



## Global Appraisal of Individual Needs (GAIN) FAQ

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### *Administrative Questions and Answers*

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#### *What are the implementation expectations?*

Full implementation of GAIN I-Core by October 1, 2019; retire all other assessment tools by September 30, 2019.

#### *Will the GAIN be utilized statewide?*

Yes. All substance use treatment providers will be utilizing the GAIN assessment.

#### *Who can administer the GAIN I-Core?*

Certified GAIN Administrators, GAIN Local Trainers, and GAIN Site Interviewers.

#### *What are the minimum credential/educational requirements to be certified?*

GAIN Administrators and Site Interviewers are individuals identified in the Medicaid Manual as being able to bill for assessment services (i.e. masters level, licensed/limited licensed clinicians who can diagnose through the DSM 5 and through their credentialing body – LARA).

#### *When are the next certification trainings?*

In addition to the GAIN Implementation Coordinator there are several Local Trainers hosted by MSHN to train clinicians as GAIN Site Interviewers in Region 5. Monthly training cohorts facilitated by the Implementation Coordinator will begin in March 2019. There will be 12 trainee slots in each cohort. The Local Trainers who are on site at provider agencies region wide will facilitate trainings to supplement the training needs of Region 5.

#### *What is the general format of training?*

Each trainee must complete the online training coursework available through Chestnut Health Systems GAIN Coordinating Center. The online course provides an overview of the GAIN instruments, orientation to administration guidelines, example GAIN administrations, and an overview of the online GAIN ABS system features and clinical reports. Trainees have 1 week to complete the self-paced 7-8-hour online training coursework and pass a quiz with a 90% or better (there are three opportunities to take the quiz), followed by a certification process. The Site Interviewer certification process requires the recording of GAIN interviews with clients and submitting them for review, feedback and coaching (up to 3 months).

#### *Who should attend GAIN-I Core certification training?*

Trainees should be staff who administer intake assessments as part of their regular job duties at their agency. These are individuals identified in the Medicaid Manual as being able to bill for assessment services (i.e. masters level clinicians who can diagnose through the DSM 5 and through their credentialing body – LARA).

*After the initial roll out of trainings, will there be a lag in getting new staffed trained?*

There is no anticipated lag. After the initial roll-out the GAIN Implementation Coordinator and access to other Region 5 Local provides the ability to train any new employees online as soon as the Coordinator is alerted to the new staff.

*Will there be continued support and coaching available?*

There will be coaching calls scheduled twice a month that are initially required and then can be utilized by providers on an as-needed basis for support and coaching. Chestnut also has a help line that clinicians can access for assistance.

*Are there any specified billing codes for the assessment?*

Yes, beginning January 1, 2019 providers should use the H0001-cc modifier as there is an enhanced rate of \$250 for completed GAIN I-Core assessments.

*Will Providers be required to pay the annual user cost? What is the renewal cycle?*

The annual GAIN ABS user account cost is \$178. GAIN ABS license fees are \$100 per entity (currently identified as PIHPs), which are currently paid on a 5-year cycle. Behavioral Health and Developmental Disabilities Administration (BHDDA) will initially pay these fees until September 30, 2019 and continue as funds are available.

*Training takes a significant amount of staff time, is there any reimbursement for training time?*

Using the GAIN Billing form a SUD Provider will be reimbursed for training of master's prepared and licensed clinicians certified to implement and administer the GAIN-I Core. Reimbursable expenses include the clinicians time toward training and can be reimbursed at a rate of \$75 per hour using the GAIN Billing form's prescribed list of reimbursable and acceptable event(s). GAIN Local Trainer time toward training MSHN's clinicians will be reimbursed at \$125 per hour using a prescribed list of acceptable training event(s).

*How will this interface with EHR?*

Chestnut Health Systems currently interfaces with many EHR systems. For example, nine PIHPs are currently using PCE with an interface with Chestnut Health Systems.

*Is there a single sign on/compatibility with an EHR/provider/agency?*

Yes. Contact Chestnut Health Systems directly for set-up information and system specification requirements.

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## *GAIN Instrument Questions and Answers*

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*Which GAIN Instrument is required?*

The GAIN I family of instruments offers three versions: GAIN-I Full, GAIN-I Core, GAIN-I Lite. The only required instrument is the GAIN I-Core.

*The GAIN is a complete bio-psycho-social assessment, but does the GAIN explore the following?*

- Sex trafficking? Yes; we are hoping to have labor trafficking questions in the next or future renditions.
- STI/HIV? Yes.
- Pathological gambling? Yes.
- Trauma? Yes; the GAIN is trauma focused.

- Co-occurring/Mental Health conditions? Yes.

*Is the GAIN offered in other languages?*

The GAIN-I Core has both English and Spanish versions available. Clinicians are given the opportunity to change the language in the assessment at the beginning of the process with each client.

*What does the GAIN offer regarding translation services?*

The GAIN I-Core has Spanish and English versions available; it does not have additional translation services built in. However, there is block grant funding for translation services, including for the hearing and sight impaired.

*What is the GAIN SS (Short Screener)? How long does it take to administer? When would it be appropriate to use?*

The GAIN SS is one instrument in another family of a screening tools to be used in general populations to quickly and accurately identify clients who would be flagged as having one or more behavioral health disorders on the GAIN-I. It is not mandatory but could be used by Access Centers to help screen clients into treatment.

*Who can administer the GAIN SS; are there credentialing or licensure requirements?*

Anyone who is currently employed at an access center can administer the SS; there are no credentialing or licensure requirements.

*Can providers have access to the GAIN- SS?*

Yes.

*Is the GAIN-SS required?*

No.

*What is the GAIN ABS system?*

GAIN ABS (Assessment Building System) is an electronic/online system for interactive, electronic administration of the GAIN-I Core assessment with built-in validity checks for data quality and immediate access to client summary reports with demographics, DSM-5 diagnoses, ASAM information, and recommendations based on problem severity. SUD providers are required to create an organization account and individual clinician accounts.

*Is Chestnut/GAIN ABS HIPAA compliant? Will we need releases signed when we transfer a record to another provider?*

Yes; Chestnut/ABS is HIPAA compliant, and follows the HITECH Act. Just as when records are currently transferred, a release will need to be signed.

*What do I need to add to REMI for reimbursement?*

Upon completion of the assessment the clinician must upload the GAIN Recommendation and Referral Summary (GRRS) report to the client record.

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## *GAIN I-Core Administration Questions and Answers*

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*How long is the assessment?*

The GAIN I-Core is a 77-page assessment, however based on the responses some questions may be “skipped”. When administered using GAIN ABS the skip logic is built in therefore only the questions relevant to the client will generate and require answers.

### *The assessment appears long; how do we continue to engage the client during it?*

Initially the assessment will take 90-120 minutes to administer, depending on the answers given and the client’s history, memory and other individual factors, much like current assessments. Length of time will slowly reduce to an average of 90 minutes as the clinician gains confidence and experience administering the assessment. The GAIN can be administered in two or more sessions, if needed however clinicians can only bill for ONE complete assessment.

The clinician should regularly check the clients need for a short break or to continue another day. Client and/or interviewer fatigue can negatively impact assessment validity.

### *How will I know if I caught all the possible inconsistent answers/responses?*

In GAIN ABS the Validity Report can be generated throughout the assessment and at the end, this report will explain all the inconsistencies and provide some guidance in seeking clarification from the client. In addition, when an inconsistent response/answer is entered the ABS system will provide an immediate pop-up for the clinician to address and clarify immediately if possible. These can also be skipped and addressed at the end of the session. It is highly recommended that all inconsistencies are addressed prior to completing the appointment.

### *What reports can be generated after the assessment is complete and how will they help me with my work?*

Immediately after completing a GAIN interview in GAIN ABS, clinicians can generate three different clinical reports which can be translated into clinical practice:

- Personalized Feedback Report (PFR): A summary of substance use and related problems in format conducive for use with motivational interviewing. This report is designed to help motivate the participant for treatment.
- Individual Clinical Profile (ICP): This report summarizes problem severity across all areas assessed in the GAIN and is organized by ASAM assessment dimensions (to be discussed later in this learning unit). This report includes charts which illustrate problem severity into low, moderate, and high clinical severity for ease in triaging the most severe problem areas first.
- GAIN Recommendation and Referral Summary (GRRS): An automatically-generated narrative summary of the participant's self-report in the GAIN interview. This report is fully editable and customizable for a wide range of clinical uses.

### *How does the GAIN support my clinical impression based on the DSM?*

The GAIN was designed to include diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Based on the participant's self-report to diagnostic questions built into the GAIN, the ICP and GRRS will automatically generate diagnostic impressions. Clinicians can (and should) edit these diagnostic impressions in order to consider the most appropriate initial treatment planning steps and recommend the optimal level of care for the participant.

### *How does the GAIN incorporate ASAM criteria?*

The GAIN maps onto the ASAM Criteria as a means to organize problem severity across the six ASAM assessment dimensions, which is useful in the following ways:

- Reduces paperwork burden for agencies and programs who use ASAM,
- helps the clinician to facilitate prioritized treatment planning based on identified need, and
- forms the foundation for making placement decisions based upon a standardized set of criteria.

*Is there a way the provider will know if there is an error during the assessment?*

Yes; when using GAIN ABS and if there are inconsistencies in answers, the system will let the clinician know that there is an inconsistency. If the provider is administering the GAIN I-Core paper version then the clinician will need to check for inconsistencies manually and based on recollection of responses.

*Are treatment recommendations prepopulated in the GRRS?*

Yes; upon completion of the GAIN I-Core an assessment report can be generated to aid in treatment planning. This report, the GRRS (GAIN Recommendation and Referral Summary) is fully editable and requires provider review to incorporate clinical observations.

*Is the GRRS report editable?*

Yes. The report may prompt the clinician to edit a specific area based on the self-reporting of the client. Also, if there is an area that the clinician needs to further clarify, he/she can easily amend or edit that section prior to the final report generation. The GAIN also has the capability to filter and only print relevant sections given the audience (i.e. not all sections of the report are printed each time).

*Will providers need to create their own sign-off sheet for the clients following the creation of the treatment plan.*

Yes; although the report generated through GAIN ABS does provide space for a client signature.

*How often will the assessment need to be updated?*

It is required that an update occur at minimum every 6 (six) months. However, for a treatment episode the clinician can complete the GAIN M-90, a 90 day update.

*What's the difference between an M-90 report and an update?*

The M-90 is an update to the GAIN Assessment.

*Is there a limit to the number of times or is there an expectation about when/how the M-90 can be used?*

For best practice, Chestnut Health Systems recommends that the M-90 be completed every 90 days, but it is not required. At the one-year mark, a new assessment is to be completed.

*When transferring between agencies, does the M-90 satisfy the requirement of an assessment according to CARF and other accrediting agencies?*

No. The M-90 is only assessing the client during the past 90 days and since their last assessment.

*If the assessment requires more than one appointment, how do I bill?*

MSHN is reimbursing GAIN I-Core assessments at a higher enhanced rate for completion to account for additional time with the client. Situations where the GAIN I-CORE is not completed in one appointment, the provider should wait and bill the assessment encounter only after the subsequent appointment(s) once the assessment is complete. If the client never returns, then the provider will bill that first appointment/encounter as a face-to-face screening and any subsequent appointments as non-billable progress notes since it did not result in a complete assessment.

*How do we transfer client records from one provider to another?*

The GAIN ABS system supports transfers of GAIN I Core assessments between providers within the SUD network. If a client seeks services from another in-network provider, the new provider must submit a release of information form to the prior provider. Upon receipt of proper documentation, the prior provider has 3 business days to transfer the

requested documentation within GAIN ABS. More details on this process as well as requirements for transfers outside of the network will be made available in the future.

Note that there are three transfer options for clients and records in GAIN ABS:

- Client Case (selecting one encounter/report)
- Client Treatment Episode (selecting all assessments, updates, reports within a subsection of a client record)
- Client (selecting all Treatment Episodes for a client)

*When a client's records are transferred, is their assessment gone from the original provider's system?*

No; a duplicate record will be sent to the requesting provider and the original provider will need to delete their record to ensure there are not duplicates in GAIN ABS.

*If a referral comes from the jail, can we use their jail intake?*

A GAIN-I Core will need to be completed if it was not done by the jail.

*What if a client comes in impaired?*

Whether it is a cognitive or substance induced impairment; current provider policy and procedures will need to be followed. In the case of a cognitive impairment, it may require more than one session to complete the assessment, as one would expect with any assessment. The GAIN I-Core begins with a few questions to assess cognitive impairment, depending on the score the clinician may opt to postpone the session. If there is a substance induced impairment, they will need to be screened for withdrawal management services need and may need to be assessed later.