



## CHAPTER 4

### Rules and Regulations for Substance Abuse Standards

#### Description of Services and Requirements for Substance Abuse Services

Section 1. Authority. These Rules are promulgated by the Wyoming Department of Health pursuant to W.S. § 9-2-2701 and the Wyoming Administrative Procedure Act at W.S. § 16-3-101, *et seq.*, to establish standards for community substance abuse prevention, early intervention, recovery support services and treatment services, and to provide a full continuum of quality, research-based, best practice substance abuse services to Wyoming citizens.

#### Section 2. Client Confidentiality and Consents.

(a) Programs shall ensure compliance with 42 CFR Part 2, 45 CFR Part 160 and 164, and other legal restrictions affecting confidentiality of alcohol, drug abuse and medical client records. Each client shall review and sign a statement showing that confidentiality was explained to them and that they understand what information is protected and under what circumstances information can or cannot be released. Information not addressed in Federal or local laws shall be addressed through policy and procedures developed by the program and approved by the governing board, if applicable.

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

(c) Programs shall develop rules governing the treatment process, and the client and legal guardian, if applicable, shall sign a form showing that they understand the rules and accept them. Rules shall detail the type of infractions or conditions that must occur for a client to be terminated from a program. Appropriate consequences shall be documented in regard to rule infractions that do not require immediate termination, and must be addressed in the client's individualized treatment plan with appropriate timeframes for clients to address infractions prior to terminating the client.

(d) Programs shall have an acknowledgment by the client and legal guardian that the service admission policies and procedures were explained, if applicable.

(e) Programs shall have a copy of the signed and dated client rights form that was reviewed with and provided to the client and legal guardian, if applicable.

(f) A copy of documentation of the sliding fee agreement.

(g) Programs shall have a client grievance procedure. The client and legal guardian, if applicable, shall sign a form showing that they understand the procedures for

filing a complaint. At a minimum, the procedure shall include review by the Executive Director of the program and review by the governing board, when applicable. If the client is not satisfied with the results of this process, the client can make a formal complaint in writing to the Division.

Section 3. Clinical Oversight.

(a) Clinical oversight shall consist of at a minimum one (1) contact per month, provided on or off the site of a service, between a clinical supervisor and treatment staff or peer consultation for one person. Programs shall ensure that each client is receiving quality care consistent with the individualized treatment plan.

(b) Oversight relating to clinical supervision shall be in compliance with Title 33, Chapter 38, as defined in Chapter 1, Section 4, of the Definitions in these standards.

(c) A clinical supervisor shall provide oversight and performance evaluation of clinical staff in the core competencies as identified in the most current TAP 21-A Competencies for Substance Abuse Treatment Clinical Supervisors published by SAMHSA. At a minimum, the following is required: supervision or peer consultation will be clinical not administrative, and supervision or peer consultation will be part of agency's staff development plan.

(d) Clinical oversight or peer consultation shall include, at a minimum, documentation of regular meetings showing that supervision took place. This documentation can be completed by either the supervisor or the person being supervised.

Section 4. Case Management Services.

(a) Programs shall have a written plan for providing dedicated case management services to clients and their families in conjunction with or as part of the client's substance abuse treatment. Case management services may be provided directly or through memorandum of agreement among multiple agencies or programs. These services shall be designed and documented in the treatment plan, when applicable, to provide goal-oriented and individualized support focusing on improved self-sufficiency for the client through life skill functional assessment, planning, linkage, advocacy, referral, coordination, transportation, monitoring activities, and crisis intervention, and may provide other supportive services when allowed by and communicated with the treatment program. In cases involving domestic/family violence, these services shall include safety factors and safe environmental options. Special emphasis will be placed on coordinating with other programs, including, but not limited to, education institutions, vocational rehabilitation, and work force development services to enhance the client's skill base, chances for gainful employment, and options for independent functioning.

(b) Programs shall collaborate with other agencies, programs, and services in the community to meet individual client needs. During the course of treatment, whenever

the primary clinical staff person deems clinically appropriate, he shall, with the informed consent of the client and, if applicable, legal guardian, assemble a team when possible, including when applicable the client, family members, friends, support person(s), and others from the community whose profession or resources permits them to contribute to a network of supporters to assist the client in his or her recovery. The membership of the team will be based on the needs of the client. Team members will be asked to provide specific assistance for a defined period of time. The primary clinical staff person will have the responsibility to monitor the client's progress under the plan and to make periodic adjustments, as necessary.

(c) All participants who take part in this case management process must assure compliance with 42 CFR Part 2 and 45 CFR Part 160 and 164.

Section 5. Non-Clinical Case Record and Consents.

(a) A case record shall contain correspondence relevant to the client's treatment, including all letters and dated notations of telephone conversations conducted by program staff. There shall be a signed release of information form for all correspondences when applicable.

(b) A case record shall have documentation showing that the client was given information regarding communicable diseases, referral for screening, and linkages to counseling, if applicable.

Section 6. Screening and Assessment. The following instruments and protocols shall be used when conducting a comprehensive assessment of addiction severity, determining diagnosis, and setting the stage for appropriate placement of clients into treatment for alcohol and other drug addiction. A program may choose to use other instruments in addition to those set forth in these rules.

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

(b) A program serving adults shall utilize the ASI or such other assessment tool as may be designated by the Division following input from a committee process involving publically funded and privately unfunded providers from the field and consumers, as well as comprehensive information regarding the client's bio-psychosocial spiritual needs in the assessment of the client. An assessment tool with content that meets or exceeds the content of the ASI may be used upon approval of the Division. Assessments can only be completed by a qualified clinical staff person who is credentialed through the Wyoming Mental Health Professions Licensing Board established under the provisions of W.S. § 33-38-101, *et seq.*, a psychologist who is

licensed to practice psychology, pursuant to W.S. § 33-27-113(a)(v), a Licensed Physician by the Wyoming State Board of Medicine, and a Wyoming Advanced Psychiatric Nurse. The approved assessment tool shall be disseminated to all certified treatment programs by the Division.

(c) A program serving adolescents shall utilize an assessment tool at a Minimum, which includes the following domains: medical, criminal, substance use, family, psychiatric, developmental, academic, and intellectual capacity; physical and sexual abuse; and peer, environmental cultural history, including assessment and suicidal and homicidal ideation.

(d) A program shall utilize the current version of the Diagnostic and Statistical Manual (DSM) completing a five (5) axis differential diagnosis of the client.

(e) A program shall utilize the current version of the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC) as part of the assessment process. ASAM dimensional criteria for each domain must be addressed in the assessment of client need for treatment.

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

(g) A program shall adequately assess the client's need for case management as described in Chapter 4, Section 3, Case Management requirements.

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

#### Section 7. ASAM Continued Stay, Transfer and Discharge Criteria.

(a) Continued Stay. The following criteria per ASAM Dimensions shall be utilized to determine if the client should remain in the current level of care.

(i) Client is making progress toward stated treatment goals.

(ii) Client has not yet achieved goals articulated in the individualized treatment plan.

(iii) Client has the capacity to resolve his or her problems.

(iv) Client is actively working toward the goals articulated in the individualized treatment plan.

(v) New problems have been identified that are appropriately treated at the present level of care.

(b) Discharge/Transfer Criteria: The following criteria per ASAM Dimensions shall be utilized to determine if the client should be transferred or discharged from the current level of treatment.

(i) Client has achieved the goals articulated in his or her individualized treatment plan, thus resolving the problem(s) that justified admission to the present level of care.

(ii) Client has been unable to resolve the problem(s) despite amendments to the individualized treatment plan.

(iii) Client has demonstrated a lack of capacity to resolve his or her problem(s).

(iv) Treatment at another level of care or type of service therefore is indicated.

(v) Client has experienced an intensification of his or her problem(s), or has developed a new problem(s) and can be treated effectively only at a more intensive level of care.

#### Section 8. Progress Note Requirements.

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

(b) Progress notes shall document any significant events, including, but not limited to, program rule violations and no shows.

(c) Progress notes for individual sessions shall be completed for each treatment session. Progress notes for clinical groups shall be completed at least weekly. The dates of services shall be documented as part of the group progress note.

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

#### Section 9. Clinical Staffing.

(a) When clinically indicated, an interdisciplinary team shall conduct a staffing regarding a client.

(b) Staffings shall be documented in the client record.

(c) Staffings may include, but are not limited to, the following participants: the client, family and significant others, clinical staff, case management staff, medical staff, school teachers, and probation/parole officers.

(d) Confidentiality of client information shall meet 42 CFR, Part 2, and 45 CFR, Part 160 and 164 in regard to client staffing.

Section 10. DUI/MIP Education Programs. Programs must meet all applicable standards, Chapters 1 and 2, and Sections 1 through 9 of Chapter 4, of these standards including the following service level requirements.

(a) The provider of these services must demonstrate the ability, through education and training, to provide the services required under this section. Program staff must complete the education curriculum developed by the Division. The Division will provide regional training and distance learning opportunities. Newly certified program staff will have one (1) calendar year from the inception of the certification start date to complete this training. Programs currently certified will have one (1) calendar year from the promulgation of these rules for staff to complete this training.

(b) The program shall assure that each client is assessed per requirements stated in these rules, Chapter 4, Section 5. The results of the assessment shall be provided to the court, upon request, and the Department of Transportation-Drivers Services and/or referring when appropriate and requested by those entities. The results should be accompanied by a written consent from the client as covered under 42 CFR, Part 2, Confidentiality. Where the results indicate a need for additional services, the program shall make the appropriate referrals.

(c) Each assessment shall include documentation of review of the record of blood alcohol level and driving record of the client.

(d) If the program does not complete the assessment, they must obtain a copy of the recommendations and meet all confidentiality requirements described in these standards.

(e) The program shall maintain records documenting client attendance and course completion or failure to attend and/or complete.

(f) The program shall provide eight (8) hours of client face-to-face services with education utilizing a curriculum that is nationally recognized and appropriate to age and developmental levels. Curriculums for DUI and MIP courses must be separate curriculums and services must be provided separately.

(g) In order to complete the course, clients shall be required to develop a personal action plan based on nationally accepted practices setting forth actions he/she will take in the future to avoid violations. Written documentation ensuring that the client developed a plan prior to the conclusion of the class is required.

(h) The failure of a client to follow the court order or to meet the requirements of the Department of Transportation to successfully complete the course shall be reported to the court and any supervising or probation agent and/or the Department of Transportation within ten (10) business days of course date. All applicable standards regarding confidentiality as described in these standards must be followed in the release of this information.

Section 11. Outpatient Treatment Services. Outpatient treatment services must meet all applicable standards, Chapters 1 and 2, and Sections 1 through 9 of Chapter 4, of these standards, including the following service level requirements.

(a) Description of Services. Outpatient services per ASAM description encompasses services which may be delivered in a wide variety of settings. Outpatient programs provide regularly scheduled sessions of usually fewer than nine (9) contact hours for adults and fewer than six (6) contact hours for adolescents a week. The services follow a defined set of policies and procedures or clinical protocols.

(b) Required Personnel.

(i) Outpatient clinical services are appropriately staffed by Qualified Clinical Staff person(s) who are credentialed through the Wyoming Mental Health Professions Licensing Board established under the provisions of W.S. § 33-38-101, *et seq.*, a psychologist who is licensed to practice psychology pursuant to W.S. § 33-27-113 (a)(v), a Licensed Physician by the Wyoming State Board of Medicine, as defined in Chapter 1, Section 4, of the Definitions of these standards, and a Wyoming Advanced Psychiatric Nurse.

(ii) Staff is capable of obtaining and interpreting information regarding the client's bio-psychosocial spiritual needs, and is knowledgeable about the dimensions of alcohol and other drug disorders, including assessment of the client's readiness to change.

(iii) Staff is capable of monitoring stabilized mental health problems and recognizing any instability of clients with co-occurring mental health problems.

(c) ASAM Continued Stay, Transfer and Discharge Review. ASAM dimensional criteria shall be reviewed by the clinical staff person responsible for treatment whenever the condition changes significantly per Chapter 4, Section 6, of these standards.

(d) Therapies and Interventions.

(i) Intervention services per ASAM description involve skilled treatment services, which include, but are not limited to, individual and group counseling,

as indicated by client need, family therapy, educational groups, occupational and recreational therapy, psychotherapy or other therapies, as indicated by client need.

(ii) Such services are provided in an amount, frequency and intensity appropriate to the client's individualized treatment plan.

(iii) Motivational enhancement and engagement strategies are used in preference to confrontational approaches.

(iv) For clients with mental health problems, the issues of psychotropic medication, mental health treatment and their relationship to substance abuse disorders are addressed, as the need arises. Programs that provide co-occurring treatment offer therapies to actively address, monitor, and manage psychotropic medication, mental health treatment and the interaction with substance-related disorders. There may be close coordination with intensive case management and assertive community treatment for clients who have serious and persistent mental illness.

(e) Individualized Treatment Planning.

(i) Treatment plans shall be completed in conjunction with the initiation of treatment.

(ii) Initial treatment plans shall be developed with the client. The client and clinical staff responsible for the course of treatment will sign this initial individualized treatment plan, if possible.

(iii) Treatment plans shall be developed utilizing the assessment information, including ASAM dimensional criteria and the DSM diagnoses.

(iv) Treatment plans shall document outcome driven goals that are measurable. The plan shall specify the changes in the client's symptoms and behaviors that are expected during the course of treatment for the current level of service the client is in and shall be expressed in measurable and understandable terms. The goals shall describe improved functioning level of the client utilizing ASAM dimensional criteria.

(v) Treatment plans shall integrate mental health issues, if identified as part of the assessment process, or at any point during the continuum of treatment.

(vi) Treatment plan reviews shall be evaluated throughout the course of treatment based on client progress or lack of progress toward goals per ASAM continued stay, transfer and discharge criteria. Modifications shall be made as clinically indicated. This review shall include a written description within the client record of degree of progress or lack of progress for each stated goal and can be completed within the progress notes or as part of an ASAM dimensional criteria review form.

(vii) Treatment plans shall list action statements that describe the steps the client will take to meet each stated goal.

(viii) The provider shall endeavor to develop a single, individualized work plan when the client is receiving services from other human services agencies, including, but not limited to, the Department of Education, Department of Family Services, Department of Workforce Services, or Department of Corrections. The treatment plan shall be comprehensive and include goals and services developed in collaboration with the client, the client's family, where feasible, and other human service agencies serving the client's overall functioning level.

Section 12. Intensive Outpatient Treatment Services. Intensive outpatient treatment services must meet all applicable standards, Chapters 1 and 2, and Sections 1 through 9 of Chapter 4, of these standards, including the following service level requirements.

(a) Description of Services. Intensive outpatient treatment programs per ASAM description provide at least nine (9) hours for adults and six (6) hours for adolescents of structured programming per week, consisting primarily of counseling and education about substance-related and mental health problems. Program services must, at a minimum, meet three (3) times a week with no more than three (3) days between clinical services, excluding holidays. Programming must be at least eight (8) weeks due to the severity level required for this level of care. Services for this level of care must be available within two (2) weeks of the assessment, if the program has open availability and the client is readily able to start. If the program does not have availability, pre-engagement services shall be provided. The client's needs for psychiatric and medical services are addressed through consultation and referral arrangements, if the client is stable and requires only maintenance monitoring.

(b) Required Personnel. Intensive outpatient clinical services are appropriately staffed by Qualified Clinical Staff person(s) who are credentialed through the Wyoming Mental Health Professions Licensing Board established under the provisions of W.S. § 33-38-101, *et seq.*, a psychologist who is licensed to practice psychology, pursuant to W.S. § 33-27-113 (a)(v), a Licensed Physician by the Wyoming State Board of Medicine, as defined in Chapter 1, Section 4, of the Definitions of these standards, and a Wyoming Advanced Psychiatric Nurse.

(i) Staff is capable of obtaining and interpreting information regarding the client's bio-psychosocial spiritual needs, and is knowledgeable about the bio-psychosocial spiritual dimensions of alcohol and other drug disorders, including assessment of the client's stage to change.

(ii) Staff is capable of monitoring stabilized mental health problems and recognizing any instability of clients with co-occurring mental health issues.

(c) ASAM Continued Stay, Transfer and Discharge Review ASAM dimensional criteria shall be reviewed by the clinical staff person responsible for treatment whenever the condition changes significantly per Chapter 4, Section 6, of these standards. At a minimum, dimensional criteria must be reviewed with support documentation at least one (1) time monthly. Severity shall be rated for each dimension with sufficient documentation showing justification for level of care recommendations.

(d) Therapies and Interventions.

(i) Services include, but are not limited, to individual and group counseling, as indicated by client needs, medication management, family therapy, educational groups, occupational and recreational therapy, and other therapies, as indicated.

(ii) Services are provided in amounts, frequencies and intensities appropriate to the objectives of the individualized treatment plan.

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

(iv) A planned format of therapies shall be delivered on an individual and group basis and adapted to the client's developmental stage and comprehension level.

(v) Motivational enhancement and engagement strategies shall be used in preference to confrontational approaches.

(vi) For clients with mental health problems, the issues of psychotropic medication, mental health treatment and their relationship to substance abuse disorders shall be addressed as the need arises. Programs that provide co-occurring treatment shall offer therapies to actively address, monitor, and manage psychotropic medication, mental health treatment and the interaction with substance-related disorders. There may be close coordination with intensive case management and assertive community treatment for clients who have severe and persistent mental illness.

(e) Individualized Treatment Planning.

(i) Treatment plans shall be completed in conjunction with the initiation of treatment.

(ii) Initial treatment plans shall be developed with the client. The client and clinical staff responsible for the course of treatment will sign this initial treatment plan, if possible.

(iii) Treatment plans shall be developed utilizing the assessment information, including ASAM dimensional criteria and the DSM diagnoses.

(iv) Treatment plans shall document outcome driven goals that are measurable. The plan shall specify the changes in the client's symptoms, and behaviors that are expected during the course of treatment for the current level of service the client is in and shall be expressed in measurable and understandable terms. The goals shall describe improved functioning level of the client utilizing ASAM dimensional criteria.

(v) Treatment plans shall integrate mental health issues, if identified as part of the assessment process or at any point during the continuum of treatment.

(vi) Treatment plan reviews shall be evaluated throughout the continuum of care based on client progress or lack of progress toward goals per ASAM continued stay, transfer and discharge criteria. Modifications shall be made as clinically indicated. This review shall include a written description within the client record of degree of progress or lack of progress for each stated goal and can be completed within the progress notes or as part of an ASAM dimensional criteria review form.

(vii) Treatment plans shall list action statements that describe the steps the client will take to meet each stated goals.

(viii) The provider shall endeavor to develop a single, individualized work plan when the client is receiving services from other human services agencies, including, but not limited to, the Department of Education, Department of Family Services, Department of Workforce Services or Department of Corrections. The treatment plan shall be comprehensive and include goals and services developed in collaboration with the client, the client's family, where feasible and other human service agencies serving the client's overall functioning level.

### Section 13. Day Treatment Services.

(a) Day treatment services must meet all applicable standards, Chapters 1 and 2, and Sections 1 through 9 of Chapter 4, of these standards, including the following service level requirements.

(b) Description of Services. Day treatment clinical services provide twelve (12) or more hours of clinically intensive services a week per Wyoming service definition, with no more than three (3) days between clinical services, excluding holidays. If the program does not have availability, pre-engagement services shall be provided. Per ASAM description, services provided include direct access to psychiatric, medical and laboratory services, and thus are better able than intensive outpatient services to meet the needs identified in Dimensions 1, 2, and 3, which warrant daily monitoring or management, but which can be appropriately addressed in a structured outpatient setting. Services include, but are not limited to: individual, group, and family therapy, as indicated by client needs, medication education and management, educational groups, occupational groups and recreational therapy.

(c) Required Personnel.

(i) Day treatment clinical services are staffed by qualified clinical staff person(s) who are credentialed through the Wyoming Mental Health Professions Licensing Board established under the provisions of W.S. § 33-38-101, *et seq.*, a psychologist who is licensed to practice psychology, pursuant to W.S. § 33-27-113(a)(v), a Licensed Physician by the Wyoming State Board of Medicine as defined in Chapter 1, Section 4, of the Definitions of these standards, and a Wyoming Advanced Psychiatric Nurse.

(ii) Staff is capable of obtaining and interpreting information regarding the client's bio-psychosocial spiritual needs, and is knowledgeable about the bio-psychosocial spiritual dimensions of alcohol and other drug disorders, including assessment of the client's stage to change.

(iii) Staff is capable of monitoring stabilized mental health problems and recognizing any instability of clients with co-occurring mental health problems.

(d) ASAM Continued Stay, Transfer and Discharge Review. ASAM dimensional criteria shall be reviewed by the clinical staff person responsible for treatment whenever the condition changes significantly per Chapter 4, Section 6, of these standards. At a minimum, dimensional criteria must be reviewed with support documentation at least one (1) time every two (2) weeks. Severity shall be rated for each dimension with sufficient documentation showing justification for level of care recommendations.

(e) Therapies and Interventions.

(i) Services include, but are not limited to, individual and group counseling, as indicated by client needs, medication management, educational groups, occupational and recreational therapy, and other therapies, as indicated.

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

(iii) A planned format of therapies shall be delivered on an individual and group basis and adapted to the client's developmental stage and comprehension level.

(iv) Motivational enhancement and engagement strategies shall be used in preference to confrontational approaches.

(f) Individualized Treatment Planning.

(i) Treatment plans shall be completed in conjunction with the initiation of treatment.

(ii) Initial treatment plans shall be developed with the client. The client and clinical staff responsible for the course of treatment will sign this initial treatment plan, if possible.

(iii) Treatment plans shall be developed utilizing the assessment information, including ASAM dimensional criteria and the DSM diagnoses.

(vi) Treatment plans shall document outcome driven goals that are measurable. The plan shall specify the changes in the client's symptoms and behaviors that are expected during the course of treatment for the current level of service the client is in and shall be expressed in measurable and understandable terms. The goals shall describe improved functioning level of the client utilizing ASAM dimensional criteria.

(v) Treatment plans shall integrate mental health issues, if identified as part of the assessment process or at any point during the continuum of treatment.

(vi) Treatment plans reviews shall be evaluated throughout the continuum of care based on client progress or lack of progress toward goals per ASAM continued stay, transfer and discharge criteria. Modifications shall be made as clinically indicated. This review shall include a written description within the client record of degree of progress or lack of progress for each stated goal and can be completed within the progress notes or as part of an ASAM dimensional criteria review form.

(vii) Treatment plans shall list action statements that describe the steps the client will take to meet each stated goals.

(viii) The provider shall endeavor to develop a single, individualized work plan when the client is receiving services from other human services agencies including, but not limited to, the Department of Education, Department of Family Services, Department of Workforce Services or Department of Corrections. The treatment plan shall be comprehensive and include goals and services developed in collaboration with the client, the client's family, where feasible, and other human service agencies serving the client's overall functioning level.

Section 14. Therapeutic Environment and Physical Plant Requirements for all Residential Facilities.

(a) Therapeutic Environment. Detoxification, Residential Treatment, Therapeutic Community and Transitional Residential Treatment must meet the following requirements.

(i) Medication Oversight.

(A) A case record shall contain medication records for programs monitoring the administration of medication.

(B) A case record shall contain medication documentation that allows for ongoing monitoring of all administered medications and the documentation of adverse drug reactions.

(C) A case record shall contain medication orders, when applicable, by the prescribing physician specifying the name of the medication, dose, route of administration, frequency of administration, person monitoring self-administration, and name of the physician who prescribed the medication.

(D) All prescription and non-prescription medications shall be locked up in cool place stored away from where clients are located.

(E) For clients with mental health problems, the issues of psychotropic medication, mental health treatment and their relationship to substance abuse disorders are addressed, as the need arises. Programs that provide co-occurring treatment offer therapies to actively address, monitor, and manage psychotropic medication, mental health treatment and the interaction with substance-related disorders. There may be close coordination with intensive case management and assertive community treatment for clients who have severe and persistent mental illness.

(ii) Food Services.

(A) The program shall be inspected and approved by the local health authority. Written documentation of this review and approval shall be available at the time of the site visit.

(B) Meals shall be in compliance with Daily Dietary Allowances of the American Dietary Association for adults and adolescents.

(C) The program shall provide for the special dietetic needs of specific clients and this information shall be maintained in the client's record.

(D) Records of menus as served shall be posted for the review of clients.

(E) All resident activities in food preparation areas shall be under the supervision of program staff that have received instruction in, and can instruct residents in, approved food handling techniques and practices in accordance with local health authority requirements.

(F) Eating and serving utensils shall be washed by approved techniques in accordance with local health authority requirements.

(G) All sharp objects such as knives must be locked up when kitchen area is not in use or not supervised by staff.

(H) All toxic chemicals must be locked up when kitchen area is not in use or not supervised by staff.

(I) Raw or unpasteurized milk and home-canned or preserved foods shall not be served.

(J) No person while infected with, or suspected of being infected with, communicable diseases, boils, open sores, wounds, or acute respiratory infections, shall prepare meals or come into contact with food preparation surfaces.

(iii) Physical Plant.

(A) The facility must meet all local, State and Federal codes in regard to the construction of the facility. A Certificate of Occupancy must be obtained, where applicable, prior to clients living in structure.

(B) The facility shall comply with the Americans with Disabilities Act of 1990, 42 of 1990, 42 U.S.C. 12101-12213, and any rules, regulations, and amendments related thereto, and with state and local building and fire safety laws and/or codes.

(C) The facility shall meet all occupancy requirements of the local code authority, including how many persons are allowed to a room.

(D) The facility must be maintained to assure safety needs of clients, staff and public.

(E) The facility shall be conducive to the population served making special consideration to the general recovery environment.

(F) Buildings and surrounding outside areas shall be kept clean, in good repair and free of infestations.

(G) Appropriate furnishing for each room shall be available, and in clean good repair. At a minimum, each client shall have her own bed.

(H) All windows shall be in good repair, with screens if window opens and window coverings to assure privacy.

(I) Inspection of physical safety of building and its grounds shall be conducted and documented by staff at least monthly.

(J) The facility shall provide adequate security assuring the safety of client, staff and public to include lighting, locks on doors and a security system, if merited by location.

(K) The facility shall have fire detection and extinguishing equipment per local fire authority requirements.

(L) The program shall annually have a fire inspection completed with the local fire authority. This report shall be available for review at the time of the site visit.

(M) The program shall have fire extinguishers that are current and in compliance with local fire authority.

(N) The program shall have smoke detectors that are working and in compliance with local fire authority.

(O) Fire drills shall be conducted monthly and a record of the dates maintained.

(P) Disaster drills addressing other possible disasters such as flood, earthquake, and severe weather shall be conducted at least twice annually and a record of the dates maintained.

(Q) Inspection of smoke detectors shall be conducted and documented by the program staff at least monthly.

(R) Evacuation routes and procedures shall be posted and shall be shown to each resident upon admission.

(S) Portable space heaters shall not be used.

(T) Plumbing systems shall be approved by local code requirements and maintained in good working condition.

(U) Adequate hot water shall be available for each client.

(V) Garbage and rubbish shall be stored in leak proof, non-absorbent containers with tight fitting lids and shall be removed from the inside of the facility daily and from the outside of the facility at least weekly.

(W) Poisons and other toxic materials shall be properly locked, kept in the original container, and stored in a locked area in accordance with local health authority requirements.

(X) Males and females and adults, children and adolescents shall not be housed in the same rooms and not share common bathrooms unless biologically related and in a program specific for parents and children. Appropriate separation of male and female living quarters is required. Adolescent services must have adequate separation from adult services, which assures that adults and adolescents do not interact.

(Y) Laundry facilities shall be available in the facility or on a contractual basis. When provided in the facility, the laundry room shall be kept separate from bedrooms, living areas, dining areas, and kitchen.

Section 15. Detoxification Services.

(a) Detoxification services must meet all applicable standards, Chapters 1 and 2, and Sections 1 through 9, and Section 14 of Chapter 4, of these standards, including the following service level requirements.

(b) Clinically Managed Residential Social Detoxification.

(i) Description of Services. A social detoxification service, per ASAM description, is an organized service that may be delivered by appropriately trained staff that provides 24-hour supervision, observation and support for clients who are intoxicated or experiencing withdrawal. Services must integrate serial inebriate elements to services. Social Detoxification services are characterized by their emphasis on peer and social support. This service must meet all therapeutic and physical plant requirements of Chapter 4, Section 14.

(ii) Required Personnel. A social detoxification service shall ensure that a client receives appropriate information and consultation from a licensed clinical staff person when possible regarding treatment options before the scheduled discharge of the client from the service. Program staff will be cross trained and will implement motivational enhancement techniques to engage clients into treatment.

(A) Access to a physician shall be available via on call protocol on a twenty-four (24) hours a day, seven (7) days a week basis.

(B) Services shall have sufficient clinical staff and support staff to meet the needs of the client.

(C) All staff persons who assess and treat clients must be able to obtain and interpret information regarding the needs of clients, and must be knowledgeable about the bio-psychosocial dimensions of alcohol and other drug dependence.

(iii) Service Operations.

(A) The program shall maintain a standard detoxification protocol that includes emergency procedures, which are reviewed and approved by a physician at least annually.

(B) The program shall have immediate access to first aid supplies.

(C) Service shall have separate locked cabinets exclusively for pharmaceutical supplies.

(D) The program shall have written policies and procedures for the management of belligerent and disturbed clients, which shall include transfer of a client to another facility, if necessary.

(E) If possible, the program shall develop a discharge plan for each client that addresses the client's follow-up service needs and the provision for referral, escort, and transportation to other treatment services, as necessary, to ensure the continuity of care.

(c) Medically-Monitored Residential Detoxification Services.

(i) Description of Services. A medically-monitored detoxification service, per ASAM description, is an organized service delivered by medical and nursing professionals, which provides twenty-four (24) hours a day, seven (7) days a week medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds. Services are delivered under a set of physician-approved policies and physician-monitored procedures or clinical protocols. This service must meet all therapeutic and physical plant requirements of Chapter 4, Section 14.

(ii) Required Personnel.

(A) The program shall ensure that a client receives consultation from a substance use clinical staff person before the client is discharged from the service.

(B) The program shall ensure there is sufficient clinical staff to meet the needs of clients served.

(C) The program shall have a medical director who is appropriately licensed or registered in the State of Wyoming and is responsible for overseeing the monitoring of the client's progress and medication administration, and who is trained and competent to implement physician approved protocols for client observation and supervision.

(D) A Registered Nurse or Licensed Practical Nurse shall be available on site on a twenty-four (24) hours a day, seven (7) days a week basis, and will conduct a nursing assessment on the client at the time of admission.

(E) A physician shall be available on-call twenty four (24) hours a day, seven (7) days a week.

(F) All staff that assess and treat clients must be able to obtain and interpret information regarding the needs of clients, and must be knowledgeable about the bio-psychosocial spiritual dimensions of alcohol and other drug dependence.

(iii) Service Operations.

(A) The staff physician shall review and document the medical status of a client within twenty-four (24) hours after admission.

(B) The program shall have written policies and procedures for the management of belligerent and disturbed clients, which shall include transfer of a client to another appropriate facility.

(C) The program shall have written agreement with a certified substance abuse service program, if not provided on-site at the service, to provide ongoing care following the client discharge from the facility.

(D) The program shall have a written agreement with a hospital or local medical clinic to provide emergency medical services for clients, if determined to be clinically necessary.

(E) The program shall develop with each client a detoxification plan and a discharge plan that addresses the client's follow-up service needs, determined from the application of approved client placement criteria administered by qualified clinical staff, and shall include provision for referral, escort, and transportation to other treatment services, as necessary, to ensure that continuity of care is provided.

(d) Medically-Managed Intensive Inpatient Detoxification Services.

(i) Description of Services. A medically-monitored detoxification service, per ASAM description, is an organized service delivered by medical and nursing professionals that provides for 24-hour, medically directed evaluation and withdrawal management in an acute care inpatient setting. Services are delivered under a defined set of physician-approved policies and physician managed procedures or medical protocols. This service must meet all therapeutic and physical plant requirements of Chapter 4, Section 14.

(ii) Required Personnel.

(A) The program shall ensure that a client receives consultation from a substance use clinical staff person before the client is discharged from the service.

(B) The program shall ensure there is sufficient clinical staff to meet the needs of clients served.

(C) The program shall have a medical director who is appropriately licensed or registered in the State of Wyoming and is responsible for overseeing the monitoring of the client's progress and medication administration, and who is trained and competent to implement physician approved protocols for client observation and supervision.

(D) A Registered Nurse or Licensed Practical Nurse shall be available on site on a twenty-four (24) hours a day, seven (7) days a week basis, and will conduct a nursing assessment on client at the time of admission.

(E) Physicians shall be available twenty-four (24) hours a day, seven (7) days a week, as an active member of an interdisciplinary team who medically manage the care of the client.

(F) All staff that assesses and treats clients must be able to obtain and interpret information regarding the needs of clients, and must be knowledgeable about the bio-psychosocial spiritual dimensions of alcohol and other drug dependence.

(iii) Service Operations.

(A) The staff physician shall review and document the medical status of a client within twenty-four (24) hours after admission.

(B) The program shall have written policies and procedures for the management of belligerent and disturbed clients, which shall include transfer of a client to another appropriate facility.

(C) The program shall have written agreement with a certified substance abuse service program, if not provided on-site at the service, to provide ongoing care following the client discharge from the facility.

(D) The program shall have a written agreement with a hospital or local medical clinic to provide emergency medical services for clients, if determined to be clinically necessary.

(E) The program shall develop with each client a detoxification plan and a discharge plan that addresses the client's follow-up service needs, determined from the application of approved client placement criteria administered by qualified

clinical staff, and shall include provisions for referral, escort, and transportation to other treatment services, as necessary, to ensure that continuity of care is provided.

Section 16. Residential Treatment Services.

(a) Residential treatment services must meet all applicable standards, Chapters 1 and 2, and Sections 1 through 9, and Section 14 of Chapter 4, of these standards, including the following service level requirements.

(b) Residential Treatment Services.

(i) Description of Services. Clinical services can be provided in a low, medium or high intensity level of service based on client needs utilizing the ASAM dimensional criteria to determine at what level the client should participate. Services include at least thirty (30) hours of structured services that are designed to treat persons who have significant social and psychological problems. If the program does not have availability, pre-engagement services shall be provided by the referring agency or the accepting agency. Service hours can be reduced based on client progress and outside activities, such as employment. When the client has reached a sustained level of functioning based on ASAM dimensional criteria, the client must be transferred to a less intensive level of care. Services include, but are not limited to, individual, group, and family, as indicated by client needs, medication education and management, educational groups, and occupational groups and recreational therapy. Such programs are characterized by their reliance on the treatment community as a therapeutic agent. The goals of treatment are to promote abstinence from substance use, to promote healthier behavior patterns, and to affect a global change in participants' lifestyles, attitudes and values. The approach views substance-related problems as disorders that must be treated holistically.

(ii) Required Personnel.

(A) Service shall have sufficient clinical staff and support staff to meet the needs of the client.

(B) Clinical services are staffed by appropriately staffed by Qualified Clinical Staff person(s) who are credentialed through the Wyoming Mental Health Professions Licensing Board established under the provisions of W.S. § 33-38-101, *et seq.*, a psychologist who is licensed to practice psychology, pursuant to W.S. § 33-27-113(a)(v), a Licensed Physician by the Wyoming State Board of Medicine, as defined in Chapter 1, Section 4, of the Definitions of these standards, and a Wyoming Advanced Psychiatric Nurse.

(C) A physician and/or nursing staff is available to provide consultation as either an employee of the program or through written agreement.

(D) All staff persons who assess and treat clients must be capable of obtaining and interpreting information regarding the needs of clients, and must be knowledgeable about the bio-psychosocial dimensions of alcohol and other drug dependence.

(E) A staff person with the responsibility of assuring case management services is provided.

(F) A mental health professional is available either as an employee of the service or through written agreement to provide joint and concurrent services for the treatment of clients diagnosed, unless the clinical staff person is cross-trained in mental health.

(iii) ASAM Continued Stay, Transfer and Discharge Review. ASAM dimensional criteria shall be reviewed by the clinical staff person responsible for treatment whenever the condition changes significantly per Chapter 4, Section 6, of these standards. At a minimum, dimensional criteria must be reviewed with support documentation at least one (1) time every two (2) weeks. Severity shall be rated for each dimension with sufficient documentation showing justification for level of care recommendations.

(iv) Therapies and Interventions.

(A) Physician shall review and document the medical status of a client within forty-eight (48) hours after admission.

(B) Clinical and wrap around services shall be provided to improve the resident's ability to structure and organize the tasks of daily living and recovery.

(C) Planned clinical program activities shall be provided to stabilize and maintain stabilization of the resident's substance dependence symptoms and to help her develop and apply recovery skills.

(D) Activities include relapse prevention, interpersonal choices and development of social network supportive of recovery.

(E) Counseling and clinical monitoring shall be provided to promote successful initial involvement or re-involvement in regular, productive daily activity, such as indicated, successful reintegration into family living.

(F) Random drug testing shall be administered when indicated.

(G) Services include, but are not limited to, a range of cognitive, behavioral and other therapies based on client needs.

(H) For clients with mental health problems, the issues of psychotropic medication, mental health treatment and their relationship to substance abuse disorders are addressed, as the need arises. Programs that provide co-occurring treatment offer therapies to actively address, monitor, and manage psychotropic medication, mental health treatment and the interaction with substance-related disorders. There may be close coordination with intensive case management and assertive community treatment for clients who have severe and persistent mental illness.

(v) Individualized Treatment Planning.

(A) An initial treatment plan shall be completed within one (1) week of the initial assessment focusing on stabilization of the client. Treatment plan goals must be more individualized and measurable as the client stabilizes.

(B) Initial treatment plans shall be developed with the client. The client and clinical staff responsible for the course of treatment will sign this initial treatment plan.

(C) Treatment plans shall be developed utilizing the assessment Information, including ASAM dimensional criteria and the DSM diagnosis.

(D) Treatment plans shall document outcome driven goals that are measurable. The plan shall specify the changes in the client's symptoms and behaviors that are expected during the course of treatment for the current level of service the client is in and shall be expressed in measurable and understandable terms. The goals shall describe improved functioning level of the client utilizing ASAM dimensional criteria.

(E) Treatment plans shall integrate mental health issue if identified as part of the assessment process, or at any point during the continuum of treatment.

(F) Treatment plan reviews shall be completed throughout the course of treatment based on client progress or lack of progress toward goals per ASAM continued stay, transfer and discharge criteria. Modifications shall be made as clinically indicated. This review shall include a written description within the client record of degree of progress or lack of progress for each stated goal and can be completed within the progress notes or part of an ASAM dimensional criteria review form.

(G) Treatment plans shall list action statements that describe the steps the client will take to meet each stated goal.

(H) The treatment plan shall be comprehensive and include goals regarding services provided by other agencies that are relevant to the client's overall functioning level.

(I) The provider shall endeavor to develop a single, individualized work plan when the client is receiving services from other human services agencies, including but not limited to, the Department of Education, Department of Family Services, Department of Workforce Services, or Department of Corrections. The treatment plan shall be comprehensive and include goals and services developed in collaboration with the client, the client's family, where feasible, and other human service agencies serving the client's overall functioning level.

(c) Transitional Residential Treatment Services.

(i) Description of Services. A transitional residential treatment service is a clinically managed, low intensity, peer-supported, therapeutic environment. The term "residential transition treatment service" does not include independent, self-operated facilities such as Oxford Houses. The service provides substance abuse treatment in the form of counseling for at least five (5) hours per week in-house or through a local certified program, with access to peer support through case management, which may include education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping, and financial planning.

(ii) Required Personnel.

(A) A physician shall be available to provide medical consultation as either an employee of the service or under written contract with the service program.

(B) The program shall have sufficient clinical staff and support staff to meet the needs of the client.

(iii) ASAM Continued Stay, Transfer and Discharge Review. Reviews shall meet the standard set forth for Outpatient Services.

(iv) Therapies and Interventions. Therapies and interventions shall meet the standard set forth for Outpatient Services.

(v) Individualized Treatment Planning. Treatment planning shall meet the standard set forth for Outpatient Services.

(d) Therapeutic Community Model.

(i) Description of Services. Therapeutic community (TC) programs within the Wyoming Department of Corrections must be certified by the Division. Services must meet all applicable standards, including Chapter 1 and 2 Sections 1-9. and Section 14 of Chapter 4. The program must also meet the TC requirements of the National Standards for TC Communities. Where National Standards are stricter, National

Standards would prevail. The Therapeutic Community approach places emphasis on individuals helping themselves and each other as opposed to a service model in which staff provides treatment to clients. The Therapeutic Community approach to substance abuse treatment is a psychosocial, experiential learning process. It utilizes the influence of positive peer pressure within a highly structured social environment. The primary therapeutic change agent is the community itself, including staff and program members together as members of a “family.”

(ii) Required Personnel.

(A) Service shall have sufficient clinical staff and support staff to meet the needs of the client.

(B) Clinical services are staffed by appropriately Qualified Clinical Staff person(s) who are credentialed through the Wyoming Mental Health Professions Licensing Board established under the provisions of W.S. § 33-38-101, *et seq.*, a psychologist who is licensed to practice psychology, pursuant to W.S. § 33-27-113 (a)(v), a Licensed Physician by the Wyoming State Board of Medicine as defined in Chapter 1, Section 4, of the Definitions of these standards, and a Wyoming Advanced Psychiatric Nurse.

(C) A physician and/or nursing staff is available to provide consultation as either an employee of the program or through written agreement.

(D) All staff persons who assess and treat clients must be capable of obtaining and interpreting information regarding the needs of clients, and must be knowledgeable about the bio-psychosocial dimensions of alcohol and other drug dependence.

(E) A staff person with the responsibility of assuring case management services is provided.

(F) A mental health professional is available either as an employee of the service or through written agreement to provide joint and concurrent services for the treatment of clients diagnosed, unless the clinical staff person is cross-trained in mental health.

(iii) ASAM Continued Stay, Transfer and Discharge Review. ASAM dimensional criteria shall be reviewed by the clinical staff person responsible for treatment whenever the condition changes significantly per Chapter 4, Section 6, of these standards. At a minimum, dimensional criteria must be reviewed with support documentation at least one (1) time every two (2) weeks. Severity shall be rated for each dimension with sufficient documentation showing justification for level of care recommendations.

(iv) Therapies and Interventions.

(A) A physician shall review and document the medical status of a client within forty-eight (48) hours after admission.

(B) Clinical and wrap around services shall be provided to improve the resident's ability to structure and organize the tasks of daily living and recovery.

(C) Planned clinical program activities shall be provided to stabilize and maintain stabilization of the resident's substance dependence symptoms and to help him or her develop and apply recovery skills.

(D) Activities include relapse prevention, interpersonal choices and development of social network supportive of recovery.

(E) Counseling and clinical monitoring shall be provided to promote successful initial involvement or re-involvement in regular, productive daily activity, such as indicated, successful reintegration into family living.

(F) Random drug testing shall be administered when indicated.

(G) Services include peer directed counseling under the direction of clinical staff utilizing a range of cognitive, behavioral and other therapies based on client needs.

(H) For clients with mental health problems, the issues of psychotropic medication, mental health treatment and their relationship to substance abuse disorders are addressed, as the need arises. Programs that provide co-occurring treatment offer therapies to actively address, monitor, and manage psychotropic medication, mental health treatment and the interaction with substance-related disorders. There may be close coordination with intensive case management and assertive community treatment for clients who have severe and persistent mental illness.

(v) Individualized Treatment Planning.

(A) An initial treatment plan shall be completed within one (1) week of the initial assessment focusing on stabilization of the client. Treatment plan goals must be more individualized and measurable as the client stabilizes.

(B) Initial treatment plans shall be developed with the client with peer input. The client and clinical staff responsible for the course of treatment will sign this initial treatment plan.

(C) Treatment plans shall be developed utilizing the assessment information, including ASAM dimensional criteria and the DSM diagnosis.

(D) Treatment plans shall document outcome driven goals that are measurable. The plan shall specify the changes in the client's symptoms and behaviors that are expected during the course of treatment by level of service that are expressed in measurable and understandable terms. The goals shall describe improved functioning level of the client utilizing ASAM dimensional criteria.

(E) Treatment plans shall integrate mental health issues, if identified as part of the assessment process or at any point during the continuum of treatment.

(F) Treatment plan reviews shall be evaluated throughout the course of treatment based on client progress or lack of progress toward goals per ASAM continued stay, transfer and discharge criteria. Modifications shall be made as clinically indicated. This review shall include a written description within the client record of degree of progress or lack of progress for each stated goal and can be completed within the progress notes or as part of an ASAM dimensional criteria review form.

(G) Treatment plans shall list action statements that describe the steps the client will take to meet each stated goal.

(H) The provider shall endeavor to develop a single, individualized work plan when the client is receiving services from other human services agencies, including but not limited to, the Department of Education, Department of Family Services, Department of Workforce Services or Department of Corrections. The treatment plan shall be comprehensive and include goals and services developed in collaboration with the client, the client's family, where feasible, and other human service agencies serving the client's overall functioning level.