

Service Name: **PROBLEM GAMBLING TREATMENT SERVICES**

Service ID Code: **A&D 81**

I. Service Description

Problem Gambling Treatment Services (A&D 81) are as follows:

- A. Outpatient problem gambling treatment services provide problem gambling assessment, treatment and rehabilitation services delivered on an outpatient basis or intensive outpatient basis to individuals with gambling related problems who are not in need of 24-hour supervision for effective treatment. A&D 81 Services must include regularly scheduled face-to-face or non-face-to-face therapeutic sessions or services in response to crisis for the individual and may include individual, group, couple, and family counseling.
- B. Residential problem gambling treatment services provide problem gambling assessment, treatment, rehabilitation and twenty-four hour observation monitoring for pathological and problem gamblers consistent with Level III of ASAM PCC-2R.
- C. Treatment-specific outreach is targeted outreach for which the primary purpose is to get pathological and problem gamblers and/or their family members into treatment.
- D. For purposes of this Agreement, an individual with a gambling related problem is an individual with (a) a primary diagnosis of Pathological Gambling (DSM-IV code 312.31), (b) a primary diagnosis of sub-clinical Pathological Gambling (meets two to four DSM-IV diagnostic criteria for Pathological Gambling), or (c) a primary diagnosis of Relational Problem Related to Pathological Gambling (a variant of DSM-IV code V61.9).
- E. Problem Gambling Treatment Services are to be made available to any Oregon resident meeting criteria as described in Section I D above. Service to out of state residents is permissible if the presenting gambling problem is reported as primarily related to an Oregon lottery product.

II. Performance Standards

Providers of A&D 81 Services funded through this Agreement must maintain a License as a Mental Health Service Agency or a Letter of Approval as an Alcohol and Drug Treatment Agency for all levels of outpatient treatment in accordance with OAR 309-032-1500 through 309-032-1565 Building Requirements, OAR 415-012-0000 through 415-012-0090 Standards for Approval/Licensure of Alcohol and Other Drug Programs and OAR 309-012-0130 through 309-012-0220 Certificates of Approval for Mental Health Services; as such rules may be revised from time to time.

Providers of A&D 81 Services funded through this Agreement must comply with onsite reviews, per OAR 415-012-0050 through 415-012-0090 Onsite Reviews.

Providers (and County, as applicable) of A&D 81 Services funded through this Agreement must comply with the requirements set forth in Exhibits A&D 81-1 and A&D 81-2 attached hereto and incorporated herein by this reference.

Providers of A&D 81 Services funded through this Agreement must meet the performance standards below. These performance standards are imposed and assessed on an individual Provider basis. If OHA determines that a Provider of A&D 81 Services funded through this Agreement fails to comply with any of the specified performance standards, the specific areas out of Agreement compliance would then be reviewed at the next scheduled site review or a discretionary site review could be scheduled specifically to review these areas.

Access: The amount of time between a problem gambling affected individual's request for A&D 81 Services and the first offered service appointment must be five business days or less for at least 90% of all individuals receiving A&D 81 Services funded through this Agreement.

Retention: The percent of problem gambling affected individuals receiving A&D 81 Services funded through this Agreement who actively engage in the A&D 81 Services for at least 10 clinical contact sessions must not be less than 40%.

Successful Completion: The percent of all individuals receiving A&D 81 Services funded through this Agreement who successfully complete treatment must not be less than 35%. A successful problem gambling treatment completion is defined as the individual's: (a) achievement of at least 75% of short-term treatment goals, (b) completion of a continued wellness plan (i.e., relapse prevention plan), and (c) lack of engagement in problem gambling behaviors for at least 30 days prior to successful completion of A&D 81 Services.

Client Satisfaction: The percent of problem gambling affected individuals receiving A&D 81 Services funded through this Agreement who complete a problem gambling client satisfaction survey would positively recommend the Provider to others must not be

less than 85%. Client satisfaction surveys must be collected by not less than 50% of total enrollments.

Long-term Outcome: At the six month follow up for individuals completing treatment, a minimum of 50% must report abstinence or reduced gambling.

III. Special Reporting Requirements

Providers of A&D 81 Services funded through this Agreement must submit the following information to OHA (or to OHA's designee), regarding individuals receiving A&D 81 Services. All providers must comply with the current GPMS User Manual located at <http://www.oregon.gov/OHA/addiction/gambling/2010/gpms-data-collection.pdf>

- A. GPMS (Gambling Process Monitoring System) Intake Data: The GPMS record abstracting form and the client self-report survey must be collected and submitted within 14 days of the first face-to-face treatment contact with an individual.
- B. Client Consent Form: A completed client informed consent form to participate in evaluation follow-up efforts must be collected and submitted prior to service conclusion. Client refusal to participate in the follow-up survey must be documented in the client file.
- C. Encounter Data: Encounter data for billing must be collected and submitted as described in Exhibit A&D 81-2 attached hereto and incorporated herein by this reference. Prior to submitting an encounter claim each claimed encounter must be documented in the clinical record. Encounter claim documentation placed in the clinical record must include the date of the encounter service, the type of service delivered, the length of service, a clinical note describing data from the session, the clinician's signature and date the note was completed.
- D. GPMS Discharge Data: GPMS discharge data must be collected and submitted within 90 days after the last date of service to an individual.

IV. Financial Assistance Calculation and Disbursement Procedures

Special Conditions Apply for Participating Rural Counties-See Exhibit-A&D 81-1,
Financial Assistance Calculation and Disbursement Procedures- Rural Counties

- A. Financial Assistance Calculation. OHA provides financial assistance for A&D 81 Services identified in a particular line of the Financial Assistance Award at the rate of \$89.00 (for purposes of this Service Description, one hour is no less than 50 minutes of direct face-to-face service) for individual treatment sessions (including individuals, couples and family sessions), \$22.25 per hour for group sessions and \$89.00 per hour for problem gambling assessment sessions for individuals, subject to the following:
1. OHA will not make multiple financial assistance payments for a single clinical activity, except for group therapy. For example, OHA will not provide financial assistance for an individual treatment session for both an individual and his or her spouse when the treatment was delivered in a single marital session.
 2. For purposes of this Service Description, “session” or “treatment session” means A&D 81 Services delivered in individual, couple, family, or group formats. Treatment sessions must be reported by type (e.g., individual, couple, family or group) and length (time).
 3. Services provided are limited to 12 months per individual client, inclusive of continuing care. This service limitation will count 12 consecutive months starting with the enrollment date. Clients must have been out of service for a minimum of ninety days prior to any re-enrollment in the state system.
 4. Providers may request a waiver of the above service limitation. The request shall be in writing, email is acceptable. Request shall be sent to OHA at email address provided. Waiver shall include clinical need for waiver and treatment plan indicating the requested length of time to complete plan. Waivers will be for fixed periods and must be received in the Problem Gambling Services office 45 days prior to exceeding the twelve month service limitation period.
 5. Providers of A&D 81 Services funded through this Agreement may not charge individuals whose A&D 81 Services are funded through this Agreement any co-pay or other fees for such Services.
 6. Total OHA financial assistance for all A&D 81 Services delivered under a particular line of the Financial Assistance Award shall not exceed the total funds awarded for A&D 81 Services as specified in that line of the Financial Assistance Award.

7. OHA is not obligated to provide financial assistance for any A&D 81 Services that are not properly reported as described or referenced in this Service Description by the date 60 days after the termination of this Agreement, termination of OHA's obligation under this Agreement to provide financial assistance to County for A&D 81 Services, or termination of County's obligation under this Agreement, to include the Program Area, in which A&D 81 Services fall, in its CMHP.
 8. If at any time during the term of this Agreement, the total A&D 81 Services delivered under a particular line of the Financial Assistance Award entitles County to less than 100% of the funds disbursed to County under that line during that period, OHA may unilaterally reduce the amount of funds awarded for A&D 81 Services in that line in proportion to the underutilization during that period and may also unilaterally reduce the amount of funds awarded for A&D 81 Services in that line in an amount equal to funds disbursed to County under that line that were not utilized, and OHA shall execute an appropriate amendment to the Financial Assistance Award to reflect that reduction.
 9. Provider and/or County are expected to reconcile encounter data reports and correct any errors within 30 days of receipt of encounter data report received from OHA's management information system provider. Discrepancies must include apparent cause and remedy. Adjustments will be carried forward to the next month within the effective period of this Agreement.
- B. Disbursement of Financial Assistance: Unless a different disbursement method is specified in that line of the Financial Assistance Award, OHA will disburse the funds awarded for A&D 81 Services in a particular line of the Financial Assistance Award to County in substantially equal monthly allotments during the period specified in that line, subject to the following:
1. OHA may, after 30 days (unless parties agree otherwise) written notice to County, reduce the monthly allotments based on actual delivery of services identified through GPMS or through other reports required or permitted by this Service Description or an applicable Specialized Service Requirement.
 2. OHA may, upon written request of County, adjust monthly allotments.
 3. Upon amendment to the Financial Assistance Award, OHA shall, adjust monthly allotments as necessary, to reflect changes in the funds awarded for A&D 81 Services on that line of the Financial Assistance Award.
 4. County may, with OHA approval, apply A&D 81 funds for services not provided in the first fiscal year toward A&D 81 Services in the second fiscal year.

- C. Agreement Settlement: Agreement Settlement will reconcile any discrepancies that may have occurred during the term of this Agreement between actual OHA disbursements of funds awarded for A&D 81 Services under a particular line of the Financial Assistance Award and amounts due for such services based on the rates set forth above. For purposes of this section, “amounts due” to County is determined by the actual amount of Services delivered under that line of the Financial Assistance Award during the period specified on that line, as properly reported as described or referenced in this Service Description or an applicable Specialized Service Requirement. Any County funded under Exhibit A&D 81-1- Rural Counties, as specified in the special condition on that line of the Financial Assistance Award, are exempt from this agreement settlement as long as they comply with performance standards specified under Exhibit A&D 81-1, III.
- D. Provider Audits. Providers and sub-contracted Providers receiving A&D 81 payments from OHA are subject to audit for all payments applicable to A&D 81 services rendered. The audit ensures that proper payments were made for covered services, to recover overpayments, and to discover possible instances of fraud and abuse. This audit will verify that encounter data submissions are documented in the client file as described in section III C above. OHA may apply the Division of Medical Assistance Program (DMAP) Provider Audit rules and the Fraud and Abuse rules to providers and provider sub-contractors of A&D 81 Services funded through this Agreement in accordance with OAR 410-120-1505 through 410-120-1510 Provider Audits, as such rules may be revised from time to time.

Exhibit A&D 81-1 Requirements for Rural Counties

Financial Assistance Calculation and Disbursement Procedures Rural Counties

OHA may apply the following conditions to Rural counties:

All Service Descriptions and Performance Standards and Special Reporting Requirements set forth in A&D 81 shall apply unless hereto modified or waived.

The intention of these conditions is to provide an investment within Rural counties with the goal being to use this investment to ensure viable Problem Gambling Services are available to all Oregonians.

I. Financial Assistance Calculation and Disbursement Procedures

1. Financial Assistance Calculation. OHA will provide financial assistance for AD 81 Services utilizing a base rate method.
 - A. This Financial Assistance Award will be determined annually for Counties designated as Rural Counties in the special condition on that line of the Financial Assistance Award.
 - B. The County or Regional consortium must submit encounter data as if they were being reimbursed via that method. At the end of each fiscal year, if the encounter data is more than base payment, the County or Regional consortium shall receive the amount shown from the Encounter Data that was in addition to the Base Payments if funds are available.

II. Financial Assistance Calculation and Disbursement Procedures for Multi-County Management agreements:

If services are sub-contracted, the sub-contracts must be approved in advance by OHA. Sub-contract rates must be delineated and approved by OHA.

III. Performance Standards that apply under these Special Conditions:

- A. A detailed plan demonstrating how the County intends to develop, grow, and sustain viable problem gambling services must be submitted and approved by OHA.
- B. County must submit an annual progress report that documents maintenance of effort and progress made in establishing viable problem gambling treatment services. Annual reports are due to OHA by Sept. 1, 2011 and Sept 1, 2012.
- C. Viable problem gambling services shall be evaluated by OHA utilizing the following example components:
 - 1. Outreach: Documented efforts within the community designed to increase awareness of problem gambling as a treatable public health issue including problem identification, referral procedures, and program contact information (including the state-wide Helpline).
 - 2. Case Finding: Efforts with community to specifically increase appropriate referrals to treatment services as defined under A&D 81 Service descriptions. These would be long term inter-agency, intra-agency, and allied healthcare relationships specifically developed and nourished for the purpose of identifying problem gambling within existing populations through appropriate screening and referral.
 - 3. Problem gambling treatment interventions as defined under A&D 81 Service descriptions.
 - 4. Required reporting and reconciliation of A&D 81 service rates and client eligibility/system evaluation data.
 - 5. Quality control and improvement plan including incorporation of consumer feedback.

Providers of services funded through this agreement must be able to demonstrate to OHA satisfaction their ability to recognize and respond appropriately to the unique needs of problem gamblers in their community by developing and implementing Gambling Treatment Services that are delivered by qualified counselors/therapists

Exhibit A&D 81-2 Encounter Data Reporting Requirements

In order to efficiently implement the disbursement of financial assistance it is necessary for all Providers of A&D 81 Services funded through this Agreement to submit individual-level service delivery activity (encounter data) within 30 days following the end of each month to OHA or its designee.

Data shall be electronically submitted utilizing the HIPAA approved "837" format. Files to be transferred over non-secure web/internet facilities must be encrypted utilizing an encryption format approved by the OHA. The subject line for each electronic transmission of data must include the program name, the month covered by the submission (e.g. May 2010) and the words "Gambling Encounter Data."

Agencies with secure web services may post the data to their server as long as access and timely notification is provided to the OHA or its designee.

EXHIBIT A&D 81-3
Oregon Problem Gambling Services
Procedure Codes and Rates

| Code | Description | Upper Payment Amount | Service Criteria |
|-------|---|----------------------|--|
| H0004 | Gambling Treatment counseling and therapy, per 15 min | \$22.25 | Service provided by qualified counselor per OAR 309-032-1520 |
| H0005 | Gambling Treatment counseling, group per 15 min | \$7.42 | Service provided by qualified counselor per OAR 309-032-1520 |
| 90801 | Psychiatric Diagnostic Interview | \$131.44 | MD or Psychiatric Mental Health Nurse Practitioner |
| 96101 | Psychological Testing with interpretation and report, per hour | \$89.00 | QHHP who is licensed Psychologist or a Psychology Intern supervised by a Licensed Psychologist |
| 90862 | Medication Management | \$65.72 | MD or Psychiatric Mental Health Nurse Practitioner |
| H2010 | Comprehensive medication services, per 15 min | \$22.25 | Services delivered by a licensed registered nurse or QMHP related to the dispensing, administration and management of medications. |
| H2013 | Psychiatric health facility service, per diem | \$260.52 | Services provided in a licensed mental health residential facility and intensively staffed 24-hours under a physician approved treatment plan for which treatment includes an appropriate mix and intensity of assessment, medication management, individual and group therapies and skills development to reduce or eliminate the acute symptoms of the disorder and restore the client's ability to function in a home or the community to the best possible level. |
| G2013 | Residential gambling treatment service, per diem Marion County Bridgeway Residential Program Only | \$160.00 | Services provided in a licensed residential alcohol and drug treatment facility designated as a residential gambling treatment program and intensively staffed 24-hour for which treatment includes an appropriate mix and intensity of assessment, medication management, individual and group therapies and skills development to reduce or eliminate the acute symptoms of the disorder and restore the client's ability to function in a home or the community to the best possible level. |

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| T1016 | Case management, per 15 min | \$22.25 | Services provided for coordinating access to and provision of services from multiple agencies, establishing service linkages, advocating for treatment needs, and providing assistance in obtaining entitlements based on mental or emotional disability, |
| T1023 | Behavioral Health Screening per 15 minutes | \$22.25 | Screening to determine the appropriateness of consideration of an individual for participation in A&D 81 services. This services defers from a mental health assessment in that the activity may be delivered over the telephone and requires not only the evaluation of a client's treatment needs, but also an evaluation of available treatment options. |
| G2030 | Financial counseling, per hour | \$89.00 | Pressure relief counseling or other forms of counseling provided to individuals enrolled in A&D 81 services or their family members for the purpose of financial restitution of gambling debt. |
| T1013 | Sign language/oral interpreter service, per 15 min | \$7.42 | Sign language/oral interpreter services necessary to ensure the provision of services for individuals with hearing impairments or in the primary language of non-English speaking individuals. Such interpreters shall be linguistically appropriate and be capable of communicating in English and the primary language of the individual and be able to translate clinical information effectively. Payment for interpreter services is only allowed when provided in conjunction with another service such as assessment, individual/family therapy, or group therapy, etc. whenever feasible, individuals should receive services from staff, who are able to provide sign and/or oral interpretive services. In this case, interpreter services cannot be billed in addition to the therapeutic service. |
| H0045 | Respite care services, not in the home, per diem | \$160.00 | Services provided in a properly licensed 24-hour facility by non-medical professionals within their scopes of licensure or certification. Services must be reasonably expected to improve or maintain the condition and functional level and prevent relapse or hospitalization. Services include assessment, supervision, structure and support, and case coordination. |
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| G2100 | Continuing Care Group Services, per 15 min for gambler and/or family member | \$7.42 | Services provided to clients who have completed problem gambling treatment within the past 12 months and are to be utilized to facilitate continued recovery or to avert a potential relapse. Services can be provided within an existing therapy or psycho-educational group being provided to current clients or to a group of previous clients meeting on a regular basis for aftercare. |
| G30 | Mileage | Current US GSA rate | Limited to: 1. Service provider's travel to and from primary site providing AD81 services and ancillary AD81 service site; 2. Mileage charges by program or case consultants; 3. Service provider's travel bringing clients to the treatment site. 4. Service providers transportation costs to bring clients to and from the residential treatment site. 5. Client transportation costs |
| 50A-G | Outreach activities, per 15 min | \$22.25 | Treatment specific outreach with primary purpose of getting problem gamblers and/or family members enrolled in services. |
| *** Providers must bill at rates, based upon the cost of services determined through a cost allocation, not in excess of their usual and customary charge to the general public ** (OAR 309-016-0105 and OAR 309-016-0420) | | | |
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EXHIBIT A&D 81-4
Oregon Problem Gambling Services
Outreach Procedure Codes Annual

Client Finding Outreach is defined as Treatment Specific Outreach with the primary purpose of getting problem gamblers and/or family members enrolled in services. This type of outreach is geared specifically towards increasing the number of clients receiving treatment; it is targeted; it generally involves repeated contacts and the development of a relationship with the provider; the provider is generally another professional and the goal is to increase the number of clients they assess and refer to your program.

See Exhibit A&D 81-3.

Billing Code 50A Strategic outreach plan training and/or plan development.
Limited to maximum of 10% of A&D 81 allocations unless preauthorized by OHA Problem Gambling Manager.

Billing Code 50B Time spent with allied agencies to develop and follow up on formal referral agreements.
Limited to (8 Hours) per allied agency, unless preauthorized by OHA Problem Gambling Manager.

Billing Code 50C Time spent delivering presentations to professionals in health/medicine/social services/legal/financial with the express intent to follow up with individual contacts in order to establish relationship, develop screening and referral agreements and protocols, etc.

Billing Code 50D Time spent delivering presentations to targeted high risk clients groups, including but not limited to:

Incarcerated individuals
A/D clients (OP/Residential)
MH clients (OP/Residential)
CAF clients

These presentations shall be focused on signs and symptoms of disordered gambling, treatment options and how to access treatment.

Billing Code 50E Treatment Ads (yellow pages, web-based ads, radio, tv, newspaper)
Limited to maximum of 20% of 81 allocations unless preauthorized by OHA Problem Gambling Manager.

Billing Code 50F Exhibiting at a conference or meeting of professionals that we know from experience are likely to have problem gamblers in their practices and are in a position to potentially refer (ie, physicians, nurses, social services, corrections, legal, financial). This is in contrast to a conference for service organizations (ie Kiwanis, Elks), schools, PTAs and health fairs.

Limited to (4 hours) per exhibit, unless preauthorized by OHA Problem Gambling Manager.

Billing Code 50G Other as pre-authorized by OHA Problem Gambling Manager.