



DISABILITY SOLUTIONSSM PSYCHIATRIC DISABILITY MANAGEMENT PROGRAM CLINICIAN MANUAL

INTRODUCTION

The Optum* Disability Solutions program is premised on the understanding that the employee who cannot function occupationally due to a psychiatric condition deserves immediate focused attention. As such, assessment and treatment of that condition, as in other acute situations, must be rapid and intensive. To address that fact and others unique to psychiatric disability, the program is designed to offer:

- Workplace prevention, intervention and rehabilitation strategies to decrease the likelihood of an employee's disability
- Early intervention following the onset of disability through the use of coordinated, cost-conscious, quality services with a designated Disability Specialist
- Focused planning and help with return-to-work/reintegration

The goal of the program is to ensure a rapid recovery and return to work resulting in a healthier and more productive employee and a reduction in time lost to disability for the employer. To meet this goal, the program requires,

1. Intensive collaboration between the providers of care and the Optum Disability Care Advocate
2. Intensive collaboration between the Disability Care Advocate and the employee's disability administration and, if appropriate, the Employee Assistance Programs.

In addition, the treatment plan must include not only improvement of symptoms and functional impairment but the return to work issues that are unique to each employee.

CLINICIAN CREDENTIALING REQUIREMENTS

Along with the standard credentialing requirements, the following is a list of additional criteria that Disability Specialists must meet in order to participate in the Disability Solutions program:

- A valid state license as one of the following practitioner types:
 - Clinical psychologist
 - Medical doctor with current Board Certification in psychiatry or addictionology
 - Master's level counselor/therapist/social worker

Please note, most customer groups require that a clinical psychologist or medical doctor complete the initial disability assessment. Masters level clinicians may provide the ongoing treatment during the disability period.

- Training or experience in:
 - disability management
 - behavioral and functional based assessments
 - employee assistance programs
 - workers compensation
 - substance use disorders
- Qualified Medical Examiner experience in performing Independent Medical Evaluations (optional)
- Interest in intensive collaboration with OPTUM Care Advocacy

THE PROCESS

Initial Assessment:

Once a referral is received and/or an employee at risk for disability is identified during the initial Intake process, a Disability Specialist will be contacted for the assessment and requested to provide the following:

- Appointment for a disability assessment generally required within 3 business days.
- Appointment for a telephonic review with the Disability Care Advocate to discuss the assessment results within 1 business day of the assessment appointment.
- Completion and return of the following forms prior to the telephonic review (these forms will be faxed to your office at the time that the appointment is made or can be downloaded on Optumonline.com) :
 - *Release of Information* – to be completed by employee
 - *Client Information and History* – to be completed by employee
 - *Psychiatric Functional Assessment*
- Completion of the telephonic review with the OPTUM Disability Care Advocate. Depending on the complexity of the case and thoroughness of the completed documentation, the review with the Care Advocate generally takes between 20-30 minutes.

A clinician-specific certification is issued for two 90791 sessions for the initial disability assessment. The employee co-payments are waived for the assessment session. An open certification is issued for ongoing treatment sessions and regular benefits apply for those services.

Once the results of the Disability assessment are telephonically reviewed with the OPTUM Disability Care Advocate, the Care Advocate provides a written report regarding the employee's functional capacity to work to the Claims Examiners at the employer's disability administration program. The responsibility for determining whether to pay the Short Term Disability claim lies with the Claims Examiners.

In most cases the information provided by the Care Advocate is sufficient for the Claims Examiners to make a Short Term Disability claim determination. In rare instances, the employer

may contact the Disability Specialist for additional information. In these situations, the Disability Specialist can contact the Disability Care Advocate for consultation and/or clarification.

The Disability Care Advocate also communicates the results of the assessment with the employee and ensures that appropriate services are in place.

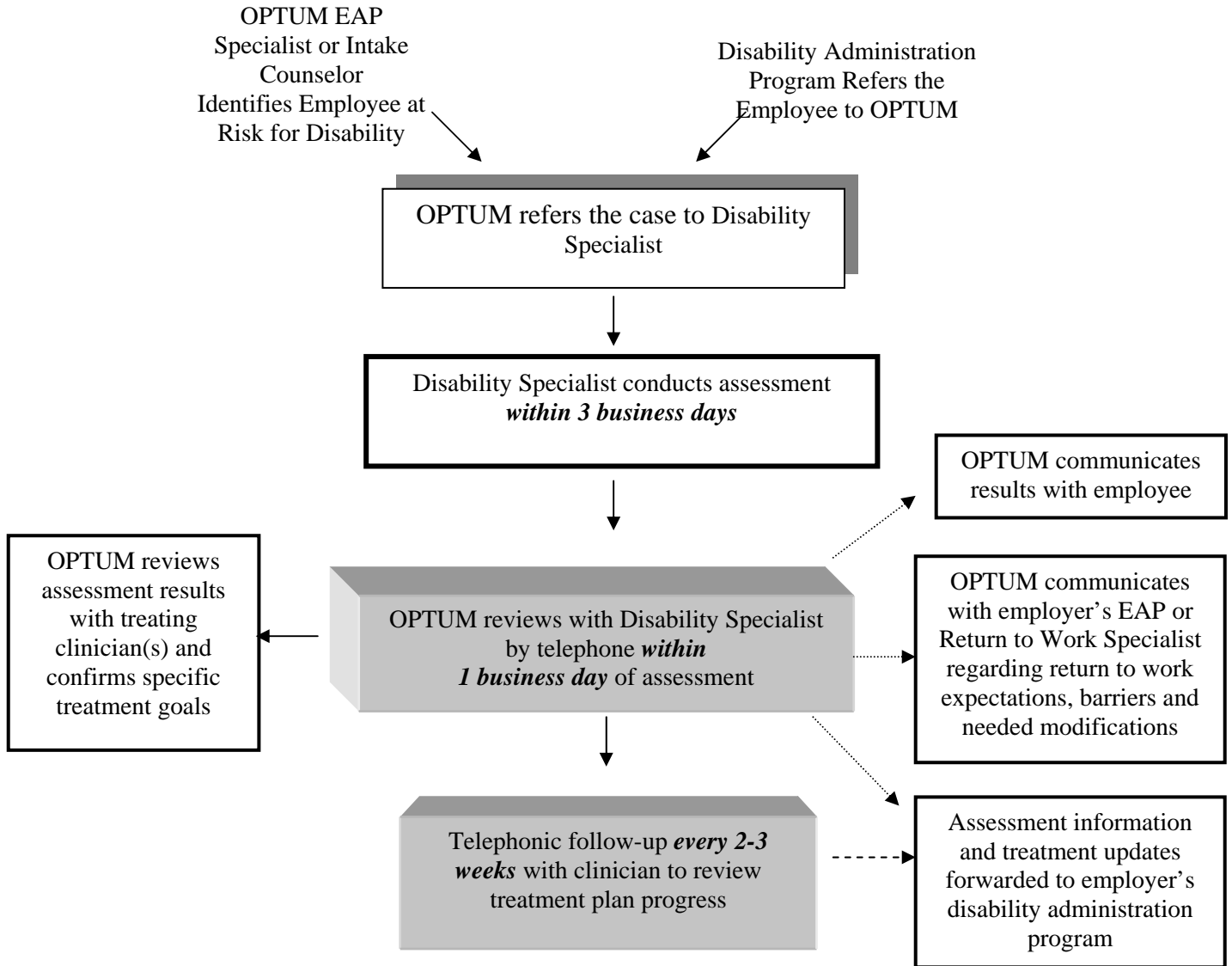
Treatment:

If disability is approved, the Disability Care Advocate will continue to review the case with the treating clinician every 2-3 weeks until the employee returns to work. These reviews are telephonic and, based on the complexity of the case and thoroughness of the verbal report, take between 15-20 minutes. No paperwork is required.

The treating clinician will be responsible for tracking the employee's progress and preparing/releasing the employee back to work.

If the employee returns to work on a transitional basis (e.g. temporary modifications to schedule), the Disability Care Advocate will review the case with the treating clinician each time the transitional schedule changes. Once the employee returns to work full-time, the Disability Care Advocate will keep the case open for a minimum of 3 weeks. Generally, no additional reviews are scheduled with the treating clinician, unless the employee relapses.

OPTUM DISABILITY SOLUTIONSSM PROCESS FLOW



PERFORMING A DISABILITY ASSESSMENT

The Psychiatric disability assessment includes the standard psychiatric evaluation as well as a thorough functional assessment.

A functional assessment is defined as an assessment of how a patient functions in relation to his/her job requirements. The information below is a review of the primary elements needed when conducting a disability assessment. The *Psychiatric Functional Assessment* and *Client Information & History* forms will guide you in gathering the necessary information.

Client Information and History Form

Although the *Client Information & History* form is designed to be completed by the employee, it is recommended that the information is reviewed and discussed during the session. You might consider further exploring the following issues:

What is employee's understanding of his/her job description and performance?

- What is the job description?
- What tasks or skills are necessary to perform the job?
- How many hours per week does the employee work?
- What is the environment?
- How long and how well has the employee worked in this environment?
- Are they concurrently in school or working at another job?
- Are there any other significant commitments?

What is the amount of interpersonal contact/skills required for the job?

- Very low (e.g. works night shifts, limited contact with supervisor and peers)
- Low (e.g. works alone or in a limited group, job requires little direction from others)
- Moderate (e.g. support position, requires ongoing communication with other employees or supervisors)
- High (e.g. sales, customer service, managerial)

What is the employee's education and training?

- What is the employee's highest level of education?
- Does the employee have vocational or technical training?
- Is there use of this education or training in their job?

What is the employee's history of missed work or disability?

- What reasons and under what circumstances was the employee on disability?
- How long was the employee on disability?
- Note relevant aspects of the work record.

What are the employee's reported difficulties at work?

- Is the employee angry about perceived unfair treatment at work? Is this actually impairing the employee's ability to do his/her job?
- Have there been layoffs, transfers, demotions, disciplinary actions, harassment, or difficulty with a specific coworker or boss?
- Note employee's presenting concerns, lifestyle, other treatment, and mental status.

Psychiatric Functional Assessment Form

This form was designed to be completed by the disability assessor and used to guide the assessment interview. The following are areas that can be further explored during the session:

What are the additional stressors compounding the employee's ability to work?

- Is there illness or disability in the family?
- Is there drug or alcohol use in the family?
- Are there lawsuits, criminality, truancy, divorce, custody or financial problems?
- Are there relationship or marital problems?

Are there additional professionals involved in treating the employee?

- Is there a medical physician treating the employee?
- Is there a psychotherapist treating the employee?
- Please obtain names, licenses, and telephone numbers for any future collaboration.

What is the employee's ability to perform activities of daily living?

- Does the employee have trouble getting out of bed in the morning?
- Is the employee having a hard time maintaining regular grooming?
- Is the employee able to get to work on time?
- Do you observe behaviors during the session that confirm the employee's self report?

Can the employee comprehend and follow instructions?

- Can the employee schedule and keep appointments?
- Can the employee understand and complete assignments?
- Can the employee comprehend written materials provided during appointments?
- Do psychotic symptoms impair understanding?

Can the employee perform simple and repetitive tasks?

- Can the employee perform household chores, i.e., clean house, dress children for school, cook?
- Can the employee drive safely?
- Can the employee shop and make change?
- Do you observe behaviors in session that confirm the employee's self report?

Can the employee maintain appropriate work pace specific to their job description?

- Which tasks or responsibilities from the job description does the employee report being unable to maintain?
- Could the employee maintain a normal pace for a shorter duration (i.e., fewer days per week or hours per day)?
- Could the employee perform substantial responsibilities of the job description at a slower pace (i.e., fewer calls, fewer work orders, decreased work volume)?
- If the employee cannot perform substantial duties of their job, even with a modification, are there certain tasks or job duties they could still perform?
- Do you observe behaviors in session that confirm employee's self report?

Can the employee relate to others beyond giving and/or receiving instructions?

- Are there specific co-workers or supervisors with whom the employee is having trouble?
- What is the nature of the difficulty in the employee's interpersonal relating?
- What attempts have been made to solve these difficulties?

What symptoms are responsible for any compromised performance?

- Is the employee reporting poor concentration, fatigue, anxiety, restlessness, intrusive thoughts, compulsions, impulsivity, and psychotic symptoms?
- Does the employee have poorly controlled aggression, sensitivity to criticism, suspiciousness, self-absorption, and emotional reactivity/lability?
- What is the severity of the employee's symptoms?
- Do you observe behaviors during the session that confirm the employee's self-report?

Is the employee currently disabled?

- Is the employee totally disabled or are they able to return to their current job doing only part of their duties or on a transitional schedule?
- When might the employee be able to return to work on a full or modified basis?

What treatment goals will you use in order to address the employee's symptoms and problem areas identified as the cause of the work impairment?

- Does the employee need to be referred to a psychiatrist or medical doctor?
- Is the employee receiving the appropriate level of care?
- Is there an element of secondary gain?

TREATMENT PLANNING

It is imperative that the employee and treating clinician/Disability Specialist closely collaborate in developing and assessing progress toward the treatment goals. In addition, it is critical that the goals are specific, measurable and focused on improving functional impairment and enhancing the employee's ability to return to work.

During the telephonic review with the Disability Care Advocate, the treating Disability Specialist will be asked to report on many of the same details that were reviewed during the initial assessment. As a result, the *Psychiatric Functional Assessment* form and previous section on Performing a Disability Assessment should prove to be a useful guide to the treating Disability Specialist. In particular, please be prepared to discuss the following:

- **Current presentation and symptoms, both observed and reported**
- **Current risk factors**
- **Agreed upon treatment goals that will address reduction of symptoms and return to work**
- **Progress towards meeting treatment goals**
- **Obstacles to return to work and how they are being addressed in the treatment**
- **Functional Assessment:**
 - Is the member able to perform Activities of Daily Living?
 - Is the member able to comprehend and follow instructions?
 - Is the member able to perform simple and repetitive tasks?
 - Is the member able to maintain an appropriate work pace?

- Is the member able to relate appropriately to others beyond giving and receiving instructions?
- **Assessment of whether the employee’s psychiatric symptoms impair his/her ability to perform his/her work responsibilities**
- **Anticipated return to work date**
- **Recommendations for temporary work modifications**

As a treating Disability Specialist, you will have the opportunity to recommend temporary modifications or restrictions to the work schedule if these will expedite the return to work and/or ensure a more successful integration back into the work environment. Employers vary greatly in their resources and flexibility regarding supporting and allowing for modifications and restrictions. Please be proactive in making your recommendations to the Disability Care Advocate so that they can inquire about whether your recommendations can be accommodated.

Common transitional work recommendations include:

- Part time schedule for a designated number of weeks
- Work week begins mid week and then full time the next week
- Restrictions on mandatory overtime for a designated period

Transitional work recommendations commonly NOT accommodated include:

- Recommending a new boss or supervisor
- Recommending no commute
- Recommending a “low or no stress” job