



ADMINISTRATIVE PROCEDURES

Procedure Number: 23-9

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Revision Date: 07/03/2013



County Administrator

SUBJECT: **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

DEPARTMENT RESPONSIBLE: **Human Resources Department**

I. STATEMENT

Pima County provides an Employee Assistance Program (EAP) for its employees and their families through Aetna Resources for Living. This program is intended to assist employees with personal and family matters requiring counseling. These may include but are not limited to alcoholism, drug abuse, mental, emotional, and physical ailments, family problems, financial/legal problems, and stress.

The program provides a resource for employees, household members, and a dependent up to age 26 to resolve problems and, in the work environment, helps employees cope with personal problems that may impair job performance.

II. PROCEDURES

A. Eligibility

1. The Employee Assistance Program (EAP) is available to all active employees.

B. Purpose

The Employee Assistance Program (EAP) will:

1. Provide employee assistance services to the employee, household member, and dependents up to age 26.
2. Assist employees whose declining job performance may be related to personal problems.
3. Allow employees to voluntarily participate in the program.
4. Provide for mandatory participation for issues involving workplace violence, when referred.
5. Adhere to Merit System Rules and Personnel Policies.

C. Operating Procedures

1. The following is the procedure for voluntary EAP use:
 - a. An employee, household member, and/or dependent up to age 26 may use the services of EAP, Aetna Resources for Living, by calling 1-888-238-6232 this self-referral is strictly confidential.
2. The following procedure shall be used for a management referral to the EAP:
 - a. The employee's supervisor or manager recommends to the Appointing Authority (or designee) that an employee be referred to the EAP for problems affecting job performance where previous attempts to help the employee have failed.
 - b. The Appointing Authority (or designee) reviews the recommendation and determines whether or not to make a referral. NOTE: This in no way prevents the Appointing Authority from initiating a management referral without a recommendation from the employee's supervisor or manager as long as the employee's supervisor or manager is made aware of the referral.
 - c. The Appointing Authority (or designee) will call 1- 800-243-5240 to speak directly to a management consultant.
 - d. An Aetna Resources for Living Management Consultant will fax the Appointing Authority (or designee) the Management Referral Form (MRF) (Attachment 1), as well as provide their direct-confidential phone line.
 - e. The employee's supervisor will notify the employee that the referral is being made, and will provide the employee with the MRF and (Attachment 1), the Pima County Confirmation of Attendance form (Attachment 2), as well as the assigned Management Consultants direct-confidential phone line. Both forms are used for attendance information only.
 - f. Once the MRF is signed by the employee, the Appointing Authority, manager or supervisor must fax the signed form back to the Management Consultant.
 - g. An Appointing Authority or designee must issue a management referral to employees involved in workplace violence. Attendance by the employee is mandatory.

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- h. Appointing Authorities, managers and supervisors will not be provided information unless the employee signs the MRF allowing EAP to release said information. Confidentiality must be protected.
 - i. The employee must take the Pima County Confirmation of Attendance form (Attachment 2) to the appointment and ask the EAP provider to complete. The employee must return this completed form to his or her supervisor.
 - j. Failure to accept an EAP referral and complete the process may be grounds for disciplinary action up to and including termination.

III. **RESPONSIBILITIES**

The Human Resources Department is responsible for contracting with the appropriate service provider for Employee Assistance Program (EAP) services, for notifying employees of the availability of the program and related services, and for assisting management with EAP referrals.

IV. **GUIDANCE**

Any questions regarding the Employee Assistance Program (EAP) or Aetna Resources for Living should be directed to the Human Resources Department, Compensation and Benefits at 724-8464.

THE MANAGEMENT REFERRAL PROCESS

Management Referrals are available as a benefit under all EAP contracts. The process allows management to send an employee in need of assistance to Aetna Resources for Living counselor for evaluation purposes. Such a referral is typically based on safety and/or other concerns and evidence of a serious decline in job performance that could affect continued employment.

Referral Procedure:

- I. Call Aetna Resources for Living at 1-800-243-5240.
- II. If a manager/supervisor wishes to give additional information to Aetna Resources for Living he/she may call the office and discuss the case with a Management Consultant, or Management Consultant Supervisor. The caller should be prepared to respond to the following questions:
 - What is triggering this referral? What recent event prompted this request?
 - How long has there been a problem? What previous incidents have occurred?
 - What has the organization already done to attempt to correct the problem? Was there any improvement?
 - What are your expectations regarding this referral to Aetna Resources for Living?
 - To what specific questions are you seeking answers? (e.g. Fitness for duty concerns, etc?)
 - To whom should Aetna Resources for Living provide information?
- III. The Aetna Resources for Living Management Consultant may receive information but, without a Management Referral Form (MRF) (Attachment 1) signed by the employee specifying with whom the counselor may discuss the referral, the management consultant cannot give any information. Aetna Resources for Living or contracted provider will notify the employer when an employee referred by management keeps the management referral(s) appointment following management referral and/or when a meeting is held during the employee's work hours by signing the Pima County Confirmation of Attendance Form (Attachment 2) provided by the employee. The employee must return the Confirmation of Attendance Form to his or her supervisor.

Important points to remember when considering a Management Referral:

- Management referrals are typically seen within 48 hours. If there is a serious safety concern, call 9-1-1 or other emergency response service.
- Ongoing communication between the Aetna Resources for Living counselor and the referring organization is strongly recommended to ensure the best possible outcome.
- While the Aetna Resources for Living counselor may recommend ongoing counseling, only the employer can require attendance as a condition of continued employment.

THE MANAGEMENT REFERRAL PROCESS

Continued

- If problems with the employee continue or new concerns arise, a follow-up management referral may be indicated. Call the appropriate Aetna Resources for Living office to discuss this additional step.
- IV. Another tool for dealing with difficult employee situations is the *Supervisory Consultation*, a confidential discussion between a manager/supervisor and an Aetna Resources for Living Management Consultant. These consultations may take place by contacting 1-800-243-5240. They are intended to answer questions or provide direction regarding a supervisory problem whether or not a management referral is involved. Although a supervisory consultation is not a prerequisite for making a management referral, it can be an additional resource.
- V. If supervisors and managers wish to take concerns beyond the management consultant counselor level, they may request to speak with a management consultant supervisor.

**SUPERVISORY CONCERNS ABOUT
THE REFERRAL PROCESS**

Sense of Betrayal.

Referring an employee to the EAP isn't like "turning someone in." The EAP is a source of professional, confidential help for employees in their time of need. It can also provide help to supervisors and managers throughout the referral process.

Fear of Harming a Valuable Employee.

Contacting the EAP will not interfere with an employee's chance at promotion or continued employment, but continued poor job performance may. EAPs were developed to restore an employee's job productivity. That benefits everyone.

Feeling Personally Responsible.

Your job is to monitor, document and intervene when declining work performance is present, not to handle employees' personal problems. When you refer an employee to the EAP, you're taking a strong positive step toward improving morale and productivity.

Confusion with Supervisor's Personal Problems.

Supervisors and employees can develop close bonds that may lead the supervisor to feel overly protective of an employee. For example, a supervisor who has been through similar personal problems, like a divorce or death of a loved one, may feel he or she has the experience to help. This can sometimes confuse the situation and delay the counseling or treatment that an employee needs. It is the EAP's role to help employees with personal problems.

Fear of Retaliation.

A supervisor may be afraid that the employee will threaten him or her for discussing job performance. All threats should be taken seriously and reported to the appropriate personnel in your organization.

Attachment 1

MANAGEMENT REFERRAL FORM /AUTHORIZATION FOR RELEASE OF INFORMATION

To initiate a Management Referral please: First call 1-800-243-5240 for the initial consultation. Then, after meeting with the employee and having them sign this form, immediately fax it to the Consultant named below at 888 892-8832.

MANAGEMENT INFORMATION:
 Referring Company: Pima County Government Referring Person: _____
 Title: _____ Telephone: _____ Email address: _____

EMPLOYEE/MEMBER INFORMATION:
 Name: _____ DOB: _____ Position/title: _____
 Telephones: Work: _____ Home: _____
 Cell: _____ Insurance Information: _____
 Department: _____ Does employee/member work in a safety sensitive position? Yes No

Type of referral being made:
 Formal Referral (no job consequences for not following through. Do not check this box if referral is mandatory)
 Mandatory Referral (there are job consequences for not following through with the EAP referral)
 Last Chance Agreement

Deadline by which employee/member must call the EAP for an appointment: _____
 Reason for Referral (complete or attach documentation describing reason/job performance issues): _____

Expected changes as a result of referral: _____

To the Employee/Member: By signing this form, you are authorizing the EAP to release the following information to the below listed company representatives (please check all that apply):
 The following company representatives have the right to receive information from the EAP
 Name: _____ Title: _____ Telephone: _____
 Name: _____ Title: _____ Telephone: _____
 Name: _____ Title: _____ Telephone: _____

This authorization expires on the following date: _____

If the expiration date is not specified, this authorization is for continuing disclosure valid for 365 days after the date of the employee/member signature.

Information to be released:
 Attendance (or failure to attend) at all provider recommended treatment

EMPLOYEE MEMBER PRIVACY/HIPAA INFORMATION:

- You may revoke this Authorization at any time by submitting a written revocation to your EAP at 6501 S. Fiddlers Green Circle, Suite 330, Greenwood Village, CO 80111
- A revocation will not apply to information that has already been used or disclosed in reliance on this Authorization.
- Once information is disclosed pursuant to this Authorization, it may be re-disclosed by the recipient and the information may no longer be protected by HIPAA.
- The plan may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this Authorization.
- You will be provided with a copy of this Authorization form upon completion and execution.

_____ Signature of Employee/Member	_____ Date	_____ Signature of Witness	_____ Date
FAX COMPLETED DOCUMENT TO: _____ (Consultant name)		_____ (Fax number)	
Consultant contact information: _____ (Telephone number)		_____ (Email address)	

NOTICE TO RECIPIENT(S) OF INFORMATION: Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without the expressly written consent of the person to whom it pertains 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.

Attachment 2



**PIMA COUNTY
CONFIRMATION OF ATTENDANCE**

Please provide this completed form to your supervisor.

TO BE COMPLETED BY EMPLOYEE:

Name of Employee: _____ Date: _____

Department: _____

**TO BE COMPLETED BY AN AETNA RESOURCES FOR LIVING Contracted
Provider:**

This is to certify that the above named employee was seen by an AETNA Resources for Living

Contracted Provider. Appointment: Date: _____ Time: _____

Signature of AETNA Resources for Living – Contracted Provider Date