carelon℠ EAP Case Activity and Billing Form
(CAF-1 – Do not use for onsite EAP services)

Instructions: Please use CAPITAL letters. Complete **ALL** information to ensure prompt payment. Keep a copy for your records. If services were not pre-authorized, use CAF-2 form.

Billing Type: O Interim   O Final   O Re-Open

Payer: *(corp. client, employer, company/division, location or department through which EAP benefits are available)*

Participant Information: *Last Name*   *First Name*   *MI*

Participant Date of Birth (mm/dd/yy)   **Statement of Understanding**   **Participant Relationship to Employee:**
/   /
Signed: O Yes O No   O Self O Spouse O Dependent O Parent
Gender: O Female O Male   O Sibling   O Unmarried Partner   O Other

Employee Name: *(if not participant)*   *Last Name*   *First Name*   *MI*

Billing Information: Dates of Service (mm/dd/yy)

/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /

EAP Clinician: *Last Name*   *First Name*   *MI*

Clinician's Billing Address: *Street Address*   *City*

State   *ZIP Code*   **SSN or Tax ID Number:**   **NPI Number:**

Assessed Problem: *(choose one)*

- O Alcohol
- O Drugs
- O Mixed Alcohol / Drug Abuse
- O Anxiety
- O Depression
- O Eating Disorder
- O Hyperactivity / Learning
- O Impulse control
- O Thought disorder
- O Child care
- O Adult / elder care
- O Family problems
- O Financial problems
- O Grief / Loss
- O Job / Occupational
- O Legal
- O Marital / Relationship
- O Situational / Adjustment
- O Medical

Risk and Functional Assessment: Indicate impairment level at case opening and closing.
0 = No evidence of impairment, 1 = mild, 2 = moderate, 3 = severe impairment

	Case Opening	Case Closing
Member's risk to self……………………………………..	O0 O1 O2 O3	O0 O1 O2 O3
Member's risk to others………………………………...	O0 O1 O2 O3	O0 O1 O2 O3
Mood Disturbances (depression or mania)………….	O0 O1 O2 O3	O0 O1 O2 O3
Anxiety……………………………………………………..	O0 O1 O2 O3	O0 O1 O2 O3
Thinking / Cognition / Memory / Concentration……..	O0 O1 O2 O3	O0 O1 O2 O3
Impulse / Reckless / Aggressive Behavior……….....	O0 O1 O2 O3	O0 O1 O2 O3
Activities of Daily Living Problems…………………….	O0 O1 O2 O3	O0 O1 O2 O3
Medical / Physical Condition…………………………...	O0 O1 O2 O3	O0 O1 O2 O3
Substance Abuse / Dependence……………………...	O0 O1 O2 O3	O0 O1 O2 O3
Job / School Performance……………………………...	O0 O1 O2 O3	O0 O1 O2 O3
Social Functioning / Relationship / Marital / Family…	O0 O1 O2 O3	O0 O1 O2 O3

Case Closing

Problem Status at Closing:
- O Resolved
- O Partially Resolved
- O Getting Worse
- O No Change
- O Not Applicable

Disposition:
- O Face-to-face assessment / no referral
- O Face-to-face assessment / referral accepted
- O Assessment/referral declined
- O Did not keep initial appt.
- O Withdrew before completion

Referral Type: O No referral beyond EAP
- O Community Resource
- O Medical Treatment

Substance Abuse Treatment
- O SA Inpatient
- O SA Intensive Outpatient
- O SA Detox Only
- O Other Substance Abuse

Psychiatric Treatment
- O Inpatient
- O Partial Hospitalization
- O Outpatient (non-MD)
- O Outpatient (MD)
- O Other

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