

## Private Provider - Certification Renewal Checklist

All Wyoming providers, who are actively State certified, will receive email correspondence from the Behavioral Health Division (Division) ninety (90) days prior to their State certification expiration date. It is imperative that a complete renewal application and all supporting documentation be submitted to the Division no less than thirty (30) calendar days prior to the expiration date of the provider's certification (Chapter 2, Section 5).

If you have not received an email from the Division containing your renewal application guidance, please contact the Certification Program Manager at (307) 777-5253.

The checklist below will help guide you through the recertification process.

- **Demographic Information:** Update any demographic changes in the online renewal application.
  - Should any changes occur during the certification period, please email: [wdh-certification@wyo.gov](mailto:wdh-certification@wyo.gov).
- **Verify Services:** Verify the selection of ASAM Level of Care services that you provide are correct.
  - Please note the following:
    - **Implemented 07/01/2026:** The ASAM Criteria - 4<sup>th</sup> Edition for Adults
    - **Must Be Implemented 07/01/2027:** The ASAM Criteria – 4<sup>th</sup> Edition for Adolescents & Transition-Aged Youth
- **Upload Supporting Documentation:**
  - **Business License Documentation ONLY if changes:** If your business has made changes or updates, upload documentation evidencing the authority to do business.
    - Examples of documentation may include: a local business license from the city or county, if required, and or a copy of a state document (e.g. LLC Certificate of Organization).
  - **Fiscal Reporting Requirements:** Upload a copy of your program's applicable documentation demonstrating that a reasonable payment plan is offered to clients or ensure this information is included in your policy and procedure manual.
    - Policy and Procedure Manual must indicate that all fiscal operations are in accordance with Generally Accepted Accounting Principles (GAAP).

- **Professional Clinical License(s):** Upload copies of professional licenses for all current and licensed staff.
- **Impaired Driving Education Requirements:**
  - Submit a copy of the certificate of completion for each staff member that provides Impaired Driving Education Services to clients.
  - Ensure your programs Policy and Procedure Manual specifically states the name of the Impaired Driving Education curriculum utilized, and specification of the demographic served (adolescents, adults, or both).
- **Clinical Assessment Tool:** Upload a mock clinical assessment demonstrating utilization of current assessment tool(s) (e.g. ASI or BHI-MV), The ASAM Criteria, and DSM-5 diagnostic criteria.
- **Insurance Documentation:** Upload a copy of your business's current general liability certificate of insurance, which covers physical, civil, and professional liability.
- **Sliding Fee Schedule:** Upload a copy of your program's sliding fee schedule if you utilize one or a document demonstrating that a reasonable payment plan is offered.
  - If the information is in your programs Policy and Procedure Manual, you can select to "opt out"
- [Affirmation of Rule Compliance](#)
- [Human Resources Management Affirmation Form](#)
- **Policy and Procedure Manual:** Upload an electronic copy of your program's most current, up-to-date Policy and Procedure Manual, evidencing the most recent revision date on the cover page.
  - Please highlight any changes that have been made to the policy, procedure, and program descriptions since the previous policy submission.
- **Certification Renewal Application Disclosure Requirements:** Review and check each box within the Disclosures section to affirm ongoing compliance.



**Private Provider  
Renewal Checklist**  
Provider Certification for  
Substance Use Disorder Services and  
Community Mental Health Centers

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

- ☐ **Confirm Renewal Application Completion:** Check the box to certify that you are authorized to perform Provider Administration duties and sign your name under Electric Signature.

Renewal applications with supporting documentation will be completed and submitted online on the Behavioral Health Management System (BHMS).

You can access BHMS here: <https://bhms.health.wyo.gov>

**Key Action Items:**

- ✓ Please notify the Division Certification Program Manager if there are any changes or updates, including, but not limited to: email, phone number, address, services provided, etc.
- ✓ To guarantee you receive our correspondence, please add [noreply.wdh@wyo.gov](mailto:noreply.wdh@wyo.gov) to your safe email contact list.

If you need additional guidance or have any questions, please contact:

**Behavioral Health Division**  
Certification Program Manager  
Phone: (307) 777-5253  
Toll-Free: (800) 535-4006  
Email: [wdh-certification@wyo.gov](mailto:wdh-certification@wyo.gov)