

State of Wyoming



Department of Health

Chapters 1 through 7 Rules and Regulations for Substance Abuse Standards

**Brent D. Sherard, M.D., M.P.H., F.A.C.P.
Director and State Health Officer**

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**State of Wyoming
Department of Health**

**Chapters 1 through 7
Rules and Regulations for Substance Abuse Standards**

Rules and Regulations for Substance Abuse Standards
Wyoming Department of Health
Mental Health and Substance Abuse Services Division

Additional information and copies may be obtained from:
Mental Health and Substance Abuse Services Division
Rodger McDaniel, Deputy Director
6101 N. Yellowstone Road, Suite 220
Cheyenne, Wyoming 82002
Telephone: (307) 777-6494
Facsimile: (307) 777-5849
E-Mail Address: rodger.mcdaniel@health.wyo.gov

This document is available in alternative format upon request.

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CHAPTER 1

Rules and Regulations for Substance Abuse Standards

General Provisions

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. Purpose. These rules are intended to supersede *Rules and Regulations of the Division of Behavioral Health*, dated February 1984, and amended October 1984, February 1992; Chapter 16 Substance Abuse Standards, November 2002; and Chapter 17 Rules and Regulations for Provision of Substance Abuse Services to the Criminal Justice Population, only to the extent that those rules may be construed to apply to the certification and delivery of substance abuse prevention, early intervention recovery support services, and/or treatment services.

Section 3. Applicability. The incorporation by reference of any external standard is intended to be the incorporation of that standard as it is in effect on the effective date of this Chapter. The Mental Health and Substance Abuse Services Division (MHSASD) may issue manuals, bulletins, or both, to interpret the provisions of this Chapter. Such manuals and bulletins shall be consistent with and reflect the policies contained in this Chapter. The provisions contained in manuals or bulletins shall be subordinate to the provisions of this Chapter.

Section 4. Definitions. The following definitions shall apply in the interpretation and enforcement of these rules. Where the context in which words are used in these rules indicates that such is the intent, words in the singular number shall include the plural, and vice versa. Throughout these rules, gender pronouns are used interchangeably, except where the context dictates otherwise. The drafters have attempted to utilize each gender pronoun in equal numbers, in random distribution. Words in each gender shall include individuals of the other gender.

(a) “Administrator” means the administrator of the Mental Health and Substance Abuse Services Division, the administrator’s agent, designee or successor.

(b) “Admission” means the specific tasks necessary to screen, assess and admit a person to a substance abuse treatment service, such as completion of admission forms, notification of client rights and confidentiality regulations, explanation of the general nature and goals of the service, review of the intake policies and procedures of

the service program followed by a formal orientation to the service structure. Medical necessity shall be reviewed for Medicaid clients.

(c) “American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC)” means the current edition or set of placement criteria for substance abuse clients published by the American Society of Addiction Medicine.

(d) “Applicant” means a person, agency, organization, or governmental agency who has filed an application to become an approved alcohol/drug prevention, early intervention, recovery support services, and/or treatment program under these rules.

(e) “Appropriate placement” means the placement of an individual in a treatment setting when the individual, based on need, meets the minimum standards for admission to that treatment setting and the individual’s need for treatment do not exceed the level of services which the treatment setting is capable of providing. Medical necessity shall be reviewed for Medicaid clients.

(f) “Assessment” means contact with a client (and collaterals as necessary) for the purposes of completing an evaluation of the client’s substance abuse/mental health disorder(s) to determine treatment needs and establish a treatment plan. Medical necessity shall be reviewed for Medicaid clients.

(g) “Bio-psychosocial spiritual assessment” means a comprehensive assessment which includes a history of physical, emotional, social, and spiritual needs, and a comprehensive alcohol and drug use history, including assessment for suicidal and homicidal ideation.

(h) “Case management” means the activities guided by a client’s treatment plan which bring services, agencies, resources, and people together within a planned framework of action toward the achievement of established treatment goals, including wrap around services. Medical necessity shall be reviewed for Medicaid clients.

(i) “Certification” means the Division formally recognizes the program/provider as having met the requirements of these rules that pertain to specific substance abuse prevention, early intervention, recovery support services and treatment services provided.

(j) “Certified Peer Specialist Services” means therapeutic contact with enrolled clients (and collaterals as necessary) for the purpose of implementing the portion of the enrolled client’s treatment plan that promotes the clients to direct their own recovery and advocacy process or training to parents on how best to manage their child’s substance abuse and/or mental health disorder to prevent out of home placement; to teach and support the restoration and exercise of skills needed for management of symptoms; and for utilization of natural resources with the community.

(k) “Client” means a person receiving services by a certified provider.

(l) “Clinical supervisor” means a Wyoming Mental Health Professions Licensing Board qualified clinical supervisor as defined in W.S. § 33-38-102(a)(xiii), or psychologist or physician when practicing within the scope of his or her license and competency.

(m) “Coalition” means an organization of members consisting of individuals, organizations, and agencies to develop strategies and identify activities and services, which address the needs of a community or of a racial, ethnic, religious, or social group regarding the use of, misuse of, and dependence on alcohol and other drugs in that community or group.

(n) “Comprehensive Medication Services” means assistance to recipients by licensed and duly authorized medical personnel, acting within the scope of their licensure, regarding day to day management to the client’s medication regime. This service may include education of client’s regarding compliance with prescribed regime, filling pill boxes, locating pharmacy services, and assistance in managing symptoms that do not require a prescriber’s immediate attention. This service is separate and distinct from the medication performed by physicians, physician’s assistants and advanced practitioners of nursing who have prescriptive authority. Medical necessity shall be reviewed for Medicaid clients.

(o) “Continuum of care” means an integrated network of treatment services and modalities, designed so that an individual’s changing needs will be met as that individual moves through the treatment and recovery process.

(p) “Contract” means a formal agreement with any organization, agency, or individual specifying the services, personnel, products, or space to be provided by, to, or on behalf of the program and the consideration to be expended in exchange.

(q) “Co-occurring disorder(s)” means concurrent substance-related and mental disorders per most recent edition of Diagnostic Statistical Manual criteria.

(r) “Counseling” means as defined by the “Wyoming Mental Health Professions Licensing Board” established under the provisions of W.S. § 33-38-101, *et seq.*, the Wyoming Board of Psychology, as defined pursuant to W.S. § 33-27-113(a)(v), or a Wyoming Advanced Psychiatric Nurse.

(s) “Counselor” means a 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), or a Wyoming Advanced Psychiatric Nurse.

(t) “Crisis intervention” means services that respond to a client’s needs during acute episodes that may involve emotional, psychological, and/or physical distress, imminent relapse, and/or danger to self or others.

(u) “Cultural competency” means an organization’s or individual provider’s ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs, and values that reflect an individual’s racial, ethnic, religious, social group, and sexual orientation.

(v) “Department” unless otherwise made clear in the context of its usage, means the Wyoming Department of Health.

(w) “Detoxification plan” means a planned procedure based on clinical and/or medical findings for managing or monitoring withdrawal from alcohol or other drugs.

(x) “Detoxification service” means a process of withdrawing a person from alcohol and other drugs in a safe and effective manner.

(y) “Diagnostic and Statistical Manual of Mental Disorders (DSM)” means the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association which is incorporated by this reference.

(z) “Division” means the Mental Health and Substance Abuse Services Division of the Wyoming Department of Health.

(aa) “DSM” means Diagnostic and Statistical Manual of Mental Disorders.

(bb) “Early intervention” means activities that take place with high-risk individuals, families, or populations with the goal of averting or interrupting the progression of issues and risk factors associated with substance use.

(cc) “Education” means strategies that teach people critical information about alcohol and other drugs and the physical, emotional, and social consequences of their use.

(dd) “Education Services” means in compliance with the Wyoming Board of Education.

(ee) “Executive Director” means the individual appointed by the governing body to act on its behalf in the overall management of the program. Other job titles may include director, superintendent, program administrator, president, vice-president, and executive vice-president.

(ff) “Facility” means the building(s), including furnishings and fixtures, where persons with alcohol or drug problems receive services. This is synonymous with offices, clinic, or physical plant.

(gg) “Felony” means a criminal offense for which the penalty authorized by law includes imprisonment in a state penal institution for more than one (1) year.

(hh) “Governing Body” means the individual(s), board of directors, group, or agency that has ultimate authority and responsibility for the overall operation of a substance abuse prevention, early intervention, recovery support services and treatment services.

(ii) “Group Therapy” means therapeutic contact with two or more unrelated clients and or collaterals as necessary for the purpose of implementing each client’s treatment plan. This service is targeted at reducing or eliminating specific symptoms or behaviors related to the client’s substance abuse/mental health disorder(s) as identified in the treatment plan. Medical necessity shall be reviewed for Medicaid clients.

(jj) “Guardian(s)” means a parent, trustee, conservator, committee, or other individual or agency empowered by law to act on behalf of, or have responsibility for, a client for treatment services.

(kk) “HIPAA” means the Health Insurance Portability and Accountability Act.

(ll) “Individualized Treatment plan” means a written action plan based on initial and ongoing assessment information that identifies the client’s clinical needs, the strategy for providing services to meet those needs, measurable treatment goals and objectives, and criteria for discharge. Medical necessity shall be reviewed for Medicaid clients.

(mm) “Individual/Family Therapy” means provider based individual/family services. Therapeutic contact, within the provider’s office or agency, with the recipient and/or collaterals for the purpose of developing and implementing the treatment plan for an individual or family. This service is targeted at reducing or eliminating specific symptoms or behaviors which are related to the client’s substance abuse/mental health disorder(s) as specified in the treatment plan. Medical necessity shall be reviewed for Medicaid clients.

(nn) “Intoxicated Person” means a person whose mental or physical functioning is impaired as a result of alcohol or drug use, including the inappropriate use of prescription drugs.

(oo) “Level of care” means a certified setting, intensity, and frequency of services provided by a service program and determined through the use of scientifically validated assessment tools.

(pp) “Licensed practical nurse” means a person who is a licensed practical nurse under W.S. § 33-21-119, *et seq.*

(qq) “Medical Necessity” means a covered service that is consistent with the diagnosis and treatment of the recipient’s condition; in accordance with the standards of good medical practice among the provider’s peer group and required to meet the medical need of the client and undertaken for reasons other than the convenience of the client or the provider; and provided in the most cost effective and appropriate setting required by the client’s condition.

(rr) “Medical Screening” means a screening conducted by a licensed practical nurse, registered nurse, nurse practitioner, physician’s assistant, or licensed physician. Medical necessity shall be reviewed for Medicaid clients.

(ss) “Medically managed services” means services provided or directly managed by a physician.

(tt) “Mental disorder” means a condition listed in current American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases.

(uu) “Mental health professional” means a person qualified by training or cross-training to diagnose mental disorders, including an individual licensed to practice under W.S. §§ 33-21-101, *et seq.*, 33-26-101, *et seq.*, 33-27-101 *et seq.*, and 33-38-101, *et seq.*, when practicing within the scope of their competency and license.

(vv) “Nurse” means a registered nurse (R.N.), licensed practical nurse (L.P.N.), or nurse practitioner who, for the purposes of these rules and minimum standards, also shall have specialized training, education, and experience in treating persons with problems related to alcohol/drug use.

(ww) “Nurse practitioner” means a person licensed to practice under W.S. § 33-21-119, *et seq.*

(xx) “Participant” means a person who receives or participates in a service provided by a prevention, early intervention, recovery support service, or treatment program.

(yy) “Physician” means a person who is licensed by the Wyoming Board of Medicine licenses and disciplines.

(zz) “Prevention program” means a program that provides services, strategies, and activities to the general public and to persons who are at a high risk of having a substance-related disorder which: (a) is comprehensively structured to reduce individual or environmental risk factors for substance-related disorders; (b) increases resiliency to substance-related disorders; and (c) establishes protections against substance-related disorders.

(aaa) “Prevention Services” means evidenced-based prevention activities provided by a certified substance abuse prevention program that follows the public health model to identify substance abuse problems and develop solutions for population groups through using relevant data to define the problem; identifying causes through analyzing risk and protective factors associated with the problem; designing, developing and evaluating interventions; and disseminating successful solutions as part of education and outreach efforts.

(bbb) “Program” means any service, individual, organization, or governmental entity certified by the Division to address substance-related disorders, including, but not limited to: (a) an administrative program; (b) a coalition program; (c) a prevention program; (d) an early intervention program (e) a drug court program; (f) an evaluation center program; (g) a treatment program; and (f) a recovery support service.

(ccc) “Program Evaluation” means processes primarily used by the program’s administration, alone or in concert with an outside evaluator, to assess and monitor, on a regular or continuous basis, program operation, service delivery, quality assurance, and client service outcomes.

(ddd) “Provider” means any service, individual, organization, or governmental entity certified by the Division to address substance-related disorders, including, but not limited to: (a) an administrative program; (b) a coalition program; (c) a prevention program; (d) an early intervention program (e) a drug court program; (f) an evaluation center program; (g) a treatment program; and (f) a recovery support service.

(eee) “Psychologist” means a person who is licensed to practice psychology pursuant to W.S. § 33-27-113.

(fff) “Psychosocial Rehabilitation” means a therapeutic contact with two or more recipients (and collaterals as necessary) for the purpose of providing a preplanned, structured program of community living skills training which addresses functional impairments and/or behavioral symptoms related to client’s health and/or mental health disorder(s) to slow deterioration, maintain or improve community integration, to ensure personal safety and well-being, and to reduce the risk of or duration of placement in a more restrictive setting including a psychiatric hospital or similar facility. Medical necessity shall be reviewed for Medicaid clients.

(ggg) “Qualified Clinical Staff” means a 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 Board of Medicine, or a Wyoming Advanced Psychiatric Nurse.

(hhh) “Referral” means the establishment of a link between a client and a service provider that includes providing client-authorized documentation to the receiving

program in accordance with confidentiality of records will be kept per 42 CFR, Part 2, Federal Confidentiality, and 45 CFR Part 160 and 164, Health Insurance Portability and Accountability Act (HIPAA).

(iii) “Registered nurse” means a person who is licensed as a registered nurse under W.S. § 33-21-119, *et seq.*

(jjj) “Relapse prevention” means service activities designed to support the recovery of the individual in order to reduce and prevent recurrence of harmful alcohol or other drug use.

(kkk) “Revoke” means invalidation of state approval of a Division certified provider.

(lll) “Screening” means a brief process conducted prior to admission to the drug/alcohol treatment program to determine if the individual needs services.

(mmm) “Service(s)” means an activity that is directed toward the prevention, intervention or treatment of a substance-related disorder and recovery support services certified by the Division.

(nnn) “Staff” means the: paid employees, including, without limitation, paid employees hired on a temporary basis; volunteers; independent contractors; and consultants of a program.

(ooo) “Staff development” means activities designed to improve staff competency and job performance, which includes cross-training that employs learning activities to develop, promote, and evolve research-based practices in the areas of knowledge, skills, and attitudes aimed at changing behaviors to enhance or improve job performance.

(ppp) “Staffing” means a regular review of a client’s treatment plan goals progress which involves the client’s assigned primary clinical staff person and other persons involved in the implementation of the treatment plan when indicated.

(qqq) “Substance abuse disorder” means the existence of a diagnosis of “substance abuse,” “substance dependence,” or a not otherwise specified substance abuse related disorder listed in the current edition of the DSM or ICD.

(rrr) “Substance-related disorder” has the meaning ascribed to it in the current edition of the DSM, which is adopted by reference pursuant to this Chapter.

(sss) “Suspension” means invalidation of approval of a service for any period less than one (1) year or until the Division has determined substantial compliance and notifies the provider of reinstatement.

(ttt) “Transfer” means the change of a client from one level of care to another. The change may take place at the same location or at a different service setting for the new level of care.

(uuu) “Treatment” means the planned provision of culturally competent therapeutic services to assist the client in achieving the goals of their treatment plan.

(vvv) “Treatment program” means a program that provides services for the treatment of a substance-related disorder in the manner set forth by the criteria of the Division.

(www) “Volunteer” means an individual who, without compensation, provides or conducts an activity for a service provider.

(xxx) “Wyoming Mental Health Professions Licensing Board” means the agency established under the provisions of W.S. § 33-38-101, *et seq.*

(yyy) “Wyoming Administrative Procedure Act” means W.S. § 16-3-101, *et seq.*

CHAPTER 2

Rules and Regulations for Substance Abuse Standards

Organizational Requirements

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. General.

(a) Program Reporting Requirements.

(i) The program shall notify the Division in writing thirty (30) days prior to any proposed change in location, name, ownership, control of the facility, if the director of a program leaves or is put on administrative leave, or closure of a program. If there are circumstances that prevent this notice, notify the Division within one (1) business day of such changes with an explanation of the reason for the change.

(ii) If there is a change or transfer in ownership, the new owner(s) or controlling parties shall file an application for certification thirty (30) days prior to taking control. The application will be reviewed for completeness. If the application is complete, and a site visit finds that the minimum requirements are met, a six (6) month provisional certificate will be issued. If the application is not complete, it will be returned to the applicant to address such deficiencies noted. A provisional certificate will only be issued once the application is complete and approved and a site visit is conducted verifying minimum standards.

(iii) Any notice of hearing order or decision, which the Division issues to a facility prior to a transfer of ownership, shall be effective against the former owner or controlling party to such transfer, and, where appropriate, the new owner following such transfer unless said notice, order, or decision is modified or dismissed by the Division.

(iv) No program certification shall be transferable from one owner to another or from one facility to another. The program shall immediately notify the Division if the program is closing, including a plan to transfer clients to other services as indicated.

(v) The program shall immediately notify the Division electronically, by email or fax, of a client or staff death where death occurs on-site. The program shall notify the decedent's family or next of kin as soon as possible. The program shall have

written policies describing how critical incidents are handled and reviewed, including notification to the Division. The Division shall establish policies and procedures to ensure that in the case of a client or staff death that occurs on-site, the case is properly evaluated, documented, acknowledged, and handled in an appropriate manner.

(vi) The program shall notify the Division within one (1) business day of a critical fire, accident, or other incident resulting in the interruption of services at the location. The program shall have written policies describing how critical incidents are handled and reviewed, including notification to the Division. The Division shall establish policies and procedures to ensure that in the case of a critical incident that occurs on-site the case is properly evaluated, documented, acknowledged, and handled in an appropriate manner.

(vii) Legal proceedings. Every program shall report, in writing, to the Division any civil award against a program or any person while employed by the program which relates to the delivery of the service or which may impact the continued operation of the facility. In addition, every program shall report any felony conviction against the program or any person while employed by the program. The report shall be given to the Division within ten (10) calendar days of receipt of the conviction.

(b) Governing Board Protocols.

(i) The governing authority or legal owner of a program has the primary responsibility to create and maintain the organization's core values and mission via a well-defined annual plan. It assumes final authority over and responsibility for the accountability of all programs. The authority ensures compliance with applicable legal and regulatory requirements. It advocates for needed resources to carry out the mission of the organization and provides guidance to the management to ensure the success of day to day operations.

(ii) Each program shall have a governing body or other responsible person who is accountable for the development of policies and procedures to guide the daily operations. If a program is governed by a board of directors, minutes and records of all board of directors meetings shall be documented in accordance with the organizational by-laws. The governing board shall meet at a minimum quarterly. The program shall document that the program administrator has reported to the governing body or its designated representative at least one (1) time per quarter.

(iii) Each program shall keep, maintain, and make available to any employee or client an organizational chart and written policies that describe the organizational structure, including lines of authority, responsibility, communication, and staff assignments.

(iv) Each program will have a plan that monitors operations in the areas of organization, human resource, fiscal and services provided.

(c) Client Rights.

(i) Each program shall establish a written policy stating that the service will comply with the client rights requirements as specified in this section.

(ii) Each program shall establish written policies and procedures ensuring that services will be available and accessible where no person will be denied service or discriminated against on the basis of sex, race, color, creed, sexual orientation, handicap, or age, in accordance with Title VI of the Civil Rights Act of 1964, as amended, 42 USC 2000d, Title XI of the Education Amendments of 1972, 20 USC 1681-1686 and s. 504 of the Rehabilitation Act of 1973, as amended, 29 USC 794, and the Americans with Disabilities Act of 1990, as amended, 42 USC 12101-12213. Each program shall have policies that assure availability and accessibility for all persons regardless of cultural background, criminal history, drug of choice, and medical status among other factors. However, each program may impose reasonable programmatic restrictions that are intended to support therapeutic goals of the program, meet restrictions of government grants or funding, or required by limitations of the program to provide services specific to a person. Program staff shall receive training on these issues and they shall be documented in the personnel record.

(d) Emergency Procedure Requirements.

(i) During the hours services are provided, there shall be a plan for immediate access to first aid and emergency medical services. Residential programs must have at least one (1) trained staff in first aid and Cardio Pulmonary Resuscitation (CPR) on-site twenty four (24) hours, seven (7) days a week.

(ii) All programs shall have a written plan for emergency services to include potential emergencies, such as: fires, bomb threats, natural disasters, utility failures, medical emergencies, and safety during violent or other threatening situations. The plan will detail the protocols that will be followed in each situation, the chain of command, and the protocols for contacting emergency services. Documentation of staff training in emergency services is required and shall be documented in the personnel record.

(e) Tobacco Free Protocols.

(i) Use of all tobacco products, secondhand smoke, and tobacco litter must be prohibited throughout the entire facility, with no exceptions, including all indoor facilities, building entrances, offices, hallways, waiting rooms, restrooms, elevators, meeting rooms, and community areas under the control of the facility. An ashtray with a sign indicating that this is a no smoking area is permitted to allow for a person to extinguish a tobacco product safely. A treatment facility may designate out-of-doors smoking areas, so long as they are not in building entrances or other areas that permit

contamination of occupied areas by secondhand smoke or tobacco litter. This policy applies to all employees, clients, contractors, and visitors.

(ii) The program shall offer tobacco cessation programs either on-site or through referral, for both clients and staff.

(f) Legal Requirements.

(i) The program shall ensure that all its program(s), facilities, and services comply with all applicable federal, state, and local laws, regulations, codes and ordinances.

(ii) The program will obtain a local business license from the city or county if required.

(iii) Each program shall have general liability insurance including, physical, civil and professional insurance in an amount deemed sufficient by its owners or governing body when applicable. Programs providing prevention services do not have to carry liability insurance if no direct services are being provided. Funded providers with Governing Boards must carry governing board insurance in an amount deemed sufficient by its governing body.

Section 3. Certification Required for State Funds or Court-Ordered Clients.

(a) As set forth in W.S. § 9-2-2701(c), no program, provider, or facility may receive state funds for substance abuse prevention, early intervention recovery support services, or treatment services unless certified under these rules. Additionally, no substance abuse treatment program may receive court referred or ordered clients unless it is certified under these rules.

(b) All certified substance abuse service providers who are required to be certified shall meet the requirements set forth in these rules. Programs that sub-contract with providers for services must assure that the contractors are in compliance with these rules and thus the program will take full responsibility for these sub-contractors under the program's certification. Programs located outside of Wyoming may be certified, at the discretion of the Division, if they meet the applicable provisions of these rules.

(c) The Division can, under critical issues regarding safety of client, public or staff, conduct unannounced site visits to investigate such occurrences.

(d) If a program has a current recognized national accreditation for substance abuse treatment by specific level of care, applicable portions of this accreditation can be reviewed as part of the certification site visit at the discretion of the Division or its designee, utilizing the following processes.

(i) Applicable portions of the national accredited report by level of service that are congruent with these rules will be accepted in lieu of reviewing documentation for compliance with these rules.

(ii) Sections that are not congruent with these rules will be reviewed as part of the certification site visit. If Wyoming Standards exceed national accreditation standards, Wyoming Standards will be required and reviewed for compliance.

(iii) Records will be reviewed for compliance by level of service when national accreditation standards require state compliance for approval under the national standards.

(iv) Certification reports will reference portions that were viewed as congruent by level of service in the certification report and note compliance.

(e) Any program or provider seeking certification under these rules shall apply to the Division for certification on a form provided by the Division.

(f) Upon receipt of a completed application, the Division shall review the application for compliance with these rules. The review may include an on-site inspection. Within sixty (60) calendar days after receiving the completed application, the Division shall either approve or deny the application. Failure of the Division or its designee to meet this deadline shall not be construed as approval of the application.

(g) An application may be approved subject to conditions provided those conditions are fully set forth in the letter communicating them to the applicant. In the event an application is approved subject to conditions, the applicant must communicate its plan for complying with the condition within fifteen (15) business days of receiving the notification. If the applicant is unwilling to comply with the conditions, the application shall be deemed denied pending further negotiations.

(h) The Division or its designated contractor can conduct on-site certification reviews, including review of organization, personnel, fiscal and clinical records, to assure that programs are meeting compliance. Confidentiality of records will be kept per 42 CFR, Part 2, Federal Confidentiality, and 45 CFR Part 160 and 164, Health Insurance Portability and Accountability Act (HIPAA). The Division may issue a certification for any period not to exceed two (2) years based on compliance level resulting from the on-site certification review. The certification shall remain in effect for the period designated, unless suspended or revoked prior to expiration. Providers seeking renewal will complete a renewal application in a form approved by the Division.

(i) The program shall submit to the Division a written corrective action plan if the provider receives a certification report below the minimum compliance level as determined by Division policy. Other critical issues that put the client, staff or public at risk will result in corrective action even if overall minimum compliance is within the

acceptable range. The correction plan must be submitted to the Division within thirty (30) days of receipt of the request from the Division, unless requested in writing sooner.

(j) The Division shall review the corrective action plan and will notify the program of either the acceptance or rejection of the plan. An unacceptable plan must be amended and resubmitted within fifteen (15) business days of date of notice of rejection.

(k) Failure to make corrections pursuant to an approved correction plan may result in appropriate action under Chapter 2, Section 2(m)(ii), of these rules.

(l) Denial/Suspension/Revocation.

(i) The Division may deny an application to issue a certification if an applicant fails to meet all of the requirements of these rules, and may refuse to renew the certification if the applicant no longer meets or has violated any provision of these rules.

(ii) The Division may at any time upon written notification to a certified program or provider, suspend or revoke the certificate if the Division finds that the provider does not comply with these rules. The notice shall state the reasons for the action and shall inform the certificate holder of actions necessary to remedy the failures and of their right to a hearing under the Wyoming Administrative Procedure Act. In addition to revoking or suspending a certification, the Division may, in its discretion, place a program on probation under a specified, mutually agreeable written correction plan. If another state agency revokes a provider certification/license or terminates their contract, the Division may, after review of the reasons of such action and subsequent on-site investigation, revoke the certification of any services approved by the Division.

(iii) In the event a certification is suspended or revoked, notice shall be provided promptly by the Division to all courts that may refer persons to that program. Notice of final disposition of the matter shall also be promptly provided to those courts. If the Division denies, refuses to renew, suspends, or revokes a certification, the aggrieved party may request an administrative hearing under the Wyoming Administrative Procedure Act. A request for a hearing must be received by the Division within thirty (30) calendar days of the action from which the appeal is taken. If a timely request for hearing is not received by the Division, no hearing will be available. If a timely request for hearing is received, the action is stayed pending a decision on the appeal, except where the Division finds in writing that the health, safety, or welfare of clients requires that the action take effect immediately.

(m) Complaints.

(i) A complaint may be made by a program director or any person setting forth in writing the act done or omitted by the provider in violation of state and federal law, order, rule, or standard that the Division has jurisdiction over. If the complaint(s) are not under the jurisdiction of the Division, the person making the

complaint will be directed to the appropriate authority for review. The complaint shall state the following information: the name, address, and telephone number of the complaining party, and the party, person, or programs the complaint is against; a clear and complete statement of the alleged violation of the law, order, rule or standard complained of, together with the facts which will give the parties a clear and full understanding of the nature of the alleged violation. The allegations may be supported by sworn statements attached to the complaint, a statement of the relief requested, and the signature of the complaining party or his or her attorney.

(ii) The Division shall establish policies and procedures to ensure that complaints are properly evaluated, documented, acknowledged, and handled in a timely and appropriate manner. The allegations of the complaint shall determine the tasks required and the nature and scope of any investigation that may occur. The order and manner in which information is gathered depends on the type of complaint that is being investigated.

(iii) The Division, on its own initiative or following the receipt of a complaint, may conduct an investigation of a program. The purpose of an investigation is to endeavor to bring about satisfaction of the complaint and/or violation.

(iv) Upon initiation of an investigation, the Division shall provide the program director and the board of directors of the program a copy of the complaint and supporting materials in order to allow responding parties the opportunity to provide an informed response to the complaint. The investigation may include on-site inspection and collection of all available pertinent information concerning the operation of the program as it relates to the complaint being investigated. The Division may consult with the program director, the governing body of the program, the staff of the program, clients, parents or guardians of clients, and other pertinent and reliable sources of information about the program.

(v) The program director and other responding parties shall file a response to the complaint with the Division no later than twenty (20) calendar days after receipt of the complaint. For good cause shown, the Division may extend the time to respond to the complaint.

(vi) The investigation will begin upon the filing of the response. Within forty-five (45) calendar days of the initiation of an investigation, a preliminary report of the status of the investigation shall be issued to the complaining party and the responding parties. A final report of the investigation shall be issued within one hundred and twenty (120) calendar days of the initiation of the investigation. For good cause shown, the Division may extend the time of the investigation. The Division will provide a status summary every thirty (30) calendar days thereafter to the program director and the board president until the investigation process is complete.

(vii) After an investigation has been completed, the Division shall notify the program director, board president, if applicable, complaining party, and responding parties of the findings of the investigation. The Division may specify the necessary corrective action and the timeline for completion of the corrective action.

Section 4. Contract Requirements for Prevention, Early Intervention, Recovery Support Services and Substance Abuse Treatment Services.

(a) Any program or service seeking funds under these rules shall apply to the Division in a process developed by the Division as posted on the Webpage and/or sent through the mail.

(b) Eligibility for Contracts. Any public or private program or service may apply to the Division for available funds to contract to provide prevention, early intervention, recovery support services and treatment services and who comply with the rules of the contract.

(c) Preference. Those entities with which the Division contracted for substance abuse services in the year prior to the promulgation of these rules shall have a preference for initial contracts entered under these rules. The preference granted herein is intended only to extend to those specific services covered under the contract between the Division and the contractor prior to these rules. Notwithstanding any preference, all contractors are subject to suspension or revocation of certification for failure to comply with these rules. Preference may, in part, be based on the program meeting the scope of work deliverables of the previous contract.

(d) Continuum of Services. It is the objective of the Division to provide access to a continuum of prevention, early intervention, recovery support services and treatment services. Accordingly, the Division may contract with one or more applicants in a county or other geographic area in order to meet that objective.

(e) Application and submitting Letter of Intent for renewal of public funds and for the application of new public funds. The Division may, when appropriate, send a Request for Proposal (RFP) prior to contract expiration dates or when new funding is available for services. Programs or services interested in continuing to provide current services or applying for new services will submit a Letter of Intent and Application in accordance with the instructions in the RFP issued by the Division.

(f) Issuance of Contract. Once the Division has determined that a contract should be issued to a program or service, it may do so and contact the program in regard to the formal contract process. The contract shall comply with the provisions of Section 1 and 2 of Chapter VII, "The Contract of Funded Services of the Rules and Regulations of the Division of Behavioral Health," dated February 1984, and amended in October 1984 and February 1992.

Section 5. Financial Management Funded Programs and Services.

(a) Programs funded by the Division for substance abuse prevention, early intervention, recovery support services and treatment services shall keep and maintain, in accordance with state requirements and its by-laws, an accurate record of the finances of the facility.

(b) Programs funded by the Division for substance abuse prevention, early intervention, recovery support services and treatment services shall keep on file an annual operating budget with documentation of governing body approval. If the program does not have a governing board, the operating budget is still required, but governing body approval is not required. Such budgets shall categorize revenues by source of funds and expenses. In addition, a cash flow and variance report shall be submitted according to Division contract requirements.

(c) Programs funded by the Division for substance abuse prevention, intervention, treatment and recovery support services shall have policies and procedures for sliding fee arrangements with clients who are served through the use of those funds. Under these policies, publicly funded programs may not refuse to offer or provide services due to inability to pay. Fees shall be determined based on program costs using a justifiable and verifiable methodology that considers family income and size. Charges shall be consistently applied to persons seeking services. The availability of a sliding fee scale shall be posted in the program facilities in a manner conspicuous to persons seeking services. Policies and fee schedules shall be approved by the Division.

(d) Programs funded by the Division for substance abuse prevention, early intervention, recovery support and treatment services shall demonstrate financial capability to operate the facility for the period of certification, and shall annually submit a complete Independent Auditor's Report, including management letter, if applicable, to the Division. The Report shall be submitted within thirty (30) calendar days of its receipt by the program.

(e) If a funded program contracts and/or utilizes a fiscal agent to manage finances, the fiscal agent shall meet all of the requirements of this section and must allow review of supporting documentation as part of the provider's certification process.

Section 6. Financial Protocols, All Certified Programs.

(a) All programs shall establish written policies and procedures for all fiscal operations in accordance with Generally Accepted Accounting Principles.

(b) In the event of client non-payment, the program shall, at a minimum, prior to client discharge be allowed to make reasonable efforts to secure from a third-party payment source, including providing reasonable advocacy for the client with any third party payer; and offer a reasonable payment plan, which takes into account the client's

income, resources, and dependents. A client shall not be terminated for non-payment without it being addressed as part of treatment with a reasonable timeframe for resolution of the issue.

(c) All programs that contract and/or utilize a fiscal agent to manage finances shall meet all of the requirements of this section and must allow review of supporting documentation as part of the provider's certification process.

Section 7. Human Resource Management.

(a) A program shall keep, maintain, and make available to any employee or client an organizational chart and written policy that describe the organizational structure.

(b) A program shall have written policies and procedures stating that, in the selection of staff, consideration when possible will be given to each applicant's cultural competency of special populations that the program serves.

(c) A program that utilizes volunteers shall have written policies and procedures governing their activities and establishing appropriate training requirements. Volunteers must review all applicable policies and sign a form acknowledging that the policies were reviewed and agreed upon.

(d) A program shall have written policies and procedures for determining staff training needs, formulating individualized training plans, developing cross-training activities with other professional disciplines, and documenting the progress and completion of staff development goals. Personnel records shall contain a record of such activities. At a minimum, training shall include trauma assessment and management, cultural competency, rights of person served, family centered services, prevention of workplace violence, confidentiality requirements, professional conduct, ethics, and special populations served specific to services being provided.

(e) All programs with two (2) or more persons employed or under contract shall implement and enforce policies and procedures establishing a drug-free workplace. These policies and procedures shall require employees, including administrators, staff members, and volunteers, to undergo drug and/or alcohol testing whenever the program's governing board, legal owner, or administrator, has reason to believe a person may be illicitly using controlled substances or abusing alcohol. When test results are found to be positive, or whenever the program otherwise learns that an employee may be abusing alcohol or controlled substances, the program shall refer the person to a treatment program for assessment and treatment recommendations. Notwithstanding any provision of this paragraph, programs shall also report to the appropriate licensing board, if required to do so, pursuant to a contract or rules of the licensing board. The program may terminate any person who refuses to cooperate and follow recommendations for treatment or other interventions.

(f) A program shall have written policies and procedures to ensure compliance with 42 CFR, Part 2, Federal Confidentiality, and 45 CFR Part 160 and 164, Health Insurance Portability and Accountability Act (HIPAA), and other legal restrictions affecting confidentiality of alcohol and drug abuse client records. Each staff person must sign a statement acknowledging his or her responsibility to maintain confidentiality of client information.

(g) A program shall have an Executive Director appointed by the governing authority or legal owner. In the case of a sole proprietor, this is not required. The Executive Director is responsible for the day-to-day operation of the service delivery system, which includes a working knowledge of the programs provided, being accessible and available to clients and program personnel, and integrating the mission and core values of the organization. The Executive Director is responsible for gathering input needed for key decision making from clients, all levels of personnel, and other community stakeholders. A job description stating minimum qualifications and duties must be developed and signed by the Executive Director. At a minimum, the following elements are required: ensures sound fiscal management; ensures effective and efficient resource utilization; ensures program and facility safety for clients and staff; ensures demonstration of an organized system of information; ensures flow of pertinent information to appropriate parties and management; and ensures compliance with all applicable legal, ethical, and regulatory codes and requirements.

(h) All programs shall conduct such background information checks, which include the Wyoming Abuse and Neglect Central Registry, as maintained by the Division of Family Services, the sex offender registry maintained pursuant to W.S. § 7-19-303, and fingerprinting by the Division of Criminal Investigation (DCI) on all successful applicants for employment and persons with whom the program contracts, and others, including volunteers, who have direct, regular contact with clients. Each program may determine the type and scope of any background inquiry based on its needs and the duties of the person being employed. Applicants may, at the discretion of the program administrator, be provisionally employed pending the outcome of a background check.

(i) Personnel records must contain the following documentation: annual performance appraisal, background check results, current professional license, job description, resume and/or application and letters of reference or documented verbal reference checks completed by the program. I-9 Forms must be kept in a separate file in a secured location to assure confidentiality.

Section 8. Program Evaluation. A program must have an evaluation plan measuring the effectiveness of treatment and prevention services when requested by the Division.

CHAPTER 3

Standards for Mental Health Services (Reserved)

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.

CHAPTER 5

Rules and Regulations for Substance Abuse Standards

Special Populations 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. Criminal Justice Population, including Misdemeanor Criminal Offenders and Felony DUI Criminal Offenders under the Addicted Offenders Accountability Act.

(a) Misdemeanor Criminal Offenders. All persons convicted of a third DUI misdemeanor within five (5) years under W.S. § 31-5-233(e) shall receive, as part of a presentence report, a substance abuse assessment from a certified program in accordance with W.S. § 7-13-1302. Any person convicted of a fourth or subsequent DUI within five (5) years for a violation of W.S. § 31-5-233(e) has committed a felony and is subject to treatment as a qualified offender under Chapter 5, Section 1, under these rules.

(b) Description of Services. Programs providing substance abuse treatment services to clients in the criminal justice system must, in addition to applicable requirements, meet the following protocols.

(i) In addition to meeting the General Requirements of these rules and those sections applicable to the modality of treatment offered, a program may be certified to provide treatment to criminal offenders. The program is required to provide treatment that is identified as an evidence-based practice in the treatment of the criminal justice client. The program must assure that individual clients receive treatment and other interventions that specifically address the person's criminal behavior(s) and thinking. Such a program must also agree to comply with all court orders and cooperate with probation and parole agents in sharing information reasonably necessary for both to fulfill their obligations. Drug and alcohol testing shall be conducted with offenders in coordination with the legal system overseeing the client. Where possible, these programs shall use restorative justice principles in the individualized treatment plans of offenders.

(ii) Treatment services are based on the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol 44 (TIP) Series publication, "Treatment of the Criminal Justice Client."

(iii) Clients are required to provide written consent in compliance with 42 CFR, Part 2 and 45 CFR, Part 160 and 164, for the exchange of information between treatment programs and the corrections system. This release per 42 CFR, Part 2, does not require an expiration of the release due to criminal justice status. If a person refuses to sign the release, the program may deny services.

(iv) The clinical staff persons providing treatment to criminal justice offenders shall demonstrate training, education, and knowledge in the treatment of the criminal population per TIP 44 Substance Abuse Treatment for Adults in the Criminal Justice System. This training shall be documented in the staff record with number of hours attended and who provided the training.

(v) If the client fails to attend required treatment without permission as prescribed by the court, the program must notify the court or its representative within three (3) days of the client not showing.

(vi) The program shall develop in collaboration with the court or its representative a case plan that identifies the roles and responsibilities of the client, program and court.

(vii) Programs shall develop referral sources in the areas of: housing, employment, mental health, education, and other services, as required.

Section 3. Adolescent Treatment Services.

(a) Description of Services.

(i) In addition to meeting the General Requirements of these rules and those sections applicable to the modality of treatment offered, a program may be certified to provide treatment to adolescents.

(ii) Treatment services are based on the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol 32 (TIP) Series publication, "Treatment of Adolescents with Substance Abuse Disorders."

(iii) Adolescent services are provided for clients age 13 through 17. If the individual started the program prior to turning age 18, they may complete the program after they turn age 18.

(vi) At a minimum, services shall include:

(A) Behavioral health services designed specifically to address the multifaceted needs of this population.

(B) Such services in addition to general treatment requirements shall tailor services to the particular safety, developmental, educational, healthcare, family needs, and preferences of children and adolescents.

(C) Educational service needs shall be assessed and provided for adolescents in residential treatment services that comply with the Wyoming State Board of Education.

(D) An education discharge transition plan shall be developed prior to the client being discharged. At a minimum, this plan will address educational needs of the client and the transition of the client back into school.

(v) Programs that provide treatment for children and adolescents shall comply with the program descriptions set forth in the ASAM Patient Placement Criteria Manual.

Section 4. Co-Occurring Treatment Services.

(a) Description of Services.

(i) In addition to meeting the General Requirements of these rules and those sections applicable to the modality of treatment offered, a program may be certified to provide treatment to co-occurring clients. Treatment services are based on the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP) Series publication, "Substance Abuse Treatment with Co-Occurring Disorders."

(ii) At a minimum, services shall:

(A) Address a high level of relapse potential with more intense level of services.

(B) Adapt program materials and methods of counseling to individuals with mental disorders.

(C) Provide and utilize skill building groups, as appropriate.

(D) Provide intensive case management.

(E) Emphasize motivation enhancement, including outreach for clients with active substance abuse disorders and severe mental disorders who are disengaged.

Section 5. Women's Specific Treatment Services.

(a) Description of Services.

(i) In addition to meeting the General Requirements of these rules and those sections applicable to the modality of treatment offered, a program shall be certified to provide treatment to women if it is receiving women's Set-Aside funding through the SAPT Federal Block Grant. Programs not receiving funding may also apply for this special population service. Treatment services are based on the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP) Series publication, "Substance Abuse Treatment for Pregnant, Substance-Using Women, Substance Abuse Treatment for Women Offenders and Gender Specific Treatment and Treatment with Co-Occurring Disorders."

(ii) At a minimum, services shall include:

- (A) Gender specific treatment;
- (B) Reintegration with family services, when applicable;
- (C) Vocational skills training;
- (D) Parenting skills;
- (E) Reproductive and other health education and referrals;
- (F) Ways of meeting needs of food, clothing, and shelter;
- (G) Transportation;
- (H) Sexual abuse/trauma treatment, when applicable; and
- (I) Domestic/family violence counseling, when applicable.

Section 6. Residential Treatment for Persons with Dependent Children.

(a) Description of Services.

(i) In addition to meeting the General Requirements of these rules and those sections applicable to the modality of treatment offered, a program may be certified to provide treatment to persons with dependent children. Treatment services are based on the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP) Series publication, "Substance Abuse Treatment for Persons with Children."

(ii) At a minimum, services shall include:

(A) Gender specific treatment and family treatment of substance abuse impact on school aged children, pre-school children, toddlers, and infant children;

(B) Child development and age appropriate behaviors;

(C) Parenting skills appropriate for infants, toddlers, pre-school, and school aged children;

(D) Impact of prenatal tobacco/alcohol/drug exposure on child development, fetal alcohol syndrome/effects; and

(E) Recognition of sexual acting-out behavior.

CHAPTER 6

Rules and Regulations for Substance Abuse Standards

Prevention Services 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. Prevention Services.

(a) Prevention services must meet all applicable standards, Chapters 1 and 2 of these standards, including the following service level requirements.

(b) Description of Services. Prevention services shall be provided in any community through a collaborative public health process based upon local data and needs, and employing evidence-based strategies. In order to be certified under these rules, the prevention service must demonstrate it has conducted a local needs assessment, worked collaboratively to mobilize and build capacity in the community, created a strategic plan for prevention, implemented evidence-based policies, practices and programs, and participated in both process and outcome evaluation.

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

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

(i) Membership in one or more local prevention coalitions or advisory councils;

(ii) A list of all community members and organizations in participating coalitions or advisory councils with a brief description of the contribution of each member or organization;

(iii) An agreement signed by collaborating members reflecting their understanding of the collaboration, including local law enforcement, local school districts, the local prevention block grant provider, the local tobacco prevention provider, and other relevant organizations;

(iv) Minutes of local prevention coalition or advisory council meetings;
and

(v) Documentation that the services it provides support a comprehensive continuum of prevention services for the community it serves.

(e) Strategic Plan.

(i) The prevention provider must demonstrate it has a current strategic plan for prevention based upon local needs assessment data, supported by relevant local coalitions or advisory councils, and detailing the implementation of evidence-based prevention strategies.

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

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

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

(f) Implementation of Evidence-Based Strategies.

(i) The prevention provider must adhere to the goals and objectives of the strategic plan, including the selection and implementation of evidence-based policies, practices and programs.

(ii) Evidence-based strategies are defined as:

(A) Strategies included on a Federal List or Registry of evidence-based interventions;

(B) Strategies published with positive outcomes in peer-reviewed journal; or

(C) Strategies judged effective by a consensus of informed experts based upon a combination of theory, practice, and evaluation research.

(iii) Staff providing prevention services must, within six (6) months of employment, complete the Substance Abuse Prevention Specialist Training. Individuals overseeing the implementation of prevention strategies must complete the training prior to the delivery of services.

(g) Evaluation. The prevention provider must maintain a plan for evaluating the goals and objectives of their strategic plan, including the collection of data at the community and strategy level. The evaluation should incorporate consequence, consumption, and intervening variable indicators from the local needs assessment. The evaluation must also include:

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

(ii) A procedure for collecting and reporting relevant outcome data (for example, the pre- and post-test surveying of program participants) in a timely manner;

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

(iv) The prevention provider must work with local coalitions or advisory councils to use evaluation results to update their strategic plan and make other necessary decisions about the implementation of prevention strategies; and

(v) The Division may include additional requirements in provider contracts further defining essential needs assessment, collaboration, strategic planning, implementation, and evaluation activities.

CHAPTER 7

Rules and Regulations for Substance Abuse Standards

Recovery Support Services 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. Recovery Support Services, Non-Residential.

(a) Services must meet all applicable standards, Chapter 1 and 2, including the following service description.

(b) Description of Services. Recovery support services include four types of non-clinical support including social, emotional, informational, instrumental, and affiliation support. Recovery support services may be provided through the continuum of change with the recovery process. Individuals in accessing this level of care must have a current DSM diagnosis with support documentation showing ASAM dimensional criteria was reviewed and this level of service is appropriate.

Section 3. Supportive Transitional Drug-Free Housing Services.

(a) Services must meet all applicable standards, Chapters 1, 2 and 4, Section 6, and Chapter 6, Section 15, Physical Plant, including the following service level requirements.

(b) Description of Services. Supportive transitional drug-free housing services are non-clinically staffed, low intensity, peer-supported, life skills development living or housing environments. Supportive transitional housing services are independent facilities certified to provide supportive housing services with access to peer support, which include independent living skills development and stable functioning level in the community.