

EAP GUIDELINES

Determination to refer to the EAP (Employee Assistance Program) or behavioral health/substance use disorder BH/SUD) benefit occurs when the care manager has assessed the following in the initial contact:

- Assess for risk
- Substance use/abuse
- Why now/assess for urgency (how and when the problem began)
- Impact on work, home, and other relationships
- Any barriers to resolve concerns
- Ability to problem solve
- Resources needed to problem solve

I) EAP PATHWAY

All Models:

- Crisis intervention where there is not immediate risk to self or others.
- Problem solving and education needed for a non-clinical issue.
- Issue is problem oriented, and resolution should be brief.
- Education can assist in preventing an occurrence or recurrence.
- Support for re-entry into the workplace.
- Presenting signs/symptoms cannot be assessed over the telephone.
- More of a V code focus which may include:
 - Academic problem
 - Adult antisocial behavior
 - Borderline intellectual functioning
 - Childhood or adolescent antisocial behavior
 - Malingering
 - Marital/relationship problem
 - Noncompliance with medical treatment
 - Occupational problem
 - Parent/child problem

- Other interpersonal problem
- Phase of life problem or other life circumstance problem
- Uncomplicated bereavement
- Non diagnosis
- Presenting with medical, financial, legal or life stress situation.
- Referral by a supervisor.
- Coordination with an employer mandated drug-testing programs (treatment should go to BH/SUD benefit).
- Follow up for Workplace Support (WPS) formal or mandatory supervisory referral or SUD cases to monitor compliance.
- Caller is an employee, dependent, or household member eligible for EAP benefits only.

Brief Treatment/Full-Service Model

- Clients with an apparent DSM diagnosis experiencing only mild impairment or mild to moderate symptoms. Can include, but is not limited to:
 - Mild to moderate depressive symptoms.
 - Anxiety.
 - Adjustment disorders.
 - Grief reactions.
 - Mild to moderate post-traumatic stress disorder (PTSD) presentations.
- Clients needing substance use/abuse evaluation, but not in need of immediate medical stabilization.

II) BH/SUD PATHWAY

- Dangerous to self or others.
- Psychiatric crisis or emergency (needing inpatient treatment).
- Evidence of psychosis.
- In current BH/SUD treatment.
- Evaluation of the need for psychotropic meds.
- Needs psychological or neuro-psychological testing.
- Client not likely to benefit from brief period of problem solving or education.
- Primary DSM diagnosis

- Parent/child problem

III) COMMUNITY RESOURCE PATHWAY (Can be separate or in conjunction with other pathways)

- Support provided by 12-step/self-help meetings to help maintain sobriety and significant others.
- Community services for support groups, legal, dependent or eldercare services, etc. (where extended vendor services are not part of the Magellan benefits).
- Court adjudicated assessments or services (i.e., DUIs).
- Services afforded through community mental health centers.