

**4309 Z1  
Attachment 2  
State of Nebraska  
Employee Assistance Program Administration**

**Bidder Name:**

	<b>Project Requirements</b>	<b>Response</b>	<b>Explanation</b>
	<b>Mandatory Requirements</b>		
1	All counselors must be licensed, credentialed mental health professionals.	Yes / No	
2	Any and all subcontractors must be licensed, credentialed mental health professionals.	Yes / No	
3	Rate must be guaranteed for the first four (4) years and for each of the four (4) one-year renewals.	Yes / No	
4	Must be able to facilitate face to face counseling within 24 hours for cities with a population of 25,000 or more and 48 hours for cities with a population of 25,000 or less.	Yes / No	
5	Must be able to provide on-site support at all Open Enrollment events.	Yes / No	
6	Must provide eligible employees EAP services under COBRA for 18 months after termination of employment. See Attachment 3 to provide additional costs associated with this service, if applicable.	Yes / No	

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	<b>Services</b>		
7	In the case of a critical incident/catastrophic event, Contractor will make contact within 30 minutes to a request for service. These incidents could be either onsite workplace incidents or incidents related to an individual employee or eligible dependent.	Yes / No	
8	A minimum of five counseling contact/sessions per incident is required regardless of location. How many counseling contact/sessions are being proposed per incident? The number of counseling contact/sessions must be per family per incident.	Number of visits and Description	
9	Indicate the maximum number of counseling sessions provided per incident before a recommendation is made to transfer the member to another appropriate behavioral counselor/provider. What criteria are made to make this determination? What steps are taken or what assistance is offered to the member to ensure a smooth transition?	Description of Service Parameters and Conditions	
10	Do you have a process in place to follow up on referrals made to other mental health professionals? If yes, how long is follow-up continued?	Yes / No and Description of Follow-Up	
11	Will you use subcontractors to provide counseling services?	Yes / No and Please describe when utilized and for what services	

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12	Contractor and any subcontractors (if applicable) will comply with all DOL and HIPAA regulations regarding participant privacy and Personal Health Information. Explain safeguards, policies and procedures you have within your organization to ensure the confidentiality of participants and dependents.	Yes / No and Description of Safeguards	
13	Contractor will provide monthly, quarterly and annual utilization reports. If yes, describe the reports and what information is contained in them. Describe the ability to run specialized reports at the State's request and additional costs, if any. Describe the turnaround time for requested specialized reports.	Yes / No, Description of Service	
14	Contractor will meet quarterly with the State to discuss utilization reports and other issues. Please provide a sample of monthly, quarterly and annual utilization reports.	Yes / No	
15	Description of training/education services for managers/supervisors and employees. Provide supporting documentation.	Description of Service	
16	Minimum of 12 on-site training/education hours per 1,000 covered employees required. Describe how many hours you propose are available based on group size.	Yes / No and Description of Service	
17	Are on-site sessions recorded for future use by the State?	Yes / No	

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18	Dedicated 24-hour number for critical incidents and appointments. Toll free number is staffed by a professional who can provide emergency support if needed.	Yes / No and Description of Service	
19	Counseling available for substance abuse, adolescent issues, family issues, depression/stress, grief, work/school issues, aging, eating disorders, financial issues, gambling issues, etc. Describe range of mental health services available.	Yes / No and Description of Service	
20	Describe web based educational content for employees, i.e. subject areas, interactive tools, how often articles are updated.	Description of Service	
21	Able to coordinate with the State's contracted Wellness provider	Yes / No	
22	Post-service satisfaction survey provided to participants upon completion of services for each incident or event	Yes / No and Example	
<b>Enrollment / Eligibility</b>			
23	Ability to use an identifier other than a participant's Social Security Number	Yes / No and Description of Service	
24	Enrollment lead time requirement	Yes / No and Description of Service	
25	Payroll stuffers/brochures are provided. Please provide samples.	Yes / No and Description of Service	

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	<b>Implementation</b>		
26	Provide an implementation timeline within 10 days of c	Yes / No and Description of Service - detail time frame needed to implement with an 7/1 effective date	
27	Upon expiration of contract, contractor is willing to complete pending counseling contact/sessions. See Attachment 3 to provide additional costs associated with this service, if applicable.	Yes / No	