



Certification Page Regular and Emergency Rules

Revised July 2019

Emergency Rules *(Complete Sections 1-3 and 5-6)*

Regular Rules

1. General Information

a. Agency/Board Name		
b. Agency/Board Address	c. City	d. Zip Code
e. Name of Agency Liaison		f. Agency Liaison Telephone Number
g. Agency Liaison Email Address		h. Adoption Date
i. Program		

2. Legislative Enactment For purposes of this Section 2, "new" only applies to regular (non-emergency) rules promulgated in response to a Wyoming legislative enactment not previously addressed in whole or in part by prior rulemaking and does not include rules adopted in response to a federal mandate.

a. Are these non-emergency or regular rules new as per the above description and the definition of "new" in Chapter 1 of the Rules on Rules?

No. Yes. If the rules are new, please provide the Chapter Numbers and Years Enacted (e.g. 2015 Session Laws Chapter 154):

3. Rule Type and Information For purposes of this Section 3, "New" means an emergency or regular rule that has never been previously created.

a. Provide the Chapter Number, Title* and Proposed Action for Each Chapter. *Please use the "Additional Rule Information" form to identify additional rule chapters.*

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 Repealed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 Repealed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 Repealed

* If the name of a chapter of rules is changing, please only provide the NEW chapter name on this rules certification form.

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. No. Yes. N/A

b. A public hearing was held on the proposed rules. No. Yes. Please complete the boxes below.

Date:	Time:	City:	Location:


5. Checklist

a. For regular rules, the Statement of Principal Reasons is attached to this Certification and, in compliance with Tri-State Generation and Transmission Association, Inc. v. Environmental Quality Council, 590 P.2d 1324 (Wyo. 1979), includes a brief statement of the substance or terms of the rule and the basis and purpose of the rule

b. For emergency rules, the Memorandum to the Governor documenting the emergency, which requires promulgation of these rules without providing notice or an opportunity for a public hearing, is attached to this Certification.

6. Agency/Board Certification

The undersigned certifies that the foregoing information is correct. By electronically submitting the emergency or regular rules into the Wyoming Administrative Rules System, the undersigned acknowledges that the Registrar of Rules will review the rules as to form and, if approved, the electronic filing system will electronically notify the Governor's Office, Attorney General's Office, and Legislative Service Office of the approval and electronically provide them with a copy of the complete rule packet on the date approved by the Registrar of Rules. The complete rules packet includes this signed certification page; the Statement of Principal Reasons or, if emergency rules, the Memorandum to the Governor documenting the emergency; and a strike and underscore copy and clean copy of each chapter of rules.

Signature of Authorized Individual	
Printed Name of Signatory	Michael A. Ceballos
Signatory Title	Director
Date of Signature	February 3, 2020

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	

BEHAVIORAL HEALTH – PERSONNEL & PROGRAM QUALITY

REPEAL OF CHAPTERS 1-12

SUMMARY OF COMMENTS

The Wyoming Department of Health did not receive any public comments.

COMMUNITY PROGRAM MENTAL HEALTH & SUBSTANCE ABUSE PROGRAM

REPEAL OF CHAPTERS 1-10

SUMMARY OF COMMENTS

The Wyoming Department of Health did not receive any public comments.

SUBSTANCE ABUSE

REPEAL OF CHAPTERS 1-8

SUMMARY OF COMMENTS

The Wyoming Department of Health did not receive any public comments.

MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES

PROMULGATION OF CHAPTERS 1-6

SUMMARY OF COMMENTS

The Wyoming Department of Health did not receive any public comments.

Rules and Regulations for Mental Health and Substance Use Disorder Services
Intent to Repeal Rules

Statement of Reasons

The Wyoming Department of Health (“Department”) has determined that the current rules addressing mental health and substance use disorder services need to be updated to reflect new legislation and other changes. These current rules include thirty chapters spread across three different programs, noted as follows:

1. *Rules, Wyoming Department of Health, Behavioral Health – Personnel & Program Quality*, chapters 1 to 12, which have been effective since 1992;
2. *Rules, Wyoming Department of Health, Community Program – Mental Health & Substance Abuse Program*, chapters 1 to 10, which have been effective since 1993; and
3. *Rules, Wyoming Department of Health, Substance Abuse*, chapters 1 to 8, which have been effective since 2009.

Because the Department seeks to make extensive changes to the format, organization, and substance of these rules addressing mental health and substance abuse disorder services, the Department has decided to repeal these thirty chapters across three programs and create a new program comprising of six chapters, effectively replacing the current rules.

Here, the Department specifically seeks to repeal *Rules, Wyoming Department of Health, Behavioral Health – Personnel & Program Quality*, chapters 1-12 (1992) to make way for the new program comprising of six chapters. This repeal is proposed concurrently with: (1) the repeal of *Rules, Wyoming Department of Health, Community Program – Mental Health & Substance Abuse Program*, chapters 1-10 (1993); (2) the repeal of *Rules, Wyoming Department of Health, Substance Abuse*, chapters 1-8 (2009); and (3) the creation of *Rules, Wyoming Department of Health, Mental Health and Substance Use Disorder Services*, chapters 1-6. These three other acts of rulemaking are addressed by separate rules packets available online at <https://rules.wyo.gov>. The proposed rules packet for *Rules, Wyoming Department of Health, Mental Health and Substance Use Disorder Services*, chapters 1-6 contains a discussion of the key modifications between the proposed new program comprising of six chapters and the current rules the Department proposes to repeal.

Chapter 1

General Provisions

Section 1. Authority.

The Wyoming Department of Health (Department) promulgates these Rules under 2012 Wyoming Session Laws 93-94 (ch. 26, § 48b, n.7) and Wyoming Statutes 7-13-1605, -1613; 9-2-102, -106, -2701; and 35-1-620(b).

Section 2. Purpose and Applicability.

(a) This Chapter establishes the Department's authority to promulgate these Rules related to mental health and substance use disorder services, the definitions of terms used in these Rules, the standards incorporated by reference in these Rules, and other general provisions.

(b) This Chapter applies to all chapters promulgated under these Rules.

Section 3. Definitions.

(a) The terms used in these Rules possess their standard meaning in healthcare, unless otherwise defined by the Department.

(b) The following definitions apply to these Rules:

(i) "Administrator" means the Senior Administrator of the Wyoming Department of Health, Behavioral Health Division, as well as the Senior Administrator's designees.

(ii) "Behavioral health services" means mental health or substance use disorder treatment services and supports provided to persons with mental illness and/or substance use disorders.

(iii) "Bio-psychosocial and spiritual needs" means the biological, psychological, social, and spiritual needs of a client, which play a significant role in a behavioral health disorder and contribute to the client's functioning.

(iv) "Certification" means a process to formally recognize that a provider has met the requirements of these Rules to provide substance use disorder treatment services to court ordered individuals or behavioral health services purchased by the Department.

(v) "Community mental health or substance use disorder treatment center" means a provider that:

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

- (B) Is governed by a citizen board;
- (C) Has a local identity;
- (D) Participates as a member of the community;
- (E) Is responsive to community needs;

(F) 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

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

(vi) “Core behavioral health services” means mental health outpatient services, substance use disorder outpatient services, community housing services, residential treatment services, crisis stabilization services, withdrawal management services, and other relevant services as determined by the Department.

(vii) “Corrective action” means a necessary change in provider policy or practice that is a result of a complaint, an investigation process, site visit findings, or noncompliance with a contract provision, a resolution plan, or these Rules.

(viii) “Court Supervised Treatment panel” or “CST program panel” means the panel authorized under the Court Supervised Treatment Programs Act, W.S. 7-13-1605(d).

(ix) “Court Supervised Treatment program” or “CST program” means the program authorized under the Court Supervised Treatment Programs Act, W.S. 7-13-1601 to - 1616.

(x) “Court Supervised Treatment provider” or “CST treatment provider” means the provider of substance use disorder treatment services for a CST program.

(xi) “Court Supervised Treatment program team” or “CST program team” means the CST team authorized under W.S. 7-13-1609(a).

(xii) “Department” means the Wyoming Department of Health, Behavioral Health Division.

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

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

(xv) “Engagement services” means face-to-face staff contact, which may include delivery through telehealth, 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.

(xvi) “Evidence-based practice” means a behavioral health intervention that:

(A) Shows statistically significant effectiveness through empirical research in treating specific problems and populations;

(B) Is consistent with relevant clinical expertise; and

(C) Considers client preferences and values.

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

(xviii) “Governing board” means the board of directors of a private nonprofit corporation, 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).

(xix) “Intensive outpatient program” or “IOP” means structured substance use disorder and mental health treatment programming consisting primarily of counseling and education. IOP is more intensive than outpatient counseling, less intensive than residential care and can function as a step-down from residential care.

(xx) “Intervention services” means skilled treatment services indicated by client need, which include, individual and group counseling, family counseling, educational groups, skills training, occupational and recreational therapy, medication assisted treatment, and psychotherapy.

(xxi) “Medication assisted treatment” or “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 include buprenorphine (Suboxone® and Subutex®), acamprosate, naltrexone, disulfiram, and others approved by the Food and Drug Administration (FDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

(xxii) “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.

(xxiii) “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).

(xxiv) “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.

(xxv) “Peer specialist” means a person who is or has been a recipient of services for serious mental illness or substance use disorder treatment, who is credentialed by the Department or a national accrediting organization, and employed by a provider. The term encompasses other titles including recovery coach, recovery specialist, job coach, peer wellness coach, peer mentor, and peer advocate.

(xxvi) “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.

(xxvii) “Provider” means a provider of behavioral health services funded by the Department or a provider of substance use disorder services to persons referred or ordered to receive services by a court.

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

(A) As a mental health or addictions professional under the Wyoming Mental Health Professions Licensing Act, W.S. 33-38-101 to -113;

(B) Psychology under W.S. 33-27-113 to -123;

(C) Medicine under the Medical Practice Act, W.S. 33-26-101 to -703;

or

(D) As an Advanced Practice Registered Nurse under the Wyoming Nurse Practice Act, W.S. 33-21-119 to -157 or the Advanced Practice Registered Nurse Compact, W.S. 33-21-301 to -302.

(xxix) “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 provider, and for internal quality assurance.

(xxx) “Recovery supports” means non-clinical provider-sponsored activities and services which advance a sense of hope, complement and support treatment, increase and sustain treatment engagement, improve outcomes, and enhance recovery. Generally, recovery supports

are developed and conducted by persons who are in recovery. Recovery supports do not include 12-Step meetings.

(xxxix) “Residential treatment services” means services provided in a free-standing or hospital-based facility, which provides room and board, and which operates twenty-four (24) hours per day, seven (7) days per week. A residential treatment facility provides evaluation, a planned regimen of treatment services including the staff-monitored administration of prescribed medication, and other supports as indicated by the client’s treatment plan.

(xxxvii) “Resolution plan” means a written plan to implement corrective actions identified by the Department to achieve measurable improvements in efficiency, effectiveness, performance, accountability, outcomes, or other indicators.

(xxxviii) “SAMHSA” means the Substance Abuse and Mental Health Services Administration within the United States Department of Health and Human Services.

(xxxix) “Service area” means a single county, multiple counties, or a region, designated by the Department to serve as the geographic area in which contracted services are to be provided.

(xxxv) “These Rules” means all chapters promulgated under *Rules, Wyoming Department of Health, Mental Health & Substance Abuse Services*.

(xxxvi) “Withdrawal management” means an organized service delivered by appropriately trained staff and which includes supervision, observation, and support for clients who are intoxicated or experiencing withdrawal.

Section 4. Incorporations by Reference.

(a) For any code, standard, rule, or regulation incorporated by reference in these Rules:

(i) The Department has determined that incorporation of the full text in these Rules would be cumbersome or inefficient given the length or nature of the Rules;

(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (b) of this section; and

(iii) The incorporated code, standard, rule, or regulation is maintained at <https://health.wyo.gov/behavioralhealth/mhsa/> and is available for public inspection and copying at cost at the same location.

(b) Each code, standard, rule, and regulation incorporated by reference in these Rules is further identified as follows. The Department incorporates by reference:

(i) *Rules, Office of Administrative Hearings, General Agency, Board or Commission Rules*, Ch. 2 (2017), which the Department refers to as the “OAH Contested Case Rules” under Chapter 2 of these Rules and may be found at: <http://rules.wyo.gov>;

(ii) American Society of Addiction Medicine (ASAM), *The ASAM Criteria: Treatment for Addictive, Substance-Related, and Co-Occurring Conditions* (David Mee-Lee ed., 3d ed. 2013), which the Department refers to as the “ASAM Criteria” under Chapter 2 of these Rules and may be found at <http://www.asam.org/publications/the-asam-criteria/text>;

(iii) Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment, *Technical Assistance Publication (TAP) Series 21-A: Competencies for Substance Abuse Treatment Clinical Supervisors* (2013), which the Department refers to as the “SAMHSA TAP 21-A” under Chapter 2 of these Rules and may be found at <http://store.samhsa.gov/product/TAP-21-A-Competencies-for-Substance-Abuse-Treatment-Clinical-Supervisors/SMA13-4243>;

(iv) Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment, *Treatment Improvement Protocol (TIP) Series 44: Substance Abuse Treatment for Adults in the Criminal Justice System* (2013), which the Department refers to as “SAMSHA TIP 44” under Chapter 2 of these Rules and may be found at <http://store.samhsa.gov/product/TIP-44-Substance-Abuse-Treatment-for-Adults-in-the-Criminal-Justice-System/SMA13-4056>; and

(v) Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment, *Treatment Improvement Protocol (TIP) Series 47: Clinical Issues in Intensive Outpatient Treatment* (2013), which the Department refers to as “SAMSHA TIP 47” under Chapter 2 of these Rules and may be found at <https://store.samhsa.gov/product/TIP-47-Substance-Abuse-Clinical-Issues-in-Intensive-OutpatientTreatment/SMA13-4182>.

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(xxxiv) “Service area” means a single county, multiple counties, or a region, designated by the Department to serve as the geographic area in which contracted services are to be provided.

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(b) Each code, standard, rule, and regulation incorporated by reference in these Rules is further identified as follows. The Department incorporates by reference:

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(ii) American Society of Addiction Medicine (ASAM), *The ASAM Criteria: Treatment for Addictive, Substance-Related, and Co-Occurring Conditions* (David Mee-Lee ed., 3d ed. 2013), which the Department refers to as the “ASAM Criteria” under Chapter 2 of these Rules and may be found at <http://www.asam.org/publications/the-asam-criteria/text>;

(iii) Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment, *Technical Assistance Publication (TAP) Series 21-A: Competencies for Substance Abuse Treatment Clinical Supervisors* (2013), which the Department refers to as the “SAMHSA TAP 21-A” under Chapter 2 of these Rules and may be found at <http://store.samhsa.gov/product/TAP-21-A-Competencies-for-Substance-Abuse-Treatment-Clinical-Supervisors/SMA13-4243>;

(iv) Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment, *Treatment Improvement Protocol (TIP) Series 44: Substance Abuse Treatment for Adults in the Criminal Justice System* (2013), which the Department refers to as “SAMSHA TIP 44” under Chapter 2 of these Rules and may be found at <http://store.samhsa.gov/product/TIP-44-Substance-Abuse-Treatment-for-Adults-in-the-Criminal-Justice-System/SMA13-4056>; and

(v) Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment, *Treatment Improvement Protocol (TIP) Series 47: Clinical Issues in Intensive Outpatient Treatment* (2013), which the Department refers to as “SAMSHA TIP 47” under Chapter 2 of these Rules and may be found at <https://store.samhsa.gov/product/TIP-47-Substance-Abuse-Clinical-Issues-in-Intensive-OutpatientTreatment/SMA13-4182>.

Chapter 2

Behavioral Health Service Provider Certification

Section 1. Purpose and Applicability.

- (a) This Chapter establishes the certification criteria and process for behavioral health service providers.
- (b) This Chapter applies to all behavioral health service providers.

Section 2. Certification Eligibility.

- (a) Pursuant to Wyoming Statute 9-2-2701(c), the Department may not allocate to a provider state funds for substance use disorder treatment unless the provider is certified by the Department under these Rules.
 - (b) In order to be certified, the following types of providers must be nationally accredited, as follows:
 - (i) If a provider seeks to receive funds from the Department pursuant to the Community Human Services Act and Chapter 3 of these Rules, the provider must be nationally accredited for each core behavioral health service to be funded by the Department.
 - (ii) If a provider seeks to receive funds from the Department pursuant to the Court Supervised Treatment Act and Chapter 6 of these Rules, the provider must be nationally accredited for each core behavioral health service to be funded by the Department.
 - (iii) If a substance use disorder residential treatment services provider provides services to court ordered clients the provider must be nationally accredited for substance use disorder residential treatment services.
 - (c) In order to be certified, the following types of providers must either be nationally accredited or satisfy the relevant certification standards under Section 8 of this Chapter, as follows:
 - (i) If a substance use disorder outpatient treatment provider seeks to provide services to court ordered clients, and does not receive funds from the Department pursuant to the Community Human Services Act and Chapter 3 of these Rules or the Court Supervised Treatment Act and Chapter 6 of these Rules, the provider must either:
 - (A) Be nationally accredited for each substance use disorder service provided to court ordered clients; or
 - (B) Meet the certification standards, as relevant, under Section 8 of this Chapter.

(ii) If a substance use disorder treatment provider receives funds from the Department of Corrections, the provider must either:

(A) Be nationally accredited for each substance use disorder service provided to court ordered clients and in a manner approved by the Department of Corrections; or

(B) Meet the certification standards, as relevant, under Section 8 of this Chapter.

Section 3. Certification Application.

(a) In order to be certified by the Department, a provider shall submit a complete certification application in the form established by the Department through the Department's website: <https://health.wyo.gov/behavioralhealth/mhsa/certification/>.

(b) A certification application must provide documentation or other evidence that the provider is nationally accredited pursuant to Section 2 of this Chapter or satisfies the applicable certification requirements established under Section 8 of this Chapter. The certification requirements under Section 8 of this Chapter are deemed satisfied if the provider is nationally accredited pursuant to Section 2 of this Chapter.

Section 4. Certification.

(a) Upon receipt of a complete certification application, the Department shall review the application for compliance with these Rules.

(i) The Department's review may include an on-site inspection and independent verification of national accreditation with the accrediting body, if applicable.

(ii) The Department shall approve or deny a completed application within sixty (60) calendar days after receiving the application.

(b) If the Department finds the provider satisfies the eligibility criteria and certification standards of these Rules, the Department shall certify the provider for a period of up to three (3) years and shall notify the provider of the term of the certification.

(i) A certification begins upon receipt of the certification notification and expires as established by the notice of certification.

(ii) If a certified provider is nationally accredited pursuant to Section 2 of this Chapter, the provider shall adhere to national accreditation standards throughout the term of certification. A nationally accredited provider shall submit to the Department, within thirty calendar (30) days of submission to the national accrediting body, all survey reports, continuous quality improvement reports, annual conformance reports, reports of major unusual incidents, or any other reports required by the national accrediting body. The provider's submission to the Department must include documentation that the reports were accepted by the accrediting body.

(iii) If a certified provider is not nationally accredited pursuant to Section 2 of this Chapter, the provider shall maintain compliance with applicable certification standards according to Section 8 of this Chapter throughout the term of certification.

Section 5. Renewal of Certification.

(a) A renewed certification grants the same rights and imposes the same duties as an initial certification under Section 4(b) of this Chapter.

(b) In order to renew certification, a certified provider shall submit to the Department a complete renewal application in the form established by the Department through the Department's website: <https://health.wyo.gov/behavioralhealth/mhsa/certification/>.

(i) A renewal application must:

(A) Be submitted no less than sixty (60) calendar days prior to the expiration date of a provider's certification; and

(B) Provide documentation or other evidence that the provider continues to satisfy the certification standards established under Section 8 of this Chapter or continues to maintain national accreditation.

(c) Upon receipt of a complete application to renew certification, the Department shall review the application for compliance with these Rules.

(i) The Department's review may include an on-site inspection and independent verification of national accreditation with the accrediting body, if applicable.

(ii) The Department shall approve or deny an application within sixty (60) calendar days after receiving the application.

Section 6. Denial and Revocation of Certification.

(a) The Department may deny a certification application, including an application to renew certification, or revoke a certification on the following grounds:

(i) Failure to submit a complete application in the form and manner established by the Department;

(ii) Failure to comply with Section 8 of this Chapter if a provider is not nationally accredited;

(iii) Failure to maintain national accreditation if national accreditation is required under Section 2(b) of this Chapter;

- (iv) Failure to provide services in accordance with the applicable standard of care for the profession involved;
- (v) Existence of a condition creating serious detriment to the health, safety, or welfare of clients;
- (vi) Failure to complete a resolution plan or failure to submit a resolution plan within required timelines under Chapter 4 of these Rules; or
- (vii) Prior revocation of a certification by the Department within three (3) years previous to the date the renewal application is submitted.

(b) If the Department denies a certification application or revokes a certification, the Department shall notify the provider in writing of the action. The notice must:

- (i) State the grounds for the action; and
- (ii) Inform the provider of its right to a contested case proceeding pursuant to the Wyoming Administrative Procedure Act, located at W.S. 16-3-101 to -115, and these Rules.

(c) Prior to revoking a certification, the Department may offer a provider an opportunity to correct each deficiency that would serve as grounds for the prospective revocation, based on the following conditions:

(i) The Department may not offer a provider an opportunity to correct unless the Department finds that each deficiency:

(A) Does not include the existence of a condition creating serious detriment to the health, safety, or welfare of clients; and

(B) Can reasonably be corrected within sixty (60) calendar days of the Department's offer.

(ii) The Department's offer to correct must be in writing and state each deficiency that would serve as grounds for the prospective revocation of the provider's certification.

(iii) The provider shall submit an acceptable resolution plan to the Department within ten (10) business days from the provider's receipt of the Department's offer to correct. A resolution plan must be in writing and provide:

(A) Who will be charged with the responsibility to correct each deficiency stated in the Department's offer;

(B) What will be done to correct each deficiency;

(C) How the resolution plan will be incorporated into the provider's quality management program;

(D) Who will be charged with monitoring to ensure each deficiency does not occur or develop again; and

(E) The deadline by when the provider expects to correct each deficiency, which may not exceed sixty (60) calendar days after the Department's offer was issued.

(iv) The Department may reject a resolution plan if the plan fails to satisfy the criteria enumerated under subsection (c)(iii) of this Section.

(v) The Department's offer to correct is deemed to be rescinded if:

(A) The Department rejects the provider's resolution plan; or

(B) The provider fails to timely submit a resolution plan.

(vi) If the Department's offer to correct is rescinded, the provider is not entitled to challenge the rescission through a contested case proceeding pursuant to the Wyoming Administrative Procedure Act.

(vii) If the Department accepts the provider's corrective action plan and the provider fails to correct each deficiency by the established deadline, the provider's failure to correct may serve as independent grounds for revocation under this section.

Section 7. Changes in Ownership or Termination of Operations.

(a) A certification is non-transferable.

(b) If there is a change or transfer in ownership of a certified provider:

(i) The provider's certification expires on the effective date of the change or transfer in ownership; and

(ii) The new owner(s) shall submit a new certification application to the Department in order to become a certified provider.

(c) If a certified provider intends to terminate operations or cease services the provider shall immediately notify the Department. The notification must:

(i) Include the anticipated effective date of the termination or cessation; and

(ii) Be provided to the Department seven (7) business days before the actual effective date of the termination or cessation.

(d) A provider's certification expires on the effective date of the provider's termination or cessation.

Section 8. Certification Standards.

(a) To be certified or to renew certification, a provider of substance use disorder services, who is not nationally accredited pursuant to Section 2 of this Chapter, shall meet the following standards as applicable:

- (i) Organizational and administrative standards according to Section 9 of this Chapter;
- (ii) Clinical staff and supervision standards according to Section 10 of this Chapter;
- (iii) Clinical case records according to Section 11 of this Chapter;
- (iv) General substance use disorder service standards according to Section 12 of this Chapter;
- (v) IOP service standards according to Section 13 of this Chapter; and
- (vi) DUI/MIP service standards according to Section 14 of this Chapter.

Section 9. Organizational and Administrative Standards.

(a) If a provider is neither a hospital nor a governmental entity, the provider shall have documentation:

- (i) Filed with the Secretary of State evidencing the authority to conduct business within the State of Wyoming; or
- (ii) Filed with the city or county of business evidencing authority to conduct business within the jurisdiction.

(b) A provider shall adopt, implement, and enforce written policies and procedures that address:

- (i) 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;

(ii) Client grievance procedure which must include review of grievances by the provider's executive director and, if the provider receives funds from the Department according to Section 2(b) of this Chapter, review by the governing board;

(iii) Clinical oversight;

(iv) Client rights including consent to treatment;

(v) Continuing education of staff and cross-training;

(vi) Fiscal management in accordance with Generally Accepted Accounting Principles;

(vii) A fee schedule or written financial policy which includes a payment plan that considers the client's income, financial resources and number of dependents for clients unable to pay the established fee;

(viii) Maintenance and contents of client case records in accordance with Section 11 of this Chapter;

(ix) Placement of clients in the appropriate level of care based on ASAM criteria;

(x) Quality of care reviews;

(xi) Relevant insurance maintenance; and

(xii) 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.

Section 10. Clinical Staff and Supervision.

(a) Clinical services must be provided by qualified clinical staff capable of:

(i) Monitoring substance use disorders and stabilized mental health illnesses;

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

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

(iv) Demonstrating competency in working with substance use disorder clients.

(b) A qualified clinical supervisor, as defined in W.S. 33-38-102(a)(xiii), shall provide clinical oversight.

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

(ii) A clinical supervisor shall provide oversight and performance evaluation of clinical staff in core competencies based on evidence-based supervision standards of the field and may include those identified in the SAMHSA TAP 21-A.

(iii) Clinical oversight must be part of the provider's staff development plan.

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

Section 11. Client Case Records.

(a) A provider shall maintain a client case record for each client admitted for services.

(b) A provider shall maintain all client case records in accordance with professional standards of practice, including storage of records in a secure and designated area.

(c) Client case records must include the following documentation and reflect the following applicable services utilizing ASAM criteria, according to the unique needs of each individual client:

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

(ii) 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;

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

(iv) A form signed within the last year by the client or legal guardian acknowledging receipt and affirming that they understand client rights;

(v) A form signed by the client or legal guardian acknowledging receipt, understanding, and acceptance of provider policies and procedures governing the treatment process;

(vi) Clinical assessments, based on the following criteria:

(A) A provider serving adults shall utilize an evidence-based assessment tool which includes comprehensive information regarding the client's bio-psychosocial and spiritual needs;

(B) 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 and academic history; intellectual capacity; physical and sexual abuse history; spiritual needs; peer, environmental, and cultural history; and, assessment of suicidal and homicidal ideation;

(C) A provider shall utilize the ASAM criteria including the dimensional criteria for each domain in the assessment process;

(D) A provider shall adequately assess the client's need for case management services according to subsection (ix) of this section; and

(E) When a client is transferred from another provider which completed the assessment, a receiving provider shall complete a transfer note showing that the assessment information was reviewed. Further, a provider shall determine if the client's needs are congruent with this assessment, make needed adjustments to treatment recommendations, and note the adjustment in the client file;

(vii) Diagnosis and diagnostic summary utilizing diagnostic tools which are standard for the field and which are acknowledged by the Department and payer sources;

(viii) Treatment plans, which must:

(A) Be completed when treatment is initiated and updated at a minimum of every ninety (90) calendar days;

(B) Be developed utilizing the assessment information, including the diagnosis and ASAM criteria;

(C) 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; and

(D) Include:

(I) Evidence the client or guardian participated in the development of the treatment plan, signed the treatment plan, and received a copy of the treatment plan;

(II) Outcome driven goals and measurable objectives;

(III) Changes in the client's symptoms and behaviors that are expected during the course of treatment in the current level of service, expressed in measurable and understandable terms;

(IV) The desired improved functioning level of the client utilizing the assessment; and

(V) Documentation of appropriate consequences of infractions that do not require immediate termination with appropriate timeframes for clients to address infractions prior to terminating the client;

(ix) A case management plan, based on the following criteria;

(A) A provider shall provide case management services directly or through memorandum of agreement among multiple agencies or providers;

(B) Case management services must include collaboration with other available agencies, providers, and services to meet individual client needs based on ongoing assessments when applicable; and

(C) Special emphasis must 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;

(x) Progress notes, which must:

(A) Document the symptoms and condition of the client, response to treatment, and progress or lack of progress toward specified treatment goals;

(B) Be detailed enough to allow a qualified person to follow the course of treatment;

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

(D) Be signed by the staff providing services to the client. If the staff is not a qualified clinical staff the progress notes shall also be signed by a qualified clinical staff;

(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 of any prescribed medication, to include:
 - (A) The client was fully apprised about the medication;
 - (B) The assessment for the medication;
 - (C) Each prescribed medication;
 - (D) Medication monitoring; and
 - (E) If the client is receiving MAT from another provider, documentation of collaboration and attempts to collaborate with the qualified provider of MAT;
- (xvi) Evidence the client was given information regarding communicable diseases, referred for screening, and provided linkages to appropriate counseling; and
- (xvii) Documentation of continued stay, transition, and discharge planning, including the ASAM level of care recommendation. Discharge summaries must contain a summary of pertinent case record information and any plan for continuing care, referral, or admission to another level of care.

Section 12. General Substance Use Disorder Service Standards.

- (a) A provider shall provide therapies and intervention services in an amount, frequency, and intensity appropriate to the client's individualized treatment plan.
 - (A) A provider shall utilize family therapy when indicated by client needs and, with the consent of the client, shall involve family members, guardians, or significant other(s) in the assessment, treatment, and continuing care of the client.
 - (B) If a provider provides group therapy, the group must be composed of two (2) or more unrelated clients for the purpose of implementing each person's treatment plan. A provider shall provide group therapy consistent with evidence-based practice. 12-Step meetings are not considered group therapy.
 - (C) For clients with mental health concerns, a provider shall address the issues of psychotropic medication and mental health treatment and their relationship to substance use disorders. A provider shall employ intervention strategies, as needed. Co-occurring treatment must include therapies to actively address, monitor, and manage psychotropic medication, mental health treatment, and the interaction with substance use related disorders.

(b) A provider of outpatient substance use disorder treatment to adults referred or ordered to receive services by the court shall follow best practice guidelines, including those contained in the SAMHSA TIP 44.

(c) The clinical staff person responsible for treatment shall review the client's ASAM level of care a minimum of every ninety (90) days, or whenever the client's condition changes significantly.

Section 13. IOP Service Standards.

(a) IOP services must:

(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, except while the client is being transitioned into a lower level of care;

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

(iii) Vary in intensity and duration based on ASAM Criteria and the SAMHSA TIP 47;

(iv) Be available within two (2) weeks of the initial clinical 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.

(b) The clinical staff person responsible for treatment shall reassess the client's level of care using ASAM criteria a minimum of one (1) time per month, or whenever the client's condition changes significantly.

Section 14. DUI/MIP Service Standards.

(a) A provider of DUI/MIP services shall:

(i) Provide a minimum of eight (8) hours of client face-to-face services, which may be delivered through telehealth, utilizing evidence based curricula that is appropriate to age and developmental levels;

(ii) Ensure services are provided by qualified clinical staff or health educators supervised by qualified clinical staff;

(iii) Maintain records documenting client attendance and curricula completion or failure to attend or complete;

(iv) Provide adult and adolescent services separately; and

(v) Assess each client according to Section 11(c)(vi) of this Chapter, subject to the following conditions:

(A) If an assessment was conducted by another provider within the three (3) months prior to receiving DUI/MIP services, the provider is not required to conduct another assessment, however, the provider shall obtain a copy of the recommendations resulting from the prior assessment.

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

(C) An assessment must include documentation of a review of the blood alcohol level at time of arrest and driving record of the client.

(b) A provider shall require clients, as a condition of completion of the curricula, to develop a written personal action plan based on nationally accepted practices setting forth actions the client will take in the future to avoid violations. The provider shall maintain a copy of the written plan as part of the client file.

(c) Upon completion of the curricula, the provider shall provide a certificate of completion to the client. It is the client's responsibility to notify the court of completion.

(d) A provider shall report the failure of a client to follow the court order or to meet the requirements of the Wyoming Department of Transportation, Driver Services, to successfully complete the curricula, to the court and any supervising or probation agent or the Department of Transportation within ten (10) business days of the end of the services.

(e) An authorization to release medical records, including substance use disorder treatment records to the court and the Wyoming Department of Transportation, Driver Services, must comply with state and federal law.

Section 15. Waivers.

(a) A behavioral health service provider may be granted a waiver from the Department of any standard imposed under Sections 9 to 14 of this Chapter if the Administrator 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 must be made in writing and may be made to the Administrator at any time the provider deems a standard represents an undue hardship.

(c) Prior to or as a condition of granting a waiver, the Administrator 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 Administrator setting forth proposed methods of achieving compliance with the standard within the time frame of the waiver.

(d) The Administrator reserves absolute discretion in considering and granting a request for a waiver.

(i) The Administrator shall communicate to the provider in writing the Administrator's decision on a waiver request and if denied, the grounds for denial.

(ii) If the Administrator grants a waiver request, the requesting provider shall keep a copy of the Administrator's decision as part of the provider's records.

(iii) If the Administrator denies a waiver request, the Administrator's denial is final and not subject to administrative review.

Section 16. Variances.

(a) A behavioral health service provider may request a variance from the Department of any standard imposed under Sections 9 to 14 of this Chapter.

(i) "Variance" means a permanent change to a required standard. A variance may be requested at any time.

(ii) A request for variance must be made in writing and, if the provider receives funds from the Department under Section 2(b) of this Chapter, signed by the chair of the governing board.

(iii) A request for variance must establish how the variance will maintain or enhance the quality of a provider's operations and client services.

(b) The Administrator reserves absolute discretion in considering and granting a request for variance.

(i) The Administrator shall communicate to the provider in writing the Administrator's decision on a variance request and if denied, the grounds for denial.

(ii) If the Administrator grants a variance request, the requesting provider shall keep a copy of the Administrator's decision as part of the provider's records.

(iii) If the Administrator denies a variance request, the Administrator's denial is final and not subject to administrative review.

Chapter 2

Behavioral Health Service Provider Certification

Section 1. Purpose and Applicability.

- (a) This Chapter establishes the certification criteria and process for behavioral health service providers.
- (b) This Chapter applies to all behavioral health service providers.

Section 2. Certification Eligibility.

(a) Pursuant to Wyoming Statute 9-2-2701(c), the Department may not allocate to a provider state funds for substance use disorder treatment unless the provider is certified by the Department under these Rules.

(b) In order to be certified, the following types of providers must be nationally accredited, as follows:

(i) If a provider seeks to receive funds from the Department pursuant to the Community Human Services Act and Chapter 3 of these Rules, the provider must be nationally accredited for each core behavioral health service to be funded by the Department.

(ii) If a provider seeks to receive funds from the Department pursuant to the Court Supervised Treatment Act and Chapter 6 of these Rules, the provider must be nationally accredited for each core behavioral health service to be funded by the Department.

(iii) If a substance use disorder residential treatment services provider provides services to court ordered clients the provider must be nationally accredited for substance use disorder residential treatment services.

(c) In order to be certified, the following types of providers must either be nationally accredited or satisfy the relevant certification standards under Section 8 of this Chapter, as follows:

(i) If a substance use disorder outpatient treatment provider seeks to provide services to court ordered clients, and does not receive funds from the Department pursuant to the Community Human Services Act and Chapter 3 of these Rules or the Court Supervised Treatment Act and Chapter 6 of these Rules, the provider must either:

(A) Be nationally accredited for each substance use disorder service provided to court ordered clients; or

(B) Meet the certification standards, as relevant, under Section 8 of this Chapter.

(ii) If a substance use disorder treatment provider receives funds from the Department of Corrections, the provider must either:

(A) Be nationally accredited for each substance use disorder service provided to court ordered clients and in a manner approved by the Department of Corrections; or

(B) Meet the certification standards, as relevant, under Section 8 of this Chapter.

Section 3. Certification Application.

(a) In order to be certified by the Department, a provider shall submit a complete certification application in the form established by the Department through the Department's website: <https://health.wyo.gov/behavioralhealth/mhsa/certification/>.

(b) A certification application must provide documentation or other evidence that the provider is nationally accredited pursuant to Section 2 of this Chapter or satisfies the applicable certification requirements established under Section 8 of this Chapter. The certification requirements under Section 8 of this Chapter are deemed satisfied if the provider is nationally accredited pursuant to Section 2 of this Chapter.

Section 4. Certification.

(a) Upon receipt of a complete certification application, the Department shall review the application for compliance with these Rules.

(i) The Department's review may include an on-site inspection and independent verification of national accreditation with the accrediting body, if applicable.

(ii) The Department shall approve or deny a completed application within sixty (60) calendar days after receiving the application.

(b) If the Department finds the provider satisfies the eligibility criteria and certification standards of these Rules, the Department shall certify the provider for a period of up to three (3) years and shall notify the provider of the term of the certification.

(i) A certification begins upon receipt of the certification notification and expires as established by the notice of certification.

(ii) If a certified provider is nationally accredited pursuant to Section 2 of this Chapter, the provider shall adhere to national accreditation standards throughout the term of certification. A nationally accredited provider shall submit to the Department, within thirty calendar (30) days of submission to the national accrediting body, all survey reports, continuous quality improvement reports, annual conformance reports, reports of major unusual incidents, or any other reports required by the national accrediting body. The provider's submission to the Department must include documentation that the reports were accepted by the accrediting body.

(iii) If a certified provider is not nationally accredited pursuant to Section 2 of this Chapter, the provider shall maintain compliance with applicable certification standards according to Section 8 of this Chapter throughout the term of certification.

Section 5. Renewal of Certification.

(a) A renewed certification grants the same rights and imposes the same duties as an initial certification under Section 4(b) of this Chapter.

(b) In order to renew certification, a certified provider shall submit to the Department a complete renewal application in the form established by the Department through the Department's website: <https://health.wyo.gov/behavioralhealth/mhsa/certification/>.

(i) A renewal application must:

(A) Be submitted no less than sixty (60) calendar days prior to the expiration date of a provider's certification; and

(B) Provide documentation or other evidence that the provider continues to satisfy the certification standards established under Section 8 of this Chapter or continues to maintain national accreditation.

(c) Upon receipt of a complete application to renew certification, the Department shall review the application for compliance with these Rules.

(i) The Department's review may include an on-site inspection and independent verification of national accreditation with the accrediting body, if applicable.

(ii) The Department shall approve or deny an application within sixty (60) calendar days after receiving the application.

Section 6. Denial and Revocation of Certification.

(a) The Department may deny a certification application, including an application to renew certification, or revoke a certification on the following grounds:

(i) Failure to submit a complete application in the form and manner established by the Department;

(ii) Failure to comply with Section 8 of this Chapter if a provider is not nationally accredited;

(iii) Failure to maintain national accreditation if national accreditation is required under Section 2(b) of this Chapter;

(iv) Failure to provide services in accordance with the applicable standard of care for the profession involved;

(v) Existence of a condition creating serious detriment to the health, safety, or welfare of clients;

(vi) Failure to complete a resolution plan or failure to submit a resolution plan within required timelines under Chapter 4 of these Rules; or

(vii) Prior revocation of a certification by the Department within three (3) years previous to the date the renewal application is submitted.

(b) If the Department denies a certification application or revokes a certification, the Department shall notify the provider in writing of the action. The notice must:

(i) State the grounds for the action; and

(ii) Inform the provider of its right to a contested case proceeding pursuant to the Wyoming Administrative Procedure Act, located at W.S. 16-3-101 to -115, and these Rules.

(c) Prior to revoking a certification, the Department may offer a provider an opportunity to correct each deficiency that would serve as grounds for the prospective revocation, based on the following conditions:

(i) The Department may not offer a provider an opportunity to correct unless the Department finds that each deficiency:

(A) Does not include the existence of a condition creating serious detriment to the health, safety, or welfare of clients; and

(B) Can reasonably be corrected within sixty (60) calendar days of the Department's offer.

(ii) The Department's offer to correct must be in writing and state each deficiency that would serve as grounds for the prospective revocation of the provider's certification.

(iii) The provider shall submit an acceptable resolution plan to the Department within ten (10) business days from the provider's receipt of the Department's offer to correct. A resolution plan must be in writing and provide:

(A) Who will be charged with the responsibility to correct each deficiency stated in the Department's offer;

(B) What will be done to correct each deficiency;

(C) How the resolution plan will be incorporated into the provider's quality management program;

(D) Who will be charged with monitoring to ensure each deficiency does not occur or develop again; and

(E) The deadline by when the provider expects to correct each deficiency, which may not exceed sixty (60) calendar days after the Department's offer was issued.

(iv) The Department may reject a resolution plan if the plan fails to satisfy the criteria enumerated under subsection (c)(iii) of this Section.

(v) The Department's offer to correct is deemed to be rescinded if:

(A) The Department rejects the provider's resolution plan; or

(B) The provider fails to timely submit a resolution plan.

(vi) If the Department's offer to correct is rescinded, the provider is not entitled to challenge the rescission through a contested case proceeding pursuant to the Wyoming Administrative Procedure Act.

(vii) If the Department accepts the provider's corrective action plan and the provider fails to correct each deficiency by the established deadline, the provider's failure to correct may serve as independent grounds for revocation under this section.

Section 7. Changes in Ownership or Termination of Operations.

(a) A certification is non-transferable.

(b) If there is a change or transfer in ownership of a certified provider:

(i) The provider's certification expires on the effective date of the change or transfer in ownership; and

(ii) The new owner(s) shall submit a new certification application to the Department in order to become a certified provider.

(c) If a certified provider intends to terminate operations or cease services the provider shall immediately notify the Department. The notification must:

(i) Include the anticipated effective date of the termination or cessation; and

(ii) Be provided to the Department seven (7) business days before the actual effective date of the termination or cessation.

(d) A provider's certification expires on the effective date of the provider's termination or cessation.

Section 8. Certification Standards.

(a) To be certified or to renew certification, a provider of substance use disorder services, who is not nationally accredited pursuant to Section 2 of this Chapter, shall meet the following standards as applicable:

(i) Organizational and administrative standards according to Section 9 of this Chapter;

(ii) Clinical staff and supervision standards according to Section 10 of this Chapter;

(iii) Clinical case records according to Section 11 of this Chapter;

(iv) General substance use disorder service standards according to Section 12 of this Chapter;

(v) IOP service standards according to Section 13 of this Chapter; and

(vi) DUI/MIP service standards according to Section 14 of this Chapter.

Section 9. Organizational and Administrative Standards.

(a) If a provider is neither a hospital nor a governmental entity, the provider shall have documentation:

(i) Filed with the Secretary of State evidencing the authority to conduct business within the State of Wyoming; or

(ii) Filed with the city or county of business evidencing authority to conduct business within the jurisdiction.

(b) A provider shall adopt, implement, and enforce written policies and procedures that address:

(i) 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;

(ii) Client grievance procedure which must include review of grievances by the provider's executive director and, if the provider receives funds from the Department according to Section 2(b) of this Chapter, review by the governing board;

(iii) Clinical oversight;

(iv) Client rights including consent to treatment;

(v) Continuing education of staff and cross-training;

(vi) Fiscal management in accordance with Generally Accepted Accounting

Principles;

(vii) A fee schedule or written financial policy which includes a payment plan that considers the client's income, financial resources and number of dependents for clients unable to pay the established fee;

(viii) Maintenance and contents of client case records in accordance with Section 11 of this Chapter;

(ix) Placement of clients in the appropriate level of care based on ASAM criteria;

(x) Quality of care reviews;

(xi) Relevant insurance maintenance; and

(xii) 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.

Section 10. Clinical Staff and Supervision.

(a) Clinical services must be provided by qualified clinical staff capable of:

(i) Monitoring substance use disorders and stabilized mental health illnesses;

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

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

(iv) Demonstrating competency in working with substance use disorder clients.

(b) A qualified clinical supervisor, as defined in W.S. 33-38-102(a)(xiii), shall provide clinical oversight.

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

(ii) A clinical supervisor shall provide oversight and performance evaluation of clinical staff in core competencies based on evidence-based supervision standards of the field and may include those identified in the SAMHSA TAP 21-A.

(iii) Clinical oversight must be part of the provider's staff development plan.

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

Section 11. Client Case Records.

(a) A provider shall maintain a client case record for each client admitted for services.

(b) A provider shall maintain all client case records in accordance with professional standards of practice, including storage of records in a secure and designated area.

(c) Client case records must include the following documentation and reflect the following applicable services utilizing ASAM criteria, according to the unique needs of each individual client:

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

(ii) 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;

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

(iv) A form signed within the last year by the client or legal guardian acknowledging receipt and affirming that they understand client rights;

(v) A form signed by the client or legal guardian acknowledging receipt, understanding, and acceptance of provider policies and procedures governing the treatment process;

(vi) Clinical assessments, based on the following criteria:

(A) A provider serving adults shall utilize an evidence-based assessment tool which includes comprehensive information regarding the client's bio-psychosocial and spiritual needs;

(B) 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 and academic history; intellectual capacity; physical and sexual abuse history; spiritual needs; peer, environmental, and cultural history; and, assessment of suicidal and homicidal ideation;

(C) A provider shall utilize the ASAM criteria including the dimensional criteria for each domain in the assessment process;

(D) A provider shall adequately assess the client's need for case management services according to subsection (ix) of this section; and

(E) When a client is transferred from another provider which completed the assessment, a receiving provider shall complete a transfer note showing that the assessment information was reviewed. Further, a provider shall determine if the client's needs are congruent with this assessment, make needed adjustments to treatment recommendations, and note the adjustment in the client file;

(vii) Diagnosis and diagnostic summary utilizing diagnostic tools which are standard for the field and which are acknowledged by the Department and payer sources;

(viii) Treatment plans, which must:

(A) Be completed when treatment is initiated and updated at a minimum of every ninety (90) calendar days;

(B) Be developed utilizing the assessment information, including the diagnosis and ASAM criteria;

(C) 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; and

(D) Include:

(I) Evidence the client or guardian participated in the development of the treatment plan, signed the treatment plan, and received a copy of the treatment plan;

(II) Outcome driven goals and measurable objectives;

(III) Changes in the client's symptoms and behaviors that are expected during the course of treatment in the current level of service, expressed in measurable and understandable terms;

(IV) The desired improved functioning level of the client utilizing the assessment; and

(V) Documentation of appropriate consequences of infractions that do not require immediate termination with appropriate timeframes for clients to address infractions prior to terminating the client;

(ix) A case management plan, based on the following criteria;

(A) A provider shall provide case management services directly or through memorandum of agreement among multiple agencies or providers;

(B) Case management services must include collaboration with other available agencies, providers, and services to meet individual client needs based on ongoing assessments when applicable; and

(C) Special emphasis must 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;

(x) Progress notes, which must:

(A) Document the symptoms and condition of the client, response to treatment, and progress or lack of progress toward specified treatment goals;

(B) Be detailed enough to allow a qualified person to follow the course of treatment;

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

(D) Be signed by the staff providing services to the client. If the staff is not a qualified clinical staff the progress notes shall also be signed by a qualified clinical staff;

(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 of any prescribed medication, to include:
 - (A) The client was fully apprised about the medication;
 - (B) The assessment for the medication;
 - (C) Each prescribed medication;
 - (D) Medication monitoring; and
 - (E) If the client is receiving MAT from another provider, documentation of collaboration and attempts to collaborate with the qualified provider of MAT;
- (xvi) Evidence the client was given information regarding communicable diseases, referred for screening, and provided linkages to appropriate counseling; and
- (xvii) Documentation of continued stay, transition, and discharge planning, including the ASAM level of care recommendation. Discharge summaries must contain a summary of pertinent case record information and any plan for continuing care, referral, or admission to another level of care.

Section 12. General Substance Use Disorder Service Standards.

- (a) A provider shall provide therapies and intervention services in an amount, frequency, and intensity appropriate to the client's individualized treatment plan.
 - (i) A provider shall utilize family therapy when indicated by client needs and, with the consent of the client, shall involve family members, guardians, or significant other(s) in the assessment, treatment, and continuing care of the client.
 - (ii) If a provider provides group therapy, the group must be composed of two (2) or more unrelated clients for the purpose of implementing each person's treatment plan. A provider shall provide group therapy consistent with evidence-based practice. 12-Step meetings are not considered group therapy.
 - (iii) For clients with mental health concerns, a provider shall address the issues of psychotropic medication and mental health treatment and their relationship to substance use disorders. A provider shall employ intervention strategies, as needed. Co-occurring treatment must include therapies to actively address, monitor, and manage psychotropic medication, mental health treatment, and the interaction with substance use related disorders.

(b) A provider of outpatient substance use disorder treatment to adults referred or ordered to receive services by the court shall follow best practice guidelines, including those contained in the SAMHSA TIP 44.

(c) The clinical staff person responsible for treatment shall review the client's ASAM level of care a minimum of every ninety (90) days, or whenever the client's condition changes significantly.

Section 13. IOP Service Standards.

(a) IOP services must:

(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, except while the client is being transitioned into a lower level of care;

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

(iii) Vary in intensity and duration based on ASAM Criteria and the SAMHSA TIP 47;

(iv) Be available within two (2) weeks of the initial clinical 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.

(b) The clinical staff person responsible for treatment shall reassess the client's level of care using ASAM criteria a minimum of one (1) time per month, or whenever the client's condition changes significantly.

Section 14. DUI/MIP Service Standards.

(a) A provider of DUI/MIP services shall:

(i) Provide a minimum of eight (8) hours of client face-to-face services, which may be delivered through telehealth, utilizing evidence based curricula that is appropriate to age and developmental levels;

(ii) Ensure services are provided by qualified clinical staff or health educators supervised by qualified clinical staff;

(iii) Maintain records documenting client attendance and curricula completion or failure to attend or complete;

(iv) Provide adult and adolescent services separately; and

(v) Assess each client according to Section 11(c)(vi) of this Chapter, subject to the following conditions:

(A) If an assessment was conducted by another provider within the three (3) months prior to receiving DUI/MIP services, the provider is not required to conduct another assessment, however, the provider shall obtain a copy of the recommendations resulting from the prior assessment.

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

(C) An assessment must include documentation of a review of the blood alcohol level at time of arrest and driving record of the client.

(b) A provider shall require clients, as a condition of completion of the curricula, to develop a written personal action plan based on nationally accepted practices setting forth actions the client will take in the future to avoid violations. The provider shall maintain a copy of the written plan as part of the client file.

(c) Upon completion of the curricula, the provider shall provide a certificate of completion to the client. It is the client's responsibility to notify the court of completion.

(d) A provider shall report the failure of a client to follow the court order or to meet the requirements of the Wyoming Department of Transportation, Driver Services, to successfully complete the curricula, to the court and any supervising or probation agent or the Department of Transportation within ten (10) business days of the end of the services.

(e) An authorization to release medical records, including substance use disorder treatment records to the court and the Wyoming Department of Transportation, Driver Services, must comply with state and federal law.

Section 15. Waivers.

(a) A behavioral health service provider may be granted a waiver from the Department of any standard imposed under Sections 9 to 14 of this Chapter if the Administrator 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 must be made in writing and may be made to the Administrator at any time the provider deems a standard represents an undue hardship.

(c) Prior to or as a condition of granting a waiver, the Administrator 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 Administrator setting forth proposed methods of achieving compliance with the standard within the time frame of the waiver.

(d) The Administrator reserves absolute discretion in considering and granting a request for a waiver.

(i) The Administrator shall communicate to the provider in writing the Administrator's decision on a waiver request and if denied, the grounds for denial.

(ii) If the Administrator grants a waiver request, the requesting provider shall keep a copy of the Administrator's decision as part of the provider's records.

(iii) If the Administrator denies a waiver request, the Administrator's denial is final and not subject to administrative review.

Section 16. Variances.

(a) A behavioral health service provider may request a variance from the Department of any standard imposed under Sections 9 to 14 of this Chapter.

— (i) “Variance” means a permanent change to a required standard. A variance may be requested at any time.

(ii) A request for variance must be made in writing and, if the provider receives funds from the Department under Section 2(b) of this Chapter, signed by the chair of the governing board.

(iii) A request for variance must establish how the variance will maintain or enhance the quality of a provider's operations and client services.

(b) The Administrator reserves absolute discretion in considering and granting a request for variance.

(iv) The Administrator shall communicate to the provider in writing the Administrator's decision on a variance request and if denied, the grounds for denial.

(v) If the Administrator grants a variance request, the requesting provider shall keep a copy of the Administrator's decision as part of the provider's records.

(vi) If the Administrator denies a variance request, the Administrator's denial is final and not subject to administrative review.

Chapter 3

Application for Funds and Selection of Providers

Section 1. Purpose and Applicability.

(a) This Chapter establishes the process and criteria to apply for and receive funding from the Department under the Community Human Services Act, Wyoming Statutes 35-1-611 to -627.

(b) This Chapter applies to all providers seeking Department funding under the Community Human Services Act.

Section 2. Eligibility for Funding.

(a) A provider is eligible to apply to the Department for funding to provide statewide or regional behavioral health services if the provider:

(i) Qualifies as one of the following:

(A) A public provider that is a hospital or governmental entity or is registered with the Secretary of State evidencing the authority to conduct business within the State of Wyoming;

(B) A private provider if the provider satisfies the requirements of W.S. 35-1-624; or

(C) A provider that provides services other than behavioral health services if the provider:

(I) Provides behavioral health services as a separate unit or segment within the provider's overall organizational structure; and

(II) Meets the definition of a community mental health or substance use disorder center under Chapter 1 of these Rules;

(ii) Has a governing board whose members represent the provider's proposed service area and is subject to the following:

(A) The governing board shall set the provider's policy, vision, and mission, have fiduciary oversight, and meet on a regular basis; and

(B) The provider shall provide governing board meeting minutes to the Department upon request;

(iii) Is certified according to Chapter 2 of these Rules; and

(iv) Has the ability to provide the full range of required services to include twenty-four (24) hour emergency services seven (7) days a week.

Section 3. Letter of Intent to Provide Services.

(a) A minimum of five (5) months prior to the beginning of a funding cycle, the Department shall provide notice that it is seeking letters of intent to provide funded services on the Department's public website at <https://health.wyo.gov/behavioralhealth/mhsa>. The notice must include:

(i) The eligibility requirements for funding as specified in Section 2 of this Chapter;

(ii) The date letters of intent must be received at the Department;

(iii) Where to submit letters of intent; and

(iv) Where to locate a copy of these Rules online.

(b) A letter of intent submitted to the Department must include:

(i) The service area for which the provider is seeking funding and the services to be provided;

(ii) Signatures of the chair of the governing board and the executive director of the provider; and

(iii) If the provider did not receive funding within the last funding cycle, documentation substantiating the provider meets the eligibility requirements specified in Section 2.

(c) Upon receipt of a letter of intent, the Administrator shall determine if the provider meets the eligibility requirements listed in Section 2.

(i) If the Administrator determines that the provider does not meet the eligibility requirements, the Administrator shall notify the provider in writing that it is not eligible to apply for funding. The written notice must specify the grounds for the Administrator's determination.

(ii) If the Administrator determines that the provider does meet the eligibility requirements:

(A) The Administrator shall notify the provider in writing that is eligible to apply for funding. The written notice must include the Administrator's determination whether the provider will be competing for funding and, if so, provide the status of competition within the service area; and

(B) The Administrator shall send to the provider the application packet and the scoring criteria the Department will use in its evaluation and scoring process according to Section 4 of this Chapter.

Section 4. Evaluation and Scoring of Applications.

(a) The Department shall evaluate and score an application from an eligible provider received by the due date specified in the application packet.

(b) The Department shall evaluate and score an application based on the following criteria, whether:

(i) The applicant has the ability to provide a range of comprehensive and integrated behavioral health services that support quality care to the priority populations;

(ii) The applicant's staffing patterns and number of staff are adequate to provide the continuum of services required and the specific services for which funding is requested;

(iii) If currently funded by the Department, the applicant's performance is in compliance with current Department contract requirements;

(iv) The applicant has a strategic planning process;

(v) The applicant participates in the development and implementation of a community disaster plan;

(vi) The applicant utilizes electronic health care technologies that support the Department's contract reporting requirements;

(vii) The applicant utilizes clinical and business practices that address quality and cost-effective care;

(viii) The applicant utilizes recovery supports; and

(ix) The applicant involves people served in the planning and implementation of services.

(c) When evaluating and scoring an application, the Department may consider information not included in the application but otherwise possessed by the Department.

(d) The Administrator may deny any application that:

(i) Does not meet the criteria according to Section 4(b) of this Chapter; or

(ii) 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.

(e) If the Administrator denies the application, the Administrator shall document the reasons for denial and shall notify the provider in writing of the denial.

(f) The Department may solicit additional applications to provide services in the service area. If the Department solicits additional applications, an applicant whose application was earlier denied may resubmit an application to the Department.

Section 5. Competing Applications.

(a) If two (2) or more applicants are competing to provide services in the same service area and each application meets the criteria in Section 4(b) of this Chapter, the competing applications shall be handled pursuant to the conditions of this Section.

(b) If a competing applicant is a current provider of Department-funded services, proposes to serve the same service area with the same services as those currently funded, and has submitted approved deliverables according to the contract with the Department, the Department shall give preference to and begin contract negotiations with the applicant.

(c) If the conditions to grant preference under subsection (b) of this Section are not satisfied, the following conditions apply:

(i) The Department shall evaluate each application against the following criteria, whether:

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

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

(C) The applicant has integrated behavioral health services with primary health services or proposes to integrate services;

(D) The applicant maximizes all applicable funding sources; and

(E) The applicant has demonstrated history in providing specialized services to priority populations.

(ii) If the Department finds only one (1) of the competing applicants to satisfy the criteria under subsection (c)(i) of this Section, the Department shall give preference to and begin contract negotiations with the applicant.

(iii) If the Department finds more than one (1) or not one (1) of the competing applicants to satisfy the criteria under subsection (c)(i) of this Section, the Administrator shall request the board of county commissioners from the county under competition to appoint a review committee, subject to the following conditions:

(A) The review committee shall consist of no fewer than three (3) individuals who reside within the service area under competition.

(B) In the event of a multi-county service area, the Administrator shall request each board of county commissioners to appoint to the review committee one (1) person from each county. If an even number of persons results from these appointments, the Administrator shall choose an additional committee member from the region.

(iv) If the board of county commissioners is unwilling or unable to participate or does not respond within fifteen (15) business days to the request for a review committee under subsection (c)(iii) of this Section, the Administrator shall appoint a review committee, subject to the following conditions:

(A) The review committee must consist of no fewer than three (3) and no more than five (5) persons. The review committee must be comprised of an odd number of committee members.

(B) The review committee must include:

(I) One (1) representative from a state agency other than the Department, who is a resident of the county or counties under competition;

(II) One (1) representative of the Behavioral Health Advisory Council, who is also a person in recovery; and

(III) One (1) representative of a funded provider outside of the region affected by the competing application.

(C) If a representative enumerated under subsection (c)(iv)(B) of this Section is unwilling or unable to participate on the review committee, the Administrator may appoint in the representative's stead any other person within the Administrator's discretion.

(D) A member of the review committee shall have no vested or competitive interest in the competing applicants or the services proposed.

(v) If a review committee is appointed under subsection (c)(iii) or (iv) of this Section, the Department shall provide written notice to the competing applicants of the establishment and purpose of the review committee.

Section 6. Review Committee.

(a) The review committee shall conduct a public hearing to consider the competing applications within thirty (30) calendar days of the selection of the review committee and at a location within the service area, determined by the Department.

(b) Prior to the public hearing, the review committee shall:

(i) Elect a chair to conduct the public hearing;

(ii) Establish an order of procedure for the public hearing that provides:

(A) Each competing applicant the opportunity to present argument, either in person, by phone, or by other electronic means; and

(B) The public in attendance an opportunity to comment; and

(iii) Review the information provided by the Department, including:

(A) The competing applications;

(B) The scores awarded to each application by the Department;

(C) The extent to which the criteria in Section 4(b) of this Chapter are met;

(D) The extent to which the additional criteria in Section 5(c)(i) of this Chapter apply; and

(E) Other relevant information, as determined by the Department; and

(c) The review committee shall provide notice of the public hearing, according to the following provisions:

(i) The Department shall assist the review committee in providing written notice of the public hearing to the competing applicants and to the public in the service area;

(ii) The notice must be published as a legal notice in at least one (1) newspaper of general circulation in each county, if applicable, affected by the competing applications a minimum of ten (10) calendar days prior to the review committee's public hearing; and

(iii) The notice must include:

(A) The date, time, location, and nature of the public hearing;

- be held;
- (B) The legal authority and jurisdiction under which the hearing is to
 - (C) The sections of the statutes and rules involved;
 - (D) A statement of the nature of the competing applications being reviewed; and
 - (E) The procedure for participation by the public including the procedure to be used to submit written comments, which must be submitted to the Department prior to the date of the public hearing.

Section 7. Application for Funding that is not Available Statewide or Regionally.

- (a) If funding is available for projects or services which cannot be purchased on a regional or statewide basis, the Department shall:
 - (i) Define the purpose of the funding;
 - (ii) Develop an application and funding process; and
 - (iii) Notify current contractors and interested parties of the available funds and how funding decisions will be made. Such notification must be posted on the Department's public website and included in the application for the funding.

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(C) A provider that provides services other than behavioral health services if the provider:

(I) Provides behavioral health services as a separate unit or segment within the provider's overall organizational structure; and

(II) Meets the definition of a community mental health or substance use disorder center under Chapter 1 of these Rules;

(ii) Has a governing board whose members represent the provider's proposed service area and is subject to the following:

(A) The governing board shall set the provider's policy, vision, and mission, have fiduciary oversight, and meet on a regular basis; and

(B) The provider shall provide governing board meeting minutes to the Department upon request;

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(b) A letter of intent submitted to the Department must include:

(i) The service area for which the provider is seeking funding and the services to be provided;

(ii) Signatures of the chair of the governing board and the executive director of the provider; and

(iii) If the provider did not receive funding within the last funding cycle, documentation substantiating the provider meets the eligibility requirements specified in Section 2.

(c) Upon receipt of a letter of intent, the Administrator shall determine if the provider meets the eligibility requirements listed in Section 2.

(i) If the Administrator determines that the provider does not meet the eligibility requirements, the Administrator shall notify the provider in writing that it is not eligible to apply for funding. The written notice must specify the grounds for the Administrator's determination.

(ii) If the Administrator determines that the provider does meet the eligibility requirements:

(A) The Administrator shall notify the provider in writing that is eligible to apply for funding. The written notice must include the Administrator's determination whether the provider will be competing for funding and, if so, provide the status of competition within the service area; and

(B) The Administrator shall send to the provider the application packet and the scoring criteria the Department will use in its evaluation and scoring process according to Section 4 of this Chapter.

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(a) The Department shall evaluate and score an application from an eligible provider received by the due date specified in the application packet.

(b) The Department shall evaluate and score an application based on the following criteria, whether:

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(ii) The applicant's staffing patterns and number of staff are adequate to provide the continuum of services required and the specific services for which funding is requested;

(iii) If currently funded by the Department, the applicant's performance is in compliance with current Department contract requirements;

(iv) The applicant has a strategic planning process;

(v) The applicant participates in the development and implementation of a community disaster plan;

(vi) The applicant utilizes electronic health care technologies that support the Department's contract reporting requirements;

(vii) The applicant utilizes clinical and business practices that address quality and cost-effective care;

(viii) The applicant utilizes recovery supports; and

(ix) The applicant involves people served in the planning and implementation of services.

(c) When evaluating and scoring an application, the Department may consider information not included in the application but otherwise possessed by the Department.

(d) The Administrator may deny any application that:

(i) Does not meet the criteria according to Section 4(b) of this Chapter; or

(ii) 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.

(e) If the Administrator denies the application, the Administrator shall document the reasons for denial and shall notify the provider in writing of the denial.

(f) The Department may solicit additional applications to provide services in the service area. If the Department solicits additional applications, an applicant whose application was earlier denied may resubmit an application to the Department.

Section 5. Competing Applications.

(a) If two (2) or more applicants are competing to provide services in the same service area and each application meets the criteria in Section 4(b) of this Chapter, the competing applications shall be handled pursuant to the conditions of this Section.

(b) If a competing applicant is a current provider of Department-funded services, proposes to serve the same service area with the same services as those currently funded, and has submitted approved deliverables according to the contract with the Department, the Department shall give preference to and begin contract negotiations with the applicant.

(c) If the conditions to grant preference under subsection (b) of this Section are not satisfied, the following conditions apply:

(i) The Department shall evaluate each application against the following criteria, whether:

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

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

(C) The applicant has integrated behavioral health services with primary health services or proposes to integrate services;

(D) The applicant maximizes all applicable funding sources; and

(E) The applicant has demonstrated history in providing specialized services to priority populations.

(ii) If the Department finds only one (1) of the competing applicants to satisfy the criteria under subsection (c)(i) of this Section, the Department shall give preference to and begin contract negotiations with the applicant.

(iii) If the Department finds more than one (1) or not one (1) of the competing applicants to satisfy the criteria under subsection (c)(i) of this Section, the Administrator shall request the board of county commissioners from the county under competition to appoint a review committee, subject to the following conditions:

 (A) The review committee shall consist of no fewer than three (3) individuals who reside within the service area under competition.

 (B) In the event of a multi-county service area, the Administrator shall request each board of county commissioners to appoint to the review committee one (1) person from each county. If an even number of persons results from these appointments, the Administrator shall choose an additional committee member from the region.

 (iv) If the board of county commissioners is unwilling or unable to participate or does not respond within fifteen (15) business days to the request for a review committee under subsection (c)(iii) of this Section, the Administrator shall appoint a review committee, subject to the following conditions:

 (A) The review committee must consist of no fewer than three (3) and no more than five (5) persons. The review committee must be comprised of an odd number of committee members.

 (B) The review committee must include:

 (I) One (1) representative from a state agency other than the Department, who is a resident of the county or counties under competition;

 (II) One (1) representative of the Behavioral Health Advisory Council, who is also a person in recovery; and

 (III) One (1) representative of a funded provider outside of the region affected by the competing application.

 (C) If a representative enumerated under subsection (c)(iv)(B) of this Section is unwilling or unable to participate on the review committee, the Administrator may appoint in the representative's stead any other person within the Administrator's discretion.

 (D) A member of the review committee shall have no vested or competitive interest in the competing applicants or the services proposed.

 (v) If a review committee is appointed under subsection (c)(iii) or (iv) of this Section, the Department shall provide written notice to the competing applicants of the establishment and purpose of the review committee.

Section 6. Review Committee.

(a) The review committee shall conduct a public hearing to consider the competing applications within thirty (30) calendar days of the selection of the review committee and at a location within the service area, determined by the Department.

(b) Prior to the public hearing, the review committee shall:

(i) Elect a chair to conduct the public hearing;

(ii) Establish an order of procedure for the public hearing that provides:

(A) Each competing applicant the opportunity to present argument, either in person, by phone, or by other electronic means; and

(B) The public in attendance an opportunity to comment; and

(iii) Review the information provided by the Department, including:

(A) The competing applications;

(B) The scores awarded to each application by the Department;

(C) The extent to which the criteria in Section 4(b) of this Chapter are met;

(D) The extent to which the additional criteria in Section 5(c)(i) of this Chapter apply; and

(E) Other relevant information, as determined by the Department; and

(c) The review committee shall provide notice of the public hearing, according to the following provisions:

(i) The Department shall assist the review committee in providing written notice of the public hearing to the competing applicants and to the public in the service area;

(ii) The notice must be published as a legal notice in at least one (1) newspaper of general circulation in each county, if applicable, affected by the competing applications a minimum of ten (10) calendar days prior to the review committee's public hearing; and

(iii) The notice must include:

(A) The date, time, location, and nature of the public hearing;

(B) The legal authority and jurisdiction under which the hearing is to be held;

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

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

(E) The procedure for participation by the public including the procedure to be used to submit written comments, which must be submitted to the Department prior to the date of the public hearing.

Section 7. Application for Funding that is not Available Statewide or Regionally.

(a) If funding is available for projects or services which cannot be purchased on a regional or statewide basis, the Department shall:

(i) Define the purpose of the funding;

(ii) Develop an application and funding process; and

(iii) Notify current contractors and interested parties of the available funds and how funding decisions will be made. Such notification must be posted on the Department's public website and included in the application for the funding.

Chapter 4

Complaints

Section 1. Purpose and Applicability.

(a) This Chapter provides the complaint and investigation processes regarding providers of behavioral health services certified by the Department.

(b) This Chapter applies to all clients and providers of behavioral health services certified by the Department.

Section 2. Filing Complaints.

(a) If an entity or individual has exhausted a provider's established client grievance procedure and is not satisfied with the resolution, the entity or individual may file a complaint with the Department.

(b) A complaint filed with the Department must be in writing. The complaint must be filed within one (1) year of the alleged violation and must provide the following information:

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

(ii) The party, individual, 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 Department a clear and full understanding of the nature of the alleged violation.

(c) The Department shall confirm with the complainant and provider that the complaint was originally filed with the provider, with an unsatisfactory resolution for the complainant. The Department shall refer an individual or entity to the provider if the complaint was not originally filed with the provider.

(d) The Department shall ensure that complaints are properly evaluated, documented, acknowledged, and handled in a timely and appropriate manner, to include notification by the Department to the complainant and the provider in writing within ten (10) business days of the receipt of a complaint. If the nature of the complaint is not related to certification or contracting requirements, the Department shall refer the complainant to the appropriate authority, if any, including Wyoming Medicaid, the Wyoming Mental Health Professions Licensing Board, or an ombudsman program.

Section 3. Investigations.

(a) The Department, on its own initiative or upon receipt of a complaint including substantive information alleging detriment to the health, safety or welfare of clients, fraud, or ethical misconduct, may conduct an investigation of a provider. If an investigation is initiated by

the Department, the Department shall provide a summary of the Department's concerns to the provider in writing within ten (10) business days of initiating the investigation.

(b) The executive director of the provider against whom the investigation is being conducted shall file a response to the complaint with the Department no later than twenty (20) business days after receipt of the copy or summary of the complaint from the Department. If the executive director provides the Department with good cause, the Department may extend the time to respond to the complaint.

(c) If the Department determines that the provider has failed to respond or the complaint is not sufficiently resolved by the provider's response under subsection (b) of this Section, the Department may continue the investigation.

(i) The provider shall allow the Department access to all pertinent information concerning the operations of the provider.

(ii) The Department's investigation may include on-site inspections, off-site reviews, and consultations with the executive director, governing board, program staff, the complainant, and other pertinent sources of information.

(d) If a provider fails to comply with this Chapter, the Department may sanction the provider. Sanctions may include, but are not limited to, adverse inferences related to any denials made by the provider, the immediate suspension of contract payments to the provider, and decertification.

(e) The Department shall issue a final written report and disposition of the investigation to the provider within ninety (90) business days of the closure of the investigation. The report must include:

(i) The Department's findings and the corrective actions required, if any; and

(ii) A determination whether each deficiency relates to the health, safety, welfare, or rights of clients.

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

Section 4. Resolution Plans.

(a) A provider shall submit to the Department a resolution plan for each corrective action required in the final written report of an investigation.

(i) If the Department's final report notes a deficiency relating to the health, safety, welfare, or rights of clients served, the provider shall submit a resolution plan to the Department within ten (10) business days of receipt of the written report from the Department.

(ii) If the Department's final report does not note a deficiency relating to the health, safety, welfare, or rights of clients served, the provider shall submit a resolution plan to the Department within thirty (30) business days of receipt of the written report from the Department.

(iii) A resolution plan must provide the following information:

(A) Who will be charged with the responsibility to correct each deficiency;

(B) What will be done to correct each deficiency;

(C) How the corrective actions will be incorporated into the provider's quality management program;

(D) Who will be charged with monitoring to ensure each deficiency does not occur again; and

(E) The deadline by when the provider expects to correct all deficiencies.

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

(c) If the Department disapproves of a resolution plan, the Department shall provide the provider written notification of the reasons for the disapproval. The provider shall submit a revised plan within ten (10) business days of receipt of the written disapproval from the Department.

(d) The Department shall monitor the provider to assure the actions identified in the provider's resolution plan have been completed within the specified time frame. The Department shall verify completion of a resolution plan in writing.

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Chapter 5

Community Mental Health or Substance Use Disorder Treatment Centers: Professional Standards for Personnel and Service Quality

Section 1. Purpose and Applicability.

(a) This Chapter:

(i) Establishes professional standards for personnel providing behavioral health services purchased in whole or in part by the Department in a community mental health or substance use disorder treatment center; and

(ii) Prescribes standards for the quality of behavioral health services provided by community mental health or substance use disorder treatment centers purchased in whole or in part by the Department.

(b) This Chapter applies to all community mental health or substance use disorder treatment centers whose services are purchased by the Department, in whole or in part, under the Community Human Services Act, Wyoming Statutes 35-1-611 to -627.

Section 2. Personnel Standards.

(a) A community mental health or substance use disorder treatment center shall employ an executive director on a full-time basis.

(i) An individual may not serve as an executive director unless the individual:

(A) Is qualified clinical staff and has a minimum of two (2) years of relevant experience in behavioral health services management or administration; or

(B) Has 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.

(ii) Regardless of the criteria imposed under subsection (a)(i) of this Section, an executive director employed prior to the effective date of these Rules is eligible to continue in the executive director role at his or her current place of employment on the date these Rules become effective.

(b) A community mental health or substance use disorder treatment center shall ensure that:

(i) Only qualified clinical staff provide the clinical services purchased in whole or in part by the Department; and

(ii) All qualified clinical staff receive training necessary for billing services to Medicaid.

(c) A community mental health or substance use disorder treatment center shall:

(i) Designate a peer specialist; and

(ii) Ensure the designated peer specialist receives the training required to bill peer specialist services to Wyoming Medicaid.

Section 3. Service Quality.

(a) A community mental health or substance use disorder treatment center shall:

(i) Be certified according to Chapter 2 of these Rules;

(ii) Utilize evidence-based practices and promising practices;

(iii) 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;

(iv) Develop processes to manage wait lists or practice same day access;

(v) Develop practices which result in high quality services as demonstrated in positive, cost effective client outcomes that are determined by the Department in collaboration with providers;

(vi) Provide integrated mental health or substance use disorder treatment services that are coordinated with primary care as applicable; and

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

Section 4. Variances.

(a) A community mental health or substance use disorder treatment center may request a variance from the Department of any standard imposed under Section 2 of this Chapter.

(i) A variance is a permanent change to a required standard and may be requested at any time.

(ii) A request for variance must be made in writing and signed by the chair of the governing board.

(iii) A request for variance must establish how the variance will maintain or enhance the quality of a center's operations and client services.

(b) The Administrator reserves absolute discretion in considering and granting a request for variance.

(i) The Administrator shall communicate to the provider, their decision in writing on a variance request and if denied, grounds for denial.

(ii) If the Administrator grants a variance request, the requesting provider shall keep a copy of the Administrator's decision as part of the provider's records.

(iii) If the Administrator denies a variance request, the Administrator's denial is final and not subject to administrative review.

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(iii) If the Administrator denies a variance request, the Administrator's denial is final and not subject to administrative review.

Chapter 6

Court Supervised Treatment Programs

Section 1. Purpose and Applicability.

(a) This Chapter establishes the standards and procedures for court supervised treatment (CST) programs pursuant to Wyoming Statute 7-13-1605(c).

(b) This Chapter applies to all CST programs subject to the Court Supervised Treatment Programs Act, W.S. 7-13-1601 to -1616.

Section 2. Eligibility for Funding.

(a) An applicant is eligible to apply for funding from the Department to provide a CST program if:

(i) The applicant is:

(A) A governing body of a city, town, or county;

(B) A tribal government of either the Northern Arapaho or Eastern Shoshone tribes of the Wind River Indian Reservation; or

(C) A nonprofit organization recognized under 26 U.S.C. § 501(c)(3);

(ii) The applicant has created a program team pursuant to W.S. 7-13-1609(a);

(iii) The applicant serves as the contracting agent for all its program contracts pursuant to W.S. 7-13-1606(b);

(iv) The applicant has designated a program coordinator pursuant to W.S. 7-13-1609(c);

(v) The applicant possesses the capacity and capability to utilize electronic health care technologies consistent with the Department's reporting requirements, including those established under W. S. 7-13-1613; and

(vi) The applicant:

(A) Is nationally-accredited and certified as a substance use disorder treatment provider according to Chapter 2 of these Rules; or

(B) Has an agreement with a substance use disorder treatment provider which is nationally-accredited and certified according to Chapter 2 of these Rules.

Section 3. Applications for Funds.

(a) Prior to the beginning of a funding cycle, the Department shall publish public notice of the availability of funds and the eligibility requirements, as specified in Section 2 of this Chapter, to receive CST funding.

(b) The Department shall distribute the notice to currently-funded CST programs and shall post it on the Department's public website at: <https://health.wyo.gov/behavioralhealth/mhsa/cst/>.

(c) The Department shall distribute applications for funding to currently funded CST programs and any other entity which has expressed to an interest in applying for funding.

(d) An application for funding submitted to the Department must include, at a minimum:

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

(ii) Identification of each CST program team member;

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

(iv) Evidence of state certification and national accreditation of the CST treatment provider;

(v) Evidence of the completion of the training and continuing education requirements listed under Section 8 of this Chapter;

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

(vii) Demonstration of local contributions to the program, including the source and nature of the local contributions.

(A) Local contributions must meet or exceed twenty-five percent (25%) of the amount requested from the Department. The local contribution may include cash match or in-kind contribution.

(B) Financial contributions by CST participants, and state and federal funds received from any source must not be used to meet local contribution requirements.

(e) The Administrator shall review each timely-submitted application to determine funding eligibility according to Section 2 of this Chapter.

(i) If the Administrator determines that the provider does not meet the eligibility requirements, the Administrator shall notify the entity in writing that it is not eligible to apply for funding. The written notice must specify the grounds for the Administrator's determination.

(ii) If the Administrator determines the eligibility requirements are met, the Administrator shall notify the entity in writing that it is eligible to apply for funding.

Section 4. Funding Formula.

(a) The funding formula shall be based on the number of participants expected to be served and shall equal \$9,354.66 per adult participant and \$14,716.84 per juvenile participant.

(i) The Department may modify the adult participant and juvenile participant rates specified in the funding formula by plus or minus \$500 without amending these Rules.

(ii) A modification to the funding formula pursuant to this subsection may not be effective until the beginning of the fiscal year following the change.

(iii) The Department shall notify currently-funded CST programs of changes to the funding formula at least thirty (30) calendar days prior to the release of applications for funding.

(b) The Department shall develop funding recommendations by applying the funding formula to each eligible application and adjust funding, considering the following:

(i) The amount of funding available;

(ii) The number of participants served during the past year(s);

(iii) The quality of services provided;

(iv) Any corrective action needed to improve quality or performance; and

(v) Staffing patterns.

(c) The Department 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 Department in determining its funding recommendation for the program.

(d) The Department shall, within thirty (30) calendar days after the due date for submitting applications, forward its funding recommendations and all applications to the CST Program Panel.

Section 5. CST Program Panel

- (a) The CST Program Panel shall select a chair, a vice chair, and a secretary and develop bylaws.
- (b) Department staff shall maintain CST Program Panel records, including minutes of all panel meetings.
- (c) The CST Program Panel shall consider each eligible application and the Department's funding recommendations.
- (d) To approve an application for funding, the CST Program Panel must find the CST program:
 - (i) Is in compliance with W.S. 7-13-1601 to -1615 and these Rules; and
 - (ii) Can reasonably be expected to meet the goals listed under W.S. 7-13-1603(b).
- (e) The CST Program Panel shall render its funding decisions, conditions of funding, and schedule for disbursement within thirty (30) calendar days of receiving the applications and recommendations from the Department.
 - (i) The CST Program Panel shall notify the Department and each applicant in writing of its funding decision. The decision of the Panel is final and not subject to administrative review.
 - (ii) The Department shall disburse funding in a manner consistent with the Panel's decision.

Section 6. Treatment and Support Services.

- (a) A CST program shall:
 - (i) Integrate treatment services with justice system case processing;
 - (ii) Collaborate with other CST programs to promote public safety and protect participants' due process rights;
 - (iii) Identify and promptly place eligible participants into the CST program;
 - (iv) Provide directly, or through subcontracts or referral relationships, a continuum of care for each participant that is individualized and based on the needs of the participant, to include at a minimum:

- (A) Substance use disorder treatment;
- (B) Support services;
- (C) Continuing care; and
- (D) Integrated treatment for mental health and substance use disorders for participants with co-occurring diagnoses.

(v) Allow access to the program by persons receiving MAT and shall facilitate MAT services where available and appropriate for a participant;

(vi) Monitor abstinence and the appropriate use of medications through frequent, random, and observed alcohol and other drug testing;

(vii) Coordinate a strategy which governs program responses to participants' compliance;

(viii) Ensure ongoing judicial interaction with each participant; and

(ix) Monitor and evaluate program goals and gauge effectiveness.

(b) A CST program that subcontracts for substance use disorder treatment services shall require the subcontractor to comply with Chapter 2 of these Rules and applicable provisions of this Chapter.

Section 7. CST Program Policies and Procedures.

(a) A CST program shall adopt, implement, and enforce policies and procedures that:

(i) Enforce the conditions of participation listed under W.S. 7-13-1607;

(ii) Enforce incentives and sanctions imposed under W.S. 7-13-1608;

(iii) Detail how the program shall facilitate access to MAT services where accessible and appropriate;

(iv) Ensure the training and continuing education requirements provided under Section 8 of this Chapter are satisfied;

(v) Ensure all participants contribute financially to the cost of their CST program; and

(vi) Guide processes for contracting substance use disorder treatment services or integrated co-occurring substance use disorder and mental health treatment services to treatment providers.

Section 8. Training and Continuing Education.

(a) A CST program shall ensure team members, staff, and treatment providers receive continuing interdisciplinary education that promotes evidence based treatment court planning, implementation, and operations.

(b) A CST program team member shall complete:

(i) A minimum of twenty (20) hours of drug-court-specific training or Department-approved CST training during the first year of participation in a CST program.

(A) A minimum of ten (10) hours must be formal training; and

(B) The remainder of these twenty (20) hours may be informal training, including shadowing or peer-sponsored training.

(ii) A minimum of six (6) additional hours of drug-court-specific or Department-approved training each subsequent fiscal year. Training which qualifies to meet this requirement must include drug court courses and seminars which may be provided by:

(A) The United States Department of Justice;

(B) The National Association of Drug Court Professionals and its divisions;

(C) The National Drug Court Resource Center;

(D) Treatment Courts Online;

(E) A state drug court association recognized by the Department; or

(F) The Department.

(c) A CST treatment provider who is not a member of the program team but who provides substance use disorder treatment or support services either as part of a CST program or under subcontract with a CST program shall complete:

(i) Ten (10) hours of drug-court-specific training or Department-approved training prior to providing CST services; and

(ii) Six (6) hours of drug court specific or Department-approved training annually.

(d) If a CST program team member or treatment provider completes more training than annually required, the Department may approve the excess hours to be carried over for up to one (1) year. This provision applies to all hours of training in excess of those required in subsections (b) and (c) of this Section.

Section 9. Department Monitoring.

(a) At least every two (2) years, the Department shall conduct an on-site review of each funded CST program to determine compliance with these Rules.

(b) The Department shall issue a written report to the CST program within forty-five (45) business days of the review. The report must include the Department's findings and the corrective actions required, if any.

(c) A CST program shall submit to the Department a resolution plan within thirty (30) business days of receipt of the written report for each corrective action required.

(i) A resolution plan must provide the following information:

(A) Who will be charged with the responsibility to correct each deficiency;

(B) What will be done to correct each deficiency;

(C) How the corrective actions will be incorporated into the CST program's quality management program;

(D) Who will be charged with monitoring to ensure each deficiency does not occur again; and

(E) The deadline by when the CST program expects to correct all deficiencies.

(ii) The Department shall notify the CST program in writing of the approval or disapproval of the provider's resolution plan within thirty (30) business days after receipt of a plan.

(iii) If the Department disapproves of a resolution plan, the Department shall provide the CST program written notification of the reasons for the disapproval. The CST program shall submit a revised plan within ten (10) business days of receipt of the written disapproval from the Department.

(d) The Department shall complete appropriate follow up monitoring to assure that the actions identified in the CST program's resolution plan have been completed within the specified time frame. The Department shall verify completion of a resolution plan in writing.

Chapter 6

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(b) This Chapter applies to all CST programs subject to the Court Supervised Treatment Programs Act, W.S. 7-13-1601 to -1616.

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(i) The applicant is:

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(B) A tribal government of either the Northern Arapaho or Eastern Shoshone tribes of the Wind River Indian Reservation; or

(C) A nonprofit organization recognized under 26 U.S.C. § 501(c)(3);

(ii) The applicant has created a program team pursuant to W.S. 7-13-1609(a);

(iii) The applicant serves as the contracting agent for all its program contracts pursuant to W.S. 7-13-1606(b);

(iv) The applicant has designated a program coordinator pursuant to W.S. 7-13-1609(c);

(v) The applicant possesses the capacity and capability to utilize electronic health care technologies consistent with the Department's reporting requirements, including those established under W. S. 7-13-1613; and

(vi) The applicant:

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(B) Has an agreement with a substance use disorder treatment provider which is nationally-accredited and certified according to Chapter 2 of these Rules.

Section 3. Applications for Funds.

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(d) An application for funding submitted to the Department must include, at a minimum:

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

(ii) Identification of each CST program team member;

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

(iv) Evidence of state certification and national accreditation of the CST treatment provider;

(v) Evidence of the completion of the training and continuing education requirements listed under Section 8 of this Chapter;

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

(vii) Demonstration of local contributions to the program, including the source and nature of the local contributions.

(A) Local contributions must meet or exceed twenty-five percent (25%) of the amount requested from the Department. The local contribution may include cash match or in-kind contribution.

(B) Financial contributions by CST participants, and state and federal funds received from any source must not be used to meet local contribution requirements.

(e) The Administrator shall review each timely-submitted application to determine funding eligibility according to Section 2 of this Chapter.

(i) If the Administrator determines that the provider does not meet the eligibility requirements, the Administrator shall notify the entity in writing that it is not eligible

to apply for funding. The written notice must specify the grounds for the Administrator's determination.

(ii) If the Administrator determines the eligibility requirements are met, the Administrator shall notify the entity in writing that it is eligible to apply for funding.

Section 4. Funding Formula.

(a) The funding formula shall be based on the number of participants expected to be served and shall equal \$9,354.66 per adult participant and \$14,716.84 per juvenile participant.

(i) The Department may modify the adult participant and juvenile participant rates specified in the funding formula by plus or minus \$500 without amending these Rules.

(ii) A modification to the funding formula pursuant to this subsection may not be effective until the beginning of the fiscal year following the change.

(iii) The Department shall notify currently-funded CST programs of changes to the funding formula at least thirty (30) calendar days prior to the release of applications for funding.

(b) The Department shall develop funding recommendations by applying the funding formula to each eligible application and adjust funding, considering the following:

(i) The amount of funding available;

(ii) The number of participants served during the past year(s);

(iii) The quality of services provided;

(iv) Any corrective action needed to improve quality or performance; and

(v) Staffing patterns.

(c) The Department 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 Department in determining its funding recommendation for the program.

(d) The Department shall, within thirty (30) calendar days after the due date for submitting applications, forward its funding recommendations and all applications to the CST Program Panel.

Section 5. CST Program Panel

(a) The CST Program Panel shall select a chair, a vice chair, and a secretary and develop bylaws.

(b) Department staff shall maintain CST Program Panel records, including minutes of all panel meetings.

(c) The CST Program Panel shall consider each eligible application and the Department's funding recommendations.

(d) To approve an application for funding, the CST Program Panel must find the CST program:

(i) Is in compliance with W.S. 7-13-1601 to -1615 and these Rules; and

(ii) Can reasonably be expected to meet the goals listed under W.S. 7-13-1603(b).

(e) The CST Program Panel shall render its funding decisions, conditions of funding, and schedule for disbursement within thirty (30) calendar days of receiving the applications and recommendations from the Department.

(i) The CST Program Panel shall notify the Department and each applicant in writing of its funding decision. The decision of the Panel is final and not subject to administrative review.

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

Section 6. Treatment and Support Services.

(a) A CST program shall:

(i) Integrate treatment services with justice system case processing;

(ii) Collaborate with other CST programs to promote public safety and protect participants' due process rights;

(iii) Identify and promptly place eligible participants into the CST program;

(iv) Provide directly, or through subcontracts or referral relationships, a continuum of care for each participant that is individualized and based on the needs of the participant, to include at a minimum:

(A) Substance use disorder treatment;

(B) Support services;

(C) Continuing care; and

(D) Integrated treatment for mental health and substance use disorders for participants with co-occurring diagnoses.

(v) Allow access to the program by persons receiving MAT and shall facilitate MAT services where available and appropriate for a participant;

(vi) Monitor abstinence and the appropriate use of medications through frequent, random, and observed alcohol and other drug testing;

(vii) Coordinate a strategy which governs program responses to participants' compliance;

(viii) Ensure ongoing judicial interaction with each participant; and

(ix) Monitor and evaluate program goals and gauge effectiveness.

(b) A CST program that subcontracts for substance use disorder treatment services shall require the subcontractor to comply with Chapter 2 of these Rules and applicable provisions of this Chapter.

Section 7. CST Program Policies and Procedures.

(a) A CST program shall adopt, implement, and enforce policies and procedures that:

(i) Enforce the conditions of participation listed under W.S. 7-13-1607;

(ii) Enforce incentives and sanctions imposed under W.S. 7-13-1608;

(iii) Detail how the program shall facilitate access to MAT services where accessible and appropriate;

(iv) Ensure the training and continuing education requirements provided under Section 8 of this Chapter are satisfied;

(v) Ensure all participants contribute financially to the cost of their CST program; and

(vi) Guide processes for contracting substance use disorder treatment services or integrated co-occurring substance use disorder and mental health treatment services to treatment providers.

Section 8. Training and Continuing Education.

(a) A CST program shall ensure team members, staff, and treatment providers receive continuing interdisciplinary education that promotes evidence based treatment court planning, implementation, and operations.

(b) A CST program team member shall complete:

(i) A minimum of twenty (20) hours of drug-court-specific training or Department-approved CST training during the first year of participation in a CST program.

(A) A minimum of ten (10) hours must be formal training; and

(B) The remainder of these twenty (20) hours may be informal training, including shadowing or peer-sponsored training.

(ii) A minimum of six (6) additional hours of drug-court-specific or Department-approved training each subsequent fiscal year. Training which qualifies to meet this requirement must include drug court courses and seminars which may be provided by:

(A) The United States Department of Justice;

(B) The National Association of Drug Court Professionals and its divisions;

(C) The National Drug Court Resource Center;

(D) Treatment Courts Online;

(E) A state drug court association recognized by the Department; or

(F) The Department.

(c) A CST treatment provider who is not a member of the program team but who provides substance use disorder treatment or support services either as part of a CST program or under subcontract with a CST program shall complete:

(i) Ten (10) hours of drug-court-specific training or Department-approved training prior to providing CST services; and

(ii) Six (6) hours of drug court specific or Department-approved training annually.

(d) If a CST program team member or treatment provider completes more training than annually required, the Department may approve the excess hours to be carried over for up to

one (1) year. This provision applies to all hours of training in excess of those required in subsections (b) and (c) of this Section.

Section 9. Department Monitoring.

(a) At least every two (2) years, the Department shall conduct an on-site review of each funded CST program to determine compliance with these Rules.

(b) The Department shall issue a written report to the CST program within forty-five (45) business days of the review. The report must include the Department's findings and the corrective actions required, if any.

(c) A CST program shall submit to the Department a resolution plan within thirty (30) business days of receipt of the written report for each corrective action required.

(i) A resolution plan must provide the following information:

(A) Who will be charged with the responsibility to correct each deficiency;

(B) What will be done to correct each deficiency;

(C) How the corrective actions will be incorporated into the CST program's quality management program;

(D) Who will be charged with monitoring to ensure each deficiency does not occur again; and

(E) The deadline by when the CST program expects to correct all deficiencies.

(ii) The Department shall notify the CST program in writing of the approval or disapproval of the provider's resolution plan within thirty (30) business days after receipt of a plan.

(iii) If the Department disapproves of a resolution plan, the Department shall provide the CST program written notification of the reasons for the disapproval. The CST program shall submit a revised plan within ten (10) business days of receipt of the written disapproval from the Department.

(d) The Department shall complete appropriate follow up monitoring to assure that the actions identified in the CST program's resolution plan have been completed within the specified time frame. The Department shall verify completion of a resolution plan in writing.