

## **Gambling Addiction Treatment Reimbursement Network**

The Maine Center for Disease Control and Prevention in collaboration with AdCare Educational Institute of Maine is pleased to announce an opportunity for treatment providers to become members of a Gambling Addiction Treatment Reimbursement Network. Individuals who have gambling addiction and their family members often do not have the financial resources available to get help, and this network provides a funding of last resort to pay for those individuals or affected others who have no other means to pay for gambling addiction treatment.

### **Eligibility:**

Clinicians who are Licensed Clinical Social Workers (LCSW) or Licensed Clinical Professional Counselors (LCPC) are eligible to be reimbursed for gambling treatment. Professionals who hold only the Licensed Alcohol and Drug Counselor (LADC) credential are eligible to be part of the network, but are not eligible for reimbursement at this time, due to Scope of Practice issues. Clinicians must have at least 12 hours of gambling treatment training to be eligible and, from this point forward, membership must be renewed every 2 years (after participating in an additional 6 hours of training every two years.)

### **Network Membership:**

Being a member of the network means that you, (as a private practice clinician) or the agency you work for, can receive a limited amount of reimbursement for clients for whom you are providing treatment for gambling addiction or for affected others (who have no other means to pay for services.) Your name and contact information will also be available through 2-1-1 as a resource for those seeking gambling addiction treatment.

### **How to apply:**

Please send your application to Kristen Jiorle, AdCare Educational Institute, Ballard Center, 6 East Chestnut Street, Suite 101, Augusta, Maine, 04330, along with verification of participation in at least 12 hours of gambling addiction treatment-related training. For this initial application for inclusion in the network, you may select and document gambling-related training that you completed at any point in your professional career. Treatment agencies that wish to have multiple clinicians approved for reimbursement should include the individual clinician participation form for each clinician in the agency along with verification of their training hours. Your application will be reviewed by Maine CDC and AdCare and, if approved, individual clinicians will be sent a certificate of membership into the network. Anyone not approved for inclusion in the network would be notified of such. The agency or private practitioner that will be billing for services will be asked to sign a Memorandum of Understanding (MOU) with AdCare in order to be reimbursed. Forms for reimbursement will be provided once the MOU has been signed. For questions about the network, contact Kristen Jiorle at [kjiorle@adcareme.org](mailto:kjiorle@adcareme.org).

### **How to get reimbursed:**

Each clinician is eligible to receive reimbursement for up to 5 sessions per client (problem gambler or affected other) at the MaineCare rate of \$21 per quarter-hour. As a result of a limited amount of funding for this network, reimbursement is dependent upon available funds. The reimbursement form should be completed in its entirety and submitted to AdCare at least quarterly in order to receive reimbursement.

**Application for Participation in the  
Gambling Addiction Treatment Reimbursement Network**

Agency Name	
Agency Address	
Telephone Number	
Fax Number	
Billing Point of Contact	
Email Contact	
Names and licenses of billable clinicians  (Please attach a <u>Clinician Participant form</u> for each participating clinician.)	
I certify that all of the information provided is accurate and true to the best of my knowledge.	<p style="text-align: center;">_____</p> <p style="text-align: center;">Signature</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>

**Clinician Participant Form**  
**Gambling Addiction Treatment Reimbursement Network**

Clinician Name & Agency Name	
Clinician's Gambling Treatment Related Credential(s), including expiration date	
Mailing address  Email address  Phone number	
Type of Services Provided	
Clinical history providing behavioral health services (services provided, length of time)	
Clinical history providing gambling treatment services (services provided, length of time)	
Currently or formerly certified to provide gambling treatment services?	____ Yes      ____ No
If Yes,	Certification system (Maine, or another, existing system): _____  Period of time certification held: _____
List of trainings that qualify the individual to become certified (re-certified) in Maine.  Please list the training title, date, location, sponsor, number of contact hours, and brief reference to the training content area.  Please include at least 12 hours of training	
I certify that all of the information provided is accurate and true to the best of my knowledge.	_____ Signature    _____ Date