

## WYOMING

*This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.*

### Types of Facilities

*Mental Health (MH):* Wyoming regulates Group Residential Services, which are non-medical, fully supervised room, board, and therapeutic structure provided in a licensed facility directly operated by professional staff of a state certified community mental health center that also provides outpatient treatment for residents. These are limited to those that receive state funds or request to be licensed/certified.

*Substance Use Disorder (SUD):* Wyoming regulates all community substance abuse treatment services, including those identified below under the first 4 bullets, that receive state funds or that elect to be certified. Separate regulations apply specifically to programs and personnel providing substance abuse services, which are purchased in whole or in part by the State of Wyoming. Two additional, overlapping definitions are included below (see 5th and 6th bullets).

- **Clinically Managed Residential Social Detoxification:** A social detoxification service is an organized service that may be delivered by appropriately trained staff that provides 24-hour supervision, observation and support for clients who are intoxicated or experiencing withdrawal. Social Detoxification services are characterized by their emphasis on peer and social support.
- **Medically-Monitored Residential Detoxification Services:** A medically-monitored detoxification service is an organized service delivered by medical and nursing professionals, which provides twenty-four (24) hours a day, seven (7) days a week medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds.
- **Residential Treatment Services:** Clinical services can be provided in a low, medium or high intensity level of service based on client needs utilizing the ASAM dimensional criteria to determine at what level the client should participate. Services include at least thirty (30) hours of structured services that are designed to treat persons who have significant social and psychological problems. If the program does not have availability, pre-engagement services shall be provided by the referring agency or the accepting agency. Service hours can be reduced based on client progress and outside activities, such as employment. When the client has reached a sustained level of functioning based on ASAM dimensional criteria, the client must be transferred to a less intensive level of care. Such programs are

characterized by their reliance on the treatment community as a therapeutic agent. The goals of treatment are to promote abstinence from substance use, to promote healthier behavior patterns, and to affect a global change in participants' lifestyles, attitudes and values. The approach views substance-related problems as disorders that must be treated holistically.

- **Transitional Residential Treatment Services:** A transitional residential treatment service is a clinically managed, low intensity, peer-supported, therapeutic environment. The term "residential transition treatment service" does not include independent, self-operated facilities such as Oxford Houses.
- Under the regulations promulgated under the Community Human Services Act, "Transitional Residential Care Program" means a community-based program that provides services in a home-like setting to alcohol and drug abusers who have made a clear commitment to abstinence and to continue a recovery process after having received treatment in a more structured treatment setting. Transitional Residential Care for adults is further defined as a 30-120 day recovery process in a homelike setting which provides daily needs for food and shelter for adult alcohol and drug abusers who have made a clear commitment to abstinence and have received sufficient substance abuse treatment to continue recovery.
- Under the regulations promulgated under the Community Human Services Act, a "Primary Residential Treatment Program" means a community-based program that provides 24-hour live-in rehabilitation for alcohol and drug abusers whose chemical dependency does not require intensive medical or psychiatric management but does require intensive evaluation and treatment in a structured setting. Primary Residential Treatment Services for adults are further defined as 28-30 day, non-medical, 24-hour, live-in, treatment program for chemically dependent adults who require intensive evaluation and treatment services in a highly structured setting.

*Unregulated Facilities:* Facilities that do not receive state funds or that do not request certification are not regulated. We exclude Adult Support Homes, Therapeutic Communities, and Supportive Transitional Drug-Free Housing Services from this summary as not involving clinical services.

## **Approach**

*Mental Health (MH) and Substance Use Disorder (SUD):* The Wyoming DOH Division of Behavioral Health (DBH) regulates all MH and SUD programs that receive state funding or that elect to be licensed or certified.

## Processes of Licensure or Certification and Accreditation

*Mental Health (MH):* Licensure by the DBH is required for any provider of Group Residential Services receiving state funds. Standards for licensure were not located but standards management regulations that are generally applicable to both mental health and substance use treatment programs were located and do provide for certification. Facilities also may request to be certified.

- All community mental health providers in the State of Wyoming are required to be nationally accredited through either CARF or JCAHO. National accreditation is prima facie evidence of compliance with the Mental Health Standards.
- A biennial on-site evaluation of state-funded programs is required.
- A Certificate of Need is not required for operation.
- Certification duration is up to two years, depending on the level of compliance seen at inspection. The application and inspection focus on demonstration of substantial compliance with the certification standards.

*Substance Use Disorder (SUD):* Certification by the DBH is required for any program, provider, or facility receiving state funds for substance abuse treatment services. Facilities also may request to be certified. Additionally, no substance abuse treatment program may receive court referred or ordered clients unless it is certified.

- Providers with Community Substance Use Treatment (those funded by the Division) designation must also hold national accreditation through CARF, JCAHO, or a similar national accreditation agency as approved by the Division. Otherwise, accreditation is not required but, if a program has current recognized national accreditation for substance abuse treatment by specific level of care, applicable portions of the accreditation can be reviewed as part of the certification site visit at the discretion of the Division. Applicable portions of the national accredited report by level of service that are congruent with these rules will be accepted in lieu of reviewing documentation for compliance with these rules. Sections that are not congruent with these rules will be reviewed as part of the certification site visit. If Wyoming Standards exceed national accreditation standards, Wyoming Standards will be required and reviewed for compliance. Records will be reviewed for compliance by level of service when national accreditation standards require state compliance for approval under the national standards. Certification reports will reference portions that were viewed as congruent by level of service in the certification report and note compliance.
- An inspection is required for certification and renewal.

- A Certificate of Need is not required for operation.
- Certification duration is up to two years, depending on the level of compliance seen at inspection. The application and inspection focus on demonstration of substantial compliance with the certification standards.

## **Cause-Based Monitoring**

*Mental Health (MH) and Substance Use Disorder (SUD):* Under the Community Human Services Act, the DBH may find a program to be in noncompliance with the regulations and deny, suspend, or revoke a determination of compliance or certification. DOH may conduct on-site inspections for on-going monitoring in addition to regularly scheduled inspections.

## **Access Requirements**

*Mental Health (MH) and Substance Use Disorder (SUD):* Wait time standards were not located. Under the Community Human Services Act, persons shall have impartial access to treatment, regardless of race, religion, sex, ethnicity, age, physical handicap, type of mental health or substance abuse disorder, or sources of financial support. No person shall be denied services based solely on ability to pay even the minimum charge on the Division's fee scale guidelines.

*Substance Use Disorder (SUD):* Wait-time requirements were not found. Each program must establish written policies and procedures ensuring that services will be available and accessible where no person will be denied service or discriminated against based on sex, race, color, creed, sexual orientation, handicap, or age. Each program shall have policies that assure availability and accessibility for all persons regardless of cultural background, criminal history, drug of choice, and medical status among other factors. However, each program may impose reasonable programmatic restrictions that are intended to support therapeutic goals of the program, meet restrictions of government grants or funding, or required by limitations of the program to provide services specific to a person.

## **Staffing**

*Mental Health (MH) and Substance Use Disorder (SUD):* Under the Community Human Services Act, there must be written personnel policies, including but not limited to policies related to supervision and handling client neglect and abuse.

*Mental Health (MH):* Under the Community Human Services Act, all personnel providing mental health services shall be either mental health professionals or shall be mental health counselors, mental health assistants, or mental health technicians working under the direct,

documented supervision of a mental health professional. Personnel standards include experience and education needed to be executive director of a mental health program, a mental health professional, a mental health assistant, and a mental health technician.

*Substance Use Disorder (SUD)*: Programs must have written policies and procedures addressing, among other things, that, in the selection of staff, consideration when possible will be given to each applicant's cultural competency of special populations that the program serves. Programs must have policies regarding use of volunteers. Programs must have written policies and procedures for determining staff training needs, formulating individualized training plans, developing cross-training activities with other professional disciplines, and documenting the progress and completion of staff development goals. At a minimum, training shall include trauma assessment and management, cultural competency, rights of person served, family centered services, prevention of workplace violence, confidentiality requirements, professional conduct, ethics, and special populations served specific to services being provided. All programs with two or more persons employed or under contract shall implement and enforce policies and procedures establishing a drug-free workplace. A program shall have written policies and procedures to ensure compliance with confidentiality and privacy requirements. A program shall have an Executive Director appointed by the governing authority or legal owner and regulations describe responsibilities of the program and Executive Director. Regulations include requirements for clinical oversight.

- Clinically Managed Residential Social Detoxification and Medically-Monitored Residential Detoxification Services: Regulations include requirements ensuring a client receives appropriate information and consultation from a licensed clinical staff person when possible regarding treatment options before the scheduled discharge of the client from the service; requirements regarding sufficient clinical and other staff; and all staff that assess and treat clients must be able to obtain and interpret information regarding the needs of clients and must be knowledgeable about the bio-psychosocial spiritual dimensions of alcohol and other drug dependence.
- Clinically Managed Residential Social Detoxification: Program staff will be cross trained and will implement motivational enhancement techniques to engage clients into treatment. Access to a physician shall be available on call twenty-four (24) hours a day, seven (7) days a week.
- Medically-Monitored Residential Detoxification Services: The program shall have a medical director who is appropriately licensed or registered in the State of Wyoming and is responsible for overseeing the monitoring of the client's progress and medication administration, and who is trained and competent to implement physician approved protocols for client observation and supervision. A Registered Nurse or Licensed Practical Nurse shall be available on site on a twenty-four (24) hours a day, seven (7) days a week, and will conduct a nursing assessment on the client at the time of admission. A physician shall be available on-call twenty four (24) hours a day, seven (7) days a week.

- Residential Treatment Services: The service shall have sufficient clinical staff and support staff to meet the needs of the client. Clinical services are staffed by appropriately staffed by Qualified Clinical Staff person(s) who are credentialed through the Wyoming Mental Health Professions Licensing Board, a psychologist who is licensed to practice psychology, a Licensed Physician by the Wyoming State Board of Medicine, and a Wyoming Advanced Psychiatric Nurse. A physician and/or nursing staff is available to provide consultation as either an employee of the program or through written agreement. All staff persons who assess and treat clients must be capable of obtaining and interpreting information regarding the needs of clients and must be knowledgeable about the bio-psychosocial dimensions of alcohol and other drug dependence. A staff person with the responsibility of assuring case management services is provided. A mental health professional is available either as an employee of the service or through written agreement to provide joint and concurrent services for the treatment of clients diagnosed, unless the clinical staff person is cross-trained in mental health.
- Transitional Residential Treatment Services: A physician shall be available to provide medical consultation as either an employee of the service or under written contract with the service program. The program shall have sufficient clinical staff and support staff to meet the needs of the client.

Under the Community Human Services Act, all personnel providing substance abuse services shall be either substance abuse professionals or shall be substance abuse counselors, substance abuse assistants, or substance abuse technicians working under the direct, documented supervision of a substance abuse professional. Personnel standards include experience and education needed to be executive director of a substance abuse program, a substance abuse professional, a substance abuse counselor, a substance abuse assistant, a substance abuse technician, a prevention specialist, or a prevention technician. All staff of primary and transitional treatment programs shall have basic first aid training which includes CPR training.

## **Placement**

*Mental Health (MH):* Requirements related to placement for adult residential MH facilities were not located.

*Substance Use Disorder (SUD):* Screening and assessment require use of the following instruments and protocols when conducting a comprehensive assessment of addiction severity, determining diagnosis, and setting the stage for appropriate placement of clients into treatment for alcohol and other drug addiction. A program may choose to use other instruments in addition to those set forth in these rules: (a) A program shall, at a minimum, complete a nationally recognized withdrawal assessment tool such as the Clinical Institute Withdrawal Assessment (CIWA-R) for alcohol for screening clients at risk of experiencing withdrawal symptoms, if indicated. The results of this instrument will indicate if the client

needs to be referred for detoxification services. (b) A program serving adults shall utilize the ASI or such other assessment tool as may be designated by the Division following input from a committee process involving publicly funded and privately unfunded providers from the field and consumers, as well as comprehensive information regarding the client's bio-psychosocial spiritual needs in the assessment of the client. An assessment tool with content that meets or exceeds the content of the ASI may be used upon approval of the Division. Assessments can only be completed by a qualified clinical staff person who is credentialed through the Wyoming Mental Health Professions Licensing Board, a psychologist who is licensed to practice psychology, a Licensed Physician by the Wyoming State Board of Medicine, and a Wyoming Advanced Psychiatric Nurse. ... (d) A program shall utilize the current version of the Diagnostic and Statistical Manual (DSM) completing a five (5) axis differential diagnosis of the client. (e) A program shall utilize the current version of the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC) as part of the assessment process. ASAM dimensional criteria for each domain must be addressed in the assessment of client need for treatment. (f) A program shall develop a diagnostic statement summarizing the above elements to assure clarity of client need and treatment recommendations. (g) A program shall adequately assess the client's need for case management. (h) When a client is transferred from another program and an assessment has been completed, the program must complete a transfer note showing that the assessment information was reviewed. Further, the program must determine if the client needs are congruent with this assessment and adjust treatment recommendations, if applicable. ASAM continued stay, transfer and discharge criteria also apply, as do ASAM discharge/transfer criteria.

Under the Community Human Services Act, all substance abuse residential services funded by the state must evaluate the client's medical status as soon as possible, but not to exceed seventy-two hours following the client's admission to the program. The evaluation may be waived, if a copy of a physical exam performed within the sixty days prior to admission is contained in the client file. Specific requirements for the evaluation are in the regulations as are standards for determining appropriate placement, including who can conduct the evaluations and assessments. Contents of an admission policy are specified.

## **Treatment and Discharge Planning and Aftercare Services**

*Mental Health (MH):* Requirements related to treatment or discharge planning or aftercare services for adult residential MH facilities were not located.

*Substance Use Disorder (SUD):* Under the Community Human Services Act, programs must have written procedures for referral to appropriate continuing care services and each facility type has specific requirements related to continuing care. In addition:

- Clinically Managed Residential Social Detoxification: If possible, the program shall develop a discharge plan for each client that addresses the client's follow-up service needs.

- **Medically-Monitored Residential Detoxification Services:** The program shall develop with each client a detoxification plan and a discharge plan that addresses the client's follow-up service needs, determined from the application of approved client placement criteria administered by qualified clinical staff.
- **Residential Treatment Services: Individualized Treatment Planning.** An initial treatment plan shall be completed within one (1) week of the initial assessment focusing on stabilization of the client. Treatment plan goals must be more individualized and measurable as the client stabilizes. Treatment plans shall be developed utilizing the assessment information, including ASAM dimensional criteria and the DSM diagnosis. Treatment plans shall integrate mental health issues if identified as part of the assessment process, or at any point during the continuum of treatment. Treatment plan reviews shall be completed throughout the course of treatment based on client progress or lack of progress toward goals per ASAM continued stay, transfer and discharge criteria. Modifications shall be made as clinically indicated. ASAM Continued Stay, Transfer and Discharge Review. ASAM dimensional criteria shall be reviewed by the clinical staff person responsible for treatment whenever the condition changes significantly. At a minimum, dimensional criteria must be reviewed with support documentation at least one (1) time every two (2) weeks. Severity shall be rated for each dimension with sufficient documentation showing justification for level of care recommendations.
- **Transitional Residential Treatment Services:** Treatment planning must meet the standard set forth for Outpatient Services. Among other things, those provide that treatment plans shall be completed in conjunction with the initiation of treatment. Treatment plans shall be developed utilizing the assessment information, including ASAM dimensional criteria and the DSM diagnoses. Treatment plans shall integrate mental health issues, if identified as part of the assessment process, or at any point during the continuum of treatment. Treatment plan reviews shall be evaluated throughout the course of treatment based on client progress or lack of progress toward goals per ASAM continued stay, transfer and discharge criteria. Modifications shall be made as clinically indicated.

## **Treatment Services**

*Mental Health (MH) or Substance Use Disorder (SUD):* Under Community Human Services Act, programs must have a written service plan which delineates the way all services are provided. The service plan shall describe how the program determined the needs for services in the service area. The program shall have written policies and procedures that facilitate the referral of clients among a program's components and that promote consultation between the program and other service providers in the community.



*Substance Use Disorder (SUD)*: Programs shall have a written plan for providing dedicated case management services to clients and their families in conjunction with or as part of the client's substance abuse treatment. Programs shall collaborate with other agencies, programs, and services in the community to meet individual client needs. For clients with mental health problems, the issues of psychotropic medication, mental health treatment and their relationship to substance abuse disorders are addressed, as the need arises. Programs that provide co-occurring treatment offer therapies to actively address, monitor, and manage psychotropic medication, mental health treatment and the interaction with substance-related disorders. There may be close coordination with intensive case management and assertive community treatment for clients who have severe and persistent mental illness.

- **Clinically Managed Residential Social Detoxification**: The program shall maintain a standard detoxification protocol that includes emergency procedures, which are reviewed and approved by a physician at least annually. The program shall have immediate access to first aid supplies, separate locked cabinets for pharmaceutical supplies, and written policies and procedures for the management of belligerent and disturbed clients.
- **Medically-Monitored Residential Detoxification Services**: The staff physician shall review and document the medical status of a client within twenty-four (24) hours after admission. The program shall have written policies and procedures for the management of belligerent and disturbed clients. The program shall have a written agreement with a hospital or local medical clinic to provide emergency medical services for clients, if clinically necessary.
- **Residential Treatment**: A physician shall review and document the medical status of a client within forty-eight (48) hours after admission. Clinical and wrap around services shall be provided. Planned clinical program activities shall be provided to stabilize and maintain stabilization of the resident's substance dependence symptoms and to help her develop and apply recovery skills. Activities include relapse prevention, interpersonal choices and development of social network supportive of recovery. Counseling and clinical monitoring shall be provided to promote successful initial involvement or re-involvement in regular, productive daily activity, such as indicated, successful reintegration into family living. Random drug testing shall be administered when indicated. Services include, but are not limited to, a range of cognitive, behavioral and other therapies based on client needs, including individual, group, and family, medication education and management, educational groups, and occupational groups and recreational therapy. For clients with mental health problems, the issues of psychotropic medication, mental health treatment and their relationship to substance abuse disorders are addressed, as the need arises. Programs that provide co-occurring treatment offer therapies to actively address, monitor, and manage psychotropic medication, mental health treatment and the interaction with substance-related disorders. There may be close coordination with intensive case management and assertive community treatment for clients who have severe and persistent mental illness.

- **Transitional Residential Treatment Services:** The service provides substance abuse treatment in the form of counseling for at least five (5) hours per week in-house or through a local certified program, with access to peer support through case management. Therapies and interventions shall meet the standard set forth for Outpatient Services. Those provide that intervention services involve skilled treatment services, which include, but are not limited to, individual and group counseling, as indicated by client need, family therapy, educational groups, occupational and recreational therapy, psychotherapy or other therapies, as indicated by client need. Such services are provided in an amount, frequency and intensity appropriate to the client's individualized treatment plan. Motivational enhancement and engagement strategies are used in preference to confrontational approaches. For clients with mental health problems, the issues of psychotropic medication, mental health treatment and their relationship to substance abuse disorders are addressed, as the need arises. Programs that provide co-occurring treatment offer therapies to actively address, monitor, and manage psychotropic medication, mental health treatment and the interaction with substance-related disorders. There may be close coordination with intensive case management and assertive community treatment for clients who have serious and persistent mental illness.

Under the Community Human Services Act, all substance abuse residential services funded by the state must establish a written plan to assist the client in obtaining appropriate medical services at the client's expense.

- A Primary Residential Treatment Program shall provide services according to a schedule that includes, among other services, the following: (a) 28-35 hours per week of intensive, structured, staff-facilitated, group activities which focus on all aspects of chemical dependency, the predominant life issues that impact on recovery, and the individual concerns of each client, including an educational program dealing with alcoholism and addiction, personal growth, the recovery process, and a philosophy of living that will support recovery; (b) a family program; (c) individual counseling, as appropriate; (d) referral to appropriate self-help groups; and (e) a plan for continuing care.
- An Adult Transitional Residential Care Program focuses on activities and coping skills for daily independent living and provides, among other things: (a) a treatment plan that addresses substance abuse and the specific behaviors that must be changed in order to obtain and maintain a lifestyle free of chemicals of abuse; (b) 8-12 hours per week of staff-facilitated, structured, group functions aimed at promoting adjustment to a chemically abstinent lifestyle; and (c) Individual counseling as appropriate.

## **Patient Rights and Safety Standards**

*Mental Health (MH) or Substance Use Disorder (SUD):* Under the Community Human Services Act, programs shall support and protect the fundamental human, civil, constitutional, and

statutory rights of each client and substance abuse programs must comply with 42 CFR Part 2. Clients have the following rights, among others, dignity, privacy, communication, confidentiality, grievance, to be informed of their rights, and to be free from physical restraints and isolation except when there is an immediate danger to self or others. Each residential program shall have a written policy covering the use of restraint and isolation, which ensures that the dignity and safety of the person are protected and that there is regular, frequent monitoring by trained staff. If a residential program limits or denies client's rights because of clinical contraindications, such limitations or denials shall be fully documented in the clinical record.

*Substance Use Disorder (SUD):* Among other rights, clients have the right of confidentiality. Under the Community Human Services Act, substance abuse program policies shall prohibit the use of isolation or restraint, except when there is an immediate danger to self or others.

## **Quality Assurance or Improvement**

*Mental Health (MH):* Requirements related to quality assurance/improvement for adult residential MH facilities were not located.

*Substance Use Disorder (SUD):* A program must have an evaluation plan measuring the effectiveness of treatment and prevention services when requested by the Division.

## **Governance**

*Mental Health (MH) or Substance Use Disorder (SUD):* Programs certified by the `DBH are those receiving state funding. As such they have contractual and regulatory requirements including financial responsibilities. Under the Community Human Services Act, each program shall have a governing body that has overall responsibility for the operation of the program and satisfies financial management requirements. The program also must develop written operating policies.

*Substance Use Disorder (SUD):* Regulated SUD residential facilities must have a governing authority or legal owner with the primary responsibility to create and maintain the organization's core values and mission via a well-defined annual plan. It assumes final authority over and responsibility for the accountability of all programs. The authority ensures compliance with applicable legal and regulatory requirements. It advocates for needed resources to carry out the mission of the organization and provides guidance to the management to ensure the success of day to day operations. Each program shall have a governing body or other responsible person who is accountable for the development of policies and procedures to guide the daily operations. Each program shall keep, maintain, and make available to any employee or client an organizational chart and written policies that describe the organizational structure,

including lines of authority, responsibility, communication, and staff assignments. Each program will have a plan that monitors operations in the areas of organization, human resource, fiscal and services provided. The program must ensure that all its program(s), facilities, and services comply with all applicable federal, state, and local laws, regulations, codes and ordinances; has a local business license if required; and has liability insurance.

## Special Populations

*Mental Health (MH)*: Requirements related to special populations were not located.

*Substance Use Disorder (SUD)*: In addition to adolescent and criminal justice involved clients, special populations are identified as those needing the following services:

- **Co-Occurring Treatment Services**: A program may be certified to provide treatment to co-occurring clients. Treatment services are based on the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP) Series publication, "Substance Abuse Treatment with Co-Occurring Disorders." At a minimum, services must: (A) address a high level of relapse potential with more intense level of services; (B) adapt program materials and methods of counseling to individuals with mental disorders; (C) provide and utilize skill building groups, as appropriate; (D) provide intensive case management; and (E) emphasize motivation enhancement, including outreach for clients with active substance abuse disorders and severe mental disorders who are disengaged.
- **Women's Specific Treatment Services**: A program shall be certified to provide treatment to women if it is receiving women's Set-Aside funding through the SAPT Federal Block Grant. Programs not receiving funding may also apply for this special population service. Treatment services are based on the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP) Series publication, "Substance Abuse Treatment for Pregnant, Substance-Using Women, Substance Abuse Treatment for Women Offenders and Gender Specific Treatment and Treatment with Co-Occurring Disorders." At a minimum, services shall include: (A) Gender specific treatment; (B) Reintegration with family services, when applicable; (C) Vocational skills training; (D) Parenting skills; (E) Reproductive and other health education and referrals; (F) Ways of meeting needs of food, clothing, and shelter; (G) Transportation; (H) Sexual abuse/trauma treatment, when applicable; and (I) Domestic/family violence counseling, when applicable.
- **Residential Treatment for Persons with Dependent Children**: A program may be certified to provide treatment to persons with dependent children. Treatment services are based on the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP) Series publication, "Substance Abuse Treatment for Persons

with Children." At a minimum, services shall include: (A) Gender specific treatment and family treatment of substance abuse impact on school aged children, pre-school children, toddlers, and infant children; (B) Child development and age appropriate behaviors; (C) Parenting skills appropriate for infants, toddlers, pre-school, and school aged children; (D) Impact of prenatal tobacco/alcohol/drug exposure on child development, fetal alcohol syndrome/effects; and (E) Recognition of sexual acting-out behavior.

## **Location of Regulatory and Licensing Requirements**

Wyoming DOH DBH 048-0005, 0018, 0054; Accreditation<sup>1</sup>; Community Mental Health and Substance Abuse Program regulations (048-0018)<sup>2</sup>. Regulatory requirements reviewed September 20, 2019.

## **Other Information Sources**

M. Smith (DBH); National Conference of State Legislatures CON Program Overview, <http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

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<sup>1</sup> See <https://health.wyo.gov/behavioralhealth/mhsa/rules-and-regulations/>.

<sup>2</sup> See <https://rules.wyo.gov/Search.aspx?mode=1>.

# WYOMING MEDICAID

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## Approach

The Wyoming Department of Health (DOH) oversees the state Medicaid program. Wyoming does not have a relevant Section 1115 waiver that affects reimbursement of residential services in Institutions for Mental Diseases (IMDs). It historically has not relied on Disproportionate Share Hospital (DSH) payments or the in lieu of provision to reimburse certain services in IMDs.

## Types of Facilities

*Mental Health (MH) or Substance Use Disorder (SUD):* Medicaid regulations do not indicate that MH or SUD residential treatment facilities for adults may enroll in the state Medicaid program. Nor is the state plan specific about residential treatment. The state Behavioral Health Provider Manual does, however, include residential place of service codes for the following defined facilities:

- Residential Substance Abuse Treatment Facility: A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory test, drugs and supplies, psychological testing, and room and board.
- Psychiatric Residential Treatment Center: A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.

The Manual, however, states that services in these locations are considered agency based (typically provided in a clinic or office setting, but in these instances the institution with which the provider has a contract is considered, for billing purposes, to be an extension of the agency based provider), and not community based services. Thus, Wyoming Medicaid does not, per se, regulate residential MH or SUD treatment for adults. Rather, it regulates services that may be provided in those settings or elsewhere by individual providers or agencies.

## **Processes of Medicaid Enrollment**

*Mental Health (MH) and Substance Use Disorder (SUD):* Medicaid regulations do not indicate that MH or SUD residential treatment facilities for adults are covered by the state Medicaid agency. Services may be rendered under contract with a residential facility and those services are regulated as they would be if provided in other settings such as outpatient clinics and the individual provider or agency operating under contract with the residential facility would be licensed as they would for provision of those services elsewhere. As a general matter, all behavioral health providers must maintain state licensure to be enrolled.

## **Staffing**

*Mental Health (MH) and Substance Use Disorder (SUD):* Services may be rendered under contract with a residential facility and those services are regulated as they would be if provided in other settings such as outpatient clinics.

## **Placement**

*Mental Health (MH) and Substance Use Disorder (SUD):* Services may be rendered under contract with a residential facility and those services are regulated as they would be if provided in other settings such as outpatient clinics.

## **Treatment and Discharge Planning and Aftercare Services**

*Mental Health (MH) and Substance Use Disorder (SUD):* Services may be rendered under contract with a residential facility and those services are regulated as they would be if provided in other settings such as outpatient clinics.

## **Treatment Services**

*Mental Health (MH) and Substance Use Disorder (SUD):* Services may be rendered under contract with a residential facility and those services are regulated as they would be if provided in other settings such as outpatient clinics.

## Care Coordination

*Mental Health (MH) and Substance Use Disorder (SUD):* Services may be rendered under contract with a residential facility and those services are regulated as they would be if provided in other settings such as outpatient clinics.

## Quality Assurance or Improvement

*Mental Health (MH) and Substance Use Disorder (SUD):* Services may be rendered under contract with a residential facility and those services are regulated as they would be if provided in other settings such as outpatient clinics.

## Special Populations

*Mental Health (MH) and Substance Use Disorder (SUD):* Services may be rendered under contract with a residential facility and those services are regulated as they would be if provided in other settings such as outpatient clinics.

## Location of Medicaid Requirements

Wyoming Medicaid Rules 048.0037<sup>3</sup>; Provider Manual<sup>4</sup>; Wyoming State Plan<sup>5</sup>. Regulatory requirements reviewed December 2019.

## Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 <http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services>

This state summary is part of the report “**State Residential Treatment for Behavioral Health Conditions: Regulation and Policy**”. The full report and other state summaries are available at <https://aspe.hhs.gov/state-bh-residential-treatment>.

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<sup>3</sup> See <https://rules.wyo.gov/Search.aspx?mode=1>.

<sup>4</sup> See [https://wymedicaid.portal.conduent.com/manuals/Manual\\_CMS1500\\_01\\_01\\_20.pdf](https://wymedicaid.portal.conduent.com/manuals/Manual_CMS1500_01_01_20.pdf).

<sup>5</sup> See <https://health.wyo.gov/healthcarefin/medicaid/spa/>.