



Level of Care for Gambling Disorder Treatment Referral

A Client Placement Criteria System for Use in New York State



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Welcome

The New York State Office of Alcoholism and Substance Abuse Services (OASAS), in partnership with Center on Addiction has designed, built, and tested a web-based tool that will aid gambling disorder treatment providers in determining the best level of care for a client with a gambling disorder. This new gambling level of care tool is based on and adapted from the LOCADTR 3.0, which stands for Level of Care for Alcohol and Drug Treatment Referral and was originally designed to assist providers in determining the best level of care for a client with substance use disorder. This manual will explain the reasoning behind the LOCADTR for Gambling, and the logic of the tool, which includes a step-by-step guide through the questions, and answers to Frequently Asked Questions.

Overview of the LOCADTR for Gambling

Designed for providers and referral sources working with individuals experiencing gambling disorder, the LOCADTR for Gambling guides decision making regarding the appropriate level of care for a client.

The LOCADTR for Gambling is meant to ensure that all individuals in need of treatment for gambling disorder have access to care and are placed in the setting closest to the client's community that provides a safe and effective setting for treatment.

In addition to helping providers and clients, the data collected through the LOCADTR for Gambling will be analyzed to assess provider and system level performance, inform needs assessments, and inform the relationship between Level of Care determinations and client outcomes. All personal health information collected will be protected and never re-disclosed.

Level of care is determined by a variety of factors, including:

- Risk factors (such as the presence of severe medical, psychiatric, or gambling addiction symptoms); and,
- Resources available to the client (for example, a social or family network who are supportive of recovery goals)

BACKGROUND AND CONTEXT

Introduction

All persons who work with individuals experiencing gambling disorder have an interest in identifying the most appropriate level of care for that client. Concerned parties include, but are not limited to: family members, significant others, physical health and mental health providers, managed care plans, criminal justice entities, local social service districts, and other referral agencies. OASAS believes that all stakeholders would benefit from a common, standardized tool that would assist in making a level of care decision that takes into account client-centered care, recovery principles, and the client's risks and resources.

OASAS also recognizes the value in using a common assessment tool across all regions and entities so that all decision making is based on the best clinical evidence for level of care available. The goal should always be to provide care at the right time, in the right setting, and for the right duration and intensity. To address these goals, a process was undertaken to ensure that such a tool is available to all NYS gambling disorder treatment providers and referring entities.

Process of Developing the Web-Based LOCADTR for Gambling Tool

The LOCADTR for Gambling was adapted from the LOCADTR 3.0, which was launched in New York State in 2015.

The LOCADTR 3.0 was developed to meet the following goals:

- **User-friendly**: The ability to be completed in minutes using a modern, intuitive web-based platform;
- **Patient-centered**: Based on an individualized clinical assessment;
- **Recovery-oriented**: Inclusion of recovery concepts and encourage the use of community and family supports;
- **Least restrictive**: Logic supports the principle of treating as close to the individual's community as is clinically appropriate;
- **Relevance**: Include Levels of Care known and understood in New York;
- **Reliability**: Predictably and accurately recommends the best level of care;
- **Credibility**: Managed care plans and treatment providers accept the tool and agree that there is evidence to support the tool;
- **Clinical Support**: Provides information to clinicians to support the level of care decisions which are understood by payers and auditors.

While developing the LOCADTR for Gambling, the same goals were prioritized. To develop the LOCADTR for Gambling, OASAS convened a workgroup of experts in gambling disorder research and practice as well as Center on Addiction. Over a series of meetings, this workgroup reviewed the LOCADTR 3.0 and identified areas in need of revision and adaptation to best identify level of care for gambling disorder. OASAS and Center on Addiction then tested the tool with gambling disorder treatment providers and revised it based on this testing and then worked with a technology vendor, Flightpath, to develop the user-friendly web-based tool. The tool was made available to gambling disorder treatment providers across the NYS for field testing and revisions were made based on this testing prior to roll-out of the tool.

LOCADTR for Gambling Guidance

LOCADTR for Gambling is a clinical tool, used in conjunction with a full assessment of an individual presenting for Gambling Disorder treatment. The purpose of the LOCADTR for Gambling is to determine the most appropriate recommended level of care based on the clinician's answers to the individual's risks and resources. No tool can replace clinical judgment and there is an option within the tool to override the recommended level of care based on clinical judgment.

Who can use the LOCADTR for Gambling?

The LOCADTR for Gambling requires the clinical staff person to complete an assessment of an individual's presenting issues, history, medical, mental health, substance use, risk and resource information, and to make clinically informed decisions in order to answer the questions. Staff who provide problem gambling counseling in approved programs with appropriate supervision within the scope of their practice can use the LOCADTR for Gambling to make level of care recommendations.

When should the LOCADTR for Gambling be completed?

LOCADTR for Gambling should be completed during the admission process for gambling disorder treatment. LOCADTR for problem gambling should be completed when the primary concern for admission is related to consequences related to gambling behaviors and the client will be admitted for treatment as a primary gambling client. Only OASAS certified providers who have a gambling designation on their operating certificate, may admit and treat for a primary gambling disorder. Multiple LOCADTRs from multiple sites are not necessary. For example, if an outpatient provider completes a LOCADTR that indicates inpatient is the recommended level of care, the inpatient provider should receive the report with the referral and can use this report to support the LOC decision. Upon admission means within 24 hours for all levels of care except outpatient where the LOCADTR should be completed within 3 visits.

Where is the LOCADTR Gambling option located?

Once you complete the demographic profile for the gambling client, you will see three options indicating the type LOCADTR to use (3.0 for admission, Concurrent Review, Gambling). At this time, you will choose the problem the 'gambling' LOCADTR option and click next.

Note: LOCADTR for adolescence is automatically selected if the DOB entered on the demographic page is equal to or less than 17 years of age.

LOCADTR Dashboard Help OASAS Training Clinic Switch Organization Logout

Assessment Progress Tracker - Adult

PRELIMINARY CARE DETERMINATION RISK ASSESSMENT RESOURCE ASSESSMENT ADDITIONAL CONSIDERATIONS SUPPLEMENTAL SUPPORT RESULTS

Select which tool you want to complete:

Question ID: pr0

- LOCADTR 3.0 for Admission
- Concurrent Review Module
- Gambling

Back Next

Need to finish later?
[Save your progress](#)

Clinical Support
 Clinical questions about client characteristics:
 LOCADTR@oasas.ny.gov

Technical Support
 Technical questions about LOCADTR
 application: OASASHelpDesk@oasas.ny.gov

How should the LOCADTR for Gambling be documented in the chart?

All of the following are acceptable for maintaining a record of the LOCADTR for Gambling:

1. Electronic Health Record vendor can use the Comma Separated Value (CSV) file to incorporate LOCADTR output into the record.
2. The LOCADTR report can be printed and scanned into an electronic health record.
3. The LOCADTR report can be attached to the record as a pdf.
4. The LOCADTR can be retrieved from the server via the application at any time so the program can document in a note who completed the LOCADTR, what day and the initial and final recommendations from the report.

Client Consent

There is a LOCADTR consent (see **Appendix A**) that should be completed prior to entering information into the LOCADTR application. It is necessary to acknowledge the consent in order to move forward in the LOCADTR assessment. The consent provides permission for the personal identifying information to be retained on the OASAS server and used in conjunction with the Gambling Data System (GDS). If a client does not consent to the use of his or her personal identifying information you can enter dummy information in those fields (first name, last name, date of birth, gender, and social security number as 000-00-0000 in order to move forward in the application.

Accessing the LOCADTR for Gambling Application On-line

LOCADTR for Gambling can be accessed in the same system as LOCADTR 3.0. OASAS has partnered with the Department of Health to use the DOH Health Commerce System to provide account set-up and access to LOCADTR. Each user must set up an account in the Health Commerce System to include a username and password in order to log into the LOCADTR application. Each program must establish a Director and HCS Coordinator who then can manage user accounts for the organization. Instructions on how to do this are provided in **Appendix B** Access LOCADTR via the Health Commerce System. A Three Step Process. These instructions also explain how to link accounts to the LOCADTR application also known as assigning the LOCADTR role.

Unlike other applications in the HCS system, you must use a specific url to reach the LOCADTR application. The url is: <https://extapps.oasas.ny.gov>. You cannot access LOCADTR from the HCS home page. You can only do so with the OASAS application url provided here.

Upon entering the LOCADTR system, you will be able to select an option for the LOCADTR for Gambling, LOCADTR 3.0, or Continuing Review options.

Managed Care Plans

Medicaid managed care plans are required to use the LOCADTR tool for making level of care authorization decisions. Plans will collect assessment information as currently required and will also request a LOCADTR report from the provider supporting the requested level of care. In the event that the plan does not agree with the level of care recommendation based on the clinical assessment information, the plan can complete the LOCADTR tool separately, but based on the clinical assessment information. It is expected that the plan will contact the provider to walk through the answers to the LOCADTR questions and determine the differences in how the assessment is being interpreted. Ideally, this will be a clinically-oriented conversation between the plan and provider and will result in a mutually agreed upon level of care. In the event that there remains a disagreement, the member and provider may initiate the appeal process. Plans are responsible for ensuring that the member has a safe and appropriate link to another level of care and must remain engaged until that linkage is complete. In general, and unless

otherwise clinically indicated, the plan will authorize the next highest level of care when the recommended level of care is not available.

OASAS Client Database

All client data that is collected throughout the LOCADTR for Gambling interview is transmitted to a secure OASAS database. The information will be used to assess provider and system level performance, inform needs assessments, and will ultimately provide data on the relationship of Level of Care determination questions to client level outcomes to improve the tool. The information will be used to improve the system of care and inform OASAS in making oversight decisions.

LOCADTR Content

All information that is entered into the LOCADTR tool is confidential and protected client information. Clients must give consent for the sharing of their information with the database before starting the assessment. Users will have access to their own open and completed assessments, as well as the assessments completed by other staff within their program.

Client history and assessment inform the answers to the LOCADTR questions. This information is needed in order to complete the LOC tool. The first page will allow the user to enter client identifying information. Once this information is completed, the user will enter the interview.

The tool is user-friendly and easy to navigate. Administration time of the tool will vary depending upon the number of questions that need to be answered. The tool is built on a decision tree with logic skip patterns based on responses throughout the interview. This means that the user may not be presented with every single question. Most assessments should be completed within 10 minutes. The user who completed the interview will need to have assessment information available to them in order to answer questions including:

- **Identifying Information**: Name, Date of Birth, Gender, Social Security Number, Unique Provider ID
- **Diagnostic Impression**: Information needed to identify symptoms from a checklist that runs parallel to the DSM-5 Gambling Disorder diagnostic criteria. Note that this checklist is not intended to form a diagnosis.
- **Client Risks**: For example, psychiatric, suicidality, medical, substance use and gambling history; personal relationships, employment, financial and functioning history
- **Client Resources**: For example, adequate role performance, support network, access to food and shelter, skills to manage triggers
- **Other Clinical Information**: For example, need for referral to a medical or mental health provider, fiscal implications/losses that need to be addressed further.

Therefore, in order to answer the questions that cover the above points in the LOCADTR for Gambling tool, a full assessment of the client is necessary prior to its completion and should include at a minimum:

- Presenting problem and history
- Severity of current gambling behavior and history
- Diagnostic Impressions
- Current and past medical history and symptoms
- Current and past substance use history and symptoms
- Current and past mental health history and symptoms
- Legal
- Employment
- Family/social
- Housing
- Current and Past Suicidality
- Financial Implications

The LOCADTR for Gambling will record each answer entered and provide a report at the end of the assessment. The report will identify all of the questions endorsed and the initial level of care (LOC) determination. If the user chooses to override the initial LOC, the override recommendation and justification will be included in the report. The report can be saved as a PDF or imported into an electronic record using the CSV option.

LOCADTR for Gambling LOGIC and QxQ

Interview Schema

For providers or other referral sources, the clinical staff person who completes the assessment should also complete the LOCADTR for Gambling. For managed care plans using the tool for utilization or clinical management, the plan should use the client's history to complete the LOCADTR. The tool covers concepts in the order depicted in the figures below. You will never be asked to complete every question included in the tool. The responses entered will direct which subsequent questions will be asked in the tool. The logic structure of the tool is followed based on the response to each presenting question.

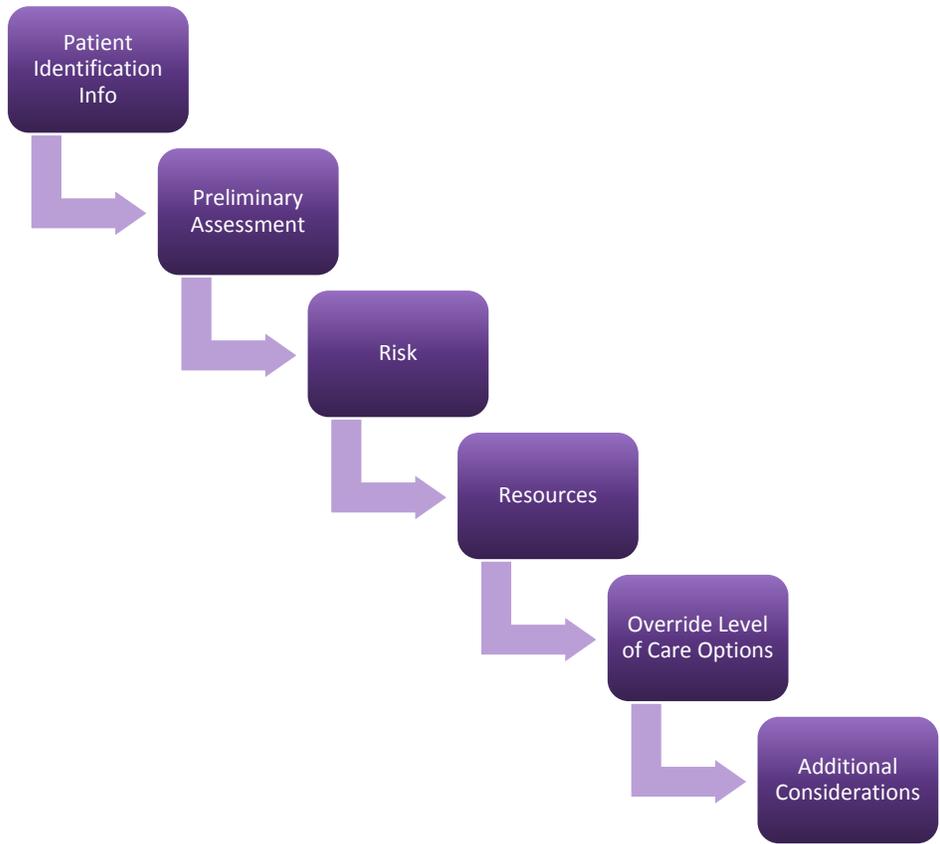
LOCADTR ASSESSMENT LAYERS

RISK



RESOURCES

LOCADTR SCHEMATIC



QxQ: PRELIMINARY CLIENT INFORMATION

Getting Started

Overview:

This section gathers basic information about the client. The assessor will need to have identifying information for the client available to complete the assessment. Identifying information includes: name, gender, social security number, date of birth, Medicaid ID, and provider ID*. You will also be asked to affirm whether the client has given consent for you to complete the LOCADTR and transfer this information to OASAS.

**Note: Medicaid ID and Provider ID are NOT required.*

Client Consent

The consent statement will read as:

I affirm that I have received consent from the client to complete a LOCADTR assessment and transfer this information to the OASAS Client Data System database.

Intent/Key Points:

The interview begins by asking whether the client consented to the sharing of information with the OASAS database. By checking the box, the assessor affirms that the client has given consent to complete the LOCADTR assessment and transfer this information to the OASAS server and used in conjunction with the Client Data System.

Answer Choices:

Check box; if the box is **not** checked the tool will **not** advance

Client's First and Last Name

Intent/Key Points:

Enter the client's first and last name in the respective fields. The last name field may include characters other than letters (e.g., O'Grady) and may include multiple capital letters (e.g., Rivera Ruiz).

Gender

Intent/Key Points:

The intent of the question is to ascertain the client's gender.

Answer Choices:

Male or Female or Transgender Male or Transgender Female

Social Security Number

Key Points:

Enter the client's social security number in the format: 111-11-1111. If the client does not have a social security number, please enter 000-00-0000. This is a required field. You must enter data into this field to continue with the questionnaire. If the client does not want to provide the full social security number, try to obtain the last four digits.

Date of Birth

Intent/ Key Points:

The intent of the question is to ascertain the client's month, day, and year of birth.

Answer Choices:

Select the client's date of birth (month/day/year) from the dropdown menu.

Client's Medicaid ID

Intent/ Key Points:

The intent of the question is to ascertain the client's Medicaid ID. This is not a required field. However, if the client has a Medicaid ID number, please enter the number. This will help with data analysis.

Answer Choices:

Enter the client Medicaid ID in this format: AA#####A. If the client does not have a Medicaid ID, you may leave this empty. This field is not required in order to complete the LOCADTR tool.

Client's Unique ID Number

Intent/ Key Points:

Enter the client's Provider Client ID number. This is a unique number assigned by the program provider for internal tracking purposes. This is not a required field.

Answer Choices:

This number is no more than 12 numbers in length. It is **not** necessary that this number be entered in order to complete of this tool.

QxQ: PRELIMINARY ASSESSMENT

Preliminary Assessment

Overview:

This section contains items that address preliminary information about the client. For example, these questions help to determine whether the client is appropriate for a level of care assessment. This section also identifies the client's Gambling Disorder symptoms as well as the gambling activity that poses the greatest risk of immediate harm to the person. This information drives whether a more or less intensive level of care should be considered.

ga_pr1

Does the person require immediate hospitalization for a **life-threatening** medical condition or for **severe psychiatric crisis**?

Intent/ Key Points:

- The intent of this question is to determine if the client needs immediate attention for emergency medical or psychiatric symptoms. A *life-threatening medical condition* or *severe psychiatric crisis* is a condition for which you would call 911 immediately.

Answer Choices:

- Select “yes” if the client needs to be transported to a hospital via emergency medical vehicle. If you select yes, you will not proceed with completion of the LOCADTR and you will be prompted to contact your local emergency services.
- Select “no” if the client is not in need of immediate emergency medical attention. You will continue with the LOCADTR tool.

Examples:

- *Life threatening medical condition*: chest pains, severe injuries, seizures, excessive bleeding
- *Severe psychiatric crisis*: suicidal or homicidal intentions, severe psychosis

Skip Pattern:

If yes, **contact local emergency services.**

If no, go to question **ga_pr2.**

ga_pr2

Which gambling activity is the person engaged in that has the most potential to cause harm to self or others?

Intent/ Key Points:

- While many clients may be engaged in more than one gambling activity, the assessor should choose the type of gambling that is causing, or has the potential to cause, the most harm to the client. You will select only one from the list.

Points for Consideration:

- In some cases, the pattern of gambling activity may not be clear. *Always default to the form of gambling with the highest immediate risk.* Consider frequency of use, intensity of use and problems related to gambling including the presenting problems. For example:
 1. Which form of gambling is causing or will cause the most harm?
 2. What type of gambling does the patient use most often (how many days out of 30)?
 3. Which form of gambling is participated in with the greatest intensity (how much/ long on using occasions)?

Answer Choices and Examples:

- Video Lottery Terminal (VLT)
- Indian Casinos (Turning Stone, Seneca, Akwesasne, etc.)
- Commercial Casinos (i.e. Tioga, Dellago, Resorts World Catskill, Rivers, etc.)
- Lottery (scratch-off, quick draw, daily numbers)
- Fantasy Sports Betting
- Online sportsbook
- Sports Betting at a casino
- Cards for money (poker, etc.)
- Horses
- Dogs/Cock fighting/other animals
- Raffles (including 50/50) or pull tabs
- Dice Games/Coin Flips
- Games of personal skill (video games, bowling, pool, etc.)
- Gambling on the internet (online casinos or poker)
- Gambling on the internet (eGaming)
- Bingo for money
- Stock/Commodities Market
- Office pools
- Other
- None

Skip Pattern:

All go to **ga_pr3**.

ga_pr3

Select all criteria that apply to the individual's problem gambling.

Intent/ Key Points:

- The intent of this question is to indicate which symptoms of gambling disorder the person is experiencing. The problem gambling symptom checklist is consistent with the 5th Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). As defined by the DSM-5, gambling disorder refers to a “persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress”. The clinician should endorse all criteria met at any time including past use as the LOCADTR will ask about remission later in the interview.
- The assessor should choose ALL of the criteria that apply to the client. It is important to evaluate each criterion and check all that apply as the criteria link to the logic structure and affect the question flow. At least one criterion needs to be checked to indicate a positive result for this question. A gambling disorder diagnosis is likely when at least one criterion is endorsed; if the ‘None of the above’ option is selected, the assessment will end with a brief intervention as the recommended level of care.

Answer Choices and Examples:

For this question, you will select all criteria that apply to the client. Here are the criteria options:

1. Need to gamble with larger amounts of money to experience positive emotion
2. Distressed when attempting to stop or cut down
3. Multiple unsuccessful attempts to stop or cut down
4. Craving/extensive thoughts and/or emotions driving desire to gamble.
5. Gambles to manage negative emotions
6. Lying about involvement in gambling
7. Gambling to make up for recent loss
8. Risked or lost relationships, jobs or important opportunities
9. Financial dependence on others to solve major financial crises
10. None of the above

Skip Pattern:

If at least one criterion selected, go to **ga_pr4**.

If ‘none of the above’ criterion is selected, **LOC Brief Intervention**.

ga_pr4

Is the person in full remission from a gambling disorder?

Intent/ Key Points:

- The intent of this question is to determine whether the symptoms of the client's gambling disorder have been active or if the client does *not* meet any criteria in a recent 12-month period.

Answer Choices:

- Select "yes" if the client has NOT MET any criteria for gambling disorder during the past 12 months or longer. Note that the client may meet criterion number 4 – cravings and still be in remission.
- Select "no" if the client HAS met any of the gambling disorder criteria over the past year. Unless the only criterion met is 4- cravings and then the answer is "yes:" to remission.

Definitions:

- **Early remission:** After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met for at least 3 months but for less than 12 months.
- **Sustained remission:** After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met during a period of 12 months or longer.

Skip Pattern:

If yes, go to **ga_pr5**.

If no, risk assessment continues go to **ga_rk1a**.

ga_pr5

Does the person have

- 1. Strong desires or urges to gamble that are distressing or affect their ability to refrain from gambling? OR**
- 2. Is the remission due to being in a controlled environment?**

Intent/ Key Points:

- The intention of this question is to determine if the client needs further assessment or recovery supports despite being in full sustained remission. This question has two parts:
 - To determine if the person is having urges or cravings to gamble after a period of remission; and/or
 - To determine if remission was due to being in a controlled environment or medication.
- A “no” to this question will end the assessment and recommend “recovery supports” as the level of care. The rationale is that treatment is not necessary if there is a sustained remission, unless: the client is experiencing symptoms that put that remission in jeopardy; the remission occurred in a controlled environment and there is a need to transition safely to the community; or the remission is supported by MAT.

Answer Choices:

- Select “yes” if the client has desires or cravings to use that are distressing
- Select “yes” if the client is in remission due to being in a controlled environment
- Select “no” if the client IS NOT experiencing desires or cravings AND the client IS NOT in remission due to being in a controlled environment

Definitions and Examples:

- Remission: No symptoms of gambling disorder have appeared at any time during the last year or longer
- Controlled Environment: Examples include jail, prison, hospital or psychiatric institution

Skip Pattern:

If yes, go to **ga_rk1a**.

If no, go to **ga_rs recovery support**.

QxQ: RISK ASSESSMENT

Overview:

This section assesses various risk factors that may increase the need for more intensive levels of care. These factors include medical, substance use, and psychiatric symptoms, gambling patterns, personal and interpersonal skills deficits, predatory behavior, and strong desires or urges to gamble.

ga_rk1a

Does the person have serious medical symptoms that need to be managed in an inpatient rehab setting for gambling disorder treatment to be effective?

Intent/ Key Points:

- The intent of the rk1a-c questions is to identify whether the client has significant medical conditions that may require treatment in an inpatient rehab setting. Many clients will have co-existing medical conditions that are mild to moderate in severity. You are not being asked to diagnose or evaluate the medical status of the client, but to use your clinical judgment about potential risk to the client if they continue with the current pattern of problem gambling alongside what you know of the complicating medical condition.
- When there is any medical condition, the clinician should contact the treating medical professional to coordinate care and to determine if the condition is stable. Some examples of medical conditions that would cause significant risk in an outpatient setting are: uncontrolled high blood pressure, seizure disorder, or diabetes.
- The fact that there is a history or current diagnosis by itself is not enough to meet the intent of this question. The medical condition must cause significant immediate risk to the client. If the client has high blood pressure, an inpatient stay may be needed if blood pressure is currently elevated or unstable.

Answer Choices:

- Select “Yes” if the client has a significant medical condition that would need to be managed in an inpatient setting. **Text box will open.**
- Select “No” if the client does NOT have a significant medical condition that would require inpatient treatment.

Definitions/Examples:

Significant medical condition: uncontrolled or untreated high blood pressure, diabetes, or cardiovascular disease.

Skip Pattern:

If yes, enter a detailed description of the medical condition proceed to **ga_rk1b**.
If no, go to **ga_rk2a**.

ga_rk1b

B. The medical symptoms pose significant immediate risk to the client.

Answer Choices:

- Select “Yes” if the medical symptoms pose significant immediate risk to the client. Text box will open.
- Select “No” if the medical symptoms DO NOT pose significant immediate risk to the client.

Skip Pattern:

If yes, enter a detailed description of the medical symptoms and go to **ga_rk1c**.
If no, go to **ga_rk2a**.

ga_rk1c

C. Medical symptoms need to be managed in a 24 hour medically supervised setting.

Answer Choices:

- Select “Yes” if medical symptoms need to be managed in a 24 hour medically supervised setting.
- Select “No” if medical symptoms need DO NOT to be managed in a 24 hour medically supervised setting.

Skip pattern

All go to **ga_rk2a**.

ga_rk2a

A. Does the person have serious psychiatric symptoms, including suicidality, that need to be managed in an inpatient rehab setting for gambling disorder treatment to be effective?

The person has psychiatric symptoms that are unstable or unmanaged.

Intent/Key Points:

Many clients will have co-occurring psychiatric disorders with current symptoms of the disorder, often related to Gambling Disorder. The rk2a-c questions ask about the client's RISK that a serious psychiatric disorder would interfere with successful gambling disorder treatment in an outpatient setting. The clinician is not being asked to diagnose or evaluate the psychiatric status of the client, but to use clinical judgment about the client's presentation and current problem gambling behavior to determine if there is a significant risk to the client should they continue to their current gambling behavior alongside the current psychiatric symptom. When there is a co-occurring psychiatric condition, the assessment process should include contact with the treating mental health professionals. The provider should coordinate care with all treatment providers and consider all relevant history and current functioning as reported by other professionals providing treatment or coordinating care including health home staff. An example:

- A client with bipolar disorder who is showing signs of a manic episode. In this case, the manic episode includes risky behaviors, and mild disturbance of thought.

Answer Choices:

- Select "Yes" if the client has a significant psychiatric disorder that would need to be managed in an inpatient setting. **Text box will open.**
- Select "No" if the client DOES NOT have a significant psychiatric disorder that would require inpatient treatment.

Skip Pattern:

If yes, enter a detailed description of the psychiatric conditions, go to **ga_rk2b**.
If no, go to **ga_rk4a**.

ga_rk2b

B. The psychiatric symptoms pose significant immediate risk to the client?

Answer Choices:

- Select “Yes” if the client psychiatric symptoms pose a significant immediate risk to the client. **Text box will open.**
- Select “No” if psychiatric symptoms DO NOT pose a significant immediate risk to the client.

Skip Pattern:

If yes, enter a detailed description of the associated risk, go to **ga_rk2c**.
If no, go to **ga_rk4a**.

ga_rk2c

C. Psychiatric symptoms need to be managed in a 24-hour medically supervised setting?

Answer Choices:

- Select “Yes” if the psychiatric symptoms need to be managed in a 24 hour medically supervised setting.
- Select “No” if psychiatric symptoms DO NOT need to be managed in a 24 hour medically supervised setting.

Skip Pattern:

If yes, LOC **Inpatient**.

If no, go to **ga_rk4a**.

ga_rk3

Is the person's gambling behavior likely to **imminently** cause severe emotional or fiscal harm to self or others?

Intent/ Key Points:

The intent of this question is to determine whether the client may be in immediate danger of causing severe emotional or fiscal harm to themselves or others. Any gambling behavior may carry a risk to the client or others; however, this question qualifies the degree of risk associated with the current pattern of use. Examples of immediate danger of severe emotional or fiscal harm include:

- Spending excessive amounts of time and or money gambling that are likely to cause immediate risk
- Gambling to the point of serious impairment while responsible for care of children
- Engaging in dangerous acts to obtain money to gamble

Answer Choices:

- Select "Yes" if the client IS in imminent danger of harming self or others due to gambling behavior.
- Select "No" if the client is NOT in imminent danger of harming self or others due to gambling behavior.

Skip Pattern:

If yes, go to **ga_rk9**.

If no, go to **ga_rk5**.

ga_rk4a

A. Does the person have serious substance use disorder symptoms that need to be managed in an inpatient setting for gambling disorder to be effective?

Intent/ Key Points:

Many clients will have co-occurring substance use disorder symptoms with current symptoms of the gambling disorder, often related to Gambling Disorder. Questions rk4a-b ask about the client's RISK that a serious substance use disorder would interfere with successful gambling disorder treatment in an outpatient setting. The clinician is not being asked to diagnose or evaluate the substance use disorder status of the client, but to use clinical judgment about the client's presentation and current problem gambling behavior to determine if there is a significant risk to the client should they continue to their current gambling behavior alongside the current substance use disorder symptom. When there is a co-occurring severe substance use disorder, the assessment process should include contact with the treating substance use disorder treatment professionals. The provider should coordinate care with all treatment providers and consider all relevant history and current functioning as reported by other professionals providing treatment or coordinating care including health home staff. An example:

- A client with substance use disorder who is showing signs of strong urges and cravings to use that are distressing and not well controlled.

Answer Choices:

- Select "Yes" if the client has substance use disorder symptoms that are unstable or unmanaged. Text box will appear.
- Select "No" if the client DOES NOT have any substance use disorder symptoms that are unstable or unmanaged.

Skip Pattern:

If yes, enter justification, go to **ga_rk4b**.
If no, go to **ga_rk3**.

ga_rk4b

B. The substance use disorder symptoms pose significant, immediate risk to the client?

Answer Choices:

- Select “Yes” if the substance use disorder symptoms pose a significant, immediate risk to the client. Text box will appear.
- Select “No” if the substance use disorder symptoms DO NOT pose significant, immediate risk to the client.

Skip Pattern:

If yes to *BOTH* ga_rk4a *AND* ga_rk4b, go to **ga_rk9**.

If no, to *EITHER* ga_rk4a *OR* ga_rk4b, proceed to **ga_rk3**.

ga_rk5

Does the person have any interpersonal or personal skills deficits indicated by:

Intent/ Key Points:

This question is intended to determine whether a client has skills deficits that may require the support of a residential setting, instead of an outpatient setting. Many individuals who are using gambling will have some functional impairment that results from that use, however, this question relates to the serious deficits in functioning that have impacted the client so significantly that they have not been able to successfully achieve normal role expectations due to interpersonal and personal skills deficits. Examples of interpersonal and personal skills deficits are:

- Someone who has been fired several times in the past due to an argument with an authority figure, stealing, or attendance problems
- Dependency *
- Angry Outbursts *
- Social withdrawal*
- Persistent disregard for social norms, rules, and/or obligations
- Several arrests for multiple offenses
- Avoidance of child support payment when able to pay
- Incidents of domestic violence
- Probation or parole violations

**Note: This should be serious enough that it has negatively impacted more than one or two relationships in the client's life over time.*

Answer Choices:

Check ALL the responses that apply to the client of the following response choices:

- An inability to establish and maintain stable employment.
- An inability to establish and maintain stable relationships.
- Persistent disregard for social norms, rules and/or obligations. For example, history of repeated arrests or involvement in the criminal justice system.

Skip Pattern:

If yes, to any, go to **ga_rk6**.

If no to all, go to **ga_rsc6**.

ga_rk6

Does the person exhibit predatory behavior that is likely to cause harm to others in a congregate setting?

Intent/ Key Points:

This question intends to determine the type of residential setting that the client may need based on the potential of the individual to exploit others. The threshold for a positive answer is set high. The client would have been judged to be a high current risk to exploit others through sexual violence or manipulation of more vulnerable individuals, threats of violence or harm, a current risk of arson based on history and context of previous arson behaviors, or other serious behaviors that are not likely to respond to community treatment approaches. These behaviors are common in people who score very high on measures of sociopathy. When answering this question, the clinician should consider whether past harm caused to others was accidental, solely related to the gambling disorder, if there was considerable remorse, and if responsibility was taken by the client for the harm.

Answer Choices:

- Select “yes” if the client DOES exhibit predatory behavior that could cause harm to others if the person were in a congregate care setting.
- Select “no” if the client DOES NOT exhibit predatory behavior that could create a risk of harm to others.

Skip Pattern:

If yes, go to **ga_rk7**.

If no, go to **ga_rk8**.

ga_rk7

Does the person have a psychiatric condition that requires 24-hour care in a secured environment?

Intent/ Key Points:

This question is designed to rule-out those clients who have severe mental health disorders from community residential settings. A client may require 24-hour care in a locked facility due to a psychiatric condition. It helps to determine whether a secure facility is required for the client's and other's safety, or if the person is not a risk to self or others in a less restrictive environment. In order to be tracked to this question, the clinician has determined that the client has significant functional impairment.

Answer Choices:

- Select "Yes" if the client DOES have a psychiatric condition that requires 24-hour care in a secured environment.
- Select "No" if the client does NOT have a psychiatric condition that requires 24-hour care in a secured environment.

Definition/Example:

Secured environment: A place where an individual must receive permission to leave as from a doctor, psychiatrist, or law enforcement authority.

Skip Pattern:

If yes, LOC **Secure Psychiatric Facility**

If no, LOC **Individualized Care Plan, consideration of supportive housing.**

ga_rk8

Does the person have any of the following that would require **stabilization** with medical oversight in a residential setting?

Intent/ Key Points:

The intent of this question is to determine the type of residential setting that is most appropriate for the client. The clinician will be directed to this question because the client does not have a severe psychiatric, substance use, or medical condition, but does have interpersonal and personal skills deficits. Knowing if the client has strong urges to gamble and/or if the client requires medical observation and stabilization within a residential setting will help to determine the type of residential setting most appropriate for the client.

Answer Choices:

- Select “Yes” if the client has strong urges to gamble.
- Select “Yes” if the client has psychiatric conditions that require stabilization with medical oversight within a residential setting.
- Select “No” if the client does NOT have strong urges to gamble that are unmanageable AND if the client also does NOT require stabilization with medical oversight for behavioral or emotional instability.

Definitions/Examples:

- **Stabilization:** A return to normal physical, mental or emotional state without imminent risk of harm.
- **Behavioral instability:** Behaviors that are not well controlled by the client and interfere with current functioning.
- **Emotional instability:** Lack of control over emotions that is significantly out of proportion to actual circumstances and that interfere with the client’s current functioning.

Skip Pattern:

If yes, LOC **Stabilization in a Residential Setting**.

If no, go to **ga_rsc6**.

ga_rk9

Does the person need to be managed in an inpatient rehab setting in order to safely address the impaired self-control?

Intent/Key Points:

- The intent of this question is to determine if a client who is gambling hazardously (“Yes” to ga_rk3) or has serious substance use disorder symptoms (“Yes” to ga_rk4) also has a cognitive or behavioral impairment that would interfere with safely working towards recovery goals in an outpatient setting. Answering “Yes” to this question will lead to an inpatient level of care or intensive outpatient depending on resources. A “No” would further explore the best options for the client including intensive outpatient or residential stabilization.

Answer Choices:

- Answer “Yes” if the client needs 24-hour medical monitoring in a structured setting.
- Answer “No” if the client does NOT need 24-hour medical monitoring in a structured setting.

Definitions/Examples:

- *A client who is using hazardously in the community is not able to concentrate or organize life to attend outpatient treatment.* It also includes an individual who does not recognize a hazardous pattern of gambling or who is not able to interrupt the current pattern of gambling.

Skip Pattern:

If yes, go to **ga_rsc1**.

If no, go to **ga_rk10**.

ga_rk10

Can the person be managed in an outpatient setting?

Intent/Key Point:

The intent of this question is to determine if a client who does not need 24-hour medical monitoring in an inpatient setting is able to manage in an intensive outpatient setting. If not, the client would need to receive treatment in a stabilization/residential setting.

Answer Choices:

- Answer “Yes” is the client can be managed in an outpatient setting
- Answer “No” if the client **cannot** be managed in an outpatient setting

Skip Pattern:

If yes, LOC **Intensive Outpatient.**

If no, LOC **Stabilization Services in a Residential Setting.**

QxQ: RESOURCE ASSESSMENT

Overview:

This section assesses various resources that may decrease the need for higher levels of care. These factors include adequate role performance, self-efficacy or confidence, social or family connections, past therapeutic alliances, and the use of additional recovery supports. Though you may have indicated that the client had some risk factors, some resources or combinations of resources may mitigate the need for a higher level of care.

The resource questions consider what assets the client has to support recovery. Clients who have high risk, but also have high levels of support in the community may be able to utilize these supports to be successful in a lower level of care. Clients who have lower risks, but very little resources to support recovery may need a higher level of care to support early recovery or may benefit from additional community supports to be successful. Resource questions will modify the initial level of care track and build on the information obtained through the previous questions.

The LOCADTR logic is designed to identify the most appropriate setting, closest to the community in which the client is likely to be successful. Clinical staff should consider natural supports like family, faith-based and community groups, as well as organizational supports that include recovery centers, peer supports, mutual help groups, and care coordination or case management entities when assessing the level of support available to the client.

There are four logic pathways through the Resource section of the LOCADTR for Gambling instrument. Due to the number of options for the question sequence, the skip pattern is not presented in this section.

RSC.1

Is the person adequately performing responsibilities in their work, financial, social and family roles?

Intent/ Key Points:

- This question is intended to determine whether the client is maintaining adequate functioning in the areas of work, social, and family life. Only assess areas that are relevant to the client. For example, if the client did not recently or currently does not have a job, do not consider work in your assessment. The person must be adequately performing in **all** applicable life areas to qualify for a “yes” to this question. It is important to understand the client’s functioning in these areas because clients who remain connected to family and work and are functioning in these roles have skills they may be able to transfer to the treatment setting, and therefore, could manage well in a lower level of care. Support from the people within family, social, and work and financial roles can be very helpful as the client enters treatment both formally, as collateral or significant others in treatment, or informally, as the client learns to use his or her network to support recovery goals.

Answer Choices:

- Select “Yes” if the client IS adequately performing responsibilities in all applicable role areas.
- Select “No” if the client is NOT adequately performing responsibilities in all applicable role areas.

Definitions and Examples:

- Adequately performing responsibilities: The ability to perform behaviors necessary for consistent achievement of standard or average performance of role or responsibilities. For example, is the person going to work regularly with no discipline problems, or the family reports that the person is dependable and reliable.

RSC.2

Does the person have strong self-efficacy or confidence that he/she can pursue recovery goals outside of a highly structured setting?

Intent/ Key Points:

- The intent of this question is to determine whether the client believes they are able to follow the treatment plan and goals in a less structured environment (e.g., outpatient) rather than a more structured environment (e.g., intensive outpatient). Self-efficacy is an important component of successful treatment. This question asks for the client's perception of their confidence in pursuing recovery goals outside of a structured setting. The clinician may or may not be in agreement with the client's perception and may believe the client's confidence level is not warranted. However, it is the client's belief that is being asked about in this question. The question should be answered affirmatively if the client believes in his ability to achieve goals outside of a structured setting.

Answer Choices:

- Select "Yes" if the client HAS strong self-efficacy in the pursuit of recovery goals.
- Select "No" if the client does NOT have strong self-efficacy in the pursuit of recovery goals.

Definitions/Examples:

- Self-efficacy: A person's belief that they can be successful in completing an act or task. This could also be a person's belief in their ability to attain a goal.

RSC.3

Is the person connected to a social or family network supportive of recovery goals?

Intent/ Key Points:

The intent of this question is to determine whether the social network/family is supportive of recovery goals. For example, do they encourage the client to follow the treatment plan? Do they interact with the client in a safe environment? This asks the clinician about the social connection the client reports. There are many ways of evaluating this within the assessment, including direct questioning, or use of clinical judgment based on how the client answered questions in the family and social sections of the full assessment.

Answer Choices:

- Select “Yes” if the client HAS a connection to a supportive network.
- Select “No” if the client does NOT have a connection to a supportive network.

Definitions/Examples:

- Social/family network: A group of individuals and/or organizations with whom there is two-way communication with the client.

RSC.4

Has the person demonstrated a therapeutic alliance with at least one professional helper in the past?

Intent/ Key Points:

- The intention of this question is to determine whether the client has been able to maintain a trusting and productive relationship with at least one helping professional in the past. The ability to form a therapeutic alliance with a professional helper at some point requires assets that will be helpful to achieving recovery goals. Skills include the ability to make a connection to someone who has offered help, trust in someone to help, and work with the person toward a personal goal. All of these skills will be assets when building a recovery support network.

Answer Choices:

- Select “Yes” if the client HAS demonstrated a therapeutic alliance with at least one professional helper in the past.
- Select “No” if the patient has NOT demonstrated a therapeutic alliance with at least one professional helper in the past.

Definitions/Examples:

- Therapeutic alliance: The client has trust and confidence in a helping professional and that the work they do together will result in the client’s goal attainment.
- Professional Helper: A helping professional could include case workers, counselors, probation/parole officers, religious leaders, doctors, nurses, or therapists.

RSC.5

Can the person be managed in an outpatient setting with additional recovery supports?

Intent/ Key Points:

- The intention of this question is to determine whether the provision of additional resources may allow for the client to receive treatment in an outpatient, rather than an inpatient setting. Some clients may lack natural supports and could receive treatment in an outpatient setting with additional supports in the community. For example, a client who is at risk of losing housing due to gambling with little family or community support, who feels confident that they can achieve recovery goals within the community and who has made connections with peers or other helpers to achieve success in the past. This client may be able to succeed in the community with the help of housing case management and peer services. This question is based on the judgment of the clinical staff person who is completing the LOCADTR.

Answer Choices:

- Select “Yes” if the client CAN be managed in an outpatient setting with additional recovery supports.
- Select “No” if the client CANNOT be managed in an outpatient setting with additional recovery supports.

Definitions/Examples:

- Recovery Support: Services available through community service providers including recovery centers, recovery coaching, and mutual help groups.

RSC.6

Can the person manage triggers for gambling in their environment?

Intent/ Key Points:

- The intent of this question is to determine if the client can avoid engaging in gambling despite stimuli in their environment that initiates the desire to use. Environmental triggers may include people the client interacts with and/or the places they spend their time such as work, home, or regular social situations that are part of everyday life. Some triggers may be:
 - Active gambling behavior by family members;
 - The availability of gambling activity in the neighborhood;
 - Gambling activity by people within the client’s social network.
 - Internal urges or cravings or desire to gamble.
- The ability to manage triggers for gambling is important to gaining stability early in recovery. Answering this question requires clinical judgment and should be informed by what the client reports. It is important to note that this question is not asking whether the client is currently managing, but whether they can learn the skills to manage triggers. This includes learning new ways of thinking and interacting with others.

Answer Choices:

- Select “Yes” if the client CAN manage triggers for gambling in their environment
- Select “No” if the client CANNOT manage triggers for gambling in their environment

RSC.7

Does the person have stable access to food and shelter?

Intent/ Key Points:

- The intent of this question is to determine if the client has a stable source of food and shelter. This helps to determine whether they may be in need of supportive living or residential services.

Answer Choices:

- Select “Yes” if the client HAS stable access to food and shelter.
- Select “No” if the client DOES NOT have stable access to food and shelter.
 - This is not a question of whether the client is technically homeless, but whether they have stable shelter that is reliable. For some, a homeless shelter is stabilizing and will provide enough access to food and shelter to allow them to begin to participate successfully in treatment. For some, staying with a relative is not as reliable. The worry over the long-term commitment of family in providing food and shelter results in instability and inability to successfully participate in outpatient treatment.

Definitions/Examples:

- Stable access to food: The person has sufficient access to food in order to avoid hunger, whether food is purchased or obtained through a food pantry, soup kitchen, or other community support.
- Stable access to shelter: Stable access to shelter means consistent housing or place of residence which the individual is not at risk of losing. This can include shelters.

RSC.8

Is the person able to meet recovery goals in an independent living environment with supports?

Intent/ Key Points:

- The intent of the question is to determine the level of support the client needs in order to maintain their recovery goals in a stable residential setting. For example, can the client work toward their recovery goals while living in an environment that does not provide support, assistance, and guidance from residential staff on a 24 hour/7 day per week basis? Is the client able to safely access services in the community and independently seek help when needed in order to support recovery goals?

Answer Choices:

- Select “Yes” if the client IS able to meet recovery goals in an independent living environment.
- Select “No” if the client IS NOT able to meet recovery goals in an independent living environment.

QxQ: OVERRIDE OPTIONS AND ALTERNATIVE LEVEL OF CARE

Overview:

After the initial recommendation, the clinician will be asked to confirm that this is the appropriate level of care for the client. The clinician can choose to accept the recommendation or to override it.

If the clinician decides to keep the initial recommendation, it will become the final level of care recommendation. This recommendation will be presented on the Final Report along with the responses to each of the questions asked in the assessment. The clinician does have the option to override the level of care recommendation for any of the following three reasons. These include:

- Level of care not available in the community;
- Clinical justification for a different level of care;
- Client is mandated to another level of care.

You can indicate more than one reason for needing to conduct an override as there could be a number of reasons why the client cannot utilize the initial level of care.

After selecting the reason for the override, the clinician will select the alternative level of care from a list that includes a definition of each level of care. (See Appendix C for a complete list of Level of Care Definitions.) This list includes combinations of settings with qualifiers including medication assisted treatment and recovery supports.

Finally, the clinician will need to provide a written explanation of why the recommended level of care was not appropriate and how the alternative recommended level of care addresses the client's level of care need.

If the reason for the override is due to clinical justification for an alternative level of care, the clinician will be asked to enter the clinical rationale in the text box. For example, the LOCADTR recommends inpatient; however, the client has family responsibilities that are not able to be overcome to allow for the inpatient stay. In this case, the clinician and the client identified a plan for increased recovery support and intensive outpatient that both think will be sufficient support to meet the client's needs. The clinician would document the family responsibility as the barrier to an inpatient level of care.

The LOCADTR Level of Care is not available

Intent/Key Points:

- There is no program of this type within the community or region or the person cannot access this service within a reasonable waiting time.

There are additional clinical factors that impact the client's ability to meet goals at the LOCADTR Level of Care

Intent/Key Points:

- There were factors that the LOCADTR did not assess that are clinically important and will have a negative effect should the client pursue the LOCADTR recommended level of care.

Definitions/Examples:

- No child care, client preferences for treatment setting.

There are external sources requiring a different Level of Care for compliance with a mandate

Intent/Key Points:

- There is a legal document that requires the client to enter a specific level of care that was not recommended by the LOCADTR.

What is the suggested alternative Level of Care? Please document justification for this alternative Level of Care.

Intent/Key Points:

- You will select the alternative level of care from a list.

ADDITIONAL CONSIDERATIONS

Overview:

There may be additional factors that were not taken into consideration for level of care, but may still be important for the client's treatment plan. You will check all additional considerations that apply. Please note that selection of one or more of these additional considerations will not change the recommended LOCADTR level of care. In this section, you will select considerations that you feel will be important for the treatment plan and/or referrals for additional care.

Following the final level of care, the clinician will be asked about additional clinical considerations. These include, but are not limited to, co-occurring disorders and the presence of urges and cravings to gamble. The purpose of these clinical questions is to identify issues for treatment planning, alert the clinical staff person who receives the level of care report, and include in the client record. The additional considerations section draws attention to these concerns and serves as a note to the treatment provider for follow up.

Client has a history or symptoms of a psychiatric condition that requires further assessment

Intent/Key Points:

- Select this option if your assessment of the client indicates the need for referral for a psychiatric assessment.

Definitions/Examples:

- *Psychiatric condition*: include any significant psychiatric diagnosis; trauma history, positive screening result, or current symptoms that may indicate a psychiatric condition.

Client has a chronic health condition that is not well controlled

Intent/Key Points:

- Select this option if your assessment of the client indicates the need for a referral to a medical professional to control symptoms of a chronic health condition such as diabetes or hypertension.

Definitions/Examples:

- High blood pressure, low or high blood sugar.

Client has strong desires or urges to gamble that are distressing?

Intent/Key Points:

- Select this option if your assessment of the client indicates a need for further assessment and/or referral for the need for medication and/or potential co-occurring mental health disorders such as anxiety and/or depression that may help the client's urges and cravings become better controlled.

Fiscal implications/losses that need to be further assessed?

Intent/Key Points:

- Select this option if your assessment of the client indicates the need for a further referral to address issues related to their financial losses due to gambling which are not being addressed in the treatment plan and are outside the scope of clinical work. This may include a referral to GA Pressure Relief, bankruptcy counseling, credit card consolidation, financial planning with a certified provider, or other financial institutions.

Appendix A – LOCADTR Consent

TRS-62 Forms can be found on the OASAS Website at: <https://www.oasas.ny.gov/mis/forms/trs/index.cfm>

NEW YORK STATE
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

**CONSENT TO RELEASE OF INFORMATION
CONCERNING
PROBLEM GAMBLING PATIENT
LOCADTR ASSESSMENT**

Revoked On: _____ Staff Initials: _____

Patient's Last Name	First	M.I.
Case Number		
Facility	Unit	

INSTRUCTIONS: **GIVE A COPY OF THIS FORM TO PATIENT!** Prepare one (1) copy for the patient's case record. If this form is to be sent to another agency with a request for information, prepare an additional copy for the patient's case record.

PATIENT'S CONSENT TO DISCLOSE AND OBTAIN PERSONAL IDENTIFYING INFORMATION

EXTENT OF NATURE OF INFORMATION TO BE DISCLOSED OR OBTAINED:
All information necessary to complete a personalized Level of Care for Problem Gambling Treatment Referral "LOCADTR" assessment.

PURPOSE OR NATURE FOR DISCLOSURE/RELEASE AND NAME OF ORGANIZATIONS DISCLOSING AND OBTAINING PERSONAL IDENTIFYING INFORMATION:

I consent to the disclosure of confidential information to, and among, the New York State Office of Alcoholism and Substance Abuse Services (OASAS), the OASAS-Certified treatment facility identified above, and Payer / Managed Care Plan _____ of my clinical treatment including information from the OASAS Gambling Data System (GDS) and my Social Security Number.

I understand that the level of care determination assessment will only be shared with me, the OASAS treatment facility, and Payer / Plan identified above. Unless I have given written permission to share the information with other agencies, programs or payers.

I further understand that non-personal identifying information may be evaluated so that the effectiveness of the LOCADTR assessment tool can be evaluated.

I, the undersigned, have read the above and authorize the New York State Office of Alcoholism and Substance Abuse Services and the staff of the OASAS-certified treatment facility named above to disclose and obtain such information as herein specified.

I understand that this consent may be withdrawn by me in writing at any time except to the extent that action has been taken in reliance upon it. This consent shall expire within six (6) months from its signing, unless a different time period, event or condition is specified below, in which case such time period, event or condition shall apply. I also understand that any disclosure of any identifying information is bound by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 C.F.R. §§160 & 164.

I understand that generally the program may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form. I have received a copy of this form.

_____ (Signature of Patient)	_____ (Signature of Parent/Guardian)
_____ (Print Name of Patient)	_____ (Print Name of Parent/Guardian)
_____ (Date)	_____ (Date)

Appendix B – Access LOCADTR via the Health Commerce System: A Three Step Process

<ul style="list-style-type: none"> • Send an email to locadtr@oasas.ny.gov asking to affiliate your clinic on the HCS. • OASAS will send you an email asking you for clinic, Director and Coordinator information that you will have to fill out and email back. • Once OASAS receives your email with the requested information, they will generate an HCS Director and Coordinator account request and you will receive an email with 3 PDF attachments: <ul style="list-style-type: none"> ○ Document 1 SAUP (SAUP means Security and Use Policy) – about roles and responsibilities. ○ Document 2 SAUP – about security ‘do not share your account’. ○ Barcoded account form. • Read and retain the SAUPs to reference. • Sign the form, have your signature notarized, the notary section must be complete (forms are rejected if it is not complete), keep a copy for account activation. <ul style="list-style-type: none"> ○ The Director form is the binding organizational agreement with the HCS. ○ The Coordinator form will require the Director’s signature authorizing the Coordinator for the clinic. • Mail both the Director and Coordinator forms together to the address provided in the lower left corner of the form. The Director form must be processed first as the binding agreement. • Once the Commerce Accounts Management Unit (CAMU) processes your form, you will receive a PIN letter with account activation instructions. 	<ul style="list-style-type: none"> • Your user must register for an account: https://apps.health.ny.gov/pub/usertop.html NOTE: must have a Valid Photo ID to register (see below for a list of Valid Photo IDs). • Once they register, you must enroll the user on the HCS for your clinic: <ul style="list-style-type: none"> ○ Sign on the HCS ○ Click “Coord Account Tools- HCS” under My Applications on the left ○ Click “User” under Account Request section ○ If the user has a Valid Photo ID, click “Yes, they have a Valid Photo ID” and follow the steps. <p>Here is a list of Valid Photo IDs:</p> <p>US Passport, with photograph and name US Driver License with photograph and name US Federal, NY State ID card with photograph Driver License issued by Canada Govt. Unexpired foreign passport with I-551/I-94) Alien Registration Card with photograph Unexpired Temporary Resident Card (INS I-688) Unexpired Employment Card (INS I-688A) Unexpired Reentry Permit (INS I-327) Unexpired Refugee Travel Document (INSI-571) Unexpired Employment Documents (INS I-688B)</p> <ul style="list-style-type: none"> • If they do not have a Valid Photo ID, click “No, they do not have a Valid Photo ID” and follow the steps. 	<ul style="list-style-type: none"> • Sign on the HCS • Click “Coordinator’s Update Tool” under My Applications on the left • Select your clinic. • Click “Manage Role Assignments” tab • Click “Modify” next to the LOCADTR role • Check the box next to each person that you wish to assign the LOCADTR role and click “Add Role Assignment”: <ul style="list-style-type: none"> ○ If you do not see the person, their primary organization is under another facility. You can do a search for them by Last Name below. Look for a name with a user ID, NOT one with a “NA” that means No Account. If you assign roles to users with no accounts, they will not be able to log into the HCS.

Appendix C – Level of Care Definitions

Brief Intervention - Outpatient pre-admission service. This service is a one to three session brief intervention provided to individuals who do not meet the diagnostic criteria for admission to problem gambling treatment services, but have screened as high risk through an agency screening process utilizing an approved gambling screening tool. The intervention educates them about their gambling, alerts them to possible consequences, and motivates them to change their behavior. A brief intervention may follow a screening where some risky behavior has been identified, but the individual does not need or accept a referral to treatment.

Inpatient Rehabilitation –OASAS-certified 24-hour, structured, short-term, intensive treatment services provided in a hospital or free-standing facility. Medical coverage and individualized treatment services are provided to individuals with a problem gambling disorder who are not in need of medical detoxification or acute care and are unable to participate in, or comply with, treatment outside of a 24-hour structured treatment setting. Individuals may have mental or physical complications or comorbidities that require medical management or may have social, emotional or developmental barriers to participation in treatment outside of this setting. Treatment is provided under direction of a physician medical director, other staff includes qualified problem gambling professionals, nursing, and clinical staff 24 hours 7 days per week. Activities are structured daily to improve cognitive and behavioral patterns and improve functioning to allow for the development of skills to manage chronic patterns of gambling behaviors and develop skills to cope with emotions and stress without return to gambling. People who are appropriate for inpatient care have co-occurring medical or psychiatric conditions or symptoms, including suicidality or who are gambling in a way that puts them in harm. Many experience decreases in ability to reason and have impaired judgment that interfere with decision making, risk assessment and goal setting and need a period of time for these consequences of addictive behaviors to diminish.

Intensive Outpatient Service - An OASAS-certified treatment service provided by a team of clinical staff, for individuals who require a time-limited, multi-faceted array of services, structure, and support to achieve and sustain recovery. Intensive outpatient treatment programs schedule a minimum of 9 service hours per week delivered during the day, evening or weekends. This service is provided in a certified outpatient clinic under the direction of a physician medical director. A team of clinical and medical staff must provide this service including staff trained as qualified problem gambling professionals. The treatment program consists of, but is not limited to: individual, group and family counseling; financial planning; relapse prevention and cognitive and behavioral interventions; motivational enhancement; treatment for problem gambling and the development of coping skills to effectively deal with emotions and environmental stressors.

Outpatient Clinic – OASAS-certified outpatient problem gambling services have multi-disciplinary teams that include qualified problem gambling professionals, medical staff and a physician who

serves as medical director. These programs provide treatment services to individuals who have either met criteria for problem gambling or have been diagnosed with a gambling disorder and their family members and/or significant others. Outpatient services may be delivered at different levels of intensity responsive to the severity of the problems presented by the patient. The length of stay and the intensity (as measured by frequency and duration of visits) will vary during the course of treatment. In general, persons are engaged in more frequent outpatient treatment visits earlier in the treatment process; visits generally become less frequent as treatment progresses. Treatment includes the following components: group and individual counseling; financial planning; education about, orientation to, and opportunity for participation in, relevant and available self-help groups; problem gambling awareness and relapse prevention; treatment for problem gambling; risk assessment; supportive counseling and referral; and family treatment. In addition, social and health care services, skill development in accessing community services, activity therapies, information and education about health and wellness, and vocational and educational evaluation must be available either directly or through written agreements. Service components are provided according to an individualized assessment and treatment plan.

Outpatient Rehabilitation - OASAS-certified services designed to assist individuals with chronic medical and psychiatric conditions. These programs provide: social and health care services; skill development in accessing community services; activity therapies; information and education about nutritional requirements; and vocational and educational evaluation. Individuals initially receive these procedures three to five days a week for at least four hours per day. There is a richer staff to client ratio for these services compared to other outpatient levels and these services are required to have a half-time staff person qualified in providing recreation and/or occupational services and a half-time nurse practitioner, physician's assistant, or registered nurse. Like medically supervised outpatient, outpatient rehabilitation services require a physician medical director and medical staff are part of the multi-disciplinary team. The clinical team includes qualified problem gambling professionals and other qualified health professionals. A treatment plan is required to address functional needs of the individual including cognitive, behavioral, employment, and interpersonal.

Recovery Support - Services available through community service providers including: recovery centers, recovery coaching, case management and mutual help and/or support groups. Recovery supports may enable a person who lacks social, emotional and community resources in the natural environment to maintain community based living, if the additional supports will help to stabilize them and provide enough support to enable them to manage early recovery in an ambulatory setting.

Rehabilitative Services in a Residential Setting – Certified OASAS providers of residential programs that also provide rehabilitative services for individuals who are stable enough to manage emotional states, urges and cravings, co-occurring psychiatric symptoms and medical conditions within the safety of a residential setting. This service requires a physician who will serve as medical director, nurse practitioner, psychiatrist and nursing staff on site daily, qualified problem gambling professionals and clinical staff who provide monitoring for medical and psychiatric symptoms that

are stable. Services include medical monitoring of chronic conditions including routine medication management and individual, group and family counseling focused on rehabilitation. The service requires a treatment plan to address functional needs including personal and interpersonal functioning. The treatment program teaches individuals to manage self and interactions with others with increasing independence.

Reintegration Services in a Residential Setting – Certified OASAS providers of residential programs that also provide reintegration services to transition from structured treatment environments to more independent living. This setting does not require a physician to serve as medical director and staff coordinate treatment services but do not provide direct clinical care. Most services are provided in the community and include clinical and social services. Individuals are provided a safe living environment with a high degree of behavioral accountability. Services include medical and clinical oversight of chronic but stable medical and psychiatric symptoms and conditions in a community treatment program including an outpatient problem gambling treatment program. Services also include: community meetings; activities of daily living (ADL) support; case management; and vocational support and clinical services to support transition to independent living.

Secure Psychiatric Facility – Psychiatric facility for individuals who have been involuntarily committed due to a danger to self or others. Individuals who qualify for this level of care need court ordered or other involuntary placement due to severe psychiatric symptoms that cause a serious risk of harm to self and/or others.

Stabilization Services in a Residential Setting – OASAS-certified providers of residential programs that also provide medical and clinical services including: medical evaluation; ongoing medication management and limited medical intervention; psychiatric evaluation and ongoing management; and group, individual and family counseling focused on stabilizing the individual and increasing coping skills until the individual is able to manage feelings, urges and craving related to problem gambling, co-occurring psychiatric symptoms and medical conditions within the safety of the residence. This service has a physician who serves as medical director, psychiatrist, nurse practitioner and/or physician assistants to provide and oversee medical and psychiatric treatment, and qualified problem gambling professionals. Medical staff are available in the residence daily, but 24-hour medical/nursing services are not. There is medical staff available on call 24/ 7 and there are admitting hours 7 days per week.

Supportive Living - OASAS-certified programs that are designed to promote independent living in a supervised setting for individuals who have completed another course of treatment, are making the transition to independent living, and whose need for services does not require staffing on site on a 24-hour a day basis. These services provide a minimum level of professional support, which includes a weekly visit to the site and a weekly contact of the resident by a clinical staff member. These treatment services are for individuals who either require a long-term supportive environment following care in another type of residential service for an undetermined length of

stay, or who are in need of a transitional living environment prior to establishing independent community living.

Combination Services Recommendations

- Intensive Outpatient Clinic with Reintegration Residential
- Intensive Outpatient Clinic with Supportive Living
- Outpatient Clinic with Reintegration Residential
- Outpatient Clinic with Supportive Living
- Outpatient Rehabilitation with Reintegration Residential
- Outpatient Rehabilitation with Supportive Living

Appendix D - Alternative Levels of Care

The LOCADTR was developed to recommend a level of care that best meets the individual's needs based on answers to a series of questions. The level of care that is recommended may not be available in the community or there may be other clinical reasons to recommend an alternative level of care. There is no tool that can replace clinical judgment and the clinician is able to choose the level of care that best fits the clinical presentation. The following table provides a cross walk of recommended levels of care and most likely alternatives.

LOCADTR Recommendation	Likely Alternative
Inpatient Rehab	Stabilization or Rehabilitative Services in Residential
Stabilization Services in Residential Setting	Inpatient Rehab
Rehabilitative Services in Residential Setting	Intensive Residential (Part 819.8) Re-integration Services in Residential Setting Outpatient Rehabilitation
Reintegration Services in Residential Setting	Supportive Living (Part 819.10) Rehabilitative Services in Residential Setting Supportive Housing with outpatient treatment or individualized plan
Outpatient Rehabilitation	Intensive Outpatient Services
Intensive Outpatient Services	Outpatient Services Outpatient Rehabilitation
Outpatient	Intensive Outpatient

Appendix E – LOCADTR 3.0 Bibliography

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