

**Provider Expectations for Best Practice of Management Referrals**  
*July 2004*

**OVERVIEW**

Management referrals occur as a response by an employer to an employee's problematic job performance or standards of conduct violation. In these cases, participation with the EAP has been strongly recommended by the supervisor or manager in an attempt to find a solution. Generally, in such cases, feedback to the supervisor/manager about contacts with the EAP is limited to reports of attendance and compliance.

In other instances, employers may require an employee's involvement with the EAP as a "condition" of continued employment or their return to work following a leave of absence for treatment. These types of referrals are called formal or mandatory referrals. These cases require reports of attendance and compliance, as well as more extensive case management activities. Additionally, return-to-work evaluations and recommendations may be required. The following information is intended to help providers understand the expectations and work flow when EAP makes such referrals to them.

**GENERAL GUIDELINES AND DEFINITIONS**

- **EAP Account Service Coordinator** acts as the manager for management referrals. The Coordinator:
  - handles all communication with the employer; and
  - informs the provider of relevant employer policies, procedures and requirements.
- **Anger Management Referrals:** Many states have adopted standards for these services that should be referenced by the provider in making recommendations for such services.
- **Drug/Alcohol Referrals:** Recommendations following evaluations should range from a minimum of drug/alcohol education up to, and including, intensive outpatient or residential treatment. The nature of the employee's work and whether impairment constitutes a safety risk are important considerations. One year is the typical timeframe for alcohol/drug case management but this may vary with the employers' policies.

**PROVIDER RESPONSIBILITIES**

- **Informed Consent Procedures Checklist:** The provider is responsible for getting release of information consents from the employee. These should be carefully implemented and should clearly delineate *exactly* what will be revealed to the employer. Release forms are required for any communication considered necessary for coordination but at a minimum, will be needed for:
  - ✓ communication between the provider and EAP's Account Services Coordinator;

- ✓ communication between the treatment program, the provider, EAP's Account Services Coordinator; and
  - ✓ communication between the coordinator and the client's employer for compliance of conditions of the mandatory referrals and/or the Employee Service Agreement
- **Evaluations Checklist:** Providers should:
    - ✓ verify the reporting requirements of the referral prior to seeing the employee;
    - ✓ meet with the employee face-to-face and notify EAP within 24 hours that the evaluation took place;
    - ✓ use his/her professional judgment in making recommendations and setting timeframes appropriate to the level of impairment; and
    - ✓ thoroughly discuss recommendations and timeframes with the employee by the end of the initial evaluation.
- **EAP Service Agreement- Management Referral for Substance Abuse or EAP Service Agreement- Management Referral Generic checklist.** Providers should:
    - ✓ Provide the employee with a clear and agreed upon set of reporting, treatment, and follow up expectations that are to be met as a condition of the EAP Service Agreement - Management Referrals for Substance Abuse or EAP Service Agreement - Generic;
    - ✓ Indicate when treatment or intervention beyond the initial evaluation is recommended, especially when this recommendation is related to the employee's job functions and/or safety concerns for the employee, fellow workers or the public;
    - ✓ Include *very* specific recommendations for intervention and the employee's actions necessary for clearance for work duty (e.g. "Two consecutive clean urinalysis will be required by June 12, 2003 before return-to-duty will be considered." "Employee will supply the provider with documentation of having attended a minimum of 3 outpatient chemical dependency treatment groups by June 3, 2003.");
    - ✓ Clearly identify a follow-up schedule including frequency, timeframes, and modes of contact with the provider, EAP Coordinator, and/or employer;
    - ✓ Explain what will be communicated to the employer with relevant timeframes (e.g., "Reports of non-attendance at treatment will be reported to the employer within 48 hours.");
    - ✓ Discuss the agreement in detail with the employee prior to their signing it; answer employee's questions, and
    - ✓ Fax or send the agreement to EAP within 48 hours of the successful completion of the requirements listed. ***Reminder: EAP will communicate compliance information to the employer.***
- **Follow-Up Guidelines**
    - Follow-up is a *very* important component of the Management Referral;
    - Follow-up provides a forum for the employee to discuss benefits from the interventions, the need to modify the intervention plan, and an opportunity to assess the factors that might impede the employee's progress.