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. Treatment is also available to family members or other significant persons impacted by another’s problem gambling. 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 appropriate level of care;

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;

For purposes of this Contract, 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).

Problem Gambling Treatment Services are to be made available to any Oregon resident meeting criteria as described 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 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 paid through this Contract must comply with OAR 415-012-0050 through 415-012-0090 Onsite Reviews.

Providers of A&D 81 Services 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 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 fails to comply with any of the specified performance standards, the specific areas out of contract 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.

**Retention:** The percent of problem gambling affected individuals receiving A&D 81 Services 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 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 who complete a problem gambling client satisfaction survey and would positively recommend the Provider to others must not be less than 85%. Client satisfaction surveys must be collected from 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 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. Payment Calculation and Disbursement Procedures**

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

A. **Payment Calculation.** OHA will make payment for A&D 81 Services identified in a particular line of the Financial Pages 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 payments for a single clinical activity, except for group therapy. For example, OHA will not provide payment 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, exclusive 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 90 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 OHA Problem Gambling Services office 15 days prior to exceeding the 12-month service limitation period;

5. Providers of A&D 81 Services may not charge individuals whose A&D 81 Services are paid under this Contract any co-pay or other fees for such Services;

6. OHA is not obligated to provide payment 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 Contract, termination of OHA’s obligation under this Contract to provide payment to Contractor for A&D 81 Services, or termination of Contractor’s obligation under this Contract, to include the Program Area, in which A&D 81 Services fall;

7. If during the term of this Contract, Contractor delivers less than the anticipated level of service upon which payments were calculated, in a particular line of the Financial Pages, OHA may unilaterally reduce the amount of the remaining payments for services in that line.

8. Contractor is 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 Contract.

B. Disbursement of Payments: Unless a different disbursement method is specified in that line of the Financial Pages, OHA will make payments for A&D 81 Services in a particular line of the Financial Pages to Contractor in substantially equal monthly payments during the period specified in that line, subject to the following:

1. OHA may, after 30 days (unless parties agree otherwise) written notice to Contractor, reduce the monthly payments 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 Contractor, adjust monthly payments;

3. Upon amendment to the Financial Pages, OHA shall adjust monthly payments as necessary to reflect changes in the total payments for A&D 81 Services on that line of the Financial Pages; and

4. Contractor may, with OHA approval, apply A&D 81 payments for
services not provided in the first fiscal year toward A&D 81 Services in the second fiscal year.

C. **Contract Settlement:** Contract settlement will reconcile any discrepancies that may have occurred during the term of this Contract between actual OHA payments for A&D 81 services under a particular line of the Financial Pages and amounts due for such services provided by Contractor based on the rates set forth above. For purposes of this section, “amounts due” to Contractor is determined by the actual amount of services delivered under that line of the Financial Pages during the period specified on that line of the Financial Pages, as properly reported as described or referenced in this Service Description or an applicable Specialized Service Requirement. Any base payment for A&D 81 services in Rural Counties, as specified in the special condition on that line of the Financial Pages, is exempt from this Contract settlement as long as they comply with performance standards specified under Exhibit A&D 81-1, II.

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 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

Payment Calculation and Disbursement Procedures for Rural Counties

OHA may apply the following conditions to Rural counties:

All Service Descriptions, 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. Payment Calculation and Disbursement Procedures

A. Payment Calculation. OHA will provide payment for AD 81 Services utilizing a base rate method.

   1. Payment will be determined annually for services provided in counties designated as Rural Counties in the special condition on that line of the Financial Pages.
   2. Contractor must submit encounter data for all A&D 81 services. At the end of each fiscal year, if the encounter data is more than the base payment, Contractor shall receive the amount shown from the Encounter Data that was in addition to the base payments if funds are available.

II. Performance Standards that apply under these Special Conditions:

A. A detailed plan demonstrating how the Contractor intends to develop, grow, and sustain viable problem gambling services must be submitted and approved by the OHA Problem Gambling Manager.

B. Contractor must submit annual progress reports that documents maintenance of effort and progress made in establishing viable problem gambling treatment services. Annual reports are due to OHA’s Problem Gambling Manager by September 1, 2012 and September 1, 2013.

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 paid through this Contract must be able to demonstrate to OHA’s 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 payment disbursement, it is necessary for all Providers of A&D 81 Services 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 OHA. The subject line for each electronic transmission of data must include the program name, the month covered by the submission (e.g. August 2011) 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 OHA, Problem Gambling Services.
# EXHIBIT A&D 81-3

Oregon Problem Gambling Services  
Procedure Codes and Rates

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Rate</th>
<th>Service Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0004</td>
<td>Gambling Treatment counseling and therapy, per 15 min</td>
<td>$22.25</td>
<td>Service provided by qualified counselor per OAR 309-032-1520</td>
</tr>
<tr>
<td>G4000</td>
<td>Gambling Treatment counseling and therapy provided via telephone, per 15 min</td>
<td>$22.25</td>
<td>Service provided by qualified counselor per OAR 309-032-1520</td>
</tr>
<tr>
<td>G5000</td>
<td>Gambling Treatment counseling and therapy provided by electronic means; per 15 min</td>
<td>$22.25</td>
<td>Service provided by qualified counselor per OAR 309-032-1520</td>
</tr>
<tr>
<td>H0005</td>
<td>Gambling Treatment counseling, group per 15 min</td>
<td>$7.42</td>
<td>Service provided by qualified counselor per OAR 309-032-1520</td>
</tr>
<tr>
<td>90801</td>
<td>Psychiatric Diagnostic Interview</td>
<td>$131.44</td>
<td>MD or Psychiatric Mental Health Nurse Practitioner</td>
</tr>
<tr>
<td>96101</td>
<td>Psychological Testing with interpretation and report, per hour</td>
<td>$89.00</td>
<td>QHHP who is licensed Psychologist or a Psychology Intern supervised by a Licensed Psychologist</td>
</tr>
<tr>
<td>90862</td>
<td>Medication Management</td>
<td>$65.72</td>
<td>MD or Psychiatric Mental Health Nurse Practitioner</td>
</tr>
<tr>
<td>H2010</td>
<td>Comprehensive medication services, per 15 min</td>
<td>$22.25</td>
<td>Services delivered by a licensed registered nurse or QMHP related to the dispensing, administration and management of medications.</td>
</tr>
<tr>
<td>H2013</td>
<td>Psychiatric health facility service, per diem</td>
<td>$160.00</td>
<td>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.</td>
</tr>
<tr>
<td>Service Code</td>
<td>Description</td>
<td>Fee</td>
<td>Description</td>
</tr>
<tr>
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<tr>
<td>T1016</td>
<td>Case management, per 15 min</td>
<td>$22.25</td>
<td>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.</td>
</tr>
<tr>
<td>T1023</td>
<td>Behavioral Health Screening per 15 minutes</td>
<td>$22.25</td>
<td>Screening to determine the appropriateness of consideration of an individual for participation in A&amp;D 81 services. This service differs 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.</td>
</tr>
<tr>
<td>G2030</td>
<td>Financial counseling, per hour</td>
<td>$89.00</td>
<td>Pressure relief counseling or other forms of counseling provided to individuals enrolled in A&amp;D 81 services or their family members for the purpose of financial restitution of gambling debt.</td>
</tr>
<tr>
<td>T1013</td>
<td>Sign language/oral interpreter service, per 15 min</td>
<td>$7.42</td>
<td>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.</td>
</tr>
<tr>
<td>H0045</td>
<td>Respite care services, not in the home, per diem</td>
<td>$160.00</td>
<td>Services provided in a properly licensed 24-hour facility by non-medical professionals within their scope 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.</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Rate</td>
<td>Details</td>
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</tr>
<tr>
<td>G2100</td>
<td>Continuing Care Group Services, per 15 min for gambler and/or family member</td>
<td>$7.42</td>
<td>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.</td>
</tr>
<tr>
<td>G30</td>
<td>Mileage</td>
<td></td>
<td>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. 6. Service provider’s travel to and from required training. 7. Service provider’s travel while providing client-finding outreach.</td>
</tr>
<tr>
<td>G0038</td>
<td>Peer Delivered Services, per 15 minutes</td>
<td>$16</td>
<td>&quot;Peer Delivered Services” means an array of agency or community-based services and supports provided by peers, and peer support specialists, to individuals or family members with similar lived experience, that are designed to support the needs of individuals and families as applicable (OAR 309-032-1505(86)). &quot;Peer Support Specialist&quot; means a person providing peer delivered services to an individual or family member with similar life experience, under the supervision of a qualified Clinical Supervisor (OAR 309-032-1505(87)). A Peer Support Specialist must complete an AMH approved training program and be: A self-identified person in recovery from a gambling disorder, who meets the abstinence requirements for recovering staff in gambling addiction treatment programs; or (c) A family member of an individual who is a current or former recipient of addictions services.</td>
</tr>
<tr>
<td>50A-G</td>
<td>Outreach activities, per 15 min</td>
<td>$22.25</td>
<td>Treatment specific outreach with primary purpose of getting problem gamblers and/or family members enrolled in services.</td>
</tr>
</tbody>
</table>

*** 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)
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.

Programs are required to maintain documentation of Client Finding Outreach billing activities, including but not limited to: persons providing outreach, dates and times of outreach, copies of any products created (such as advertisements or strategic plans) and description of activity provided.

**Billing Code 50A** Strategic outreach plan training and/or plan development. Limited to maximum of 10% of 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 (i.e., physicians, nurses, social services, corrections, legal, financial). This is in contrast to a conference for service organizations (e.g., Kiwanis, Elks), schools, PTAs and health fairs, and 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.