

## Affirmation of Rule Compliance Form

Please review each section carefully to ensure full compliance with the [Wyoming Mental Health and Substance Use Disorder Services Rules](#). In the column on the left, please initial each assurance and statement to indicate your agreement. If an assurance does not apply, please indicate with a N/A.

Initials	Assurances
	<p><b>Case Management and Referral for Case Management</b> ➤ Chapter 2, Section 11</p>
	<p><b>Client Case Records</b> Arrange a review of your clinical records, to be conducted by a qualified clinician, of your agency's clinical records, utilizing this form. <i>The Division recommends a random 5- 10% case sampling on a quarterly basis.</i> ➤ Chapter 2, Section 11</p>
	<p><b>Client Confidentiality</b> ➤ Chapter 2, Section 9 ➤ Chapter 2, Section 11</p>
	<p><b>Clinical Supervision &amp; Competencies for Substance Abuse Treatment</b> <b>Clinical Supervisors</b> ➤ Chapter 2, Section 10 ➤ <a href="#">Substance Abuse and Mental Health Services Administration (SAMHSA) TAP 21-A</a></p>
	<p><b>Complaints</b> ➤ Chapter 2, Section 11 ➤ <a href="#">Chapter 4: Complaints</a></p>
	<p><b>Consent to Treat</b> ➤ Chapter 2, Section 9 ➤ Chapter 2, Section 11 ➤ Chapter 2, Section 12</p>
	<p><b>Continuing Education</b> ➤ Chapter 2, Section 9</p>
	<p><b>Court Supervised Treatment</b> ➤ Chapter 2, Section 12 ➤ <a href="#">SAMHSA TIP 44</a> ➤ <a href="#">Court Supervised Treatment Program Rules</a></p>
	<p><b>Cultural Competency</b> ➤ <a href="#">SAMHSA TIP 59</a></p>

	<b>Driving Under the Influence (DUI) / Minor in Possession (MIP) Education Services</b> ➤ Chapter 2, Section 14
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Initials	Assurances
	<b>Fiscal Requirements (GAAP)</b> ➤ Chapter 2, Section 9
	<b>Medication Assisted Treatment (MAT) Services</b> ➤ Chapter 2, Section 11
	<b>Progress Notes</b> ➤ Chapter 2, Section 11
	<b>Screening and Assessments</b> <i>Please refer to the <a href="#">American Society of Addiction Medicine (ASAM) Criteria for Service Planning and Level of Care Placement</a>.</i> ➤ Chapter 2, Section 9 ➤ Chapter 2, Section 11 ➤ Chapter 2, Section 12 ➤ Chapter 2, Section 13 ➤ <a href="#">SAMHSA TIP 42</a> ➤ <a href="#">SAMHSA TIP 47</a>
	<b>Treatment Plans</b> ➤ Chapter 2, Section 11

I affirm 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 level of care service(s) applied for herein, and I have read and understand all information contained within each chapter and section that is applicable to this agency/provider. I understand that the Department's review may include an on-site inspection for the purposes of certification, re-certification, and investigations. 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.

Printed Name and Title

Authorized Signature