

Frequently Asked Questions

Required Program-Specific Forms

[Statement of Understanding \(Federal Occupational Health\)](#)

[Statement of Understanding \(other Federal EAPs\)](#)

[Privacy Act of 1974](#) (external PDF, press CTRL + click to open link in new tab)

1. Program Overview

Magellan Federal provides Employee Assistance Program (EAP) services for civilian employees across a consortium of federal agencies, including:

- Federal Occupational Health (FOH)
- Federal Aviation Administration (FAA)
- Department of the Navy (DON)
- Department of the Air Force (DAF)
- Washington Headquarters Services – Department of War (WHS DOW)

Federal Occupational Health (FOH): FOH members are part of a consortium that includes over 350 federal agencies. Members served under FOH may not always know their EAP is administered through Magellan Federal or FOH and may identify with their federal agency (example: HHS Headquarters). Session models can vary from 1-3 sessions to 1-12 sessions.

Federal Aviation Administration (FAA): FAA members, dependents and household members have access to 8 EAP sessions per issue per year. Retirees maintain benefits for 6 months following their final date of employment. EAP clinicians may not self-refer if continued care is indicated.

Department of the Navy (DON): The DONCEAP program provides 6 EAP counseling sessions per problem per year for employees, dependents and household members. Retirees maintain coverage for 3 months following last day of employment. In the death of an employee, family members have access to services for 3 months.

Department of the Air Force (DAF): The Air Force EAP serves civilian employees in the Air Force (AF), Air Force Reserve, Air National Guard and Space Force as defined. Services will also be provided to Army civilians at AF-led joint bases and to direct hire foreign nationals in USAFE. Services are also provided to household/eligible family members of eligible civilian employees and up to 10 retirees maintain benefits for 6 months following their final date of employment. Session models is up to 6 sessions per issue/per year.

Washington Headquarters Services – Department of War (WHS DOW): The program provides 6 EAP counseling sessions per problem per year for employees, dependents and household members. In the event of a death of a civilian employee, family members can receive short-term bereavement support.

For questions, contact Magellan via the Federal EAP Provider Line at 1 800-274-2477 or via the *Chat with us* feature at www.MagellanProvider.com.

2. Accessing the EAP

2.1 Self Referrals

Members and household members may call their agency’s dedicated number:

Program	Phone number
Federal Occupational Health (FOH)	1-800-222-0364
Federal Aviation Administration (FAA)	1-800-234-1327
Air Force Civilian Employees Assistance Program (AF)	1- 866-580-9078
Navy Civilian Employees Assistance Program (DON)	1-844-366-2327
Washington Headquarter Services – Department of War (WHS DOW)	1-866-580-9046

Deaf or hard-of-hearing members use 711.

2.2 Management Referrals

Supervisors may refer employees when performance, attendance, or conduct concerns arise.

- **Informal Referral:** Supervisor recommends EAP after an employee shares a personal issue with the supervisor.
- **Formal Referral:** Supervisor consults Magellan Federal and issues a structured referral to assist with ongoing job performance or conduct issue.

Provider responsibilities include:

- Reviewing the supervisor’s stated concerns
- Exploring the employee’s understanding
- Identifying additional concerns

Critical rule:

Providers must never contact the employee’s agency directly. All communication must go through a Magellan Federal Case Manager.

2.3 Drug Free Workplace Referrals

The employer contacts Magellan Federal when an employee tests positive for drugs or alcohol and shows related absenteeism or performance decline—often for safety-sensitive roles, including those under DOT regulations.

Provider responsibilities include:

- Completing a thorough assessment including substance use screening, performance impact, support systems, and behavioral health concerns
- Recommending appropriate treatment or education and coordinating with Magellan Federal Case Manager to provide rapid updates while prioritizing these referrals due to employment and public-safety risks.

Critical rule:

Providers must never contact the employee’s agency directly. All questions and communication must go through a Magellan Federal Case Manager.

3. Critical Incident Response (CIR)

Providers may be deployed for in-person support following:

- Violence or threats
- Suicide or homicide
- Natural or man-made disasters
- Death or severe injury
- Events with psychological, legal, or media impact

Magellan Federal coordinates logistics, fees, and pre-deployment consultation. Bring photo ID and allow time for security screening.

4. Administrative Procedures

4.1 Appointment Scheduling

Triage Counselors at the Magellan Federal Shared Service Center do the following:

- Collect demographic information
- Assign a MAT number
- Refer the member to a provider
- Assist with scheduling

Navigators at the Magellan Federal Shared Service Center do the following:

- Support Triage Counselors in completing appointment searches
- Identify a provider with appointment availability
- Assign the identified provider to the referral
- Contact the member by phone and/or email with available appointment dates and times

Timeliness requirements

- Urgent: within 24 hours
- Routine: within 5 days

If you cannot meet these timelines, contact Magellan via the Federal EAP Provider Line at 1 800-274-2477 or via the *Chat with us* feature at www.MagellanProvider.com.

Confidentiality

- All information is protected under the Privacy Act of 1974.
- Members cannot be required to provide a Social Security Number.

5. Documentation Requirements

Providers must maintain clear, accurate, and orderly records beginning with the first contact.

Documentation must:

- Include only necessary identifying information
- Place the most recent information at the front
- Reflect actions taken and progress
- Include provider signature on each note

5.1 Electronic Registration Packet

Each case includes:

- Referral Sheet (agency, MAT number, authorization dates, session count)
- Link to Appendix E and the required Statement of Understanding (SOU)

6. Statement of Understanding (SOU)

6.1 Purpose

The SOU explains:

- Nature of EAP services
- Limits of confidentiality
- Member rights and responsibilities

6.2 Signature Requirements

- All adults participating in a session must sign.
- Minor consent rules vary by state. Some states require parent, guardian or legal representative consent.

- Review the SOU with the member during the first session.
- Direct questions outside your scope to the Magellan Federal Shared Service Center.

6.3 Correct SOU Version

Use the SOU that matches the member's affiliation:

- Statement of Understanding – Federal Occupational Health
- Statement of Understanding – Magellan Federal EAP

7. Payment Procedures

7.1 Key Rules

- Members, health plans, or third parties may not be billed for EAP services.
- Submit the Employee Assistance Service Information (EASI) Form within 90 days of the referral end date.
- Submit online via MagellanProvider.com.
- CMS forms or other formats are not accepted.
- Interpreter services are arranged and paid for by Magellan Federal.
- Billing issues must not be discussed with members.

7.2 No Show and Cancellation Policies

- Magellan does not pay for missed or cancelled appointments.
- Provide your cancellation policy no later than the first session.
- After the first session, you may bill the member directly for cancellation fees in accordance with your documented policy.

8. Service Delivery Guidelines

8.1 Number of Sessions

- EAP services are brief, short-term counseling.
- The referral sheet specifies the number of sessions.
- If longer term care is needed, refer the member to their health plan or community resources.

8.2 Services Not Covered

Refer members back to their agency's EAP number for:

- Court ordered therapy
- Custody evaluations
- Fitness for duty evaluations

- Workers' compensation or disability evaluations
- Group therapy
- Psychological testing
- Outplacement/job search services
- Investment related financial counseling
- Learning disability testing
- Drug testing
- Legal advice

9. Serving Members with Disabilities

- **Visual impairments:** Read all forms aloud, including the SOU; document this.
- **Deaf/hard of hearing or language needs:** Magellan Federal arranges interpreters.
- **Physical impairments:** Offices must be accessible; if not, arrange an alternative location.

10. Provider Conduct

Do not:

- Speak to media
- Provide written or verbal communication to agencies about fitness for duty, job changes, or time off
- Contact or respond to government personnel about a member
- Contact a member's supervisor, union representative, or agency personnel directly

FAA specific:

FAA EAP providers may not continue treatment after EAP sessions end. Refer to the member's health plan.

Do:

- Provide a session attendance note to the member upon request.
- Maintain neutrality and confidentiality.

Frequently Asked Questions (FAQs)

How do I handle a member's request for records?

Providers must respond promptly to member record requests in accordance with the Magellan Provider Agreement and the Magellan National Provider Handbook.

If the request involves records from the Magellan Federal Shared Service Center, direct the member to contact their EAP through their agency's dedicated 800 number.

I received a subpoena or court order. What should I do?

Consult your own legal counsel for guidance.

Magellan Federal does not provide legal advice regarding how to respond to subpoenas or court orders.

Whom should I contact with billing questions?

Direct all billing related questions to the Magellan Federal EAP Provider Line at 1-800-274-2477.

Do not discuss billing concerns with the member, their employer, or their insurance company.

How do I request reimbursement for services?

Submit the **Employee Assistance Service Information (EASI) Form**.

(Press CTRL + click to open external links in new tab.)

- **Online EASI Form**

- Use the EAP Services portal to conveniently and easily submit your EASI forms. You can get to the EAP Services portal in two ways. Note: you must create/link a new account with multifactor identification, or simply sign in if you've already created an account on the portal.
- Sign in at MagellanProvider.com, select Submit EASI Form from the left-hand menu, then click the red Go to EAP Services button.

OR

- Go directly to the EAP Services portal at provider.magellanhealthcare.com.

Review our brief demo videos and user guides:

- Submit an EASI Form -- [video demo](#) (2:15) and [user guide](#) (PDF)
- Create and connect an account for the EAP Services portal -- [video demo](#) (2:20) and [user guide](#) (PDF)
- [EASI Form](#) (PDF) -- hard copy for fax or postal mail submission
 - [EASI Form Instructions](#) (PDF) -- for fax or postal mail submission

You must submit either the online or hard copy EASI Form within 90 days of the end date indicated in the registration/details for each specific case. Submit hard copy EASI Forms to Magellan Healthcare Attn: Affiliate Specialist, MO22 P.O Box 1899 Maryland Heights, MO 63043 1800-274-2477 Fax: 1-888-656-5032

What should the initial assessment include?

After the SOU is signed, conduct a thorough assessment, including:

- Risk assessment
- Substance use screening

If initial screening suggests alcohol or drug use, complete the full assessment.



What should the initial assessment exclude?

Do **not** conduct:

- Fitness-for-duty evaluations
- Return-to-work assessments

Do not approve leaves of absence or imply that EAP can change work responsibilities.

What happens after the assessment?

Provide short term problem resolution services when appropriate or refer the member for longer term care under their insurance plan.

Can I release session information to the member's employer?

No. Do not release verbal or written information to the employer. This is prohibited by your EAP affiliate contract.

Do I need to staff cases that are not routine?

No.

Federal Occupational Health Employee Assistance Program

STATEMENT OF UNDERSTANDING

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

The FOH EAP is non-medical in nature and therefore does not formally diagnose or treat health issues. FOH 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 FOH 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 FOH and FOH EAP contractors are not responsible for the treatment costs and/or services for which you may be referred beyond the FOH 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 FOH 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 FOH EAP is a confidential service. Information disclosed to the FOH 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 FOH 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 FOH 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 landline is not secure. 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:

*Indicates required fields

Client Name (print):*

Client Signature:*

Date:*

EAP Counselor Name (print):*

EAP Counselor Signature:*

Date:*

Parent, Guardian or Legal Representative (when required) (print):

Parent, Guardian or Legal Representative (when required) Signature:

Date:

If you have questions about this form, please call **800-222-0364**

FOH4You.com



Magellan Federal 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 landline is not secure 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:

*Indicates required fields

Client Name (print):*

Client Signature:*

Date:*

EAP Counselor Name (print):*

EAP Counselor Signature:*

Date:*

Parent, Guardian or Legal Representative (when required) (print):

Parent, Guardian or Legal Representative (when required) Signature:

Date: