

## POLICY BULLETIN

### No. 23-02

**Issued Date:** 07/25/2023

**Issued By:** Kelly Primus, Deputy Secretary  
Pennsylvania Department of Drug and Alcohol Programs



**Effective Date:** Immediately

**Subject:** Modifications to the Gambling Treatment Services Manual

**Purpose:** The purpose of this policy bulletin is to document modifications made to the DDAP Gambling Treatment Services Manual.

**Audience:** All DDAP contracted problem gambling treatment providers.

**Policy:** The modifications listed below have been made to the [Gambling Treatment Services Manual](#). The updated manual is published on our website at [ddap.pa.gov](http://ddap.pa.gov).

### Gambling Treatment Services Manual Changes

#### Section 2- Provider Qualifications

- Updated this entire section to update instructions for grant applications, licensure, and certifications.
- Updated the length of time permitted for a provider to obtain certification from 2 years to 3 years and reimbursement for application and testing is now offered for International Certified Gambling Counselor (ICGC level I and ICGC level II).
- Removed additional training requirement for adolescent and family training because it is already included in the required International Certified Gambling Counselor (ICGC Level I) gambling training.

#### Section 3 – Telehealth Services

- Updated the requirement for client’s notification of policies to occur at the initial appointment.

#### Section 5 – Required Training for Providers

- Updated the requirement for liability training to occur 90 days of hire since it is now offered online.
- Removed the additional training requirement for adolescent and family training because it is already included in the required International Certified Gambling Counselor (ICGC Level I) gambling training.

#### Section 6 – Client eligibility

- Updated requirement to obtain verification of Pennsylvania residency within 30 days of admission.

#### Section 8 – Client Assessment

- Updated the timeframe for assessment and the requirements for what to include in an assessment.

#### Section 9 – Record Keeping

- Updated the content of a client record to include client liability reduction or elimination forms if needed.

#### Section 13 – Authorization of Client Sessions

- Updated the requirement for insurance denials to require verbal denial before requesting payment from the Department and written denial in the client record.
- Added the definition of group sessions as 60 minutes or 90-minute face-to-face meetings.

#### Section 14 – Billing

Increased the individual session reimbursement to be \$100.00 for 50 minutes, the group session to be \$50.00 for 60 minutes or \$75.00 for 90 minutes.

- Removed the requirement for a signature on the invoice and updated the email, fax instructions and removed the mailing address for submitting invoices.

#### Section 15 – Client Liability Process

- Updated language on the use of Liability Tables, deductibles, and copay assistance and removed the requirement to send the attestation forms with the provider invoice to DDAP.

#### Section 16 – Program and Fiscal Monitoring

- Increased the advance notice for an announced onsite visit from 3 to 10 business days to allow accommodate provider schedules.

#### Section 18 – Grievance and Appeals

- Decreased the timeframe that DDAP will respond to a grievance and appeals reporting from 30 to 14 days to expedite response times to resolve the concerns in a timely manner.

#### Section 19 – Resources

- Removed SAMHSA resources that are no longer available.

#### Section 20 – Glossary

- Updated glossary definitions of “client” and “emergent care”.