

SECTION 7: Service Requirements for Gambling Disorder Services

Target Population: Individuals and family members who need services to address a gambling disorder.

These requirements set forth the terms and conditions applicable to gambling disorder treatment and related services funded by the Illinois Department of Human Services (IDHS), Division of Substance Use Prevention and Recovery (SUPR). Services include gambling disorder screening, assessment, treatment, case management, community intervention and recovery support as specified herein.

Target Organizations: SUD treatment organizations with funding from SUPR.

Administrative Rule:

All services are to be provided according to the applicable standards in: Title 77: Public Health Chapter X: Department of Human Services Subchapter D: Licensure Part 2060 Alcoholism and Substance Abuse Treatment and Intervention Licenses.

Service Requirements:

All organizations must meet every requirement specified in Section A. Additionally, organizations with qualified staff must meet every requirement in Sections A-B. Organizations with dedicated funding for gambling disorder services must meet requirements in Section A, B and C.

A. All SUD Treatment Organizations Funded by SUPR

1. Each funded treatment organization shall administer the National Opinion Research Center's DSM Screen for Gambling Problems (NODS), the Brief Bio-Social Gambling Screen (BBGS) or the GA 20 (Gambler's Anonymous) screen prior to the ASAM assessment. Other screens may be approved in writing by the SUPR Gambling Disorder Contract Manager. Organizations shall ensure that all applicable staff participate in SUPR sponsored training, via webinar, regarding administration of these screens prior to implementation.
2. If the patient screens positive for a gambling use disorder, the subsequent ASAM assessment must incorporate the ASAM guidelines for gambling disorder assessment, diagnosis and placement. It is only mandatory to administer a gambling disorder screen once to a patient. If there is a subsequent treatment episode, the screen does not need to be administered again unless the patient screened positive as a result of the first screen or reports a significant change relating to gambling behavior.
3. Each organization shall have referral information for gambling disorder treatment for any patient whose ASAM assessment indicates a need for gambling disorder treatment. At a minimum, this must include the number for the Gambling Disorder Hotline (1-800-GAMBLER), gambling disorder treatment information and identification of any self-help groups or other recovery support services. A roster of gambling disorder treatment organizations is available through this Hotline. A firm referral shall be made for such services and documentation of this referral must be present in the patient record. The firm referral shall include specifications for information sharing regarding the gambling disorder screen and ASAM assessment so that duplicative services are not necessary.
4. The gambling disorder screen is not a Medicaid covered service and should be billed to SUPR funding using the Department's Automated Reporting and Tracking System (DARTS) software.

The screen should be billed at the assessment rate in a 15-minute increment and tagged in DARTS with an "L" tag.

5. The portion of the ASAM assessment that addresses the gambling disorder is billable to Medicaid if the gambling disorder is a secondary diagnosis and a substance use disorder is a primary diagnosis. Any ASAM assessment that results in a primary diagnosis of a gambling disorder is not a Medicaid covered service and should also be billed at the assessment rate and tagged in DARTS with an "L" tag. Gambling disorder treatment is not a Medicaid covered service and should be billed to SUPR funding using the Department's Automated Reporting and Tracking System (DARTS) software and tagged in DARTS with an "L" tag using established standardized or provider specific rates.
 6. Organizations that conduct screening, assessment and case management related to the gambling disorder should bill for these services using the "L" tag. Organizations with trained or credentialed staff can provide gambling disorder screening, assessment, case management and treatment and should bill for these services using the "L" tag.
- B. All SUD Treatment Organizations Funded by SUPR that also have Qualified Staff
1. The organization shall have at least one staff who will deliver gambling disorder treatment services that meets the professional staff requirements specified in Part 2060.309 and has:
 - a. certification from the International Gambling Counselor Certification Board (IGCCB) as a Nationally Certified Gambling Counselor or;
 - b. certification from the Illinois Certification Board (ICB) as a Problem Counselor's Gambling Certification (PDGC) or;
 - c. participated in the SUPR 30-hour Gambling Disorder Training for Counselors.
 2. Such staff shall also obtain at least six additional hours of training in each calendar year related to gambling disorder treatment. Documentation of this training shall be maintained in the organization's personnel file for that staff.
 3. The organization shall document the credentials for each staff who will deliver gambling disorder treatment services on the SUPR Gambling Disorder Professional Staff Form. This form shall be submitted to SUPR as indicated on the form and maintained in the organization's personnel file for that staff.
 4. All gambling disorder treatment services shall be billed as specified in Section A (#4-6) and must be delivered in accordance with the requirements for SUD treatment contained in Subpart D of Part 2060. Such services are generally delivered in outpatient settings but may be provided to a patient in Level 3.1 and 3.5 residential SUD treatment if deemed medically necessary. When this occurs, the gambling disorder treatment must be delivered in accordance with ASAM guidelines and cannot be part of the clinical hour requirements for these Level 3 SUD treatment services as required by Administrative Rule, Part 2060.401.
 5. Gambling disorder treatment shall be offered in varying degrees of intensity based on the level of care in which the patient is placed, identified medical necessity and the subsequent treatment

plan developed for that patient. The treatment plan must include goals and objectives for financial recovery. If the gambling disorder treatment is delivered via telehealth, a referral agreement shall include specifications for information sharing regarding patient demographics, the gambling disorder screen and the ASAM assessment so that duplicative services are not necessary. Any services delivered via telehealth must also adhere to the provisions specified in the most current SUPR Contractual Policy Manual.

6. Organizations delivering gambling disorder treatment should have an average census of 10-15 patients. Organizations that have a census that exceeds 15 patients will be required to develop a dedicated gambling program.

C. All Organizations that Deliver Gambling Disorder Treatment with Additional Dedicated Funding

1. Organizations with gambling disorder dedicated funding can deliver screens, assessments, treatment, case management, community intervention and recovery support services. Services shall be billed using the "L" tag as specified in Section A (#4-6)
2. The organization will ensure that professional staff who deliver gambling disorder services participate in monthly clinical supervision sessions, learning collaboratives, cross-training events and other related meetings arranged or convened by SUPR to share strategies and tools related to delivery of gambling disorder services.
3. The organization shall develop an outreach plan that will identify community intervention activities and strategies to identify, recruit and retain patients who need gambling disorder services. The outreach plan shall include planned activities for Problem Gambling Awareness Month, involvement with community self-help recovery groups and/or the capacity to create groups if none exist, including Gam-Anon, Gambler's Anonymous and other financial recovery groups.
4. The organization must deliver or have linkage to recovery services that focus on connecting the patient to skill building activities that assist in maintaining a lifestyle free of gambling and/or with self-exclusion awareness sites, self-help groups like Gam Anon or Gambling Anonymous and other financial recovery groups.