

MN DEPARTMENT OF HUMAN SERVICES

Problem Gambling Treatment Provider Handbook

Legal Reference: The Minnesota gambling treatment program was established in February 1992. The Laws of Minnesota 1996, Chapter 451, Article 2, Section 56 amended by Laws of Minnesota 1998, Article 8, Section 11(b) as a means of ensuring greater accessibility to both services and funding, established the individual client outpatient gambling treatment fee-for-service reimbursement system.

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Client Eligibility

Primary Client

1. The client must be a resident of Minnesota
2. The client must have a diagnosis of Gambling Disorder, (Non Substance Related Addictive Disorders), 312.31, diagnosed through criteria found in the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition, (DSM V), defined as a persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress that disrupts personal, family or vocational pursuits.

Or, based on the South Oaks Gambling Screen (SOGS) as Probable Gambling Disorder, defined as a progressive disorder characterized by a continuous or periodic loss of control over gambling; a preoccupation with gambling and with obtaining money with which to gamble; irrational thinking; and a continuation of the behavior despite adverse consequences.

Or, the client has scored 3-4 on the SOGS, defined as an involvement in risky gambling behaviors that adversely affects the individual's well-being, which may include relationships, financial standings, social matters and vocational or legal matters.

Clients who need assistance with the SOGS due to learning disabilities, literacy, or language barriers should be given help as appropriate.

3. The client must be a person who is currently gambling or is at risk of relapse. Treatment for relapse prevention would include referrals to recovery supports such as Gambler's Anonymous, other self-help groups and yet to be identified recovery supports.

If a former client returns to you after a relapse, you may do another assessment for the individual if at least ninety (90) days have lapsed since treatment. If you bill for another assessment, another full assessment must be documented in your client's file.

Aftercare Treatment Service

Often an individual who has been in residential treatment at Project Turnabout will be referred for outpatient aftercare. The individual is eligible for up to ninety (90) days of aftercare treatment.

Family Member/Significant Other Treatment Service

Family members or significant others of an individual with gambling problems may receive up to twelve billable hours of counseling and referral services, if they are Minnesota residents and if they are unable to pay due to lack of insurance coverage and/or lack of personal funds. An individual client record should be kept for client who receives this service. Sessions billed for these clients will be submitted under their own unique client record numbers. A family member may receive counseling and referral services, even if the individual with the gambling problem is not seeking treatment.

The twelve hours of intervention are intended to assist the family member/significant other with possible mental health, financial or legal referrals, and to offer crisis intervention types of services. The service is not intended to be used for mental health or co-dependency counseling. Family members/significant others may also be referred to Gam Anon if available.

Please note that if the individual with the gambling problem is in treatment, these hours are independent of services provided for the client's family sessions.

Helpline Referrals

As a State approved provider, your name, business address, phone number, and any special populations that you serve will be given to the State's problem gambling Helpline contractor. The Helpline staff will use this information in making their referrals.

The Helpline staff offers callers three referral options, if the caller identifies a geographic locations where multiple options are available. If an individual requests a particular type of provider, for example a female or a culturally specific provider, the Helpline staff tries to accommodate that request whenever possible.

Provider information is also included on the Department of Human Services (DHS) website [link to no judgment website](#).

Treatment Settings and Modalities

1. DHS endorses individual counseling, group counseling, and family counseling as types of appropriate treatment.
2. Out-patient providers should make referrals to residential treatment at Project Turnabout/Vanguard if the client needs more intensive services.
3. To be reimbursed by the State, all counseling must be delivered in the counselor's professional office or in another professional office setting.
4. The State does not endorse treatment at the client's home.
5. Cognitive Behavior Therapy, Motivational Interviewing and related techniques are most frequently used by the gambling treatment providers. A small number of approved DHS providers use psychodynamic psychotherapy techniques.
6. Other treatment modalities are allowed if the practicing clinician is certified or licensed in that technique, the technique is within the clinical scope of the practice, and research has shown that technique to be helpful with addictions.
7. Counselors should utilize culturally responsive strategies whenever indicated. If counselors have difficulty serving an individual due to the counselor's lack of knowledge regarding the client's cultural needs, please seek technical assistance from DHS Problem Gambling Program staff.
8. Concurrent referral to support groups is strongly recommended by DHS.
9. DHS reimburses for in person treatment only.

Provider Responsibilities

1. To seek reimbursement only for residents of Minnesota.
2. To create a unique client record number for each individual served under this program.
3. To maintain records, which fully disclose the extent of services provided to individuals under this program in accordance with Minnesota Rules, parts 9505.2160 to 9505.2245. Grantee will maintain an individual record for each invoiced client, to

include, but is not limited to the date of service provided and a description of the service provided.

4. To assume full responsibility for the accuracy of claims submitted and to furnish the State with such information as it may request regarding payments claimed for services provided under this program.
5. To perform Rule 82 (Minnesota Rules, parts 9585.0010 - 9585.0040) assessments upon request.
6. To ensure that DHS Problem Gambling Program is the payor of last resort by ascertaining the legal and financial liabilities of third parties to pay for covered services, and by determining the client's ability to pay. The Grantee must credit DHS Problem Gambling Program for third party payments received.
7. If the client's insurance will partially pay for costs, DHS will pay the balance, up to the total DHS's fee schedule reimbursement rate. (The exception to this rule is a Medicare client. DHS cannot pay more than what Medicare pays. For Medicare clients what you receive from Medicare is the total you may receive.)
8. Comply with state and federal laws protecting the privacy of health information. Ensure that the client signs a release acknowledging that some of the client's personal data will be submitted to DHS for the purpose of billing. This release must be retained in the client's file.
9. To comply with all federal statutes, implementing regulations and guidance prohibiting discrimination on the basis of race, color, national origin, sex, age, religion and disability and to comply with the Minnesota Human Rights Act.
10. Cooperate with any State sponsored research, which may occur. Research is critical to the continued improvement of our program and to the better understanding of the problem gambler. If research occurs, the client must have a full understanding of the purpose of the research, as well as the confidentiality limits. The client will have the right to opt out of research participation if he or she wishes.
11. Comply with all federal statutes prohibiting discrimination on the basis of race, color, national origin, sex, age, religion and disability, sexual orientation, and status with regard to public assistance;

12. Each treatment provider must be maintain Professional licensure and copies of current professional licensure must be submitted to the DHS Problem Gambling Program.
13. Adhere to the Code of Ethics as required by professional licensing board.
14. Maintain professional malpractice/liability insurance as required by DHS.
15. To notify the Minnesota Helpline (1-800-333-HOPE) and DHS Problem Gambling Program staff if your practice is going to be closed due to vacation, illness, or for any other reason.
16. Effective July 1, 2015, to screen for co- occurring substance use disorder and for co-occurring mental health disorder using a screening tool approved by the STATE, for each client served by the program.

Reimbursement Rates

1. Rates for Individual (2) and Group/Aftercare (4) treatment are based on an hourly per person basis.
2. Rates for Family (3) are based on an hourly per session rate, not the number of persons attending.
3. Group rate applies anytime there are two or more clients participating in a session. Ideally group size should not exceed 12 clients.
4. All treatment service providers must be approved by the State as an eligible clinician or counselor in order to be reimbursed through state funds.
5. Invoices must be submitted using the STATE's *Enterprise Grants Management System (EGMS)*. Treatment Providers must also submit a *Monthly Service Report* before the invoice will be approved by the Problem Gambling Program.
6. The *Service Agreement and Client Data Form*, must be submitted to DHS before the invoice payment is approved.
7. On a quarterly basis, a summary of services provided to each client must be submitted using the *Quarterly Report* form. Quarterly reports are due October 31 for July through September, January 31 for October through December, April 30 for January through March services, and July 31 for April through June services.

8. If a client discontinues treatment, then resumes at a later time, you may bill for a second assessment if at least 90 days have elapsed between treatment episodes. However, a second complete and updated assessment must be present in the client's file. If you determine that a full assessment is not needed, bill the session at an hourly rate, based on the time actually spent with the client during the re-entry interview.

PROVIDER TYPE	(1) ASSESSMENT	(2) INDIVIDUAL treatment sessions Hourly per person	(3) FAMILY/ MARITAL Hourly per session	(4) GROUP/ AFTERCARE Hourly per person
M. H. PROFESSIONAL (M.D. & Ph.D.)	\$200	\$77	\$77	\$28
M. H. PROFESSIONAL (Masters Level)	\$200	\$70	\$70	\$28
M. H. PRACTITIONER or LICENSED ALCOHOL AND DRUG COUNSELOR (LADC)	\$100	\$40	\$40	\$28

Client Records

An individual record must be kept for each client, whether gambler or family member, if you are billing for that individual.

Each record must contain:

1. The client's SOGS test and score.
2. A complete assessment in narrative form including the following:
 - a) The presenting problem – why is the client coming for treatment?
 - b) The referral source – self-referral, referred by family, or employer?
 - c) The gambling history – this should include any prior treatment the client has had for gambling.
 - d) The client's physical and mental health history – is the client currently taking medications? Special attention should be paid to clients who are taking Pramipexole (Mirapex) or other synthetic versions of dopamine associated with the treatment of Parkinson's Disease and restless leg syndrome. These drugs may be linked to problem gambling.
 - e) Is there presence of suicidal or homicidal ideation? Has client had treatment for mental health issues?
 - f) The client's current substance use, history of abuse, past or present treatment.
 - g) The client's marital and family history.

- h) Current financial or legal issues
 - i) Any tools used for the clinical assessment such as a Beck Depression Inventory or a SASSI.
 - j) The client's motivation for change.
 - a. The clinical assessment, diagnostic coding.
3. A treatment plan based on the findings of the assessment. Every treatment plan should be individualized to meet the unique needs of each client. The treatment plan must minimally include:
 - a) Consideration of the client's strengths and resources
 - b) The short and long term goals which should be determined by both the counselor and the client. The goals must be concrete enough so that there can be clear agreement when a goal has been met.
 - c) The type and frequency of services to be received. Concurrent referrals must be documented. Referrals might include financial counseling, legal referrals, marital counseling or medical referrals.
 - d) Cultural considerations, resources and needs
 - e) An anticipated timeframe for the course of treatment.
 - f) Clinician signature and date
 4. Signed and dated informed consent and releases of information, and documentation that the client was advised of exceptions to confidentiality, consistent with HIPPA regulations.
 5. A complaint procedure that the client may follow if dissatisfied with the services.
 6. Family members or significant others should be included in the treatment planning whenever possible.
 7. Every session with the client must be documented in the client record and include the following information:
 - a) The type and length of session.
 - b) Date, start and end time of session.
 - c) The treatment plan objective(s) addressed during the session.
 - d) Description of the strategies used by the clinician.
 - e) The client's response to the session.
 - f) Plan for next session.
 - g) Counselor/Clinician signature and date of note, and if applicable, co- signature of supervising clinician.

Rule 82 Assessment

As a provider approved to receive State funding for gambling treatment, you are required to perform Rule 82 assessments. A Rule 82 assessment is an assessment done at the request of a pre-sentence investigator or a probation officer for a person who has been convicted of certain misdemeanors or felonies. Misdemeanors or felonies that would fall under this Rule would include, but are not limited to, some categories of theft, embezzlement and forgery.

“Rule 82” is a misnomer in that the Rule is actually Rule 9585.0040. However, it was initially called Rule 82 and many State employees and providers for the State still tend to call this type of gambling assessment a Rule 82 assessment.

Ideally, the probation officer/pre-sentence investigator will call to notify you of a Rule 82 referral. If the officer has not called you may call them for any information you might need after the client signs a release. The officer may or may not send a Rule 82 invoice to you.

When a probation officer/pre-sentence investigator makes a referral, the gambling assessor will have the client sign two releases of confidentiality, so that you can release your assessment results to the probation officer and the court, as well as to any other treatment provider to whom you may make a referral.

Complete an assessment which will include:

1. The nature and history of the offender’s gambling history
2. The impact that gambling has had on the offender’s family relationships, social relationships, employment, level of indebtedness, ability to recognize and resolve problems, and use of drug or alcohol.
3. Interviews and information from the client’s significant others as appropriate.
4. The offender’s emotional state – for example, depression, anxiety, suicidal ideation.
5. Consider the SOGS score and DSM V criteria in developing the diagnosis.

Make referrals: If the client requires treatment, the assessor should not self- refer or refer within the assessor's own agency.

If the treatment referral does involve self-referral or referral to one's own agency, the assessor must:

1. Indicate in the recommendation that the assessor has a direct or shared financial interest with the treatment program.
2. Document why the recommended treatment is the preferred treatment option; and
3. Document that the client was offered a second treatment referral as well. This requirement is not applicable if there is no other treatment provider within 50 miles.
4. Prepare a written report that includes the information collected in the assessment. This report must include treatment recommendations, if any, as outlined above. A copy of the report, along with the Rule 82 invoice (attached) must be sent to the referring probation officer. The probation officer will sign the invoice and return it to the assessor. Note: Some assessors send a self-addressed stamped envelope along with the report and invoice, to facilitate the return.
5. Send a copy of the Rule 82 assessment to the other provider if you've made a referral to someone else. (Client must sign a release for this), prior to billing for the Rule 82 Assessment through the Electronic Grant Management System (EGMS), the provider must secure the signed Rule 82 invoice and maintain for the clients records.
6. Reimbursement will be in the amount of \$200.00.

Problem Gambling Program Forms:

Service Agreement and Client Data Form- sample attached

Monthly Problem Gambling Service Report- sample attached

Quarterly Service Report- sample attached