

# **ARIZONA OFFICE OF PROBLEM GAMBLING TREATMENT ASSISTANCE PROGRAM PROVIDER MANUAL**

**INTRODUCTION:** This manual delineates requirements that must be met by agencies and individual providers who wish to provide Treatment Assistance Program (TAP) services. Providers must meet the requirements/standards contained in this manual in order to receive funds for services provided under contract or agreement with the TAP.

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All providers who receive reimbursement for outpatient therapy services from the Office of Problem Gambling (OPG) agree to be bound by the requirements contained in this manual. The Office of Problem Gambling reserves the right to update and modify this manual at any time. Updates and/or modifications will be mailed to all eligible providers at the address known to the OPG at the time of the modification. It is the provider's responsibility to notify the OPG of any address changes. Modifications will be deemed to have been received by the provider three (3) working days from the date on which the notice was mailed.

This manual, and all subsequent updates, may be obtained via the internet at:  
[www.problemgambling.az.gov](http://www.problemgambling.az.gov)

01. **Provider Qualifications:** All services for which reimbursement is sought must be provided by individuals that meet the following requirements:
- A. Be licensed in Arizona to engage in the practice of behavioral health; and
  - B. Either:
    - 1. Hold a valid National Certified Gambling Counselor-II (NCGC-II) certification; or
    - 2. Have documentation verifying completion of Phase I of Core Training AND providing TAP services under the clinical supervision of an OPG approved clinical supervisor at a rate of 1 hour of supervision for every 10 hours of clinical contact; or
    - 3. Have documentation verifying completion of all core training hours (Phase I & II) and performance of 200 hours of OPG reimbursed TAP services.

Core training defined:

- i. Phase I consists of 30 hours of problem gambling specific training addressing the counseling domain areas of general knowledge of problem/pathological gambling (6 hours), assessment of gambling behaviors (6 hours), individual and group therapy techniques (12 hours), and financial aspects of gambling treatment (6 hours).
- ii. Phase II consists of 30 hours of problem gambling specific training addressing the counseling domain areas of family/affected person issues (12 hours), case management (6 hours), legal issues (6 hours), and special populations (6 hours).

02. **Clinical Supervisor Criteria:**

- A. To be deemed an approved clinical supervisor, an individual must document the following requirements:

- i) Be licensed in Arizona to engage in the practice of behavioral health; and
- ii) Perform 200 hours of OPG reimbursed TAP services; and
- iii) Complete 6 hours of training on gambling specific clinical supervision.

B. Individuals holding a valid International Gambling Counselor Certification Board Approved Clinical Consultant (BACC) credential will be deemed as meeting the requirements for Clinical Supervisor.

03. **Client Eligibility:** To be eligible for reimbursement for services paid from TAP funds, clients must meet the following criteria:

A. Meet the clinical criteria for problem/pathological gambling as defined by at least one of the following tools:

- 1. Satisfy a minimum of three (3) of the criteria for Pathological Gambling contained in the Diagnostic and Statistical Manual-IV (DSM-IV); or
- 2. Obtain a score of three (3) or above on the South Oaks Gambling Screen (SOGS); or
- 3. Obtain a score of three (3) or above on the NORC Diagnostic Screen for Gambling Problems (NODS); or
- 4. Respond yes to seven (7) or more of the Gamblers Anonymous Twenty Questions.

B. Affected persons of pathological/problem gamblers are eligible to receive services if:

- 1. The identified gambler is receiving services; or
- 2. The affected person answers yes to seven (7) or more of the GamAnon Twenty Questions.

- C. Initial eligibility is determined by the provider by use of the above instruments. The OPG may require that services which exceed 12 therapy sessions or which are provided for longer than a six (6) month period be authorized via a continuing stay review initiated by the OPG. Pre-discharge planning must be evident for authorization of services beyond a continuing stay review.
- D. Clients who have received no treatment services in the preceding 60 days shall be discharged from the program.
04. **Client Fees:** The Office of Problem Gambling is a payor of last resort for problem gambling treatment. If, after an initial financial assessment is completed, the provider determines that a client is able to pay for services from sources other than the OPG, those sources shall be utilized. Therapeutic co-pays may also be assessed; however, no client shall be refused services based solely on inability to pay any fees as long as TAP funding is available.  
At intake, all TAP providers must inform clients of the requirement that they not be refused services based solely on inability to pay.
05. **Clinical Records:** All clients for whom reimbursement is sought must have an individual clinical record. The provider shall maintain records that facilitate assessment of client need, service planning, documentation of services provided to implement the service plan, and when appropriate, discharge planning. The record must be dated, be legible and contain the following:
- A. A complete assessment of the client's gambling behavior and needs. The assessment must be in narrative form and address the following:
1. Presenting problems;
  2. Social/Relationship history;
  3. Educational/Vocational history;
  4. Medical history;

5. Financial assessment;
  6. Gambling history;
  7. Tool(s) used and clinical interpretation;
  8. An assessment summary;
  9. Recommendations;
  10. A determination of the need for medical, substance abuse and/or mental health referral.
- B. Completion of the assessment prior to implementation of the treatment plan.
- C. Documentation of meeting the eligibility criteria for admission found in Section 03, Client Eligibility.
- D. Documentation that the client received a formal orientation to the program including information concerning client rights and confidentiality.
- E. A treatment plan based upon the assessment. The treatment plan shall be completed within the first 30 days after initiation of services, or by the fourth session, whichever occurs first. The plan must include, at a minimum, the following:
1. Clients strengths which can be used in addressing service needs;
  2. Short and long term goals the client will be attempting to achieve and measurable objectives which relate to the achievement of the corresponding goals;
  3. Documentation that the client was involved in development of the treatment goals and objectives;
  4. Type and frequency of services to be received and the person primarily responsible for their provision;

5. Specific criteria for treatment completion and the anticipated timeframe;
  6. Documentation of treatment plan review with the client a minimum of every ninety days.
- F. Progress notes that document the type of service provided, length of service, and indicate progress in meeting the goals and objectives of the treatment plan. Progress notes must be legible, dated, and signed by the person responsible for the entry. If the person making the entry has not completed all core training requirements as found in Section 01.B.1 or Section 01.B.3, there must be documentation that the progress notes are routinely reviewed by a clinical supervisor approved by the OPG.
- G. Documentation of services/contacts with the client's family/affected persons. If affected persons are not involved in the client's treatment, the reason or rationale for lack of involvement must be documented.
- H. A discharge summary which reflects services to the client upon discharge from the program. This summary must be completed within two weeks of the client's discharge date and contain:
1. A summary of services provided and the clients progress in relation to the goals and objectives of the treatment plan;
  2. Recommendations, arrangements, and referrals for services.
06. **Program and Fiscal Audit:** Providers under contract with the OPG shall receive, at a minimum, an annual audit to assess compliance with the requirements found in this manual. In order to verify units billed and compliance with the clinical record requirements, representatives of the OPG may examine written documents, interview staff, observe provider operations and examine client records. All client information obtained during the audit will remain confidential.
- A. All client files must be available at the time of audit.

- B. The fiscal audit will determine whether units billed for TAP services are reflected by appropriate entry to the client files and are in compliance with Section 01 through Section 04 of this manual. Units for which payment has been made, but are improperly documented, will require repayment of funds by the provider to the OPG.
  - C. Program audits will determine compliance with the requirements in Section 05 of this manual.
  - D. Audit reports will be sent to the provider within 45 days of the audit. This report will document areas of strengths and weaknesses in meeting the above requirements. The report will indicate whether the provider has achieved or maintained substantial compliance with the required documentation.
  - E. If program audit findings determine the provider's clinical records are less than 95% compliant with the requirements in Section 04; the provider must submit a plan of corrections and request a follow up audit within 90 days of receipt of the original audit report.
07. **Reporting Requirements:** All contract providers are required to submit data via the OPG Data Management System (DMS). Please refer to the OPG Data Management System Users Manual for system and reporting requirements.
08. **Billing Requirements:** Billing for OPG treatment services shall be received by the 15<sup>th</sup> of the month following the month in which services are provided. The invoice for June services shall be received by July 10<sup>th</sup> to avoid delay in payment. Services must be billed for through the DMS within 90 days of being provided. Services not billed for within 90 days will not be reimbursed.
09. **Client Satisfaction Survey:** The OPG is making every effort to continuously improve the treatment program for problem gamblers and family members. In order to assure improvements and assess whether or not treatment is working, we believe that feedback from clients in the program is not only desirable, but essential. To facilitate this feedback, all clients must be provided a Client Satisfaction Survey

Consent Form at intake. If the client grants consent for follow-up, either fax or mail the completed form to:

Arizona Office of Problem Gambling  
Client Satisfaction Survey  
202 East Earll Drive, Ste. 200  
Phoenix, Arizona 85012  
*FAX: 602-274-7546*

If the client refuses to grant consent, note this on the form and place the form in the client record.

10. **Client Forms:** All OPG forms are contained in the DMS Users Manual. You may request a copy of the latest manual from the OPG or download it from the DMS web site after you log on. The manual can be found by placing the cursor over “Providers” in the navigation bar, then “Documents” and then click “Document Library”. On the page that comes up select the folder labeled “Training” and the manual will be available via the blue link.

The following forms are available:

- a. Problem Gambling Client Intake Form
- b. SAT – Problem Gambler Self Assessment Tool
- c. SAT – Person Affected by Problem Gambler Self Assessment Tool
- d. Client Discharge Form
- e. Client Satisfaction Survey Consent Form

11. **Screening Tools**

Screening tools are available for download and printing from the OPG web site at [www.problemgambling.az.gov](http://www.problemgambling.az.gov).

The following tools are available for download:

- a. Gamblers Anonymous 20 Questions
- b. Gam-Anon 20 Questions
- c. DSM-IV Criteria
- d. South Oaks Gambling Screen (SOGS)
- e. NODS