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Magellan Federal EAP Documents

Summary of Privacy Act (Press CTRL + click to open in new tab,

or visit https://www.magellanprovider.com/media/519218/fed_privacyact.pdf.)

Magellan Federal EAP Statement of Client Understanding

Federal Aviation Administration Statement of Client Understanding

Authorization to Use or Disclose Confidential Information

Consent to Treatment (Minor)

Member Record Request

Introduction

The Magellan Federal Employee Assistance Program provides EAP services to civilian employees for a consortium of government agencies such as the Federal Aviation Administration and the Department of Navy.

This appendix provides important account-specific information about the Magellan Federal EAP. For complete policies and procedures for Magellan EAP providers, please reference the other sections of this handbook supplement. Direct questions about this appendix to Magellan's Federal EAP Provider Line at **1-800-274-2477.**

Dos and Don'ts

- You are not to grant interviews or provide any information to any form of media regarding individual members, governmental agencies, or Magellan Federal policies or procedures.
- You are not to provide any written or verbal communications to governmental agencies or their management or other officials for any reason including fitness-for-duty or requests for job changes or time off. Federal agencies require physician documentation regarding fitness-for-duty, time off, etc.
- You are not to contact or respond to government personnel regarding a member.
- You MAY provide a note confirming session attendance, including date and time, if the member makes this request. Notes confirming attendance should be written directly to the member, not to the agency or supervisor.

Dual-Client Relationship

Within the consortium of government agencies, there are civilian employees, unions, and many layers of management; it is key that the EAP, including EAP providers serving the program, maintain neutrality and

confidentiality for both the client and the customer organization in all aspects of service delivery. You are not to contact a client's supervisor, union representative or any other agency personnel directly.

Magellan Federal EAP Components

Self-Referrals

- Employees of covered federal agencies and their household members may access the Magellan Federal EAP by calling the dedicated toll-free number (for deaf or hard of hearing members, call 711) to request services:

  Federal Aviation Administration 800-234-1327
  Air Force Civilian Employees Assistance Program 866-580-9078
  Navy Civilian Employees Assistance Program 844-366-2327
  Washington Headquarters 866-580-9046
- ***Please be advised that the Federal Aviation Administration (FAA) prohibits the EAP provider to continue treating the client after completion of the available EAP sessions. Should the client's situation necessitate help beyond the EAP benefit, please refer to the client's health benefit plan.***

Management Referrals

Supervisors may formally or informally refer employees who demonstrate job performance, attendance, and/or other conduct problems to the EAP.

An informal management referral occurs when a manager recommends the EAP or reminds an employee about the EAP upon disclosure of a personal issue by the employee to the manager.

A formal management referral occurs when, after consulting with Magellan, a manager provides an employee with a referral to the EAP as a resource to assist with an ongoing job performance issue or conduct issue. You, the EAP provider, are expected to meet with the employee to both assess the supervisor's concerns and evaluate the employee's perception of the problem(s) identified by the supervisor and any other problems that the member may identify.

At no time should you be in direct contact with the employee's agency personnel regarding the employee. All contact with the employee's agency MUST be from Magellan.

Critical Incident Response (CIR)

EAP providers may be asked to provide in-person individual and/or group support to persons who have experienced threats or actual violence, either in the workplace or at another location; threats or actual acts of suicide or homicide; events that severely impact the worksite, such as a natural or man-made disaster, death, severe injury or traumatic experience by members of a work group; or any other situation that might have psychological, legal and/or media impact on a customer agency.

If Magellan Federal requests you to conduct a CIR service, fee arrangements will be made at that time by a Magellan representative. A Magellan Federal staff member will consult with you regarding the response prior to your going onsite. When responding to a federal building or site, please bring photo ID and allow extra time for security screenings.

Administrative Procedures

Appointment Procedures

Magellan Federal members access their EAP by calling the dedicated 800 number for their program with Magellan:

Federal Aviation Administration 1-800-234-1327
Air Force Civilian Employees Assistance Program 1-866-580-9078
Navy Civilian Employees Assistance Program 1-844-366-2327
Washington Headquarters 1-866-580-9046

- Each call is answered live by a master's level licensed triage counselor at the Magellan Federal EAP Service Center.
- The triage counselor obtains demographic data and assigns a referral MAT number.
- The triage counselor facilitates a referral to a Magellan Federal EAP provider.
- Magellan Federal's Service Center staff will assist the member in contacting the assigned Magellan Federal EAP provider to arrange an appointment.
- Appointments must be offered for times that are convenient to employees and/or their household members. Members with urgent situations (cases involving risk of harm, abuse, or other circumstances in which a member is at serious risk to deteriorate without timely intervention) must be offered an appointment within 24 hours; members with non-urgent (routine) cases must be offered an appointment within 5 days. If you are unable to provide appointments to meet these time frames, please contact the Magellan Federal EAP Provider Line at 1-800-274-2477.
- The confidentiality of all members must be protected under the Privacy Act of 1974. Magellan Federal EAP members may not be required to provide a Social Security Number to access EAP services.

Documentation

Beginning with the first client contact, you are to maintain a record of contacts with and/or relating to each client, with the most recent information at the front of the record. Notes are to contain identifying information only as reasonably needed for your services. You are responsible for ensuring that every client record is legible, orderly, accurate, and complete. Every action you take must be documented, as well as on-going progress notes; each note must contain your signature.

Upon each case assignment, you will receive access to an electronic EAP registration packet that includes:

- Information explaining the Magellan Federal Employee Assistance Program.
- Magellan Federal EAP email notification including a link to the paperless EAP member registration packet that can also be accessed online at www.MagellanProvider.com after signing into your provider account. The paperless registration packet and email notification will both include information about the referral, including the MAT number, number of sessions, and registration start and end dates.
- Magellan Federal EAP Statement of Client Understanding (SOU) that ***each*** client is required to sign prior to receiving EAP services. *Note:* Every adult present in EAP sessions must sign an SOU. Employees of the Federal Aviation Administration (FAA) must sign the Federal Aviation Administration Statement of Client Understanding. Depending on your state law, the SOU for a

minor client must be signed by the minor and/or his or her parent or other legal guardian. If state law requires that one or both parents or legal guardian consent to treatment, then that person or persons must also sign the SOU. If the minor is permitted to consent to treatment on his or her own, only the minor need sign the SOU. Review the SOU with the client to assure his/her understanding of EAP services and limits of confidentiality. If the client has a question that you cannot answer, refer the client to the dedicated 800# for the government agency they work for.

- Consent to Treatment for a Minor form that a parent with legal custody or a legal guardian signs if the client is a mino*r who* is not able to consent to treatment on his or her own under applicable state law.
- Consent for release of confidential information (see Authorization to Use or Disclose Confidential Information
- Member Record Request form that the member is required to sign only if records/information are to be released.

Payment Procedures

At no time, under any circumstance, may a client or a client's health benefit plan—or anyone other than Magellan—be billed for services rendered under the EAP.

- To receive payment for EAP sessions rendered, you must submit the EASI Form to Magellan. The EASI Form must be *received* by Magellan within 90 days of the EAP referral end date indicated on the Magellan referral sheet.
- You may submit for payment for Magellan Federal EAP cases via the online EASI Form at MagellanProvider.com (requires sign in).
- Billing on CMS forms, Magellan's Treatment Request Forms, or any other forms **will not** be accepted.
- Magellan will arrange and pay for any interpreter services that are needed for clients with special language needs. Providers and members can arrange interpreter services by calling the toll-free EAP 800 number for their agency (see above - Magellan Federal EAP Components). Interpreters/translators will submit their invoices directly to Magellan.
- Billing and payment issues are not to be discussed with clients. Questions about billing or payment should be directed to the Magellan Federal EAP Provider Line at 1-800-274-2477.

In accordance with Magellan's policy, you will not be paid for members who do not show for or who cancel their appointments. If your office has a policy regarding no-show or cancelled appointments, we recommend that you provide a copy of the policy to the client no later than the first session. If the client fails to show up for or cancels an appointment after the first session, you may bill the client directly for the cancellation fee in accordance with the policy you have provided the client.

Service Delivery

Number of Sessions Available

- This program is based on the needs of the client within the framework of a brief, short-term EAP counseling model. There are a variety of session models available for agencies to choose for their

employees. The EAP referral sheet will indicate the total number of sessions in the session model selected by the customer agency through which your client is eligible for EAP services.
- If your initial assessment suggests that care beyond the EAP sessions is needed or if at any time during the short-term counseling process a need for longer care is indicated, a referral should be facilitated to the client's health benefit plan or other community resource as soon as it is clinically appropriate.

Services Not Available Under the Magellan Federal EAP

If the client requests these or similar services that are outside the scope of the EAP, refer the client back to the tollfree EAP 800# for their agency (see above—Magellan Federal EAP Components) for additional resources:

- Court-ordered therapy
- 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
- Learning disability testing
- Drug testing
- Legal advice
- Services outside the established counseling office.

Subpoenas or Requests for Clinical Records

- You may receive a subpoena in connection with an EAP case. 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 valid court order from a court of competent jurisdiction is signed by a judge. Please refer to your own legal counsel for guidance when in receipt of a subpoena or court order or contact the Magellan FOH EAP care manager. Magellan does NOT provide legal advice about how you should respond to a subpoena or court order you receive.
- If a client or any other party requests a client's records, please have the requester complete the Record Inquiry/Request form and the Authorization to Use or Disclose Confidential Information form (included in this appendix). See Summary of Privacy Act Requirements for details on legal requirements for responding to requests for records.
- You, the EAP provider, must obtain appropriate means of identification to verify the identity of the requester.
- When the client requests the record, the client must name a designated representative to receive the record. If you think that access to any part of the record could be harmful if given directly to the client, please refer to your own legal counsel for guidance, or contact the Magellan FOH EAP care manager.
- If you have any questions regarding this process, contact Magellan's Federal EAP Provider Line at **1-800-274-2477.**

Delivering Services to Clients with Disabilities

- **Visually impaired clients:** You should read aloud all forms that are presented to clients for examination and/or signature (e.g., Statement of Client Understanding, Authorization to Use or Disclose Confidential Information). You should document the reading in the client's case record, including the client's response to the reading.
- **Deaf or hard of hearing clients or clients with special language needs:** If an interpreter/ translator is required for a deaf or hard of hearing client or a client who has special language needs, Magellan Service the Center will locate an interpreter/translator and coordinate services between you and the interpreter. When an interpreter is utilized, you are to 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 are to arrange for an alternative accessible location in which the client can receive services.

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EMPLOYEE ASSISTANCE PROGRAM

STATEMENT OF UNDERSTANDING

Welcome to the Magellan Federal Employee Assistance Program (EAP). This document provides an overview of the confidentiality parameters of the Magellan Federal EAP program. The EAP provides consultation, short-term counseling, and resources to assist with personal or professional concerns that impact productivity and well-being. EAP services are available, at no cost, to eligible federal employees and their immediate family members. The EAP also offers consultations to supervisors to assist them in their efforts to help employees.

The EAP is non-medical in nature and therefore does not formally diagnose or treat health issues. EAP Consultants are licensed behavioral health professionals who work with you to assess a situation, explore problem-solving alternatives, and develop a plan to implement such options. Consultation with the EAP may involve the exploration of painful personal material. The consultation plan may include short-term EAP counseling and/or coaching services, as well as referrals to community resources. Please be advised that your agency and EAP contractors are not responsible for the treatment costs and/or services for which you may be referred beyond the EAP counselor, and it is your sole responsibility to pay for all such services including all charges not covered by insurance plans.

Participation in the EAP is voluntary. Employees may be referred to the EAP by supervisors for work performance and/or conduct issues. Information about an employee's visit to the EAP will not be released to a supervisor without the employee's written consent, regardless of the nature of the referral.

CONFIDENTIALITY

The EAP is a confidential service. Information disclosed to the EAP will only be communicated outside the EAP under the following circumstances: 1) you consent in writing; 2) life or safety is seriously threatened; 3) disclosure is required by law; 4) there is suspicion of abuse or neglect of a child or another vulnerable person. The authorities for the EAP and for the maintenance of your record are detailed in 5 U.S.C. 552a, 7361, 7362, 7901, 7904, and 44 U.S.C. 3101.

Upon request, the EAP can provide program attendance confirmation which EAP clients may distribute to a direct supervisor or other organizational representative at their discretion. Please be advised that any communication through email or by any phone other than a land line is not secured communication. If such communication is initiated by you, then consent to communicate over an unsecured network is implied. If this is not your desire, please inform your counselor.

I have read and acknowledge the above Statement of Understanding:

Client Name (print): _____

Client Signature: _____ Date: _____

EAP Counselor Name (print): _____

EAP Counselor Signature: _____ Date: _____

STATEMENT OF UNDERSTANDING

Federal Aviation Administration

Employee Assistance Program

Magellan HEALTHCARE

_____

Counselor Name (*print*)

You have chosen to receive FAA Employee Assistance Program (EAP) services, which are provided by Magellan Behavioral Health ("Magellan"). FAA EAP services may include assessment, referral, or brief counseling services and are offered to FAA employees, their family/household members, and recent retirees (within the last 6 months). The following is information you need to know before you participate in the EAP.

FEES

The FAA has already paid for these EAP services, which are free to you. If you need long-term counseling or specialized services, Magellan will assist you in locating a resource or service in your community. If a referral is suggested to you, you will need to decide whether to accept the referral or not. You are responsible for **paying for services beyond the EAP. Federal Employee Health Benefits Program plans may cover all, some, or none of the costs. Check with your health plan first before obtaining treatment.**

CONFIDENTIALITY

Magellan and the EAP counselor will 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. No one will reveal information concerning your use of the EAP to anyone outside the program except as follows:

a) you consent in writing;
b) you pose a serious threat to yourself (e.g., suicide);
c) you pose a serious threat to others (e.g., homicide);
d) disclosure is required by federal/state laws, (e.g., child or elder abuse);
e) your counselor refers you to benefits-covered treatment and the claims payer requires information. As part of Magellan's quality assurance program conducted with all its client organizations, professional clinical reviewers (not employed by the FAA) may examine your file at Magellan's quality assurance office to evaluate the services provided by Magellan. In addition, your counselor will disclose information and records to Magellan as needed for coordination of EAP services, quality assurance, or payment.

If you have been referred to the EAP by a manager or supervisor due to a work performance and/or conduct problem(s):

1. Under FAA policy, your participation is voluntary; whether or not you use the EAP will not affect your employment, security, or advancement opportunities.
2. If your manager gave you duty time to visit the EAP, your manager may confirm with the provider that you kept your EAP appointment. You must sign an authorization allowing the provider to confirm that you kept your EAP appointment. After confirming the appointment was kept, no other information will be released.
3. Your personal problems will not be discussed with the manager or supervisor, unless you request so in writing.

If you occupy a safety/security-related position and you or the EAP counselor identify that you may have a substance abuse problem:

You will be requested to sign a *FAA Employee Consent for Release of Substance Abuse Information.* The decision to sign this consent will be up to you.

- If you decide to sign the consent form, the authorization would permit Magellan to exchange information with your FAA jurisdictional/national EAP managers and flight surgeon/Office of Aerospace Medicine who would then prepare a Treatment/Rehabilitation Plan for you.

Magellan HEALTHCARE

- If you decide not to sign the consent form, FAA policy requires that Magellan terminate EAP services immediately. Magellan will not disclose any information to the FAA except as required in connection with a serious threat to yourself or others.

This form has been reviewed with the client and a copy was given to the client on the_____day of _____, 20__.

Counselor Signature: _____

Federal Confidentiality of Alcohol & Drug Abuse Records

The Federal Confidentiality of Alcohol & Drug Abuse Patient Records law and regulations protect the confidentiality of records of individuals with drug or alcohol abuse problems who use a federal employer's Employee Assistance Program (EAP). Under the law, the EAP is prohibited from telling anyone outside the EAP that an individual with a drug or alcohol abuse problem uses the EAP and from identifying the individual as an alcohol or drug abuser unless:

1. The person consents in writing; or
2. A court order permits a disclosure; or
3. The disclosure is made to medical personnel in a medical emergency; or
4. The disclosure is made to qualified personnel for research, audit, or program evaluation (identifying information will not be included). Violation of the federal law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. See 42 CFR 21.1 and 42 CFR 2.2.

Federal law and regulations do not protect any information about a crime committed at the EAP, or against any person who works for the EAP, or about any threat to commit such a crime. See 42 CFR 2.22.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. See 42 U.S.C. 290dd-3 and 5 U.S.C 552a for federal laws and 42 CFR Part 2 and 45 CFR 5b and 42 CFR 2.22 for federal regulations.

Further disclosure of this information is prohibited without your written consent.

EMPLOYEE ASSISTANCE PROGRAM

Authorization to Use or Disclose Protected Health Information (PHI)

This form allows you to give your permission to use or disclose your Protected Heath Information (PHI) to another person or organization. PHI means information about your health care or health benefits. Federal and State laws protect the privacy of your PHI. These laws say your PHI cannot be used or disclosed in certain situations unless you provide your permission to do so. By completing and signing this form, you are giving your permission.

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)

☐ 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?

Name (a person, class of persons, or an organization, like "counselor who saw me in 2024)	Phone Number (if known)
Street Address (if known)	City, State & Zip Code (if known)

Section 3. Who will receive information about the individual?

The information may be disclosed to:

Name (a person, class of persons, or an organization, like "counselor who saw me in 2024)	Phone Number (if known)
Street Address (if known)	City, State & Zip Code (if known)

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

Only the following information (Client must CHECK each item to be disclosed):

☐ Whether I am participating in the EAP
☐ Whether I am complying with EAP recommendations
☐ Attendance records
☐ Closing summary
☐ Progress report on my EAP counseling
☐ EAP recommendations
☐ Prognosis
☐ EAP intervention summary
☐ Drug/alcohol history
☐ Diagnosis/assessment
☐ Results of the mental status examination
☐ Other (describe the information to be disclosed and any restrictions):

Section 5. What is the purpose of the disclosure?

☐ To verify whether I am participating in and complying with EAP recommendations (Formal Referral)
☐ To enable the EAP to make a referral for treatment
☐ To enable the EAP to verify my attendance at an EAP session while on the clock
☐ At my request
☐ Other (please describe):

Section 6. What is the expiration date?

This authorization must expire in two years.

Date two years from today:

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

- You can revoke this authorization at any time by writing Magellan Federal, Attn: Privacy Officer, MO-22 P.O. Box 1899, 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 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 Federal, Attn: Privacy Officer,

MO-22 P.O. Box 1899, 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 1-800-274-2477.

Section 8. Signature of the Individual

I am the individual I claim to be, and I understand that the knowing and willful request for or acquisition of a record pertaining to an individual under false pretenses is a criminal offense under the Privacy Act, subject to a $5000 fine.

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.

Employee Assistance Program (EAP)

CONSENT TO TREATMENT - MINOR

Name of minor: _____

Age: _____years, birth date: _____

I, _____, am the legal custodian of the above-named minor.

Please print

Please check one:

❑ I have full legal authority to consent to treatment of the minor without obtaining consent or approval of another person.

❑ I have joint custody of the minor pursuant to a decree that requires both my consent and the consent of another person.

I hereby authorize the Magellan Federal EAP to provide counseling to the minor in connection with substance abuse, mental health and/or other personal problems.

_____

Parent or Legal Guardian

Date: _____

Witness: _____

Employee Assistance Program (EAP)

MEMBER RECORD REQUEST

You have the right to request access to your Protected Health Information (PHI) maintained by Magellan Federal in our designated record set. Certain information is excluded from access, including:

- Information meeting the definition of Psychotherapy Notes.
- Information compiled by Magellan in reasonable anticipation of, or for use in, a civil, criminal, or administrative proceeding.
- Information obtained from someone else, if providing you the access you requested would be reasonably likely to violate that person's confidentiality, by revealing the source.
- Information that a licensed health care professional has, in the exercise of professional judgment, determined that access you have requested is reasonably likely to: endanger the life or physical safety of you or another person, cause substantial harm to another person referenced in your record, or cause substantial harm to you or the person.
-

Please print or type all information other than signature.

Member Information (Information about person whose records are being requested)

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

WHO IS THE MEMBER DESIGNATING TO RECEIVE A COPY OF THE INFORMATION?

(Please complete this section if the member is directing Magellan to send a copy to a designated third party.)

The Information should be sent to:

Name	Phone Number (if known)
Street Address (if known)	City, State & Zip Code (if known)
WHAT INFORMATION ARE YOU REQUESTING?	

SIGNATURE OF MEMBER OR PERSONAL REPRESENTATIVE:

Signature (member):_____ Date (required):_____

Signature of Personal Representative (if applicable)

Signature: _____ Date (required):_____

If signed by a personal representative, describe authority to act for member (please attach any relevant documentation).

Please return this completed and signed form to Magellan Federal at the address below. If you have any questions about how to complete this form, please contact us at any of the below.

Mailing Address:	**Phone/Fax:**	**Email Address:**
Magellan Federal Attn: Affiliate Specialist, MO22 P.O. Box 1899 Maryland Heights, MO 63043	Phone: 1-800-274-2477 Fax: 1-888-656-5032	MFGetEthics@MagellanFederal.com

**Federal regulations protect the privacy of minors. Parents and legal guardians may not be given direct access to their records by the EAP. Instead, records requested by parents and legal guardians are sent to a designated health professional.*