

Department of Drug and Alcohol Programs
GAMBLING TREATMENT SERVICES MANUAL

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*SECTION 1***PURPOSE & USE OF THE
GAMBLING TREATMENT SERVICES MANUAL**

The Department of Health (DOH) was given the responsibility through [Act 2004-71](#), “The Pennsylvania Race Horse Development and Gaming Act,” to develop programs related to providing services to the citizens of Pennsylvania who are experiencing problems with compulsive gambling. This Act, subsequently as amended by [Act 2010-01](#), calls for the formation of a program that would include the provision of services by clinical persons who are trained and certified to provide Outpatient Gambling Treatment Services to compulsive and problem gamblers.

Pursuant to Act 2010-50, the General Assembly established the Department of Drug and Alcohol Programs (DDAP) and empowered it to assume all duties and responsibilities of the DOH’s Bureau of Drug and Alcohol Programs. Accordingly, DDAP is continuing the work started by the Bureau of Drug and Alcohol Programs to develop and implement a comprehensive, coordinated, and effective compulsive and problem gambling program for the Commonwealth. If a situation arises in the future, whereas these duties are transferred to another Commonwealth Agency, all approved contractual agreements will be transferred to that Agency. Written notification of the transfer will be sent to the Provider.

This Manual delineates requirements that must be met by Providers who wish to provide Outpatient Gambling Treatment Services, as well as the requirements to receive reimbursement for services provided through DDAP.

All Providers who receive reimbursement for Outpatient Gambling Treatment Services from DDAP agree to be bound by the requirements contained in this Manual. These requirements were developed based on the following principles: (a) the safety and dignity of clients receiving problem gambling treatment services should be maintained at all times and (b) treatment services should be designed to reduce any negative outcomes associated with problem gambling.

DDAP reserves the right to update and modify this Manual at any time. Providers will be notified of revisions to this Manual via a Policy Bulletin. It is the Provider’s responsibility to ensure that all physical copies of the Manual in its possession are updated upon receipt of notification the Manual has been revised.

Questions regarding applicability of specific parts of this Gambling Treatment Services Manual may be directed to DDAP by calling 717-783-8200 or by sending an email to RA-DA_GAMBLING@pa.gov.

*SECTION 2***PROVIDER QUALIFICATIONS**

DDAP will enter into a grant agreement with agencies and licensed private practice clinicians (“Providers”) to provide outpatient gambling treatment services upon completion and approval of either an “[Outpatient Gambling Treatment Services – Agency](#)” application or “[Outpatient Gambling Treatment Services - Sole Practitioner](#)” application. DDAP will enter into a [grant agreement](#) with all qualified applicants. To be eligible for reimbursement from DDAP you must have a fully executed grant agreement.

Therefore, in order to qualify for reimbursement for services all of the following steps must be completed:

1. Receive written pre-approval from DDAP for a completed “Outpatient Gambling Treatment Services–Agency” application or “Outpatient Gambling Treatment Services - Sole Practitioner” application.
2. Review the grant agreement and download the applicable document(s) for signature on the [For Gambling Treatment Providers](#) webpage.
3. Email the original signed grant agreement document(s) to RA-DA_GAMBLING@pa.gov.
4. DDAP will notify the Provider via email of a fully executed grant agreement.
5. The Provider cannot be reimbursed by DDAP without a fully executed grant agreement in place at the time of service.

A Provider shall utilize only gambling treatment counselors approved by DDAP.

All approved Providers are responsible for notifying DDAP 10 days prior to any change in contact information, agency or office location(s), and/or its DDAP approved gambling treatment counselor(s), including when an approved counselor is no longer employed by the Provider. In instances where the Sole Practitioner moves to an agency and is no longer practicing on their own, there is a change in contact information, agency or office location, or a tax ID has changed, DDAP must be notified via an official letter. If there is a change in staff at an agency, an Agency Staff Change Request Form is to be sent to DDAP to request the addition or removal of a gambling treatment counselor to provide gambling treatment services funded by DDAP.

DDAP will maintain a current list of [approved gambling treatment counselors](#) and will not pay for any services not performed by a DDAP approved gambling treatment counselor.

In order to qualify to provide Outpatient Gambling Treatment Services funded through DDAP, a gambling treatment Provider must meet the following qualifications:

1. Be at least one of the following Provider types:

- a. Hold a Pennsylvania (PA) license as a physician specializing in the treatment of mental disorders (e.g., a psychiatrist), psychologist, social worker, marriage and family therapist, or professional counselor, or board-certified behavior specialist and have an established office from which to practice or be employed by a PA agency. (Refer to Section 4 of this Manual for the qualifications of an established office).
 - b. An outpatient counselor employed and practicing in an agency licensed by the Pennsylvania Department of Human Services to provide mental health outpatient services.
 - c. A drug and alcohol counselor, project director, agency director, or a clinical supervisor, employed by and practicing in an agency licensed by DDAP.
2. Be certified or experienced and maintain selected staff in the treatment of problem gambling disorders as demonstrated by one of the following:
- a. Hold a valid [Certificate of Competency in Problem Gambling](#) issued by the Pennsylvania Certification Board (PCB).
 - b. Hold a valid certification as an International Certified Gambling Counselor (ICGC [Level I](#) or [II](#)).
 - c. Hold a valid certificate as a Certified Addictions Specialist (CAS) with a specialization in Gambling Addiction from the [American Academy of Healthcare Providers in the Addictive Disorders](#).
 - d. Be an individual who is working on attaining International Certification (as specified in item b. above) and can document receiving a minimum of 30 hours of gambling-specific training approved by the [National Council on Problem Gambling \(NCPG\)](#). An individual will have 36 months from the date their grant is executed to obtain full certification. Attaining certification requires appropriate [supervision hours with a Board Approved Clinical Consultant \(BACC\)](#). * Documentation must be submitted to DDAP every 6 months to verify that the individual is actively working toward attaining certification. DDAP may terminate a grant agreement if the grantee fails to obtain certification within 36 months of the execution of the grant agreement. Grantees may request reimbursement from the department, for application and some testing fees for the ICGC-I, ICGC-II, certification.
3. Comply with the Certification Board's Code of Ethics by which the Provider is certified.
4. Comply with all established treatment protocols set forth in this Manual.

SECTION 3

TELEHEALTH SERVICES

To remove barriers and assure widespread accessibility of treatment programs for individuals experiencing problem gambling behaviors and their families, Providers may use telehealth services for gambling treatment. Providers must adhere to the other requirements set forth in *Section 4 Provider Accessibility* of this manual and maintain a physical location to deliver additional services.

The treatment Provider must have a business agreement with a software provider that is used to deliver telehealth services that includes:

- Video conferencing capability;
- Encryption;
- HIPAA compliance.

Providers must have an internal written policy for telehealth services that includes:

- The process the Provider will engage in to provide telehealth services.
- The name and details of the software that will be used.
- Privacy and confidentiality.
- Crisis procedures.
- The process for obtaining required client documentation, forms, signatures.

Providers must notify clients of policies for telehealth services at the initial appointment, including:

- Privacy and confidentiality;
- Choice of in-person or telehealth services;
- Other applicable rules, regulations, and procedures.

*SECTION 4***PROVIDER ACCESSIBILITY**

Providers funded by DDAP must have an established office and comply with the following:

- Be located in Pennsylvania;
- Have the ability to deliver services at a physical location, even if providing telehealth services. This physical location must be identified in the Provider's approved application, that conforms to all applicable Local, State and Federal laws. Refer to Section 2 Provider Qualifications for more information;
- Make services available during both daytime and evening hours, to the extent reasonably practicable;
- Deliver Outpatient Gambling Treatment Services in a non-discriminatory and culturally sensitive manner. To that end, a policy and procedure must be in place addressing how each staff is expected to demonstrate ability to recognize and respond appropriately to the unique needs of special populations, including, but not limited to, culture, race, gender, sexual orientation, and age-related differences.

*SECTION 5***REQUIRED TRAINING FOR PROVIDERS**

- A Provider must complete the DDAP approved [Liability and Abatement Training course](#). In addition, any other Provider personnel responsible for completing the [DDAP Client Liability Form](#) must also complete the course. The required course must be completed within 90 days of hire or of becoming an approved Provider. All training certificates must be available for DDAP review upon request.
- A Counselor that holds a Certificate of Competency in Problem Gambling issued by the Pennsylvania Certification Board (PCB) must attend 4, DDAP funded clinical supervision/consultation calls for counselors, within 24 months of being added to a grant agreement.
- A Counselor must complete any training courses per the requirements established by their certifying bodies in order to remain licensed and/or certified.

All documentation must be emailed to the Gambling Resource Account at RA-DA_GAMBLING@pa.gov or faxed to DDAP at 717-787-6285.

*SECTION 6***CLIENT ELIGIBILITY**

Residents of Pennsylvania who are at-risk, problem, and/or pathological gamblers are eligible to receive Outpatient Gambling Treatment Services. This includes adults and adolescents, as well as significant others or family members of the gambler.

The following documents are acceptable forms of proof of residency:

- Driver's License;
- Commonwealth of PA Identification Card;
- Student Identification Card;
- Income Tax Return;
- W-2 Form;
- Rent Payment Receipt;
- Mortgage payment receipt;
- Medical Assistance Card;
- Current Paystub.

DDAP will not pay for services for clients that are not residents of Pennsylvania. The Provider must verify a client's Pennsylvania residency and maintain a copy of the verification in the client record within 30 days of the initial appointment. This information is not sent to DDAP. DDAP will verify this information during anonsite monitoring visit.

*SECTION 7***CLIENT SCREENING**

Screening is defined as the determination of the need for emergent care services. Another purpose of screening is setting the stage for subsequent interventions. Screening is the activity that is provided to an individual that is attempting to access services.

When an individual contacts a Provider to schedule an appointment, a basic screening using the [Gambling Screening Tool](#) is required to be completed by a certified gambling counselor approved by DDAP to determine if there are any other clinical disorders in addition to gambling that may need to be addressed.

If emergent care needs are identified by a Provider who is not able to address them, the Provider is required to make a referral to another appropriately qualified Provider that is able to address these issues.

If any other issues in addition to gambling have been identified through the screening process and the Provider is unable to provide these additional services, a referral to another Provider must be offered to the client.

The Provider must have written policies and procedures on making referrals to address any emergent care and non-gambling issues that are identified. Policies and procedures will be reviewed during the onsite monitoring visit.

Upon completion of the Gambling Screening Tool, the client must be assessed within seven days (refer to Section 8 Client Assessment of this Manual). If this time frame cannot be met, the appropriate clinical reason must be documented in the client file.

SECTION 8

CLIENT ASSESSMENT

An assessment is a real time interview with a client to gather clinical and non-clinical information to ascertain treatment needs based on the degree and severity of issues related to problem and/or compulsive gambling. These assessments can be conducted in person or by telehealth video conferencing. During the assessment, a comprehensive, confidential personal history is developed.

Only a gambling treatment counselor approved by DDAP shall complete the client assessment. If deemed necessary as a result of the assessment, admission into treatment must occur within 14 days, if the client is not admitted within 14 days the appropriate clinical reason must be documented in the client file.

The following must be completed on the client's first visit to the Provider and become part of the client record:

- [Request for Client Authorization](#) and [Client Admission Form](#) – Completed forms are to be emailed to RA-DA_GAMBLING@pa.gov or faxed to DDAP at 717-787-6285. No personal client information shall be included on forms submitted to DDAP. Refer to Section 12, Authorization of Client Sessions, for information on how to request client sessions;
- [South Oaks Gambling Screening Tool \(SOGS\)](#) or the [SOGS-Revised for Adolescents \(SOGS-RA\)](#) – The SOGS or SOGS-RA must be completed in its entirety *for the client with a gambling disorder*. The completed SOGS is to become part of the client record;
- GAM-ANON's "[Are You Living with a Compulsive Gambler?](#)" Questionnaire – (formerly called GAM-ANON's 20 Questions). This questionnaire must be completed *for the client who is a family member or significant other of an individual with a gambling problem*. The completed form is to become part of the client record;
- A formal written assessment must be completed on all clients prior to the development of the treatment plan. All the items listed below must be included in the written assessment:
 - Date of initial contact.
 - Date of assessment;
 - Presenting Problem(s) - Biological, cultural, psychological, and social factors; course of illness including onset, duration and severity;
 - Current Financial Status - Including gambling debts and any previous bankruptcy or repayment plans;

- The following items are to be completed when the client has a problem gambling and for the family member (s) or significant other of the individual with a gambling problem, the counselor is to document this information as provided by the family member, as well as to what the family member knows about the gambler:
 - Suicidal/Homicidal Assessment - Including past suicide attempts, method, suicide plan, family history of suicide attempt, and suicide intent;
 - Chemical Dependency - Type and frequency, date of last use, amount, and route of administration, length, patterns, progressions of use, impact on behavior and relationships with others, prior treatment, abstinence, and recovery periods;
 - Mental Health History and Current Mental Health Status - Mental health symptoms, involvement in mental health treatment/hospitalizations, treatment history, use of psychotropic medications;
 - Health Status - Last physical, personal history of illnesses/impairments, past and present medications, are medications taken as prescribed, pregnancy, diet, exercise;
 - Legal History - Probation/parole status, conviction record to include disposition, current or pending charges;
 - Education - Job training, education history, degree, or level of education;
 - Employment - Job history, place of employment, type, and duration;
 - Family/Social/Sexual - Family of origin, immediate family, family relationships, family history of substance abuse and mental health, child custody/visitation, childcare arrangements, interpersonal relations/skills, sexual orientation, client/family expectations for recovery;
 - Strengths and assets of the client;
 - Readiness to change including treatment acceptance or resistance;
 - Military - Branch of service, length of service and type of discharge;
 - Living Arrangements - Current living arrangements, recovery environment;
 - Basic Needs and Other Considerations - Ability to meet basic needs of self and dependents (e.g., food, clothing, shelter); other areas that may impact treatment (e.g., transportation, culture, language, literacy, supports).

It is important to note that the Provider must complete the DDAP Client Liability Form on each client who presents for Outpatient Gambling Treatment Services. Refer to the Client Liability Process section of this Manual for additional information.

SECTION 9

RECORD KEEPING

All Providers must develop and maintain an individualized, legible, clinical record for each client who is admitted and provided services.

Client records maintained by the Provider are confidential and may only be disclosed in conformity with all applicable Federal and State regulations, including the [Health Insurance Portability and Accountability Act \(HIPAA\)](#). For additional information on Confidentiality refer to Section 17.

Providers must have written policies and procedures on how individual client records are stored. If a Provider utilizes electronic record keeping systems, the Provider must have written policies and procedures addressing how the integrity of the electronic storage system will be maintained.

These policies and procedures must include, at a minimum, the following:

- Identify by position the staff who will have access to the data and the access restrictions assigned to each position;
- Describe the security system protecting the data including how access restrictions will be implemented, firewall protections, password protocols; and how and to whom temporary access would be afforded for audit and evaluation purposes;
- Describe the maintenance procedures addressing the location of the server, schedule for backing up the data, staff responsible for maintenance, location of backup storage mediums, and time frames for deletion. According to DDAP retention schedule, Providers must keep their records for four years from the date of final payment for Outpatient Gambling Treatment Services. Additionally, other regulations may supersede the aforementioned retention requirements, such as HIPAA. At a minimum, HIPAA requires all client-identifying information to be retained for a period of six years after final service payment. Providers should consult HIPAA regulations for complete compliance requirements.

Providers utilizing electronic signatures must demonstrate both in written policy and procedure the client has been informed and has voluntarily consented. With the validity of the electronic signature established, DDAP must also ensure that the consent is informed and voluntary. The Provider must:

- Have each client sign each form individually, with the form visually displayed as the client signs the signature pad. A client may not sign his/her name without the assurance that the signature is intended for the specific document only;
- Have policies and procedures in place that describe how the system digitally links the electronic signature to that specific document, and that the signature will be voided if the document is altered after signature;
- Have protections in place that prevent the client's electronic signature from being replicated or attached to other documents;
- Be able to print a hard copy of all electronically signed documents that include the client's signature;

- The Provider must have the capability to print a hard copy of an electronically maintained document for inspection and survey.

The following must be included in all client records:

- Copy of a verification of Pennsylvania residency;
- Completed Client Liability Form;
- [Completed Client Liability Reduction or Elimination Form](#) or other verification or documentation when the client is requesting a reduction in liability for financial or clinical reasons;
- Completed Gambling Screening Tool; Client Admission Form; and the SOGS or SOGS-RA; or GAM-ANON's "Are You Living with a Compulsive Gambler" questionnaire;
- Documentation of the completed assessment;
- A notation that the client received at admission a copy of the Provider's rules and regulations, including client's rights, that treatment is voluntary, that such rules and regulations were discussed with the client, and the client indicated he/she understood them;
- A summary of the HIPAA requirements must be provided to each client, and each client must sign off stating that he/she have been offered information on HIPAA;
- Documentation that the client received a formal orientation to the Provider information concerning consumer rights, grievance and appeal processes, and confidentiality;
- Documentation of the decision to admit the client to the program, including admission criteria;
- Individualized treatment plan and all reviews and updates;
- Documentation of recommendations, referrals, and services provided for the client for other service needs, including coordination with other agencies;
- Any incoming or outgoing correspondence regarding the client;
- Signed consent forms;
- Progress/case notes, to include the clinician signature, date, exact start, and end time of each session.
- Documentation of contacts and any information released to anyone for whom the client signed a consent;
- Copies of Approved Client Authorization Forms;
- Copies of any insurance denials
- Discharge plan and summary;
- Completed [Client Discharge Form](#).

*SECTION 10***TREATMENT PLANNING**

A written individualized treatment plan must be developed in collaboration with the client and family member(s), as applicable, within three sessions following admission.

The treatment plan must:

- Be signed and dated by the client and DDAP approved gambling treatment counselor;
- Specify the client's goals and target dates for completion;
- Include education about or engagement in Gamblers Anonymous or other appropriate support groups;
- Address the identified needs of the client in all functional areas noted in the assessment;
- Be approved, signed, and dated by the clinical director/supervisor within seven days of development;
- Be reviewed, updated, and signed every 60 days by DDAP approved gambling treatment counselor and the client.

*SECTION 11***CASE NOTES**

All contact between the counselor and the client must be documented in the client's file. Case notes must adequately describe the nature and extent of each contact.

All individual case notes must be signed and dated by DDAP approved gambling treatment counselor. In addition, case notes, must adequately describe the nature and extent of each contact, to include the following:

- The date and exact start and end times of the individual session;
- Information gathered about the individual;
- Analysis of the information to identify the individual's treatment and non-treatment needs;
- Action to be taken to meet individual's treatment and non-treatment needs.

Group notes must be signed and dated by DDAP approved gambling treatment counselor facilitating the group. In addition, case notes, which must adequately describe the nature and extent of each contact, to include the following:

- The date and exact start and end times of the group session;
- The overall theme/topic of the group session;
- The client's current mental status and risk assessment;
- The client's individual participation in the session (describe briefly);
- The next scheduled group session, if applicable.

*SECTION 12***CLINICAL DISCHARGE INFORMATION**

A Client Discharge Form must be completed in its entirety within 30 days of the conclusion of the client's involvement with DDAP funded gambling treatment services, or upon meeting any of the clinical discharge criteria outlined below. The form must be emailed to RA-DA_GAMBLING@pa.gov or faxed to DDAP at 717-787-6285. No personal client information shall be included on forms submitted to DDAP.

Clinical Discharge Criteria – A client must be discharged from outpatient service when:

- The client has accomplished the goals and objectives, which were identified in the treatment plan and subsequent treatment plan updates;
- The client has made no contact with the counselor within 60 days; *
- The client refuses further treatment;
- The client has been referred to other appropriate treatment, which cannot be provided in conjunction with the outpatient service;
- The client is disruptive to the service and/or fails to comply with their treatment plan;
- The client relocates outside of Pennsylvania;
- The client's health prohibits his/her attendance in treatment;

*When services are terminated for a client who no longer appears for services, the Provider must document efforts made to locate or contact the client or document the reason why such efforts were not made.

Clinical Discharge Plan - A discharge plan must be developed in collaboration with the client, and with any family member(s), as applicable, the client chooses to involve as appropriate with valid signed consents.

The discharge plan must include:

- The client's need for continued non-treatment services, self-help, and other needs, which have been identified in the comprehensive assessment and over the course of treatment;
- The families need for continued non-treatment services;
- Specific referrals and any initial appointments, if made;
- Relapse prevention plan;
- The reason for discharge, level of functioning, prognosis, and any recommendations for further treatment.

The discharge plan must be completed and in the client's file within 30 days of a discharge. If this time frame cannot be met, the appropriate clinical reason must be documented in the client file.

Clinical Discharge Summary - A discharge summary must include written documentation of the last service contact with the client; the identified issues and concerns at admission as well as a summary statement that describes the effectiveness of treatment modalities; and progress relative to goals listed in the treatment plan while in service.

Discharge summaries must be completed and in the client's file within 30 days after clinical discharge. If this time frame cannot be met, the appropriate clinical reason must be documented in the client file.

*SECTION 13***AUTHORIZATION OF CLIENT SESSIONS**

All client sessions for Outpatient Gambling Treatment Services funded through DDAP must be authorized by DDAP.

If a client is insured and the Provider participates with that insurance, the Provider must obtain verbal denial from the client's insurance company prior to requesting payment from DDAP. The Provider must also obtain written denial notification from the client's insurance company and maintain it in the client record. DDAP will verify documentation of denial during an onsite inspection. If the Provider does not participate with the client's insurance, the client must be referred to a Provider in-network or the Provider must seek a request for a single case agreement for out of network provider to be authorized to deliver care at in-network benefits level in order for the client's insurance to accept payment. The written denial notification, as applicable, must be maintained in the client file. DDAP is the payer of last resort for problem gambling treatment.

To begin the authorization request process, a Provider is required to complete the Client Admission Form and the Request for Client Authorization Form. Forms are to be faxed to DDAP at 717-787-6285 or emailed to the Gambling Resource Account at RA-DA_GAMBLING@pa.gov within three business days of the client's first visit to the Provider. No personal client information shall be included on forms submitted to DDAP.

DDAP will review and, if appropriate, approve the authorization request, and return the approved Request for Client Authorization Form to the Provider. All approved authorization requests are to be maintained in the client's file. DDAP will authorize a maximum of 50 sessions, which can be utilized in any combination of group or individual sessions. An individual session shall be defined as a 50-minute continuous face-to-face meeting with the client. A group can be a 60- or 90-minute face-to-face meeting with the client in a group setting. (Note: The client assessment is considered the first individual session and can be billed up to two 50-minute sessions in one setting).

Authorizations will remain valid for no more than 12 months from the date of admission, regardless of whether or not all sessions have been used.

In instances where a client is actively receiving services, but the authorization expires before all 50 sessions are used, the Provider may request an extension to the authorization by submitting the Client Authorization Form. DDAP will review the request and, if deemed appropriate, authorize the extension request.

Providers may request additional sessions beyond the 50-session maximum, as applicable, by completing the Request for Client Authorization Form prior to the expiration of the current authorization. The Request for Client Authorization Form is to be emailed to the Gambling Resource Account at RA-DA_GAMBLING@pa.gov.

Any request received by DDAP that does not contain all the minimum required information listed above will not be considered for approval. Additional information may be requested from the Provider upon review.

Non-compliance with any provision outlined above for which there is no documented approved request for sessions will result in DDAP not being liable for such sessions. Additionally, this action may be treated as a breach of contract, subject to sanction, as deemed necessary and appropriate for remedy of such breach as determined by DDAP.

SECTION 14**BILLING**

The contractual rates for gambling treatment services funded by DDAP are \$100.00 for a 50-minute individual session, \$50.00 for a 60-minute group session, and \$75.00 for a 90-minute group session. (Note: The client assessment is considered the first individual session and can be billed up to two 50-minute sessions in one setting). These rates are subject to change. Providers will be notified through a policy bulletin if any rate changes occur. If a Provider is charging a co-payment or a liability has been established for a client, this amount reduces the above stated rates and is to be deducted from the Provider's billing to DDAP.

Invoices shall be paid monthly for services rendered and in accordance with the above rates. The Provider must use the Outpatient Gambling Treatment Services Invoice for Payment Form, to invoice DDAP. Each invoice must contain the unique client identification number, the number of client sessions, (whether [individual](#) or [group](#)), the date/minutes of each session and the client liability amount due for both individual and group sessions attended, as applicable. No personal client information shall be included on forms submitted to DDAP.

The Provider's Full Payee name as registered by the Department of General Services (DGS), SAP Vendor Number, Telephone Number, Date, Invoice Number, Billing Period, and the Contract Number must be included on all invoices.

Invoices will be reviewed for completeness and accuracy by DDAP fiscal staff. Questions related to the invoice process may be sent to the Gambling Resource Account at RA-DA_GAMBLING@pa.gov.

Invoices can be emailed to RA-DA_GAMBLING@pa.gov or faxed to DDAP at 717-787-6285.

Providers must submit monthly invoices by the last day of the month following the month in which services were provided. The final invoice must be submitted within 45 calendar days of the termination date.

The Commonwealth will only make payments through the Automated Clearing House (ACH) Network.

DDAP will neither honor nor be liable for invoices not submitted within compliance with the time requirements in this section, unless DDAP agrees to an extension of these requirements in writing. The Provider shall be reimbursed only for services approved by DDAP.

*SECTION 15***CLIENT LIABILITY PROCESS****General Provisions:**

1. Goal - One of the primary goals of the publicly funded Outpatient Gambling Treatment Services is to provide access to services and to encourage people to seek help.
2. Purpose - The purpose of this section is to describe the procedures for determining and collecting liability for clients receiving Outpatient Gambling Treatment Services funded through DDAP.
3. Applicability - The liability process applies to Providers who deliver Outpatient Gambling Treatment Services funded in whole or in part on behalf of DDAP.
4. Application of Internal Revenue Service (IRS) Regulations - IRS statutes, regulations or standards in this section with respect to gross income or dependents are defined as those currently in effect.
5. Review and Audit by DDAP - The liability determination, billing and collection processes when applicable, and forms and documents required in this section, are subject to review and audit by DDAP.
6. Missed Appointments - The client has an obligation to provide sufficient notice relative to cancellation of an appointment for treatment services. If the client fails to give 24-hour's notice of cancellation for a service appointment, the Provider has the authority to bill the liable person the client fee schedule amount for the scheduled service. The Provider cannot bill DDAP for these costs.

Determination of Liability:

1. Determinations - The Provider must determine a liability for clients receiving Outpatient Gambling Treatment Services, funded in whole or in part through DDAP. The liability shall be determined prior to the client being admitted into Outpatient Gambling Treatment Services.

When determining the liability, the monthly gross income to be considered shall be based on the last 30 days.

2. Liable Person:
 - a. If the client is 18 years of age or older, is not married and does not have a legal guardian of estate or a representative payee, the client is the liable person.
 - b. If the client is married and residing with their spouse and does not have a legal guardian of estate or a representative payee, the client and the client's spouse are the liable persons. If

confidentiality issues preclude the spouse's information being obtained, then only the client is the liable person.

- c. If the client is married and not residing with their spouse and does not have a legal guardian of estate or a representative payee, the client is the liable person.
- d. If the client is under 18 years of age, is not married, is an emancipated minor and does not have a legal guardian of estate or a representative payee, the client is the liable person.
- e. If the client has a legal guardian of estate or a representative payee, the legal guardian of estate or the representative payee is the liable person.

3. Income to be Considered for Adult Clients:

- a. If the client is 18 years of age or older, is not married, or married and not residing with their spouse, the client's income alone shall be considered the total monthly gross income.
- b. If the client is married and residing with their spouse, the client income and the client's spouse's income shall be combined to determine the total monthly gross income. If confidentiality issues preclude the spouse's information from being obtained, then only the client's income is considered.
- c. If the client is under 18 years of age, is not married, and is an emancipated minor, the client's income alone shall be considered the total monthly gross income.

4. Types of Income - The following types of income shall be combined to determine the total monthly gross income. It may be necessary to prorate income received on an annual basis to a monthly amount.

- a. Earned income including wages, salaries, fees, commissions, tips, bonuses, net business income and other earned income subject to Federal income taxation.
- b. Interest income including but not limited to interest received from accounts with banks, savings and loan associations, money market funds, credit unions and bonds.
- c. Dividends received from corporate stock holdings or cash dividends from life insurance policies.
- d. Taxable benefits, including but not limited to unemployment compensation, Social Security payments and pensions. Benefits are counted as income only if the benefit is paid on behalf of the client. Food stamps are not counted as income.
- e. Alimony received or spousal support received prior to divorce. Does not include child support.
- f. Other taxable income to include all other income subject to Federal income taxation, e.g., rental income, lottery winnings, net capital gains.

5. Verification - Income must be verified by written documentation, such as income tax statements, pay stubs, written employer statements or by affidavit. An affidavit is a written statement attesting that the information provided is true and correct and is signed by the client and a witness. Affidavit language is included on the Liability Form under “Agreement and Understanding.” Copies of these verification documents shall be kept on file.
6. Failure to Provide Verification - If the liable person fails to provide written verification of income or sign the affidavit, the Provider must bill the liable person for the full cost of service.
7. Redeterminations:
 - a. The Provider must inform the liable person in writing that any significant changes in monthly gross income and/or family size are to be reported by the liable person within 30 days of the change. Upon notification, a redetermination must be completed based upon the income at that point in time, prorated to a 30-day period. Notification language is included on the Liability Form under “Agreement and Understanding.” The Provider will then determine a new liability.
 - b. The Provider must complete a redetermination of the liability for a client at least once every twelve months. The effective date of the redetermination must be the first day of the following calendar month or as otherwise specified by the Provider.
8. Liability - The liability must be calculated based on the monthly gross income utilizing the “[Outpatient Client Liability Table](#)” document.

The liability for DDAP funded client may not exceed DDAP established rate for the service provided.

9. Notice of Liability - At the time the liability is determined or redetermined, a copy of the Liability Form must be offered to the liable person.

Reduction or Elimination of Liability:

1. Request for Reduction or Elimination of Liability
 - a. The liable person has the right to request reduction or elimination of liability.
 - b. Requests for reduction or elimination of liability must be made within 30 days of the time that conditions warranting the adjustment occur.
 - c. Requests for reduction or elimination of liability must be made by the liable person, the client, or certified gambling counselor assigned to the client.
 - d. Requests for reduction or elimination of liability must be submitted to the Provider’s Chief Executive Officer (CEO), administrator, or their designee.

2. Reasons for Reduction or Elimination of Liability

a. Substantial Financial Hardship

The Provider may request to reduce or eliminate the liability if the payment of the liability would cause substantial financial hardship on the client or liable person, or would result in greater financial burden upon the Commonwealth.

b. Clinical Reasons

The Provider may request to reduce or eliminate the liability if the imposition of the liability would nullify the results of care, treatment, service, or other benefits.

3. Documentation Required

Requests for reduction or elimination of liability must be completed by a certified gambling counselor, justifying the clinical or financial reasons for the request. All requests must be submitted to DDAP by utilizing the Request for Liability Reduction or Elimination Form. All requests for reduction or elimination must be submitted to the Gambling Resource Account at RA-DA_GAMBLING@pa.gov.

4. Decision and Notification for Reduction or Elimination of Liability

DDAP must decide and notify the Provider of this decision within 10 business days of receipt of the request.

5. Appeals

The Provider has the option to have policies in place whereby the client may appeal the reduction or elimination of liability decision to DDAP.

Use of Liability Tables:

The Client Liability Form must be utilized by all Providers, for all clients, and may not be altered in any manner. If a client is reauthorized and approved for an extension, then the Provider must complete a redetermination of the liability for that client. The Request for Liability Reduction or Elimination Form is to be completed whenever a reduction in the client liability is sought due to either substantial hardship or clinical reasons. While the request may be initiated by the client or liable person, all requests must include the staff description of reason, and certification that the abatement is necessary.

High Insurance Deductibles and Copay Assistance:

DDAP will reimburse an approved gambling treatment Provider for services rendered to a client with a high insurance deductible or a copay they are unable to afford, on a case-by-case basis. This, however, does not negate the requirement for the Provider to assess the client's liability. As a result, a client being funded because of a high

deductible or a copay they cannot afford, must have his/her liability assessed to determine if any portion of payment resides as a responsibility of the client receiving services.

The Request for Client Authorization Form must be completed to specify if the client is insured and the amount of the remaining insurance deductible if applicable. Upon DDAP approval of the authorization request, ongoing documentation must be provided to DDAP demonstrating if other payments to medical expenses have been applied to the client's insurance deductible. Any such expenses will thereby reduce the deductible amount DDAP will pay. Documentation must be submitted to DDAP in the form of either:

1. A completed form entitled "Request for Liability Reduction or Elimination Form" with the client's name and signature redacted;
2. Documentation that identifies the cumulative amount of medical expenses already applied to the client's deductible, and the remaining amount of the deductible.

The Provider must maintain the original attestation form or documentation in the client's record. DDAP will verify documentation during an onsite monitoring inspection.

No personal client information shall be included on forms submitted to DDAP.

*SECTION 16***PROGRAM & FISCAL MONITORING**

Providers under contract with DDAP shall receive onsite visits to assess compliance with the requirements contained in this Manual. A random sampling of client files will be reviewed by DDAP staff.

In order to verify units billed and compliance with DDAP requirements, representatives from the Department may examine written documents, interview staff, examine client records, and observe Provider operations. All client information obtained during the onsite visit will remain confidential.

Procedures for conducting an onsite visit with the Provider include the following:

- An onsite visit will be scheduled with the CEO or designee in charge;
- The CEO or designee in charge will be notified of the site visit at least 10 business days prior to the visit, unless, DDAP has justification to warrant an unannounced site visit;
- The CEO or designee in charge must be present for an entrance interview at the beginning of the onsite visit. The CEO or the designee in charge will provide an update on the Provider Outpatient Gambling Treatment Services;
- The Provider must present all certified gambling counselor staff records for review;
- The Provider must present for review all current and valid certificates and licenses of approved gambling treatment staff, as well as provide DDAP with a copy of each license;
- The Provider must present all fiscal records to document that client liabilities are being completed and collected by the Provider;
- The Provider must make available all files of clients that have received Outpatient Gambling Treatment Services funded in whole or in part by DDAP;
- The CEO or designee in charge must be present for an exit interview at the conclusion of the onsite visit, at which time a summation of significant findings will be presented. A written notification of any areas of non-compliance, and recommendations for improvement will subsequently be provided;
- The Provider must submit an acceptable plan of correction for each instance of non-compliance, including establishing an acceptable period of time to correct these items. The Provider must submit the Plan of Correction to DDAP within 10 days of receiving the summary report of non-compliance from DDAP;
- If after receiving technical assistance from DDAP about revising the Plan of Correction the Provider fails to submit a final Plan of Correction approved by DDAP, DDAP shall withhold payment of invoices until such time as the Plan of Correction is approved. DDAP may determine that significant issues or areas of non-compliance may result in DDAP not funding clients until such issues are resolved.

*SECTION 17***CONFIDENTIALITY**

Any person who provides Outpatient Gambling Treatment Services must abide by the confidentiality and privacy regulations that govern them relative to their profession.

Providers are required to have written policies and procedures associated with the adherence to all Federal and State confidentiality and privacy regulations that govern their relative profession.

Providers that are also licensed by DDAP to provide drug and alcohol treatment services must adhere to additional applicable federal and state confidentiality laws related to that service.

The policies and procedures must include the following information and be acknowledged in writing by DDAP approved gambling counselor:

- Exchange of client-identifying information.
- Storage and security of client records, to include computer security.
- Staff access to records.
- Progressive disciplinary protocols for staff violating confidentiality regulations (where applicable).
- Revocation of consent, to include how this is documented on the consent form.
- Notification that redisclosure is prohibited without proper consent.

For additional information on Record Keeping refer to Section 9.

SECTION 18

GRIEVANCES AND APPEALS

The primary objective of the grievance and appeal process is to promote a step-by-step process for reconciliation between an aggrieved client and the Provider. A Provider must have an expeditious, accessible, fair, and uniform process in place for resolving grievances and appeals.

A grievance is defined as a written complaint/request by a client (or on the client's behalf) regarding a decision made by a Provider. An appeal is a process utilized to resolve a grievance, which includes a written request submitted by a client (or on the client's behalf) requesting reconsideration of a Provider's grievance decision, to be forwarded to DDAP for a decision.

A Provider must have written policies and procedures for the grievance and appeal process, which include time frames and the individuals responsible. The procedures must also address how a client is informed of the grievance and appeal process and the client's sign off acknowledging receipt of the procedures.

At a minimum, a client must be able to file a grievance and subsequent appeal in the three areas listed below:

- Denial or termination of services;
- Length of outpatient gambling treatment; and
- Violation of the client's human or civil rights.

If a Provider chooses to include additional categories a client can grieve the categories and what they include must be made clear to the client and included in the Provider's policies and procedures.

At a minimum, the following steps must be included in the Providers written policies and procedures:

Step 1 – Documentation of the grievance on Part A of the [Grievance and Appeal Reporting Form](#).

Step 2 – Within seven days of the grievance the Provider must review the information and render a decision. The Provider must then complete Part B of the Grievance and Appeal Reporting Form.

Step 3 - If a client wishes to appeal the decision of the Provider, this must be completed within 15 days of the Provider's decision. This is accomplished by submitting the Grievance and Appeal Reporting Form (Parts A and B) to DDAP with a cover letter, indicating when client appealed and any new details related to the appeal.

DDAP will review the Grievance and Appeal Reporting Form, any other information provided and decide within 14 calendar days. DDAP will inform the Provider of its decision in writing and the decision will be binding on the Provider.

All required paperwork must be sent to the Gambling Resource Account at

RA-DA_GAMBLING@pa.gov or faxed to 717-787-6285. **No personal client information shall be included on forms submitted to DDAP.**

Failure to notify DDAP of a client's appeal of a Provider's decision within seven days will result in the Provider being required to submit a Plan of Correction. For additional information on a Plan of Correction refer to Section 16.

Those professions that are licensed by the Department of State must abide by the Department of State's process for complaints in their written procedures. Providers that fall under the Department of State's oversight must inform the clients of the Department of State's process for complaints and document that clients were notified.

*SECTION 19***RESOURCES**

The following are helpful resources:

[Council on Compulsive Gambling of Pennsylvania, Inc. \(CCGP\)](#) – A nonprofit organization affiliated with the National Council on Problem Gambling whose purpose is to educate and disseminate information on compulsive gambling and to facilitate referrals. Information on how to access DDAP funded clinical supervision/consultation calls for counselors with at least 15 hours of approved gambling specific training and education is found on this site.

[Pennsylvania Gaming Control Board](#) – The PA Gaming Control Board protects the interest of the public by ensuring the integrity of legalized gaming through the strict enforcement of the law and regulations, the licensing of qualified individuals and entities, and fulfilling the objectives of legalized gaming in the Commonwealth to deliver a significant source of revenue, assist the horse racing industry, provide broad economic opportunities and enhance tourism.

[National Council on Problem Gambling](#) – Serves as the national advocate for programs and services to assist problem gamblers and their families.

[The International Gambling Counselor Certification Board](#) – Promotes a competency-based certification program for professionals treating problem and pathological gamblers and their families by overseeing the credentialing process for the International Gambling Counseling Certifications.

[Pennsylvania Certification Board \(PCB\)](#) – A private, nonprofit corporation offering voluntary credentialing to the substance abuse and other behavioral health professional, as well as certificates of Competency in Problem Gambling. PCB implements standards and testing for certification of addiction counselors, prevention specialists, clinical supervisors, case managers, criminal justice addictions professionals, co-occurring disorders professionals, auxiliary professionals, recovery specialists and intervention professionals.

*SECTION 20***GLOSSARY**

Appeal: A written request submitted by a client (or on the client's behalf) for reconsideration of a Provider's decision made in the grievance and/or appeal process.

Assessment: A real time interview with a client to gather clinical and non-clinical information used to develop a comprehensive, confidential personal history and to ascertain treatment needs based on the degree and severity of issues related to problem and/or compulsive gambling.

Business Day: Is considered every official working day of the week. Another common term is working day. Typically, these are the days between and including Monday to Friday and do not include public holidays and weekends.

Calendar Day: Any day of the week, including weekends.

Client: Individual with a gambling problem, family member or significant other.

Client Liability: The portion of the cost for services rendered that is the client's responsibility to pay.

Day: As referenced in this manual, is considered a calendar day, unless specified otherwise.

Department of Drug and Alcohol Programs (DDAP): The lead Commonwealth agency to administer funds for the prevention, intervention, and treatment of problem gambling disorders.

Discharge: Termination of a client's involvement in either DDAP funded services or termination of a client from a Provider's care.

Emergent Care: Those conditions related to withdrawal management, psychiatric, and perinatal/prenatal care that requires an immediate referral for services.

Fee for Service: Payment mechanism utilizing an established fixed rate per defined unit of service to reimburse services rendered.

Grievance: A written complaint by a client (or on the client's behalf) regarding a decision made by a Provider related to at least a denial or termination of services, length of outpatient treatment, determination of financial liability, or violation of the client's human or civil rights.

Health Insurance Portability and Accountability Act (HIPAA): Federal regulation addressing healthcare issues related to the standardization of electronic data, the development of unique health identifiers and security standards protecting confidentiality and the integrity of health information.

Invoice: A document requesting payment or reimbursement.

Outpatient Gambling Treatment Services: An organized, non-residential gambling treatment service provided in regularly scheduled treatment sessions for a maximum of five contact hours per week.

Session: A session, individual or group, shall be defined as a 50-minute continuous face-to-face meeting with the client.

Screening: The determination of the need for emergency care services. Another purpose of the screening is setting the stage for subsequent interventions. Screening is the activity that is provided to an individual that is attempting to access services.

Telehealth: The provision of treatment services and assessments via video conferencing telecommunications technology.