Arizona Department of Gaming
Problem Gambling

Treatment Assistance Program (TAP) Provider Manual for Problem Gambling

Updated Dec.2024

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**.**

The Arizona Department of Gaming's Division of Problem Gambling (DPG) reserves the right to update and modify this manual at any time. Additions, updates and/or modifications will be sent by mail to all eligible providers at the address known to the DPG. Modifications will be deemed effective 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, which will be posted on the DPG website.

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

For questions and/or clarifications, contact Jay Herycyk 480.486.0778 or JHERYCYK@AZGAMING.GOV

Content:

This manual, and all subsequent updates, may be obtained via the internet at:
www.problemgambling.az.gov

01. PROVIDER MINIMUM QUALIFICATIONS

Contract holders offering Problem Gambling Counseling through the State Funded Treatment Program shall meet the following requirements:

1. Be a licensed behavioral health counselor in the state of Arizona (Psychologist, PhD, LPC, MFT, LISAC, or LCSW)

2. Either:

   a. Hold a valid NCGC II certification; or

   b. Have documentation verifying completion of Phase I of Core Training AND providing TAP services under the clinical supervision (8 hrs. annually) with a DPG approved clinical supervisor *; or

   c. Have documentation verifying completion of all core training hours (Phase I & II) and performance of 100 hours of DPG 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).

3. Participation in a minimum of 3 of 6 DPG provided problem gambling specific clinical supervision calls. *Clinical consultation supervision calls can be used to fulfill the 8 hours of clinical supervision IF specific case consultations are brought up and discussed by the counselor.

4. Clinical consultation supervision calls can be used to fulfill problem gambling CEU's for up to six (6) hours.

Associate counselors (LAC, LASAC, LMSW, LAMFT) can provide treatment under a contracted provider and requires completion of Phase I of the core training and on-going monthly, gambling specific supervision.

02. CLINICAL SUPERVISION CRITERIA

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

a) Be licensed in Arizona to engage in the practice of behavioral health; and

b) Perform 200 hours of DPG reimbursed TAP services; and

c) Complete 6 hours of training on gambling specific clinical supervision.

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. The clinical criteria for problem/pathological gambling are defined by at least one of the following tools:

1. A score of 4 or more indicators on the Fifth Edition of the Diagnostic and Statistical Manual ("DSM-V") within the past 12 months, or

2. A score of three (3) or above on the South Oaks Gambling Screen ("SOGS"), or the South Oaks Gambling Screen, Revised ("SOGS-R).

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. The DPG criteria for persons affected/significant others of those with problem/pathological gambling issues eligible to receive TAP services are:

1. The identified gambler is receiving TAP 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. Gambling Screen, Revised ("SOGS-R).

04. ASSESSING CLIENT'S FEES

Providers are responsible for assessing and documenting a client's potential comparable benefits which can pay/cover the cost of treatment such as AHCCCS, Veteran's Benefits, private or marketplace insurance, or private pay. DPG funding should be the payer of last resort. If a client has a potential comparable benefit that could not be used, it needs to be documented as to why this benefit was not used. (i.e.…no covered providers within a reasonable distance, high deductible insurance plan creates a financial burden, no specialized counselors available under client's insurance plan, etc…) DPG funding can be used to cover copays for an individual who has insurance. (Please contact the DPG Treatment Administrator to discuss how this would be processed)

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

05. CLINICAL RECORDS

Any client receiving services through DPG funding is required to have an individual clinical record maintained by the by the enrolled TAP counselor. Clinical records should include an assessment of client need, service planning, documentation of services provided to implement the treatment plan, and discharge planning. Records must be dated, legible, in ink, signed by the counselor, and meet the following requirements:

A. Documentation of the initial screening.

B. 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. Client History (psychosocial, edu, voc., medical)
7. Financial Inventory
8. Assessment summary;
9. 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 every six (6) months.

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 rational 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 postdated evaluations (G-SAS)

Licensees must also maintain records in accordance with A.R.S. §12-2297

06. PROGRAM AUDIT

Providers under contract with the DPG 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 DPG may examine written documents, interview staff, observe provider operations and examine client records. All client information obtained during the audit will remain confidential.

Providers shall comply with all local, state and federal laws and regulations in regards to the handling and discharge of all client clinical records. In accordance with A.R.S. § 35-214, the Contractor shall retain and shall contractually require each subcontractor to retain all data, books and other records ("records") relating to this Contract for a period of five years after completion of the Contract. All records shall be subject to inspection and audit by the State at reasonable times. Upon request, the Contractor shall produce the original of any or all such records.

07. BILLING PROCEDURES

All billing is processed through the Data Management System. Contractors shall prepare monthly billings for services rendered, which shall be submitted to DPG on or before the fifteenth (15) day of each month following the month in which services were rendered. These billings will be paid within thirty (30) days following submission of an approved bill. Contractors are required to submit billing for all services performed and not already paid for prior to the

close of each fiscal year in which such services were performed. Arizona's fiscal year begins on July 1 and ends on June 30 of each calendar year. Failure of Contractor to submit a bill for services performed will result in Contractor being unable to obtain payment for services incurred during that fiscal year. Rates are as follows:

08. FOLLOW-UP SURVEYS

The DPG believes that feedback from clients in the program is not only desirable, but essential. Occasionally the DPG may partner with an institution of higher learning to collect data for research, assess treatment services, and evaluate our program to identify areas for improvements. Client information always remains confidential. The DMS intake form has a required field that asks for client consent to contact them, should the DPG send out a client survey. Participation is optional and the DPG does not regularly survey clients.

Current DPG Reimbursement rates:

Individual Intake Assessment - $225
Individual Treatment (in-person, virtual, or telephonic)- $110/hr
Crisis Counseling - $110/hr
Family Counseling - $120/hr
Group Counseling - $35/hr per person (min. of 3 clients, max of 10 in a group)