



**Certification Page  
Regular and Emergency Rules**  
Revised May 2014

Emergency Rules *(After completing all of Sections 1 and 2, proceed to Section 5 below)*

Regular Rules

<b>1. General Information</b>			
a. Agency/Board Name Department of Health, Behavioral Health Division			
b. Agency/Board Address 6101 Yellowstone Road, Ste. 220		c. City Cheyenne	d. Zip Code 82009
e. Name of Contact Person Carol Day		f. Contact Telephone Number 307-777-7110	
g. Contact Email Address carol.day3@wyo.gov			h. Adoption Date May 7, 2015
i. Program Mental Health and Substance Abuse Services			
<b>2. Rule Type and Information:</b> For each chapter listed, indicate if the rule is New, Amended, or Repealed.			
If "New," provide the Enrolled Act numbers and years enacted: <b>2013 Wyoming Session Laws 206</b>			
c. Provide the Chapter Number, Short Title, and Rule Type of Each Chapter being Created/Amended/Repealed <i>(Please use the Additional Rule Information form for more than 10 chapters, and attach it to this certification)</i>			
Chapter Number:	Chapter Name:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed	
1	General Provisions		
2	Provider Certification		
3	Application for Funds and Selection of Providers		
4	Substance Abuse Treatment Standards		
5	Complaints		
6	Professional Standards for Personnel and Service Quality		
7	Court Supervised Treatment Programs		
8	Prevention Services		
		<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed	
		<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed	
d. <input checked="" type="checkbox"/> The Statement of Reasons is attached to this certification.			
e. If applicable, describe the emergency which requires promulgation of these rules without providing notice or an opportunity for a public hearing:			

**3. State Government Notice of Intended Rulemaking**

a. Date on which the Notice of Intent containing all of the information required by W.S. 16-3-103(a) was filed with the Secretary of State: February 3, 2015  
b. Date on which the Notice of Intent and proposed rules in strike and underscore format and a clean copy were provided to the Legislative Service Office: February 3, 2015  
c. Date on which the Notice of Intent and proposed rules in strike and underscore format and a clean copy were provided to the Attorney General: February 3, 2015

**4. Public Notice of Intended Rulemaking**

a. Notice was mailed 45 days in advance to all persons who made a timely request for advance notice.  Yes  No  N/A  
b. A public hearing was held on the proposed rules.  Yes  No

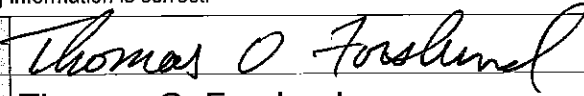
If "Yes:"	Date:	Time:	City:	Location:

**5. Final Filing of Rules**

a. Date on which the Certification Page with original signatures and final rules were sent to the Attorney General's Office for the Governor's signature: May 7, 2015  
b. Date on which final rules were sent to the Legislative Service Office: May 7, 2015  
c. Date on which a PDF of the final rules was electronically sent to the Secretary of State: May 7, 2015

**6. Agency/Board Certification**

The undersigned certifies that the foregoing information is correct.

Signature of Authorized Individual (Blue ink as per Rules on Rules, Section 7)	
Printed Name of Signatory	Thomas O. Forslund
Signatory Title	Director
Date of Signature	May 7, 2015

**7. Governor's Certification**

I have reviewed these rules and determined that they:

- 1. Are within the scope of the statutory authority delegated to the adopting agency;
- 2. Appear to be within the scope of the legislative purpose of the statutory authority; and, if emergency rules,
- 3. Are necessary and that I concur in the finding that they are an emergency.

Therefore, I approve the same.

Governor's Signature	
Date of Signature	

**Attorney General:** 1. Statement of Reasons; 2. Original Certification Page; 3. Summary of Comments (regular rules); 4. Hard copy of rules: clean and strike/underscore; and 5. Memo to Governor documenting emergency (for emergency rules only).

**LSO:** 1. Statement of Reasons; 2. Copy of Certification Page; 3. Summary of Comments (regular rules); 4. Hard copy of rules: clean and strike/underscore; 5. Electronic copy of rules (PDFs) emailed to [Criss.Carlson@wyoleg.gov](mailto:Criss.Carlson@wyoleg.gov): clean and strike/underscore; and 6. Memo to Governor documenting emergency (for emergency rules only).

**SOS:** 1. PDF of clean copy of rules; and 2. Hard copy of Certification Page as delivered by the AG.

## CHAPTERS 1 THROUGH 8

### Rules and Regulations of the Behavioral Health Division Mental Health and Substance Abuse Services Intent to Adopt Rules

#### Statement of Reasons

The Wyoming Department of Health (Department) intends to file New Rules pursuant to W.S. §§ 7-13-1601 through 1615; W.S. § 9-2-102; W.S. § 9-2-2701; W.S. §§ 35-1-611 through 627; 2013 Wyoming Session Laws 206 and the Wyoming Administrative Procedure Act at W.S. §§ 16-3-101 through 115. Upon filing of these new Rules with the Secretary of State they will supersede the *Behavioral Health – Personnel and Program Quality Rules*, dated February 1992, *Community Program – Mental Health and Substance Abuse Program Rules* dated April 1993 and Chapters 1 through 8, *Rules and Regulations for Substance Abuse Standards* dated 2009. These New Rules meet minimum substantive state statutory requirements.

The Department is promulgating the above referenced Rules to condense the following current three (3) program sets of rules, Behavioral Health-Personnel and Program Quality Rules; Community Program-Mental Health and Substance Abuse Program Rules; and, Rules and Regulations for Substance Abuse Standards into one program which will now be titled Mental Health and Substance Abuse Services. This change will make the rules more accessible to the public, update processes and procedures in current rules, minimize regulatory requirements while maintaining statutorily required functions, and will comply with 2013 Wyoming Session Laws 206 which require the Department to establish rules which state that payment for mental health and substance abuse services shall only be paid to entities that are nationally accredited.

These Rules will prescribe eligibility requirements to apply for funding by the Department for mental health and substance abuse treatment services and define the process for review and selection of recipients of funding; establish certification processes and minimum operational standards for providers of behavioral health treatment services funded by the Department and for providers which provide substance abuse services to persons referred or ordered by the court for treatment services; provide complaint and investigation processes for certified providers of mental health and substance abuse services; establish professional standards for personnel and quality of mental health and substance abuse services purchased by the Division; prescribe standards for court supervised treatment programs; and establish standards for community substance abuse prevention services.

The Rules include the legislative requirement for national accreditation of all mental health and substance abuse treatment entities receiving state funds and they revise the competitive application review process under which a community mental health and substance abuse

treatment provider is selected to receive state funds. Current rules require county commissioners to form a select committee and submit their funding recommendations to the state. These Rules propose expanding the review committee to include a county commissioner representing each county under competition and state and local representatives, thereby balancing the need for local control with the state's need for accountability and quality care.

In drafting these Rules the Department has complied with W.S. § 9-5-304. Interested persons may obtain a copy of the assessment used to evaluate the Rules pursuant to W.S. § 9-5-304 by contacting the Behavioral Health Division, 6101 Yellowstone Suite 220, Cheyenne, Wyoming 82002 or by email to [carol.day3@wyo.gov](mailto:carol.day3@wyo.gov).

## CHAPTER 1

### Rules and Regulations of the Behavioral Health Division Mental Health and Substance Abuse Services

#### General Provisions

Section 1. Authority. This Chapter is promulgated by the Wyoming Department of Health pursuant to W.S. §§ 7-13-1601 through 1615; W.S. § 9-2-102; W.S. § 9-2-2701; W.S. §§ 35-1- 611 through 627; 2013 Wyoming Session Laws 206; and the Wyoming Administrative Procedure Act at W.S. §§ 16-3-101 through 115.

Section 2. Purpose and Applicability. These rules have been adopted to establish definitions applicable to Chapters 2 through 8, Rules and Regulations of the Behavioral Health Division, Mental Health and Substance Abuse Services.

Section 3. Terminology. Except as otherwise specified, the terminology used in these rules is the standard terminology used in the industry, and has the standard meaning used in accounting, healthcare, Medicaid, and Medicare.

#### Section 4. Definitions.

(a) “Administrator” means the Senior Administrator of the Behavioral Health Division or Division staff designated by the Senior Administrator.

(b) “ASAM criteria” means the American Society of Addiction Medicine Patient Placement Criteria for substance use clients published by the American Society of Addiction Medicine. The ASAM criteria are incorporated herein by this reference as of the effective date of this Chapter. This incorporation by reference does not include any later amendments or editions of the incorporated matter. The incorporated matter may be viewed at <http://www.asam.org/publications/the-asam-criteria> or copies may be obtained at cost from the Department.

(c) “Behavioral health services” means mental health and/or substance use services and supports provided to persons with mental illness and/or substance use disorders.

(d) “Bio-psychosocial and spiritual needs” means the biological, psychological, social and spiritual needs which play a significant role in behavioral health disorders and which contribute to a client’s functioning.

(e) “Case management” means activities guided by a client’s treatment plan which bring services, agencies, resources, and people together within a planned framework of action toward the achievement of established treatment goals, including

wrap around services. Activities include linkage, monitoring/follow-up, referral, advocacy and crisis intervention.

(f) “Certification” means a process to formally recognize that the provider has met the requirements of these rules to provide substance use services to court ordered individuals and/or behavioral health services purchased by the Division.

(g) “Community mental health or substance abuse center” means an organization that

(i) Is licensed to conduct business in the State of Wyoming;

(ii) Is governed by a citizen board;

(iii) Has a local identity,

(iv) Participates as a member of the community;

(v) Is responsive to community needs;

(vi) Operates at least one (1) full-time office in each county served, staffed a minimum of forty (40) hours per week;

(vii) Provides affordable, accessible and effective services that address individual needs and that are available to all persons who need services, regardless of the ability to pay for services; and

(viii) Provides a comprehensive range of services for persons with behavioral health disorders including specialized services for the priority populations.

(h) “Corrective actions” means changes in policy and/or practice that are a result of a complaint and/or an investigation process or noncompliance with a quality improvement plan or these rules.

(i) “Department” means the Wyoming Department of Health.

(j) “Detoxification” means an organized residential service delivered by appropriately trained staff that provides 24-hour supervision, observation and support for clients who are intoxicated or experiencing withdrawal. There are two levels of detoxification: social detoxification which is characterized by emphasis on peer and social support; and medically managed detoxification which is provided within a hospital setting.

(k) “Division” means the Behavioral Health Division within the Wyoming Department of Health.

(l) “Driving under the influence/minor in possession (DUI/MIP) services” means assessment and education services for persons arrested for driving under the influence or minor in possession of illegal substances.

(m) “Emergency services” means direct contact with a person in crisis as an intervention to prevent escalation of the crisis and to triage the person into needed services.

(n) “Engagement services” means face-to-face staff contact with an individual who is waiting to be admitted into treatment for the purpose of maintaining the individual’s motivation and to help prepare them for treatment.

(o) “Evidence based practice” means behavioral health interventions as identified by the Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Registry of Evidence-based Programs, for which systematic empirical research has provided evidence of statistically significant effectiveness in treating specific problems and populations. The SAMHSA National Registry of Evidence-based Programs is incorporated herein by this reference as of the effective date of this Chapter. This incorporation by reference does not include any later amendments or editions of the incorporated matter. The incorporated matter may be viewed at <http://nrepp.samhsa.gov> or copies may be obtained at cost from the Department.

(p) “Executive director” means the individual responsible for the overall management of an agency or program. The term encompasses other titles including but not limited to chief executive officer, sole proprietor, president, and program administrator.

(q) “Governing board” means the board of directors of a private nonprofit corporation or a community board as defined in W.S. § 35-1-613(a)(i) or a public agency as defined in W.S. § 35-1-613(a)(vi).

(r) “Intensive outpatient program (IOP)” means structured substance use and mental health treatment programming consisting primarily of counseling and education. IOP is considered to be more intensive than outpatient counseling and can function as a step-down from a higher level of care.

(s) “Intervention services” means skilled treatment services, which include but are not limited to individual and group counseling, family counseling, educational groups, skills training, occupational and recreational therapy, medication assisted treatment, and psychotherapy or other therapies, as indicated by client need.

(t) “Medication assisted treatment (MAT)” means the use of medications, excluding those used for detoxification, which are used in combination with counseling and behavioral therapies to support recovery and provide a whole-person approach to the

treatment of substance use disorders. Medications utilized in MAT are buprenorphine (Suboxone® and Subutex®), acamprosate, naltrexone, disulfiram, and methadone as approved by the Food and Drug Administration and the Center for Substance Abuse Treatment.

(u) “Multi-county consortium” means a formal agreement between two or more providers in different counties to share funding, administrative support, clinical staff or other resources to ensure a continuum of service availability and increase cost effectiveness.

(v) “National accreditation” means accreditation issued by The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), or National Integrated Accreditation for Healthcare Organizations (NIAHO).

(w) “Needs assessment” means a systematic process to assess and document specific needs among a population, the results of which guide future planning activities.

(x) “Ombudsman program” means a program which advocates for the rights of individuals by investigating and resolving problems and grievances, providing information and working with institutions, organizations and agencies to increase the effective provision of services to the people they serve.

(y) “Outpatient substance use treatment services” means clinical treatment services provided to persons diagnosed with a substance use disorder which are delivered in the community or in a non-residential and non-inpatient setting.

(z) “Peer specialist” means a person who is or has been a recipient of mental health services for serious mental illness and/or substance use/addiction treatment, who is credentialed by the Division and employed by a provider. The purpose of a peer specialist is to advance a sense of hope, assist a client to direct their own recovery, to maximize the utilization of available community resources and provide expertise and consultation to the entire treatment team to promote a culture in which each client's point of view and preferences are recognized, understood, respected, and integrated.

(aa) “Promising practice” means an administrative or clinical practice that has some scientific research or data showing positive outcomes but does not have enough evidence to support generalizable conclusions.

(bb) “Qualified clinical staff” means persons who are licensed or certified in Wyoming:

(i) Under the Wyoming Mental Health Professions Licensing Act, W.S. §§ 33-38-102 through 33-38-113,

(ii) To practice psychology,



- (iii) To practice medicine, or
- (iv) As an Advanced Practice Registered Nurse.

(cc) “Quality improvement plan” means a written plan to implement corrective actions identified by the Division to achieve measureable improvements in efficiency, effectiveness, performance, accountability, outcomes and/or other indicators.

(dd) “Quality of care review” means review by the client’s treatment team of clinical documentation for the purpose of reviewing the client’s progress in treatment and the services provided to ensure the most appropriate level of care is provided, to coordinate needed services outside the agency, and for internal quality assurance.

(ee) “Recovery supports” means provider sponsored activities and services which advance a sense of hope, compliment and support treatment, increase treatment engagement, improve outcomes and enhance recovery. Generally, recovery supports are developed and conducted by persons who are in recovery. Examples of recovery supports include peer specialist services, recovery coaches, and non-clinical individual rehabilitation services. Recovery supports do not include 12-Step activities.

(ff) “Residential treatment services” means services provided in a free standing or hospital based facility which provides room and board and operates twenty-four (24) hours per day , seven (7) days per week. A residential treatment facility offers evaluation, a planned regimen of treatment services including the staff-monitored administration of prescribed medication, and other supports as indicated by the individual’s treatment plan. The goal of residential treatment is to provide a protective environment that includes support, supervision and treatment to persons with substance use addiction and co-occurring disorders.

(gg) “Service area” means a single county, multiple counties or a region, which is defined by the Division.

Section 5. Severability. If any portion of this Chapter is found to be invalid or unenforceable, the remainder shall continue in full force and effect.

## CHAPTER 2

### Rules and Regulations of the Behavioral Health Division Mental Health and Substance Abuse Services

#### Provider Certification

Section 1. Authority. This Chapter is promulgated by the Wyoming Department of Health pursuant to W.S. §§ 7-13-1601 through 1615; W.S. § 9-2-102; W.S. § 9-2-2701; W.S. §§ 35-1-611 through 627; 2013 Wyoming Session Laws 206; and the Wyoming Administrative Procedure Act at W.S. §§ 16-3-101 through 115.

Section 2. Purpose and Applicability. These rules have been adopted to establish certification processes for providers of behavioral health treatment services funded by the Division and providers which provide substance use services to persons referred or ordered by the court for treatment services.

Section 3. Requirements for Certification of Providers Funded by the Division.

(a) Providers which receive funding from the Division shall have a national accreditation. The Division shall accept applicable and current national accreditation of a provider's mental health services, alcohol and other drug addiction services, integrated mental health and alcohol and other drug addiction services, or integrated alcohol and other drug addiction and physical health services being provided in this state as evidence that the provider satisfies the standards for state certification.

(b) Providers which provide any level of detoxification or substance use residential treatment services shall have a national accreditation. The Division shall accept applicable and current national accreditation of a provider's detoxification or residential treatment services as evidence the provider satisfies the standards for state certification.

Section 4. Requirements for Certification of Providers Not Funded by the Division.

(a) Substance use treatment providers that do not receive state funding must be certified under these rules, which requires compliance with Chapter 4, Substance Use Treatment Standards, as applicable, prior to accepting court referred or court ordered clients.

(b) The Division shall accept applicable and current national accreditation of a provider's alcohol and other drug addiction services, integrated mental health and alcohol and other drug addiction services, or integrated alcohol and other drug addiction and physical health services being provided in this state as evidence the provider satisfies the standards for state certification.

(c) Substance use treatment providers for the Department of Corrections shall be certified under these rules by complying with the applicable provisions of Chapter 4, Substance Use Treatment Standards, or through a Department of Corrections approved accreditation as evidence the provider satisfies the standards for state certification.

(d) The Division shall accept evidence based programming approved by the Division as a substitute for state certification of DUI/MIP education and early intervention services if the provider can demonstrate fidelity to the chosen model.

(e) Providers which provide any level of social detoxification and/or substance use residential treatment services shall have a national accreditation. The Division shall accept applicable and current national accreditation of a provider's detoxification and/or residential treatment services as evidence the provider satisfies the standards for state certification.

Section 5. Application.

(a) A provider seeking certification under these rules shall submit an application to the Division as specified by the Division and as posted on the Division's public website. The application shall include but is not limited to documentation demonstrating the provider meets the organizational requirements specified in Chapter 4 Section 3.

(b) Providers funded by the Division shall submit accreditation reports and certificates to the Division demonstrating compliance with national accreditation entities.

(c) Upon receipt of a completed certification application, the Division shall review the application for compliance with these rules. The review may include an on-site inspection and independent verification of national accreditation with the accrediting body, if applicable. The Division shall approve or deny the application within forty-five (45) calendar days after receiving the application.

Section 6. Acceptance of Accreditation and Granting of Certification.

(a) Applicants meeting the state certification requirements shall be granted a one (1) year certification from the date noted on the certificate.

(b) The Division shall require providers, which are nationally accredited, to submit any and all continuous quality improvement reports, annual conformance reports, reports of major unusual incidents, or any other reports required by the national accrediting body under which it received national accreditation.

Section 7. Renewal of Annual Certification.

(a) Providers, which are nationally accredited, shall be recertified by the Division on an annual basis as determined by their ongoing compliance with the national accreditation entity. The Division shall review all documents submitted to the Division pursuant to Section 6(b) and shall issue an annual certificate for state certification demonstrating compliance with the requirements of the national accreditation entity and the subsequent certification by the Division.

(b) Substance use treatment providers not funded by the Division, which are not nationally accredited, shall be granted annual certification renewal based upon a review of requested documents through the annual application renewal process as specified by the Division.

(c) Substance use treatment providers for the Department of Corrections not funded by the Division and which have a Department of Corrections approved accreditation shall be recertified by the Division on an annual basis as determined by their ongoing compliance with the accreditation entity. Treatment providers for the Department of Corrections which do not have a Department of Corrections approved accreditation shall be granted annual certification renewal based upon a review of requested documents through the annual application renewal process as specified by the Division.

(d) All providers must submit a renewal application on a form provided on the Division's website no less than 45 days prior to their certification expiration.

Section 8. Denial/Refusal to Renew/Revocation.

(a) The Division may deny an application to issue a certification if an applicant fails to substantially meet the requirements of these rules.

(b) The Division may refuse to renew a certification or revoke certification if the provider:

(i) Does not substantially comply with these rules;

(ii) Demonstrates chronic failure to provide services;

(iii) Provides services that fail to meet the applicable standard of care for the profession involved; or,

(iv) If there is a continuing condition creating serious detriment to the health, safety, or welfare of clients.

(c) If the Division denies or refuses to renew a provider's certification, the Division shall notify the provider in writing of the action. The Division shall notify the provider of the action within forty-five (45) days of receiving the application. The notice

shall state the reasons for the action and shall inform the provider of actions necessary to remedy the failures and of their right to a hearing in accordance with the Wyoming Administrative Procedure Act.

(d) When the Division determines there is sufficient evidence to revoke a provider's certification, the Division shall notify the provider in writing within five (5) business days of the actions taken. The notice shall state the reasons for the action and shall inform the provider of their right to a hearing in accordance with the Wyoming Administrative Procedure Act. The Division may grant the provider up to sixty (60) days to correct the conditions rather than revoke the certification. A provider's failure to correct the conditions identified under this provision shall result in a revocation of certification.

(e) If circumstances warrant, the Division may, in its discretion, require a written quality improvement plan provided for in Chapter 5, Section 6 prior to considering reinstatement of certification.

(f) If the Division denies, refuses to renew or revokes a certification, the provider may request an administrative hearing under the Wyoming Administrative Procedure Act. A request for a hearing must be received by the Division within thirty (30) calendar days of the action from which the appeal is taken. If a timely request for hearing is not received by the Division, no hearing will be available. If a timely request for hearing is received, the action is stayed pending a decision on the appeal, except where the Division finds in writing that the health, safety, or welfare of clients requires that the action take effect immediately.

Section 9. Severability. If any portion of this Chapter is found to be invalid or unenforceable, the remainder shall continue in full force and effect.

## CHAPTER 3

### Rules and Regulations of the Behavioral Health Division Mental Health and Substance Abuse Services

#### Application for Funds and Selection of Providers

Section 1. Authority. This Chapter is promulgated by the Wyoming Department of Health pursuant to W.S. § 9-2-102; W.S. § 9-2-2701; W.S. §§ 35-1-611 through 627; and the Wyoming Administrative Procedure Act at W.S. §§ 16-3-101 through 115.

Section 2. Purpose and Applicability. These rules have been adopted to prescribe provider eligibility requirements to apply for funding by the Division to provide community behavioral health services, and to define the process for review and selection of the recipients of such funding.

#### Section 3. Eligibility for Funding.

(a) Any provider may apply to the Division for funding to provide behavioral health services which are available on a statewide and/or regional basis, if the provider meets the following minimum qualifications:

(i) A public agency shall have documentation filed with the Secretary of State evidencing the authority to conduct business within the State of Wyoming.

(ii) A private provider must comply with the eligibility requirements in W.S. § 35-1-624.

(iii) The provider must have a governing board whose members represent the provider's proposed service area and which sets the provider's policy, vision, and mission, has fiduciary oversight and meets on a regular basis. The provider must be able to provide minutes of these meetings upon request.

(iv) The provider must be certified by the Division pursuant to Chapter 2.

(v) The provider must have the capacity to provide the full range of required services as determined by the Division to include twenty-four (24) hour emergency services seven (7) days a week.

(b) A provider which provides behavioral health services in addition to other human services may apply for funding if:

- (i) The behavioral health services operate as a separate unit or segment within the overall agency;
- (ii) The behavioral health services unit or segment meets the definition of a community mental health or substance abuse center;
- (iii) The minimum qualifications specified in (a) are met; and
- (iv) Funds received to provide behavioral health services are maintained separate and apart from other funds of the provider.

Section 4. Letter of Intent to Provide Services.

(a) Prior to the beginning of a funding cycle, the Division shall seek letters of intent to provide funded services. The Division shall publish a notice that includes the eligibility requirements for funding as specified in Section 3. At a minimum, the Division shall distribute the notice to currently funded providers and shall post it on the Division's public website.

(b) Providers interested in applying for funding shall submit to the Administrator a letter of intent signed by the chair of the governing board and by the executive director.

(i) If the provider did not receive funding within the last funding cycle, the letter of intent shall be accompanied by documentation substantiating the provider meets the minimum eligibility requirements specified in Section 3.

(ii) The letter of intent shall include the service area for which the provider is seeking funding and the services to be provided.

(c) Upon receipt of a letter of intent, the Administrator shall determine if the provider meets the eligibility requirements listed in Section 3. If the Administrator determines that the eligibility requirements are not met, the Administrator shall notify the provider that it is not eligible to apply for funding and specify the criteria it has not met.

(d) If the Administrator determines that the provider is eligible to apply for funding, the Administrator shall determine if the application cycle is competing or not and will notify applicants of the status of competition within the service area.

(e) The Administrator shall send the application packet and the criteria the Division will use in its review and selection process as specified in Section 5 to eligible providers. The application packet may contain specific requirements in addition to the criteria in Section 5(a) and 6(a).

Section 5. Selection Criteria and Funding Priorities.

(a) Scoring of applications shall be completed based on the content of the application submitted to the Division, data and other pertinent information owned by the

Division, the criteria listed below and criteria which supports integration with primary care and quality services as specified in the application packet. All applicants must meet the following criteria:

(i) Compliance with applicable federal, state and local laws, and rules and standards required by the Division;

(ii) Demonstrated ability to provide a range of comprehensive and integrated behavioral health services that support quality care to the priority populations as determined by the Division;

(iii) Staffing patterns and staff adequate to provide the continuum of services required and the specific services for which funding is requested;

(iv) Demonstrated oversight by the governing board;

(v) Performance at the level prescribed by the Division as measured by the delivery of the required minimum number of service hours the previous two years (for currently funded providers only);

(vi) Demonstrated positive performance outcomes as defined by the Division;

(vii) Demonstrated strategic planning process;

(viii) Demonstrated capacity and utilization of electronic health care technologies that support the Division's reporting requirements;

(ix) Demonstrated clinical practices that address quality and cost effective care;

(x) Use of recovery supports; and,

(xi) Demonstrated involvement of the people served in the planning and implementation of services.

(b) The Division may deny any application that does not meet the criteria documented in Section 5(a) and the criteria specified in the application packet. An application may also be denied if it proposes to serve only a portion of an existing service area and if funding the application would jeopardize the continued services in the remainder of the service area.

(c) If the application is denied, the Division shall document the reasons why the application was denied and shall notify the applicant of the denial.



(d) The Division may, within its discretion solicit additional applications to provide services in the service area. If the Division solicits additional applications, any applicant whose application was earlier denied may resubmit an application to the Division.

Section 6. Competing Applications.

(a) When two or more applicants are competing to provide services in the same service area and each application meets the criteria in Section 5(a) and in the application packet, the Division shall give preference to, and begin contract negotiations with the provider that received funding from the Division for these services the previous year, unless:

(i) The provider failed to meet the minimum hours of service required for the previous two years; or

(ii) The provider has not provided all deliverables specified in the previous year's contract.

(b) When two or more applicants are competing to provide services in the same service area and each application meets the criteria in Section 5(a) and in the application packet, and there is no previous provider that may be granted the preference noted in subsection (a), applications from providers which then meet the following additional criteria shall be scored by the Division:

(i) The applicant proposes to serve multiple counties or participate in a multi-county consortium;

(ii) The applicant proposes to provide both mental health and substance use treatment services using an integrated model;

(iii) The extent to which behavioral health services are integrated with primary health services;

(iv) The applicant meets or exceeds the statewide average of the Division's performance standards (for currently funded providers only);

(v) The applicant maximizes all applicable funding sources; and,

(vi) The history of the applicant, if available, in providing specialized services to priority populations.

(c) If the remaining competing applicants substantially meet the criteria in subsection (b), the Administrator shall appoint a review committee within fourteen (14) calendar days of the end of the Division's review and application scoring process to review the applications, the scores provided each applicant by the Division, the extent to which the criteria in Section 5(a) are met, the additional criteria that are met by the

applicants from subsection (b), data provided by the Division, and other information as applicable.

(d) The review committee shall consist of no fewer than five (5) persons as follows:

(i) One representative from a state agency other than the Department;

(ii) One representative of the Department;

(iii) One representative of the Behavioral Health Advisory Council who is also a person in recovery;

(iv) One representative of funded behavioral health service providers outside of the region affected by the competing application;

(v) One county commissioner from each county under competition; and,

(vi) Sufficient additional members, at the Administrator's discretion, to ensure an odd number of committee members.

(e) If, for any reason, a representative designated in (d) is unwilling or unable to participate on the review committee, the Administrator may select another person to participate unless the addition of the person results in an even number of committee members.

#### Section 7. Review Committee Process.

(a) Once it is determined that a committee review and recommendation is necessary, the Division shall provide written notification to the competing applicants and to the public in the service area. Notification shall be published as a legal notice in at least one (1) newspaper of general circulation in each county, if possible, affected by the competing applications a minimum of ten (10) calendar days prior to the public hearing. The notice shall include:

(i) The date, time, location and nature of the public meeting;

(ii) The legal authority and jurisdiction under which the meeting is to be held;

(iii) The sections of the statutes and rules involved;

(iv) A statement of the nature of the applications being reviewed; and

(v) The procedure for participation by the public including the procedure to be used to submit written comments, which shall be received by the Division prior to the date of the public meeting.

(b) A public meeting shall be held on all applications for the same funds if the applications:

(i) Meet the funding eligibility criteria in Section 3; and,

(ii) Substantially meet the criteria in Section 5(a), 6(b), and in the application packet;

(c) The public meeting shall be held within thirty (30) calendar days of the selection of the review committee in a location determined by the Division within the service area affected.

(d) The review committee shall elect a chair.

(e) The order of procedure shall be determined by the chair of the review committee and shall allow time for:

(i) Each applicant to make a presentation to the review committee, either in person, by phone, or other electronic means; and

(ii) Public comment on the applications.

(f) After considering public input and all information specified in Section 6(b), including the Division's scoring of the applicants, the committee shall, by majority vote, select a provider for funding and provide written notification to the Administrator of its decision within three (3) business days after the public hearing. The Administrator shall inform the competing applicants of the funding decision with two (2) business days of being notified of the decision by the review committee.

Section 8. Application and Selection Process for Funding that is not Available Statewide and/or Regionally. When funding is available for projects or services which cannot be purchased on a regional or statewide basis, the Division shall:

(a) Define the purpose of the funding;

(b) Develop an application and funding process; and

(c) Notify current contractors and interested parties of the definition, purpose, funding available and how funding decisions will be made. Such notification shall be posted on the Division's public website and included in the application packet for the funding.

Section 9. Severability. If any portion of this Chapter is found to be invalid or unenforceable, the remainder shall continue in full force and effect.

## CHAPTER 4

### Rules and Regulations of the Behavioral Health Division Mental Health and Substance Abuse Services

#### Substance Use Treatment Standards

Section 1. Authority. This Chapter is promulgated by the Wyoming Department of Health pursuant to W.S. §§ 7-13-1601 through 1615; W.S. § 9-2-102; W.S. § 9-2-2701; W.S. §§ 35- 1 - 611 through 627; 2013 Wyoming Session Laws 206; and the Wyoming Administrative Procedure Act at W.S. §§ 16-3-101 through 115.

Section 2. Purpose and Applicability. These rules have been adopted to establish minimum standards for certification of substance use treatment providers.

#### Section 3. Organizational Requirements.

(a) The provider shall have documentation filed with the Secretary of State evidencing the authority to conduct business within the State of Wyoming.

(b) The provider shall have written policies and procedures that address the following:

- (i) Client confidentiality;
- (ii) The treatment process and clinical protocols, including the type of infractions or conditions that must occur for a client to be terminated from a provider;
- (iii) Fiscal management including the development of an annual budget;
- (iv) A fee schedule;
- (v) Placement of clients in the appropriate level of care based on ASAM criteria, as incorporated by reference in Chapter 1, Section 4(b);
- (vi) Contents of clinical files;
- (vii) Quality of care reviews;
- (viii) Continuing education of staff and cross-training as applicable;
- (ix) Relevant insurance maintenance;
- (x) A strategic plan that articulates the provider's goals and objectives; and
- (xi) Medication assisted treatment, if applicable.

(c) The provider shall evaluate progress toward the goals established in the strategic plan and make the results of the evaluation available to the Division.

Section 4. Client Confidentiality, Consents and Grievance Procedures.

(a) Providers shall ensure compliance with state and federal law and other legal restrictions affecting confidentiality of alcohol, drug abuse and health records in all aspects of assessment, treatment and coordination of services.

(b) Providers shall utilize consent for treatment forms signed by the client or legal guardian, if applicable.

(c) Providers shall review clients' rights with the client and legal guardian, if applicable, obtain the signature of the client and legal guardian, if applicable and provide a copy of the signed document to the client and legal guardian, if applicable.

(d) Providers shall have a client grievance procedure. At a minimum, the procedure shall include review by the provider's executive director and review by the governing board, when applicable.

Section 5. Required Personnel. Clinical services shall be provided by qualified clinical staffs that are capable of:

(a) Monitoring stabilized mental health illnesses;

(b) Recognizing any instability of clients with co-occurring mental health diagnoses; and

(c) Obtaining and interpreting information regarding the client's bio-psychosocial and spiritual needs.

Section 6. Clinical Oversight.

(a) Clinical oversight shall be provided by a qualified clinical supervisor as defined in W.S. § 33-38-102(a)(xiii), the Mental Health Professions Practice Act.

(b) At a minimum, clinical oversight shall consist of one (1) contact per month between a clinical supervisor and treatment staff or peer consultation if the provider is one person.

(c) A clinical supervisor shall provide oversight and performance evaluation of clinical staff in the core competencies as identified in the Technical Assistance Publication Series (TAP) 21-A, Competencies for Substance Abuse Treatment Clinical Supervision, published by the Substance Abuse and Mental Health Services Administration (SAMHSA). Supervision or peer consultation shall be clinical, not administrative, and supervision or peer consultation shall be part of the provider's staff development plan.

(d) The requirements of TAP 21-A, Competencies for Substance Abuse Treatment Clinical Supervision, published by SAMHSA are incorporated herein by this reference as of the effective date of this Chapter. This incorporation by reference does not include any later amendments or editions of the incorporated matter. The incorporated matter may be viewed at <http://store.samhsa.gov/product/TAP-21-A-Competencies-for-Substance-Abuse-Treatment-Clinical-Supervisors/SMA13-4243> or copies may be obtained at cost from the Department.

(e) Clinical oversight or peer consultation shall include, at a minimum, documentation of regular meetings showing that consultation took place. This documentation can be completed by either party.

Section 7. Client Case Record.

(a) Each client's case record shall contain the following documentation, as applicable:

(i) Intake;

(ii) A form signed by the client or legal guardian demonstrating receipt of program policies and procedures governing the treatment process and that they understand and accept the policies and procedures. Appropriate consequences shall be documented in regard to infractions that do not require immediate termination, and shall be addressed in the client's individualized treatment plan with appropriate timeframes for clients to address infractions prior to terminating the client;

(iii) Clinical assessments;

(iv) Diagnosis and diagnostic summary;

(v) Treatment plans and periodic updates of treatment plans;

(vi) Progress notes;

(A) Progress notes shall document the condition of the client and progress or lack of progress toward specified treatment goals. Progress notes shall be detailed enough to allow a qualified person to follow the course of treatment.

(B) Progress notes for individual, IOP and group therapy sessions shall be completed as they occur. The dates of services shall be documented as part of each individual or group therapy session progress note.

(C) Progress notes shall be signed by the staff providing services to the client.

(vii) Consent to receive treatment signed by the client or legal guardian;

(viii) A statement signed by the client or legal guardian affirming that confidentiality was explained to them and that they understand what information is protected and under what circumstances information can or cannot be released;

(ix) A form signed by the client or legal guardian affirming that they understand the procedures for filing a complaint;

(x) Client rights form signed by the client or legal guardian;

- (xi) Releases of client confidential information completed in full and signed by the client or legal guardian and the provider;
- (xii) Referrals;
- (xiii) Quality of care reviews;
- (xiv) Correspondence relevant to the client's treatment, including all letters and dated notations of telephone conversations conducted by provider staff;
- (xv) Documentation showing the client was given information regarding communicable diseases, referred for screening, and provided linkages to appropriate counseling;
- (xvi) Documentation of any prescribed medication, including MAT, containing:
  - (A) Documentation the client was fully apprised about the medication;
  - (B) Documentation of the assessment for the medication;
  - (C) Documentation of each prescribed medication; and,
  - (D) Documentation of medication monitoring.
- (xvii) If MAT services are not provided by the provider and a client of the provider is utilizing MAT, documentation of collaboration and attempts to collaborate with a qualified provider of MAT; and
- (xviii) Continued stay, transition and discharge planning.

(b) All documentation shall reflect the unique needs of each individual client and their response to treatment utilizing ASAM criteria, as incorporated by reference in Chapter 1, Section 4(b).

Section 8. Clinical Screening and Assessment.

(a) A provider shall, at a minimum, complete a nationally recognized withdrawal assessment tool such as the Clinical Institute Withdrawal Assessment (CIWA-R) for alcohol for screening clients at risk of experiencing withdrawal symptoms if indicated. The results of this instrument will indicate if the client needs to be referred for detoxification services.

(b) A provider serving adults shall utilize the ASI or such other assessment tool as designated by the Division following input from a statewide committee process. The identification of the approved assessment tool shall be disseminated to all certified treatment providers by the Division. An assessment tool with content that meets or exceeds the content of the ASI may be used upon approval of the Division. Assessments can only be completed by a qualified clinical staff.

(c) Assessments for adults shall include comprehensive information regarding the client's bio-psychosocial and spiritual needs.

(d) A provider serving adolescents shall utilize a bio-psychosocial assessment tool which, at a minimum includes the following domains: medical, criminal, substance use, family, psychiatric, developmental, academic, and intellectual capacity; physical and sexual abuse history; spiritual needs; peer, environmental and cultural history; and, assessment of suicidal and homicidal ideation.

(e) When making a diagnosis, a provider shall utilize diagnostic tools which are standard for the field and which are acknowledged by the Division and payer sources.

(f) A provider shall utilize the ASAM criteria, incorporated by reference in Chapter 1, Section 4(b), as part of the assessment process, including the dimensional criteria for each domain which shall be addressed in the assessment of each client's need for treatment.

(g) A provider shall adequately assess the client's need for case management services as described in Section 12 and develop a written plan as part of the client's treatment plan for providing case management services, as applicable.

(h) A provider shall develop a diagnostic statement summarizing the above elements to assure clarity of client need and treatment recommendations.

(i) When a client is transferred from another provider and an assessment has been completed, the receiving provider must complete a transfer note showing that the assessment information was reviewed. Further, the provider must determine if the client needs are congruent with this assessment and make needed adjustments to treatment recommendations.

(j) A provider may utilize other instruments in addition to those required by these rules.

Section 9. General Standards for Providers of Outpatient Substance Use Treatment and IOP.

(a) IOP services shall, at a minimum:

(i) Consist of nine (9) hours per week of structured clinical treatment programming for adults and six (6) hours per week of structured clinical treatment programming for adolescents;

(ii) Be provided three (3) times a week with no more than three (3) days between clinical services, excluding holidays;

(iii) Last eight (8) weeks in duration;

(iv) Be available within two (2) weeks of the assessment unless the provider has no capacity to provide the service or the client is not able to begin the program. If the provider has no capacity to provide the service within two (2) weeks, engagement services or referral to another provider with the capacity shall be provided; and



(v) Address the client's needs for psychiatric and medical services through consultation and referral arrangements if the client is stable and requires only maintenance monitoring.

(b) Therapies and Intervention Services.

(i) Services shall be provided in an amount, frequency and intensity appropriate to the client's individualized treatment plan.

(ii) Family therapy shall be utilized when indicated by client needs, involving family members, guardians and/or significant other(s) in the assessment, treatment and continuing care of the client.

(iii) Providers that provide group therapy shall ensure that a group is composed of two or more unrelated individuals for the purpose of implementing each person's treatment plan. Group therapy shall be based on evidence-based practice or promising practice and may include psycho-education, skills development, cognitive-behavioral therapy, support, and interpersonal processing. 12 Step Programs are not considered group therapy.

(iv) For clients with mental health concerns, the issues of psychotropic medication, mental health treatment and their relationship to substance use disorders shall be addressed, and intervention strategies shall be deployed as the need arises. Providers that provide co-occurring treatment shall offer therapies to actively address, monitor, and manage psychotropic medication, mental health treatment and the interaction with substance use related disorders.

(v) Providers utilizing MAT shall establish processes which include the following:

(A) A face-to-face assessment to confirm the client's diagnosis in accordance with Section 8;

(B) A determination of the appropriateness of the client for MAT;

(C) Verification that the patient does not have contraindications to MAT;

(D) Identification of any co-occurring medical conditions; and

(E) Access to counseling.

(vi) Services shall include recovery supports or a referral to recovery supports, as applicable.

(c) Individualized Treatment Planning.

(i) Treatment plans shall be completed when treatment is initiated and updated at a minimum of every ninety (90) calendar days.

(ii) Treatment plans shall be developed with the client. The client and clinical staff responsible for the course of treatment shall sign the individualized treatment plan.

(iii) Treatment plans shall be developed utilizing the assessment information, including the diagnosis and ASAM criteria, incorporated by reference in Chapter 1, Section 4(b).

(iv) Treatment plans shall document outcome driven goals and measurable objectives. Plans shall specify the changes in the client's symptoms and behaviors that are expected during the course of treatment in the current level of service and shall be expressed in measurable and understandable terms. The goals shall describe the desired improved functioning level of the client utilizing the six dimensions of the ASAM criteria, incorporated by reference in Chapter 1, Section 4(b).

(v) Treatment plans shall integrate mental health needs if included as part of the assessment and diagnosis, if identified as part of the assessment process, or at any point during the course of treatment.

(vi) Treatment plans shall document the use of MAT as it relates to dimension two of the ASAM criteria, incorporated by reference in Chapter 1, Section 4(b);

(vii) Treatment plans shall be evaluated throughout the course of treatment based on ASAM criteria, which are incorporated by reference in Chapter 1, Section 4(b). Modifications shall be made as clinically indicated. Reviews shall include a written description within the client record of progress for each stated goal and can be completed within the progress notes or as part of an ASAM criteria dimensional review.

(viii) Treatment plans shall list the steps the client will take to meet each stated objective.

(ix) The provider shall attempt to coordinate, when feasible, a plan that addresses individual client needs when the client is receiving services from primary care and/or other human services agencies, including, but not limited to, the Department of Education, Department of Family Services, Department of Workforce Services, or Department of Corrections.

Section 10. Driving Under the Influence/Minor in Possession (DUI/MIP) Education Services.

(a) A provider of DUI/MIP education services shall assure that each client is assessed consistent with the requirements in Section 8.

(i) When the assessment results indicate a need for additional services, the provider shall make the appropriate referrals.

(ii) Each assessment shall include documentation of a review of the blood alcohol level at time of arrest and driving record of the client.

(iii) Authorizations to release medical records including drug and alcohol treatment records to the court and the Department of Transportation, Driver Services shall comply with state and federal law.

(b) If the provider does not conduct the assessment, a copy of the recommendations resulting from an assessment shall be obtained in compliance with state and federal law from the entity completing the assessment.

(c) The provider shall maintain records documenting client attendance and course completion or failure to attend or complete.

(d) The provider shall provide a minimum of eight (8) hours of client face-to-face services utilizing a Division-approved, nationally recognized curriculum that is appropriate to age and developmental levels.

(e) Curriculums for adult and adolescent services must be separate curricula and services must be provided separately.

(f) In order to complete the course, clients shall be required to develop a personal action plan based on nationally accepted practices setting forth actions he/she will take in the future to avoid violations. A copy of the written plan shall be maintained in the clinical file.

(g) Upon completion of the course, the provider will provide a certificate of completion to the client. It is the client's responsibility to notify the court of completion.

(h) The failure of a client to follow the court order or to meet the requirements of the Department of Transportation, Driver Services to successfully complete the course shall be reported to the court and any supervising or probation agent and/or the Department of Transportation within ten (10) business days of course date. Authorizations to release medical records including drug and alcohol treatment records to the court and the Department of Transportation, Driver Services shall comply with state and federal law.

Section 11. Early Intervention Services. Providers providing early intervention services may develop their own education curriculum substantiated by evidence based practice.

Section 12. Case Management Services.

(a) Case management services may be provided directly or through memorandum of agreement among multiple agencies or providers.

(b) Providers shall collaborate with other agencies, providers, and services in the community to meet individual client needs based on ongoing assessments when applicable and when possible based on available services in the community. Special emphasis will be placed on coordinating with other providers, including, but not limited to education institutions, vocational rehabilitation, recovery supports and workforce development services to enhance the client's skill base, chances for gainful employment, housing, community resource supports, and other options for independent functioning.

Section 13. Continued Stay, Transfer and Discharge Criteria.

(a) The provider will follow ASAM criteria, incorporated by reference in Chapter 1, Section 4(b), to determine continued stay, transfer and discharge of clients as applicable.

(b) Discharge summaries shall contain a summary of pertinent case record information and any plan for continuing care, referral or admission to another level of care.

(c) The client's ASAM criteria, incorporated by reference in Chapter 1, Section 4(b), shall be reviewed by the clinical staff person responsible for treatment at a minimum of one (1) time per month or whenever the client's condition changes significantly and the level of care recommendation shall be documented in the clinical record.

Section 14. Temporary Waivers.

(a) The Division may grant a waiver of any standard in this Chapter if the Division determines that requiring immediate compliance with a particular standard would create an undue hardship on a provider and that temporary noncompliance would not impair the quality of the services being provided.

(b) A request for a waiver may be made to the Division at any time the provider deems a standard represents an undue hardship and shall be made in writing.

(c) Prior to or as a condition of granting a waiver the Division may:

(i) Set a time limit on the effective duration of the waiver; and

(ii) Require the provider to submit a written plan to the Division setting forth proposed methods of achieving compliance with the standard within the time frame of the waiver.

(d) The Division shall communicate to the provider in writing its decision on a waiver request.

Section 15. Variances.

(a) The Division may grant a variance of any standard in this Chapter if the Division determines that such variance shall maintain or enhance the quality of the provider's operation and client services. A variance is a permanent change to a required standard to enhance the quality of services as opposed to a temporary waiver that is granted to give the provider additional time to comply with a standard.

(b) A request for a variance may be made to the Division at any time and shall be made in writing.

(c) The Division shall communicate to the provider in writing its decision on a variance request.

Section 16. Severability. If any portion of this Chapter is found to be invalid or unenforceable, the remainder shall continue in full force and effect.

## CHAPTER 5

### Rules and Regulations of the Behavioral Health Division Mental Health and Substance Abuse Services

#### Complaints

Section 1. Authority. This Chapter is promulgated by the Wyoming Department of Health pursuant to W.S. §§ 7-13-1601 through 1615; W.S. § 9-2-102; W.S. § 9-2-2701; W.S. §§ 35-1-611 through 627; and the Wyoming Administrative Procedure Act at W.S. §§ 16-3-101 through 115.

Section 2. Purpose and Applicability. These rules have been adopted to provide complaint and investigation processes of providers of behavioral health treatment services certified by the Division.

#### Section 3. Filing Complaints.

(a) If a client is not satisfied with the resolution of a complaint filed with a certified provider through the provider's grievance procedure, a complaint may be filed with the Division.

(b) A complaint regarding a certified provider may be presented by the complainant to the substance use and mental health ombudsman program or the Division.

(c) If the nature of the complaint is not related to certification or contracting requirements, the Division shall refer the complainant to the appropriate authority such as Medicaid, the Wyoming Mental Health Professions Licensing Board, or an ombudsman program.

#### Section 4. Complaints Filed with the Division.

(a) Complaints filed with the Division shall be in writing. The complaint shall be filed within one year of the alleged violation and shall provide the following information:

(i) The name, address and telephone number of the complaining party;

(ii) The party, person, or agency the complaint is against; and

(iii) A clear and complete statement of the alleged violation of the law, order, rule or standard, together with the facts which give the Division a clear and full understanding of the nature of the alleged violation.

(iv) The Division shall establish policies and procedures to ensure that complaints are properly evaluated, documented, acknowledged and handled in a timely and appropriate manner, to include notification by the Division to the complainant and the provider in writing within ten (10) business days of the receipt of a complaint.

(b) The allegations of the complaint shall determine the tasks required and the nature and scope of any investigation that may occur. The order and manner in which information is gathered depends upon the type of complaint that is filed.

Section 5. Investigations.

(a) The purpose of an investigation is to resolve a complaint and/or alleged violation. The Administrator, upon receipt of a complaint or substantive information alleging detriment to the health, safety or welfare of clients, fraud, and/or ethical misconduct, may conduct an investigation of a provider certified by the Division.

(b) Upon initiation of an investigation, the Division shall provide a copy or summary of the complaint and supporting materials to the executive director and chair of the governing board, if applicable, of the provider against which the complaint or violation is lodged.

(c) The executive director of the provider against whom the complaint is lodged shall file a response to the complaint or alleged violation with the Division no later than twenty (20) business days after receipt of the notice from the Division of the alleged complaint or violation. For good cause shown, the Division may extend the time to respond to the complaint.

(d) If the Division determines the response to the complaint or alleged violation provided by the provider does not resolve the complaint, the Division may continue the investigation to include on-site inspection, collection of all available pertinent information concerning the operation of the program as it relates to the complaint or alleged violation being investigated, consultation with the executive director, governing board, if applicable, and staff of the program, the complainant and other pertinent and reliable sources of information about a provider.

(e) A provider's failure to cooperate with an investigation under subsection (c) or (d) may result in further sanctions as the Division deems appropriate. This may include, but is not limited to, adverse inferences related to any materials denied to the Division, the immediate suspension of contract payments, or decertification.

(f) A preliminary report of the status of the investigation shall be issued by the Division to the complainant and provider within forty-five (45) business days of initiating the investigation. If the Division, in its discretion, extends the duration of the investigation beyond forty-five (45) business days, it will provide an update to the complainant and the provider's executive director and chair of the governing board every thirty (30) business days. This update is intended only to inform the parties on the status of the investigation; failure to provide this update every thirty (30) business days shall have no impact on the validity of the investigation and shall not be grounds for dismissal of the investigation.

(g) A final written report and disposition of the investigation shall be issued within ninety (90) business days of the closure of the investigation. The report shall be sent to the provider's executive director and chair of the governing board, if applicable, and shall include findings, corrective actions required, if any, and time frames for completion of corrective actions.

(h) The Division shall provide a summary of the results and disposition of the investigation to the complainant within ninety (90) business days of the closure of the investigation.

(i) Providers not completing corrective actions as required in the final investigation report may be subject to revocation of certification as provided in Chapter 2, Section 8(b) and may be subject to contract termination, if applicable.

Section 6. Quality Improvement Plans.

(a) The provider shall submit to the Division a quality improvement plan for each corrective action required in the final written report of an investigation.

(i) The quality improvement plan shall include action steps, responsible parties, and dates of completion for each corrective action.

(A) If corrective actions relate to health, safety, welfare or rights of clients served, the provider shall submit the quality improvement plan to the Division within fifteen (15) business days of receipt of the written report from the Division.

(B) For all other corrective actions, the provider shall submit the quality improvement plan to the Division within thirty (30) business days of receipt of the written report from the Division.

(ii) If the quality improvement plan is not received by the Division within the required time frame, the Division shall notify the provider in writing that the Division may revoke the provider's certification pursuant to Chapter 2, Section 8(b).

(b) The Division shall notify the provider in writing of the approval or disapproval of the provider's quality improvement plan within thirty (30) business days after receipt of the plan.

(i) If the quality improvement plan is not approved, the provider shall receive notification in writing of the reasons for the disapproval and will be required to submit a revised plan within ten (10) business days of receipt of the written disapproval from the Division.

(ii) If the revised quality improvement plan is not approved, the provider shall have fifteen (15) business days from notification of the disapproval to submit an acceptable plan or the Division may revoke the provider's certification pursuant to Chapter 2, Section 8(b).

(iii) In the event the provider contests the actions of the Division in revoking certification, the provider may request a hearing pursuant to the procedures in Chapter 2, Section 8(f).

(c) The Division shall complete appropriate follow up monitoring to assure that the actions identified in the provider's quality improvement plan have been completed within the specified time frame. A provider's failure to complete its quality improvement plan within the specified time frame may result in decertification.

Section 7. Severability. If any portion of this Chapter is found to be invalid or unenforceable, the remainder shall continue in full force and effect.



## CHAPTER 6

### Rules and Regulations of the Behavioral Health Division Mental Health and Substance Abuse Services

#### Professional Standards for Personnel and Service Quality

Section 1. Authority. This Chapter is promulgated by the Wyoming Department of Health pursuant to W.S. §§ 7-13-1601 through 7-13-1615; W.S. § 9-2-102; W.S. § 9-2-2701; W.S. §§ 35-1-611 through 627; and the Wyoming Administrative Procedure Act at W.S. §§ 16-3-101 through 115.

Section 2. Purpose and Applicability. These rules have been adopted to establish professional standards for personnel providing behavioral health services purchased by the Division and to prescribe standards for the quality of behavioral health services purchased in whole or in part by the Division.

#### Section 3. Personnel Standards.

(a) The executive director of a provider whose services are purchased in whole or in part by the Division shall be employed on a full-time basis by the provider's governing body or multi-county consortium and shall meet the qualification standards in either (i) or (ii) below.

(i) An executive director shall be a qualified clinical individual and have a minimum of two (2) years of relevant experience in behavioral health services management or administration; or

(ii) An executive director shall have an advanced degree in a health related or business field and a minimum of two (2) years of relevant experience in behavioral health services management or administration.

(b) Executive directors employed prior to the effective date of these rules shall be eligible to continue in their role in their current place of employment.

(c) Clinical services purchased in whole or in part by the Division shall be provided by qualified clinical staff.

(d) Direct service personnel shall receive training required to bill services to Medicaid.

(e) Peer specialists providing services purchased in whole or in part by the Division shall be credentialed by the Division and receive training required to bill peer specialist services to Medicaid.

Section 4. Service Quality. Providers whose services are purchased in whole or in part by the Division shall:

(a) Adhere to national accreditation and certification requirements as specified in Chapter 2;

(b) Utilize evidence based practices, promising practices, and practice-based evidence;

(c) Guarantee each client's right to an individualized plan of appropriate services which provides for treatment in the least restrictive environment that may reasonably be expected to benefit the client;

(d) Develop processes to manage wait lists and/or practice same day access;

(e) Develop policies addressing continuing education of staff and cross-training as applicable;

(f) Develop practices that result in high quality services as demonstrated in positive client outcomes that are cost effective as determined by the Division in collaboration with funded providers;

(g) Provide integrated mental health and/or substance use services that are coordinated with primary care; and

(h) Gather and use client feedback to improve the quality of care.

Section 5. Variances.

(a) The Division may grant a variance of any personnel standard in this Chapter if the Division determines that such variance shall maintain or enhance the quality of the provider's operation and client services. A variance is a permanent change to a required standard.

(b) A request for a variance may be made to the Division at any time and shall be made in writing.

(c) The Division shall communicate to the provider in writing its decision on a variance request.

Section 6. Severability. If any portion of this Chapter is found to be invalid or unenforceable, the remainder shall continue in full force and effect.

## CHAPTER 7

### Rules and Regulations of the Behavioral Health Division Mental Health and Substance Abuse Services

#### Court Supervised Treatment Programs

Section 1. Authority. This Chapter is promulgated by the Department of Health pursuant to W. S. §§ 7-13-1601 through 1615, 2013 Wyoming Session Laws 206; and the Wyoming Administrative Procedure Act at W.S. §§ 16-3-101 through 115.

Section 2. Purpose and Applicability. This rule has been adopted and amended for the purpose of complying with 2013 Wyoming Session Laws 206 and defining standards for court supervised treatment (CST) programs.

Section 3. Eligibility for Funding.

(a) A governing body of a city, town or county, a tribal government of either the Northern Arapaho or Eastern Shoshone tribes of the Wind River Indian Reservation, or a nonprofit organization recognized under 26 U.S.C. 501(c) (3) which operates a CST program may apply to the Division for a contract to provide a CST program, if they meet the following minimum qualifications:

(i) The applicant must comply with W.S. §§ 7-13-1606 (b), 1609(a) and 1609(c); and

(ii) The applicant must have the capacity and capability of utilizing health care electronic technologies that support the Division's reporting requirements.

(b) The applicant must be certified by the Division pursuant to Chapter 2, to include national accreditation to provide substance use treatment services or subcontract all substance use treatment services to a treatment provider or providers who is/are certified by the Division and nationally accredited.

Section 4. Applications for Funding.

(a) The Division shall notify currently funded CST program coordinators of changes to the funding formula at least thirty (30) days prior to the release of funding applications.

(b) Prior to the beginning of a funding cycle, the Division shall publicize the availability of funds and the eligibility requirements, as specified in Section 3, to receive CST funding. At a minimum, the notice shall be distributed to currently funded CST programs and posted on the Division's public website.

(c) Applications for funding shall be on a form determined by the Division and shall clearly indicate the date the application is due at the Division and the funding formula. At a minimum, applications shall include:

(i) The identification of participating judges and a plan for participation of judges;

(ii) Identification of each CST program team member;

(iii) Identification of the treatment provider(s) and the specific treatment services to be provided including the location where treatment services are to be provided;

(iv) Evidence of state certification and national accreditation of the substance use treatment provider which may be part of the CST program team or under subcontract with the applicant;

(v) Evidence of the completion of the training and/or continuing education requirements listed in Section 9;

(vi) The process by which fees or contributions to the program are made by program participants;

(vii) Demonstration of local contributions to the program, which shall meet or exceed twenty-five percent (25%) of the amount requested from the state, and the source and nature of the local contributions;

(A) The local contribution may include cash match or in-kind contribution.

(B) Payments by CST participants may not be used to meet local contribution requirements.

(viii) Any other information requested by the Division.

(d) The Division shall review each application submitted by the due date and develop funding recommendations.

(i) Funding recommendations shall be based in part on a funding formula pursuant to W.S. § 7-13-1605(c)(i). The Division shall apply the funding formula to each application prior to making funding recommendations.

(ii) The Division may use data provided by the applicant in applying the funding formula and calculating funding recommendations. Each CST program shall have access to the data and other information used by the Division in determining its funding recommendation for the program.

(e) The Division shall, within thirty (30) days of the due date for submitting applications, forward its funding recommendations and all applications to the CST Program Panel.

Section 5. CST Program Panel

(a) CST program panel members shall notify the Division in writing of their intent to serve on the Panel or provide the name and contact information of their designee. A designee must be an employee or officer of the agency to be represented. A designee shall continue to serve until the designation is revoked.

(b) The Panel shall select a chair, a vice chair, and a secretary at its initial meeting each year. Records of the Panel, including minutes of all Panel meetings, shall be maintained by Division staff.

(c) The Panel shall consider each application and render its funding decision within thirty (30) days of receiving the applications and recommendations from the Division. In order to approve any application for funds, the Panel must find:

(i) The CST program meets the criteria established by the U.S. Department of Justice, the National Drug Court Institute or National Association of Drug Court Professionals;

(ii) The CST program is in compliance with W.S. §§ 7-13-1601 through 1615 and these rules;

(iii) The CST program can reasonably be expected to meet the goals of the legislature as listed in W.S. § 7-13-1603(b).

(d) The Panel shall determine whether to approve funding requests, the amount of funds to be disbursed to individual applicants, conditions of funding consistent with law and the schedule for disbursement to each successful applicant.

(i) The Panel shall consider the Division's recommendations in making funding decisions.

(ii) The Panel shall notify the Division and shall notify all applicants in writing of its funding decision. The decision of the Panel is final.

(iii) The Division shall disburse funding in a manner consistent with the Panel's decision.

Section 6. Treatment and Support Services.

(a) CST programs shall provide directly or through subcontracts or referral relationships a continuum of care for each participant that is individualized, based on the needs of the participant and to include at a minimum, substance use treatment, support services, continuing care, and integrated treatment for mental illness and substance use disorders for persons with co-occurring diagnoses.

(b) CST programs which subcontract for substance use treatment services shall require the subcontractor to comply with Chapter 6 of these Rules.

(c) All providers of treatment and support services, either as part of the CST program team, under contract with the CST program, or through referral relationships, shall have sufficient training or experience to provide services to the criminal justice population using a drug court model.

Section 7. Confidentiality of Records.

(a) CST program staff designated by the participating judge shall be provided with access to all records of any state or local government agency relevant to the treatment of any program participant. Governmental agency employees shall fully inform the designated CST program staff member(s) of all matters affecting the treatment and program process of a participant. No contents of records and reports shall be disclosed to any person outside the CST program. The records and reports shall be maintained by the CST program in a confidential file not available to the public.

(b) Authorizations to release medical records including drug and alcohol treatment records shall comply with state and federal law.

Section 8. CST Program Policies and Procedures. Each CST program shall develop and implement policies and procedures:

(a) Enforcing conditions of participation listed in W.S. § 7-13-1607;

(b) Enforcing the incentives and sanctions guidelines listed in W.S. §7-13-1608;

(c) Ensuring required training and continuing education requirements listed in Section 9 are attained;

(d) Ensuring all participants contribute to the cost of their CST program;

(e) Guiding processes for contracting substance use and/or integrated co-occurring mental health and substance use services to treatment providers; and

(f) Avoiding conflicts of interest and the appearances of such conflicts related to contracts with treatment providers.

Section 9. Training and Continuing Education.

(a) CST program team members shall complete:

(i) A minimum of twenty (20) hours of drug court specific training or Division approved CST training during the first year of participation in a CST program. A minimum of ten (10) hours shall be formal training and the remaining ten (10) hours of training may be informal such as shadowing and peer-sponsored training. This requirement does not apply to those applicants whose CST program team members have completed a Division approved training program or the Drug Court Planning Initiative training for another CST program.

(ii) A minimum of six (6) hours of drug court specific or other relevant training each fiscal year. Training which qualifies to meet this requirement may include drug court courses and seminars provided by:

- (A) The United States Department of Justice;
- (B) The National Association of Drug Court Professionals;
- (C) The National Drug Court Institute;
- (D) A state drug court association recognized by the Division;

or,

- (E) The Division.

(b) Providers of substance use treatment and/or support services, as part of the CST program team or under subcontract with the CST program, shall complete:

(i) A minimum of ten (10) hours of drug court specific training or Division approved training prior to providing CST services; and

(ii) Six (6) hours of drug court specific or other relevant training annually.

Section 10. Data Collection and Maintenance. The Division, in collaboration with CST program team members, shall develop a uniform statewide data set and collection system which complies with W.S. §§ 7-13-1613 and other data as needed that will assist in conducting research and demonstrating outcomes of the program.

Section 11. Severability. If any portion of this Chapter is found to be invalid or unenforceable, the remainder shall continue in full force and effect.

## CHAPTER 8

### Rules and Regulations of the Behavioral Health Division Mental Health and Substance Abuse Services

#### Prevention Services

Section 1. Authority. This Chapter is promulgated by the Wyoming Department of Health pursuant to W.S. § 9-2-2701(b) and the Wyoming Administrative Procedure Act at W.S. §§ 16-3-101 through 115.

Section 2. Purpose and Applicability. These rules have been adopted to establish standards for community substance use prevention and mental health promotion services to Wyoming residents.

#### Section 3. Prevention Services.

(a) Description of Services. Substance use prevention and mental health promotion services (including suicide prevention and early intervention programs and practices) are those provided in any community through a collaborative public health process based upon local data and needs, and employing evidence-based strategies.

(b) Needs Assessment. The prevention provider must demonstrate it has conducted or participated in conducting a community level needs assessment, or is using a previously completed, currently valid needs assessment. The needs assessment must include local level data reflecting substance use prevalence rates and the consequences to substance use. It must also include data on possible intervening variables. Examples of data sources include the Wyoming Prevention Needs Assessment, the Youth Risk Behavior Surveillance Survey, Uniform Crime Reports, the Behavioral Risk Factor Surveillance Survey, and the United States Census.

(c) Collaboration. The prevention provider must demonstrate it has collaborated with other community members and organizations in an effort to build capacity and mobilize the community. As evidence of this collaboration, the provider shall:

(i) Maintain membership in one or more local prevention coalitions or advisory councils; and

(ii) Document that the substance use prevention and mental health promotion services it provides support a comprehensive continuum of prevention services for the community it serves.

#### (d) Strategic Plan.

(i) The prevention provider shall demonstrate it is operating pursuant to a current strategic plan for prevention based upon local needs assessment data, supported by



relevant local coalitions or advisory councils, and detailing the implementation of evidence based prevention strategies.

(ii) The strategic plan shall identify evidence based strategies that specifically address the intervening variables most important in each community. These intervening variables shall be directly linked to targeted local substance use problems.

(iii) The strategic plan shall include the target population, measurable goals and objectives, timelines for planned activities, a logic model that details a theory of change, and an evaluation plan.

(iv) The strategic plan shall demonstrate an understanding of culturally diverse populations and include a plan for sustaining prevention efforts.

(e) Implementation of Evidence-Based Strategies.

(i) The prevention provider shall adhere to the goals and objectives of the strategic plan, including the selection and implementation of evidence-based policies, practices and programs for the prevention of substance use and mental health promotion. Promising evidence-informed policies, programs and practices that have a strong research base may be considered as “evidence based” under these rules with prior approval by the Department.

(ii) Staff providing substance use prevention and mental health promotion services shall, within six (6) months of employment, complete any such educational or skills-based substance use prevention or mental health promotion training as the Department may reasonably require.

(f) Evaluation. The prevention provider shall maintain and/or comply with a plan for evaluating the goals and objectives of their strategic plan, including the collection of data at the community and strategy level. The prevention provider shall work with local coalitions or advisory councils to use evaluation results to update their strategic plan and make other necessary decisions about the implementation of prevention strategies. The evaluation plan should incorporate consequence, consumption, and intervening variable indicators from the local needs assessment. The evaluation plan shall include:

(i) A procedure for collecting and reporting relevant process data (for example, the number of persons served by a prevention program) in a timely manner;

(ii) A procedure for collecting and reporting relevant outcome data in a timely manner;

(iii) A procedure for ensuring the confidentiality of information and for protecting the safety of human subjects that participate in evaluation research; and

(iv) Any such additional requirements as the Department may reasonably include in its provider contracts to further define essential needs assessment, collaboration, strategic planning, implementation, and evaluation activities.

Section 4. Severability. If any portion of this Chapter is found to be invalid or unenforceable, the remainder shall continue in full force and effect.