

## Nevada DHHS Problem Gambling Treatment

### Options for Distributing SFY2019 Treatment Enhancement Funds

*For Discussion Only: November 15, 2018*

**Initiative Description:** On the behalf of DHHS problem gambling treatment grantees, DHHS submitted a work program to utilize \$75,000 of reserves from the Revolving Account for the Prevention and Treatment of Problem Gambling. As these funds are from reserves, they are to be considered one-time money for use in SFY 2019. The purpose of moving these funds from the reserve into the problem gambling program's budget authority was to address an urgent need to distribute more funds to gambling treatment grantees to allow them to remain solvent through SFY2019. DHHS is seeking recommendations from the Advisory Committee on Problem Gambling regarding which of the two options below to utilize as the mechanism to distribute these funds. Questions, additional comments, and suggestions are encouraged.

Allocation of funds to correspond with each grantee's portion of total PG Treatment Program Budget. For example, if a grantee's current award is for 10% of the entire treatment budget, they would be eligible to obtain 10% of the \$75,000 from this work program's reserves.

**Option 1: New grants.** Based on provider proposals submitted during the Fall, develop a grant for each treatment provider where services are paid based on reported activity and verifiable expenses.

Advantage: No need to revise UNLV encounter system or learn new billable codes.

Disadvantage: Additional administrative time for both DHHS and grantees to develop new grants, submit and process claims, and will take longer to roll-out. May have repeat from last time this system was used where several grantees did not expend their grants due in part to not being used to submitting claims under a cost-reimbursement grant system. Claims limited to Treatment Enhancement grant amount.

**Option 2: Same grant, amend amount, add new codes.** Develop and implement "Add-on Procedure Codes and Rates" to the current list of billable procedures. Under this concept, grantees would be reimbursed monthly based on a combination of new services and newly allowable expenses utilizing the existing UNLV encounter code reporting system.

Advantage: Efficient as grantees would be utilizing a familiar system and would be paid monthly based on encountered services provided. No additional reporting requirements, no pre-determination of activities / flexible, could seamlessly continue new codes into future grants with additional funding. Claims for add-on services may exceed portion of funds from \$75K but not exceed defined total grant limit (15%?).

Disadvantage: Grantees will need to familiarize themselves with new billing codes. Entering encounter data may increase with a greater number of allowable billing codes. Many, if not all, of the FY2019 "Add-on Procedure Codes" may be discontinued in SFY2020 due to an anticipated SFY2020 budget that is inadequate to support use of the "Add-on" codes.

**Option 2 DRAFT Details**

Nevada DHHS Problem Gambling Treatment  
*Add-on* Procedure Codes and Rates for FY2018-19  
 Effective: December 1, 2019

Note: Reimbursement for “add on” procedure code claims are limited to 15% of a gambling treatment grantee’s total grant amount and are excluded from re-allocation calculations.

\*\*\*\*DRAFT V.11/12/18\*\*\*\*

Code	Description	PGS Payment Amount	Service Criteria
T1016	Case management, per 15 min	\$16.50	Services provided for coordinating access to and provision of services from multiple agencies, establishing service linkages, advocating for treatment needs, and providing assistance in obtaining entitlements such as Medicaid enrollment.
T1013	Sign language/oral interpreter service, per 15 min	\$10.00	Sign language/oral interpreter services necessary to ensure the provision of services for individuals with hearing impairments or in the primary language of non-English speaking individuals. Such interpreters shall be linguistically appropriate and be capable of communicating in English and the primary language of the individual and be able to translate clinical information effectively. Payment for interpreter services is only allowed when provided in conjunction with another service such as assessment, individual/family therapy, or group therapy, etc. whenever feasible, individuals should receive services from staff, who are able to provide sign and/or oral interpretive services. In this case, interpreter services cannot be billed in addition to the therapeutic service.
G30	Mileage	Current US GSA rate	Limited to: 1. Service provider's travel to and from primary site providing gambling treatment services and off-site service location; 2. Mileage charges by off-site supervisors and consultants; 3. Service provider’s travel bringing clients to the treatment site. 4. Service providers transportation costs to bring clients to and from the residential treatment site. 5. Client transportation costs
50A*	Presentations to Allied Professionals, per 15 min	\$16.50	Time spent delivering presentations to professionals in health/medicine/social services/legal/financial with the express intent to follow up with individual contacts in order to establish relationship, develop screening and referral agreements and protocols, etc. Includes time spent preparing for meeting and developing presentations.

50B*	Presentations to Targeted High Risk Client Groups, per 15 min	\$16.50	Time spent delivering presentations to targeted high risk groups, including but not limited to: Incarcerated individuals, A/D clients, MH clients. These presentations shall be focused on signs and symptoms of disordered gambling, treatment options and how to access treatment. Code can be used to provide consultation/education with concerned others for the purpose of explaining importance of treatment and what can be expected, in hopes that family member will enroll. Includes time spent preparing and developing presentations.
50C*	Treatment Advertising	Actual Cost	Treatment Ads (yellow pages, web-based ads, radio, TV, newspaper).
50D*	Exhibiting at Professional Conferences, per 15 min	\$16.50	Exhibiting at a conference or meeting of professionals that we know from experience are likely to have problem gamblers in their practices and are in a position to potentially refer (i.e., physicians, nurses, social services, corrections, legal, financial). This is in contrast to a conference for service organizations (i.e. Kiwanis, Elks), schools, PTAs and health fairs.
60A	Data Reporting, per 15 min	10.00	Time spent entering intake, discharge, and encounter data in the UNLV gambling treatment data system.
60B	Quality Assurance, per 15 min	10.00	Time spent verifying claims, checking documentation accuracy, tracking documentation and claim procedures, and making corrective actions.
MAT**	Program Materials	Actual Cost	Examples include costs of purchasing or reproducing client workbooks, client reading materials, client binders, folders for charts, etc. This code is not to be used to purchase depreciable business assets such as computers, furniture, etc.
WFD**	Staff Professional Development	Actual Cost	Includes registration cost, travel, lodging and per diem, contracts for certification supervision or consulting.
TRA**	Transportation	Actual Cost	Client travel to services, bus/taxi passes, etc. All other clinician travel for client services should be coded to mileage G30. Approval should be based on internal organization clinical judgement, barrier to success of gambling treatment, and availability of unused gambling treatment add-on funds.
HOU**	Temporary Housing	Actual Cost	Short term housing, oxford house, hotels, cleaning fees, pet fees, deposits to assist client with permanent housing plan, other than rent. Approval should be based on internal organization clinical judgement, barrier to success of gambling treatment, and availability of unused funds.

**\*50A-50D codes, known as Referral Pathways Codes, have the primary purpose of getting problem gamblers and/or family members enrolled in services, geared specifically towards increasing the number of clients receiving treatment. For Referral Pathways **documentation requirement**, please keep on file a copy of referral agreements, documentation of meetings, outline of presentations, copy of ads, flight schedules of media, exhibitor confirmation letter, etc.**

**\*\*For letter codes (MAT, WFD, TRA, HOU), **documentation requirement**, every time a claim is reported with a letter code, please log: Code, date, brief description of activity/claim, claim amount, and form of payment / receipt.**

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