**RFP 21-66211**

**TECHNICAL PROPOSAL**

**ATTACHMENT F2**

**Employee Assistance Program (EAP)**

Please supply ***all*** requested information ***in the yellow-shaded areas*** and indicate any attachments that have been included. Document all attachments and which section and question they pertain to.

**2.1 General Information**

1. How long have you offered EAP services?

We have offered EAP services for 41 years.

1. Provide your covered membership nationally and in Indiana as of January 1, 2021.

Nationally, we cover 11.5 million members with our EAP services and more than 200,000 covered members in Indiana.

1. Do you have any health plan partnerships or provide EAP services as a subcontractor to other entities?

We partner with all major health plans (including our sister-companies, UnitedHealthcare and UMR) and various disability programs—many of which include established cross-referral protocols. At implementation, we request third-party carrier and vendor information for quicker benefit resolution during member calls. Master’s-level employee assistance specialists view desktop information on for members’ other benefit providers and educate them on their benefits. We do not subcontract our EAP services to other entities.

Specifically, for the State, through our combined organizational resources, we offer you a State-specific Advisory Board partnership to provide consultative and inter-disciplinary support for your strategic planning that will include executive leaders from the State, UMR and Optum.

1. What is the ratio of members to the following positions across your book of business: EAP/Intake (answers incoming clinical line), EAP counselors?

As opposed to staffing ratios based solely on membership, we determine staffing levels using advanced technology and call volume monitoring to verify that we have ample staff to serve members 24 hours a day, seven days a week. Designated EAP workforce representatives use a database that contains information about call metric history and makes predictions based on patterns of call volume and staffing levels. They also obtain real-time and short-term historical information about call center metrics. These sources help our workforce representatives forecast the optimal number of staff for each half-hour increment during the day based on membership, call volume, expected call handle time and time off from phones for training, meetings and so forth.

Our performance on a book-of-business basis includes an average speed to answer of less than 30 seconds, an abandonment rate of less than 5 percent and a member satisfaction rate greater than 90 percent specifically for our telephone responsiveness. It supports the efficacy of this enhanced approach to scheduling.

Employee assistance specialists handle an average of 16 calls per day.

1. Indicate the percentage of service center staff in each of the following degree categories that have a minimum of five years of experience post degree: Registered nurse, Masters, Masters with License, PhD with License, EAP management consultants.

All of our service center staff for our EAP have a minimum of five years’ experience post degree. Our management consultants average 15 years of experience.

In addition, most of our provider network clinicians have more than five years of experience, and clinicians in our network average eight to 10 years of experience, depending on licensure.

1. Describe how your organization differentiates itself from your competitors. Specifically, what makes your organization the best partner for the State?

Our extensive experience working with state entities differentiates us from other organizations. **We serve almost 800,000 EAP members working for states, counties, cities, fire and port authorities, sheriff’s departments, schools and similar organizations.** **Of those, nearly 700,000 are state employees, part of the 100 public administration customers we support, including four states.** We differentiate ourselves for the State through our long-term relationships with these customers because we have learned how to work within their departmental structures, plan for the needs and preferences of their members and respond successfully to their difficulties.

We respond daily to the complexities associated with public contracts, including stressors caused by continual public scrutiny, downsizing, hiring freezes, reduced work schedules and increased workloads. We work in trusted partnership with multiple levels of benefit program key stakeholders and decision-makers within these public agencies. Our strategic account executives work cost-effectively with limited budgets across their varied and numerous functions and departments.

We provide specialized service to departments within the organization, such as transportation, law enforcement and other personnel that need flexible support due to their job types and schedules. We also successfully serve the needs of bargained groups within many of these populations, including education, transportation, construction and custodial service workers.

Because of our extensive experience delivering EAP services to public agencies across the United States, we can respond successfully to the complexities of public contracts. We respond to the following:

* A diverse work force with a range of lifestyles and socio-economic positions requiring multi-modal access to the EAP (such as virtual visits EAP), including telephonic, face-to-face and online website tools to maximize utilization
* The need to work within budget constraints and maximize the financial resources of each municipality’s constituents
* A wide range of challenges including public demonstrations and critical incidents (both within the agency and within the municipality at large)
* The need for highly experienced counselors who understand special considerations or issues for Critical Incident Response Services (CIRS), essential personnel and first responders
* Departments with unique needs (such as those regulated by the Department of Transportation {DOT}), by offering flexible support, regulation-compliant policies and procedures, and service accountability
* Including multiple levels of decision makers whenever any changes or recommendations are discussed

**2.2 Employee Assistance Program Services**

1. Describe the EAP services you offer including face-to-face counseling.

Through our EAP, members have convenient access to a host of services and supporting functions to help them address the personal and/or professional concerns affecting their ability to engage fully in their lives or perform to their fullest potential at work. We also have specific experience working with essential personnel as noted in the following.

Our EAP includes the following components:

* **EAP Access, Assessment, Consultation and Recommendation Services:**
* A State-dedicated toll-free number is answered immediately by a live master’s-level employee assistance specialist, 24 hours a day, seven days a week. To further support your essential personnel, we can add an essential personnel/first responder prompt to our call tree so that when members call in, they can press 1 for first responder and a phone read out will go to the specialist so the specialist will be prepared to speak with an essential personnel/first responder member.
* A comprehensive intake assessment and consultation is highly detailed and customized, with solution-focused consultation that is twice the length of industry standard. We use a substance brief intervention tool and the Columbia Suicide Severity Risk Rating scale to help members who may be at risk. so that we can identify, plan for safety and get them connected to the right resource. We have also worked closely with organizations around essential personnel and substance use.
* Customized resource recommendations and service referrals are provided for each member, depending on the assessed need.
* Unlimited telephonic visits do not count against the members’ face-to-face session limit.
* We offer member and family coping strategies.
* We also offer member and family de-escalation and safety planning
* **Provider Search Verification:** Optum will provide the State the convenience of clinician/provider searches on behalf of members and their families during any EAP call (if the member needs a counseling appointment), with results delivered within approximately three business days. During the initial call, specialists work with members to determine the member’s specific provider/counseling requirements (availability to see the provider, demographics, essential personnel, first responder, language, geographic parameters, issue type, religious affiliation, and so forth). After a clinician/provider is found, we call the member with their clinician’s/provider contact and available appointment information. Members with urgent needs will continue to have clinician appointment searches done within 24 to 48 hours (this is the standard timing). For essential personnel and first responders, our employee assistance specialist will search to find an available appointment from a provider who has that area of expertise.
* **Provider Accessibility in Indiana:** We currently have 3,757 clinicians available for face-to-face counseling and 264 virtual visits clinicians in Indiana, **including 385 with expertise in working with essential personnel.**
* **Member Portal:** Optum’s EAP can be accessed through our mobile-optimized digital portal, available on all devices, which supports click-to-call, click-to-chat and request-a-call-back access to master’s-level employee assistance specialists. Our solution is a one-stop shop for all topics health and wellness, providing employees with comprehensive information on the EAP service and access to extensive range of educational materials, resources, tools and apps and helping employees and their family members to take a proactive approach to their health and well-being.
* **Text-based Therapy:** Talkspace is an effective alternative to face-to-face therapy that includes text, audio and video messaging with licensed therapists. We have found that educating essential personnel on how to schedule virtual visits and use Talkspace fit their schedule needs.
* **Digital Cognitive Behavioral Therapy (CBT):** Our Sanvello mindfulness and resiliency app offers self-care, addresses anxiety, depression and stress. Some of our customer managers have found that promoting Sanvello was very useful with their essential personnel because they could access the tools at any time with some of the exercises being 10 minutes. Members felt like they could fit this self-care into their day.
* **Financial Services:** This benefit includes two free 30- to 60-minutes sessions of one-on-one telephonic financial consultation with money coaches per year, online tools (financial stress assessment and financial calculators and modeling) and self-guided learning modules.
* **Legal Services:** This benefit includes one free 30-minute telephonic or in-person consultation with a state-specific attorney, per separate legal issue. If the attorney is retained, ongoing legal services are then offered at 25 percent below the firm’s current rates.
* **Management Consultation Visits with HR, Management:** This benefit offers support for employee performance management, workplace trauma, organizational change, worklife issues and more. Our management consultants are licensed clinicians who work on about 3,000 management referrals a year with most being because of substance use. Our team screens and assists members getting into the care that they need even if it is a level of care beyond EAP.
* **Critical Incident Response Services (CIRS):** These services provide support for crisis intervention, organizational changes, trauma or death of an employee. To support essential personnel, we have made a subset of our critical incident network to have responders selected first because of their experience working with these populations.
* **Training and Group Services:** Our training and group services include wellness seminars, lunch and learns, health fairs, skills training, such as stress management and coping, educational/support groups on a variety of topics. We can also provide specific trainings that support essential personnel, such as training for Compassion Fatigue.
* **Communication Materials:** Employee and manager promotional materials include posters, flyers, bi-fold brochures and tear-off cards, benefit flyers, educational articles, FAQ sheet with instructions to access the Optum appointment scheduling tool. These materials break down the stigma of EAP communications to help members (especially essential personnel) understand that our services are confidential and that we have a number of resources and tools to meet their specific needs.
* **Account Support:** We provide ongoing account management support to drive employee awareness of—and engagement with—the program. We will work with you to hear your specific needs with your essential personnel, any current initiatives and create a further strategy for supporting these members.
* **Reporting:** Reporting includes top concerns of the State members, where can we drive awareness, preferred channels of engagement and identify opportunities for additional support.
* **State-Specific Advisory Board:** Through our combined resources, we offer you a State-specific Advisory Board to provide consultative and inter-disciplinary support for your strategic planning comprised of executive leaders for the State, UMR and Optum. Together, we will take an innovative and strategic approach to exploring the best ways to align our services with your work force right now. We will address key topics on how to foster productivity, shape virtual work arrangements, support employee well-being, motivate performance and organizational loyalty, drive engagement through a comprehensive communication strategy and more.
* **On-Site EAP (optional):** An on-site resource can understand the organization’s culture, sit with workgroups to understand their day to day and build trust to make it easier for members to engage. This resource can provide individual consultation, manager consultation, respond to critical incidents and provide trainings, such as trainings on compassion fatigue as well as provide individual counseling. We have also had on-site staff work with organizations that have peer support programs. The on-site resource can act as an advisor to essential personnel to help with guidance on signs and symptoms of substance use and mental health concerns, how to talk to others about seeking help and how to get members connected to appropriate resources.

1. Describe the user experience when an individual calls to access EAP services. How are appropriate services determined based on the individual’s needs?

**Calls are answered live, 24 hours a day, seven days a week, by our master's-level employee assistance specialists.** To further serve your essential personnel and first responder members, we can also add a first responder prompt to our call tree so when they call in, they can press 1 for essential personnel/first responder, and a phone read out will go to the employee assistance specialist taking the call so the specialist will be prepared to speak with an essential personnel/first responder member.

Leveraging their average six-plus years of experience, employee assistance specialists take the time necessary to listen to members, fully assess their presenting issues and needs and help them develop initial action plans for addressing their concerns—all of which aligns with the acuity of members’ presenting issues.

During initial member calls, employee assistance specialists screen for risks and start crisis intervention services (if appropriate) and assess member presenting issues, as follows:

* **Risk Screening and Crisis Intervention:** The intake process begins with a risk screening to assess whether members present an immediate risk of harm to themselves or others. Our specialists are trained specifically on screening for risk in a conversational manner. They use a substance brief intervention tool and the Columbia Suicide Severity Risk Rating scale to help members who may be at risk so that we can identify, plan for safety and get them connected to the right resource. We have also worked closely with organizations around essential personnel and substance use. When members present as either risks to themselves or others, employee assistance specialists provide empathetic and caring support and encourage members to talk about the situations and/or feelings that prompted their calls. This intervention strategy helps to reduce the likelihood that members will act on their suicidal or homicidal thoughts; offers employee assistance specialists the opportunity to complete the assessment in a natural and supportive manner; and affords us the opportunity, if needed, to mobilize emergency response services. After the crisis assessment is complete, employee assistance specialists provide appropriate crisis intervention services. This may include calling the police or local authorities to perform wellness checks; arranging for immediate transportation to emergency rooms or crisis units; calling someone to offer support/assistance to members; or arranging for face-to-face assessments with network clinicians the same day (within 24 hours)—assuming members agree to the safety plans they develop in partnership with employee assistance specialists.
* **Assessments:** Many EAP vendors use an assess-and-refer model to triage members, which represents a missed opportunity to address member needs more immediately, efficiently and completely. We provide a comprehensive intake assessment and consultation that is highly detailed and customized, with solution-focused consultation that is twice the length of the industry standard. Members receive immediate access to professionals who are qualified to meet their needs from the first call forward. This support includes lifestyle screenings (developing comprehensive member views and the full scope of their presenting issues); solution-focused consultation (helping members clarify their goals and identify their available resources); and full benefit exploration (connecting members with available programs and resources). This comprehensive assessment helps members shift from problem-centered mindsets to solution-focused orientations that use all of their internal and external resources. Each member receives customized resource recommendations and service referrals depending on their assessed need.
* **Appointment Assistance:** We provide the convenience of clinician/provider searches on behalf of members and their families during any EAP call (if the member needs a counseling appointment), with results delivered within approximately three business days. During the initial call, employee assistance specialists work with members to determine the member’s specific provider/counseling requirements (availability to see the provider, demographics, essential personnel, first responder, language, geographic parameters, issue type, religious affiliation, and so forth). After a clinician/provider is found, we call the member with their clinician’s/provider contact and available appointment information. Members with urgent needs will continue to have clinician appointment searches done within 24 to 48 hours (this is the standard timing). For essential personnel and first responders, our employee assistance specialist will search to find an available appointment from a provider who has that area of expertise.

1. If an individual needs services beyond what the EAP can provide, how are those referrals made? Describe how you will coordinate with the Medical TPA.

We work collaboratively with our customers and their benefit partners to develop the most effective interfaces between programs, including protocols for integrating with third-party administrators (TPAs). Some examples of referral processes beyond the EAP can include:

* **Continued treatment after exhausting EAP:** When members exhaust their EAP visits and need continued treatment, the process is seamless for members if their behavioral health benefits are within the UnitedHealth Group umbrella. Clinicians simply submit claims for routine outpatient behavioral health visits, which do not require authorization, and member care continues uninterrupted. When members have behavioral health benefits outside of Optum, employee assistance specialists help them understand the relationship between EAP and behavioral health benefits and how the two work together. This includes advising members to confirm their selected EAP clinicians also participate in their respective behavioral health provider’s network. This can be accomplished by having members cross reference our EAP clinician list against their behavioral health providers’ networks or asking clinicians if they accept their behavioral health insurance when they call to schedule their first EAP sessions. Additionally, if the behavioral health vendor’s contact information is available in our information system, we can warm transfer members to their behavioral health vendors to confirm their selected clinicians participate in the behavioral health network. Employee assistance specialists remind members that they can call back at any time 24 hours a day for further assistance. Members who truly require additional assistance, such as those who may be confused or unable to research a clinician’s network participation on their own, receive additional help. Members may also elect to continue treatment privately and pay out of pocket. We also help members access appropriate community resources after their covered benefits are exhausted.
* **Health plan coordination:** We partner with all major health plans and a number of disability programs—many of which include established cross-referral protocols. At implementation, we request third-party carrier and vendor information for quicker benefit resolution during member calls. Master’s-level employee assistance specialists view desktop information on each member’s other benefit providers and educate members on their benefits. During member calls, employee assistance specialists conduct sensitive, supportive interviews so members can access their benefits and get care from appropriate resources. Assistance can include connecting members with medical and disability vendors and completing direct warm transfers, as appropriate**.**
* **Other service referrals:** Member issues are often multi-dimensional and require referrals to other services. Through our full benefit exploration process, we can help members understand and access the other benefits and services available through their employers/plan sponsors. Internally, employee assistance specialists also refer members to our complementary suite of legal, mediation and financial services for assistance with other issues that can affect emotional well-being and limit their ability to engage fully in their lives (e.g., divorce, bankruptcy, student/personal loans). We offer Talkspace (text, audio/video) and the Sanvello CBT mindfulness and resiliency apps as additional resources. Members can also access to a wealth of helpful information and resources on our digital solution.

1. Are trained staff available 24/7 for crisis situations? How are crisis calls handled? What follow-up is made for crisis calls?

Yes. Employee assistance specialists conduct structured assessments to determine if callers are in crisis and, if so, assess their risk of harm to themselves or others. Whenever suicide or homicide potential is at issue, our specialists involve licensed clinicians or supervisors to consult on or handle these calls. After assessments are complete, our first priority is to get members the appropriate help as quickly as possible (or immediately in emergencies). The specific intervention depends on the severity of the situation and may include the following:

* Calling the police or other local authorities for wellness checks
* Arranging for immediate transportation to emergency rooms or crisis units
* Arranging for face-to-face assessments with network clinicians in alignment with the severity/acuity of member presenting issues and working with members to agree on safety plans until clinicians can see them (We have research specialists who support employee assistance specialists in finding available clinicians for members.)
* Calling someone to support and assist members

After assessing situations, securing members’ safety and referring them to clinicians, employee assistance specialists follow through by calling members within six hours (emergencies) or 24 hours (urgent issues) of initial contact to confirm that members accessed the provided resources and are currently safe.

1. How do you help individuals select and schedule with a licensed counselor in the community?

For assessment or short-term counseling under the EAP benefit, we make the authorization process as simple as possible for members and authorize all available visits during initial member calls. We help members select and schedule appointments in many ways to accommodate their needs including:

* **Up Front Referrals:** Employee assistance specialists can give members a choice of clinicians in their respective areas and communicate clinician contact information. As part of this process, EAP authorization letters automatically generate and are sent to members. Members receive instruction to provide a copy of the letter to their clinicians for claims submission. Because authorizations are member-specific, members do not have to call us back for an authorization after selecting a clinician or if they change clinicians.
* **Appointment Assistance:** Our clinical staff offers to assist members who may be having difficulty scheduling appointments by finding the first available appointments and offering to transfer members to identified clinicians to schedule appointments. We can also provide your members the convenience of clinician/provider searches on behalf of them and their families during any EAP call (if a counseling appointment is needed), with results delivered within approximately three business days. During the initial call, employee assistance specialists will work with members to determine the member’s specific provider/counseling requirements (availability to see the provider, demographics, language, geographic parameters, issue type, religious affiliation, and so forth). For essential personnel/first responders, our employee assistance specialists will find available appointments with providers who have that area of expertise After a clinician/provider is found, we call the member with their clinician’s/provider contact and available appointment information. Members with urgent needs will continue to have clinician appointment searches done within 24 to 48 hours (this is the standard timing).
* **Self-Selection:** Members also have the option of selecting a clinician themselves through the digital solution. The directory includes clinical specialties and maps with directions to office locations. After members select a clinician, they can request visit certifications through the authenticated digital solution, which generates authorization letters from our information system. We also interface with providers who have online scheduling tools. Currently, members can conveniently schedule their appointments online with one of our almost 5,000 providers with this capability.

1. What follow-up is made for community provider referrals that have not had any completed sessions?

We follow up with all cases (with member permission) to confirm members connected with their referred clinicians or other referral sources, and to collect satisfaction information about these referrals.

* For emergent cases, the employee assistance specialist managing the case calls the member (within six hours of the initial contact) to confirm that the member was able to connect with the referred resource and is safe.
* For urgent cases, the employee assistance specialist managing the case calls the member (within 24 hours of the initial contact) to confirm that the member was able to connect with the referred resource.

For emergent and urgent cases, if the employee assistance specialist is unable to connect with the member, we send a follow-up letter that provides EAP contact information in case the member has additional needs. Supervisors audit all emergent and urgent follow-up.

For routine EAP cases, at the time of the initial assessment, we ask members for permission to contact them by phone or email for follow-up. Follow-up specialists with social service and mental health education and training contact members in 10 to 15 days for routine cases (we also assess satisfaction during follow-up) and again in 60 days to assess social and functional outcomes. If a member needs further services at the time of follow-up, we connect the member with an employee assistance specialist for additional consultation and resources.

1. Once an appointment with an EAP provider is requested, what is a typical wait time for a routine appointment, an urgent appointment, and a crisis appointment? If timing varies by type of assistance requested, please address.

Standard turnaround times are:

* **Emergency:** Life-threatening situations receive immediate intervention. Members with non-life-threating emergencies receive appointments within six hours.
* **Urgent:** Members receive appointments within 24 hours.
* **Routine:** Network clinicians must return the member's call within 24 business hours and offer an appointment within three business days.

1. The State provides referral lists to the EAP from the Population Health Program. Describe what outreach is done to engage these individuals in EAP services.

An integrated approach to care is the most effective way to address a member’s overall health care needs. In providing EAP services to our customers, we routinely interface with their other benefit vendors. We can review the State referral lists and coordinate with your Population Health Program vendor, ActiveHealth to connect members in need to our EAP. Part of our implementation includes meeting with each customer’s benefit vendors to train them on how to screen for behavioral concerns like anxiety, depression and stress and educate them on how and when to refer members to the EAP. To further facilitate cross-referrals and warm-transfers, we designate liaisons with other benefit and care delivery systems so that protocols for case sharing are developed prior to the contract’s effective date. During implementation we will coordinate with the State’s other benefit vendors to establish cross-referral interface policies and procedures.

To support this process, our information system includes an External Benefits tab that places a list of external vendors—along with notes and contact information for coordinating services—at our employee assistance specialists’ fingertips. We will review how ActiveHealth is identifying members for EAP (i.e., what specific issues are being identified, scope of EAP support for issues and so forth). That way we can best determine how and when to engage members during the outreach.

Members can also request EAP outreach for support during specific life events (i.e., marriage/committed relationships, death/bereavement, job loss, promotion, relocation, retirement, birth, adoption or divorce) through our Life Change Support program. The Life Change Support program is accessible through the digital solution. We developed this program to provide a way for members to reach out electronically for help with specific life changes.

1. Describe any follow-up that occurs with the member after he/she requests face to face services.

We follow up with all members who give us permission and conduct satisfaction surveys to assess social and functional outcomes and to offer additional support, if needed.

The timing of follow up is based on the acuity of members’ presenting issues, as detailed below:

* **Emergent and Urgent Calls:** Master's-level employee assistance specialists supporting members with emergent needs call members within six hours of their initial contact to confirm they connected with referred resources and find out if they have a need for any additional services. In urgent situations, master's-level employee assistance specialists call members within 24 hours of their initial contact to confirm that members connected with referred resources. For both emergent and urgent calls, if employee assistance specialists cannot connect with members, we send follow-up letters that provide EAP contact information in case these members have additional needs. Supervisors are available to consult with employee assistance specialists on emergent and urgent calls.
* **Routine Calls:** For routine EAP calls, follow-up specialists contact members who have agreed to be surveyed 10 to 15 days after their initial contact (we also assess satisfaction at the 10-day follow up) and again in 60 days to assess social and functional outcomes. The survey includes a question about whether there is anything else with which members need assistance. We discuss how we can help with any additional services that may be helpful for the member. Members with follow-up needs can provide a telephone number for an employee assistance specialist to call them, or they can call the 800-number provided in the survey to be connected with an employee assistance specialist.

1. What percentage of your clinical counseling is provided in-person, telephonically and web-based?

In 2019, 98.4 percent of our clinical counseling was provided by network clinician face-to-face visits and 1.6 percent was provided using our virtual visits option.

We provide telephonic consultations by our internal master's-level employee assistance specialists, where the calls/consultations do not count toward members’ EAP visits and are therefore not tracked in the same category. However, 21 percent of callers had their issues resolved through telephonic consultation with an employee assistance specialist.

In 2020, we saw a drastic increase in the use of our virtual visits as well as an increase in virtual visits providers. We have increased our network of clinicians offering virtual visits to more than 33,600 providers across all 50 states.

Because of the high demand for alternative options for counseling, in August 2020, we began offering Talkspace as part of our EAP. This app and service is an effective alternative to face-to-face therapy—supporting text, audio and video messaging with thousands of licensed therapists across the country.

We also offer our Sanvello app, a digital cognitive behavioral therapy (CBT) self-help tool to provide members with on-demand access to strategies, concepts and techniques to improve their well-being from the convenience of their smartphone, tablet or desktop.

2019 data shows that participants interact with Sanvello nearly five times more often than with traditional therapy alone.

1. How do you integrate with virtual behavioral health providers to expand access to care?

We have expanded our access options to enable members to connect with EAP clinicians through virtual visits and text-based therapy. For example, through our virtual visits network, members can connect with clinicians on a secure, video-based platform that is available in real time, in every state and the District of Columbia. Members also benefit from the convenience of being able to schedule virtual visits with certain clinicians directly from our member website. As previously mentioned, our provider network includes more than 33,600 clinicians that offer virtual visits to our members. **In Indiana alone, our virtual network includes 264 providers.**

Members can also access our expanded digital services, including provider networks like **Talkspace**, and **Sanvello** and other CBT programs that teach new skills to address stress, anxiety and problems sleeping.

We added Talkspace as a provider group in our EAP network to improve digital access to behavioral health services for our members. Including Talkspace as a contracted provider group expands virtual access through texting—a new modality of care for our members that also expands member access options.

In addition, leveraging both CBT and mindfulness techniques, Sanvello provides on-demand access through the mobile device of their choice to self-help for anxiety, depression and stress. The app provides recommended, in-the-moment activities that members can complete to improve their emotional well-being. It includes mood and health data tracking over time, integrated goal setting and progress assessments, interactive psychoeducation, relaxation techniques and coping tools.

1. Can you make a licensed counselor available on-site for counseling sessions at the State if desired?

Yes. We view the delivery of on-site EAP consultations (as opposed to long-term clinical counseling) as a best practice for short-term on-site EAP support. This is why we provide a short-term, solution-focused approach to addressing employee primary presenting issues. This includes meeting with employees and conducting risk screenings and assessments, providing solution-focused consultations, making issue-appropriate resource and clinician referrals, recommending coping strategies and assisting with de-escalation and safety planning. Over the course of ongoing, on-site sessions, on-site EAP consultants perform regular follow-up to check in on referral status (e.g., if employees have accessed services and/or resources, if they are satisfied with referred clinicians and/or services). At case closure, on-site EAP consultants again follow up with employees to confirm they connected with clinicians or other referral sources and collect referral satisfaction information.

On-site EAP consultants are behavioral health professionals who possess master’s or doctorate degrees in a behavioral health field and unrestricted licensure to practice independently. While the minimum requirement is three years of post-graduate clinical or EAP experience, current on-site EAP consultants average 20 years of experience. On-site consultants sit on-site at customer locations and are able to walk around and introduce themselves to members to build rapport and relationships. This is a beneficial resource for understanding the organization’s culture, sitting with workgroups to understand their day to day and building trust for further engagement. These services can also be conducted virtually, allowing for safety parameters during the pandemic and long-term support to those employees not centrally located at the site where the individual will sit.

With other customers, we have also had on-site resources work with organizations as an advisor to peer groups to help with guidance on signs and symptoms of substance use and mental health concerns, how to talk to others about seeking help and how to get members connected to appropriate resources. This can be beneficial to your essential personnel to help with guidance on signs and symptoms of substance use and mental health concerns.

1. Do you have experience offering counseling services to essential personnel in high stress roles, for example child protective workers or correctional officers? If so, explain.

Yes. We have worked with a number of organizations that include essential personnel, such as child protective workers and corrections officers and understand that this is a unique population and often a population who may not seek out assistance. For the organizations with whom we work, we have taken several steps to break down those barriers so that these workers can receive support. These essential personnel are exposed to daily traumas through interviewing children who have been abused, reading case documentation, and removing children from their homes to protect them, which may be met with animosity from parents. Essential personnel are often not able to go home and talk about their workday at the dinner table. Workers are aware that they chose this profession and these aspects are part of the job but there is also a need to educate this population about carrying around the weight of what others experience and providing them a safe and understanding environment to share their stories and receive care. We have worked with organizations to address these circumstances to get members the help they need in the following ways:

* We worked very closely with our account management team and a member of our clinical staff to meet with the Department of Children’s Services. We wanted to hear their specific needs, learned about their day to day and learned about the initiatives the organization was doing to assist their employees. We learned that members wanted to talk to counselors who would not be shocked by their stories or feel sorry for them. We learned that there needed to be flexibility in times of day care was delivered, and we learned that case workers needed more education about vicarious trauma. From that conversation, we developed a training calendar for Compassion Fatigue. This was important to help new workers, where this might be their first job, understand what vicarious trauma is and how to take care of themselves. We found that educating the staff on how to schedule virtual visits and use Talkspace to fit their schedules and needs. We also educated our EAP staff for when a first responder member calls in, they are doing a provider search to find an available appointment with a provider who has that area of expertise. We also did a number of leadership training on our product suite and how to talk to their team members about the benefits and when to suggest certain tools. For example, managers have found that promoting our Sanvello CBT app was very useful with their team because they could access the tools at any time. With some of the exercises being 10 minutes, members felt like they could fit this self-care into their day. We provided three EAP product trainings in three sessions and reached more than 200 members. During these trainings, we help break down the stigma, help members understand that our services are confidential and that we have many resources and tools to meet their specific needs.
* For some customers who have essential employees, we have made a subset of our critical incident network responders to be selected first because of their experience working with these populations. For another county organization, we implemented On-Site EAP. The on-site consultant is on-site at the customer location and walks around and introduces themselves to members to build rapport and relationships. This on-site resource has been able to understand the organization’s culture and sit with workgroups to understand their day to day. When this trust is established, it makes it easier for members to engage. The on-site resource can provide individual consultation, manager consultation, respond to critical incidents and provide training on topics, such as compassion fatigue. We have also had on-site resources work with organizations that have peer support programs. The on-site resources work as an advisor to these groups to help with guidance on signs and symptoms of substance use and mental health concerns, how to talk to others about seeking help and how to get members connected to appropriate resources.

Our master's-level employee assistance specialists leverage their average six-plus years of experience, taking the time necessary to listen, fully assess presenting issues, and help develop initial action plans with essential personnel. We can add a first responder prompt to our call tree so when these members call in, they can press 1 for essential personnel/first responder. A phone read out will go to our employee assistance specialist so the specialist can be prepared to speak with an essential personnel/first responder representative. Our specialists are trained specifically on screening for risk in a conversational manner. We use a substance brief intervention tool and the Columbia Suicide Severity Risk Rating scale to help members who may be at risk so that we can identify, create a safety plan and get them connected to the right resource. We have also worked closely with organizations around essential personnel and substance use. Based on their policies and procedures, if a substance use issue was identified at work, the members would be referred over to our management consultation team. Our management consultants are licensed clinicians who work on about 3,000 management referrals a year with most being because of substance use. The consultants screen and assist members getting into the care they need, even if it is a level of care beyond EAP. Our consultants are with them every step of the way to monitor their attendance and adherence to recommendations and to help them get connected to the recommended resources. We provide ongoing follow-up throughout the referral, building rapport. We help members so they can stay on the job or take time off work to get the care that they need so they have a successful return.

1. Describe the resources available for the following:
   1. Financial
   2. Legal referral services
   3. Elder-care referral services
   4. Child-care referral services
   5. Pet-care referral services
   6. Adoption
   7. Parenting
   8. Identity theft
   9. Work-life balance
   10. Stress
   11. Educational assistance
   12. Temporary housing
   13. Other, please describe
2. **Financial:** Through our EAP, members receive two free 30- to 60-minute telephonic financial consultation sessions with money coaches per year. Members can also access online tools and resources, such as a financial stress assessment, financial calculators and modeling, self-guided learning modules and a financial library.
3. **Legal referral services:** Members with legal or mediation concerns receive free 30-minute telephonic or in-person consultations with state-specific attorneys and mediators, per separate legal/mediation issue. Members receive ongoing services at 25 percent below the firm’s current rates after the initial consultation.
4. **Eldercare referral services:** Through our WorkLife Services, we help members access various services associated with caregiving; aging; sudden, chronic illnesses; or disabilities. Referral topics include nursing homes, respite care, home care services, case management services and others.
5. **Childcare referral services:** Through our WorkLife Child/Parenting services, we help members with a wide range of parenting topics, including childcare, adoption, before- and after-school programs, teen programs, pregnancy, parenting, discipline and safety, recreational and summer activities and others. Additional childcare examples include preschools, day/residential camps, before- and after-school programs, and home alone services.
6. **Pet-care referral services:** Our WorkLife Child/Parenting Support services are not just about childcare. These services can help employees and family members with a wide range of topics, including pet care and services, such as boarding kennels, daycare, pet sitters, pet insurance and veterinarian referrals, rescue groups and more.
7. **Adoption:** Worklife advisors conduct assessments of members’ adoption needs, provide consultation about the adoption process and locate referrals to adoption agencies, adoption attorneys, parent and adoptee support groups and adoption placement resources that specifically meet members’ needs. Worklife advisors email a variety of informative materials and educate members about the resources available on the digital solution for additional educational information on adoption.
8. **Parenting:** Through our WorkLife Child/Parenting services, we help members with a wide range of parenting topics, including childcare, adoption, before- and after-school programs, teen programs, pregnancy, parenting, discipline and safety, recreational and summer activities and others. Additional parenting examples include dad groups, parent/child interactive classes, parent education classes and parent support groups.
9. **Identity theft:** Our ID Protect offering is an optional buy-up to our WorkLife Services. The solution provides employees and their families with the security of knowing that we are monitoring for suspicious activity 24 hours a day, seven days a week. As part of ID Protect, members have access to our ID Theft and Fraud Resolution program, which includes consultation with a highly trained Fraud Resolution Specialist who conducts a seven-step process to help members address theft and fraud. ID Protect provides fraud alerts and monthly risk scores to help keep members’ identities and finances safe. Depending on the ID Protect package purchased, the product offers up to $1 million in protection for unauthorized electronic funds transfer and $25,000 in identity theft reimbursement coverage, credit monitoring, lost wallet/purse services and much more.
10. **Work-life balance:** Through our comprehensive WorkLife Services, worklife advisors help members meet the challenges of daily life, reducing their stress and anxiety and helping them contribute to more productive workplaces. Worklife advisors take over the extensive resource search that members would otherwise conduct during work hours and partner with members to mutually develop action plans and provide lists of verified referrals.
11. **Stress:** Employee assistance specialists and clinically licensed management consultants help employees identify the signs of stress, overlapping causes and possible solutions to help develop stress-reducing action plans based on each employee’s specific circumstances and options. Management consultants can consult about stress-related workplace issues or employee performance problems. We also offer our CIRS for critical incident issues. Leveraging both CBT and mindfulness techniques, the Sanvello app provides members on-demand access through the mobile device of their choice to self-help for anxiety, depression and stress. The app provides recommended, in-the-moment activities that members can complete to improve their emotional well-being. Sanvello includes mood and health data tracking over time, integrated goal setting and progress assessments, interactive psychoeducation, and relaxation techniques and coping tools. We have found that the Sanvello app is popular for other customer essential personnel populations. We also offer a number of on-site trainings to educate supervisors and employees regarding the causes and solutions of stress and can tailor them based on the identified needs of State employees.
12. **Educational assistance:** Our l WorkLife Life Learning Educational program helps members find the best educational resources for their needs—from kindergarten to college through adult education.
13. **Temporary housing:** Our WorkLife Services can address temporary and extended stay housing whether for a convenience service, eldercare low income housing, affordable housing for those with chronic conditions and more.
14. **Other WorkLife Services include:**

* **Chronic Conditions:** We address the needs of individuals, as well as their caregivers, who are living and working with chronic medical conditions, such as diabetes, cancer and heart disease. Referral topics include affordable housing, travel/special needs, remodeling, assistive technology and others.
* **Convenience:** These services can help time-pressed employees and their families make the most of working, living or traveling by saving the time it takes to identify, research and verify service information. Topics include business travel, dining, entertainment, health and well-being, home repairs and so forth.

1. Define what type of events qualify for critical incident stress debriefing (CISD).

A critical incident is any event that produces a strong emotional response that overwhelms an employee’s ability to cope. Examples of critical incidents include natural disasters, the death of a co-worker, layoffs, violence in the workplace, catastrophic events, terrorism, acts of war or any other critical situation. Our program includes preventive measures, support during a crisis or disruptive event, and post-incident help for the State at every level of the organization.

The State will determine if an event necessitates CIRS. Optum makes recommendations based on our definition and EAP best practices, but ultimately it is the State’s decision. If there is a question or concern about ethical or legal risk (which is very rare, since the industry standard of CIRS is an event that affects the employees of a workplace), the CIRS coordinator engages the CIRS manager (and possibly the account management team) for a collaborative discussion between us and the requesting manager for the final determination.

For other customers who have essential personnel and first responders, we have made a subset of our critical incident network responders to be selected first in going to these organizations because of their experience working with these populations.

**First Responder Case Example**

First responders are particularly vulnerable to critical incidents. Our CIRS and Disaster Support resources support the needs of public safety and law enforcement personnel who protect and serve citizens every day.

A city customer requested a CIRS responder team they had worked with in the past to support employees affected by a suspect shooting. Two police officers responded to a call where a suspect had shot and killed his wife. One officer was pistol whipped trying to detain the suspect and the other officer had to shoot the suspect, who did not survive. We secured the requested team and provided 29 hours of services to 37 employees who took advantage of the group, individual and management consultations. The customer reported being very satisfied with the CIRS responder, as well as the timeliness, materials and outcomes of the services provided.

1. Describe your organization’s capacity to provide on-site critical incident stress debriefing (CISD) support.

Our CIRS include preventive measures, support during a crisis or workplace disruption, and post-incident support:

* **CIRS Preparation:** We provide proactive services to help customers prepare for possible critical incidents/workplace disruptions. This includes organizational needs assessments; policy and procedure consultations; and optional manager/employee trainings that cover a range of topics that may assist the work force in preparing for and responding to critical incidents (available through a bank of hours or on a fee-for-service basis).
* **Critical Incident/Workplace Disruption Support:** CIRS coordinators provide immediate consultation, support and materials to customer representatives reporting critical incidents/workplace disruptions. CIRS coordinators develop plans with customer representatives to deliver timely on-site group and individual interventions, leveraging the specialized network of more than 4,800 trained CIRS responders we use nationwide if on-site services are needed. These clinicians have the training and experience necessary for responding to critical incidents. They understand how to sensitively support employees affected by workplace disruptions, especially following a crisis. We also support managers/supervisors, who must deal not only with their own reactions to incidents, but also remain available to help their teams address their concerns.
* **Post-incident Support:** On-site CIRS do not serve as a substitute for psychotherapy or improving symptomatic behavior. For employees who develop troubling symptoms later, the full range of EAP services remains available—including in-person or virtual visits counseling with network clinicians. Our EAP also includes access to unlimited telephonic Management Consultation services, which managers and supervisors can use as a resource in the days and weeks following a critical incident to support their respective teams.

In addition to on-site services, we can provide CIRS through Web conferencing and/or teleconferencing.

Through our optional On-Site EAP, on-site EAP consultants can also provide CIRS consultation and coordination of response services to the State members. These include crisis intervention, workplace support, workforce reductions, trauma or employee death and workplace violence.

1. What is the time frame for responding to a critical incident support request call or email (in hours)?

Our CIRS are available 24 hours a day, seven days a week to support customers who experience a critical incident or workplace disruption. An integrated part of our EAP, customers facing any trauma that may affect employee well-being can access this benefit. To make it as easy as possible for customers to use our CIRS, customer representatives can call the same toll-free number they use for accessing other EAP services and be triaged to a CIRS coordinator who calls the reporting representative back within the hour (unless the situation warrants an immediate transfer).

1. What is the time frame to be on-site after a critical incident request?

We provide immediate telephonic support, and CIRS coordinators can be on-site as soon as two to six hours after contact (when appropriate). Some critical incidents may be better served having CIRS responders on-site within 24 or 48 hours. Managers and customer representatives who need help can call our team of master’s-level CIRS coordinators 24 hours a day, seven days a week. services and mobilizing clinicians. After completing a review of the critical incident, the CIRS coordinator contacts R3 Continuum (R3c), which mobilizes a local CIRS responder who best matches the needs of the affected customer population —and help afterward by offering intervention.

1. Do you offer wellbeing and life skills workshops, seminars and/or webcasts? If so, please an example list of topics available.

Yes. A wide range of on-site and Web-based programs and services are available to the State to help address workplace challenges, as well as improve workplace dynamics and employee health and wellness. To allow the State to make the decision regarding the most appropriate types of services for the organization, all on-site services (e.g., training, workshops, CIRS) may be charged against a bank of on-site service hours included in our quoted rates.

Our on-site and Web-based services include the following:

* **Wellness and WorkLife Seminars:** These workshops promote healthy lifestyles, providing practical skills for dealing with common problems facing members and families. Programs address such topics as Smoking Cessation, Stress and Life Balance, and Developing Capable Kids. These seminars can be of great value in helping members deal with sources of stress, both in and away from the workplace.
* **Human Resource/Workplace Concerns and Work Skills:** Our seminars for human resources and employees promote positive communications, team building and problem-solving skills for all levels of professionals. Workshops include Building Successful Teams, Building Customer Satisfaction, Respect and Positive Interactions in the Workplace, and many more.
* **Professional Development for Managers and Supervisors:** These seminars help managers enhance their supervisory and communication skills, understand organizational dynamics, and enhance morale and motivation in the workplace. Topics range from Effective Performance Appraisals, to Managing Trauma, to Dealing with Conflict.
* **Training:** Trainings are organized around different themes, including essential worker and first responder sessions and peer support. Topics include coping with traumatic events, dealing with stress, mental health support, substance use disorder/addiction support, resiliency, maintaining balance in life, caregiving, communication skills, diversity and more.

1. What types of training can you provide for supervisors, related to the referral of employees to EAP services?

Managers and human resources (HR) representatives often need help addressing sensitive personnel issues and employee performance problems or staying on top of changing regulations and laws affecting the workplace. To deliver this support, we provide a full array of resources through multiple channels. These resources include the following:

* **Management Consultations**: Managers (or other customer representatives) can call for help with any workplace-related issue or concern. Licensed management consultants can support managers/supervisors with specific employee-related concerns and broader organizational issues, such as mergers or layoffs.
* **Management Referrals:** When employee situations warrant management referrals, management consultants help managers/supervisors establish specific steps for approaching employees, identify referral objectives and clarify procedures for protecting employee confidentiality. After referrals are made, management consultants help referred employees connect with appropriately qualified network clinicians and act as ongoing liaisons between managers, clinicians and employees. Management consultants work in concert with HR departments, customizing their support to align with customer-specific policies and procedures.
* **CIRS:** Managers and HR representatives receive CIRS support through our team of trained CIRS coordinators. This team provides immediate telephonic consultation, support and materials to managers/reporting representatives. CIRS coordinators also develop plans with affected managers and mobilize CIRS responders who deliver timely on-site group and individual debriefings in the workplace. CIRS are available 24 hours a day, seven days a week and can be accessed by calling the toll-fee EAP number. CIRS are available through a bank of hours or on fee-for-services basis.
* **Leadership Certificate Training for Managers:** The Leadership Certificate Program helps managers develop the necessary skills to meet the challenges of today’s workplace. By acquiring these skills, managers can create healthy, productive environments while meeting business demands and employee needs. To earn the leadership certificate, managers must successfully complete six courses.
* **Manager-specific Trainings:** We offer a range of on-site and Web-based seminars designed to enhance management supervisory skills and help managers/supervisors better understand organizational dynamics and improve employee morale and motivation. This includes 20-plus programs specifically designed for managers/supervisors. Seminars are provided by our training vendor’s (Balancing Life’s Issues) network of more than 1,000 trainers. These trainers are selected for their solid understanding of adult learning principles and instructional techniques appropriate for diverse learning styles, their proven success as presenters and their in-depth knowledge in specific subject areas.
* **Manager Resource Guide: Building Workplace Performance:** This guide includes a comprehensive exploration of employee referrals, complete with detailed suggestions for handling conversations with troubled employees. It also includes tips on topics, such as creating a motivating environment, inspiring teamwork and handling workplace conflict.
* **Management/HR Support on the Digital Solution:** Our digital solution provides support to managers/supervisors/HR personnel through an HR Toolbox, which includes information and resources for management consultations and referrals, CIRS, training and benefits information. The digital resources available to managers/supervisors/HR personnel will continue to expand and evolve for 2021 and beyond to help drive user engagement.

1. Can supervisors or human resource staff make requests for EAP services on behalf of an employee or family member? Describe how a referral by a supervisor or HR is handled. What services are provided and what is the timeframe for response?

Yes. Clinically licensed management consultants provide telephonic consultations, as needed, to managers and supervisors dealing with troubled employees, including assistance with management referrals. Managers (or other employer representatives) can request management referrals when documented performance problems, behavioral disturbances or violations of company policy in the workplace exist. If an employee issue requires a management referral, a management consultant works with the referring manager to establish the appropriate balance among key objectives. These objectives support the employee’s recovery, delineate specific performance expectations and provide effective workplace supervision.

Management referrals require employees to seek and comply with EAP recommendations to maintain their employment, such as last-chance agreements regarding employment or employees who test positive on drug screenings. Managers can request EAP evaluations for a particular employee or group of employees for potentially harmful situations in the workplace, such as mental health or substance use.

The process includes the following:

* Management consultants complete initial management consultations with referring managers to establish expectations and projected outcomes of the management referral process.
* Management consultants coordinate obtaining *Authorizations for Disclosure of Information* (by fax, secure email or mail), confirm that managers have talked with their HR or legal departments about conditions of employment and review employee benefit options for coverage and service.
* Management consultants recommend that managers meet with employees to explain their organization’s policies and discuss expectations with employees, the significance of signing the *Authorization for Disclosure of Information* and the potential for job jeopardy if employees do not keep their appointments.
* Management consultants authorize assessments and coordinate EAP counseling or longer-term care services, depending on the nature and acuity of employee presenting issues. The coordination of longer-term care is provided if behavioral health services are managed by Optum or a third-party vendor.

Following discussions with managers, management consultants conduct telephonic clinical screenings with referred employees, which includes a risk assessment to gather additional information about the situation and identify appropriate clinician specialties for each case. Management consultants then arrange for evaluations by network clinicians with the appropriate specialties. Management consultants explain to clinicians the reason for referrals, the urgent time frame and the need for prompt appointments and ongoing feedback to Optum. They provide employees the names of their referred clinicians and their addresses and phone numbers and instruct employees to call clinicians to confirm appointments.

Referred employees typically meet with clinicians within 72 hours of their initial assessments. With employee consent, clinicians report the results of these evaluations and any EAP recommendations to management consultants. The circumstances of the case determine the decisions regarding certification of additional treatment. Management consultants coordinate with clinicians, monitor treatment, communicate treatment compliance consistent with the *Authorization for Disclosure of Information* to referring managers at agreed-upon intervals and offer guidance for any necessary ongoing supervision and/or return to work.

We customize follow-up depending on the individual clinical situation and the employer’s policies and procedures to confirm employees are not at risk for recurrence and to support employee recovery.

Whenever we conduct a management referral for customers, we make sure the referred employee signs an *Authorization for Disclosure of Information* form. The management consultant working on the case can then share adherence information with the manager who initiated the request. Consistent with HIPAA requirements, we only share limited and relevant information with the manager. After we receive the signed form, the management consultant informs the manager that the employee contacted us about the referral.

Our quarterly EAP reports indicate the number of management referrals in that period, and we can include the number of employees who contacted us for EAP services as a result of a management referral. Our quarterly EAP reports also track EAP activity and disposition for various data fields, including data on the number of the State’s eligible members (broken out by employees versus dependents) accessing services and the utilization rate.

1. Describe your typical process for integrating services with other benefits vendors.

A core focus of all our program designs is seamless integration with each customer’s medical plans and specialty vendors (such as disability). Our programs are designed to promote full-service coordination and a seamless member experience.

Integrating our EAP services with the State’s overall health and wellness strategy is an essential element in our whole-person, wrap-around approach to care to provide each member with as much information and support as possible at every entry point into the benefit system.

Program integration for the State can include:

* **Seamless Referral Protocols and Training:** Your client executive will provide direct training and ongoing communication with EAP staff about the details of the State’s medical and other health and wellness programs.
* **Automatic Benefit Information Screens:** During implementation, we will upload the State’s benefit information into our integrated information management system, LINX. This upload will include not only medical benefit information, but also details about the range of the State’s health and wellness program offerings, including health assessments, flu shots, biometric screenings, smoking cessation programs and any other programs available to State employees (updated as needed). This information will be immediately available to employee assistance specialists when they are talking with the State’s members, enabling the specialists to describe and make referrals to each program (full benefit exploration), as appropriate for each caller.
* **Website Integration and Promotion:** State members can link directly to our digital solution. Web-based coordination components can be enhanced and expanded for the State with all websites accessed by your employees.
* **Program Meetings with the State and Vendor Partners:** The State’s client executive can facilitate meetings with the State’s other benefit vendors to coordinate workflows and communication processes and educate the State’s staff about our EAP offerings and how to make single-call referrals for all services. These meetings can serve as opportunities to incorporate any updates or changes to the State’s program goals or initiatives and address any concerns with program coordination. We will also explore ways to further enhance the integration of all the UnitedHealth Group programs currently offered to your members, to continue to streamline our services for an improved member experience.
* **State-specific Advisory Board:** Specifically, for the State, through our combined United resources, we offer you a State-specific Advisory Board to provide consultative and interdisciplinary support for your strategic planning to be developed with executive leaders from the State, UMR and Optum. Together, we will take an innovative and strategic approach to exploring the best ways to align our services with your work force right now. We will address key topics on how to foster productivity, shape virtual work arrangements, support employee well-being, motivate performance and organizational loyalty, drive engagement through a comprehensive communication strategy and more.

**2.3 EAP Provider Network**

1. Describe your network of clinicians. What are the different types of licenses that they hold?

We offer one of the largest clinician networks in the industry, developed since 1979 to meet the geographic, cultural, language and clinical specialty needs of our members. **In Indiana alone, we offer 3,757 clinicians in our network** including 530 PhDs and 3,227 Master of Social Work (MSW). **Our virtual visit clinician network in Indiana includes 264 providers**, including 33 PhDs and 231 MSWs.

Our network of credentialed clinicians includes a broad range of expertise (such as grief/bereavement, depression, parenting, chronic illness and more) to meet the evolving needs of members. Clinicians who attest to areas of expertise during the credentialing process are qualified to treat members and can receive referrals for those clinical areas. To support the State’s essential personnel and first responders, we have **2,725 providers that are trained and experienced with post-traumatic stress syndrome (PTSD), and 385 that are specific to law enforcement and firefighters**.

Within our larger national network of nearly 190,000 clinicians, we have many that have specifically indicated an EAP specialty. While most our network clinicians will employ brief or solution-focused interventions as indicated by member need, these clinicians have specifically indicated these skills as part of their clinical capabilities.

1. How many providers do you have contracted to provide face-to-face counseling services in Indiana by type of license? How many do you have nationally? Please provide a GeoAccess network accessibility in SOI RFP\_Attachment F2.1\_EAP\_Network Access. If you are proposing a combination of owned and leased networks, please provide your results separately by network. This GeoAccess analysis must be provided for the network you are proposing for the State.

In Indiana, we have 3,757 network clinicians available to provide face-to-face services to members. This includes 530 PhDs and 3,227 MSWs. It also includes 264 clinicians that can provide virtual visit counseling. Our national network includes nearly 190,000 clinicians.

Please see our completed GeoAccess network accessibility in **Attachment F2.1\_66211 \_Geo Access** and Optum’s **Attachment 1 - State of Indiana EAP Access Analysis.**

Our network primarily comprises independent directly contracted providers for EAP services. However, some of our network clinicians are part of professional groups that fall under the larger enterprise. Professional group information and data is separated (walled off) to main independent clinical judgement and practices.

1. Describe your network of non-clinical advisors. What licenses and credentials do they hold?

When members contact Optum, they access a team of advisors with years of experience and passion for EAP who have the following credentials:

* **Employee assistance specialists** are the first point of contact for members. They have master’s degrees in a mental health field and are certified employee assistance professionals (CEAPs) or are CEAP-eligible. Employee assistance specialists currently average six or more years of experience. Additionally, some are licensed marriage and family therapists (L.M.F.T.), licensed professional counselors (L.P.C.), licensed clinical social workers (L.C.S.W.) or Licensed Psychologists (L.P.). Employee assistance specialists average six or more years of experience.
* **Telephonic employee assistance specialists** provide immediate telephonic consultation and are licensed in a mental health profession with a master’s degree. They are CEAPs (or CEAP-eligible) and have three to five years of specific EAP experience and specialized training in brief counseling.
* **Management consultants** focus on supporting managers and human resources (HR) teams. They are licensed in a mental health profession with master’s degrees and are CEAPs (or CEAP-eligible).

1. Describe your recruitment and credentialing process.

To join our network, clinicians must meet the following credentialing criteria:

* License to practice independently, without any supervision or oversight
* Professional liability insurance with minimum coverage limits of $1 million per occurrence and $1 million in aggregate for non-M.D. clinicians

As part of their application to join our network, clinicians must also provide their signature to attest that the experience and specialties they have stated on the application are true and correct.

We have a centralized credentialing and database maintenance unit that coordinates all credentialing and recredentialing functions, updating the internal network database as necessary to maintain current records for all network clinicians.

Network managers located in various regions throughout the country are responsible for pre-assessing a clinician’s or facility’s qualifications and obtaining documentation from the applicant demonstrating compliance with our credentialing criteria. Internal credentialing specialists investigate any red flags that arise from the report on completed files, such as history of malpractice or disciplinary action by the licensing board and prepare the file for the Credentialing Committee’s review and final decision on network participation.

To assure quality and consistency in our credentialing process, each of the above units has a policy and procedures guide that is given to new employees and a training process that combines review of written materials with direct supervision and peer support (having new employees sit with more experienced team members). Some units conduct formalized training sessions, and most units offer cross-training so that new employees will understand the department as a whole.

1. For children away at college, or living elsewhere, how do you ensure they have access to counseling services?

Children away at college or living elsewhere have access to employee assistance specialists 24 hours a day through our toll-free 800 phone number. Specialists perform intake and assessment, provide solution-focused consultation, complete full benefit exploration and support and refer members to available resources.

In addition, we routinely review the network to make sure all members have access to clinicians and facilities within a reasonable distance from where they live. More than 47 percent (2020 data) of our network clinicians offer after-hours and weekend appointments to accommodate varying member schedules. Our clinicians are also contractually bound to provide 24-hour backup and on-call coverage to maintain availability in urgent cases.

Along with our EAP services through the toll-free phone number, we have increased member access to network clinicians through the following modalities:

* **Virtual Visit Counseling:** Members have access to more than 33,600 EAP Optum providers who offer virtual visits. They can search for providers, schedule and attend virtual sessions through our technology platform.
* **Talkspace counseling services include virtual and text therapy options.**
* **Digital apps:** We are partnering with provider groups to give members the ability to access licensed clinicians through top-rated mobile apps. These apps offer text-based therapy (with the exception of California), video and audio sessions, as well as on-demand access to CBT strategies (Sanvello), concepts and techniques. Sanvello has proven to be especially effective for individuals experiencing high levels of stress (such as essential personnel) or symptoms of anxiety and depression. Through Sanvello, your members will have access to some self-care support including mood and health data tracking over time, integrated goal setting and progress assessments, interactive psychoeducation, and relaxation techniques and coping tools.

**Monitoring Appointment Access**

We monitor appointment access through member satisfaction surveys, complaints tracking and trending, secret shopper surveys and monthly directory audits (is provider accepting new patients).

1. What processes do you have in place to ensure your provider directory is up to date including if they are currently accepting new patients?

To maintain timely access to providers, including those accepting new patients, and provider directory accuracy, Optum uses the following comprehensive provider validation processes:

* **Directory Updates:** We package all Provider Demographic Validation driven electronic and full roster updates for automation and/or manual data entry in a timely manner adhering to strict quality standards. We complete more than 50 percent of all updates received through automation. A dedicated processing team supports all manual updates solely related to the validation program.
* **Monthly Directory Audits:** We conduct monthly audits of a statistically valid sample of our national network. During audits, we validate key member access data elements, such as name, Tax ID, address, phone, license type/specialty, gender and accepting new patient’s status. Audits determine overall network directory access scores through an internal measure of our systems and an external measure of our directories.
* **Comprehensive Annual Validations:** We conduct annual reviews of a comprehensive set of data directly with providers through the Provider Demographic Validation (PDV) program. Providers attest to the correctness of the data or provide updates utilizing a combination of the provider portal, electronic and paper forms, and full roster exchanges. Non-responsive providers are subject to suppression from the directory.
* **Provider Express Provider Portal:**
* **Clinician Self-Service Update Capabilities:** Individually contracted clinicians can view/manage a comprehensive set of data through the Provider Express website. More than 80 percent (2020 data) of clinician-submitted demographic changes are updated real time in our systems with a nightly feed to our directories. Similar enhancements are in progress later in 2021 for contracted groups.
* **Attestation of Data Accuracy:** Upon logging into the portal, the system prompts individually contracted clinicians to review and attest to the validity of their demographic information every 90 days in auditable format. The provider can defer the requirement up to four times before locking other features. This promotes clinician attestation without being overly abrasive to providers needing to conduct other transactions, such as submitting authorization requests and/or claims. We plan to release similar attestation enhancements later in 2020 for contracted groups.
* **Member Directory Feedback:** Our online directories enable users to submit or to notify the network team about information that is potentially outdated. We contact providers to update outdated information in the directory.
* **Analytics and Data Cleansing:** We conduct analyses of broad data sets to detect inaccurate or stale data and proactively update information (missing gender, specialty, phone, formatting issues).
* **Authoritative Sourcing:** We conduct a comparison of our network data to authoritative sources to acquire and update the most recent provider information (such as regular removal of deceased or retired providers, National Provider Identifier or Medicaid ID accuracy).
* **Root Cause Analysis and Process Improvements:** We evaluate monthly directory audit defects for root cause trends to identify opportunities for continuous process improvement.

We will continue to explore initiatives to address our primary goal—to make sure that members have access to providers who have availability to accept new patients or see members in a timely manner.

1. What policies and procedures are in place to ensure EAP participating providers have adequate availability to quickly see EAP patients? How are these policies and procedures enforced?

To verify EAP providers have adequate availability and the accuracy of our provider directory, we use the following comprehensive provider demographic validation procedures:

* **Monthly Directory Audits:** We conduct monthly audits of a statistically valid sample of our national network. During audits, we validate key member access data elements, such as name, Tax ID, address, phone, license type/specialty, gender and accepting new patient’s status. Audits determine overall network directory access scores through an internal measure of our systems and an external measure of our directories.
* **Comprehensive Annual Validations:** We conduct annual reviews of a comprehensive set of data directly with providers through the PDV program. Providers attest to the correctness of the data or provide updates utilizing a combination of the provider portal, electronic and paper forms, and full roster exchanges. Non-responsive providers are subject to suppression from the directory.
* **Directory Updates:** We package all Provider Demographic Validation driven electronic and full roster updates for automation and/or manual data entry in a timely manner adhering to strict quality standards. We complete more than 50 percent of all updates received through automation. A dedicated processing team supports all manual updates solely related to the validation program.
* **Provider Express Provider Portal:**
* Clinician Self-Service Update Capabilities: Individually contracted clinicians can view/manage a comprehensive set of data through the Provider Express website. More than 80 percent (2020 data) of clinician-submitted demographic changes are updated real time in our systems with a nightly feed to our directories. Similar enhancements are in progress later in 2021 for contracted groups.
* Attestation of Data Accuracy: Upon logging into the portal, the system prompts individually contracted clinicians to review and attest to the validity of their demographic information every 90 days in auditable format. The provider can defer the requirement up to four times before locking other features. This promotes clinician attestation without being overly abrasive to providers needing to conduct other transactions, such as submitting authorization requests and/or claims. We plan to release similar attestation enhancements later in 2020 for contracted groups.
* **Member Directory Feedback:** Our online directories enable users to submit or to notify the network team about information that is potentially outdated. We contact providers to update outdated information in the directory.
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* **Root Cause Analysis and Process Improvements:** We evaluate monthly directory audit defects for root cause trends to identify opportunities for continuous process improvement.

We will continue to explore initiatives to address our primary goal—to make sure that members have access to providers who have availability to accept new patients or see members in a timely manner.

**2.4 Account Management**

1. Please describe the account team that will be working with the State.

Optum will support the State by using a multi-functional account management team that includes a dedicated client manager and coordination with the UMR team. Your account team will understand your culture and business objectives. The team will work with you to strategically advance your overall goals, coordinate day-to-day activities and address your evolving health care needs. Please see **Attachment 2 – State of IN Account Management Team.**

A client principal leads your account team and serves as your strategic partner with primary responsibility for the Optum relationship. Additional resources, including an Optum client manager, who is responsible for daily service needs, and a collection of other Optum individuals who provide functional expertise will support your EAP and Data Warehouse services.

Additionally, through our combined resources, we offer you a State-specific Advisory Board to provide consultative and interdisciplinary support for your strategic planning comprised of executive leaders from the State, UMR and Optum. We propose the following core Optum participants for the group:

• Corporate Benefits contact, the State

• Client Executive for the State, UMR

• Client Executive for the State, Optum

• TPA Specialist, UMR

• EAP Analytics and Benchmarking Specialist, Optum

• Data Warehouse Analytics Specialist, Optum

1. Do you agree to provide monthly reports (within 10 days of the close of the reporting period) with program utilization data including requests for service and provided services? Please provide a sample report.

Yes. Please see **Attachment 3- Sample EAP Report**.

1. Please confirm you will provide a monthly data file to the State’s data warehouse including patient name, DOB, request ID, and services provided under the request ID. Provide a sample file layout.

Confirmed. The type of information that is provided needs to make sure we maintain member confidentiality. To that end, we’d like to discuss further details during implementation. Please see **Attachment 4 – Standard Eligibility File Layout** for a sample file layout.

1. What resources are provided for ad-hoc or custom reporting requests

Our standard reporting covers an extensive offering such that ad hoc and custom reporting are most often unnecessary. Our EAP supports:

* Digital solution engagement, inquiries and personalization questionnaire results
* EAP utilization information
* Management services, including number of management consultation issues, cases and referrals
* Critical Incident Response Services (CIRS), including number of CIRS provided
* Training services, including number of seminars/trainings provided and number of participants who attended
* Presenting issues, including details for EAP services (e.g., addictive behavior, crisis/disaster, financial, workplace)
* Demographics summary of program utilization by gender identity, age and employee relationship
* How members learned about the service
* Comparative data to the prior year and to our book of business

However, if the State requires us to provide an ad hoc or custom reporting, our analytics team can support this process.

1. Describe your online reporting system that the State can access.

On-demand reports are available through a secure, Web-based self-serve portal, upon request. These interactive, Tableau-based reports are refreshed 30 to 45 days following the close of a quarter. Self-serve access enables user customization using the available filter criteria, including the ability to modify the report’s start/end time frames by month and year. Users can create reports that provide results for a single month or up to a two-year time frame (from any date after January 2014 through the date on which the report is being generated). The State can also incorporate the State’s logo into the report and select the report cover page.

1. What is your approach to effective EAP promotion and employee engagement? Specify EAP quality indicators that you will measure and report on.

The following details high-level strategies we have used to increase EAP utilization and employee engagement across our customer base.

**Increasing EAP Awareness and Personalization**

We introduced a member-first EAP to both increase member awareness of the EAP and help them navigate to the resources that are most appropriate for their presenting issues—and support member access to services how, where and when they want to engage in their emotional well-being. The digital solution’s guest experience, which is available to every user, helps increase member awareness of the EAP by providing easy access to general provider and EAP information, such as what an EAP is and how it can be helpful and the ability to search for providers. Additionally, by having eligible members (as defined by their appearance on an eligibility file) create user profiles and complete a brief personalization questionnaire, we can personalize member dashboards with relevant content, tools and resources for ease of access at the time they are most likely to be used. We can also feature particular articles on customers’ versions of the digital solution to meet specific needs, including the need to increase engagement. For example, if a violent incident occurs at a customer site, we may post information about PTSD, which encourages members to pay attention to their reactions and seek counseling if they need it. We can provide the following to highlight specific program features:

* Monthly articles that reflect the customer’s focus
* Customizable Spotlight content feature
* Customized labeling of headings
* Enabling members to create user profiles that provide a single username and password

We also use communication campaigns to introduce available EAP services and destigmatize the use of these services (especially important to essential personnel to understand that our services are confidential and that we have many resources and tools to meet their specific needs). Using consumer research, call center analytics and conversations with our master’s-level employee assistance specialists, we identified the most relevant information to highlight in communication materials and how/where members want to consume this information. Through this research, we developed the following:

* A concise content strategy to deliver an anti-stigma tone and focus on available soft services with a helpful, supportive, conversational approach
* A relatable True or False creative design and copy concept that debunks common misconceptions by highlighting real questions members have asked about these services
* A strategy to create an engaging marketing toolkit with a multi-modal delivery approach that can reach members where they are in their journeys to well-being

Our digital Global Orientation Tool also enables members to learn about our EAP services when it is most convenient for them. Topics covered in the orientation include what an EAP is, what to expect after accessing services, a general overview of the services included in the benefit, examples of real-life situations with which we can assist, and how to connect with EAP services. It also includes a two-minute video introduction to our EAP services.

To further support an effective launch of the EAP, our account management team can conduct Web-based employee and manager orientation sessions. The assigned client executive works with customer representatives to provide customized presentations that are consistent with the customer’s policies and organizational culture, address any customer-specific needs or concerns and confirm they focus on the customer’s employee population’s needs. Orientations use a question-and-answer format, supplemented by a PowerPoint presentation, to educate employees and managers about the EAP. Attendees also receive communication materials they can reference should the need to access EAP services arise in the future.

**Grounding Our EAP in Industry Best Practices and Offering Multimodal Options for Accessing Services**

Our EAP is firmly grounded in industry-recognized best practices, including branding the benefit to reduce the stigma commonly associated with accessing EAP services (as noted above). We staff our toll-free EAP line with master’s-level employee assistance specialists 24 hours a day, seven days a week so members reach qualified individuals who have been trained to support them from the initial call forward. We base the provision of EAP services on developing comprehensive understandings of members (whole-person approach) by using solution-focused consultation techniques to develop comprehensive understandings of both members and their presenting problems. We use our full benefit exploration program to better understand the resources to which members have access and direct them to the appropriate resources for their situations. For example, we use our Life Change Support program to help members struggling with life’s changes, such as the birth or adoption of a child, marriage, relocation, divorce or death of a loved one. We also develop strong relationships with our customers’ other vendors, which informs the full benefit exploration program referenced above and facilitates easy referrals to—and from—these vendors.

We continue to innovate to keep pace with national, industry and member trends by providing members options for accessing available services. For example, members can contact employee assistance specialists 24 hours a day, seven days a week through our toll-free EAP line. They can also contact employee assistance specialists through the click-to-call feature prominently displayed on our digital solution, which enables eligible members to navigate and access various emotional well-being resources. This includes a digital cognitive behavioral therapy-based program that helps members address issues such as anxiety, depression and stress; complementary legal/mediation and financial well-being services; and optional/buy-up mindfulness and resiliency programs. Additionally, when included in the proposed solution, members can access consultation services through on-site EAP consultants. We also support member choice when accessing counseling services by offering both face-to-face and virtual visits with network clinicians.

**Consulting with Customers to Develop Population-specific Engagement Strategies**

Our experience demonstrates that offering multiple modalities of promotion (e.g., electronic newsletters, posters, brochures) and multiple opportunities for promotion (e.g., supervisor training, Web-based employee orientations and on-site training) facilitate greater engagement. For an additional fee, we can work with customers to custom-design communication campaigns to appeal to a particular segment of their member population or emphasize particular aspects of the benefit.

We look forward to partnering with the State during the implementation process to identify the strategies that will be the most effective in increasing the State’s utilization of our EAP services.

**EAP Quality Indicators**

Each month, our EAP and WorkLife quality improvement committees review performance on a wide range of metrics against internal standards. The EAP quality improvement indicator spreadsheet includes 33 individual indicators (the WorkLife Services quality improvement spreadsheet includes 19 indicators), covering areas such as service access and safety, disposition and utilization trends, quality of service internal audits, quality of service (customer reported) and service outcomes. When an indicator does not meet our standards, the quality improvement committee analyzes the causes for the deficit, recommends improvements and monitors the results. Most of our indicators are trended and use statistical process control charts (where applicable).

We not only maintain an annual Quality Improvement Plan, but also have active EAP and WorkLife quality improvement committees that meet monthly. We do not relegate quality to a department; instead, every employee holds responsibility and focus. Dedication to quality shows in the rigorous training that staff members receive, routine audits of charts and calls, and training to improve skills. This results in a historical trend of 95 percent to 96 percent participant satisfaction rate. We annually update our clinical and quality policies and procedures within the larger Optum clinical and quality organization. As part of our quality management and improvement supervision, the quality director for EAP presents an annual evaluation of the EAP and WorkLife quality program and performance of our EAP and WorkLife Services to the Optum Quality Committee and senior leadership.

1. Describe the communication and marketing support you will provide to the State including development of custom digital and print materials, promotional videos, blog posts, mailings, and other direct-to-employee strategies.

We have defined a global marketing solution for our services and created a set of global member marketing materials. These materials are based on a single creative concept and “You First” messaging that resonates globally. Our global materials, which include a brochure (with wallet card), a flyer, an email and a promotional video, are available in 19 languages for use in any location or country.

Details on our EAP communication materials, including available formats and delivery options, are provided below:

* A full-color brochure with a tear-off wallet card that describes our EAP services: The brochure, which we can personalize for the State, including the State’s logo, toll-free number and access information to our digital EAP solution can be printed at 15 percent of the employee on-site count and bulk shipped one time as part of the implementation process to a single State-identified location. Ongoing fulfillment is completed through eDelivery.
* An EAP flyer that introduces the State members to the program and the types of issues that can be addressed through our EAP services: This includes everything from relationship and legal/financial problems to anxiety, depression and stress. We can personalize the flyer with the State’s logo, toll-free number and access information to our digital EAP solution. The flyer is available through eDelivery and is ideally suited for sharing with on-site employees and distributing during on-site events.
* A wallet card that can be personalized with the State’s logo, toll-free number and access information to our digital EAP solution: The wallet card reminds members that services are confidential and are available at no cost 24 hours a day, seven days a week. These cards can be printed at 10 percent of employee on-site count and bulk shipped one time annually.
* An introductory email template that can be personalized with the State’s logo, toll-free number and a link to the State’s digital EAP solution: It provides a brief and convenient approach for communicating available EAP services across the State’s membership.
* A monthly eNewsletter, accessible through a client-specific URL: This can be distributed through email, embedded to the State’s intranet or accessed through the digital EAP solution. Through our wellness global newsletter, we deliver new and updated content to members each month. The newsletter is mobile responsive, accessibility compliant and has Google Analytics attached.
* Clean, accessibility-compliant emails that tease monthly topics and provide two separate calls to action (CTA): These help engage members in available EAP services.
* A global orientation tool that enables members to learn about our EAP services at any time: This includes a brief introduction to EAP services, what to expect after accessing services, a summary of services included in the program, real-life examples of how EAP services can help members and instructions on how to connect with services. It also includes a brief, two-minute video introduction to our EAP services.

Our intention is to build out the global EAP member marketing materials to better communicate available services to members and engage them in maintaining or enhancing their emotional well- being.

**Additional Custom Communications and State Customer Example**

While the communications above are included in our pricing, we also offer an advanced custom communication opportunity, at an additional fee, that leverages our Consumer Experience and Insights team. We have extensive industry experience designing and developing customized communication strategies and tactics tailored to specific customer needs. Our solutions include custom brand development, use of our proprietary predictive analytics and segmentation, specific customer population research, digital strategies and targeted engagement campaigns with a focus on measurement and ROI.

For example, a large state customer regarded communications as essential to a successful transition and budgeted funds for a highly customized communications program. In response, we launched a comprehensive communications program 90 days before the contract effective date. Key components included the following:

* **A transition brochure that introduced Optum and explained the transition benefit.** Using a frequently asked questions format, the brochure provided details of the transition and encouraged enrollees to call the 800 number for additional information about benefits, our network and more.
* **Optum participation in more than 25 health fairs. The** account management team answered employee questions and distributed transition brochures. To create interest in the program and as a memorable way of promoting the toll-free number, we distributed a variety of materials, displaying the 800 number.
* **Training sessions for benefit coordinators.** WebEx/telephonic orientations for benefit coordinators addressed plan design components, how to help participants access their benefits and the advantages Optum offers. The customer also used our member website’s Introduction to EAP section that provides manager and employee orientation service overviews for the customer’s products.
* **Follow-up mailings to benefit coordinators.** As follow-up to the training sessions, a cover letter reminded benefit coordinators of the effective date for the change in vendor and packets of transition brochures were provided for distribution.
* **Distribution of materials through medical plan enrollment packets.** Coordination with the medical vendor resulted in a cost-effective means of distributing the transition brochure and the summary plan description to all program participants.

This communications program demonstrates our ability to partner with our customers to develop highly customized programs. We would be pleased to work closely with the State to develop a comprehensive communications program that would match the success of our efforts on behalf of this large state customer.

1. What data file requirements do you have to administer the EAP program?

We typically discuss specific data layouts and requirements and record formats as part of the implementation. Customers must provide files in our standard file format and must provide files electronically in PGP encrypted format through file transfer protocol (FTP).

We prefer to receive full files and currently can receive files directly from customers or through third-party vendors.

**2.5 Member Services**

1. Where is the call center located?

Our primary call centers, which are operational 24 hours a day, are located in San Antonio, Texas and Atlanta, Georgia. Our San Francisco call center, which serves as our primary Knox-Keene location, is also operational 24 hours a day. We have four additional call centers with normal hours of operation that range from either 6 a.m. to 6 p.m. or 7 a.m. to 6 p.m. in their respective time zones.

1. What are the hours of operation for the call center?

Our primary call centers operate 24 hours a day, seven days a week.

1. Describe how calls after regular hours are handled. What services are provided after regular hours? How quickly are individuals connected to a live representative?

Members can access EAP services 24 hours a day, seven days a week through a toll-free number or the digital solution’s click-to-call feature. Master’s-level staff personnel answer EAP calls immediately for safe and convenient access. We can also add a first responder prompt to our call tree so that when members call, they can press 1 for essential personnel/first responder and a phone read out will go to our employee assistance specialist. This enables the specialist to be prepared to speak with an essential personnel/first responder representative.

After-hours and weekend support are provided from our San Antonio and Atlanta call centers and out of our San Francisco call center for California callers (Knox-Keene).

1. Confirm you provide 24-hour crisis counseling, emergency triage and appointment scheduling?

Confirmed. We work to help members select and schedule appointments; however, we do not make the specific appointments for the members. Our support includes integration with online scheduling for providers that have that capability, and we conduct provider searches for finding available providers.

1. How do you select and train your call center representatives?

We select our employee assistance specialists based on their meeting our qualifications. Employee assistance specialists possess master’s degrees in a social/behavioral health field, such as psychology, social work or a related mental health area and have a minimum of two years of experience in behavioral health. Additionally, some employee assistance specialists are LMFTs, LPCs, LCSWs or LPs. Employee assistance specialists average six or more years of experience.

Their extensive training enables them to consider how a situation can affect any area of a member’s life, such as work, home, financial, legal, relationship and family dimensions.

Telephonic employee assistance specialists participate in a various ongoing training opportunities:

* Team meetings
* Individual and team supervision to discuss difficult cases and develop their skills
* Regular observation and case audits by supervisors
* Cross-training on WorkLife Services updates (when purchased)
* Implementation trainings for new accounts
* Account update trainings
* Conferences, seminars and workshops appropriate for their field
* Other specific trainings, such as training in specific resources to support essential personnel

We also encourage telephonic employee assistance specialists to attend outside continuing education programs (with time off to do so), and we conduct internal trainings, such as critical incident response seminars for telephonic employee assistance specialists at specific sites. Furthermore, telephonic employee assistance specialists and their managers identify yearly professional development goals. They are required to participate in ongoing training to maintain their licensure.

All telephonic EAP staff members collaborate with their managers to design a training plan for the year. Topics are chosen according to the needs of both the telephonic employee assistance specialist and the members they serve. We also encourage them to participate in professional and community groups, and they have the opportunity to participate in developing educational materials for members.

1. Will the call center team be designated or dedicated to service the State?

Designated. To provide rapid service to members 24 hours a day, we use a first-availability model and connect callers to the first available master's-level employee assistance specialist in one of our seven nationwide EAP call centers. Employee assistance specialists in all locations have real-time access to member records, including customer-specific benefit information and procedures for coordinating with other vendors. This provides consistent service delivery across all call centers.

1. Please describe performance expectations and metrics for the call center such as average speed of answer and call abandonment rate.

We have established performance targets of less than or equal to 3.5 percent abandonment rate and less than or equal to 30 seconds average speed to answer.

We continually monitor EAP staffing and service levels to meet or exceed this standard. In 2019, our average speed of answer was 19 seconds with a 1.6 percent abandonment rate.

1. Describe your access and intake system(s). Address whether there is a single phone number or access point regardless of type of assistance sought or separate access points based on type of concern.

The State will have a dedicated 800-number for your members and family to access 24 hours a day, seven days week. They will connect immediately with a master’s-level employee assistance specialist when they call. Members will benefit from a single toll-free number that it is easily remembered by management staff and readily shared with employees who wish to access the EAP.

State members have a single trusted resource to call to receive expert assistance from employee assistance specialists to CIRS and management consultation and referral services, as well as worklife advisors (for the optional WorkLife Services). Giving employees and their dependents one number to call for help with any personal concern instead of having them decide which benefit fits their issue can encourage utilization and early intervention by lowering psychological barriers to seeking assistance.

Members will also have one digital access point to the EAP through the State’s instance of our digital solution, which includes click-to-call access to employee assistant specialists.

1. Describe your member portal. Confirm whether it is available on all devices, offers online customer service chat, and provides access to tools, resources, and apps.

Our member-first digital solution increases member awareness of available EAP services. It provides eligible members easy access to general provider and benefit information, self-help programs, financial and legal support programs, and relevant and compelling content. This approach helps members understand when and how to access EAP services. Employee assistance specialists are accessible both telephonically and digitally through click-to-call and click-to-chat functionality in the digital solution.

We are reshaping the way EAP services are delivered by encouraging members to complete a brief personalization questionnaire. Member responses to the questionnaire help us provide relevant content, tools, resources and programs on personal dashboards for ease of access. Our unified search experience aggregates the care options available to members making it easy for them to locate the type of care, visit or modality needed.

Additionally, our digital solution includes a collection of assessed and curated programs, resources and solutions. Included are a CBT-based program (Sanvello) and an optional/buy-up moderated peer-to-peer support group program to help members easily navigate to the most relevant resources. Members can also use the digital solution to identify and access other customer-provided resources.

Our digital solution is fully mobile-optimized and is accessible through iOS or Android-supported devices. We are targeting 2022 for a native mobile app experience.

**2.6 Implementation & Transition**

1. Please provide an implementation timeline with any key milestones.

During our implementation process, an implementation project manager will assume overall responsibility for the planning and execution of the implementation process. With key information from discussions our team has with the State’s representatives, the project manager will work with the account management team and Optum operational staff members to accurately define processes, identify accountabilities and pinpoint ways to meet the State’s service priorities. The project manager will also confirm that all provisions of the State’s program are deliverable, confirm the benefit structure meets the State’s reporting requirements and help establish workflows and structures to accommodate the State’s preferences.

Using a detailed implementation plan, the project manager will identify required resources and monitor implementation activities. Specific tasks will be assigned by the project manager per this plan, and ongoing weekly internal workgroups will be scheduled to discuss specific operational implementation tasks. To make sure all key stakeholders are apprised of the latest implementation developments, the project manager will provide regular implementation project plan updates to the State and Optum staff members.

Additionally, to verify that our program reflects the State’s priorities from the outset, the State’s account management team will engage the State’s representatives early in the implementation planning process. Consistent with our philosophy of providing strategic consultation rather than reactive account service, our team will engage the State’s representatives in a dialogue. This will help us understand your employee culture, organizational structure, business and growth strategies, and overall objectives for the EAP. The information will enable the account management team to act as the State’s advocate throughout the implementation process. It will also help produce an account implementation that involves the right teams from both sides, puts minimum load on the State’s representatives and meets all deadlines and milestones.

We typically implement EAP services with a 60-day to 90-day timeline. Please see **Attachment 5 – Implementation Plan** for a sample timeline.

**APPENDIX – OPTUM ATTACHMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attachment Name** (in order of appearance) | **Section** | **Question** | **Page Number** |
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| Attachment 2 – State of IN Account Management Team | 2.4 | 1 | 31 |
| Attachment 3 - Sample EAP Report. | 2.4 | 2 | 31 |
| Attachment 4 – Standard Eligibility File Layout | 2.4 | 3 | 32 |
| Attachment 5 – Implementation Plan | 2.6 | 1 | 42 |