GAIN-Q4 Information Sheet

What is the GAIN-Q4?

The GAIN-Q4 is the latest version of the "Q" screening instrument created by Chestnut Health Systems. The GAIN-Q4 is like the previous version of the tool, the GAIN-Q3, in that it uses a series of detailed screeners to identify problems that could benefit from treatment across a variety of life areas. It takes about the same amount of time to administer as the GAIN-Q3 (approximately 60 minutes) once staff are fully trained and have practiced using it. Once completed, the GAIN-Q4 provides staff with diagnostic impressions based on the Diagnostic and Statistical Manual (DSM), and probable level of care placement determinations based on the American Society of Addiction Medicine (ASAM) Patient Placement Criteria summarized in a report called the GAIN-Q4 Recommendation and Referral Summary (Q4 RRS). Like the GAIN-Q3 report, the Q4 RRS functions like a MS Word document. It can be edited to remove or add information, change recommendations, and entire sections can be hidden from view if needed. The Q4 RRS also can serve as an initial treatment planning document for programs that do not already have a standardized format. Programs that have a standard treatment planning format can copy and paste information from the Q4 RRS into their planning templates. For these reasons, the GAIN-Q4 is an important tool to be used during service planning at the beginning and end of treatment.

Why was the GAIN-Q4 created?

Chestnut Health Systems created the GAIN-Q4 for Connecticut as part of the state's implementation of the Centers for Medicare and Medicaid Services (CMS) Section 1115(a) Substance Use Disorder Demonstration Waiver ("SUD Demonstration"). The SUD Demonstration expands access to Medicaid reimbursement for new services and existing services delivered outside of clinic-based settings. The SUD Demonstration is an opportunity to expand access to care for children, adults, and families, and for substance use treatment providers and the state to increase revenue. Connecticut's implementation of the waiver came with certain requirements from CMS including: 1) use of ASAM criteria to guide at which level of care clients would be treated; 2) conduct a comprehensive biopsychosocial assessment at intake and discharge; and 3) link initial and discharge treatment plans and care coordination efforts with these assessments. DCF wanted to leverage use of the GAIN by its contracted providers to make it easier for them to also meet the SUD Demonstration requirements. Rather than require providers to use the GAIN-I tool, which is much longer, DCF worked with Chestnut Health Systems to identify if modifications to the GAIN-Q3 could meet the requirements and be more efficient. This process resulted in development of the GAIN-Q4.

What are the similarities and differences between the GAIN-Q3 and the GAIN-Q4?

The GAIN-Q4 will look very familiar to you if you used the GAIN-Q3 previously. The GAIN-Q4 tool is organized in the same way, using the same domains, as the GAIN-Q3. The GAIN-Q4 is a bit longer than the GAIN-Q3 due to added questions in specific areas. The table below describes these changes and why they were made.

CHANGE AREA	GAIN-Q3	GAIN-Q4	PURPOSE OF CHANGE
ASAM B Dimension Criteria	Included items related to ASAM Dimension B criteria, but did not assess all of them, or did not assess them adequately. For example, Dimension B1 is missing.	Items from the GAIN-I were added to ensure that all B Dimension criteria were assessed.	The addition of items from the GAIN-I allows the GAIN-Q4 to generate ASAM placement recommendations. Because a new version of ASAM is soon to be released in 2024, the new ASAM criteria also were added so the tool remains current.
Diagnostic and Statistical Manual (DSM), diagnostic impressions	Items based on DSM IV-TR	Items based on DSM-5	Updated to reflect current diagnostic criteria in DSM.

Change Area	GAIN-Q3	GAIN-Q4	Purpose of Change
Social Indicators of Health, V codes and Z codes	Missing	Added to capture important information that can affect the course of treatment that psychiatric diagnoses do not consider.	V or Z codes can be useful in a patient's clinical documentation when there is no evidence of a behavioral health disorder and they are presenting with significant impairment. Compared to the DSM-5 V Codes, ICD-10 Z Codes are much more comprehensive and cover a wider variety of psychosocial problems. [1] This information can also be beneficial to identifying and tracking health disparities, system gaps and barriers impacting patients. This data will aid the State in exploring opportunities for program development, analysis of gaps in care, and quality initiatives to improve health outcomes. Items related to both coding systems were added for completeness.
Reports: Recommendation and Referral Summary (RRS)	- Summarizes client self-report. - Fully editable. - Recommends services and supports. - Organized by GAIN domains.	- Summarizes client self-report. - Fully editable. - Recommends services and supports. - Organized by ASAM B Dimension criteria. - ASAM placement table added to beginning of report. - Social indicator information included.	New report format includes information used when applying for Medicaid authorization and billing Medicaid for services provided to clients. Social indicator information helps justify placement when diagnostic criteria may not be fully met and supports comprehensive service planning.
Reports: Individual Clinical Profile	Summarizes severity of client self-reported problems by GAIN domain	No change.	No changes needed.

What are the requirements to use the GAIN-Q4?

Staff are expected to begin administering the GAIN-Q4 with new client admissions as soon as they have completed Parts 1 and 2 of the required training series based on their level of experience with the GAIN[2]. Clients who had an initial GAIN completed using the GAIN Short Screener (GAIN-SS) should be administered the GAIN-SS at their next assessment and/or discharge. All staff using the GAIN should have a GAIN ABS account.

DCF also expects that the GAIN-Q4 will be used to plan and deliver services to clients. To this end, DCF has been working with each of the Evidenced Based Practice (EBP) models to integrate the GAIN into their programs. Your EBP also may track GAIN completion by integrating it into their reporting systems. You will receive training, coaching and/or consultation on how to use and document the GAIN in your program directly through your EBP trainers and consultants.

Has documentation of the GAIN in the Provider Information Exchange (PIE) system changed?

Providers are still recording GAIN completion status in PIE. However, providers are strongly discouraged from using the code "other" to describe if the GAIN was completed. In many instances, there is another more descriptive code that documents the GAIN completion status. Also, when the code "other" is used it gets aggregated, or rolled up, into a category of "not completed" when DCF is reporting this information.

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[1] V Codes (DSM-5) & Z Codes (ICD-10) - PsychDB
[2] See *GAIN-Q4 Training Requirements for DCF Contracted Providers*

Who do I ask if I have questions about using the GAIN-Q4?

There are many resources to help you implement the GAIN-Q4.

- Program specific questions about when to use the GAIN-Q4 can be directed to your DCF Program Lead.
- GAIN instruments and materials are posted on the DCF GAIN-Q4 website.
- GAIN-Q4 training questions can be directed to GAINInfo@chestnut.org.
- The GAIN Coordinator for DCF is Melissa.sienna@ct.gov. You can always email her if you're not sure who to ask!

Attestation

I attest to reviewing the GAIN-Q4 Information Sheet and understand the resources available if I have questions.

Signature   Attestation Date

Submit attestation to GAINSupport@chestnut.org.