

Service Criteria

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. To provide any service not provided directly should be established and maintained with 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 has been identified as qualifying for services using the DMHA designated screening and enrollment tools *AND/OR*

Individuals eighteen (18) years of age or older with a score of ~~three (3)~~

Beginning November 1st, 2019 the scoring criteria and level of funding for disordered gambling treatment services will change to the following:

- **Scores of 3 to 7 on the SOGS will qualify clients for up to \$500 in gambling treatment services.**
- **Scores of 8 or above will remain at the current level, with a maximum of up to \$2500 in gambling treatment services.**

Please review and modify treatment plans to meet this criteria prior to the implementation of the new levels of service payment limits.

or more on the South Oaks Gambling Screen (SOGS), or the individual twelve (12) to seventeen (17) years of age and a score of ~~three (3)~~

Beginning November 1st, 2019 the scoring criteria and level of funding for disordered gambling treatment services will change to the following:

- **Scores of 3 to 7 on the SOGS will qualify clients for up to \$500 in gambling treatment services.**
- **Scores of 8 or above will remain at the current level, with a maximum of up to \$2500 in gambling treatment services.**

Please review and modify treatment plans to meet this criteria prior to the implementation of the new levels of service payment limits.

or more on the South Oaks Gambling Screen Revised Adolescent (SOGS-RA), AND

The results reflect gambling behavior over the twelve (12) month period prior to screening.

Screening Requirements for Providers 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 Disordered Gambling upon intake and re-assessment.

Providers are to use the following screening tool*:

- Brief Biosocial Gambling Screen (<http://www.ncrg.org/resources/brief-biosocial-gambling-screen>)

This screen has shown to have better sensitivity to identifying potential disordered gambling issues. Than many of the other screens used such as the Lie/Bet.

The screening tool serves as the catalyst to further screening and discussion with the client.

*The Difference between Screening and Assessment

Screening helps determine the potential need for a more comprehensive assessment. The purpose of assessment is to gather the detailed information needed for a treatment plan that meets the specific needs of the individual. Many standardized instruments and interview protocols are available to help counselors perform appropriate screening and assessment for individuals.

Screening involves asking questions carefully designed to determine the need for a more thorough evaluation for a particular problem or disorder. Many screening instruments require little or no special training to administer. Screening differs from assessment in the following ways:

- **Screening** is a process for evaluating the possible presence of a particular problem. The outcome is normally a simple yes or no.
- **Assessment** is a process for defining the nature of that problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis.

Center for Substance Abuse Treatment. Substance Abuse Treatment: Addressing the Specific Needs of Women. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2009. (Treatment Improvement Protocol (TIP) Series, No. 51.) Chapter 4: Screening and Assessment. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK83253/>

Providers shall not use the Lie Bet or South Oaks Gambling Screen as the initial tool to identify those who may need services.

Clients scoring a positive outcome on one or more of these tools should then be administered the DMHA identified enrollment tool, 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 tool for identifying eligibility for receiving funding for disordered 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, (Lesieur & Blume, 1987). When administering the SOGS, clinicians are 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 20--Procedures for Enrolling Consumers with Disordered Gambling

1. A completed SOGS or SOGS-RA is required for payment for individuals meeting eligibility criteria with scores equal to or greater than ~~three (3)~~.
- 2.

Beginning November 1st, 2019 the scoring criteria and level of funding for disordered gambling treatment services will change to the following:

- **Scores of 3 to 7 on the SOGS will qualify clients for up to \$500 in gambling treatment services.**
- **Scores of 8 or above will remain at the current level, with a maximum of up to \$2500 in gambling treatment services.**

Please review and modify treatment plans to meet this criteria prior to the implementation of the new levels of service payment limits.

3. The score must reflect gambling activity over the past twelve (12) months and be documented in the clinical record. The actual score on the SOGS will determine the available services for each client. 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 disordered 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 notes

located in the clinical record.

- a. State funding for gambling is allowable only for individuals with a **current episode** of disordered gambling over the past twelve (12) months. An individual who has a history of disordered gambling but has not experienced problematic gambling behavior within the previous twelve (12) months is not appropriate for state funding for gambling treatment.

Note: If the consumer has been in continuous treatment and continuing into new fiscal year, rescreen and make note if the timeframe of gambling behavior exceeds 12 months. Please indicate this on the SOGS and in the Individualized Integrated Care Plan (IICP).

2. Individuals identified as having a gambling disorder, shall have this reflected on the individual's master Individualized Integrated Care Plan. The plan shall specifically identify disordered gambling. Individual's needs and goals shall be specific to the treatment objectives for the client. **Treatment plans are not one size fits all.**
3. Gambling severity shall be identified using the score on the South Oaks Gambling Screen. The severity identification shall determine the disordered gambling service package that shall be used to develop the client's Individualized Integrated Care Plan (IICP).

Counselor Competencies

The Provider shall employ individuals with appropriate education and experience to provide disordered gambling treatment services.

The Provider shall maintain documentation that individuals providing disordered gambling treatment services meet the DMHA designated 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 felt that enrollments exceed the capacity of the number of trained counselors. The DMHA will discuss any possible changes with the Provider in advance of limits on payments.

The DMHA or its designee will send an updated list of identified staff to each provider to review. The Provider shall provide updates to 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 up to 3 times per year.

Details on due dates will be included when information is sent for review. Payments for services may be dependent upon completion of the staffing update.

The Provider shall inform the Indiana Problem Gambling Treatment & Outreach Program Bureau Chief and its designee 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*
 - 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: