



“What to Expect” to see within the Information Management for Providers (IMPROV) Electronic System

Certification New Provider Applicant Required Documents and Disclosures

*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.*

New Applicant Document	Please upload documentation evidencing the authority for the provider to do business. Wyoming Standards require the program obtain a local business license from the city or county if required. If not required, please provide documentation.	
New Applicant Document	If applicable: Please upload copies of current Articles of Incorporation and By-Laws.	
New Applicant Document	If applying to provide Level 0.5 Early Intervention MIP/DUI Education, please upload documentation of training certification obtained from Prime For Life, Hazelden-Betty Ford Foundation, or The Change Companies (state-approved curricula).	
New Applicant Document	Please upload three (3) professional reference letters from parties with whom you have provided similar services in the last two (2) years. This is not applicable for providers currently funded by/contracted with the Division.	
New Applicant Document	Please upload current documentation demonstrating liability insurance coverage. Chapter 2 Section 2, (f) (iii): Each program shall have general liability insurance including, physical, civil and professional insurance.	
New Applicant Document	Please upload copies of professional licenses for all practitioners from the Mental Health Professionals Licensing Board.	
New Applicant Document	Please upload an electronic copy of the program's current (revision date indicated) policies and procedures manual, including program(s) description according to current Wyoming Rules and Regulations.	
Disclosure: Thirty Days' Notice Of Change	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	<input checked="" type="checkbox"/>

	<p>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. Substance Abuse Standards, Chapter 2, Section 2, (a)(i)</p>	
<p>Disclosure: Change of Ownership</p>	<p>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. Substance Abuse Standards, Chapter 2, Section 2, (a)(ii)</p>	<input checked="" type="checkbox"/>
<p>Disclosure: Non-Transferrable Certification</p>	<p>Program certification shall not be transferrable 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. Substance Abuse Standards, Chapter 2, Section 2, (a)(iv)</p>	<input checked="" type="checkbox"/>
<p>Disclosure: Notification of Death</p>	<p>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. Substance Abuse Standards, Chapter 2, Section 2, (a)(v)</p>	<input checked="" type="checkbox"/>
<p>Disclosure: Critical Incident Policy</p>	<p>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. Substance Abuse Standards, Chapter 2, Section 2, (a)(vi)</p>	<input checked="" type="checkbox"/>

Disclosure: Legal Compliance	The program shall ensure that all its programs(s), facilities, and services comply with all applicable federal, state, and local laws, regulations, codes and ordinances. Substance Abuse Standards, Chapter 2, Section 2, (f)(i)	<input checked="" type="checkbox"/>
Disclosure: Application Denial	The program understands that 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. Substance Abuse Standards, Chapter 2, Section 3, (l)(i)	<input checked="" type="checkbox"/>
Disclosure: Unresolved Complaints and Violations	As the Executive Director, I attest that there are no unresolved complaints and/or violations pending against any of the applicants programs, facilities, staff licenses, or services at this time. Substance Abuse Standards, Chapter 2, Section 3 (m)	<input checked="" type="checkbox"/>
Disclosure: Wyoming Standards	I attest that I have read and understand the 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 Substance Abuse Standards 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: Director Electronic 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.

Please contact the Behavioral Health Division Certification Program Manager if you have any questions, concerns, or need assistance:
Certification Program Manager, Behavioral Health Division phone: 1-800-535-4006 or email: wdh-certification@wyo.gov.