

- a. Service Name: **PROBLEM GAMBLING TREATMENT SERVICES**
Service ID Code: **A&D 81**

(1) Service Description

- (a) For purposes of this A&D 81 Service Description, an Individual must have one of the diagnoses listed below in order to obtain services and the diagnosis must be primary or secondary.
- i. A diagnosis of Gambling Disorder, defined as an Individual with persistent and recurrent problematic gambling behavior leading to significant impairment or distress, as indicated by the Individual exhibiting one or more diagnostic criteria of the most current version of the Diagnostic and Statistical Manual for Mental Disorders; or
 - ii. A diagnosis of Other Specific Disruptive, Impulse Control and Conduct Disorder, as an Individual with clinically significant distress or impairment in social, occupational, or other important area of functioning. This diagnosis in term of Problem Gambling Treatment Services and reimbursement for these services should be used for clients who present with a Internet Gaming Disorder; or
 - iii. A diagnosis of relationship distress with spouse or intimate partner; a diagnosis of relational problems or problems related to psychosocial circumstances; or diagnosis of stressful life events affecting family and household.
- (b) Problem Gambling Treatment Services (A&D 81 Services) are as follows:
- i. Outpatient A&D 81 Services provide problem gambling assessment, treatment, rehabilitation and peer support services, delivered on an outpatient basis or intensive outpatient basis to Individuals and those in relationships with Individuals with gambling related problems who are not in need of 24-hour supervision for effective treatment. Outpatient 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, family counseling, and peer support.
 - ii. “Session” or “treatment session” means A&D 81 Services delivered in individual, couple, family, group or peer support modalities. Treatment sessions must be reported by type (e.g., individual, couple, family, or group) and length (time).
 - iii. Client-identification/referral pathway development and maintenance: Targeted outreach with the primary purpose of facilitating enrollment of those with a gambling disorder and/or problem with gambling and, if appropriate, those concerned others into treatment. Focus is on developing relationships with entities such as social service, allied health, behavioral health, and criminal justice organizations to conduct regular screenings and referrals.

- iv. In reach activities: Treatment-specific efforts that engage, educate and assist behavioral health programs with screening, identification and referral to A&D 81 Services.
- v. A&D 81 Services are to be made available to any Oregon resident with a Gambling Disorder, problematic gambling, or diagnosis of relational problem as defined above. A&D 81 Services to out-of-state residents are permissible if the presenting Gambling Disorder or relational problem diagnoses are reported as primarily related to an Oregon Lottery product or Oregon Indian Gaming Center.

(2) **Performance Requirements**

- (a) Contractor shall maintain Certification, as provided under OAR 309-008-0100 through 309-008-1600 “Certification of Behavioral Health Treatment Services,” for all levels of outpatient treatment in accordance with OAR 309-019-0100 through 309-019-0220 “Outpatient Behavioral Health Services,” as such rules may be revised from time to time.
- (b) Contractor shall meet the performance requirements, which are imposed and assessed on an individual Contractor basis, listed below. If OHA determines that a Provider of A&D 81 Services fails to meet any of the performance requirements, the specific performance requirements that are out of compliance will be reviewed at a specifically scheduled performance requirement site review or OHA may reduce the monthly payments based on under-used payments identified through the OHA PG Net data collection system or other required reports in accordance with the “Special Reporting Requirements” section below.

The performance requirements for A&D 81 Services are as follows:

- i. **Access:** The amount of time between an Individual requesting A&D 81 Services and the first offered service appointment must be 5 business days or less for at least [90%] of all Individuals receiving A&D 81 Services funded through this Contract.
- ii. **Client Satisfaction:** The percent of Individuals receiving A&D 81 Services who have completed a satisfaction survey and would positively recommend the Provider to others must not be less than [85%.] Satisfaction surveys must be completed by no less than [50%]of total enrollments.
- iii. **Long-term Outcome:** At the 6-month follow up for Individuals completing treatment, a minimum of [50%] must report abstinence or reduced gambling.
- iv. **Retention:** The percent of Individuals receiving A&D 81 Services who actively engage in treatment for at least 10 clinical sessions must be at least [40%].

- v. **Successful Completion:** The percent of all Individuals receiving A&D 81 Services who successfully complete treatment must be at least [35%] (unadjusted rate). Successful completion of problem gambling treatment is defined as Individuals who have: (a) achieved at least [75%] of short-term treatment goals; (b) completed a continued wellness plan (i.e., relapse prevention plan); and (c) lack of engagement in problem gambling behaviors for at least [30] consecutive days prior to successful completion of A&D 81 Services.
 - vi. **Admission Survey Completion:** The percent of Individuals receiving A&D 81 Services who complete an admission survey must not be less than [95%.]
- (c) **Technical Assistance and Program Development**
- i. Contractory shall participate in a minimum of one Technical Assistance/Program Development visit in a three year period. Schedule of visit, located at:
<https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Treatment.aspx>.
 - ii. Contractor shall collaborate with OHA PGS staff in developing and implementing a Program Development Plan based on feedback from the Technical Assistance and Program Development visit. Plan template can be found at:
<https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Treatment.aspx>. Plan must be on file with OHA PGS staff. Process/procedure and reporting guidelines for Technical Assistance and Program Development visit is located at:
<https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Treatment.aspx>.
 - iii. Contractor shall participate in semi-annual connection review with OHA. These reviews will be completed via conference call, webinar or in person with the use of a structured form that can be found at:
<https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Treatment.aspx>.
 - iv. Contractor shall provide problem gambling in-reach efforts within their A&D 81 Service organization. This should include training to clinical staff on engagement, education, screening, identification and referrals to A&D 81 Services using the Gambling Screening, Brief Intervention, and Referral to Treatment (GBIRT) toolkit and type model, which can be found at:
<https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Treatment.aspx>.
 - v. Contractor shall provide problem gambling community outreach efforts to a population in either phase 2, 3, or 4 defined within the OHA PGS GBIRT and Referral Pathways Implementation Toolkit. Toolkit can be found at <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Treatment.aspx>. This should include training of professionals on engagement, education, screening, identification

and referrals to A&D 81 Services using a Gambling Screening, Brief Intervention, and Referral to Treatment (GBIRT) type model.

- vi. Persons providing A&D 81 Services, prior to working with an individual with problematic gambling must complete the “Problem Gambling for Social Service Professionals” training series, Modules One through Three within six months of agency assignment to problem gambling client services. Information on the training series can be found at: <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Workforce.aspx>.
- vii. Contractor shall complete a Oregon Problem Gambling Counselor Competency Evaluation and submit to OHA approved portal. This evaluation shall be completed on each Program’s gambling clinician at a minimum of once every odd numbered year. Information provided to OHA will be anonymous and assist with determining needs within the workforce to be addressed. Evaluation tool can be found at: <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Workforce.aspx>
- viii. A&D 81 Services are limited to [12] months per Individual for an active treatment episode. This Service limitation will count [12] consecutive months, starting with the Individual’s enrollment date. Individuals must have been out of active treatment service for a minimum of [90] consecutive days prior to any re-enrollment in the state system.

Contractor may request an extension of the [12] month Service limitation by submitting a Length of Stay Extension request in the OHA PG Net data collection system located at: <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/PG-Net.aspx>.

Continuing care or aftercare service is limited to [12] months per Individual and provided upon successful completion of gambling treatment Services. This Service limitation will continue [12] consecutive months starting with the Individual’s discharge date.

(3) Special Reporting Requirements

Contractor shall notify OHA Problem Gambling Treatment and Recovery Specialist within 10 business days of any changes related to designated Problem Gambling A&D 81 Services program staff. Notification shall be sent to pgs.support@dhs.oha.state.or.us.

Contractor shall submit the following information to OHA regarding Individuals receiving A&D 81 Services.. All Providers of A&D 81 Services shall comply with OHA PG Net data collection system and manual located at <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/PG-Net.aspx>.

- (a) Admission Data: The admission screen within the OHA PG Net data collection system and admission survey must be collected and submitted within [14] calendar days of the first treatment contact with an Individual.

- (b) Survey Consent Form: A completed consent form to participate in admission survey, satisfaction survey and evaluation follow-up efforts must be administered and collected via the OHA PG Net data collection system. Refusal to participate in surveys must be documented in the client file.
- (c) Encounter Data Reporting Requirements: All Providers of A&D 81 Services funded through this Contract must submit Individual-level, Service delivery activity (encounter data) within 30 calendar days following the end of each month.

Encounter data must be submitted electronically utilizing the HIPAA approved “837” format.

Prior to submitting data, each encounter claim must be documented in the clinical record and must include the date of the encounter Service, type of Service rendered, time of Service, length of Service, setting of Services, personnel rendering Services (including their name, credentials and signature), and a clinical note including a description of the session .
- (d) Discharge Data: Discharge data must be collected and submitted within [90] calendar days after the last date of Service to an Individual.

(4) Payment Calculation, Disbursement, Confirmation of Performance and Reporting Requirements, & Provider Audit Procedures

OHA uses either ‘Settlement’ or ‘Confirmation of Performance and Reporting Requirements’ at the end of each contracting period. The specific requirement will be listed in each individual Service Description in the title for this section.

OHA provides payments for Services through Part A, B, or C payments. The payment type is identified in Exhibit E, “Financial Pages,” on lines in which column “Part ABC,” contains an “A” for Part A Payment, a “B” for Part B Payment, and a “C” for Part C Payment:

- (a) Payments made for Services to Contractor are subject to the following:
 - i. OHA shall not authorize in aggregate, under this “Payment Calculation and Disbursement” section, payments requested for Services in excess of the contractual Not-to-Exceed amount. “Total aggregate payment” means the total of all payments authorized in Exhibit C, “Financial Pages.” The monthly rate will be prorated for any month in which the Individual does not receive Services for a portion of the month. Payments received by the Contractor or Service Provider from an Individual, the Individual’s health insurance provider, another person’s health insurance provider under which Individual is also covered, or any other Third-Party Resource (TPR) in support of Individual’s care and Services, in addition to payments received under this agreement for the same Service, during the same time period or date of Service for the same Individual, must be returned to OHA unless TPR payment is used to provide additional Service – increase capacity – under the same Service Element for which payment from OHA and TPR was provided.

Contractor must make reasonable efforts to obtain payment first from other resources consistent with OAR 410-120-1280. Contractor is obligated to report to OHA, by email at amhcontract.administrator@dhsosha.state.or.us, any TPR payments received, no later than 30 calendar days following expiration of this Contract. The following information shall be provided:

- A. OHA Contract name and number;
 - B. Client name and date of birth;
 - C. Service for which payment was received;
 - D. Date of service covered by payment;
 - E. Date of TPR payment received by Contractor or Service Provider; and,
 - F. Amount of payment.
- ii. Contractor is not entitled to payment in combination with Medicaid payments for the same Service, during the same time period or date of Services for the same Individual;
- iii. At no time will OHA pay above the Medicaid rate. Additionally, OHA will not pay above the Medicaid rate in accordance with the OHA Mental Health and Developmental Disability Services Medicaid Payment for Rehabilitative Mental Health Services Rule, posted on the HSD PASRR website located at: <https://www.oregon.gov/oha/HSD/AMH/Pages/PASRR.aspx>, as it may be revised from time to time.
- iv. OHA is not obligated to provide payments for any Services that are not properly reported in accordance with the “Reporting Requirements” and “Special Reporting Requirements” sections of this Contract or as required in an applicable Specialized Service Requirement by the date 60 calendar days after the earlier of expiration or termination of this Contract, termination of OHA’s obligation to provide payments for Services, or termination of Contractor’s obligation to include the Program Area in which Services fall.

(b) Part A Payments:

OHA provides payments for Services through Part A payments for non-Medicaid-eligible Services. Contractor and Service Providers shall maintain compliance with OAR 410-172-0600 through 0860 Medicaid Payment for Behavioral Health, and OAR 943-120-0310 through 0320 Provider Enrollment Services.

- i. Calculation of Payments: OHA will provide payments for Services provided under a particular line of Exhibit E, “Financial Pages,” containing an “A” in column “Part ABC,” from payments identified in that line in an amount equal to that line of the Financial Pages during the period specified in that line. The total of OHA payments for all Services delivered under a particular line of Exhibit E, “Financial Pages” containing an “A” in column “Part ABC,” shall not exceed the total of payments for Services as specified in that line

of the Financial Pages and are subject to the limitations described herein.

- ii. Disbursement of Financial Assistance: Unless a different disbursement method is specified in that line of Exhibit E, “Financial Pages,” OHA will disburse the Part A payments for Services provided under a particular line of the Financial Pages containing an “A” in column “Part ABC,” to Contractor in substantially equal monthly payments during the period specified in Pages subject to the following:
 - A. OHA may, upon written request of Contractor, adjust monthly payments;
 - B. Upon amendment to the Financial Pages, OHA shall adjust monthly payments as necessary, to reflect changes in the payments shown for Services provided under that line of the Financial Pages; and,
 - C. OHA may, after 30 calendar days (unless parties agree otherwise) written notice to Contractor, reduce the monthly payments based on under-used payments identified through MOTS and other reports in accordance with the “Reporting Requirements” and “Special Reporting Requirements” sections or applicable special conditions.

(c) **Part B Payments:**

Part B is used for any payment that is made outside of the State Financial Management Application (SFMA) payment system. For this Contract, an example of that type of system is the Medicaid Management Information System (MMIS). Part B Limitation payments are not disbursed or settled under this Contract, but may be included for budgetary purposes.

- i. Part B payments are calculated and applied as follows:
 - A. The provider of Services must be enrolled as a Medicaid Provider and follow the procedures for billing OHA for Medicaid Community Mental Health, or Addiction Treatment, Recovery, & Prevention, and Problem Gambling Services for Medicaid-eligible Individuals through MMIS as outlined in the Medicaid Professional Billing Instructions Manual, available on the OHA website at: <https://www.oregon.gov/OHA/HSD/OHP/Pages/webportal.aspx?wp4796=1:100>.
 - B. OHA calculates the rates and then processes claims through OHA’s MMIS. Part B Limitation is calculated, and payment is made through MMIS directly to the Service Provider on a fee-for-services (FFS) basis. The FFS rates and additional Medicaid Provider resources are available on the OHA website at: <https://www.oregon.gov/oha/HSD/OHP/Pages/index.aspx>; and,

- C. OHA will provide notice to Contractor in a timely manner if there is a change in rates, which shall be established by OHA's Rate Standardization Committee in its sole discretion. All Medicaid reimbursable service billings shall be in accordance with OHA HSD's Medical Assistance Program Rules as listed in OAR 410-172-0600 through 410-172-0860.

(d) Part C Payments:

i. Part C payments are calculated and applied as follows:

Unless a different disbursement method is specified in that line of Exhibit C, "Financial Pages," OHA will disburse the Part C payments for Services provided under a particular line of the Financial Pages containing a "C" in column "Part ABC" to Contractor per receipt and approval of a written invoice with required attachments, as specified below, in the monthly payment during the period specified in that line of the Financial Pages. Invoice and required attachments are due no later than 45 calendar days following the end of the subject month or quarter, and must be submitted to amhcontract.administrator@dhsola.state.or.us with the subject line "Invoice, contract # (your contract number), contractor name." Payments provided by OHA shall be subject to the limitations described in this Contract.

A. For Services to Medicaid-eligible Individuals for whom the Services provided are not covered under Medicaid but are medically appropriate, Contractor shall attach a copy of the Plan of Care (POC) and Coordinated Care Organization (CCO) refusal of payments for the item or Service. OHA will provide payments at the Medicaid Fee Schedule rate. At no time will OHA provide payments above the Medicaid Fee Schedule rate for Services.

B. For Services to non-Medicaid-eligible Individuals, Contractor shall attach a copy of the bill or receipt, for the item or Service, to a combined monthly invoice, itemized by Individual. Part C funding for Psychiatric Security Review Board (PSRB) non-medically approved Services are only for the time period shown and do not carry forward into following years' payments.

(e) Confirmation of Performance and Reporting Requirements:

Contractor shall be required to demonstrate through the data properly reported in accordance with the "Reporting Requirements" and "Special Reporting Requirements" sections, the qualifying Services to which these Services can be attributed, how payments made were utilized consistent with the terms and limitations herein to meet the performance requirements of the Service Description, and that Contractor shall be subject to the monitoring and review of performance requirements and quality measures

by the OHA Contract Administrator for the Program under which these Services falls and subject to the terms and limitation.

- (f) OHA shall not authorize in aggregate, under this section, payments requested for Services in excess of the contractual Not-to-Exceed amount. The monthly rate will be prorated for any month in which the Individual does not receive Services for a portion of the month.

In addition:

- (g) OHA will provide financial assistance for A&D 81 Services identified in a particular line of Exhibit E, “Financial Pages,” as specified in the PGS Procedure Codes and Rates for Treatment Providers rate sheet, located at <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Treatment.aspx>, as it may be revised from time to time.
 - i. OHA will not make multiple payment disbursements 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.
 - ii. Providers of A&D 81 Services shall not charge Individuals whose Services are paid through this Contract any co-pay or other fees for such Services.
 - iii. Providers of A&D 81 Services paid through this Contract shall not use third party insurance. A&D 81 Services are to be a single payer source.
 - iv. Provider Audits: Providers receiving funds under this Contract, for A&D 81 Services, are subject to audits of all payments applicable to A&D 81 Services rendered. The purpose of these audits is to:
 - A. Require proper disbursements were made for covered A&D 81 Services;
 - B. Recover over-payments;
 - C. Discover any potential or actual instances of fraud and abuse; and
 - D. Verify that encounter data submissions are documented in the client file, as required and described in the “Special Reporting Requirements” above.
- Providers may be subject to OAR 407-120-1505 “Provider and Contractor Audits, Appeals, and Post Payment Recovery,” and OAR 410-120-1510 “Fraud and Abuse,” as such rules may be revised from time to time.
- v. OHA’s obligation to provide assistance under this Contract is subject to the satisfaction of the Contractor delivering the anticipated level of A&D 81 Services, upon which the payments were calculated. If, for a period of 3 consecutive months during the term of this Contract, Contractor delivers less than the anticipated

level of Services, upon which payments were calculated in a particular line of Exhibit C, "Financial Pages," OHA may amend the amount of payments provided for A&D 81 Services in proportion to the under-utilization during that period, including but not limited to reducing the amount of future payments made for A&D 81 Services in an amount equal to payments reduced under that line of the Financial Pages for under-utilization. An amendment shall be prepared and executed between OHA and Contractor to reflect this reduction.