

INDIANA DISORDERED GAMBLING POLICIES AND PROCEDURES MANUAL

SFY 2023

PREPARED BY

Indiana Problem Gambling Awareness Program

Prevention Insights at Indiana University,

School of Public Health, Bloomington

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Purpose of Manual

This disordered gambling 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. Preparation and distribution of the manual is done by the Indiana Problem Gambling Awareness Program (IPGAP), which is 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 Division of Mental Health and Addiction (DMHA) understands the impact of disordered gambling and is committed to providing quality evidence-based treatment, intervention, prevention, and education resources for professionals who work with individuals who have a gambling disorder.

To facilitate the success of Disordered Gambling Treatment, this manual serves as a roadmap to provide services in the publicly funded disordered gambling treatment system of providers. The SFY 2023 provider agreement refers to this manual. The manual outlines qualifications for service provision, payment definitions and general service delivery.

The FSSA-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.

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

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 were used to describe 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 is an addiction and thus addressed in that manner.

Currently, the South Oaks Gambling Screen (SOGS) is used as the assessment/enrollment tool into the publicly funded disordered gambling treatment system through DMHA. For screening purposes, DMHA asks providers to use the Brief Biosocial Gambling Screen (BBGS). Screening and other diagnostic tools are best in a face-to-face conversation and not given to the client to complete on their own.

Manual Download:

<https://ipgap.indiana.edu/treatment-providers/manual-requirements.html>

DSM-V 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 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)

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. To provide any service not provided directly should be established and maintained with formal agreements with other appropriate service providers, including providers of mental health services, social services, educational services, vocational rehabilitation services, and employment services for an individual who meets the following requirements:

The individual is a resident of Indiana; *AND*

The individual has been identified as qualifying for services using the DMHA designated screening tool and funding is available for services. The eligibility for services includes the following:

1. Individuals eighteen (18) years of age or older:
 - a. Scores of 3 - 7 on the SOGS qualify clients for a maximum of \$1250 in gambling treatment services.
 - b. Scores of 8 - 20 on the SOGS qualify clients for a maximum of \$2750 in gambling treatment services.
2. Individuals twelve (12) to seventeen (17) years of age:
 - a. Scores of 3 - 5 on the SOGS-RA qualify clients for a maximum of \$1250 in gambling treatment services.
 - b. Scores of 6 - 12 on the SOGS-RA qualify clients for a maximum of \$2750 in gambling treatment services.

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

Screening Requirements for Providers

Screening of All Clients

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

Providers are to use the following screening tool*:

- Brief Bio-Social Gambling Screen (<https://www.icrg.org/resources/brief-biosocial-gambling-screen>)

The Brief Bio-Social Gambling Screen (BBSG) is shown to have better sensitivity in identifying potential disordered gambling issues, than many of the other screening tools used such as the Lie/Bet.

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

*The Difference between Screening and Assessment

Screening helps determine the potential need for a more comprehensive assessment. The purpose of 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 an 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/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 responses are normally a simple yes or no.
- **Assessment** is a process for defining the nature of that problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis.

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

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

Clients scoring a positive outcome on the BBGS screening tool should then be administered the DMHA identified assessment/enrollment tool, which is currently the South Oaks Gambling Screen (SOGS) or the South Oaks Gambling Screen-Revised Adolescent (SOGS-RA). The SOGS/SOGS-RA is currently the required tool for identifying eligibility to receiving funding for disordered gambling treatment services through the agencies' provider agreement with the state. Providers should also complete the DSM-V worksheet with the SOGS/SOGS-RA and place the results in the client's file. The result of the SOGS/SOGS-RA and the DSM-V worksheet shall guide the plans for treatment.

Note: The South Oaks Gambling Screen (SOGS) and the South Oaks Gambling Screen-Revised Adolescent (SOGS-RA) are the assessment tools currently used for enrollment to receive gambling treatment services in Indiana. The SOGS is based on DSM-IV criteria, (Lesieur & Blume, 1987). When administering the SOGS/SOGS-RA, clinicians are to complete the form with the consumer and to ask questions that reflect gambling behavior 12 months prior to the screening.

Handing the form to the client to complete on their own IS
NOT using the tool with fidelity.

SFY 2023 - Procedures for Enrolling Consumers with Disordered Gambling

1. A completed SOGS or SOGS-RA is required for payment for individuals meeting eligibility criteria with scores.

Individuals eighteen (18) years of age and older:

- a. Scores of 3 - 7 on the SOGS qualify clients for a maximum of \$1250 in gambling treatment services.
- b. Scores of 8 - 20 on the SOGS qualify clients for a maximum of \$2750 in gambling treatment services.

Individuals twelve (12) to seventeen (17) years of age:

- a. Scores of 3 - 5 on the SOGS-RA qualify clients for a maximum of \$1250 in gambling treatment services.
- b. Scores of 6 - 12 on the SOGS-RA qualify clients for a maximum of \$2750 in gambling treatment services.

2. The score must reflect gambling activity over **the past twelve (12) months** and be documented in each client's clinical record. The actual score on the SOGS will determine the available services for each client. Providers should retain a copy of this completed SOGS. The SOGS/SOGS- RA should indicate the following: the individual's name, unique ID, the date the screen was completed, and the timeframe of symptoms reflected on the assessment (e.g., symptoms of disordered gambling occurred more than one year ago, less than one year but more than six months ago, or six months ago). The date on the SOGS/SOGS-RA should correlate with the individual's progress notes located in the clinical record. Providers shall also complete the DSM-V Disordered Gambling Worksheet for clients that Score 3 or above on the SOGS/SOGS-RA. A copy of the DSM-V worksheet shall be included in the client's file.
 - 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. Providers shall include the completed DSM-V Disordered Gambling Worksheet in client file with the completed SOGS. The SOGS score will determine which treatment package is available, The SOGS Score and score on DSM-V Disordered Gambling Worksheet shall be used to inform necessary services to address a client's gambling disorder.

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

3. Consumers identified as having a gambling disorder, shall have this reflected on their Individualized Integrated Care Plan (IICP). The plan shall specifically identify disordered gambling and the needs and goals shall be specific to the treatment objectives for the client. **Treatment plans are not one size fits all.**
4. Gambling severity shall be identified using the score on the SOGS/SOGS-RA. 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

Providers shall employ individuals with the appropriate education and experience to effectively provide disordered gambling treatment services. Providers shall maintain documentation that individuals providing disordered gambling treatment services meet the criteria designated by DMHA. If key staff changes take place, Providers need to inform DMHA's Gambling Disorder Bureau Chief within 15 days.

A. **LEAD GAMBLING COUNSELOR (REQUIRED OF ALL PROVIDERS)**

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

1. Be qualified to provide counseling, therapy, case management, or like services as defined by the Indiana Professional Licensing Agency; *and*
2. Have documentation showing that they have successfully completed **30 hours** of gambling specific training approved by DMHA.

All new gambling counselors shall take the 30 hour Disordered Gambling Counselor training through the Indiana Problem Gambling Awareness Program. To obtain an Indiana Specific Enrollment Code, please contact one of the IPGAP staff members found [here](#).

The 30 hour Disordered Gambling Counselor training is located [here](#) or at <https://ipgap.indiana.edu/training>.

The National Council on Problem Gambling, Indiana Council on Problem Gambling, and IPGAP offer other trainings, conferences, and courses throughout the year. These events are appropriate for Continuing Education. These events DO NOT apply to the 30 hours of required training.

3. Apply for and maintain credentialing with the International Gambling Counselor Certification Board (IGCCB). The following are the approved credentialing from the IGCCB:
 - 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

or

 - Other DMHA Identified Certifying Organizations (such as ICAADA's Board Certified in Problem Gambling Credential)
4. Participate in a minimum of (2) Clinical Consultation Calls annually.

The role of the Lead Counselor is to 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. Documentation of these credentials may be requested by the DMHA or its designee.

Note: When a lead counselor is no longer serving in this role or leaves the agency, the DMHA or its designee, shall be notified. Any changes to a Provider's Lead Counselor will require the designation of a new Lead Counselor within 15 days of the change. Newly identified Lead Counselors will have 120 days from date of appointment to secure the necessary training / supervision, and to apply for one of the listed credentials. IPGAP will provide support for completion of this requirement.

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 nurse practitioner or certified nursing specialist; *and*
2. Have documentation showing that they have successfully completed **30** hours of gambling specific training approved by the DMHA.

All new gambling counselors shall take the 30 hour Disordered Gambling Counselor training through the Indiana Problem Gambling Awareness Program. To obtain an Indiana Specific Enrollment Code, please contact one of the IPGAP staff members found [here](#).

The 30 hour Disordered Gambling Counselor training is located [here](#) or at <https://ipgap.indiana.edu/training>.

The National Council on Problem Gambling, Indiana Council on Problem Gambling, and IPGAP offer other trainings, conferences, and courses throughout the year. These events are appropriate for Continuing Education. These events DO NOT apply to the 30 hours of required training.

3. Counselors in this category with an International Gambling Counselor Certification Board (IGCCB) certification may assist the Lead Counselor in supervision/case review.
4. Participate in minimum of two (2) Clinical Consultation Calls annually.

C. GAMBLING COUNSELOR WITH OUT STATE LICENSE

1. Have a bachelor's degree in a behavioral health field; *and*
2. Have documentation showing that they have successfully completed 30 hours of gambling specific training approved by the DMHA. Please refer to the *Providers of Services Guide* (Table 1) for services a gambling counselor may provide.

The preferred training is the 30 hour Disordered Gambling Counselor training through the Indiana Problem Gambling Awareness Program. To obtain an Indiana Specific Enrollment Code, please contact one of the IPGAP staff members found [here](#).

The 30 hour Disordered Gambling Counselor training is located at <https://ipgap.indiana.edu/training>.

The National Council on Problem Gambling, Indiana Council on Problem Gambling, and IPGAP offer other trainings, conferences, and courses throughout the year. These events are appropriate for Continuing Education. These events DO NOT apply to the 30 hours of required training.

3. Participate in minimum of two (2) Clinical Consultation Calls annually.

CONTINUING EDUCATION

All counselors providing direct disordered gambling treatment services must complete 6 hours of non-repetitive continuing education credits every year, plus two (2) clinical calls per year. Proof of completion must be submitted as designated by the DMHA.

All counselors 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 maintained in the counselor's personnel file and made available upon request. The DMHA or designee may perform periodic checks for compliance.

The International Gambling Counselor Certification Board publishes a list of preferred providers, which can be found [here](#) and at: <https://www.igccb.org/certified-trainings/>.

DMHA approved continuing education providers include the following organizations:

IPGAP • NAADAC • SAMHSA • ATTC • NCPG • ICPG • NATI • NCRG •
MENTAL HEALTH AMERICA INDIANA • PREVENTION INSIGHTS and
IGCCB

THE TRAINING TOPIC MUST BE RELATED TO DISORDERED GAMBLING
TREATMENT AND PREVENTION. DIRECT ANY QUESTIONS ABOUT
ELIGIBILITY FOR CEUS TO MARY LAY AT IPGAP (maholtsc@iu.edu)

If you plan to attend a training offered by another organization, please contact Mary Lay (maholtsc@iu.edu) at IPGAP to ensure that the educational credits will apply.

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 as listed in the Providers of Services Guide (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 specific services they are providing. At a minimum, all staff shall receive basic disordered gambling training. The introductory disordered gambling training can be found [here](#) and at: <https://ipgap.indiana.edu/training>.

E. Physicians and Other Medical Staff

The DMHA requires certain services as listed in the Providers of Services Guide (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

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 a 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 problem gambling treatment.

Enrollment: Data entry into WITS & DARMHA; Creation of Individualized Integrated Care Plan

Enrollment/Intake includes the completion of the South Oaks Gambling Screen (SOGS) or South Oaks Gambling Screen Revised Adolescent (SOGS-RA) and Enrollment of an individual into WITS by meeting eligibility criteria with the following scores:

Individuals eighteen (18) years of age and older:

- a. Scores of 3 - 7 on the SOGS qualify clients for a maximum of \$1250 in gambling treatment services.
- b. Scores of 8 - 20 on the SOGS qualify clients for a maximum of \$2750 in gambling treatment services.

Individuals twelve (12) to seventeen (17) years of age:

- a. Scores of 3 - 5 on the SOGS-RA qualify clients for a maximum of \$1250 in gambling treatment services.
- b. Scores of 6 - 12 on the SOGS-RA qualify clients for a maximum of \$2750 in gambling treatment services.

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. **A SOGS or SOGS-RA without Enrollment in disordered gambling treatment is not sufficient for reimbursement.** The SOGS must be completed and documented. You may claim Enrollment/Intake for the consumer, even if there is another payer source for the treatment. For data collection purposes, registration into DARMHA and completion of the ANSA/CANS must also occur for those providers required to do both. This payment is to cover the time it takes to enter them into the system with all its requirements. Providers shall complete and score the DSM-V Disordered Gambling Worksheet for all clients.

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.

Individualized Integrated Care Plan Review

Individualized Integrated Care Plan Review includes monitoring/follow-up activities and contacts necessary to ensure the Individualized Integrated Care Plan is effectively implemented and adequately addresses the needs of the consumer. The activities and contacts may be with the consumer, family members, non-professional caregivers, providers, and other entities.

Monitoring and follow-up are necessary to help determine if services are being furnished in accordance with a service plan of the consumer, the adequacy of the services in the IICP, and changes in the needs or status of the consumer. This function includes making necessary adjustments in the IICP and service arrangement with providers. It also must include review of the following documentation:

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

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

IICP reviews must be completed face-to-face. Include time and date in WITS Notes.

24-Hour Crisis Intervention

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 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.

Case Management

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 can provide needed rehabilitative services.

Intensive Outpatient Treatment

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, 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.

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.

Include time and date in WITS Notes.

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, etc.

Outpatient Treatment Group

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, to bill for OTG, at least 15 minutes per hour should be focused specifically 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.

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

Include time and date in WITS Notes.

Individual Counseling

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.

Include time and date in WITS Notes.

Acute Stabilization including Detoxification

The payment for this service must be specifically related to the issues of receiving Disordered Gambling Treatment Services. Client should be identified as qualifying for Disordered Gambling Treatment Services.

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).** 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) score that meets the requirement for services, and the detox services are necessary and related.

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.

Residential Services

Service shall be billed as a separate event from Acute Stabilization.

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

Medication, Evaluation, & Monitoring

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.

Psychiatric Consultation

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 during 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.

Addressing Financial Issues are a key component to any successful gambling disorder treatment plan. All Disordered/Problem Gambling Clients shall complete at least one of the following services*

Financial Counseling - Group *

Financial Counseling is a mandatory standalone service for all Disordered Gambling Clients. It shall not be included within IOT or Outpatient Treatment Groups. It must be a stand-alone group session 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, individualized financial counseling initially, it shall be offered again every 30 days and documented in the client file.

All clients shall receive a general discussion of financial issues included in ALL Disordered Gambler's Integrated Individualized Care Plan. This shall be documented in 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 disordered/problem gambling services. Providers may be asked to provide written materials or electronic information to DMHA or its designee.

In Client File and WITS please, note what occurred in the session.

Financial Counseling written materials may be obtained from IPGAP. The following are resources that may be helpful in planning financial counseling sessions:

<https://hoosierlottery.com/positive-play/financial-literacy-resources/>

https://www.ncpgambling.org/files/public/problem_gamblers_finances.pdf

<https://ipgap.indiana.edu/documents/brochure-financial.pdf>

Financial Counseling - Individual *

Financial Counseling is a mandatory standalone service for all Disordered Gambling Clients. It shall not be included within IOT or Outpatient Treatment Groups. It must be a stand-alone session 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, individualized financial counseling initially, it shall be offered again every 30 days and documented in the client file. General discussion of financial issues shall be included in ALL Disordered Gambler's Integrated Individualized Care Plan. This shall be documented in 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 disordered/problem gambling services. Providers may be asked to provide written materials or electronic information to DMHA or its designee.

In Client File and WITS please, note what occurred in the session.

Financial Counseling written materials may be obtained from IPGAP. The following are resources that may be helpful in planning financial counseling sessions:

<https://hoosierlottery.com/positive-play/financial-literacy-resources/>

https://www.ncpgambling.org/files/public/problem_gamblers_finances.pdf

<https://ipgap.indiana.edu/documents/brochure-financial.pdf>

Transportation

Providing transportation services to individuals 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). This 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 going to treatment, self-help groups, and meeting with probation, parole, and community corrections.

A unit is defined as a car trip, bus, shuttle or train ticket, taxi, Uber or Lyft. Units may be combined to cover the cost or 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 \$15 per unit. A trip is defined as going to a destination and returning. Transportation in an agency vehicle must be fully documented including client name, date of service, destination, 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 the necessary type of 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.**

Family Counseling

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 portions 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.

Education - Safe Bet

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 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.

Safe Bet education materials are available through IPGAP. Please contact an IPGAP staff member for booklets and materials.

Family Education - Safe Bet

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, 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.

Safe Bet education materials are available through IPGAP. Please contact an IPGAP staff member for booklets and materials.

Individual Education - Safe Bet

Individual education is planned and organized one on one with the consumer, 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 DMHA, 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.

Safe Bet education materials are available through IPGAP. Please contact an IPGAP staff member for booklets and materials.

Certified Recovery Specialist Services

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 aged 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.

Certified Recovery Coach Services

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 aged 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.

Voluntary Exclusion Program Sign-Up

The Voluntary Exclusion Program (VEP) Sign-Up service is only available to new SFY 2023 VEP sites. Agencies / sites who signed up prior to July 1, 2022, 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). 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. Providers shall make this service available to the community, and not just enrolled clients. Providers shall include this VEP service as part of its regular problem gambling information when distributed in hard copy or electronically.

Indiana Disordered / Problem Gambling Services Rate Sheet

SFY 2023

SOGS Scores 3 - 7

Modality/Type of Service	Rate	Unit	Maximum Amount
Enrollment: Data entry into WITS & DARMHA; Creation of Individualized Integrated Care Plan	\$190.00	Flat Fee (1 Unit Max)	\$190.00
Individualized Integrated Care Plan Review	\$25.00	Per Occurrence (3 Units Max)	\$75.00
Case Management	\$15.00	Per 15 Minutes (3 Hours / 12 Units Max)	\$180.00
Intensive Outpatient Treatment	\$45.00	Flat Fee / Per Session (12 Sessions / Units Max)	\$540.00
Outpatient Treatment (Group)	\$45.00	Flat Fee / Per Session (12 Sessions / Units Max)	\$540.00
Individual Counseling	\$25.00	Per 15 Minutes (4 Hours / 16 Units Max)	\$400.00
Financial Counseling (Group)	\$15.00	Per 15 Minutes (5 Hours / 20 Units Max)	\$300.00
Financial Counseling (Individual)	\$25.00	Per 15 Minutes (4 Hours / 16 Units Max)	\$400.00
Transportation	\$15.00	Per Unit (10 Units Max)	\$150.00
Family Counseling	\$25.00	Per Half - Hour (3 Hours / 6 Units Max)	\$150.00
Education (Group)	\$25.00	Per Half - Hour (10 Hours / 20 Units Max)	\$500.00
Education (Individual)	\$25.00	Per Half - Hour (10 Hours / 20 Units Max)	\$500.00
Family Education	\$25.00	Per Half - Hour (10 Hours / 20 Units Max)	\$500.00
<p><i>Fee for disordered / problem gambling service payments for individuals receiving a SOGS Score in the 3 - 7 range shall not exceed one-thousand two hundred & fifty dollars (\$1,250.00) during this agreement period, unless authorized by DMHA.</i></p>			

Indiana Disordered / Problem Gambling Services Rate Sheet

SFY 2023

SOGS Scores 8-20

Modality / Type of Service	Rate	Unit	Maximum Amount
Enrollment: Data entry into WITS & DARMHA; Creation of Individualized Integrated Care Plan	\$190.00	Flat Fee (1 Unit Max)	\$190.00
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	\$45.00	Flat Fee / Per Session (30 Sessions / Units Max)	\$1,350.00
Outpatient Treatment (Group)	\$45.00	Flat Fee / Per Session (24 Sessions / Units Max)	\$1,080.00
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 a 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)	\$15.00	Per 15 Minutes (7 Hours / 28 Units Max)	\$420.00
Financial Counseling (Individual)	\$25.00	Per 15 Minutes (10 Hours / 40 Units Max)	\$1,000.00
Transportation	\$15.00	Per Unit (10 Units Max)	\$150.00
Family Counseling	\$25.00	Per Half - Hour (15 Hours / 30 Units Max)	\$750.00
Education (Group)	\$25.00	Per Half - Hour (10 Hours / 20 Units Max)	\$500.00
Education (Individual)	\$25.00	Per Half - Hour (10 Hours / 20 Units Max)	\$500.00
Family Education	\$25.00	Per Half - Hour (10 Hours / 20 Units Max)	\$500.00
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

Fee for disordered / problem gambling service payments for individuals receiving a SOGS Score in the 8 - 20 range shall not exceed two-thousand seven hundred & fifty dollars (\$2,750.00) during this agreement period, unless authorized by DMHA.

Indiana Disordered / Problem Gambling Services Rate Sheet
SFY 2023

SOGS- RA Scores 3-5

Modality / Type of Service	Rate	Unit	Maximum Amount
Enrollment: Data entry into WITS & DARMHA; Creation of Individualized Integrated Care Plan	\$190.00	Flat Fee (1 Unit Max)	\$190.00
Individualized Integrated Care Plan Review	\$25.00	Per Occurrence (3 Units Max)	\$75.00
Case Management	\$15.00	Per 15 Minutes (3 Hours / 12 Units Max)	\$180.00
Intensive Outpatient Treatment	\$45.00	Flat Fee / Per Session (12 Sessions / Units Max)	\$540.00
Outpatient Treatment (Group)	\$45.00	Flat Fee / Per Session (12 Sessions / Units Max)	\$540.00
Individual Counseling	\$25.00	Per 15 Minutes (4 Hours / 16 Units Max)	\$400.00
Financial Counseling (Group)	\$15.00	Per 15 Minutes (5 Hours / 20 Units Max)	\$300.00
Financial Counseling (Individual)	\$25.00	Per 15 Minutes (4 Hours / 16 Units Max)	\$400.00
Transportation	\$15.00	Per Unit (10 Units Max)	\$150.00
Family Counseling	\$25.00	Per Half - Hour (3 Hours / 6 Units Max)	\$150.00
Education (Group)	\$25.00	Per Half - Hour (10 Hours / 20 Units Max)	\$500.00
Education (Individual)	\$25.00	Per Half - Hour (10 Hours / 20 Units Max)	\$500.00
Family Education	\$25.00	Per Half - Hour (10 Hours / 20 Units Max)	\$500.00
Fee for disordered / problem gambling service payments for individuals receiving a SOGS-RA Score in the 3 - 5 range shall not exceed one-thousand two hundred & fifty dollars (\$1,250.00) during this agreement period, unless authorized by DMHA.			

Indiana Disordered / Problem Gambling Services Rate Sheet

SFY 2023

SOGS - RA Scores 6 - 12

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 a 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)	\$15.00	Per Half - Hour (10 Hours / 20 Units Max)	\$300.00
Education (Individual)	\$15.00	Per Half - Hour (10 Hours / 20 Units Max)	\$300.00
Family Education	\$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
<i>Fee for disordered / problem gambling service payments for individuals receiving a SOGS-RA Score in the 6 - 12 range shall not exceed two-thousand seven hundred & fifty dollars (\$2,750.00) during this agreement period, unless authorized by DMHA.</i>			

Provider Expectations

The following are the basic policies and expectations of each agency 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, services 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 (\$2750.00) for individuals that score 8 – 20 on the SOGS and 6 – 12 on the SOGS-RA; and one thousand dollars (\$1250.00) for individuals that score 3 – 7 on the SOGS and 3 – 5 on the SOGS-RA.** 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 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 their clinical record and must 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.
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.

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 are the primary data collection systems for the Gamblers' Assistance Fund.

For providers who are required by DMHA to use 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 Strength Assessment (ANSA, Version 2.2) in behavioral health and addiction services. The ANSA was developed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices. The original version, the Severity of Psychiatric Illness (SPI), was created in the 1990's to study decision-making in psychiatric emergency systems. The ANSA expands on the concepts of the SPI to include a broader description of functioning and to include strengths with a recovery focus. Domains are like 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 tools.

All disordered gambling service providers with a provider agreement with DMHA must submit data into the WITS system 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.

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, 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 Gambler's Assistance Fund.

WITS Billing

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

<https://dmha.fssa.in.gov/helpdesk/?div=dmha> WITS technical assistance and support

John.Long@fssa.IN.gov Larry Long: Questions about gaining initial access to WITS or specific documentation and service requirements

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

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

WITS Access and Login

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

- The WITS 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 DMHA immediately if someone should no longer have WITS access. Please email all the above listed contacts

Forms

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

DSM-5 Diagnostic Criteria: Gambling Disorder Review Worksheet

Use this worksheet in concert with the SOGS to determine services needed by disordered gambling client

- 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**:

CRITERIA	CHECK EACH THAT APPLY
Needs to gamble with increasing amounts of money to achieve the desired excitement.	
Is restless or irritable when attempting to cut down or stop gambling.	
Has made repeated unsuccessful efforts to control, cut back, or stop gambling.	
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).	
Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).	
After losing money gambling, often returns another day to get even ("chasing" one's losses).	
Lies to conceal the extent of involvement with gambling.	
Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.	
Relies on others to provide money to relieve desperate financial situations caused by gambling.	
SCORE	

- B. The gambling behavior is better explained by a manic episode. Yes or No. If no, proceed to determine scope/level of behavior

SPECIFY LEVEL OF BEHAVIOR	SELECT ONE
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.	
In early remission: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met for at least 3 months but for less than 12 months.	
In sustained remission: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met during a period of 12 months or longer.	

LEVEL	CRITERIA SCORE	SELECT LEVEL
Mild 4-5 Criteria Met		
Moderate 6-7 Criteria Met		
Severe 8-9 Criteria Met		

c. NOTES ON TREATMENT APPROACH

There shall be a copy of this in client file.

Adapted from the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (section 312.31).

Revise Individual Financial Counseling Session(s) 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 Form

All billing information for Disordered/Problem Gambling clients is captured in the Web Infrastructure for Treatment Services (WITS) System. Each staff person at a Disordered/Problem Gambling Provider who will be using WITS needs a unique Username, 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 Disordered/Problem Gambling efforts at your Agency.

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

Agency name:

Agency's Senior Manager for Disordered/Problem Gambling:

Add Access

Change Access

Remove Access

Name of Person Needing Access to WITS:

Work Phone with Extension:

Other Phone (if available):

Email Address:

Facilities Where Working:

Manager:

WITS Permissions (select one or multiple):

Data Entry

Release to Billing

Read-Only

Rendering Staff/No Access

Please send your completed WITS Staff access form to:

Larry Long
Program Director - Disordered/Problem Gambling Services
Division of Mental Health & Addiction
Indiana Family & Social Service Administration
402 W. Washington St., Room W353
Indianapolis, IN 46204
(317) 232-7891
John.Long@fssa.IN.gov

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

Date: _____

Requesting Provider: _____

Service Location: _____

Contact Person: _____

Phone: _____

Client Number: _____

Justification for Additional Services:

Anticipated Services:

DMHA Action:

Email form to:
Larry Long
Program Director – Disordered / Problem Gambling Services
Division of Mental Health & Addiction
Indiana Family & Social Service Administration
402 W. Washington St., Room W353
Indianapolis, IN 46204
John.Long@fssa.IN.gov

Contacts

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

DMHA Treatment Resources / Training on Disordered / Problem Gambling or WITS

Larry Long

Program Director
Disordered/Problem Gambling Services
Division of Mental Health & Addiction
402 W. Washington St., W353
Indianapolis, IN 46201
317-232-7891

John.Long@fssa.IN.gov

DMHA WITS Technical Assistance and Support:

WITS@fssa.IN.gov

www.dmha.fssa.in.gov/helpdesk/Default

Prevention, Treatment, and Training Resources:

Mary Lay, MPH, MCHES, CPS

Program Manager
Indiana Problem Gambling Awareness Program
Sycamore Hall, 4th Floor
1033 E. Third Street
Bloomington, IN 47404
812-856-4885

maholtsc@indiana.edu

Desiree Reynolds, MPH, MCHES, MATS

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