



"People  
helping people  
help  
themselves"

Mitchell E. Daniels, Jr., Governor  
State of Indiana

**Division of Mental Health and Addiction**  
402 W. WASHINGTON STREET, ROOM W353  
INDIANAPOLIS, IN 46204-2739  
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Anne Waltermann Murphy, Secretary


To: Endorsed Gambling Providers


RE: Family and Social Services Administration Division of Mental Health and Addiction/  
Endorsed Gambling Providers Audit Findings and Clarification

The enclosed Memorandum of Clarification and revised Problem Gambling Treatment Services Policies are being mailed to all endorsed gambling providers as a result of recent random audit findings from the FSSA Auditors Office. The audit outcomes revealed a need to revise the current Problem Gambling Treatment Services Policy and to be more specific about the treatment to be provided to problem gambling clients.

In addition to the enclosed material Jennifer Fillmore, Program Director for Gambling Treatment will be scheduling a meeting with all endorsed Gambling Providers. In this meeting she will present ideas for renewing efforts to enroll and retain active problem gambling clients and clarify information contained in the enclosed documents as needed. Agencies will receive a meeting request email within the next two weeks. If you have any questions or concerns prior to the meeting please feel free to contact Jennifer Fillmore @ 317-232-7891 or [Jennifer.fillmore@fssa.in.gov](mailto:Jennifer.fillmore@fssa.in.gov).

Sincerely,

  
Diana Williams, MSW, CADACII, LCSW, CCS  
Deputy Director  
Office of Addiction and Emergency Services

  
Jennifer Fillmore, MS, CADACIV, ICACII  
Program Director Gambling Treatment, Co-Occurring Disorders and Forensic Projects  
Office of Addiction and Emergency Services





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### Memorandum of Clarification

November 4, 2009

To: Endorsed Gambling Providers

RE: Family and Social Services Administration Division of Mental Health and Addiction/ Endorsed Gambling Providers Random Audit Clarification

This memorandum of clarification was created based on recent random audit findings of endorsed gambling providers. This memorandum should be used in conjunction with the Services for Treatment of Compulsive Gambling Contract for SFY 2010 (July 1, 2009-June 30, 2010). The memorandum of clarification does not replace the Services for Treatment of Compulsive Gambling Contract for SFY 2010.

1. The SOGS (South Oaks Gambling Screen) was developed as a lifetime tool to screen for problem or pathological gambling; it may be utilized as a "best practice" method to reflect gambling in the past 12 months by simply reframing the questions. State funding for gambling is allowable only for individuals with a current episode of problem/pathological gambling. An individual, who has a history of problem/pathological gambling but has not experienced an issue within the previous 12 months, would not be appropriate for gambling funding. Required use of the SOGS would be to first complete a Lifetime Measure with the client and then reframe the questions to reflect the previous 12 months. This must be documented in the progress notes upon admission. If the SOGS is handed to the client to complete without a clinician reviewing it, the client will only provide lifetime information as requested by the information on the form.

This method of scoring has been presented in state funded training sponsored by the Division of Mental Health and Addiction. Additionally, according to Special Conditions dated July 1, 2008-June 30, 2009 and Special Conditions dated July 1, 2009- June 30, 2010 attached- SOGS for the previous 12 months must be collected and reported prior to payment. To alleviate confusion it is recommended that at the top of each SOGS form, the client's name, unique ID, date the screen was completed and the type of screen either lifetime or 12 month be put on the form. The date on the SOGS should correlate with the progress note.

2. The South Oaks Gambling Screen (SOGS) form is a copyrighted lifetime screen and should not be modified in a published form to reflect 12 months data collection. It is the recommendation of DMHA to collect the 12 month information on the form in a verbal interview and then clearly identify the lifetime verses 12 month SOGS scores at the top of the form.
3. All questions on the 12 months SOGS must be completed and the form must be scored appropriately. Only a score of 3 or more on the 12 month SOGS will be funded by the state.
4. If a client is diagnosed as a problem or pathological gambler then it must be reflected on the individuals master treatment plan. The treatment plan should specifically identify the problem to be addressed as problem or pathological gambling and objectives and interventions must support the goal.



As outlined in the special conditions SFY 2010, financial management counseling and linkage to self help groups such as Gamblers Anonymous (GA) will be offered as a part of the treatment episode. Financial counseling at a minimum includes services, advice, assistance, and guidance in money management, budgeting, debt consolidation, and other related affairs. Financial management counseling and linkage to self help groups such as GA should be clearly documented on the clients master treatment plan.

5. If a client scores a three or more on the 12 month SOGS, but refuses services for problem or pathological gambling the refusal for treatment must be clearly documented in the progress notes. The note should specifically state that the client scored a three or more on the 12 month SOGS and was offered a full continuum of care to address his/her problem/pathological gambling needs, including financial management counseling and linkage to GA meetings, but they refused treatment. The date of the progress note should correlate with the date on the 12 month SOGS.
6. If a client is discharged and re-enrolled in treatment as a gambling client, a new SOGS must be completed for the past 12 months. Updating the previous SOGS will not be accepted.
7. There is not an assessment associated with the beginning of a new fiscal year. If the client's episode of care crosses a fiscal year, the reassessment cycle continues to be based on the date of the original assessment/date of last reassessment. The only expectation would be if there was a need for a reassessment, due to updated client status, prior to the 6 months deadline. Again, such an update would be based solely on the client and not on a change in fiscal year. A 12 month SOGS should be completed if the client is in gambling treatment longer than a year, based on their assessment/ date of last reassessment or if a reassessment is warranted based on client need.
8. The Problem Gambling Treatment Services Policy effective December 1, 2009 is enclosed for your convenience. The updated policy includes the changes outlined in the memorandum of clarification.

*allw*

FSSA/Division of Mental Health and Addiction

Policy:

Effective: December 1, 2009

Problem Gambling Treatment Services

- I. **Purpose-** This policy establishes requirements for providing problem gambling treatment funded through the Division of Mental Health and Addiction (DMHA).
- II. **Application-** This policy applies to the following:
  - A. Certified Managed Care Providers (MCP) for people with chronic addiction (CA) contracting with the DMHA to provide problem gambling treatment and;
  - B. Certified Managed Care Providers (MCP) for people with serious mental illness (SMI) contracting with the DMHA to provide problem gambling treatment.
- III. **Policy Statement**
  - A. Providers certified by the DMHA as MCP for CA and MCP for SMI may apply to provide problem gambling treatment.
  - B. The approved endorsement shall run concurrently with the Managed Care Provider certification.
  - C. Providers who have an endorsement for problem gambling treatment must do the following:
    1. Make available to eligible individuals under this endorsement the continuum of care required by the organization's original Managed Care Provider certification.
    2. Include the following service in addition to the standard continuum of care required in the original Managed Care Provider certification.
      - a. Financial Management Counseling
      - b. Linkage to Twelve Step Self Help Groups
    3. Complete all questions on the South Oaks Gambling Screen (SOGS) form and score the form in accordance with DMHA guidelines. Only a score of 3 or more will be funded by the state.
    4. If a consumer scores a three or more on the SOGS, but refuses services for problem or pathological gambling the refusal for

treatment must be clearly documented in the progress notes. The note should specifically state that the client scored a three or more on the SOGS and was offered a full continuum of care to address his/her problem/pathological gambling needs, including financial management counseling and linkage to GA meetings, but they refused treatment. The date of the progress note should correlate with the date on the 12 month SOGS.

5. If a consumer is diagnosed as problem or pathological gambler it must be reflected on the individuals master treatment plan. The treatment plan should specifically identify the problems to be addressed as problem or pathological gambling and objectives and interventions should support the goal.
  
6. Problem Gambling Treatment Counselor Competency must be in place for professionals providing services and is defined as
  - a. Any individual who is qualified to provide counseling, therapy, case management, or like services as defined in 440 IAC 9-1-4;
  
  - b. Documentation that individual has successfully completed 30 hours of the Division of Mental Health and Addiction sponsored training or training endorsed by the National Council on Problem Gambling, American Compulsive Gambling Counselor Certification Board or the American Academy of Health Care Providers. Training must include a minimum of two hours each of problem gambling specific screening, treatment and financial counseling specific to problem gamblers.

#### **IV. Definitions**

- A. Financial Management Counseling- Counseling to educate the consumer about better money management techniques, promote debt reduction strategies, budgeting skill building and assist the consumer in taking responsibility for financial obligations and avoiding future financial consequences.
  
- B. Self Help Groups- a group of people who meet to improve their health through discussion and special activities. Characteristically, self-help groups are not led by clinicians or other behavioral health professionals.

#### **V. Legal References and Authority**

Authority IC 12-21-2-3-; IC 12-23-1-6

Affected IC 12-7-2-40.6

**Reviewed and Endorsed by DMHA**

*Diana Williams*

Deputy Director Office of Addiction and Emergency Services

11-8-09

Date

**Approved for Implementation**

*Sara Eckart*

Director, Division of Mental Health and Addiction

11/9/09

Date