

# Protocol for Fitness-For-Duty Referrals

## I. At Risk Behaviors that Might Trigger a Fitness for Duty Evaluation

Occasionally circumstances arise when we would question the emotional stability of an employee or their ability to perform safely. We may also be concerned about the safety of other employees or the individuals we serve.

The Fit-For-Duty program is not designed to address chronic disciplinary or performance problems, but behavioral changes in employees that may pose a potential threat to self or others in the work place. If assistance is needed in dealing with chronic disciplinary or performance problems or you would like to discuss the Fit-For-Duty option please consult with your Agency Human Resources Director or the HealthQuest Program Director.

To assist in determining the continuing emotional and mental fitness of employees to carry out their essential duties, the Agency HR Director should be alerted to any incident or indication that an employee may not be emotionally or mentally fit to carry out their assigned duties. While there is a great variety and range of acceptable behavior among employees, dramatic or sudden changes in any particular employee's customary behavior should increase concern.

Determining an employee's risk potential is based on warning signs that you observe, the employee's self-reports, or a reliable third party's reports. Known past abnormal behaviors or known past mental health conditions are also very important. The risk potential is directly proportional to the number of recognized warning signs. Such indications may include but are not limited to the following factors.

- Suicidal statements or behaviors, or personal expressions of mental instability.
- Statements or behaviors, or personal expressions that would indicate potential violence toward supervisor, co-workers or customers.
- One or more comments or complaints, whether originated within the Agency or externally, regarding the use of inappropriate physical or verbal conduct, or any conduct indicating an inability to exercise self-control and self-discipline.
- An abrupt and negative change in customary behavior which indicates an inability to perform essential functions of the position.
- Irrational verbal conduct or behaviors, including delusions and hallucinations.
- Inappropriate impatience or impulsiveness with a loss of temper.
- Persistent, intense and chronic fear of being watched or judged by others

## II. Steps to Make the Referral

1. The Agency Human Resources Director has documented the above behavioral signs and contacts the HealthQuest representatives to initiate the referral to the LIFELINE program. The

LIFELINE vendor, Alternatives EAP, will also provide case handling consultation if requested.

2. The Agency HR Director should then contact the Vice President of Clinical Services at Alternatives EAP (the EAP vendor) at 816-753-8283 with the employee's name and pertinent background information which would include: information relating to the specific instance that triggered the referral, performance problems or concerns, absenteeism and tardiness information, relationship issues with supervisor, coworkers, customers, etc. Known past abnormal behaviors or known past mental health conditions.
3. The Agency HR Director will relieve the employee from duty (on administrative leave for up to 15 working days) with pay and instruct the employee to call LIFELINE within 24 hours to make an appointment. The Agency HR Director should inform the employee that they cannot return to work without the approval of the Agency HR Director in consultation with the EAP. Written documentation to the employee is recommended, a sample is attached. The LIFELINE program will notify the Agency HR Director if the employee has not contacted LIFELINE within the 24 hour time frame.
4. The Agency HR Director should also make a preliminary determination as to whether the employee meets employment eligibility criteria for FMLA at this time. Assume that they may meet medical criteria for FMLA, and issue FMLA medical certification forms; and, inform the employee that they also will require a fitness for duty certification to return to work from the LIFELINE Program.
5. Inform the employee that they are released from duty until a certification for fitness for duty is received from the LIFELINE Program.
6. It is best not to imply to the employee they have a medical condition or mental health condition, the LIFELINE program will make the determination.
7. Please do not contact any of the employees' health care providers or other treatment providers chosen by the EAP at any time.
8. While employees are relieved from duty:
  - Employees who receive a fit-for-duty referral to the LIFELINE Program will be placed on administrative leave for up to a maximum of 15 working days to cover the time (for both non-exempt and exempt employees) that may be required to complete diagnostic testing, and treatment plan development.
  - If the employee is determined to have an FMLA-qualifying event anytime within the 15 working day period and cannot be returned to duty, the employee may be required use accrued leave credits for the remainder of the time away from work.
  - If the employee is unable to receive a return to work certification, they will not be able to return until they do.

- In the event the employee chooses to obtain, and receives FMLA medical certification from a private health care provider, the agency may seek another opinion via the LIFELINE process. However, once an employee has provided a fitness for duty certification under FMLA, no further certification is allowed.
  - The Agency HR Director should remind the employee that any long-term or follow-up participation in any treatment or related counseling program will be at the employee's expense unless the employee is entitled to such benefits under the terms of the State's group health plan or by other available benefits. The cost of the RTW evaluation and follow up/supportive counseling that the employee is required to receive will be covered under contract by LIFELINE (up to 15 cases per year). Any cases beyond 15 will be borne by the referring agency at a cost of \$1,200 each. The issue of the employee's pay/leave status should also be explained at this time.
9. LIFELINE will designate a Care Manager and create a case record in the Care Management Information System (CMIS) and "flag" the employee as a priority case so the Call Center knows to schedule employee as soon as possible and with which network EAP counselor when the call is received.
  10. The designated Care Manager will contact the EAP counselor in the local community and coordinate case information, release of information documents and related activities.
  11. When the employee calls, LIFELINE will help schedule the employee as soon as possible. Appointments are made within two business days, often the same day if the employee calls by noon. If the employee hasn't called within 24 hours, the Agency HR Director will be notified and disciplinary action may be initiated.
  12. The local EAP counselor will conduct an in-depth, comprehensive face-to-face assessment and clinical evaluation to determine what action(s) needs to be taken to resolve the personal and performance problems associated with the referral. This initial evaluation typically takes one or two visits. The Agency HR Director will be notified if more than one visit will be necessary to complete the evaluation.

The evaluation is comprised of a detailed medical and psychosocial history, a current mental status, and substance abuse evaluation. The evaluation also includes psychological testing, and in most instances, a psychiatric consultation and/or a visit to the employee's primary care physician. The Psychological testing component of the evaluation process usually includes a combination of the following instruments (test descriptions below\*).

- a) Minnesota Multiphasic Personality Inventory-2 (MMPI-2)
- b) Hilson Career Satisfaction Index (HCSI)
- c) Global Assessment of Functioning Scale (GAF)
- d) Structured Interview of Reported Symptoms (SIRS)
- e) SSASI (Substance Abuse)
- f) MAST (Substance Abuse)

4. When the evaluation is completed, the Care Manager will contact the Agency HR Director to discuss the findings, the recommended course of action, prognosis, and return-to-work timing. With input and guidance from the Agency HR Director, the final action plan will be completed.
5. Usually, another employee visit is required to document the employee's agreement with the action plan and follow-up/support visits.
6. The Care Manager will provide a confirmation letter to the Agency HR Director. The typical Employee Action Plan will include the following items:
  - Treatment needed to resolve personal health problems or concerns
  - Actions needed to resolve work performance deficiencies, problems, or concerns
  - The follow-up, support, and on-going monitoring schedule
7. The LIFELINE Program will keep the HealthQuest program Director and Department of Personnel Services liaison apprised of progress and final outcome of each case as needed.
8. The local EAP counselor provides face-to-face follow-up and monitoring of the employee's progress. The Care Manager will provide the Agency HR Director with scheduled updates of the employee's progress. Based on the nature of the case, the monitoring and support phase of the Care Management process lasts from three (3) to twelve (12) months.

### III. If Employee Behavior Changes and a Referral is Needed Again

The Fit-For-Duty program is designed to provide the employee with the help and support necessary to be at work and perform their duties in safe and acceptable manner. Occasionally however, the circumstances which led to the initial referral may return and based on the stipulations of the Return-To-Work-Agreement an option may be to remove the employee from duty and refer them back to the LIFELINE Program. If a referral back to the LIFELINE Program is needed:

1. The Agency HR Director should contact the Vice President of Clinical Services at Alternatives EAP (the EAP vendor) at 816-753-8283 with the pertinent background information.
2. The Agency HR Director should relieve the employee from duty and instruct the employee to call LIFELINE within 24 hours to make an appointment. **The employee may use their accumulated sick leave, vacation leave, or be placed on leave without pay. However, administrative leave with pay was extended initially for the first Fit for Duty situation and is not granted/ authorized a second time.** The Agency HR Director should inform the employee that they cannot return to work without the approval of the Agency HR Director in consultation with the LIFELINE program. The LIFELINE program will notify the Agency HR Director if the employee has not contacted LIFELINE within the 24 hour time frame.

3. The local EAP counselor will see the employee as soon as possible to re-evaluate the situation and determine what action(s) needs to be taken. When the evaluation is completed, the Care Manager will contact the Agency HR Director to discuss the findings, the recommended course of action, prognosis, and return-to-work timing. With input and guidance from the Agency HR Director, the final action plan will be completed.
4. The Agency Appointing Authority, in consultation with the Agency HR Director and the Agency's Legal Counsel, will determine if the employee is allowed to return to work in accordance with established Civil Service procedures.

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**(\*) Psychological Test Descriptions**

**MMPI-2**

The MMPI-2 is the most widely used and widely researched test of adult psychopathology. It is used to assist with the diagnosis of mental disorders and the selection of appropriate treatment methods. The MMPI-2 provides an Adjustment Rating Report which presents scores for the following five important work-related dimensions: openness to evaluation, social facility, addiction potential, stress tolerance, and overall adjustment

**HCSI**

Hilson Career Satisfaction Index (HCSI), often used in fitness for duty evaluations, aids in the identification of stress symptoms, drug/alcohol abuse, disciplinary history, excusing attitudes about antisocial behaviors, anger/hostility, and difficulty with supervisors and/or coworkers.

**GAF**

This 100-point scale measures an employee's overall level of psychological, social, and occupational functioning on a hypothetical continuum. The GAF Report decision tree is designed as a guide through a methodical and comprehensive consideration of all aspects of an employee's symptoms and functioning. The GAF addresses the growing need for accuracy and reliability in determining and reporting on GAF ratings by ensuring all aspects of an employee's functioning are considered. The GAF scale is a traditional instrument for managed care-driven diagnostic evaluations to determine eligibility for treatment and disability benefits, and to delineate the level of care required for employees.

**SIRS**

The genuineness of an employee's symptoms can often be assessed via standardized measures. One of the best-validated measures for this purpose is the Structured Interview of Reported Symptoms (SIRS). The SIRS is designed to identify possible exaggeration or fabrication of symptoms of psychopathology. It helps separate out those who are simply distressed from the pressures of their current situation from those who are malingering.