

PROBLEM GAMBLING  
RESOURCE CENTER  
POLICIES AND PROCEDURES  
FOR CLINICIANS





**Regional Problem Gambling Resource Centers**  
***“Here to Help. No Barriers”***

**POLICIES AND PROCEDURES FOR CLINICIANS**

**Working in Partnership**

The Problem Gambling Resource Centers (PGRCs) are regional programs of the New York Council on Problem Gambling (NYCPG) in partnership with the New York State Office of Addictions Services and Supports (OASAS).

Clinicians pre-approved by the New York Council on Problem Gambling work in partnership with the Regional Problem Gambling Resource Centers to deliver Problem Gambling Services to individuals and families in NYS.

**Receiving and Accepting Referrals**

All referrals are processed by the PGRC Program Manager. The Program Manager determines the most appropriate private practitioner or program for the caller being referred. Once this determination has been made the Program Manager facilitates the setting up of an assessment appointment for the caller within 24-48 hours.

Please be advised that there are no guarantees on the number of referrals you will receive during a given time period. As a PGRC clinician you are welcome to recruit appropriate clients, as well as promote the program’s services in your area.

**Ongoing Clinical Supervision**

PGRC Clinicians with an active caseload are required to attend ongoing clinical supervision via Zoom call. Clinical supervision will be provided once per month in each region and includes case conferencing, ongoing training, and support. Clinical supervision will be facilitated by the Regional Program Manager and support will be provided by a Clinical Supervisor. The sessions allow for formalized and ongoing contact with other PGRC clinicians in the region. Individual clinical consultation meetings with the PGRC Clinical Consultant are available upon request. There are also two statewide clinical supervision sessions offered monthly if scheduling conflicts arise.

**PGRC Administrative Supervision**

PGRC Clinicians receiving referrals or any form of payment from NYCPG will be required to touch base weekly with their assigned Program Manager to review client status as it relates to administrative issues. These sessions are intended to be brief check-ins to ensure approvals, etc. are handled in a timely, efficient manner.

**Becoming a Pre-approved PGRC Clinician**

**Eligibility**

To be eligible to participate as a PGRC Clinician you must:

- Be a licensed professional in good standing, licensed by the NYS Education Department. Accepted licensure includes- LMSW, LCSW, Certified Nurse Practitioner, Occupational

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Therapist, Physician, Physician Assistant, Registered Professional Nurse, LMHP, LMFT, Psychoanalysts, Psychologists, and Psychiatrists

- Provide services in New York State
- Provide services through private practice or a group practice that does not receive any funding from NYS OASAS, NYS OMH, or any other state office. Practitioners providing consultation services unrelated to problem gambling, such as DWI assessment and screening are acceptable.
- Have your own malpractice insurance
- Be on at least one insurance panel and/or provide a sliding scale fee for service
- Provide three professional references
- Complete a collaborative interview
- Complete all required trainings including:
  - The Application of Treatment Essentials for Problem Gambling (Online)
  - A Primer on Cognitive Behavior Therapy Webinar
  - Motivational Interviewing Primer Webinar
  - Problem Gambling Treatment Specialist – 60 Hour Core Curriculum
- Sign an NYCPG PGRC Clinician Agreement
- Maintain an up-to-date account in the NYCPG Portal for practice information, client records, and billing.

### Services and Scope of Practice for the PGRC

#### Referral to the Problem Gambling Resource Center

Persons experiencing problems related to their gambling behavior can be “referred” to the PGRC in various ways. It is anticipated that referrals will come from the NYS HOPEline, area Casinos, the Criminal Justice System and through self-referral.

#### Initial Contact- Engagement Session

Once the person is referred to the PGRC they can either call, text or email. Their message or call is directly answered by the PGRC Program Manager or attending staff. The purpose of this call is to establish rapport and connect the individual with the right level of services for their current circumstance. Support can often require multiple but brief contacts to address language barriers and set up an initial appointment with a clinician. Following the engagement session, a packet of information including the online resources and PGRC information will be offered to the individual and sent out with their permission.

The PGRC Program Manager will create a client activity record in the New York Council on Problem Gambling’s online data system (the Portal) by entering the information from this engagement session. Once entered into the Portal, the client will be assigned an identification number **which will be used in place of any identifying information in ALL future written communications between the Program Manager and PGRC Clinician.**

During the engagement session, the Program Manager will gather availability information from the caller to schedule an initial assessment with a private practitioner. Program manager will confirm an initial assessment appointment with the clinician and enter the information into the

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Portal. The clinician should respond to the Program Managers inquiry regarding scheduling within 24 hours. The Program Manager will confirm the appointment with the client. Clinicians may wish to reach out to clients prior to the appointment as well.

### **Assessment**

The assessment will be completed during the first session between the client and clinician. A second session can be utilized for the assessment if necessary. During the “Assessment” the clinician will focus on engaging the client and determining what the **client’s goals** are for improving their life situation relative to the harm they experienced due to gambling.

### **Release of Information**

The *PGRC Release of Information* is required. The release of information should be completed by the end of the initial assessment. The form should be maintained on file by the clinician. The *OASAS Notice of Privacy Practices* is also provided to the client during the assessment.

If a client is uncomfortable with or refuses to sign the release of information to NYCPG and NYS OASAS, the clinician should explore this further with the client, inform them of the purpose of the release and reassure them of the confidentiality they will receive in treatment. If a client continues to refuse to sign the release, please contact the Program Manager to discuss the specific case and next steps.

Once the client has completed an assessment session and agrees to attend treatment they are considered to be “Admitted” to PGRC treatment. **Should the client and/or clinician determine services will not be continued beyond the initial assessment session, do not complete the admission form, the Program Manager should be informed immediately, and the case will be closed in the Portal. Please wait until after the client attends the second session to complete the Admission Form if the client will be admitted.**

### **Treatment Services for Admitted Clients**

All problem gambling treatment services offered through the PGRC must be justified by the clinician as the appropriate level of care for the individual. It is expected that each clinician will work with the client to develop a problem gambling treatment plan (see attached for suggestions). Regular suggested treatment for clients includes a maximum of weekly individual treatment supported by family therapy, group therapy and/ or self-help, for one year or less. If increased frequency, remote care, long-term care or other services for a client are recommended on the treatment plan, this should be discussed with the Program Manager initially, approved and then discussed regularly at weekly Administrative Supervision sessions.

### **Individual Treatment**

Individual treatment sessions are to be conducted in accordance with the treatment plan and are approved for reimbursement through the PGRC.

### **Family Treatment**

Family members and individuals impacted by problem gambling can be treated under the PGRC

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program regardless of whether or not the individual gambling to harm receives treatment. These sessions are considered individual treatment sessions and are approved for reimbursement through the PGRC.

**Group Treatment**

Group treatment sessions are to be conducted in accordance with the treatment plan and are approved for reimbursement through the PGRC. If you are conducting group treatment sessions, they require a minimum of 3 clients and are reimbursed through NYCPG for each client attending at a set rate per session.

**Teletherapy**

Teletherapy is approved to be offered by PGRC clinicians. Please make your Program Manager aware if you are providing teletherapy, in-person care, or a combination. All teletherapy provided should be done so in a manner that upholds client confidentiality and adheres to HIPPA guidelines.

**Treatment Plan/Session Pre-Approval**

Standard treatment by PGRC clinicians for each client should include a maximum of one individual session (45-50 minutes) per week and one group session per week. A couple/family session is considered an individual session but can be billed under a family member that has been admitted to the PGRC program.

If a PGRC clinician deems additional individual or group sessions are needed as part of the treatment plan, those sessions must be preapproved by the Program Manager who will make a note about such approval in the **Notes box** on the **Admission Form**.

Regular review and justification of continued need for a higher level of care will be conducted with the PGRC Program Manager during administrative supervision sessions, changes will be made as necessary and indicated by the Program Manager in the **Notes box** on the **Admission Form**.

**Additional sessions beyond the standard practice that have not been pre-approved and noted on the Admission Form in the Portal will not be reimbursable by NYCPG.**

\*A note on client contacts: If at any time during the process from referral throughout treatment there is a loss of contact with the client, three attempts will be made by either the clinician or PGRC Program Manager to contact the individual and either engage or reengage them in services before the case is closed or the client is discharged. Program Managers and clinicians should discuss contacts in their weekly administrative supervision calls.

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### Referrals to Other Services

Clinicians are encouraged to connect their clients to mutual aid supports such as Gamblers Anonymous, SMART Recovery or Gam-Anon both during their individual treatment and for ongoing support upon discharge. Please contact your Program Manager for an accurate meeting listing and possible meeting liaison. Referral to other outside services should be included as the clinician and client determine the need. Referrals from the clinician to other relevant services such as Psychiatric and/or medical care should be handled by the clinician in the same manner as they would for non- PGRC clients. Secondary services are NOT approved for reimbursement by the PGRC.

If there are any questions regarding referral resources these should be processed with the PGRC Program Manager on a case-by-case basis. Please recognize that PGRC Program Managers are not providing case management.

### Client Satisfaction Questionnaire

In an effort to measure the "success" of the various levels of client contact provided through the PGRC, multiple client satisfaction questionnaires will sometimes be conducted. Client satisfaction questionnaires could be conducted:

- During the Initial Contact/ Engagement Session- this will address their experience being referred to the PGRC as well as address the helpfulness of the initial contact
- Following Assessment
- Following Discharge

These questionnaire sessions will be very brief and conducted by the PGRC Program Manager via telephone, email or text.

Additionally, each clinician will ask the client about their satisfaction at the end of each clinical session and record it on the client's monthly claim form.

### Reporting Requirements

#### Key Communications to be reported From Clinician To Program Manager:

1. Initial appointment date and time confirmation: You will need to contact the Program Manager within 24 hours to confirm your availability.
2. Assessment completed as scheduled:
  1. If client won't be admitted contact Program Manager. Do not complete the admission form. Please wait to complete the **Admission Form** until after the second session if the client will be admitted.
  2. If client will be admitted, complete the **Admission Form** within one week of attending the second session. In the event that the client is or will be involved in recovery groups (such as Gambler's Anonymous or SMART Recovery), select Yes in the appropriate field on the **Client Details Form**. If the client has any special challenges use

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the **Notes Box** on the **Admission Form** to include this information. In addition, complete the **Race, Household Income, Gambling Types, Employment Status, and Education Level** fields on the **Admission Form** to the extent that you are able to collect the information.

3. The client has break in attendance (known/unknown reason): Discuss with Program Manager during weekly administrative supervision session. Include reason for the break in attendance in the **Notes Box** on the **Admission Form** if client will continue to participate in services. If the client will not continue to participate in services, then include reason in the **Notes Box on the Discharge Form** about why the lapse in treatment occurred. In either situation the explanation will at minimum include the last date of contact with the client and where things were left with the client.
4. The client has inconsistent attendance (known/unknown reason): Discuss with Program Manager during weekly administrative supervision sessions. Include reason for inconsistent attendance in the **Notes Box** on the **Admission Form**.
5. The client is being discharged (known/unknown reason): Prior to completing the **Discharge Form** discuss reason for discharge with the Program Manager. If client attends only 1 session, then the discharge form will not be completed, and the Program Manager will provide further instruction.
6. A former client has requested readmission: Contact Program Manager within 24 hours. Program Manager will create a new **Engagement Form** in the Portal. Complete the **Admission Form**.
7. A family, friend or spouse is transitioning into treatment (SO):
  1. If SO is attending with the client, then enter this information in the **Notes Box** on the **Admission Form**.
  2. If SO is attending on their own, then Program Manager will create a new client record.
8. Special updates and communications for mandated clients: Include this information in the **Notes Box** on the **Admission Form**.

**\*Reminder: Key communications such as those listed above should be discussed with the Program Manager at weekly Administrative Supervision sessions. If immediate review or approval is required, please contact the Program Manager as needed.**

**Admission Data**

The *PGRC Admission Data* is required to be reported in the Portal following the initial assessment session and within one week of the client being considered admitted to treatment. The following data will be required in the database system:



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<h1>Client Admission Form</h1>	
Field	Answer Options
Date of Admission	Drop down calendar
New or Returning Client	Returning Client
	New Client
Presenting Problems at Admission	Co-occurring mental health disorders
	Co-occurring substance use disorders
	Employment difficulties
	Financial difficulties
	Physical health problems
	Relationship difficulties
Other Problems	Text box
Diagnostic Criteria Met at Admission	N/A (for family members, etc.)
	After losing money, often returns another day to get even ("chasing" one's losses)
	Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
	Has made repeated unsuccessful efforts to control, cut back, or stop gambling
	Is often preoccupied with gambling (e.g. having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble)
	Is restless or irritable when attempting to cut down or stop gambling
	Lies to conceal the extent of involvement with gambling
	Needs to gamble with increasing amounts of money in order to achieve the desired excitement
	Often gambles when feeling distressed (e.g. helpless, guilty, anxious, depressed)
	Relies on others to provide money to relieve desperate financial situations caused by gambling
Client Involved with Legal System	Yes

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	No
Client Release Signed	Yes
	No
Race	Alaska Native
	American Indian
	Asian
	Black or African American
	Hawaiian or Other Pacific Islander
	Other
	White
Household Income	Less than \$15,000
	\$15,000 - \$30,000
	\$30,001 - \$50,000
	\$50,001 - \$75,000
	\$75,001 - \$100,000
	More than \$100,000
Gambling Types	Bingo
	Dice games
	Dogs/Other animals
	Cards
	Game of skill for money
	Horses
	Lottery
	None
	Office pools
	Other
	Raffles
	Roulette
	Slot machines
	Sports
Stock/Commodities market	
Video Lottery Terminal (VLT)	
Employment Status	Full time

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	Part time
	Retired
	Student
	Unemployed
Education Levels	Associates degree
	Bachelor’s degree
	Graduate degree
	High school diploma or equivalent
	Less than a high school education
	Some college – no degree
	Vocational/Trade certificate
Ethnicity	Hispanic
	Not Hispanic
Veteran	Yes
	No
Zip Code	Text box
Industry of Employment	Business
	Computer
	Telecommunications
	Financial Services
	Manufacturing
	Wholesale/Retail/Distribution
	Transportation
	Travel/Hospitality
	Government
	Military
	Aerospace
	Health Care/Medical
	Insurance/Legal
	Education
	Utilities
Architecture/Construction/Real Estate	

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	Agriculture
	Religious
	Social Services
	Sales
	Gambling Industry
	None
Marital Status	Married
	Never Married
	Living as Married
	Separated
	Divorced
	Widowed
Religious Preference	Catholic
	Protestant
	Other Christian
	Jewish
	Muslim
	Buddhist
	Atheist/Agnostic
	No preference
	Other
Notes	Text Box

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**Diagnostic Criteria on Admission Form**

1. Only use the Diagnostic Criteria Met at Admission box to list diagnostic criteria met for the individual with a gambling disorder. Select N/A for family members or others who are admitted to treatment.
2. Only use the Diagnostic Criteria Met at Admission box to list criteria that were met At the TIME of ADMISSION.
3. If no diagnostic criteria were met at the time of admission, please indicate the issues bringing the individual to treatment in the Presenting Problems at Admission and/or OtherProblems boxes.
4. Should you want to provide the actual diagnostic code and any qualifiers, please use the Notes box to do so (i.e. “client meets criteria for diagnosis 312.31, mild, in sustained remission”). For any person who doesn’t meet the full diagnostic criteria for gambling disorder, or is a family member, you can use the code Z72.6, which reflects distress with gambling.
5. Use the Notes box to indicate any additional information you feel is relevant to the client’s admission.

**Session Note**

The session note format is an outline of the standards we expect clinicians to maintain in regard to the treatment process. A comparable form from an insurance company or your personal practice may be used instead. A session note with the outlined information needs to be completed for each client at each individual, family or group session. The session note will be utilized to assess client progress as it relates to the treatment plan as well as to verify that each session being claimed for reimbursement took place.

Therefore, client signature is required on either each session note, or a separate attendance sheet with service dates. Completed session notes and attendance sheet (if client not signing session notes) should be kept on file by the clinician who will be required to produce them as evidence for claimed services at an NYCPG audit. For clinicians utilizing telehealth only via software that verifies client attendance, this electronic record can be used in place of signatures to verify attendance during audits. NYCPG audits will be conducted annually.

**Sessions notes are not entered into the Portal.**

\*Sample forms included. If client’s insurance company requires a certain form be used for session notes that form can also be used for the NYCPG audit if it is **dated and signed by client**.

**Discharge Data**

The *PGRC Discharge Data Form* is required following the last treatment session or following one month of no contact from the client. This form is required to be completed in the Portal in the month in which the discharge took place.

In the event that a client is not attending treatment sessions but continues to respond to follow-up attempts, the clinician’s input will be considered when determining if discharge is appropriate.

See table for the discharge form fields.

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<b>Client Discharge Form</b>			
<b>Field</b>	<b>Answer Options</b>		
Date of Discharge	Drop down calendar		
Discharge Status	Dropout	<b>If selected, the field named below appears:</b>	<b>Answer Options</b>
		Unplanned Discharge Reason	Text Box
	Planned	<b>If selected, the field named below appears:</b>	<b>Answer Options</b>
		Planned Discharge Reasons	Barriers to accessing services
			Client not ready for treatment
			Client reports improvement
			Completed treatment process (as determined by Clinician)
			Mandatory evaluation completed
			Other
			Transferred to another therapist
Number of Sessions Attended	Text box		
Diagnostic Criteria Met at Admission was Reduced	N/A		
	No		
	Yes	<b>If selected, the field named below appears:</b>	<b>Answer Options</b>
		Diagnostic Criteria Met at Discharge	After losing money, often returns another day to get even ("chasing" one's losses)
			Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
			Has made repeated unsuccessful efforts to control, cut back, or stop gambling
		Is often preoccupied with gambling (e.g. having persistent thoughts of reliving past gambling experiences,	

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			handicapping or planning the next venture, thinking of ways to get money with which to gamble)
			Is restless or irritable when attempting to cut down or stop gambling
			Lies to conceal the extent of involvement with gambling
			Needs to gamble with increasing amounts of money in order to achieve the desired excitement
			Often gambles when feeling distressed (e.g. helpless, guilty, anxious, depressed)
			Relies on others to provide money to relieve desperate financial situations caused by gambling
Goals Met	Achieved		
	Not Achieved		
	Partially Achieved		
	N/A		
Current Gambling Compared to Admission	No longer gambling		
	Reduced gambling		
	Same gambling		
	Worse gambling		
	N/A		
Client Involved with Self Help at Discharge	Yes		
	No		
Client Referred for Continued Services	Yes (if selected text box appears to include additional information)		
	No		
Notes	Text box		

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**Diagnostic Criteria on Discharge Form**

1. If there are fewer diagnostic criteria at discharge than there were at admission, then select “Yes” for *Diagnostic Criteria Met at Admission was Reduced*.
2. Also if you select “Yes” for *Diagnostic Criteria Met at Admission was Reduced*, then a menu will appear asking you to select which diagnostic criteria are met at discharge.
3. If no diagnostic criteria were present at admission and discharge, then select “N/A” for *Diagnostic Criteria Met at Admission was Reduced*.
4. For family members select “N/A” for *Diagnostic Criteria Met at Admission was Reduced*.
5. If a problem gambler is in remission when admitted to treatment (doesn’t meet any diagnostic criteria), but relapses and meets diagnostic criteria at discharge, then select “No” for *Diagnostic Criteria Met at Admission was Reduced* and include a brief explanation in the notes box about the criteria that are met at discharge.

**Monthly Claim Form**

The **PGRC Monthly Claim Form** is required to be completed in the Portal by the 7<sup>th</sup> of the month following the month in which the services took place. One form must be completed monthly per client.

<b>Client Claim Form</b>	
<b>Field</b>	<b>Answer Options</b>
Claim Date Month	Drop down menu (all months)
Claim Date Year	Drop down menu (all years)
Client Name	Select client name from list
Day of Session	Select from menu
<b>You will complete the following for each session in a month.</b>	
Type of Session	Assessment
	Individual
	Couple
	Family
	Group
Length of Session	45 minutes
	90 minutes
How conducted?	In-person
	Remote
Is Insurance Utilized for Session	Yes



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	No
If insurance is utilized, Enter name of insurance company and amount insurance company will pay for session.	Text Boxes
If insurance is not utilized, select reason why.	Client doesn't have insurance
	Deductible not met
	Don't accept client's insurance
	Insurance does not cover telehealth services
	Other
Did client provide copay?	Yes/No options. If yes selected, enter amount client paid.
Did client utilize sliding scale?	Yes/No options. If yes selected, enter amount client paid.
Subtotal billed to PGRC	Autogenerated based on session type and length of session.
<b>The following are completed once per monthly claim.</b>	
Client Progress This Month	Declined
	Improved
	No Change
	N/A
Client Reports Satisfaction with Treatment Sessions	Yes
	No
Amount Billed to PGRC	Autogenerated based on amounts entered in sessions fields
Notes	Text box

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**Policies and Procedures for Billing**

**Reimbursement Rates**

The pre-approved OASAS rate for reimbursement is \$120.00/\$140.00 (region dependent) per 45- 50 min. session. This rate includes any additional time that may be needed for case management or referral. Individual, assessment, couple and family member sessions will be reimbursed at this rate. Group sessions will be reimbursed at \$60.00/\$70.00 (region dependent) per session. The PGRC will reimburse the clinician for any fees up to this amount not covered by a combination of insurance and self-pay.

90-minute sessions: These can be selected for any session type; however, you will need to have prior approval from your Program Manager. If you typically use a 90-minute session for an initial assessment, you will need to wait until the client attends the second session before completing the Admission form (if client wants to be admitted).

**Self-Pay**

Clinicians will be required to explore the options for self-pay when the client does not have insurance, or insurance cannot be utilized (i.e., deductible is not met). This discussion should be part of developing treatment goals.

**Sliding Scale**

In instances where self-pay is utilized, a sliding scale fee program will be implemented by the clinician. The PGRC will reimburse the clinician up to the pre-approved OASAS rate for the amount not covered through self-pay.

**Uninsured Clients**

Clients who do not have insurance will be connected with the appropriate clinician to be assessed and admitted to treatment. Once the client has been admitted to treatment the clinician should contact the NYCPG IMS Director to report the client is uninsured and begin discussions on the process for assisting them in becoming insured. The process will proceed as such:

No insurance ⇒ Contact NYCPG IMS Director ⇒ Specialist provides clinician with the appropriate Agency Navigator contact information ⇒ Clinician provides information to the client or assists them in contacting directly ⇒ Clinician reports outcome to Program Manager during administrative supervision ⇒ Clinician enters outcome into Portal under *Client*

*Activity/Engagement/Special Issues or Other Comments*

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**Missed Appointments**

If a client misses an appointment, it is the policy of the PGRC that no fee should be incurred to the client or to the PGRC. Program managers can contact clients prior to their initial appointment time with a reminder to decrease these instances.

**Processing Through Insurance**

**Diagnosis**

All PGRC clients must have a gambling related problem as their primary issue for seeking treatment, regardless of whether or not they meet full criteria for ***Gambling Disorder*** as outlined in the DSM-V. If the client meets diagnostic criteria for another mental health issue in addition to their gambling related problems, the clinician can bill insurance under that diagnosis and include code Z72.6 to reflect distress with gambling as a secondary diagnosis.

**Insurance Reimbursement**

In instances where insurance can be utilized, clinicians should follow their existing practices for billing and utilizing insurance. Clients should not be charged a co-pay unless it is a part of their treatment plan. If the insurance rate and copay (when utilized) do not exceed the pre-approved OASAS reimbursement rate, then NYCPG can provide additional reimbursement up to the amount of the pre-approved OASAS rate. Insurance claims and proof of payment received should be kept on file by the practitioner who may be required to produce them as evidence for claimed services.

In situations where an insurance company matches or exceeds the pre-approved OASAS reimbursement rate, clinicians should still submit a claim form indicating \$0 due from NYCPG. This ensures that all treatment statistics are accurate in reporting.

In the event that an insurance claim is denied the clinician can seek payment from the PGRC retroactive for up to 6 months. Each case of insurance denial should be reported to the PGRC Program Manager. All rejections/denials should be challenged with the insurance company. Proof of insurance claim denial must be submitted with the revised PGRC Monthly Claim Form.

If the insurance company provides no documentation for the rejection, the clinician must provide a written explanation to be added to the client's Admission form.

NYCPG will not pre-pay the entire session amount when there is a pending insurance reimbursement. Clinicians should NOT submit for full reimbursement if/when insurance is being utilized/processed.

**\*While it is imperative that we utilize insurance and self-pay when possible, so as not to tax the state funding being allocated to this program, clients suffering from problem and disordered gambling are particularly challenged financially. PAYMENT SHOULD NEVER BE A BARRIER TO TREATMENT IN THE PGRC PROGRAM:** Any issues regarding payment should be discussed directly with

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the Program Manager on a case-by-case basis.

**NYCPG Payment Claim Audits**

Each year PGRC staff will conduct client case file audits. The purpose of the audit is to ensure that documentation is present for any sessions reported and claimed for payment by NCYPG. The PGRC Program Manager will inform the clinician prior to each audit which clients, by ID number, will be reviewed during the one-hour session. For each session date there was a claim the Program Manager will be checking the file for a match in the date of service, the type of session claimed (i.e. individual or group session), that there is a signature on the session note.

**NYCPG Utilization Review**

At the time of each audit a Program Manager will be supplied a list of active clients that have been in treatment for one year or longer. The Program Manager will review the cases with the clinician at each audit and complete the Utilization Review (UR) Form. This form will be sent to NYCPG for further review and discussion. If necessary, next steps will be determined following review of the completed UR Form. Next steps can include but are not limited to conference call with the clinician, case review by NYCPG clinical consultant, and/or referral to an external provider or higher level of care.

**Client Financial Assessment**

An assessment of each client’s finances and ability to pay for treatment or a portion of treatment will be conducted by the clinician after six months in treatment. The financial assessment results will justify the client’s sliding scale fee rate as well as continued need for NYCPG reimbursement. The Clinician should conduct this financial assessment every six months. Please contact your program manager for a sample financial assessment and sliding scale fee guide.

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**Client Confidentiality**

PGRC Clinicians are Covered Entities (CE) under the Health Insurance Portability and Accountability Act (HIPAA). OASAS is identified as a Covered Entity per the contract with NYCPG. NYCPG is considered a Business Associate. See definitions below for further explanation.

- Covered Entity (CE) – Health Care Provider, Health Plan, Healthcare Clearinghouse.
- Business Associate (BA) – Provides services to CE involving the use of Protected Health Information (PHI).

It is expected that NYCPG Program Managers and PGRC Clinicians will be sharing information about clients. Therefore, it is important to remember that individually identifiable health information cannot be shared without a signed release from the client. This information may also be referred to as Protected Health Information (PHI) and is defined as:

- the individual’s past, present or future physical or mental health or condition.
- the provision of health care to the individual.
- the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual.

Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

The signed release must specifically state how the individual’s information can be used. NYCPG Program Managers and PGRC Clinicians are expected to follow the parameters for information sharing outlined in the release forms. PHI should not be included on the Engagement Form unless the release is signed. A Clinician should refrain from completing the Admission Form unless the release is signed.

See [HIPAA Privacy Summary for more details.](#)

**Upon signing release of information forms, the client must be provided with the *OASAS Notice of Privacy Practices.***

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**Regional Problem Gambling Resource Centers**  
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# **PGRC FORMS**

**Regional Problem Gambling Resource Centers**  
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**Problem Gambling Session Note**

One session note is required to be completed for each visit. This note is maintained in the client record but is not entered online.

**Date of Service:**

**Provider ID:**

**Client ID:**

**Session Note**

***Type of Service:***

***Individual***

***Family***

***Group***

***DSM V Score:***

***Significant other***

***Problem Gambling 1-3 criteria met***

***312.31 Gambling Disorder***

***Mild 4-5 criteria met***

***Moderate 6-7 criteria met***

***Severe 8-9 criteria met***

***Episodic***

***Persistent***

***N/A***

***In early remission***

***In sustained remission***

***(Continued on next page)***

***Progress/ Update:***

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*(Narrative)*

**Decline**

**No Change**

**Improvement**

***Adjustment to Initial Goals:***

***Client Satisfaction Survey:***

***Was this session helpful to you today? YES or NO***

***Do you believe you are making progress towards your goals? YES or NO***

**Comments:**

**Clinician Signature:** \_\_\_\_\_

*I hereby attest that the information completed by me in the preceding forms is true and correct to the best of my knowledge.*

**Client Signature:** \_\_\_\_\_



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**Release of Information Form**

**AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_  
(Patient's Name) Address (Date of Birth)

do hereby authorize \_\_\_\_\_ to release information

(Clinician Name)

contained in my medical records (except psychotherapy notes) created by provider named above to the individual(s) or organization(s) listed below for the purposes of assessment, treatment, information management, and payment services related to participation in the Problem Gambling Resource Center

1. Name and Address of person(s) or organization(s) to whom disclosure is to be made:

New York Council on Problem Gambling  
New York State Office of Addiction Services and Supports

The recipient is prohibited from re-disclosing these records without my authorization unless permitted to do so under State or Federal law.

This **Authorization for the Release of Confidential Information** shall become effective on the date of execution of my signature hereinafter, and this **Authorization**, which grants specific authority for the release of protected health information by Clinician Name, shall remain valid until (Date) for one calendar year \_\_\_\_\_ upon which date this **Authorization** shall automatically expire. I retain the right to revoke this **Authorization** at any time by providing a written notice to Clinician Name, but I understand and agree that my consent to release information shall remain in effect until the date the revocation is date stamped in by the Medical Records Department, and any documents released previous to that date are considered to be authorized and approved by me. I also understand that any disclosure/release must comply with New York State law and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"); and that re-disclosure of this information to a party other than the one designated above is forbidden without additional written authorization on my part.

\_\_\_\_\_  
Signature of Client or Participant

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Printed Name of Client or Participant

\_\_\_\_\_  
Printed Name of Representative

Executed this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_

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**PGRC Treatment Goals and Treatment Planning**

You are expected to use your clinical expertise and work directly with the client to determine the appropriate treatment goals for each individual and/or family member, or significant other. The information provided below is intended to support you in developing goals that are appropriate, measurable and realistic.

Treatment goals generally focused on improving the client's life in the following areas:

1. Gambling Behavior
2. Family/ Social
3. Education/ Vocational
4. Legal
5. Mental/ Physical Health
6. Financial

Below is a sampling of examples of realistic and potentially attainable goals for individuals starting treatment for their gambling related problem:

Gambling Behavior:

- Decrease gambling involvement
  - Client will gamble less frequently
  - Client will spend less time on gambling activities overall
  - Client will spend less money on gambling activities

Family/ Social Issues:

- Improve social relationships
  - Client will focus on spending time engaged in positive activities with their family
  - Client will increase their positive, gambling free support system
  - Client will increase their time spent on positive, non-gambling activities

Financial Issues:

- Improve financial situation
  - Examine how their gambling has contributed to their financial problems
  - Develop a budget that incorporates some level of restitution, repayment
  - Client will entrust finances to their significant other or trusted family member

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**NYS Office of Addiction Services and Supports**  
**Notice of Privacy Practices (NPP)**

**CONFIDENTIALITY NOTICE**

**THIS NOTICE DESCRIBES HOW MEDICAL AND PROBLEM GAMBLING RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**General Information**

Information about your treatment and care, including payment for care, is protected by one federal law: The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)\*

Under this law the program may not say to a person outside of the program that you attend the program, nor may the program disclose any information identifying you as problem gambling client or disclose any other protected information except as permitted by the federal laws referenced below.

The program must obtain your written consent before it can disclose information about you for payment purposes. For example, the program must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before the program can share information for treatment purposes or for health care operations. However, federal law permits the program to disclose information in the following circumstances without your written permission:

1. To program staff for the purposes of providing treatment and maintaining the clinical record;
2. Pursuant to an agreement with a business associate (e.g. Clinical laboratories, pharmacy, record storage services, billing services);
3. For research, audit or evaluations (e.g. State licensing review, accreditation, program data reporting as required by the State and/or Federal government);
4. To report a crime committed on the program’s premises or against program personnel;
5. To medical personnel in a medical/psychiatric emergency;
6. To appropriate authorities to report suspected child abuse or neglect;
7. To report certain infectious illnesses as required by state law;
8. As allowed by a court order.

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**NYS Office of Addiction Services and Supports**  
**Notice of Privacy Practices (NPP) Continued**

Before the program can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing. (NOTE: Revoking a consent to disclose information to a court, probation department, parole office, etc. may violate an agreement that you have with that organization. Such a violation may result in legal consequences for you.)

**\* 42 U.S.C. § 130d et. seq., 45 C.F.R. Parts 160 & 164**

**Your Rights**

- Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health and treatment information. The program is not required to agree to any restrictions that you request, but if it does agree with them, it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.
- You have the right to request that we communicate with you by alternative means or at an alternative location (e.g. another address). The program will accommodate such requests that are reasonable and will not request an explanation from you.
- Under HIPAA you also have the right to inspect and copy your own health and treatment information maintained by the program, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.
- Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in the program's records, and to request and receive an accounting of disclosures of your health-related information made by the program during the six (6) years prior to your request.
- If your request to any of the above is denied, you have the right to request a review of the denial by the program Administrator.
- To make any of the above requests, you must fill out the appropriate form that will be provided by the program.
- You also have the right to receive a paper copy of this notice.

**The Use of Your Information at the program**

In order to provide you with the best care, the program will use your health and treatment information in the following ways:

- Communication among program staff (including students or other interns) for the purposes of treatment needs, treatment planning, progress reporting and review, staff supervision, incident reporting, medication administration, billing operations, medical record maintenance, discharge planning, and other treatment related processes.
- Reporting data to the NYS OASAS Problem Gambling Referral and Private Practitioner Data Base.

**The Program's Duties**

The program is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. The program is required by law to abide by the terms of this notice. The program reserves the right to change the terms of

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this notice and to make new notice provisions effective for all protected health information it maintains. The

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NYS Office of Addiction Services and Supports  
**Notice of Privacy Practices (NPP) Continued**

program will provide current patients with an updated notice and will provide affected former patients with new notices when substantive changes are made in the notice.

**CONFIDENTIALITY NOTICE**

**Complaints and Reporting Violations**

Patients have the right to make a complaint about the Confidentiality and Privacy of their Health Information. The patient may register a complaint with the:

Office for Civil Rights

U.S. Department of Health and Human Services,

Jacob Javits Federal Building

26 Federal Plaza--Suite 3313

New York, New York, 10278

Voice Phone (212) 264-3313.

FAX (212) 264-3039.

TDD (212) 264-2355

OCR Hotlines-Voice: 1-800-368-1019

**You will not be retaliated against for filing such a complaint.**

Violation of the Confidentiality law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

**Regional Problem Gambling Resource Centers**  
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**2023 Problem Gambling Resource Center Clinician Agreement**

Practicing under my own New York State license as a Qualified Health Professional, I, \_\_\_\_\_ agree to work with the Problem Gambling Resource Center (PGRC) in accordance with the terms of this agreement with the New York Council on Problem Gambling as outlined below and, in the *Policies and Procedures for Clinicians*:

Requirements:

- Reply to Program Manager regarding new referrals within 24 hours.
- Maintain regular communication and administrative check-ins with program manager regarding programmatic issues as well as client referral status.
- Complete and submit all required forms to NYCPG on a monthly basis.
- Complete admission forms following the second session.
- Maintain client records including client signature for annual reporting purposes and potential payment claims auditing.
- Attend Problem Gambling Clinical Supervision offered through NYCPG/PGRC once per month.
- Maintain eligibility requirements such as liability insurance and NYS licensure.
- Obtain ten hours of advanced clinical training in the area of problem gambling every three years.

Compensation:

- Services not covered by insurance and/or self-pay will be reimbursed directly by the New York Council on Problem Gambling as outlined in the *Policies and Procedures for Clinicians*.
- Reimbursable services will include initial assessments, individual sessions for the individual with a gambling problem or their family member, group sessions, and preapproved specialty services.
- Missed appointments will not be reimbursed.

To indicate you have received a copy of the *Policies and Procedures for Clinicians*, please initial here:

Print Name

Signature

Date

\_\_\_\_\_ If you are not able to follow the agreed upon terms, it will impact your ability to receive referrals from the PGRC.

[www.NYProblemGambling.org](http://www.NYProblemGambling.org)