



**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**

**1. General Information**

a. Agency/Board Name <b>Wyoming Department of Health, Division of Healthcare Financing</b>		
b. Agency/Board Address <b>6101 Yellowstone Road, Suite 210</b>	c. City <b>Cheyenne</b>	d. Zip Code <b>82002</b>
e. Name of Contact Person <b>Brenda Stout</b>	f. Contact Telephone Number <b>(307) 777-2896</b>	
g. Contact Email Address <b>brenda.stout1@wyo.gov</b>	h. Adoption Date <b>10/28/2015</b>	
i. Program <b>Medicaid</b>		

**2. Rule Type and Information:** For each chapter listed, indicate if the rule is New, Amended, or Repealed.

If "New," provide the Enrolled Act numbers and years enacted:

c. Provide the Chapter Number, Short Title, and Rule Type of Each Chapter being Created/Amended/Repealed  
(Please use the Additional Rule Information form for more than 10 chapters, and attach it to this certification)

Chapter Number: <b>13</b>	Chapter Name: <b>Mental Health Services</b>	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amended	<input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New	<input type="checkbox"/> Amended	<input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New	<input type="checkbox"/> Amended	<input type="checkbox"/> Repealed
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Chapter Number:	Chapter Name:	<input type="checkbox"/> New	<input type="checkbox"/> Amended	<input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New	<input type="checkbox"/> Amended	<input type="checkbox"/> Repealed

d.  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:  
 The agency is seeking to re-adopt the emergency rule to allow time for the filing of regular rules. The regular rules were adopted by the Director of the Department of Health on October 28, 2015 and will be filed with the Secretary of State no later than January 11, 2016. W.S. § 42-4-103 (a) (xx) is amended to allow mental health professionals holding a provisional license to provide mental health services to Medicaid clients as long as the provisional licensee is supervised by a licensed mental health professional. A licensed mental health professional means a licensed professional counselor, a licensed marriage and family therapist, a licensed addictions therapist or a licensed clinical social worker. If the emergency rule expires, provisional mental health providers would be providing and billing for services to our Medicaid clients illegally. Therefore, in order to continue to allow provisional mental health providers to continue to practice under the supervision of a licensed mental health professional when serving Medicaid clients, the emergency rules at issue need to be extended for an additional 120 days.

**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**:
- 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**:
- 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**:

**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**: **October 28, 2015**
- b. Date on which final rules were sent to the **Legislative Service Office**: **October 28, 2015**
- c. Date on which a PDF of the final rules was electronically sent to the **Secretary of State**: **October 28, 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

October 28, 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.

## CHAPTER 13

### Rules and Regulations for Wyoming Medicaid Mental Health Services

#### Intent to Re-adopt Emergency Rules

#### Statement of Reasons

The Wyoming Department of Health proposes to re-adopt the following Emergency Amended Rule to comply with the provisions of Wyo. Stat. § 42-4-103(a)(xx), 2015 Wyoming Session Laws, Ch. 64, and the Wyoming Administrative Procedure Act at Wyo. Stat. § 16-3-102.

Chapter 13 has been adopted to describe the providers, covered services and requirements associated with mental health and substance abuse treatment services covered by Medicaid.

This Chapter has been edited to comply with the changed language of Wyo. Stat. § 42-4-103(a)(xx), 2015 Wyoming Session Laws, Ch. 64 to: allow provisional license mental health professionals to enroll and practice under the supervision of a licensed mental health professional when serving Medicaid clients; establish consistency with the definitions across all chapters of the Medicaid Rules; and, comply with recent State Plan Amendments.

Medicaid has also simplified and streamlined this Chapter, reducing both the number and length of rules, to comply with Governor Mead's directive. For example, many definitions have been moved to Chapter 1 of Medicaid's rules and stricken from this Chapter.

The agency is seeking to re-adopt the emergency rule to allow time for the filing of regular rules. The regular rules were adopted by the Director of the Department of Health on October 28, 2015 and will be filed with the Secretary of State no later than January 11, 2016. Wyoming Statute § 42-4-103 (a)(xx) allows mental health professionals holding a provisional license to provide mental health services to Medicaid clients as long as the provisional licensee is supervised by a licensed mental health professional. A licensed mental health professional means a licensed professional counselor, a licensed marriage and family therapist, a licensed addictions therapist or a licensed clinical social worker. If the emergency rule expires, provisional mental health providers would be providing services and billing in violation of the statute. Therefore, in order to continue to allow provisional mental health providers to continue to practice under the supervision of a licensed mental health professional when serving Medicaid clients, the emergency rules at issue needs to be extended for an additional 120 days.

## CHAPTER 13

### Rules and Regulations for Medicaid

#### Mental Health Services

EMERGENCY RULES ARE NO LONGER IN EFFECT 120 DAYS AFTER FILING WITH THE  
SECRETARY OF STATE

Section 1. Authority. This Chapter is promulgated pursuant to the Medical Assistance and Services Act at W.S. § 42-4-104 and the Wyoming Administrative Procedures Act at W.S. § 16- 3-102.

Section 2. Purpose and Applicability.

(a) This Chapter establishes the scope of mental health and substance abuse treatment services covered by Medicaid when provided by certified community mental health centers, certified substance abuse treatment centers, licensed psychologists, licensed Advanced Practitioners of Nursing with a specialty area of psychiatric/mental health, or licensed mental health professionals, as well as the methods and standards for reimbursing providers of such services. It shall apply to all such services provided on or after its effective date.

(b) The requirements of Title XIX of the Social Security Act, 42 C.F.R. §440.130, §440.40(b), § 440.169, and the Medicaid State Plan also apply to Medicaid and are incorporated by this reference, and may be cross-referenced throughout this Chapter where applicable. This incorporation by reference is effective as of the effective date of this Chapter, and does not include any later amendments or editions of the incorporated matter. The incorporated rules and regulations may be viewed at <http://www.ecfr.gov/cgi-bin/ECFR>, [www.ssa.gov](http://www.ssa.gov), and <http://www.health.wyo.gov/healthcarefin/mcicaid/ spa.html> or may be obtained at cost from the Department.

Section 3. Definitions. Except as otherwise specified in Chapter 1, or as defined herein, the terminology used in this Chapter is the standard terminology and has the standard meaning used in accounting, mental health care, substance abuse care, Medicaid and Medicare.

(a) “Certified center.” A community mental health or substance abuse treatment agency that is certified by the Division of Behavioral Health.

(b) “Clinical Professional.” An individual who is licensed as a:

(i) Licensed Addictions Therapist;

(ii) Licensed Advanced Practitioner of Nursing with a specialty area of psychiatric/mental health (APRN);

(iii) Licensed Clinical Social Worker;

(iv) Licensed Marriage and Family Therapist;

(v) Licensed Physician;

(vi) Licensed Professional Counselor;

(vii) Licensed Psychiatric Nurse (Master level); or

(viii) Licensed Psychologist.

(c) "Clinical staff." An individual who is a:

(i) Certified addictions practitioner (CAP), certified by the Mental Health Professions Licensing Board pursuant to the Mental Health Professions Practice Act (Wyo. Stat. §§ 33-38-101 through -113) to practice under the supervision of a licensed and qualified clinical supervisor;

(ii) Certified addictions practitioner assistant (CAPA), certified by the Wyoming Mental Health Professions Licensing Board or similar authority in another State, to practice under the supervision of a licensed and qualified clinical supervisor;

(iii) Certified Peer Specialist (CPS) who has a minimum general equivalency diploma (GED) or high school diploma, meets the criteria and supervision requirements of a Mental Health Technician, is certified by the Division of Behavioral Health as a peer specialist, and is working under the documented, scheduled supervision of a licensed mental health professional;

(iv) Certified Social Worker (CSW) or a Certified Mental Health Worker (CMHW), certified by the Wyoming Mental Health Professions Licensing Board or similar authority in another State, to practice under the supervision of a qualified clinical supervisor licensed in the state of Wyoming;

(v) Licensed Practical Nurse (LPN) who is performing nursing duties within the scope of practice as defined by the Wyoming Board of Nursing Rules, Chapter III- Standards of Nursing Practice;

(vi) Mental Health Assistant (MHA) who has achieved a bachelor's degree in a human relations discipline as specified in the Wyoming Standards for the Operation of Community Mental Health and Substance Abuse Programs who is working under the documented, scheduled supervision of a licensed mental health professional;

(vii) Mental Health Technician (MHT) who has a minimum general equivalency diploma or a high school diploma and who is working under the documented, scheduled supervision of a licensed mental health professional;

(viii) Provisional licensee who is provisionally licensed by the Wyoming Mental Health Professions Licensing or similar authority in another State, to practice under the supervision of a licensed and qualified clinical supervisor. This includes student interns who meet the qualifications required by their respective Board and are practicing and billing under the direct supervision of a licensed and qualified clinical supervisor; or

(ix) Registered Nurse (RN) who is performing nursing duties within the scope of practice as defined by the Wyoming Board of Nursing Rules, Chapter III-Standards of Nursing Practice.

(d) "Collateral contact." An individual involved in the client's care. This individual may be a family member, guardian, healthcare professional or person who is a knowledgeable source of information about the client's situation and serves to support or corroborate information provided by the client. The individual contributes a direct and an exclusive benefit for the covered client.

#### Section 4. Provider Participation.

(a) "Payments only to providers." No certified center, licensed psychologist, APRN, or licensed mental health professional that furnishes services to a client shall receive Medicaid reimbursement unless the certified center, licensed psychologist, APRN, or licensed mental health professional is enrolled with Medicaid.

(b) "Compliance with Chapter 3." A certified center, licensed psychologist, APRN, or licensed mental health professional that wishes to receive Medicaid reimbursement for services furnished to a client shall meet the provider participation requirements of Chapter 3.

#### Section 5. Special Requirements for Mental Health Services.

(a) A certified center which wishes to receive Medicaid reimbursement for furnishing covered services to clients must:

(i) Be certified by the Division of Behavioral Health and meet Medicaid enrollment requirements; and

(i) Have an internal quality assurance plan that meets Medicaid requirements as established in section 10.

(b) Case management services. All members of a certified center's staff who provide case management services must:

- (i) Be employed by, or under contract with, a certified center; and
- (ii) Be a clinical professional or clinical staff.

(c) Individual rehabilitative services (IRS). All members of the staff who provide IRS must:

- (i) Be eighteen (18) years of age or older;
- (ii) Be employed by, or under contract with, a certified center;
- (iii) Complete a basic training program which includes non-violent behavior management; and
- (iv) Have a minimum general equivalency diploma or high school diploma.
- (v) Be supervised by the client's primary therapist as evidenced by co-signature of the primary therapist on each IRS progress note.

(d) Mental health center services. All members of a certified center's staff who provide mental health center services must:

- (i) Be employed by, or under contract with, a certified center; and
- (ii) Be a clinical professional or clinical staff per the requirements of the specific service provided.

Section 6. Covered Services.

(a) All covered services must be:

- (i) Furnished to a client or collateral contact and must be for the direct and exclusive benefit of the client;
- (ii) Furnished pursuant to a treatment plan, updated and signed by a clinical professional at least every ninety (90) days that lists the type, frequency, and duration of

each service to be provided with the exception of the initial clinical assessment; and,

(iii) Documented by providing a legible progress note in the client's medical record. Each progress note must contain a hand written or electronic signature and credentials of the provider and shall specify:

- (A) Service type and setting (if outside of the office);
- (B) Begin and end times (Military or Standard Time); and
- (C) Client progress towards goals identified in their current

treatment plan.

(b) The following are covered services when furnished by a certified center:

- (i) Clinical assessment;
- (ii) Office-based individual and family therapy;
- (iii) Community-based individual and family therapy;
- (iv) Psychosocial rehabilitation (day treatment);
- (v) Intensive outpatient program (IOP);
- (vi) Group therapy;
- (vii) Comprehensive medication services;
- (viii) Individual rehabilitative services (IRS);
- (ix) Certified peer specialist services;

(x) Targeted case management provided to clients twenty-one (21) years of age and older; and

(xi) Ongoing case management provided to clients less than twenty-one (21) years of age.

(c) The following are covered services when furnished by a licensed psychologist, APRN, or licensed mental health professional:

- (i) Clinical assessment;
- (ii) Office-based individual and family therapy services;



- (iii) Community-based individual and family therapy;
- (iv) Group therapy;
- (v) Ongoing case management services provided to clients under twenty-one (21) years of age; and
- (vi) Additional services as specified in Medicaid policy manuals and provider bulletins. These services provided by licensed psychologists or APRNs may include psychological testing, psychotherapy and evaluation and management services.

Section 7. Excluded Services. The following services are excluded:

- (a) Clinical services not provided face-to-face or via a telehealth modality, other than collateral contacts necessary to develop or implement a treatment plan;
- (b) Education, public education, public relations, and speaking engagements;
- (c) Day care;
- (d) Driving while under the influence (DUI) classes;
- (e) Missed appointment;
- (f) Psychological testing done for the sole purpose of education diagnosis, school or institution admission or placement;
- (g) Record-keeping time unless allowed by a specific service code;
- (h) Recreation and socialization without an active clinical treatment component as specified in the individual client's treatment plan;
- (i) Remedial or other formal education;
- (j) Residential room, board, or care;
- (k) Substance abuse or mental health disorder prevention services;
- (l) Support groups such as AA or NA;
- (m) Time spent preparing records or reports; except:

(i) Up to three (3) hours for a licensed psychologist to prepare a formal report of test findings; and

(ii) Time spent completing reports, forms, and correspondence regarding case management services as specified in a client's treatment plan.

(n) Vocational services;

(o) Services provided to a client with:

(i) Sole DSM diagnosis of intellectual or cognitive disability;

(ii) DSM diagnosis of factitious disorder;

(iii) DSM Axis I diagnosis of any ICD-9 "V" code or ICD-10 "Z" code unless the client's medical record contains a written statement signed by the affiliated clinical professional explaining why the treatment of a condition that is not classified as a mental disorder is medically necessary;

(p) Services provided by a school psychologist.

Section 8. Limited Services for Nursing Home Residents. Medicaid reimbursement for services provided to a client in a nursing facility is limited to:

(a) Clinical assessment;

(b) Community-based individual and family therapy; and

(c) Group therapy.

Section 9. Prior Authorization. Prior authorization of mental health services and substance abuse treatment services shall be governed by the prior authorization requirements of Chapter 3.

Section 10. Quality Assurance for Centers.

(a) Each certified center shall have a quality assurance plan that meets the standards specified in the Wyoming Standards for the Operation of Community Mental Health and Substance Abuse Programs and has been approved by the Department.

Section 11. Submission and Payment of Claims. Payment and submission of claims shall be pursuant to Chapter 3.

Section 12. Third Party Liability. Claims for which third party liability exists

shall be submitted in accordance with Chapter 35.

Section 13. Audits. Audits shall be subject to the provisions of Chapter 16.

Section 14. Recovery of Overpayments. The Department shall recover overpayments pursuant to Chapter 16.

Section 15. Reconsideration. A provider may request reconsideration of the decision to recover overpayments pursuant to Chapter 16.

Section 16. Disposition of Recovered Funds. The Department shall dispose of recovered funds pursuant to the provisions of Chapter 16.

Section 17. Interpretation of Chapter.

(a) The order in which the provisions of this Chapter appear is not to be construed to mean any one provision is more or less important than any other provision.

(b) The text of this Chapter shall control the titles of its various provisions.

Section 18. Superseding Effect. This Chapter supersedes all prior rules and policy statements issued by the Department, including manuals and bulletins, which are inconsistent with this Chapter.

Section 19. Severability. If any portion of this Chapter is found to be invalid or unenforceable, the remainder shall continue in full force.

## CHAPTER 13

### Rules and Regulations for Medicaid

#### Mental Health Services

#### EMERGENCY RULES ARE NO LONGER IN EFFECT 120 DAYS AFTER FILING WITH THE SECRETARY OF STATE

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(b) The requirements of Title XIX of the Social Security Act, 42 C.F.R. §440.130, §440.40(b), § 440.169, and the Medicaid State Plan also apply to Medicaid and are incorporated by this reference, and may be cross-referenced throughout this Chapter where applicable. This incorporation by reference is effective as of the effective date of this Chapter, and does not include any later amendments or editions of the incorporated matter. The incorporated rules and regulations may be viewed at <http://www.ecfr.gov/cgi-bin/ECFR>, [www.ssa.gov](http://www.ssa.gov), and <http://www.health.wyo.gov/healthcarefin/medicaid/ spa.html> or may be obtained at cost from the Department.

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(v) Licensed Practical Nurse (LPN) who is performing nursing duties

within the scope of practice as defined by the Wyoming Board of Nursing Rules, Chapter III- Standards of Nursing Practice;

(vi) Mental Health Assistant (MHA) who has achieved a bachelor's degree in a human relations discipline as specified in the Wyoming Standards for the Operation of Community Mental Health and Substance Abuse Programs who is working under the documented, scheduled supervision of a licensed mental health professional;

(vii) Mental Health Technician (MHT) who has a minimum general equivalent diploma, or a high school diploma, ~~or a higher degree in an other than human relations discipline~~ and who is working under the documented, scheduled supervision of a licensed mental health professional;

(viii) Provisional licensee who is provisionally licensed by the Wyoming Mental Health Professions Licensing Board ~~pursuant to the Mental Health Professions Practice Act (Wyo. Stat. §§ 33-38-101 through 113)~~, or similar authority in another State, to practice under the supervision of a licensed and qualified clinical supervisor. This includes student interns who meet the qualifications required by their respective Board and are practicing and billing under the direct supervision of a licensed and qualified clinical supervisor; or

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(i) Have an internal quality assurance plan that meets Medicaid requirements as established in section 10.

(b) Case management services. All members of a certified center's staff who provide case management services must:

(i) Be employed by, or under contract with, a certified center; and

(ii) Be a clinical professional or clinical staff.

(c) Individual rehabilitative services (IRS). All members of the staff who provide IRS must:

(i) Be eighteen (18) years of age or older;

(ii) Be employed by, or under contract with, a certified center;

(iii) Complete a basic training program which includes non-violent behavior management; and

(iv) Have a minimum general equivalency diploma, or high school diploma, ~~or higher~~.

(v) Be supervised by the client's primary therapist as evidenced by co-signature of the primary therapist on each IRS progress note.

(d) Mental health center services. All members of a certified center's staff who provide mental health center services must:

(i) Be employed by, or under contract with, a certified center; and

(ii) Be a clinical professional or clinical staff per the requirements of the specific service provided.

#### Section 6. Covered Services.

(a) All covered services must be:

(i) Furnished to a client or collateral contact and must be for the direct and exclusive benefit of the client;

(ii) Furnished pursuant to a treatment plan, updated and signed by a clinical professional at least every ninety (90) days that lists the type, frequency, and duration of each service to be provided with the exception of the initial clinical assessment; and

(iii) Documented by providing a legible progress note in the client's medical record. Each progress note must contain a hand written or electronic signature and credentials of the provider and shall specify:

(A) Service type and setting (if outside of the office);

(B) Begin and end times (Military or Standard Time); and

(C) Client progress towards goals identified in their current treatment plan.

(b) The following are covered services when furnished by a certified center:

(i) Clinical assessment;

(ii) Office-based individual and family therapy;

(iii) Community-based individual and family therapy;

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(v) Intensive outpatient program (IOP);

(vi) Group therapy;

(vii) Comprehensive medication services;

(viii) Individual rehabilitative services (IRS);

(ix) Certified peer specialist services;

(x) Targeted case management provided to clients twenty-one (21) years of age and older; and

(xi) Ongoing case management provided to clients less than twenty-one (21) years of age.

(c) The following are covered services when furnished by a licensed



psychologist, APRN, or licensed mental health professional:

- (i) Clinical assessment;
- (ii) Office-based individual and family therapy services;
- (iii) Community-based individual and family therapy;
- (iv) Group therapy;
- (v) Ongoing case management services provided to clients under twenty-one (21) years of age; and
- (vi) Additional services as specified in Medicaid policy manuals and provider bulletins. These services provided by licensed psychologists or APRNs may include psychological testing, psychotherapy and evaluation and management services.

Section 7. Excluded Services. The following services are excluded:

- (a) Clinical services not provided face-to-face or via a telehealth modality, other than collateral contacts necessary to develop or implement a treatment plan;
- (b) Education, public education, public relations, and speaking engagements;
- (c) Day care;
- (d) Driving while under the influence (DUI) classes;
- (e) Missed appointment;
- (f) Psychological testing done for the sole purpose of education diagnosis, school or institution admission or placement;
- (g) Record-keeping time unless allowed by a specific service code;
- (h) Recreation and socialization without an active clinical treatment component as specified in the individual client's treatment plan;
- (i) Remedial or other formal education;
- (j) Residential room, board, or care;
- (k) Substance abuse or mental health disorder prevention services;

- (l) Support groups such as AA or NA;
- (m) Time spent preparing records or reports; except:
  - (i) Up to three (3) hours for a licensed psychologist to prepare a formal report of test findings; and
  - (ii) Time spent completing reports, forms, and correspondence regarding case management services as specified in a client's treatment plan.
- (n) Vocational services;
- (o) Services provided to a client with:
  - (i) Sole DSM diagnosis of intellectual or cognitive disability;
  - (ii) DSM diagnosis of factitious disorder;
  - (iii) DSM Axis I diagnosis of any ICD-9 "V" code or ICD-10 "Z" code unless the client's medical record contains a written statement signed by the affiliated clinical professional explaining why the treatment of a condition that is not classified as a mental disorder is medically necessary;
- (p) Services provided by a school psychologist.
- ~~(q) Services provided by a provisionally licensed or certified mental health professional who has not obtained full licensure.~~

Section 8. Limited Services for Nursing Home Residents. Medicaid reimbursement for services provided to a client in a nursing facility is limited to:

- (a) Clinical assessment;
- (b) Community-based individual and family therapy; and
- (c) Group therapy.

Section 9. Prior Authorization. Prior authorization of mental health services and substance abuse treatment services shall be governed by the prior authorization requirements of Chapter 3.

Section 10. Quality Assurance for Centers.

- (a) Each certified center shall have a quality assurance plan that meets

the standards specified in the Wyoming Standards for the Operation of Community Mental Health and Substance Abuse Programs and has been approved by the Department. ~~The plan shall include:~~

~~(i) — Utilization and quality review criteria to review and evaluate the appropriateness of the services provided;~~

~~(ii) — Standards for completeness review and clinical record keeping;~~  
and

~~(iii) — Definitions of critical incidents which require professional review and review procedures.~~

~~(b) — The Department shall develop standards for quality assurance programs to supplement those contained in this Chapter.~~

~~(i) — In developing quality assurance standards, the Department shall consider:~~

~~(A) — Types of services provided in certified centers;~~

~~(B) — Potential for over-utilization of the services; and~~

~~(C) — Availability of alternative treatments which meet the therapeutic needs of clients.~~

~~(ii) — The Department shall disseminate its quality assurance standards, as well as any modifications to those standards, to providers through Provider Manuals or bulletins.~~

~~(c) — Quality assurance committee. The quality assurance plan must include a quality assurance committee that:~~

~~(i) — Consists of clinical staff, including non-supervisory clinical staff; and~~

~~(ii) — Conducts utilization review and critical incident review, unless another body is designated for critical incident reviews. The committee shall:~~

~~(A) — Review annually at least ten percent (10%) of all Medicaid cases, including one (1) case that involves each member of the clinical staff and a proportionate number of mental health and substance abuse treatment cases;~~

~~(B) — Document the results of all reviews and all committee activities;~~

~~(C) — Document in each clinical record reviewed the type of~~

review, the date of the review, and the person(s) involved in the review;

~~(D) Exclude an individual that is the primary or co-therapist from conducting the review;~~

~~(E) Prepare an annual report of all reviews, including recommendations for appropriate corrective activities. Submit a copy of the annual report to Medicaid, within thirty (30) days after its completion;~~

~~(F) Make available to the certified center staff and governing body a summary of the annual report; and~~

~~(G) Such other activities as specified by the Department.~~

Section 11. Submission and Payment of Claims. Payment and submission of claims shall be pursuant to Chapter 3.

Section 12. Third Party Liability. Claims for which third party liability exists shall be submitted in accordance with Chapter 35.

Section 13. Audits. Audits shall be subject to the provisions of Chapter 16.

Section 14. Recovery of Overpayments. The Department shall recover overpayments pursuant to Chapter 16.

Section 15. Reconsideration. A provider may request reconsideration of the decision to recover overpayments pursuant to Chapter 16.

Section 16. Disposition of Recovered Funds. The Department shall dispose of recovered funds pursuant to the provisions of Chapter 16.

Section 17. Interpretation of Chapter.

(a) The order in which the provisions of this Chapter appear is not to be construed to mean any one provision is more or less important than any other provision.

(b) The text of this Chapter shall control the titles of its various provisions.

Section 18. Superseding Effect. This Chapter supersedes all prior rules and policy statements issued by the Department, including manuals and bulletins, which are inconsistent with this Chapter.

Section 19. Severability. If any portion of this Chapter is found to be invalid or unenforceable, the remainder shall continue in full force.