Behavioral Health Division
Mental Health and Substance Abuse Section
Phone: (307) 777-5253
Toll-Free 1-800-535-4006
Fax: (307) 777-5580

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
	Case Management and Referral for Case Management ➢ Chapter 2, Section 11
	Client Case Records Arrange a review of your clinical records, to be conducted by a qualified clinician, of your agency's clinical records, utilizing this form. *The Division recommends a random 5- 10% case sampling on a quarterly basis.* ➢ Chapter 2, Section 11
	Client Confidentiality ➢ Chapter 2, Section 9 ➢ Chapter 2, Section 11
	Clinical Supervision & Competencies for Substance Abuse Treatment Clinical Supervisors ➢ Chapter 2, Section 10 ➢ Substance Abuse and Mental Health Services Administration (SAMHSA) TAP 21-A
	Complaints ➢ Chapter 2, Section 11 ➢ Chapter 4: Complaints
	Consent to Treat ➢ Chapter 2, Section 9 ➢ Chapter 2, Section 11 ➢ Chapter 2, Section 12
	Continuing Education ➢ Chapter 2, Section 9
	Court Supervised Treatment ➢ Chapter 2, Section 12 ➢ SAMHSA TIP 44 ➢ Court Supervised Treatment Program Rules
	Impaired Driving Education Services Chapter 2, Section 14

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	Fiscal Requirements (GAAP) ➢ Chapter 2, Section 9
	Medication Assisted Treatment (MAT) Services ➢ Chapter 2, Section 11
	Progress Notes ➢ Chapter 2, Section 11
	Screening and Assessments *Please refer to the American Society of Addiction Medicine (ASAM) Criteria for Service Planning and Level of Care Placement.* ➢ Chapter 2, Section 9 ➢ Chapter 2, Section 11 ➢ Chapter 2, Section 12 ➢ Chapter 2, Section 13 ➢ SAMHSA TIP 42 ➢ SAMHSA TIP 47
	Treatment Plans ➢ 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	Date