

EAP specialty services criteria and credentials guide

Evernorth Behavioral Health providers may be eligible to offer additional Employee Assistance Program (EAP) services and/or have specific EAP credentials. The EAP specialty services and credentials listed below require providers to meet certain qualifications and agree to specific participation criteria.

If you meet all the criteria listed for each specialty and/or credential, you may select the attestation indicator next to the specific category on your application to join the Evernorth provider network. You will receive more information about each specialty upon acceptance into the Evernorth provider network and may be asked to provide more information about your EAP specialty or credential at any time.

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Wellness Seminars

Description

Seminars, including webinars and wellness fairs, are typically 90 minutes in length and may be customized to cover unique topics of concern to an organization's employees. Seminars may address topics such as stress management, communication skills, workplace issues, etc. Evernorth will contact providers directly when there is a client need for a wellness seminar.

Qualifications

- + I have presented at least one on-site or interactive virtual educational/wellness seminar/training within the past two years.
- + I am familiar with presentation tools in PowerPoint.
- + I am experienced in and comfortable with webinar platforms and technology in general.

Participation requirements

- + I can accommodate seminar requests within a 3 to 4-week time frame.

Critical Incident Response

Description

Employees involved in serious incidents (i.e., workplace violence, loss of co-worker, extraordinary events, etc.) may experience emotional and physical symptoms affecting their quality of work or ability to work/return to work. Critical incident services may include preparation of key personnel/stakeholders, counseling and/or group education to assist in stress/crisis management and trauma response. Evernorth will contact providers directly when there is a client need for critical incident services.

Qualifications

- + I have received formal training in Critical Incident Response (CIR)
- + I have delivered a minimum of four CIR services in the past two years

Participation requirements

- + I agree to make changes in my schedule to accommodate urgent CIR requests within 2-12 hours

EAP Management Referral

Description

Evernorth provides workplace management referral services to clients (employers) that have purchased the EAP benefit on behalf of their employees. With a workplace management referral, providers are expected to offer general guidance on topics such as employee performance issues, substance use identification and intervention, conflict resolution, etc. Evernorth will contact providers directly when there is a client need for a workplace management referral.

Qualifications

- + I am experienced with employees who are required to access EAP services through a management/mandatory referral.
- + I am qualified and agree to perform a general substance use screening as part of my overall assessment regardless of the consultation issue
- + I am familiar with local resources and agree to serve as an advocate for the employee in accessing the proper level of care, facilitate the referral to a specific in-network facility and/or treatment provider (if applicable), and assist with referrals for employees who do not have insurance with sliding scale and/or community-based programs.

Participation requirements

- + I understand that there are two clients on each workplace management referral, the employee and the company.
- + I agree to assess an employee and develop a plan/goal to address his or her issues that may be contributing to the workplace problem and incorporate collateral information provided by the Evernorth Employee Assistance Consultant (EAC).
- + I am willing to make clinical recommendations independent of an employee's willingness /level of engagement to participate in said recommendation.
- + I agree to follow up with referral resources to verify initial compliance with recommended treatment. I understand my responsibilities in the completion of this management referral are not finished until I have received verification from the referral resource that the employee stepped into the recommendation.
- + I agree to follow up within 24 hours of each appointment with the Evernorth EAC.
- + I agree to partner with the Evernorth EAC that is managing the case, including sharing the following: compliance/attendance updates after each session, brief clinical update after each session, participate in follow-up clinical discussions as needed, and completion of the Initial Provider Update form after the 2nd EAP session.
- + I agree to not make any return-to-work recommendations verbally or in writing to the employee
- + I agree to not fill out any employee paperwork such as fitness for duty/return to work, worker's compensation, leave of absence, disability (short term/long term), FMLA, etc.
- + I agree not to contact the company. Any questions or concerns will be directed to the Evernorth EAC.
- + I understand that I must work directly with employees and I will not delegate this case to a licensee under my clinical supervision.
- + I understand that these sessions need to take place in person or virtually, not over the phone.

Supervisor Training

Description

Supervisor training is designed to enhance and complement the personnel policies and procedures of the employer. Formal training sessions help managers handle employee issues by teaching them to recognize signs of distress, confront performance problems, and appropriately utilize the EAP as a resource. Training aids in facilitating referrals to the EAP to support positive change in employees with personal and job-related problems.

Qualifications

- + I have familiarity with the EAP and the range of organizational support services offered.
- + I am familiar with presentation tools in PowerPoint.
- + I am experienced in and comfortable with webinar platforms and technology in general.

Participation requirements

- + I can accommodate training requests within a 3 to 4-week time frame.

Certified Employee Assistance Professional (CEAP)

Provider must have a current Certified Employee Assistance Professional (CEAP) certificate granted by the Employee Assistance Certification Commission.

Substance Abuse Professional (SAP)

Provider must all the following criteria to be considered a Substance Abuse Professional (SAP), per the Department of Transportation (DOT).

Knowledge Requirements

- + I understand that the DOT regulation -- 49 CFR Part 40 (Part 40) -- defines a SAP as a person who evaluates employees who have violated a DOT drug and/or alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare.
- + I understand, in order to be a SAP, I must have knowledge of and clinical experience in the diagnosis and treatment of substance abuse-related disorders.
- + I understand, in order to be a SAP, I must be well informed about Part 40, pertinent DOT agency regulations, and the SAP Guidelines as outlined by the Department of Transportation.
- + I understand how the SAP role relates to the special responsibilities employers have for ensuring the safety of the traveling public.
- + I understand that, in order to be a SAP, I need to have certain credentials, possess specific knowledge, receive training, and achieve a passing score on an examination before I may perform any SAP functions.

Qualification Requirements

- + **Credentials:** I hold a qualifying license or certification that allows me to pursue the role of being a qualified SAP, as outlined by the DOT:
 - licensed physician (Doctor of Medicine or Osteopathy)
 - licensed or certified social worker
 - licensed or certified psychologist
 - licensed or certified employee assistance professional
 - state-licensed or certified marriage and family therapist
 - an alcohol and drug abuse counselor certified by one of the organizations listed at <https://www.transportation.gov/odapc/sap>
- + **Training / Examination:** I have taken a qualification training on Section 281(c) of Part 40 of the DOT Regulations, and I have passed an examination on the required components of Part 40 of the DOT Regulations.
- + **Continuing Education:** I understand that during each 3-year period following satisfactory completion of my SAP qualification training and examination, I must complete at least 12 professional development hours (e.g., Continuing Education Units) relevant to performing SAP duties.
- + **Documentation of Meeting Above-Noted Qualifications:** I am willing and able to provide copies of my independent licensure and qualifying certification (if applicable), proof of my original SAP qualification training, proof of passing the exam on the required components of Part 40 of the DOT, and proof of continuing education credits upon request.

Substance Abuse Expert (SAE)

Provider must all the following criteria to be considered a Substance Abuse Expert (SAE), per the Nuclear Regulatory Commission (NRC).

Knowledge Requirements

- + I am knowledgeable and have clinical experience in the diagnosis and treatment of alcohol and controlled-substance abuse disorders.
- + I understand that, as an SAE, my function is to protect public health and safety and the common defense and security by professionally evaluating individuals who have violated the substance abuse provisions of a Fit for Duty policy and making recommendations concerning education, treatment, return to duty, follow-up drug and alcohol testing, and aftercare.
- + I understand that, after determining the best recommendation for assisting the individual, I shall serve as a referral source to assist the individual's entry into an education and/or treatment program.

Qualification Requirements

- + **Credentials:** I hold at least one of the following qualifying credentials, as outlined by the NRC – Regulation 26.187
 - A licensed physician;
 - A licensed or certified social worker;
 - A licensed or certified psychologist;
 - A licensed or certified employee assistance professional; or
 - An alcohol and drug abuse counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse.
- + **Training:** I have received qualification training on drug and alcohol testing requirements; the role of the SAE in making determinations of fitness and the return-to-duty process, including the initial evaluation, referrals for education and/or treatment, the follow-up evaluation, continuing treatment recommendations, and the follow-up testing plan; and procedures for SAE consultation and communication with the Medical Review Office and treatment providers.
- + **Continuing Education:** I understand that, during each 3-year period following completion of initial qualification training, I shall complete continuing education consisting of at least 12 continuing professional education hours relevant to performing SAE functions.
- + **Documentation of Meeting Above-Noted Qualifications:** I am willing and able to provide copies of my SAE qualification documents upon request as proof that I meet all requirements.