

United States Postal Service (USPS) Employee Assistance Program

Introduction

Magellan provides an EAP for the United States Postal Service (USPS).

This appendix provides important account-specific information about the USPS EAP for our EAP providers. For complete policies and procedures for Magellan's EAP providers that also apply to the USPS EAP, please reference the other sections of this handbook supplement. In the event of any conflict between this appendix and the other sections of this handbook supplement, the information in this appendix controls with respect to the USPS EAP. You can direct any questions about the USPS EAP or the contents of this section of this appendix to Magellan's USPS care consultants at:

1-800-327-4968

USPS Service Center:
Magellan Health
Mail Stop MO40
14100 Magellan Plaza
Maryland Heights, MO 63043

Terminology

Care consultant – A Magellan employee who is a master's-level licensed clinician responsible for providing oversight on priority cases (risk of harm, child abuse, domestic abuse, duty to warn and employee substance abuse) and answering program questions from EAP providers.

District EAP consultant – A Magellan employee assigned to the USPS EAP. There is a district EAP consultant in every postal district throughout the country.

- Ensures that a full breadth of EAP Core Technology services is provided to each USPS district and its employees.
- Assumes overall responsibility for marketing the program within the district.
- Provides EAP, short-term, solution-focused counseling services incorporating brief therapy skills and advanced chemical dependency knowledge, and life coaching as a non-clinical approach to work and life balance.
- Provides consultative services to union and management representatives.
- Provides case management, critical incident responses and training to the USPS.

- Collaborates with the director and national consultants to increase service scope, awareness and availability of services.

Services include assessment, referral (assuring linkage), brief therapy, case management, and follow-up as indicated. You may contact your district EAP consultant through the USPS EAP at 1-800-327-4968 if you do not already have a direct phone number.

District EAP clinician – A licensed mental health professional employed by Magellan.

- Provides assessment, referral (assuring linkage), and short-term, solution-focused EAP counseling for routine and priority cases and life coaching as a non-clinical approach to work and life balance.
- Responsible for working with EAP providers, promoting the EAP within the USPS, responding to critical incidents and providing back-up coverage for district EAP consultants.
- Functions as part of team to deliver EAP core technology services within the USPS districts.
- Provides counseling to clients incorporating solution-focused brief therapy skills and advanced chemical dependency knowledge.
- Provides case management, consultation and follow-up as indicated.

You may contact your district EAP clinician through the USPS EAP at 1-800-327-4968 if you do not already have a direct phone number.

Follow-up specialist – A Magellan employee who works with care consultants to make sure that our clients and EAP providers have connected and have scheduled an appointment.

USPS EAP Service Center – A service center operated by Magellan offering a dedicated telephone line for the USPS EAP. It operates 24 hours a day, seven days a week. The USPS EAP Service Center staff is responsible for assigning clients to EAP providers.

Types of Referrals and Cases

Self-referral – Voluntary, confidential use of EAP initiated by a USPS employee and/or family member.

Priority cases – Cases that involve risk of harm, child abuse, domestic abuse, duty to warn and/or employee substance abuse.

High profile cases – Formal supervisor referrals and cases involving last chance or other settlement agreements.

Informal supervisor referral – Voluntary participation in the EAP by a USPS employee based on a suggestion by his/her USPS supervisor or other management official in response to personal problems disclosed by the employee, or at the early stages of a supervisor intervention in response to deteriorating job performance; time

management; attendance and/or conduct problems; and/or any personal problems that may benefit from an intervention by the EAP.

Formal supervisor referral – Voluntary participation in the EAP by a USPS employee due to a referral by his/her supervisor or other management official as a result of deteriorating job performance, time management, attendance and/or conduct problems. USPS may request documentation of attendance of the first EAP session. This information should be provided only to USPS and to Magellan. You will need to follow up with the local USPS district EAP consultant identified at the time of the referral.

Last chance agreement or other settlement agreement – An agreement resulting from a labor/management appeal process that defines the intervention and administrative steps to be taken by an employee and supervisor to resolve the employee's problem(s) and help the employee return to full job productivity.

Administrative Procedures

Appointment Procedures

- USPS employees access the EAP by calling 1-800-327-4968.
- A Magellan customer service associate (CSA) answers each call.
- The CSA obtains demographic data and assigns a MAT (Magellan Authorization Tracking) number to the case.
- The CSA facilitates an assignment to a Magellan EAP provider and instructs the client to call the assigned EAP provider to arrange an appointment.
- When you receive the client's call, you are expected to contact the client to schedule an appointment within one business day. You are expected to make an appointment available within 24 hours for urgent cases, and five business days for routine, non-urgent cases, or at the convenience of the employee.
- After you schedule a client's first appointment, call 1-800-327-4968 to confirm with a CSA that an initial appointment was scheduled.

Documentation*

Upon each case assignment, you will receive a packet of information that includes the following documents:

- **Frequently Asked Questions**
- **Face sheet containing client demographics**
- **Statement of Understanding (SOU)** that *each* client is required to sign prior to receiving EAP services. *Note:* every adult in the session **must** sign an SOU. The legal guardian must sign an SOU for a minor unless a minor can consent to treatment under applicable state law. Review the SOU with the client to assure his or her understanding of the nature of EAP services. If the client has a question that you cannot answer, refer the client to the EAP toll-free number, 1-800-327-4968.
- **Employee Assistance Service Information (EASI) Form** that is generated at case assignment and serves as the billing and closing form.

- **USPS EAP Provider/Affiliate Case Addendum** that contains information specific to the USPS EAP account.
- **Client Satisfaction Survey** that you should give to the client at the last session or mail to him or her at case closing.
- **On-the-Clock Verification** form. If USPS wants the EAP to verify the client's attendance for an "on-the-clock appointment" and no other information is to be shared, you can provide the client with written verification of the client's attendance during scheduled work hours.
- **Consent to Treatment for Minors** form. If a minor is receiving EAP services, a parent or legal guardian must sign this form.

**You can find examples of some of these documents at the end of this Appendix.*

Service Delivery

Number of Sessions Available

- This program allows the number of sessions the client needs, within the framework of a brief, short-term counseling model, with a general guideline of six sessions. Some clients will only need a couple of sessions while others may need six, or possibly more. The intent is to assess the client's needs and then to determine how many sessions.
- The determination of the total number of needed sessions is accomplished via discussion between the EAP provider and Magellan staff. If you believe the short-term intervention may exceed six sessions, you will need to discuss the case with appropriate Magellan staff at 1-800-327-4968 to see if additional sessions would be appropriate.
- If the initial assessment suggests that long-term care is needed, or if at any time during the short-term counseling process longer care is indicated, you should facilitate a referral using the client's health benefit plan or other community resource.

Care Management

If you are assigned a case that is routine in nature, you are expected to provide the clinically appropriate number of EAP sessions, as discussed above. After the EAP case has concluded, you need to complete documentation on an EASI Form and forward it to the provider coordinator at the USPS EAP Service Center.

If you are assigned a case that involves *threats of violence (TOV), risk of harm, suicidal or homicidal ideation, domestic violence, elder or child abuse, formal supervisor referral, a last chance agreement, duty to warn, or chemical dependency*, you must staff the case with the appropriate Magellan staff upon completing the initial assessment (one to two sessions). If any of these issues are not the presenting problem, but are identified at any time during the EAP intervention, you must immediately staff the case with the appropriate Magellan staff.

Referrals Out of the EAP by the EAP Provider

If the initial assessment suggests that long-term care is needed, or at any time during the short-term counseling process, longer care is indicated, you should facilitate a referral with the client's health benefit plan or other community resource. You may make referrals, as necessary, to appropriate resources within the community. You should discuss a range of referral options, including self-help groups and/or professional resources eligible under the client's health benefit plan.

You may offer yourself to an EAP client as a referral source for longer-term treatment, but only if staffed with and approved by appropriate Magellan staff. If approved, you must (i) offer the client a choice of two other mental health providers in addition to yourself and (ii), if the client chooses you, have the client sign the USPS EAP Self-Referral Waiver form. The Magellan staff will send the form to you upon approval of the self-referral.

Excluded EAP Services

- Court-ordered therapy
- Substance Abuse Professional (SAP) services under the Department of Transportation (DOT) regulations
- Custody evaluations
- Fitness-for-duty evaluations
- Evaluations for workers' compensation claims, disability claims or other legal proceedings
- Psychological testing
- Group therapy
- Outplacement job search
- Financial counseling for investments or serious debts
- Learning disability testing
- Drug testing
- Legal advice
- Life Coaching

Communication Guidelines

- Do not provide any written or verbal communications to anyone in the USPS organization with the exception of verification of on-the-clock attendance for an EAP session (see documentation guidelines above). All other communications must go through the Magellan USPS care consultant.
- USPS requires physician documentation regarding fitness-for-duty, time off, etc., and will not accept documentation from the EAP or its providers.
- If a client requests an FMLA evaluation, please contact your Magellan care consultant at the USPS EAP.

Dual-Client Relationship

Within USPS, there are a large number of unions as well as many layers of management; it is imperative that EAP providers serving the USPS account maintain neutrality and confidentiality for both the client and the USPS organization in all aspects of service delivery. **You are not to contact the client's supervisor, union representative or any other USPS personnel directly.** The USPS EAP care consultant will provide information to those sources when appropriate and with the proper authorization.

Subpoenas or Requests for Clinical Records/Information

EAP providers may receive subpoenas. A subpoena should not be confused with a court order. A subpoena is a legal document that is generally issued by an attorney or court clerk. A subpoena is usually not signed by a judge. A valid court order from a court of competent jurisdiction, on the other hand, is signed by a judge and most often requires compliance. If you receive a subpoena or court order, please notify the USPS EAP (unless the face of the subpoena or court order forbids you from contacting Magellan).

Requests for Clinical Records: If anyone other than the client requests a client's clinical record, e.g., US Attorney, Postal Inspectors, Office of Inspector General (OIG), etc., contact the USPS EAP promptly.

Delivering Services to Clients with Disabilities

- **Visually impaired clients:** Read aloud all forms that are presented to clients for examination and/or signature (e.g., Statement of Understanding, Authorization to Use or Disclose Confidential Information). You must document your reading of the forms in the client's case record, including the client's response to the reading.
- **Hearing-impaired clients or clients with special language needs:** If an interpreter/translator is required for a hearing-impaired client or a client who has special language needs, the Magellan USPS EAP Service Center will locate an interpreter/translator and coordinate services between you and the interpreter for the first appointment. Subsequent sessions will be coordinated between you, the client and the interpreter. When an interpreter is utilized, you must obtain the client's signature on a Consent to Presence of Translator/Interpreter form (included in this appendix).
- **Physically impaired clients:** Your office, restrooms and parking facilities must be fully accessible to persons with physical disabilities. When your office cannot accommodate a physically disabled client, you must arrange for an alternative accessible location in which a physically impaired client can receive services.

Payment Procedures

- To receive payment for EAP sessions rendered, you will need to submit 1) the EASI Form and 2) the USPS EAP Provider/Affiliate Case Addendum to the USPS EAP payment specialist upon case closing.
- The USPS EAP encourages interim billing. The procedures for interim billing are as follows:
 - You can bill for EAP sessions online at www.MagellanProvider.com, fax the EASI Form to 1-888-656-4154 for USPS EAP clients, or mail to the address on the EASI Form instructions.
 - If faxing or mailing: Complete both pages of the EASI Form with the information you have at the time of the session(s) for which you are billing. A field on the EASI Form permits you to indicate if billing is “interim” or “final.”
 - Keep a copy of the EASI Form in order to add sessions and other information as you continue to see the client. You DO NOT have to complete a new EASI Form each time you bill.
 - You can submit the EASI Form after each session or two if you desire.
 - Magellan **will not** – regardless of the circumstances – process payment requests that are submitted more than 90 days after the end of the registration period and **will not** accept billing on CMS forms or HCFA forms.
- It is important that you **send a final EASI Form** indicating “Final Billing” when the EAP sessions have concluded, even if you have been paid for all the sessions. This step is necessary to permit us to close the case and end follow-up with you.
- Under Magellan’s policy, you will not be paid for USPS EAP clients who do not show for their appointment or cancellations.
- The USPS EAP does not reimburse EAP providers for telephone counseling.
- Magellan will pay for any interpreter services that are needed for clients with special language needs. Interpreters/translators are to submit their invoices directly to the USPS EAP payment specialist and reference the client’s name and case number on the invoice.
- For questions about billing, call 1-800-450-7281, ext. 72353 or ext. 74853.

USPS EAP Documents

Authorization to Use or Disclose Confidential Information

Consent to Presence of Translator/Interpreter

Statement of Understanding

Verification of Employee Contact

Consent to Treatment of Minor

Provider/Affiliate Case Addendum

Frequently Asked Questions



USPS Employee Assistance Program Authorization to Use or Disclose Confidential Information

Section 1. Whose information will be disclosed?

| | | | | |
|----------------|------------|----------------|----------------------------|--------------|
| Last Name | First Name | Middle Initial | Date of Birth (MM/DD/YYYY) | |
| Street Address | City | State | Zip Code | Phone Number |

I hereby authorize the use or disclosure of confidential information about the individual named above.

I am: the individual named above (complete Section 8 below to sign this form)

a personal representative because the client is a minor, incapacitated, or deceased (complete Section 9 below)

Section 2. Who will disclose information about the individual?

The following person(s) or entity may use or disclose the information:

| | |
|--|-------------------------------------|
| Name (a person, a class of persons like "doctors who treated me in August 2005," or an organization) | Phone Number (if known) |
| Street Address (if known) | City, State and Zip Code (if known) |

Section 3. Who will receive information about the individual?

The information may be disclosed to:

| | |
|--|-------------------------------------|
| Name (a person, a class of persons like "family members residing with me", or an organization) | Phone Number (if known) |
| Street Address (if known) | City, State and Zip Code (if known) |

Section 4. What information about the individual will be disclosed?

Only the following information (*Client must INITIAL each item to be disclosed*)

| | |
|---|---|
| <input type="checkbox"/> Whether I am actively participating in the EAP | <input type="checkbox"/> Closing summary |
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> EAP recommendations |
| <input type="checkbox"/> Progress report on my EAP counseling | <input type="checkbox"/> EAP intervention summary |
| <input type="checkbox"/> Prognosis | <input type="checkbox"/> Diagnosis/assessment |
| <input type="checkbox"/> Drug/alcohol history | <input type="checkbox"/> Other (describe information to be disclosed & any restrictions): |
| <input type="checkbox"/> Results of mental status examination | _____ |

Section 5. What is the purpose of the disclosure?

| |
|---|
| <input type="checkbox"/> To verify whether I am participating in and complying with EAP recommendations (Formal referral) |
| <input type="checkbox"/> To enable the EAP to make a referral for treatment |
| <input type="checkbox"/> To enable the EAP to verify my attendance at an EAP session on-the-clock |
| <input type="checkbox"/> Litigation -- Does the litigation relate to the USPS? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Other (<i>please describe</i>): |
| _____ |

Section 6. What is the expiration date or event?

This authorization must expire within 1 year, either on a specific date or upon a specific event. Please choose either:

the following expiration date (no more than 1 year from today): ____/____/____

the following specific event (needs to happen within 1 year): _____

Section 7. Important Rights and Other Required Statements You Should Know

- ❖ You can revoke this authorization at any time by writing to Magellan Health, USPS EAP, Mail Stop MO 40, 14100 Magellan Plaza, Maryland Heights MO 63043. If you revoke this authorization, the revocation will not apply to information that has already been used or disclosed.
- ❖ The information disclosed based on this authorization may be redisclosed by the recipient and may no longer be protected by federal or state privacy laws. Not all persons or entities have to follow these laws.
- ❖ You do not need to sign this form in order to obtain enrollment, eligibility, payment, or treatment for services.
- ❖ This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- ❖ You have a right to a copy of this authorization once you have signed it. Please keep a copy for your records, or you may ask us for a copy at any time by writing to Magellan Health, USPS EAP, Mail Stop MO 40 14100 Magellan Plaza., Maryland Heights MO 63043.
- ❖ If you have any questions about anything on this form, or how to fill it out, we can help. Please call 1-800-EAP4YOU (1-800-327-4968).

Section 8. Signature of the Individual

Signature _____ Date (required) _____

Section 9. Signature of Personal Representative (if applicable)

Signature _____ Date (required) _____

Please describe your relationship to the individual and/or your legal authority to act on behalf of the individual in making decisions related to healthcare. You may be asked to provide us with the relevant legal document giving you this authority.

Relationship to the individual (required): _____

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which is protected by federal and may also be protected by state law. If the records relate to alcohol and drug abuse patient records, you are prohibited by 42 CFR Part 2 from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person named above, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

CONSENT TO PRESENCE OF TRANSLATOR/INTERPRETER

I, _____, wish to receive assessment and/or brief counseling services from the USPS EAP provided through Magellan Health, Inc.

- I am hearing-impaired, and/or
- The language I speak is _____

I wish a translator/interpreter who communicates in _____ to be present during sessions with my counselor so that I may communicate effectively with my counselor.

Translator/interpreter I want

- Member of my family Other translator/interpreter I select

Name: _____

Relationship: _____

Telephone Number: _____

- Translator/interpreter selected by the USPS EAP

I understand that when I choose to have a translator/interpreter present, the translator/interpreter will have access to personal information that I share with my counselor.

I understand that I may revoke my consent to the presence of the translator/interpreter at any time except to the extent that action has been taken in reliance upon it. However, I acknowledge that such revocation may compromise the quality of subsequent counseling.

Date

Signature

Date

Witness



Acknowledgement of Confidentiality Obligations by Translator/Interpreter

I, _____, agree to serve as a translator/interpreter during counseling sessions for the above client. I understand that any and all information relating to the counseling, including the identity of the client, is confidential information and that federal and state law prohibits me from re-disclosing the information without written authorization of the client.

Date

Signature



USPS Employee Assistance Program Statement of Understanding

You have chosen to receive employee assistance program (“EAP”) services from Magellan Health (“Magellan”). The EAP is a voluntary, non-disciplinary counseling and referral service that offers assistance with a wide range of problems that may affect work performance and/or health to employees and their eligible family members. EAP services may include assessment and referral or brief counseling. The EAP counselor will work with you to clarify the problem, identify choices, and develop an action plan. Magellan customer service associates and EAP consultants are available to respond to your calls 24 hours a day, 365 days a year. Participation in the EAP is voluntary, even if your supervisor refers you -- whether you decide to use or not to use the EAP services, your decision will not affect your employment security or advancement opportunities. Exception: If an employee has signed a Last Chance or Settlement Agreement that requires EAP participation, the employee can be disciplined for noncompliance under the terms of the agreement.

FEES

These services are provided at no direct cost to you or your family members. USPS pays Magellan for the services. However, if you need longer-term counseling or a specialized service, Magellan will assist in locating a resource or service in the community. **It is your responsibility to pay for services provided by any resources outside the EAP.** (Your benefit plan may cover some of the cost. **Check with your benefits representative before services are provided by outside resources.**)

CONFIDENTIALITY

Magellan and the EAP counselor will create and maintain confidential records of your contact with the EAP and the services provided to you in order to provide continuity and coordination of your care.¹ The Privacy Act protects the confidentiality of EAP records and gives you certain rights with respect to your record. If your EAP record reflects an alcohol or drug problem, the record is also protected under the “Confidentiality of Alcohol and Drug Abuse Patient Records” regulations.

No one will reveal information concerning your use of the EAP to anyone outside the program except in any of the following circumstances:

You consent in writing. If you are using the EAP as part of a Last Chance Agreement or other Settlement Agreement and your continued employment – or reinstatement – depends on your participation, you will need to sign an authorization to permit Magellan to share information concerning your level of participation with your supervisor or other parties stipulated in the Last Chance Agreement or Settlement Agreement.

Life or safety is seriously threatened.

Disclosure is required by law or in accordance with a court order or subpoena.

At your request, the EAP counselor will furnish you a letter verifying the date and time that you attend an EAP session when you attend while in duty status or on sick leave. Magellan onsite counselors can verify on-the-clock and sick leave attendance directly to your supervisor if you sign an authorization that permits the disclosure.

In addition, your EAP counselor will disclose information and records to Magellan as needed for coordination of EAP services, quality assurance, or payment. Professional auditors (not employed by USPS) may also examine your file to evaluate the services.

¹ The authority for maintaining a record is 5 U.S.C. 7361, 7362, 7901, 7904, and 44 U.S.C. 3101.

Please note that no information about your EAP attendance, attendance while in duty status or on sick leave, or compliance with EAP recommendations, as applicable, can be shared with your supervisor if you do not sign an authorization. However, you may use EAP services even if you do not sign an authorization.

| | |
|---|------------------|
| I, _____, understand this form, (print name) | |
| including the confidentiality of the EAP and the limitations to confidentiality, and accept it as stating the terms of my participation in the program. | |
| _____ Signature | _____ Witness |
| _____ Parent, guardian, or legal representative (when required) | _____ Date |

Counselor Signature: _____

_____ *Initial if copy given to client*

Verification of Employee Contact

Date: _____

To: _____
(Employee's Name)

This memo is verification that (employee)

**kept his/her appointment of (date) _____ at
(time)_____.**

(Signature of EAP Counselor) _____ (Date)

(Print Name of EAP Counselor) _____ (Date)

**USPS EMPLOYEE ASSISTANCE PROGRAM (EAP)
CONSENT TO TREATMENT of MINOR**

Name of Minor: _____

Date of Birth: _____

Name of Signer: _____
(print)

Status of Signer:

- Parent with legal right to consent to treatment
- Parent – no legal issues re custody or right to consent to treatment
- Divorced parent with legal custody per court order
- Non-custodial divorced parent with right to consent to counseling/treatment per court order
- Legal guardian

I have the legal right to consent to treatment of the above-named minor as described above. I hereby authorize the USPS EAP to provide counseling to the above-named minor in connection with substance abuse, mental health and/or other personal problems.

Signature of Parent/Legal Guardian

Date: _____

Witness: _____

You must complete and return the
Employee Assistance Service Information (EASI) Form AND
this addendum to receive payment
USPS EAP Provider/Affiliate Case Addendum

PLEASE PRINT LEGIBLY

| Client Information | | |
|---|--|--|
| Client Name: | Case ID: | |
| EAP Provider Name: | Date: | |
| RISK OF HARM (MUST BE COMPLETED): | | |
| Was there a risk of harm in this case? <input type="checkbox"/> No (028) <input type="checkbox"/> Yes (027) | | |
| If 'yes', complete the questions below AND contact a care manager at 1-800-327-4968 | | |
| (1) Potential Perpetrator: (2) Person/Property at risk: (3) Harm likely to occur: | | |
| <input type="checkbox"/> A USPS employee (031) | <input type="checkbox"/> USPS employee (024) | <input type="checkbox"/> On Postal property (248) |
| <input type="checkbox"/> A USPS family member (032) | <input type="checkbox"/> USPS family member (025) | <input type="checkbox"/> Off Postal property (249) |
| <input type="checkbox"/> Other (033) | <input type="checkbox"/> Self and others (026) | <input type="checkbox"/> Anywhere (250) |
| | <input type="checkbox"/> Self (027) | |
| | <input type="checkbox"/> USPS property (028) | |
| | <input type="checkbox"/> Other (029) | |
| Workplace Issues | | |
| <input type="checkbox"/> Diminished Work Performance (110) | <input type="checkbox"/> Work Relationship Problem w/ Co-worker (114) | |
| <input type="checkbox"/> Absenteeism/Tardiness (111) | <input type="checkbox"/> Work Relationship Problem w/ Supervisor (115) | |
| <input type="checkbox"/> Misconduct/Disruptive Behavior (112) | <input type="checkbox"/> Occupational Health Problem (116) | |
| <input type="checkbox"/> Safety Violation/Accident (113) | <input type="checkbox"/> None Identified/Reported (117) | |

Confidential Information

Counselor Signature, Credential

United States Postal Service (USPS) EAP Frequently Asked Questions

How many sessions are available?

The USPS EAP is a brief, solution-focused counseling model. Magellan initially approves six sessions; however, if you believe your short-term intervention may exceed six sessions, call your Magellan care manager at 1-800-327-4968 to discuss the case and determine if a few additional sessions would be appropriate.

What if I feel the case is more appropriate for longer-term treatment?

If your initial assessment suggests that longer-term care is needed or if at any time during the short-term counseling process longer-term care is indicated, you should facilitate a referral to the client's behavioral healthcare program or other community resource.

May I refer a client to myself for longer-term care?

Yes. You may refer USPS EAP clients to yourself, but only if the referral is staffed and approved in advance by your Magellan USPS EAP care manager at 1-800-327-4968. Upon approval by Magellan, you must (1) offer the client two alternate referral resources besides yourself; (2) if the client selects you, obtain the client's signature on a *Self-Referral Waiver* form acknowledging the transition from EAP to mental health benefits; and (3) fax the form to Magellan at 1-888-656-4154.

Do I need to staff cases that aren't routine in nature?

Yes. Call your care manager immediately at 1-800-327-4968 if a case involves *risk of violence, suicidal or homicidal ideation, domestic violence, elder or child abuse, formal supervisory referral, last chance agreement, duty to warn, or chemical dependency.*

As a provider, may I communicate with USPS on a client's behalf?

No. You should call your Magellan care manager at 1-800-327-4968 with these types of requests.

Communicating directly with USPS personnel is a contract violation. (See the Magellan EAP affiliate addendum to the Magellan provider contract: section 2.4 - Contact with Employers/Unions.) If an EAP client, employer or a union contacts you requesting information about EAP clients or services, you should refer them to Magellan.

What if a client requests a note to verify attendance during work hours?

If a client makes this request, you may have him/her sign an *On-the-Clock Verification Authorization to Use or Disclose Confidential Information* form, which is included in the EAP packet sent to you at the time of the referral. You will give the employee a note that states only session attendance, date and time.

How do I receive payment?

The Employee Assistance Service Information (EASI) Form and USPS EAP Affiliate Case Addendum are the only forms that you may submit to Magellan for payment. CMS and other forms **will not** be accepted as billing for EAP. Interim billing for USPS cases is encouraged instead of waiting until sessions are completed in order to ensure billing is submitted within the required 90-day timeframe.

Are there special forms for USPS cases?

Yes. Customized forms for USPS cases include an *Authorization to Use or Disclose Confidential Information*; *Consent to Presence of Translator/Interpreter*; *Statement of Understanding*; *Verification of Employee Contact*; *Consent to Treatment of Minor*; *USPS EAP Affiliate Case Addendum*; and the *Client Satisfaction Survey*. These forms will be sent to you upon each case assignment. The customized forms are also available online at **www.MagellanProvider.com**. From the *Get Information* box, click *EAP Information*, then from EAP Supplement Appendix E, click *USPS*.

**Magellan USPS Service Center
1-800-327-4968**