DISORDERED GAMBLING TREATMENT

COUNSELOR MANUAL

NEBRASKA COMMISSION ON PROBLEM GAMBLING

GAMBLERS ASSISTANCE PROGRAM

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INTRODUCTION

This manual describes the requirements adopted by the Nebraska Commission on Problem Gambling that apply to the contracts entered by the Commission with counselors performing treatment services. The contents of this manual become part of those contracts by reference, and therefore are binding on the contractor.

The manual comprises the following contents:

PART 1: COUNSELOR QUALIFICATIONS

All problem gambling treatment services for which payment from the Nebraska Gamblers Assistance Program is requested by the contractor must be provided by individuals who:

A. Hold a current active certificate as a Certified Disordered Gambling Counselor, issued by the Nebraska Commission on Problem Gambling; or

B. Have completed the minimum CDGC course work prescribed by the Nebraska Commission on Problem Gambling and hold a Provisional Certificate issued by the Nebraska Commission on Problem Gambling.

All counselors shall provide treatment services following generally accepted standards of care and the standards of ethical practice adopted by the Nebraska Commission on Problem Gambling.

The terms of this manual are deemed a part of the contract with the counselor.

PART 2: THERAPY SERVICE STANDARDS

The Gamblers Assistance Program pays Commission-certified counselors to provide services for eligible clients. To be eligible a client must be a United States citizen or a qualified alien as described in Nebraska law, be a resident of Nebraska, and must have:

A. A current diagnosis of gambling disorder based on the criteria in the Diagnostic and Statistical Manual of the American Psychiatric Association,
B. Or be a member of the family of a gambler experiencing problems shown by answers to the GAM-ANON 20 questions instrument, or
C. Satisfy the guidelines for Screen/Brief Intervention services specified below.

All services shall be strengths-based, culturally sensitive, trauma informed, recovery oriented, and client driven. The counselor shall screen for co-occurring mental or behavioral health issues and comorbidities using recognized screening instruments and methods and make referral to appropriate local services whenever indicated for management.

The following standards apply to the treatment paid for by the Nebraska Gamblers Assistance Program.

SCREEN/BRIEF INTERVENTION This is a time-limited, two-step professional service performed by a Commission-certified counselor. The first step is the brief screen. The counselor takes the next step, a brief intervention, only if the result of the screen is positive for possible gambling disorder. Standards for this service are:

A. **Eligibility** The individual must be a U.S. citizen or qualified alien, and a resident of Nebraska.
B. **Screen** The only approved screening instruments for an individual gambler are the Brief Biosocial Gambling Screen or the National Opinion Research NODS-CLiP. For an individual who is a member of the family of a gambler, the GAM-ANON 20 Questions instrument is approved.
C. **Brief Intervention** If the screen is positive the counselor offers a brief intervention intended to increase the individual's awareness of the impact of gambling on their life and their ability to make positive changes. The counselor follows their own preferred method for this intervention.
D. **Utilization**
    a. Screen/Brief intervention is paid for with Program funds only if it is provided at the request of the individual, a judge, a federal or state parole or probation official,

or local correctional or probation official. The request must be documented in the counselor's record.

b. When screening a gambler, a yes answer to any of the three questions on the Brief Biosocial Gambling Screen or the National Opinion Research NODS-CLiP is a positive result. With the gambler's consent a brief intervention is indicated.
c. When screening a family member of a gambler, a yes answer to six of the GAM-ANON 20 Questions is a positive result. With the family member's consent a brief intervention is indicated.
d. Further counseling service is based on the individual's response to the screening and brief intervention.
e. If the result of the screening is negative the administration of the screen will not be paid for with Program funds unless it was performed at the request of a judge, a federal or state parole or probation official, or local correctional or probation official.
f. This is a time-limited service. Rates, frequency, duration and other terms of payment with Program funds are specified in the counselor's contract and the rate schedule that is in effect.
g. The record of this service is specified in Part 3.A. of this manual.

ASSESSMENT This is a professional process resulting in a comprehensive written summary of the client's pre-treatment assessment and the counselor's treatment plan recommendations. The assessment process is conducted by a Nebraska-certified counselor in an in-person session with the client. In exceptional circumstances as documented in the record, telehealth may be the means to conduct the assessment.

The record of the assessment must include scores on diagnostic instruments and a summary of other information which in the counselor's judgment is relevant to the formulation of the treatment plan. If the diagnostic opinion includes other co-morbidities in addition to disordered gambling, such as mental health or substance use disorders, whether primary or secondary, the record of the evaluation must include a summary of the information which is the basis for the opinion, including screening or diagnostic instruments relied on.

This is a single episode procedure which is performed at the beginning of the outpatient therapy. The procedure includes preparation of the treatment plan required in Part 3.B.5 of this manual and completion of the intake data form.

A counselor may develop their own format for these records. The result of this process must be documented, signed and dated by the counselor.

ASSESSMENT ADDENDUM This process supplements diagnostic impressions, modifies a treatment plan, or documents other changes to the treatment record of a client admitted to outpatient therapy, or adds information following a period of at least six months intervening since prior treatment services. A change of diagnosis must be documented by the score from a Gamblers Assistance Program approved instrument.

The addendum is a written record, signed and dated by the counselor, that includes an explanation of the circumstances leading to the decision that the addendum process is indicated. The counselor may develop their own format for this record.

OUTPATIENT TREATMENT This is professionally performed and directed service. The admitted client may be the gambler or a member of a gambler's family. The service shall be provided according to generally accepted standards of care. Treatments may include individual, family, or group counseling sessions. It may be provided by distance treatment methods that include video and audio communication. Treatment is provided based upon the assessment and treatment plan that is documented in the record in compliance with the following standards:

Admission to care To be admitted, the client must present symptoms of Gambling Disorder based on the diagnostic criteria in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM)*, or present symptoms of significant life disruption due to a family member's gambling. A gambler's score of 4 or higher on DSM criteria is the usual basis for admitting the gambler client. A DSM score of 3 or lower requires narrative justification for admission to outpatient care. A family member's score of 6 or higher on GAM-ANON 20 Questions is justification for admission of the family member to this service.

Categories Individual outpatient treatment is provided to an individual with a diagnosis of gambling disorder or a member of the family of an individual with indications of gambling disorder. Family outpatient treatment is provided to a diagnosed and admitted individual accompanied by one or more family members who are not themselves diagnosed with gambling disorder. Group outpatient treatment is provided to two or more individuals each of whom is diagnosed with gambling disorder and admitted to treatment.

Referral Individuals presenting actual or potential danger to self or others, or requiring a more intensive level of care, structure or supervision, should be referred for appropriate care. Outpatient treatment for gambling disorder is not intended to treat mental, behavioral, or physical health disorders, or financial distress, unless the client's symptoms are related to and supported by a diagnosis of gambling disorder based on the Gamblers Assistance Program standards. All care must be provided within the authorized scope of the counselor's license or certificate.

If the diagnosis includes co-morbidities in addition to disordered gambling the record must include an explanation of the counselor's plan to address those other disorders and any decision to rule out referral of the client to a different therapy service.

Continuation of services Treatment is individualized and evolves as the client's presentation evolves during therapy. Care is provided within the utilization limits specified in the counselor contract as long as:

A. The presenting disorder exists, and
B. The client is making progress in therapy or has demonstrated the capacity to progress, and
C. The client does not require a different level or type of care.

Documentation Treatment records must show:

A. The client is making progress toward meeting treatment goals and shows reasonable likelihood of benefit from continued care.
B. Therapeutic progress is shown by objective measures of behavior.
C. The client is actively participating in the treatment.
D. Discharge planning is continuously updated, including relapse and crisis prevention plans.

Discharge The client is discharged from therapy:

A. When no treatment services are provided during a continuous period of ninety days; or
B. When the record shows that the client has been unable to achieve the goals of treatment despite amendments to the treatment plan; or
C. When the record shows that the client has achieved the maximum possible benefit from the treatment services; or
D. When in the opinion of the counselor the goals and objectives of the treatment plan have been substantially met.
E. When appropriate upon discharge, there is a documented aftercare plan with identified informal support and appropriate referrals recommended.

PART 3: COUNSELOR RECORDS

Counselors shall create and maintain permanent records that document the services for which payment is requested. The records may be typewritten, legibly hand-written, or in an electronic form. All records shall be dated and signed by the counselor, either in writing on hard copy or electronically.

A. For screen/brief intervention clients, the permanent record must show the following:
1. That the individual meets the eligibility standards of the Program;
2. The results of the screening instrument;
3. A summary of the circumstances indicating a need for the service;
4. A summary of the intervention service including the client's response;
5. A log showing the date of the service, start and stop times, verified by signatures of the counselor and the client.

B. For each client admitted to therapy services the record must show the following:
1. That the client meets the eligibility standards of the Program.
2. That the client received a formal orientation to the Program including information concerning client rights, confidentiality and privacy.
3. The assessment with the elements required by this manual.
4. Copy of the completed Gamblers Assistance Program Data at Intake form.
5. A treatment plan based on the assessment, completed at the start of services. The treatment plan is a client-oriented document developed by the counselor in partnership with the client and includes at a minimum:
   i. An assessment of the client's strengths.
   ii. Goals of the treatment with corresponding measurable objectives.
   iii. Documentation that the client participated in the development of the treatment plan and agrees with it, signed and dated by the client.
   iv. Type and frequency of services to be received and identity of the counselor primarily responsible.
   v. Anticipated criteria for discharge readiness and projected time to discharge.
   vi. Documentation of treatment plan review with the client at least every sixty days. The treatment plan review shall include an assessment of the client's progress in therapy and revisions of the plan agreed to by the counselor and client to maintain progress toward the goals of therapy.

C. Progress notes on the counselor's preferred format describing the service provided, duration, and assessment of progress toward meeting the goals of the treatment plan.

Progress notes must be dated and signed by the counselor and should be written promptly after the therapy session.

D. An attendance record kept continuously for the duration of the client's counseling that complies with the following:

1. A counselor-developed format with space for signature of the client and counselor and space for the counselor to add the date and time of day when the counseling session began and ended.
2. Client and counselor verification of attendance by signature, initial or other digital mark.
3. Attendance for telehealth counseling may verified digitally by the client.

E. Documentation of efforts to involve the client's family in the treatment and recovery process, and reasons for lack of involvement if applicable.

F. Progress reports using the semiannual Program Progress Report form. A progress report shall be completed and sent to the Program office by July 31 each year for all clients enrolled and receiving counseling during the previous June unless discharged; and by January 31 each year for all clients enrolled and receiving counseling during the previous December unless discharged.

G. A discharge summary completed within thirty days of discharge that includes:

1. Intake and discharge dates.
2. Initial diagnosis, and any changes in the diagnosis during therapy.
3. A narrative summary of services provided and the client's progress toward achieving the goals of the treatment plan.
4. Recommendations and referrals given upon discharge that support recovery and the continued after-care plan.
5. Copy of the completed Program Data at Discharge form.

H. The Citizenship attestation required by Nebraska Revised Statutes Sections 4-106 to 4-114, signed and dated by the client, and evidence that the client has been advised of the opportunity to register to vote and supplied with a voter registration application or informed of the means to obtain one through the Nebraska Secretary of State.

PART 4: AUDIT

General Information

The Nebraska Commission on Problem Gambling has adopted audit procedures to assure that services paid for by the Program were delivered as required by the contracts, Commission policies, and Nebraska state law.

Audits cover two general subject areas: verification of services purchased, and verification of compliance with general standards adopted by the Commission. Each audit will include steps covering both subject areas.

An audit is a test of a selected number of records. Each contractor will be audited at a date and time selected by Gamblers Assistance Program staff. The date of the audit will usually be determined in advance, although audits may be conducted without advance notice.

It is a condition of the contract with each vendor that clinical records pertaining to the services and items for which payment has been made by the Gamblers Assistance Program must be available for examination by the auditor.

Basic Conditions of the Audit

All client information obtained by the auditor will be kept confidential and will not be revealed without prior written informed consent given by the therapy client.

The auditor will determine the sample size for selection of vendor records for examination. Compliance will be scored based on a simple Yes/No scoring method.

The auditor will exercise independent judgment about expansion of the audit sample based on the scoring of records in the initial sample, field interview with the vendor, and the other information that the auditor believes is applicable.

The audit of services purchased will include examination of the records of the vendor that support the monthly invoices submitted to the Gamblers Assistance Program. Records that will be examined will include clinical records, progress notes, financial records of the vendor's professional practice, invoices from suppliers for which reimbursement was requested, and other records of the vendor that the auditor requests with information about the items on the selected

invoices. The purpose of this part of the audit is to determine whether there is appropriate documentation to support the items for which payment was made by the Gamblers Assistance Program.

The audit of compliance with general standards adopted by the Commission will include examination of the vendor's records to verify that the vendor has complied with the requirements of this manual, the professional certification standards adopted by the Commission, the general terms of the vendor's contract, and applicable Nebraska laws.

The Conduct of the Audit

An audit will be conducted as follows:

1. The audit appointment is established, usually three days in advance.

2. Two days before the field visit, the auditor notifies the vendor of the records that will be examined.

3. The vendor provides the records on the date of the field visit.

4. The vendor is available to answer questions posed by the auditor at the time of the field visit, and at any time thereafter until the date of the final audit report.

An audit field visit will include the following:

1. Verification that the records selected for audit are available at the time of the appointment.

2. Examination of the requested records.

3. Interview with the vendor and vendor's staff on subjects determined by the auditor.

4. Comparison of vendor records with Gamblers Assistance Program records for the items selected for audit.

5. If the auditor concludes that the audit sample is to be expanded, the vendor provides the added records upon request.

6. The auditor and the vendor sign and date documents on forms issued by the auditor confirming the conduct of the audit and listing the records that were examined.

7. If, in the judgment of the auditor, a return field visit is necessary, the appointment will be established within a reasonable time at the request of the auditor.

The Results of the Audit

The auditor completes the examination and issues a report to the vendor promptly after the field visit. The vendor is allowed a reasonable time to respond to auditor comments and criticisms, and the response will be included in the final audit report.

If the audit reveals material discrepancies or violations of Gamblers Assistance Program standards or state law, the Gamblers Assistance Program may, in its discretion, require the vendor to submit a corrective action plan. Such a plan must include specific steps that the vendor will take to promptly correct the issues described by the auditor.

If the audit reveals evidence of a violation of a penal law applicable to contracts made with the State of Nebraska, the auditor shall forward the evidence to the appropriate authority.

If the audit reveals that documentation does not exist to support payment for items, the Nebraska Commission on Problem Gambling may, in its discretion, terminate the vendor's contract, seek repayment of amounts paid, and take any other action that the Commission deems appropriate.

PART 5: BILLING AND REPORTING PROCEDURES

General Information

The counselor will assign a unique identification code to each client, beginning with the first record. The code will be used on all data reporting and billing forms. No client names, Social Security numbers, addresses, telephone numbers or other individual identifying information will be entered onto data and billing forms submitted to the Program office.

Monthly invoices are submitted using the Gamblers Assistance Program specified forms:

GAP-1 Claim Voucher summarizes the items claimed in the service categories.

GAP-3 provides detail of Screen/Brief Intervention claims.

GAP Data at Intake verifies an assessment for which payment is requested.

GAP-4 provides detail explaining the decision to draft an addendum to the assessment.

TAD lists clients for whom services were provided.

Supporting documentation is supplied as required in the services contract.

By completing, signing and submitting the invoice, the counselor certifies to the Gamblers Assistance Program and to the State of Nebraska that the services were provided as itemized on these forms.

Invoices will be processed for payment promptly upon receipt at the office of the Program.

Invoices and supporting forms shall be submitted electronically in a live digital format. All GAP data forms, including intake, progress and discharge, shall be legibly filled out, signed and dated by the counselor, in compliance with the requirements in the counselor contract.

GAP-1 Claim Voucher

The categories of service which are paid for are specified on the current version of the GAP-1 claim voucher. The GAP-1 claim voucher form computes the sub-totals when the items are correctly entered into the form. Contractors should keep their own record of amounts submitted as claims to assure that the record agrees with the Gamblers Assistance Program office and the Nebraska Department of Administrative Services accounting records. This assures budget control

and monitoring the financial condition of the program and enables the contractor to manage their practice.

GAP-3 Screen/Brief Intervention Detail

This form provides documentation to support a claim for Screen/Brief Intervention session services provided to persons who are not admitted to outpatient therapy. A limited service may be provided by telephone or telehealth audio-visual communication, but this service is generally expected to be provided in a face-to-face, in person environment.

GAP-4 Addendum Detail

This form provides documentation to support a claim for preparing an addendum to the client's assessment, including a narrative justification for the claim.

Turn-Around-Document (TAD)

This is a master database document maintained by the contractor and the Program office. The counselor shall submit this form to the GAP program office in Excel digital format with all blanks completed for each client. This is a continuous listing of clients admitted to therapy services and is to be maintained up-to-date by the contractor at all times.

Payment for assessments and assessment addendums is based on the unit of service, one each.

The columns for units of counseling service must total the hours claimed on the invoice for the categories of outpatient therapy that are paid by hourly rates. Payment for services designated as Screen/Brief Intervention, Individual outpatient therapy, Family outpatient session and Group outpatient session is based on actual time spent by the counselor, in 15 minute increments.

A client is removed from this list upon discharge from therapy.

This manual was adopted by the Nebraska Commission on Problem Gambling at its meeting this 8th day of May 2026.

/s/ *Susan Lutz*

Susan Lutz, Chair of the Commission

/s/ *Todd Zohner*

Todd Zohner, Secretary