

INDIANA DISORDERED
GAMBLING POLICIES
AND PROCEDURES
MANUAL

*PREPARED BY
Indiana Problem
Gambling Awareness
Program, Prevention
Insights at Indiana
University, School of
Public Health,
Bloomington*

INTRODUCTION	2
DSM-V DISORDERED GAMBLING CRITERIA	3
SCREENING CRITERIA	4
ENROLLMENT PROCEDURES	5
COUNSELOR COMPETENCIES	6
PROVIDERS OF SERVICE GUIDE	8
SERVICE DEFINITIONS	9
VOLUNTARY EXCLUSION PROVIDER PROGRAM	20
FUNDING	22
DATA COLLECTION AND REPORTING	22
PROVIDER ADMINISTRATIVE GUIDELINES	22
IMPORTANT LINKS AND RESOURCES	24

Introduction

The Division of Mental Health and Addiction (DMHA) understands the impact of disordered gambling on Indiana 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 will serve as a roadmap to provide services in the publicly funded disordered gambling treatment system of providers. The SFY 2024 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. As the program evolves over the course of the provider agreement, this manual may be updated to provide clarification, guidance, and new resources.

This Manual was prepared as a contract deliverable by the Indiana Problem Gambling Awareness Program Prevention Insights at Indiana University, School of Public Health, Bloomington, through 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

DSM-V DISORDER GAMBLING 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:** results generally occur a short time between wager and outcome, adding to excitement

DSM-V Criteria

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

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

SCREENING CRITERIA

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 reassessment.

Screening Tools

Providers are to use the [Brief Bio-Social Gambling Screen](#) for disordered gambling screening

The Brief Bio-Social Gambling Screen (BBGS) demonstrates 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.

Service Note: 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** 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.

Assessment Tools

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 client and to ask questions that reflect gambling behavior in the previous 12 months.

ENROLLMENT PROCEDURES

Note: A New Enrollment System will be in place beginning July 1, 2024

A completed SOGS or SOGS-RA is required for payment for individuals meeting eligibility criteria. The SOGS score will determine which treatment package is available.

- **Individuals eighteen (18) years of age and older (SOGS):**
 - Score of 3 - 7 qualify clients for a maximum of \$1,500 in gambling treatment services
 - Scores of 8 - 20 qualify clients for a maximum of \$3,000 in gambling treatment services
- **Individuals twelve (12) to seventeen (17) years of age (SOGS-RA):**
 - Scores of 3 - 5 qualify clients for a maximum of \$1,500 in gambling treatment services
 - Scores of 6 - 12 qualify clients for a maximum of \$3,000 in gambling treatment services

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/RA will determine the available services for each client. Providers should retain a copy of completed screenings. 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.

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 funded gambling treatment. Providers may use other payer sources for non-qualifying funded clients.

Clients identified as having a gambling disorder shall have this reflected on their Individualized Integrated Care Plan (IICP). The severity identification shall determine the disordered gambling service package to be used to develop the client's 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.

If the client 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 IICP.

COUNSELOR COMPETENCIES

Providers shall:

Employ individuals with the appropriate education and experience to effectively provide disordered gambling treatment services and maintain documentation that individuals providing disordered gambling treatment services meet the criteria designated by DMHA.

Training Requirement for all Level of Counselors

All new gambling counselors shall take the 30 hour Disordered Gambling Counselor training through the Indiana Problem Gambling Awareness Program.

- The 30-hour Disordered Gambling Counselor training is located [here](#). Training is under Expand.
- To obtain an Indiana Specific Enrollment Code, please contact one of the IPGAP staff members found [here](#)

The National Council on Problem Gambling, Indiana Council on Problem Gambling, and IPGAP offer other **training**, 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.

Lead Gambling Counselor (Required of All Providers)

Each agency must identify at least one (1) lead disordered gambling counselor

Criteria for an individual providing Lead Gambling Counselor services:

- Qualified to provide counseling, therapy, case management, or like services as defined by the Indiana Professional Licensing Agency
- Participate in a minimum of two (2) Clinical Consultation Calls annually
- Have documentation confirming successful completion of 30 hours of gambling-specific training approved by DMHA
- Apply for, and maintain, credentialing with one of the following:
 - International Gambling Counselor Certification Board (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
 - Other DMHA-identified certifying organizations (such as ICAADA's Board Certified in Problem Gambling credential)

Disordered Gambling Treatment Counselor with State License

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

- A licensed clinical social worker; a licenses 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**
- Have documentation confirming that they have successfully completed 30 hours of gambling-specific training approved by DMHA
- 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. 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 for continuing education which can be found [here](#).

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 competency requirements; the counselor shall be actively working with disordered gambling clients. Services provided and provider should be included in the client's files.

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](#).

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

SERVICE DELIVERY MATRIX

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

DESCRIPTION OF SERVICES

Reimbursable Services

- 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.

Enrollment/Individualized Integrated Care Plan (IICP)

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--SOGS Scores:

- Scores of 3 - 7 qualify clients for a maximum of \$1000 in gambling treatment services.
- Scores of 8 - 20 qualify clients for a maximum of \$2500 in gambling treatment services.

Individuals twelve (12) to seventeen (17) years of age—SOGS-RA Scores:

- Scores of 3 - 5 qualify clients for a maximum of \$1000 in gambling treatment services.
- Scores of 6 - 12 qualify clients for a maximum of \$2500 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.

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 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.

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 client 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 in 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 CI 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 clients currently active with the behavioral health service provider
- A brief crisis IICP must be developed and certified by a physician or HSPP for clients new to the system, with a full IICP developed following resolution of the crisis
- CI must be face-to-face to bill, 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 client
- CI is, by nature, delivered in an emergency and non-routine fashion
- CI should be limited to occasions when a client suffers an acute episode, despite the provision of other community behavioral health services
- The intervention should be client-centered and delivered on an individual basis.
- CI is available to any client 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 client 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 client experiencing a new symptom that places the client at risk

Case Management

Case Management (CM) consists of services that help clients gain access to needed medical, social, educational, and other services.

- CM does not include direct delivery of medical, clinical, or other direct services
- CM is done on behalf of the client, not to the client, and is the management of the case, not the client
- CM **can include** referrals helping link client with medical, social, educational providers, and/or other programs and services that can provide needed rehabilitative services

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, family members, non-professional care givers, 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 any changes in needs or status of the consumer. This function includes making any necessary adjustments in the IICP and service arrangement with providers. It must include the following review of documentation:

Outline of goals directed toward recovery and promotes:

- Integration into the community
- Treatment of Disordered Gambling
- Rehabilitation of Deficits Related to Disordered Gambling
- Individuals or Teams Responsible for Treatment
- Linkage and Referral to Internal and External Resources and Caregivers
- Review of Full list of Services Including:
 - Purpose of Service
 - Frequency
 - Duration
 - Timeframe of Services

A signature by the client is needed to demonstrate his/her on-going participation and understanding of the IICP. If a consumer refuses to sign the provider must document that the ICCP was discussed, and that the consumer declined to sign.

IICP reviews should be done in conjunction with the consumer. In WITS note day, time and location of review.

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 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.

- OTG may include, but is not limited to, the following:
 - Skills training in communication
 - Anger and/or stress management
 - Relapse prevention
 - Harm reduction planning
 - Coping skills
 - Referral to community support and mutual aid groups
- Documentation must support how the OTG benefits the individual
- The counseling must be face-to-face and shall consist of regularly scheduled sessions
- The counseling must demonstrate progress toward and/or achievement, or failure to meet, treatment goals
- If an OTG session is comprised of individuals with substance use disorder and disordered gambling, to bill for OTG, at least 15 minutes per hour must focus specifically on disordered gambling. It should be clear that the focus is disordered gambling, and it must be documented
- Providers shall document the portion of each session that is focused on problem gambling
- Include specifics, time, and date in WITS notes.

Individual Counseling

Individual Counseling (IC) is a planned and organized service with the client.

- 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

Family Counseling

Family Counseling is a planned and organized service with the client 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

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 Department of Health (IDOH), 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 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 clients 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 and Monitoring

Medication, Evaluation, and Monitoring involves face-to-face contact with the client 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 client 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)
 - 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 client:
 - 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 client follows through and receives lab work and services pursuant to other clinical orders
 - Follow-up reporting of lab and clinical test results to the client and physician
 - Documentation must support how the service benefits the client, including when the client is not present, and it must demonstrate movement toward and/or achievement of client treatment goals identified in the IICP

Psychiatric Consultation

Psychiatric Consultation (PC) consists of face-to-face activities designed to provide psychiatric assessment, consultation, and intervention services to clients.

- The following providers may provide PC within the scope of practice as defined by federal and

state law: A licensed physician, or an AHCP

- The provider must clearly document programmatic goals of the PC
- PC is intensive and must be available twenty-four (24) hours per day, seven (7) days a week with emergency response
- Client is the focus; documentation must support how the service benefits the client
- PC must demonstrate movement toward, or achievement of client, IICP treatment goals

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 client's treatment; and monitoring a client's medical and other health issues that are related to the client's mental health, mental illness, substance-related disorder, or disordered gambling.

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
 - 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
 - Reimbursable to contracted problem gambling service providers funded by the DMHA
 - The 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 client's disordered gambling recovery``
- Public transportation (bus token, taxi, shuttle, or train).
 - This type of service can only be utilized if the need for transportation is related to the client'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.*

FINANCIAL COUNSELING

Financial Counseling is a mandatory standalone service for all Disordered Gambling Clients. It shall not be included within IOT or OTG. 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.

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 clients receiving disordered / problem gambling services. Providers may be asked to provide written materials or electronic information to DMHA or its designee. Addressing financial issues is a key component to any successful gambling disorder treatment plan. All clients shall complete one of the following services.

Group Financial Counseling

- Group Financial Counseling 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 in their file
- ALL clients shall receive a general discussion of financial issues included the IICP
 - This shall be documented in client file and WITS note

Individual Financial Counseling

- Individual financial counseling must be a stand-alone session with 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 their client file.
- ALL clients shall receive a general discussion of financial issues included the IICP
 - This shall be documented in the client file and WITS note.

EDUCATION – SAFE BET

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. The information provided during the session must be from literature approved by the DMHA, the *Safe Bet: Problem Gambling Prevention and Education* interactive journal.

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

booklets and materials. For group or family education, bill under the disordered gambling client.

- 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.
- Education shall be provided in a setting dedicated to the education of disordered gambling.

Group Education

Group education is a planned, organized service focusing on disordered gambling, provided in a group setting. A group is defined as a minimum of three (3) or more people in attendance. A group may include family members of the client. Not all members of the group must be gambling clients, but the topics should be related to disordered gambling treatment and recovery. Integrating educational information on disordered gambling increases awareness of sequential addiction and co-occurring disorders.

Family Education-Safe Bet

Family Education is a planned and organized service with the client and family members focusing on disordered gambling with a structured educational program provided in a group setting. A group is defined as a minimum of three (3) or more people in attendance. The group must include the client and is encouraged to include other disordered gambling clients and their family members. Topics should be related to disordered gambling treatment and recovery. Integrating family educational information on disordered gambling increases awareness of sequential addiction and co-occurring disorders.

Family education may only be claimed for 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. Each session should be a minimum of 30 minutes.

Individual Education-Safe Bet

Individual education is planned and organized one-on-one with the client, focusing on disordered gambling with a structured educational program and focusing on specific needs of the client.

CERTIFIED SPECIALIST RECOVERY SERVICES

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.
- Services include
 - Assisting the client 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
 - Anti-stigma activities associated with disordered gambling
- Services must be identified in the IICP and correspond to specific treatment goals.
- The client is the focus of peer recovery services.
- Peer recovery services must demonstrate progress toward and/or achievement of client treatment goals identified in the IICP. Services must be age appropriate for a client aged eighteen (18) and under receiving services.
- Documentation must support how the service specifically benefits the client.
- 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 client is the focus of peer coaching services. Peer coaching services must demonstrate progress toward and/or achievement of client treatment goals identified in the IICP. Services must be age appropriate for a client aged eighteen (18) and under receiving services.

Documentation must support how the service specifically benefits the client. Services include assisting the client 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.

Telemedicine

Telemedicine services may be provided using any technology that allows for real-time, interactive consultation between the Provider and the client. Including, but 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. Providers must maintain documentation of telemedicine services and have it available for review upon request. All services delivered through telemedicine are subject to the same limitations and restrictions as if delivered in-person. The provider must obtain appropriate consent from the client prior to delivering services. The provider shall maintain documentation to substantiate services provided, and that consent was obtained. Documentation must indicate that 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. All obligations of the state are contingent upon the availability and continued appropriation of this fund. The State shall not be liable for payment more than available appropriated funds for Disordered/ Problem Gambling Services.

VOLUNTARY EXCLUSION PROVIDER PROGRAM

The Voluntary Exclusion Program (VEP) Sign-Up service is only available to new SFY 2024 VEP sites. Agencies / sites who signed up prior to July 1, 2023, are not eligible for payment.

A Provider may choose to become a sign-up location for the Indiana Voluntary Exclusion Program (VEP), 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). Confirmation will be sent along with voucher instructions. If you are unsure of your agency's 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.

FUNDING

During agreement period, fees for Disordered/ Problem Gambling Services shall not exceed three thousand dollars (\$3000.00) for individuals that score 8 – 20 on the SOGS and 6 – 12 on the SOGS-RA; and one thousand five hundred dollars (\$1500.00) 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.

REQUIRED DATA COLLECTION

The majority of the DMHA's disordered gambling service providers will utilize two data systems:

- Data Assessment Registry Mental Health and Addiction (DARMHA)
 - DARMHA is the primary data collection system for the Gamblers' Assistance Fund.
- Web Infrastructure for Treatment Services (WITS)

For providers required by DMHA to use DARMHA, information about clients must be entered into DARMHA in accordance to the documents on the DARMHA website and any updates thereto. It is **imperative** that all contracted disordered gambling service providers enter the identical name of a client into each system. For example, if a client's name is Charles, do not enter Charley or Chuck into one system and Charles in another. The client'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; 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.

PROVIDER ADMINISTRATIVE GUIDELINES

1. The Disordered/ Problem Gambling Provider agrees that if it does not have capacity to provide a service to meet the client's identified needs, it will arrange treatment with another organization.
2. Documentation of referrals, on-going follow-up and status shall be maintained in the client's clinical record.
3. Individuals meeting criteria for eligibility, noted in this manual and provider agreement, are eligible for services, regardless of income or financial status.
4. A review and discussion of Provider enrollments, services, and expended gambling funds may occur.
5. Providers shall establish and maintain written documentation of rules governing the rights and conduct of employees.
 - a. Employees shall be informed of program rules regarding admission, discharge, expulsion, program expectations, data reporting, and appeals procedures.
6. Providers shall participate in site visits that may review programmatic and/or fiscal issues.

7. When using available state funding, providers agree that it is for individuals with a current episode (within the last 12 months) of Disordered / Problem Gambling.
 - a. Exception is re-enrollment at fiscal year change
8. Providers shall integrate information on Disordered/Problem Gambling Services available through its agency into materials used to identify and promote agency services. This includes printed and online resources.
9. 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). Treatment plans shall specifically identify the issue to be addressed as disordered or problem gambling.
10. Financial counseling, referral and linkage to mutual aid groups, such as GA, are an expected component of the IICP.
11. Providers agree to register and enter client information in the WITS system.
12. Payment for services will be based on the *Current Rate Sheet appropriate for recorded SOGS/SOGS-RA* score and will be paid through the WITS system.
13. 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.
14. Providers shall create vouchers at a reasonable level of anticipated services during the actual period of the voucher.
 - a. 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.
 - a. Failure to close expired vouchers may reduce funds available for Disordered/ Problem Gambling Services.
16. 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
17. 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.
18. Providers shall maintain in good standing for provision of treatment services with DMHA.
 - a. Providers shall also have all required certifications and/ or documentation on file, as specified by DMHA.
19. 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 clients.
 - a. Resources are available at: www.ipgap.indiana.edu.
20. Providers shall ensure that all new staff, upon hiring, are given information regarding the Disordered/ Problem Gambling Services their agency offers.
21. Agency staff that provide Disordered / Problem Gambling Services are required to review the *Indiana Disordered Gambling Policies & Procedures Manual*.
 - a. Providers will ensure this process is documented and available for review, upon request

IMPORTANT LINKS AND RESOURCES

Manual Download

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

Brief Bio-Social Gambling Screen

<https://www.icrg.org/resources/brief-biosocial-gambling-screen>

Contact Information for IPGAP Staff Members

<https://ipgap.indiana.edu/contacts/index.html>

Trainings (Introductory, 30-Hour, and more)

<https://ipgap.indiana.edu/training/training.php>

International Gambling Counselor Certification Board List of Preferred Providers

<https://www.igccb.org/counselor-directory/>

Financial Counseling Resources

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

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

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

<https://www.gamfin.org>

Larry Long

Program Director-Disordered Gambling Services

Division of Mental Health and Addiction

john.long@fssa.in.gov

Mary A. Lay, MPH, MCHES, CPS

Operations Director, Prevention Insights

IPGAP, Senior Project Manager

E-mail: maholtsc@indiana.edu

Desiree Reynolds, Ed.D., MPH, MCHES

Director of Workplace and Employee Experience, Prevention Insights

IPGAP, Senior Program Manager

E-mail: desiree@indiana.edu
