

CHAPTER 162
GAMBLING TREATMENT PROGRAM
[Prior to 7/3/96, see Human Services Department, 441—Ch 162]

641—162.1(99E) Definitions.

“Applicant” means an incorporated agency, a licensed practitioner, an educational institution, or a unit of local government applying for grant funding.

“Billable unit” means one unit for one hour of face-to-face contact. A billable unit applies to individual, group, crisis, and education services related to problem gambling. Telephone contacts for the purpose of crisis intervention will be considered face-to-face contact. The unit rate includes all direct and indirect costs associated with providing the one hour of face-to-face contact, including costs of preparing for, conducting and documenting the contact. For the purpose of billing, the amount of time involved in face-to-face contact may be the exact hours spent in the face-to-face contact or may be rounded to the nearest quarter hour. The total of the contact time is billed to the department at an established hourly rate for each type of service.

“Concerned person” means a person affected by problem gambling behavior and needing services or a person willing to get involved in the treatment of a person who gambles excessively. The concerned person may be either a relative or nonrelative of the person who gambles excessively.

“Continuing care” means actions taken to address relapse issues and to support and increase the gains made in the treatment process.

“Department” means the Iowa department of public health.

“Director” means the director of the Iowa department of public health.

“Division director” means the director of the division of health promotion, prevention, and addictive behaviors in the Iowa department of public health.

“Education” includes a broad array of education strategies for problem gambling presentations provided in a variety of settings for both the general population as well as groups which are at risk for developing problems with gambling.

“Problem gambling” means a pattern of gambling behavior, which may compromise, disrupt or damage family, personal or vocational pursuits. Problem gambling includes, but is not limited to, the diagnostic criteria for pathological gambling in the current American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders. Problem gambling may be referred to as disordered gambling or excessive gambling.

“Provider” means an applicant organization which has been awarded a grant by the department.

“Public information” means the dissemination of information on problem gambling through print, electronic, and other means.

“Resident” means a person who is living in Iowa voluntarily with the intention of making that person’s home there and not for a temporary purpose.

“Service area” means the territory or region of the state in which a provider has primary responsibility to cover and provide gambling treatment services.

641—162.2(99E) Availability of funds. In any year in which funds are available for gambling treatment services, the director shall award contracts to eligible providers to serve Iowa residents, including concerned persons, affected by problem gambling. In addition, the director may enter into contracts to provide training, to conduct research, and to promote education on problem gambling. The department shall administer the funds for this program contingent upon their availability. If the department lacks the funds necessary to fulfill its fiscal responsibility under this program, the contracts shall be renegotiated or terminated.

641—162.3(99E) Provider qualifications. Unless additional qualifications are listed elsewhere in this chapter, the provider shall be an incorporated agency, a licensed practitioner, an educational institution, or a unit of local government. The provider shall practice in Iowa under Iowa standards and the provider shall have applicable experience in providing gambling treatment services.

641—162.4(99E) Outpatient program.

162.4(1) Guidelines for outpatient program. An outpatient program shall be designed to provide a variety of diagnostic and primary gambling treatment services on both a scheduled (e.g., appointments) and an unscheduled (e.g., emergency, walk-in) basis in a nonresidential therapeutic setting. Hours of operation shall be during periods which make outpatient services accessible to clients and the general public. During hours when the program does not operate, the program's hours of operation shall be conspicuously displayed so as to communicate those hours to the general public. The outpatient facility shall be safe, clean, well-ventilated, properly heated, and in good repair.

- a. The facility shall be appropriate for providing services available from the program and for protecting client confidentiality.
- b. The facility shall meet local building code standards.
- c. Written reports of annual inspections by state or local fire safety officials shall be maintained with records of corrective action taken by the program.
- d. There shall be a written plan outlining procedures to be followed in the event of fire or tornado. This plan shall be conspicuously displayed at the facility.

162.4(2) Client eligibility. A client, either a person gambling excessively or a concerned person affected by problem gambling behavior, shall be eligible for outpatient services if:

- a. The person is a resident of Iowa.
- b. The person has an assessment that identifies a need for gambling treatment services. A person is considered eligible while in assessment. An assessment shall be completed within five working days of initial contact or service initiation.

(1) An assessment with a client includes the use of any of the following tools:

1. The South Oaks Gambling Screen (SOGS).
2. The Gamblers Anonymous (GA) 20 Questions.
3. The diagnostic criteria for pathological gambling in the current American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders.

A person gambling excessively will be determined in need of gambling treatment services if the person meets the criteria from any one of the three assessment tools above.

(2) A concerned person qualifies for gambling treatment services if any of the following apply:

1. The person gambling excessively, and whose behavior is affecting the concerned person, meets the criteria from any of the above three assessment tools.
2. The concerned person meets the criteria of the Gamanon 20 Questions.

162.4(3) Services.

a. Individual counseling services. Components include face-to-face individual counseling, continuing care, follow-up, and family counseling provided under these services. The purpose of the counseling session is to allow exploration of areas identified in the treatment plan related directly or indirectly to problem gambling. When members of a family receive services together in a setting, the members are to be considered as one participant for billing purposes as it applies to department billing.

b. Group counseling services. Group counseling services involve face-to-face contact activities in a group setting. The purpose of the counseling session is to allow a person to explore areas identified in the treatment plan related directly or indirectly to problem gambling. When more than one family receives services in a group setting, all members of each family participating in the group service activity are to be considered as one participant for billing purposes as it applies to department billing. Continuing care is an activity provided under these services.

c. Crisis services. Crisis services involve either a face-to-face meeting or a telephone contact where a counselor is responding to a crisis situation resulting from problem gambling behavior.

d. Education services. Education services are the activities that provide services and information about problem gambling and the availability of gambling treatment services. Education services include early intervention for at-risk populations as well as the general public.

162.4(4) Intake.

a. The provider shall have written policies and procedures governing a uniform intake, assessment, and evaluation process which defines:

- (1) The types of information to be gathered on all persons upon admission.
- (2) Procedures to be followed when accepting referrals from outside agencies or organizations.
- (3) The types of records to be kept on all persons applying for services.

b. The following information shall be collected and recorded on standardized formats by the provider on all persons applying for services prior to or at the time of admission and shall become part of that person's case record:

- (1) For those clients being assessed, include
 1. Identifying information which includes name, address, telephone number.
 2. Demographic information which includes date of birth, sex, race or ethnicity.
 3. Sufficient identification of the referral source.
 4. Presenting problem.
 5. Gambling history which will include type, amount, frequency and duration of gambling activity.
 6. Legal history which will describe any involvement with the criminal justice system.
 7. Medical and health history.
 8. Psychological history and mental status.
 9. Any other relevant information which will assist in formulating an initial assessment of the client, in addition to the required assessment tools.
- (2) For those clients assessed as needing treatment, the following are also required:
 1. Family history which will describe the family composition and dynamics.
 2. Education status and history which describe levels of achievement.
 3. Vocational or employment status and history which will describe skills or trades learned; record of jobs held, duration, reasons for leaving.

4. Peers and friends which will describe interpersonal relationships and interaction with persons and groups outside of the home.

5. A financial evaluation and information which is to include insurance coverage.

c. Each new admission, readmission or transfer admission shall be interviewed by a treatment supervisor or designee and all clinical observations and recommendations shall be documented in the applicant's case record. If, in the judgment of the treatment supervisor, psychological, psychiatric or further medical examinations are indicated, this assistance shall be obtained and documented in the case record.

d. When a person refuses to divulge information or to follow the recommended course of treatment, this refusal shall be noted in the case record.

e. During the intake process, documentation shall be made that the person has been informed of:

- (1) General nature and goals of the program.
- (2) Rules governing client conduct and infractions that can lead to discharge from the program.
- (3) The hours during which services are available.
- (4) Treatment costs to be borne by the client, if any.
- (5) Client's rights and responsibilities.
- (6) Confidentiality laws, rules and regulations.

f. Sufficient information shall be collected during the intake process to allow for the development of a complete assessment of the client's status, which shall be an analysis and synthesis of the intake data and which addresses the client's strengths, needs, and areas of clinical concern.

g. The results of the intake shall be clearly explained to the client, and to the client's family when appropriate. This shall be documented in the client record.

162.4(5) Treatment plans. The provider shall have a treatment plan in effect for each client receiving services under the contract. Based upon the initial assessment, an individualized written treatment plan shall be developed and recorded in the client's case record.

a. A comprehensive treatment plan shall be developed as soon after the client's admission to the outpatient program as is clinically feasible, but no later than ten days following admission.

b. The individualized treatment plan shall minimally contain:

- (1) A clear and concise statement of the client's current strengths and needs.
- (2) Clear and concise statements of the short-term and long-term goals the client will be attempting to achieve.
- (3) Type and frequency of therapeutic activities (services) in which the client will be participating.
- (4) The staff persons to be responsible for the client's treatment.
- (5) The specific criteria to be met for successful completion of treatment and an anticipated timetable.

c. Treatment plans shall be developed in partnership with the client. Treatment plans shall be reviewed by the primary counselor and the client every two months or as progress events occur, whichever is sooner. Treatment plans shall be reviewed by a treatment supervisor every two months or as progress events occur, whichever is sooner.

d. The reviews shall consist of a reassessment of the client's current status to include accomplishments and needs and a redefining of treatment goals when appropriate. The date of the review and any change, as well as the persons involved in the review, shall also be recorded.

e. The use of abstract terms, technical jargon, or slang should be avoided in the treatment plan, and the plan should be written in a manner readily understandable to the average client. The provider shall provide the client with copies of all treatment plans upon request.

162.4(6) Progress notes. A client's progress and current status in meeting the goals set in the treatment plan, as well as efforts by staff members to help the client achieve these stated goals, shall be recorded in the client's case record. Information will be noted following each individual counseling session, and a summary of group counseling services shall be documented at least weekly when a client receives group counseling services.

a. Entries shall be filed in chronological order and shall include the date services were provided or observations made, the amount of service time, the date the entry was made, the signature or initials and staff title of the individual providing the services. All progress notes shall be entered into the client's case record in permanent pen or by typewriter or computer. In those instances where records are maintained electronically, a staff identification code number authorizing access shall be accepted in lieu of a signature.

b. All entries that involve subjective interpretations of a client's progress should be supplemented with a description of the actual behavioral observations which were the basis for the interpretation.

c. The use of abstract terms, technical jargon, or slang should be avoided in progress notes.

d. The provider shall develop a uniform progress note format to be used by all clinical staff.

e. If a client is receiving services from an outside resource, the provider shall attempt to secure a written copy of status reports and other client records from that resource.

162.4(7) Contract management. The department may monitor performance under the contract and provide or arrange for technical assistance to improve the provider's performance if needed. When department staff conduct an on-site monitoring review of the provider, the provider may request an exit briefing to discuss the findings of the review.

162.4(8) Conditions of participation. To participate in department funding, the provider shall meet the following conditions:

a. Licensure, approval, or accreditation. The provider shall have license, approval, and accreditation required by law, regulation or administrative rules before the contract can be effective.

b. Signed contract. The contractor shall have a current contract signed by a department representative and meet all contract requirements.

c. Client records. The provider shall maintain client records as specified in subrule 162.4(10).

d. Financial and statistical records. Each provider shall maintain sufficient financial and statistical records, including program data to document the validity of reports, provider invoices, claim vouchers and like documents submitted to the department.

e. Progress reports. The provider shall submit the gambling treatment program system (GTPS) forms to the department as required.

f. Provider charges. A provider shall not charge department clients more than it charges for the same services provided to nondepartmental clients.

g. Services provided. Services provided shall at a minimum meet the standards found in these rules or the contract may be terminated.

h. Fiscal management. The program shall ensure proper fiscal management which shall include the following:

(1) The preparation and maintenance of an annual written budget which shall be reviewed and approved by the governing body prior to the beginning of the budget year.

(2) The fiscal management system shall be maintained in accordance with generally accepted accounting principles, including internal controls to reasonably protect the provider assets.

(3) There shall be an insurance program that provides for the protection of the physical and financial resources of the program which provides coverage for all the people, buildings, and equipment. The insurance program shall be reviewed annually by the governing body.

i. Renegotiation clause. In the event there is a revision of laws or regulations, both parties will review the contract and renegotiate those items necessary to conform with the new laws or regulations.

j. Provider staff qualifications. The provider must have staff qualified to provide gambling treatment services, as specified in subrule 162.4(9).

k. Therapeutic environment. The provider shall establish an environment that enhances the positive self-image of clients and preserves their human dignity.

l. The provider shall have written referral policies and procedures which facilitate referrals between the provider and other service providers in such a manner as to ensure continuity of care and shall maintain a list of all appropriate resources available within the service area which shall include provision for legal, education and financial services.

162.4(9) Personnel and staff development. Written personnel and staff development policies and procedures shall be developed by the provider.

a. Staff, providing any billable units of gambling treatment service, must meet one of the following conditions:

(1) Is a nationally certified gambling counselor.

(2) Is a Certified Alcohol and Drug Counselor (CADC) or an Advanced Certified Alcohol and Drug Counselor (ACADC) and has received a minimum of 20 hours of training or education related to problem gambling within the previous 24 months.

(3) Is working toward certification within 12 months as a CADC and who has received a minimum of 30 hours of training or education related to problem gambling within the previous 24 months.

(4) Is a licensed or certified practitioner in a counseling-related field and has received a minimum of 20 hours of training or education related to problem gambling within the previous 24 months.

b. The staff development program shall include an orientation for entry-level staff, on-the-job training, in-service education, and opportunities for continuing job-related education. Initial training of each treatment staff member shall include, but not be limited to, an orientation to the program and community resources and counseling skill development. The staff development program shall take steps to ensure that staff members are kept informed of new developments in the field of gambling treatment. Staff development activities and participation in state training shall be planned and scheduled. Regional and national training offerings may also be included in the plan when they are available. These activities shall be documented in order to evaluate their scope, effectiveness, attendance, and amount of time spent on these efforts.

c. Provider staff qualifying under paragraph "a" above may provide billable units of services. Staff providing billable units of education services shall have received a minimum of 20 hours of gambling-specific training within the previous 24 months. This training may be provided through in-service education, department-sponsored training, or recognized gambling conferences.

162.4(10) Client case records. There shall be written policies and procedures governing the compilation, storage and dissemination of individual client case records.

a. These policies and procedures shall ensure that:

(1) The provider exercises its responsibility for safeguarding and protecting the client case record against loss, tampering, or unauthorized disclosure of information.

(2) Content and format of client records are kept uniform.

(3) Entries in the client case record are signed and dated.

b. The provider shall provide adequate physical facilities for the storage, processing, and handling of client case records. These facilities shall include suitably locked, secured rooms or file cabinets.

c. Appropriate records shall be readily accessible to those staff members providing services directly to the client and other persons specifically authorized by provider policy. Records should be kept in proximity to the area in which the client normally receives services.

d. There shall be a written policy governing the disposal and maintenance of client case records. Client case records shall be maintained in accordance with department requirements.

e. All client case records shall be marked "confidential," or bear a similar cautionary statement. Each file cabinet or storage area containing such client case records shall be locked and be conspicuously marked "confidential information," or bear a similar cautionary statement. All policies related to confidentiality shall apply even after an applicant or client has terminated active involvement with the provider.

f. The provider shall establish policies that specify the conditions under which information on applicants or clients may be released and the procedures to be followed for releasing the information. Even if a provider is not federally funded, all the policies and procedures shall be in accordance with federal confidentiality regulations issued, and state confidentiality laws and rules. Every authorization for release of information shall become part of the client's permanent case record. A client's written consent for the release of information shall be considered valid only if the following conditions have been met:

(1) The client is informed, in a manner that ensures understanding, of the specific type of information that has been requested, as well as the benefits and disadvantages of releasing the information, if known.

(2) The client is informed of the purpose or need for the information.

(3) Treatment services are not contingent upon the client's decision concerning authorization for the release of information.

(4) The client gives consent freely and voluntarily.

g. A client's written authorization shall appear on a consent form containing:

(1) The name of the provider which is to make the disclosure.

(2) The name or title of the person or organization to which disclosure is to be made.

(3) The name of the client.

(4) The purpose or need for the disclosure.

(5) The extent or nature of information to be disclosed.

(6) Except where the client is a mandatory criminal justice system referral, a statement that the consent is subject to revocation at any time, and date, event or condition upon which it will expire without express revocation.

h. When participation by a person in a treatment program is made a condition of the person's release from confinement, the disposition or status of any criminal proceedings against the person, or the execution or suspension of any sentence imposed, the person may consent to unrestricted communication between any provider in which the person is enrolled in fulfillment of the above condition and:

(1) The court granting probation or other posttrial or retrial conditional release.

(2) The parole board or other authority granting parole.

(3) Probation or parole officers responsible for the person's supervision. In addition, where consent is given for disclosures in this manner, the consent shall expire 60 days after it is given or when there is substantial change in the person's status, whichever is later.

i. In a life-threatening situation, or when a person's condition or situation precludes the possibility of obtaining written consent, the provider may release pertinent medical information to the medical personnel responsible for the person's care without a client or applicant's authorization, if obtaining the authorization would cause an excessive delay in delivering treatment to the person.

j. When information has been released without the person's authorization under these standards, the staff member responsible for the release of information shall enter into the person's case record all details pertinent to the transaction, which shall include at least:

- (1) The date the information was released.
- (2) Persons to whom the information was released.
- (3) The reason the information was released.
- (4) The nature and details of the information given.

As soon as possible after the release of information, the client or applicant shall be informed that the information was released.

k. There shall be a case record for each client that contains:

- (1) Results of all examinations, tests, and intake and assessment information.
- (2) Reports from referring sources.
- (3) Treatment plans.
- (4) Reports from outside resources, which shall include the name of the resource and the date of the report. These reports shall be signed by the person making the report or by the program staff member receiving the report.
- (5) Multidisciplinary case conference and consultation notes, including the date of the conference or consultation, recommendations made, and actions taken.
- (6) Correspondence related to the client, including all letters and dated notations of telephone conversations relevant to the client's treatment.
- (7) Information release forms.
- (8) Progress notes. Entries shall be filed in chronological order and shall include the date any relevant observations were made, the date the entry was made, and the signature and staff title of the person rendering service.
- (9) Records of services provided. Summaries of services provided shall be sufficiently detailed to identify the types of services the client has received and action taken to address specific problems identified. General terms such as "counseling" or "activities" shall be avoided in describing services.
- (10) Continuing care plans, which shall be designed to support and increase the gains made to date in the treatment process, shall use, whenever appropriate, existing community resources for support services during the continuing care period. The delivery of continuing care services shall be based upon an individualized continuing care plan. Continuing care plans shall be developed in partnership with the client.
- (11) Discharge summary.
- (12) Follow-up information.
- (13) Statistical forms. The gambling treatment program system (GTPS) forms shall be completed on each client, maintained as part of the client file, and sent to the department as required.

162.4(11) *General safety.* The provider shall maintain facility grounds in a manner that will provide safe access to and a safe environment for clients, personnel, and visitors and have adequate space for the program to carry out its stated goals. The provider shall have written policies and procedures to provide a safe environment for clients, personnel, and visitors and to monitor that environment. The written policies and procedures shall include, but not be limited to, the following:

- a.* The process for the identification, development, implementation, and review of safety policies and procedures for all departments or services.
- b.* The promotion and maintenance of an ongoing, facility-wide hazard surveillance program to detect and report all safety hazards related to clients, visitors, and personnel.

162.4(12) *Outpatient fees.* The client is responsible for paying the costs of individual and group counseling services provided in an outpatient program. Charges to the client by the provider shall be based on a sliding fee schedule which has been developed based on department guidelines. The provider shall maintain a record of fees collected, and these records shall be available for audit by the department or its representative. Subject to the availability of appropriated or designated funds, the director may enter into written agreements with a facility to pay for the cost of treatment of a client unable to pay. If the client has any claim for reimbursement under an indemnification contract, by insurance or otherwise, the client shall assign that claim to the department. The department may allocate any recovered funds to the provider for services specifically approved by the department.

641—162.5(99E) *Helpline program.* The helpline program provides for statewide 24-hour telephone information and referral. The program maintains a directory of services for persons who gamble excessively and for concerned persons.

162.5(1) *Conditions of participation.* The provider shall meet the following standards to participate in the helpline program:

a. Licensure, approval, or accreditation. The provider shall have any license, approval, and accreditation required by law, regulation or administrative rules before the contract can be effective.

b. Signed contract. The contractor shall have a current contract signed by a department representative and meet all contract requirements.

c. Financial and statistical records. The provider shall maintain sufficient financial and statistical records, including program and census data, to document the validity of reports, provider invoices, claim vouchers and like documents submitted to the department.

(1) The records shall be available for review at any time during normal business hours by department personnel.

(2) These records shall be retained for a period of three years after the organization's independent audit is complete.

d. Helpline reports. The contractor shall complete and forward to the department helpline data forms, no later than ten days following the end of the report month. Failure to submit reports within the specified time limits is grounds for termination of the contract.

e. Staff qualifications. Staff shall have received a minimum of 20 hours of gambling-specific training within the previous 24 months. This training may be provided through in-service education, department-sponsored training, or recognized gambling conferences.

f. The helpline program provider shall be independent of the providers contracting with the department to provide gambling treatment services.

g. The provider shall be committed to answering calls quickly and efficiently 24 hours a day.

162.5(2) *Contract management.* The department may monitor performance under the contract and provide or arrange for technical assistance to improve the provider's performance if needed. When department staff conduct a review of the provider, the provider may request an exit briefing to discuss the findings of the review.

These rules are intended to implement Iowa Code section 99E.10.

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CHAPTERS 163 to 169

Reserved