

INDIANA PROBLEM GAMBLING POLICIES AND PROCEDURES MANUAL

SFY 2018


PREPARED BY

Indiana Problem Gambling Awareness Program

Indiana Prevention Resource Center

Indiana University-Bloomington

School of Public Health



This is a deliverable of the Indiana Problem Gambling Awareness Program (IPGAP) and is funded by a contract with the Indiana Family and Social Services Administration, Division of Mental Health and Addiction with funds through the Indiana Problem Gamblers' Assistance Fund.

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Introduction

This policies and procedures manual was prepared by the Indiana Problem Gambling Awareness Program (IPGAP) through a contract with the Indiana Family and Social Services Administration - Division of Mental Health and Addiction (FSSA-DMHA), with funding from the Indiana Gamblers' Assistance Fund. As the program evolves and changes over the course of the provider agreement, this manual may be updated to provide clarification, guidance and new resources.

The FSSA-DMHA understands the impact of Problem Gambling and is committed to providing quality evidence-based treatment, intervention, prevention, and education resources for professionals who work with individuals who have a gambling problem. In order to facilitate the success of Problem Gambling Treatment, this guide has been produced to serve as a roadmap to provide services in the publically funded problem gambling treatment system of providers. The Policy and Procedures manual is referred to in the SFY 18 provider agreement. The DMHA is committed to support providers in delivering quality services to Hoosiers who have developed problems 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 individuals who have a gambling problem as required by the problem gambling provider agreement with the DMHA.

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

Gambling

Gambling is defined as wagering money or something personally valuable on an event with an uncertain outcome. The intent of the wager is to gain additional money or materials. There are 4 (four) components to consider:

- **Wager** – putting something of value at risk for the opportunity to predict an outcome
- **Chance** – the event has a completely unknown outcome to the person placing the wager
- **Reward** – the person placing the wager on the outcome receives something of greater value than what they put forward when they correctly predict the outcome
- **Outcome** – the result which generally occurs in a short time between wager and outcome adding to excitement

In the past, there have been a variety of terms used to describe gambling addiction including: Pathological Gambling, Problem Gambling and Disordered Gambling. As begun in SFY 17, DMHA will continue to use the terms, Problem or Disordered Gambling. This will provide consistency and reflect that issues with gambling should be viewed as an addiction.

The DSM-V criteria is:

A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:

1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
2. Is restless or irritable when attempting to cut down or stop gambling.
3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
6. After losing money gambling, often returns another day to get even (“chasing” one’s losses).
7. Lies to conceal the extent of involvement with gambling.
8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
9. Relies on others to provide money to relieve desperate financial situations caused by gambling.

B. The gambling behavior is not better explained by a manic episode.

Specify if:

Episodic: Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder for at least several months.

Persistent: Experiencing continuous symptoms, to meet diagnostic criteria for multiple years.

Specify if:

In early remission: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met for at least 3 months but for less than 12 months.

In sustained remission: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met during a period of 12 months or longer.

Specify current severity:

Mild: 4–5 criteria met.

Moderate: 6–7 criteria met.

Severe: 8–9 criteria met.

From the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (section 312.31).
(The criteria no longer includes involvement with the criminal justice system.)

Currently, the South Oaks Gambling Screen (SOGS) is used as the enrollment tool into the publically funded problem gambling treatment system through DMHA. DMHA recommends selecting a tool to use for screening to help identify those who may have a problem and should be given the SOGS to determine their level of involvement with gambling.

You may download copies of the manual at:

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

The provider shall provide or make provisions for a comprehensive selection of services, including by not limited to: access to crisis services 24/7, detoxification, and psychiatric inpatient services. Any service not provided directly will be ensured by establishing and maintaining formal agreements with other appropriate service providers, including providers of mental health services, social services, educational services, vocational rehabilitation services, and employment services for an individual who meets the following requirements:

The individual is a resident of Indiana; AND

The individual's diagnosis is within the approved DMHA treatment criteria.

OR

The individual is eighteen (18) years of age or older and has a score of three (3) or more on the South Oaks Gambling Screen (SOGS), or the individual is twelve (12) to seventeen (17) years of age and has a score of three (3) or more on the South Oaks Gambling Screen Revised Adolescent (SOGS-RA), reflective of gambling behavior over the twelve (12) month period prior to screening.

Screening Requirements for Providers

Screening of All Clients

Service Providers with an agreement for Disordered Gambling Services are required to screen all clients ages 12 and older for Problem Gambling upon intake and re-assessment.

Providers are encouraged to select one of the following screening tools: Brief Biosocial Gambling Screen (<http://www.ncrg.org/resources/brief-biosocial-gambling-screen>) or the Problem Gambling Severity Index (<https://www.problemgambling.ca/EN/ResourcesForProfessionals/pages/problemgamblingseverityindexpgsi.aspx>). These screens have been shown to have better sensitivity to identifying gambling issues. **Providers shall not use the Lie Bet as a screening tool.**

Clients scoring a positive outcome on either of these tools should then be administered the DMHA identified enrollment screen, which is currently the South Oaks Gambling Screen (SOGS) or the South Oaks Gambling Screen Revised Adolescent (SOGS-RA). The SOGS is currently the required assessment tool for identifying eligibility for receiving funding for Problem Gambling treatment services through the agencies' provider agreement with the state.

Note: The South Oaks Gambling Screen (SOGS) and the South Oaks Gambling Screen Revised Adolescent (SOGS-RA) are the assessment tools used currently 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. Just handing the form to the client to complete is not using the tool with fidelity.

SFY 18--Procedures 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 Problem Gambling over the past twelve (12) months. An

individual who has a history of Problem 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 having a gambling problem, then this must be reflected on the individual's master Individualized Integrated Care Plan. The plan should specifically identify Problem Gambling as a problem to be addressed. Objectives and interventions shall be individualized to support the individual's needs and goals.

Counselor Competencies

The Provider shall employ individuals with education and experience to effectively execute their position.

The Provider shall maintain documentation that individuals providing disordered gambling treatment services meet the criteria. The DMHA will periodically review enrollment levels and compare this to the Provider's list of trained disordered gambling counselors. The DMHA may limit payment for enrollment services for new clients if it is found that enrollments exceed the capacity of trained counselors. The DMHA will discuss any possible changes with the Provider in advance of limits being placed on payments.

The DMHA or its designee will send a list of identified staff to each provider to review. The Provider must update this list of gambling staff including: name; educational level; degree obtained; and proof of current individual licensure or endorsement from a division approved credentialing body at least 3 times per year. Details on due dates will be included when information is sent for review. Payments for services may not be approved until this is submitted.

The Provider shall inform the Indiana Problem Gambling Treatment Services Program Director of any key staff changes within 15 days.

A. Lead Gambling Counselor

To allow for a broader base of potential treatment counselors, each agency must identify at least one (1) lead counselor for disordered gambling. An individual providing lead gambling counselor services for the agency shall meet the following criteria:

1. Be qualified to provide counseling, therapy, case management, or like services as defined by the Indiana Professional Licensing Agency; *and*
2. Have documentation showing that they have successfully completed 30 hours of gambling specific training approved by the DMHA. Documented disordered gambling training must include the following:
 - Two (2) hours of Financial Planning
 - One (1) hour of Disordered Gambling 101
 - Twenty – Seven (27) hours of general disordered gambling specific training;*and*
3. Lead Counselors should apply for and maintain credentialing with the National Council on Problem Gambling.
 - The following are the approved credentialing from the National Council on Problem Gambling:

- International Co-Occurring Gambling Specialist (ICOGS) Competency Credential in the United States (minimum requirement)
- International Certified Gambling Counselor-I (ICGC-I) in the United States
- International Certified Gambling Counselor-II (ICGC-II) in the United States

The lead counselor will provide advice and assistance to all other agency disordered gambling staff as needed. All counselors providing direct problem gambling treatment services must keep credentialing and certifications current to satisfy problem gambling direct service counselor requirements.

Note: Any changes to Lead Counselor will require the designation of a new Lead Counselor within 15 days of the change. Newly identified Lead Counselors will have 120 days from date of appointment to secure necessary training, supervision and apply for one of the listed credentials. IPGAP will provide support for completion of this requirement.

B. Gambling Counselor - Licensed

All individuals providing direct disordered gambling treatment services shall meet the following criteria:

1. A licensed clinical social worker, a licensed addictions counselor; a licensed mental health counselor or a licensed marriage and family therapist; a psychologist; a physician; an advanced practice nurse or certified nursing specialist; **and**
2. Have documentation showing that they have successfully completed 30 hours of gambling specific training approved by the DMHA. Documented disordered gambling training must include the following:
 - a. Two (2) hours of Financial Planning
 - b. One (1) hour of Disordered Gambling 101
 - c. Twenty – Seven (27) hours of general disordered gambling specific training
3. May assist Lead Counselor in supervision and case review

-OR-

Gambling Counselor

1. Have a bachelor’s degree in a behavioral health field; **and**
2. Have documentation showing that they have successfully completed 30 hours of gambling specific training approved by the DMHA. Documented disordered gambling training must include the following:

- a. Two (2) hours of Financial Planning
- b. One (1) hour of Disordered Gambling 101
- c. Twenty – Seven (27) hours of general disordered gambling specific training
- d. Be supervised for gambling treatment by Lead Counselor

All counselors providing direct problem gambling treatment services must complete thirty (30) hours of non – repetitive continuing education credits every three (3) years. Proof of completion must be submitted as designated by the DMHA. If problem gambling training occurred before 2005, please contact the DMHA.

All counselors providing direct problem gambling treatment services must complete the thirty (30) hours of non – repetitive gambling training prior to providing problem gambling treatment services.

Documentation of competency and training must be maintained in the counselor’s personnel file and made available upon request.

The DMHA approved trainings consists of trainings and courses in Problem Gambling endorsed by the following organizations:

IPGAP • NAADAC • SAMHSA • ATTC • NCPG • ICPG • NATI • NCRG

If you plan to attend a training to meet a competency that is offered by another organization, please contact IPGAP to ensure the educations credits will apply.

The DMHA approved trainings consists of trainings and courses in problem gambling endorsed by the following organizations: the Indiana Problem Gambling Awareness Program (IPGAP); Indiana Council on Problem Gambling; National Council on Problem Gambling; National Center for Responsible Gaming; Substance Abuse and Mental Health Services Administration; NAADAC; ATTC; and the North American Training Institute. If you plan to attend a training to meet competency that is offered by another organization, please contact IPGAP to ensure the educations credits will apply. All trainings must be specifically related to problem gambling not just mental health or addiction in general.

C. Other Agency Staff

There are several services that may be provided by an individual who has NOT met the disordered gambling counselor competency; however, this individual must be actively collaborating with the counselor who meets the competency requirements and is actively working with the disordered gambler. Documentation of services provided should be included in the client’s files. Notes should indicate who provided the services.

Agency staff that are providing services (Table 1) **must complete a Gambling 101 training** and be aware of gambling services provided by the agency. Agency staff providing services should

be trained in the area of specific services in order to effectively execute the position.

D. Physicians and Other Medical Staff

The DMHA requires certain services (see Table 1) to be under the supervision of a physician. The 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
- 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.

Providers of Services Guide

Table 1

Type of Service	Lead Gambling Counselor	Gambling Counselor - Licensed	Gambling Counselor	Other Staff	Licensed Physician / Psychiatrist
Enrollment / Intake	X	X	X	X	X
Supervision / Case Review	X	X			
Individualized Integrated Care Plan and Review of Plan	X	X	X		X
Case Management	X	X	X	X	X
Intensive Outpatient Treatment / Outpatient Treatment Group / Individual Counseling Residential	X	X	X		X
Financial Counseling	X	X	X	X	X
Family Counseling	X	X	X		X
Acute Stabilization including Detoxification					X
Medications / Evaluation					X
Monitoring / Psychiatric Consultation					X
Transportation	X	X	X	X	X
Education	X	X	X	X	X

Data Collection and Reporting

The majority of the DMHA's 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.

For those using the DARMHA system information about consumers with Problem Gambling issues must be entered into DARMHA in accordance to the documents on the DARMHA website 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

Child and Adolescent Needs and Strengths/Adult Needs and Strengths

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 2.2) 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.

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 and service encounter information.

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.

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

WITS Billing and Entry Guide

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, WITS technical assistance and support

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

maholtsc@indiana.edu, Mary Lay: WITS trainings or other gambling training events

When requesting help with WITS, please send the question to all contacts listed above.

WITS Access and Login

A WITS access request form must be completed and submitted to Larry Long at john.long@fssa.in.gov. Forms are available in the manual or by request. 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/>. After clicking the “OK” button, you will be directed to another screen where you will enter your User ID, Password and Pin number.

It is important that providers notify the DMHA immediately if someone should no longer have WITs access. Please email all the above listed contacts.

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 (for providers using DARMHA)

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.

<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

STEPS to Using WITS

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

Image 1-1. Client List Screen

Client Search

Agency: GP - Bets Are Off, Inc. Facility: [dropdown]

First Name: [text] Last Name: [text]

SSN: [text] DOB: [text]

Client ID: [text] Provider Client ID: [text]

Treatment Staff: [dropdown] Primary Care Staff: [dropdown]

Case Status: All Clients Intake Staff: [dropdown]

Other Number: [text] Number Type: [dropdown]

Include Only Active Consents: Yes [dropdown]

Clear Go

Client List (Export) [Add Client](#)

Client ID	Full Name	DOB	SSN	Gender	Actions

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

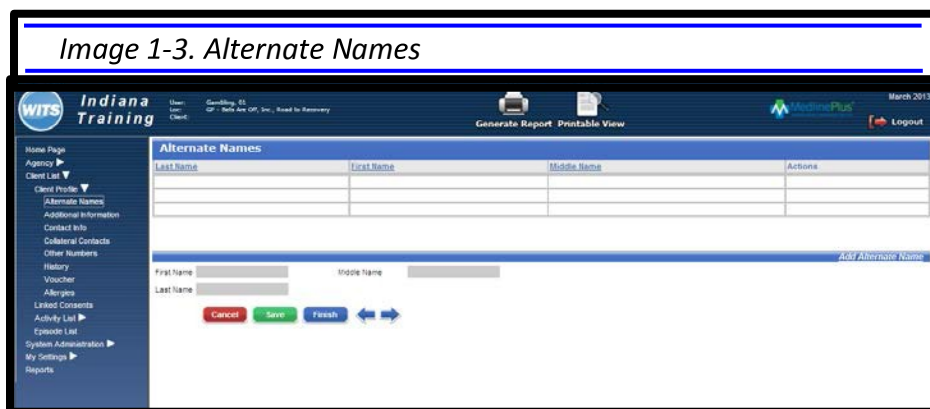
Last Name	First Name	Middle Name	Actions

Addresses

Address Type	Address	Confidential	Created	Updated	Actions

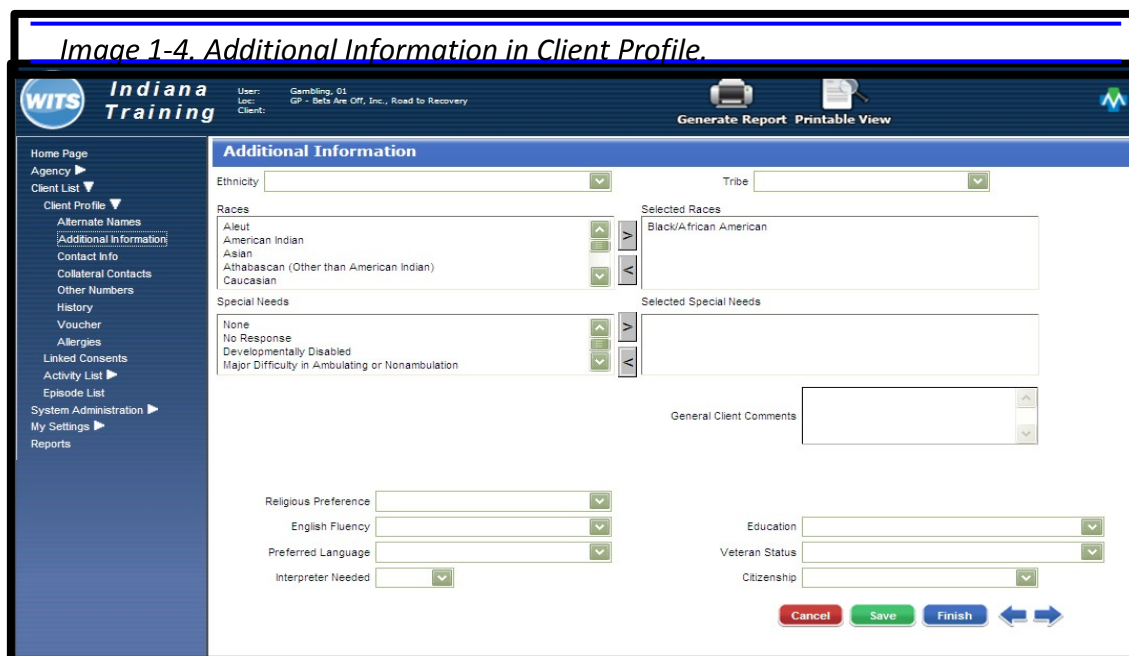
6. The Alternate Names screen will appear (*Image 1-3*). If the client has any aliases or nicknames, this information would be entered here.

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.



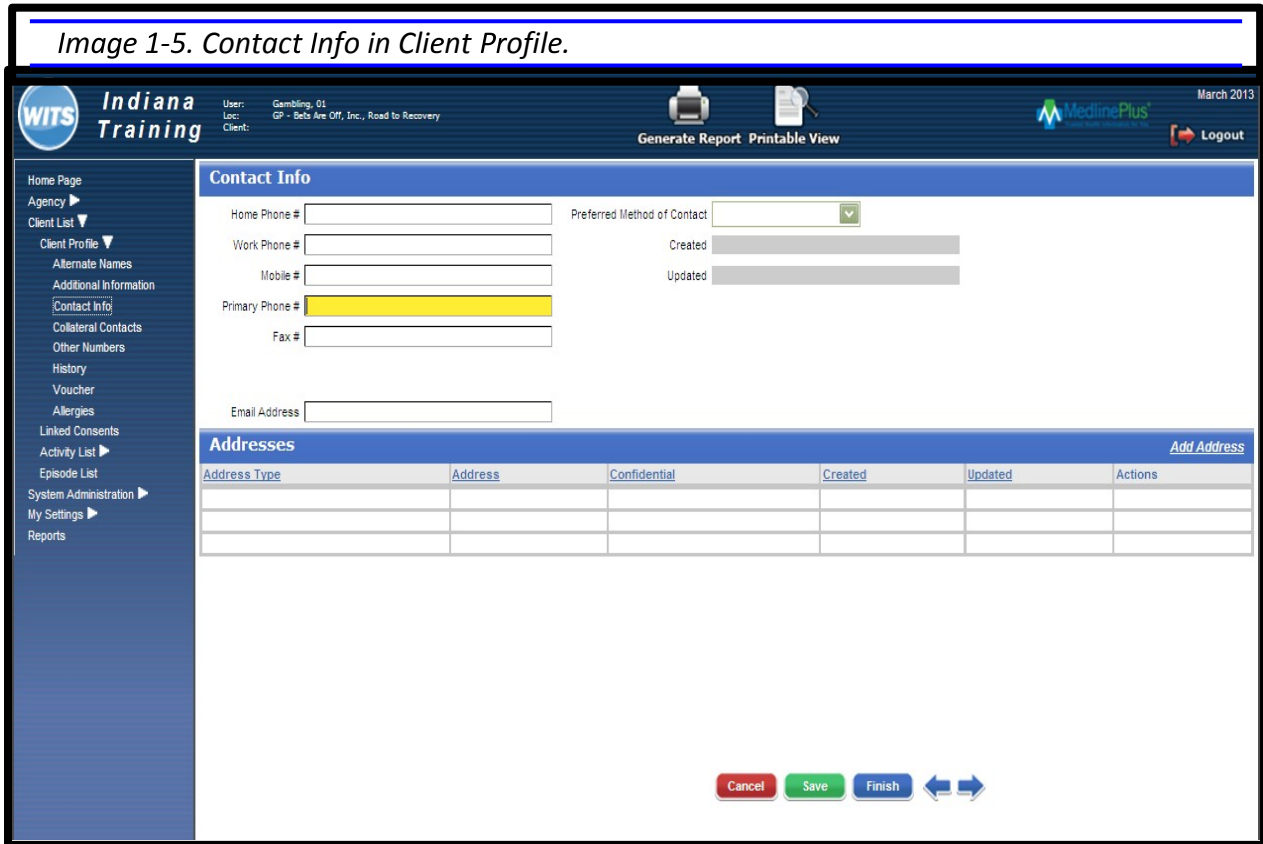
7. An Additional Information screen will appear (*Image 1-4*). Information on this page is optional.

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



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

9. Click “Add Address.” Address is required.



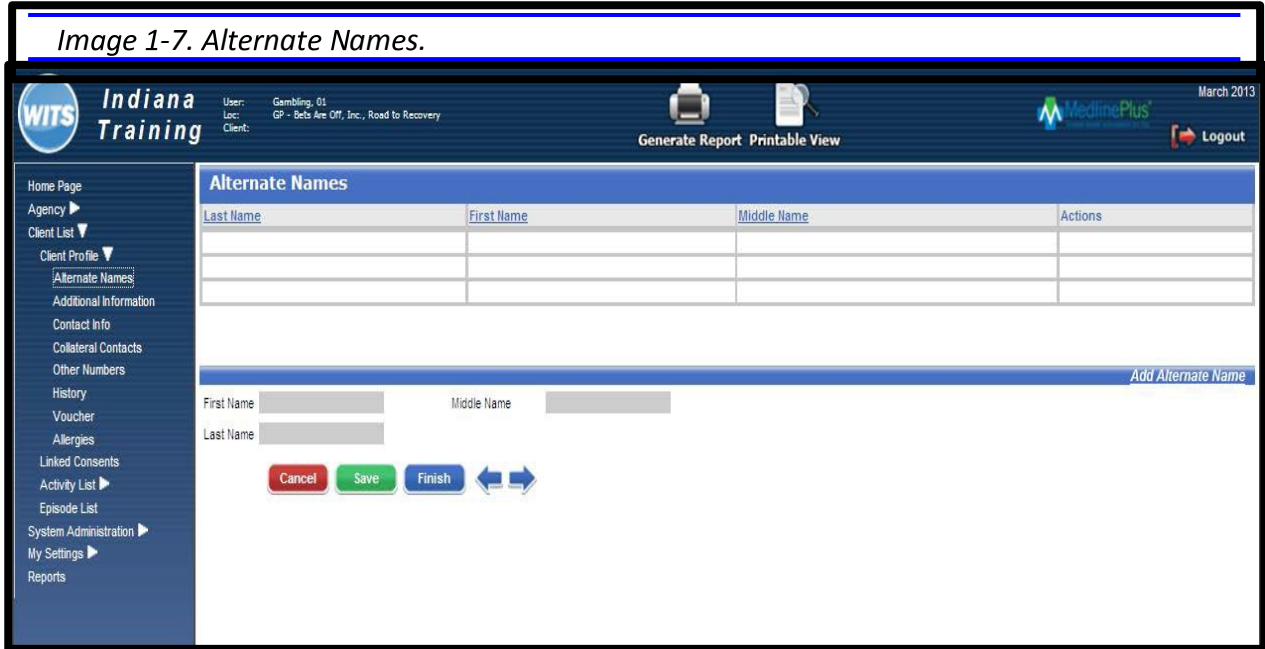
10. The Address Information screen will appear (*Image 1-6*). Complete required address fields.

11. Click “Finish” and the Contact Info screen will appear again.

12. Click the blue arrow on the Contact Info screen to continue.

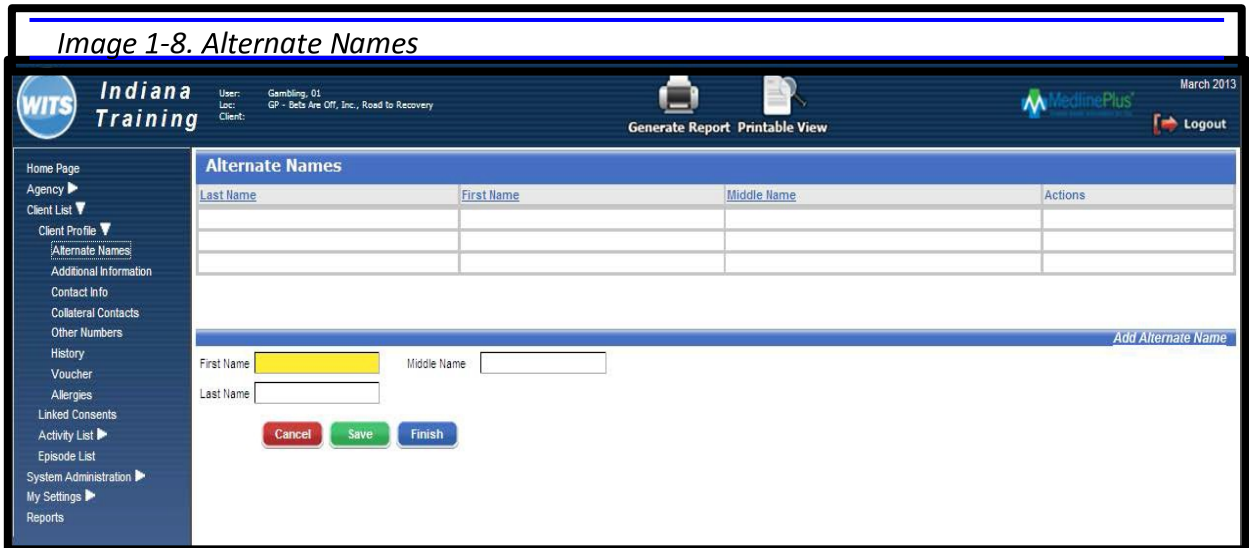
Once the contact information has been entered, you may return to the AlternateNames screen by clicking the back arrow (*Image 1-7*). If no alternate names exist, skip steps 14-17.

13. Click “Add Alternate Name.” Fields for adding alternate names will appear (*Image 1-8*).

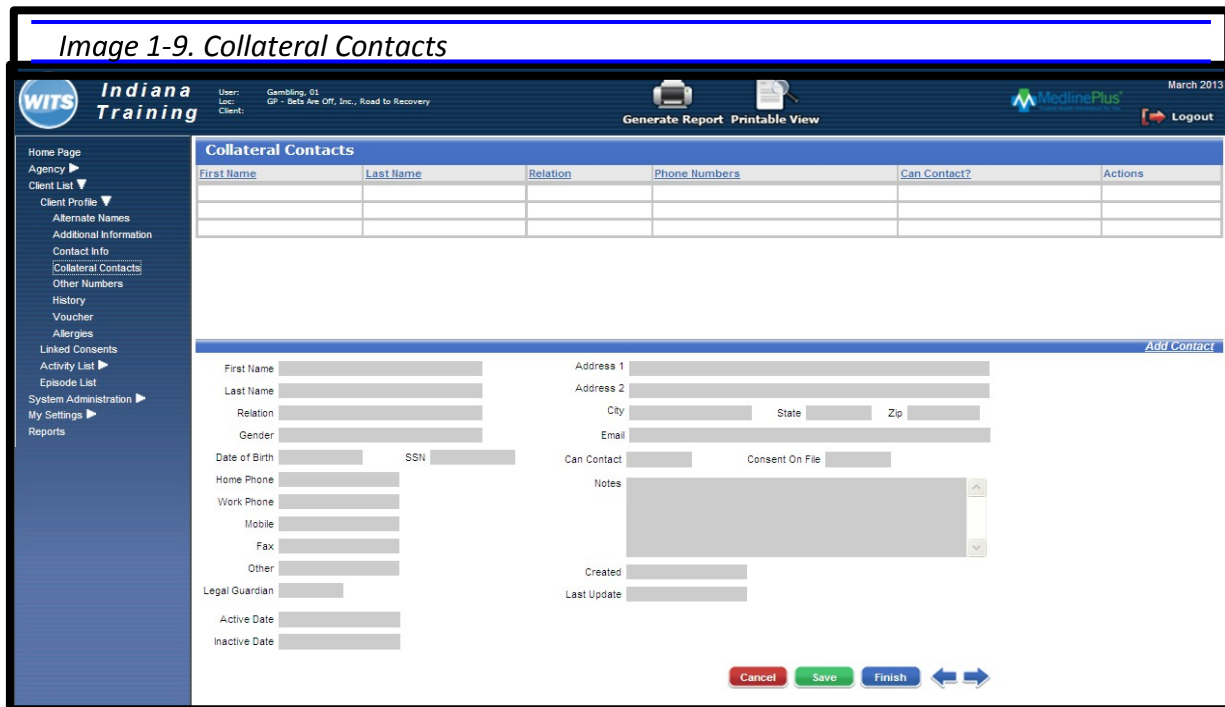


14. Enter alternate names.

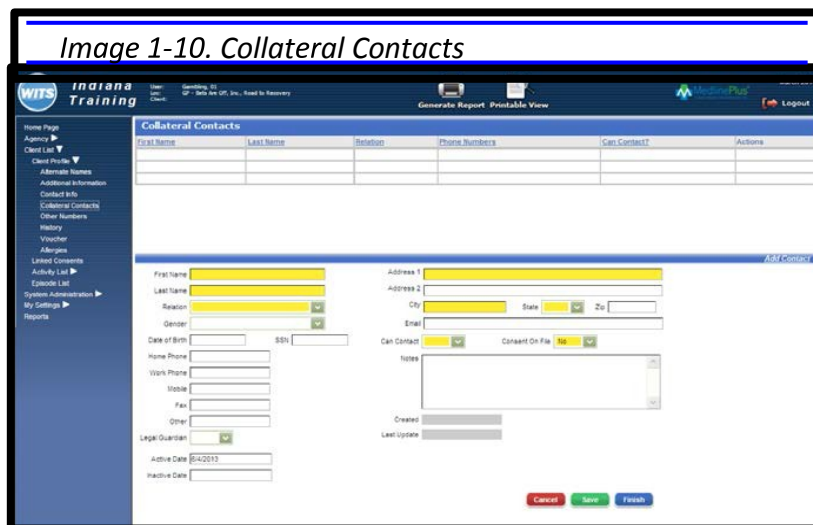
15. Click “Finish.”



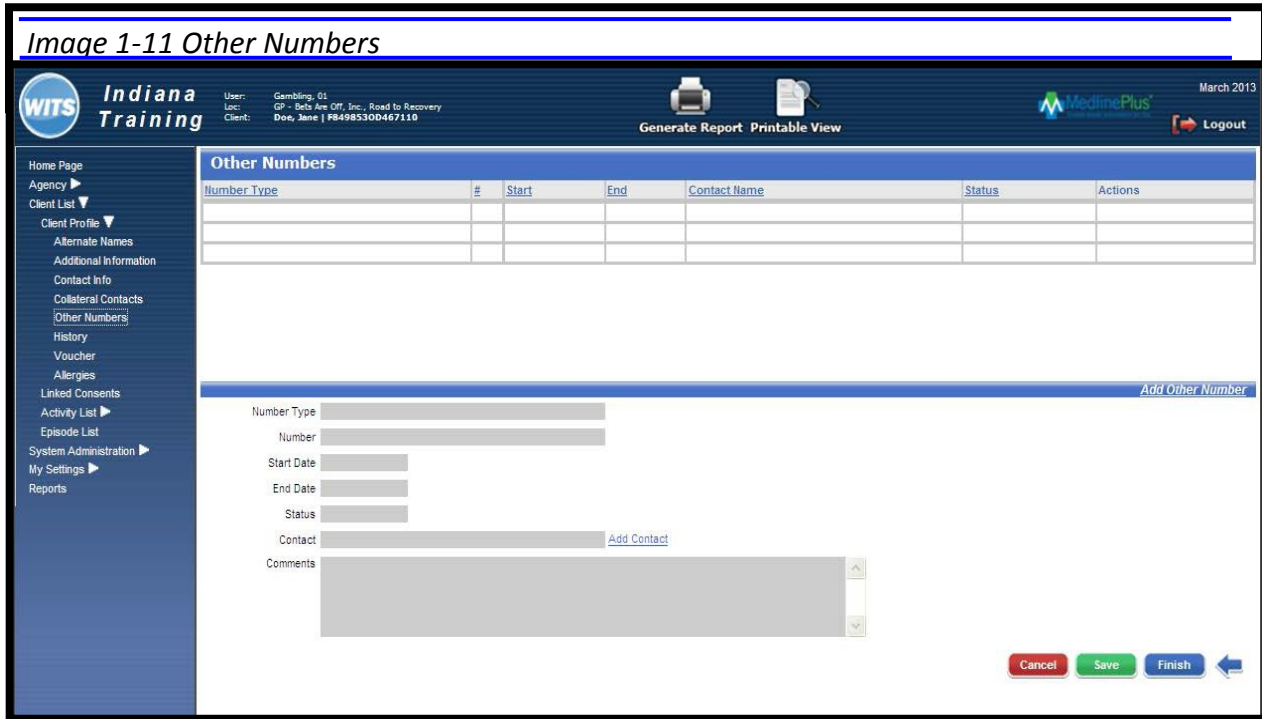
16. Click through blue arrows on each screen until the Collateral Contacts screen appears (*Image 1-9*). Adding a collateral contact is optional.
17. Click “Add Contact.”



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

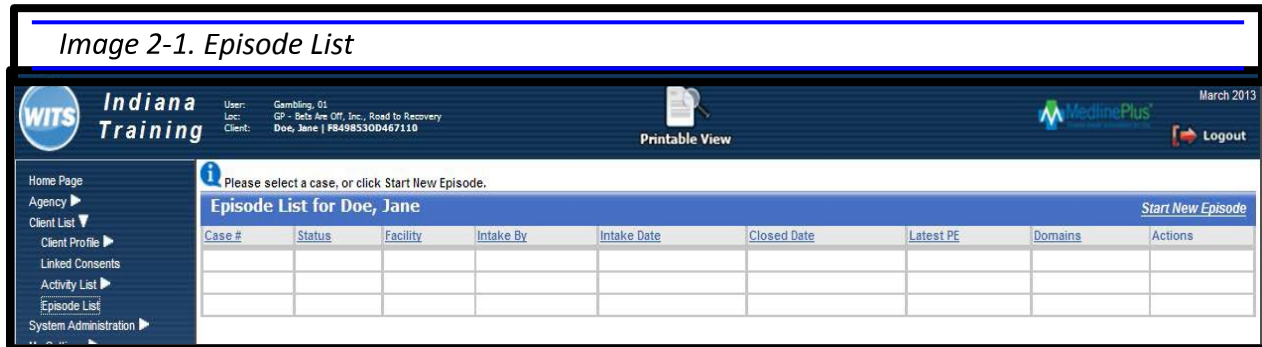


21. The Other Numbers screen will appear (*Image 1-11*). This information is optional. “Other Numbers” refers to other identification numbers an agency may use to follow the clients, such as a court case number.
22. Click “Add Other Number.” On the new screen that appears, enter the desired information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

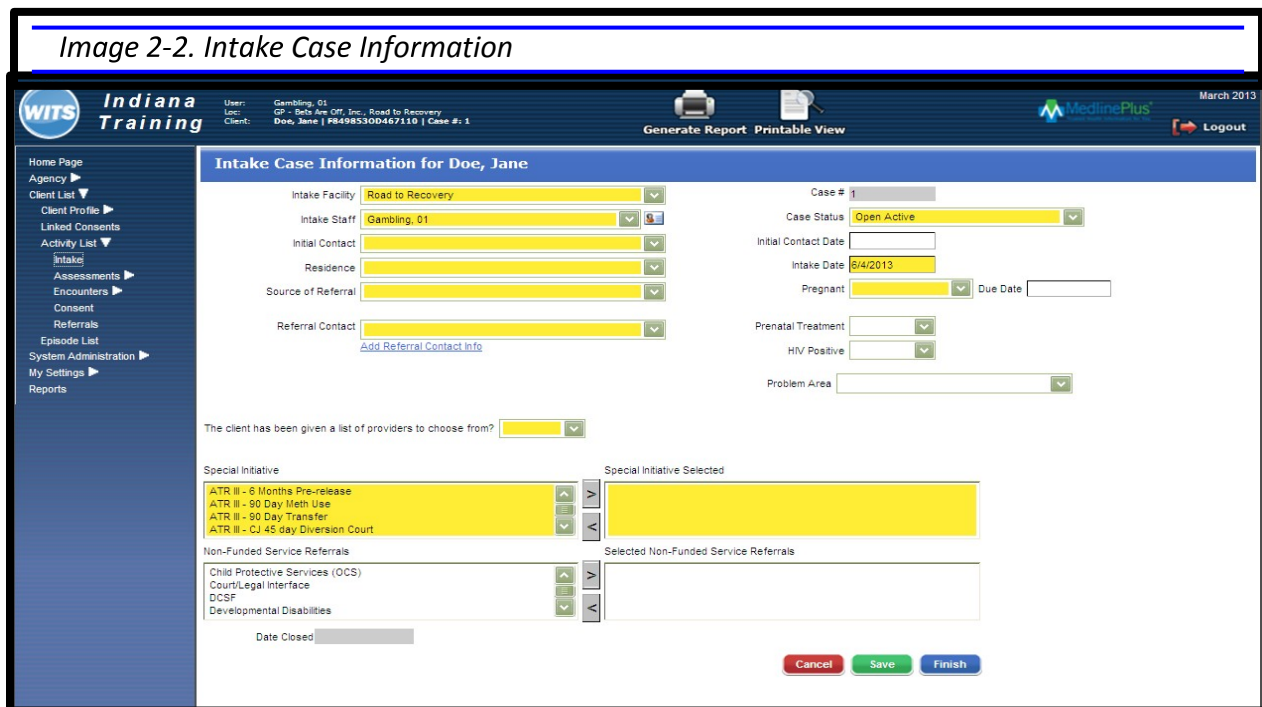


Create Episode Intake

3. On side menu, Click “[Activity List.](#)” The Episode List screen will appear (*Image 2-1*).
4. Click “[Start New Episode.](#)”

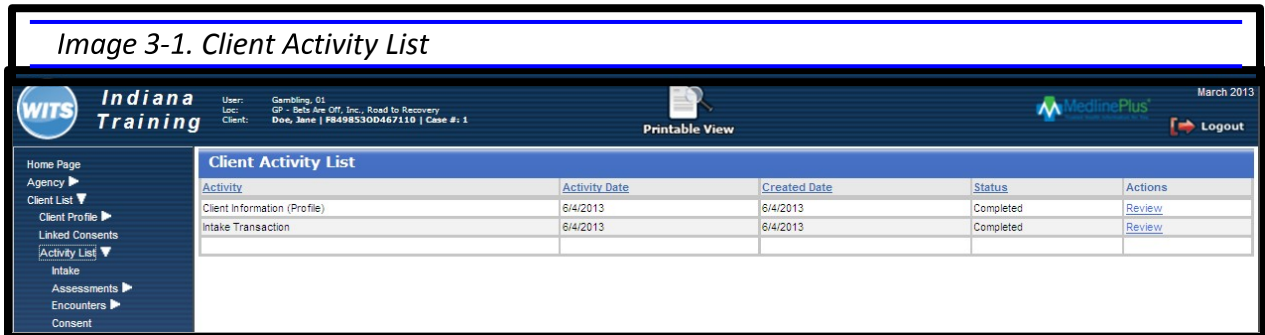


3. Intake Case screen will appear (*Image 2-2*). Complete the information.
 - Source of Referral dropdown: Scroll and choose “Other” or “Gambling Hotline” as the referral source.
 - Referral Contact dropdown: Any collateral contacts you have entered previously will appear in the dropdown. To add a contact, click “[Add Referral Contact Info](#)” below the dropdown.
 - Special Initiative dropdown: Scroll and choose “Gambling Only.”
 4. Click “[Finish.](#)”
- The Episode Intake is complete!

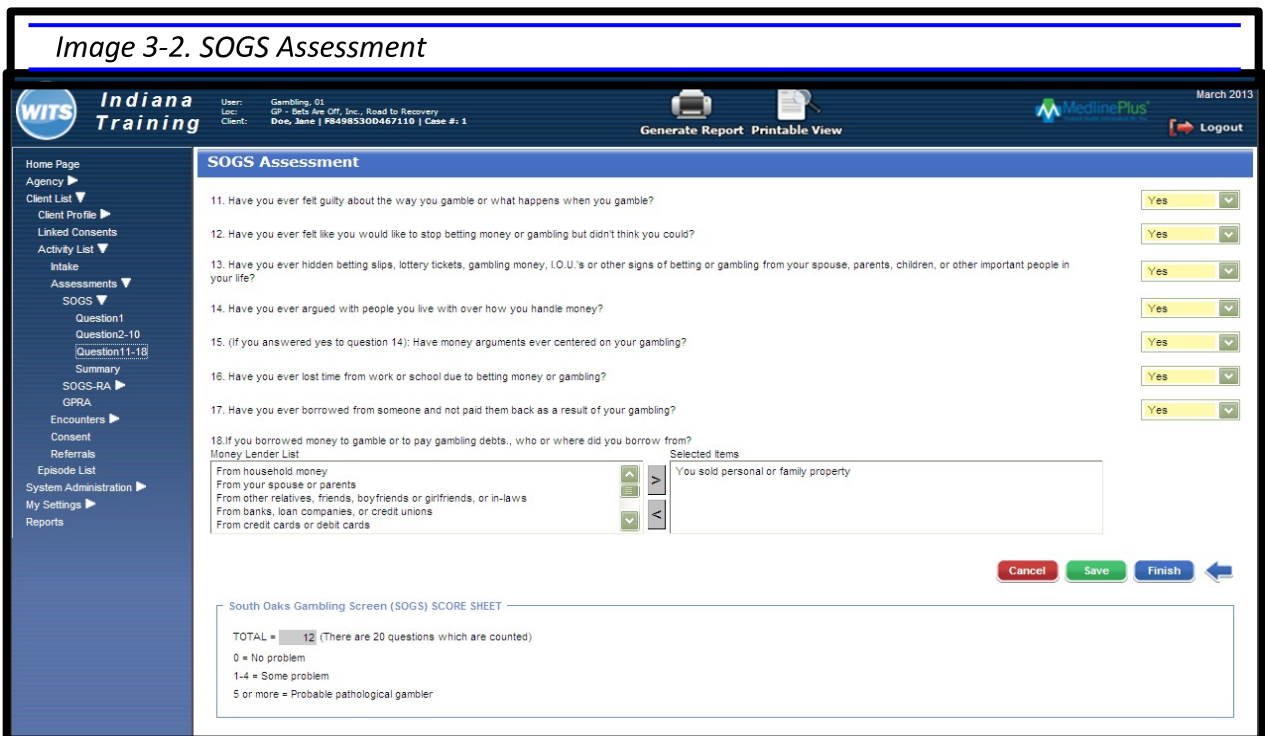


Complete SOGS/SOGS-RA

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.”

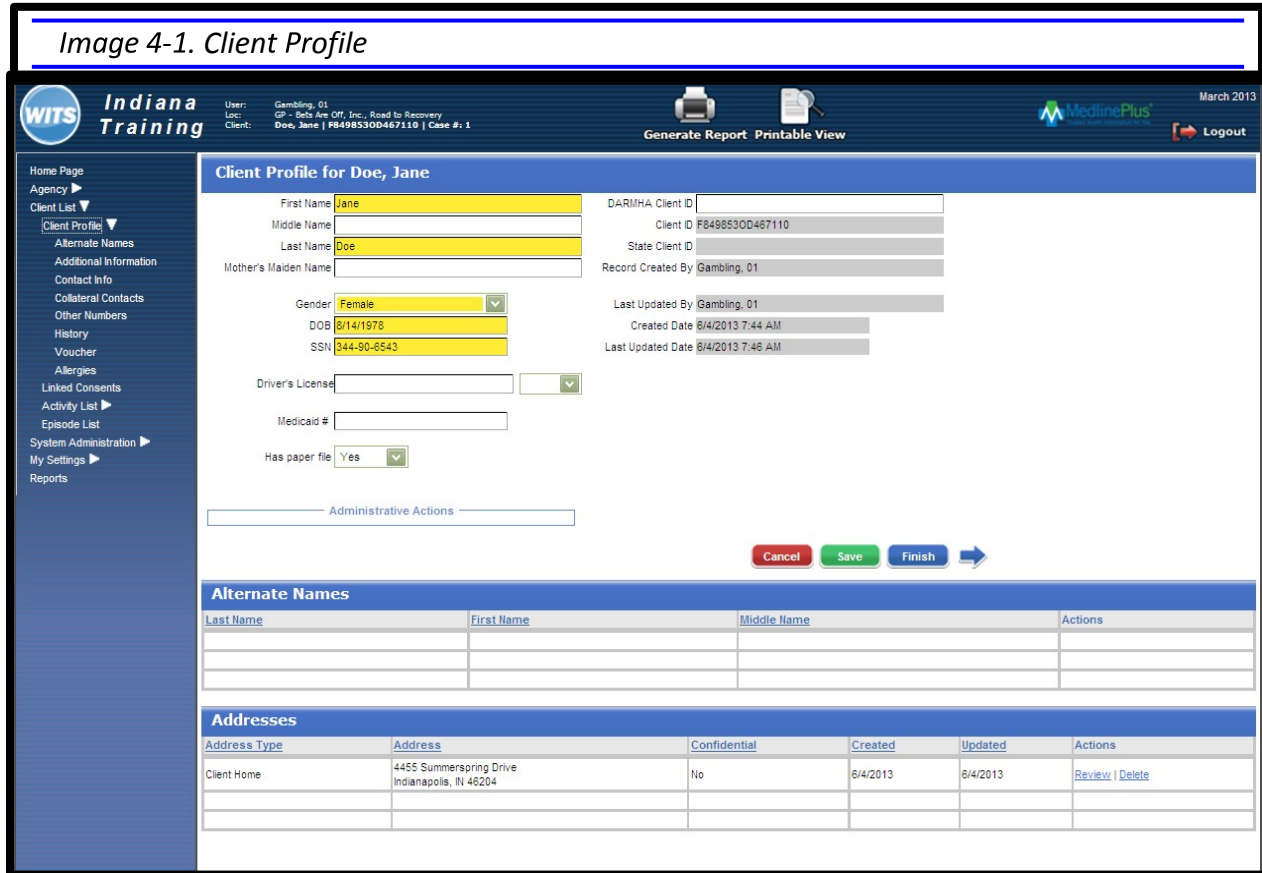


2. On menu, click “SOGS” for adults or “SOGS-RA” for children 17 and under.
3. On menu, click “Question 1.”
4. Complete the SOGS questions. There will be three screens of the SOGS assessment. Click the forward arrow to complete all pages.
5. After completing Question 18 on the SOGS (see Image 3-2), click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



Create New Voucher

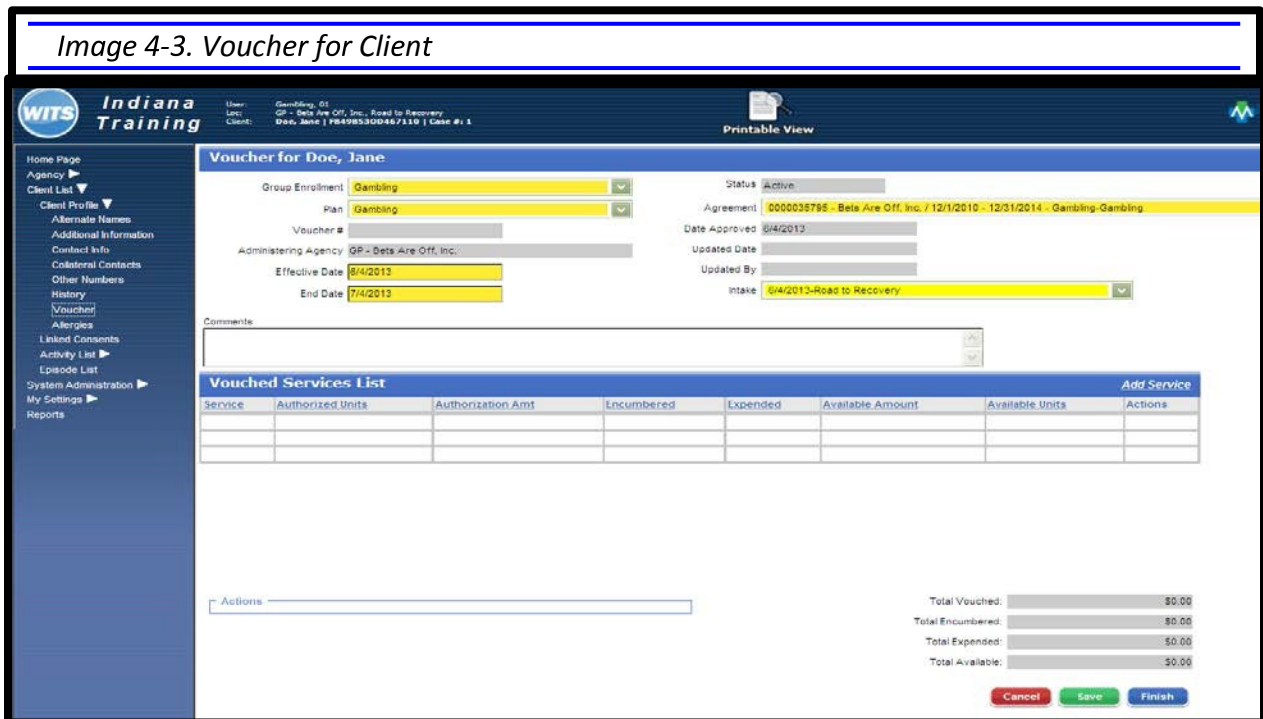
1. On the side menu, click “Client Profile.” Client Profile screen will appear (*Image 4-1*).



2. On the menu, click “Voucher.” The 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 the last 9 days. If a date is 10 days or more before the current date is entered, an error message will appear.
6. Click “Save.”
7. Click “Add Service.”



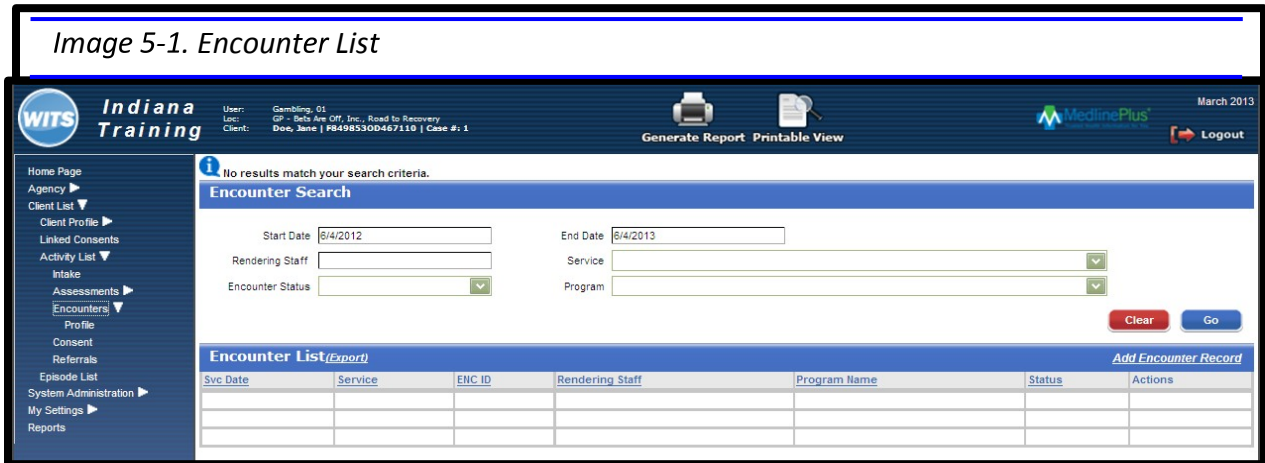
8. Vouched Services screen will appear (*Image 4-4*). From the dropdown, select a service that will be given to the client in the next 30 days.
9. Enter the number of vouched units expected to be served in the next 30 days. For unit amounts and limitations, see the “Special Conditions” chapter of this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

Create New Encounter

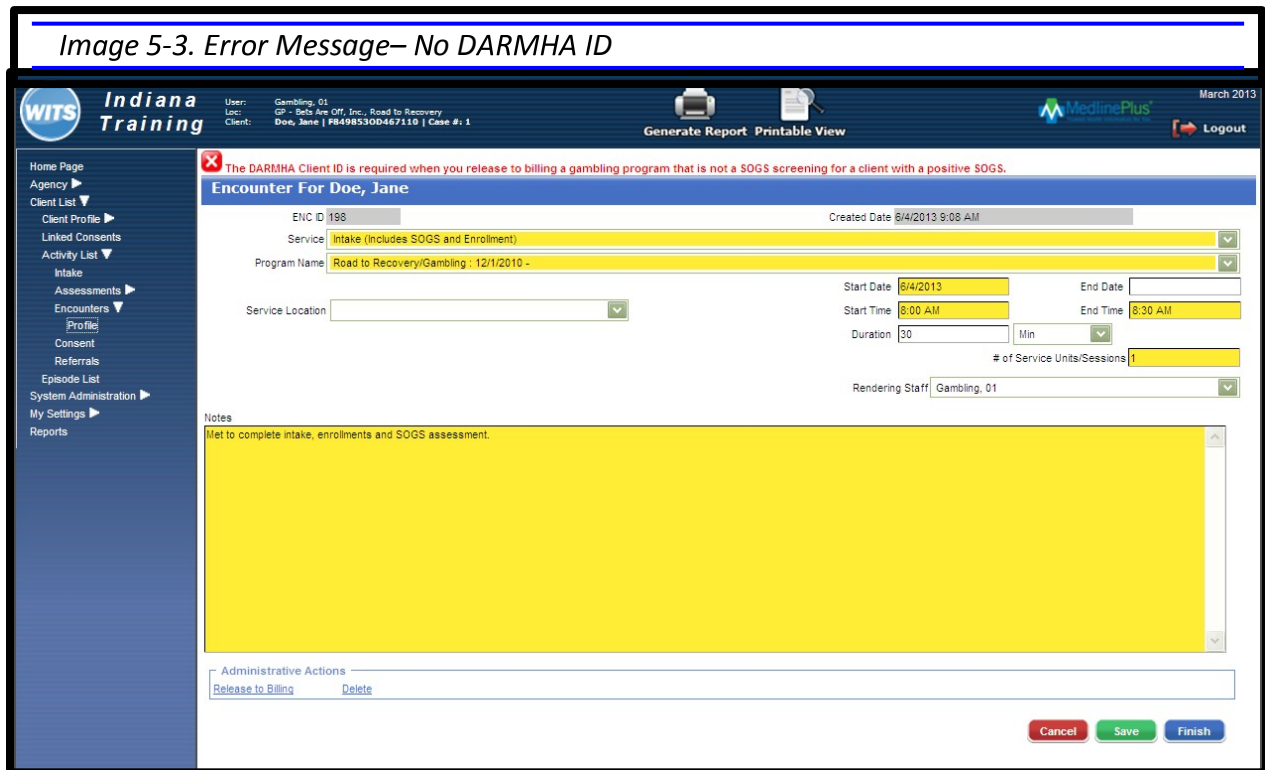
1. On menu, click “[Activity List](#).”
2. On menu, click “[Encounters](#).” Encounter List page will appear (*Image 5-1*).
3. Click “[Add Encounter Record](#).”



4. Encounter screen will appear (*Image 5-2*). Complete the 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.

Note: In the notes section of the encounter notes, you need only to provide information if there is an item out of the norm for this encounter; otherwise, complete this section with an “NA.” Encounter notes may be updated until release to billing.

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

Always remember to log out of WITS. Failure to log out after a session may prevent you from being able to log in to your next session, even if you closed out of the browser.

Review Records for Agency

Review Encounters for the Agency

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

Image 6-1. Claim Item Encounter List

The screenshot shows the WITS Training software interface. The top navigation bar includes the WITS logo, user information (User: Gambling, 02; Loc: GP - Bet's Are Off, Inc., Road to Recovery; Client:), and the MedlinePlus logo. The main content area is titled "Claim Item Search" and contains several search 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. There are "Clear" and "Go" buttons at the bottom right of the search area. Below the search area is a table titled "Claim Item List (Export)" with the following data:

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	Profile
194	Doe, Jane	6/4/2013	G2070	30 Min	Released	6/4/2013	\$50.00	Profile
187	Kennedy, John	5/29/2013	G2070	30 Min	Released	5/29/2013	\$50.00	Profile
190	Kin, Web	5/29/2013	G2050	60 Min	Released	5/29/2013	\$30.00	Profile
193	Pooh, Winnie	5/29/2013	G2060	60 Min	Released	5/29/2013	\$160.00	Profile
162	Scott, Eric	6/7/2010	T11023/AS		Batched	6/7/2010	\$20.00	Profile
189	Smith, Jim	5/29/2013	G2070	60 Min	Released	5/29/2013	\$50.00	Profile
188	Smith, John	5/29/2013	G2070	15 Min	Released	5/29/2013	\$50.00	Profile
192	Wade, Dwayne	5/29/2013	G2070	60 Min	Released	5/29/2013	\$50.00	Profile

Review Vouchers for the Agency

1. On the menu, click “Agency,” click “Billing,” and 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 shows the WITS Training software interface. The top navigation bar includes the WITS logo, user information (User: Gambling, 02; Loc: GP - Bet's Are Off, Inc., Road to Recovery; Client:), and the MedlinePlus logo. The main content area is titled "Voucher Search" and contains several search fields: Provider Agency, Provider Facility, Administrative Agency, Contracting Agency, First Name, Last Name (with "Bob" entered), Client ID, Voucher#, Created on, Status, Authorization Effective Date, Payor Plan (with "Gambling" selected), and Authorization End Date. There are "Clear" and "Go" buttons at the bottom right of the search area. Below the search area is a table titled "Voucher List (Export)" with the following data:

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

Quick Step Guides-Steps to Add New Client Profile

1. On the menu, click “Client List.”
2. On the Client List screen, click “Add Client.”

3. On the 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.
4. Click the blue arrow.

5. On the 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.

6. On Contact Info screen, enter phone information. Primary phone number is required.
7. Click “Add Address.” Address is required.
8. On the Add Address screen, complete the required address fields.
9. Click “Finish.”
10. Click the blue arrow on the Contact Info screen.

11. 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.
12. Click “Add Alternate Name.”
13. Enter alternate names.
14. Click “Finish.”
15. Click through the blue arrows on each screen until the Collateral Contacts screen appears.

16. Click “Add Contact.”
17. On the Contact screen, enter required fields.
18. Click “Finish.”
19. Click the blue arrow.

20. On the 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.
21. Click “Finish.”

Steps to Create Intake Episode

1. On the side menu, click “[Activity List](#).”
2. On the Episode List screen, click “[Start New Episode](#).”
3. On the Intake Case screen, complete the information.
 - Source of Referral dropdown: Scroll and choose “Other” or “Gambling Hotline” as the referral source.
 - Referral Contact dropdown: Any collateral contacts you have 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 the menu under Activity List, click “[Assessment](#),” click “[SOGS](#)” or “[SOGS-RA](#),” and click “Question 1.”
2. Complete the SOGS questions. Click the forward arrow to complete all pages.
3. After completing the SOGS questions, click “[Save](#)” to save and view the client’s SOGS score. The client’s SOGS will appear in the lower left corner.
4. Click “[Finish](#)” to save and exit the SOGS assessment.

Steps to Create New Voucher

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

Steps to Create New Encounter Note

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

Services Definitions

This section defines what services are reimbursable for 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.

Partial unit billing is not permitted unless otherwise specified.

All clients must be enrolled in the gambling treatment system for services to be billed.

**Please be sure to clearly document gambling services in the treatment notes.
This is located in the client file, not WITS.**

Enrollment: Data entry into WITS & DARMHA; Creation of Individualized Integrated Care Plan	<u>Cost 175.00</u>	<u>Flat Fee (1 max)</u>	<u>\$175</u>
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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 by 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. 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 for those providers required to do both. This payment is to cover the time it takes to enter them into the system with all its requirements.

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 Disordered Gambling, and rehabilitation of functional deficits related to the Disordered 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.

<u>Individualized Integrated Care Plan Review</u>	<u>Cost</u> \$25	<u>Per Occurrence</u> (3 Units Max) Reviews should be done at 3-month intervals, after creation of initial Care Plan.	<u>Maximum per Consumer</u> \$75 This is for reviews after enrollment.
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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 the goals directed at recovery that promotes independence and integration into the community, treatment of Disordered Gambling, and rehabilitation of functional deficits related to Disordered 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 must be completed face-to-face.

<u>24-hour Crisis Intervention</u>	<u>Cost</u> \$132.00	<u>Flat Fee</u>	<u>No Limit</u>
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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 Disordered 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 \$10.00</u>	<u>Per 15 minutes (40 Units Max)</u>	<u>Maximum Per Consumer \$400.00</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 done 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 \$8.00</u>	<u>Per 15 min (160 Units Max)</u>	<u>Maximum Per Consumer \$1,280.00</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 Disordered 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 Disordered Gambling, in order to bill for IOT, topics of the group need to specifically include topics related to Disordered 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.

In order to clearly demonstrate that problem gambling is a clear focus of the IOT session, the portion that is being specifically designated as problem gambling is recommended to occur at the beginning or end of the session.

Providers will be asked to submit their outline of IOT demonstrating problem gambling inclusion during the first quarter of the fiscal year. DMHA or its designee will make this request.

To bill for an IOT session, at least 24 minutes of the session needs to focus specifically on disordered gambling addiction and recovery. This accounts for 20% of the total time spent in the 2-hour IOT session. A copy of the outline for IOT sessions being billed should be included in the client notes. A provider may include gamblers in IOT sessions that are not billed to gambling due to no gambling focus on that particular day. If the session does not include a minimum of problem gambling specific information or discussion, you may not bill gambling for that session.

<u>Outpatient Treatment (Group)</u>	<u>Cost \$10.00</u>	<u>Per Half-Hour 80 Units Max)</u>	<u>Maximum Per Consumer \$800.00</u> Providers may only enroll client in either IOT or OTG at one time. This is an either/or service; permission to bill both must be approved by the DMHA.
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Outpatient Treatment (Group; OT) 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 Disordered Gambling, in order to bill for IOT, at least 20% of the total group time need to be specifically related to the Disordered Gambling behavior and not exclusively substance use disorders. This must be clearly documented in the progress note. Note: if the session is one hour, you will need 12 minutes of problem gambling specific information.

In order to clearly demonstrate that problem gambling is a clear focus of the group session, the portion that is being specifically designated as problem gambling is recommended to occur at the beginning or end of the session.

Providers will be asked to submit their outline of the group sessions demonstrating problem gambling inclusion during the first quarter of the fiscal year. The DMHA or its designee will make this request.

<u>Individual Counseling</u>	<u>Cost \$15.00</u>	<u>Per 15 min (100 Units Max)</u>	<u>Maximum Per Consumer \$1,500.00</u>
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Individual Counseling (IC) is a planned and organized service with the consumer. 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 issues, 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. All gambling clients should have at least one individual session every 3 months. It is encouraged to align these with the Individualized Integrated Care Plan Review to provide an opportunity to discuss the treatment plan in full.

<u>Acute Stabilization including Detoxification</u>	<u>Cost \$78.00</u>	<u>Per Day (3 Days Max)</u>	<u>Maximum Per Consumer \$234.00</u>
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Services must be specifically related to the consumers of 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 the DMHA (The DMHA requires detox to be under the supervision of a physician).** In order to bill Acute Stabilization including Detoxification with Disordered Gambling funding, the detox episode must be directly related to the Disordered Gambling behavior. It must be clearly documented in the progress note that the individual receiving detox has a South Oaks Gambling Screen (SOGS) 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 Disordered 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.

Residential Services includes providing housing to consumers being treated for Disordered 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 Disordered 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 Disordered Gambling.

<u>Medication, Evaluation, & 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 Disordered Gambling.

<u>Financial Counseling- group</u>	<u>Cost \$8.00</u>	<u>Per 15 min</u>	<u>No Limit</u>
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Financial Counseling shall not be included within IOT or outpatient group. It must be a stand-alone and have clearly defined goals and objectives. Each client should have the opportunity to discuss and address their unique financial needs. Since financial counseling is a key component of recovery for individuals who have a gambling problem, a financial counseling plan should be written for each client and placed within their client file.

Financial Counseling provides skills and tools to develop a budget and establish a debt repayment plan. All individuals seeking services for Disordered Gambling must be offered Financial Counseling. **The outcome of this offer must be documented.**

If a client refuses financial counseling initially, it should be offered again every 30 days and documented in the client file.

The appropriate time to begin Financial Counseling must be individualized. Some individuals may wait until they have been stable in treatment and abstinent from Disordered Gambling behaviors, while others may begin Financial Counseling right away. Financial Counseling must be clearly documented on an Individualized Integrated Care Plan and recorded in the individual’s progress notes.

Financial Counseling should be an independent activity, and should not be billed concurrently with another service. The provider must give written financial management materials to all consumers receiving Problem Gambling services.

<u>Financial Counseling - individual</u>	<u>Cost \$15.00</u>	<u>Per 15 min</u>	<u>No Limit</u>
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Financial Counseling individual is for one on one discussion of financial issues related to Problem Gambling. It must be a stand-alone meeting and have clearly defined goals and objectives. Each client should have the opportunity to discuss and address their unique financial needs. Since financial counseling is a key component of recovery for individuals who have a gambling problem, a financial counseling plan should be written for each client and placed within their client file.

Financial Counseling provides skills and tools to develop a budget and establish a debt repayment plan. All individuals seeking services for Disordered Gambling must be offered Financial Counseling. **The outcome of this offer must be documented.**

If a client refuses financial counseling initially, it should be offered again every 30 days and documented in the client file.

The appropriate time to begin Financial Counseling must be individualized. Some individuals may wait until they have been stable in treatment and abstinent from Disordered Gambling behaviors, while others may begin Financial Counseling right away. Financial Counseling must be clearly documented on an Individualized Integrated Care Plan and recorded in the individual's progress notes.

Financial Counseling should be an independent activity, and should not be billed concurrently with another service. The provider must give written financial management materials to all consumers receiving Problem Gambling services.

<u>Transportation</u>	<u>Cost \$10.00</u>	<u>Per Trip</u>	<u>No Limit</u>
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Providing transportation services to individual participants with transportation to and from gambling treatment related services should be done in the most appropriate and cost effective manner.

Transportation assistance can be provided in one of the following two ways: properly registered and insured agency owned vehicle (see details below) and public transportation (bus token, taxi, shuttle, or train).

Transportation in an agency vehicle can only be reimbursed to contracted Problem Gambling service providers funded by the 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 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.

<u>Family Counseling</u>	<u>Cost \$15.00</u>	<u>Per Half Hour (30 Units Max)</u>	<u>Maximum Per Consumer \$450.00</u>
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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. It is appropriate that some portion of these sessions are with both the client and the family member and/or only with the family member with the permission of the client. How these sessions are delivered should be clearly indicated in the treatment notes.

<u>Education-gambling specific session</u>	<u>Cost \$10.00</u>	<u>Per Half-Hour (30 Units Total)</u>	<u>Maximum Per Consumer \$300.00</u>
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Education is a planned and organized service focusing on Disordered Gambling and provided in a group setting. The information provided during the session must be from literature approved by the 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 Disordered Gambling.

A group is defined as minimum of 3 or more people in attendance. Not all members of group must be gambling clients, but the topics should be directly related to Problem Gambling treatment and recovery. Integrating educational information on Disordered Gambling increases an individual’s awareness of sequential addiction and co-occurring disorders.

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. Sessions should be a minimum of 30 minutes per occurrence.

<u>Certified Recovery Specialist Services</u>	<u>Cost \$34.00</u>	<u>Per Hour (35 Units Max)</u>	<u>Maximum Per Consumer \$1,190.00</u>
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Individuals facilitating the session as a Certified Recovery Specialist must have completed the Certified Recovery Specialist Training geared toward Disordered Gambling and approved by the DMHA. Individuals providing peer services shall be in recovery from Disordered 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 Disordered 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>Voluntary Exclusion Program Sign-Up</u>	<u>Cost \$2000</u>	<u>Flat Fee-One Time per Agency</u>	<u>Maximum \$2000</u>
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This is only available to new SFY 18 VEP sites. Sites who signed up prior to July 1, 2017 may not submit for billing.

Provider may choose to become a sign-up location for the Indiana Voluntary Exclusion Program (VEP), which is administered by the Indiana Gaming Commission.

You may only voucher once for this activity. You will submit the documentation you receive from the Indiana Gaming Commission confirming your agency serving as a VEP site to Mary Lay (maholtsc@indiana.edu). You will be sent a confirmation along with voucher instructions.

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

SFY 18 Service Payment Summary

Modality/Type of Service	Rate	Unit	Total Remuneration
Enrollment: Data Entry into WITS & DARMHA; IICP	\$175.00	Flat Fee	\$175.00
Individualized Integrated Care Plan Review	\$25.00	Per Occurrence (3 Units Max)	\$75.00
24 - Hour Crisis Intervention	\$132.00	Flat Fee	No Limit
Case Management	\$10.00	Per 15 min (40 Units Max)	\$400.00
Intensive Outpatient Treatment	\$8.00	Per 15 min (160 Units Max)	\$1,280.00
Outpatient Treatment (Group)	\$10.00	Per Half-Hour (80 Units Max)	\$800.00
Individual Counseling	\$15.00	Per 15 min (100 Units Max)	\$1,500.00
Acute Stabilization including Detoxification (Service must be related to Problem Gambling)	\$78.00	Per Day (3 Day Max)	\$234.00
Residential Services (Service must be billed as a separate event from Acute Stabilization)	\$75.00	Per Day (7 Day Max)	\$525.00
Medication, Evaluation & Monitoring	\$20.00	Per Day (60 Day Max)	\$1,200.00
Psychiatric Consultation	\$120.00	Per Hour (2 Hour Max)	\$240.00
Financial Counseling Session-Group	\$8.00	Per 15 min	No Limit
Financial Counseling Session-Individual	15.00	Per 15 min	No Limit
Transportation	\$10.00	Per Trip	No Limit
Family Counseling	\$15.00	Per Half-Hour (30 Unit Max)	\$450.00
Education (gambling specific group)	\$10.00	Per Half-Hour (30 Units Max)	\$300.00
Certified Recovery Specialist Services	\$34.00	Per Hour (35 Units Max)	\$1,190.00
Voluntary Exclusion Program Sign Up	\$2,000.00	Flat Fee/one time only per agency	\$2,000.00

Expectations

The following are the basic policies and expectations of each agency in regards to funding, clinical records, and agency responsibilities.

1. The Problem Gambling Treatment Provider agrees that if it does not have capacity to provide a service to meet the consumer's identified and diverse needs, it will arrange treatment for the consumer's identified needs with another organization. The referral shall be made, when possible, to a DMHA funded/certified/licensed organization. Documentation of referrals and on-going follow-up and status shall be maintained in the consumer's clinical record.
2. Individuals meeting criteria for eligibility noted in this manual and the provider agreement are eligible for services, regardless of their income or financial status.
3. The funding source, which may be utilized for disordered gambling services and support activities, is the Gambler's Assistance Fund.
4. All obligations of the state are contingent upon the availability and continued appropriation of State funds.
5. The State shall not be liable for payment in excess of available appropriated funds for Problem Gambling Treatment Services.
6. A review and discussion of gambling funds expended and enrollments may occur.
7. Provider shall establish and maintain written documentation of rules governing the rights and conduct of employees. Employees shall be informed of program rules regarding admission, discharge, expulsion, program expectations, data reporting, and appeals procedures.
8. Provider shall participate in site visits that may review programmatic and/or fiscal issues.
9. State funding is available for individuals with a current episode (within the last 12 months) of disordered gambling. (*exception re-enrollment at fiscal year change*)
10. Provider shall integrate information on problem gambling services available through its agency into agency materials used to identify and promote agency services.
11. If an Individual is identified as having a problem or problem gambling disorder, then this must be reflected on the individual's active **Individualized Integrated Care Plan (IICP)**. The treatment plan shall specifically identify the problem to be addressed as problem or disordered gambling. Objectives and interventions shall be individualized to support the individual's identified needs and goals. Specific goals for problem gambling shall be identified.
12. Referral and linkage to mutual aid groups, such as GA, are an expected component of the IICP.

13. Provider agrees to register and enter client information in the WITS system. Payment for services will be based on the services rate sheet and will be paid through the WITS system. The DMHA treatment data will be submitted through DARMHA.
14. The payment system is WITS. The Provider shall submit data into the WITS data system *to generate a voucher for payment of gambling services*. Data submission shall include all required elements and be submitted in accordance with the instructions in the *Indiana Problem Gambling Policies and Procedures Manual*.
15. Provider shall create vouchers at a reasonable service level of anticipated services in the actual time frame of the voucher. Excessive levels of anticipated services reserved on vouchers could result in services caps for a provider.
16. Provider shall close all expired vouchers within three (3) business days of voucher end date. **Failure to close expired vouchers may reduce funds available for problem gambling services.**
17. Fee for treatment service payments shall not exceed two thousand five hundred dollars and zero cents (\$2500.00) per individual during this agreement period. Provider may request additional funding for an individual beyond the limits in the fee for service schedule. The Provider must submit the Additional Services Authorization Form for this to be considered.
18. All services billed through WITS shall be documented in the Individual's progress notes located in the clinical record and meet the defined standard set for each payment point. Defined standards shall be found in the *Indiana Problem Gambling Policies and Procedures Manual*, located at: <http://www.ipgap.indiana.edu/home/treatment-providers/manual-requirements>.
19. Provider shall provide upon request to the DMHA or its designee, a current list of persons in the agency who meet competency requirements to provide problem gambling treatment services. Problem gambling treatment counselor competency requirements are located in the *Indiana Problem Gambling Policies and Procedures Manual*.
20. Provider shall post information on the agency website about problem gambling education, treatment, and recovery services.
21. Provider shall maintain good standing for provision of treatment services with the DMHA. Provider shall also have all required certifications and/or documentation on file, as specified by the DMHA.
22. Provider shall provide access to online training of Problem Gambling 101 to all existing and new staff that provides direct care or any service to consumers annually. Resources are available at: www.ipgap.indiana.edu.
23. Provider shall provide information to all new staff upon hiring regarding the problem gambling services that the agency offers.
24. Agency staff providing services are required to review the manual.

Forms

The following are resources available to you to assist in providing disordered gambling services in your agency.

Financial Counseling Refusal Form

Date: _____

Client: _____

Counselor: _____

Financial counseling is a key component to problem 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 financial counseling. I understand that I can receive financial counseling at any time during my treatment if I so choose.

Signature: _____ Date: _____

WITS Staff Access Form

All billing information for problem gambling clients is captured in the Web Infrastructure for Treatment Services (WITS). Each person at problem gambling provider agency 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 member 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 senior manager for gambling efforts.

When complete, the form should be emailed to Larry Long at John.Long@fssa.in.gov. Please contact Larry if you have questions about how to complete the form.

Organization Name: _____

Organization Senior Manager for Problem Gambling: _____

Add Access Change Access Remove Access

Name of Person Needing Access to WITS: _____

Work Phone with Extension: _____

Other Phone: _____

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 and Older Adult Initiatives
317-232-7891
John.Long@fssa.in.gov

Indiana Problem Gambling Treatment Additional Services Authorization Request Form

Date: _____

Requesting Provider: _____

Service Location: _____

Contact Person: _____

Phone: _____

Client Number: _____

Justification for Additional Services:

Anticipated Services:

DMHA Action:

Email Form to:

Larry Long
Program Director – Gambling Treatment and Older Adult Initiatives
Division of Mental Health & Addiction
Indiana Family & Social Services Administration
402 W. Washington St., Room W353
Indianapolis, IN 46204
John.Long@fssa.in.gov

Contacts

The following are contacts available to you to assist in providing disordered gambling services in your agency.

DMHA Treatment Resources / Training on Problem Gambling or WITS

Larry Long
Program Director
Problem Gambling Treatment and Older Adult Initiatives
Division of Mental Health & Addiction
402 W. Washington St., W353
Indianapolis, IN 46201
317-232-7891
John.Long@fssa.in.gov

DMHA WITS Technical Assistance and Support:

wits@fssa.in.gov

Prevention, Treatment, and Training Resources:

Mary Lay, MPH, MCHES, CPS
Project Manager
Indiana Problem Gambling Awareness Program
Indiana Prevention Resource Center
501 N. Morton Street, Suite 110
Bloomington, IN 47404
812-856-4885
maholtsc@indiana.edu

Desiree Reynolds, MPH, MCHES
Assistant Project Manager
Indiana Problem Gambling Awareness Program
Indiana Prevention Resource Center
501 N. Morton Street, Suite 110
Bloomington, IN 47404
812-855-7872
desiree@indiana.edu

Heather Dolne, MPH, CHES
Professional Development Specialist
Indiana Problem Gambling Awareness Program
Indiana Prevention Resource Center
501 N. Morton Street, Suite 110
Bloomington, IN 47404
812-855-1511
hdolne@iu.edu