



**Office of Addiction
Services and Supports**

**Guidance Document for the
Implementation of Problem Gambling
Treatment Services**

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Guidance Document for the Implementation of Problem Gambling Treatment Services

I. Introduction

OASAS is issuing this resource guidance document which intends to support OASAS certified treatment providers who have a gambling designation on their operating certificate to provide problem gambling treatment services as both an individual and co-occurring disorder. Additional Resources and applicable links can be found on page 6.

II. Background and Intent

Data and research indicate that there are many New York State residents that are currently at risk for or are affected by a gambling disorder both as a primary issue and as a co-occurring disorder that are not currently receiving services. In addition, there are family, friends and communities who are also affected who are not seeking assistance.

In May 2019, OASAS announced expanded opportunities for all certified treatment providers to provide problem gambling treatment at all levels of care. OASAS issued an adopted Part 857 Regulation, LOCADTR for Gambling, Billing Guidance and a Local Services Bulletin for a Gambling Free Environment to assist providers who have an interest in providing problem gambling services.

Any OASAS certified treatment provider can apply for a problem gambling designation on their operating certificate. Designated providers are subject to all regulations applicable to their operating certificate in addition to Part 857 Problem Gambling Treatment and Recovery Services regulations. If terms of such regulation conflict with corresponding terms of the approved designation plan related to the provision of gambling-only services, the terms of the designation plan and the provisions of this Part applicable to gambling-only services shall govern. OASAS certified programs *may not* provide problem gambling treatment services as a primary or secondary issue nor bill for this service without a gambling designation on their operating certificate issued by OASAS.

Billing for Problem Gambling Outpatient Services

The Part 857 Problem Gambling Treatment and Recovery Services regulation allows for provisions to admit without a full Gambling Disorder diagnosis as outlined in the Diagnostic Statistical Manual -V -TR (DSM V-TR). People who meet the full DSM-V-TR criteria for a gambling disorder should be diagnosed with F63.0. This should be on the first position of the claim. If they do not meet the criteria for gambling disorder and the focus of treatment is for difficulty experienced due to gambling, the diagnosis should be a mental health diagnosis that reflects the distress with Z72.6, Gambling and Betting, in the second or subsequent place on the claim.

Effective January 1, 2023, New York State (NYS) Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC) Plans will begin covering Gambling Disorder treatment provided to individuals admitted for and receiving gambling only services from those Office of Addiction Services and Supports (OASAS) certified outpatient, inpatient and Part 820 stabilization and or rehabilitation programs that have the OASAS Gambling Designation. For further information please refer to the Ambulatory Patient Group (APG) Manual Policy and Medicaid Billing Guidance.

III. Resources for Person Centered Care

Promoting person centered care is an important component in providing any type of treatment service. OASAS has issued a guidance document for Person Centered Care that include principles and practices for all treatment providers.

Problem Gambling treatment interventions should minimize the harmful consequences of gambling, avoid or reduce the risks associated with gambling behaviors, assist in coping with negative mental status including but not limited to suicidal ideation, anxiety, depression, and stress by adapting positive coping strategies and skills and understanding the cognitive-behavioral processing that happens when one gambles. Guiding principles in providing problem gambling treatment should always include services that are readily available to the individual, that include a culturally relevant assessment and treatment plan that is developed with the client and continually re-evaluated based on the client's identified needs. The treatment of co-occurring disorders should be integrated into the services provided.

Treatment Models:

A review of literature suggests Cognitive-Motivational Behavioral Therapy (CMBT) as a positive approach to treatment and has been supported through several clinical trials funded by the National Institute of Mental Health. Cognitive Behavioral therapy is intended to change the thoughts and behaviors that are intrinsic to maintaining a behavior. The goal is to identify and change the gambler's cognitive distortions and errors that are associated with excessive gambling behaviors.^{1,2,3,4,5} It also includes developing problem-solving skills, social skills and relapse prevention strategies. However, it is important to develop clinical interventions which are based on a comprehensive person-centered assessment and treatment plan that may include but not limited to a spectrum of care including self-help, psycho-education, individual, couples and family therapy, medication assisted treatment and relapse prevention.

There is some empirical research^{6,7} that demonstrates utilizing the Community Reinforcement and Family Training (CRAFT), a comprehensive treatment program for concerned significant others of substance abusers. This model has shown to be effective with CSO's of those with gambling problems. The CRAFT is successful at reducing the CSO distress and capitalizes on the well-documented fact that family members have considerable influence on the person who is addicted decision to enter treatment.

Pharmacological Approaches

While understanding the biological underpinnings for a Gambling Disorder is in its infancy, there are some studies that have looked at the neurobiology of a Gambling Disorder that indicate the specific roles for neurochemicals such as norepinephrine (arousal and excitement), serotonin (behavioral initiation and impulse control) dopamine (regarding and reinforcing behaviors) and opioids (pleasure and urges)^{8,9}

There are currently no FDA approved medications for treatment of Gambling Disorder. However, there is some preliminary research that supports utilizing opioid receptor antagonists (specifically Naltrexone and Nalmefene) in the treatment of gambling disorder.^{8,9,10}

Screening

The first step in identifying a person who may have a gambling disorder, is to conduct a preliminary screening to identify if an individual should receive a more comprehensive assessment as it relates to their gambling behaviors. Utilizing a brief screen is required for all OASAS certified Part 822 clinics and recommend for all other OASAS treatment providers that serve clients who present with a SUD, co-occurring disorder, and other mental disorders such as (mood disorders, anxiety disorders, posttraumatic stress disorder, attention deficit hyperactivity disorders)

Not all those who seek support will screen positive. If they do gamble recreationally, they may be a low risk gambler who can benefit from reducing their risks of harm when they do gamble. Lower risk gambling guidelines and support can be beneficial in preventing someone from increasing their risk of harm and from using gambling as a replacement from substance use.

Assessment

The first step as you begin an assessment is to listen carefully to what the person is saying and to skillfully work with the person to a mutual understanding of the problem the person has presented, the outcome that is desired and some initial steps to begin developing the roadmap to those outcomes. A person-centered assessment focuses on what the person is saying and their framing of the problems surrounding their gambling and potential solutions. The counselor is active in guiding, reframing, raising discrepancies, offering compassion and hope by taking what the person is saying and translating that to a plan of action that the person recognizes as their own.

A comprehensive assessment for a gambling disorder should address the following components:

1. Presenting problem and history
2. Current gambling use and history of use
3. Diagnostic Impressions
4. Current and past medical history and symptoms
5. Substance abuse and mental health screening, past and current symptoms,
6. Suicide assessment including ideations, attempts and contracting if applicable
7. Legal
8. Employment
9. Family/Social
10. Housing
11. Financial
12. Client strengths

Assessment Considerations

Suicide

Because of the hidden nature of a gambling addiction, many people suffer from an elevated risk of suicidal thoughts and attempts.^{11,12,13} It is imperative that the clinical work with those affected by problem gambling include ongoing suicide risk screening using the Columbia-Suicide Severity Rating Scale (C-SSRS) and evidence-based Suicide Safer Care protocol that

implements appropriate clinical follow up based on the level of risk. The prevention of suicide involves screening, assessment, intervention, treatment and monitoring for at-risk individuals. The Columbia Protocol, also known as the C-SSRS screening version can be completed by a licensed clinician trained to use the C-SSRS assessment tool and working within his/her scope of practice. Implement Suicide Safer Care Protocol as indicated by assessment. (See page 6 for Additional Resources)

Financial

Financial issues are often a primary concern when someone seeks help. When gambling behaviors become uncontrollable, a person with a gambling problem will often spend more and more money in an attempt to win back their losses, believing “one more” big win will solve all their challenges. Significant financial consequences can occur that may include overdue bills, not providing for basic needs including food, shelter and clothing, credit cards maxed out and/or poor credit, relying on others for financial bailouts, selling personal and household items and/or stealing money.

Because of the financial destruction that a gambling problem often causes, an important component of the treatment process includes treatment planning around addressing financial issues. This may include addressing skills around managing money, limiting access to money, dealing with creditors and/or loan sharks/bookies, developing a debt repayment plan and limiting access to opening credit cards or other ways to access money to gamble with. Clinicians should be comfortable in dealing with financial strategies and issues throughout the course of treatment and have community linkages to assist the client that may include credit counseling services and Gamblers Anonymous Pressure Relief Groups.

Diagnosis

As outlined in the DSM V-TR, Gambling Disorder can be viewed on a spectrum of severity and varies depending on the client’s history and cultural influences. Early intervention with those who have mild symptoms is important from a prevention perspective and therefore it is OASAS’ policy that clients do not need a full diagnosis for a Gambling Disorder to be admitted to treatment. If a patient does not meet the full criteria for a Gambling Disorder, they may be admitted with a primary mental health diagnosis that reflects the distress.

Providers should access the LOCADTR for Gambling by logging into LOCADTR 3.0 and clicking on the gambling module. Providers DO NOT need a separate log in to access the LOCADTR for Gambling.

Treatment Planning

Treatment planning begins at the first conversation with an individual about their gambling concerns. It is important to support an individual’s personal motivation to seek treatment and assure treatment planning remains non-judgmental and free from bias. Using a person’s own words in identifying what elements of their gambling they find problematic, and prioritization of their main goals helps to align the treatment plan to the person. Harm Reduction strategies should be considered if that is a client centered goal.

With the consent of the individual engaged in care, families and significant others are encouraged to engage in treatment to support the individual and receive support for their own recovery. This can be done through family treatment sessions where the family can learn skills

to support their loved one while establishing an open line of therapeutic communication. Sample forms including comprehensive evaluations, treatment planning, progress notes, discharge planning, consent forms, can be found below.

IV. Additional Resources

OASAS Certified Provider Information

Application for Gambling Designation on OASAS Operating Certificate
<https://www.oasas.ny.gov/system/files/documents/2019/09/PPD-17.pdf>

Problem Gambling Treatment and Recovery Services Regulation
<https://www.oasas.ny.gov/system/files/documents/2019/05/Part857.pdf>

Level of Care for Alcohol and Drug Treatment Referral for Gambling
https://www.oasas.ny.gov/system/files/documents/2019/10/LOCADTRManualGD_FINAL9Apr2019.pdf

Ambulatory Patient Group (APG) Manual Policy and Medicaid Billing Guidance
<https://oasas.ny.gov/system/files/documents/2023/12/apg-manual.pdf>

Problem Gambling Medicaid Billing guidance

OASAS Local Services Bulletin Gambling Free Environment
<https://www.oasas.ny.gov/legal/gambling-free-services>

Person Centered Care Guidance Document for OASAS Certified Providers
<https://oasas.ny.gov/person-centered-care>

OASAS approved screening and assessment tools:
<https://oasas.ny.gov/system/files/documents/2022/09/approved-gambling-screening-and-assessment-tools.pdf>

Lower Risk Gambling tool <https://gamblingguidelines.ca/>

Sample treatment forms TAG forms
https://www.oasas.ny.gov/search/provider_forms?f%5B0%5D=filter_term%3A461 (then use the refine with “gambling” as key search word)

Abstinence Recovery Plan
<https://portal.ct.gov/-/media/DMHAS/PGS/Abstinence-Plan-Template.pdf>

Harm Reduction Recovery Plan
<https://portal.ct.gov/-/media/DMHAS/PGS/Harm-Reduction-Template.pdf>

Suicide Prevention Resources

The Columbia Lighthouse Project: This online resource includes information on The Columbia-Suicide Severity Rating Scale (C-SSRS), the most evidence-supported tool of its kind, is a simple series of questions that anyone can use anywhere in the world to prevent suicide.
<http://cssrs.columbia.edu/>

Suicide Prevention Resource Center: The Suicide Prevention Resource Center (SPRC) is the

only federally supported resource center devoted to advancing the implementation of the [National Strategy for Suicide Prevention](#). SPRC is funded by the U.S. Department of Health and Human Services' [Substance Abuse and Mental Health Services Administration](#). It includes resources for clinicians that include a patient safety plan template.
<http://www.sprc.org/>

Zero Suicide: The Zero Suicide framework is a system-wide, organizational commitment to safer suicide care in health and behavioral health care systems. <https://zerosuicide.sprc.org/>

Suicide Prevention Center of New York: SPCNY is an education and resource organization that provides resources and training on suicide prevention. <https://www.preventsuicideny.org/>

Anyone who works for an OASAS-certified program is eligible to the Center for Practice Innovations Learning Community which includes free trainings on suicide safer care.
<https://practiceinnovations.org/Learning-Community-Login>

Problem Gambling Financial Resources

Problem Gamblers Finances-A guide for Treatment Professionals:
<https://ipgap.indiana.edu/documents/problem-gambling-toolkit.pdf>

Personal Financial Strategies for Loved Ones:
https://www.mdproblemgambling.com/wp-content/uploads/2023/01/loved_ones_guide_ncpg_booklet.pdf

Recovery Support

Smart Recovery

SMART Recovery is the leading, evidence-informed approach to overcoming addictive behaviors and leading a balanced life. SMART is stigma-free and emphasizes self-empowerment.
<https://smartrecovery.org/>

Gambler's Anonymous (GA)

GA is a twelve- step fellowship for those who have a gambling problem. For more information, contact the local GA meetings in your area visit <http://www.gamblersanonymous.org/ga/>. Some GA meetings offer Pressure Relief sessions where financial and legal issues are addressed and strategies are developed.

Gam-Anon

Gam-Anon is a twelve- step fellowship for those who have been affected by someone's gambling behaviors. <https://www.gam-anon.org/>

Supervision

Clinical supervision is extremely important for practitioners at all levels. Those providing problem gambling treatment should be receiving clinical supervision on an ongoing basis to assist in providing the best care to patients as well as providing opportunities for professional growth. In addition to the clinical supervision provided in your clinic, free monthly group clinical supervision is provided to those practicing in NYS. For more information and to register, please visit: www.nyproblemgambling.org/training/counselors/free-clinical-supervision/

Credentialing Information

OASAS issues several problem gambling credentials including the CASAC-G, CPP-G and CPS-G. For more information on the credentials, please visit, <https://oasas.ny.gov/credentialing/gambling-specialty-designation-gsd>

The International Gambling Counseling Certification Board issues a problem gambling credentials that are recognized by OASAS as a Qualified Problem Gambling Professional.. Information can be found at <https://www.igccb.org/>

Provider Training

There are many opportunities to receive initial and advanced training for problem gambling through the New York Council on Problem Gambling <http://nyproblemgambling.org/training/>

Education Tools

OASAS Problem Gambling Website: <https://www.oasas.ny.gov/talk2prevent/problem-gambling>

Know the Odds: Several educational resources, including eBooks, interactive infographics, PSAs and blog posts that can provide anyone with educational information and support related to problem gambling. <http://nyproblemgambling.org/resources/knowtheodds/>

Your First Step to Change: This workbook allows a person to work at their own pace and gain knowledge and education about their gambling behaviors. <https://www.divisiononaddiction.org/outreach-resources/your-first-step-to-change/>

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