

Treatment Provider Manual

Arizona Gambling Treatment Assistance Program (TAP)

FY15 Revised 5-14

PROVIDER MANUAL

INTRODUCTION: This Manual delineates requirements that contracted providers for the Arizona Gambling Treatment Assistance Program (TAP) must meet.

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TAP reserves the right to update and modify this manual at any time. Additions, updates and/or modifications will be mailed to all eligible providers at the address known to the TAP. It is the provider's responsibility to notify TAP of any address changes. Modifications will be deemed to have been received by the provider five (5) working days from the date on which the notice was mailed. It is the provider's responsibility to use the most current edition of this manual.

TAP providers may duplicate and distribute this manual to those affiliated with the program within their organization.

For questions and/or clarifications, contact Elise Mikkelsen 602.255.3852

01. CONTRACTOR MINIMUM QUALIFICATIONS

For the duration of this contract, treatment will be provided by Certified Compulsive Gambling Counselors as outlined in AL03-007.

02. CLIENT MINIMUM QUALIFICATIONS

Gambling treatment will be provided for those who:

- A. Meet the clinical criteria for problem/pathological gambling as defined by:
 1. A score of 3-4 on the Fourth Edition of the Diagnostic and Statistical Manual ("DSM-IV"), or
 2. A score of 3-4 on the South Oaks Gambling Screen ("SOGS"), or the South Oaks Gambling Screen, Revised ("SOGS-R).

- B. “Significant others” of those with problem/pathological gambling issues are eligible to receive services if:
1. The identified gambler is receiving services, or
 2. The significant other answers YES to seven or more of the GAM-Anon Twenty Questions, or
 3. It is deemed appropriate for early intervention and pre-treatment assessment.

03. ASSESSING CLIENT FEES

All TAP providers were informed March 20, 2003, that the former policy of offering TAP free to all clients is no longer in effect. If after an initial financial inventory or after reassessment as treatment progresses, a client is deemed to be able to pay for part of the services, or insurance will pay for part of the services, those sources shall be used.

Persons who can pay for their own treatment through private pay, insurance or a combination of the two, shall do so and not use the TAP funds.

Each potential client shall be given the same information and an equitable assessment. Please forward to the Office of Problem Gambling the financial assessment forms and process you are using and the sliding scale you have established.

If the funding is available, no client is to be turned away because of inability to pay.

We do not as yet have a standardized financial assessment and sliding scale. If you would like the Office of Problem Gambling to provide one, let us know.

04. CLINICAL RECORDS : All clients served by an enrolled counselor of TAP must have an individual clinical record. The enrolled counselor shall maintain records that facilitate assessment of client need, service planning, documentation of services provided to implement the treatment plan and when appropriate, discharge planning. The record must be dated, legible, in ink, signed by the counselor and meet the following requirements:

- A. Contain documentation of the initial screening.
- B. Contain a complete assessment of the client’s gambling behavior and needs, which must contain:
 1. Name, address, client code;
 2. Documentation that assessment took place within five days after initial screening or an explanation of what prevented the assessment from taking place within the five-day period;
 3. Diagnostic assessment documenting client meets the eligibility criteria as found in *Section 02, Client Minimum Qualifications*;
 4. Potential co-occurring disorders and/or medical conditions which warrant referral and/or concurrent treatment interventions;
 5. Presenting problems;
 6. Social/Relationship history;

7. Educational/Vocational history;
 8. Medical history;
 9. Gambling history;
 10. Financial Inventory
 11. Assessment summary;
 12. Referrals to other agencies.
- C. The assessment must be completed prior to implementation of the treatment plan.
- D. Contain a copy of the completed *New Client Data Form*
- E. Contain a written treatment plan based upon the assessment. The plan must include at a minimum the following:
1. Client's strengths that 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 and objectives;
 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 time frame;
 6. Documentation of treatment plan review with the client.
- F. Contain progress notes that document progress in meeting the goals and objectives of the treatment plan. Progress notes must be legible, in ink, dated and signed by the person responsible for the entry.
- G. The client record must document services/contacts with the client's family/significant others. If significant others are not involved in the client's treatment, the reason or rationale for non-inclusion must be documented.
- H. Contain a discharge summary that reflects services to the consumer upon discharge from the program.
- I. Contain a copy of the pre and post dated evaluations (G-SAS)

05. PRE-POST CLIENT EVALUATION (G-SAS)

The Gambling Symptom Assessment Survey (G-SAS) shall be given at the beginning of treatment and again at discharge. The initial G-SAS shall accompany the New Client Data Form for each client the first time the client is billed for. There is a place on the G-SAS for the client to consent to be contacted at intervals. This helpful survey may be used throughout treatment (Form E). At the end of treatment, return the post-evaluation to the OPG.

06. CLIENT SATISFACTION SURVEY

TAP Client Satisfaction Survey Form

TAP 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. We hope your clients will agree to participate in our survey by checking YES in the box on the intake for in the DMS.

07. PROGRAM AND FISCAL AUDITS

As described under Uniform Terms & Conditions of solicitation No. AL03-007, the Contractor's or any subcontractor's books and records shall be subject to audit by a representative of TAP or designee.

08. BILLING PROCEDURES

- A. Billing for treatment services shall be received by the 15th of the month following the month in which services are provided. To avoid severe payment delays at the end of the fiscal year, the June invoice needs to be received no later than July 10th. All billing is processed through the Data Management System.

Client # (last 4 numbers of Social Security #) _____ Pre___ Post___ (check one)

Gambling Symptom Assessment Scale (G-SAS)

(Kim et al., 2001)

The following questionnaire is aimed at evaluating gambling symptoms. Please *read* the questions *carefully* before you answer.

1. If you had urges to gamble during the past WEEK, on average, how strong were your urges? Please circle the most appropriate number.

0	1	2	4	5
None	Mild	Moderate	Severe	Extreme

2. During the past WEEK, how many times did you experience urges to gamble? Please circle the most appropriate number.

- 0) None
- 1) Once
- 2) Two to three times
- 3) Several to many times
- 4) Constant or near constant

3. During the past WEEK, how many hours (add up hours) were you preoccupied with your urges to gamble? Please circle the most appropriate number.

0	1	2	4	5
None	1 hr or less	1 to 7 hr	7 to 21 hr	over 21 hr

4. During the past WEEK, how much were you able to control your urges? Please circle the most appropriate number.

0	1	2	4	5
Complete	Much	Moderate	Minimal	No Control

5. During the past WEEK, how often did thoughts about gambling and placing bets come up? Please circle the most appropriate number.

- 0) None
- 1) Once
- 2) Two to four times
- 3) Several to many times
- 4) Constantly or near constantly

6. During the past WEEK, approximately how many hours (add up hours) did you spend thinking about gambling and thinking about placing bets? Please circle the most appropriate number.

0	1	2	4	5
None	1 hr or less	1 to 7 hr	7 to 21 hr	over 21 hr

7. During the past WEEK, how much were you able to control your thoughts of gambling? Please circle the most appropriate number.

0	1	2	4	5
Complete	Much	Moderate	Minimal	No Control

8. During the past WEEK, approximately how much total time did you spend gambling or on gambling related activities? Please circle the most appropriate number.

0	1	2	4	5
None	2 hr or less	2 to 7 hr	7 to 21 hr	over 21 hr

9. During the past WEEK, on average, how much anticipatory tension and/or excitement did you have *shortly before* you engaged in gambling? If you did not actually gamble, please estimate how much tension and/or excitement you believe you would have experienced, if you had gambled. Please circle the most appropriate number.

0	1	2	4	5
None	Minimal	Moderate	Much	Extreme

10. During the past WEEK, on average, how much excitement and pleasure did you feel when you won on your bet. If you did not actually win at gambling, please estimate how much excitement and pleasure you would have experienced, if you had won. Please circle the most appropriate number.

0 1 2 4 5
 None Minimal Moderate Much Extreme

11. During the past WEEK, how much emotional distress (mental pain or anguish, shame, guilt, embarrassment) has your gambling caused you? Please circle the most appropriate number.

0 1 2 4 5
 None Minimal Moderate Severe Extreme

12. During the past WEEK, how much personal trouble (relationship, financial, legal, job, medical or health) has your gambling caused you? Please circle the most appropriate number.

0 1 2 4 5
 None Minimal Moderate Severe Extreme

Counselor	Pre-test	Post-test
Score		

