



Wyoming  
Department  
of Health

Behavioral Health Division

# Mental Health and Substance Abuse Certification Program Handbook

## **Behavioral Health Division**

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## Introduction

This handbook provides information on current operations of the Wyoming Department of Health, Behavioral Health Division, Mental Health and Substance Abuse Certification Program, including the processes and procedures used to conduct program activities.

The certification program is governed by Wyoming State Statute, the Wyoming Rules and Regulations for Substance Abuse Standards (2009 SA Rule), and Rules and Regulations of the Division of Behavioral Health Personnel & Program Quality (1992 BH Rule).

The program has been revised to incorporate changes reflected in the Mental Health and Substance Use Disorder Rules, which became effective September 18, 2024.

The term *substance use disorder* will be used throughout this handbook and is intended to have the same meaning as *substance abuse*. In accordance with the American Society of Addiction Medicine (ASAM) Criteria (2013, p 431), the term *substance use disorders* replaces earlier terminology that distinguished between substance dependence and substance abuse.

## **Intent of Certification Program Processes Handbook**

The Mental Health and Substance Abuse (MHSA) Certification Program Handbook will serve as a resource for providers interested in learning more about the Wyoming Department of Health, Behavioral Health Division (Division) Certification Program.

This handbook provides an overview of the who, what, where, when, and why of the Division's certification activities with providers, including the following:

- The statutory, regulatory, and policy guidance that governs certification
- Services the Division certifies
- Impaired Driving Education Services and State-approved curriculum training organizations
- Certification of Behavioral Health Center Programs and how this differs from certification of private (non-contracted) substance use disorder service providers
- Certification requirements for Substance Use Disorder Assessment-Only Service Providers
- National accreditation and its role in supporting State certification
- New provider certification
- Provider certification renewals
- The circumstances under which certification extensions may be granted, and the process for obtaining an extension
- Expiration or closure of certified programs
- Public listing of State-certified providers in the Behavioral Health Management System (BHMS)
- The process for complaints, investigations, Notices of Adverse Action, and administrative hearings
- Important State of Wyoming Contacts to have on hand
- BHMS guidance
- References cited in the handbook.

*The Certification Program Manager will update the Certification Program Handbook at established periodic intervals to maintain accurate, relevant, and useful program content.*

## Program Guiding Provisions

### Wyoming State Statutes

The following Wyoming State Statutes pertain to the Wyoming Department of Health and the MHSA Certification Program:

- W.S. §§ 7-13-1301 – 1304: Addicted Offender Accountability Act
- W.S. §§ 7-13-1601 – 1616: Court Supervised Treatment Programs Act
- W.S. § 9-2-102: Department of Health; Duties and Responsibilities; State Grants
- W.S. §§ 9-2-2701 – 2708: Substance Abuse Control Plan
- W.S. §§ 35-1-611 – 627: Community Human Services Act
- W.S. §§ 35-7-1001 – 1063: Controlled Substances Act

Current Wyoming Statutes can be found at:

<https://www.wyoleg.gov/StateStatutes/StatutesConstitution>

### Wyoming Rules and Regulations

The following Wyoming Rules and Regulations pertain to the Wyoming Department of Health, Mental Health and Substance Use Disorder Services.

- Mental Health and Substance Use Disorder Services (0077): Chapters 1-5, 7, and 8

Current Wyoming Rules and Regulations for Substance Abuse Standards can be found at:

<https://rules.wyo.gov/>

### Who is Required to be Certified by the State?

The Division currently certifies substance use disorder providers who wish to serve court-ordered or referred clients, as well as Behavioral Health Centers that are contracted and funded by the Division.

The following types of programs and/or providers **must be** certified by the Behavioral Health Division, per Wyoming Statute and Wyoming Rules and Regulations:

- Providers who wish to receive State of Wyoming funds for Behavioral Health Center programs;
- Providers who receive State of Wyoming funds from the Department of Corrections (DOC) for substance use disorder treatment programs;
- Private, non-Division-contracted, substance use disorder programs/providers who provide services for court-referred or court-ordered clients;
- Private, non-Division-contracted, substance use disorder assessment-only service providers who receive court-referred or ordered clients;
- All Impaired Driving Education Services providers who receive court-referred or ordered clients.

### Who is Not Required to be Certified by the State?

Certification is not required for mental health programs unless the provider is contracted with the Division and receives State of Wyoming funding as a Behavioral Health Center. The Division does not currently issue certification for non-contracted mental health providers.

Per W.S. § 9-2-2701(c):

*“Beginning July 1, 2004, no state funds provided for substance abuse treatment shall be allocated to programs, providers, or facilities which are not certified by the Department of Health. Beginning July 1, 2004, courts shall not refer individuals for substance abuse or related treatment to programs, providers or facilities which are not certified to provide those services for which the individual is referred.”*

Per Substance Abuse Rule, Chapter 2, Section 2(a):

*“Pursuant to W.S. § 9-2-2701(c), the Department may not allocate to a provider state funds for substance use disorder treatment unless the provider is certified by the Department under these rules.”*

## What Services and Programs Does the Division Certify?

The following information outlines the Behavioral Health Center programs and the American Society of Addiction Medicine (ASAM) levels of care services for which the Behavioral Health Division (Division) provides certification. These program and service selections are available within the online application in the Behavioral Health Management System (BHMS).

### **Behavioral Health Center/Division Contracted Providers Only:**

- Behavioral Health Center – Community Housing
- Behavioral Health Center – Outpatient Treatment

*Notice: Behavioral Health Center/Division Contracted Providers will also need to be certified for applicable Substance Use Disorder Services, as well.*

### **Substance Use Disorder Services:**

#### Child & Adolescent – ASAM Criteria 3<sup>rd</sup> Edition

- ASAM Assessment Services for Substance Use Disorder
- ASAM Level 0.5 Early Intervention DUI/MIP Education
- ASAM Level 1.0 Outpatient Services
- ASAM Level 2.1 Intensive Outpatient Services
- ASAM Level 2.5 Partial Hospitalization Services
- ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services
- ASAM Level 3.5 Clinically Managed High-Intensity Residential Services
- ASAM Level 3.7 Medically Monitored Intensive Inpatient Services
- ASAM Level 4.0 Medically Managed Intensive Inpatient Services

#### Adult – ASAM Criteria 4<sup>th</sup> Edition

- ASAM Assessment Services for Substance Use Disorder
- ASAM Early Intervention and Secondary Prevention
- ASAM Level 1.0 Long Term Remission Monitoring
- ASAM Level 1.5 Outpatient Therapy
- ASAM Level 1.7 Medically Managed Outpatient
- ASAM Level 2.1 Intensive Outpatient Treatment

- ASAM Level 2.5 High-Intensity Outpatient Treatment
- ASAM Level 2.7 Medically Managed Intensive Outpatient Treatment
- ASAM Level 3.1 Clinically Managed Low-Intensity Residential Treatment
- ASAM Level 3.5 Clinically Managed High-Intensity Residential Treatment
- ASAM Level 3.7 Medically Managed Residential Treatment
- ASAM Level 4.0 Medically Managed Inpatient Treatment

*Notice: As of July 1, 2026, all programs and providers who are certified by the Division will need have the ASAM Criteria 4<sup>th</sup> Edition implemented for adult level of care services.*

*Timelines for implementing the Adolescent and Transition Aged Youth and the Criminal Justice volumes of the ASAM Criteria 4<sup>th</sup> Edition will be established once the standards are published.*

## Service Specific Information

### Impaired Driving Education Services

If a program wishes to provide Impaired Driving Education Services to its clients, the provider must submit:

1. copies of all staff certificates verifying successful completion of required curriculum training; and
2. a copy of the program's policies and procedures that specifically identify the evidence-based, State-approved Impaired Driving Education Services curriculum being used.

Programs providing Impaired Driving Education Services must meet all applicable standards<sup>1</sup>.

Examples of evidence-based, State-approved curriculum for Impaired Driving Education may include:

- Prevention Research Institute
  - “Prime For Life”,
  - Free training offered annually
  - Contact information available through [www.primeforlife.org](http://www.primeforlife.org).
- The Change Companies
  - “Interactive Journaling Facilitation”
  - Online training currently available at any time for a nominal fee
  - Contact information available through <https://www.changecompanies.net>.

Copies of the successful staff curriculum training certificates will be used to support State certification for providing Impaired Driving Education Services to clients. Providers are advised to retain all electronic copies of staff training certificates earned, to upload in future online renewal applications, too.

A provider can add Impaired Driving Education Services during the new application process, renewal application for certification, or any time in between.

Impaired Driving Education Services can be found in the BHMS services as:

- ASAM Level 0.5 Early Intervention DUI/MIP Education (adolescent)
- Early Intervention and Secondary Prevention Education (adult)

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<sup>1</sup> Substance Abuse Rule: Chapter 2, Section 14

## Substance Use Disorder and Assessment-only Services

If a provider wishes to accept court-ordered or referred clients and provide substance use disorder services, including assessment-only services, the provider is encouraged to apply through BHMS to become State-certified.

Clinical assessments must be based on the criteria set out in Chapter 2, Section 11(vi).

Examples of clinical assessment instruments may include, but are not limited to:

- Addiction Severity Index (ASI)
- Behavioral Health Index-Multimedia Version (BHI-MV)
- Texas Christian University Criminal Justice Comprehensive Intake (TCU CJ CI)

## **Basic Guidance on the Practice of MHSA Certification**

Providers seeking certification must submit an online application to the Division, as posted on the Division's website at: <https://health.wyo.gov/behavioralhealth/mhsa/certification>.

Certification activities are conducted through an online provider portal within the Behavioral Health Management System (BHMS). In conjunction with the online application processes, technical assistance is provided on an as-needed basis, primarily via email and phone, by the Certification Program Manager to individual programs and providers.

Material guidance for providers is available at all times on the Division's [website](#).

The Certification Program Manager works closely with the Division's Data Unit on system enhancements, maintenance, and day-to-day processes surrounding BHMS and MHSA certification.

As a team member of the MHSA Section of the Division, collaborative work with MHSA and Community Treatment Services (CTS) Unit personnel is essential to staying current on current practices related to the work of the contracted Division entities and to ensuring provider requests are kept as minimally intrusive as possible. State certification is required under Division funding contracts and for CTS Unit treatment providers.

The Wyoming Department of Corrections (DOC), Department of Healthcare Financing (Medicaid), and Department of Transportation (DOT) – Driver's Services - have processes within their programs that hinge on Wyoming Department of Health Rules and Regulations for Substance Abuse Standards.

### Standard Provider Certification Information

The Division has thirty (30) calendar days to review completed, submitted applications to BHMS. Incomplete or non-submitted applications remaining in BHMS over ninety (90) calendar days from the application initiation date will be denied and closed.

Providers are invited to review the Behavioral Health Division's Certification webpage to find:

- Current application guidance checklists for certification
- Required document information
- Wyoming Rules and Regulations: Chapters 1-5, 7, and 8.

The website is: <https://health.wyo.gov/behavioralhealth/mhsa/certification/>

## Nationally Accredited Providers

Within the online application, providers shall select "**Accredited**" *only if* their program is nationally accredited. National accreditation occurs if the provider has obtained formal accreditation through a national accrediting organization, such as:

- The Commission on Accreditation of Rehabilitation Facilities (CARF)
- The Joint Commission (TJC)
- A Department of Corrections-approved national accrediting organization such as the:
  - National Commission on Correctional Health Care (NCCHC)
  - American Correctional Association (ACA) Commission on Accreditation for Corrections (CAC) (ACA/CAC).

## Standard Review of Applications, Communication, and Information

Provider applications appear in BHMS for the Division's review once they are submitted by the provider.

Provider applications are reviewed for completeness by the Certification Program Manager, with assistance from Mental Health and Substance Abuse Section Staff as needed.

The Division utilizes the same checklists and forms posted on the website to evaluate the completeness of the application and meeting requirements.

A provider may be requested to submit additional supporting documentation or answer clarifying questions during the review process.

Applications are not automatically denied for incompleteness, as the Division attempts to provide technical assistance beyond the provider's initial application submission when needed.

Applications are not deemed fully complete until **all required documentation** has been submitted.

Division-required information is checked and documented within the BHMS system.

## Applying for State Certification

Per Substance Abuse Rule, Chapter 2, Section 4(a):

*“Upon receipt of a complete application, the Department shall review the application for compliance with these Rules.*

*(i) The Department’s review may include an on-site inspection and independent verification of national accreditation with the accrediting body, if applicable.*

*(ii) The Department shall approve or deny a completed application within thirty (30) calendar days after receiving the application.”*

To begin the review process, submitted applications must be fully completed and include all necessary and required documentation. An incomplete or non-submitted application remaining in BHMS over ninety (90) calendar days will be denied and closed.

The Division recommends providers plan ahead, study the information available on the website, and prepare all required documentation prior to submitting their application. Providers are encouraged to apply early in the ninety (90) calendar-day process to allow for application review timeframes and collaboration with the Division, as necessary. The Division reviews applications and documentation in a timely manner.

New provider certification applications, if approved, receive a provisional certification for six (6) months. Thereafter, upon successful submission of a completed renewal application, with required documentation, provider programs are reviewed and can be approved for up to a three (3) year re-certification<sup>2</sup> period.

The Division may grant a one (1) year, rather than a two (2) or three (3) year renewal, under certain circumstances. Criteria for reviewing a renewal application and granting a one (1) year period of renewal includes at least one (1) of the following:

- Program or provider utilizes national accreditation as supportive documentation for state certification, and was granted a one (1) year national accreditation rather than the typical three (3) year national accreditation, as a result of a national accreditation on-site survey;
- Program or provider's national accreditation expires within the next calendar year from the date of State certification renewal;
- Program or provider is currently, or was at any time during their previous certification period, under a Division corrective action plan;
- Program or provider is currently under an ongoing corrective or legal action, either with the Division or with another State of Wyoming agency, with an undetermined outcome.

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<sup>2</sup> Substance Abuse Rule, Chapter 2, Section 4(b)

## New Provider - Certification Application Guidance

On the main certification webpage, new providers interested in becoming certified through the Division are instructed to select "New Provider - State Certification Application," then click the (+) sign in the drop-down box.

### PROVIDER CERTIFICATION

New Provider - State Certification Application +

### PROVIDER CERTIFICATION

New Provider - State Certification Application -

**New Providers**

If you are not currently state certified with the Behavioral Health Division and looking to provide substance use disorder assessments for court-ordered or referred clients, and/or receive State of Wyoming funds for providing substance use disorder treatment services, and/or provide substance use disorder treatment services as a Community Mental Health Center, you must complete a certification application and provide supporting documentation to satisfy requirements for review.

To submit a new application and become a state certified provider in Wyoming, please visit:  
**[New Provider Certification](#)**

Access the Behavioral Health Management System (BHMS) Portal to submit your application here: <https://bhms.health.wyo.gov/>

From the drop-down, selecting the bolded “**New Provider Certification**” will take you to an informational page for new providers looking to get certified through the Division.

This page includes topics such as:

- Who should apply to become certified?
- New Application Guidance
- What steps to take before applying
- New Provider Certification Guidance

## New Provider Certification Guidance

The following documents will assist you in preparing your application for state certification.

- [New Provider – Certification Application Checklist](#)
- [Provider Policy and Procedure Manual Guidance](#)

### Wyoming Rules & Regulations

- [Rules & Regulations: Chapters 1-5, 7-8](#)

- Impaired Driving Education Services

## Impaired Driving Education Services

If you are a provider that is looking to offer Impaired Driving Education Services to your clients, please follow the guidance listed below.

### Impaired Driving Education Services

- [Impaired Driving Education Services – Guidance](#)

### Wyoming Rules & Regulations

- [Rules & Regulations: Chapters 1-5, 7-8](#)

The New Provider Certification page can be accessed by going to:

<https://health.wyo.gov/behavioralhealth/mhsa/certification/new-provider-certification/>

Applications are completed online through the Behavioral Health Management System, accessed through the certification website or directly at:

<https://bhms.health.wyo.gov/>

### Awarding New Provider Certification

New provider certification applications, if approved, are issued a provisional six (6) month certification.

The Division emails providers their State Certification documents (i.e., letter and certificate) in electronic format **only**.

Providers shall print the documents for display in their establishment. The same certification documents can be used for all locations as long as they are included in the application.

Once a program and/or provider is approved for certification, they will be active within the BHMS system as well as the public listing of State-certified providers, which can be found at:

<https://bhms.health.wyo.gov/provider-public-search>

## Current Provider - Certification Renewal Application Guidance

From the main certification webpage, current providers, who are renewing their certification with the Division, are instructed to select "**Current Providers - Renewal Application**" then click the (+) sign on the box for drop-down options.

### PROVIDER CERTIFICATION

New Provider - State Certification Application +

Current Providers - Renewal Application -

**Current State Certified Providers**

If you are a current state certified provider and need to complete a renewal application or make a change, please visit:  
[\*\*Renewal Provider Certification\*\*](#)

Access the Behavioral Health Management System (BHMS) Portal to submit your application here: <https://bhms.health.wyo.gov/>

From the drop-down, selecting the bolded “Renewal Provider Certification” will take current providers to an informational page with the most up-to-date renewal application instructions, guidance, checklists, and required forms.

This page includes topics and drop downs that include:

- Renewal Application Guidance
- What steps to take before starting a renewal application

Nationally Accredited Provider - Renewal Guidance +

Private Provider - Renewal Guidance +

Impaired Driving Education Services +

- Nationally Accredited Provider- Renewal Guidance

## Nationally Accredited Provider - Renewal Guidance

**National Accreditation**

- [CARF Accredited – Renewal Checklist](#)
- [Joint Commission Accredited- Renewal Checklist](#)

**Department of Corrections Accreditation**

- [NCCHC – Renewal Checklist](#)
- [ACA- Renewal Checklist](#)

**Wyoming Rules & Regulations**

- [Rules & Regulations: Chapters 1-5, 7-8](#)

- Private Provider – Renewal Guidance

## Private Provider - Renewal Guidance

**Required Documents for Renewal**

- [Private Provider – Renewal Application Checklist](#)
- [Provider Policy and Procedure Manual Guidance](#)

**Required Forms for Renewal**

- [Affirmation of Rule Compliance Form](#)
- [Human Resources Management Form](#)

**Wyoming Rules & Regulations**

- [Rules & Regulations: Chapters 1-6, 7-8](#)

**Notice:**

Effective September 1, 2021, all private, non-nationally accredited providers will need to refer to the current forms required for renewal as prior forms will no longer be accepted for recertification.

- Impaired Driving Education Services

## Impaired Driving Education Services -

If you are a provider that is looking to offer Impaired Driving Education Services to your clients, please follow the guidance listed below.

**Impaired Driving Education Services**

- [Impaired Driving Education Services – Guidance](#)

**Wyoming Rules & Regulations**

- [Rules & Regulations: Chapters 1-5, 7-8](#)

Provider Renewal Notification and Guidance from the Division is sent via email to the provider’s Executive Director, Owner, or Primary Certification Contact (e.g., Business Manager) approximately three (3) months prior to the certification expiration date.

- Providers are asked to ensure program contact information (i.e. email address, phone) is kept current with the Division, to ensure timely and accurate notification.

Providers are encouraged to prepare in advance for the online renewal process.

The Provider Certification – Renewal Application page can be accessed by going to:  
<https://health.wyo.gov/behavioralhealth/mhsa/certification/renewal-certification/>

Renewal applications are completed online through the Behavioral Health Management System, accessed through the certification website or directly at:  
<https://bhms.health.wyo.gov/>

## Guidance on Renewal Provider Accreditation

Providers renewing their certification with the Division must be *either*:

**Nationally Accredited** through a National Accrediting Organization, such as:

- The Commission on Accreditation of Rehabilitation Facilities (CARF)
- The Joint Commission (TJC)
- A Department of Corrections-approved national accrediting organization such as the:
  - National Commission on Correctional Health Care (NCCHC)
  - American Correctional Association (ACA) Commission on Accreditation for Corrections (CAC) (ACA/CAC).

### **OR**

Complete a full renewal application with the required documentation. Included as part of the required documentation are two (2) forms:

1. Human Resources Management Affirmation Form
2. Affirmation of Rule Compliance Form

These forms may be completed by hand and then scanned and uploaded into the online application.

These forms may be found under the “**Private Provider- Renewal Guidance**” drop-down box under “**Required Forms for Renewal**” on the Renewal Certification webpage at:

<https://health.wyo.gov/behavioralhealth/mhsa/certification/renewal-certification/>

## Accreditation Guidance for Certification Renewal Applications

- Services applied for that national accreditation has not been awarded for will require submission of additional Division-required documentation.
- Providers must ensure their program applies for national accreditation for all behavioral health programs and levels of service provided and populations served that they plan to apply toward State certification.
- Division-contracted Behavioral Health Centers need to ensure their program applies, at a minimum, to be surveyed for all behavioral health programs and level of care services and populations served that are funded through the State contract, in their next national accreditation survey.
- Accreditation survey dates and subsequent reporting timeframes may require collaborative efforts.
  - If coordination is required, the provider will need to notify the Division as soon as possible, prior to certification expiration.
  - *Documentation to support extension of expiration dates will be required.*
- Provider programs that hold and maintain national accreditation (e.g. CARF, TJC, NCCHC, or ACA/CAC) to support their re-certification must also provide:
  - Survey reports showing levels of Behavioral Health Services accredited for
  - Annual reports
  - Relevant national accreditation certificates or letters.

These documents may be submitted to the Certification Program Manager directly via email between online renewals or uploaded into the electronic renewal application in BHMS.

- If there are any questions or concerns regarding your national accreditation, please contact your national accreditation representative.

## Awarding of Renewal Provider Certification, Communication, and Information

Current provider certification renewal applications, if approved, are renewed for no less than six (6) months and up to a three (3) year period.

Renewal applications that are approved and granted for less than a three (3) year period may fall under the following:

- Program or provider that utilizes national accreditation as supportive documentation for State certification was only granted a one (1) year national accreditation rather than a typical three (3) year national accreditation award.
- Program or provider has a national accreditation award that expires within the calendar year from the date of State certification renewal.
- Program or provider is currently, or was at any time during their previous certification period, under a Division corrective plan.

The Division emails providers their State Certification documents (i.e. letter and certificate) in electronic format **only**.

Providers are invited to print the documents for display in their location(s). The same certification documentation can be used for all locations as long as they are included in the application.

A program and/or provider that is approved for renewal, will remain active within the BHMS system as well as the public listing of State-certified providers, which can be found at:

<https://bhms.health.wyo.gov/provider-public-search>

## Extension of Certification

Occasionally, programs or providers may request an extension for renewal certification applications.

Examples that may justify a certification extension include:

- Provider encountered technical difficulties due to the online application system for renewals, BHMS
- Provider coordination with a national accreditation organization (e.g., CARF, TJC, NCCCHC, or ACA/CAC), surrounding the on-site survey, and subsequent reporting time frames
- A situation in which the timely submission of a renewal application has been interrupted due to other unforeseen circumstances (subject to Division approval).

Extending a certification promotes a potential ease of completion by the provider for a successful and timely submission of a renewal application.

### How to Request a Certification Extension

To request an extension for certification:

- A provider must submit a written request to the Certification Program Manager by email at: [wdh-certification@wyo.gov](mailto:wdh-certification@wyo.gov).
- The request must indicate the reason for the extension request and the extension date being requested.
- Requests for Extension of Certification are subject to Division review and are approved on a case-by-case basis.

### Certification Extensions for Nationally Accredited Providers

Initiating an extension for a provider is a collaborative practice that coordinates with a provider's upcoming national accreditation expiration date, anticipated survey dates, and subsequent reporting time frames.

If a nationally accredited provider wishes to request a certification extension due to delays with their accrediting body, they must:

- Email a copy of the extension for the survey from the national accrediting body to the Certification Program Manager at: [wdh-certification@wyo.gov](mailto:wdh-certification@wyo.gov).
- The letter must be from the accrediting body and indicate an estimated date for the change in survey date.

Nationally accredited provider extension requests may allow six (6) to eight (8) weeks post-national accreditation survey. This will allow the provider to receive the survey report and award letter back from the national accreditation organization.

Upon receiving both documents from the national accreditation body, they should be sent to the Certification Program Manager at: [wdh-certification@wyo.gov](mailto:wdh-certification@wyo.gov).

## **Closure of Certification**

If a provider will be closing their business or plans to discontinue serving court-ordered or referred clients with substance use disorder services, they should immediately contact the Division.

Upon notification to the Division, documentation and case notes are added to the provider's certification portal page.

Upon expiration of the provider's State certification, the Certification Program Manager deactivates the provider within BHMS. Deactivation in BHMS will remove the provider from the active provider search website and close their certification application.

Deactivating a provider for non-submission of the required online renewal application prior to the expiration date is similarly performed.

If a provider's certification expiration date occurs, and the provider has not submitted the requirements of a complete renewal application, the provider's name automatically falls off the active provider listing website, and the Program Manager appropriately deactivates the provider within BHMS. If a provider missed the timeline for submission of the renewal application and has been deactivated, the provider will be required to go through the initial certification process again.

## Public Listing of Certified Providers

The Division provides the public access to an online search tool which lists all actively certified Substance Use Disorder Service providers and contracted Behavioral Health Centers in Wyoming.

The website to find current certified providers in Wyoming is:

<https://bhms.health.wyo.gov/provider-public-search>

For best results, persons utilizing the online search tool will find drop-down selections to narrow their search by:

- Provider Name
- Services Offered
- Location (address, city, or county)
- Search Radius

The public listing website reflects real-time status for *current* certified providers from BHMS data.

## Complaints/Investigations/Administrative Hearings

Occasionally, individuals contact the Division to express concerns about a certified provider or program.

The Department of Health, Mental Health and Substance Use Disorder Services Rules and Regulations, found in Chapter 4, provide guidance on how an individual can submit a complaint to the Division and the process after it is received.

The complaint process requires that an entity or individual provide:

1. A formal, written complaint must be filed with the Department.
2. The complaint must be filed within one (1) year of the alleged violation.
3. The complaint must include:
  - a. The name, address, and telephone number of the complaining party;
  - b. The party, individual, or agency the complaint is against; and
  - c. A clear and complete statement of the alleged violation of the law, order, rule, or standard, together with the facts to give the Department a clear and full understanding of the nature of the alleged violation.
  - d. The individual must have submitted the concerns/complaint to the provider prior to contacting the Division and have found the resolution not acceptable. The individual may be asked to supply documentation from this attempt.

Division personnel may also provide additional referral resources for the individual to contact, as appropriate for the situation, including, but not limited to:

- Wyoming Guardianship Corporation – Substance Abuse and Mental Health Ombudsman Program
- Wyoming Office of Healthcare Financing (Medicaid)
- Wyoming Mental Health Professions Licensing Board
- Wyoming Department of Family Services.

Situations presented formally to the Division may potentially undergo:

- a prescribed Division investigation
- a possible corrective action
- a notice of adverse action and communications with a provider
- a possible Administration Hearing.

These types of situations are not typical nor routine for the MHSA Certification Program; however, they can occur. Situations such as these require collaborative efforts among Division staff and possible Attorney General (AG) Office involvement; thus, Division leadership and supervisor consultation are highly recommended for the Certification Program Manager.

## Wyoming Contact Information

### Behavioral Health Division

To contact the Division with any questions regarding the State certification process:

- Phone: (800) 535-4006; Option 2
- Email: [wdh-certification@wyo.gov](mailto:wdh-certification@wyo.gov)
- Website: <https://health.wyo.gov/behavioralhealth/mhsa/>

### Wyoming Mental Health Professional Licensing

For **professional licensing** questions, providers will need to contact:

- The State Licensing Board applicable to their profession.
- The Wyoming Mental Health Professional Licensing Board
  - Phone: (307) 777-3628
  - Email: [wyomhplb@wyo.gov](mailto:wyomhplb@wyo.gov)
  - Website: <http://mentalhealth.wyo.gov>

### Business Licensing

For **business licensing or permitting** questions, providers will need to contact:

- The Wyoming Business Council's Business Permit Program Manager:
  - Phone: (307) 777-2800
  - Website: <https://wyomingbusiness.org/business/start/startup-resources/#licensing>

### Facility Licensing

For **facility licensing requirements**, providers will need to contact:

- Healthcare Licensing and Surveys
  - Phone: (307) 777-7123
  - Website: <https://health.wyo.gov/aging/hls/>

### Medicaid

For questions about **Medicaid**, providers will need to contact:

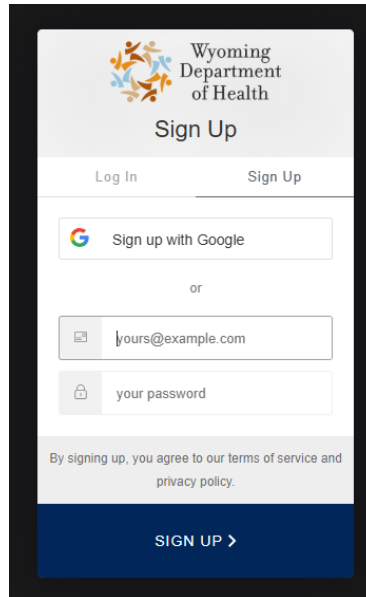
- Healthcare Financing Division
  - Phone: (855) 294-2127
  - Website: <https://health.wyo.gov/healthcarefin/>

## Behavioral Health Management System (BHMS) Guidance

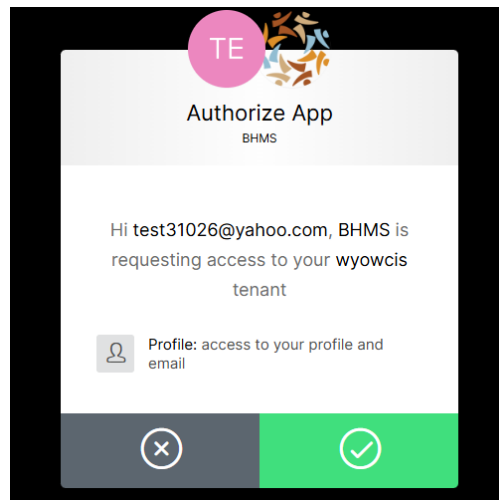
### [How to Create a New Provider Account in BHMS](#)

Behavioral Health Management System (BHMS) users will need to request access through the website: <https://bhms.health.wyo.gov>

Select the “Sign Up” option, enter your provider/business email and create a unique password. Then submit by selection “Sign Up >” at the bottom of the screen.



The next screen will ask you to “Authorize App in BHMS” where you will select the green checkmark to move to the next page.



Since this is your first time logging in and creating an account for access, you will be asked to input your First Name, Last Name, Phone, and any Notes for the Certification Program Manager.

- It is important that you enter the correct contact information as this information will be used for the Division to communicate with you.
- Notes may indicate your business name, location, and any other pertinent information the Division should know to approve your access.
- If more information is needed, Division staff will contact you.

It looks like it's your first time logging in, use the form below to request access to Behavioral Health Management System

First Name Last Name

0 / 50 0 / 50

Email Phone

test31026@yahoo.com 0 / 12

Notes

Select “Save” to request access to BHMS.

Division staff will be notified and the information you provided will be reviewed.

You will receive an email from BHMS once you have been approved access as a provider.

Further instructions on requesting access to BHMS can be found here:

[BHMS User Login Instructions](#)

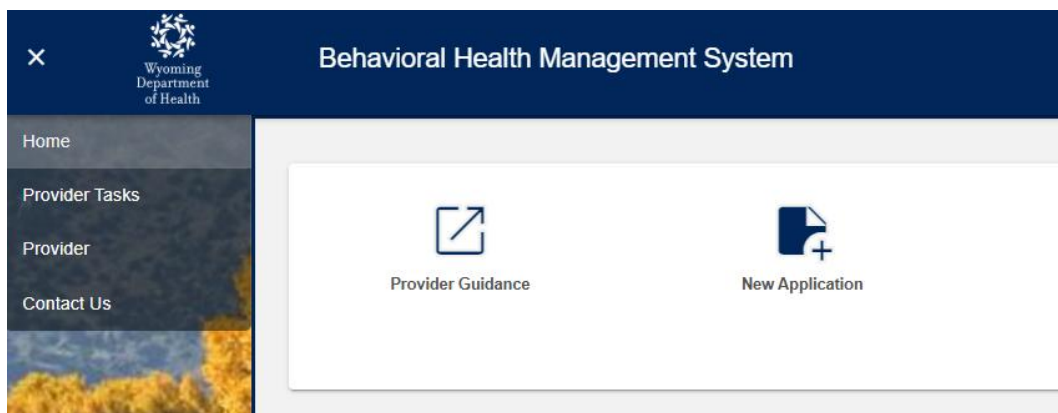
## Creating and Submitting a New Certification Application in BHMS

After you receive BHMS Access approval, you will be able to log into BHMS to access the provider portal and complete a new certification application.

When you login for the first time you will have access to four (4) tabs to the left of the screen. These tabs are:

- Home
  - Access to Provider Guidance through the State of Wyoming, Department of Health, Behavioral Health Division website
  - Access to complete a New Application
- Provider Tasks
  - Indicates the status of your certification application including when the Certification Program Manager requests more information
- Provider
  - This is your Provider Portal Page where you can see your Demographics, Uploaded Documents, Email Correspondence from BHMS, Letters/Certificates you have received from the Division, Services, Certification Contacts, and Certification Applications/Updates you have submitted along with their status
- Contact Us
  - Help Desk contact information if issues arise in BHMS.
  - Do not send certification or application questions here.

From the “Home” tab, you can access both Provider Guidance and start a New Application for Certification.



Selecting New Application initiates the start the Certification Application.

The application begins on the Demographics screen.

On this page you will enter:

- Legal Business Name
- Main Contact Name of the business
- Website (if available)
- IRS-EIN Taxpayer ID Number.

DEMOGRAPHICS SERVICES DOCS/DISCLOSURES CONFIRMATION

Basic Demographics

Legal Business Name Contact Name

Website IRS-EIN Taxpayer ID Number

Nationally Accredited Provider

Community Mental Health Center

Substance Use Disorder Services Provider

Next, indicate if you are a Nationally Accredited Provider. If you toggle yes, you will be asked to provide your Accreditation Type and Accreditation Expiration Date.

*If you are not a Nationally Accredited Provider, do not move the toggle.*

Nationally Accredited Provider

Community Mental Health Center

Substance Use Disorder Services Provider

Accreditation Type

- CARF
- The Joint Commission
- NCHC for DOC
- ACA/CAC for DOC
- Non-accredited

Accreditation Expiration Date  
mm/dd/yyyy

Follow the same process for the Community Mental Health Center and Substance Use Disorder Services Provider toggles.

If you indicate you are a Substance Use Disorder Service Provider, a secondary toggle will appear and ask if you are a DUI/MIP Education Provider.

If you are a provider who has completed an Impaired Driving Education Curriculum and wish to offer this service to clients, toggle the selection on and select from the drop-down the DUI/MIP Curriculum that you and/or your staff are certified in.

*Keep in mind, you will need to upload copies of the Impaired Driving Education curriculum certification on a later screen.*

The screenshot shows a form with two toggle switches: "Substance Use Disorder Services Provider" (which is turned on) and "DUI/MIP Education Provider" (which is turned off). Below these is a dark blue bar labeled "PROVIDER TYPE". To the right, a dropdown menu titled "DUI/MIP Curriculum" is open, showing three options: "Prime For Life (Prevention Research Institute)", "Interactive Journaling (The Change Company)", and "Other".

When you have completed the selections in this section, move on to the Provider Type section.

Selections include:

- Private Substance Use Disorder (SUD) Services Provider (includes all non-Division-contracted, non-CST, and non-DOC providers)
- Court Supervised Treatment Program External (CST-contracted) SUD Provider
- Court Supervised Treatment Program Internal (in-house drug court) SUD Provider
- Division-contracted Community Mental Health and/or Substance Use Disorder Center (State-funded provider use only)
- Dept of Corrections (DOC-contracted) SUD Provider

*You may select more than one (1) provider type if it pertains to your business, but you must select at least one (1).*

The screenshot shows a form with a dark blue header labeled "PROVIDER TYPE". Below the header are five checkboxes, each followed by a description of a provider type:

- Private Substance Use Disorder (SUD) Services Provider (includes all non-Division-contracted, non-CST, and non-DOC providers)
- Court Supervised Treatment Program External (CST-contracted) SUD Provider
- Court Supervised Treatment Program Internal (in-house drug court) SUD Provider
- Division-contracted Community Mental Health and/or Substance Use Disorder Center (State-funded provider use only)
- Dept of Corrections (DOC-contracted) SUD Provider

After selecting your Provider Type, move on to the Address section.

To add your information business/provider information, select “ADD ADDRESS +”

The screenshot shows the top of the 'Address' section. It has a dark blue header with the word 'Address' in white. Below the header is a table with the following columns: Address Type, Address, City, State, Zip, Main, Non Public, and Actions. The table contains one row with the text 'No existing addresses' centered across all columns. Below the table is a dark blue button with the text 'ADD ADDRESS +' in white.

In order to move forward with the certification application, you must enter at least one (1) physical address and one (1) mailing address. If your physical and mailing address are the same, you will be able to select an option in the drop-down which includes both.

In this section, you must provide the following information:

- Address DBA (if applicable)
- Address Type (Physical, Mailing, or Both Physical and Mailing Address)
- Street Number and Name
- City
- State
- Zip Code
- Indicate if the address you entered is a non-public address and should not be displayed in public searches or if it is the main address of the type selected.

The screenshot shows the 'ADD ADDRESS' form. At the top is a dark blue header with the text 'ADD ADDRESS' in white. Below the header is a note: 'P.O. Boxes are not included in the autocomplete feature, please type in a P.O. Box mailing address manually.' The form contains the following fields:

- 'Address DBA' with a sub-label 'if applicable' and an empty text input field.
- 'Address Type' with a dropdown menu set to 'Both Physical and Mailing Address' and a text input field containing '123 Test Lane'.
- 'City' with a dropdown menu set to 'CHEYENNE'.
- 'State' with a dropdown menu set to 'Wyoming' and 'Zip' with a text input field containing '82001'.

At the bottom of the form are two checkboxes:

- An unchecked checkbox with the text 'This is a non-public address and should not be displayed in public searches'.
- A checked checkbox with the text 'This is the Main address of this Type'.

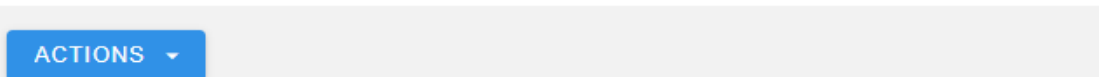
At the very bottom of the form are two buttons: 'CANCEL' and 'SUBMIT'.

If you selected Main address, this address information you provided will appear on the public search website if the certification application is approved.

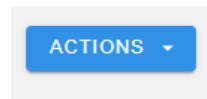
Select “Submit” to enter the information and return to the demographics screen.

When you return to the demographics screen, a pop up in the address section will appear that states:

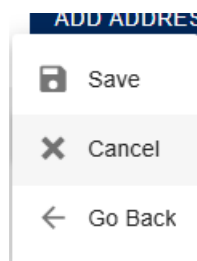
*! An address has been edited or added. Please Save to edit phones, emails, and staff.*



Select the “ACTIONS” button which will populate a drop-down.



Then, select “Save.”



After saving the address information, new sections will generate on the demographics screen, requiring additional information to be provided, including:

- Phone Number
- Email Address
- Primary Certification Contact(s)

*Please make note that you must enter:*

- *At least one (1) Main Phone Number*
- *At least one (1) Main Email Address*

If you listed more than one (1) address, indicate and verify that the correct phone number and email address correlate with the address location selection.

If your Certification Application is approved, the ‘main’ information you provide will be listed on the public search website and made available for the public to contact you.

Address Type	Address	City	State	Zip	Main	Non Public	Actions
Both Physical and Mailing Address	123 Test Lane	CHEYENNE	WY	82001	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<a href="#">EDIT</a> <a href="#">REMOVE</a>

**ADD ADDRESS +**

Phone				
Add All Applicable (Minimum 1 Main Phone Number Required)				
Phone Type	Phone	Description	Address	Actions
No existing phone numbers				

**ADD PHONE +**

Email				
Add All Applicable (Minimum 1 Main Email Required)				
Email Type	Email	Description	Address	Actions
No existing email addresses				

**ADD EMAIL +**

Primary Certification Contacts							
Staff Type	Last Name	First Name	Phone	Email	Mailing Address	Physical Address	Actions
No existing addresses							

**ADD STAFF +**

**ACTIONS ▾**

Next, enter your Primary Certification Contact(s) and identifying information, which includes:

- First Name
- Last Name
- Phone Number
- Email Address
- Mailing Address
- Physical Address
- Staff Type, which includes selections for:
  - Case Manager
  - Executive Director
  - Clinical/Coordinator/Manager
  - Business/Fiscal/Quality Assurance Manager
  - Private Business Owner
  - Executive/Administrative Assistant

**ADD PRIMARY CERTIFICATION CONTACTS**

Last Name ForMarch	First Name Test
Phone 307-321-9876	Email test310@yahoo.com
Mailing Address 123 Test Lane CHEYENNE WY 82001	Physical Address 123 Test Lane CHEYENNE WY 82001
<b>Staff Type</b> <ul style="list-style-type: none"> <li>Case Manager</li> <li>Executive Director</li> <li>Clinical Director/Coordinator/Manager</li> <li>Business/Fiscal/Quality Assurance Manager</li> <li>Private Business Owner</li> <li>Executive/Administrative Assistant</li> </ul>	

After entering all Primary Certification Contact(s) and their identifying information, select “CONFIRM” to go back to the demographics screen.

At the bottom left of the page, select “ACTIONS” and “Save.”

Next, select “SERVICES” in the top row tabs to move to the next screen.

**Services**

Address	Service	Actions
No existing services		

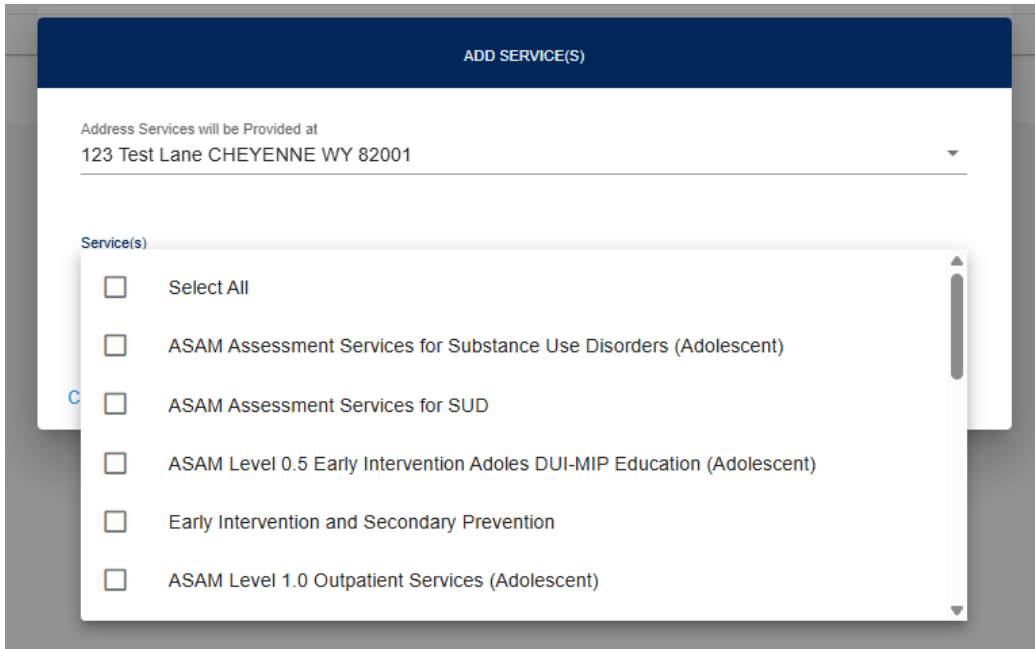
ADD SERVICE(S) +

ACTIONS -

On the services screen, you will select “ADD SERVICE(S) +” to add each ASAM Level of Care Service that your business will provide clients.

You will need to select the address where services will be provided, and the order in which services will be provided. If you entered more than one address location on the demographics screen, they will populate here in the drop-down.

After you select the correct address, select the service(s) provided at that location. Only select the services your business will deliver at the chosen address.



After selecting each service offered at the chosen address, select “Confirm” to save.

Repeat this process for each address where you will be providing services for your business.

When you have completed adding all services for all locations, select “ACTIONS” and “Save.”

If your Certification Application is approved, the services you selected at each location will be available to the public on the public search website.

Next, select “DOCS/DISCLOSURES” in the top row tabs to move to the next screen.

Required Documents			
Type	Description	Uploaded Documents	Actions
Business Organization Form (i.e. LLC)	Please upload documentation evidencing authority for the pro...	Select a file	
If applicable: Articles of Incorporation	If applicable: Please upload copies of current Articles of I...	Select a file	OPT OUT ↻
Level 0.5 MIP/DUI Education	If applying to provide DUI/MIP education services, upload co...	Select a file	OPT OUT ↻
Liability Insurance Documentation	Please upload current documentation evidencing insurance cov...	Select a file	
Policy & Procedure Document for National Accr Providers	Please upload applicable policy and procedures documentation...	Select a file	OPT OUT ↻
Policy & Procedures Manual (current)	Please upload a copy of Policy & Procedures manual with curr...	Select a file	
Professional Licensure	Please upload copies of professional licenses for all curren...	Select a file	
Statement of Disclosure and Release of Information	If not incorporated into your policy and procedures manual, ...	Select a file	OPT OUT ↻

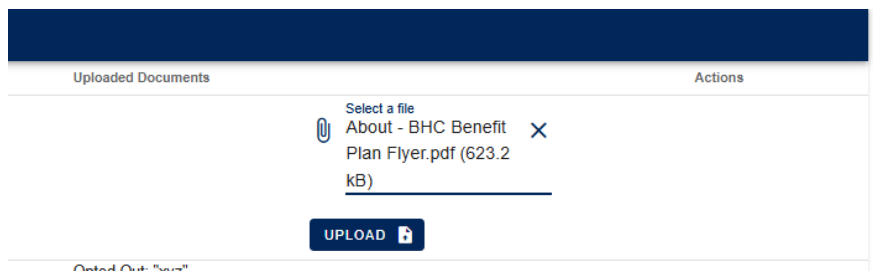
The DOCS/DISCLOSURES screen will require you to upload the Certification Application Required Documents and acknowledge Disclosures before submitting your application for review.

Required documents include:

- Business Organization Form (i.e., LLC)
- Articles of Incorporation, if applicable
- Impaired Driving Education curriculum certifications for staff, if applicable
- Liability Insurance Documentation
- Current Policy and Procedure Documentation for Nationally Accredited Providers
- Current Policy and Procedure Documentation for Private Providers
- Professional Licensure for all staff
- Statement of Disclosure form
- Release of Information form

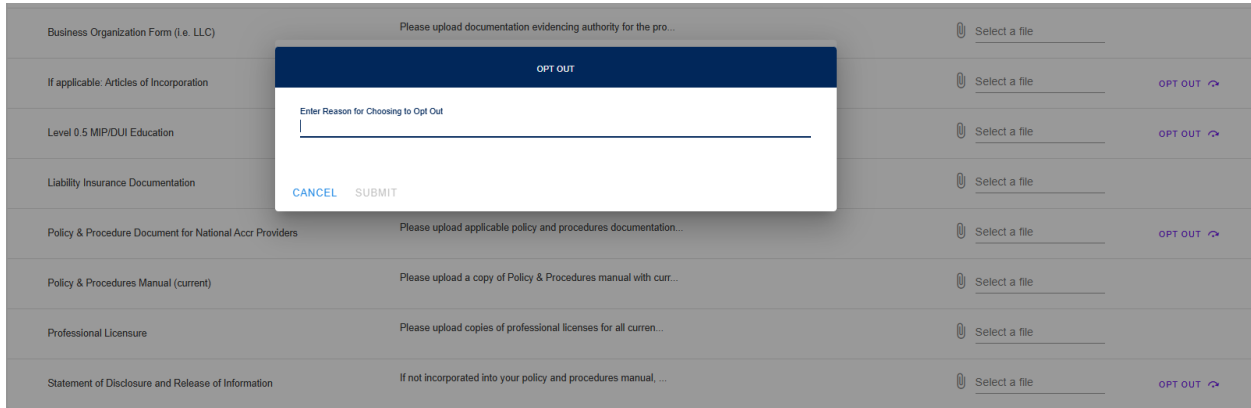
DEMOGRAPHICS SERVICES DOCS/DISCLOSURES CONFIRMATION			
Required Documents			
Type	Description	Uploaded Documents	Actions
Business Organization Form (i.e. LLC)	Please upload documentation evidencing authority for the pro...	Select a file	
If applicable: Articles of Incorporation	If applicable: Please upload copies of current Articles of I...	Select a file	OPT OUT ↻
Level 0.5 MIP/DUI Education	If applying to provide DUI/MIP education services, upload co...	Select a file	OPT OUT ↻
Liability Insurance Documentation	Please upload current documentation evidencing insurance cov...	Select a file	
Policy & Procedure Document for National Acrr Providers	Please upload applicable policy and procedures documentation...	Select a file	OPT OUT ↻
Policy & Procedures Manual (current)	Please upload a copy of Policy & Procedures manual with curr...	Select a file	
Professional Licensure	Please upload copies of professional licenses for all curren...	Select a file	
Statement of Disclosure and Release of Information	If not incorporated into your policy and procedures manual, ...	Select a file	OPT OUT ↻

Select the file (pdf is recommended) and then select “UPLOAD” beneath the file. This action will save the document to the application.








If the option is available, and you choose to opt out of providing a document upload, select “OPT OUT.”

A pop-up will appear and you will be required to enter a reason for choosing the opt out option. Leave a short, detailed description and then select “SUBMIT.”



If all required documents are uploaded and/or opt out options are selected, they will reflect under “Uploaded Documents” on the page.

Required Documents			
Type	Description	Uploaded Documents	Actions
Business Organization Form (i.e. LLC)	Please upload documentation evidencing authority for the pro...	About - BHC Benefit Plan Flyer.pdf  <input type="text" value="Select a file"/>	
If applicable: Articles of Incorporation	If applicable: Please upload copies of current Articles of I...	Opted Out: "iii"	<a href="#">REMOVE OPT OUT</a> 
Level 0.5 MIP/DUI Education	If applying to provide DUI/MIP education services, upload co...	Opted Out: "exy"	<a href="#">REMOVE OPT OUT</a> 
Liability Insurance Documentation	Please upload current documentation evidencing insurance cov... <small>Please upload current documentation evidencing insurance coverage.</small>	About - BHC Benefit Plan Flyer.pdf  <input type="text" value="Select a file"/>	
Policy & Procedure Document for National Accr Providers	Please upload applicable policy and procedures documentation...	Opted Out: "ycd"	<a href="#">REMOVE OPT OUT</a> 
Policy & Procedures Manual (current)	Please upload a copy of Policy & Procedures manual with curr...	About - BHC Benefit Plan Flyer.pdf  <input type="text" value="Select a file"/>	
Professional Licensure	Please upload copies of professional licenses for all curren...	About - BHC Benefit Plan Flyer.pdf  <input type="text" value="Select a file"/>	
Statement of Disclosure and Release of Information	If not incorporated into your policy and procedures manual, ...	Opted Out: "xxx"	<a href="#">REMOVE OPT OUT</a> 

Next, scroll down the screen to find “Disclosures.”

Read and review each disclosure.

If you agree to each disclosure after review, select the box “Yes” to the right. Checking the box indicates that you have read, acknowledged, and agree to the disclosure.

Disclosures		
Name	Disclosure	Yes
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 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.	<input type="checkbox"/>
Change of Ownership	If there is a change or transfer in ownership, the provider's certification expires on the effective date of the change or transfer in ownership; and the owner(s) shall submit new certification to the Division to become a certified provider. Chapter 2, Section 7(b)(i) & (j).	<input type="checkbox"/>
Non-Transferrable Certification	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 7(a).	<input type="checkbox"/>
Legal Compliance	The program shall be compliant with state and federal law and other legal restrictions affecting confidentiality of alcohol, drug abuse, and health records in all aspects of assessment, treatment, and coordination of services. Chapter 2, Section 9(b)(j).	<input type="checkbox"/>
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 the Wyoming Rules and Regulations for Substance Abuse Standards, and may refuse to renew the certification if the applicant no longer meets or has violated any provision of these rules. Behavioral Health Service Provider Certification, Chapter 2, Section 6.	<input type="checkbox"/>
Understanding of the Rules & Regulations	I attest that I have read and understand the Wyoming Rules and Regulations for 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 providers of substance use disorder services.	<input type="checkbox"/>
Liability	The renewal applicant agrees and accepts that the Certificate of Certification that is established from within this process. 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 type="checkbox"/>
Director Electronic Signature	This checkbox for signature acknowledges the Executive Director or Private Business Owner Signature, with the agreement and understanding that 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 with the Wyoming Rules and Regulations for Substance Abuse Standards. The information contained in this application is true and correct to the best of my knowledge.	<input type="checkbox"/>

**ACTIONS** ▾

When you have completed uploading all required documents and acknowledged each disclosure, select “ACTIONS” and then “Save.”

To move to the final screen, select “CONFIRMATION” in the top row tabs.

On the confirmation screen, check the box that certifies that you are authorized to perform provider administration duties for the business/provider you are applying for certification for.

You will then be required to enter your Electronic Signature by entering your first and last name.

If you have a message or note for the Certification Program Manager, you may also leave that information on this page.

Modified By	Modified Date	Status
test31026@yahoo.com	03/10/26 9:20am	Application in Progress

Please electronically sign for final submission of your application to Mental Health and Substance Use Treatment Services.

Note for State Staff

By checking this box you certify that you are authorized to perform Provider Administration duties for this provider.

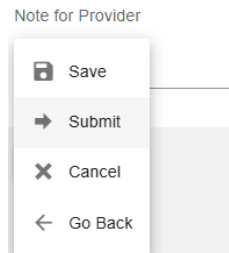
Electronic Signature  
Test For(March)

Note for Provider

ACTIONS

After all steps have been completed, select “ACTIONS” and “Save.”

When you are ready to submit your Certification Application, select “ACTIONS” and then “Submit.”



*If you have changed your mind and no longer wish to apply for certification, select “Cancel” to close your application.*

Once you have submitted your Certification Application, it is immediately sent to the Certification Program Manager for review.

Process		Status		
Provider Task List				
Provider	Process	Current Status	Status Date	Days in Status
Test31026	Provider Application	Application in Progress	03/10/2026	0

The Division has thirty (30) days to review your completed application.

If the Certification Program Manager needs additional supporting information, documentation, or has questions about your Certification Application, they will send the application back to you along with a follow-up email to the certification contact email address provided in BHMS.

You will be required to upload or fix the information the Certification Program Manager requests.

When you have completed the request, repeat the submission process on the confirmation page of the Certification Application. The submission will then be forwarded to the Certification Program Manager for additional review.

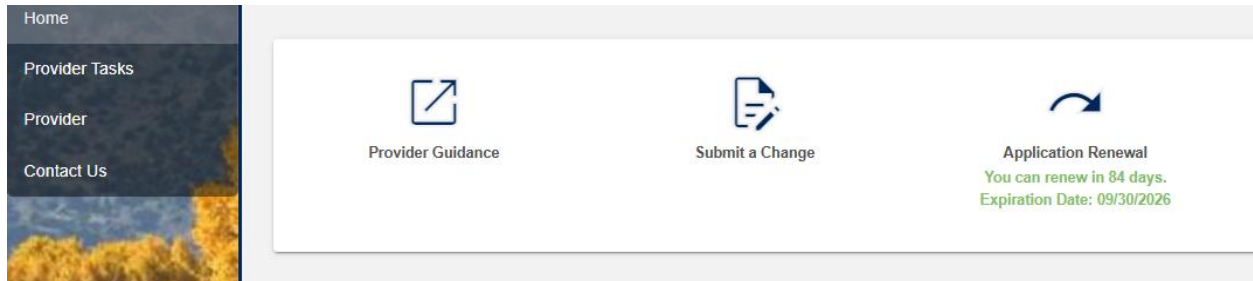
If the Certification Application is complete with all required and supporting documentation, the Certification Program Manager will approve your initial application for a provisional six (6) month certification period.

You will receive a follow-up email from the Certification Program Manager, which will include:

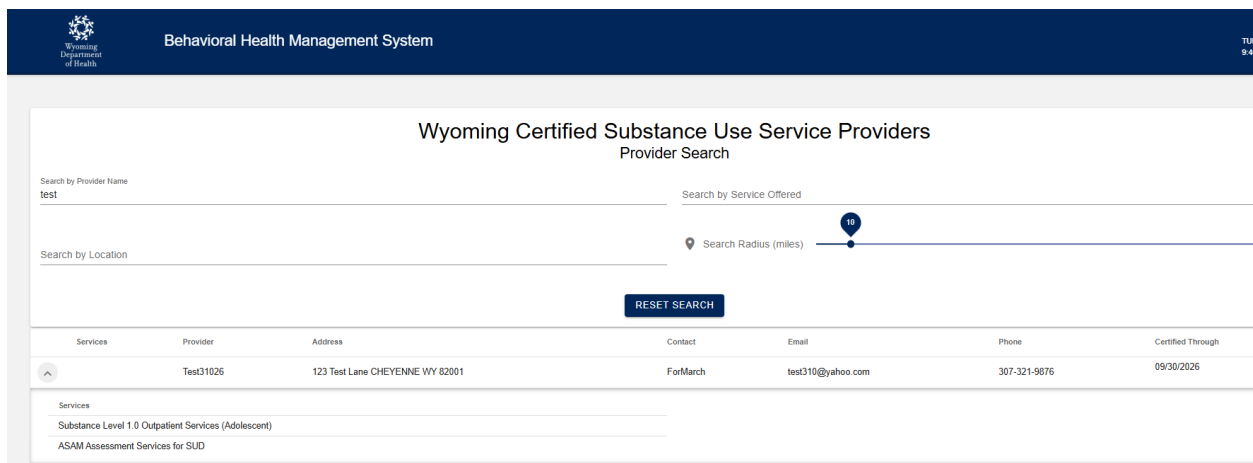
- Certification Expiration Date
  - You must submit your certification renewal application thirty (30) calendar days prior to this expiration date.
- Certificate from the Division
- Certification Approval Letter from the Division

Now, when you log in to BHMS, the “Home” tab will show a tab for “Application Renewal” which includes the certification expiration date.

*You will not be able to access the renewal application until ninety (90) calendar days prior to the expiration date. Please mark these dates on your calendar!*



After the Certification Application is approved, the provider/business will show as active on the provider search website.



The website can be accessed by visiting: <https://bhms.health.wyo.gov/provider-public-search>

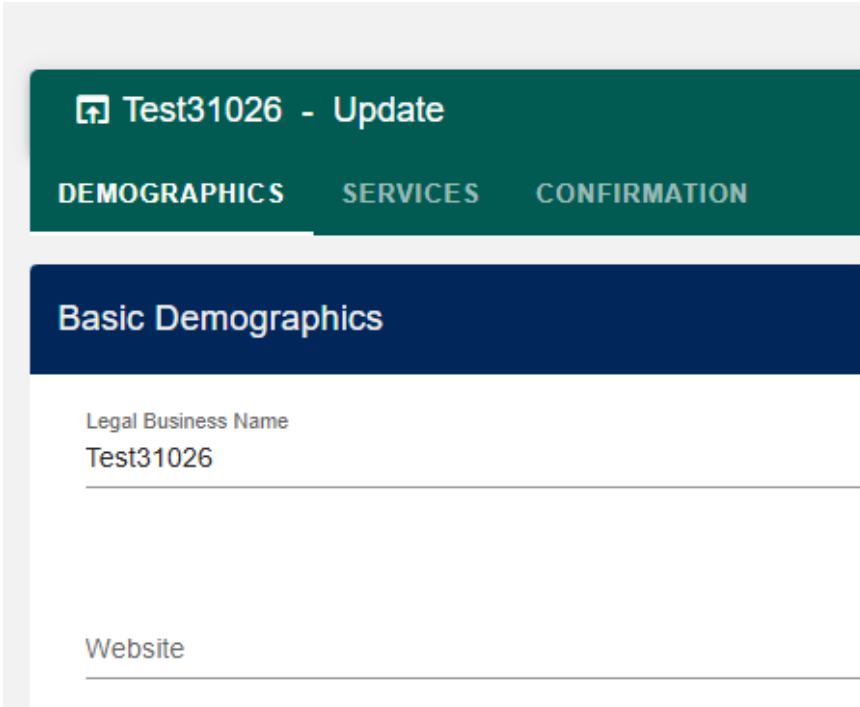
## [Submit a Change or Make an Update to Current Certification](#)

During the certification period, if you have any updates or changes to your business, you must notify the Division. You may also initiate a change in BHMS by logging in to your provider portal account.

On the “Home” tab, select “Submit a Change.”

You will be directed to the “DEMOGRAPHICS” screen to initiate any updates or changes. Changes may include:

- Certification Contact(s)
- Physical Address
- Mailing Address
- Phone Number
- Address
- Level of Care Services
- National Accreditation



The screenshot shows a web interface for updating a certification. At the top, there is a dark green header with a home icon and the text "Test31026 - Update". Below this header is a navigation bar with three tabs: "DEMOGRAPHICS", "SERVICES", and "CONFIRMATION". The "DEMOGRAPHICS" tab is currently selected. Below the navigation bar is a dark blue section titled "Basic Demographics". Underneath this section, there are two input fields. The first field is labeled "Legal Business Name" and contains the text "Test31026". The second field is labeled "Website" and is currently empty.

Once you have updated BHMS with your changes, select “ACTIONS” and “Save.”

On the confirmation screen, check the box that certifies that you are authorized to perform provider administration duties for the business/provider.

You will then be required to enter your Electronic Signature by entering your first and last name.

Select “ACTIONS” and “Save” and then select “ACTIONS” again and “Submit” to send the update/change to the Certification Program Manager for review.

If follow-up is necessary, the Certification Program Manager may send correspondence to the certification contact email in BHMS.

## Reference

Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller MM, eds. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. 3<sup>rd</sup> ed. Carson City, NV: The Change Companies; 2013