

Service Name: **PROBLEM GAMBLING TREATMENT SERVICES**

Service ID Code: **A&D 81**

## **I. Service Description**

Problem Gambling Treatment Services (A&D 81) are as follows:

- A. Outpatient problem gambling treatment services provide problem gambling assessment, treatment and rehabilitation services delivered on an outpatient basis or intensive outpatient basis to individuals with gambling related problems who are not in need of 24-hour supervision for effective treatment. A&D 81 Services must include regularly scheduled face-to-face or non-face to face therapeutic sessions or services in response to crisis for the individual and may include individual, group, couple, and family counseling.
- B. Residential problem gambling treatment services provide problem gambling assessment, treatment, rehabilitation and twenty-four hour observation monitoring for pathological and problem gamblers consistent with Level III of ASAM PCC-2R.
- C. Treatment-specific outreach is targeted outreach for which the primary purpose is to get pathological and problem gamblers and/or their family members into treatment.
- D. For purposes of this Agreement, an individual with a gambling related problem is an individual with (a) a primary diagnosis of Pathological Gambling (DSM-IV code 312.31), (b) a primary diagnosis of sub-clinical Pathological Gambling (meets two to four DSM-IV diagnostic criteria for Pathological Gambling), or (c) a primary diagnosis of Relational Problem Related to Pathological Gambling (a variant of DSM-IV code V61.9).

## **II. Performance Standards**

Providers of A&D 81 Services funded through this Agreement must maintain a License as a Mental Health Service Agency or a Letter of Approval as an Alcohol and Drug Treatment Agency for all levels of outpatient treatment in accordance with OAR 415-051-0065 Building Requirements, OAR 415-012-0000 through 415-012-0090 Standards for Approval/Licensure of Alcohol and Other Drug Programs and OAR 309-012-0130 through 309-012-0220 Certificates of Approval for Mental Health Services; as such rules may be revised from time to time.

Providers (and County, as applicable) of A&D 81 Services funded through this Agreement must comply with the requirements set forth on Exhibits A&D 81-1, A&D 81-2, A&D 81-3 and A&D 81-4 attached hereto and incorporated herein by this reference.

Providers of A&D 81 Services funded through this Agreement must meet the performance standards below. These performance standards are imposed and assessed on an individual Provider basis. If Department determines that a Provider of A&D 81 Services funded through this Agreement fails to comply with any of the specified performance standards, the specific areas out of contract compliance would then be reviewed at the next scheduled site review or a discretionary site review could be scheduled specifically to review these areas.

**Access:** The amount of time between a problem gambling affected individual's request for A&D 81 Services and the first offered service appointment must be five business days or less for at least 90% of all individuals receiving A&D 81 Services funded through this Agreement.

**Retention:** The percent of problem gambling affected individuals receiving A&D 81 Services funded through this Agreement who actively engage in the A&D 81 Services for at least 10 clinical contact sessions must not be less than 40%.

**Successful Completion:** The percent of all individuals receiving A&D 81 Services funded through this Agreement who successfully complete treatment must not be less than 35%. A successful problem gambling treatment completion is defined as the individual's: (a) achievement of at least 75% of short-term treatment goals, (b) completion of a continued wellness plan (i.e., relapse prevention plan), and (c) lack of engagement in problem gambling behaviors for at least 30 days prior to discharge from A&D 81 Services.

**Client Satisfaction:** The percent of problem gambling affected individuals receiving A&D 81 Services funded through this Agreement who complete a problem gambling client satisfaction survey would positively recommend the Provider to others must not be less than 85%. Client satisfaction surveys must be collected by not less than 50% of total enrollments.

**Long-term Outcome:** The percent of problem gambling affected individuals receiving A&D 81 Services funded through this Agreement who successfully complete treatment whose responses to a problem gambling follow-up survey suggest maintained improvement at six months after the end of A&D 81 Services must not be less than 50%.

### **III. Special Reporting Requirements**

Providers of A&D 81 Services funded through this Agreement must submit the following information to Department (or to Department's designee), with respect to the individuals receiving A&D 81 Services funded through this Agreement, as well as any other information related to the delivery of A&D 81 Services funded through this Agreement that Department reasonably requests from time to time:

- A. GPMS (Gambling Process Monitoring System) Intake Data: The GPMS data form must be collected and submitted within 14 days of the first face-to-face treatment contact with an individual.

- B. Client Consent Form: A completed client consent form for use in follow-up efforts must be collected and submitted prior to discharge. Client refusal to participate in the follow-up survey must be documented in the client file.
- C. Encounter Data: Encounter data for billing must be collected and submitted as described in Exhibit A&D 81-3 attached hereto and incorporated herein by this reference. Prior to submitting an encounter claim each claimed encounter must be documented in the clinical record. Encounter claim documentation placed in the clinical record must include the date of the encounter service; the type of service delivered the length of service, a clinical note describing data from the session, the clinician's signature and date the note was completed.
- D. GPMS Discharge Data: GPMS discharge data must be collected and submitted within 90 days after the last date of service to an individual.

#### IV. Financial Assistance Calculation and Disbursement Procedures

Special Conditions Apply for Participating Frontier and Rural Counties-See Exhibit-A&D 81-1, Financial Assistance Calculation and Disbursement Procedures-Frontier and Rural Counties

- A. Financial Assistance Calculation. Department provide financial assistance for A&D 81 Services identified in a particular line of the Financial Assistance Award at the rate of \$95.44 per hour (for purposes of this Service Description, one hour is no less than 50 minutes of direct face-to-face service) for individual treatment sessions (including individuals, couples and family sessions), \$42.69 per hour for group sessions and \$95.44 per hour for problem gambling assessment sessions, subject to the following:
  - 1. Department will not make multiple financial assistance payments for a single clinical activity, except for group therapy. For example, Department will not provide financial assistance for an individual treatment session for both an individual and his or her spouse when the treatment was delivered in a single marital session.
  - 2. For purposes of this Service Description, "session" or "treatment session" means face-to-face A&D 81 Services delivered in individual, couple, family, or group formats. Treatment sessions must be reported by type (e.g., individual, couple, family or group) and length (time).
  - 3. Providers of A&D 81 Services funded through this Agreement may not charge individuals whose A&D 81 Services are funded through this Agreement any co-pay or other fees for such Services.

4. Total Department financial assistance for all A&D 81 Services delivered under a particular line of the Financial Assistance Award shall not exceed the total funds awarded for A&D 81 Services as specified in that line of the Financial Assistance Award.
  5. Department is not obligated to provide financial assistance for any A&D 81 Services that are not properly reported as described or referenced in this Service Description by the date 60 days after the termination of this Agreement, termination of Department's obligation under this Agreement to provide financial assistance to County for A&D 81 Services, or termination of County's obligation under this Agreement, to include the Program Area, in which A&D 81 Services fall, in its CMHP.
  6. If at the end of any six month period during the term of this Agreement, the total A&D 81 Services delivered under a particular line of the Financial Assistance Award entitles County to less than 95% of the funds disbursed to County under that line during that period, Department may unilaterally reduce the amount of funds awarded for A&D 81 Services in that line in proportion to the underutilization during that period and may also unilaterally reduce the amount of funds awarded for A&D 81 Services in that line in an amount equal to funds disbursed to County under that line that were not utilized, and County shall execute and deliver to Department an appropriate amendment to the Financial Assistance Award to reflect that reduction.
- B. Disbursement of Financial Assistance: Unless a different disbursement method is specified in that line of the Financial Assistance Award, Department will disburse the funds awarded for A&D 81 Services in a particular line of the Financial Assistance Award to County in substantially equal monthly allotments during the period specified in that line, subject to the following:
1. Department may, after 30 days (unless parties agreed otherwise) written notice to County, reduce the monthly allotments based on under used allotments identified through CPMS or through other reports required or permitted by this Service Description or an applicable Specialized Service Requirement.
  2. Department may, upon written request of County, adjust monthly allotments.
  3. Upon amendment to the Financial Assistance Award, Department shall, adjust monthly allotments as necessary, to reflect changes in the funds awarded for A&D 81 Services on that line of the Financial Assistance Award.
  4. County may, with Department approval, apply funds unused in the first fiscal year to funds for A&D 81 Services in the second fiscal year.
- C. Agreement Settlement: Agreement Settlement will reconcile any discrepancies that may have occurred during the term of this Agreement between actual Department

disbursements of funds awarded for A&D 81 Services under a particular line of the Financial Assistance Award and amounts due for such Services based on the rates set forth above and the amount of Services actually delivered under that line of the Financial Assistance Award during the period specified on that line, as properly reported as described or referenced in this Service Description or an applicable Specialized Service Requirement.

- D. Provider Audits. Providers and sub-contracted Providers receiving A&D 81 payments from Department are subject to audit for all payments applicable to A&D 81 services rendered. The audit ensures that proper payments were made to covered services, to recover overpayments, and to discover possible instances of fraud and abuse. This audit will verify that encounter data submissions are documented in the client file as described in section III C. Department may apply the Division of Medical Assistance Program (DMAP) Provider Audit rules and the Fraud and Abuse rules to providers and provider sub-contractors of A&D 81 Services funded through this Agreement in accordance with OAR 410-120-1505 through 410-120-1510 Provider Audits, as such rules may be revised from time to time.

**Exhibit A&D 81-1**

**Financial Assistance Calculation and Disbursement Procedures-Frontier and Rural Counties**

Department may apply the following conditions to Rural and Frontier counties:

All Service Descriptions and Performance Standards and Special Reporting Requirements set forth in AD 81 shall apply unless hereto modified or waived.

The intention of these conditions is to provide an investment within Rural and Frontier counties with the goal being to use this investment to ensure viable Problem Gambling Services are available to all Oregonians.

**I. Financial Assistance Calculation and Disbursement Procedures**

1. Financial Assistance Calculation. Department will provide financial assistance for AD 81 Services utilizing a base rate method.

A. This Financial Assistance Award will be **\$25,000** per annum for Counties designated as Frontier Counties. Frontier County is defined as a county with population density of fewer than 5 people per sq. mile. B. The Financial Assistance Award will be \$15,000. per annum for Rural Counties with population density of 30 or less people per square mile.

C. Eligible Counties are as follows:

<b>Frontier (population density &lt;5)</b>	<b>Rural (population density &lt;30)</b>
Baker	Crook
Gilliam	Curry
Grant	Douglas
Harney	Hood River
Lake	Jefferson
Malheur	Klamath
Morrow	Tillamook
Sherman	Umatilla
Wallowa	Union
Wheeler	Wasco

D. The County or Regional consortium must submit encounter data as if they were being reimbursed via that method. At the end of each fiscal year if the encounter data is more than base payment the County or Regional consortium shall receive the amount shown from the Encounter Data that was in addition to the Base Payments

**II. Financial Assistance Calculation and Disbursement Procedures for Multi-County Management agreements:**

If services are sub-contracted the sub-contracts must be approved in advance by Department. Sub-contract rates must be delineated and approved by Department.

**III. Performance Standards that apply under these Special Conditions:**

- A. A detailed plan demonstrating how the County intends to develop, grow, and sustain viable problem gambling services must be submitted and approved by department.
- B. An annual progress report must be submitted that documents maintenance of effort and progress made in establishing viable problem gambling treatment services. Annual reports are due by Sept. 1, 2010 and Sept 1, 2011.
- C. Viable problem gambling services shall be evaluated by Department utilizing the following example components:
  - 1. Outreach: Documented efforts within the community designed to increase awareness of problem gambling as a treatable public health issue including problem identification, referral procedures, and program contact information (including the state-wide Helpline).
  - 2. Case Finding: Efforts with community to specifically increase appropriate referrals to treatment services as defined under A&D 81 Service descriptions. These would be long term inter-agency, intra-agency, and allied healthcare relationships specifically developed and nourished for the purpose of identifying problem gambling within existing populations through appropriate screening and referral.
  - 3. Problem gambling treatment interventions as defined under A&D 81 Service descriptions.
  - 4. Required reporting and reconciliation of A&D 81 service reimbursement and client eligibility/system evaluation data.
  - 5. Quality control and improvement plan including incorporation of consumer feedback.

Providers of services reimbursed through this agreement must be able to demonstrate to Department satisfaction their ability to recognize and respond appropriately to the unique needs of problem gamblers in their community by developing and implementing Gambling Treatment Services that are delivered by qualified counselors/therapists

**Exhibit A&D 81-2**  
**Minimum Performance Requirements**

**ACCESS**

- I. County shall make A&D 81 Services generally available to any individual in the service region for which County has contract authority as set forth on Exhibit A&D 81-1-1, attached hereto and incorporated herein by this reference.
- II. See the discussion of Access in Section II of the main portion of this Service Description.
- III. Providers of A&D 81 Services funded through this Agreement must provide A&D 81 Services funded through this Agreement to individuals seeking Services who reside outside of the service region for which County has contract authority as set forth on Exhibit A&D 81-1-1 when no other similar Services are offered that are closer to the individual's primary place of residence.

County and all Providers of A&D 81 Services funded through this Agreement must cooperate with Department in setting goals for increased client treatment access and in implementing measures to meet such goals.

- IV. County and all Providers of A&D 81 Services may provide A&D 81 services to out of state residents only if the presenting gambling problem is reported as primarily related to an Oregon Lottery product.

**QUALITY**

- I. Providers of A&D 81 Services funded through this Agreement must comply with the standards set forth on Exhibit A&D 81-2 attached to this Service Description.
- II. Providers of A&D 81 Services funded through this Agreement must ensure that all staff providing A&D 81 Services funded through this Agreement comply with requirements for problem gambling treatment service Providers as set forth in Exhibit A&D 81-2 attached to this Service Description.
- III. Providers of A&D 81 Services funded through this Agreement must cooperate with Department in setting goals to improve the quality of A&D 81 Services and in implementing measures to meet such goals.

**ACCOUNTABILITY**

- I. See Section III of the main portion of this Service Description of this Agreement.
- II. Per OAR 415-012-0050 – 415-012-0090 Onsite Reviews.

**Exhibit A&D 81-2****Problem Gambling Service Regions & Region Contract Designee**

<b>Contract Authority</b>	<b>Service Region (County)</b>
ADAPT	Coos & Douglas
Cascadia	Clackamas
Columbia	Columbia, Clatsop
Curry	Curry
Deschutes	Crook, Deschutes, Jefferson
Harney	Grant, Harney, Lake
Hood River	Hood River, Sherman, Wasco
Gilliam	Gilliam
Jackson	Jackson
Josephine	Josephine
TBA	Klamath
Lane	Lane
Lincoln	Lincoln
Linn	Linn, Benton
Malheur	Baker, Malheur, Morrow, Umatilla, Union, Wallowa, Wheeler
Marion	Marion
Multnomah	Multnomah
Polk	Polk
Tillamook	Tillamook
Washington	Washington
Yamhill	Yamhill

**Exhibit A&D 81-3**

**Gambling Treatment Provider Standards  
Outpatient**

Providers of A&D 81 Services funded through this Agreement must comply with the standards set forth below and must use written policies and procedures, with appropriate documentation, to address and implement compliance with the standards. These standards were developed based on the following principles:

(a) the safety and dignity of problem gambling treatment individuals should be maintained at all times and (b) treatment services should be designed to enhance the strengths of each client.

**I. Accessibility** – Providers of A&D 81 Services funded through this Agreement must:

- A. Make A&D 81 Services available during both daytime and evening hours, to the extent reasonably practicable.
- B. Not discriminate or deny services on the basis of age or diagnostic or disability category unless predetermined clinical or program criteria for service restrict the service to specific age or diagnostic groups or disability category.
- C. Develop and implement a policy of delivering A&D 81 Services in a non-discriminatory and culturally sensitive manner. Providers of A&D 81 Services funded through this Agreement must be able to demonstrate to Department's satisfaction their ability to recognize and respond appropriately to the unique needs of special populations (e.g., language, illiteracy, disability, culture, race, gender, sexual orientation, age-related differences, etc.) which could include but is not limited to:

**II. Competence**

The staff of Providers of A&D 81 Services funded through this Agreement must meet the following requirements and the Providers must make the following services available to their staff:

- A. All Provider staff who deliver A&D 81 Services funded through this Agreement on a quarter-time or greater basis (i.e., equal to or greater than .25 FTE) must hold an certification in mental health or addictions discipline and have completed, within the past two years, at least 30 hours of problem gambling specific education. All Providers of A&D 81 Services funded through this Agreement must maintain documentation evidencing each staff member's compliance with this education requirement and must furnish such documentation to Department upon request.
- B. All Provider staff who deliver A&D 81 Services funded through this Agreement on a half-time or greater basis (i.e., equal to or greater than .5 FTE) must hold advanced credential (CADCII or III) in Addictions or be QMHP and be able to document

minimum of 1000 hours gambling addiction treatment experience and have completed 60 hours of gambling addiction specific education and or training.

- C. Providers of A&D 81 Services funded through this Agreement must establish and observe policies that ensure that Provider staff who deliver A&D 81 Services funded through this Agreement are current on new developments in the field of gambling treatment and rehabilitation.

All Provider staff who supervises other staff members in the delivery of A&D 81 Services funded through this Agreement must have completed at least 10 hours of gambling specific education within the past two years. Alternatively Providers are encouraged to utilize Approved Clinical Consultants (ACC) to augment their supervision.

- D. Recovering Individuals: For an individual recovering from a gambling-related disorder, the performance of a program director, clinical supervisor or counselor's essential job functions in connection with staff and clients who themselves may be trying to recover from a gambling-related disorder demands that an applicant or person hired as a program director, clinical supervisor or counselor demonstrate continuous abstinence from problem gambling under non-residential, independent living conditions for the immediate past two years.

### **III. Accountability**

Providers of A&D 81 Services funded through this Agreement must deliver the services in accordance with the following standards:

- A. Types of Problem Gambling Services** – The specific A&D 81 Services that may be delivered with funds provided under this Contract that are directed at individuals with problems related to a gambling disorder are as follows:
1. Outpatient problem gambling treatment services provide problem gambling assessment, treatment and rehabilitation services delivered on an outpatient basis or intensive outpatient basis to individuals with gambling related problems who are not in need of 24-hour supervision for effective treatment. A&D 81 Services must include regularly scheduled face-to-face or non-face to face therapeutic sessions or services in response to crisis for the individual and may include individual, group, couple, and family counseling.
  2. Outpatient Gambling Treatment Wrap-around Services as specified in Exhibit A&D 81-4. These services may be delivered to but are not limited to:
    - a) individuals who have special needs, such as highly suicidal individuals, individuals with co-occurring psychiatric conditions, individuals with severe housing problems, non-English speaking individuals, individuals with treatment

access obstacles, individuals needing continued support services to maintain recovery and individuals with repeat outpatient gambling treatment failures or

- b) directed at program activities designed to improve efficiencies for the delivery of A&D 81 services.
3. Residential Treatment (1-60 day residential care at a specialized gambling treatment residential facility). Providers of this service must have Department approved written policies and procedures for operating this service, must comply with OAR 415-051-0000 through 415-051-0155 Standards for Outpatient and Residential alcohol and Drug Treatment Programs and must have a current license issued by the Department in accordance with OAR 415-012-0000 through 415-012-0090 Standards for Approval/Licensure of Alcohol and Other Drug Abuse Programs. Exceptions to the above rule are as follows:
    - a) Staff qualifications to deliver problem gambling treatment services for the residential treatment program are specified under A&D 81 Exhibit A&D 81-2, III. Competence, B.
    - b) Supervisor qualifications to supervise the problem gambling residential treatment program are specified under A&D 81 Exhibit A&D 81-2, III. Competence, E.
    - c) File documentation as specified under A&D 81 Exhibit A&D 81-2, V. Financial.
  4. Psychiatric health facility service (1-14 day residential care at a psychiatric health care facility). Providers of this service must have Department approved written policies and procedures for operating this service, and comply with OAR 309-035-0100 through 309-035-0460 Residential Care Facilities for Mentally or Emotionally Disturbed Persons.
  5. Respite care service (1-14 day residential care at an alcohol and drug treatment facility). Providers of this service must have Department approved written policies and procedures for operating this service, and have a current license issued by the Department in accordance with OAR 415-012-0000 through 415-012-0090 Standards for Approval/Licensure of Alcohol and Other Drug Abuse Programs.
  6. Treatment-specific outreach: Targeted outreach whose primary purpose is to get clients into treatment. It is focused on populations known or believed to have a high number of problem gamblers and is often, although not exclusively, directed at clients in other social service/health/medical/corrections systems. The messages are dominated by concepts such as local treatment availability, description of types/levels of treatment, what to expect in treatment, expertise of problem gambling counselors, treatment is free, includes family members and why that's

important, etc. (examples: speaking to and working with child welfare caseworkers on need for and how to screen/refer clients; family/client problem gambling education sessions while in treatment for alcohol/drug/mental health)

**B. Guidelines for Treatment Services** – Providers of A&D 81 Services funded through this Agreement must provide a variety of diagnostic and treatment service alternatives to each individual receiving A&D 81 Services funded through this Agreement. Per OAR 415-051-025 Admission Policies and Procedures except 1a. Providers must comply with the Access Requirement per Section II Performance Standards of this Agreement.

Providers of A&D 81 Services funded through this Agreement must offer, at minimum, the following types of A&D 81 Services:

1. Assessment – The assessment involves a face-to-face interview with the individual completed within 30 days of the first face to face client contact following enrollment into the treatment program. The purpose of the interview is to collect and assess pertinent information regarding the individual’s past history and current situation that results in a clinical diagnosis and a recommendation regarding the need for treatment. The Provider must have the ability to perform a structured interview process to assess the existence of problem gambling and co-existence with other disorders including, but not limited to, substance abuse, mental disorders, and significant health problems. Suicide potential must be assessed and clinical records must contain follow-up actions and/or referrals when a client reports symptoms indicating risk of suicide.
2. Individual, and Group Treatment – Treatment sessions are face-to-face and non face-to-face contacts between a Provider staff member delivering the service and an individual or group of individuals. Treatment sessions must address the problems of the individual(s) as they relate, directly or indirectly, to the problem gambling behavior.

Non face-to face contacts - Adherence to the following guidelines for telephone counseling waives the requirement of prior authorizations:

- 1) Client must be currently enrolled with Herbert & Louis.
- 2) Phone counseling must be provided by a qualified provider within their scope of practice.
- 3) Documentation must follow the same criteria as face to face counseling. Documentation must include that the session was conducted by telephone.
- 4) Telephone counseling must meet HIPAA/42CFRpart 2 standards for privacy.

- 5) There needs to be a client-counselor agreement of informed consent for phone counseling. This should be discussed with and signed by the client and documented in the record.
- 6) The chart must document the clinical rationale for telephone counseling versus face to face counseling.

Examples of reimbursable telephone counseling include but are not limited to:

- 1) Counseling when person-to-person contact would involve an unwise delay,
- 2) Counseling related to crisis/relapse that require significant investment of provider time and judgment,
- 3) Counseling and education for clients with complex chronic conditions.

Examples of non-reimbursable telephone counseling include but are not limited to:

- 1) Scheduling an appointment,
  - 2) Requesting a referral,
  - 3) Follow-up of counseling sessions to confirm stable condition, without indication of complications,
  - 4) Brief discussion to confirm stability of chronic problem and continuity of present management.
3. Family Counseling – Family counseling includes face-to-face or non face-to-face treatment sessions between a Provider staff member delivering the service and an individual whose life has been negatively impacted by gambling. Treatment sessions must address the problems of the individual as they relate, directly or indirectly to the problem gambling behavior.
  4. 24 hour Crisis Response – All Providers of A&D 81 Services funded through this Agreement must provide after-hour crisis intervention as necessary. This may be accomplished through agreement with other crisis services, on-call staff, or other arrangement acceptable to Department.

Referral to Community Resources – Provider of A&D 81 Services funded through this Agreement must have the capacity to coordinate services and make appropriate referrals to other formal and informal service systems to insure Continuity of Care. These could include: mental health, Gamblers Anonymous, Gam-Anon, financial consultants, legal advice, medical, crisis management, cultural issues, housing, vocational, etc. The referral and follow-up action shall be documented in the discharge plan and in the client's file.

#### **IV. Documentation**

Providers of A&D 81 Services funded through this Agreement must create and maintain the following documentation with respect to each individual receiving A&D 81 Services with funds provided under this Agreement:

1. Identifying and demographic information for the individual including, at a minimum: name, address, telephone number, date of birth, gender, marital status, and emergency contact. Any additional identifying and demographic data reasonably required by Department.
2. Intake assessment documentation for the individual, must include:
  - a) referral source;
  - b) presenting problem;
  - c) gambling history ; (age of first use, gambling behavior patterns, gambling venue preference, primary gambling location, gambling activity frequency, stage of change, gambling thought processes, DSM IV criteria, previous gambling treatment history, previous gambling relapse history, current gambling triggers, etc.)
  - d) current financial status assessment;\_(a structured process for assessing client financial circumstances and needs Treatment strategies must be developed to address the individual's financial circumstances and needs that may include, but are not limited to: developing a financial management plan for the individual that includes a restitution plan, if appropriate; and connection with relevant financial assistance services.)
  - e) history of substance use and substance use disorders, including past treatment episodes, assessment of risk of possible withdrawal, and history of other behavioral addictions;
  - f) health status (e.g., last physical, diet, exercise),current medical problems including medication use;
    - 1) mental health history and current mental health status (e.g., treatment history, psychiatric medications);
    - 2) profile of family of origin and marital/relationship history which describes family composition and dynamics, history of gambling behavior in the family;
    - 3) cultural background – (include client's self-identified cultural background, level of acculturation, knowledge of own culture, primary language, spiritual or religious interests and cultural attitudes towards gambling;
    - 4) recovery environment;
    - 5) strength and recovery assets;
    - 6) education and vocational history;
    - 7) legal history (including arrest and conviction history);

- 8) Risk of harm to self or others (e.g., assess for suicide risk, intimate partner violence, child neglect and abuse, elder abuse)
3. Intake Assessment Summary - The information gathered must include an intake assessment summary containing a DSM IV diagnosis with supporting criteria, , level of risk of harm to self or others, financial risk, recommendations for the type and intensity of treatment and any referrals given to another treatment provider.
4. An individualized treatment plan must be developed in accordance with general professional standard. The treatment plan must be developed within 30 days following the commencement of A&D 81 Services to the individual. The treatment plan must:
  - a) address client-centered issues identified from the assessment and modified as appropriate,
  - b) be written with clear and measurable objectives that are consistent with the client's abilities and strengths and that the individual agrees to as the foundation of treatment,
  - c) include an adequate range of services,
  - d) include a financial plan,
  - e) include regularly scheduled sessions,
  - f) The treatment plan must be reviewed and modified continuously as needed and as clinically appropriate, and documentation of a treatment plan review must be no less frequent than once every 60 days.
  - g) The client's signature and signature date will signify participation in the development and review of the plan. The treatment plan must also be signed and dated by the clinician.
5. The client's progress must be documented within 72 hours of all clinical contacts. All progress notes must include: the date of service, type and length of service, location of service, track progress on the treatment plan and be signed by the person providing the service.
6. The following additional information must be documented in the client file:
  - a) Results of all examinations, tests, intake, and assessment information;
  - b) Reports from referring sources;

- c) Correspondence related to the individual, including letters and dated notations of telephone conversations relevant to the individual's treatment;
  - d) Information release forms, signed and dated with client and clinician's signatures;
  - e) Gamblers Anonymous or other community support network participation; and
  - f) document that participation of the family members was encouraged, and
7. Required data collection forms and questionnaires, copies of which must also be sent to Department or its designee.
8. Discharge Planning – A recovery/wellness plan or relapse prevention plan must be developed by the Provider in collaboration with the individual and placed in the individual's file within 7 days of the formal completion of treatment. The client's signature and date is proof of participation in the discharge planning. If the client was not involved in discharge planning, the file must show documentation that the client was notified of file closure. The discharge plan/relapse plan must document the therapeutic closure of formal treatment for the identified individual as well as recommendations and community resources for ongoing recovery.
- a) Within 30 days of the client leaving treatment, a treatment summary must be completed stating the reason for discharge, progress toward treatment plan objectives, and recommendations.
- V. **Effectiveness** – Providers of A&D 81 Services funded through this Agreement must follow OAR's 415-051-0015 Administrative Requirements for Treatment Programs Specifically, Providers of A&D 81 Services funded through this Agreement must:
- VI. **Efficiency** – Providers of A&D 81 Services funded through this Agreement must provide the Services in the least restrictive setting and in the most cost-effective manner based on the individual's needs, resources, and strengths as determined by the problem gambling assessment.
- VII. **Client Protections and Rights** – Providers of A&D 81 Services funded through this Agreement must follow OAR 415-051-0020 Client Rights:

## **Exhibit A&D 81-4**

### **Encounter Data Reporting Requirements**

#### **INTRODUCTION:**

In order to efficiently implement the disbursement of financial assistance it is necessary for all Providers of A&D 81 Services funded through this Agreement to submit individual-level service delivery activity (encounter data) each month.

#### **OVERVIEW:**

The encounter data collection process is intended to create as minimal a burden on Providers as possible, while creating a sound documentation trail for necessary fiscal auditing that will occur at least once each year for all Providers. The system is designed to provide optimal flexibility for Providers to facilitate minimum changes to local procedures. A standardized electronic transfer of detail service data is required monthly for Providers that currently have automated accounting and billing systems in place. Providers currently utilizing the electronic National Standard Format (NSF) may continue to use that format. All Providers will be required to comply with Department procedures for eventual HIPAA compliance.

Department or its designee shall generate a simple encounter data reporting form, to be completed and transmitted by facsimile, for use by small Providers that do not have automated accounting systems in place. Completed reporting forms must be transmitted monthly to Department or its designee for data entry.

Client eligibility data will be required to be on file with Department, or its designee, prior to the authorization of reimbursement for encounter claims. This eligibility data will consist of the current enrollment forms as promulgated in the gambling program evaluation data collection protocol.

#### **Required Encounter Data:**

The following fields must be collected, with respect to each individual receiving A&D 81 Services funded through this Agreement, for the financial assistance disbursement system:

**Individual Identification Code:** Local code utilized to identify individuals for the Provider evaluation effort.

**Individual's Date of Birth:** This field will be utilized for individual identity verification in the event of incorrect or duplicate individual identification codes. Data to be provided in MMDDYYYY format.

Individual's Gender: This field will also be utilized for individual identity verification in the event of incorrect individual identification codes. Field to be filled with uppercase M for males or uppercase F for females.

Date of Service: Date the service that was provided in American format - MMDDYYYY.

Type of Service Session: Appropriate HIPAA compliant codes for eligible services must be used.

Hours: Service hours will be reported in a manner that is consistent with current Department standards.

Counselor/Therapist: The identification of the counselor, or therapist, conducting the session. This must be a discrete identification that can be utilized during audits to enable verification of services performed from the clinical charting. NOTE: For manual reporting, the counselor may put his, or her, name on the top of the form. For electronically transferred data files this field must be completed for each line item. For those submitting electronically with the NSF, the treating professional identification must be included in the appropriate field.

Provider Identification: Each manual form must have the Provider identification at the top. Provider identification must be consistent with that currently in use for the evaluation. Each manual form must include a contact person and phone number. Manual data collections form masters will be provided by Department or its designee upon request. Each electronically transferred data file must have a header record with the Provider and contact identification as consistent with the NSF protocol.

Reporting Period: Each manual form must have the start and end dates of the reporting period in American format: MMDDYYYY. For electronically transferred data, each file will have this same data in the header line.

#### Electronic Reporting:

Electronically transmitted data files must be sent via email to [datacenter@herblou.com](mailto:datacenter@herblou.com) until notified otherwise by Department. [mailto:](#)

All electronic data files must be compressed with a common compression software such as WinZip © (preferred) and encrypted with a password for data not containing individual identification information such as name, phone number, address, or social security information for example. The transmitting Provider must transmit the password to Department or its designee before transmitting data. The password must not be included in the same message text with the attached data. Data transmitted that is HIPAA compliant and contains individual identifying information such as name, phone number, ssn, etc. must be encrypted using encryption software that meets HIPAA standards. Currently this software is PGP. Shared encryption keys must be transmitted electronically in communications that are separate from the data being submitted.

The subject line for each electronic transmission of data must include the program name, the month covered by the submission (e.g. May 2008) and the words "Gambling Encounter Data."

Operational Reporting Schedule:

Encounter data for the previous month must be in the office of Department or its designee no later than 4 p.m. on the 30<sup>th</sup> day after the period being reported (e.g., July 2007 encounter data is due on August 30, 2007). Data received after that date will be included in the following month's report.

Department or its designee will assemble data and prepare a summary report to be submitted to Department by the 15<sup>th</sup> of each month. Individual treatment Provider summary reports of the information submitted to Department or its designee will be distributed to the respective Providers and County by Department or its designee. Providers and County are expected to verify that the amount reported to Department or its designee is the same as that reported back to them each month. Department or its designee will work with Providers and County to resolve any discrepancies identified by Providers or County within 30 days from notification. Discrepancies must include apparent cause and remedy. Adjustments will be carried forward to the next month.

Disbursements and adjustments to disbursements will be accomplished in a manner prescribed in other parts of this Service Description. A summary review of the encounter data-reporting schedule and reconciliation schedule follows:

Encounter data collected beginning July 1, 2007 with period of measurement equivalent to one calendar month.

Encounter data due in Department's or designee's office 30 days following close of reporting period.

Summary report distributed back to Providers and County by the 15<sup>th</sup> of each month (45 days post closing of reporting period).

Providers and County have 30 days from notification to submit discrepancy claim (75 days post closing of reporting period).

Reconciliation will occur 90 days after of the closing of each semiannual utilization period. This will require that Providers have submitted all corrections to Department or its designee for the utilization period. These periods are July 1 through December 31 and January 1 through June 30 each fiscal year. Provider encounter accounts will be closed 120 days following the end of each utilization review period and projected allocations adjusted accordingly.

**EXHIBIT A&D 81-4**  
**Oregon Problem Gambling Services**  
**Procedure Codes and Reimbursement Rates**

Code	Description	Upper Payment Amount	Service Criteria
H0004	Gambling Treatment counseling and therapy, per 15 min	\$22.25	Service provided by qualified counselor per Service Element PGS81
H0005	Gambling Treatment counseling, group per 15 min	\$7.42	Service provided by qualified counselor per Service Element PGS81
90801	Psychiatric Diagnostic Interview	\$131.44	MD or Psychiatric Mental Health Nurse Practitioner
96101	Psychological Testing with interpretation and report, per hour	\$89.	QHHP who is licensed Psychologist or a Psychology Intern supervised by a Licensed Psychologist
90862	Medication Management	\$65.72	MD or Psychiatric Mental Health Nurse Practitioner
H2010	Comprehensive medication services, per 15 min	\$22.25	Services delivered by a licensed registered nurse or QMHP related to the dispensing, administration and management of medications.
H2013	Psychiatric health facility service, per diem Options for Southern Oregon Only	\$260.52	Services provided in a licensed mental health residential facility and intensively staffed 24-hours under a physician approved treatment plan for which treatment includes an appropriate mix and intensity of assessment, medication management, individual and group therapies and skills development to reduce or eliminate the acute symptoms of the disorder and restore the client's ability to function in a home or the community to the best possible level.
G2013	Residential gambling treatment service, per diem <b>Marion County Bridgeway Residential Program Only</b>	\$160.00	Services provided in a licensed residential alcohol and drug treatment facility designated as a residential gambling treatment program and intensively staffed 24-hour for which treatment include an appropriate mix and intensity of assessment, medication management, individual and group therapies and skills development to reduce or eliminate the acute symptoms of the disorder and restore the client's ability to function in a home or the community to the best possible level.
T1016	Case management, per 15 min	\$22.25	Services provided for coordinating access to and provision of services from multiple agencies, establishing service linkages, advocating for treatment needs, and providing assistance in obtaining entitlements based on mental or emotional disability,
T1023	Behavioral Health Screening per 15 minutes	\$22.25	Screening to determine the appropriateness of consideration of an individual for participation in PGS81 services. This services deferenes from a mental health assessment in that the activity may be delivered over the telephone and requires not only the evaluation of a client's treatment needs, but also an evaluation of available treatment options.

G2030	Financial counseling, per hour	\$89.00	Pressure relief counseling or other forms of counseling provided to individuals enrolled in PGS81 services or their family members for the purpose of financial restitution of gambling debt.
T1013	Sign language/oral interpreter service, per 15 min	\$7.42	Sign language/oral interpreter services necessary to ensure the provision of services for individuals with hearing impairments or in the primary language of non-English speaking individuals. Such interpreters shall be linguistically appropriate and be capable of communicating in English and the primary language of the individual and be able to translate clinical information effectively. Reimbursement for interpreter services is only allowed when provided in conjunction with another services such as assessment, individual/family therapy, or group therapy, etc. whenever feasible, individuals should receive services from staff, who are able to provide sign and/or oral interpretive services. In this case, interpreter services cannot be billed in addition to the therapeutic service.
H0045	Respite care services, not in the home, per diem Columbia Community Mental Health Only	\$160.00	Services provided in a properly licensed 24-hour facility by non-medical professionals within their scopes of licensure or certification. Services must be reasonably expected to improve or maintain the condition and functional level and prevent relapse or hospitalization. Services include assessment, supervision, structure and support, and case coordination.
H2027	Continuing Care Individual service, per 15 min for gambler and/or family member	\$22.25	This activity may be delivered to clients who have received AD81 services within the last calendar year. The function is of maintaining recovery and continued wellness and to prevent relapse.
G2100	Continuing Care Group Services, per 15 min for gambler and/or family member	\$7.42	Services provided to clients who have completed problem gambling treatment within the past 12 months and are to be utilized to facilitate continued recovery or to avert a potential relapse. Service can be provided within an existing therapy or psycho-educational group being provided to current clients or to a group of previous clients meeting on a regular basis for aftercare.
G30	Mileage	Current US GSA rate	Limited to: 1. Service provider's travel to and from primary site providing AD81 services and ancillary AD81 service site; 2. Mileage charges by program or case consultants; 3. Service provider's travel bringing clients to the treatment site. 4. Service providers transportation costs to bring clients to and from the residential treatment site. 5. Client transportation costs
(TBD)	Outreach activities, per 15 min	\$22.25	Treatment specific outreach with primary purpose of getting problem gamblers and/or family members enrolled in services.

\*\*\* Providers must bill at rates, based upon the cost of services determined through a cost allocation, not in excess of their usual and customary charge to the general public \*\* (OAR 309-016-0105 and OAR 309-016-0420)