

**GUIDANCEEXPERT<sup>SM</sup> APPLICATION INSTRUCTIONS**

- Please answer all the questions. If a question is not applicable, please indicate so.
- Be sure that the application is complete, with signature and date. Submit all requested documents. Omissions will result in delays in the processing of your application.
- Return the completed forms with the requested documents within 10 business days.
- Completing the application is the first step in the contracting process. A GuidanceExpert (behavioral health provider) must also be credentialed and approved by ComPsych. Thus, acceptance of an application does not guarantee acceptance as a network GuidanceExpert. GuidanceExpert's will receive a letter from ComPsych notifying them of their acceptance and/or denial in to ComPsych's network of providers.

**Please be sure to attach copies of all applicable materials listed below:**

- Current State License Registration Certificate(s).
- Current Professional Liability Insurance Certificate of Coverage, including effective and expiration dates, policy number, limits, and names of individuals covered. (If the applying GuidanceExpert's name is not listed on the certificate, please be sure to submit verification on the group's letterhead stating that the GuidanceExpert is covered under the policy).
- W-9 form; identify formal name filed with IRS for Tax Identification Number identified and submit with your signature.
- Copy of Resume. Documentation should include evidence of 3 years post-graduate clinical experience.
- Copy of Board or Professional Certification.
- Any explanatory statements or formal, final documentation (court orders, documentation from licensing boards, etc.) for relevant positive responses to Confidential Questionnaire.

**Required for Medication Prescribing Providers**

- Current Federal Drug Enforcement Agency registration
- State Issued Controlled Substance License

**Required if Degree from a Foreign Medical School**

- Copy of ECFMG Certificate

*You have the right to review, correct and/or clarify information obtained by ComPsych in its evaluation of your credentialing application. However, this right does not permit you access to references, recommendations or other information that is peer review protected.*

---

# PRODUCTS

Please select all the products/services you are interested in providing...

EAP

CISM

Managed Care

Fitness for Duty Evaluation\*

\*PhD in Psychology required

Short Term Disability

Health Fair

Telehealth

DOT/SAP\*

Video

\*SAP or CEAP Certification required

Phone

Text

Live Chat

If you selected a Telehealth option, what platform do you use to conduct this service?

---

**EAP** - Short term, solution focused care.

**Managed Care** - Long term inpatient or outpatient behavioral healthcare.

**Short Term Disability** - The completion of Short Term Disability paperwork as part of an evaluation of an individual that has short or long term behavioral health issues that impact their ability to complete the functions of their job.

**Telehealth** - Behavioral health services conducted via phone, video, text, or live chat.

**CISM** - Critical Incident Stress Management. Behavioral health services provided in group or individual settings for specific traumatic events, typically on short notice with urgent need.

**Fitness for Duty Evaluation** - A forensic evaluation completed by a psychologist or psychiatrist for the purpose of evaluating an employee's ability to safely perform the functions of their job, and to assess organizational and behavioral risk.

**Health Fairs** - Attend health fairs and conventions as a promoter of ComPsych's programs.

**DOT/SAP** - Certified Substance Abuse Professionals shall evaluate Department of Transportation employees who violate substance abuse policies and communicate directly with Client's designated employer representative.

Please submit this page with the rest of your application.

# GUIDANCE EXPERT INITIAL APPLICATION

## A. GUIDANCE EXPERT INFORMATION

I am applying: as a solo-practitioner (signed agreement required) as part of a group contract (please indicate the name of the group below\*)

\*Group Name: \_\_\_\_\_

Salutation: (Dr.) (Mrs.) (Mr.) (Ms.)

Individual Name: \_\_\_\_\_  
(First) (MI) (Last)

Prior Name(s): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NPI #: \_\_\_\_\_ Email address for use by ComPsych: \_\_\_\_\_

**The following information is strictly voluntary and is only requested to better accommodate our clients' preferences.**

1. Which of the following best describes you? Please select one answer.

Asian or Pacific Islander Black or African American Hispanic or Latino Native American or Alaskan Native  
White or Caucasian Multiracial or Biracial Not listed (please specify) \_\_\_\_\_ Prefer not to identify

2. Please identify your sexual orientation.

Bisexual/Pansexual Heterosexual Homosexual (Gay or Lesbian) Not listed (please specify) \_\_\_\_\_  
Prefer not to identify

3. What religion do you belong to or identify most closely with?

Buddhism Catholicism Hinduism Islam Judaism Protestant Christianity No religion  
Not listed (please specify) \_\_\_\_\_ Prefer not to identify

4. Do you identify with any of the following gender identities?

Transgender Non-binary/Non-conforming Genderfluid Does not apply Prefer not to identify

5. Please identify if you have military experience. Select all that apply.

US veteran Veteran of non-US armed forces Does not apply Prefer not to identify

List all languages (other than English) in which you are able to conduct treatment:

## B. EDUCATION/CERTIFICATION

Degree: MD DO PHD PSYD EDD MSW MA MS Other (please specify) \_\_\_\_\_

### Education/Training

Medical School and/or Applicable Graduate and Clinical Education: \_\_\_\_\_

City: \_\_\_\_\_ State/Country/Zip: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

1. Post Graduate Education: Internship Residency Fellowship Other (specify) \_\_\_\_\_

Specialty Tract: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

City: \_\_\_\_\_ State/Country/Zip: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

2. Post Graduate Education: Internship Residency Fellowship Other (specify) \_\_\_\_\_

Specialty Tract: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

City: \_\_\_\_\_ State/Country/Zip: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

**LICENSE INFORMATION**

License Type: \_\_\_\_\_ State issued: \_\_\_\_\_

License Type: \_\_\_\_\_ State issued: \_\_\_\_\_

License Type: \_\_\_\_\_ State issued: \_\_\_\_\_

**PLEASE ENCLOSE A CURRENT COPY OF EACH LICENSE WITH THIS APPLICATION.**

Do you possess a Controlled Substance License? Yes No

If Yes, License # \_\_\_\_\_ State issued: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you possess a DEA Registration Number? Yes No

If Yes, Registration # \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE ENCLOSE A CURRENT COPY OF EACH CONTROLLED SUBSTANCE LICENSE AND/OR DEA REGISTRATION NUMBER WITH THIS APPLICATION.**

---

**C. PRACTICE INFORMATION**

**Demographics**

Please indicate the location(s) from which you practice: *(Please attach an additional sheet if needed)*

**Group Name (if applicable):** \_\_\_\_\_

**Primary Office Address:** \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mobile/Cellular Number for use by ComPsych: \_\_\_\_\_

**May ComPsych use this number to call you regarding urgent appointments?** Yes No

**May ComPsych use this number to text for urgent appointments?** Yes No

**May clients use this number to text for an initial appointment?** Yes No

Does this office have handicapped access? Yes No Is this office located in your home? Yes No  
**If yes, please explain how your home office is set up in relation to the rest of your home.**

\_\_\_\_\_  
 \_\_\_\_\_

Tax ID #: \_\_\_\_\_ Tax ID # Owner: \_\_\_\_\_

*\*Please note that reimbursement checks will be made payable to the Business Name indicated on your W9. If you bill under more than one (1) Tax Identification Number (TIN), a W-9 is required for each TIN.*

**Primary Office Billing Address:** Check if same as office location

Address: \_\_\_\_\_

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

**Primary Office Mailing Address:** Check if same as office location

Address: \_\_\_\_\_

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

Please specify the times you are available at your **Primary Office** (i.e. 9:00 a.m. - 5:00 p.m.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Day</b>	FROM	FROM	FROM	FROM	FROM	FROM	FROM
	TO	TO	TO	TO	TO	TO	TO
<b>Evening</b>	FROM	FROM	FROM	FROM	FROM	FROM	FROM
	TO	TO	TO	TO	TO	TO	TO

Please indicate the location(s) from which you practice: **(Please attach an additional sheet if needed)**

**Group Name (if applicable):** \_\_\_\_\_

**Second Office Address:** \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mobile/Cellular Number for use by ComPsych: \_\_\_\_\_

**May ComPsych use this number to call you regarding urgent appointments?** Yes No

**May ComPsych use this number to text for urgent appointments?** Yes No

**May clients use this number to text for an initial appointment?** Yes No

Does this office have handicapped access? Yes No Is this office located in your home? Yes No  
**If yes, please explain how your home office is set up in relation to the rest of your home.**

Tax ID #: \_\_\_\_\_ Tax ID # Owner: \_\_\_\_\_

**\*Please note that reimbursement checks will be made payable to the Business Name indicated on your W9. If you bill under more than one (1) Tax Identification Number (TIN), a W-9 is required for each TIN.**

**Second Office Billing Address:** Check if same as office location

Address: \_\_\_\_\_

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

**Second Office Mailing Address:** Check if same as office location

Address: \_\_\_\_\_

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

Please specify the times you are available at your **Primary Office** (i.e. 9:00 a.m. - 5:00 p.m.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Day</b>	FROM	FROM	FROM	FROM	FROM	FROM	FROM
	TO	TO	TO	TO	TO	TO	TO
<b>Evening</b>	FROM	FROM	FROM	FROM	FROM	FROM	FROM
	TO	TO	TO	TO	TO	TO	TO

Not Interested	<b>INDIVIDUAL GUIDANCEEXPERT<sup>SM</sup> APPLICATION</b> <b>CRITICAL INCIDENT STRESS MANAGEMENT (CISM)</b> Sub-Specialty Network	Approved  Denied
----------------	---	------------------------

When filling out the application, please try to give complete answers to the questions, so that we may get a good understanding of your philosophy and practice as relates to this specialty service.

If you do not have any training and/or experience, but would like to participate in ComPsych's CISM network, we ask that you complete ComPsych's home study program and exam. If this is something you would be interested in doing, please complete the top portion of the application (demographic information) and return to us with your application packet. We will contact you regarding our training program.

Please note that prior to being approved for participation in our CISM network, you may be contacted for a brief phone interview by one of our CISM specialists.

**Identifying Information**

Individual Provider Name ("GuidanceExpert"): \_\_\_\_\_

Group Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell and/or Pager #: \_\_\_\_\_

***Please note that based on the urgency of most CISM requests, it is very important that ComPsych have a cell # or pager # that we can reach you on. If you have an alternative means by which we may contact you in these instances, please provide this information under question #1 below.***

**CISM Qualifications**

1. Are you able to respond to a CISM within any of the ComPsych defined time parameters (see page 28)? Yes                      No

If yes, please explain how we would be able to contact you after hours. \_\_\_\_\_

2. Have you provided CISM's?                      Yes                      No

If yes, how many have you provided during the past three (3) years? \_\_\_\_\_

For what kind of situation(s)? \_\_\_\_\_

3. Have you participated in any CISM trainings?                      Yes                      No

If yes, please list training(s) and attach documentation if available.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Describe or list your understanding of the purpose of a CISM:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Understanding that CISM services are requested for various reasons, and under sometimes difficult circumstances, what do you foresee as some of the challenges that you might face in providing such services:

---

---

---

6. ComPsych customers do not always want to have a CISM group conducted, and instead request that our provider be on-site for individual employee "drop-in" sessions. Are you comfortable providing such services and do you feel that you can be flexible to change your focus (once on-site) if requested to do so by the customer contact? Yes No Please explain:

---

---

---

7. In follow up to the above question, how would you respond if employees were not utilizing the services? Would you be comfortable being on-site for the numbers of hours that were agreed upon, if you were not seeing employees/being utilized? Yes No Please explain:

---

---

---

8. Describe your understanding of your role as the CISM provider in relation to the on-site customer contact.

---

---

---

9. List those questions/concerns that you feel are appropriate to ask the on-site customer contact, and those that you feel are appropriate to ask of ComPsych's CISM coordinator (who will work with you re: the CISM request).

---

---

---

10. Describe how you would incorporate ComPsych handout materials into the CISM presentation or with employees who seek out your services.

---

---

---

Not Interested	<b>INDIVIDUAL GUIDANCE EXPERT<sup>SM</sup> APPLICATION</b> <b>BENEFIT FAIR REPRESENTATION</b>	Approved  Denied
----------------	--	------------------------

If you have any questions, or would like to request additional information email [HealthFairNetwork@ComPsych.com](mailto:HealthFairNetwork@ComPsych.com)  
 Or Call: 312.595.4000 and ask for a Health Fair Coordinator

Many of our customers sponsor Health/Benefit Fairs to provide their employees an opportunity to review available benefits. ComPsych is asked to participate in the Health/Benefit Fairs to educate employees on their GuidanceResources program, which can include such programs as Employee Assistance Programs (EAP), WorkLife, Legal and financial services.

The ComPsych Health Fair Coordinator will provide you with the information regarding the GuidanceResources program that is offered by ComPsych specifically to the customer. We send information sheets that list services available to employees and their families that will need to be distributed at the event. Once you arrive at the Health/Benefit Fair, you are typically taken to a booth or table where you will set out the informational materials and answer questions. The time commitment for such an event ranges from a few hours to a full day depending on the event details and your availability.

**Identifying Information:**

GuidanceExpert name: \_\_\_\_\_  
 Group Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Experience/Availability:**

Do you have previous experience as a company representative at Health/Benefit Fairs?

Yes                      No

\*if yes please detail \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Typically representatives are scheduled 2 weeks prior to the Health/Benefit fair date. Is this conducive with your schedule?

Yes                      No                      Other \_\_\_\_\_

Are you willing to drive anywhere from 0 – 30 miles each way to attend a Health/Benefit Fair? (mileage reimbursed)

Yes                      No                      Other \_\_\_\_\_

If requested, would you be comfortable giving a brief presentation on ComPsych services? (Slides will be provided)

Yes                      No

Do you agree, as a ComPsych representative, that you would be serving solely as an ambassador for ComPsych and not representing your own practice?

Yes                      No

INDIVIDUAL NAME: \_\_\_\_\_

**SERVICES/SPECIALTIES**

Please check all areas in which you have clinical training and experience and that you are currently treating in your practice.

ADULT (AGES 18+)	ADOLESCENT (AGES 12-17)	CHILDREN (AGES 6-11)	CHILDREN (AGES 0-5)
ADHD Adoption AIDS/HIV Alcohol Use Alzheimer's Anger Management Anxiety Disorder Autism Spectrum Disorder Bariatric Evaluations Bereavement Bio-feedback Christian Counseling Chronic Medical Conditions Cognitive Behavioral Therapy Couples/Marital Crisis/Trauma Cross-Cultural DBT Therapy Depression Domestic Violence Eating Disorders ECT EMDR Exposure Response Counseling Faith-based Counseling Family First Responders Gambling Addiction Gender Dysphoria Gender Non-Comforming Geriatrics Group Therapy Head/Brain Injuries Internet Addiction LGBTQIA Issues Medication Evaluation & Mgmt Men's Issues Military Mood Disorders Neuropsych Testing Obsessive Compulsive Disorder Pain Disorders Parent/Child Integrative Therapy Pastoral Counseling Phobias Post-Partum Depression Post-traumatic stress disorder Psychotic Disorders Schizophrenic Disorders Sex Abuse Sex Addiction Sex Offenders Sexual Dysfunction Sleep Disorders Somatoform Disorders Stress Management Substance Use Telehealth Tobacco Addiction Transcranial Magnetic Simulation Transgender Women's Issues  Other _____ Other _____ Other _____	ABA Therapy ADHD Adoption AIDS/HIV Anger Management Anxiety Disorder Autism Spectrum Disorder Bariatric Evaluations Behavior Modification Bereavement Bio-feedback Christian Counseling Chronic Medical Conditions Cognitive Behavioral Therapy Conduct Disorder Crisis/Trauma Cross-Cultural DBT Therapy Depression Developmental Disorders Eating Disorders ECT Exposure Response Counseling Faith-based Counseling Family Gender Dysphoria Gender Non-Comforming Group Therapy Head/Brain Injuries Internet Addiction Learning Disabilities LGBTQIA Issues Medication Evaluation & Mgmt Mood Disorders Neuropsych Testing Obsessive Compulsive Disorder Oppositional Defiant Disorder Parent/Child Integrative Therapy Phobias Post-traumatic stress disorder Psychotic Disorders Schizophrenic Disorders Sex Abuse Sleep Disorders Substance Use Telehealth Transgender  Other _____ Other _____ Other _____ Other _____	ABA Therapy ADHD Adoption AIDS/HIV Anxiety Disorder Autism Spectrum Disorder Bariatric Evaluations Behavior Modification Bereavement Bio-feedback Chronic Medical Conditions Cognitive Behavioral Therapy Conduct Disorder Crisis/Trauma Depression Developmental Disorders Eating Disorders Exposure Response Counseling Family Gender Dysphoria Gender Non-Comforming Group Therapy Head/Brain Injuries Internet Addiction Learning Disabilities LGBTQIA Issues Medication Evaluation & Mgmt Mood Disorders Neuropsych Testing Obsessive Compulsive Disorder Parent/Child Integrative Therapy Phobias Play Therapy Post-traumatic stress disorder Psychotic Disorders Psychological Testing Schizophrenic Disorders Sex Abuse Sleep Disorders Transgender  Other _____ Other _____ Other _____ Other _____	ABA Therapy ADHD Adoption AIDS/HIV Anxiety Disorder Autism Spectrum Disorder Bereavement Chronic Medical Conditions Crisis/Trauma Depression Developmental Disorders Eating Disorders Exposure Response Counseling Family Group Therapy Head/Brain Injuries Incest/Abuse Medication Evaluation/Mgmt Neuropsych Testing Parent/Child Integrative Therapy Phobias Play Therapy Post-traumatic stress disorder Psychotic Disorders Sex Abuse  Other _____ Other _____ Other _____ Other _____

**INDIVIDUAL NAME:** \_\_\_\_\_

**PROCEDURES**

Please select the populations you provide the following clinical interventions/procedures to.

ECT	Ages 65+	Ages 18+	Ages 12-17	Ages 6-11	Ages 0-5
Neuropsych Testing	Ages 65+	Ages 18+	Ages 12-17	Ages 6-11	Ages 0-5
Transcranial Magnetic Stimulation	Ages 65+	Ages 18+	Ages 12-17	Ages 6-11	Ages 0-5

**Medication Assisted Therapy**

Campral	Ages 65+	Ages 18+	Ages 12-17	Ages 6-11	Ages 0-5
Ketamine	Ages 65+	Ages 18+	Ages 12-17	Ages 6-11	Ages 0-5
Methadone	Ages 65+	Ages 18+	Ages 12-17	Ages 6-11	Ages 0-5
Suboxone	Ages 65+	Ages 18+	Ages 12-17	Ages 6-11	Ages 0-5
Vivitrol	Ages 65+	Ages 18+	Ages 12-17	Ages 6-11	Ages 0-5
Zulresso	Ages 65+	Ages 18+	Ages 12-17	Ages 6-11	Ages 0-5
Other:	Ages 65+	Ages 18+	Ages 12-17	Ages 6-11	Ages 0-5
Other:	Ages 65+	Ages 18+	Ages 12-17	Ages 6-11	Ages 0-5
Other:	Ages 65+	Ages 18+	Ages 12-17	Ages 6-11	Ages 0-5

**Specialty Medications**

Spravato	Ages 65+	Ages 18+			
Other:	Ages 65+	Ages 18+	Ages 12-17	Ages 6-11	Ages 0-5
Other:	Ages 65+	Ages 18+	Ages 12-17	Ages 6-11	Ages 0-5
Other:	Ages 65+	Ages 18+	Ages 12-17	Ages 6-11	Ages 0-5

## CONFIDENTIAL QUESTIONNAIRE

NAME: \_\_\_\_\_

All clinicians who desire to apply for inclusion on ComPsych's GuidanceExpert network must complete this application as part of ComPsych's credentialing process. All information shall be reviewed by ComPsych in accordance with ComPsych's credentialing and recredentialing standards. ComPsych reserves the right to require additional information to be submitted at any time. Any false or misleading responses shall constitute grounds for rejection of your application or immediate termination from ComPsych's network.

Please answer the following questions. **If your answer to any of the questions is "yes", submit a full and detailed explanation on a separate page:**

1. Has any negative or adverse action, including, without limitation, termination, revocation, suspension, loss, probation, sanction, fine, denial, reprimand, restriction, non-renewal, censure, investigation or other similar or substantially similar action ever been taken with respect to any of the following?

- |   |     |    |
|---|-----|----|
| a. Education or training program;   | Yes | No |
| b. Professional license;  | Yes | No |
| c. Hospital or other health care facility staff membership or privileges;   | Yes | No |
| d. Professional association or organization membership;                     | Yes | No |
| e. Participation in any managed care or EAP network;                        | Yes | No |
| f. Participation in any healthcare organization;                            | Yes | No |
| g. Government health programs, including Medicare and Medicaid;             | Yes | No |
| h. Any licensure board or ethics committee with respect to your profession; | Yes | No |
| i. DEA registration or other narcotic registration;                         | Yes | No |

2. Do you have any medical, physiological, mental or psychological condition or disorder which in any way impairs or limits your ability to practice behavioral health care, including, without limitation, your ability, both cognitive and physical, to perform behavioral health care and render reasonable clinical diagnoses and behavioral health judgments and to be able to communicate those diagnoses and judgments, with or without the use of aids or devices?

Yes                  No

2a. If your answer to this question is yes, are the impairments or limitations caused by your condition reduced because of ongoing treatment or any other reason?

Yes                  No                  Not Applicable

3. In the event that you use any chemical substances, including, without limitation, alcohol, drugs, prescribed medications or non-prescribed medications, does your use in any way impair or limit your ability to practice behavioral health care with reasonable skill and safety?

Yes                  No                  Not Applicable

4. Are you currently engaged in the illegal use of any substances, including, without limitation, any illegal drugs or substances or legal drugs or substances without a valid prescription or not taken in accordance with the directions of a licensed health care practitioner? For purpose of this application, "currently" shall be defined as at the present time or within the past two (2) years.

Yes                  No

5. Are you currently enrolled in any chemical dependency treatment or aftercare program?

Yes                  No

6. Are you currently or have you ever been involved or named in any professional malpractice action, including arbitration, mediation, disciplinary hearing or lawsuit, regardless of the final disposition of the matter?

Yes                  No



**ATTESTATION**

*I authorize ComPsych, its affiliates, subsidiaries, employees and agents, to obtain information regarding my experience and qualifications from entities I divulged in this application. I hereby authorize and give my consent to all such entities to release to ComPsych any and all information that may be relevant to ComPsych's credentialing or recredentialing process. In addition, I authorize and give my consent to ComPsych to release all such information to any other entity contracting with ComPsych. I hereby hold harmless ComPsych and any and all entities providing information to ComPsych from any liability connected with or arising from the release of such information. Furthermore, I hold harmless ComPsych from any liability arising from its evaluation of this application and its credentialing procedures.*

*I further agree that in the event that there are any changes with respect to the information I provided in this application, I shall immediately notify ComPsych of such changes. I hereby represent and warrant that this application has been completed in good faith and that all information is true, accurate and complete.*

**Please Note: It is the responsibility of the GuidanceExpert signing this attestation to ensure that all information reported on this application is factual.**

\_\_\_\_\_  
Name of GuidanceExpert (print)

\_\_\_\_\_  
Signature of GuidanceExpert

\_\_\_\_\_  
Date

**GUIDANCEEXPERT<sup>SM</sup> SERVICE AGREEMENT**

This Agreement is made by and between ComPsych Corporation (“ComPsych”), an Illinois corporation, and \_\_\_\_\_ (“GuidanceExpert”).

In consideration of the promises and mutual covenants herein contained and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, it is mutually covenanted and agreed by and between the parties hereto as follows:

**1. Definitions:**

- (a) “Payor” shall mean ComPsych and/or any other entity, including, but not limited to, insurance companies and Third Party Administrators, that is obligated to pay for covered services rendered by GuidanceExpert hereunder. GuidanceExpert understands that only where ComPsych has specifically contracted to function as a Payor shall ComPsych be financially responsible for compensation of GuidanceExpert.
- (b) “EAP” shall mean an employer-sponsored behavioral health program that provides mental health assessments, short-term counseling, referrals to licensed behavioral health providers, and follow-up services to employees experiencing personal or work-related problems.
- (c) “Managed Care” shall mean a behavioral health program in which ComPsych administers a Client Company’s behavioral health benefits under the Client Company’s medical plan as a “carve out” program. This includes: (i) maintaining a network of licensed behavioral health providers and facilities; (ii) determining benefit coverage and medical necessity for services rendered; and (iii) claims processing and adjudication of behavioral health services rendered by such providers and facilities.
- (d) “Client Companies” shall mean those entities with which ComPsych has contracted to provide EAP and/or Managed Care services and their directors, officers, employees, agents, and representatives.
- (e) “Client” shall mean an individual who is eligible for ComPsych’s EAP or Managed Care services pursuant to a contract with a Client Company.

- 2. Services:** GuidanceExpert agrees to perform upon ComPsych’s request EAP and/or Managed Care related services, including without limitation those services identified on Appendix A attached hereto (“Services”) for Clients that ComPsych may refer to GuidanceExpert from time to time during the term of this Agreement. GuidanceExpert consents to be included in ComPsych’s Directory of GuidanceExperts.

GuidanceExpert agrees that:

- (a) All Services performed by GuidanceExpert shall be: (i) in accordance with the Policies and Procedures of ComPsych as designated on Appendix B attached hereto; (ii) performed by GuidanceExpert only and shall not be referred to any third party without ComPsych’s prior written approval; and (iii) performed in a manner consistent with ethical and professional standards prevailing in the applicable community and professional associations.
- (b) GuidanceExpert shall maintain complete and accurate records related to the Services performed hereunder, and such records shall be accessible to ComPsych upon reasonable demand.
- (c) GuidanceExpert shall be available to provide Services to Clients by making appropriate arrangements after normal business hours (i) to accommodate the reasonable needs of Clients and (ii) for emergencies.
- (d) GuidanceExpert agrees to participate in and fully comply with the referral, quality assurance, utilization management, peer review, and audit procedures/programs established by ComPsych.
- (e) GuidanceExpert shall perform the Services hereunder in accordance with all applicable laws and regulations, including, without limitation, the Health Insurance Portability and Accountability Act, mandated reporting obligations, and any common law or statutory duty to warn.

- (f) GuidanceExpert shall not directly or indirectly communicate with any Client Companies for any reason, unless such communication is pre-approved or requested by ComPsych or is necessary to deliver clinical services.
- (g) GuidanceExpert will not make any written or verbal statements or cause others to make such statements that defame or disparage the reputation, practices, or conduct of ComPsych.
- (h) GuidanceExpert shall not provide a Client with any legal advice, suggestions, or recommendations (e.g., names of attorneys or legal resources) in the event a Client is considering legal action against his or her employer. In such event, GuidanceExpert shall suggest that the Client address his or her issue with the applicable employer's human resources department.

3. **Professional Responsibility:** GuidanceExpert understands and agrees that it has an independent professional responsibility to the Clients that GuidanceExpert serves and that coverage or payment determinations made by ComPsych or Payor in no way absolves GuidanceExpert of the responsibility to render appropriate Services to Clients. Nothing in this Agreement or in ComPsych's Policies and Procedures, including, without limitation, the administrative, utilization management, referral, or quality assurance procedures, is intended to interfere with or substitute for GuidanceExpert's professional judgment in connection with the provision of Services by GuidanceExpert hereunder.
4. **Notification:** GuidanceExpert agrees to immediately notify ComPsych in writing if there is any event or change in circumstances that adversely impacts the ability of GuidanceExpert to provide Services under this Agreement, including, without limitation, any change in professional licensing, pending investigations or disciplinary action by a regulatory body, or a finding of professional malpractice against GuidanceExpert.
5. **Professional License:** GuidanceExpert shall maintain, throughout the Term, all necessary licenses to provide Services hereunder in active status and good standing. GuidanceExpert shall, upon execution of this Agreement and upon each renewal of each GuidanceExpert's license, furnish ComPsych with a copy of all GuidanceExpert's licenses.
6. **Insurance / Indemnification:** Throughout the Term, GuidanceExpert shall maintain professional liability insurance in the minimum amount of \$1,000,000 for each occurrence and \$3,000,000 for all occurrences (aggregate) per year against claims arising from the Services provided under this Agreement. Upon request, GuidanceExpert shall furnish ComPsych with a copy of such policy or a certificate thereof. Additionally, GuidanceExpert shall purchase a "tail" policy with the same policy limits following the effective termination date of the foregoing policy in the event the policy is a "claims made" policy. GuidanceExpert shall also obtain and maintain a policy or program of comprehensive general liability insurance with minimum coverage of not less than \$100,000 per claim for bodily injury and not less than \$300,000 in aggregate.

Each Party agrees to indemnify and hold harmless the other Party, its affiliates and their respective officers, representatives, shareholders, employees and agents, from and against all third-party claims, demands, costs, expenses, damages and losses, including reasonable attorneys' fees and costs, arising directly or indirectly out of or due to the indemnifying Party's strict liability, negligence, gross negligence or intentional or unintentional wrongdoing in connection with the performance or nonperformance of Services hereunder. This indemnity shall survive termination of this Agreement.

7. **Professional Services to Others and Confidentiality:** GuidanceExpert shall not, directly or indirectly, use or disclose to any person or entity any confidential information of ComPsych, including but not limited to, the identity of any Client Companies, methods of operation, financial data, sources of supply, know-how, pricing information, trade secrets, or other confidential or proprietary information used in the operation of ComPsych's business, except as necessary to carry out Services hereunder. In the event GuidanceExpert is required to disclose any of ComPsych's confidential or proprietary information by subpoena or other court order, GuidanceExpert must, prior to disclosing such information, inform ComPsych of such subpoena or other court order, and shall reasonably cooperate with ComPsych's efforts (if any) to dispute such subpoena or court order and, in the event that such efforts are unsuccessful, shall disclose only the minimum necessary information to comply with the subpoena or court order.

Throughout the Term and for a period of thirty-six (36) months thereafter, GuidanceExpert shall not: (i) solicit, divert or take away from ComPsych, or attempt to solicit, divert or take away from ComPsych, the business of any Client Company for which GuidanceExpert performed Services hereunder; or (ii) solicit, attempt to solicit or hire for employment or engage any person who was an employee or agent of ComPsych at any time during the twenty-four (24) month period preceding the termination of this Agreement. This section does not prohibit GuidanceExpert from rendering services to individual Clients.

## 8. Payment for Services:

All claims shall be submitted to ComPsych via an Electronic Data Interchange (“EDI”) or ComPsych’s Provider Resource Center (“PRC”). GuidanceExpert shall be paid only for Services that are covered under the applicable benefit plan being administered by ComPsych and billed in accordance with this Agreement. All Services must be pre-authorized by ComPsych, with the exception of Managed Care Services. Prior to submitting a claim, GuidanceExpert must ensure that the mailing address and Tax ID number are correct. Failure to provide required tax information will delay reimbursement. Any corrections may be made on PRC at [www.compsych.com/providers](http://www.compsych.com/providers). Billing and payment shall conform to the following:

- (a) For EAP Services. All Services shall be (i) billed by GuidanceExpert via EDI or PRC and (ii) submitted within ninety (90) days after the applicable date of each individual EAP session with a Client. For avoidance of doubt, each claim related to an EAP session that occurred more than 90 days prior to ComPsych’s receipt of such claim will be denied. Billing statements submitted by GuidanceExpert to ComPsych must specify the duration and type of Services rendered and the authorization number as assigned by ComPsych. Failure to submit complete and accurate billing statements within the stated ninety (90) day period shall result in non-payment by the ComPsych. ComPsych shall pay for Services at the rates specified in Appendix A. In the event GuidanceExpert discovers any claims payment error, GuidanceExpert must contact ComPsych within one hundred and eighty (180) days after the date the claim was processed by ComPsych. GuidanceExpert understands that no payment will be adjusted unless notification of error is received by ComPsych within such 180 day timeframe. GuidanceExpert will only be reimbursed for no-show appointments if scheduled and secured by ComPsych.
  - (i) Claims Processing for EAP Services. Claims are processed within 30 days from the date ComPsych receives a complete, timely, and accurate claim for EAP Services. Reimbursement is based upon the rate(s) specified in Appendix A.
- (b) For Managed Care Services. All Services shall be (i) billed by GuidanceExpert via EDI or PRC and (ii) submitted within ninety (90) days of the date of Service. In the event GuidanceExpert submits a claim after the 90-day period, the claim will be administered in accordance with the applicable plan requirements and may be denied if the claim was submitted late. Incomplete or inaccurate claims will only delay payment and may impact reimbursement. Billing statements submitted to ComPsych must specify the duration and type of Services rendered, the applicable CPT code, and the authorization number as assigned by ComPsych (if applicable). Payor shall pay for Services at the rates specified in Appendix A, provided, however, Managed Care Services are reimbursed at the scheduled rate, less any Client copayment or deductible. In the event GuidanceExpert discovers any claims payment error, GuidanceExpert must contact ComPsych within 180 days after the date the claim was processed by Payor. GuidanceExpert understands that no payment will be adjusted unless notification of error is received by ComPsych within such 180 day timeframe. GuidanceExpert may be paid for no-show appointments by the Client provided that the Client has signed, in advance, a statement acknowledging GuidanceExpert’s policy on cancellations and no-show appointments.
  - (i) Claims Processing for Managed Care Services. Claims will be processed within no more than thirty (30) days of the date of ComPsych’s receipt of a complete and accurate HCFA 1500 form (subject to a fifteen (15) day extension under certain circumstances). All reimbursement is based upon the rate(s) specified in Appendix A.
- (c) For SAP Services (as defined in Appendix B). ComPsych will provide a DOT Billing Log. The DOT Billing Log must be submitted to the ComPsych DOT Specialist within thirty (30) days of the last date of service. SAP Services will be paid forty-five (45) days from the receipt of the DOT Billing Log.
- (d) For FFD Services (as defined in Appendix B). ComPsych will provide a FFD Billing Log. The billing must be submitted to the ComPsych FFD coordinator on the FFD Billing Log within thirty (30) days of the completion of the FFD Services evaluation. FFD Services will be paid forty-five (45) days from the receipt of the FFD Billing Log.
- (e) For CISM Services (as defined in Appendix B). Reimbursement will be made only for the contracted time at the site where CISM Services are performed. Preparation time, early arrival, and the finalization of CISM Services will not be reimbursed. Any services provided outside of the contracted hours require pre-authorization. GuidanceExpert shall submit a completed CISM Invoice Form to the ComPsych CISM coordinator within thirty (30) days of providing the CISM Services to avoid denial of payment. GuidanceExpert must indicate if the payment is to be issued to GuidanceExpert directly or to another party. CISM Services will be paid forty-five (45) days from the receipt of the CISM Invoice Form.

- (f) For Health Fair Services (as defined in Appendix B). Within thirty (30) calendar days following the health or benefits fair, GuidanceExpert shall submit to ComPsych an invoice to HealthFairNetwork@ComPsych.com for participation in the fair along with a completed Feedback Form provided by ComPsych. Health Fair Services will be paid forty-five (45) days from the receipt of the Health Fair invoice.
- (g) GuidanceExpert recognizes that certain fees for Services performed hereunder may be paid in part by Payor and in part by the Client with a maximum amount collected as stipulated on Appendix A. GuidanceExpert shall be responsible for the collection of any portion of the fee which is payable by the Client. Payor shall not be liable for any amounts owed to GuidanceExpert by the Client. GuidanceExpert shall not bill or collect from the Client any surcharge or other amount in excess of the Client copayment or deductible amount specified by ComPsych. In no event, including but not limited to non-payment by or insolvency of Payor, or breach or termination of this Agreement, shall the Client, ComPsych, any Client Company, or any entity other than Payor be liable to GuidanceExpert for any amount owed to GuidanceExpert by Payor for Services rendered hereunder. In the event that a Client referred by ComPsych to GuidanceExpert requests services from GuidanceExpert that are not covered under the EAP or the applicable benefit plan being administered by ComPsych, prior to rendering such services, GuidanceExpert must inform such Client that he/she shall be responsible for full payment and shall obtain such Client's consent, in writing, to pay for such services.
- (h) Payor will not pay GuidanceExpert for any Services that are not covered under the EAP or the applicable Managed Care benefit plan being administered by ComPsych.
- (i) ComPsych shall have the sole and exclusive right to bill and collect fees from ComPsych's Client Companies for Services rendered by GuidanceExpert to Clients pursuant to this Agreement.
- (j) ComPsych may set off, against any and all amounts otherwise to be paid to GuidanceExpert pursuant to any of the provisions of this Agreement, any and all amounts owed by GuidanceExpert to ComPsych.

**9. Term of Agreement: Termination:** This Agreement will be in full force and effect until terminated by either Party. Either Party may terminate this Agreement upon prior written notice to the other Party. Upon the expiration or termination of this Agreement, each Party's obligations and liability to the other shall terminate and thereafter be of no force or effect, except with respect to any rights or obligations among the Parties which have accrued prior to the effective date of termination, which rights and/or obligations shall continue to be governed by the terms of this Agreement until resolved between the parties.

Notwithstanding the preceding paragraph, GuidanceExpert shall continue to provide Services to each Client who is receiving Services from GuidanceExpert at the time of termination in accordance with the terms set forth in this Agreement, in return for the rates set forth in Appendix A, until the course of treatment is 1) completed; 2) discontinued by the Client; or 3) ComPsych or the applicable Payor makes arrangements for the provision of such Services by another provider, whichever occurs first. In the event GuidanceExpert intends to cease the operation of their practice, GuidanceExpert must make appropriate care arrangements for GuidanceExpert's Clients and such arrangements must be communicated to ComPsych at least thirty (30) days prior to cessation of operations.

**10. Relationship of the Parties:** The relationship of GuidanceExpert to ComPsych under this Agreement shall be that of an independent contractor and GuidanceExpert shall in no way be considered an employee or agent of ComPsych for any purpose whatsoever. GuidanceExpert is responsible for paying any and all taxes related to any payments made by ComPsych to GuidanceExpert for Services rendered hereunder and any employment and payroll taxes and will indemnify, defend and hold ComPsych harmless from and against any and all damages, expenses, penalties, or costs, including reasonable attorneys relating to such income taxes or any employment taxes, worker's compensation, disability, or unemployment compensation insurance, premiums or claims related to GuidanceExpert's personnel, including but not limited to, all state and federal FICA, worker's compensation, disability, unemployment, withholding taxes, premiums and claims.

**11. Amendments or Modifications:** This Agreement may be amended only in writing signed by the Parties.

**12. Assignment:** GuidanceExpert's rights, benefits and other duties hereunder are personal to GuidanceExpert and shall not, in whole or in part, be voluntarily or involuntarily sold, assigned, assumed, delegated or otherwise transferred.

13. **Miscellaneous:**

- (a) The failure of either Party to protest any default or breach shall not constitute a waiver of such Party's rights under this Agreement or such Party's rights upon any subsequent default or breach.
- (b) If any provision of this Agreement is declared invalid or unenforceable by any arbitrator, court, or other competent authority, the remaining provisions hereof shall remain in full force and effect.
- (c) This Agreement is to be construed in accordance with and governed by the laws of the State of Illinois, without regard to its conflict of law rules.
- (d) This Agreement, together with the appendices attached hereto, contains all of the provisions of the agreement between the Parties hereto with respect to the subject matter hereof, and no promise or agreement not contained herein shall be binding on the Parties unless the same is in writing, signed by the Parties hereto and attached to this Agreement.
- (e) GuidanceExpert acknowledges and agrees that ComPsych does not guarantee the availability of a referral or any specific number of referrals during the term of this Agreement.

14. **Promotional Materials/Media:** GuidanceExpert shall not use, mention or make reference to ComPsych (or any ComPsych Trademarks), any Client Companies, or the relationship established under this Agreement in any advertising or other public representations, without the prior written consent of ComPsych.

By signing below, GuidanceExpert acknowledges and agrees to the terms of this Agreement, which will become effective on the activation date specified in the Network Acceptance Letter. **By executing this Agreement, GuidanceExpert certifies that all information submitted in connection with this Agreement and application process is complete, true, and accurate to the best of their knowledge and belief, and it has used its best efforts to ensure that all such information is complete, true, and accurate. This Agreement is not subject to modification and shall be binding upon GuidanceExpert's signature.**

**GUIDANCEEXPERT:**

\_\_\_\_\_  
Name *(please print or type)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPENDIX A**  
**ComPsych Services and Maximum Fee Schedule**  
*Professional Fees Only*

The following figures represent allowable reimbursement for services rendered by a GuidanceExpert<sup>SM</sup> (behavioral health provider), less any applicable patient co-payment. GuidanceExperts are responsible for the collection of the co-payment. These amounts are to be accepted as payment in full for covered services.

The fee schedule is based on the licensure of clinician.

SERVICES	MASTER'S LEVEL	PSYCHOLOGISTS	ADVANCED PRACTICE REGISTERED NURSES
			PHYSICIAN'S ASSISTANT
00000 EAP	\$35.00	\$45.00	\$35.00
00007 Phone Counseling - EAP Telehealth	\$35.00	\$35.00	\$35.00
00040 Video Counseling - EAP Telehealth	\$35.00	\$35.00	\$35.00

**The following treatment codes are for Managed Care ONLY.**

CPT® CODES	MASTER'S LEVEL	PSYCHOLOGISTS	ADVANCED PRACTICE REGISTERED NURSES
			PHYSICIAN'S ASSISTANT
90791 Diagnostic evaluation without medical	\$85.00	\$120.00	\$90.00
90792 Diagnostic evaluation with medical	N/A	N/A	\$188.00
99201 Office/ outpatient visit, E&M, new patient, problem focused examination, straightforward medical decision making.	N/A	N/A	\$40.00
99202 Office/ outpatient visit, E&M, new patient, expanded problem focused examination, straightforward medical decision making.	N/A	N/A	\$98.00
99203 Office/outpatient visit, E&M, new patient, detailed examination, medical decision making of low complexity.	N/A	N/A	\$116.00
99204 Office/outpatient visit, E&M, new patient, comprehensive examination, medical decision making of moderate complexity.	N/A	N/A	\$159.00
99205 Office/outpatient visit, E&M, new patient, comprehensive examination, medical decision making of high complexity.	N/A	N/A	\$248.00
99211 Office/outpatient visit, E&M, established patient.	N/A	N/A	\$34.00
99212 Office/outpatient visit, E&M, established patient, problem focused examination, straightforward medical decision making.	N/A	N/A	\$60.00
99213 Office or other outpatient visit, E&M, established patient, expanded problem focused examination, medical decision making of low complexity.	N/A	N/A	\$87.00
99214 Office or other outpatient visit, E&M, established patient, detailed examination, medical decision making of moderate complexity.	N/A	N/A	\$115.00
99215 Office or other outpatient visit, E&M, established patient, comprehensive examination, medical decision making of high complexity.	N/A	N/A	\$146.00

90832 Psychotherapy, 30 minutes	\$40.00	\$65.00	\$45.00
90833 (add on code)	N/A	N/A	\$70.00
90834 Psychotherapy, 45 minute	\$65.00	\$90.00	\$65.00
90836 (add on code)	N/A	N/A	\$97.00
90837 Psychotherapy, 60 minutes	\$80.00	\$110.00	\$85.00
90838 (add on code)	N/A	N/A	\$117.00
90839 Psychotherapy for Crisis	\$85.00	\$110.00	\$90.00
90840 (add on code)	\$40.00	\$55.00	\$40.00
90846/90847 Family Psychotherapy w/or without patient	\$80.00	\$110.00	\$85.00
90853 Group Psychotherapy	\$30.00	\$36.00	\$30.00
90785 (add on code)	\$9.00	\$20.00	\$15.00
96130 Psychological testing eval. services by physician or qualified health professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment and report and interactive feedback to the patient, family member, or caregiver when performed, first hour.	N/A	\$125.00	N/A
96131 Each additional hour (add on code)	N/A	\$120.00	N/A
96132 Neuropsychological testing evaluation services by physician or qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making treatment planning and report and interactive feedback to the patient, family member, or caregiver, when performed; first hour.	N/A	\$135.00	N/A
96133 Each additional hour (add on code)	N/A	\$130.00	N/A
96136 Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes.	N/A	\$150.00	N/A
96137 Each additional 30 minutes (add on code)	N/A	\$65.00	N/A
96138 Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes.	N/A	\$35.00	N/A
96139 Each additional 30 minutes (add on code)	N/A	\$35.00	N/A
96146 Psychological or neuropsychological test administration, w/ single automated instrument via electronic platform, w/ automated result only.	N/A	\$45.00	N/A
99251 Initial inpatient consultation for a new or established patient, medical decision making that is straightforward; 20 minutes	\$52.00	\$63.00	\$99.00
99252 Initial inpatient consultation, per day, medical decision making that is straightforward; 40 minutes.	\$74.00	\$100.00	\$158.00
99253 Initial inpatient consultation, per day, medical decision making of moderate complexity; 55 minutes.	\$90.00	\$109.00	\$177.00
99254 Initial inpatient consultation, per day, medical decision making of high complexity; 80 minutes.	\$126.00	\$140.00	\$242.00
99255 Initial inpatient consultation, per day, medical decision making of high complexity; 110 minutes.	\$160.00	\$183.00	\$305.00

### Other Fees

CISM Services, per hour	\$110.00
Health Fair, per hour, first 2 hours	\$60.00
Health fair, per hour, after 2 hours	\$50.00
Fitness for Duty Evaluation, per hour	\$150.00; Max: \$2500
SAP/DOT Services, per case	\$400.00

**APPENDIX B  
POLICIES AND PROCEDURES**

- I. **REFERRAL PROCESS.** In most instances, ComPsych will instruct a Client to call GuidanceExpert to schedule an appointment based on Client's location and presenting health issue. Please be advised that referrals are given to specific GuidanceExperts based on the Client's needs, and cross-referrals to other providers are prohibited unless authorized by ComPsych. For routine referrals, GuidanceExpert will receive an email with an authorization letter for each Client's referral. For urgent referrals, GuidanceExpert will receive a phone call from ComPsych advising of the urgent need for referral.
- a. **Urgent Referral.** GuidanceExpert will make best efforts to contact ComPsych as soon as reasonably possible to confirm availability to accept the referral but within no less than 24 hours. For such urgent referrals, GuidanceExpert shall secure an appointment with Client within three business days of GuidanceExpert's receipt of the referral.
  - b. **Routine Referrals.** GuidanceExpert will make best efforts to contact the Client as soon as reasonably practicable but within no less than 48 hours. For such routine referrals, GuidanceExpert shall secure an appointment with Client within five business days of GuidanceExpert's receipt of the referral.
- II. **EAP SERVICES.** ComPsych provides both assessment/referral and short term therapy options within the EAP model. ComPsych's EAP offerings on average include six (6) sessions per Client per year, but may include more or fewer sessions depending on the terms of ComPsych's relationship with the Client Company. All sessions are required to be approximately 45 minutes in length, be held face-to-face in the GuidanceExpert's professional office or, if pre-approved by ComPsych, via telehealth through video counseling or telephonically, and conducted in accordance with the professional and ethical standards of their respective professions.
- a. **Continued Treatment.** If, in the reasonable clinical judgment of the GuidanceExpert, a Client's issues cannot be resolved within the short-term EAP model applicable to such Client, the GuidanceExpert shall transition the Client to long-term behavioral health services. In such instance, GuidanceExpert shall advise Client that he or she has exhausted his or her entitlement to EAP Services and whether the Client has long-term care benefits through ComPsych. The EAP authorization letter will detail whether the Client has long-term care benefits through ComPsych.
- III. **MANAGED CARE SERVICES.** ComPsych offers two Managed Care models to our customers: an integrated EAP/Managed Care Program and a standalone Managed Care Program. Please note that not all Clients will first access their EAP Program prior to accessing their Managed Care benefits. For those Clients with the ComPsych standalone Managed Care Program, EAP Services may have been provided by another behavioral health vendor. In addition, the following will apply:
- a. **Coverage.** All Services must be medically necessary and covered under the applicable benefit plan for Services to be considered for reimbursement.
  - b. **Outside Referrals.** If Clients require additional services beyond the area of a GuidanceExpert's specialty (e.g., in-patient care, psychological testing, and/or special procedures or non-routine treatments), GuidanceExpert shall refer the Client back to ComPsych for assistance.
  - c. **Care Management.** For cases identified by ComPsych as requiring additional clinical attention and oversight, it is expected that GuidanceExperts will adhere to the following procedures:
    - i. Respond to ComPsych regarding availability to schedule Client as soon as reasonably possible given the urgent nature of the referral. GuidanceExpert will be informed of the clinical concerns to determine if he or she is able to accept the referral.
    - ii. Within one calendar day post-appointment, GuidanceExpert agrees to follow up with ComPsych to confirm if Client attended the scheduled appointment and discuss any pertinent clinical information related to the clinical presentation and case disposition when requested to do so.
    - iii. Any Client referred to a GuidanceExpert must be seen by the GuidanceExpert authorized by ComPsych; any other GuidanceExpert rendering services will not be reimbursed.
    - iv. Only one clinical hour outpatient session per day is allowed (except with prior authorization by ComPsych).
- IV. **SHORT TERM DISABILITY SERVICES.** Upon request by ComPsych, GuidanceExpert will complete Short Term Disability paperwork as part of an EAP or Managed Care behavioral health evaluation of an individual that has short or long term behavioral health issues that impact their ability to complete the functions of their job.
- V. **TELEHEALTH SERVICES.** GuidanceExpert shall provide thirty (30) minute video or telephonic telehealth services for each Service in this Agreement as requested by ComPsych. ComPsych's referral letter shall specify the method of service delivery desired by the Client. GuidanceExpert will utilize HIPAA compliant technology required to conduct a video-enabled virtual session.

- VI. CISM SERVICES.** Upon a Client Company's request for CISM Services, ComPsych shall notify GuidanceExpert of the request and provide all information reasonably necessary to perform CISM services, including the number of hours of service authorized. Group shall respond to ComPsych's request in accordance with the timelines set forth below. Group shall not exceed the number of authorized CISM service hours as advised by ComPsych. Within two business days of completion of the CISM services, Group shall inform ComPsych of the resolution/outcome of the CISM and request any additional CISM follow-up sessions, if necessary.
- a. **Emergency response.** CISM delivered on the same day of the initial contact by ComPsych (when a same day response time is requested by ComPsych); when contacted for this service, GuidanceExpert shall return ComPsych messages within 30 minutes of contact
  - b. **Standard response.** CISM delivered the next day (or later) after initial contact by ComPsych (when a response time of the next day or later is requested by ComPsych). When contacted for this service, GuidanceExpert shall return ComPsych messages within one hour of contact.
- VII. HEALTH FAIR SERVICES.** Upon request by ComPsych, GuidanceExpert agrees to notify ComPsych whether it is available and willing to participate in a health or benefits fair within one (1) business day of ComPsych's request for participation to GuidanceExpert. ComPsych shall contact GuidanceExpert with the name of the Client Company, location, date, and hours for the health or benefit fair in which ComPsych desires Group to participate. ComPsych shall also provide GuidanceExpert with other relevant information regarding the Client Company, including its programs, services, and their needs and expectations concerning GuidanceExpert's attendance at the health fair, as well as materials necessary for participation in the fair (if any). Within thirty (30) calendar days following the health or benefits fair, GuidanceExpert shall submit to ComPsych a completed Feedback Form provided by ComPsych.
- VIII. FITNESS FOR DUTY EVALUATIONS (FFDE).** GuidanceExpert shall be a qualified neuropsychologist, psychologist or psychiatrist. Upon request by ComPsych, GuidanceExpert shall provide Fitness for Duty Evaluations and/or related consultation/assessment services within five (5) days of ComPsych's referral. Services shall include:
- a. FFDE reports shall be submitted to the applicable Client Company within 7 business days after completion of FFDE Services and shall include the following evaluation of the Client:
    - i. Up to (9) nine referral questions
    - ii. Face-to-face interview
    - iii. Psychological testing
    - iv. An assessment of risk of harm and determination of the Client's ability to safely perform essential job tasks, along with recommendations when applicable.
  - b. FFDE reports and related paperwork and any medical records storage shall be retained for statutory limitations for no less than ten (10) years.
- IX. SUBSTANCE ABUSE PROFESSIONAL(SAP)/DEPARTMENT OF TRANSPORTATION (DOT) SERVICES.** SAP Services are provided to Clients whose safety-sensitive positions fall under the auspices of the Department of Transportation (DOT) regulations (see 49 CFR Part 40 *et seq.*). The DOT regulations mandate specific procedures for individuals who, after testing positive for drugs and/or alcohol, seek to once again become eligible for a safety-sensitive position. To perform these services, GuidanceExpert must be a Certified Substance Abuse Professional (SAP) with clinical experience in the diagnosis and treatment of alcohol and controlled substance-related disorders. GuidanceExpert must have completed all DOT qualified training and testing and at least one of the following credentials: licensed Physician (Doctor of Medicine or Osteopathy); licensed or certified Social Worker; licensed or certified Psychologist; licensed or certified Employee Assistance Professional; or Drug and Alcohol Counselor certified by NAADAC or ICRC.

GuidanceExpert shall communicate directly with ComPsych, and if requested by ComPsych, Client Company's designated employer representative. Upon request by ComPsych, GuidanceExpert shall:

- a. Ensure a Release of Information (ROI) is signed for the consent for release of pertinent information to ComPsych and the Client Company of the Client referred for SAP Services.
- b. Schedule the initial face to face substance abuse evaluation within five (5) days of ComPsych's outreach for SAP Service
- c. Schedule the follow-up face to face substance abuse evaluation once the recommended treatment (TX) is completed to confirm successful compliance.
- d. Provide two (2) written employer reports to ComPsych for review prior to submission to Client Company to include:
  - i. Initial report with TX recommendations
  - ii. Follow-up compliance/non-compliance report with the recommendations.
  - iii. If non-compliance, please provide recommendations
  - iv. If compliance, please provide testing recommendations based on DOT guidelines.
- e. Maintain records on each case for a period of seven (7) years



### Certification and Representation

Provider Name: \_\_\_\_\_ (Please Print)      Group Name: \_\_\_\_\_ (Please Print)  
City/State: \_\_\_\_\_ (Please Print)

---

Classification of Disadvantaged Businesses Enterprise (DBE). Please select all that apply.

- Minority-Owned Business Enterprise (MBE) - A business that is at least 51 percent owned by one or more minorities. A person who is a US citizen or lawful permanent resident and is African American, Hispanic American, Asian American, Native American, as well as other groups found to be disadvantaged pursuant to Section 8 (a) of the Small Business Act.

Women-Owned Business Enterprise (WBE) - A business that is at least 51 percent owned by a woman or women who are United States citizens or lawful permanent residents of the United States.

LGBT-owned business is a a for profit business that is at least 51% owned by an LGBT person or persons who are either US citizens or lawful permanent residents. The LGBT owned business must obtain certification by the National LGBT Chamber of Commerce (NGLCC).

Persons with Disabilities-Owned Business Enterprise (PDBE) - A business that is at least 51 percent owned by a person or group of persons with a disability, as recognized by the Americans with Disabilities Act, or as defined by the Commonwealth of Pennsylvania, Governor's Office, Management Directive 205.25 Amended.

Veteran-Owned Small Business (VOSB) - A business that is at least 51 percent owned by one or more veterans who are US citizens or lawful permanent residents of the United States.

Does not apply

Prefer not to identify