Nevada Department of Health and Human Services
*Bureau if Behavioral Health Wellness and Prevention*

## Problem Gambling Treatment Services

# PROVIDER MANUAL

**2022**

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**Department of Health and Human Services**
*Helping people. It's who we are and what we do.*

## Nevada Problem Gambling Treatment Services

## PROVIDER MANUAL OVERVIEW

This Manual delineates requirements that must be met by agencies and individual providers who wish to provide problem gambling treatment services funded by the Revolving Account for the Prevention and Treatment of Problem Gambling through NRS 463.320(2)(e). Providers must meet the requirements and standards contained in this manual in order to receive funds for services provided under contract or agreement with Nevada Problem Gambling Services, a program within the Department of Health and Human Service, Division of Public and Behavioral Health (DPBH), Bureau of Behavior Health Wellness and Prevention (BHWP).

The Manual is reviewed and updated on a regularly scheduled basis and replaces any earlier versions of the Nevada Department of Health and Human Services (DHHS) Problem Gambling Treatment Provider Guide contained within past Nevada DHHS Problem Gambling Services Strategic Plans. Nevada Problem Gambling Services (PGS) reserves the right to update and modify this manual at any time. Additions, updates and/or modifications will be announced at DHHS Advisory Committee of Problem Gambling meetings, quarterly PGS Problem Gambling Treatment Provider meetings, and sent by email to all eligible providers. It is the provider's responsibility to use the most current edition of this manual, which will be posted on the DPG website.

The Manual applies only to providers holding an active problem gambling treatment grant agreement from the BHWP. The Manual is referenced in the participating agreement and is considered an extension of the agreement. It identifies BHWP Problem Gambling Services administrative and professional policies, procedures, guidelines, and other information aimed at ensuring public safety, program efficiency, and service efficacy. In the event there are any inconsistencies between state rules and regulations and the Manual, the Nevada Revised Statutes and Nevada Administrative Code are the controlling document. The Manual is reviewed and updated as necessary throughout the year, and providers are notified of changes through our provider communications.

Nevada Problem Gambling Service treatment providers are encouraged to duplicate and distribute this manual to those affiliated with the program within their organization.

For questions and/or clarifications, contact:

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This manual, and all subsequent updates, may be obtained via the internet at:
http://dpbh.nv.gov/Programs/ProblemGambling/Problem_Gambling_Services_(PGS)/

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# NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES
# PROBLEM GAMBLING TREATMENT PROVIDER GUIDE

## I. Definitions

Throughout this Agreement, the following words and terms are used as defined in this section unless (a) the context in which they are used clearly requires a different meaning or (b) a different definition is prescribed for a particular part or portion of a part.

"**Abuse**" is defined as provider practices that are inconsistent with sound fiscal, business or medical practices, and result in an unnecessary harm or cost to DHHS or clients, or in reimbursement for services that are not medically necessary or fail to meet Agreement standards.

"**Aftercare**" shall mean the stage following discharge, when the client no longer requires services at the intensity required during primary treatment.

**"Board"** shall mean the Nevada State Board of Examiners for Alcohol, Drug, and Gambling Counselors.

"**Certified Problem Gambling Counselor"** or "**CPGC**" means a person who is certified as a problem gambling counselor pursuant to NRS 641C.050

**"Certified Problem Gambling Counselor Intern" or "CPGC-I"** means a person who is certified as a problem gambling counselor intern pursuant to the provisions of NRS 641C.060.

**"Certified Problem Gambling Counselor Fill-in" or "CPGC Fill-in"** means a person who is a qualified mental health professional, as defined by NRS 458A.057, who has completed at least 10 hours of gambling specific education within the past two years including at least 2 hours specific to gambling treatment and maintain documentation evidencing compliance with this education standard.

"**DHHS**" shall mean the Nevada Department of Health and Human Services, and its employees, agents and representatives. The Department of Public and Behavioral Health (BPBH) is a subdivision of DHHS assigned as the administrative branch of DHHS with oversight of the problem gambling program and as such, within this document the acronyms BPBH and DHHS are used synonymously.

"**DPBH**" shall mean the Department of Public and Behavioral Health, and its employees, agents and representatives. DPBH is housed within DHHS and as such, the acronyms DPBH and DHHS are used synonymously.

"**Distance Treatment**" shall mean professionally delivered treatment where most of the time spent between a counselor and client are non-face-to-face encounters. The primary forms that distance treatment take is phone, web-based or video counseling.

**"Eligible Client"** or **"Client"** shall mean, for purposes of this Agreement, an individual with a gambling related problem is an individual with (a) a primary diagnosis of Gambling Disorder (DSM-5 code 312.31), (b) a primary diagnosis of sub-clinical Gambling Disorder (meets two to three DSM-5 diagnostic criteria for Gambling Disorder), or (c) a primary diagnosis of Relational Problem Related to Gambling Disorder (a variant of DSM-5 code V61.9).

"**Fraud**" is defined as an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him/herself or some other person. It includes any act that constitutes fraud under applicable federal or state laws.

"**May**" denotes the permissive.

**"Outpatient Gambling Treatment Program**" shall mean to provide problem gambling assessment, treatment and rehabilitation services delivered on an outpatient basis or intensive outpatient basis to individuals with gambling related problems who are not in need of 24-hour supervision for effective treatment. Outpatient Gambling Treatment Services must include regularly scheduled face-to-face or non-face to face therapeutic sessions or services in response to crisis for the individual and may include individual, group, couple, and family counseling.

**"Peer Recovery Support Services"** shall mean nonclinical supportive services provided by a certified Peer Recovery & Support Specialist (PRSS) that uses lived experience in recovery from a gambling disorder to promote recovery in another person with a gambling disorder by advocating, mentoring, educating, offering hope, and providing assistance in navigating systems.

"**Primary Diagnosis**" shall mean the main condition treated or investigated during the relevant episode of healthcare. The reason for admission in and of itself does not constitute the primary diagnosis. A primary diagnosis for Gambling Disorder, or other eligible client diagnoses, may only be made by CPGCs and mental health professionals qualified to make DSM-5 diagnoses as specified in their license or certification scope of practice.

"**Provider**" shall mean an institution, facility, program, agency, group or individual practitioner who has agreed to a written arrangement of cooperation with DHHS as an independent contractor or grantee to provide Problem Gambling Treatment Services. Provider is not an agent of DHHS and shall not represent itself as an agent of DHHS.

"**Psycho-educational Group**" shall mean a specific type of group therapy that focuses on educating clients about their disorders and developing competencies in members through such structured groups as social skills, coping skills, relapse prevention skills, and life skills training.

**"Residential Gambling Treatment Program**" shall mean to provide problem gambling assessment, treatment, rehabilitation and twenty-four-hour monitoring for pathological and problem gamblers consistent with Level III of American Society of Addiction Medicine Patient Placement Criteria Second Edition Revised (ASAM PPC-2R). Residential Gambling Treatment Programs must be within a licensed inpatient mental health facility or residential alcohol and drug treatment facility that is in good standing and certified by a DHHS recognized accreditation board.

**"Shall"** denotes the imperative.

"**Self-refer**" shall mean a referral to a program without a prior assessment/treatment recommendation.

"**Service appointment**" shall mean a scheduled time for Client to meet with CPGC or CPGC-I for treatment session or assessment session.

**"Session" or "treatment session"** means services delivered in individual, couple, family, or group formats.

"**Treatment Episode**" shall mean the period beginning with the service date reported on the first encounter claim to the submission date of the discharge form.

## II. Performance Standards

Providers funded through this Agreement must comply with the requirements set forth on Exhibits 1, 2, 3 and 4 attached hereto and incorporated herein by this reference.

Providers funded through this Agreement must meet the performance standards below. These performance standards are imposed and assessed on individual Providers and based on required data submitted by Providers to the UNLV International Gaming Institute, the current Information Management Contractor for DHHS gambling treatment services, and through program reviews and fiscal audits. If DPBH determines that a Provider funded through this Agreement fails to meet the specified performance standards, Provider will be required to submit a corrective action plan to DPBHS's satisfaction. Repeated inability to meet the performance standards below may result in discontinuation of grantee funding. Providers are also subject to requirements imposed by DPBH in other documents attached to the Notice of Grant Award.

**Access:** The amount of time between a problem gambling affected individual's request for outpatient services and the first offered service appointment must be five business days or less for at least 90% of all individuals receiving services funded through this Agreement.

**Retention:** The percent of problem gambling affected individuals receiving services funded through this Agreement who actively engage in problem gambling treatment for at least 10 clinical contact sessions must not be less than 50%.

**Successful Completion**: The percent of all individuals receiving services funded through this Agreement who successfully complete treatment must not be less than 50%. A successful problem gambling treatment completion is defined as the individual's: (a) achievement of at least 75% of short-term treatment goals, (b) completion of a continued wellness plan (i.e., relapse prevention plan), and (c) lack of engagement in problem gambling behaviors for at least 30 days prior to discharge from services.

**Client Satisfaction:** The percent of problem gambling affected individuals receiving services funded through this Agreement who complete a problem gambling client satisfaction survey would positively recommend the Provider to others must not be less than 85%.

**Long-term Outcome:** The percent of problem gambling affected individuals receiving services funded through this Agreement who successfully complete treatment whose responses to a problem gambling follow-up survey suggest maintained improvement at twelve months after intake must not be less than 50%.

**Consent for Follow-Up Evaluation**: The percentage of problem gambling affected individuals receiving services funded through this Agreement at each clinic consenting for follow-up evaluation should be no less than 80% of the average percentage of clients consenting system wide.

**Service Cost Share:** The percentage of total reported services not claimed for DHHS reimbursement should be no less than 75% of the average percentage of total reported services not claimed for DPBH reimbursement across all DPBH treatment grantees.

**Documentation Accuracy:** A comparison of documented clinical services provided within client files and client sign-in sheets with encounters entered into the UNLV Problem Gambling Treatment Data Management System must have a correspondence rate of 95% or greater for any period of 28 consecutive calendar days or longer.

## III. Special Reporting Requirements

Providers funded through this Agreement must submit the following information to Department (or to DHHS's designee), with respect to the individuals receiving services funded through this Agreement, as well as any other information related to the delivery of Services funded through this Agreement that DPBH reasonably requests from time to time:

A. Intake Data: The data form must be collected and submitted within 14 days of the first face-to-face treatment contact with an individual.

B. Client Consent Form: A completed client consent form for use in follow-up efforts must be collected and submitted as part of the Intake data. Client refusal to participate in the follow-up survey must be documented in the client file and when filling out the consent portion of the Intake form.

C. Encounter Data: Encounter data for billing must be collected and submitted as described in Exhibit 3 attached hereto and incorporated herein by this reference. Prior to submitting an encounter claim each claimed encounter must be documented in the clinical record. Encounter claim documentation placed in the clinical record must include the date of the encounter service; the type of service delivered, the length of service, a clinical note describing data from the session, the clinician's signature and date the note was completed.

D. Discharge Data: Clients must be discharged 60 days after last date of service or after a change in level of service to or from residential treatment. The discharge must be documented in the client file, and discharge data must be collected and submitted within 30 days of discharge. Discharge data must be collected and submitted as described in Exhibit 3 attached hereto and incorporated herein by this reference. Prior to submitting discharge data, a treatment summary must be completed stating the reason for discharge, progress toward treatment plan objectives, and recommendations.

## IV. Grant Award Calculation and Disbursement Procedures

A. Grant Award Calculation. DHHS grant awards are based on the Nevada DHHS Problem Gambling Services Procedure Codes and Reimbursement Rates provided in Exhibit 4 subject to the following:

1. These rates are based on maximum allowable claims for the DPBH Bureau of Behavioral Health Wellness and Prevention Gambling Treatment Program, applicable only to granted DPBH Problem Gambling Treatment vendors.

2. Rates are on a 15-minute unit per person basis except where specifically noted within the service description and for residential bed-day rate where 1 unit is an overnight stay.

3. Psychotherapy Group size is not to exceed 12 participants.

4. Rates for individual sessions and family sessions are based on **time** per session not the number of persons attending. Time is claimed for each 15-minute unit rounded to the nearest 15-minute unit increment. Services lasting less than five minutes are not eligible to be claimed. Those over five minutes and under 15 minutes are only eligible to be claimed when the service was initiated by client and accompanied with clinical documentation in the client case file.

5. Individual and family/couple sessions lasting 50 minutes or more may include up to 10 minutes for progress note writing (e.g., 50-minute session may be billed for 1 hour). When encountering for group therapy, the only allowable time is that spent with clients (e.g., time writing progress notes and time provided for group breaks are not to be counted when submitting service claims).

6. Residential Treatment Assessments / Diagnostic Workups must include the administration of the Gambling Patient Placement Criteria (GPPC) instrument. Outpatient Treatment Assessment / Diagnostic Workups must include the administration of the GPPC or other DHHS approved assessment tool(s) and protocol.

7. Only one assessment claim per client is allowable except in situations where a client was discharged then later re-enrolled.

8. If the person enters treatment, reimbursement eligibility begins after successful submission of client enrollment information to DHHS designated information management entity.

9. Persons enrolled into residential treatment services are not eligible to receive DHHS supported outpatient gambling treatment until they are discharged from residential treatment.

10. If provider does an assessment/diagnostic workup and the client enters treatment, those costs shall not be considered part of the maximum allowed reimbursement per treatment episode.

11. The maximum allowed reimbursement per treatment episode shall be $3,000 for outpatient treatment, and $4,000 for residential treatment.

12. No state reimbursement payment will be made for a missed scheduled session. All services reimbursed by BHWP must be documented in the client chart.

13. The rate to be billed must be based on the educational and training level of the direct provider, not of the person supervising the provider.

14. Persons eligible to enroll into DHHS reimbursed gambling treatment must have a gambling related problem as defined by (a) a primary diagnosis of Gambling Disorder (DSM-5 code 312.31), (b) a primary diagnosis or sub-clinical Gambling Disorder (meets two to three DSM-5 diagnostic criteria for Gambling Disorder), or (c) a primary diagnosis of Relational Problem Related to Gambling Disorder (a variant of DSM-5 code V61.9).

15. Persons eligible to enroll into DHHS reimbursed residential gambling treatment must have special needs as defined by all of the following: (a) a primary diagnosis of Gambling Disorder (DSM-5 code 312.31); (b) referral from a certified problem gambling counselor or inpatient psychiatric facility; (c) must meet residential gambling treatment program admission criteria as defined in Exhibit 1.

16. Services that receive reimbursement must be face-to-face therapeutic sessions or conform to the Nevada Telehealth Counseling Policy Statement/Guidelines as detailed in Exhibit 6.

17. Providers of services funded through this Agreement may charge client co-pays with the following limitations: (a) The maximum client co-pay in a residential program is $10.00 per bed day; (b) The maximum client co-pay for client's meeting medically necessary treatment in an outpatient program is $10.00 per session; (c) The client co-pay for a court ordered treatment client that does not meet gambling treatment medical necessity may equal 50% of the Nevada DHHS Problem Gambling Services Procedure Codes and Reimbursement Rates as provided in Exhibit 4. No client shall be refused services due to inability to pay.

18. Total DPBH payment for all services delivered under this Agreement shall not exceed the total funds awarded for services as specified in the Notice of Grant Award.

19. DPBH is not obligated to provide payment for any Services that are not properly reported or documented as described or referenced in this Agreement by the date 45 days after the termination of this Agreement.

20. DPBH may reduce or increase the amount of funds awarded based on one or a combination of factors including the underutilization or overutilization of the current grant budget, the efficiency of funds used as determined by average cost-per-treatment episode and performance in meeting standards as defined above in Section II, changes in grantee program capacity, changes in available funds from the DPBH Revolving Account for the Prevention and Treatment of Problem Gambling, and/or discovery of grantee being out of compliance with grant conditions. Provider shall execute and deliver to DPBH an appropriate amendment, as written by DPBH, to reflect budget change. In addition to the

six-month utilization review and allocation adjustment, additional funding adjustments may be made at the request of the provider or DPBH.

21. Service procedure codes, procedure definitions, and corresponding reimbursement rates are provided on Exhibit 4. Reimbursement for "add on" procedure code claims (T1016, T1013, 50A, 50B, 50C, 60A, 60B, MAT, WFD, TRA) are limited to 10% of a gambling treatment grantee's total grant amount. "Add-on" codes percent limitation to grantee's total grant amount subject to change during the grant period.

22. Providers offering virtual services must follow the Nevada Telehealth Counseling Policy Statement/Guidelines found in Exhibit 6. Virtual check-ins or other services with clients may be claimed for reimbursement only if they are client-initiated or scheduled in advance with the client and exceed seven minutes and thirty seconds (the minimum amount of direct service time expended to claim one 15 minute service unit).

23. Notwithstanding the above conditions 11, 14, and 15, former DPBH funded gambling treatment clients are eligible to obtain relapse prevention supports services, using the Nevada DHHS Problem Gambling Services Procedure Codes and Reimbursement Rates contained within Exhibit 4, with a maximum per individual benefit cap of $500 reimbursable to the provider.

B. Provider Audits. Providers and sub-contracted Providers receiving payments from DPBH are subject to fiscal review and/or audit for all payments applicable to services rendered. DPBH may require Providers to payback funds for services paid for and not appropriately documented or for services claimed that are not allowable or claimed incorrectly. Refer to Grant Instructions and Requirements for further details.

C. Prior Authorization and Exception Requests. DPBH may grant the following exceptions with prior authorization.

1. Treatment providers may request up to 10% of the grant award, for the current grant cycle, to be used for extensions of client benefit caps. The actual amount expended on behalf of each client (rather than the requested amount) will apply toward the overall 10% extension limit.

2. Other exceptions to conditions or clauses of Agreement, as mutually agreed upon in writing by DPBH and Provider.

D. Procedure for requesting prior authorization and exception requests.

1. Requests for prior authorization and exceptions must be made no less than seven (7) days prior to the first day the exception is requested to go into effect. For benefit extension requests submitted within seven day of the exception commencement date, no guarantee is provided the extension request will be granted and therefore any services rendered prior to DPBH approval is subject to being denied for reimbursement.

2. For submitting benefit extension requests, providers must complete the most recent version of the "Nevada Department of Health and Human Services Problem Gambling Treatment Benefit Extension Request Form" in its entirety (Exhibit 5) then email the DHHS Problem Gambling Program Coordinator, a scanned copy of PART B & C or within body of email include all information from PART B & C along with a statement that a completed Benefit Extension Request Form has been placed in the client's file.

3. The procedure for requesting exceptions to conditions or clauses of Agreement, other than benefit extension requests, consist of emailing the DPBH Problem Gambling Program Coordinator the exception request along with an explanation of why the request is needed.

4. In situations where a program's CPGC or CPGC-I are temporarily unavailable due to vacancies of 90 or less days, vacation time, sick leave, or job-related travel, then other qualified mental health professionals (QMHP), as defined by NRS 458A.057 may provide gambling treatment services if they had completed at least 10 hours of gambling specific education within the past two years including at least 2 hours specific to gambling treatment. Submission of an exception request to enact this provision is required and must include the name of the QMHP, documentation that the education requirements have been met, and description of the intended use and duration of QMHP gambling treatment services.

# Exhibit 1

## Residential Gambling Treatment Admission Criteria

The following criteria shall be met before an individual is admitted to the residential care program.

A. Primary DSM-5 diagnosis by a qualified care provider as a disordered gambler; and

B. At time of admission, manifestation of at least one the following liabilities, as documented and supported by client responses to the Gambling Patient Placement Criteria (GPPC):

1. Severe Gambling Disorder symptom intensity to the extent symptom control can only be expected within a structured residential setting;
2. Depression and/or other emotional behavioral symptoms are sufficiently interfering with recovery efforts requiring residential care including endangerment to self or others; inability to function outside a controlled environment;
3. Even though faced with serious consequences, the individual does not accept them and requires intensive motivational strategies and efforts only available in a structured residential setting;
4. Failed attempts to achieve abstinence from gambling through formalized outpatient treatment or other residential treatment episodes;
5. Living in an environment where efforts to obtain even short-term abstinence in outpatient treatment are, or likely to be, thwarted, or living in a location where outpatient treatment is not available on a regular basis.

CONTRAINDICATIONS

A. Individual is physically, mentally, or behaviorally inappropriate for a residential setting and requires supervised medical attention, potential seclusion, or restraint.

B. Individual has a moderate to severe substance use disorder that is not in remission (less than 1 month of cessation of dependence)

# Exhibit 2

## Gambling Treatment Provider Standards

Providers of Services funded through this Agreement must comply with the conditions stated in the main body of this document and the standards set forth below. These standards were developed based on principles where (a) the safety and dignity of problem gambling treatment individuals should always be maintained and (b) treatment services should be designed to enhance the strengths of each client.

I. Accessibility – Providers of problem gambling treatment shall:

A. Deliver treatment at a physical location that conforms to the requirements of the Americans with Disabilities Act (ADA), to the extent reasonably practical.

B. The hours of operation and service availability shall reflect the needs of the clients served.

1. A client with emergency needs shall have immediate access to a clinician or a referral to emergency services.

2. Individuals not yet enrolled into service and requesting an appointment should be seen within twenty-four (24) hours, to the extent reasonably practical.

3. Make treatment available during both daytime and evening hours, to the extent reasonably practicable.

4. A client requesting services shall be seen for a routine office visit within ten (10) business days.

C. Develop and implement a policy of delivering treatment in a non-discriminatory and culturally sensitive manner. Recognize and respond appropriately to the unique needs of special populations (e.g., language, illiteracy, disability, culture, race, gender, sexual orientation, age-related differences, etc.) which could include but is not limited to: Making reasonable modifications in policies, practices, and procedures to avoid discrimination (unless the program can demonstrate that doing so would fundamentally alter the nature of the service, program, or activity) such as:

1. Providing individuals capable of assisting the program in minimizing barriers (such as interpreters);

2. Translation of written materials to appropriate language or method of communication;

3. To the degree possible, providing assistive devices which minimize the impact of the barrier and;

4. To the degree possible, acknowledge cultural and other values which are important to the client including supporting the use of traditional healers and traditional healing methods, when advocated by the client and appropriate.

D. No person should be denied services or be discriminated against on the basis of age or diagnostic or disability category unless predetermined clinical or program criteria for service restrict the service to specific age or diagnostic groups or disability category. The provider should have written criteria for accepting or refusing admission requests, including steps for making referrals for individuals not admitted to the program. For those clients refused admission based on assessment, the provider should document the reasons for refusal and subsequent referrals within seven days following the refusal decision.

E. In the treatment of clients under the age of fourteen the service plan must conform to State laws.

F. With Department written approval of provider protocols, providers may offer treatment services at remote sites and through distant treatment protocols (e-therapy, telehealth, etc.) to increase treatment access. Protocols for providing treatment at remote locations or through distance treatment must include:

(a) The ethical standards to be applied for licensed and certified counselors and certified interns;

(b) Practices and procedures to address the safety of clients and service providers;

(c) Uniform service protocols to ensure Gambling Treatment Provider Standards are met, including client privacy standards; and

(d) Standards concerning the electronic supervision of interns working at remote sites, if applicable.

See Exhibit 6 for an expanded description of telehealth standards and resources.

II. Eligibility – Persons acceptable to receive problem gambling treatment services funded by the Revolving Account for the Prevention and Treatment of Problem Gambling through NRS 463.320(2)(e) shall:

A. Demonstrate residency within the State of Nevada, AND either

B. Present with a primary diagnosis of Gambling Disorder or sub-clinical Gambling Disorder, OR

C. Be a family member or significant other that is impacted by another's gambling behavior (even if the gambler does not seek counseling).

III. Eligible Providers – Persons administering gambling treatment clinical services, reimbursed through funds from by the Revolving Account for the Prevention and Treatment of Problem Gambling through NRS 463.320(2)(e), shall hold current certification, in good standing, as a Certified Problem Gambling Counselor (CPGC) pursuant to NRS 641C or Certified Problem Gambling Counselor Intern (CPGC-I) pursuant to the provisions of NRS 641C. Providers must be in compliance with Alcohol, Drug, and Gambling Counselor Standards of Practice as defined in NRS 641.C.

A. CLINICAL SUPERVISION: Problem gambling treatment providers who are not trained to diagnose or treat mental illness other than substance use disorders and gambling disorders, as determined by the scope of practice provided by their professional license, are required to make provisions for a minimum of two (2) hours per month of clinical supervision or consultation by a clinical supervisor with at least two years of postgraduate experience providing mental health services to adults. Supervisory staff who oversee the treatment of individuals with diagnoses other than substance use disorders and gambling disorders shall hold a license allowing them to diagnosis and treat a range of mental health disorders. Supervisors shall complete at least 10 hours of gambling specific education within the past two years including 2 hours on supervising gambling treatment counselors and maintain documentation evidencing each supervisor's compliance with this education standard.

Certified Problem Gambling Counselor Interns (CPGC-I) are required to make provisions for a minimum of two (2) hours per month of clinical supervision by a CPGC that is Board approved to supervise certified problem gambling interns. Clinical documentation written by CPGC-I must be reviewed by supervisors and must be co-sighed by the clinical supervisor of the CPGC-I.

B. COMPETENCY: Providers shall refer individuals to other professionals if an individual's clinical presentation is beyond the scope of the Provider staff's competency as determined by their certification restrictions, or license restrictions, or supervisor evaluation, or self-evaluation.

C. AVAILABILITY: Persons administering gambling treatment clinical services have an obligation to their clients to provide services to their client on a schedule therapeutically appropriate to their needs or refer the client to services matched to their needs. In situations where a program's CPGC or CPGC-I are temporarily unavailable due to vacancies of 90 or less days, vacation time, sick leave, or job related travel, then other qualified mental health professionals, as defined by NRS 458A.057 may provide gambling treatment services if they had completed at least 10 hours of gambling specific education within the past two years including at least 2 hours specific to gambling treatment and maintain documentation evidencing compliance with this education standard (CPGC Fill-in).

IV. Accountability – Providers shall deliver the services in accordance with the following standards:

A. GUIDELINES FOR TREATMENT SERVICES – Providers shall provide a variety of diagnostic and treatment service alternatives to each individual receiving problem gambling treatment. Treatment plans or care plans shall be designed to meet the individual's needs and resources as identified in the comprehensive assessment. Providers shall offer, at minimum, the following types of problem gambling treatment services:

1. Assessment – The assessment involves a face-to-face interview with the individual completed within the fifth client contact following enrollment into the treatment program. The purpose of the interview is to collect and assess pertinent information

regarding the individual's past history and current situation that results in a clinical diagnosis and a recommendation regarding the need for treatment. The Provider shall have the ability to perform a structured interview process to assess the existence of problem gambling and co-existence with other disorders including, but not limited to, substance abuse, mental disorders, and significant health problems. Suicide potential and potential to harm others must be assessed and clinical records must contain follow-up actions and/or referrals when a client reports symptom indicating risk of harm to self or others.

2. Orientation: The provider shall give to the client, document the receipt of by the client, and make available to others, written program orientation information which includes:

   a) The program or provider's philosophical approach to treatment;

   b) A description of treatment services;

   c) Information on client's rights and responsibilities, including confidentiality, while receiving services and following discharge.

   d) Information on the rules governing client's behavior and those infractions that may result in discharge or other actions. At a minimum, the rules shall state the consequence of substance use and gambling while in treatment, absences from appointments and failure to participate in the planned treatment activities; and

   e) Information on emergency services.

3. Individual, Family, and Group Treatment – Treatment sessions must address the problems of the individual(s) as they relate, directly or indirectly, to the problem gambling behavior.

   a) CRISIS INTERVENTION – Providers shall accommodate after-hour crisis intervention as necessary. This may be accomplished through agreement with other crisis services or on-call staff.

   b) FAMILY & COUPLES COUNSELING – To the extent reasonably practicable, providers should make efforts to accommodate the therapeutic needs of family members, partners, and concerned others of problem gamblers. This may be accomplished, in part, by forming working relationships with other problem gambling counselors and referring to colleagues the partner and/or family members of a problem gambler when either such requests are made or it is in the best interest of the gambler and family member(s) to work with different counselors.

   c) DISCHARGE PLANNING – A recovery/wellness plan or relapse prevention plan shall be developed by the Provider in collaboration with the individual and placed in the individual's file. A wellness plan shall be initiated early in treatment and finalized prior to discharge. The client's signature and date is proof of participation in the discharge planning. If the client was not involved in discharge planning, the file must show documentation that the client was notified of file closure. The discharge

plan/relapse plan must document the therapeutic closure of formal treatment for the identified individual as well as recommendations and community resources for ongoing recovery.

4. Continuity of Care (community resources) – Providers shall have the capacity to coordinate services and make appropriate referrals to other formal and informal service systems, such as: mental health, Gamblers Anonymous, Gam-Anon, financial consultants, legal advice, medical, crisis management, cultural issues, housing, vocational, etc. The referral and follow-up action need to be documented in the client's file.

B. DOCUMENTATION

Providers shall create and maintain the following documentation with respect to each individual receiving problem gambling treatment.

1. Enrollment: Identifying and demographic information for the individual including, at a minimum: Client ID, name, address, date of birth, gender, marital status, and emergency contact. Any additional identifying and demographic data reasonably required by funding body.

2. Assessment: Intake assessment documentation for the individual, including all of the following.

- Referral source.
- Presenting problem.
- Gambling history.
- Current financial status assessment.
- History of substance use and substance use disorders, including past treatment episodes, assessment of risk of possible withdrawal, and history of other behavioral addictions.
- Health status (e.g., last physical, diet, exercise), current medical problems including medication use.
- Mental health history and current mental health status (e.g., treatment history, psychiatric medications).
- Profile of family of origin and marital/relationship history which describes family composition and dynamics.
- Recovery environment.
- Strength and recovery assets.
- Education and vocational history.
- Legal history (including arrest and conviction history).

- Risk of harm to self or others (e.g., assess for suicide risk, intimate partner violence, child neglect and abuse, elder abuse).

The information gathered shall include an intake assessment summary containing a DSM 5 diagnosis with supporting documentation, level of risk of harm to self or others, financial risk, recommendations for the type and intensity of treatment and any referrals given to another treatment provider.

3. Treatment plan / service plan / care plan: An individualized treatment plan / service plan / care plan shall be developed in accordance with general professional standards for either substance abuse or mental health outpatient services. The treatment plan shall be completed within 30 days of intake or the fifth session following the commencement of treatment to the individual. The treatment plan shall adhere to the following standards.

   a) Address client-centered issues identified from the assessment and modified as appropriate.

   b) Be written with clear and measurable objectives that are consistent with the client's abilities and strengths and that the individual agrees to as the foundation of treatment.

   c) Include an adequate range of services.

   d) Include a plan to address financial issues, if applicable.

   e) Include regularly scheduled sessions.

   f) Document that participation of the family members was encouraged.

   g) Reflect the theoretical treatment approach taken by the program in clinical sessions.

   The treatment plan / care plan shall be reviewed and modified continuously as needed and as clinically appropriate, and documentation of a treatment plan review shall be no less frequent than once every 90 days.

   The individual's signature and signature date will signify participation in the development and review of the plan. The plan shall also be signed and dated by the clinician.

4. Progress notes: The individual's progress and current status in meeting the goals set in the treatment plan shall be documented within 96 hours of all clinical contacts. All progress notes shall include service date, indicate type and length of service, contain data from the session, clinical assessment, a clinical plan, and be signed by the person providing the service, and dated for when the documentation was written. Within a residential treatment setting, the use of weekly summary notes is sufficient to document clients' progress.

5. Rights, responsibility, and informed choice. The following shall be documented in the client file (as applicable).

- Documentation that the individual has been informed of client rights and responsibilities, including the Health Insurance Portability and Accountability Act (HIPAA) privacy rule and other confidentiality protections and exceptions.
- Information release forms signed and dated with client and clinician's signatures.
- Consent to treat form signed by the individual (see Section VIII).

6. Reports, correspondence, post-intake assessments. The following additional information shall be documented in the client file (as applicable).

   - Results of all examinations, tests, and assessment information.
   - Reports from referring sources.
   - Correspondence related to the individual, including letters and dated notations of telephone conversations relevant to the individual's treatment.

7. Treatment summary: Within 30 days of the client leaving treatment, a treatment summary shall be completed stating the reason for discharge, progress toward treatment plan objectives, and recommendations.

8. Treatment dropouts: Clients not provided services for 60 continuous days should be notified by letter of their case file closure and invited back to treatment if appropriate. A treatment summary should be completed within 90 days of last service.

9. Verification of service: Providers of residential gambling treatment services must document each per-diem treatment claim by asking clients to sign and date a residential gambling treatment log. Providers of outpatient gambling treatment services must document each in-person encounter by asking clients to sign, date, and indicate appointment time on an attendance log in a manner protecting the confidentiality of other clients.

V. Financial - Providers of problem gambling treatment should implement a structured process for assessing client financial circumstances and needs of the individual. Treatment strategies should be developed to address the individual's financial circumstances and needs that may include but are not limited to the following.

   - Developing a financial management plan for the individual that includes a restitution plan, if appropriate.
   - Connection with relevant financial assistance services.
   - Development of a plan with the individual to cope and manage with loan/debt collectors, if appropriate.

VI. Effectiveness – Providers should use appropriate treatment techniques and be able to document the effectiveness of treatment using measurable criteria.

A. Providers shall have a system for measurement of progress and outcomes as stated in treatment objectives on the treatment plan.

B. Providers shall clearly define the process for internal program review and self-correction (e.g., Continuous Quality Improvement Protocols). A program shall develop and implement written policies and procedures that describe program operations. Policies and procedures shall include a records retention policy per GIR-16-20, quality assurance plan for ensuring that clients receive appropriate treatment services and that the program is in compliance with relevant administrative rules, and other reporting requirements.

C. If two or more staff provides services, the program shall have and implement the following written personnel policies and procedures, which are applicable to program staff and interns/students.

1. Rules of conduct and standards for ethical practices of treatment program practitioners.
2. Standards for use and abuse of alcohol and other drugs with procedures for managing incidents of use and abuse that, at a minimum, comply with Drug Free Workplace Standards.
3. Compliance with regulations related to employment practices.

D. Providers shall implement a written treatment approach that is defined and supported in current literature.

VII. Efficiency – Providers shall provide services in the least restrictive setting and in the most cost-effective manner based on the individual's needs, resources, and strengths as determined by the problem gambling assessment.

VIII. Client Protections and Rights – Providers shall:

A. Maintain the confidentiality of all client records in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws and regulations.

B. Develop and implement policies and procedures to safeguard and protect the case record of individuals against loss, tampering, or unauthorized disclosure of information. Maintenance of such records shall include adequate physical facilities for the storage, processing, and handling of the records. These facilities shall include suitably locked, secured rooms for file cabinets.

C. Retain the records of individuals as specified under HIPAA.

D. The client shall have the right of access to records. Access includes the right to obtain a copy of the record within 60 days of requesting it and making payment for the cost of duplication. The client shall have the right of access to the client's own records except:

1. When the clinical supervisor determines that disclosure of records would be detrimental to the client's treatment; or

2. If confidential information has been provided to the program on the basis that the information is not re-disclosed or may be obtained directly from originating source.

E. Require each individual to sign consent to treatment statements which includes conditions under which confidentiality can (or must) be broken.

F. Document and inform each individual of the individual's rights and responsibilities in treatment. Each client shall be assured the same civil and human rights as other persons. Each program or private-practice provider shall develop and implement and inform clients of written policies and procedures which protect clients' rights including:

1. Protecting client privacy and dignity;
2. Prohibiting physical punishment or physical abuse;
3. Protecting clients from sexual abuse or sexual contact and
4. Providing adequate treatment or care.

D. Documentation must include a formal grievance procedure with provision for appeals. The program or private practice provider shall develop, implement, and fully inform clients of policies and procedures regarding grievances that provide for:

1. Receipt of written grievances from clients or persons acting on their behalf;
2. Investigation of the facts supporting or disproving the written grievance;
3. Initiating action on substantiated grievances within five working days, and
4. Documentation in the client's record of the receipt, investigation, and any action taken regarding the written grievance.

E. The client shall have the right to refuse service, including any specific procedure. If consequences may result from refusing the service, those consequences must be explained verbally and in writing to the client.

# Exhibit 3

## Encounter Data Reporting Requirements

**INTRODUCTION:**

To efficiently implement the disbursement of financial assistance, it is necessary for all Providers of Services funded through this Agreement to submit individual-level service delivery activity (encounter data) each month.

**OVERVIEW:**

The data collection process is intended to create as minimal a burden on Providers as possible, while creating a sound documentation trail for necessary fiscal auditing that will occur at least once each year for all Providers. The system is designed to provide optimal flexibility for Providers to facilitate minimum changes to local procedures. All Providers will be required to comply with DHHS procedures for HIPAA compliance.

At the time the Treatment Strategic Plan was implemented (August 2019), the UNLV International Gaming Institute was the DHHS designee to manage the encounter data collection process. Should a different entity be designated in the future, DHHS will amend the Treatment Strategic Plan and communicate the change to Providers.

The UNLV International Gaming Institute has created an online data management system, to submit intake, encounter, program and treatment support activity, and discharge data electronically, for use by all Providers. All staff who do data entry or quality assurance activities are provided individualized log-in names and passwords by UNLV International Gaming Institute. This secure log-in information allows data entry and viewing of data already entered in the data management system for their specific clinic/organization. Providers must complete monthly data entry to complete monthly reporting to and billing of DPBH for services provided, and for use in the UNLV Nevada Problem Gambling Study.

Client eligibility data is required to be submitted online via the UNLV International Gaming Institute web site (https://www.nvpgdata.com) prior to the authorization of reimbursement for encounter claims. This eligibility data will consist of the current intake/enrollment online forms as promulgated in the gambling program evaluation data collection protocol.

<u>Required Encounter Data:</u>

The following fields must be collected, with respect to each individual receiving Services funded through this Agreement, for the grants management disbursement system:

Individual Identification Code: Local code utilized to identify individuals for the Provider evaluation effort. The client identification code (called the "client id") consists of the month and day of the client's birthdate, the last 5 digits of the client's social security number and ends with the number "1" for a final format of MMDDsocsc1. If two clients have the same month and day of birth, and same last 5 digits of their social security numbers, UNLV International Gaming Institute will alter one client's

identification number to end in a "2" to distinguish between the two clients.

Treatment Type: Type of service provided during session with client. Appropriate HIPAA compliant codes for eligible services must be used. See Exhibit 4.

Date of Service: Date the service was provided in American format - MMDDYYYY.

Counselor: The identification of the counselor, or therapist, conducting the session. This is a discrete identification that can be utilized during audits to enable verification of services performed from the clinical charting. The treating professional identification must be included in the appropriate field, in the format of first initial and last name, ex. JDoe.

Intern: The identification of the Certified Problem Gambling Counselor – Intern conducting the session. This is a discrete identification that can be utilized during audits to enable verification of services performed from the clinical charting. The treating professional identification must be included in the appropriate field, in the format of first initial and last name, ex. JDoe.

Units of Service: Service units are reported in a manner that is consistent with current DHHS standards, with 1 unit = 15 minutes of service or 1 unit = a daily rate for certain reimbursement codes.

Other Payments: This field is used to report any amount clinics were reimbursed from any other parties for providing this service, including insurance carriers and the clients themselves, but not including the co-pay amount collected from clients at each session (typically $10).

Operational Reporting Schedule:

1. Encounter data must be submitted online via the UNLV International Gaming Institute web site (https://www.nvpgdata.com), until or unless notified otherwise by DHHS.

2. Encounter data for the previous month must be entered on the UNLV International Gaming Institute web site no later than 5 p.m. on the 5th day after the period being reported (e.g., July 2020 encounter data is due on August 5, 2020.

3. The UNLV International Gaming Institute will assemble data and prepare draft summary reports for submission to individual treatment Providers by the 10th of each month. The reports will include (at minimum) the type of service and total number of units of service claimed for each date of service, for each client receiving services from the Provider during the billing period.

4. Each Provider is required to respond to the draft summary report via an e-mail to the UNLV International Gaming Institute.

    a. The Provider must either:
        (1) Verify that the summary report is an accurate record of services provided, or
        (2) Report discrepancies, including apparent cause and remedy.

    b. The timeframe for response is within 3 days from notification.

5. The UNLV International Gaming Institute will work with Providers to resolve any discrepancies and submit a final summary report and Request for Reimbursement (RFR) to individual treatment Providers for signature within 3 days of notification of the discrepancies.

6. Each Provider will return a signed Reimbursement (RFR) in .pdf format to the UNLV International Gaming Institute.

7. The UNLV International Gaming Institute will submit the final summary report and a signed Reimbursement (RFR) to DPBH for each individual Provider by the 20th of each month.

8. DPBH will reimburse Providers within 30 days following receipt of the final summary report from the UNLV International Gaming Institute. Any additional discrepancies that are identified after payment is made will be addressed as adjustments (credits or debits) on the next payment processed. After July 15th, no further adjustments may be made for service claims for the preceding grant year (July 1st through June 30th).

9. Encounter data for July 1 through December 31 of each grant year may be used to determine mid-year grant award adjustments. If such adjustments are made, they will likely occur 45 days after the closing of the mid-year utilization period to allow any discrepancies identified for December to be resolved and to allow sufficient time for DPBH to evaluate the encounter data and prepare the necessary paperwork to execute grant amendments.

10. In even-numbered years when grants are renewed, encounter data for July 1 through April will be used to determine initial grant awards for the following grant year.

11. In odd-numbered years when a competitive grant process is conducted, encounter data from the preceding grant year may be used to help determine grant awards for any repeat grantees.

12. Required Discharge Data. Clients must be discharged either:

    a. 60 days after last date of service, or
    b. Following a change in the level of care the client is receiving (e.g. when a client completes residential treatment, then starts outpatient treatment at the same or a different clinic).

    Client discharges must be documented in the client file, and discharge data must be collected and submitted online within 30 days of discharge via the UNLV International Gaming Institute web site (https://www.nvpgdata.com). Discharge data includes: client id, date of discharge, and a discharge code selected from the online discharge form specifying the reason the client was discharged.

## Exhibit 4

## Nevada DHHS Problem Gambling Services
## Procedure Codes and Reimbursement Rates *v5.20.21*

| Code | Description | Upper Payment Amount* | Service Criteria |
|---|---|---|---|
| H0004 | Gambling Treatment counseling and therapy, per 15 min | $22.00 | Service provided by a CPGC or CPGC Fill-in. The treatment of a gambling disorder by psychological means. |
| H0004i | Gambling Treatment counseling and therapy, per 15 min | $16.50 | Service provided by a CPGC-I. The treatment of a gambling disorder by psychological means. |
| H0005 | Gambling Treatment counseling, group per 15 min | $7.00 | Service provided by a CPGC or CPGC Fill-in. The practitioner seeks to help individual group members to understand and remediate their significant emotional and psychological problems, focusing on intrapersonal and interpersonal dynamics. Maximum group size of 12 clients. |
| H0005i | Gambling Treatment counseling, group per 15 min | $5.25 | Service provided by a CPGC-I. The practitioner seeks to help individual group members to understand and remediate their significant emotional and psychological problems, focusing on intrapersonal and interpersonal dynamics. Maximum group size of 12 clients. |
| 90846 | Concerned Other counseling and therapy (concerned other without the gambler present), per 15 min. | $22.00 | Service provided by CPGC, CPGC Fill-in, LMP, LPC, LMFT, LCSW, Psychologist, or QMHP. The treatment of a primary diagnosis of Relational Problem Related to Gambling Disorder (a variant of DSM-5 code V61.9). |
| 90846i | Concerned Other counseling and therapy (concerned other without the gambler present), per 15 min. | $16.50 | Service provided by a CPGC-I. The treatment of a primary diagnosis of Relational Problem Related to Gambling Disorder (a variant of DSM-5 code V61.9). |
| 90847 | Couples and Family Psychotherapy (conjoint psychotherapy) were the gambler present, per 15 min. | $25.00 | Service provided by CPGC, CPGC Fill-in, LMP, LPC, LMFT, LCSW, Psychologist, or QMHP. Family psychotherapy is covered when there is a need to observe the client's interaction with family members and/or where there is a need to assess the capabilities of and assist the family members in aiding in the management of the client. Individual and family therapy codes can be encountered on the same date of service if there are two separate counseling sessions- one with the client and one with the family member and patient present. |

| | | | |
|---|---|---|---|
| 90847i | Couples and Family Psychotherapy (conjoint psychotherapy) were the gambler present, per 15 min. | $18.75 | Service provided by a CPGC-I. Family psychotherapy is covered when there is a need to observe the client's interaction with family members and/or where there is a need to assess the capabilities of and assist the family members in aiding in the management of the client. Individual and family therapy codes can be encountered on the same date of service if there are two separate counseling sessions- one with the client and one with the family member and patient present. |
| G2013 | Residential gambling treatment service, per diem | $185 | Services provided within a licensed inpatient mental health facility or residential alcohol and drug treatment facility designated as a residential gambling treatment program and intensively staffed 24-hour for which treatment includes an appropriate mix and intensity of assessment, medication management, individual and group therapies and skills development to reduce or eliminate the acute symptoms of the disorder and restore the client's ability to function in a home or the community to the best possible level. A claim for residential gambling treatment services can only be made for those days where the client is occupying a bed during sleeping hours or a client has been provided a therapeutic pass for up to 48 hours. With pre-authorization, exceptions to the 48 hour rule may be made with reasonable justification. |
| G2100 | Problem Gambling Psychoeducational Group Services, per 15 min for gambler and/or family member | $5.50 | Service provided by a CPGC. Service to clients with a specific type of group therapy that focuses on educating clients about their disorders and ways of coping. |
| G2100i | Problem Gambling Psychoeducational Group Services, per 15 min for gambler and/or family member | $4.13 | Service provided by a CPGC-I. Service to clients with a specific type of group therapy that focuses on educating clients about their disorders and ways of coping. |
| G2200 | Intake Assessment, per 15 minutes (12 unit claim maximum; allowable per administration and documentation of intake assessment) | $25.00 | Service provided by a CPGC or CPGC Fill-in. Biopsychosocial clinical assessment containing a DSM 5 diagnosis with supporting documentation, level of risk of harm to self or others, financial risk, recommendations for the type and intensity of treatment and any referrals given to another treatment provider. Eligibility based on Provider's reasonable cause to believe the person requesting the intake assessment may be eligible for DHHS-funded gambling treatment services. |
| G2200i | Intake Assessment per 15 minutes (12 unit claim maximum; allowable per administration and documentation of intake assessment) | $18.75 | Service provided by a CPGC-I. Biopsychosocial clinical assessment containing a DSM 5 diagnosis with supporting documentation, level of risk of harm to self or others, financial risk, recommendations for the type and intensity of treatment and any referrals given to another treatment provider. Eligibility based on Provider's reasonable cause to believe the person requesting the intake assessment may be eligible for DHHS-funded gambling treatment services. |

| | | | |
|---|---|---|---|
| S9484 | Crisis Services, per 15 min | $22.00 | Crisis Intervention Mental Health Services for Eligible Clients. Code for pre-enrollment use. For enrolled clients, use code H0004. Use of this code is limited to no more than 10% of the total claims for any calendar month. |
| G3000 | Clinical Supervision of CPGC-I, per 15 minutes | $22.00 | Clinical supervision, by Board approved supervisor, provided to CPGC-I needed to meet minimum Board supervision requirement (60 hours total) or (2 hrs per month). For use only by Providers with CPGC-I staff that are employed or contracted to provide an average of 8 hours per week or more within the Provider's gambling treatment program. Every claim using this code must be documented in the CPGC-I staff file. |
| G3100 | Mental Health Professional Case Consultation, per 15 minutes | $22.00 | Case consultation, by Mental Health Professional, provided to CPGC or CPGC-I or with their client, to assess and assist in treatment planning and case management for clients with psychiatric comorbidity. Every claim using this code must be documented in the client file. |
| G2300 | Continuing Care Group Services, per activity | $15.00 | Services are provided by CPGC, CPGC Fill-in, or CPGC-I to individuals who have completed problem gambling treatment within the past 12 months and are utilized to facilitate continued recovery. Services can be provided within an existing therapy or psycho-educational group being provided to current clients or to a group of previous clients meeting on a regular basis for aftercare. To be entered as an encounter, the continuing care group must be at least 60 minutes in duration and the same participant may not be claimed more than once per week. |
| G2500 | Transitional Housing, per day | $103.00 | Transitional housing refers to a supportive type of accommodation that is meant to bridge the gap from homelessness to permanent housing by offering structure, supervision, problem gambling recovery support, life skills, education and training. |
| G5000 | Court Reporting, per 15 minutes | $22.00 | Court reporting, by CPGC or CPGC-I, provided directly or indirectly to court for purpose of consultation, recommendations, providing treatment updates, or providing testimony. Claimed time may include travel time between office and court room, detention center, or attorney office. Every claim using this code must be documented in the client file. |
| G5100 | Court Assessment, per 15 minutes (16 unit claim maximum; allowable per administration and documentation of initial assessment) | $25.00 | Service provided by a CPGC to (a) determine whether offender has a gambling disorder and need compulsory mental health treatment and (b) assist the court to determine the most appropriate sentence for the person. Eligibility based on Nevada residency and written request by judge, defense attorney, or prosecutor. |
| G5200 | Court Mandated Gambling Treatment counseling, not meeting medical necessity, per 15 minutes | $11.00 | Service provided by a CPGC or CPGC Fill-in. Psychological treatment of a court mandated client who meets DSM-5 criteria for Gambling Disorder, in sustained remission. When using this billing code, providers may charge clients with co-pays up to $44 per hour ($11 per 15-minute increment). |
| G5300 | Court Mandated Gambling Treatment counseling, not meeting medical necessity, group per 15 min | $3.50 | Service provided by a CPGC or CPGC Fill-in. The practitioner seeks to help court mandated group member, who meets DSM-5 criteria for Gambling Disorder, in sustained remission, remain in remission. When using this billing code, providers may charge clients with co-pays up to $14 per hour ($3.50 per 15-minute increment). |

| | | | |
|---|---|---|---|
| H0038 | Peer Recovery Support Services, per 15 minutes | $10.00 | Service provided by a certified Peer Recovery & Support Specialist (PRSS) for peer recovery support services. For use within the DHHS Problem Gambling Services, "peer recovery support services" means nonclinical supportive services that use lived experience in recovery from a gambling disorder to promote recovery in another person with a gambling disorder by advocating, mentoring, educating, offering hope and providing assistance in navigating systems. |
| H0038G | Peer Recovery Support Services- Group, per 15 min | $2.50 | Peer Recovery Support Services provided by a certified PRSS in a group setting. |
| t | Telehealth Specifier. To be placed following eligible procedure code. | | Services provided using electronic information and telecommunication technologies to support long-distance clinical health care and health-related education. Use this specifier when a billable service is provided using video conferencing, the internet, and telephonic communications. |

Nevada DHHS Problem Gambling Treatment
*Add-on* Procedure Codes and Rates for FY2022
*(Updated 5/20/21)*

Note: Reimbursement for "add on" procedure code claims limited to 10% of a gambling treatment grantee's total grant amount. Add-on code percent limitation to grantee's total grant amount subject to change during the grant period.

| Code | Description | Payment Amount | Service Criteria |
|---|---|---|---|
| T1016* | Case management, per 15 min | $22.00 | Services provided for coordinating access to and provision of services from multiple agencies, establishing service linkages, advocating for treatment needs, and aiding in obtaining entitlements such as Medicaid enrollment. |
| G2301 | Extended Continuing Care Group Services, per activity | $15.00 | CC Group Services are provided by CPGC, CPGC Fill-in, or CPGC-I to clients who have completed problem gambling treatment within the past 36 months and are utilized to facilitate continued recovery. Services can be provided within an existing therapy or psycho-educational group being provided to current clients or to a group of previous clients meeting on a regular basis for aftercare. To be entered as an encounter, the continuing care group must be at least 60 minutes in duration and the same participant may not be claimed more than once per week. |
| T1013 | Sign language/oral interpreter service, per 15 min | $12.00 | Sign language/oral interpreter services necessary to ensure the provision of services for individuals with hearing impairments or in the primary language of non-English speaking individuals. Such interpreters shall be linguistically appropriate and be capable of communicating in English and the primary language of the individual and be able to translate clinical information effectively. Payment for interpreter services is only allowed when provided in conjunction with another service such as assessment, individual/family therapy, or group therapy, etc. whenever feasible, individuals should receive services from staff, who are able to provide sign and/or oral interpretive services. In this case, interpreter services cannot be billed in addition to the therapeutic service. |
| 50A** | Presentations to Allied Professionals, per 15 min | $22.00 | Time spent delivering presentations to professionals in health/medicine/social services/legal/financial with the express intent to follow up with individual contacts in order to establish relationship, develop screening and referral agreements and protocols, etc. Includes time spent preparing for meeting and developing presentations. |
| 50B** | Presentations to Targeted High Risk Client Groups, per 15 min | $22.00 | Time spent delivering presentations to targeted high risk groups, including but not limited to: Incarcerated individuals, A/D clients, MH clients. These presentations shall be focused on signs and symptoms of disordered gambling, treatment options and how to access treatment. Code can be used to provide consultation/education with concerned others for the purpose of explaining importance of treatment and what can be expected. Includes time spent preparing and developing presentations. |

| | | | |
|---|---|---|---|
| 50C** | Treatment Advertising | Actual Cost | Treatment Ads (web-based ads, radio, TV, newspaper). Treatment ads must follow Department policies per Section C of the Notice of Subawards and receive preapproval. When submitting claim, must include ad proof, invoice, and proof of payment. |
| 60A | Data Reporting, per 15 min | $5.00 | Time spent entering intake, discharge, encounter data, and client contact information in the UNLV gambling treatment data system. When submitted claim, allocated time sheet must be included |
| 60B | Quality Assurance, per 15 min | $5.00 | Time spent verifying claims, checking documentation accuracy, tracking documentation and claim procedures, and making corrective actions. When submitted claim, allocated time sheet must be included. |
| DEV*** | Program Development | Actual Cost | Use of this code requires a Department pre-approved program development plan and budget. Approved program development plans must forward treatment system goals, emerging needs, or enhancement activities described within the present Strategic Plan. |
| MAT*** | Program Materials | Actual Cost | Examples include costs of purchasing or reproducing client workbooks, client reading materials, client binders, folders for charts, etc. This code is not to be used to purchase depreciable business assets such as computers, furniture, etc. When submitting claim, must include invoice and proof of payment. |
| WFD*** | Staff Professional Development | Actual Cost | Includes registration cost, travel, lodging and per diem, contracts for certification supervision or consulting. When submitting claim, include invoice and proof of payment. |
| TRA*** | Transportation to Residential Gambling Treatment | Actual Cost | Client travel to DHHS funded gambling treatment residential services. Travel to be based on most cost-efficient means of transportation service that is clinically appropriate. When submitting claim, must include itinerary and proof of payment. |
| TAS*** | Treatment Access Support | Actual Cost | For use to address barriers to treatment. Examples include bus passes for clients to attend treatment, childcare expenses needed for client to attend treatment, etc. Use of this code requires a Department pre-approved request and budget. |
| ***T1016 code** must be associated with an enrolled client and count toward their client benefit cap. | | | |
| ****50A-50C codes**, known as Referral Pathways Codes, have the primary purpose of getting problem gamblers and/or family members enrolled in services, geared specifically towards increasing the number of clients receiving treatment. For Referral Pathways **documentation requirement**, please keep on file a copy of referral agreements, documentation of meetings, outline of presentations, copy of ads, flight schedules of media, exhibitor confirmation letter, etc. Note: Ads and publications must receive pre-approval. | | | |
| *****For letter codes (MAT, WFD, TRA, DEV), documentation requirement**, every time a claim is reported with a letter code, please log: Code, date, brief description of activity/claim, claim amount, and form of payment / receipt. Travel must be at the GSA rates and receipts must be submitted for lodging and transportation. | | | |

## Exhibit 5

## Nevada Department of Health and Human Services
## Problem Gambling Treatment Benefit Extension Request Form 2021-2022

**PART A: Client Information & Certification of Need**

Name: _____ Identification code: _____

- You have or are close to exhausting your Nevada State Resident benefit level for problem gambling treatment.
- You do not have private insurance or the financial means to pay for problem gambling treatment without continued support from the Nevada Department of Health and Human Services.
- You believe you are making progress toward your goals and desire to continue in treatment with your current problem gambling treatment provider.
- Are all the above statements true? ☐ Yes ☐ No

I hereby certify that I desire to continue problem gambling treatment, do not have insurance or other resources to pay for the continuation of treatment, and seek long term recovery from problem gambling.

Client Signature: _____ Date: _____

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**Place this complete form in the client's clinical file.**

**PART B: Treatment Team Clinical Review**

Primary Counselor: _____ Clinical Supervisor:_____

Others Present During Clinical Review: _____

Client Admission Date: _____ Date of Clinical Review: _____

Date Last Gambled: _____ ☐ In early remission ☐ In sustained remission

Gambling Disorder Severity (past 3 months): ☐ Mild: 4-5 ☐ Moderate: 6-7 ☐ Severe: 8-9 criteria met.

Clinical Justification for Requesting Benefit Exception *(must classify as one or more of the following):*

☐ Relapsed within past 30 days ☐ High Suicide Risk

☐ High Relapse Risk ☐ Acute Mental Health Crisis

Clinical Justification Narrative:

Schedule of Services (*how will benefit extension be used*):

Signature of Clinical Director: _____ Date: _____

Signature of Primary Counselor: _____ Date: _____

**Place this complete form in the client's clinical file.**

**PART C: Gambling Treatment Provider Information & Certification of Compliance to Rule**

Name of Agency Providing Problem Gambling Treatment: _____

Client identification code: _____

Amount of benefit requested in excess of the consumer's benefit limit: $

Including this client, total of all client benefit extensions for the fiscal year: $_____

- *Note: Total benefit extensions may not exceed 5% of the grant award, for the current grant cycle. Only the actual amount expended on behalf of each client (rather than the requested amount) will apply toward the overall 5% extension limit.*

Has client had a prior benefit extension? ☐ No ☐ Yes If yes, Date(s) and Amount(s): _____

- The exception request was reviewed and approved by the agency's gambling treatment clinical team or clinical supervisor.
- **Documentation** has been placed in the client's clinical record **describing the clinical review** of the exception request including the **clinical justification** for requesting the exception *(PART B).*
- The client does not have third-party payor to cover the costs of continued care.

- *Note: Clients who have insurance but refuse to allow the provider to contact their insurance company are not eligible for benefit limit extensions.*

- The client is experiencing financial hardship and is therefore unable to afford out-of-pocket payment for the full costs of continued services.
- The treatment agency is not in possession of charitable contributions or other funds earmarked for covering the costs of care for those without treatment payment means.

I hereby certify that all the above statements are true.

Clinic Director Signature: _____ Date: _____

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**Place this complete form in the client's clinical file. Do not send copy of PART A to DHHS.**

**For submitting benefit extension requests, email Kim Garcia (k.garcia@health.nv.gov) and include scanned copy of PART B and C or within body of email include all information from PART B & C along with a statement that a completed Benefit Extension Request Form has been placed in the client's file.**

# Exhibit 6

## Nevada
## Telehealth Counseling Policy Statement/Guidelines

*Updated May 20, 2020*

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This policy expands upon the Accessibility standard (I.F.) described in the current Nevada Problem Gambling Treatment Services under Exhibit 2, Gambling Treatment Provider Standards.

As we continue to move forward in the information age, offering alternatives to traditional face-to-face counseling sessions is necessary to meet the needs of the community both during a public health crisis and during normal times. Telehealth counseling may be an effective and viable option for individuals that encounter barriers to attending traditional face-to-face counseling. Experts have identified specific groups of populations in which telehealth counseling may be suitable: persons in remote locations, underserved populations and adolescent and young adults.

This document has been designed to guide programs in the development and implementation of problem gambling treatment services using telehealth counseling. Please review the following guidelines for participating in telehealth counseling.

**Technology:**
There are numerous avenues of technology that could be used for telehealth counseling. Whatever technology your agency prefers to use, please confirm that the technology your agency chooses meets HIPAA and 42CFR requirements and is a video conferencing technology.

**Equipment & Subscriptions:**
Programs can use the problem gambling add-on code for Program Materials (MAT) to subscribe to teleconferencing services or rent any necessary equipment, such as webcams, computers, routers, or other equipment that is required to meet confidentiality requirements or to provide efficient telehealth counseling. This code is not to be used to purchase depreciable business assets such as computer. The MAT code can be used to purchase client workbooks and pay for postage if your program chooses to mail hardcopy workbooks to clients as a component of the telehealth gambling treatment program.

**Training:**
All clinical staff providing telehealth counseling are required to complete a minimum of 6-hours of education on providing telehealth services including a minimum of 3-hours of ethical training specifically related telehealth practice in the behavioral health field. Completion of training certificates need to be printed and placed in staff files. Programs can use the problem gambling add-on code for Staff Professional Development (WFD) to pay for training related to developing competencies in providing telehealth counseling services.

**Client Eligibility:**
Currently enrolled or new problem gambling clients and family members are eligible to participate.

The International Society for Mental Health Online recommends that an initial face-to-face meeting be held for assessment purposes and to determine the appropriateness of online counseling for the individual's condition. Without an initial face-to-face assessment, misdiagnosis or inaccurate assessment is possible.

SAMHSA (2009) states that the following individuals would not be appropriate for online counseling: Individuals with suicidality; Individuals diagnosed with borderline personality disorder; Individuals with difficulty distinguishing reality from non-reality; Conditions that require face-to-face meetings for diagnosis.

Problem Gambling Services recommends that the above recommendations are followed, however, this is not a requirement as we understand it is not always possible to conduct face-to-face assessments.

**Enrollment:**
Complete the all UNLV forms as normal, along with normal releases and informed consent disclosures that specifically address the use of telehealth. Example: Telebehavioral Health Informed Consent Library

**Billing:**
When providing telehealth services, use appropriate procedure codes followed by the specifier "t" at the end of the code. For example, Intake Assessment code G2200 will be coded G2200t if the assessment was provided using telehealth methods.

**Client Protections:**
Agencies participating in telehealth counseling must adhere to the current Gambling Treatment Provider Standards within the Problem Gambling Services Strategic Plan: 2020 & 2021 Version 2 and follow the APA and ATA Telemental Health Guide, including, Best Practices in Videoconferencing-Based Telemental Health. Highlights include:

- Individual must be currently enrolled in the problem gambling treatment program;
- Telehealth counseling must be provided by a qualified program staff within their scope of practice;
- Service Notes must follow the same criteria as face-to-face counseling and identify the session was conducted by electronic means and the clinical rationale for the electronic session;
- Telehealth counseling must meet HIPAA and 42 CFR standards for privacy;
- There must be an agreement of informed consent for telehealth counseling that is discussed with the individual and documented in the individual's service record; and
- Agency policies and procedures are in place to prevent a breach in privacy or exposure of client health information or records (whether oral or recorded in any form or medium) to unauthorized persons;

Additional considerations regarding client protections when participating in telehealth counseling, includes:

- Treatment process and procedures, including reasons for discontinuing telehealth counseling for an individual;

- Individual privacy regulations and client confidentiality needs;
- Informed consent
    - Risks and benefits of telehealth counseling
    - Actions to prevent risk to the individual
    - Procedures for emergency
- Providing for clients in case of emergency

**Documentation:**
Agencies will comply with current Gambling Treatment Provider Standards regarding documentation. The Individual Service Note must indicate that the session was conducted using "electronic technology".

**Evaluation:**
Individual's participating in telehealth counseling must complete the usual and customary consent for follow-up study participation. Consenting individuals will be included in gambling treatment follow-up surveys.

**Additional Information on Telehealth:**

- The Center for the Application of Substance Abuse Technologies (CASAT) offers telehealth learning opportunities including a 6-unit course entitled "Technology-Based Interventions: Exploring New Models of Care and Navigating New Ethical Dilemmas (includes 3 Ethics CEUs): SELF-PACED ONLINE COURSE. https://casatlearning.org/

- The Telehealth Resource Center's website provides assistance, education, and information to organizations and individuals who are actively providing or interested in providing health care at a distance.

- NFARtec Telehealth Capacity Tool is designed to help organizations assess their readiness to adopt telehealth technologies.

- The APA, in conjunction with the American Telemedicine Association, has just released Best Practices in Videoconferencing-Based Telemental Health, a guide for mental health providers who want to begin doing telemental health, including telepsychiatry.

**Online Resources for Clients with Gambling Issues:**

- **Gamblers Anonymous**: GA offers phone in meetings and Zoom meetings. The schedule and access information can be found on http://trusteewebsite.com/ . A list of GA Zoom meetings can be found on https://gasteps.org/virtual-meeting-directory

- **Gamtalk:** Gamtalk is an online support center for people with gambling issues. https://www.gamtalk.org/

**Obtaining Department Approval to Provide Telehealth Services**
Department written approval of provider protocols is required prior to offering a dedicated telehealth gambling treatment program (i.e., where the majority of a client's treatment is provided remotely). Protocols must include copies of consent of telehealth services form, information on telehealth platforms to be used, procedures for client protections (include those listed above under

the "client protections" heading, and telehealth ethical practice guidelines to be used ( e.g., https://www.apa.org/practice/guidelines/telepsychology )

**Additional Questions:**
Contact: Kim Garcia, Social Services Program Specialist III, Nevada Department of Health and Human Services, Bureau of Behavioral Health Wellness and Prevention | Problem Gambling by phone (775-684-4057) or email (k.garcia@health.nv.gov).