**APPENDIX B: FUNDING FORMULA FOR CURRENT GRANTEES**

### Problem Gambling Treatment Funding Awards for SFY2020 Based on Draws in SFY19

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Draws from July 2018 through January 2019** | **Total SFY19 Projected Claims** | **Performance Rating Adjustment\* (8/8 performance standards = 15% increase, 7/8 = 10%, 6/8 = 5%, 5/8 = 0%, 4/8= -10%, 3/8 = -20%** | **SFY 2019 Grant Award** | **Difference Plus/Minus in Award** | **Projected Need for FY20 Award** |
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| **TOTALS** |  |  |  |  |  |  |
| **Total Funding Available** | | | | |  |  |
| **Difference *(Total Funding Available - Total SFY20 Funding Need)*** | | | | |  |  |

**DHHS Problem Gambling Treatment Grantee Performance Standards**

**Access:** The amount of time between a problem gambling affected individual’s request for outpatient services and the first offered service appointment must be five business days or less for at least 90% of all individuals receiving services funded through this Agreement.

**Retention:** The percent of problem gambling affected individuals receiving services funded through this Agreement who actively engage in problem gambling treatment for at least 10 clinical contact sessions must not be less than 50%.

**Successful Completion**: The percent of all individuals receiving services funded through this Agreement who successfully complete treatment must not be less than 50%. A successful problem gambling treatment completion is defined as the individual’s: (a) achievement of at least 75% of short-term treatment goals; (b) completion of a continued wellness plan (i.e., relapse prevention plan); and (c) lack of engagement in problem gambling behaviors for at least 30 days prior to discharge from services.

**Client Satisfaction:** The percent of problem gambling affected individuals receiving services funded through this Agreement who complete a problem gambling client satisfaction survey would positively recommend the Provider to others must not be less than 85%.

**Long-term Outcome:** The percent of problem gambling affected individuals receiving services funded through this Agreement who successfully complete treatment whose responses to a problem gambling follow-up survey suggest maintained improvement at twelve months after intake must not be less than 50%.

**Consent for Follow-Up Evaluation**: percentage of problem gambling affected individuals receiving services funded through this Agreement at each clinic consenting for follow-up evaluation should be no less than 80% of the average percentage of clients consenting system-wide.

**Service Cost Share:** The percentage of total reported services not claimed for DHHS reimbursement should be no less than 75% of the average percentage of total reported services not claimed for DHHS reimbursement across DHHS treatment grantees excluding statistical outliers.

**Documentation Accuracy:** A comparison of documented clinical services provided within client files and client sign-in sheets with encounters entered into the UNLV Problem Gambling Treatment Data Management System must have a correspondence rate of 95% or greater for any period of 28 consecutive calendar days or longer.