

# INDIANA PROBLEM GAMBLING TREATMENT RESOURCE NETWORK MANUAL

This Manual provides information to contracted Problem Gambling Providers to support their treatment efforts. This manual is referenced in each Providers contract and scope of work.

*SFY 2016*



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## Table of Contents

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<b>Purpose</b>	<b>Page 2</b>
<b>Data Collection</b>	<b>Page 3</b>
<b>Definitions</b>	<b>Page 4</b>
<b>Modality / Type of Service Reimbursable Definitions</b>	<b>Page 10</b>
<b>Fee for Service</b>	<b>Page 20</b>
<b>Compulsive Gambling Treatment: Indiana Service Delivery Guidelines</b>	<b>Page 21</b>
<b>Education Resources</b>	<b>Page 26</b>
<b>Resources on Financial Counseling</b>	<b>Page 28</b>
<b>WITS Billing entry guide</b>	<b>Page 29</b>
<b>Training and Certification</b>	<b>Page 49</b>
<b>Sample Treatment Plan</b>	<b>Page 52</b>
<b>Sample Progress Notes</b>	<b>Page 57</b>
<b>Forms</b>	<b>Page 59</b>

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## Purpose

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This manual was prepared by the Indiana Problem Gambling Awareness Program through a contract with FSSA-DMHA with funding from the Indiana Gamblers' Assistance Fund. Due to the evolving nature of the Indiana Problem Gambling Treatment and Outreach Resource Network (IPGTRN) we will continue to update and provide new resources and information to assist you as it becomes available.

The Indiana Family and Social Services Administration - Division of Mental Health and Addiction (FSSA-DMHA) understands the impact of Compulsive Gambling and is committed to providing quality evidence-based treatment, intervention, prevention, and education resources for professionals who work with Compulsive Gamblers in Indiana. In order to facilitate the success of the Indiana Problem Gambling Treatment and Outreach Resource Network, this guide has been produced as a reference and is also referred to in the provider contract.

This manual was developed to assist DMHA providers to deliver quality services to Hoosiers who have developed problem with gambling. This manual contains the most current information on treatment options and the service delivery system utilized in Indiana. This manual will provide you with resources and tools to assist you with the provision of care for Compulsive Gamblers as required by your contract with the Indiana Division of Mental Health and Addiction (DMHA).

The Indiana Problem Gambling Awareness Program is part of the Indiana Prevention Resource Center, Indiana University Bloomington School of Public Health.

You may download copies of the manual at:

<http://www.ipgap.indiana.edu/home/treatment-providers/manual-requirements>

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## Data Collection

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The majority of DMHA's contracted Problem Gambling service providers will utilize two data systems, the **Data Assessment Registry Mental Health and Addiction (DARMHA)** system and the **Web Infrastructure for Treatment Services (WITS)**. DARMHA is the primary data collection system for the Gamblers' Assistance Fund. All information about consumers with Problem Gambling issues must be entered into DARMHA in accordance to the documents on the DARMHA website at [dmha.fssa.in.gov/DARMHA/mainDocuments.aspx](http://dmha.fssa.in.gov/DARMHA/mainDocuments.aspx) and any updates thereto. Specifically, the following documents contain instructional information related to the submission of data:

- DARMHA User Manual
- Performance Measure Definitions Manual
- Import and Export Specifications Manual
- Web Services Specifications Manual
- Required Data from Contracted Providers

**All contracted Problem Gambling service providers must submit data into the Web Infrastructure for Treatment Services (WITS) in order to generate a voucher for payment of gambling services. Data submission to generate a voucher for payment will include basic demographics, service encounter information, and screening. Information must be submitted in accordance with the instructions in this manual and in *WITS Billing and Entry Guide Section*.**

It is imperative that all contracted Problem Gambling service providers enter the identical name of a consumer into each system. For example, if a consumer's name is Charles, do not enter Charley or Chuck into one system and Charles in another. The consumer's **legal name** should be entered into systems, **not** a nickname or a shortened version of the name.

DMHA is responsible to many internal and external stakeholders, and often the data collected in both systems are reported to demonstrate success of the Problem Gambling Treatment Resource Network. For example, DMHA collects and reports information to the Governor's office each quarter. DMHA is required to define and measure data as it relates to the Problem Gamblers' Assistance Fund.

The definitions in this section are specifically for contracted Problem Gambling service providers in Indiana. Details provided in this excerpt are not meant to repeat the SFY 2016 contract, but to clarify or expand on definitions for reimbursable services.

### **Screening Requirements for Contracted Problem Gambling Service Providers**

#### **Screening of All Clients**

Contracted Problem Gambling service providers are required to screen all clients ages 12 and older for Problem Gambling upon intake and re-assessment with a screening tool. Re-assessment screening should occur every 180 days, a good time to consider doing this is when the CANS/ANSA is due to be completed. The screening tool used for this is at the discretion of the provider. It is not a requirement that the South Oaks Gambling Screen (SOGS) or the South Oaks Gambling Screen Revised Adolescent (SOGS-RA) be used for screening. There are several tools that are much shorter than the SOGS and will provide an opportunity to open more of a dialogue with a potential consumer. More information on screening tools can be found at: <http://www.ipgap.indiana.edu/treatment/tools-a-materials>

The South Oaks Gambling Screen (SOGS) and the South Oaks Gambling Screen Revised Adolescent (SOGS-RA) is the assessment tool used for **Enrollment into treatment** in Indiana. The SOGS is based on DSM-IV criteria, is widely used, and has a good reliability and validity rate in clinical samples (Lesieur & Blume, 1987). When administering the SOGS, clinicians are instructed to complete the form with the consumer and to ask questions that reflect gambling behavior 12 months prior to the screening.

#### **Requirements for Enrolling Consumers with Problem Gambling**

1. A completed SOGS or SOGS-RA. Payment will be made for individuals meeting eligibility criteria with scores equal to or greater than three (3). The score must reflect gambling activity over the past twelve (12) months and be documented in the clinical record. Providers should retain a copy of this completed SOGS. The SOGS or SOGS-RA should indicate the following: the individual's name, unique ID, the date the screen was completed, and the timeframe of symptoms reflected on the SOGS or SOGS-RA (e.g. symptoms of Problem Gambling occurred more than one year ago, less than one year but more than six months ago, or six months ago). The date on the SOGS or SOGS-RA should correlate with the individual's progress note located in the clinical record.
  - a. State funding for gambling is allowable only for individuals with a **current episode** of Compulsive Gambling over the past twelve (12) months. An individual who has a history of Compulsive Gambling but has not experienced problematic gambling behavior within the previous twelve (12) months is not appropriate for state funding for gambling.

*Note: If the consumer has been in continuous treatment and is being screened to be re-enrolled at the beginning of the fiscal year, then the timeframe of gambling behavior may exceed 12 months. This must be indicated on the SOGS and in the Individualized Integrated Care Plan (IICP)*

2. If an individual is identified as a Compulsive Gambler, then this must be reflected on the individual's master Individualized Integrated Care Plan. The plan should specifically identify Compulsive Gambling as a problem to be addressed. Objectives and interventions shall be individualized to support the individual's needs and goals.
3. If an individual scores a three (3) or more on the SOGS or SOGS-RA, which reflects gambling behavior over the past twelve (12) months, but refuses services for Compulsive Gambling, the refusal for treatment must be clearly documented in the progress notes. The progress note should specifically state that the individual scored a 3 or more on the SOGS or SOGS-RA, and was offered, but refused a full continuum of care to address his/her Compulsive Gambling needs, including financial management counseling and linkage to mutual aid group meetings. The date of the progress note should correlate with the date on the SOGS.

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### **Compulsive Gambling Treatment Counselor Competency**

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**An individual who meets Compulsive Gambling Treatment Counselor Competency is defined as an individual meeting the following criteria:**

1. The Contractor shall employ individuals with education and experience to effectively execute their position. The Contractor shall maintain documentation that individuals providing problem gambling treatment services meet the criteria to provide services as laid out in the Contract. This documentation shall be provided to DMHA upon request. DMHA will periodically review enrollment levels and compare this to the Contractor's list of trained problem gambling counselors. DMHA may limit payment for enrollment services for new clients if it is found that enrollments exceed the capacity of trained counselors. DMHA will discuss any possible changes with the Contractor in advance of limits being placed on enrollment payments.
2. Individuals providing problem gambling treatment services shall meet the following criteria:
  - a) Be qualified to provide counseling, therapy, case management, or like services as defined by the Indiana Professional Licensing Agency; **and**
  - b) Have documentation showing that they have successfully completed 30 hours of Gambling specific training approved by the Division of Mental Health and Addiction, or training endorsed by the National Council on Problem Gambling, the American Compulsive Problem Gambling Counselor Certification Board or the American Academy of Health Care Providers;

**OR**

Hold a national certification as a problem gambling treatment counselor from the National Council on Problem Gambling, the American Compulsive Problem Gambling Counselor Certification Board or the American Academy of Health Care Providers.

3. Problem gambling treatment services may also be provided by a Counselor in Training. This is defined as an individual who meets criteria in **2. a)** above *and* meets the following additional criteria:
    - a) Has completed a minimum of eight hours of gambling training, including specific training on Problem Gambling 101 and financial issues/planning for problem gamblers;
    - b) Is actively supervised by an individual who meets criteria above in both **2. a)** *and* **2. b)**; *and*
    - c) Is working towards obtaining the full 30 hours of training. A Counselor in Training must obtain the required 30 hours of training or national certification in **2. b)** within 90 days of the date they begin providing problem gambling treatment services.
  4. Training for individuals providing problem gambling treatment services must be documented to include specific training on Problem Gambling 101 and Financial Issues/Planning for problem gamblers. Training applied to the required 30 hours must be related to the topic of gambling. All counselors beginning work on or after July 1, 2015, and providing problem gambling treatment services, must have 30 hours of gambling specific training. Criteria for DMHA-approved trainings are listed in the *Indiana Problem Gambling Treatment & Outreach Resource Network Manual*, located at: <http://www.ipgap.indiana.edu/home/treatment-providers/manual-requirements>.
  5. Effective July 1, 2015, all counselors that provide problem gambling treatment services must complete 12 hours of problem gambling continuing education credits within three years of beginning to provide services. Counselors who begin providing treatment services on or before July 1, 2015, must complete four hours of problem gambling continuing education units by June 30, 2016, and 12 hours of problem gambling continuing education units by June 30, 2018. Counselors who finish the required 30 hours of training for providing services after July 1, 2015, will need to complete 12 hours of problem gambling continuing education units within three years of finishing their training.
- **Documentation of competency and training must be maintained in the counselor's personnel file and must be made available upon request.**

DMHA-approved training consists of trainings and courses in problem gambling endorsed by the following organizations:

- Indiana Problem Gambling Awareness Program;
- Indiana Council on Problem Gambling;
- Mid Central Alliance on Problem Gambling;
- North American Training Institute (online trainings);
- Credentialed counseling organizations such as the Association of Addiction Professionals, American Compulsive Gambling Counselor Certification Board, American Academy of Health Care Providers in the Addictive Disorders, National Council on Problem Gambling, Indiana Association of Addiction Professionals, Indiana Counselor’s Association on Alcohol and Drug Abuse, the International Certification & Reciprocity Consortium (IC&RC), and the National Association of Alcohol and Drug Abuse Counselors;
- Mental Health America Indiana or the National Alliance on Mental Illness;
- Universities;
- Substance Abuse and Mental Health Services Administration.

If you plan to attend a training to meet competency requirements that is offered by an organization not listed here, please contact the Indiana Problem Gambling Awareness Program to ensure that the organization offerings are in line with the intent of the Problem Gambling Treatment and Outreach Network.

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## Compulsive Gambling Treatment Counselor Competency Limitations

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**Counselors who meet Compulsive Gambling Treatment Counselor Competency as outlined above are authorized to provide the following modalities/types of service:**

- Enrollment/Intake Individualized Integrated Care Plan
- Individualized Integrated Care Plan Review
- Case Management
- Intensive Outpatient Treatment Outpatient Treatment (Group) Individual Counseling Residential
- Financial Counseling
- Family Support Services and Education.

**Four (4) modalities are outside the scope of practice for a Compulsive Gambling Treatment Counselor:**

- Acute Stabilization including Detoxification
- Medication, Evaluation
- Monitoring; Psychiatric Consultation
- Session with a Certified Recovery Specialist

DMHA requires that Acute Stabilization including Detoxification be under the supervision of a physician. The following providers may provide Medication, Evaluation, and Monitoring within the scope of practice as defined by federal and state law: Licensed Physicians, Authorized Health Care Professionals, Registered Nurses, Licensed Practical Nurses, and Medical Assistants who have graduated from a two-year clinical program. In addition, Licensed Physicians and Authorized Health Care Professionals can provide Psychiatric Consultation within the scope of practice as defined by federal and state law. Furthermore, the modality/type of service Session with a Certified Recovery Specialist **can only be provided by** individuals who have successfully completed the DMHA-approved Certified Recovery Specialist training.

**The following modalities can be provided by an individual who does not meet Compulsive Gambling Treatment Counselor Competency:**

- Enrollment/Intake
- Financial Counseling,
- Transportation,
- Case Management services.

However, the individual providing these services must be **actively collaborating** with the counselor who meets competency requirements and is actively working with the Compulsive Gambler. Individuals who are Certified Recovery Specialists may provide the modality/type of service: Session with a Certified Recovery Specialist.

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## Claims

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Provider shall submit to WITS the voucher for services within **14 days** of providing the service. This will ensure a consistent flow of funds and allow for monitoring of total draw down of gambling funds. The state has set quarterly targets for funding and a delay in submitting could have an impact on quarterly targets.

**Reminder: when you open a voucher in WITS, you set it for a 30 day time frame. If you find you have to delay submission beyond the 30 days, you must contact DMHA to allow for delayed billing.**

Contractor shall create client vouchers at *a reasonable* level of anticipated services in the given timeframe of the voucher. Excessive levels of anticipated services reserved on vouchers may result in service caps for a provider. If additional services are needed after the voucher is established, a voucher adjustment request should be submitted in writing to DMHA.

**Contractor shall close all expired vouchers in the WITS system within three business days of the voucher end date.** Failure to close expired vouchers may result in a reduction of funds available to Contractor for problem gambling services.

Fee for treatment service payments shall not exceed two thousand five hundred dollars and zero cents (\$2,500.00) per individual client during this agreement period. Providers may request funding for an individual beyond the limits in the Fees for Service schedule. The Contractor must submit an Additional Services Authorization Form for this to be considered. Payment for Fees for Service shall be reimbursed as noted in **Table 1**.

For each individual eligible for DMHA supported services, Contractor shall:

- a) Maximize the use of non-state funds;
- b) Maximize the use of alternative funding for services that are intrinsic elements of other state and/or local programs; *and*
- c) Pursue all available third party sources of revenue, including individual co-payments, where appropriate, for providing the full continuum of services needed for eligible individuals.

## Modality/Type of Service Reimbursable Definitions

**This section includes definitions of reimbursable modalities/types of services rendered to individuals with a gambling problem. Services that are reimbursed on an hourly basis can include up to 10 minutes of documentation; for example, Education could be a session 50 minutes in length with 10 additional minutes utilized for documentation. Services rendered on a 30-minute basis can include up to 5 minutes of documentation.**

Modality/Type of service that is provided to a consumer with Compulsive Gambling must be billed as outlined in the SFY 2016 contract and must follow the definitions for reimbursable services as outlined in this section. **Partial units are not permitted unless otherwise specified.**

**Please be sure to clearly document gambling services in the treatment notes.**

<b>Enrollment: Data entry into WITS &amp; DARMHA; Creation of Individualized Integrated Care Plan</b>	<b><u>Cost 150.00</u></b>	<b><u>Flat Fee (1 max)</u></b>	<b><u>\$150.00</u></b>
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### **Modality/Type of Service: Enrollment/Intake**

Enrollment/Intake includes the completion of the South Oaks Gambling Screen (SOGS) or South Oaks Gambling Screen Revised Adolescent (SOGS-RA) and Enrollment of an individual into WITS meeting eligibility criteria with a score equal to or greater than three (3). The score must reflect gambling activity that has occurred within the twelve (12) month period prior to screening and must be documented in the clinical record. **A SOGS or SOGS-RA without Enrollment in treatment is not sufficient for reimbursement.** The SOGS must be completed and documented as stated in the SFY 2016 contract. You may claim Enrollment/Intake for the consumer, even if there is another payer source for the treatment. For data collection purposes, registration into DARMHA and completion of the ANSA/CANS must also occur.

All individuals seeking gambling treatment services must have a treatment plan that integrates all components and aspects of care deemed necessary to achieve recovery. The Individualized Integrated Care Plan (IICP) is a treatment plan that integrates all components and aspects of care that are deemed medically necessary, are clinically indicated, and are provided in the most appropriate setting to achieve recovery.

An IICP must be developed for each consumer. The IICP must include all indicated medical and remedial services needed by the consumer to promote and facilitate independence and recovery. In addition, the IICP focuses on treating the addiction and improving the consumer's level of functioning.

The IICP is developed through a collaborative effort that includes the consumer, identified community supports (family/non-professional caregivers), and all individuals involved in assessing and/or providing care for the consumer. The IICP is developed after completing a holistic clinical and biopsychosocial assessment. The holistic assessment includes documentation in the consumer's medical record of the following:

- Discussion and documentation of the consumer's recovery desires, needs, and goals;

- When appropriate, review of psychiatric symptoms and how they affect the consumer’s functioning and ability to attain recovery desires, needs, and goals;
- Review of the consumer’s skills and the support needed for the consumer to participate in a recovery process, including the ability to function in living, working, and learning environments;
- Review of the consumer’s strengths and needs, including medical, behavioral, social, housing, and employment.

An IICP is developed with the consumer and must reflect the consumer’s desires and choices. The consumer’s signature demonstrating his/her participation in the development is required. If a consumer refuses to sign, the provider must document that the IICP was discussed and the consumer chose not to sign. The IICP must also include the following documentation:

- Outline of goals directed at recovery that promotes independence and integration into the community, treatment of Compulsive Gambling, and rehabilitation of functional deficits related to the Compulsive Gambling;
- Individuals or teams responsible for treatment, coordination of care, linkage, and referrals to internal or external resources and care providers to meet identified needs;
- A comprehensive listing of all specific treatments and services that will be provided to the consumer, including the frequency, duration, and timeframe of each service.

<b><u>Individualized Integrated Care Plan Review</u></b>	<b><u>Cost</u> <u>\$25.00</u></b>	<b><u>Per Hour (10 Hour Max)</u></b>	<b><u>Maximum per Consumer</u> <u>\$250.00</u></b>
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Individualized Integrated Care Plan Review includes monitoring/follow-up activities and contacts necessary to ensure the Individualized Integrated Care Plan is effectively implemented and adequately addresses the needs of the consumer. The activities and contacts may be with the consumer, family members, non-professional caregivers, providers, and other entities. Monitoring and follow-up are necessary to help determine if services are being furnished in accordance with a service plan of the consumer, the adequacy of the services in the IICP, and changes in the needs or status of the consumer. This function includes making necessary adjustments in the IICP and service arrangement with providers. It also must include review of the following documentation:

- Outline of goals directed at recovery that promotes independence and integration into the community, treatment of Compulsive Gambling, and rehabilitation of functional deficits related to Compulsive Gambling;
- Individuals or teams responsible for treatment, coordination of care, linkage, and referrals to internal or external resources and care providers to meet identified needs;
- Comprehensive listing of all specific treatments and services that will be provided to the consumer, including the frequency, duration, and timeframe of each service.

The consumer’s signature demonstrating his or her participation in the ongoing IICP review is required. If a consumer refuses to sign, the provider must document that the IICP review was discussed and the consumer chose not to sign.

**IICP reviews shall be completed face-to-face at intervals not to exceed 90 days.**

<b><u>24-hour Crisis Intervention</u></b>	<b><u>Cost</u></b> <b><u>\$132.00</u></b>	<b><u>Flat Fee</u></b>	<b><u>No Limit</u></b>
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Twenty-four-hour Crisis Intervention is a short-term emergency behavioral health service, available twenty-four (24) hours a day, seven (7) days a week. Crisis Intervention (CI) includes, but is not limited to crisis assessment, planning and counseling specific to the crisis, intervention at the site of the crisis (when clinically appropriate), and pre-hospital assessment. The goal of CI is to resolve the crisis and transition the consumer to routine care through stabilization of the acute crisis and linkage to necessary services. CI may be provided in an emergency room, crisis clinic setting, or within the community. The individual must be at imminent risk of harm to self or others or experiencing a new symptom which puts the individual at risk. **The following providers may provide CI: licensed professionals, QBHP's, and OBHP's. The individual providing Crisis Intervention does not need to have Compulsive Gambling Counselor Competency.** The Consulting Physician, AHCP, or Licensed Psychologist (HSPP) must be available twenty-four (24) hours a day seven (7) days a week. A physician or HSPP must approve the crisis treatment plan. Approval can be verbal or written. Program standards include the following:

- The IICP must be updated to reflect the Crisis Intervention for consumers currently active with the behavioral health service provider;
- A brief crisis IICP must be developed and certified by a physician or HSPP for consumers new to the system, with a full IICP developed following resolution of the crisis;
- CI is face-to-face services, and may include contacts with the family and other non-professional caretakers to coordinate community service systems. These collateral contacts are not required to be face-to-face, but must be in addition to face-to-face contact with the consumer;
- A face-to-face service must be delivered to the consumer in order to bill CI;
- CI is, by nature, delivered in an emergency and non-routine fashion;
- CI should be limited to occasions when a consumer suffers an acute episode, despite the provision of other community behavioral health services;
- The intervention should be consumer-centered and delivered on an individual basis;
- CI is available to any consumer in crisis;
- Documentation of action to facilitate a face-to-face visit must occur within one (1) hour of initial contact with the provider for a consumer at imminent risk of harm to self or others;
- Documentation of action to facilitate a face-to-face visit must occur within four (4) hours of initial contact with the provider for a consumer experiencing a new symptom that places the consumer at risk.

<u>Case Management</u>	<u>Cost \$7.00</u>	<u>Per Half Hour (15 Hour Max)</u>	<u>Maximum Per Consumer \$210.00</u>
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Case Management consists of services that help consumers gain access to needed medical, social, educational, and other services. This includes direct assistance in gaining access to services, coordination of care, oversight of the entire case, and linkage to appropriate services. Case Management does not include direct delivery of medical, clinical, or other direct services. Case Management is on behalf of the consumer, not to the consumer, and is management of the case, not the consumer. Case Management **can include** referral/linkage to activities that help link the consumer with medical, social, educational providers, and/or other programs and services that are capable of providing needed rehabilitative services.

<u>Intensive Outpatient Treatment</u>	<u>Cost \$10.00</u>	<u>Per Half-Hour (72 Hours Max)</u>	<u>Maximum Per Consumer \$1,440.00</u>
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Intensive Outpatient Treatment (IOT) is a treatment program that operates **a minimum of two (2) consecutive hours per day at least three (3) days per week** and is based on an IICP. IOT is planned and organized with addiction professionals and clinicians providing multiple treatment service components for rehabilitation of Compulsive Gambling and alcohol and other drug abuse or dependence in a group setting. IOT includes group therapy, interactive education groups, skills training, random drug screenings if warranted, and counseling. If the IOT is comprised of individuals with substance use disorders and Compulsive Gambling, in order to bill for IOT, some topics of the group need to specifically be related to the Compulsive Gambling behavior and not exclusively substance use disorders. This must be clearly documented in the progress note. Documentation must support how the counseling benefits the individual. The IOT must be face-to-face contact and shall consist of regularly scheduled sessions. The IOT must demonstrate progress toward and/or achievement of the individual's treatment goals or failure to do so.

<u>Outpatient Treatment (Group)</u>	<u>Cost \$10.00</u>	<u>Per Half-Hour (40 Hour Max)</u>	<u>Maximum Per Consumer \$800.00</u>
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Outpatient Treatment (Group; OT) is a planned and organized service provided in a group setting. It is designed to be less rigorous than Intensive Outpatient Treatment. The individual receiving services is the focus of the counseling. OT may include, but is not limited to the following: skills training in communication, anger management, stress management, relapse prevention, harm reduction planning, coping skills, and referral to mutual aid groups and community support. Documentation must support how the OT benefits the individual. The counseling must be face-to-face contact and shall consist of regularly scheduled sessions. The counseling must demonstrate progress toward and/or achievement of the individual's treatment goals or failure to do so. If the session is facilitated in an outpatient group that is comprised of individuals with substance use disorders and Compulsive Gambling, in order to bill for IOT, some topics of the group need to clearly and specifically be related to the Compulsive Gambling behavior and not exclusively substance use disorders. This must be clearly documented in the progress note.

<b><u>Individual Counseling</u></b>	<b><u>Cost \$25.00</u></b>	<b><u>Per Half-Hour (25 Hour Max)</u></b>	<b><u>Maximum Per Consumer \$1,250.00</u></b>
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Individual counseling (IC) is a planned and organized service with the consumer and/or family members or non-professional caregivers where counselors provide counseling intervention that works toward the goals identified in the IICP. IC is designed to be a less intensive alternative to IOT. IC may include, but is not limited to, the following: skills training in communication, anger management, stress management, relapse prevention, harm reduction planning, coping skills, Family Counseling, and referral to mutual aid groups and community support. Documentation must support how IC benefits the individual. The counseling shall be face-to-face contact and shall consist of regularly scheduled sessions. The counseling must demonstrate progress toward and/or achievement of the individualized treatment goals or failure to do so.

<b><u>Acute Stabilization including Detoxification</u></b>	<b><u>Cost \$78.00</u></b>	<b><u>Per Day (3 days max)</u></b>	<b><u>Maximum Per Consumer \$234.00</u></b>
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**Services must be specifically related to the consumers Problem Gambling.**

Acute Stabilization including Detoxification consists of twenty four (24) hour monitoring by staff that are appropriately licensed, trained, and experienced in dealing with detoxification (detox). **The detox facility must be hospital-based or licensed by the Indiana State Department of Health (ISDH), and/or approved by DMHA (DMHA requires detox to be under the supervision of a physician).** In order to bill Acute Stabilization including Detoxification with Compulsive Gambling funding, the detox episode must be directly related to the Compulsive Gambling behavior. It must be clearly documented in the progress note that the individual receiving detox has a South Oaks Gambling Screen score of three (3) or more, and that in order to address their gambling behavior they must first complete detox.

Detoxification is used to reduce or relieve withdrawal symptoms while helping the addicted individual to prepare for living without drug use; detoxification is not meant to treat addiction, but be an early step in long-term treatment. Detoxification may be achieved drug-free or with the use of medications as an aspect of treatment. Detoxification programs vary based on the location of the treatment, but most detox centers provide treatment to avoid the physical withdraw symptoms of alcohol and other drugs. Most will also include counseling and therapy to help with the consequences of withdrawal. The individual receiving detox must be willing to address their gambling behavior once the detox episode is complete. If an individual refuses further treatment for Compulsive Gambling after completing detox, then this must be clearly documented in the progress note.

<u>Residential Services</u>	<u>Cost \$75.00</u>	<u>Per Day (7 days max)</u>	<u>Maximum Per Consumer \$525.00</u>
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**Service shall be billed as a separate event from Acute Stabilization. Time frames should not be concurrent for billing.**

Residential Services includes providing housing to consumers being treated for Compulsive Gambling. Housing must be provided in a facility certified, licensed, and approved under 440 IAC 7.5. Housing must be in an environment that is supportive of recovery. Lack of housing or housing as a barrier to treatment must be tied to the individual’s Compulsive Gambling and clearly documented in the IICP and progress notes. Clinical and recovery services provided to the individual during the course of receiving Residential Services must specifically address the individual’s Compulsive Gambling.

<u>Medication, Evaluation, &amp; Monitoring</u>	<u>Cost \$20.00</u>	<u>Per day (60 days max)</u>	<u>Maximum Per Consumer \$1,200.00</u>
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Medication, Evaluation, and Monitoring involves face-to-face contact with the consumer and/or family or non-professional caregivers in an individual setting for the purpose of monitoring medication compliance, providing education and training about medications, monitoring medication side effects, and providing other nursing or medical assessments. The consumer must be the focus of the service. **The following providers may provide Medication, Evaluation, and Monitoring within the scope of practice as defined by federal and state law: Licensed Physician, AHCP, Registered Nurse (RN), Licensed Practical Nurse (LPN), and Medical Assistant (MA) who has graduated from a two (2) year clinical program.** Medication, Evaluation, and Monitoring may also include the following services that are not required to be provided face-to-face with the consumer: transcribing physician or AHCP medication orders; setting or filling medication boxes; consulting with the attending physician or AHCP regarding medication-related issues; ensuring linkage that lab and/or other prescribed clinical orders are sent; ensuring that the consumer follows through and receives lab work and services pursuant to other clinical orders; and follow-up reporting of lab and clinical test results to the consumer and physician. Documentation must support how the service benefits the consumer, including when the consumer is not present, and it must demonstrate movement toward and/or achievement of consumer treatment goals identified in the IICP.

<u>Psychiatric Consultation</u>	<u>Cost \$120.00</u>	<u>Per hour (Max 2)</u>	<u>Maximum Per Consumer \$240.00</u>
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Psychiatric Consultation (PC) consists of face-to-face activities that are designed to provide psychiatric assessment, consultation, and intervention services to consumers. **The following providers may provide PC within the scope of practice as defined by federal and state law: a Licensed Physician and an AHCP.** The programmatic goals of the Psychiatric Consultation must be clearly documented by the provider. PC is intensive and must be available twenty-four (24) hours per day, seven (7) days a week with emergency response. The consumer is the focus and documentation must support how the service benefits the consumer. PC must demonstrate movement toward or achievement of consumer treatment goals identified

in the IICP. Services may include: symptom assessment and intervention to observe, monitor, and care for the physical, nutritional, behavioral health, and related psychosocial issues, problems, or crises manifested in the course of a consumer’s treatment; and monitoring a consumer’s medical and other health issues that are directly related to the consumer’s mental health, mental illness, substance-related disorder, or Compulsive Gambling.

<b><u>Financial Counseling</u></b>	<b><u>Cost \$15.00</u></b>	<b><u>Per half-hour</u></b>	<b><u>No Limit</u></b>
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Financial Counseling is a key component to Compulsive Gambling treatment. Financial Counseling provides skills and tools to regain financial freedom, assistance in developing a budget and establishing a debt repayment plan. All individuals seeking services for Compulsive Gambling must be offered Financial Counseling, **outcome of this offer must be documented.** The appropriate time to begin Financial Counseling must be individualized. Some individuals may wait until they have been stable in treatment and abstinent from Compulsive Gambling behaviors for a minimum of thirty (30) days, while others may begin Financial Counseling right away. Financial Counseling at a minimum includes advice, assistance, and guidance in money management, budgeting, debt consolidation, and other related matters. Financial Counseling must be clearly documented on an Individualized Integrated Care Plan and recorded in the individual’s progress notes.

The provider must give written financial management materials to all consumers receiving Problem Gambling services. **If Financial Counseling is declined, it is necessary to document the refusal. A form is provided in the manual as an example of how to document.**

**All Problem Gambling consumers are to receive written materials about Financial Counseling. It is recommended to offer and document the result at least once per six weeks.**

<b><u>Transportation</u></b>	<b><u>Cost \$10.00</u></b>	<b><u>Per trip</u></b>	<b><u>No Limit</u></b>
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**Transportation in an agency vehicle** can only be reimbursed to contracted Problem Gambling service providers funded by DMHA. This service is to be reimbursed to the provider agency at a rate of \$10 per trip. A trip is defined as going to a destination and returning. The Transportation modality/type of service can only be utilized if the need for Transportation is directly related to the consumer’s recovery as indicated on their IICP. Acceptable use of Transportation includes Transportation to treatment, self-help groups, and meeting with probation, parole and community corrections.

Transportation in an agency vehicle must be fully documented including client name, date of service, destination of Transportation, and explanation of how the Transportation service relates to the consumer’s Problem Gambling recovery.

**It is the sole responsibility of the provider to ensure that the agency vehicle is fully insured and that the driver has a valid driver’s license. Proof of compliance with**

**insurance, driver competency, and registration of the vehicle used for Transportation must be readily available upon request.**

<b><u>Family Counseling</u></b>	<b><u>Cost \$30.00</u></b>	<b><u>Per Hour (24 hours max)</u></b>	<b><u>Maximum Per Consumer \$720.00</u></b>
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Family Counseling is a planned and organized service with the consumer and/or family members or non-professional caregivers where counselors provide counseling intervention that works toward the goals identified in the IICP. Family Counseling may include, but is not limited to, the following: skills training in communication, anger management, stress management, relapse prevention, harm reduction planning, coping skills, counseling and referral to self-help groups and community support. Documentation must support how Family Counseling benefits the individual. The counseling shall be face-to-face contact, consist of regularly scheduled sessions, and is time limited. The counseling must demonstrate progress toward and/or achievement of the individualized treatment goals or failure to do so.

<b><u>Education</u></b>	<b><u>Cost \$10.00</u></b>	<b><u>Per Half-Hour (10 hour max)</u></b>	<b><u>Maximum Per Consumer \$200.00</u></b>
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Education is a planned and organized service focusing on Compulsive Gambling and provided in a group setting. The information provided during the session must be from literature approved by DMHA, such as the *Safe Bet: Problem Gambling Prevention and Education* interactive journal. Documentation must support how the Education session benefits and informs the gambling addiction of the individual. The delivery of Educational information must be face-to-face and scheduled. The Education shall be provided in a group setting dedicated to the Education of Compulsive Gambling, or the educational information may be introduced during a scheduled IOT or OT group whose primary purpose is to address substance use disorders. A group is defined as five or more people. Integrating educational information on Compulsive Gambling increases an individual’s awareness of sequential addiction and co-occurring disorders. The group may be a mixed group of substance abuse and gambling consumers. Education may only be claimed for the members of the group who qualify for Problem Gambling services. Individuals receiving educational information must demonstrate progress toward and/or achievement of goals in the IICP. Individuals who receive this level of service may not need Financial Counseling. However, the provider is required to offer Financial Counseling and document if the individual refuses the service.

<b><u>Certified Recovery Specialist Services</u></b>	<b><u>Cost \$34.00</u></b>	<b><u>Per Hour (35 hour max)</u></b>	<b><u>Maximum Per Consumer \$1,190.00</u></b>
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Individuals facilitating the session with a Certified Recovery Specialist must have completed the Certified Recovery Specialist Training geared toward Compulsive Gamblers and approved by DMHA. Individuals providing peer services shall be in recovery from Compulsive Gambling and shall have been trained to motivate peers to succeed in their personal recovery, through planning, goal setting, self-esteem augmentation, and shared personal experiences. For the purposes of this manual, recovery is personally defined by the individual.

Peer recovery services are individual face-to-face services that provide structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Peer recovery services must be identified in the IICP and correspond to specific treatment goals. The consumer is the focus of peer recovery services. Peer recovery services must demonstrate progress toward and/or achievement of consumer treatment goals identified in the IICP. Services must be age appropriate for a consumer age eighteen (18) and under receiving services. Documentation must support how the service specifically benefits the consumer. Services include: assisting the consumer with developing self-care plans; formal mentoring activities; increasing active participation in person-centered planning; delivery of individualized services; supporting day-to-day problem solving related to normalization and reintegration into the community; education and promotion of recovery; and anti-stigma activities associated with Compulsive Gambling.

**Exclusions for a Session with a Certified Recovery Specialist include: services that are purely recreational (ex: going to a movie) or diversionary in nature, or have no therapeutic or programmatic content; interventions targeted to groups; and activities that may be billed under Case Management services.**

<u>Staff Orientation and Community Outreach</u>	<u>Cost</u> <u>\$1500.00</u>	<u>End of 1<sup>st</sup> and 3<sup>rd</sup> Quarter Reports (2 billings maximum)</u>	<u>Maximum \$3000</u>
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Activities shall facilitate and deliver activities that promote and provide problem gambling awareness to communities, professionals and potential consumers.

1. Contractor shall provide information/orientation annually to all existing staff, and upon hire to new agency staff, to raise their awareness of the problem gambling services the agency offers.
2. Contractor shall provide in-service training or access to on-line training of Problem Gambling 101 (including screening and identification) to all existing and new staff that provide direct care or services to consumers. Resources are available at [www.ipgap.indiana.edu](http://www.ipgap.indiana.edu).
3. Contractor shall ensure that addiction and mental health staff utilize their agency's selected problem gambling screening tool(s) as part of standard practice. These screenings shall be done, at minimum, during intake and re-assessment for all clients twelve (12) years of age and older.
4. Contractor shall provide training/orientation for staff that answer phone calls from the public, and/or receive requests/referrals regarding problem gambling treatment services offered by the Contractor. This is intended to ensure that anyone calling the agency asking about gambling services is appropriately directed.

Contractor shall conduct at least one (1) community-based group presentation per Quarter. Presentation needs to be to a non-addiction treatment organization.

5. Contractor shall provide three reports to DMHA on Outreach Activities, performed pursuant to this Agreement. The first two reports shall be submitted after the end of the first and third quarters of SFY 2016 (by October 10 and April 10), and will be tied to available Outreach funds. The third report shall be due at the end of SFY 2016 (no later than June 30, 2016) and will be a summary of Outreach efforts throughout the year. There will be no funds tied to the third report.
  
6. Contractor shall integrate information on problem gambling services available through its agency into agency materials used to identify and promote agency services.

<b><u>Voluntary Exclusion Program Sign UP</u></b>	<b><u>Cost \$2000</u></b>	<b><u>Flat Fee</u></b>	<b><u>Maximum \$2000</u></b>
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Contractor may choose to become a sign-up location for the Indiana Voluntary Exclusion Program (VEP), which is administered by the Indiana Gaming Commission.

Contractor may voucher one time per year for serving as a VEP sign-up location. This can only be done after submitting official documentation to DMHA as a VEP sign up site.

You may voucher once per year the by end of quarter three, you will submit the documentation you receive for serving as a VEP site to Mary Lay ([maholtsc@indiana.edu](mailto:maholtsc@indiana.edu)). You will be sent a confirmation along with voucher instructions.

Contractor must comply with all rules and regulations set forth by the Indiana Gaming Commission while serving as a Community-Based VEP location. Contractor shall make this service available to the community as a whole, and not just enrolled clients. Contractor shall include this VEP service as part of its regular problem gambling information when distributed in hard copy or electronically.

**Table 1  
Fees for Service- SFY 2016**

<b>Modality/Type of Service</b>	<b>Rate</b>	<b>Unit</b>	<b>Total Remuneration Per Consumer</b>
<b>Enrollment: Data entry into WITS &amp; DARMHA; Creation of Individualized Integrated Care Plan</b>	\$150.00	Flat Fee	\$150.00
<b>Individualized Integrated Care Plan Review</b>	\$25.00	Per Hour (10 Hour Max)	\$250.00
<b>24 - Hour Crisis Intervention</b>	\$132.00	Flat Fee	No Limit
<b>Case Management</b>	\$7.00	Per Half-Hour (15 Hour Max)	\$210.00
<b>Intensive Outpatient Treatment</b>	\$10.00	Per Half-Hour (72 Hour Max)	\$1,440.00
<b>Outpatient Treatment (Group)</b>	\$10.00	Per Half-Hour (40 Hour Max)	\$800.00
<b>Individual Counseling</b>	\$25.00	Per Half-Hour (25 Hour Max)	\$1,250.00
<b>Acute Stabilization</b> (service must be related to Problem Gambling)	\$78.00	Per Day (3 Day Max)	\$234.00
<b>Residential Services</b> (service must be billed as a separate event from Acute Stabilization)	\$75.00	Per Day (7 Day Max)	\$525.00
<b>Medication, Evaluation &amp; Monitoring</b>	\$20.00	Per Day (60 Day Max)	\$1,200.00
<b>Psychiatric Consultation</b>	\$120.00	Per Hour (2 Hour Max)	\$240.00
<b>Financial Counseling Session</b>	\$15.00	Per Half-Hour	No Limit
<b>Transportation</b>	\$10.00	Per Trip	No Limit
<b>Family Counseling</b>	\$30.00	Per Hour (24 Hour Max )	\$720.00
<b>Education</b>	\$10.00	Per Half - Hour (10 Hour Max)	\$200.00
<b>Certified Recovery Specialist Services</b>	\$34.00	Per Hour (35 Hour Max)	\$1,190.00
<b>Staff Orientation &amp; Community Outreach</b>	\$1,500.00	End of 1 <sup>st</sup> & 3 <sup>rd</sup> Quarter Reports - (2 Billings Max)	\$3,000.00
<b>Voluntary Exclusion Program Sign-up Site</b>	\$2,000.00	Flat Fee	\$2,000.00

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## **Compulsive Gambling Treatment- Indiana Service Delivery Guidelines**

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This Indiana Problem Gambling Treatment and Outreach Resource Manual is intended to assist clinicians with screening, assessment, and treatment of individuals who are identified as Compulsive Gamblers. This manual was specifically designed for contracted Problem Gambling service providers in Indiana. It is important to remember that service delivery guidelines represent only one available tool to promote and shape optimal treatment. Other influences on treatment outcomes include: society's understanding of the illness, funding availability, professional credentialing, and ongoing continued education. It is the hope of the DMHA that these guidelines will provide your organization with a solid foundation to improve the quality of care and recovery outcomes for individuals suffering from Compulsive Gambling.

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### **Child and Adolescent Needs and Strengths and Adult Needs and Strengths Assessment**

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The Child and Adolescent Needs and Strengths (CANS) Assessment or the Adult Needs and Strengths Assessment (ANSA) are required to be completed for data reporting and tracking purposes. The transformation of Indiana's behavioral health system includes a focus on using data to make practice and policy decisions. Indiana is building the capacity to use multiple information-based tools to improve the quality of mental health and addiction services.

The Child and Adolescent Needs and Strengths (CANS, Lyons 2009) Assessment is an evidence based, multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to monitor progress (outcomes), and to facilitate quality improvement initiatives. Indiana uses a comprehensive multi-system version of the CANS across public services (mental health and addiction services, child welfare and Medicaid). Specific needs and strengths in six domains (life functioning, behavioral/emotional needs, risks, strengths, acculturation and caregiver strengths and needs) are rated using a 4-point scale that easily translates into the appropriate level of intervention (none, watchful waiting/further assessment/prevention, action, or immediate/intensive action). Rating information is used to identify the appropriate intensity services, to develop individualized intervention plans, to monitor progress and to improve services (through care coordination, supervision, and the use of practice-based evaluation information).

Similarly, Indiana is using a comprehensive version of the Adult Needs and Strength Assessment (ANSA, Version 2.1) in behavioral health and addiction services. The ANSA was developed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices. The original version, the Severity of Psychiatric Illness (SPI), was created in the 1990's to study decision-making in psychiatric emergency systems. The ANSA expands on the concepts of the SPI to include a broader description of functioning and to include strengths with a recovery focus. Domains are similar to those in the CANS; specific items expand to additional "questions" based on the needs of an individual. In Indiana, rating information is used to help determine Medicaid Rehabilitation Option service packages, to develop person centered intervention plans, and to monitor progress (adjusting individualized plans of care and linking outcome performance measures to mental health and addiction funding). The CANS and ANSA are open domain tools that are free for anyone to use. The Praed Foundation holds the copyright for these communimetric tools.

It is important to note that the ANSA and CANS have not been specifically tailored to Compulsive Gamblers; however, the assessment tools are capable of capturing life domains negatively affected by Compulsive Gambling behavior. Every effort has been made to incorporate the language and the scoring for the South Oaks Gambling Screen into the ANSA section as it relates to gambling. Currently the ANSA glossary reads as:

### **Gambling**

This item includes behaviors related to gambling and functioning associated with Problem and Pathological Gambling. If an individual has a significant history with Problem Gambling or if further assessment is needed, rate gambling as a 1. If gambling causes functional problems (such as interpersonal, legal or financial), rate the need as a 2. A rating of 2 on the ANSA gambling item is consistent with a South Oaks Gambling Screen (SOGS) score of 3 or 4. The individual would be rated a 3 on the ANSA gambling risk if DSM diagnostic criteria is met for Pathological Gambling. An ANSA gambling rating of 3 is consistent with a SOGS score of 5 or more.

The criteria for Pathological Gambling from the DSM-IV:

The individual has experienced significant impairment in five (5) of the following areas during the course of the previous twelve (12) months:

- a. Is preoccupied with gambling;
- b. Needs to gamble with increasing amounts of money in order to achieve the desired excitement;
- c. Has repeated unsuccessful efforts to control, cut back, or stop gambling;
- d. Is restless or irritable when attempting to cut down or stop gambling;
- e. Gambles as a way to escape a problem or relieve a dysphonic mood;
- f. After losing money gambling, often returns another day to get even;
- g. Lies to family members, therapist, or others to conceal the extent of involvement of gambling;
- h. Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling;
- i. Has jeopardized or lost a significant relationship, job, educational or career opportunity because of gambling;
- j. Relies on others to provide money to relieve a desperate financial situation caused by gambling.

Conversation Starters:

- Do you know that gambling involves risking something of value when you don't know the outcome....such as the lottery, bingo, office pool, NCAA bracket, and card games?
- Have you ever done something like that? Recently?

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## Effective Treatment and Recovery Options

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Evidenced-based and best practices for substance abuse are supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP).

Evidence-based practices can be defined as programs or practices that are proven to be successful through research methodology and have produced consistently positive patterns of results. Evidence-based practices or model programs that have shown the greatest levels of effectiveness are those that have been replicated in different settings and with different populations over time. Evidence-based practices include but are not limited to “treatment manuals.” Clinical expertise, the environment in which one practices, and patient values can all be taken into account.

### **Cognitive Behavioral Therapy**

Cognitive Behavioral Therapy (CBT) is based on the belief that changing negative thoughts impacts behavior. The CBT approach has been evaluated extensively and found to result in positive improvements in outcomes (CSAT, 2006). It includes components to address criminal thinking, addictive thinking, concepts of the social-cognitive theory, interpersonal communication skills training, cognitive compulsive solving and restructuring, and reflective communication. When provided as a service to individuals with Compulsive Gambling, CBT focuses on changing unhealthy gambling behaviors and thoughts, such as rationalizations and false beliefs. It also teaches Compulsive Gamblers how to fight gambling urges, deal with uncomfortable emotions rather than escaping them through gambling, and solve financial, work, and relationship compulsions caused by the addiction (Sylvain et al., 1997).

“A cognitive behavioral treatment component specific to Compulsive Gambling involves modifying irrational beliefs about gambling and the odds of winning. Research repeatedly demonstrates that gamblers have a true illusion of control that negatively impacts treatment outcomes” (*TIP 42*, SAMHSA, 2008).

### **Motivational Interviewing**

The high dropout and relapse rate among individuals with Compulsive Gambling is an indicator that the individuals entering treatment may be ambivalent about changing their behavior. One method that has shown to be useful in engaging and retaining consumers with Compulsive Gambling in treatment is Motivational Interviewing (Wulfert, 2006). Motivational Interviewing (MI) supports the notion that not everyone enters treatment ready to change. The approach is non-adversarial and non-judgmental, which lends itself to assisting the consumer in exploring their current stage of change, which reduces resistance and allows the consumer to explore his or her own consequences as a result of behavior. Studies have shown that MI engages consumers in the therapy process and increases retention rates (Miller & Rollnick, 1991).

### **Motivational Enhancement Therapy with Stages of Change**

Motivational Enhancement Therapy (MET) is a person-centered counseling approach based on principles of cognitive therapy in which the counselor seeks to develop a discrepancy in the consumer's perceptions between current behavior and significant personal goals. MET is based on the idea that motivation is a necessary and significant factor in making internal changes,

which support treatment and recovery efforts. Although MET and the Stages of Change approaches were developed separately, they are often used synonymously. The Stages of Change complement the MET approach of finding the gap between current behaviors, motivation and goals. The Stages of Change are Precontemplation, Contemplation, Preparation/Determination, Action, Maintenance, and Relapse (SAMHSA n.d.).

### **Case Management**

The goal of Case Management is continuity of treatment, which can be defined as the ongoing assessment and identification of needs and the provision of treatment without gaps in services or supervision (CSAT, 1998). Early initiation of transition planning is important because it establishes a long-term, consistent treatment process that increases the likelihood of positive outcomes. Case Management has also been shown to encourage entry into treatment, and to reduce the time to treatment admission. Case Management may be an effective adjunct to addiction treatment as it focuses on the whole individual and stresses comprehensive assessment, service planning, and service coordination.

### **Family Involvement**

The disclosure and subsequent impact of Compulsive Gambling on family members is enormous. Due to the secrecy associated with Compulsive Gambling, family members are often caught off guard which can be devastating to the entire family system. Furthermore, the financial devastation associated with the disorder and the quickness with which the devastation occurs is abrupt and overwhelming. It is vital to include the family in treatment. Family involvement is viewed as pivotal in the continuum of care because addiction affects the whole family. Families can live in a world of confusion and unpredictability, often feeling helpless, frustrated, and responsible. Interweaving Family Cognitive Therapy, Education, and support into all programming can aid family members and significant others in understanding the disease of addiction through Education. As family members begin to share their compulsions with others, they learn that they are not alone, that they are not at fault, and that recovery is possible (CSAT, 2004).

### **Twelve-step Meetings**

Gamblers Anonymous (GA) is a twelve-step recovery program patterned after Alcoholics Anonymous. GA provides a supportive, non-judgmental atmosphere where individuals can share their experiences and get feedback and advice from fellow gamblers who understand Compulsive Gambling. The twelve steps of GA are actually statements of belief that participants are encouraged to adopt in order to resolve the Compulsive Gambling behavior (GA, 1997). It is recommended that persons who have co-occurring disorders of substance abuse and Compulsive Gambling attend separate support groups for gambling and for alcohol/drug dependence. GA offers support to individuals and their family members that are specific to Compulsive Gambling such as financial/debt management (*TIP 42*, SAMHSA, 2008).

### **Indiana Requirement for Mutual Aid Groups**

Linkage to mutual aid groups, also known as self-help groups, such as GA, must be offered as a part of the treatment episode. Linkage to mutual aid groups should be documented clearly in the IICP and evidenced in the progress notes concerning the individual.

### **Peer Recovery Services**

“Peer-based recovery is the process of giving and receiving non-professional, non-clinical assistance to achieve long-term recovery” (White, 2009). The inclusion of peer-to-peer services is vital. The voices and experiences of people in recovery directly working with someone new to the recovery process are essential. They provide hope, inspiration, and understanding on a level beyond standard treatment.

### **Contingency Management**

This approach has been successfully used to encourage Compulsive Gamblers to stay in treatment longer. This approach involves providing the consumer with small rewards and incentives (e.g., food or movie vouchers) to continue their participation. In several studies this approach was found to reinforce compliance with treatment homework, improve session attendance, and initiate behavioral changes. It is important to note that using contingency management with Compulsive Gamblers **does not increase** gambling behavior (Petry, 2006).

### **Financial Counseling**

SAMHSA addresses the need for Financial Counseling in their guidebook: *Compulsive Gambling and Their Finances: A Guide for Treatment Professionals*. Compulsive Gamblers, and often their loved ones, seek treatment as a result of financial compulsions. By addressing the financial devastation early in the treatment process, the professional is helping the gambler face the compulsion head on and develop coping skills to handle financial pressures, engage in the recovery process, and provide the person with hope that recovery is possible. The guidebook is available at:

[http://www.ncpgambling.org/files/public/problem\\_gamblers\\_finances.pdf](http://www.ncpgambling.org/files/public/problem_gamblers_finances.pdf)

### **Integrated Multimodal Treatment**

Counselors, clinicians, or multidisciplinary teams provide integrated treatment to support recovery from co-occurring mental illness, substance use disorders, and Compulsive Gambling. They use specific listening and counseling skills to guide individuals’ awareness of how co-occurring disorders interact and to foster hopefulness and motivation for recovery. They use cognitive behavioral techniques to assist individuals who are working to reduce or eliminate substance use or who want to prevent relapse and maintain recovery from both disorders. Integrated treatment is considered an evidence-based practice because research shows that individuals who receive it recover better from both their illnesses. They have fewer hospitalizations and relapses, fewer criminal justice problems and more housing stability (*TIP 42*, SAMHSA, 2008).

### **Indiana Co-occurring Requirement**

If the individual registered pursuant to this attachment has multiple diagnoses that include mental illness or substance abuse, that individual must be treated for those conditions as well as Compulsive Gambling. An excellent resource for treating persons with co-occurring issues is SAMHSA’s *TIP 42: Substance Abuse Treatment for Persons with Co-Occurring Disorders*, available at no cost at: [store.samhsa.gov/product/TIP-42-Substance-Abuse-Treatment-for-Persons-With-Co-Occurring-Disorders/SMA12-3992](http://store.samhsa.gov/product/TIP-42-Substance-Abuse-Treatment-for-Persons-With-Co-Occurring-Disorders/SMA12-3992)

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## Resources

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The Indiana Problem Gambling Awareness Program has a variety of brochures, materials, videos and PowerPoint presentations available to support your educational efforts. To obtain these videos, please contact Desiree Reynolds at [desiree@indiana.edu](mailto:desiree@indiana.edu). For more information visit [www.ipgap.indiana.edu](http://www.ipgap.indiana.edu)

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## Curriculum

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In this section you will find a list of curriculum available either for free through IPGAP or for purchase for a variety of populations. Please check with IPGAP before you purchase, as they may have a copy you can borrow or use.

- ***Safe Bet: Problem Gambling Prevention and Education.*** This 32-page interactive journal is designed for individuals at risk for Problem Gambling behaviors. *Safe Bet* challenges individuals' common conceptions about gambling, helps individuals recognize their motivations for their gambling, and offers tips and strategies to replace or diminish harmful gambling behavior. The journal motivates individuals to take on the responsibility of making healthy gambling choices in the future. This material is available from *The Change Companies*.
- ***Kids Don't Gamble... Wanna Bet? - A Curriculum for Grades 3-8.*** This curriculum for grades 3-8, is an interdisciplinary program designed to discourage underage gambling through improved critical thinking and problem solving. *Wanna Bet?* is designed to be integrated into existing units in health, math, and life skills, or used in conjunction with an existing prevention program. **Kit includes:** Educator's Guide, Andy's Story DVD, *Wanna Bet?* resource booklet (additional booklets may be purchased), overhead masters, a bibliography, and a resource list. North American Training Institute (NATI). NATI is a partner in SAMHSA's Partners for Substance Abuse Prevention.
- ***Gambling Away the Golden Years- Senior Problem Gambling Educational Kit.*** This educational kit explores the possibility of gambling turning from entertainment to addiction, especially during the retirement years. It is designed for use in treatment settings, public education presentations, senior citizen facilities, and for the education of health care providers. **Kit includes:** Five copies of the 18-page book, *Gambling Away the Golden Years*, plus a 10-minute DVD of the same name.
- ***In Search of Balance: A Problem Gambling Educational Kit Designed for Senior Citizens.*** This educational kit touches on such topics as *How the Senior Gambler Feels*, *"Soft Signs" of a Gambling Problem*, and *The Road to Recovery*. The kit is directed toward all levels of helping professions and can be used in an array of educational and public awareness settings. **Kit includes:** Five copies of the 25-page workbook, *In Search of Balance*, plus a 23-minute DVD of the same name.

- ***My Parent Has A Gambling Problem... Hey! What About Me? - A Guide for School Counselors and Other Kid Helpers.*** A comprehensive education, prevention, and intervention guide targeting school counselors, teachers, school administration, after-school programs, Life Skills programs, YWCA/YMCA, Boys and Girls Clubs and other kid helpers. **Kit includes:** Five workbooks for youth, educational DVD and interactive CD, strategies for school administrators and a resource guide for parents.
- ***Stacked Deck: A Program to Prevent Problem Gambling.*** An extraordinary effort by Drs. Williams and Wood to move the field of preventing Problem Gambling into the arena of evidenced-based science. This curriculum for grades 9-12 represents a most vital resource that should be a part of a school's health promotion curriculum. The program allows teachers to educate students about the various facets of gambling, including its role in today's entertainment culture, how the principles of chance are important when playing these games, and how to be alert to the signs of Problem Gambling. The product has numerous user-friendly features and strives to meet several national academic standards (life skills, thinking and reasoning and mathematic standards). The tone of the material is educational and balanced. Teachers and students will find *Stacked Deck* to be engaging, relevant and fun.
- ***Problem Gambling Toolkit: For Substance Abuse Counselors, Health Therapists, Primary Care Physicians, and Social Service Workers.*** This toolkit provides a variety of tools and information on counseling the Compulsive Gambler. SAMHSA.

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## Resources on Financial Counseling

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Financial counseling is a key component in Problem Gambling treatment. The following information is the type of information that should be provided to Problem Gamblers regarding financial issues and gambling. It is important to offer both Financial Counseling and at a minimum written information to all those who identify as Problem or Pathological Gamblers. IPGAP has an information card they can provide you to use with clients.

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## Resources for Credit Reporting

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Financial Counseling is a key component to gambling treatment. The following is a list of credit reporting organizations.

Federal Trade Commission

[www.ftc.gov/freereports](http://www.ftc.gov/freereports)

### Credit Reporting Bureaus

- Equifax: 1-800-685-1111 [equifax.com](http://equifax.com)
- Experian: 1-888-397-3742 [experian.com](http://experian.com)
- TransUnion: 1-800-916-8800 [transunion.com](http://transunion.com)

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## WITS Billing and Entry Guide

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### Introduction

This section of the manual is designed to give a basic overview of entering documentation into the Web Infrastructure Treatment System (WITS). Additional tips are given for how to navigate to different screens in the system as well as view agency records of clients in WITS. For more information on WITS, contact one of the following:

[wits@fssa.in.gov](mailto:wits@fssa.in.gov), WITS technical assistance and support

[john.long@fssa.in.gov](mailto:john.long@fssa.in.gov), Larry Long: Questions about gaining initial access to WITS or specific documentation and service requirements

[maholtsc@indiana.edu](mailto:maholtsc@indiana.edu), Mary Lay: WITS trainings or other gambling training events

### WITS Access and Login

Each staff person needing access to WITS must first complete a WITS training. This may be an in-person training or online training offered. Then, a WITS access request form must be completed and submitted to Larry Long at [john.long@fssa.in.gov](mailto:john.long@fssa.in.gov). Forms are available at the trainings or by request from Larry. Once access is approved, you will receive an email containing your initial login information.

The WITS log-in page is located at <https://dmha.fssa.in.gov/atr/>. On the log-in page, enter your username and password. You will be directed to another screen where you will enter your pin number.

### Required Documentation

When enrolling a client into gambling services through WITS for the first time, a provider typically goes through the following steps in WITS:

- Add New Client Profile\*
- Create Episode Intake\*
- SOGS/SOGS-RA Assessment\*
- Create New Voucher\*
- Enter Encounter Note for Enrollment/Intake
- Complete Treatment Plan; enter Encounter Note for Treatment Plan

*\* Denotes documentation that must be completed on the same day client enrolls in services for Problem Gambling*

Completion of WITS documentation is required for payment, and billing for a service takes place when a provider releases an Encounter Note to billing. This section of the manual gives instructions on completing the first five steps in WITS.

### **CANS/ANSA Completion**

The client is required to be registered into DARMHA and to complete the ANSA/CANS. DARMHA procedures should be followed to complete DARMHA registration of a client and are not addressed in this manual. Note that in order to release any services to billing, a DARMHA ID must be entered into the client profile.

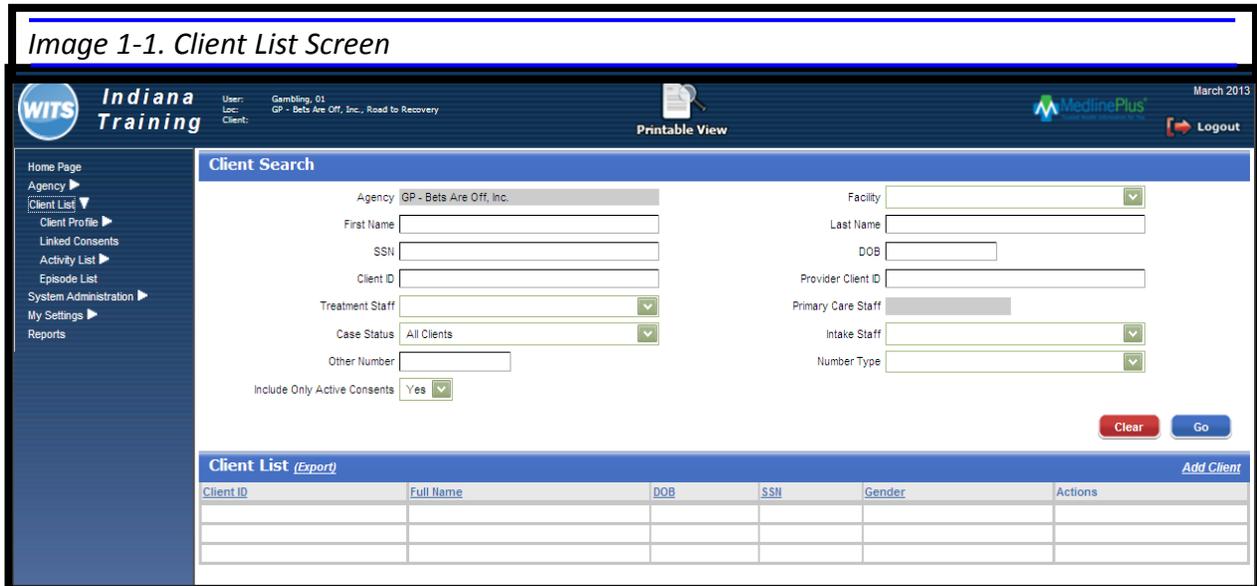
### **Ongoing Documentation**

The table below details what ongoing documentation should be completed for clients enrolled in gambling services. Unless otherwise noted, the documentation is completed in WITS. For additional requirements on documentation, including requirements for the clinical record or how encounter notes should be written, please see the Special Conditions chapter of this manual.

<i>Ongoing WITS Documentation</i>	
SOGS/ SOGS-RA Assessment	Minimum of every 180 days
Create New Voucher	Every 30 days, as soon as active voucher expires
Complete CANS/ANSA (in DARMHA)*	Minimum of every 180 days
Treatment Plan Review	Minimum of every 90 days
Enter Encounter Note	Every time a service is provided

# I. Add New Client Profile

1. Click Client List. The Client List screen should appear (*Image 1-1*).
2. Click **Add Client**.



**NOTE:** To view a list of current clients at your agency, click Go on the Client List screen. A list of clients will appear in the Client List. Search fields are available under Client Search to find a particular client. Enter any search information and click Go.

3. Complete page 1 of the Client Profile (*Image 1-2*). **All yellow fields are required** to continue.
4. Enter DARMHA Client ID. **The DARMHA ID is required**. No billing may be released for the client until a DARMHA ID has been entered.
5. Click the blue arrow to go to the next screen of the Client Profile.

*Image 1-2. Client Profile*

**Client Profile**

First Name  DARMHA Client ID   
 Middle Name  Client ID   
 Last Name  State Client ID   
 Mother's Maiden Name  Record Created By   
 Gender  Last Updated By   
 DOB  Created Date   
 SSN  Last Updated Date   
 Driver's License     
 Medicaid #   
 Has paper file  Yes

Administrative Actions

**Alternate Names**

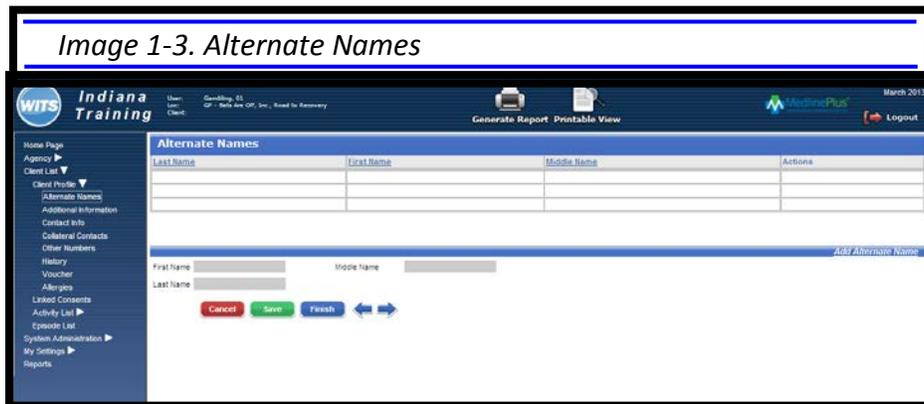
Last Name	First Name	Middle Name	Actions

**Addresses**

Address Type	Address	Confidential	Created	Updated	Actions

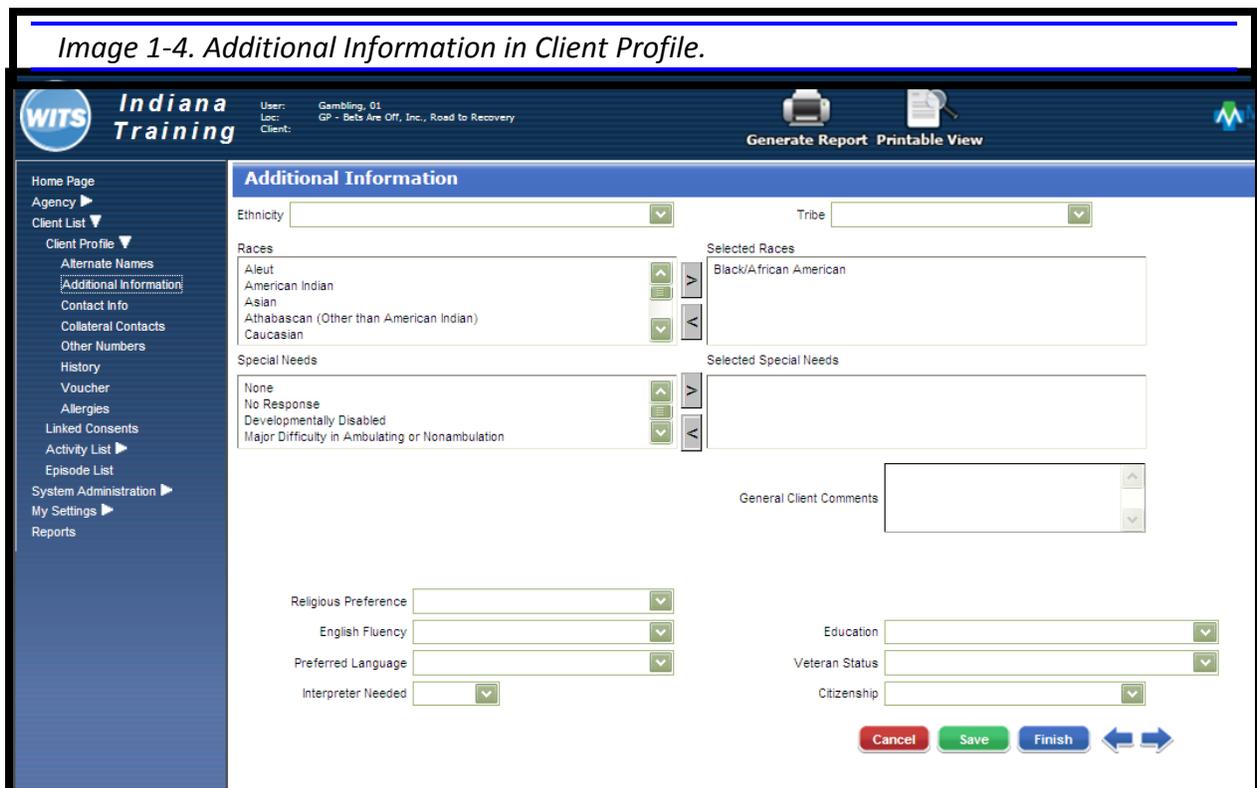
6. The Alternate Names screen will appear (*Image 1-3*). If the client has any aliases or nicknames, this information would be entered here.

**NOTE: An alternate name cannot be saved until the contact information page, shown later in this chapter, is added.** To enter an alternate name, click the blue forward arrow for now and return to this screen after you have entered the client contact information.



7. An Additional Information screen will appear (*Image 1-4*). Information on this page is optional.

8. Complete appropriate information and click the blue arrow to continue.



9. The Contact Info screen will appear (*Image 1-5*). Enter phone information. Primary phone number is required.
10. Click Add Address. Address is required.

**Image 1-5. Contact Info in Client Profile.**

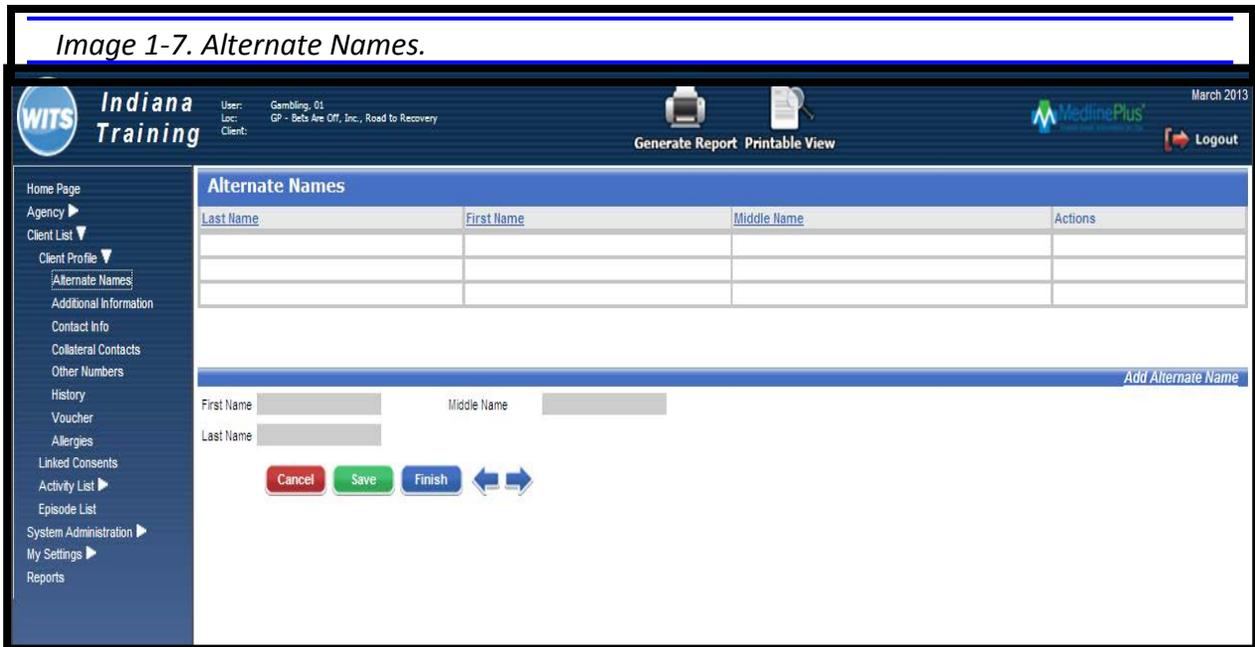
The screenshot displays the 'Contact Info' section of a client profile. The interface includes a sidebar on the left with a navigation menu. The main content area is titled 'Contact Info' and features several input fields for phone numbers: Home Phone #, Work Phone #, Mobile #, Primary Phone # (highlighted in yellow), and Fax #. There is also an Email Address field. A 'Preferred Method of Contact' dropdown menu is present, along with 'Created' and 'Updated' date fields. Below this section is an 'Addresses' table with columns for Address Type, Address, Confidential, Created, Updated, and Actions. An 'Add Address' link is located at the top right of the table. At the bottom of the screen, there are buttons for 'Cancel', 'Save', 'Finish', and navigation arrows.

11. The Address Information screen will appear (*Image 1-6*). Complete required address fields.
12. Click Finish and the Contact Info screen will appear again.
13. Click blue arrow on Contact Info screen to continue.

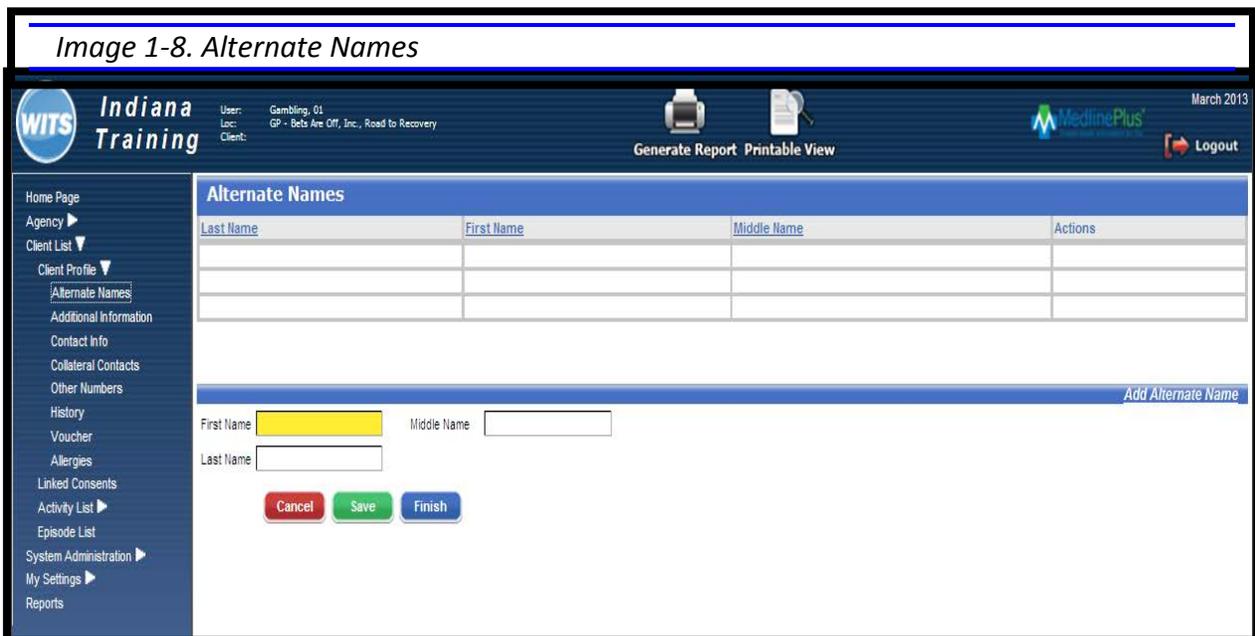
**Image 1-6. Address Information in Client Profile.**

The screenshot displays the 'Address Information' section of a client profile. The interface includes the same sidebar as in Image 1-5. The main content area is titled 'Address Information' and features several input fields: Address Type (dropdown), Address Line 1, Address Line 2, City, State (dropdown), and Zip. There is also a 'Confidential' dropdown menu. At the bottom right, there are buttons for 'Cancel' and 'Finish'.

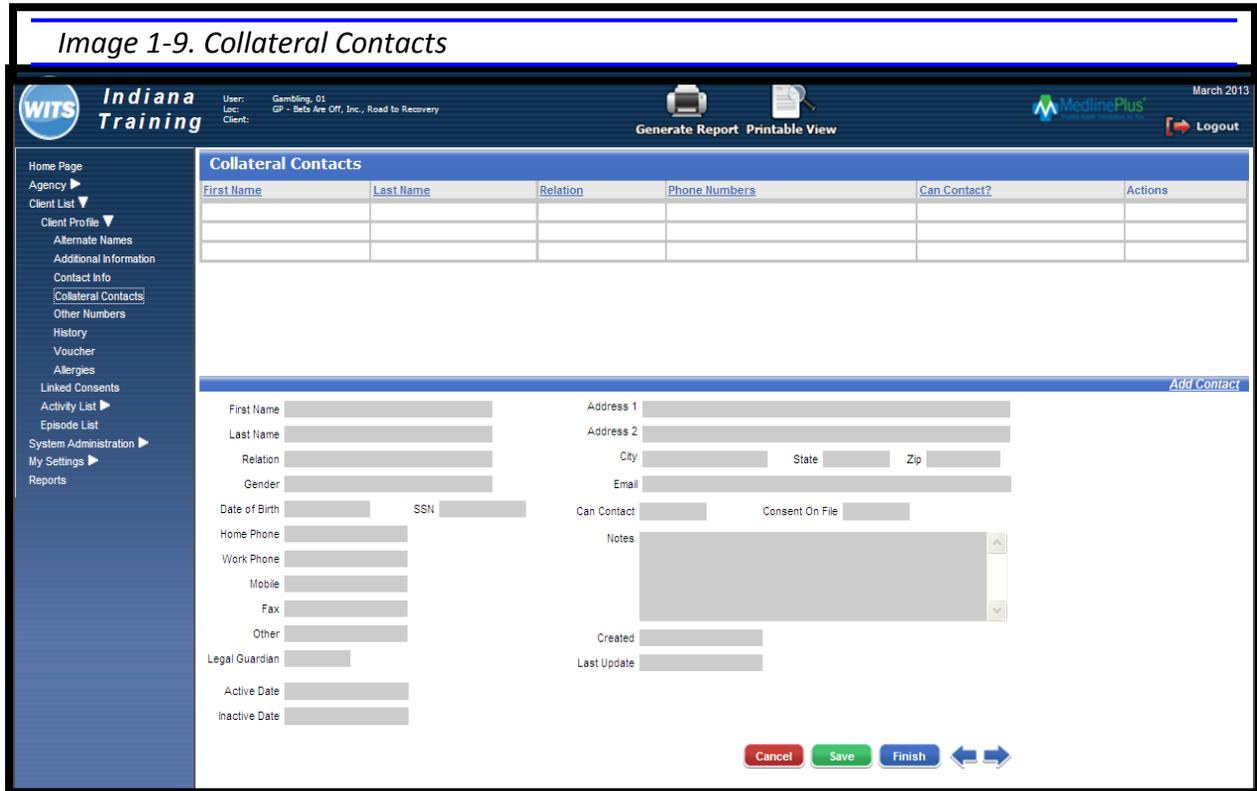
14. Once the contact information has been entered, you may return to the Alternate Names screen by clicking the back arrow (*Image 1-7*). If no alternate names exist, skip steps 14-17.
15. Click Add Alternate Name. Fields for adding alternate names will appear (*Image 1-8*).



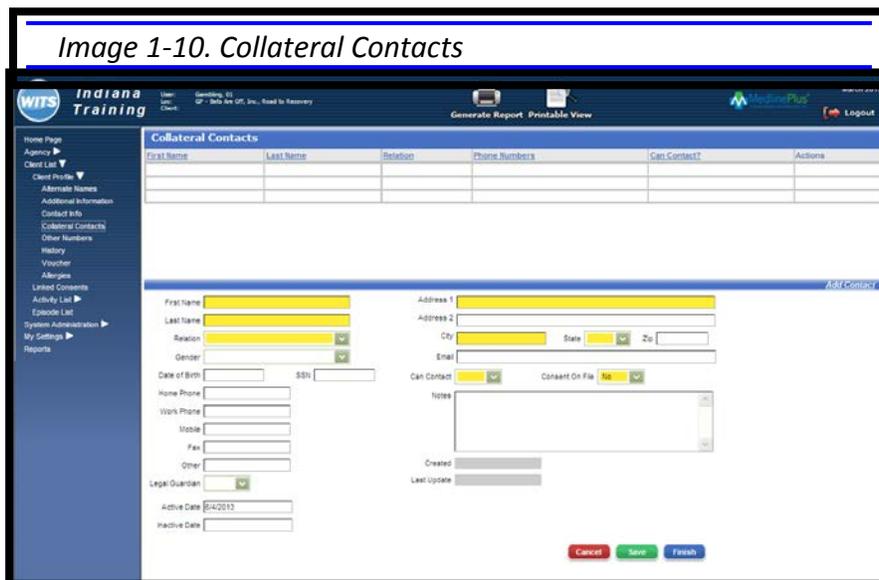
16. Enter alternate names.
17. Click Finish.



18. Click through blue arrows on each screen until the Collateral Contacts screen appears (*Image 1-9*). Adding a collateral contact is optional.
19. Click Add Contact.

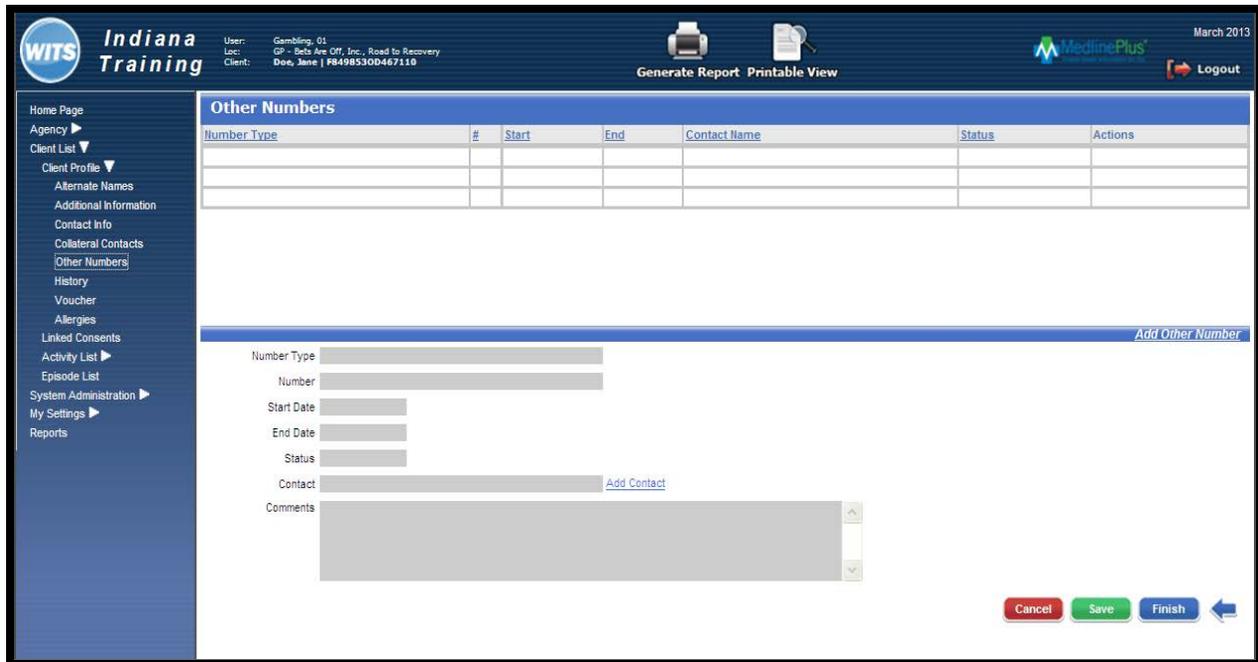


20. A new screen will appear (*Image 1-10*). Enter required fields.
21. Click Finish.
22. Click blue arrow on main Collateral Contacts screen (*Image 1-9*) to continue.



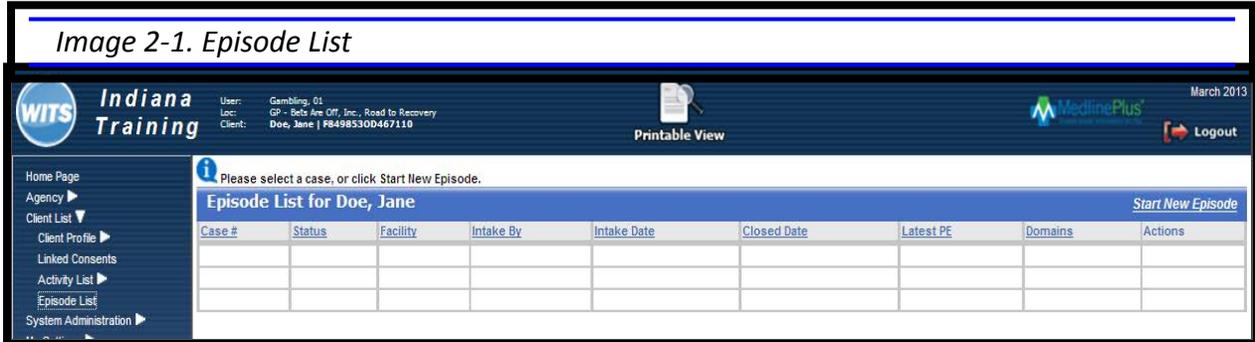
23. The Other Numbers screen will appear (*Image 1-11*). This information is optional. “Other Numbers” refers to other identification numbers an agency may use to follow the clients, such as a court case number.
24. Click Add Other Number. On the new screen that appears, enter desired information and click Finish.
25. Click Finish on the main Other Numbers screen.

*Image 1-11. Other Numbers*



## II. Create Episode Intake

1. On side menu, Click Activity List. The Episode List screen will appear (*Image 2-1*).
2. Click Start New Episode.

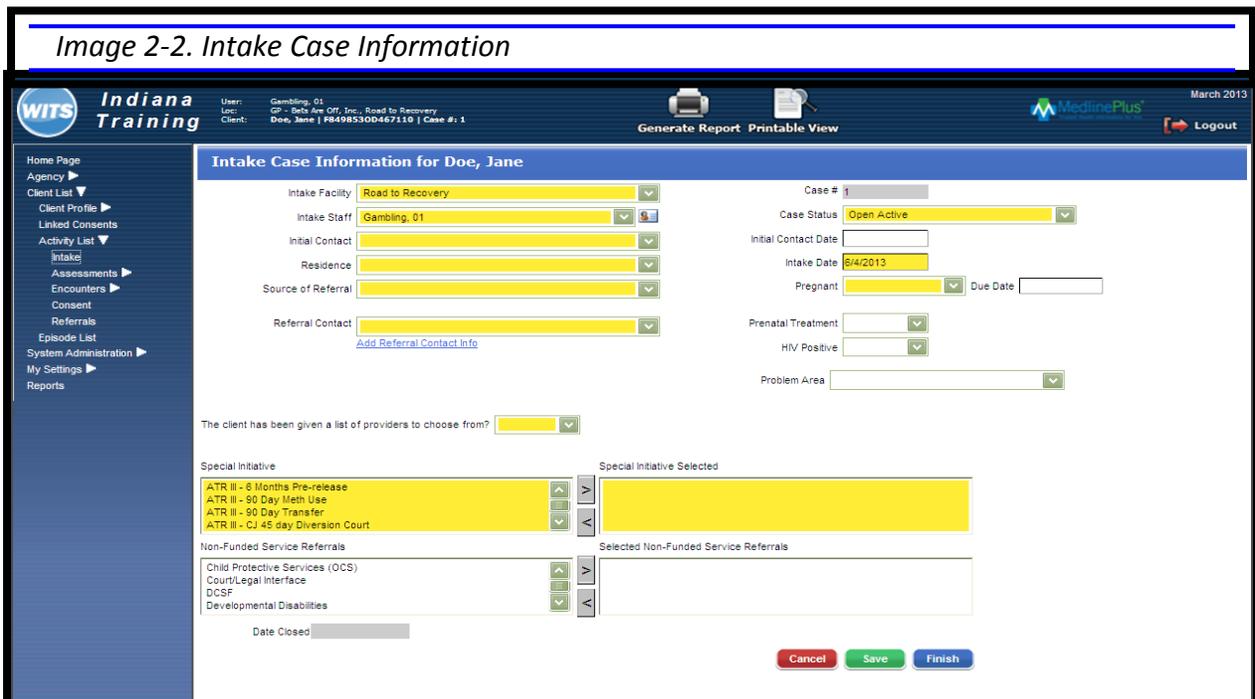


3. Intake Case screen will appear (*Image 2-2*). Complete information.

- Source of Referral dropdown: Scroll and choose Other or Gambling Hotline as referral source.
- Referral Contact dropdown: Any collateral contacts you've entered previously will appear in the dropdown. To add a contact, click Add Referral Contact Info below the dropdown.
- Special Initiative dropdown: Scroll and choose Gambling Only.

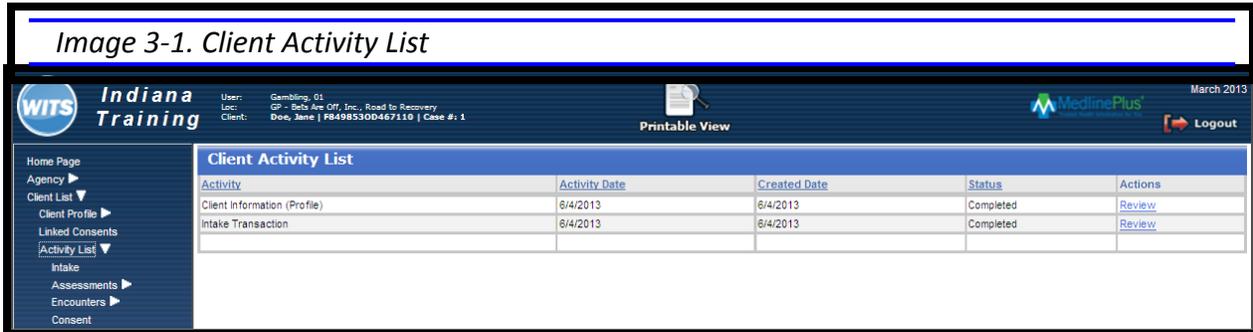
4. Click Finish.

The Episode Intake is complete!

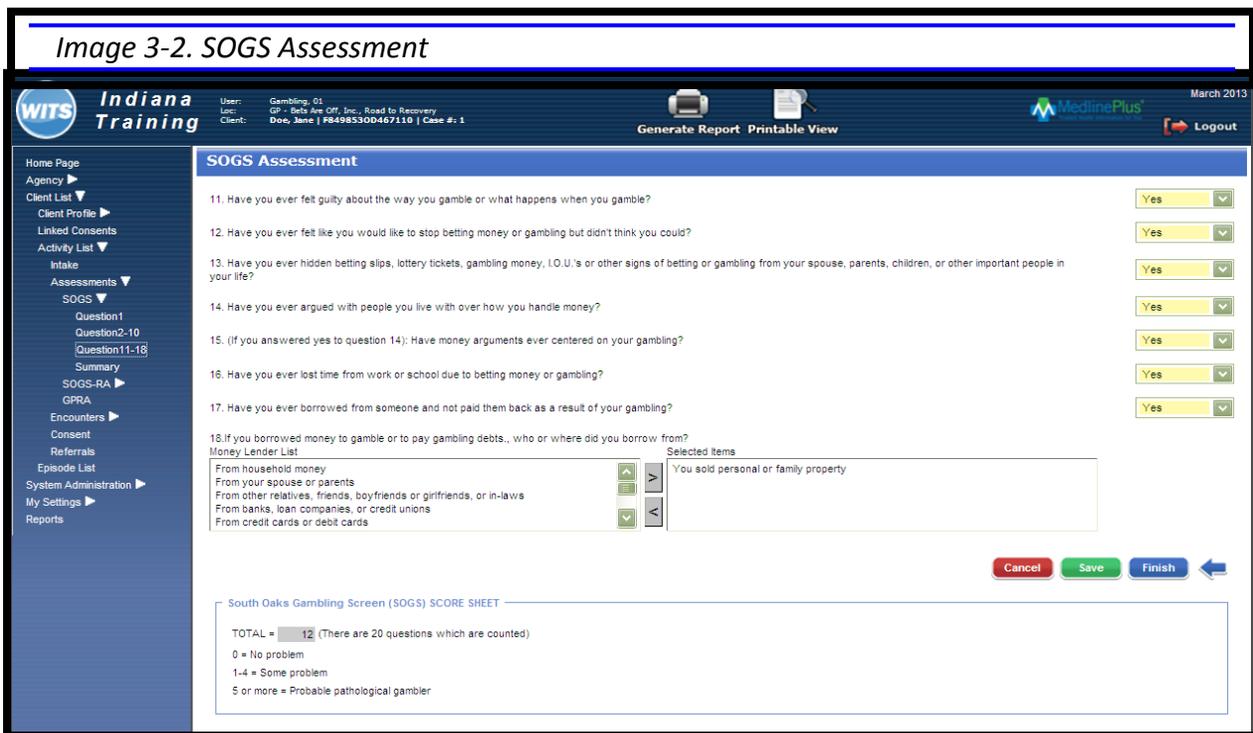


### III. Complete SOGS/SOGS-RA

1. The Client Activity List screen will appear once a new Episode Intake has been created (*Image 3-1*). On menu under Activity List, click Assessments.

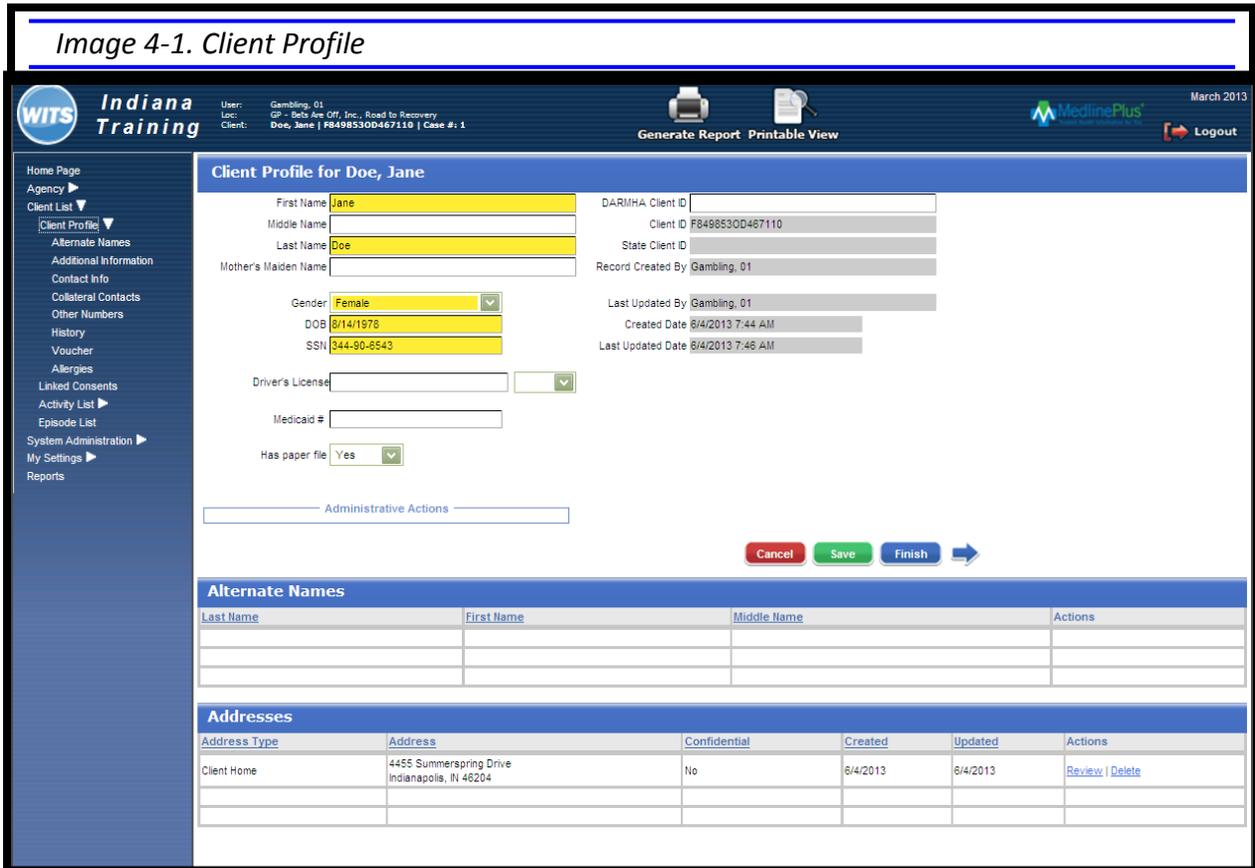


2. On menu, click SOGS for adults or SOGS-RA for children 17 and under.
3. On menu, click Question 1.
4. Complete SOGS questions. There will be three screens of the SOGS assessment. Click forward arrow to complete all pages.
5. After completing Question 18 on the SOGS (see *Image 3-2*), click Save to save and view client's SOGS score. Client's SOGS will appear in lower left corner.
6. Click Finish to save and exit the SOGS assessment.

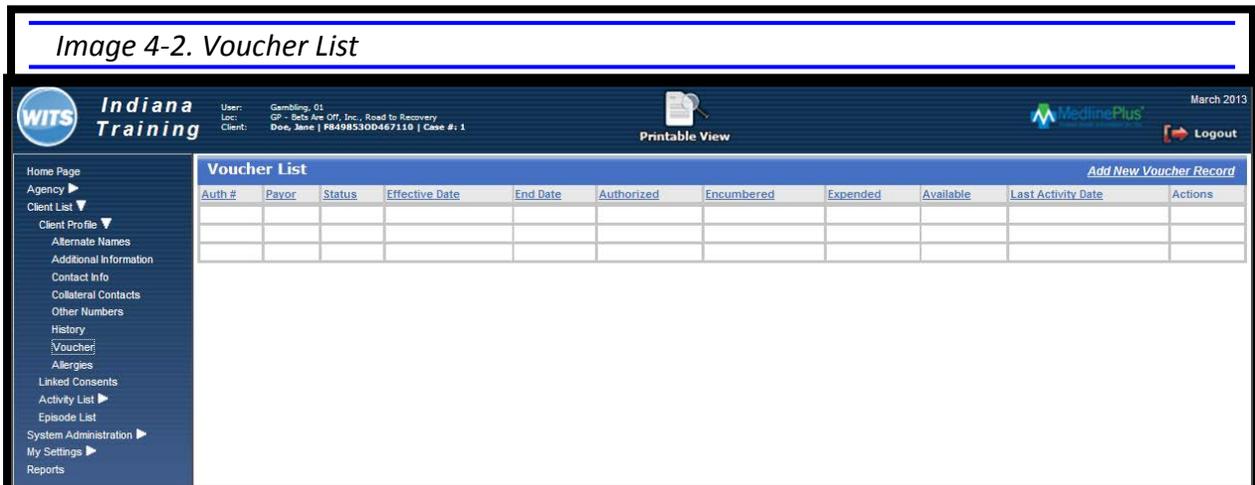


# IV. Create New Voucher

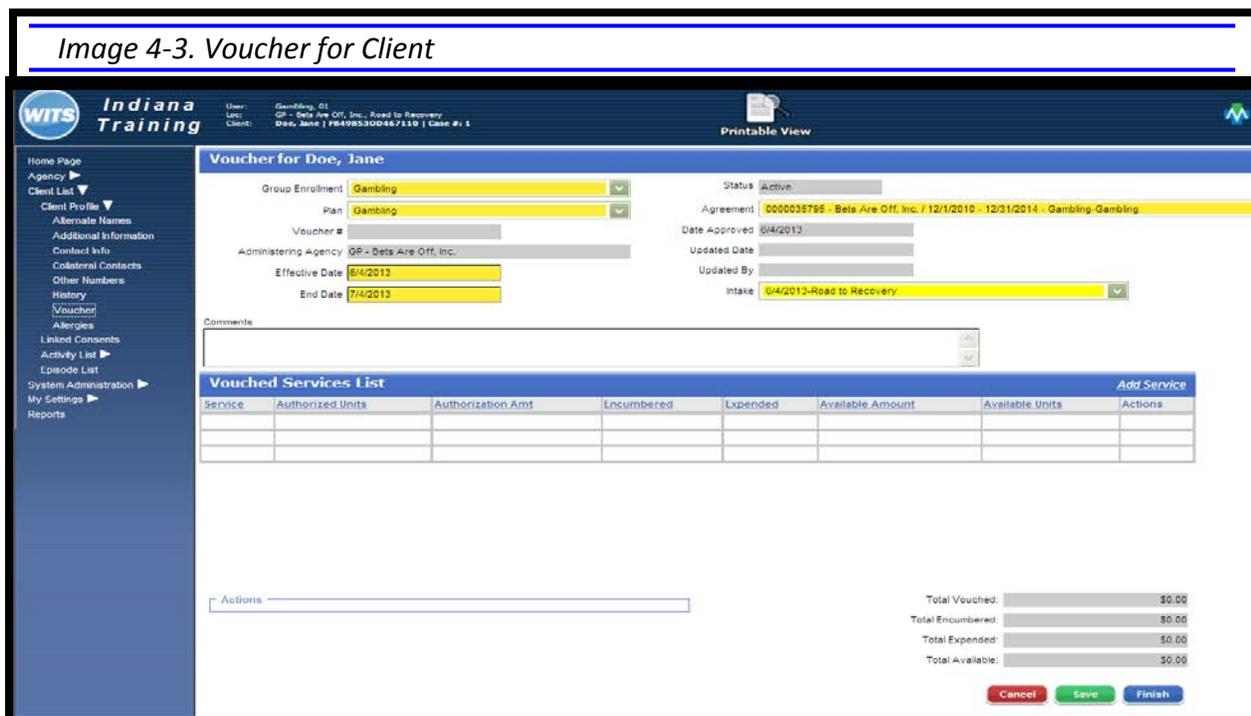
1. On side menu, click Client Profile. Client Profile screen will appear (*Image 4-1*).



2. On menu, click Voucher. Voucher List screen will appear (*Image 4-2*).
3. Click Add New Voucher Record.



4. The Voucher screen will appear (*Image 4-3*). Required fields should be pre-populated.
5. Enter voucher Effective Date. Date must be within last 9 days. If a date 10 days or more before the current date is entered, an error message will appear.
6. Click Save.
7. Click Add Service.



8. Vouched Services screen will appear (*Image 4-4*). From dropdown, select a service that will be given to the client in the next 30 days.
9. Enter the number of vouched units expected to be served in the next 30 days. For unit amounts and limitations, see the “Special Conditions” chapter of this manual.
10. Click Finish. You will be returned to the main Voucher screen.



11. Continue adding services until all expected services for the next 30 days have been added. Consider adding more services than anticipated in case the client needs additional services in the 30-day period.
12. Click Finish. The screen will return to the Voucher List page. Voucher is complete!

## V. Create New Encounter

1. On menu, click Activity List.
2. On menu, click Encounters. Encounter List page will appear (*Image 5-1*).
3. Click Add Encounter Record.

**Image 5-1. Encounter List**

WITS Indiana Training | User: Gambling\_01 | Loc: 265 Ave Off, Inc., Road to Recovery | MedlinePlus | March 2013 | Logout

Generate Report Printable View

**Encounter Search**

No results match your search criteria.

Start Date: 8/4/2012 | End Date: 8/4/2013

Rendering Staff: | Service: | Encounter Status: | Program: |

Clear Go

**Encounter List(Export)** [Add Encounter Record](#)

Svc Date	Service	ENC ID	Rendering Staff	Program Name	Status	Actions

4. Encounter screen will appear (*Image 5-2*). Complete required fields.
5. Click Save.
6. To release to billing, click Release to Billing beneath the notes section.
7. Click Finish. A new encounter note is completed.

**Image 5-2. Encounter**

WITS Indiana Training | User: Gambling\_01 | Loc: 265 Ave Off, Inc., Road to Recovery | Client: Doe, Jane | PB498530D467110 | Case #: 1 | MedlinePlus | March 2013 | Logout

Generate Report Printable View

**Encounter For Doe, Jane**

ENC ID: | Created Date: | Service: | Program Name: Road to Recovery/Gambling : 12/1/2010 - | Service Location: | Start Date: | End Date: | Start Time: | End Time: | Duration: | # of Service Units/Sessions: | Rendering Staff: Gambling\_01

Notes

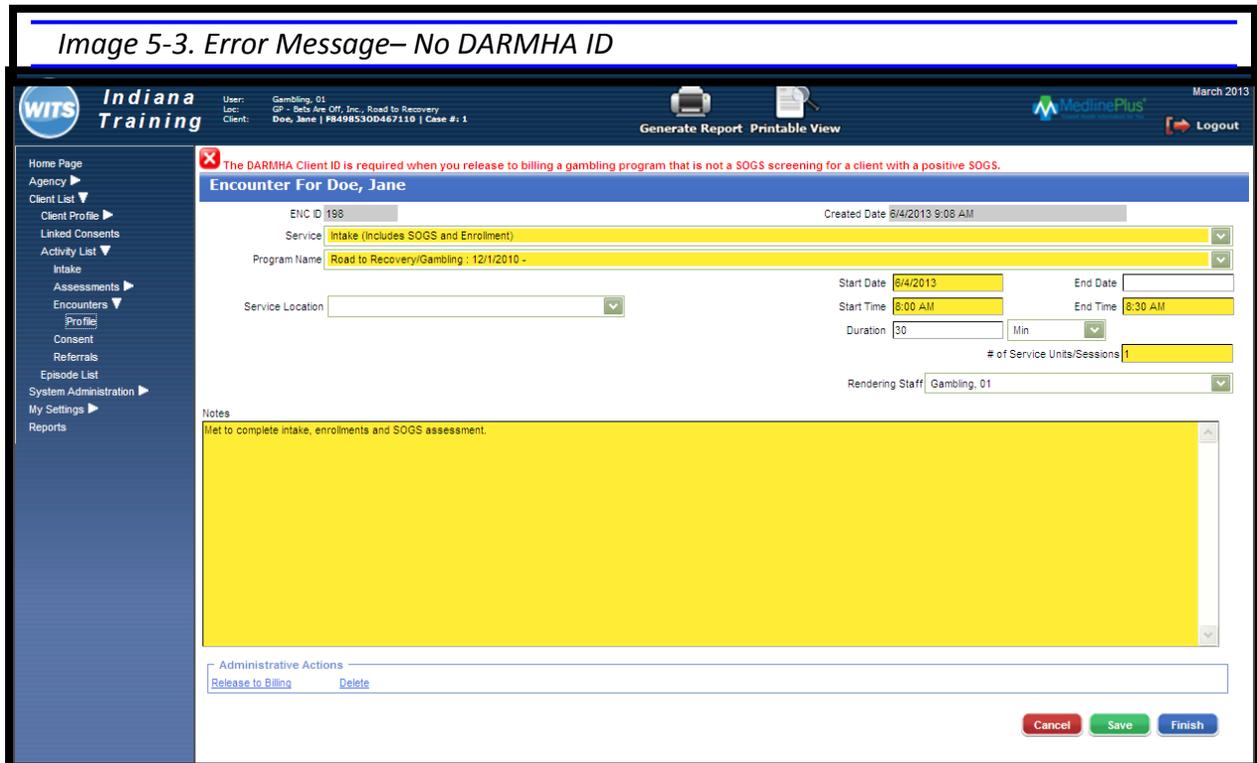
Administrative Actions

[Release to Billing](#)

Cancel Save Finish

**Note: Encounter notes can be edited until they are released to billing. Once released to billing, they are locked from editing.**

Note that an error message will appear if an attempt is made to release an encounter to billing, but no DARMHA ID was entered for the client. See *Image 5-3* and steps to add DARMHA ID below.



If the error occurs, complete the following steps:

- In menu, click Client List, then Client Profile.
- Add DARMHA Client ID on first page of profile.
- Click Save.
- In menu, click Activity List, and then click Encounters to return to Encounter List.
- Click Review to return to Encounter screen.

**Always remember to log out of WITS. Not logging out after a session will prevent you from being able to log in to your next session, even if you close the browser.**

# VI. Review Records for Agency

## Review Encounters for the Agency

1. On menu, click Agency, click Billing, click Claim Item List.
2. Change the Item Status field to blank to see all encounters.
3. Click Go to review encounters. Claim Item List will appear (see *Image 6-1* below).

*Image 6-1. Claim Item Encounter List*

The screenshot displays the 'Claim Item Search' form with the following fields: Plan, Group Enrollment, ENC ID, Client First Name, Client Last Name, Charge, Subscriber/Resp Party First Name, S/R Party Last Name, Service, Subscriber/Resp Party Account #, Rendering Staff, Service Date, Authorization #, Item Status, and Facility. Below the search form is the 'Claim Item List (Export)' table.

Item #	Client Name	Service Date	Service	Duration	Status	Release Date	Charge	Actions
191	dean, james	5/29/2013	G2070	60 Min	Released	5/29/2013	\$50.00	<a href="#">Profile</a>
194	Doe, Jane	6/4/2013	G2070	30 Min	Released	6/4/2013	\$50.00	<a href="#">Profile</a>
187	Kennedy, John	5/29/2013	G2070	30 Min	Released	5/29/2013	\$50.00	<a href="#">Profile</a>
190	Kin, Web	5/29/2013	G2050	60 Min	Released	5/29/2013	\$30.00	<a href="#">Profile</a>
193	Pooh, Winnie	5/29/2013	G2060	60 Min	Released	5/29/2013	\$160.00	<a href="#">Profile</a>
162	Scott, Eric	6/7/2010	T1023/AS		Batched	6/7/2010	\$20.00	<a href="#">Profile</a>
189	Smith, Jim	5/29/2013	G2070	60 Min	Released	5/29/2013	\$50.00	<a href="#">Profile</a>
188	Smith, John	5/29/2013	G2070	15 Min	Released	5/29/2013	\$50.00	<a href="#">Profile</a>
192	Wade, Dwayne	5/29/2013	G2070	60 Min	Released	5/29/2013	\$50.00	<a href="#">Profile</a>

## Review Vouchers for the Agency

1. On menu, click Agency, click Billing, click Authorization List.
2. Enter any desired search terms in the available fields.
3. Click the Go button to review vouchers.

*Image 6-2. Voucher List*

The screenshot displays the 'Voucher Search' form with the following fields: Provider Agency, Provider Facility, Administrative Agency, Contracting Agency, First Name, Last Name, Client ID, Voucher#, Created on, Status, Authorization Effective Date, Payor Plan, and Authorization End Date. Below the search form is the 'Voucher List (Export)' table.

#	Payor	Provider Agency	Admin Agency	Intake Facility	Client	Effective Date	End Date	Status	Vouched Amt	Encumbered	Expended	Available	Actions

# VII. Quick Step Guides

## Steps to Add New Client Profile

1. On menu, click Client List.
2. On Client List screen, click Add Client.
3. On Client Profile screen, complete appropriate fields. **All yellow fields and the DARMHA client ID are required.** No billing may be released for the client until a DARMHA ID is entered.
5. Click blue arrow.
6. On Add Alternate Names screen, enter any aliases or nicknames the client has.  
**NOTE: An alternate name cannot be saved until the contact information for a client is added.** Return to this screen after completing the contact information to enter alternate names. Click the blue arrow.
7. On Additional Information screen, complete appropriate fields.
8. Click blue arrow.
9. On Contact Info screen, enter phone information. Primary phone number is required.
10. Click Add Address. Address is required.
11. On Add Address screen, complete required address fields.
12. Click Finish.
13. Click blue arrow on Contact Info screen.
14. Once the contact information has been entered, you may return to the Alternate Names screen by clicking the back arrow. If no alternate names exist, skip steps 14-17.
15. Click Add Alternate Name.
16. Enter alternate names.
17. Click Finish.
18. Click through blue arrows on each screen until the Collateral Contacts screen appears.
19. Click Add Contact.
20. On Contact screen, enter required fields.
21. Click Finish.
22. Click blue arrow.
23. On Other Numbers screen, click *Add Other Number* to add other numbers. “Other Numbers” refers to other identification numbers an agency may use to follow the clients, such as a court case number.
24. Click Finish.

## Steps to Create Intake Episode

1. On side menu, click [Activity List](#).
2. On Episode List screen, click [Start New Episode](#).
3. On Intake Case screen, complete information.
  - Source of Referral dropdown: Scroll and choose Other or Gambling Hotline as referral source.
  - Referral Contact dropdown: Any collateral contacts you've entered previously will appear in the dropdown. To add a contact, click [Add Referral Contact Info](#) below the dropdown.
  - Special Initiative dropdown: Scroll and choose Gambling Only.
4. Click [Finish](#).

## Steps to Complete SOGS Assessment

1. On menu under Activity List, click [Assessment](#), click [SOGS](#) or [SOGS-RA](#), click Question 1.
2. Complete SOGS questions. Click forward arrow to complete all pages.
3. After completing SOGS questions, click [Save](#) to save and view client's SOGS score. Client's SOGS will appear in lower left corner.
4. Click [Finish](#) to save and exit the SOGS assessment.

## Steps to Create New Voucher

1. On side menu, click [Client Profile](#), then click [Voucher](#).
3. On Voucher List screen, click [Add New Voucher Record](#).
4. On voucher screen, required fields should be pre-populated.
5. Enter voucher Effective Date. Date must be within last 9 days.
6. Click [Save](#).
7. Click [Add Service](#).
8. From dropdown on Vouched Services screen, select a service that will be given to the client in the next 30 days.
9. Enter the number of vouched units expected to be served in the next 30 days.
10. Click [Finish](#).
11. Continue steps 7-10 until all expected services for the next 30 days have been added.
12. Click [Finish](#).

## Steps to Create New Encounter Note

1. On menu, click [Activity List](#), then click [Encounters](#).
3. On Encounter List screen, click [Add Encounter Record](#).
4. On Encounter screen, complete required fields.
5. Click [Save](#).
6. To release to billing, click [Release to Billing](#) beneath the notes section.
7. Click [Finish](#).

## WITS Side Menu Navigation

WITS Task	Menu Navigation
Add New Client	Client List > On screen, click Add Client
Choose Existing Client	Client List > On screen, enter search terms and click Go
Add/Update Intake	Client List > Activity List > Intake
Add/Update Assessment	Client List > Activity List > Assessments > SOGS > Question 1
Create/Review Voucher	Client List > Client Profile > Voucher
Add/Update Encounter	Client List > Activity List > Encounters
Review Records	Agency > Agency List > Billing > (choose item to view)

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## Treatment Resources

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To find Gambling Treatment in your area call: 1-800-994-8448

The following websites can provide valuable information, encouragement, and support.

**Indiana Problem Gambling Awareness Program**

<http://www.ipgap.indiana.edu>

**Indiana Council on Problem Gambling, Inc**

<http://www.indianaproblemgambling.org>

**Gamblers Anonymous and GA Meetings in Indiana**

<http://www.gamblersanonymous.org/>

**GAM-ANON (for families) Meetings in Indiana**

<http://www.gam-anon.org/>

**National Council on Problem Gambling**

<http://www.ncpgambling.org/>

**The State of Indiana Voluntary Exclusion Program**

<http://www.in.gov/igc/2331.htm>

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## Information on Training / Certification

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Training and certification support is provided by the Indiana Problem Gambling Awareness Program (IPGAP) through a contract with the Division of Mental Health and Addiction (DMHA). You may find information about upcoming trainings on their website at:

[www.ipgap.indiana.edu](http://www.ipgap.indiana.edu)

To join the mailing list and receive regular updates, go to <http://www.ipgap.indiana.edu> and use the ListServ registration link on the front page.

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## Training

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The Indiana Problem Gambling Awareness Program offers a variety of trainings throughout the year. To register for any of the trainings offered through IPGAP, you will need to establish a username and password on the IPGAP Training Portal at: <http://www.ipgap.indiana.edu/training/>

Trainings through the portal will automatically generate a certificate after the training is complete, and you will be able to review your training history and upcoming trainings for which you have registered.

IPGAP provides a limited number of scholarships for counselors to complete 12 hours of online training through outside organizations. To determine eligibility for one of these scholarships, please contact Desiree Reynolds at: [desiree@indiana.edu](mailto:desiree@indiana.edu)

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## Contacts

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### **DMHA- Treatment Resources/ Training on Problem Gambling or WITS:**

Larry Long  
Program Director  
Problem Gambling Treatment & Older Adult Initiatives  
Division of Mental Health and Addiction  
402 W. Washington Street W353  
Indianapolis, IN 46204  
317-232-7891  
[John.Long@fssa.IN.gov](mailto:John.Long@fssa.IN.gov)

TBA  
Special Projects Coordinator  
Division of Mental Health and Addiction  
402 W. Washington Street W353  
Indianapolis, IN 46204

**DMHA –WITS Technical Assistance and Support:**  
[wits@fssa.in.gov](mailto:wits@fssa.in.gov)

**Prevention, Treatment, and Training Resources:**

Mary Lay  
Project Manager  
Indiana Problem Gambling Awareness Program  
Indiana Prevention Resource Center  
501 N Morton, Suite 110  
Bloomington, IN 47404  
812-856-4885  
[maholtsc@indian.edu](mailto:maholtsc@indian.edu)

Desiree Reynolds  
Assistant Project Manager  
Indiana Problem Gambling Awareness Program  
Indiana Prevention Resource Center  
501 N Morton, Suite 110  
Bloomington, IN 47404  
812-855-7872  
[desiree@indiana.edu](mailto:desiree@indiana.edu)

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## Important Links

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**Indiana Problem Gambling Awareness Program:**

[www.ipgap.indiana.edu](http://www.ipgap.indiana.edu)

**Indiana Division of Mental Health and Addiction (DMHA):**

[www.in.gov/fssa/dmha/index.htm](http://www.in.gov/fssa/dmha/index.htm)

**Indiana DMHA Problem Gambling Information**

[www.in.gov/fssa/dmha/2582.htm](http://www.in.gov/fssa/dmha/2582.htm)

**WITS Billing and Treatment Manual**

[www.ipgap.indiana.edu/problem-gambling/treatment-manual](http://www.ipgap.indiana.edu/problem-gambling/treatment-manual)

**Indiana Gaming Commission:**

Voluntary Exclusion Program

Indiana Gaming Commission

101 W. Washington Street

Suite 1600, East Tower

Indianapolis, IN 46204

(317) 234-3600

[www.in.gov/igc/2331.htm](http://www.in.gov/igc/2331.htm)

You may access linked rules and regulations through the DMHA website or visit [http://www.in.gov/legislative/ic\\_iac/](http://www.in.gov/legislative/ic_iac/) for the Indiana Code and Indiana Administrative Rules. Click on Indiana Code (IC) or Indiana Administrative Code (IAC).

## Sample Treatment Plan

*(This is a sample treatment plan provided to you as an example only. It is our hope that you can utilize the ideas/concepts from this sample within your current system.)*

**Master Treatment Plan**  **Review**  **Revised**  **Transfer**

**Discharge Summary**  **Plan was created with the consumer**

**South Oaks Gambling Screen/ Score 12**

Date: July 1, 2010

Date of Birth: 11-11-73

<b>DSM-IV Axis I – IV</b>	
Axis I	312.31 Pathological Gambling
Axis II	None
Axis III	None
Axis IV	Legal involvement, Lack of support
Axis V	58
<b>Admission Mental Status Exam:</b>	
Consumer met with psychologist and completed a comprehensive mental status exam. He was oriented to person, plan, and time. Consumer is a white male, age 50, married, no children, he appeared well groomed, and his appearance seemed clean and orderly. He had difficulty making eye contact and hung his head low during the interview. His speech was clear, and thought processes seemed appropriate. His judgment and insight about his Compulsive Gambling seemed poor. He would appear very anxious when asked about his gambling behavior and reasoning for seeking treatment. He did admit that he was recently arrested for theft and was on probation. Throughout the interview he appeared “guarded” when answering questions.	
<b>Current Medications:</b>	
<b>Strengths:</b>	
Consumer’s wife is supportive of treatment. His wife brought him to his intake appointment and agreed to participate in the family program. He stated that his employer is supportive of him seeking treatment for Compulsive Gambling. He was given the day off to complete his intake and assessment. He is optimistic and wants to learn all he can about his gambling problem so he can “get better”. He has a master’s degree in finance and has been employed with the same company for 20 years.	
<b>Barriers:</b>	
He has attended treatment before for his Compulsive Gambling and was unable to abstain for more than 14 days. He struggles with accepting that he cannot stop gambling on his own despite the fact that he was recently arrested for theft and is currently on probation. He has never attended Gamblers Anonymous meetings and stated, “Those people are not like me. They are losers.”	
<b>Risks of Relapse:</b>	
High Risk- He has a master’s degree in finance and he believes that he should be able to manage his own money. In the past he has allowed his wife to “attempt” to take care of the bills but in	

his words “she does not know what she is doing and we almost went broke”. He also has a history of dismissing Gamblers Anonymous and feels “superior” to the people who are in attendance at meetings.
<b>Evidence of Continuity and Coordination of Care:</b>
Counselor will work closely with the consumer’s wife. Once the consumer signs release his counselor will contact the consumer’s probation officer- he is on probation for a recent theft charge.
<b>Family Involvement:</b>
His wife is very supportive. She completed the family assessment upon intake. She admitted to taking on extra jobs in order to help pay for bills. She stated that she has tried to take over the finances but her husband is unwilling to let her take on that responsibility. She stated that her husband has a PO box and often will not let her get the mail. She stated that he was controlling but she seems to have little insight into the financial devastation that her husband’s gambling has caused.
<b>Prognosis:</b>
Guarded

<b>Problem #1:</b>
Consumer is behind on his mortgage payments, he has over drawn on his bank account, and he owes his bookie money.
<b>As evidenced by:</b>
Consumer’s own report
<b>Measurable Goal, Completion Date:</b>
Consumer will openly disclose his financial problems as a result of gambling and put a restoration plan in place.
<b>Objective 1: <input type="checkbox"/> Date Completed:</b>
Consumer will be honest with his spouse about his financial problems.
<b>Interventions, Clinician’s Name, Professional Degree, and Estimated Completion Date:</b>
<ol style="list-style-type: none"> <li>1. Counselor will ask consumer to sign a release of confidential information for his spouse;</li> <li>2. Counselor will ask consumer and his wife to bring in all bank statements, tax returns, and bills to review with his counselor;</li> <li>3. Counselor will have consumer invite his wife to a family session to disclose financial problems based on an information gathering session with his counselor.</li> </ol>
<b>Objective 2: <input type="checkbox"/> Date Completed:</b>
Consumer will take responsibility and shift control of the finance to the non-gambler in the household or a designated trustee.
<b>Interventions, Clinician’s Name, Professional Degree, and Estimated Completion Date:</b>
<ol style="list-style-type: none"> <li>1. Counselor will ask consumer to remove his name from all credit cards or give them to his wife and/or designated trustee to destroy, close account, or secure;</li> <li>2. Counselor will encourage consumer to have his paycheck deposited into an account that is in his wife’s and/or designated trustee’s name only and agree to a weekly cash budget;</li> <li>3. Counselor will assist consumer and his wife in preparing to call creditors and explain the gambling problem and promise to provide a restitution plan in the next 30-45 days;</li> </ol>

4. Counselor will prepare Consumer to educate his friends and family about gambling and tell them not to lend him money;
5. Counselor will encourage consumer to shift ownership of property to the chosen non-gambler in the household and/or designated trustee.

Objective 3:  Date Completed:

Identify Income and assets (consumer and wife)

Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:

1. Counselor will assist consumer and his wife with listing sources of income;
2. Counselor will assist consumer and his wife in listing financial assets;
3. Counselor will encourage consumer to disclose "stash" money that is hidden from his wife.

Objective 4:  Date Completed:

Establish a spending plan (consumer and wife)

Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:

1. Counselor will assign Consumer and his wife to write out the plan using the SAMHSA personal and financial strategy guide;
2. Consumer and wife will be assigned to list monthly sources of income (only count steady monthly income not bonuses);
3. Counselor will review spending habits with the consumer and his wife;
4. Counselor will educate consumer and his wife on tips to cutting expenses;
5. Counselor will educate consumer and his wife on additional budgeting tips (include counseling fees).

Objective 5:  Date Completed:

Repay debt and avoid bankruptcy

Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:

1. Counselor will assist consumer and his wife in determining the amount of debt and list creditors;
2. Counselor will assist consumer and his wife to establish a debt repayment plan.

Problem #2:

Consumer does not accept his Compulsive Gambling disorder and does not have a recovery plan.

As evidenced by:

Consumer's own report

Measurable Goal, Completion Date:

Consumer will verbalized an increased understanding of his Compulsive Gambling and develop a relapse prevention plan.

Objective 1:  Date Completed:

Consumer will verbalize understanding of his Compulsive Gambling disorder.

Interventions, Clinician's Name, Professional Degree, and Estimated Completion Date:

1. Counselor will arrange for a GA member in long-term recovery to give a lead to the IOP about the journey of his addiction and recovery and consumer will write a paper about how he relates to the story;
2. Consumer will create a life map which outlines his life, significant events, and his gambling behavior and consequences;
3. Counselor will encourage consumer to bring his wife into a session to share his life map;
4. Counselor will show consumer and his wife the video "Compulsive Gambling Signs and

Symptoms.” Consumer and wife will be asked to verbalize how they related to the information regarding signs/ symptoms/ impact of Compulsive Gambling on the family;

5. Consumer will participate in a six part group session on “Compulsive Gambling and Recovery.” The consumer will actively participate in group discussions on: feelings about winning, losing, and being in action; phases of Compulsive Gambling (winning, losing, and desperation); first experiences with gambling/parental attitudes; Compulsive Gambling as a progressive illness; stages of denial, rationalization; and stages of recovery;
6. Counselor will ask consumer to describe his arrest for theft and talk about how it relates to his Compulsive Gambling.

Objective 2:  Date Completed:

Consumer will develop a plan to address barriers to recovery and identify warning signs of relapse.

Interventions, Clinician’s Name, Professional Degree, and Estimated Completion Date:

1. Counselor will assign consumer to find out and write down how many places exist within five blocks of their home, office, or school where a bet can be placed, a lotto ticket can be purchased, or the person can participate in a game of chance. Write an avoidance plan for high risk places;
2. Counselor will assign consumer to make a phone number list of people/agencies that he can contact when he is thinking about gambling. Include: Gamblers Anonymous, GA Sponsor, 1-800 9 With It, suicide helpline etc;
3. Counselor will assign consumer to map out a typical day in his life when gambling and then develop a plan with the help of the counselor to address high risk times of the day;
4. Counselor will educate consumer and his wife on relapse triggers and symptoms;
5. Counselor will assign the consumer to write down his personal relapse triggers and a plan to address each;
6. Counselor will have a session with consumer and wife to review what the wife will do when she sees the consumer showing signs of relapse;
7. Counselor will meet with consumer and his wife to discuss the importance of GA and taking care of himself.

Problem #3:

Consumer does not have an adequate recovery support system.

As evidenced by:

Consumer stated that his wife and employer are supportive but he does not attend GA, and does not engage in hobbies/activities other than gambling.

Measurable Goal, Completion Date:

Consumer will obtain/maintain a recovery support system.

Objective 1:  Date Completed:

Consumer will determine if GA is a support group that he wants to attend.

Interventions, Clinician’s Name, Professional Degree, and Estimated Completion Date:

1. Counselor will assign consumer to locate 10 GA meetings that he can attend, and the

Consumer will map out days and times of the meetings;

2. Counselor will assign consumer to attend 10 meetings and journal how it felt to attend the meeting, what he has in common with the individuals who are in attendance, group topic of discussion and what he learned;
3. After attendance at 10 GA meetings the counselor will assign the consumer to review their journal of meeting attendance and make a decision on whether attending GA will be a part of his long term recovery;
4. If Consumer decides to attend GA, counselor will encourage consumer to obtain a GA sponsor.

Treatment Plan Progress Review:

Problems Identified, but Outside Referral Needed

Problem #1:

Consumer is complaining of migraine headaches on a weekly basis.

As evidenced by:

He is verbalizing the complaint.

Referral for Problem:

Referred him to his primary physician to inquire about medication or further testing to find out the cause of the migraines.

Consumer Participated in Development of Treatment Plan:

\_\_\_\_\_

Staff Participating	Staff Participating
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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## Sample Progress Notes

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### **Case Management Example:**

**Progress Note, billable as Case Management-** In order to help the consumer gain access to safe housing, the case manager performs the following activity on behalf of him. The case manager assists with exploring available housing options to review with him. The case manager conducts a housing needs assessment with him, develops IICP goals for locating and maintaining housing, and provides supportive housing information.

### **Crisis Intervention Example:**

**Scenario-** The consumer has been seen by his Endorsed Problem Gambling Treatment Provider for the last two months for Compulsive Gambling, depression, chronic, recurrent. He has missed his last two appointments, which is atypical. His daughter phones the provider and reports that the consumer has refused to eat for the last three days. He says the television is telling him not to eat, as there is poison in the food and he believes someone is trying to kill him. Sam has never before presented symptoms of a thought disorder. The counselor arranges an emergency appointment to assess the consumer's mental status, the new symptoms, and the potential need for hospitalization.

**Progress Note, billable as Crisis Intervention-** Consumer was seen in my office today from 10-10:43 A.M. for Crisis Intervention. He has been seen at the contracted Problem Gambling service provider office for the last two months for Compulsive Gambling and major depression, chronic, recurrent. Sam has missed his last two appointments which is atypical. He says he's afraid to eat because his food is being poisoned. His thinking was disorganized, and he showed evidence of a thought disorder as described by his daughter. The consumer does not appear to be at imminent risk for harm. The following plan has been put in place and added to his IICP. Arrangements were made for him to see the psychiatrist for medication assessment and to stay with his daughter for the next three days to ensure his safety. The consumer will be seen again for an Individual Counseling appointment in three days.

### **Intensive Outpatient Treatment Example:**

**Progress Note, billable as Intensive Outpatient Treatment-** Individual participated in Intensive Outpatient Treatment group. The group was comprised of two individuals with Compulsive Gambling and three individuals with substance use disorders. The topic of the group was "Progression of Addiction." The individual was educated on the progression of Pathological Gambling. The four phases of Compulsive Gambling was taught and the individual had to give an example of how she sees herself progressing through the stages. The assorted group members were also educated on the similarities and differences of substance use disorders and Compulsive Gambling. The individual appeared engaged in the group process. She verbalized that she has a better understanding of how her Compulsive Gambling is similar to group members who use alcohol and drugs. Individual stated that to increase her understanding more about Compulsive Gambling and how it is similar to substance use disorders, she plans to attend an open Alcoholics Anonymous meeting with a peer from the group.

### **Session with a Certified Recovery Specialist Example:**

**Progress Note, billable as Session with a Certified Recovery Specialist-** The consumer verbalized she was bored and restless so she called her recovery coach and asked for her to help

her find something to do. The recovery coach met with her to work on her IICP goal to become more active. They brainstormed ideas of what kinds of things she can do when she is bored and restless. She decided she could take a walk around the block, go to the library, or attend a support group meeting.

## Forms

All billing information for Problem Gambling Treatment Resource Network (PGTRN) clients is captured in the Web Infrastructure for Treatment Services (WITS) System. Each person at a DMHA Contracted Gambling Provider who will be using WITS needs a unique user name, password, and pin to enter data into the system. Please provide the full name (first and last name), email address and phone number for each staff person at your agency who will be using WITS. This form should also be used to change or remove an individual's access to WITS.

This form should be signed by your agency's senior manager for gambling efforts at your agency.

When complete, the form should be emailed to Larry Long at [John.Long@fssa.IN.gov](mailto:John.Long@fssa.IN.gov). Please contact Larry if you have questions about how to complete this form.

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**Organization name:**

\_\_\_\_\_

**Name of organization's senior manager for PGTRN: \_-**

\_\_\_\_\_

**Add Access**

**Change Access**

**Remove Access**

**Name of Person/s Needing Access to WITS:**

**Work Phone with Extension:** \_\_\_\_\_

**Other Phone (if available):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Facilities Where Working:** \_\_\_\_\_

**Manager:** \_\_\_\_\_

**WITS Permissions (select one or multiple):**

**Data Entry**    **Release to Billing**    **Read-Only**    **Rendering Staff/No Access**

***Please send your completed WITS Staff access form to:***

Larry Long  
Program Director - Gambling Treatment & Older Adult Initiatives  
Division of Mental Health & Addiction  
Indiana Family & Social Service Administration  
402 W. Washington St., Room W353  
Indianapolis, IN 46204  
(317) 232-7891  
[John.Long@fssa.IN.gov](mailto:John.Long@fssa.IN.gov)

## Financial Counseling Refusal Form

If you offer Financial Counseling and it is refused, the client needs to sign a refusal form. The following is a sample of the type of form you may use.

Date: \_\_\_\_\_

Client: \_\_\_\_\_

Counselor: \_\_\_\_\_

Financial Counseling is a key component to Compulsive Gambling treatment. Financial Counseling will provide you with skills and tools to regain financial freedom, assist you in making a budget, and help establish a debt repayment plan.

I, \_\_\_\_\_ have been offered Financial Counseling. Against the advice of my counselor, I am refusing the counseling. I understand that I can receive Financial Counseling at any time during my treatment if I so choose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Indiana Problem Gambling Treatment Additional Services Authorization Request Form**

**Indiana Problem Gambling Treatment  
Additional Services Authorization  
Request Form**

Date: \_\_\_\_\_ Requesting Provider: \_\_\_\_\_

Service Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Client Number: \_\_\_\_\_

Justification for Additional Services:

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Anticipated Services

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DMHA ACTION:

**Email form to:**

Larry Long  
Program Director – Gambling Treatment & Older Adult Initiatives  
Division of Mental Health & Addiction  
Indiana Family & Social Service Administration  
402 W. Washington St., Room W353  
Indianapolis, IN 46204  
[John.Long@fssa.IN.gov](mailto:John.Long@fssa.IN.gov)

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## Definitions and Acronyms

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**A licensed professional** is defined by any of the following provider types:

- A psychiatrist or physician
- Licensed Psychologist or a psychologist endorsed as a Health Service Provider in Psychology (HSPP)
- Licensed Clinical Social Worker (LCSW)
- Licensed Mental Health Counselor (LMHC)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Clinical Addiction Counselor (LCAC) as defined under *IC 25-23.6-10.5*

**A Licensed Clinical Addiction Counselor is defined as:**

IC 25-23.6-10.5-2 Clinical addiction license requirements

Sec. 2. An individual who applies for a license as a clinical addiction counselor must meet the following requirements:

(1) Furnish satisfactory evidence to the board that the individual has:

- (A) received a master's or doctor's degree in addiction counseling, addiction therapy, or a related area as determined by the board from an eligible postsecondary educational institution that meets the requirements under section 4(a)(1) of this chapter or from a foreign school that has a program of study that meets the requirements under section 4(a)(2) or 4(a)(3) of this chapter;
- (B) completed the educational requirements under section 6 of this chapter; and
- (C) completed the experience requirements under section 8 of this chapter.

(2) Furnish satisfactory evidence to the board that the individual does not have a:

- (A) conviction for a crime of violence (as defined in IC 35-50-1-2(a)(1) through IC 35-50-1-2(a)(13)); or
- (B) conviction in the previous two (2) years that has a direct bearing on the individual's ability to practice competently.

(3) Furnish satisfactory evidence to the board that the individual has not been the subject of a disciplinary action by a licensing or certification agency of another state or jurisdiction on the grounds that the individual was not able to practice as a clinical addiction counselor without endangering the public.

(4) Pass an examination established by the board.

(5) Pay the fee established by the board.

As added by P.L.122-2009, SEC.29.

**Certification organizations approved by DMHA for addiction counseling other than those approved for Problem Gambling-specific services are:**

- The International Certification and Reciprocity Consortium / Alcohol and Other Drug Abuse (IC&RC/AODA)
- National Association of Alcoholism and Drug Abuse Counselors (NAADAC)
- American Academy of Health Care Providers in the Addictive Disorders
- Indiana Counselor's Association on Alcohol and Drug Abuse (ICAADA)
- Indiana Association for Addiction Professionals (IAAP)
- Indiana Professional Licensing Agency (IPLA)

**Qualified Behavioral Health Professional (QBHP)** is defined by any of the following provider types:

1. An individual who has had at least two (2) years of clinical experience treating persons with mental illness under the supervision of a licensed professional, as defined above, such experience occurring after the completion of a master's degree or doctoral degree, or both, in any of the following disciplines:
  - Psychiatric or mental health nursing from an accredited university, plus a license as a registered nurse in Indiana;
  - Pastoral counseling from an accredited university; or
  - Rehabilitation counseling from an accredited university.
2. An individual who is under the supervision of a licensed professional, as defined above, is eligible for and working toward licensure, and has completed a master's or doctoral degree, or both, in any of the following disciplines:
  - Social work from a university accredited by the Council on Social Work Education;
  - Psychology from an accredited university;
  - Mental health counseling from an accredited university; or
  - Marital and family therapy from an accredited university.
3. A Licensed Independent Practice School Psychologist under the supervision of a licensed professional, as defined above.

**An Authorized Health Care Professional (AHCP)** is defined as:

A physician assistant with the authority to prescribe, dispense, and administer drugs and medical devices or services under an agreement with a supervising physician and subject to the requirements of IC 25-27.5-5; or a nurse practitioner or a clinical nurse specialist, with prescriptive authority and performing duties within the scope of that person's license and under the supervision of, or under a supervisory agreement with, a licensed physician pursuant to IC 25-23-1.

**Other Behavioral Health Professional (OBHP)** is defined by any of the following provider types:

1. An individual with an associate or bachelor degree, and/or equivalent behavioral health experience, meeting minimum competency standards set forth by the

Community Mental Health Center (CMHC) and supervised by a licensed professional, as defined above, or QBHP, as defined above.

2. Licensed Addiction Counselor (LAC) and Licensed Clinical Addiction Counselor (LCAC), as defined under IC 25-23.6-10.5, supervised by a licensed professional, as defined above, or QBHP, as defined above.

Definitions of a licensed professional, a QBHP, an ABHP, and an OBHP are taken from the Medicaid Rehabilitation Option (MRO) Provider Manual. The most current version of this manual is available for access at: [provider.indianamedicaid.com/general-provider-services/manuals.aspx](http://provider.indianamedicaid.com/general-provider-services/manuals.aspx)

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## Telemedicine

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### Definitions for Approved Telemedicine Services

- Hub Site – Location of the provider rendering consultation services
- Spoke Site – Location where the Problem Gambler is physically located when services are provided
- Interactive Television (IATV) – Videoconferencing equipment at the hub and spoke sites that allows real-time, interactive, and face-to-face consultation
- Store and Forward – Electronic transmission of medical information for subsequent review by another health care provider

**Note: Telemedicine is not the use of the following:**

- (1) Telephone transmitter for trans-telephonic monitoring; or
- (2) Telephone or any other means of communication for consultation from one provider to another

### Conditions of Payment

- Reimbursement for telemedicine services will occur only when the hub and spoke sites are greater than 20 miles apart.
- The member must be present and able to participate in the visit.
- The audio and visual quality of the transmission must meet the needs of the provider located at the hub site. The IATV technology must meet generally accepted standards to allow the provider at the hub site to render treatment decisions.

**Only Individual Counseling can be rendered as a reimbursable service using telemedicine and may only be provided by a clinician who meets Compulsive Gambling Treatment Counselor Competency.**

### Documentation Standards

- Documentation must be maintained at the hub and spoke locations to substantiate the services provided. Documentation must indicate the services were rendered via telemedicine.

- Documentation requirements of modality/type of service rendered must follow the modality/type of service reimbursable definitions.
- Documentation must clearly indicate the location of the hub and spoke sites.
- Providers must have written protocols for circumstances when the consumer must have a hands-on visit with the consulting provider. The consumer should always be given the choice between a traditional clinical encounter versus a telemedicine visit. Appropriate consent from the member must be obtained by the spoke site and maintained at the hub and spoke sites.

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### **Relay Indiana Telecommunication Services for Deaf and Hard of Hearing**

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Relay Indiana is a free service that provides full telecommunications accessibility to people who are deaf, hard of hearing, or speech impaired. This service allows users with special telecommunication devices to communicate with standard users through specialty trained Relay Operators. Relay Indiana provides free and loaned equipment to those that qualify. Find their website at: [relayindiana.com](http://relayindiana.com)

**Only Individual Counseling can be rendered as a reimbursable service using Relay Indiana telecommunication services and must be provided by a clinician who meets Compulsive Gambling Treatment Counselor Competency.**

Documentation requirements of modality/type of service rendered must follow the modality/type of service reimbursable definitions. Documentation must include that Relay Indiana telecommunication services were utilized to deliver treatment to the consumer.

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### **Contact Information**

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#### **Contract Issues, staffing changes, request for additional funds**

Larry Long  
Program Director - Gambling Treatment & Older Adult Initiatives  
Division of Mental Health & Addiction  
Indiana Family & Social Service Administration  
402 W. Washington St., Room W353  
Indianapolis, IN 46204  
(317) 232-7891  
[John.Long@fssa.IN.gov](mailto:John.Long@fssa.IN.gov)

## **WITS**

[wits@fssa.in.gov](mailto:wits@fssa.in.gov)

### **Mary Lay**

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## **Materials, Training, CEU Tracking**

### **Desiree Reynolds**

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## **On Line Training Registration, CEUs**

### **Alyssa Jones**

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