

Service Name: **PROBLEM GAMBLING TREATMENT ENHANCEMENTS**

Service I.D. Code: **A&D 83**

I. Service Description

Problem Gambling Treatment Enhancements (A&D 83) are problem gambling treatment services designed to supplement Problem Gambling Outpatient Treatment services (A&D 81). A&D 83 Services may be delivered to (a) individuals who have special needs in relation to AD81 services, such as highly suicidal individuals, individuals with co-occurring psychiatric conditions, individuals with severe housing problems, non-English speaking individuals, individuals with treatment access obstacles, individuals needing continued support services to maintain recovery, and individuals with repeat outpatient gambling treatment failures or (b) directed at program activities designed to improve efficiencies for the delivery of AD81 services.

- A. The specific A&D 83 Services that may be delivered with funds provided under this Contract that are directed at individuals with problems related to a gambling disorder are as follows:
1. Psychiatric health facility service (1-14 day residential care at a psychiatric health care facility). Providers of this service must have Department approved written policies and procedures for operating this service, and comply with OAR 309-035-0100 through 309-035-0460.
 2. Respite care service (1-14 day residential care at an alcohol and drug treatment facility). Providers of this service must have Department approved written policies and procedures for operating this service, and have a current license issued by the Department in accordance with OAR 415-012-0000 through 415-012-0090.
 3. Residential Treatment (1-60 day residential care at a specialized gambling treatment residential facility). Providers of this service must have Department approved written policies and procedures for operating this service, must comply with OAR 415-051-0000 through 415-051-0155 and must have a current license issued by the Department in accordance with OAR 415-012-0000 through 415-012-0090.

4. Outpatient Gambling Treatment Wrap-around Services as specified in Exhibit AD83-1.
- B. The specific A&D 83 Services that may be delivered with funds provided under this Contract that are directed at program wide activities designed to improve efficiencies for the delivery of AD81 services are as follows:
1. Program Consultation (expert consultation on gambling treatment program development, quality improvement, third-party audit, etc.)
 2. Clinical Supervision or Consultation (supervision by a gambling treatment clinical consultant or certified gambling treatment clinical supervisor).
 3. Mileage (limited to: 1. Service provider's travel to and from primary site providing AD81 services and ancillary AD81 service site; 2. Mileage charges by program or case consultants; 3. Travel to and from trainings attended to meet AD81 provider qualification requirements)
 4. Relapse Prevention Services to groups of individuals who have received AD81 services (aftercare psycho-educational groups or classes)

II. Performance Requirements

- A. The funds provided under this Contract for A&D 83 Services may be used to deliver one, all, or any combination of the above described services.
- B. Providers of A&D 83 services funded through this Contract must hold all licenses and certifications required under applicable law to deliver the particular A&D 83 service.
- C. Providers of A&D 83 services must develop and implement a reporting mechanism that tracks outcomes for the individuals or agencies receiving such services. County shall provide Department with outcome data directly related to A&D 83 services during scheduled Department program reviews or upon Department request. Providers of A&D 83 services must discontinue A&D 83 procedures or activities that are not supported by outcome data as determined by County, or A&D 83 service provider, or by Department.

III. Special Reporting Requirements

Providers of A&D 83 Services funded through this Agreement must submit the following information to Department (or to Department's designee), as well as any other information related to the delivery of A&D 83 Services funded through this Agreement that Department reasonably requests from time to time:

- A. Providers of A&D 83 services funded under this Contract must submit reports to Department during scheduled Department program reviews describing the Provider's activities and appraisal of activities during the preceding fiscal year in providing A&D 83 services.
- B. Encounter data must be collected and submitted as described in Exhibit A&D 83-2 attached hereto and incorporated herein by this reference.

IV. Financial Assistance Calculation and Disbursement Procedures

- A. Financial Assistance Calculation. Department provide financial assistance for A&D 83 Services identified in a particular line of the Financial Assistance Award at the amounts and at the limits specified, subject to the following:
 - 1. Providers of A&D 83 Services funded through this Agreement may not charge individuals whose A&D 83 Services are funded through this Agreement any co-pay or other fees for such Services without Department written approval of fees policy.
 - 2. Total Department financial assistance for all A&D 83 Services delivered under a particular line of the Financial Assistance Award shall not exceed the total funds awarded for A&D 83 Services as specified in that line of the Financial Assistance Award.
 - 3. Department is not obligated to provide financial assistance for any A&D 83 Services that are not properly reported as described or referenced in this Service Description by the date 60 days after the termination of this Agreement, termination of Department's obligation under this Agreement to provide financial assistance to County for A&D 83 Services, or termination of County's obligation under this Agreement, to include the Program Area, in which A&D 83 Services fall, in its CMHP.

- B. Disbursement of funds. Unless a different disbursement method is specified in that line of the Financial Assistance Award, Department will disburse the funds awarded for A&D 83 services in a particular line of the Financial Assistance Award to County in substantially equal monthly allotments during the period specified in that line of the Financial Assistance Award, subject to the following:
1. Department, may, at its discretion, reduce the monthly allotments based on under delivery of services identified through CPMS or through other reports required or permitted by this Service Description or an applicable Specialized Service Requirement.
 2. Department may, at its discretion, adjust monthly allotments to meet cash flow requirements for continued delivery of A&D 83 services.
 3. Department may, at its discretion, adjust monthly allotments to reflect changes in the funds awarded for A&D 83 services on that line of the Financial Assistance Award as a result of amendments to the Financial Assistance Award.
- C. Agreement Settlement. Agreement Settlement will reconcile any discrepancies that may have occurred during the term of this Contract between actual Department disbursements for A&D 83 services under a particular line of the Financial Assistance Award and amounts due for such services based on actual allowable expenditures incurred by a Provider in delivering A&D 83 services under that line of the Financial Assistance Award during the term of this Contract, as such expenses are properly reported in CPMS or by other reporting method required or permitted by this Service Description or an applicable Specialized Service Requirement.

EXHIBIT A&D 83-1
Oregon Problem Gambling Services
Procedure Codes and Reimbursement Rates
For Services Provided On or After 07/01/07

I. Outpatient Gambling Treatment Wrap-around Services

Code	Description	Upper Payment Amount	Service Criteria
90801	Psychiatric Diagnostic Interview	\$131.44	
96101	Psychological Testing with interpretation and report, per hour	\$89.00	QHHP who is licensed Psychologist or a Psychology Intern supervised by a Licensed Psychologist
90862	Medication Management	\$65.72	MD or Psychiatric Mental Health Nurse Practitioner
H2010	Comprehensive medication services, per 15 min	\$22.25	Services delivered by a licensed registered nurse or QMHP related to the dispensing, administration and management of medications.
H2013	Psychiatric health facility service, per diem	\$260.52	Services provided in a licensed mental health residential facility and intensively staffed 24-hours under a physician approved treatment plan 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.
G2013	Residential gambling treatment service, per diem	\$160.00	Services provided in a licensed 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.
T1016	Case management, per 15 min	\$22.25	Services provided for coordinating access to and provision of services from multiple agencies, establishing service linkages, advocating for treatment needs, and providing assistance in obtaining entitlements based on mental or emotional disability, (QMHP)
T1023	Behavioral Health Screening per 15 minutes	\$22.25	Screening to determine the appropriateness of consideration of an individual for participation in AD81 services. This services defers from a mental health assessment in that the activity may be delivered over the telephone and requires not only the evaluation of a client's treatment needs, but also an evaluation of available treatment options.

Code	Description	Upper Payment Amount	Service Criteria
G2030	Financial counseling, per hour	\$89.00	Pressure relief counseling or other forms of counseling provided to individuals enrolled in AD81 services or their family members for the purpose of financial restitution of gambling debt.
T1013	Sign language/oral interpreter service, per 15 min	\$7.65	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. Reimbursement for interpreter services is only allowed when provided in conjunction with another services 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.
H0045	Respite care services, not in the home, per diem	\$160.00	Services provided in a properly licensed 24-hour facility by non-medical professionals within their scopes of licensure or certification. Services must be reasonably expected to improve or maintain the condition and functional level and prevent relapse or hospitalization. Services include assessment, supervision, structure and support, and case coordination.
G2100	<u>Continuing Care Group Services, per 15 min for gambler and/or family member</u>	<u>\$7.42</u>	<u>Services provided to clients who have completed problem gambling treatment within the past 12 months and are to be utilized to facilitate continued recovery or to avert a potential relapse. 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.</u>

Activities that are directed at program wide efficiency improvements for the delivery of AD81 services

Procedure claims under this sections are activity specific and not client specific

H2027	Psycho educational service, per hour	\$89.00	Activities to provide information and education to clients, families, and significant others regarding problem gambling and recovery. This activity may be delivered to past clients of AD81 services in the function of maintaining recovery and continued wellness.
G10	Program consultation, per hour	\$150.00	Services to agencies to improve the effectiveness and efficiency of their gambling treatment program. Expert consultation on gambling treatment program development, quality improvement, third-party audit, etc.
G20	Clinical supervision, per 15 minutes	\$37.50	In order to meet the clinical supervision requirements within service description AD81, agencies not employing a clinical supervisor with problem gambling treatment expertise may supplement onsite supervision with outsourced supervision by a gambling treatment clinical consultant or certified gambling treatment clinical supervisor.

Code	Description	Upper Payment Amount	Service Criteria
G30	Mileage	Current US GSA rate	Limited to: 1. Service provider's travel to and from primary site providing AD81 services and ancillary AD81 service site; 2. Mileage charges by program or case consultants; 3. Travel to and from trainings attended to meet AD81 provider qualification requirements.
G40	Peer-review services, per hour	\$89.00	Reimbursement to agencies of AD81 services for providing clinical staff to participate as peer reviewers in DHS site reviews of problem gambling treatment programs. The maximum allowable claim for this service is eight (8) hours per calendar day.

*** Providers must bill at rates, based upon the cost of services determined through a cost allocation, not in excess of their usual and customary charge to the general public ** (OAR 309-016-0105 and OAR 309-016-0420)

EXHIBIT A&D 83-2
Oregon Problem Gambling Services
Claims Reporting Procedures

I. General

Encounter claims for approved gambling services as outlined in EXHIBIT A&D 83-1 must be submitted to the Department, or its designee, in accordance with current Department policy and procedures and within the prescribed guidelines of the HIPAA requirements.

II. Specific Requirements

- A. Account Set Up: Upon approval by the Department to submit claims, a representative of Herbert & Louis, LLC, (the Department's designee) will contact the provider to obtain information necessary for the exchange of electronic, voice, and hard copy information. Claims will not be processed without a pre-established account.
- B. Client Eligibility Information: Before claims will be processed for the provider's clients, eligibility and program evaluation data must be on file with Herbert & Louis, LLC (Contractor). The eligibility and evaluation data fields are contained in the current version of the Department's gambling program monitoring system manual. Individual client enrollment eligibility data must be received prior to the submission of claims for that client and within 14 calendar days of enrollment. Case closing data must be received within 90 days of the last date of service for the client.
- C. Submission Format: Providers must submit encounter claims utilizing the HIPAA approved 837 electronic format. Modifications to this format requirement may be made at the discretion of the Department.
- D. Submission schedule: Claims must be submitted once a month and within 30 days of the close of each calendar month.

- E. **Submission Security:** Electronic data files must be encrypted utilizing an approved method. Currently software from the PGP Corporation (www.pgp.com) is being utilized.
- F. **Reconciliation:** Explanation of benefits statements will be distributed by the 15th of each month to providers. Providers are required to reconcile and correct submissions within 30 days. Accounts will be closed 90 days following the end of the fiscal year (June 30).
- G. **Submission Procedures:** Claims are to be electronically submitted to claims@herblou.com. The subject line of the email must state: "OREGON GAMBLING " plus the agency name and the month and year the claims are for. Providers will receive an electronic email confirmation of receipt of the claims. If there is no confirmation of receipt, providers are to assume the transmission failed.
- H. **Correction Procedures:** Providers are responsible for notifying the Contractor and providing documentation for the correction to eligibility data. It is not necessary for the Provider to resubmit denied claims. When corrections are made, the Provider only needs to identify the claim reference number and the Contractor will reprocess claims to expedite the process.

III. Contact Information

The contractor representative:

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