

# Procedure: 4.9.4p. (III.Z)

## Employee Assistance Program

**Revised:** October 29, 2014  
**Last Reviewed:** October 29, 2014  
**Adopted:** September 15, 2010



### I. PURPOSE:

The Technical College System of Georgia (TCSG) recognizes the need to assist employees with addressing concerns that can adversely impact their personal and work lives as well as interfere with their job performance or negatively affect the workplace. As a resource to covered employees, the TCSG provides a comprehensive Employee Assistance Program (EAP) through a contract provider organization. The program is both an employee benefit and a management tool designed to build and maintain a quality workforce. Participation in an EAP neither protects an employee from warranted disciplinary action nor jeopardizes an employee's job or career advancement.

### II. RELATED AUTHORITY:

42 C.F.R. Part 2. (2012) - Confidentiality of Alcohol and Drug Abuse Patient Records (i.e., restricts the disclosure of alcohol and drug abuse patient records)  
45 C.F.R. Part 160 and Part 164 - Health Insurance Portability and Accountability Act (HIPAA)  
O.C.G.A. §§ 19-7-5 (reporting of child abuse), 30-5-4 (reporting of disabled or elder abuse, neglect, or exploitation), 50-18-72 (records not subject to mandatory public disclosure)  
State Board POLICY: 4.4.1. Positive Discipline  
State Personnel Board Rule 30 – Employee Assistance Program

### III. APPLICABILITY:

All work units and technical colleges associated with the Technical College System of Georgia.

### IV. DEFINITIONS:

**Covered Employee:** a full-time employee of the Technical College System of Georgia's System Office, Quick Start Headquarters or a Quick Start Regional Office or, an associated technical college.

**Covered Individual:** an eligible employee's recognized dependent(s) or other(s) living in the employee's household.

**Employee Assistance Program ("EAP"):** a confidential assessment, counseling, intervention, and referral service provided to eligible TCSG employees as well as other covered individuals through a contract provider.

**Employee Assistance Program Provider:** a clinician associated with the TCSG's contract EAP provider who holds licensure as a clinical social worker (LCWS), professional counselor (LPC), marriage and family therapist (LMFT) or psychologist.

**Full-time Employee:** any individual who works thirty (30) hours or more per week in a salaried position and whose appointment is for a period of nine (9) or more calendar months.

**Immediate Supervisor:** a supervisor charged with the responsibility for developing performance plans/expectations and who coaches, develops, and assesses the performance of subordinate employee(s).

**Reviewing Manager:** a manager charged with reviewing the performance plans and evaluations prepared by lower level supervisor(s) in his/her direct line of supervision.

**Technical College System of Georgia (“TCSG”):** a state agency established pursuant to O.C.G.A. § 20-4-14 and authorized to exercise state level leadership, management, and operational control over colleges, programs, and services. The agency consists, in part, of the Commissioner’s Office, various statewide programmatic and support divisions in the System Office, colleges, and the Office of Economic Development/Quick Start.

## **V. ATTACHMENTS:**

Attachment: 4.9.4p.a1. Management Referral Form – Mandatory EAP Referral

Attachment: 4.9.4p.a2. Scope and Description of EAP Services

## **VI. PROCEDURE:**

### **A. General Provisions:**

1. All TCSG work units including the System Office, Quick Start Headquarters and Quick Start Regional Offices, and all associated technical colleges shall ensure that covered employees are aware of the TCSG-sponsored Employee Assistance Program to include relevant contact information and scope of available services. NOTE: a technical college is not precluded from entering into a separate contract agreement with the same or a different EAP provider (using college funds) to offer services to the college’s workforce which may differ in scope of coverage and which may include those employees not covered by the TCSG Employee Assistance Program.
2. The TCSG’s Employee Assistance Program (EAP) is both a self-referral and management alternative which provides confidential, short-term assessment, counseling, intervention or, as applicable, referral services at no cost to full-time TCSG employees.
3. Covered employees/individuals in need of counseling or other services/treatment beyond the scope of the TCSG contract and/or other specialized inpatient/out-patient services will be referred to an appropriate provider or facility by the EAP provider. The covered employee/individual will bear all costs associated with the receipt of such services/treatment.
4. A management referral to or an employee’s voluntary or mandatory participation in the Employee Assistance Program is not an alternative to or a formal step of the TCSG Positive Discipline process, which is designed to address an employee’s job performance, behavior/conduct, or attendance deficiencies when such intervention is warranted.
5. Certain information, disclosures or communications may be released by the EAP provider without an employee’s written consent in the following circumstances:

- a. when the EAP provider believes the employee is a threat to himself/herself, the general public or another person;
  - b. when the EAP provider determines that there is evidence of child abuse, elder abuse, or the abuse of a disabled individual;
  - c. when disclosure is otherwise required by federal, state, or local law or in response to a court order;
  - d. when requested by local law enforcement officials or medical personnel responding to a life-threatening or medical emergency; or,
  - e. to avert a public health risk.
6. The TCSG System Office will receive aggregate utilization data from the EAP Provider organization and may be required to report this information to the Commissioner of the Department of Administrative Services. For purposes of these general utilization reports, the data does not contain any personal identifying information regarding employees or other covered individuals utilizing the EAP during the designated reporting period. NOTE: if a technical college has independently entered into a separate EAP contract utilizing the same or a different provider, the college's utilization data must also be made available to the Commissioner of the Department of Administrative Services upon request. In this circumstance, similar information should also be provided to the System Office's Director of the Office of Human Resources.

#### **B. Employee Self-Referral**

1. An eligible employee who elects to use the Employee Assistance Program at his/her own initiative may contact the EAP contract provider directly. As provided in Paragraph VI.A.1., the System Office and each technical college shall ensure that all eligible employees are aware of the program to include relevant contact information and scope of available services.
2. An EAP provider will work directly and confidentially with the covered employee to assist him/her in identifying the cause of and work to resolve the problem/difficulty. When appropriate and as referenced in Paragraph VI.A.3., the employee/individual may be referred for additional treatment or counseling.
3. Other than the narrow exceptions referenced in Paragraph VI.A.5., no information regarding an employee's participation in the EAP will be shared with the System Office, the employing technical college, or any other individual/organization absent specific written authorization provided by an employee, including any referral for additional services/treatment.

#### **C. Informal Supervisory Referral**

1. An employee may be referred to the TCSG Employee Assistance Program by his/her immediate supervisor or reviewing manager in response to documented performance, behavior/conduct or attendance difficulties/issues only after the identified concerns are discussed with the employee by his/her supervisor or reviewing manager.
2. The immediate supervisor or reviewing manager is encouraged to consult with the System Office's General Counsel or Director, Office of Human Resources or, as applicable, the technical college Human Resources Director/Coordinator to discuss this and other alternatives to address the identified work-related issues.
3. An informal supervisory referral may also be made when an employee brings a problem or issue that he/she believes is currently impacting his/her personal life, job performance, behavior/conduct, or attendance to the attention of his/her immediate supervisor or reviewing manager. In these circumstances, the supervisor/reviewing manager should explain how the EAP could assist the employee in addressing the

self-identified concerns. The supervisor/manager should offer to assist the employee in contacting the EAP or he/she may refer the employee to System Office or technical college Office of Human Resources for such assistance.

4. An employee's participation in the EAP following an informal referral is entirely voluntary and he/she may accept or decline the referral without consequences.
5. If an employee accepts the referral, no information pertaining to his/her participation in the EAP will be shared with the System Office or technical college absent specific written authorization unless the information is related to those narrow exceptions referenced in Paragraph VI.A.5.

#### **D. Mandatory Referral**

1. A mandatory EAP referral may be recommended by a System office or technical college supervisor/manager or other designated official pursuant to the provisions of Paragraph VI.D. Any such referral may not be initiated without the prior approval of the System Office General Counsel or Legal Services Officer.
2. A mandatory referral may be considered in response to documented concerns regarding an employee's deteriorating job performance, behavior/conduct, or patterns of attendance deficiencies/difficulties.
3. A mandatory referral may also be considered in instances in which an employee's immediate supervisor or reviewing manager suspects that an employee's work-related difficulties may be reasonably linked to the use/abuse of alcohol or a controlled substance or when an employee is present at work with one of these substance(s) in his/her system (e.g., the smell of alcohol on an employee's breath). In these instances, a recommendation must be based on observable characteristics and, as applicable, previously identified performance deficiencies. Additionally, any supervisor/manager making such a recommendation must have first received training in the methods of identifying the physical, behavioral, speech and performance indicators of probable illegal drug use and/or alcohol misuse. NOTE: a decision to initiate a reasonable suspicion drug or alcohol test is governed by the provisions of the TCSG Drug and Alcohol Testing Procedure: 4.8.1p1. and may be made independent from a mandatory EAP referral.
4. The use of Positive Discipline may always be considered in addition to an EAP referral for an employee with documented performance, behavior/conduct, or attendance deficiencies/difficulties. If a mandatory referral is not initially accompanied by the delivery of disciplinary action and if an employee's job performance continues to decline or documented concerns regarding behavior/conduct or attendance are not corrected, the immediate supervisor has the full range of progressive disciplinary actions available as provided in the State Board Policy on Positive Discipline (4.4.1.).
5. When a mandatory referral is issued, the reason(s) for the referral should be communicated to the employee, in writing, using the Management Referral Form (Attachment 4.9.4p.a1.). The Management Referral Form will also advise the employee that his/her participation is a condition of employment; therefore, any of the following may result in the delivery of disciplinary action up to and including separation from employment: a refusal to sign the form and accept the referral; a refusal to sign the provider-initiated Health Information Portability and Accountability Act (HIPAA)-compliant consent for treatment and information release form; failure to actively participate in all provider-recommended counseling session(s); and/or, failure to fully comply with any subsequent treatment recommendation(s) made by the EAP provider.
6. Using Attachment 4.9.4p.a2., information regarding the reason for the referral and appropriate background information [e.g., documentation regarding performance

deficiencies, behavioral concerns, current and prior disciplinary action(s)] will be forwarded to the designated EAP provider in advance of the initial counseling session. At the initial session, the employee will be asked by the provider to sign a HIPAA-compliant form authorizing the provider to communicate certain information with the System Office or referring technical college.

7. Pursuant to HIPAA regulations and within the exceptions noted in Paragraph VI.A.5., no protected health information regarding an employee's use of the EAP or information shared in confidence during counseling session(s) will be provided to the System Office or referring technical college without the employee's written consent.
8. Provided written authorization is generated as outlined in Paragraph VI.D.6. and VI.D.7., and absent the presence of the exceptions referenced in Paragraph VI.A.5., information released to the System Office or referring technical college is generally limited to:
  - a. an employee's attendance at provider-recommended counseling session(s);
  - b. general progress;
  - c. anticipated completion date;
  - d. any accompanying treatment plan recommendation(s); and,
  - e. a final report from the EAP provider relative to the employee's ability to return to work and resume his/her assigned duties and responsibilities.
9. All documents generated in conjunction with the referral and made available to the System Office or referring technical college shall be maintained confidentially in the employee's medical file.

#### **E. Appointments and Work Time**

1. Other than the noted exception in VI.E.3 below, an employee may request to use accrued annual or sick leave or, as applicable, accumulated FLSA compensatory time for appointment(s) scheduled during normal work hours.
2. Supervisors should make a reasonable effort to approve any requested time off for this purpose. If a requested absence may qualify for leave under the Family and Medical Leave Act (FMLA), the supervisor should immediately consult with his/her Human Resources Director.
3. With respect to mandatory referrals, an employee's initial evaluation appointment with an EAP provider will be considered as "hours worked" and the use of accrued leave will not be required. NOTE: FLSA considerations will govern whether any future appointment(s) will require the use of accrued leave by the employee. Before making any such determination, the immediate supervisor, reviewing manager or other System Office or technical college official should first consult with the System Office Director, Office of Human Resources.

#### **VII. RECORD RETENTION:**

Any employee-specific documents provided to the System Office or the referring technical college by an EAP provider will be maintained in the employee's medical file and managed in a manner consistent with the State Government Records Retention Schedule.



Attachment 4.9.4p.a1

**Employee Assistance Program  
Management Referral Form**

**General Instructions:**

The purpose of this form is to provide information to the named employee and the Employee Assistance Program (EAP) regarding the reason(s) for a mandatory EAP referral.

The referring supervisor/manager must complete all sections of the form. All referenced information and/or observations should be based on documented concerns regarding the employee's unsatisfactory job performance, unacceptable behavior/conduct, and/or patterns of attendance deficiencies/difficulties.

The information/observations will be used by the EAP provider to assist the employee in alleviating the noted area(s) of concern.

**Employee Information:**  
**(please type or print)**

Employee Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

System Office/Technical College Work Unit: \_\_\_\_\_

Job Title: \_\_\_\_\_

**Referring Supervisor/Manager Information:**  
**(please type or print)**

Name of Supervisor/Manager: \_\_\_\_\_

System Office/Technical College Work Unit: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Reason(s) for Referral:**

**NOTE: if sufficient space is not available, please attach a supplemental sheet.**

Job Performance

\_\_\_\_\_ The documented concerns are not related to job performance.

\_\_\_\_\_ The documented concerns relate directly to unsatisfactory job performance as evidenced by the presence of one or more of the following:

\_\_ Failure to meet established deadlines

\_\_ Decreased productivity

\_\_ Lower quality of work

\_\_ Increased errors in work produced

\_\_ Erratic work patterns

\_\_ Issues with decision making and judgment

\_\_ Other \_\_\_\_\_

Rate the severity of the unsatisfactory job performance on a scale of 1 to 4 as follows:

\_\_\_\_\_ 1. Extremely Severe

\_\_\_\_\_ 2. Moderately Severe

\_\_\_\_\_ 3. Somewhat Severe

\_\_\_\_\_ 4. Troublesome

Behavior/Conduct

\_\_\_\_\_ The documented concerns are not related to behavior/conduct.

\_\_\_\_\_ The documented concerns relate directly to unacceptable behavior/conduct as evidenced by the presence of one or more of the following:

\_\_ Unusually sensitive or resistant/hostile to advice or constructive criticism

\_\_ Frequent mood swings

\_\_ Highly critical of others to include supervisor and co-workers

\_\_ Frequent conflicts with supervisor and/or co-workers

\_\_ Less communicative with supervisor and co-workers

\_\_ Use of inappropriate language in the workplace

\_\_ Questionable judgment/Inability to concentrate

\_\_ Apparent disregard for the safety of others (e.g., supervisor and co-workers)

\_\_ Inability to work effectively with supervisor, co-workers, etc.

\_\_ Threatened or intimidated others at work

\_\_ Other \_\_\_\_\_

Rate the severity of the unacceptable behavior/conduct on a scale of 1 to 4 as follows:

\_\_\_\_\_ 1. Extremely Severe

\_\_\_\_\_ 2. Moderately Severe

\_\_\_\_\_ 2. Somewhat Severe

\_\_\_\_\_ 4. Troublesome

\_\_\_\_\_ The documented concerns are not related to attendance.

\_\_\_\_\_ The documented concerns relate directly to attendance deficiencies/difficulties as evidenced by the presence of one or more of the following:

- \_\_\_ Significant number of full- or partial day absences
- \_\_\_ Consistent failure to follow call in procedures when absent
- \_\_\_ Frequently away from work unit
- \_\_\_ Frequent late arrivals
- \_\_\_ Frequent early departures
- \_\_\_ Pattern of absences following a holiday or on a Monday or Friday
- \_\_\_ Extended lunch periods
- \_\_\_ On an established attendance plan
- \_\_\_ Other \_\_\_\_\_

Rate the severity of the attendance deficiencies/difficulties on a scale of 1 to 4 as follows:

- |                           |                            |
|---------------------------|----------------------------|
| _____ 1. Extremely Severe | _____ 2. Moderately Severe |
| _____ 3. Somewhat Severe  | _____ 4. Troublesome       |

Substance Use/Abuse Concerns

\_\_\_\_\_ The identified concerns are not related to the use/potential abuse of alcohol or a controlled substance.

\_\_\_\_\_ The identified concerns are related to the employee's use/potential abuse of alcohol or a controlled substance as follows:

- \_\_\_ Work-related difficulties are reasonable linked to the use/abuse of alcohol or a controlled substance
- \_\_\_ Present at work with alcohol on his/her breath
- \_\_\_ Meets the criteria for a "reasonable suspicion" alcohol or drug test

**Circle** the appropriate answer to the following question:

The supervisor/manager making the referral determination on the basis of substance use/abuse concerns has been trained in the methods of identifying the physical, behavioral, speech and performance indicators of probable illegal drug use and/or alcohol misuse.

YES            NO



**Circle** the appropriate answer to the following questions:

Yes No Have the above observations been discussed with the employee ?

Yes No Have these observations been documented?

Yes No Has disciplinary action been delivered in conjunction with the provisions of the State Board policy on Positive Discipline?

If Yes, what level of discipline was delivered? \_\_\_\_\_

If Yes, what date was the disciplinary action delivered? \_\_\_\_\_

Yes No Has the employee been notified that participation in the mandatory EAP referral process is a condition of employment?

Yes No Has the employee been notified that his/her refusal to sign the Management Referral Form; his/her refusal to sign the EAP Provider HIPAA-compliant consent for treatment and information release form; his/her failure to actively participate in all provider-recommended counseling sessions; and, his/her failure to comply with any subsequent treatment recommendations made by the provider may result in the delivery of disciplinary action up to and including separation from Employment?

### **Employee's Signature**

I understand that my supervisor/manager is referring me to the Employee Assistance Program and my signature verifies that I have seen and reviewed the contents of this form. My signature below does not signify my agreement or disagreement with any of the noted concerns.

Please check either:

\_\_\_\_\_ Yes, I will participate in the Employee Assistance Program mandatory referral process.

\_\_\_\_\_ NO, I will not participate in the Employee Assistance Program mandatory referral process.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Manager Signature

\_\_\_\_\_  
Date

**Effective November 2014 - Scope and Description of EAP Services  
Available to Covered TCSG Employees and other Covered Individuals**

1. Participation in the Technical College System of Georgia (TCSG) Employee Assistance Program (EAP) is limited to full-time employees working in the TCSG System Office, Quick Start Headquarters and Quick Start Regional Offices, and all associated technical colleges, as well as other “covered individuals”. The definitions of the terms “covered employee”, “full-time employee”, and “covered individual” are included in the Definitions Section of Employee Assistance Program Procedure (III.Z).
2. The term “covered individual” also includes minor dependent children who may live elsewhere as well as a child or children who may attend a secondary school, college, or university in another state.
3. An employee may contact the EAP directly twenty-four (24) hours per day, seven (7) days per week toll-free at 800-334-6014. For callers within the Metro Atlanta area, the local contact number is 404-843-3399.
4. During regular business hours (i.e., Monday through Friday - 8:00 a.m. through 5:00 p.m.) an EAP intake counselor will determine if the employee’s/individual’s issue/difficulty is of a non-emergency, urgent, or an emergency nature. If there is no emergency, the counselor will offer the caller a confidential appointment with an EAP provider within forty-eight (48) hours. For urgent/emergency situations and dependent upon the time of the call, the counselor will offer an appointment the same day (if possible), but no later than twenty-four (24) hours from the time of the call. In an emergency and dependent upon the circumstances of the call, the caller may be encouraged to seek immediate assistance at the closest emergency facility.
5. During non-business hours, an EAP intake counselor will first determine the criticality of the employee’s/individual’s issue/difficulty. If there is no emergency, the counselor will record the caller’s relevant demographic information and submit the information to a staff counselor the following day. For urgent or emergency situations, the counselor will make a determination as to the level of assistance/services needed and provide this information to the caller.
6. All EAP providers are licensed clinicians in one of the following disciplines: clinical social worker (LCWS); professional counselor (LPC); marriage and family therapist (LMFT); or, psychologist.
7. A covered employee/individual may receive up to eight (8), one (1) hour counseling sessions during a twelve (12) month period for each identified issue/difficulty. The total number and frequency of these session(s) shall be determined by the employee’s/individual’s EAP provider.
8. If an employee leaves employment with a TCSG work unit or technical college after an initial counseling session, he/she shall be eligible to receive services up to the maximum allotted eight (8) sessions for the identified problem/difficulty.
9. If an employee leaves employment with a TCSG work unit or technical college without accessing services immediately prior to his/her departure, he/she shall be eligible to receive services through an EAP provider for a period of thirty (30) calendar days from the date of his/her leaving employment with the System Office, Quick Start Headquarters or Regional Office, or a technical college.