

# INDIANA DISORDERED GAMBLING POLICIES AND PROCEDURES MANUAL

Effective July 1, 2020


## SFY 2021

*PREPARED BY*

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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.



## Purpose of Manual

This policies and procedures manual was prepared through a contract with the Indiana Family and Social Services Administration - Division of Mental Health and Addiction (FSSA-DMHA), with funding from the Indiana Problem Gamblers' Assistance Fund. The preparation and distribution is by the **Indiana Problem Gambling Awareness Program (IPGAP), part of Prevention Insights** at Indiana University, School of Public Health, Bloomington. 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 disordered gambling and is committed to providing quality evidence-based treatment, intervention, prevention, and training and education resources for professionals who work with individuals who have a gambling problem. In order to facilitate the success of Disordered Gambling Treatment, this manual serves as a roadmap to provide services in the publically funded disordered gambling treatment system of providers. The SFY 21 Provider Agreement refers to this manual. The manual outlines qualifications for service provision, payment definitions and general service delivery.

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 issues with their gambling behavior.

*This manual titled the Indiana Disordered Gambling Policies and Procedures Manual and the manual titled Indiana Problem Gambling Policies and Procedures Manual, serve the same purpose. The new title reflects new research findings. Either title refers to this document.*

*The Indiana Problem Gambling Awareness Program is part of Prevention Insights, Indiana University, and the School of Public Health, Bloomington.*

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## Definitions of Criteria

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 four (4) 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, a variety of terms described gambling addiction including pathological gambling, problem gambling, and disordered gambling. DMHA will use the term disordered gambling when referring to treatment. The term problem gambling will refer to prevention and/or awareness activities. This will provide consistency and reflect that gambling problems are an addiction and thus addressed in that manner.

Below are the criteria from the newest Diagnostic and Statistical Manual-5 (DSM-5)

### **The DSM-5 criteria:**

#### **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 has 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 has 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 the enrollment tool into the publically funded disordered gambling treatment system through the DMHA. For screening, the DMHA providers shall use a tool other than the SOGS.

The approved tool is the Brief Biosocial Gambling Screen (BBGS). Screening and other diagnostic tools are best in a face-to-face conversation (or individual telehealth session) and not given to the client to complete on their own.

**Manual Download:**

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

## Service Criteria

The provider shall provide or make provisions for a comprehensive selection of services, including but not limited to: access to crisis services 24/7, detoxification, and psychiatric inpatient services. 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**

For individuals eighteen (18) years of age or older with:

**Scores of 3 to 7 on the SOGS, clients will qualify for up to \$750 in gambling treatment services.**

**or**

**Scores of 8 or above on the SOGS, clients are eligible for up to \$2500 in disordered gambling treatment services.**

For individuals twelve (12) to seventeen (17) years of age with:

**Scores of 3 to 7 on the SOGS-RA, clients will qualify for up to \$750 in gambling treatment services.**

**or**

**Scores of 8 or above on the SOGS-RA, clients are eligible for up to \$2500 in disordered gambling treatment services.**

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

Screening for disordered gambling shall be part of the initial screening for all agency clients. Disordered Gambling Screening shall be repeated at intervals designated by DMHA for all clients, such as CANS/ANSA intervals.

## 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 at re-assessment. This screening shall occur no matter the client's original presentation.

Providers shall use the following screening tool\*: Brief Biosocial Gambling Screen (<http://www.ncrg.org/resources/brief-biosocial-gambling-screen>)

## Brief Biosocial Gambling Screen

Gebauer, LaBrie & Shaffer, 2010

- During the past 12 months, have you become restless, irritable or anxious when trying to stop/cut down on gambling?
- During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?
- During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends or welfare?

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

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

Providers shall use the **Brief Biosocial Gambling Screen**

## The Difference between Screening and Assessment

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Screening helps determine the potential need for a more comprehensive assessment. The purpose of an 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 and scope of that problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis. Treatment should reflect the severity of the problem and not a “one size fits all plan.”

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 SOGS as the initial screening tool. Please use the *Brief Biosocial Gambling Screen* as the initial tool to identify those who may need services.**

Clients scoring a positive outcome on this tool 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 to receive 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 the disordered gambling treatment system 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.**

**Please do not hand the form to the client to complete, this is a conversational tool.**



## SFY 21--Procedures for Enrolling Consumers with Disordered Gambling

1. Administer the Brief Bio-Social Gambling Screen.
2. If screening results indicate a need for further assessment, administer the DMHA designated enrollment Tool (either the SOGS or SOGS-RA).
3. A completed SOGS or SOGS-RA is required for payment for individuals meeting eligibility criteria. The score on the SOGS or SOGS-RA will determine the service menu to be used to plan and deliver the clients specific disordered/problem gambling treatment services.
4. 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 or SOGS-RA will determine the available services for each client. Providers should retain a copy of the completed SOGS or SOGS-RA.
5. The SOGS or SOGS- RA should indicate the following: the individual's name, unique ID, date the assessment was completed (this should correlate with the individual's progress notes located in the clinical record), 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).
  - 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.
  - b. Clients with **scores of 3 to 7** on the SOGS or SOGS-RA will be eligible for up to \$750.00 in gambling treatment services. **Table 3**
  - c. Clients with **scores of 8 or above** on the SOGS or SOGS-RA will remain at the current level, and be eligible for a maximum of up to \$2500 in gambling treatment services. **Table 2**
6. Individuals identified as having a gambling disorder, shall have this reflected on their 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.**
7. 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's 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 Disordered Gambling Treatment Program Director and its designee (IPGAP) of any key staff changes within 15 days of the departure and/or new designee.

### **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. Complete the **Disordered Gambling Counselor Training** through the training portal of the Indiana Problem Gambling Awareness Program [www.ipgap.indiana.edu/training](http://www.ipgap.indiana.edu/training)

3. Have documentation showing that they have successfully completed **30 hours** of gambling specific training from an equivalent organization such as the National Council on Problem Gambling. 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**
  
4. 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
  - Other DMHA Identified Certifying Organizations
  
5. **Participate in at least two clinical consultation calls annually. Maintain documentation of date of participation.**

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

*Note: Any changes to the Lead Counselor will require the designation of a new Lead Counselor within 30 days of the change. Newly identified Lead Counselors will have 120 days from date of appointment to complete all necessary training, supervision, and apply for one of the listed credentials. IPGAP will provide support for completion of this requirement. The Newly identified Lead Counselor should begin process of securing proper training and certification within 14 days of hire.*

## **B. Disordered Gambling Treatment Counselor with State License**

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.
2. Complete the Indiana **Disordered Gambling Counselor Training**
3. Have documentation showing that they have successfully completed **30 hours** of gambling specific training from an equivalent organization such as the National Council on Problem Gambling. If you have questions about any training contact IPPGAP. 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; ***and optional***
3. 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
  - Other DMHA Identified Certifying Organizations
4. **Participate in at least two clinical consultation calls annually. Maintain documentation of participation.**

### **C. Gambling Counselor without License**

1. Have a bachelor's degree in a behavioral health field; **and**
2. Complete the Indiana **Disordered Gambling Counselor Training** or
3. Have documentation showing that they have successfully completed **30 hours** of gambling specific training from an equivalent organization such as the National Council on Problem Gambling. If you have questions about any training contact IPGAP. 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
4. **Participate in at least two (2) clinical consultation calls annually. Maintain documentation of date of participation.**

All counselors providing direct disordered gambling treatment services are encouraged to complete non-repetitive continuing education credits every three (3) years, plus 2 clinical calls per year. If problem-gambling training occurred before 2005, please contact the DMHA.

***All counselors in this category providing direct disordered gambling treatment services must complete the thirty (30) hours of non-repetitive gambling training prior to providing disordered gambling treatment services.***

Documentation of competency and training shall be tracked and maintained in the counselor's personnel file and made available upon request.

The DMHA approved trainings consist of trainings and courses in disordered gambling endorsed by: 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. All trainings to meet the training criteria must specifically be related to problem gambling, not just mental health or addiction in general.

### **D. 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.

The counselor who meets competency shall be actively working with disordered gambling clients. 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 an introductory disordered gambling training*** and be aware of gambling services provided by the agency. Agency staff providing services should receive training in the area of specific services they are providing. At a minimum, all staff shall receive basic disordered gambling training.

#### **E. 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
Community-Based Services	X	X	X	X	X

\*for those who also hold a DMHA approved Gambling Certification

## Services Definitions

### SOGS SCORES 8 and above

This section defines what services are reimbursable for individuals with a gambling disorder.

Services reimbursed on an hourly basis can include up to 10 minutes of documentation. For example, Education could be 50-minute session 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.**

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

**Only bill one service per treatment episode.**

**As the program evolves and changes over the course of the provider agreement, the payment points may be updated to provide clarification, guidance, and new resources.**

Please be sure to clearly document gambling services in the treatment notes. This includes the client file and the comment section in WITS. The WITS note may be shorter than the client file, but it should give a brief description of what occurred and how it is related to disordered gambling treatment.

<b>Initial Client Enrollment: Data entry into WITS &amp; DARMHA; Creation of Individualized Integrated Care Plan</b>	<b>Cost \$175</b>	<b>Flat Fee (1 Unit Max per Client)</b>	<b>\$175</b>
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**Any client enrolled with a SOGS that has been administered within the last 60 days and is enrolled in two consecutive fiscal years is only eligible for this payment one time at original enrollment.**

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:



- Scores of 8 or above will remain at the current level, with a maximum of up to \$2500 in gambling treatment services.

## Clients enrolled across Fiscal Years

**Clients shall be enrolled in the new fiscal year based on the SOGS score at the last Screen. Note, if this screen is older than 60 days you should rescreen and enter the updated SOGS score in WITS. Clients shall receive services based on the <60 days SOGS or rescreen score. Providers shall use the appropriate Service List for corresponding SOGS score. Include score and date of screening in client notes for individualized treatment plan.**

The score must reflect gambling activity that has occurred within the twelve (12) month period prior to screening and shall be documented in the clinical record.

The SOGS must be completed and documented. For data collection purposes, registration into DARMHA and completion of the ANSA/CANS must also occur for those providers required to do both. This once per client 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 the recovery process. 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.

<p><b>Individualized Integrated Care Plan Review</b></p>	<p><b>Cost \$25</b></p>	<p><b>Per Occurrence (every 3 months: 3<sup>rd</sup>, 6<sup>th</sup> and 9<sup>th</sup> month)</b></p>	<p><b>Maximum per Consumer \$75</b>  (This is for reviews after initial plan enrollment)</p>
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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 individually not in group.**

<b>24-Hour Crisis Intervention</b>	<b>Cost \$132</b>	<b>Flat Fee</b>	<b>No Limit</b>
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Twenty-four-Hour Crisis Intervention is a short-term emergency behavioral health service, available twenty-four (24) hours a day, seven (7) days a week. Crisis Intervention (CI) includes, but is not limited to crisis assessment, planning, and counseling specific to the crisis; intervention at the site of the crisis (when clinically appropriate); and pre-hospital assessment. The goal of CI is to resolve the crisis and transition the consumer to routine care through stabilization of the acute crisis and linkage to necessary services. CI may be provided in an emergency room, crisis clinic setting, or within the community. The individual must be at imminent risk of harm to self or others or experiencing a new symptom that puts the individual at risk.

**The following providers may provide CI: licensed professionals, QBHPs, and OBHPs. The individual providing Crisis Intervention does not need to have a 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 it 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 they 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.

<b>Case Management</b>	<b>Cost \$15</b>	<b>Per 15 Minutes (10 Hours / 40 Units Max)</b>	<b>Maximum per Consumer \$600</b>
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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 the 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.

<b>Intensive Outpatient Treatment</b>	<b>Cost \$38</b>	<b>Flat Fee / Per Session  (30 Sessions Max - Minimum Session time of 120 minutes)</b>	<b>Maximum per Consumer \$1140</b>
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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, generally for six (6) weeks**, 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 notes. 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 disordered gambling is a clear focus of the IOT session, the portion that is being specifically designated as disordered gambling is recommended to occur at the beginning or end of the session.**

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

**In WITS, please note the date and time of the IOT.**

**At minimum focus 30 minutes of every two-hour gambling and substance abuse session on issues specific to disordered gambling. This includes things such as case studies, planning documents, keys to staying gambling free (sober), etc.**

<p><b>Outpatient Treatment Group</b></p>	<p><b>Cost \$38</b></p>	<p><b>Flat Fee / Per Session  (24 Units / Sessions Max)</b></p>	<p><b>Maximum per Consumer \$912</b></p> <p>Providers may only enroll client in either IOT or OTG. This is an either/or service; permission to bill both must be approved by the DMHA.</p>
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Outpatient Treatment Group (OTG) 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 15 minutes per hour should be specific to disordered gambling. It should be clear to anyone sitting in on the session that the focus is about disordered gambling. This must be clearly documented in the progress notes.

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

**In WITS NOTES identify the date and time of the OTG. Include topic related to Disordered Gambling**

<b>Individual Counseling</b>	<b>Cost \$25</b>	<b>Per 15 Minutes (10 Hours /40 Units Max)</b>	<b>Maximum per Consumer \$1,000</b>
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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 (1) 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.

**In WITS, note the date and time of the Individual Counseling session.**

<b>Acute Stabilization including Detoxification</b>	<b>Cost \$78</b>	<b>Per Day (3 Days Max)</b>	<b>Maximum per Consumer \$234</b>
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**Services must be specifically related to the consumers of Disordered Gambling.** Must have SOGS score 8 or Higher.

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 notes that the individual receiving detox has a South Oaks Gambling Screen (SOGS) of 8 or above 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 it can 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, this must be clearly documented in the progress notes.

<b>Residential Services</b>	<b>Cost \$75</b>	<b>Per Day (7 Days Max)</b>	<b>Maximum per Consumer \$525</b>
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**Service shall be billed as a separate event from Acute Stabilization.** Must have SOGS score 8 or Higher. 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.

<b>Medication, Evaluation, &amp; Monitoring</b>	<b>Cost \$20</b>	<b>Per Day (60 Days Max)</b>	<b>Maximum per Consumer \$1,200</b>
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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.

<b>Psychiatric Consultation</b>	<b>Cost \$120</b>	<b>Per Hour (4 Hours / Units Max)</b>	<b>Maximum per Consumer \$480</b>
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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.



<b>Financial Counseling (Group)</b>	<b>Cost \$8</b>	<b>Per 15 Minutes (7 Hours / 28 Units Max)</b>	<b>Maximum per Consumer \$224</b>
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Financial Counseling - Group shall not be included within IOT or Outpatient Treatment Groups. It must be a stand-alone and have clearly defined goals and objectives. Clients 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 his or her 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 shall be offered again every 30 days and documented in the client file.**

The appropriate time to begin Financial Counseling varies by individual. 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 it should not be billed concurrently with another service. The provider must give written financial management materials to all consumers receiving problem gambling services.***

***In billing, note what occurred in the session.***

<b>Financial Counseling (Individual)</b>	<b>Cost \$25</b>	<b>Per 15 Minutes (16 Hours / 64 Units Max)</b>	<b>Maximum per Consumer \$1,600</b>
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Financial Counseling - Individual is for one-on-one discussion of financial issues related to Disordered Gambling. It must be a stand-alone and have clearly defined goals and objectives. Clients 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 his or her 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 it should not be billed concurrently with another service. The provider must give written financial management materials to all consumers receiving problem-gambling services.***

<b>Transportation</b>	<b>Cost \$12</b>	<b>12 per unit (10 units max)</b>	<b>\$120</b>
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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).

A unit is defined as a car trip, bus, shuttle or train ticket, and taxi, Uber or Lyft. Units may be combined to cover the cost. Units may be combined to purchase a bus pass for the duration of treatment. Clearly identify in the notes that this is what occurred.

**Transportation in an agency vehicle** can only be reimbursed to contracted disordered gambling service providers funded by the DMHA. This service is to be reimbursed to the provider agency at a rate of \$12 per unit. 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 disordered gambling recovery.

**It is the sole responsibility of the provider to ensure that the agency vehicle is fully insured, and that the driver has a valid driver's license. Proof of compliance with Insurance, driver competency, and registration of the vehicle used for Transportation must be readily available upon request.**

<b>Family Counseling</b>	<b>Cost \$25</b>	<b>Per Half Hour (15 Hours / 30 Units Max)</b>	<b>Maximum per Consumer \$750</b>
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Family Counseling is a planned and organized service with the consumer and/or family members or non-professional caregivers where counselors provide a 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.

**Bill this service under the disordered gambling client.**

<b>Education (Group)</b>	<b>Cost \$15</b>	<b>Per Half-Hour (10 Hours / 20 Units Max)</b>	<b>Maximum per Consumer \$300</b>
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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 three (3) or more people in attendance. A group may include family members of the client.** Not all members of group must be gambling clients, but the topics should be directly related to disordered 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 disordered 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.

<b>Family Education</b>	<b>Cost \$15</b>	<b>Per Half-Hour (10 Hours / 20 Units Max)</b>	<b>Maximum per Consumer \$300</b>
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Family Education is a planned and organized service with the consumer and family members focusing on disordered gambling with a structured educational program 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 Family Education session benefits and informs the gambling addiction of the individual. The delivery of Family Education information must be face-to-face and scheduled. Family Education shall be provided in a group setting dedicated to the education of disordered gambling.

**A group is defined as minimum of three (3) or more people in attendance. The group must include the client. The group is encouraged to include other disordered gambling clients and their family members.** Not all members of group must be gambling clients or families, but the topics should be directly related to disordered gambling treatment and recovery. Integrating family educational information on disordered gambling increases an individual's awareness of sequential addiction and co-occurring disorders.

Family Education may only be claimed for the family members of a client in the group who qualify for disordered gambling services. Individuals receiving family educational information must demonstrate progress toward and/or achievement of goals in the IICP. Sessions should be a minimum of 30 minutes per occurrence.

**Bill under the disordered gambling client.**

<b>Individual Education</b>	<b>Cost \$15</b>	<b>Per Half-Hour (10 Hours / 20 Units Max)</b>	<b>Maximum per Consumer \$300</b>
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Individual education is planned and organized with the consumer one on one, focusing on disordered gambling with a structured education program and focusing on specific needs of the client. **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 session benefits and informs the gambling addiction of the individual. The delivery of the information must be face-to-face and scheduled

<b>Certified Recovery Specialist Services</b>	<b>Cost \$34</b>	<b>Per Hour (35 Hours / Units Max)</b>	<b>Maximum per Consumer \$1,190</b>
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Individuals facilitating the session with 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, the individual personally defines recovery.

A **Certified Peer Support Specialist** is a person in recovery, who is referred to as having lived the issue. These **specialists support** individuals with struggles pertaining to mental health, psychological trauma, or substance use.

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.**

<b>Certified Recovery Coach</b>	<b>Cost \$34</b>	<b>Per Hour (35 Hours / Units Max)</b>	<b>Maximum per Consumer \$1,190</b>
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Individuals facilitating the session with a Certified Recovery Coach must have completed the Certified Recovery Coach Training. Individuals providing Recovery Coach Services shall 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, the individual personally defines recovery.

Peer Coaching 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 Coaching services must be identified in the IICP and correspond to specific treatment goals. The consumer is the focus of peer coaching services. Peer coaching 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 Coach 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.**

**Agency Specific Service**

<b>Voluntary Exclusion Program Sign-Up</b>	<b>Cost \$2,000</b>	<b>Flat Fee (One Time per Agency)</b>	<b>Maximum per Agency \$2,000</b>
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This is only available to new SFY 2021 VEP sites. Agencies / sites who signed up prior to July 1, 2018 are not eligible for payment.

A 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](mailto:maholtsc@indiana.edu)). You will be sent a confirmation along with voucher instruction. If you are unsure of your agency, eligibility contact Mary Lay.

A 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.

***Fee for treatment service payments for SOGS Scores 8 and above, shall not exceed two thousand five hundred dollars and zero cents (\$2,500.00) per Individual during this agreement period, unless authorized by DMHA.***

Services Definitions

**SOGS SCORES 3 to 7**

This section defines what services are reimbursable for individuals with a gambling problem.

Services reimbursed on an hourly basis can include up to 10 minutes of documentation. For example, Education could be 50-minute session 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.

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

Only bill one service per treatment episode.

As the program evolves and changes over the course of the provider agreement, the payment points may be updated to provide clarification, guidance, and new resources.

Please be sure to clearly document gambling services in the treatment notes. This includes the client file and make the comment section in WITS. The WITS note may be shorter than the client file, but it should give a brief description of what occurred and how it is related to problem gambling treatment.

Initial Client Enrollment: Data entry into WITS & DARMHA; Creation of Individualized Integrated Care Plan	Cost \$125	Flat Fee (1 Unit Max)	\$125
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**Any client enrolled with a SOGS that has been administered within the last 60 days and is enrolled in two consecutive fiscal years is only eligible for this payment one time at original enrollment.**

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:

- Scores of 3 to 7 on the SOGS will qualify clients for up to \$750.00 in gambling treatment services.

## Clients enrolled across Fiscal Years

**Clients shall be enrolled in the new fiscal year based on the SOGS score at the last Screen. Providers shall use the appropriate Service List for corresponding SOGS score.**

The score must reflect gambling activity that has occurred within the twelve (12) month period prior to screening and shall be documented in the clinical record.

The SOGS must be completed and documented. For data collection purposes, registration into DARMHA and completion of the ANSA/CANS must also occur for those providers required to do both. This once per client 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 the recovery process. 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.

<b>Individualized Integrated Care Plan Review</b>	<b>Cost \$25</b>	<b>Per Occurrence (every 3 months: 3<sup>rd</sup>, 6<sup>th</sup> and 9<sup>th</sup> month)</b>	<b>Maximum per Consumer \$75</b>  (This is for reviews after initial plan 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.

**Special note: The following 2 services (Intensive Outpatient group and Group Counseling) are available only to clients with SOGS scores 3 to 7, that are continuing services from SFY 2020 into SFY 2021 . The services will be phased out by the end of quarter 2 for continuing clients with SOG scores of 3 to 7.**

<p><b>Intensive Outpatient Treatment</b></p> <p>(for continuing patients only)</p>	<p><b>Cost</b> <b>\$30</b></p>	<p><b>Flat Fee / Per Session</b> minimum session time 120 minutes</p> <p><b>(12 Sessions / Units Max)</b></p>	<p><b>Maximum per Consumer</b> <b>\$360</b></p>
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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, generally for six (6) weeks**, 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 notes. 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 disordered gambling is a clear focus of the IOT session, the portion that is being specifically designated as disordered gambling is recommended to occur at the beginning or end of the session.**

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

**In WITS, please note the date and time of the IOT.**

**At minimum focus 30 minutes of every two-hour gambling and substance abuse session on issues specific to disordered gambling. This includes things such as case studies, planning documents, keys to staying gambling free (sober), etc.**

<p><b>Outpatient Treatment Group</b> (for continuing clients only)</p>	<p><b>Cost</b> <b>\$30</b></p>	<p><b>Flat Fee / Per Session</b> minimum session time 120 minutes  <b>(12 Units / Sessions Max)</b></p>	<p><b>Maximum per Consumer</b> <b>\$360</b></p> <p>Providers may only enroll client in either IOT or OTG. This is an either/or service; permission to bill both must be approved by the DMHA.</p>
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Outpatient Treatment Group (OTG) 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 15 minutes per hour should be specific to disordered gambling. It should be clear to anyone sitting in on the session that the focus is about disordered gambling. This must be clearly documented in the progress notes.

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

**In WITS NOTES identify the date and time of the OTG. Include topic related to Disordered Gambling**

<b>Individual Counseling</b>	<b>Cost \$20</b>	<b>Per 15 Minutes (4 Hours /16 Units Max)</b>	<b>Maximum per Consumer \$320</b>
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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 (1) 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.

**In WITS, note the date and time of the Individual Counseling session.**

<b>Financial Counseling (Group)</b>	<b>Cost \$8</b>	<b>Per 15 Minutes (5 Hours / 20 Units Max)</b>	<b>Maximum per Consumer \$160</b>
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Financial Counseling - Group shall not be included within IOT or Outpatient Treatment Groups. 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 shall be offered again every 30 days and documented in the client file.**

The appropriate time to begin Financial Counseling varies by individual. 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 it should not be billed concurrently with another service. The provider must give written financial management materials to all consumers receiving problem gambling services.***

***In billing, note what occurred in the session.***

<b>Financial Counseling (Individual)</b>	<b>Cost \$25</b>	<b>Per 15 Minutes (2 Hours / 8 Units Max)</b>	<b>Maximum per Consumer \$200</b>
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Financial Counseling - Individual is for one-on-one discussion of financial issues related to Disordered Gambling. It must be a stand-alone and have clearly defined goals and objectives. Clients 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 his or her 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 it should not be billed concurrently with another service. The provider must give written financial management materials to all consumers receiving problem-gambling services.***

<b>Transportation</b>	<b>Cost \$12</b>	<b>10 Units Max</b>	<b>\$120</b>
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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).

A unit is defined as a car trip, bus, shuttle or train ticket, and taxi, Uber or Lyft. Units may be combined to cover the cost. Units may be combined to purchase a bus pass for the duration of treatment. Clearly identify in the notes that this is what occurred.

**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 \$12 per unit. 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 disordered gambling recovery.

**It is the sole responsibility of the provider to ensure that the agency vehicle is fully insured, and that the driver has a valid driver's license. Proof of compliance with Insurance, driver competency, and registration of the vehicle used for Transportation must be readily available upon request.**

<b>Family Counseling</b>	<b>Cost \$25</b>	<b>Per Half Hour (3 Hours /6 Units Max)</b>	<b>Maximum Per Consumer \$150</b>
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Family Counseling is a planned and organized service with the consumer and/or family members or non-professional caregivers where counselors provide a 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.

**Bill under the disordered gambling client.**

<b>Education (Group)</b>	<b>Cost \$15</b>	<b>Per Half-Hour (10 Hours / 20 Units Max)</b>	<b>Maximum per Consumer \$300</b>
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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 three (3) or more people in attendance. A group may include family members of the client.** Not all members of group must be gambling clients, but the topics should be directly related to disordered 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 disordered 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.

<b>Family Education</b>	<b>Cost \$15</b>	<b>Per Half-Hour (10 Hours / 20 Units Max)</b>	<b>Maximum per Consumer \$300</b>
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Family Education is a planned and organized service with the consumer and family members focusing on disordered gambling with a structured educational program 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 Family Education session benefits and informs the gambling addiction of the individual. The delivery of Family Educational information must be face-to-face and scheduled. The Family Education shall be provided in a group setting dedicated to the Education of disordered gambling.

**A group is defined as minimum of three (3) or more people in attendance. The group must include the client. The group is encouraged to include other disordered gambling clients and their family members.** Not all members of group must be gambling clients or families, but the topics should be directly related to disordered gambling treatment and recovery. Integrating family educational information on disordered gambling increases an individual's awareness of sequential addiction and co-occurring disorders.

Family Education may only be claimed for the family members of a client in the group who qualify for disordered gambling services. Individuals receiving family educational information must demonstrate progress toward and/or achievement of goals in the IICP. Sessions should be a minimum of 30 minutes per occurrence.

**Bill under the disordered gambling client.**

<b>Education</b> (Individual)	<b>Cost</b> <b>\$15</b>	<b>Per Half-Hour</b> <b>(10 Hours / 20 Units Max)</b>	<b>Maximum per Consumer</b> <b>\$300</b>
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Individual education is a planned and organized with the consumer one on one focusing on disordered gambling with a structured educational program and focusing on specific needs of the client. **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 session benefits and informs the gambling addiction of the individual.



Indiana Disordered / Problem Gambling Services Rate Sheet  
SFY 2021

**SOGS Scores 8 - 20**

Effective 7.1.2020

Modality / Type of Service	Rate	Unit	Maximum Amount
Enrollment: Data entry into WITS & DARMHA; Creation of Individualized Integrated Care Plan	\$175.00	Flat Fee (1 Unit Max)	\$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	\$15.00	Per 15 Minutes (10 Hours / 40 Units Max)	\$600.00
Intensive Outpatient Treatment	\$38.00	Flat Fee / Per Session (30 Sessions / Units Max)	\$1,140.00
Outpatient Treatment (Group)	\$38.00	Flat Fee / Per Session (24 Sessions / Units Max)	\$912.00
Individual Counseling	\$25.00	Per 15 Minutes (10 Hours / 40 Units Max)	\$1,000.00
Acute Stabilization including Detoxification <i>(service must be related to Problem Gambling)</i>	\$78.00	Per Day (3 Days / Units Max)	\$234.00
Residential Services <i>(service must be billed as separate event from Acute Stabilization)</i>	\$75.00	Per Day (7 Days / Units Max)	\$525.00
Medication, Evaluation & Monitoring	\$20.00	Per Day (60 Days / Units Max)	\$1,200.00
Psychiatric Consultation	\$120.00	Per Hour (4 Hours / Units Max)	\$480.00
Financial Counseling (Group)	\$8.00	Per 15 Minutes (7 Hours / 28 Units Max)	\$224.00
Financial Counseling (Individual)	\$25.00	Per 15 Minutes (16 Hours / 64 Units Max)	\$1,600.00
Transportation	\$12.00	Per Unit (10 Units Max)	\$120.00
Family Counseling	\$25.00	Per Half - Hour (15 Hours / 30 Units Max)	\$750.00
Education (Group - Safe Bet)	\$15.00	Per Half - Hour (10 Hours / 20 Units Max)	\$300.00
Education (Individual - Safe Bet)	\$15.00	Per Half - Hour (10 Hours / 20 Units Max)	\$300.00
Family Education (Safe Bet)	\$15.00	Per Half - Hour (10 Hours / 20 Units Max)	\$300.00
Certified Recovery Specialist Services	\$34.00	Per Hour (35 Hours / Units Max)	\$1,190.00
Certified Recovery Coach	\$34.00	Per Hour (35 Hours / Units Max)	\$1,190.00
Voluntary Exclusion Program Sign - Up	\$2,000.00	Flat Fee (1x Only Per Agency)	\$2,000.00
<i>Fee for treatment service payments for individuals receiving a SOGS Score in the 8 – 20 range shall not exceed two thousand five hundred dollars (\$2,500.00) during this agreement period, unless authorized by DMHA.</i>			

## Indiana Disordered/Problem Gambling Services Rate Sheet

### SOGS Scores 3 - 7

Effective 7.1.2020

Modality/Type of Service	Rate	Unit	Maximum Amount
Enrollment: Data entry into WITS & DARMHA; Creation of Individualized Integrated Care Plan	<b>\$125.00</b>	<b>Flat Fee</b> (1 Unit Max)	<b>\$125.00</b>
Individualized Integrated Care Plan Review	<b>\$25.00</b>	<b>Per Occurrence</b> (3 Units Max)	<b>\$75.00</b>
Intensive Outpatient Treatment	<b>\$30.00</b>	<b>Flat Fee / Per Session</b> (12 Sessions / Units Max)	<b>\$360.00</b>
Outpatient Treatment <i>(Group)</i>	<b>\$30.00</b>	<b>Flat Fee / Per Session</b> (12 Sessions / Units Max)	<b>\$360.00</b>
Individual Counseling	<b>\$20.00</b>	<b>Per 15 Minutes</b> (4 Hours / 16 Units Max)	<b>\$320.00</b>
Financial Counseling <i>(Group)</i>	<b>\$8.00</b>	<b>Per 15 Minutes</b> (5 Hours / 20 Units Max)	<b>\$160.00</b>
Financial Counseling <i>(Individual)</i>	<b>\$25.00</b>	<b>Per 15 Minutes</b> (2 Hours / 8 Units Max)	<b>\$200.00</b>
Transportation	<b>\$12.00</b>	<b>Per Unit</b> (10 Units Max)	<b>\$120.00</b>
Family Counseling	<b>\$25.00</b>	<b>Per Half - Hour</b> (3 Hours / 6 Units Max)	<b>\$150.00</b>
Education <i>(Group)</i>	<b>\$15.00</b>	<b>Per Half - Hour</b> (10 Hours / 20 Units Max)	<b>\$300.00</b>
Education <i>(Individual)</i>	<b>\$15.00</b>	<b>Per Half - Hour</b> (10 Hours / 20 Units Max)	<b>\$300.00</b>
Family Education	<b>\$15.00</b>	<b>Per Half - Hour</b> (10 Hours / 20 Units Max)	<b>\$300.00</b>
<b>Fee for treatment service payments for individuals receiving a SOGS Score in the 3 – 7 range shall not exceed seven hundred and fifty dollars (\$750.00) during this agreement period, unless authorized by DMHA.</b>			

## Provider Expectations

The following are the basic policies and expectations for each Provider regarding funding, clinical records, and agency responsibilities.

1. The Disordered/Problem Gambling 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 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/Problem Gambling Services and support activities is the Gamblers' Assistance Fund. All obligations of the state are contingent upon the availability and continued appropriation of this fund.
4. The State shall not be liable for payment in excess of available appropriated funds for Disordered/Problem Gambling Services.
5. A review and discussion of Provider enrollments and expended gambling funds may occur.
6. Providers 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.
7. Providers shall participate in site visits that may review programmatic and/or fiscal issues.
8. State funding, when available, is for individuals with a current episode (within the last 12 months) of Disordered/Problem Gambling. (*exception is re-enrollment at fiscal year change*)
9. Providers shall integrate information on Disordered/Problem Gambling Services available through its agency into materials used to identify and promote agency services.
10. If an individual is identified as having a disordered or problem gambling issue, this must be reflected on the individual's active **Individualized Integrated Care Plan (IICP)**. The treatment plan shall specifically identify the issue to be addressed as disordered or problem gambling. Objectives and interventions shall be individualized to support the individual's identified needs and goals.
11. Referral and linkage to mutual aid groups, such as GA, are an expected component of the IICP.
12. Providers agree to register and enter client information in the WITS system. Payment for services will be based on the *Indiana Disordered/Problem Gambling Services Rate Sheets*, as it relates to the client SOGS score, and will be paid through the WITS system. DMHA treatment data will be submitted through DARMHA.

13. The payment system used is WITS. Providers 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 Disordered Gambling Policies & Procedures Manual*.
14. Providers shall create vouchers at a reasonable level of anticipated services during the actual period of the voucher. Excessive levels of anticipated services reserved on vouchers may result in service caps for a Provider.
15. Providers shall close all expired vouchers within five (5) business days of the voucher end date.  
**Failure to close expired vouchers may reduce funds available for Disordered/Problem Gambling Services.**
16. During this agreement period fees for Disordered/Problem Gambling Services shall not exceed two thousand five hundred dollars (\$2500.00) for individuals that score 8 – 20 on the SOGS, and seven hundred and fifty dollars (\$750.00) for individuals that score 3 – 7 on the SOGS. Providers may request additional funding for an individual beyond limits on the *Indiana Disordered/Problem Gambling Services Rate Sheets*. Providers must submit the *Additional Services Authorization Form* for this to be considered.
17. All services delivered through telemedicine are subject to the same limitations and restrictions as they would be if delivered in-person. The Provider must obtain appropriate consent from the member prior to delivering services. Documentation must be maintained by the Provider to substantiate the services provided and that consent was obtained. Documentation must indicate that the services were rendered via telemedicine, clearly identify the location of the Provider and patient, and be available for post-payment review. The Provider and/or patient may be located in their home(s) during the time of these services.
18. Telemedicine services may be provided using any technology that allows for real-time, interactive consultation between the Provider and the patient. This includes, but is not limited to, the use of computers, phones, or television monitors. This policy includes voice-only communication but **does not** include the use of non-voice communication such as emails or text messages. Documentation of telemedicine services must be maintained by each Provider, and be available for review, upon request.
19. 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 Disordered Gambling Policies & Procedures Manual*, located at:  
<http://www.ipgap.indiana.edu/home/treatment-providers/manual-requirements>.
20. Providers shall provide, upon request to DMHA or its designee, a current list of persons in their agency who meet competency requirements to provide Disordered/Problem Gambling Services. Competency requirements are located in the *Indiana Disordered Gambling Policies & Procedures Manual*.
21. Providers shall post information on their website about the Disordered/Problem Gambling Services available at their agency.

22. Providers shall maintain good standing for provision of treatment services with DMHA. Providers shall also have all required certifications and/or documentation on file, as specified by DMHA.
23. Providers shall provide access to online training of “Problem Gambling 101” to all existing and new staff that provide direct care or any service to consumers. Resources are available at: [www.ipgap.indiana.edu](http://www.ipgap.indiana.edu).
24. Providers shall ensure that all new staff, upon hiring, are given information regarding the Disordered/ Problem Gambling Services their agency offers.
25. Agency staff that provide Disordered/Problem Gambling Services are required to review the *Indiana Disordered Gambling Policies & Procedures Manual*. Providers will ensure this process is documented and available for review, upon request.

## Close Out and Re-Enrollment Instructions

**Closing-out/re-opening clients for the new fiscal year:** At the end of SFY 2020 Providers need to **“close-out/re-open” all clients that will continue receiving services into the new fiscal year.** Since funds are tied to specific fiscal years, it is necessary to unenroll/enroll to reset the payment meter.

**If your Agency currently has clients that have been receiving gambling treatment services in SFY 2020, and will continue to receive these services in SFY 2021, you will need to be sure and “close-out” the client case for SFY 2020 (by June 30<sup>th</sup>)... and then “re-open” the client, on/after July 1<sup>st</sup>, for SFY 2021.**

- For those clients being “closed-out/re-opened”... **if the SOGS/SOGS-RA is older than 60 days, a new one will need to be completed as part of the Enrollment process back into WITS.** Agencies will be reimbursed for this process at the rate that is listed in the SFY 2021 Indiana Disordered/Problem Gambling Services Rate Sheets.
- **If the client’s SOGS/SOGS-RA is under 60 days, you shall use the same information for the Enrollment process.** However, be sure to document this in both the client’s file and WITS notes, along with the date of the original SOGS/SOGS-RA. Agencies **will not** be reimbursed for this process since it is under the 60-day timeframe.
  - In both of the above scenarios, **inclusion of the Individualized Integrated Care Plan (IICP) needs to be part of the Enrollment process,** since these services are combined.

### Instructions for Close Out:

- *Log in to the WITS system at: <https://dmha.fssa.in.gov/atr/>*
- *Pull up the client profile for the client you need to close out.*
- *Go to Activity List (left hand side of the screen).*
- *Under Activity List, go to Intake.*
- *In the lower left corner of the Intake screen, there is a blank box with a blue button next to it that says Save and Close Case. You will enter the date in that box and hit save and close case.*
- *At this point, all the boxes on the screen should go grey and the case will be closed*

## Instructions for Re-Enrollment:

- *Log in to the WITS system at: <https://dmha.fssa.in.gov/atr/>*
- *Pull up the client profile for the client you need to re-open for the new SFY.*
- *Go to Activity List (left hand side of the screen).*
- *Go to Episode List.*
- *Click on Start New Episode (upper right hand side of the screen).*
- *Complete the Intake screen.*
- *Save this information.*
- *Create a new voucher for the client for services.*

## Data Collection and Reporting

The majority of the DMHA's disordered 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 disordered 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:

1. DARMHA User Manual
2. Performance Measure Definitions Manual
3. Import and Export Specifications Manual
4. Web Services Specifications Manual
5. 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 Strengths 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 disordered 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 disordered 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 following:

<https://dmha.fssa.in.gov/helpdesk/Default>, WITS technical assistance and support

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

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

### WITS Access and Login

A WITS access request form must be completed and submitted to Larry Long at [john.long@fssa.in.gov](mailto:john.long@fssa.in.gov). Forms are available in the manual or by request. Once access is approved, you will receive an email containing your initial login information.

- The WITS login page is located at <https://dmha.fssa.in.gov/atr/>. On the log-in page 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

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 CANS/ANSA. 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.

## 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*

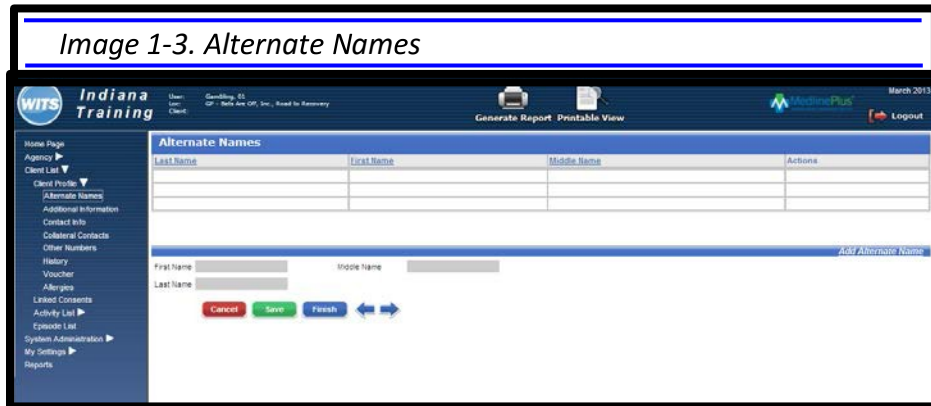
The screenshot shows the WITS Client List screen. The header includes the WITS logo, 'Indiana Training', user information (User: Gambling, 01; Loc: GP - Bets Are Off, Inc.; Client: Road to Recovery), a 'Printable View' icon, the MedlinePlus logo, and the date 'March 2013'. A 'Logout' button is in the top right. The left sidebar contains links: Home Page, Agency, Client List (selected), Client Profile, Linked Consents, Activity List, Episode List, System Administration, My Settings, and Reports. The main content area is titled 'Client Search' and contains the following fields:  
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: [text]  
Case Status: All Clients [dropdown]  
Intake Staff: [dropdown]  
Other Number: [text]  
Number Type: [dropdown]  
Include Only Active Consents: Yes [checkbox]  
Buttons: Clear, Go  
Below the search fields is a table titled 'Client List (Export)' with columns: Client ID, Full Name, DOB, SSN, Gender, and Actions. An 'Add Client' link is in the top right of the table area.

**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.”



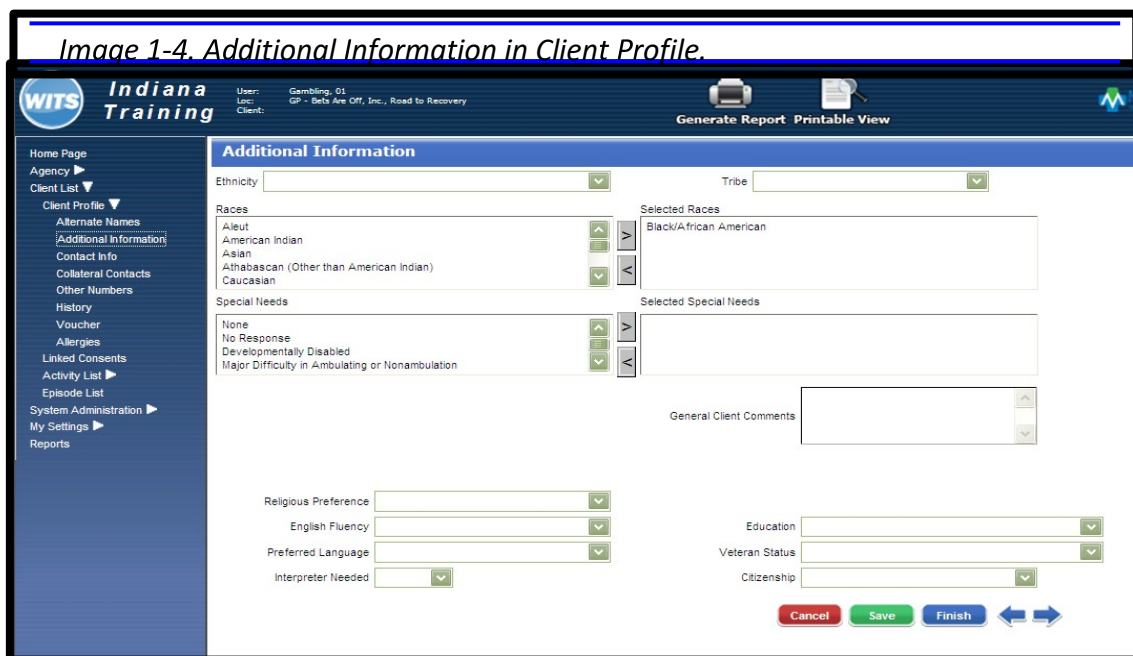
6. The Alternate Names screen will appear (*Image 1-3*). If the client has any aliases or nicknames, this information would be entered here.

**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.

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

The screenshot displays the 'Contact Info' screen within the Indiana Training system. The interface includes a sidebar on the left with navigation options such as 'Home Page', 'Agency', 'Client List', 'Client Profile', 'Alternate Names', 'Additional Information', 'Contact Info', 'Collateral Contacts', 'Other Numbers', 'History', 'Voucher', 'Allergies', 'Linked Consents', 'Activity List', 'Episode List', 'System Administration', 'My Settings', and 'Reports'. The main content area is titled 'Contact Info' and contains several form fields: 'Home Phone #', 'Work Phone #', 'Mobile #', 'Primary Phone #', 'Fax #', and 'Email Address'. There is also a 'Preferred Method of Contact' dropdown menu and 'Created' and 'Updated' date fields. Below the form fields is an 'Addresses' table with columns for 'Address Type', 'Address', 'Confidential', 'Created', 'Updated', and 'Actions'. An 'Add Address' link is located at the top right of the table. At the bottom of the screen, there are buttons for 'Cancel', 'Save', 'Finish', and a blue double-headed arrow.

Address Type	Address	Confidential	Created	Updated	Actions

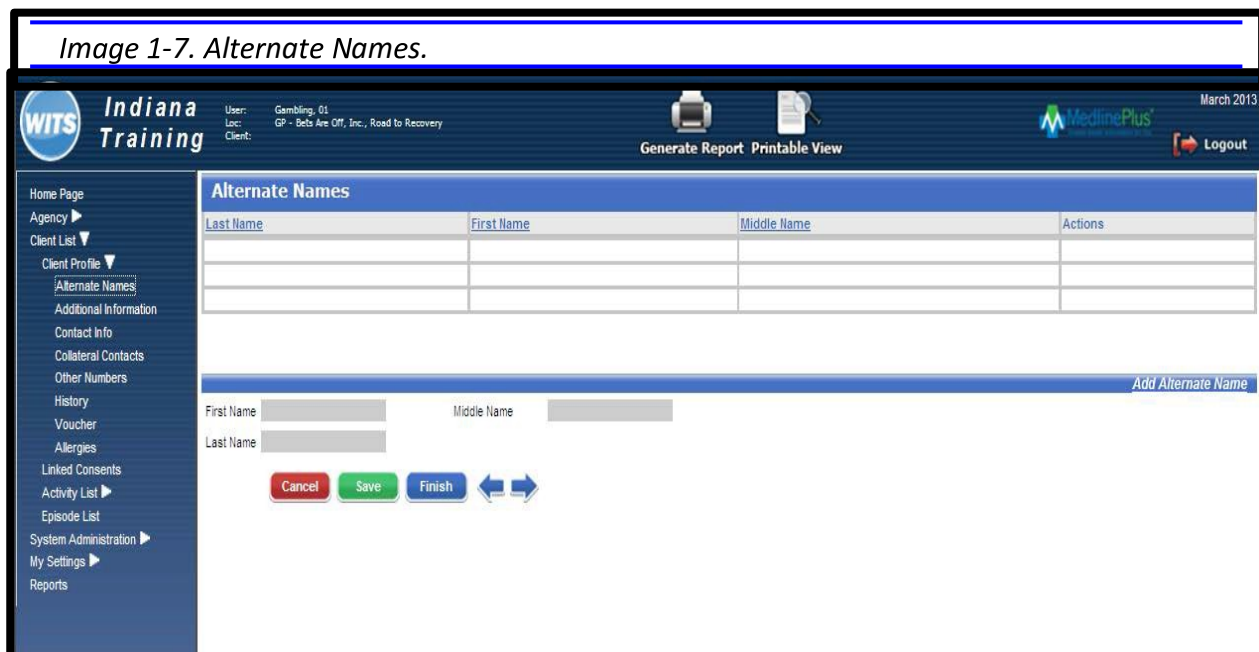
10. The Address Information screen will appear (**Image 1-6**). Complete required address fields.

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

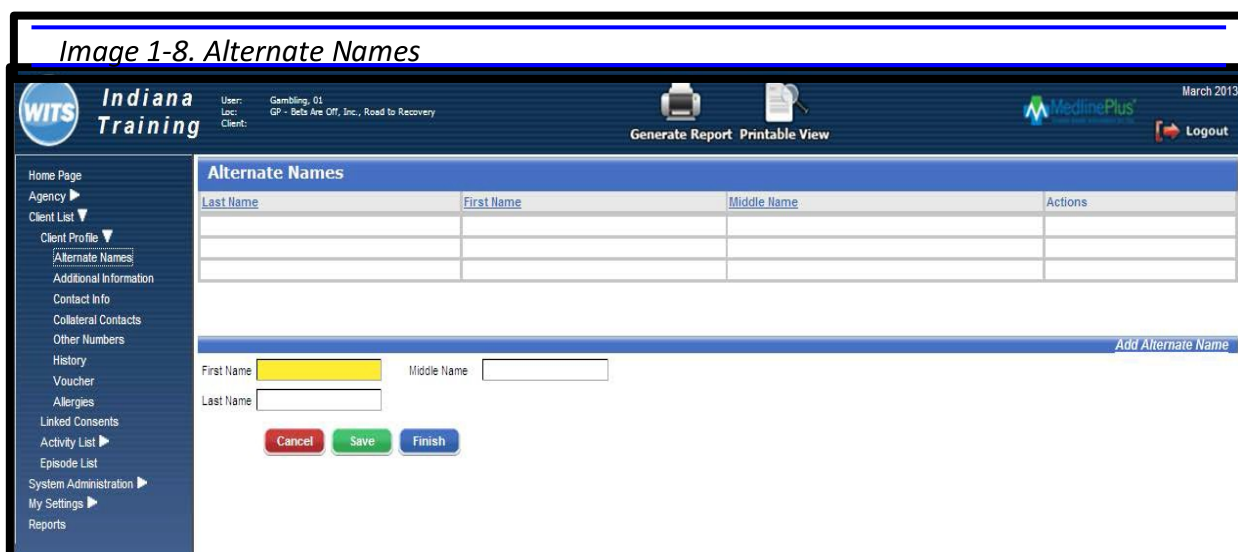
12. Click the blue arrow on the Contact Info screen to continue.

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

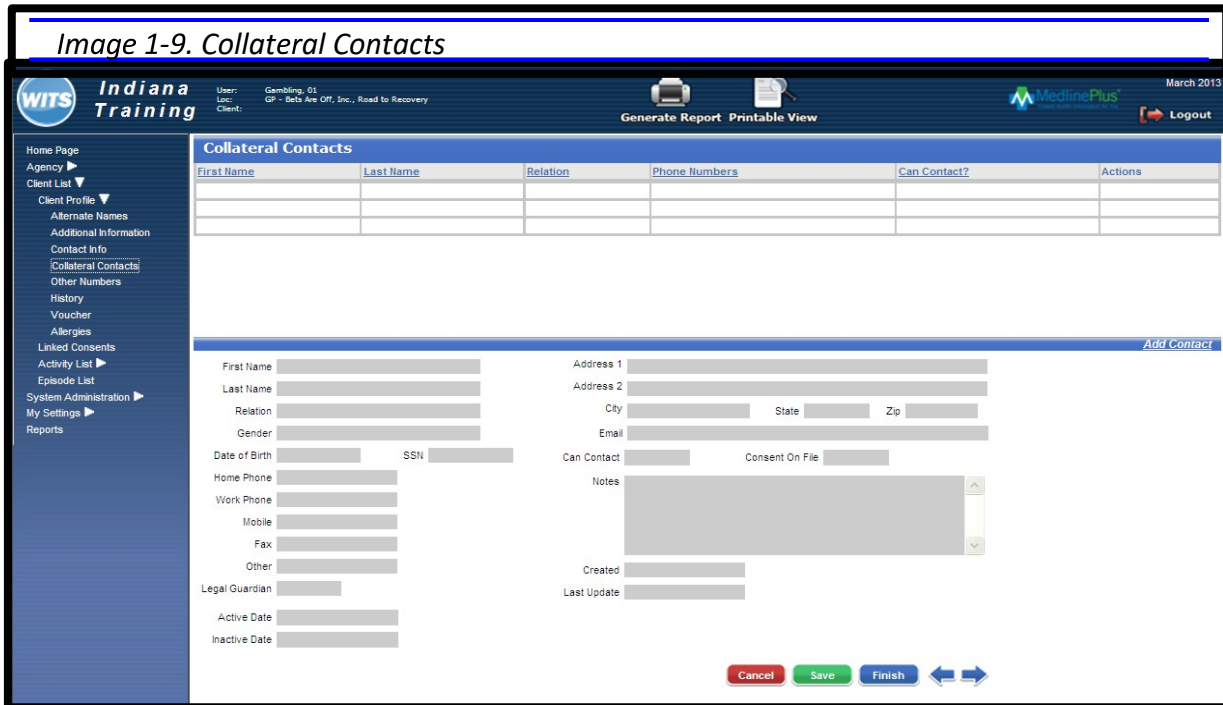
13. Click "Add Alternate Name." Fields for adding alternate names will appear (**Image 1-8**).



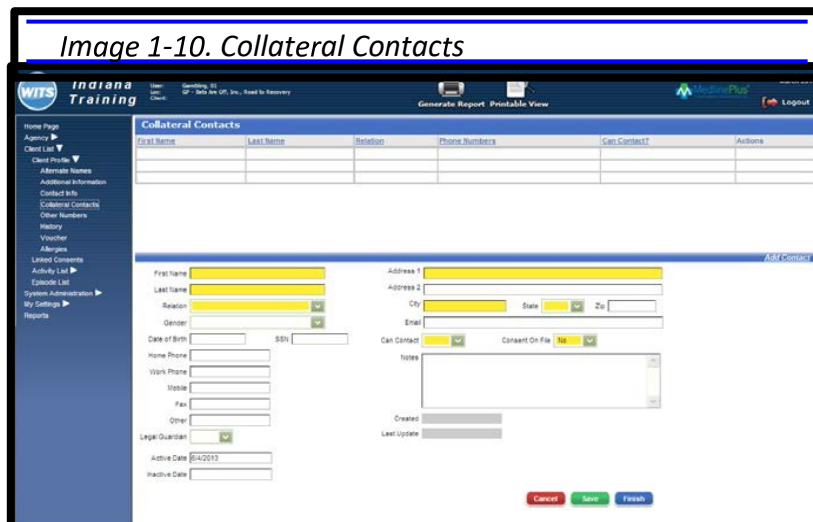
14. Enter alternate names.
15. Click "Finish."



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."

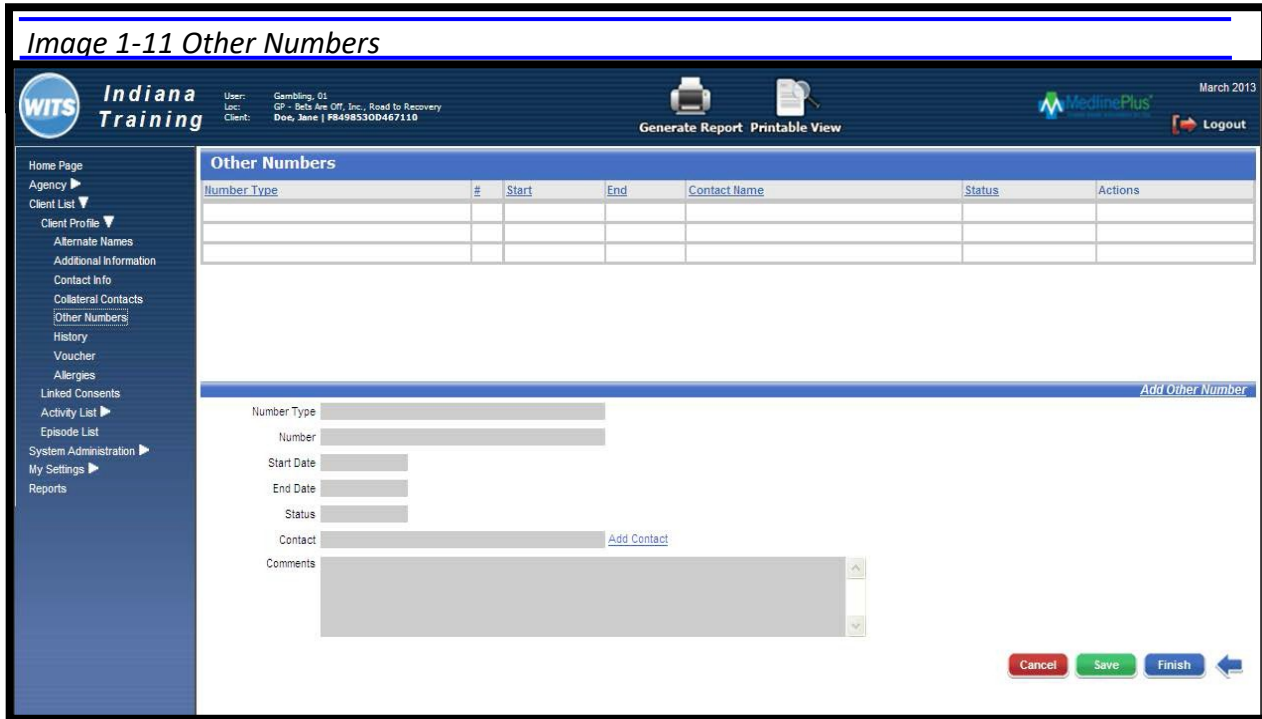


18. A new screen will appear (*Image 1-10*). Enter required fields.
19. Click "Finish."
20. Click the blue arrow on the main Collateral Contacts screen (*Image 1-9*) to continue.



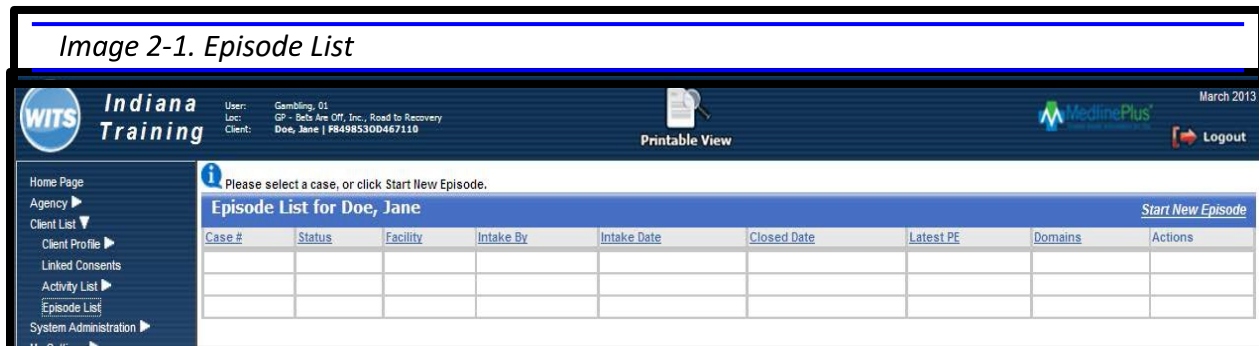


21. The Other Numbers screen will appear (**Image 1-11**). This information is optional.  
 “Other Numbers” refers to other identification numbers an agency may use to follow the clients, such as a court case number.
22. Click “Add Other Number.” On the new screen that appears, enter the desired information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

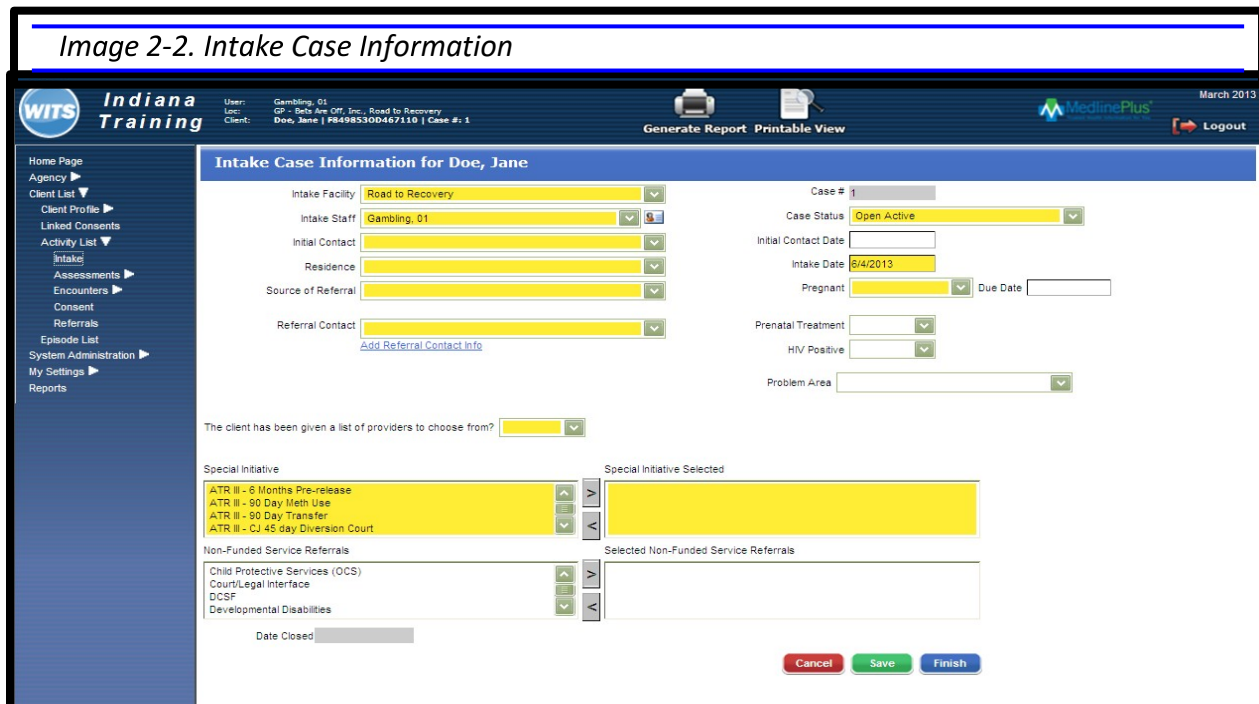


# Create Episode Intake

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

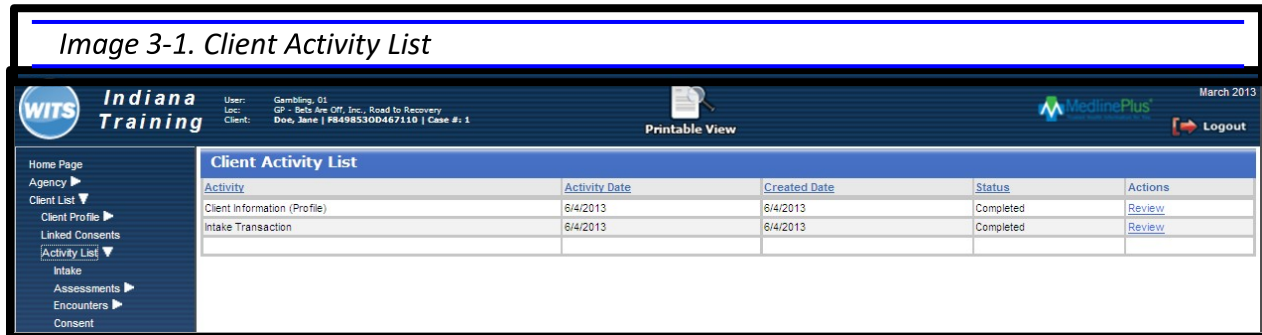


3. Intake Case screen will appear (*Image 2-2*). Complete the information.
  - Source of Referral dropdown: Scroll and choose "Other" or "Gambling Hotline" as the referral source.
  - Referral Contact dropdown: Any collateral contacts you have entered previously will appear in the dropdown. To add a 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!

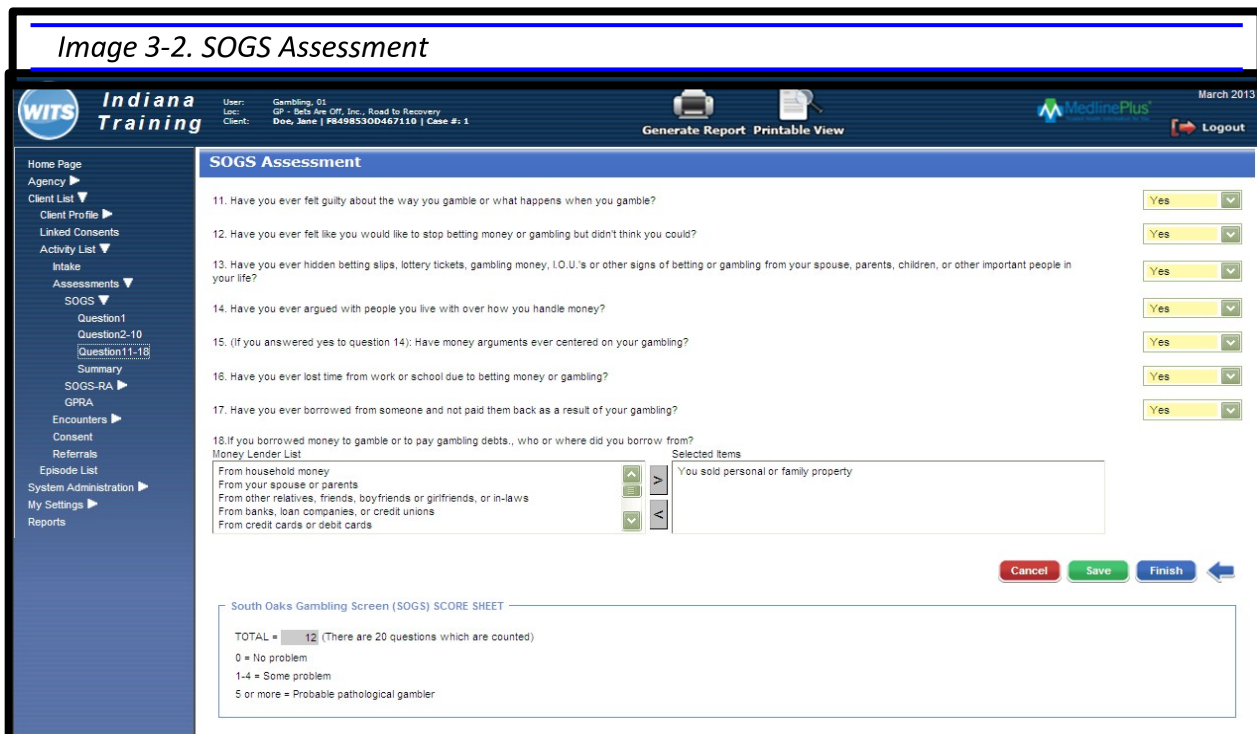


# Complete SOGS/SOGS-RA

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 (**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.





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.”

*Image 4-3. Voucher for Client*

**WITS Indiana Training** User: Gambling, 01 Loc: QP - Beta Are Off, Inc. - Road to Recovery Client: Doe, Jane | PB4983300467110 | Case #: 1

Printable View

**Voucher for Doe, Jane**

Group Enrollment:  Status: Active

Plan:  Agreement: 0000036795 - Beta Are Off, Inc. / 12/1/2010 - 12/31/2014 - Gambling-Gambling

Voucher #:  Date Approved: 04/2013

Administering Agency: QP - Beta Are Off, Inc. Updated Date:  Updated By:

Effective Date:  Intake:

End Date:

Comments:

Service	Authorized Units	Authorization Amt	Encumbered	Expended	Available Amount	Available Units	Add Service

Actions:

Total Vouched: \$0.00  
 Total Encumbered: \$0.00  
 Total Expended: \$0.00  
 Total Available: \$0.00

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.

*Image 4-4. Vouched Services*

**WITS Indiana Training** User: Gambling, 01 Loc: QP - Beta Are Off, Inc. - Road to Recovery Client: Doe, Jane | PB4983300467110 | Case #: 1

Printable View

**Vouched Services for Doe, Jane**

Service:

Voucher #: 576

# Vouched Units:

Vouched Amount:

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](#).”

*Image 5-1. Encounter List*

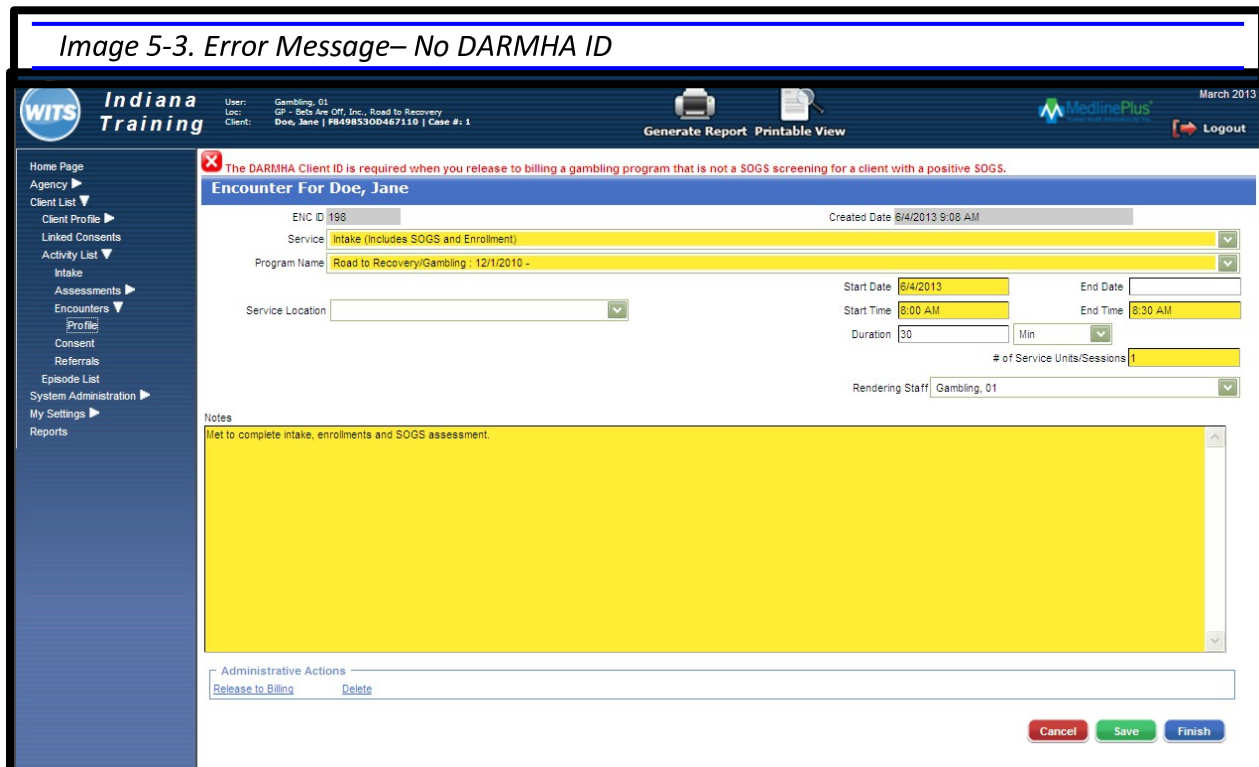
The screenshot displays the 'Encounter List' interface. At the top, there is a navigation bar with the WITS logo, 'Indiana Training', and user information: 'User: Gambling, 01', 'Loc: GP - Belle Ave Off. Inc., Road to Recovery', and 'Client: Doe, Jane | PB498530D467110 | Case #: 1'. There are also links for 'Generate Report' and 'Printable View'. The main content area features an 'Encounter Search' section with a message: 'No results match your search criteria.' Below this is a search form with fields for 'Start Date' (8/4/2012), 'End Date' (8/4/2013), 'Rendering Staff', 'Service', and 'Encounter Status'. There are 'Clear' and 'Go' buttons. Below the search form is an 'Encounter List (Export)' table with columns: 'Svc Date', 'Service', 'ENC ID', 'Rendering Staff', 'Program Name', 'Status', and 'Actions'. A link 'Add Encounter Record' is visible in the top right of the table area. A sidebar on the left contains a menu with items like 'Home Page', 'Agency', 'Client List', 'Client Profile', 'Linked Consents', 'Activity List', 'Intake', 'Assessments', 'Encounters', 'Profile', 'Consent', 'Referrals', 'Episode List', 'System Administration', 'My Settings', and 'Reports'.

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.





## 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."
3. On the Encounter List screen, click "Add Encounter Record."
4. On the Encounter screen, complete the required fields.
5. Click "Save."
6. To release to billing, click "Release to Billing" beneath the notes section.
7. Click "Finish."

## WITS Side Menu Navigation

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

## 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 ACCESS REQUEST FORM

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

This form should be signed by the Senior Manager for Problem Gambling efforts at your Agency.

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

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**Organization name:**

**Name of organization's Senior Manager for PGTRN:**

**Add Access**                       **Change Access**                       **Remove Access**

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

**Work Phone with Extension:**

**Other Phone (if available):**

**Email Address:**

**Facilities Where Working:**

**Manager:**

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

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

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

Larry Long  
Program Director - Gambling Treatment & Older Adult Initiatives

**Indiana Disordered / Problem Gambling  
Additional Services Authorization  
Request Form**

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

**Requesting Provider:** \_\_\_\_\_

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

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

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

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

**Justification for Additional Services:**

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**Anticipated Services:**

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**DMHA Action:**

**Email form to:**

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

## Contacts

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

### **DMHA Treatment Resources / Training on Disordered 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](mailto:John.Long@fssa.IN.gov)

### **DMHA WITS Technical Assistance and Support:**

[WITS@fssa.IN.gov](mailto:WITS@fssa.IN.gov)

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

Mary Lay, MPH, MCHES, CPS  
Program Manager  
Indiana Problem Gambling Awareness Program  
501 N. Morton Street, Suite 110  
Bloomington, IN 47404  
812-856-4885

[maholtsc@indiana.edu](mailto:maholtsc@indiana.edu)

### **Desiree Reynolds, MPH, MCHES, MATS**

Project Manager  
Indiana Problem Gambling Awareness Program  
501 N. Morton Street, Suite 110  
Bloomington, IN 47404  
812-855-7872

[desiree@indiana.edu](mailto:desiree@indiana.edu)