

## We Need Your Assistance!

Identifying substance abuse and/or dependence, and documenting it on your Employee Assistance Service Information (EASI) form, are important in helping employees obtain appropriate services.

### You Play a Critical Role

Our customers depend on the EAP as a confidential means for their employees to gain assistance in addressing substance abuse issues. As an EAP provider, you play a critical role in helping our customers help their employees. Magellan's Workplace Support consultants and our providers must collaborate to provide positive client outcomes.

### How Can You Help?

Remember to **ALWAYS** complete an alcohol or other drug screening for each client (unless under age 12). When you complete a screening, **ALWAYS** answer **YES** to the first portion of **Item 9** on the EASI form:

9. Alcohol/Other Drug (AOD) Screening completed?  Yes  No  
Child under 12?  Yes  No

Document your chemical dependency and/or substance abuse determinations by completing **Item 4** (Assessed Problem) on the EASI form. If you find that an EAP client has either a primary or secondary problem involving alcohol or drug use, mark the box corresponding to that issue:

4. Assessed Problem: (Mark  for primary assessed problem,  for secondary problem [optional])

01 <input type="checkbox"/> Alcohol	82 <input type="checkbox"/> Depression	251 <input type="checkbox"/> Trauma	13 <input type="checkbox"/> Performance
02 <input type="checkbox"/> Illicit Drug	19 <input type="checkbox"/> Med/Physical	15 <input type="checkbox"/> Bereavement	266 <input type="checkbox"/> Personal Stress
03 <input type="checkbox"/> Rx Drug	10 <input type="checkbox"/> Medicare	08 <input type="checkbox"/> Domestic Violence	
04 <input type="checkbox"/> Polydrug	<input type="checkbox"/> Behavioral	11 <input type="checkbox"/> Interpersonal Relationships	
06 <input type="checkbox"/> Learning Disorder	<input type="checkbox"/> Caregiving Children	17 <input type="checkbox"/> Financial	14 <input type="checkbox"/> Family/Friend Emot/Health
269 <input type="checkbox"/> Anxiety	1 <input type="checkbox"/> Other Psychological	18 <input type="checkbox"/> Career Planning	07 <input type="checkbox"/> Other Compulsive Disorder
05 <input type="checkbox"/> Family/Friend Alc/Drug	249 <input type="checkbox"/> School Related	280 <input type="checkbox"/> Learning/Development Issues	

**SAMPLE**

If a chemical dependency/abuse diagnosis has been determined, it is important to document this assessment on **Item 12** on the EASI form.

Your efforts have been making a difference! Please continue to help us!

*Thank you for working with Magellan's Workplace Support consultants to improve services to our clients!*

EASI form now includes the mailing address and fax number for your convenience.