



Provider Manual

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LifeSolutions

Mission Statement:

LifeSolutions provides health and performance products that equip our customers and members to achieve a successful workforce and healthy workplace.

Statement of Expertise:

“*LifeSolutions* specializes in the impact of human issues in the workplace.”

Overview of *LifeSolutions* Services

LifeSolutions operates within a not-for-profit company wholly owned by [UPMC](#). Our relationship with UPMC offers access to leading edge resources and an opportunity to provide cost-effective integrated services to the organizations and individuals we serve.

LifeSolutions understands that physical and emotional well-being has a dramatic impact on an employee’s ability to be not just at his or her workplace but to also be highly engaged and productive. We offer services that address the physical and emotional concerns of employees and positively impact organizational productivity.

- ◆ We provide health and workplace productivity services that enhance employee well-being across employers’ health care offerings.
- ◆ We manage the impact of personal and interpersonal issues in and out of the workplace.
- ◆ We use a consultative approach to create strategies and solutions unique to each organization’s needs.
- ◆ We reduce health-related costs and increase organizational performance by addressing the life, work, and wellness concerns of employees.

LifeSolutions is accessible 24 hours a day, 7 days a week. Our network includes over 10,000 professionals across the United States, Canada, and more than 100 other countries.

LifeSolutions has been providing member and employee assistance programs for more than 3 decades, and we value the participation of every provider who helps us respond to our members’ needs. In addition to maintaining the *LifeSolutions* network already established, we continually look for new sources of expertise to join our team.

LifeSolutions Model of Care

LifeSolutions believes that employers and employees derive great benefit from the type of EAP services we provide through our model of care. Clinicians provide short-term assessment, face-to-face or by telephone, counseling and coaching, and referrals.

After participating in brief counseling with one of our *LifeSolutions* professionals, a large percentage of employees report that they have solved their presenting problems and are no longer feeling “stuck.”

Some of the problems successfully addressed include:

- ◆ Work problems, including improving work communication, negotiating conflict, and developing organizational skills
- ◆ Marital or intimate relationship problems
- ◆ Parenting issues
- ◆ Coping with grief and trauma
- ◆ Emotional issues such as anxiety, depression, anger, and stress
- ◆ Alcohol or drug abuse and other addictions
- ◆ Struggling to stay positive while balancing work, family, and wellness

LifeSolutions offers employers a *WorkLife* product that benefits the employee and employer by reducing stress and increasing productivity. *WorkLife* services assist the employee in areas that include:

- ◆ Child care and elder care
- ◆ Legal issues
- ◆ Financial issues
- ◆ Personal services

LifeSolutions professionals are also able to help clients understand that some problems require ongoing assistance. The *LifeSolutions* counselor will explore a referral option in the sessions/meetings if the referral to an expert for longer-term care would offer more improvement and enable the client to continue his or her journey to wellness. Sometimes that occurs early in the process, sometimes later.

LifeSolutions professionals are knowledgeable about which community providers can help clients meet a variety of needs. Some examples are a self-help group for pain management and a counselor or psychiatrist who is trained to address depression, anxiety, or addiction.

Finally, *LifeSolutions* helps employers to keep their employees and their families safe. We assist managers concerned with an employee’s threats of violence to harm himself or herself or others through immediate telephone consultation, appointment scheduling, and/or referral.

National Service Center Office

LifeSolutions service center staff are available at **1.800.647.3327** Monday through Friday from 8 a.m. to 5 p.m., EST, to handle all routine calls from clients, providers, and counselors. Office staff members, whose positions are explained below, can be useful in contacting the appropriate person.

1. **Clinical Manager:** This clinical manager is responsible for managing the staffing levels of the service center to assure adequate coverage, credentialing and re-credentialing providers, contract issues, changes in location and availability, and outcome and compliance issues. This clinical professional also monitors the quality of services rendered by network providers, as well as the quality of services offered through the National Service Center.
2. **Care Managers:** These clinicians handle initial assessment and linkage to providers, authorization, and case management. They also assist employers in making performance-based referrals to EAP. Care managers serve as liaisons for employers, offering assistance with workplace issues and following up on formal and mandatory supervisory referrals.
3. **Provider Support Representative:** This employee processes new providers and tracks provider licensure and insurance to assure all are up to date. The provider support representative also oversees claims status and claims adjudication issues.
4. **Director of Service Center Operations:** This clinical professional oversees daily operations and is responsible for all of the professionals listed above. The director resolves any complaints and grievances and manages all aspects of the *LifeSolutions* Quality Plan, including the following key metrics: access to care; customer service; data acquisition; program utilization; account information accuracy; clinical case review; and accuracy and satisfaction surveys.

Accessing *LifeSolutions* Services

To access services, clients may call the *LifeSolutions* National Service Center office at **1.800.647.3327** Monday through Friday from 8 a.m. to 5 p.m., EST. The process of accessing services in non-urgent, routine situations is outlined below:

1. The client speaks with a care manager who will check eligibility and gather demographic information.
2. The care manager performs a brief telephone assessment and schedules the caller with a staff counselor or makes a referral to an appropriate network provider.
3. The care manager gives the client the name and phone number of a provider and advises that the provider will contact him or her within 2 business days to schedule an appointment for the initial session. (Please note that the provider is expected to make an attempt to reach the client within 2 to 8 business hours of referral receipt.) If unsuccessful in scheduling an appointment, the client is asked to call *LifeSolutions* for additional options.
4. The care manager calls the provider and gives the provider the client's name, telephone number, and number of sessions authorized.
5. The provider contacts the client to schedule the initial appointment.
6. Providers are required to call *LifeSolutions* after scheduling a client to provide the date and time of the initial appointment.
7. If the provider does not call within 3 business days of the referral, a care manager calls the provider for follow-up scheduling information.

Provider Credentials

LifeSolutions providers must have at least a master's degree in counseling, psychology, social work, or a related field with a minimum of three years postgraduate work in EAP (preferred). Providers must also meet the following criteria for participation:

- ◆ Current licensure (copy to *LifeSolutions*)
- ◆ CEAP in lieu of license (copy to *LifeSolutions*)
- ◆ Malpractice insurance in the amount of \$1,000,000/occurrence and \$3,000,000/aggregate (copy to *LifeSolutions*)
- ◆ *LifeSolutions* Clinician Profile form

Providers will notify *LifeSolutions* upon the occurrence of any of the following:

- ◆ Any actual or threatened loss, suspension, restriction, or revocation of provider's license, accreditation, or certificate to provide services, if any;
- ◆ Any malpractice action filed against provider;
- ◆ Any other civil, criminal, or regulatory action taken against provider;
- ◆ Any loss of provider's liability insurance or any material change in provider's liability insurance; and
- ◆ Any other situation that might materially affect provider's capacity to provide covered services lawfully or appropriately.

A provider may terminate this agreement at any time without cause by providing ninety (90) days prior written notice of its intention to terminate to *LifeSolutions*.

Provider Expectations

Providers should be available to *LifeSolutions* staff via answering service, paging system, or voice mail 24 hours a day, seven days a week. In the event that a provider is unavailable or cannot accept a referral for any reason (illness, vacation, etc.), he or she will recommend an alternate provider who is available and who meets *LifeSolutions*' minimum criteria. There are several types of referrals, each with a different timeline:

- ◆ Crisis appointments for acute needs within 8 hours of a call. Crisis appointments include circumstances in which caller is in severe personal, work-related, or family-related distress.
- ◆ Urgent appointments within 24 to 48 hours of the call. Urgent appointments include required referrals by supervisors and situations that cause the caller a moderate to high level of distress.
- ◆ Routine appointments (the majority of calls) within 72 to 120 hours (3 to 5) days of the call.
- ◆ Return of all phone calls within 2 to 8 working hours of incoming calls.
- ◆ Daytime and evening appointments, unless otherwise advised.

Referrals Beyond EAP

Clients who need long-term counseling or services outside the scope of EAP services must be offered an appropriate referral outside EAP. It is the responsibility of the provider to be familiar with the client's insurance and to make an effort to refer within the client's health plan. It is the client's responsibility to know the limitations of his or her insurance benefits. Providers normally may not refer to themselves or a colleague in their agency, practice, or office. Exceptions to this guideline must be approved in advance by a care manager in the *LifeSolutions* National Service Center. In cases where continuation is approved, the provider must offer the client 3 referral options outside EAP and the client must sign the waiver form. *LifeSolutions* advises providers to follow up with the client to determine if the client has connected with the referral source prior to closing the case.

LifeSolutions Forms

LifeSolutions providers, at a minimum for reimbursement, must complete **required forms** in their entirety. Providers may substitute their standard clinical case forms for the **optional forms**, provided that their forms contain the same basic clinical information. Providers must keep records in a locked file for 10 years from case closure date. A *LifeSolutions* care manager may call you to staff the case if a GAF score is below 50 or there are lethality issues or any area of concern. The required and optional forms are located on our website at lifesolutionsforyou.com; select the Provider tab and then click on forms.

Required Forms

- ◆ **Case Openings and Closing Forms:** Should be faxed or mailed to the *LifeSolutions* office within 72 hours of the initial interview with the client and no more than 30 days after the last session with the client. The fax number is 412-647-9484. Information may also be called in to the National Service Center Care Manager at 1.800.647.3327.
- ◆ **Statement of Understanding:** To be reviewed with the client at the beginning of the first session. The form should be signed and a copy given to the client. The original should be kept on file. If the client refuses to sign, the provider must document this in a progress note.
- ◆ **Reimbursement Claim Form:** To be completed at the case closing and mailed or faxed to *LifeSolutions*. The form must include all session dates. This form requires the provider's signature. Reimbursement claim forms will not be processed without submission of the case closing forms.
- ◆ **LifeSolutions Release of Information Form:** This form is used for all *LifeSolutions* clients when requesting or releasing information. The original should be filed in the chart and a copy faxed to the *LifeSolutions* National Service Center. **No release is necessary for you to speak with a care manager at the *LifeSolutions* National Service Center.**
- ◆ **Waiver of Referral:** This form is used when a client is being referred for longer term care, but he or she is requesting to continue this care with the current EAP provider. These cases must be reviewed in advance with a care manager at the National Service Center. (Refer to page 7.)

Optional Forms

- ◆ **Intake Assessment/Solution Planning Agreement:** Providers may choose to use these *LifeSolutions* forms to document the initial assessment and treatment plan for any *LifeSolutions* client.
- ◆ **Progress Note:** Can be used to record client progress in each session. Any case review with a *LifeSolutions* care manager should be recorded in the notes section.
- ◆ **Case Activity Notes:** Can be used to document client or collateral contacts outside of EAP session (phone calls, case reviews, etc.).

Billing and Payment

Only preauthorized counseling sessions between a member and an employee of *LifeSolutions* will be considered as reimbursable sessions. The reimbursement rate is agreed upon at the time of contract initiation and is per session — not hourly. *LifeSolutions* does not reimburse for no-shows. All questions about payment, authorizations, and rates should be directed to the *LifeSolutions* National Service Center at 1-800-647-3327. All Reimbursement Claim forms should be submitted to:

LifeSolutions Provider Relations

U.S. Steel Tower
8th Floor
600 Grant Street
Pittsburgh, PA 15219
Fax: 412-647-9484

Claims should be submitted by the 5th of the month following the last session. All claims are to be submitted within 30 days of the last session. Invoices received more than 30 days from the last session will not be paid unless staffed and approved by the clinical manager. *LifeSolutions* reserves the right to request a clinical record prior to payment or when appropriateness of services is in question.

Provider Supervision

LifeSolutions care managers will provide consultation with providers as follows:

- ◆ Providers with less than 3 years of EAP experience will have at least 1 hour of consultation for every 60 hours of client contact.
- ◆ Providers with more than 3 years of EAP experience will have one-half hour of consultation for every 60 hours of client contact.
- ◆ Providers in diverse geographical areas will have 1 hour of consultation for every 90 hours of client contact.
- ◆ *LifeSolutions* care managers will contact providers who have open cases every month for updates on clients' progress towards goals, future action plans, and compliance with formal or mandatory referral recommendations.

Providers will contact a care manager to staff any cases considered to be a **red flag** case within 24 hours of the session.

- ◆ **Red Flag Case:** Refers to the following situations involving an individual who is in contact with a *LifeSolutions* employee by phone or in-person:
 - A suicidal individual – a person who is a danger to her/himself.
 - A homicidal individual – a person who is a danger to others, not her/himself.
 - An individual who is psychotic or decompensating rapidly.
 - A case involving child abuse.
 - A case involving elder abuse.
 - A case involving domestic violence/intimate partner violence.
 - A domestic violence case.
 - A Fitness for Duty/Last Chance Agreement case.
 - A client with an acute medical condition.
 - A client who is engaging in behavior that is potentially dangerous to patients or co-workers.
 - A client who has a mental health or substance abuse problem serious/severe enough to cause concern that patient safety could be compromised. Before EAPs considers breaching confidentiality, the clinical director will consult with the EAP's medical director and a UPMC attorney.
 - A case in which the client is in litigation against the organization (or threatening to litigate).
 - A case in which the client is threatening to go to upper management about a workplace problem.
 - Any situation in which persons or property are at risk.
 - Cases that involve difficulties or complications regarding disability or workers' compensation.
 - Emergent situations as identified by employee/company.

Referral Types

Providers should expect a variety of referrals, each with its own characteristics and timeline. These include:

- ◆ **Self-Referral:** This represents the majority of clients you will see. Self-referral means that employees come on their own to EAP for assistance. Problem areas include the full range of those addressed in a private clinical practice.

What is important about this employee is that the workplace is not involved in making the referral. A client may say ‘my supervisor suggested I call EAP.’ This means the employee shared personal concerns with the supervisor or manager and that individual gave EAP as a source of help. ‘Supervisor suggestion’ is different from a job-performance-based referral, which will be defined below.

Family or household members who come to see providers for counseling are always ‘self-referrals’ as the company is not involved with family or household members.

The affiliate provider is expected to offer an appointment time within 4 to 6 business days of the referral.

- ◆ **Job-Performance-Based Referrals:** A key function of an EAP is to support effective performance management and to assist the employee in meeting performance requirements. This means enabling employees with job-performance issues in which work-life and/or mental health issues play a role, to address those issues and become productive workers.

If you are being asked to see a job-performance-based referral, the care manager will advise you of the performance issue at the time of the referral. It is expected that the affiliate provider will obtain a release of information (see required forms) from the client giving permission for a *LifeSolutions* care manager to contact the manager and/or Human Resources to report compliance with referral and treatment recommendations. Affiliate providers typically do not have direct contact with managers and/or Human Resources unless otherwise directed by *LifeSolutions* and with proper releases in place.

There are two types of referral to EAP that fall under this job-performance category. Each type involves contact with EAP by the supervisor or manager and/or Human Resources to describe the workplace behaviors that are the basis for the referral. Both involve obtaining a release of information from the client so that EAP can provide feedback to the supervisor or manager and/or Human Resources. They will be listed below and then described in detail in the next section.

The affiliate provider is expected to offer an appointment time within 3 to 4 business days.

Types of Performance-Based Referrals

- 1. Formal Supervisor Referral:** This referral is driven by a pattern of job performance decline, which has not improved after the usual informal ways of intervening. It is best utilized in the early stage of discipline. In this type of referral, EAP is presented as a ‘workplace resource’ to assist the employee in resolving whatever is interfering in his or her ability to get the job done. Participation is *voluntary* on the part of the employee. Affiliate providers see those employees who agree to participate with the focus being on the job performance issues identified by the supervisor or manager and/or Human Resources. Feedback to the manager or other referral source can only be provided if the employee signs a release of information authorizing the *LifeSolutions* care manager to contact the referral source. Please advise *LifeSolutions* if the referred employee does not comply with the referral or your recommendations.
- 2. Mandatory Supervisor Referral:** This referral is used with a serious incident or a problem affecting safety and/or job performance. These circumstances include threats to the safety of the employee, threats to other employees, or threats to the safety of the workplace related to the employee’s behavior, conduct, actions, verbal threats, or bizarre behavior. Lastly, a mandatory referral to the EAP can be used as part of the company’s Fitness for Duty policy that covers suspected alcohol and/or drug use and/or the presence of mental or physical issues that prevent the employee from being able to perform job responsibilities at the time they are observed. Drug Free Workplace policy, safety-sensitive job descriptions, and other policies a company deems relevant are all part of the company’s decision to make a Fitness for Duty referral. These referrals often involve mandatory drug testing and the referral can be made either before or after test results have been obtained by the company, as determined by the company’s policy. When the employee/client has been referred as a result of a positive drug screen or other substance use problem, the provider must refer the employee to an accredited drug and alcohol facility for assessment and recommendations. If formal drug and alcohol treatment is not indicated by the facility assessment, an education program on chemical dependency issues must be recommended by provider. If a referral is to be made related to a Fitness for Duty referral, the employee/client will sign a release of information form allowing the treatment provider to report attendance and completion to the designated *LifeSolutions* National Service Center care manager. If an appropriate program cannot be identified, then the counselor may discuss alternative approaches with the *LifeSolutions* National Service Center care manager.

The affiliate provider will be involved with the employee/client for the assessment and referral for treatment phase with some additional follow-up sessions as authorized by the *LifeSolutions* care manager.

Critical Incident Stress Management (CISM)

LifeSolutions customers may experience unexpected workplace events that are traumatic and capable of triggering distress reactions. A company representative is likely to call *LifeSolutions* to provide support and direction, including leadership consultation, on-site defusing, debriefings, and one-on-one sessions, along with follow-up by in-person or telephone counseling as needed.

When the customer is outside the geographic radius served by the Pittsburgh offices of *LifeSolutions*, an affiliate provider skilled in providing CISM services will be contacted.

Providing these services is outside the negotiated rate stipulated in the contract and will be established with the affiliate provider at the time services are requested.

Billing for services after completion is the same as for regular clinical services. Complete and return the Affiliate Provider Reimbursement Claim Form, which you can download from the Provider section of our website (www.lifesolutionsforyou.com) under the Forms link.

Education and Training

(based on Council on Accreditation standards)

LifeSolutions uses affiliate providers who are licensed behavioral health professionals who have specialized training and demonstrated competence in all areas of the EAP practice in which they are active. Additionally, the affiliate provider:

- ◆ Works in a clinical practice for a minimum of 10 hours a week.
- ◆ Has at least 2 of the following:
 - a. Training and experience in organizational dynamics;
 - b. CEAP designation;
 - c. At least 2,500 hours post-master's degree clinical experience;
 - d. Two years of EAP experience in a management or direct service role; or
 - e. A completed master's level internship in an EAP setting.

The affiliate provider is expected to maintain a license in good standing. Any changes that alter that standing need to be reported within 30 days to the *LifeSolutions* National Service Center care manager.