



“What to Expect” to see within the Information Management for Providers (IMPROV) Electronic System Non-nationally Accredited Private Provider Certification Renewal Applicant Guidance

Please contact the Behavioral Health Division - Certification Program Manager phone: 307-777-5253;
Or e-mail: wdh-certification@wyo.gov, with any questions or concerns.

Non-nationally Accredited Private Providers Completing **Renewal** Application for Certification

If you are a provider who has submitted a successful application in the past, and will be **renewing** your soon to be expired application, please review this information shared by the IMPROV technical team. The IMPROV web site is: <http://health.wyo.gov/mhsa/certs/certifications.html>.

These are the screens you should see when going through the renewal application process:





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This is where you want to be:

The screenshot shows the IMPROV web application interface. At the top, there is a navigation bar with 'CHG PASSWORD' and 'LOGOUT' buttons, and a search bar. Below this, the main heading reads 'Renewal Provider Application and LOC/Demographics Changes' for 'Substance Abuse Treatment Certification' under the 'State of Wyoming Department of Health, Mental Health and Substance Abuse Services Division'. A progress bar indicates the current step is 'Step 1: Basic Demographics'. The 'Existing Provider Change' section has two radio buttons: 'Renewing an existing provider.' (selected) and 'Adding a location or Service Level to an existing provider.'. The 'Provider Demographics' section contains several fields: 'Agency Name' (with a callout bubble pointing to it), '*Contact Name', 'NPI Number (if applicable)', 'WY Number (if applicable)', '*Application Type' (dropdown menu), '*New Funding Type' (dropdown menu), and 'Accredited Provider?' (checkbox). A 'Done. Go To Next Step >>' button is at the bottom.

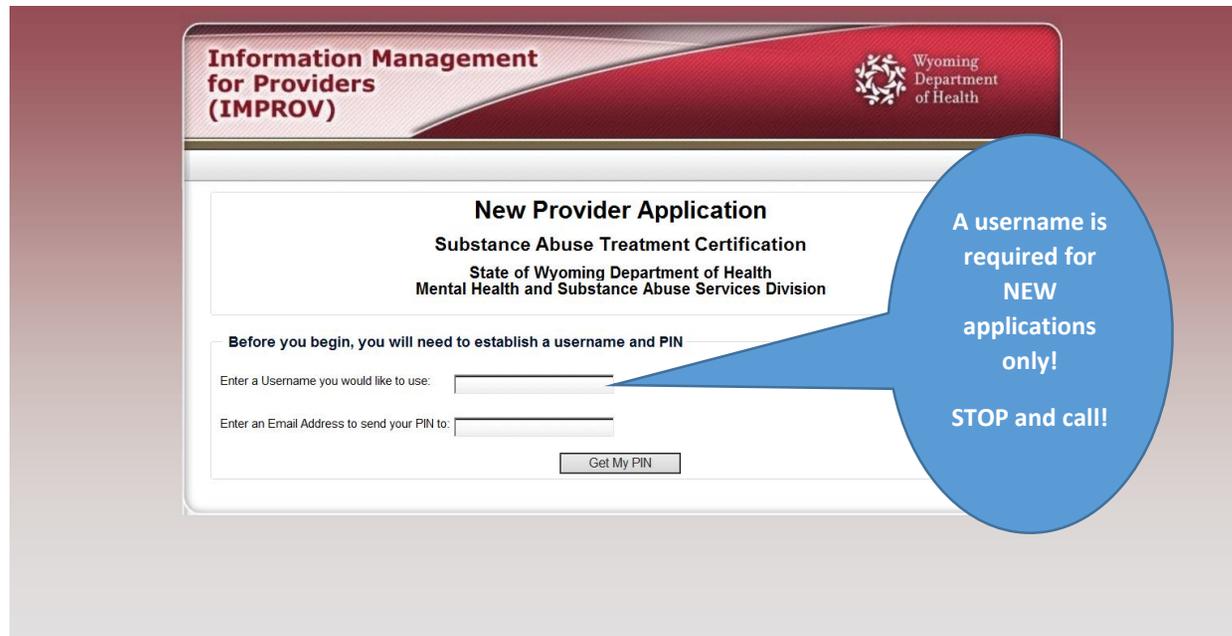
Your Provider name should already appear when completing a renewal application.



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If you happen to reach this next screen, the wrong portal has been accessed. Do not proceed. Please contact the Certification Program Manager: 307-777-5253 for assistance.



If not, please proceed! You’re doing great.



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These are the Progress Steps you will encounter in the Information Management for Providers (IMPROV) System:

Progress

- Step 1: Basic Demographics**
- Step 2: Additional Demographics**
- Step 3: Add Levels of Service**
- Step 4: Submit Required Documents**
- Step 5: Submit Required Disclosures**
- Step 6: Confirm Your Application**

Steps 1 and 2 will lead you through basic demographics and additional demographics screens.

Step 3 to add levels of service is “under construction”, but will require you to indicate at least one level of service to move forward. Please select as best you can knowing that inclusive information does not yet populate for your selection and the Division will not rely upon this information to proceed with the review of your application.

The **Division will provide you with a form to confirm the levels of care** for which you are applying. This step is currently being updated to reflect current ASAM Criteria Levels of Service and Special Populations and Recovery & Support Services certified per current Wyoming Standards Chapters 1-8, Rules and Regulations for Substance Abuse Standards.

The form you will receive via email from the Certification Program Manager will offer you these options:



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**ASAM Levels of Services, Special Populations Served Designations, & Recovery
Support Services Checklist for Providers** *(please checkmark the LOS and populations served for
which you are applying for and email to the Certification Program Manager)*

Provider Name: _____ **Date:** _____

- Level 0.5 Early Intervention DUI Education (Adult)
- Level 0.5 Early Intervention MIP Education (Adolescent)
- Level 1-WM Ambulatory Withdrawal Management without Extended On-Site Monitoring
- Level 1.0 Assessment Services (Adolescent)
- Level 1.0 Assessment Services (Adult)
- Level 1.0 Outpatient Services (Adolescent)
- Level 1.0 Outpatient Services (Adult)
- Level 2-WM Ambulatory Withdrawal Management with Extended On-Site Monitoring
- Level 2.1 Intensive Outpatient Services (Adolescent)
- Level 2.1 Intensive Outpatient Services (Adult)
- Level 2.5 Partial Hospitalization Services (Adolescent)
- Level 2.5 Partial Hospitalization Services (Adult)
- Level 3.1 Clinically Managed Low-Intensity Residential Services (Adolescent)
- Level 3.1 Clinically Managed Low-Intensity Residential Services (Adult)
- Level 3.2-WM Clinically Managed Residential Social Withdrawal Management



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- Level 3.5 Clinically Managed High-Intensity Residential Services (Adolescent)
- Level 3.5 Clinically Managed High-Intensity Residential Services (Adult)
- Level 3.7 Medically Monitored Intensive Inpatient Services (Adolescent)
- Level 3.7 Medically Monitored Intensive Inpatient Services (Adult)
- Level 3.7-WM Medically Monitored Inpatient Withdrawal Management
- Level 4-WM Medically Managed Intensive Inpatient Withdrawal Management
- Level 4.0 Medically Managed Intensive Inpatient Services (Adolescent)
- Level 4.0 Medically Managed Intensive Inpatient Services (Adult)
- Mental Health Outpatient Treatment Services (Adolescent) - state contracted providers only
- Mental Health Outpatient Treatment Services (Adult) - state contracted providers only
- Mental Health Residential Treatment Services (Adolescent) - state contracted providers only
- Mental Health Residential Treatment Services (Adult) - state contracted providers only
- Substance Use Disorder Special Population Criminal Justice Population Services
- Substance Use Disorder Special Population Adolescent Treatment Services
- Substance Use Disorder Special Population Co-occurring Treatment Services
- Substance Use Disorder Special Population Women's Specific Treatment Services
- Substance Use Disorder Special Population Residential Treatment for Persons with Dependent Children
- Recovery Support Services, Non-Residential
- Supportive Transitional Drug-Free Housing Services



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Steps 4 and 5 are to submit required documents and to attest to required disclosures:

Renewal Applicant Document	Please upload a copy of the registered name / authority (i.e. LLC organization document) to do business in the State of Wyoming from the Secretary of State’s office ONLY if changes since last renewal.
Renewal Applicant Document	Please upload a scanned copy of your completed, signed "Supervision-Peer Consultation Documentation Form".
Renewal Applicant Document	Please upload a scanned copy of the completed, signed "Human Resource Management Affirmation Form".
Renewal Applicant Document	Please upload a scanned copy of the completed, signed "Evaluation Plan - Continuous Quality Improvement (CQI) Review of Clinical Records Form".
Renewal Applicant Document	Please upload current copies of each licensed staff members' professional license.
Renewal Applicant Document	Please upload a copy of your agency's most current policy and procedures manual reflecting its latest revision date.
Renewal Applicant Document	Please upload a copy of your agency's current general liability certificate of insurance, which covers physical, civil, and professional liability.
Renewal Applicant Document	Please upload a copy of your agency's sliding fee schedule or other applicable documentation demonstrating that a reasonable payment plan is offered to clients.
Renewal Applicant Document	Please upload a mock clinical assessment demonstrating utilization of the most current ASI assessment tool, ASAM criteria, and DSM diagnostic criteria.



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Renewal Applicant Document	The Division may require a random sample of client records, notes, and forms to demonstrate compliance. Providers will be requested to email, via secure email, any personal health information, if sample records are required.
Disclosure: Changes	The program will 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 per Ch 2, Sec 2 (a) (i). <input checked="" type="checkbox"/>
Disclosure: Ownership Change	If there is a change or transfer in ownership, the new owner(s) or controlling parties will 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 per Ch 2, Sec 2 (a) (ii). <input checked="" type="checkbox"/>
Disclosure: Hearing Order or Decision	The program understands and acknowledges that any notice of hearing order or decision which the Division issues to a facility prior to a transfer of ownership, will 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 per Ch 2, Sec 2 (a) (iii). <input checked="" type="checkbox"/>



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Disclosure: Closure Change	Program certification will not be transferable from one owner to another or from one facility to another. The program will immediately notify the Division if the program is closing, including a plan to transfer clients to other services as indicated per Ch 2, Sec 2 (a) (iv).	<input checked="" type="checkbox"/>
Disclosure: Death	The program will immediately notify the Division electronically, by email or fax, of a client or staff death where death occurs on-site. The program will notify the decedent’s family or next of kin as soon as possible. The program will have written policies describing how critical incidents are handled and reviewed, including notification to the Division. The Division maintains established 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 per Ch 2, Sec 2 (a) (v).	<input checked="" type="checkbox"/>
Disclosure: Accidents	The program will 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 will have written policies describing how critical incidents are handled and reviewed, including notification to the Division. The Division maintains established 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 per Ch 2, Sec 2 (a) (vi).	<input checked="" type="checkbox"/>
Disclosure: Legal Proceedings	The program will 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 will report any felony conviction against the program or any person while employed by the program. The report will be given to the Division within ten (10) calendar days of receipt of the conviction per Ch 2, Sec 2 (a) (vii).	<input checked="" type="checkbox"/>



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Disclosure: Governing Authority and Annual Plan	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 per Ch 2, Sec 2 (b) (i).	<input checked="" type="checkbox"/>
Disclosure: Governing Body or Responsible Person	The program will 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 director's meetings will be documented in accordance with the organizational by-laws. The governing board will meet at a minimum quarterly. The program will document that the program administrator has reported to the governing body or its designated representative at least one (1) time per quarter per Ch 2, Sec 2 (b) (ii).	<input checked="" type="checkbox"/>
Disclosure: Organizational Chart Availability	The program will 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 per Ch 2, Sec 2 (b) (iii).	<input checked="" type="checkbox"/>
Disclosure: Operations Monitoring Plan	The program will have a plan that monitors operations in the areas of organization, human resource, fiscal and services provided per Ch 2, Sec 2 (b) (iv).	<input checked="" type="checkbox"/>
Disclosure: Client Rights	The program will 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	<input checked="" type="checkbox"/>



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	<p>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 will 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, the 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 will receive training on these issues and they will be documented in the personnel record per Ch 2 Sec 2 (c) (i)(ii).</p>	
<p>Disclosure: First Aid and Emergency Medical Services Plan</p>	<p>During the hours services are provided, there will 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 per Ch 2, Sec 2 (d) (i).</p>	<input checked="" type="checkbox"/>
<p>Disclosure: Emergency Plan and Protocols</p>	<p>The program will 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 for contacting emergency services. Documentation of staff training in emergency services is required and will be documented in the personnel record per Ch 2, Sec 2 (d) (ii).</p>	<input checked="" type="checkbox"/>
<p>Disclosure: Tobacco Free Protocols</p>	<p>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</p>	<input checked="" type="checkbox"/>



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	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. The policy applies to all employees, clients, contractors, and visitors. The program will offer tobacco cessation programs either on-site or through referral, for both clients and staff per Ch 2, Sec 2 (e) (i)(ii).	
Disclosure: Laws and Codes and Business License	The program will ensure that all its program(s), facilities, and services comply with all applicable federal, state, and local laws, regulations, codes and ordinances. The program will obtain a local business license from the city or county if required per Ch 2, Sec 2 (f) (i)(ii).	<input checked="" type="checkbox"/>
Disclosure: Liability Insurance	The program will 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 per Ch 2, Sec 2 (f) (iii).	<input checked="" type="checkbox"/>
Disclosure: Generally Accepted Accounting Principles	The program will establish written policies and procedures for all fiscal operations in accordance with Generally Accepted Accounting Principles per Ch 2, Sec 6 (a).	<input checked="" type="checkbox"/>
Disclosure: Client Non-payment	In the event of client non-payment, the program will, 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 dependent. A client will not be terminated for non-payment without it being	<input checked="" type="checkbox"/>



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	addressed as part of treatment with a reasonable timeframe for resolution of the issue per Ch 2, Sec 6 (b).	
Disclosure: Fiscal Agent Allow Review	All programs that contract and/or utilizes a fiscal agent to manage finances will meet all of the requirements of this section and will allow review of supporting documentation as part of the provider's certification process per Ch 2, Sec 6 (c).	<input checked="" type="checkbox"/>
Disclosure: Human Resource Management and Policies & Procedure	The program will keep, maintain, and make available to any employee or client an organizational chart and written policy that describes the organizational structure. A program will 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. A program that utilizes volunteers will 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. A program will 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 will include trauma assessment and management, cultural competency, rights of persons served, family centered services, prevention of workplace violence, confidentiality requirements, professional conduct, ethics, and special populations served specific to services being provided per Ch 2, Sec 7 (a) (b) (c) (d).	<input checked="" type="checkbox"/>
Disclosure: Drug-free Workplace	All programs with two (2) or more persons employed or under contract will implement and enforce policies and procedures establishing a drug-free workplace. These policies and procedures will require employees, including administrators, staff members, and volunteers, to undergo drug and/or alcohol testing whenever the program's governing	<input checked="" type="checkbox"/>



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	<p>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 will refer the person to a treatment program for assessment and treatment recommendations. Notwithstanding any provision of this paragraph, programs will 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 per Ch 2, Sec 7 (e).</p>	
<p>Disclosure: HIPAA Compliance</p>	<p>The program will 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 per Ch 2, Sec 7 (f).</p>	<p><input checked="" type="checkbox"/></p>
<p>Disclosure: If applicable: Executive Director Appointment</p>	<p>A program will 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</p>	<p><input checked="" type="checkbox"/></p>



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	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 per Ch 2, Sec 7 (g).	
Disclosure: Background Checks	The program will conduct 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. § 7-19-202, 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 per Ch 2, Sec 7 (h).	<input checked="" type="checkbox"/>
Disclosure: Personnel Records	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 per Ch 2 Sec 7 (i).	<input checked="" type="checkbox"/>
Disclosure: Program Evaluation/Quality Assurance	The program will have an evaluation plan, an internal practice to ensure that each clinical record is checked for accuracy and consistency; for completion of all forms, signatures, and updates as required by the Rules and Regulations. The evaluation plan, which measures the effectiveness of treatment and prevention services, will be submitted to the Division upon request per Ch 2, Sec 8.	<input checked="" type="checkbox"/>



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Disclosure: If applicable: Prevention Services Strategic Plan	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 per Ch 6, Sec 2 (e) (i).	<input checked="" type="checkbox"/>
Disclosure: Certification Denial	The program understands that the Division may deny an application to issue a renewal certification if an applicant fails to meet all of the requirements of the Rules and Regulations, and may refuse to renew the certification if the applicant no longer meets or has violated any provision of the Rules and Regulations per Ch 2, Sec 3 (l)(i).	<input checked="" type="checkbox"/>
Disclosure: Suspension or Revocation	The renewal applicant fully understands that The Division may at any time upon written notification to a certified program or provider, suspend or revoke the certificate of certification should the Division find the provider to be out of compliance with the Rules and Regulations per Ch 2, Sec 3 (l)(ii).	<input checked="" type="checkbox"/>
Disclosure: Understanding of the Rules & Regulations	I attest that I have read and understand the Rules and Regulations of the Behavioral Health Division Mental Health and Substance Abuse Standards which pertain to the levels of service(s) applying for herein, and have read and understand all information contained within each chapter and section that is applicable to this agency / provider. I understand that the Rules and Regulations establish standards for substance abuse treatment services; that a continuum of quality, research based, best practice substance abuse treatment services be made available to Wyoming citizens.	<input checked="" type="checkbox"/>
Disclosure: Compliance Responsibility	The renewal applicant agrees and accepts the full responsibility and liability to uphold compliance to the Rules and Regulations, all applicable legal, ethical, and regulatory codes and requirements.	<input checked="" type="checkbox"/>



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Disclosure: Liability	The renewal applicant agrees and accepts that the Certificate of Certification that is established from within this process by having receiving a certificate from the Division solely implies that the applicant or provider has demonstrated the ability to sustain the minimum compliance to the Rules and Regulations. The Division assumes no liability or responsibility arising from its own certification determination. The Certified Provider assumes all risk of any liability arising from its own conduct within this Certification.	<input checked="" type="checkbox"/>
Disclosure: Unresolved Complaints or Pending Violations	As the Executive Director, I attest that there is no unresolved complaint(s) and/or violation(s) pending against any of the applicants’ program(s), facilities, staff license(s) or service(s) at this time.	<input checked="" type="checkbox"/>
Disclosure: Director Signature	This checkbox for signature acknowledges the Executive Director Signature, with the agreement and understanding that the Certification shall be maintained in good faith and that the applicant fully endorses the sole obligation of an independent certified provider. Further, by signing this document the provider understands he/she is assuming the full legal responsibility to provide quality, evidence based, best practice substance abuse services to Wyoming citizens, in accordance to the Rules and Regulations for the Behavioral Health Division Mental Health and Substance Abuse Services.	<input checked="" type="checkbox"/>

Please ensure you reach the final screen of the application process in which an electronic signature is entered and submitted. The application is not fully complete without an electronic signature.

Step 6 is to confirm your application:

The ‘Electronic Signature’ is the key component in this step!

When you reach the end of the online application process, you should reach a screen to enter your electronic signature.



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It should look like:

Please electronically sign for final submission of your application to the Medical Services Division.

To view/print the entire application in a PDF format, click here: [icon]

To edit application, click here: [icon]

Electronic Signature (type your name here): Pat Bacon

Submit Signature and Exit

Please ensure you enter your electronic signature here.

Important: If you do not reach a place to enter your electronic signature, the **application is not complete** (even if it indicates it is). Should this occur, please contact the Division for assistance.

Please feel free to contact us if you have any questions or concerns:

Patricia Bacon, Certification Program Manager, Behavioral Health Division
patricia.bacon@wyo.gov or 307-777-5253.

Continued communication with you is important!

Please notify us at any time you have demographics changes and we will update your IMPROV profile. Please also add the email "noreply.wdh@wyo.gov" to your safe contacts list.