

Chapter 388-877C WAC

PROBLEM AND PATHOLOGICAL GAMBLING SERVICES

- [388-877C-0100](#) Problem and pathological gambling services—General.
- [388-877C-0110](#) Problem and pathological gambling services—Agency staff requirements.
- [388-877C-0120](#) Problem and pathological gambling services—Clinical record content and documentation requirements.
- [388-877C-0130](#) Problem and pathological gambling services—Additional assessment standards.

388-877C-0100 [see new WAC [388-877-0100](#), [388-877-0754](#)]

Problem and pathological gambling services—General.

The rules in WAC 388-877C-0100 through [388-877C-0130](#) apply to behavioral health agencies that provide problem and pathological gambling services. The definitions in WAC [388-877-0200](#) also apply to problem and pathological gambling services. The department requires all agencies and providers affected by this rule to fully comply with the applicable requirements in chapter [388-877](#) WAC, chapter [388-877A](#) WAC, chapter [388-877B](#) WAC, and chapter [388-877C](#) WAC no later than September 1, 2013.

(1) Problem and pathological gambling treatment services provide treatment to an individual that includes diagnostic screening and assessment, and individual, group, couples, and family counseling and case management.

(2) An agency providing problem and pathological gambling treatment services must:

- (a) Be licensed by the department as a behavioral health agency;
- (b) Meet the applicable behavioral health agency licensure, certification, administration, personnel, and clinical requirements in chapter [388-877](#) WAC, Behavioral health services administrative requirements; and
- (c) Have policies and procedures to support and implement the:
 - (i) General requirements in chapter [388-877](#) WAC; and
 - (ii) Program-specific requirements in WAC 388-877C-0100 through [388-877C-0130](#).

(3) An agency must use the following to make diagnosis, admission, and discharge planning decisions:

(a) Diagnostic and Statistical Manual (DMS IV TR, 2000) as it existed on the effective date of this section; then

(b) DSM-5 as it exists when published and released in 2013, consistent with the purposes of this section. Information regarding the publication date and release of the DSM-5 is posted on the American Psychiatric Association's public website at www.DSM5.org.

Effective until March 31, 2018

(4) An agency must have an outline of each education session included in the service that is sufficient in detail for another trained staff person to deliver the session in the absence of the regular instructor.

(5) The agency must:

(a) Maintain a list or source of resources, including self-help groups, and referral options that can be used by staff to refer an individual to appropriate services.

(b) Limit the size of group counseling sessions to no more than twelve individuals.

(c) Maintain a written procedure for the response to medical and psychiatric emergencies.

(6) An agency must ensure that when offering off-site treatment:

(a) The agency maintains a current list of all locations where off-site services are provided including the name, address (except individual in-home services), primary purpose of the off-site location, level of services provided, and date the off-site services began at the off-site location.

(b) The agency maintains a written procedure of:

(i) How confidentiality will be maintained at each off-site location, including how confidential information and individual records will be transported between the certified facility and the off-site location.

(ii) How services will be offered in a manner that promotes individual and staff member safety.

(c) The agency is certified to provide the type of services offered at its main location.

(d) The problem and pathological gambling assessment and treatment services are not the primary purpose of the location where the individual is served, such as in a school, a hospital, or a correctional facility.

(e) Services are provided in a private, confidential setting within the off-site location. [Statutory Authority: Chapters [70.02](#), 70.96A, 71.05, 71.24, 71.34, [74.50](#) RCW, RCW [74.08.090](#), [43.20A.890](#), and 42 C.F.R. Part 8. WSR 13-12-053, § 388-877C-0100, filed 5/31/13, effective 7/1/13.]

388-877C-0110 [see new WAC [388-877-0515](#)]

Problem and pathological gambling services—Agency staff requirements.

In addition to meeting the agency administrative and personnel requirements in WAC [388-877-0400](#) through [388-877-0530](#), an agency providing problem and pathological gambling services must ensure:

(1) All problem and pathological gambling treatment services are provided by:

(a) A certified Washington state, national, or international gambling counselor who is credentialed by the department of health (DOH) under chapter [18.19](#), 18.83, or [18.225](#) RCW; or

(b) An individual credentialed by DOH under chapter [18.19](#), 18.83, or [18.225](#) RCW, under the supervision of a certified problem gambling counselor, in training to become a certified problem gambling counselor.

(2) Before providing problem and pathological treatment services, an individual in training to become a certified problem gambling counselor must have minimum of:

Effective until March 31, 2018

(a) At least one thousand five hundred hours of professionally supervised post-certification or post-registration experience providing mental health or substance use disorder treatment services; and

(b) Thirty hours of unduplicated gambling specific training, including the basic training. One of the following state, national, or international organizations must approve the training:

- (i) Washington state gambling counselor certification committee;
- (ii) National or international gambling counselor certification board; or
- (iii) The department's division of behavioral health and recovery.

(3) An individual who meets (2)(b) of this section must complete training to become a certified problem and pathological gambling counselor within two years of beginning problem and pathological gambling clinical practice.

(4) All staff members in training to become a certified problem gambling counselor must receive clinical supervision. The clinical supervisor must:

(a) Hold a valid international gambling counselor certification board-approved clinical consultant credential, a valid Washington state certified gambling counselor II certification credential, or a valid national certified gambling counselor II certification credential; and

(b) Complete training on gambling specific clinical supervision approved by a state, national, or international organization including, but not limited to, the:

- (i) Washington state gambling counselor certification committee;
- (ii) National or international gambling counselor certification board; or
- (iii) The department's division of behavioral health and recovery.

[Statutory Authority: RCW [70.02.290](#), [70.02.340](#), [70.96A.040](#)(4), [71.05.560](#), [71.24.035](#) (5)(c), [71.34.380](#), and 2014 c 225. WSR 16-13-087, § 388-877C-0110, filed 6/15/16, effective 7/16/16. Statutory Authority: Chapters [70.02](#), 70.96A, 71.05, 71.24, 71.34, [74.50](#) RCW, RCW [74.08.090](#), [43.20A.890](#), and 42 C.F.R. Part 8. WSR 13-12-053, § 388-877C-0110, filed 5/31/13, effective 7/1/13.]

388-877C-0120 [see new WAC [388-877-0640](#), [388-877-0620](#)]

Problem and pathological gambling services—Clinical record content and documentation requirements.

In addition to the general clinical record content requirements in WAC [388-877-0640](#), an agency providing problem and pathological gambling treatment services must maintain an individual's clinical record that contains:

(1) Evidence the individual was notified of the assessment results and documentation of the treatment options provided and the individual's choice. If the individual was not notified of the results and advised of referral options, the reason must be documented.

(2) Documentation that each individual received a copy of the rules and responsibilities for treatment participants, including the potential use of interventions or sanctions.

(3) Documentation that the individual service plan was completed before the individual received treatment services.

Effective until March 31, 2018

(4) Documentation that the individual service plan was reviewed monthly.

(5) Documentation of progress notes that occurs in a timely manner and before any subsequent scheduled appointments of the same type of service session or group type occur, or documentation as to why this did not occur. Progress notes must include the date, time, duration, participant names, a brief summary of the session, including the individual's response to treatment, and the name of the staff member who provided the treatment.

(6) Documentation of referrals made for specialized care or services.

(7) Documentation that staff members met with each individual at the time of discharge, unless the individual left without notice, to:

(a) Determine the appropriate recommendation for care and finalize a continuing care plan.

(b) Assist the individual in making contact with necessary agencies or services.

(c) Provide and document the individual was provided with a copy of the plan.

(8) Documentation that a discharge summary, including the date of discharge and a summary of the individual's progress towards each individual service plan goal, was completed within seven days of the individual's discharge.

[Statutory Authority: Chapters [70.02](#), 70.96A, 71.05, 71.24, 71.34, [74.50](#) RCW, RCW [74.08.090](#), [43.20A.890](#), and 42 C.F.R. Part 8. WSR 13-12-053, § 388-877C-0120, filed 5/31/13, effective 7/1/13.]

388-877C-0130 [see new WAC [388-877-0610](#)]

Problem and pathological gambling services—Additional assessment standards.

An individual must have an assessment before receiving problem and pathological gambling services. The purpose of the assessment is to gather information to determine if a gambling disorder exists and if there are services available to address the individual's needs.

(1) In addition to the assessment requirements in WAC [388-877-0610](#), the assessment must include:

(a) A face-to-face diagnostic interview with the individual in order to obtain, review, evaluate, and document the following:

(i) Legal history, including arrests and convictions.

(ii) Medical and health history.

(iii) Family history describing family composition and dynamics.

(iv) Relationships and interaction with persons and groups outside the home.

(v) Suicidal or homicidal assessment, including current and past history.

(vi) Substance use history including:

(A) The type of substances used, including tobacco;

(B) The route of administration;

(C) The amount, frequency, and duration of use; and

(D) History of alcohol or other drug treatment or education.

(b) Vocational or employment status and history describing skills or trades learned, jobs held, duration of employment, and reasons for leaving.

Effective until March 31, 2018

(c) A financial evaluation and information, including current financial status, gambling debts, any previous bankruptcy or repayment plans, and insurance coverage.

(d) Problem gambling screens.

(e) A diagnostic assessment, including sufficient data to determine a client diagnosis supported by the:

(i) Diagnostic and Statistical Manual (DSM IV TR, 2000) as it existed on the effective date of this section; then

(ii) DSM-5 as it exists when published and released in 2013, consistent with the purposes of this section. Information regarding the publication date and release of the DSM-5 is posted on the American Psychiatric Association's public website at www.DSM5.org.

(2) The assessment must also include a family assessment when the individual is someone other than the problem or pathological gambler.

[Statutory Authority: Chapters [70.02](#), 70.96A, 71.05, 71.24, 71.34, [74.50](#) RCW, RCW [74.08.090](#), [43.20A.890](#), and 42 C.F.R. Part 8. WSR 13-12-053, § 388-877C-0130, filed 5/31/13, effective 7/1/13.]