HHSG Policies and Procedures for Providers Servicing
DEA Employee Assistance Program
(Effective April, 2011)

HHSG Forms: www.HHSG.org
HHSG FAX#: (949) 855-7575

Mailing Address: Health and Human Services Group
23392 Madero Rd. Suite L
Mission Viejo, CA. 92692

Counseling Services:

Counseling is limited to six sessions per client-per problem-per year. All clinicians must follow a brief, problem focused approach to counseling to successfully work with our EAP. Treatable clients generally bring a relatively high level of functioning (70+) and present mild symptoms.

A short term counseling model fits the needs of our DEA population and is sufficient for nearly all the cases you will see. We cannot treat serious mental illness, personality disorders, or other long term problems within the scope of our EAP contract. These cases should be referred for longer term support.

Session Time Limits: Initial counseling sessions can be up to 90 minutes in duration. The five remaining sessions must not be longer than one hour each.

You cannot bill for no shows. You must submit your billing (service receipts) to us within 30 days of service.

Assess for Long Term Need: EAP clinicians should assess the client's needs for long term care or brief solution focused counseling within the first two sessions. After the initial assessment session, or no later than the second session you should have determined if the client needs long term care. If there is a need for long term care, **you may use as many remaining sessions as you need to support a transition for the client to a local mental health service provider covered by the client's medical insurance.**

Clinician Self-Referral: After the allotted sessions have been used, you may want to request a referral to yourself using the client's health insurance. This would be appropriate when there is a need for continuity of service. You can request this with **Form #8**: "Clinician Self –Referral Disclosure Form" This form provides notice to the client that they have a right to be referred to other appropriate clinical services and the limits of their insurance coverage (i.e.: deductible, out of pocket cost, etc.)

Where do You Get the Forms?

All DEA/EAP forms can be downloaded for your use at: www.HHSG.org. Once you are in the site, click the top tab "FORMS", then click the DEA drop-down. You may print as many forms as you need. If you do not have access to internet please call and we will fax or mail you a copy.

Please print or type all forms, they must be legible or they will be returned

Health and Human Services Group

FORMS REQUIRED FOR BILLING AND PAYMENT:

There are <u>Three basic required forms and two handouts</u> that you will use for every client – and the satisfaction survey authorization

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- **<u>Form #1: Admission:</u>** Please write in the case #, type of referral, and referral date at the top in the space provided. Then have the client complete the rest of the top half of the Admission form at the initial session. This asks for their name and basic demographics. You will also need to complete the presenting problem section (problem statement), the initial diagnosis code, GAF score, and the type of problem classification. You should complete your treatment plan by the second session.

- **<u>Form #2: Statement of Understanding and Consent</u>** EAP clinicians must ensure that all clients read and sign the consent form **prior to providing services**. *This form explains the guidelines for confidentiality, eligibility, and follow-up procedures. Form 2 is only necessary for the first session and must be signed by the client at that time.* Form 2 must be signed by client submitted with 1st bill. Note that you cannot provide service to the client unless they sign the statement of understanding.

{ <u>In addition to the Statement of Understanding, please provide the client with the **Confidentiality Guidelines** two page document at the same time they sign form #2. This document is listed on HHSG's website along with the forms.</u>

- **<u>Form #3: Service Receipt</u>**<u>s</u>: Fill out the top portion of this form and have the client sign that services were provided. You may elect to fill out the narrative description of session goal and accomplishment after the client has signed before you submit. **One signed service receipt is required for each session.**
    - **<u>When discharging the client, check the box for "last session" and fill out the discharge-disposition section. Please include and improvement noted, the final GAF score, and recommended follow up work, if any.</u>**
    - **Your service receipt is your invoice to us. You must submit your service receipts within 30 days of the actual service date to ensure payment within the contract.**

- **<u>Form #4: Clinical Client Satisfaction Survey Authorization</u>** Have client complete and return with 1st billing.

- **You MUST also give your clients a copy of the Confidentiality Statement which provides specific information relevant to the DEA**

Other available limited use forms for special purposes: (call HHSG if needed)

- **Form #5: Consent for Release of Confidential Information**
- **Form #7: Threat of Violence** Use this form only if necessary

HHSG - Billing Procedures

Send all forms and your bills to HHSG 23392 Madero, Suite L, Mission Viejo, CA 92691 or Fax them to 949-855-7575 by the 10th of each month.

HHSG understands that each clinician may have different billing procedures or cycles. **We expect you to send in your service receipts within 30 days of delivery at the very latest.**

We are unable to guarantee payment for service receipts that are submitted late. HHSG will ordinarily deliver payment to you for billed services within 45 to 60 days of receipt of billing.