



## Compulsive Problem Gambling Services Minimum Eligibility Requirements- Agency

In order to qualify to provide Problem Gambling Services funded through the Department of Drug and Alcohol Programs (DDAP):

### Qualifications:

A person or agency interested in becoming an ITQ Contractor must meet one of the following:

1. Qualified Trained Counselor.
2. Qualified Trained Case Manager.
3. Qualified Service Entity that employs at least one of the following:
  - a. A Qualified Trained Counselor.
  - b. A Qualified Trained Case Manager.
  - c. An Authorized Counselor.
  - d. An Authorized Case Manager.

### Definitions:

1. **“Qualified Service Entity”** means an agency that meets at least one of the following:
  - a. A facility licensed by the Pennsylvania Department of Human Services (DHS) to provide mental health treatment services.
  - b. A facility licensed by DDAP to provide substance use disorder treatment services.
  - c. A Single County Authority (SCA) has entered a grant agreement with DDAP.
  - d. An agency that provides counseling for compulsive and problem gambling.
  
2. **“Authorized Case Manager”** means an individual who meets at least one type of credentials under (a) and the training requirements under (b):
  - a. Credentials:
    - i. Holds a master’s degree in psychology, addiction, behavioral services, or similar field and is employed by a Qualified Service Entity and works under the direct guidance and supervision of an individual holding a license to practice in Pennsylvania as a physician, psychologist, social worker, marriage and family therapist, behavior specialist, or professional counselor.
    - ii. An individual employed by an agency licensed by DHS to provide mental health services and who holds a bachelor's degree that includes or is supplemented by successful completion of 12 college credits in sociology, social welfare, psychology, criminal justice, or other related social sciences.
    - iii. An individual employed by an agency licensed by DDAP or an SCA and who holds a bachelor's degree that includes or is supplemented by successful completion of 12 college credits in sociology, social welfare, psychology, criminal justice, or other related social sciences.
  - b. Training Requirements: Satisfies the training requirements under paragraph 5(b) of this Definitions section.
  
3. **“Authorized Counselor”** means an individual who meets at least one type of credentials under (a) and the training requirements under (b):
  - a. Credentials:
    - i. Holds a master’s degree in psychology, addiction, behavioral services, or similar field and is employed by a Qualified Service Entity and works under the direct guidance and supervision of an individual holding a license to practice in Pennsylvania as a physician, psychologist, social worker, marriage and family therapist, behavior specialist, or professional counselor.
    - ii. A mental health treatment counselor, case worker, agency director, supervisor, clinical supervisor, case management trainee, case management specialist, case management supervisor, or case management administrator who is employed and practicing in an

agency licensed by DHS to provide mental health.

- iii. A drug and alcohol counselor, project director, agency director, clinical supervisor, drug and alcohol case management specialist, drug and alcohol case management specialist trainee, case management supervisor, case management administrator, drug and alcohol treatment specialist, or drug and alcohol treatment specialist trainee who is employed by and practicing in an agency licensed by DDAP or an SCA.
  - b. Training Requirements: Satisfies at least one of the training requirements under paragraph 6(b) of this Definitions section.
4. **“Qualified Service Entity”** means an agency that meets at least one of the following:
  - e. A facility licensed by the Pennsylvania Department of Human Services (DHS) to provide mental health treatment services.
  - f. A facility licensed by DDAP to provide substance use disorder treatment services.
  - g. A Single County Authority (SCA) has entered a grant agreement with DDAP.
  - h. An agency that provides counseling for compulsive and problem gambling.
5. **“Qualified Trained Case Manager”** means an individual who meets the credentials under (a) and the training requirements under (b):
  - a. Credentials: Licensure to practice in Pennsylvania as a physician, psychologist, social worker, marriage and family therapist, behavior specialist, or professional counselor.
  - b. Training Requirements: A minimum of 30 hours of gambling-specific training approved by the International Problem Gambling and Gaming Certification Organization (IPGGC).
6. **“Qualified Trained Counselor”** means an individual who meets the credentials under (a) and at least one of the training requirements under (b):
  - a. Credentials: Licensure to practice in Pennsylvania as a physician, psychologist, social worker, marriage and family therapist, behavior specialist, or professional counselor.
  - b. Training Requirements:
    - i. A Certificate of Competency in Problem Gambling from the Pennsylvania Certification Board.
    - ii. A certificate as an International Certified Gambling Counselor Level I or II from the IPGGC.
    - iii. Progress toward receiving a certificate as an International Certified Gambling Counselor Level I or II from the IPGGC with at least 30 hours of gambling-specific training approved by the IPGGC.
    - iv. Certification as an Addiction Specialist with a specialization in Gambling Addiction issued by the American Academy of Health Care Providers in the Addictive Disorders.

**\*This page is strictly informational, you need not submit it with your application package.**

**Compulsive Problem Gambling  
Services Provider Application  
Agency****SECTION A – PROVIDER INFORMATION**

**TYPE OF REQUESTED SERVICE(S):** Outpatient Treatment Case Management  
**DELIVERY OF SERVICES OFFERED:** No Telehealth Hybrid of Telehealth and In-person

**AGENCY NAME:** \_\_\_\_\_

**AGENCY ADDRESS:** (Provide street, city, state, and zip. If you will be providing Outpatient Gambling Treatment Services and/or Gambling Case Management at more than one location, denote the address, phone and fax number of each location on a separate page.)

**AGENCY PHONE NO.:** \_\_\_\_\_ **FAX NO.:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **CONTACT PHONE NO.:** \_\_\_\_\_

**CONTACT EMAIL ADDRESS:** \_\_\_\_\_

**FED ID NO.:** \_\_\_\_\_

**SAP VENDOR NO.:** \_\_\_\_\_

**COUNTY(IES) IN WHICH AGENCY IS LOCATED:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

(Name, Street,

City, State, and Zip+4)

**IS YOUR AGENCY LICENSED BY THE COMMONWEALTH OF PA?** Yes No

*If "Yes", include a copy of the license with this application.*

**INSURANCE CERTIFICATES** (Submit valid copies with your application.)

Professional Liability Property Liability Worker's Compensation

**SECTION B – GAMBLING OUTPATIENT TREATMENT STAFF INFORMATION**

Verification of the staff person's counseling qualifications, gambling certifications, and employment is required.

Information is required for each staff member who will be providing gambling treatment services. If you have more than two staff, include an additional page(s) with this application.

**#1 NAME:** \_\_\_\_\_

**POSITION/TITLE:** \_\_\_\_\_ **WORK LOCATION:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Counseling Qualifications:**

PA Licensed Type: \_\_\_\_\_

Master's Degree

D&A Counselor

MH Counselor

**Gambling Certification:**

PCB Problem Gambling Endorsement

ICGC Level I or II

CAS w/Gambling Addiction

Obtained 30 hours and working towards Gambling Certification

**#2 NAME:** \_\_\_\_\_

**POSITION/TITLE:** \_\_\_\_\_ **WORK LOCATION:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Counseling Qualifications:**

PA Licensed Type: \_\_\_\_\_

Master's Degree

D&A Counselor

MH Counselor

**Gambling Certification:**

PCB Problem Gambling Endorsement

ICGC Level I or II

CAS w/Gambling Addiction

Obtained 30 hours and working towards Gambling Certification

*(Disclaimer: Answering "Yes" to the questions below does not necessarily disqualify applicant.)*

#1. Yes No  
#2. Yes No Has the Counselor's license been previously revoked?

#1. Yes No  
#2. Yes No Have you had any disciplinary action in the past 10 years?

If you answered "Yes" to either of the above questions, please explain the circumstances and the disciplinary action taken.

**SECTION C – GAMBLING CASE MANAGEMENT STAFF INFORMATION**

Verification of the staff person's education and employment is required by submitting a copy of a post-secondary transcript and one of the following documents with this application: W-2 form, current pay statement, or I-9 Form.

Information is required for each staff member who will be providing problem gambling case management services. If you have more than two staff, include an additional page(s) with this application.

**#1 NAME:** \_\_\_\_\_

**POSITION/TITLE:** \_\_\_\_\_ **WORK LOCATION:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Has the case manager completed any trainings below? Submit copies of the training certificates with your application.

Problem Gambling Level 1 certification Yes No

Problem Gambling Motivational Interviewing Yes No

Problem Gambling and Finances Yes No

Problem Gambling Case Management Yes No

**#2 NAME:** \_\_\_\_\_

**POSITION/TITLE:** \_\_\_\_\_ **WORK LOCATION:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Has the case manager completed any trainings below? Submit copies of the training certificates with your application.

Problem Gambling Level 1 certification Yes No

Problem Gambling Motivational Interviewing Yes No

Problem Gambling and Finances Yes No

Problem Gambling Case Management Yes No

**SECTION D - PROGRAM INFORMATION**

Describe your proposed service and information that demonstrates your ability to provide Outpatient Gambling Treatment Services, Case Management Services or both. Include information about any special populations for which you have expertise, such as specific age groups, gender, foreign languages, ethnic groups, and/or presenting problems such as substance abuse, mental health, etc.

**An onsite visit may be required prior to approval of a provider's application to provide problem gambling services.**

I certify that:            The information provided on this form is true and correct, and I agree to all of the terms contained herein.  
I will notify DDAP of any additions/changes to the information.

_____	_____
Name of Agency Contact ( <i>Please Print</i> )	Title
_____	_____
Signature of Agency Contact	Date

**Department of Drug and Alcohol Programs Use Only**

- Approved
- Denied

_____	_____
DDAP Authorized Signature	Approval Date