

WAC 246-341-0754 Outpatient services—Problem gambling and gambling disorder services.

(1) Each agency licensed by the department to **provide problem gambling and gambling disorder services** that includes diagnostic **screening and assessment**, and individual, group, couples, and family **counseling** and **case management** must ensure the following requirements are met:

- (a) Meet the behavioral health agency licensure, certification, administration, personnel, and clinical requirements in WAC [246-341-0300](#) through [246-341-0650](#);
- (b) Be a problem gambling certified agency with the department;
- (c) Maintain a list of resources, including self-help groups, and referral options that can be used by staff to refer an individual to appropriate services; and
- (d) Maintain a written procedure for the response to medical and psychiatric emergencies.

(2) An agency certified to provide problem gambling and gambling disorder services must ensure:

(a) All problem gambling and gambling disorder **treatment services are provided by:**

- (i) An individual credentialed by the department under chapter [18.19](#), 18.83, or [18.225](#) RCW and is a certified Washington state, national, or international gambling counselor; or
- (ii) An individual credentialed by the department under chapter [18.19](#), 18.83, or [18.225](#) RCW, under the supervision of a certified gambling counselor, and in training to become a certified gambling counselor.

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

- (i) At least one thousand five hundred hours of professionally supervised post licensure, post certification, or post registration experience providing mental health or substance use disorder treatment services; and
- (ii) Thirty hours of unduplicated gambling specific training, including the basic training. One of the following state, national, or international organizations must approve the requirements of certification training:
 - (A) The Washington state gambling counselor certification committee is an independent body comprised of certified gambling counselors and advisory members as deemed appropriate by the committee and is responsible for determining the training and continuing education requirements for gambling counselor certification and gambling counselor supervision and any additional requirements not otherwise specified here;
 - (B) National or international gambling counselor certification board;or

- (C) The health care authority problem gambling program.
- (c) An individual who meets subsection (3) of this section must complete training **within two years** of acceptance to the certification program to become a certified gambling counselor;
- (d) All staff members in training to become a certified gambling counselor must receive clinical supervision. **The clinical supervisor must:**
- (i) 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
 - (ii) Complete training requirements on problem gambling and gambling disorder specific clinical supervision approved by a state, national, or international organization including, but not limited to, the:
 - (A) Washington state gambling counselor certification committee;
 - (B) National or international gambling counselor certification board;or
 - (C) The health care authority problem gambling program.

(3) An agency that provides only problem gambling-related services, including diagnostic **screening, brief intervention, case management, referral** to certified problem gambling agencies and **educational sessions** but does not provide problem gambling assessment and treatment is not required to be certified for problem gambling services.

[Statutory Authority: RCW [71.24.037](#), [71.05.560](#), [71.34.380](#), [18.205.160](#), [71.24.037](#) and chapters [71.05](#), 71.24, and [71.34](#) RCW. WSR 21-12-042, § 246-341-0754, filed 5/25/21, **effective 7/1/21**. Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0754, filed 4/16/19, effective 5/17/19.]

[246-341-0300's](#) = BEHAVIORAL HEALTH SERVICES – AGENCY LICENSURE AND CERTIFICATION

[246-341-0400's](#) = BEHAVIORAL HEALTH SERVICES – AGENCY ADMINISTRATION

[246-341-0500's](#) = BEHAVIORAL HEALTH SERVICES – PERSONNEL

[246-341-0600's](#) = BEHAVIORAL HEALTH SERVICES – CLINICAL

[WAC 246-341-0600](#) **Clinical—Individual rights.**

(1) Each agency must protect and promote individual participant rights applicable to the services the agency is certified to provide in compliance with this chapter, and chapters [70.41](#), 71.05, 71.12, 71.24, and [71.34](#) RCW, as applicable.

(2) Each agency must develop a statement of individual participant rights applicable to the services the agency is certified to provide, to ensure an individual's rights are protected in compliance with chapters [70.41](#), 71.05, 71.12, 71.24, and [71.34](#) RCW, as applicable. To the extent that the rights set out in those chapters do not specifically address the rights in this subsection or are not applicable to all of the agency's services, **the agency must develop a general statement of individual participant rights that incorporates at a minimum the following statements.** "You have the right to:"

- (a) Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
- (b) Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
- (c) Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited-English proficiency, and cultural differences;
- (d) Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises or to address risk of harm to the individual or others. "Reasonable" is defined as minimally invasive searches to detect contraband or invasive searches only upon the initial intake process or if there is reasonable suspicion of possession of contraband or the presence of other risk that could be used to cause harm to self or others;
- (e) Be free of any sexual harassment;
- (f) Be free of exploitation, including physical and financial exploitation;
- (g) Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
- (h) Participate in the development of your individual service plan and receive a copy of the plan if desired;
- (i) Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections; and
- (j) Submit a report to the department when you feel the agency has violated a WAC requirement regulating behavioral health agencies.

(3) Each agency must **ensure the applicable individual participant rights** described in subsection (1) of this section are:

- (a) Provided in writing to each individual on or before admission;
- (b) Available in alternative formats for individuals who are visually impaired;
- (c) Translated to the most commonly used languages in the agency's service area;

- (d) Posted in public areas; and
- (e) Available to any participant upon request.

(4) At the time of admission and upon client request, the agency must provide each client with information on how to file a report to the department if they feel their rights or requirements of this chapter have been violated.

[Statutory Authority: RCW [71.24.037](#), [71.05.560](#), [71.34.380](#), [18.205.160](#), [71.24.037](#) and chapters [71.05](#), 71.24, and [71.34](#) RCW. WSR 21-12-042, § 246-341-0600, filed 5/25/21, **effective 7/1/21**. Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0600, filed 4/16/19, effective 5/17/19.]

WAC 246-341-0605 Complaint process.

(1) **Any person may submit a report** to the department of an alleged violation of licensing and certification laws and rules.

(2) Health care professionals credentialed by the department **must comply with the mandatory reporting requirements** in chapters [18.130](#) RCW and [246-16](#) WAC.

(3) If the department determines a report should be investigated, the report becomes a complaint. If the department conducts a complaint investigation, agency representatives must cooperate to **allow department representatives to:**

- (a) Examine any part of the facility at reasonable times and as needed;
- (b) Review and evaluate agency records including, but not limited to:
 - (i) An individual's clinical record and personnel file; and
 - (ii) The agency's policies, procedures, fiscal records, and any other documents required by the department to determine compliance and to resolve the complaint; and
- (c) Conduct individual interviews with staff members and individuals receiving services.

(4) An agency or agency provider **must not retaliate against** any:

- (a) Individual or individual's representative for making a report with the department or being interviewed by the department about a complaint;
- (b) A witness involved in the complaint issue; or
- (c) An employee of the agency.

(5) **The department may assess a fine** under RCW [43.70.250](#), **or deny, suspend, or modify a license or certification** under RCW [43.70.115](#), if:

- (a) Any allegation within the complaint is substantiated; or
- (b) The department's finding that the individual or individual's representative, a witness, or employee of the agency experienced an act of retaliation by the agency as described in subsection (4) of this section during or after a complaint investigation.

[Statutory Authority: RCW [71.24.037](#), [71.05.560](#), [71.34.380](#), [18.205.160](#), [71.24.037](#) and chapters [71.05](#), 71.24, and [71.34](#) RCW. WSR 21-12-042, § 246-341-0605, filed 5/25/21, effective 7/1/21. Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0605, filed 4/16/19, effective 5/17/19.]

WAC 246-341-0610 Clinical—Assessment.

246-341-0610 Clinical—Assessment. [Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0610, filed 4/16/19, effective 5/17/19.]

Repealed by WSR 21-12-042, filed 5/25/21, effective 7/1/21.

Statutory Authority:

RCW **71.24.037**, **71.05.560**, **71.34.380**, **18.205.160** and

RCW **71.24.037**; chapters **71.05**, 71.24, and **71.34** RCW.

*See WAC 246-341-0640 Clinical Record Content for Assessment requirements as of 7/1/21

WAC 246-341-0620 Clinical—Individual service plan.

246-341-0620 Clinical—Individual service plan. [Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0620, filed 4/16/19, effective 5/17/19.] **Repealed by WSR 21-12-042, filed 5/25/21, effective**

7/1/21. Statutory Authority:

RCW **71.24.037**, **71.05.560**, **71.34.380**, **18.205.160** and

RCW **71.24.037**; chapters **71.05**, 71.24, and **71.34** RCW.

*See WAC 246-341-0640 Clinical Record Content for Individual service plan requirements as of 7/1/21

WAC 246-341-0640 **Clinical record content.**

Each agency is responsible for the components and documentation in an individual's clinical record content unless specified otherwise in specific service certification requirements.

(1) **The clinical record must include:**

- (a) Documentation the individual received a copy of **counselor disclosure** requirements as required for the counselor's credential.
- (b) **Identifying information.**
- (c) **An assessment** which is an age-appropriate, strengths-based psychosocial assessment that considers current needs and the individual's relevant behavioral and physical health history according to best practices, completed by a person appropriately credentialed or qualified to provide the type of assessment pertaining to the service(s) being sought, **which includes:**
 - (i) Presenting issue(s);
 - (ii) An assessment of any risk of harm to self and others, including suicide, homicide, and a history of self-harm and, if the assessment indicates there is such a risk, a referral for provision of emergency/crisis services;
 - (iii) Treatment recommendations or recommendations for additional program-specific assessment; and
 - (iv) A diagnostic assessment statement, including sufficient information to determine a diagnosis supported by the current and applicable *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) or a placement decision, using ASAM criteria dimensions, when the assessment indicates the individual is in need of substance use disorder services.
- (d) **Individual service plan** that:
 - (i) Is completed or approved by a person appropriately credentialed or qualified to provide mental health, substance use, co-occurring, or **problem gambling disorder services**;
 - (ii) Addresses issues identified in the assessment and by the individual or, if applicable, the individual's parent(s) or legal representative;
 - (iii) Contains measurable goals or objectives and interventions;
 - (iv) Must be mutually agreed upon and updated to address changes in identified needs and achievement of goals or at the request of the individual or, if applicable, the individual's parent or legal representative;
 - (v) Must be in a terminology that is understandable to the individuals and the individual's family or legal representative, if applicable.
- (e) If treatment is not court-ordered, documentation of **informed consent to treatment** by the individual or individual's parent, or other legal representative.
- (f) Progress and **group notes** including the date, time, duration, participant's name, response to interventions or clinically significant behaviors during the group

session, and a brief summary of the individual or group session and the name and credential of the staff member who provided it.

(g) If treatment is for a substance use disorder, documentation that **ASAM criteria** was used for admission, continued services, referral, and discharge planning and decisions.

(h) **Discharge information** as follows:

(i) A discharge statement if the individual left without notice; or

(ii) Discharge information for an individual who did not leave without notice, completed **within seven working days** of the individual's discharge, including:

(A) The date of discharge;

(B) Continuing care plan; and

(C) If applicable, current prescribed medication.

(2) When the following situations apply, the clinical record must include:

(a) Documentation of **confidential information that has been released without the consent of the individual** under:

(i) RCW [70.02.050](#);

(ii) The Health Insurance Portability and Accountability Act (HIPAA); and

(iii) RCW [70.02.230](#) and [70.02.240](#) if the individual received mental health treatment services;

(iv) 42 C.F.R. Part 2.

(b) Documentation that any **mandatory reporting** of abuse, neglect, or exploitation consistent with chapters [26.44](#) and [74.34](#) RCW has occurred.

(c) If treatment is **court-ordered, a copy of the order**.

(d) **Medication records**.

(e) **Laboratory reports**.

(f) Properly completed **authorizations for release of information**.

(g) Documentation that copies of documents pertinent to the individual's course of treatment were forwarded to the **new service provider** with the individual's permission.

(h) A copy of any **report required** by entities such as the courts, department of corrections, department of licensing, and the department of health, and the date the report was submitted.

(i) Documentation of **coordination** with any systems or organizations the individual identifies as being relevant to treatment, with the individual's consent or if applicable, the consent of the individual's parent or legal representation.

(j) A **crisis plan**, if one has been developed.

[Statutory Authority: RCW [71.24.037](#), [71.05.560](#), [71.34.380](#), [18.205.160](#), [71.24.037](#) and chapters [71.05](#), 71.24, and [71.34](#) RCW. WSR 21-12-042, § 246-341-0640, filed 5/25/21, **effective 7/1/21**. Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0640, filed 4/16/19, effective 5/17/19.]

WAC 246-341-0650 Clinical—Access to clinical records.

- (1) Each agency must only provide access to clinical records **in compliance with applicable state and federal statutes and regulations.**
- (2) When providing access to clinical records to an individual, the **agency must allow appropriate time and privacy for the review and have a clinical staff member available** to answer questions.
- (3) If the agency maintains electronic clinical records, the agency must **make the records available in hard-copy form.**
- (4) The agency must allow the department **access to individual clinical records.**
- (5) When an individual receiving mental health services is under the supervision of the department of corrections (DOC), the agency **must make information available to DOC**, in accordance with RCW [71.05.445](#). The information released does not require the consent of the individual.

[Statutory Authority: RCW [71.24.037](#), [71.05.560](#), [71.34.380](#), [18.205.160](#), [71.24.037](#) and chapters [71.05](#), 71.24, and [71.34](#) RCW. WSR 21-12-042, § 246-341-0650, filed 5/25/21, effective 7/1/21. Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0650, filed 4/16/19, effective 5/17/19.]

WAC 246-341-0515 Personnel—Agency staff requirements.

Each agency must ensure that all of the following staff requirements are met:

- (1) All staff providing clinical services are **appropriately credentialed** for the services they provide, which may include a co-occurring disorder specialist enhancement.
- (2) All staff providing clinical services **receive clinical supervision**;
- (3) All staff providing clinical mental health services **have access to consultation** with a psychiatrist, physician, physician assistant, advanced registered nurse practitioner, or psychologist who has at least one year's experience in the direct treatment of individuals who have a mental or emotional disorder.
- (4) An agency providing group counseling or group therapy must have a staff ratio of at least **one staff member to every sixteen individuals** during group counseling or therapy sessions.

(5) A Mental health professional is:

- (a) A psychiatrist, psychologist, physician assistant working with a supervising psychiatrist, psychiatric advanced registered nurse practitioner (ARNP), psychiatric nurse, or social worker as defined in chapters **71.05** and **71.34** RCW;
- (b) A person who is licensed by the department as a mental health counselor or mental health counselor associate, marriage and family therapist, or marriage and family therapist associate; or
- (c) An agency staff member with a designation given by the department or an attestation by the licensed behavioral health agency that the person meets the following:
 - (i) Holds a master's degree or further advanced degree in counseling or one of the social sciences from an accredited college or university who has at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, experience that was gained under the supervision of a mental health professional recognized by the department or attested to by the licensed behavioral health agency;
 - (ii) Who meets the waiver criteria of RCW **71.24.260**, and the waiver was granted prior to 1986; or
 - (iii) Who had an approved waiver to perform the duties of a mental health professional (MHP), that was requested by the behavioral health organization (BHO) and granted by the mental health division prior to July 1, 2001.

- (6) An agency providing **problem gambling and gambling disorder** treatment services must ensure staffing in accordance with WAC **246-341-0754**.

[Statutory Authority: RCW **71.24.037**, **71.05.560**, **71.34.380**, **18.205.160**, **71.24.037** and chapters **71.05**, 71.24, and **71.34** RCW. WSR 21-12-042, § 246-341-0515, filed 5/25/21, **effective 7/1/21**. Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0515, filed 4/16/19, effective 5/17/19.]

Regarding Health Care Authority Problem Gambling Program

WAC 182-100-0100 Problem gambling and gambling disorder treatment services.

(1) Under RCW [41.05.750](#), the Washington state health care authority (HCA) administers a program to:

- (a) Prevent and treat problem gambling and gambling disorder; and
- (b) Train professionals to identify and treat problem gambling issues and gambling disorders. Training must be administered by a qualified person who has training and experience in treatment services for people experiencing a problem gambling issue or gambling disorder.

(2) **To be eligible to receive treatment under this program**, a person must participate in a **behavioral health assessment** process under WAC [246-341-0610](#) to determine that the person:

- (a) Has a problem gambling issue or gambling disorder;
- (b) Wants treatment and is willing to do the work necessary to undergo treatment; and
- (c) Is unable to afford treatment.

(3) **Family members** of a person who has a problem gambling issue or gambling disorder may be eligible to receive treatment if they are unable to afford treatment.

(4) Treatment under this section **is available only to the extent** of the funds appropriated or otherwise made available to HCA for this purpose.

(5) Problem gambling and gambling disorder **treatment services include** diagnostic screening and assessment, and individual, group, couples, and family counseling and case management.

(6) An agency providing problem gambling and gambling disorder services **must meet** the behavioral health agency licensure, certification, administration, personnel, clinical, and outpatient **requirements in WAC [246-341-0754](#) and [246-341-0300](#) through [246-341-0650](#)**.

(7) Definitions for the purposes of this section only.

(a) **"Gambling disorder"** means a mental disorder as defined in the most current edition of the *Diagnostic and Statistical Manual of Mental Disorders* and is characterized by loss of control over gambling, progression in preoccupation with gambling and in obtaining money to gamble, and continuation of gambling despite adverse consequences;

(b) **"Problem gambling"** means at-risk behavior that compromises, disrupts, or damages family or personal relationships, or vocational pursuits.

[Statutory Authority: RCW [41.05.021](#), [41.05.160](#), 2019 c 325, 2014 c 225, and 2018 c 201. WSR 19-24-063, § 182-100-0100, filed 11/27/19, **effective 1/1/20.**] *No change as of 7/15/21