CONTRACTED EAP PROVIDER GUIDELINES

Washington State Employee Assistance Program (EAP)
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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 use the current forms—you can always find the most up-to-date version on the provider section of our website: eap.wa.gov. Thank you!

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 of all state agencies and other contracted governmental entities, as well as their adult household family members. The EAP is governed by RCW 41.04.700 through 740, which establishes the EAP by state law.

An employee assistance program is a workplace-sponsored program designed to assist work organizations in addressing productivity issues and employees and/or family members in identifying and resolving personal concerns that may affect job performance. An EAP applies knowledge of mental and behavioral health to the workplace. It is the work organization’s resource for enhancing employee and workplace effectiveness through problem prevention, identification, and resolution.

DES Mission Statement: To deliver innovative business solutions and services to meet the needs of those we serve.

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

“Assessment” means a structured evaluation performed by a licensed mental health provider and/or an EAP professional to identify a client’s personal issues. The assessment may lead to recommendations and referrals that address the client’s concerns.

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

"Client" means the individual employee or employee’s family member who has been 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 Stress Debriefing” or “CISD” means a structured, confidential, group discussion that supports the individuals impacted by a Critical Incident. 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 incident 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 during a stress incident.

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

“EAP Client Record” means all records that Contracted Providers create and maintain in connection with providing services to a Client under this Contract, including all forms and case notes that the Provider completes or takes. The EAP Client Record includes at a minimum the EAP forms found on the EAP Provider webpage.

“Employer” means the entity that employs Client, which included 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 week 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” shall mean up to three (3) face-to-face periods, not to exceed 180 minutes and $210.00 per referral. Telephone time spent contacting or attempting to contact the Client shall not be included within the meaning of Visit, unless specifically authorized in advance by EAP.
ABOUT WASHINGTON STATE EAP

An Employee Assistance Program, or EAP, is a set of professional services specifically designed to improve and/or maintain the productivity and healthy functioning of the workplace and to address a work organization’s particular business needs through the application of specialized knowledge and expertise about human behavior and mental health.

The Washington State Employee Assistance Program has over 45 years of experience in serving state government agencies, higher education, and other public sector organizations. We partner with the public sector to create resilient, productive employees, effective management, and healthy organizations.

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

Washington State EAP’s 4 Core Services

1. Assessment (Brief Counseling)
   - 1-3 sessions per issue
   - Includes problem identification, solution-focused brief problem solving, resourcing, and referrals to community resources
   - Available to covered employees and their adult family household members
   - Face-to-face by local Contracted Providers or by EAP Clinical Staff in Olympia

2. Workplace Consultation (WPC)
   - Coaching and consultation by phone or in person with EAP Clinical Staff regarding work-related issues
   - Managers, Supervisors, and HR can receive guidance in supporting employees with issues such as performance concerns, substance abuse, and suicidal ideation or other mental health concerns
   - Employees can discuss work-related concerns such as workplace conflicts, job stress, and performance issues
   - Typically 1-2 sessions

3. Crisis Intervention
   - Critical Incident Stress Management
   - Critical Incident Stress Debriefing
   - Individual referrals for assessment
   - Psychoeducation

4. Resources
   - During business hours, EAP intake staff help assess caller needs and connect employees with appropriate 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 and Trainings (in-person and webinars) for workgroups on a variety of work-life topics
CONTRACTED EAP PROVIDER ROLE

The purpose of the Contracted EAP Provider network is to increase access to employee assistance services statewide to employees and their family members. Contracted Providers represent the Washington State EAP in their local community, and as an extension of the program, should provide 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, resourcing, and community referral.
- respectfully and effectively serve diverse populations.
- have generalist knowledge to address a broad spectrum of presenting problems including substance abuse, relationship and parenting concerns, emotional wellbeing, and trauma.

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 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 agency/entity. 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.
- 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 medical leave or fitness for duty.

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 call the EAP office and ask to speak to a 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 afterhours.

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 and request consultation.
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 the goal of EAP. When longer-term services are assessed as 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

Upon phone call or voice message from a referred EAP client seeking an appointment, Contracted Provider shall:

- respond to a client request for an appointment or return a client phone call within one (1) business day to set a mutually agreeable appointment time.
- offer the client an appointment within one week of initial client 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 can be referred back to EAP for a new referral if they desire more immediate services.)
- if during initial phone contact the EAP staff or 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 the EAP office to notify EAP if a mutually agreeable appointment time could not be reached so that the client can be re-referred.
- Notify EAP within one day before a leave of absence when you are unable to accept EAP referrals.

****After the client is referred to and contacts a 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. It is EAP’s intent to cycle through the Network Providers in a specific city or county when no other mitigating factors are present. Frequency of referrals is dependent on a variety of factors, including but not limited to: Clients’ demand for EAP services, number of Contracted EAP Providers in the county, and matching a Provider with a Client with specific service needs.

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.

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 agency referral source to notify whether or not the employee kept an appointment per [RCW 41.04.730](#).

Referral Process to Contracted Providers

1) **Client Intake:**
   
   EAP staff will triage and refer incoming callers to a Contracted Provider when:
   
   a. the caller is an employee or adult family household member of a covered entity,
   
   b. a face-to-face assessment is requested and is appropriate, and
   
   c. the caller is located in an area where an EAP Provider is contracted and available.

2) **Provider Matching:**
   
   Initial triage will determine the best fit for a provider referral based on location, availability and schedule, specialty area of clinical practice, or client preference, and otherwise by rotation.

3) **Referral to a Contracted Provider:**
   
   a. The caller will be given Provider’s contact information and instructed to call Provider to schedule an appointment. The caller will be asked to complete the Client Intake Forms and bring them to their appointment. *(Note: Client may call Provider first, before EAP calls.)*
   
   b. EAP will notify Provider by telephone or confidential voice mail or fax about the referral and will provide client name, 6-digit case number, and if the referral is “formal” *(See above.)*
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 not to exceed 180 minutes per referral/unique case number. See “Retaining EAP Clients” section above if more services are requested after the authorized sessions.

If an employee has previously met with a Provider, pre-authorization is required again by contacting the EAP. It is the Provider's responsibility to ensure an EAP client has been screened by EAP and authorized for services prior to their appointment. If a previous client requests your services again for another issue, please redirect them to EAP for a new client intake and referral.

Office Expectations

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 diverse client populations

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 charting progress notes. Sessions may be up to 90 minutes in length, if mutually agreed upon with the client in advance and made clear by the provider that EAP only provides up to 3 hours of counseling per referral.
- Pre-session wait times for clients should not exceed 15 minutes.
- Providers should provide a professional and ethical standard of care, including:
  - During sessions, give clients their full attention.
  - Do not answer phone calls, texts, or attend to other business during the session.
  - Manage countertransference appropriately and seek consultation when needed.
  - Manage session time appropriately so as to not abruptly cut off a session.

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 face-to-face 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. the 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 a required 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, and
   b. licensure and state requirements of retention, storage, availability of records per client request, and disposal of records. (See RCW 70.02.)

Closure of Cases / Case Files

EAP Assessment services may last 1-3 sessions. Regardless of the number of session, after the final EAP session, provider shall complete a “Recommendation and Closing” form indicating the client’s presenting problem(s), the Provider’s assessment of the problem issues ranked in order of significance (these may or may not align with the presenting problem), recommendations given to the client based on the assessment, and the outcome of the case. In cases where the client is retained, Provider must still close the EAP file after 3 sessions. Once file has been closed, submit all required forms with Provider Invoice for unbilled sessions as described in the “Returning Forms to EAP” section.

Closure of Inactive Cases

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

- Close the file within 2 months of the last session.
- Submit a Recommendation and Closing form, completed 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 has been closed (as indicated by the provider submitting the Recommendation and Closing form to EAP), if the client requests to continue EAP services with the provider:
  - the client would need to call the EAP for a new referral, and
  - a new referral will be given ONLY when it is a new &/or different issue.
- Note: Providers may choose to call the client 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 must offer the client two additional separate referrals. Referrals need to 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 Referral Waiver form, which is completed by the Provider and signed by the client on the 3rd and final EAP session.
- 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 case 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 case number, and EAP maintains a couple’s file under that case 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, even if they are not present at the initial assessment session but attend a subsequent session.
- 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 Recommendation and Closing Form, space is provided to document issues, recommendations, and outcomes for a secondary client. If more than 2 clients are present, please attach additional forms for each.

Client Files

It is the responsibility of the Contracted Provider to maintain a complete, accurate, confidential, and secure client file appropriately stored and accessible to clients in adherence with HIPAA regulations. Originals documents should be kept in the Provider-maintained client file. Clinical files should meet standard of practice, which may include but is not limited to: statement of understanding, assessment including results of any screening tools used, progress notes, contact notes, information on time/date/length of session, and closing documents and recommendations. The EAP requests the minimum information be reported back to EAP by the Provider in order to facilitate billing and de-identified aggregate reporting. If a client requests a file from the EAP, the client will be asked to make the request directly to the Contracted Provider as EAP does not create or maintain clinical files.
Required Documents (highlighted forms are required to be returned to EAP)

Paperwork for Client’s to Complete:
All clients are required to complete a Client Intake Packet and return it to the Provider before the first counseling session begins. It includes:
- **Client Intake Data Form**
- **Statement of Understanding** or SOU
  - The Provider should review the SOU with the client. If the client declines to sign the SOU, the Provider will not proceed with an assessment and will notify the EAP.
  - Any support person accompanying a client must also sign an SOU prior to a session.
- **Notice of Privacy Practices** – (for client use only, do not return to EAP)

Paperwork for Providers to Complete:
- **Provider Invoice** (also serves as EAP’s record of services for dates services were performed)
- **Assessment Form**
- **Recommendation and Closing Form**

Additional Paperwork Required in Limited Circumstances:
- **Referral Waiver Form**
  - Only required when client chooses to continue services with the Provider; must be completed and signed during the final (3rd) EAP visit.
- **Authorization for Use or Disclosure of Protected Health Information**
  - Only used when the client requests release of their clinical record.
  - **REMEMBER:** Providers do not communicate with the employer or other persons unless authorized to do so by EAP.*

Returning Forms to EAP

- Providers should keep an original of all paperwork for your records and send a copy to EAP.
- **Please use the Billing Forms Checklist as a coversheet when sending the file.**
- Label every page with the case number provided during the initial referral.
- Return complete and individual cases as a set (all required forms with same referral number).
  - If for billing purposes a provider wishes to send an invoice for a single date of services before a case is closed, in order to receive payment the Provider must send:
    - the **Client Intake Form** and **Statement of Understanding** with the first invoice as supporting documentation that services were provided, and
    - the **Recommendations and Closing form** with the final invoice for supporting documentation.
- Incomplete forms will be returned to the provider and may result in delay of payment. Forms are available on the [Provider Page](http://eap.wa.gov) of our website, eap.wa.gov.
- To ensure client confidentiality, client name must not appear on invoice.
- **FAX all completed forms for processing to** Washington State Employee Assistance Program Contracts Manager at **360-664-0498 within 10 days of completing services.**
- If Provider does not have fax capability, forms should be sealed in an envelope marked “EAP ONLY” and mailed in a second, sealed envelope marked “Confidential.”
Payment and Billing Procedures

Provider must submit the required client and provider forms when requesting reimbursement. All forms are to be sent within 10 working days after completion of all services.

- EAP reimburses up to 3 face-to-face visits, not to exceed 180 minutes and $210 per referral.
- Time spent contacting or attempting to contact the client by phone is not a reimbursable expense.
- The Provider will not be reimbursed for travel expenses or other costs or expenses without prior written authorization from the EAP Program Director.
- If the Provider has multiple referrals from EAP, Contractor must submit a separate invoice for each referral.
- All payments to the Provider are conditional upon the Provider’s submission of a properly executed and supported invoice, which shall include the following:
  - Contractor’s legal name
  - Address
  - Phone number
  - Provider’s EAP Contract Number
  - Date(s) that services were provided
  - Case Referral number provided by EAP for pre-approval of services – Client name or clinical information must not appear on the invoice.
  - Total invoice amount
  - Signature date on invoice must be on or after the last listed date of service.
  - Do NOT submit an invoice with previously submitted sessions, unless these are clearly crossed out as being already submitted.
- Enterprise Services shall pay Provider for completed and approved work within thirty (30) days of receipt of a properly executed and supported invoice.
- Invoices for all work done within a fiscal year (July 1st through June 30th) must be submitted within ten days after the end of the fiscal year (on or before July 10th).
- 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.

No-Show or Cancelled Appointment

EAP will not reimburse Providers for a missed or late cancelled appointment, and the Provider may not bill client for the missed appointment. If the client reschedules the appointment and then fails to keep it a second time, EAP will reimburse Provider for the second missed or late cancelled appointment. Please document all no-show or missed appointments on the Invoice, which also serves as EAP’s Client Record of services.
AUXILIARY SERVICES

As a representative of the Washington State EAP, Contracted EAP Providers may provide classroom trainings/group presentations, representation of EAP at Health/Wellness/Benefit Fairs, and Critical Incident Debriefing services, 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 on-site 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.
- Cell 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 call the EAP office for a referral. Employees may request to be referred to you, and EAP will honor these requests whenever possible.

Auxiliary Services Required Paperwork

When you agree to provide a debriefing services for an EAP client, you will receive an “Auxiliary Service Report” form with information on time, date, location, parking, and an on-site contact person.

- After providing a service, please complete the provider portion of the Auxiliary Service Report.
- Return via fax, secure email, or mail within 3 business days of the service date:
  - the Auxiliary Service Report form documenting the services provided, including number of participants, time spent providing the service, a general summary of services provided and outcomes attained, and any follow up that is needed by the customer.
  - the Auxiliary Invoice form, specifying the exact amount of time spent traveling to the site and exact amount of time spent on-site performing a direct service.
GUIDELINES FOR PRESENTATIONS

Providers may facilitate EAP classroom trainings or 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 training contents and handouts with the Provider.
- This service will be coordinated with the EAP staff member who arranges the training with the customer.
- Unless otherwise specified, EAP will work with the on-site point of contact to ensure that training 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 EAP 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
- repack 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 STRESS DEBRIEFING

EAP Role in Managing Critical Incidents

EAP staff facilitate the management of critical incident requests (this service is 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 a debriefing as needed, and providing handouts to support leadership and staff. EAP staff will provide continued Workplace Consultation before and after a debriefing, 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 debriefing session following standard workplace CISD protocols. If management requests consultation services outside of the debriefing service, please refer them back to the EAP staff contact managing the Critical Incident.

CISD Scheduling

CISD requests may come in on evenings and weekends. If you indicate an interest in offering CISD, EAP may try to reach you at the number you provide outside of regular business hours. Ideally a CISD is scheduled 24-72 hours after staff are impacted by the event. EAP asks that CISD providers make every effort to accommodate CISD requests as they are typically urgent and time sensitive. EAP will reach out to multiple CISD providers in a region until a provider is secured. Whether or not you are able to provide the service, please call the EAP contact back as soon as you receive a message regarding a CISD.

- Group debriefings last until it is mutually agreed upon by the provider and participants that the group is done. This is typically between 30 minutes to 2 hours, depending on the number of participants.
- CISD service payments are approved for up to 2 hours, unless otherwise pre-approved by EAP. If the on-site contact requests additional debriefings services from you, please remind them that additional services must be pre-approved and contact EAP for approval. If no one is available at the EAP to talk with immediately please leave a message and proceed to honor the request if you are able.

CISD Group vs Individual Format

CISD typically happens in a group format. Occasionally, the EAP staff providing CISM will determine that it is more appropriate for the Provider to be available for on-site one-on-one sessions during a specified timeframe (drop-in or scheduled) and/or to do a supportive “walk-around” in the workplace. Your EAP contact 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 on-site 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.
Group Debriefing Process

Providers who agree to facilitate CISD need to have prior training and experience in conducting CISD, and are expected to follow standard industry guidelines for conducting a CISD. EAP does not conduct CISD training, but suggests the following group debriefing guidelines:

- Begin with an introduction of Contracted Provider as an EAP representative either by the on-site contact, or introduce yourself. It is not necessary to state your qualifications outside of being an EAP counselor.
- Please check with your on-site contact prior to the start of debriefing to see if staff have all the current information that is appropriate (funeral arrangements, memorial card, etc.).
- Remind participants: this is not “group therapy” but an opportunity to share feelings about the experience, learn about typical grief or trauma reactions, and gain ideas for self-care and supporting each other.
- Remind participants: One person at a time speaks and in no particular order. There is no obligation to share; the fact that you are present even if it is to support others has value.
- Seek agreement that when the meeting feels done, it will close as opposed to lasting for a set amount of time. Generally you will get a feeling when this happens and you can confirm with the group.
- If someone becomes too upset to stay in the group, you may suggest that someone leave to check on them or you can check on them yourself when the group is done.
- You can offer that you will be available for a short time (15-30 minutes at most) afterwards if anyone wants to share individually unless specific arrangements have been made for individual sessions. Please encourage all participants to call the EAP for individual time as needed.

Group Debriefing Components

These are suggested topics to cover during a debriefing; these may vary according to the type of incident. Use your clinical judgement, experience, and training in CISD when facilitating a debriefing.

- Recognition that previous personal experiences and losses are present.
- Normalize the experience: normal reactions to an abnormal/stressful situation.
- Processing loss is an individual experience with its own timeline.
- Grief, profound distress, sadness and fear will usually lift eventually. Watch for progress, use your support systems and get enough sleep and rest. If you have concerns about how you are coping or just want to talk more consider calling your EAP for individual support and resources.
- You may ask for introductions and how they know the person or were involved in the event (if the group is small enough).
- Brief Psycho-Education on the grief or trauma process, and typical symptoms.
- In the case of a death: “Tell me about ___________. What were they like, what will you remember about them, what is the gift that they gave you?”
- Depending on the situation you might also ask:
  - If there are concerns about the situation, person returning to work, the way that the situation was handled, ongoing safety concerns, etc.
  - How has this experience affected you?
  - What is helping you through this experience? What has helped you through difficult times in the past?
  - What do you need from your colleagues, leadership, or HR in helping move forward?
- Describe and prescribe self-care (sleep, rest, connection with others, fulfilling and nurturing activities, spirituality, and sharing).