1-3 sessions:

- 1) Problem Identification: Providers perform a clinical assessment. While providers use their clinical judgement to direct the assessment process based on the presenting

problem, all clients should **at a minimum** be assessed for:

- a. alcohol and other drug use,
- b. risk factors such as suicidal ideation, threat of violence, and domestic violence, and
- c. impact of the presenting problem on work.

Other assessment areas typically include:

- d. client strengths and social supports,
- e. mental health,
- f. physical health,
- g. psychological and emotional symptoms,
- h. previous treatment history, and
- i. legal or financial concerns.

Note: A clinical diagnosis is *not* an outcome of the assessment.

- 2) Identify options, help client develop an action plan, and provide support, resources, and referrals based on the assessment, available resources, and client insurance benefit.
- 3) Maintain a clinical file that meets:
 - a. standard of care regarding assessment and progress notes
 - b. all documentation for EAP is completed through the *PROVIDERfiles* platform, including clinical notes, assessment and closing recommendations. Provider will ***never*** keep any client identifiable information on their personal or business laptop, pc, phone or other data base. This includes any additional assessment tools used or name of Client, date of birth, etc. ALL client information is kept secured through the *PROVIDERfiles* case management system.

Closure of Cases / Case Files

EAP Assessment services may last 1-3 sessions. Regardless of the number of visits, **within 10 days after the final EAP session, the provider shall complete all required documentation and submit to EAP.** In cases where the client is retained, Provider must still close the EAP file after 3 sessions.

Closure of Inactive Cases

If clients do not return for services as expected before the assessment is complete, provider shall:

- Close the file within 60 days of the last session.
- Submit completed closing details to the extent possible and indicating “N/A” on any sections where provider does not have enough information based on the previous session(s), noting that the client did not return for follow up session.
- After the file is closed (as indicated by the provider submitting the case file to the EAP), if the client requests to continue EAP services with the provider:
 - the client would need to contact the EAP for a new referral, and
 - a new referral will be given **ONLY** when it is a new &/or different issue and is authorized at the discretion of the EAP.
- **Note:** *Providers may choose to contact the client by phone or email before closing the*

file if the client has not made contact to offer a final session, if clinically indicated.

Retaining or Referring EAP Clients

Retaining clients is defined as a case in which the Provider conducting the assessment retains the client for ongoing counseling after completing the EAP assessment.

- ***Providers cannot require or tell clients they must continue services with them.***
- The EAP understands that retention of clients for ongoing services may be warranted under certain circumstances, where clinically indicated.
- In those cases, the Provider should offer the client two additional separate referrals. Referrals should be made within the client's medical benefit and to a provider on the medical plan's network whenever possible. It is important to advise clients when certain services may not be covered under their medical benefit.
- The decision to retain a client must be documented on the closing data form under closing notes.
- When referring clients to other providers, it is the sole responsibility of the Contracted Provider to ensure that any practitioner to whom it refers a client is properly licensed. Contractor shall exercise professional judgment in selecting an appropriate practitioner.

Couples, Families, or other Cases with Multiple Participants

- The client making the initial request for services is considered the identified "client" and is assigned a file number. (Note that the identified client may be a family member and not the employee.) Couples or other relational units are seen under one authorization and file number, and EAP maintains a couple's file under that file number.
- Clients may seek couples or other relational counseling through EAP as long as all participants are adults (18+) and voluntarily agree to services. **All parties present in a session must agree to the Statement of Understanding and Privacy Practices and sign**, even if they are not present at the initial assessment session but attend a subsequent session. **All parties must have on file with EAP a completed Intake Form, which is attached to the client file.**
- Providers should use clinical judgement to determine if the second person in the session is attending in order to receive support (and is therefore a secondary "client") or whether they are present as a "support" to the identified client.
- If the second person is a secondary client, they should complete a Client Intake form and be included in the assessment (whether the Provider opts to write one couple's assessment or two separate individual assessments according to the Provider's own practice guidelines).
- When completing the EAP Case Closing Details, space is provided to document issues, recommendations, and outcomes for a secondary client. If more than 2 clients are present, please indicate each.

Client Files

Since using our electronic case management system, you are not expected to keep any documentation on the client outside of the online system. The EAP requests the minimum information be reported back to EAP by the Provider in order to facilitate billing and de-

identified aggregate reporting. We expect session notes be accurate and completed in summary based on interaction with client and include any pertinent data and any action steps toward change.

If a client requests a file from the EAP, please direct them to us.

Documentation for Clients to Complete

- All clients are required to complete a [Client Intake Form](#) and submit to EAP **before the referral is issued**. This form is available on the EAP website under Online Referral Request. It will be attached to a client referral authorization electronically. It includes the Client Intake Data Form (demographic information), Notice of Privacy Practices and Statement of Understanding or SoU. This form is electronically signed by the client. The Provider should review the SoU with the client upon first meeting. Any support person accompanying a client must also complete an intake form online and sign a SoU prior to being seen by provider. If you are going to be seeing more than one person, and you are missing their client intake packet, please refer them back to EAP for assistance.
- Authorization for Use or Disclosure of Protected Health Information is used when the client requests release of their clinical record. Refer client back to EAP to assist with this process. *****REMEMBER: Providers do not communicate with the employer or other persons unless authorized to do so by EAP.*****

Documentation for Providers to Complete

- **Session Notes** – Each session requires a summary note about what took place in that session, including any actions for next steps and resources provided. Please use the standard **DAP format** for notes entries as appropriate (Data, Assessment and Plan).
- **EAP Case Closing Details** – this template summarizes your overall assessment of the problem, and any closing notes, recommendations, and resolution of the case.

Communicating with EAP

- To ensure client confidentiality, the client's name **must never appear** on any unsecured communication with EAP staff (such as email). **Please only address the client by authorization or file number.**

Payment Procedures

- The Employee Assistance Program (EAP) offers financial support for up to three assessment sessions per referral. Each session is structured to last up to 60 minutes and is reimbursed at a rate of \$100 per clinical hour. The maximum reimbursement per referral is capped at \$300. A clinical hour is defined as 45 to 50 minutes of direct client interaction, with an additional 10 to 15 minutes allocated for essential documentation and administrative tasks.
*For providers delivering certain specialized therapeutic interventions, reimbursement will be issued at a rate of \$150 per clinical hour. Please note:
 - Maximum reimbursement per referral: \$450.
- For Critical Incident response services, EAP reimburses at \$150. per hour, not to exceed 2 hours, **without EAP's formal approval**. Occasionally there may be instances where the response goes beyond 2 hours, but any extended time beyond two hours

will require EAPs approval in advance.

- Any associated travel for an onsite request will be reimbursed at \$60.00 per hour.
- The Provider will not be reimbursed for travel expenses or other costs or expenses without prior written authorization from the EAP Program Director.
- Time spent contacting or attempting to contact the client by phone is not a reimbursable expense.
- Payments to the Provider are conditional upon the Provider's submission of a **properly executed and completed closed file**.
- Enterprise Services shall pay Provider for completed and approved work within thirty (30) days of receipt.
- Provider shall promptly refund to Enterprise Services the full amount of any erroneous payment or overpayment. Such refunds shall occur within thirty (30) days of written notice to Provider; *provided*, however, that Enterprise Services shall have the right to elect to have either direct payments or written credit memos issued. If Provider fails to make timely payment(s) or issuance of such credit memos, Enterprise Services may impose a one percent (1%) per month on the amount overdue thirty (30) days after notice to the Contractor.
- No advance payments shall be made for any products or services furnished by Provider.
- Unless otherwise specified, Provider shall not include or impose any additional charges including, but not limited to, payment processing.
- Provider should never send a bill or invoice to a client. All authorized EAP sessions are available at no cost to the employee, up to 3 sessions.

Note: If a case is not complete but the client has not returned within 60 days of their previous session, you must close the case and submit closing data to EAP. Failure to do so may result in non-payment.

No-Show or Cancelled Appointment

Providers will be reimbursed at 50% of the session rate for instances of client no-shows or late cancellations. A late cancellation is defined as any cancellation made within 24 hours of the scheduled session time. Both no-shows and late cancellations will be deducted from the client's total session allotment under the authorized referral. It is required that all no-show or missed appointments be documented in the client file, as specified, serving as part of the Employee Assistance Program (EAP) Client Record of services.

AUXILIARY SERVICES

As a representative of the Washington State EAP, Contracted EAP Providers may provide trainings/group presentations, represent EAP at Health/Wellness/Benefit Fairs, and provide Critical Incident Services onsite, upon the request of EAP on an as-needed and as-available basis.

General Guidelines for Auxiliary Services

- Be on time and actively engaged and present.
- If you are not able to be on time or must leave early because of an emergency, please

call the on4site contact immediately as well as the EAP.

- Only WA State Employee Assistance Program materials/handouts should be provided.
- Personal business cards should not be displayed or distributed to employees.
- Mobile phone usage and other personal business should not be conducted while on site.
- In the event an employee tells you about an issue that they would like to discuss in a counseling/assessment appointment, provide attendees with the EAP phone number and promotional material, such as brochures if you have them available. **Do NOT schedule the employee for an Assessment session with yourself- instead, tell them to contact the EAP office for a referral.** Employees may request to be referred to you, and EAP will honor these requests when possible.

Auxiliary Services Required Documentation

When you agree to provide an onsite service for our EAP customer, you will receive an authorization via email with information on the time, date, location, parking, expectations, and an onsite contact person.

- After providing the onsite or virtual service, please submit a summary of the session and send via email to the contact person at EAP who approved the session. Please return this summary to EAP **within 3 business days** of the service date including:
 - number of participants
 - time spent providing the service.
 - total time spent onsite.
 - time spent traveling to and from the site.
 - general summary of services provided, including any outcomes attained, and
 - any follow up requested by the customer.
- **We want to know about any special concerns or issues that occurred while onsite.** As a courtesy, please contact the EAP office within 48 hours after an onsite session to speak with the staff member who facilitated the service.

GUIDELINES FOR PRESENTATIONS

Providers may facilitate EAP group presentations to EAP customers at the customer's facility or other designated site, using curriculum provided by the EAP, and using the structure and guidelines provided by the EAP. Presentations are typically one hour in length unless otherwise specified.

- At the time a service is requested, EAP staff will review the presentation contents and handouts with the Provider.
- This service will be coordinated with the EAP staff member who arranges the presentation with the customer.
- Unless otherwise specified, EAP will work with the on-site point of contact to ensure that materials such as handouts or presentation slides will be made available by the entity to their employees via electronic or paper copies.
- EAP will work with the on-site contact to ensure that any technology needs such as laptop, projector, and downloaded presentation slides are provided by the site, unless

otherwise specified.

GUIDELINES FOR HEALTH AND WELLNESS FAIRS

Providers may represent the EAP at the Health and Wellness or Benefits Fairs of customers. While representing EAP, a Contracted Provider should not promote their own business or private practice, or any other services beside EAP services. If employees during the fair ask for access to counseling or other services, please ask them to call the EAP office directly to receive a referral.

Providers will:

- travel to the customer site,
- transport and set up signage and promotional materials for EAP,
- actively engaging with employees to promote and describe the benefits of participating in the various aspects of the Washington State EAP program,
- estimate the number of employees who stopped at the table to talk or take materials, and
- re-pack and return materials not used to EAP.

EAP will:

- send tabling materials to the provider in advance,
- cover the shipping costs of returning unused materials to EAP.

EAP business cards, brochures, posters, and guides may be left with the on-site point of contact if the client states that it would be useful for them to keep for future distribution to employees.

GUIDELINES FOR CRITICAL INCIDENT ONSITE SERVICES

EAP Role in Managing Critical Incidents

EAP staff facilitate the management of critical incident requests (known as CISM or Critical Incident Stress Management). CISM includes initial triage, management consultation and coaching to support supervisors, managers, and HR staff on how to best support staff who have experienced a traumatic event, scheduling an onsite presence as needed, and providing handouts to support leadership and staff. EAP staff will provide continued Workplace Consultation before and after an onsite service, as needed.

A Contracted EAP Provider's role is to provide direct service to the workgroup impacted by the traumatic event by facilitating a group session following standard workplace CI protocols. If management requests consultation services outside of the group service, please refer them back to the EAP staff managing the Critical Incident.

CI Scheduling

CI requests may come in on evenings and weekends. If you indicate an interest in offering CI services, EAP may try to reach you at the number you provide outside of regular business hours. CI's are typically scheduled 72 hours after staff are impacted by an event. EAP asks that CI providers make every effort to accommodate CI requests as they are typically urgent and time sensitive.

EAP will reach out to multiple providers until a provider is secured. Whether or not you are able to provide the service, please reply to EAP as soon as you receive a message regarding a critical incident.

- Group sessions typically run between 1 to 2 hours, depending on the number of participants. The timing will be mutually agreed upon by EAP and the onsite customer contact.
- CI payments are approved for up to 2 hours, unless otherwise pre-approved by EAP. If the onsite contact requests additional services from you, please remind them that additional services must be pre-approved. Contact the EAP for more information.

CI Group vs Individual Format

CI services typically happen in a group format. Occasionally, the EAP staff managing the request will determine that it may be appropriate for the Provider to be available for one-on-one sessions during a specified timeframe and/or to do a supportive “walk-around” in the workplace. Your EAP contact person will communicate the format to be utilized during our initial contact with you.

In the unlikely event that a group is scheduled, and no one attends, Providers should ask the onsite contact if providing an EAP “walk-around” would be helpful instead. A walk-around may include briefly touching base with employees in the affected workgroup and reminding them that they have access to EAP support. A one-on-one format is not a full hour-long assessment, but rather is typically a 15-30-minute session to provide supportive listening, brief psychoeducation on trauma and/or grief, resources, and referral to the EAP office to request counseling/assessment.