**Problem Gambling Treatment**

**Site Review, Encountering and Paperwork**

**CHEAT SHEET**

Below are suggestions in assisting you with:

* Achieving a site review with zero findings related to Section OAR 309-019-0170- Outpatient Problem Gambling Treatment Services within the larger Oregon Administrative Rule (OAR) 309-019-0100- Outpatient Addictions and Mental Health Services;
* Encountering of your problem gambling time; and
* Completing your required paperwork.

**SITE REVIEWS**

**OAR 309-019-0125- Specific Staff Qualification and Competencies**

309-019-0125(5) Clinical Supervisors in problem gambling treatment programs must meet the requirements for clinical supervisors in either mental health or substance use disorders treatment program, and have completed 10 hours of gambling specific training within two years of designation as a problem gambling services supervisor.

**Recommendation:** Supervisors should complete the Online **Problem Gambling Treatment Training for Clinicians & Supervisors Course.** 8 Online modules are available and free. Register for courses at: <https://graduate.lclark.edu/programs/continuing_education/counselors_and_therapists/problem-gambling-treatment-online/>.

Or review the Problem Gambling Services Training Calendar for upcoming problem gambling related trainings. Calendar located at: <http://www.oregonpgs.org/all-providers/workforce-development/>.

**OAR 309-019-0170(3)- Telephone Counseling**

3) Telephone counseling: Providers may provide telephone counseling when person-to-person contact would involve an unwise delay, as follows:

(a) Individual must be currently enrolled in the problem gambling treatment program;

(b) Phone counseling must be provided by a qualified program staff within their scope of practice;

(c) Service Notes for phone counseling must follow the same criteria as face-to-face counseling and identify the session was conducted by phone and the clinical rationale for the phone session;

(d) Telephone counseling must meet HIPAA and 42 CFR standards for privacy; and

(e) There must be an agreement of informed consent for phone counseling that is discussed with the individual and documented in the individual’s service record.

**Recommendation**: Need “agreement for informed consent” (as the rule states) to be formalized in some manner.

* Could be a separate informed consent form to provide telephone counseling for gambling treatment with client signature.
* Could be a few sentences added to your agency’s informed consent regarding telephone counseling for gambling treatment, with signature for client.
* Informed consent for telephone treatment must specify telephone counseling for Problem Gambling Treatment.
* A statement needs to be somewhere in the service record/note saying that telephone counseling was discussed.

**OAR 309-019-0170(6-7)- Financial Component**

(6) A financial assessment must be included in the entry process and documented in the assessment; and

(7) The service plan must include a financial component, consistent with the financial assessment.

**Recommendation:**

Assessment: financial component of the assessment process does not have to be completed by using a separate financial assessment. It can be incorporated into the larger assessment through a few additional questions.

* Potential question to ask and document:
	+ Do you currently have any gambling debts?
	+ What is the amount of your gambling debts?
	+ How much do you gamble daily, weekly, monthly?
	+ Could you tell me the financial consequences of your gambling?
	+ Have you ever declared a personal bankruptcy?

Service plan: PGS clients should have a goal within their treatment/service plan addressing their finances.

* Examples:
	+ Initiate a financial plan, learn budget management, or develop a payment plan.

Service notes: Service notes need to address that the finances of the client were discussed at the session and should be discussed during the majority of sessions.

* Examples:
	+ Could be as simple as asking “How much money did you spend gambling this week?”
	+ Explain what barriers client is going to put into place to reduce gambling for the next week.

**OAR 309-019-0170(8-9)- Suicide Risk Assessment**

(8) A risk assessment for suicide ideation must be included in the entry process and documented in the assessment, as well as appropriate referrals made; and

(9) The service plan must address suicidal risks if determined within the assessment process.

**Recommendation:**

* Potential question to ask and collect:
	+ Do you feel suicidal right now?
	+ Are you feeling hopeless about the present or future?
	+ Have you had thoughts about taking your life or hurting yourself?
	+ When did you have these thoughts and do you have a plan?
	+ Have you ever had a suicide attempt?
* If potential to harm self is identified, refer for appropriate crisis services, and document referral within the assessment and service note.
* If client has harmed themselves in the past, even if they are not currently at risk, clinician should address suicide risk at each individual session and document within service notes.

**OAR 309-019-0170(4)- Family Counseling**

4) Family Counseling: Family counseling includes face-to-face or non face-to-face service sessions between a program staff member delivering the service and a family member whose life has been negatively impacted by gambling.

(a) Service sessions must address the problems of the family member as they relate directly or indirectly to the problem gambling behavior; and

(b) Services to the family must be offered even if the individual identified as a problem gambler is unwilling, or unavailable to accept services.

**Recommendation:** Within the assessment, document that the client has been informed of and offered family treatment and has accepted, declined or will consider. If a client declines family involvement, document within assessment that client will be approached again regarding family involvement in future sessions.

**Other general things to consider**

* Using “canned statements” and cutting and pasting information raises red flags for reviewers

**ENCOUNTER DATA**

**Behavioral Health Screening**

Scenario: Potential client calls the clinician prior to being enrolled into treatment to inquire about treatment. Clinician speaks with the potential client and determines appropriateness for treatment. Potential client is hesitant to come in so Clinician engages with client, starts to develop relationship and explains benefits of treatment. Client makes an appointment and comes in for intake and enrollment of treatment.

**Recommendation:**

* Code: T1023- Behavioral Health Screening. This code can be used for all contacts up to 30 days prior to client enrolling in treatment.
* If you are not opening a file yet on the client, keep documentation of contact with client to include in service record once opened.

What if the client does not enroll into treatment and what about the time I spent?

Scenario: Potential client calls the Clinician prior to being enrolled into treatment to inquire about treatment. Clinician speaks with the potential client and determines appropriateness for treatment. Potential client is hesitant to come in so Clinician engages with client, starts to develop relationship and explains benefits of treatment. Client makes an appointment, however does not show up.

**Recommendation:** Client Finding Outreach Activity

* Code: 50D- Presentation to Target High Risk Client. This code is not tied to Client ID and can be used for contact with clients that Clinician has spent significant time with and Client did not engage and come in for services.
* Make sure you document your client finding outreach activities within a spreadsheet or through EHR, as these codes and activities may be reviewed at technical assistance reviews.

**Gambling Assessment**

* H0001- Gambling Assessment.
* Encounter amount is for up to 1 hour of service
* What if the gambling assessment takes longer than 1 hour?

**Recommendation:** Encounter the first hour with H0001 and the remaining time can be encountered as H0004 (Individual session)

Many of these examples are included in the PGS Rates and Procedure Code document, which can be found at: <http://www.oregonpgs.org/treatment/billing-codes-and-rates/>

**GAMBLING PARTICIPANT MONITORING SYSTEM (GPMS) FORMS**

**Client Enrollment Abstracting Form**

Gambling Assessment Only

Scenario: Potential client is referred by Parole Officer for assessment to determine if they need gambling treatment. Potential client does not meet criteria for gambling treatment, and does not qualify for the V code of relational problem. What is the diagnosis and the accompanying codes for reimbursement?

**Recommendation:** If there is a diagnostic impress code (Block 7) from the GPMS manual that fits, use it. In the REASON BOX put “02” for “Assessment Only”. Also mark the MANDATED BOX with “01” for “Yes”.

**Client Authorization (Locator Form)**

* Client Locator Form/Consent for Follow-up – Not a contractual requirement.
* Target is 80% of gamblers and family will consent for follow-up
* Participation and feedback is of great importance to the quality improvement efforts of our system.
* Typically this document and consent is discussed and requested during early appointments/intake.

**Recommendations:**

* Ask after the client has engaged. Possibly a few sessions in their treatment process, ask again.
* At discharge, if client has not authorized, asked one last time.
* **Client authorization form can be completed and turned in at any point of treatment process.**
* **Must be completed by the clinician and is NOT to be given to the client.**
* Locator is easier to complete than it looks.
* At minimum, the following must be completed:
	+ Case #
	+ Participants Name
	+ Participants Mailing Address
	+ Participants Home Phone
	+ Emergency Contact
* However, the more information the better!

**Enrollment (Client) Survey**

* Currently not a contractual requirement, however will be starting July 1, 2017.
* Target is 95% of gamblers and family enrollments will complete survey.
* Information collected within survey is essential for yearly system evaluation report and data presented to legislature and other stakeholders regarding outcomes of treatment and client demographics.
* Needs to be completed within the first 30 day of treatment or client data could change too much.

**Recommendations:**

* This could be something the client takes home and returns, part of large intake packet for client to complete or could complete in waiting room.
* Consider other options other than having client complete on their first visit with other paperwork for better success rate.