CHAPTER 4

Rules and Regulations of the Behavioral Health Division
Mental Health and Substance Abuse Services

Substance Abuse Treatment Standards

Section 1. Authority. This Chapter is promulgated by the Wyoming Department of Health pursuant to W.S. §§ 7-13-1601 through 1615; W.S. § 9-2-102; W.S. § 9-2-2701; W.S. §§ 35- 1 - 611 through 627; 2013 Wyoming Session Laws 206; and the Wyoming Administrative Procedure Act at W.S.§§ 16-3-101 through 115.

Section 2. Purpose and Applicability. These rules have been adopted to establish minimum standards for the effective treatment of substance abuse required for certification of providers pursuant to Chapter 2. ~~which are not funded by the Division and therefore are not required to obtain national accreditation. Substance abuse treatment providers which have obtained appropriate and current national accreditation shall, by virtue of the accreditation be certified by the Division.~~

Section 3. Organizational Requirements.

(a) The provider shall have documentation through the Secretary of State evidencing the authority to conduct business within the State of Wyoming.

(b) The provider shall have written policies and procedures that address:

(i) Client confidentiality;

(ii) The treatment process and clinical protocols, including the type of infractions or conditions that must occur for a client to be terminated from a provider.

(iii) Fiscal management including the development of an annual budget;

(iv) A fee schedule;

(v) Placement of clients in the appropriate level of care based on ASAM;

(vi) Contents of clinical files;

(vii) Quality of care reviews;

(viii) Continuing education of staff and cross-training as applicable;

(ix) Relevant insurance maintenance; and

(x) A practice management plan that articulates the provider's goals and objectives. ~~protocols~~

(c) The provider shall evaluate their progress toward the goals established in the practice management plan and make the results of evaluation available to the Division.

Section 4. Client Confidentiality, Consents and Grievance Procedures.

(a) Providers shall ensure compliance with 42 CFR Part 2, (Confidentiality of Alcohol and Drug Abuse Patient Records), 45 CFR Parts 160 and 164 (HIPAA), and other legal restrictions affecting confidentiality of alcohol, drug abuse and medical client records in all aspects of assessment, treatment and coordination of services. Each client shall review and sign a statement showing that confidentiality was explained to them and that they understand what information is protected and under what circumstances information can or cannot be released.

(b) Providers shall utilize consent for treatment forms signed by the client ~~and~~ or legal guardian, if applicable.

(c) Providers shall review clients rights with the client and legal guardian, if applicable, obtain the signature of the client and legal guardian if applicable, and provide a copy of the signed document to the client and legal guardian, if applicable.

(e) Providers shall have a client grievance procedure. The client and legal guardian, if applicable, shall sign a form showing that they understand the procedures for filing a complaint. At a minimum, the procedure shall include review by the executive director of the provider and review by the governing board, when applicable.

Section 5. Required Personnel. Clinical services shall be provided by qualified clinical staffs that are capable of monitoring stabilized mental health problems, recognizing any instability of clients with co-occurring mental health problems, obtaining and interpreting information regarding the client's bio-psychosocial spiritual needs, and knowledgeable about the bio-psychosocial spiritual dimensions of alcohol and other drug disorders.

Section 6. Clinical Oversight.

(a) Clinical oversight shall be provided by a qualified clinical supervisor as defined in W.S. §33-38-102(a)(xiii), Mental Health Professions Practice Act.

(b) Clinical oversight shall consist of at a minimum one (1) contact per month, ~~provided on or off the site of a service~~, between a clinical supervisor and treatment staff or peer consultation if the provider is ~~for~~ one person. Providers shall ensure that each client is receiving quality care consistent with the individualized treatment plan.

(c) A clinical supervisor shall provide oversight and performance evaluation of clinical staff in the core competencies as identified by the Substance Abuse and Mental Health Services Administration (SAMHSA). Supervision or peer consultation shall be clinical, not administrative, and supervision or peer consultation shall be part of agency's staff development plan.

(d) Clinical oversight or peer consultation shall include, at a minimum, documentation of regular meetings showing that supervision took place. This documentation can be completed by either the supervisor or the person being supervised.

Section 7. Client Case Record.

(a) Each client's case record shall contain the following documentation, as applicable:

(i) Intake;

(ii) A form signed by the client ~~and~~ or legal guardian, if applicable, demonstrating receipt of policies and procedures governing the treatment process and that they understand and accept the policies and procedures. Appropriate consequences shall be documented in regard to infractions that do not require immediate termination, and shall be addressed in the client's individualized treatment plan with appropriate timeframes for clients to address infractions prior to terminating the client.

(iii) Clinical assessments;

(iv) Diagnosis or diagnostic summary;

(v) Treatment plans and periodic updates of treatment plans;

(vi) Progress notes;

(A) Progress notes shall document the condition of the client and progress or lack of progress toward specified treatment goals. Progress notes shall be detailed enough to allow a qualified person to follow the course of treatment.

(B) Progress notes for individual and group therapy sessions shall be completed as they occur ~~for each treatment session~~. ~~Progress notes for clinical groups shall be completed at least weekly.~~ The dates of services shall be documented as part of each individual ~~the~~ or group therapy session progress note.

(C) Progress notes shall be signed by the staff providing services to the client.

(vii) Consent to receive treatment signed by the client and/or guardian;

(viii) Client rights form signed by the client and/or guardian;

(ix) Releases of client confidential information, as applicable, completed in full and signed by the client and provider;

(x) Referrals;

(xi) Quality of care reviews;

(xii) Correspondence relevant to the client's treatment, including all letters and dated notations of telephone conversations conducted by provider staff;

(xiii) Documentation showing that the client was given information regarding communicable diseases, referred for screening, and provided linkages to appropriate counseling, if applicable; and

(xiv) Continued stay, transition and discharge planning.

(d) All documentation shall reflect the unique needs of each individual client and their response to treatment utilizing ASAM.

Section 8. Clinical Screening and Assessment.

(a) A provider 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 provider serving adults shall utilize the ASI or such other assessment tool as 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. The identification of the approved assessment tool shall be disseminated to all certified treatment providers by the Division. 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.

(c) A provider serving adolescents shall utilize an assessment tool which, at a minimum includes the following domains: medical, criminal, substance use, family, psychiatric, developmental, academic, and intellectual capacity; physical and sexual abuse; bio-psychosocial spiritual needs; and peer, environmental cultural history, including assessment of suicidal and homicidal ideation.

(d) A provider shall utilize the current version of the Diagnostic and Statistical Manual (DSM).

(e) A provider shall utilize the ASAM as part of the assessment process. ASAM dimensional criteria for each domain must be addressed in the assessment of each client's need for treatment.

(f) A provider shall adequately assess the client need for case management services as described in Section 12 and develop a written plan as part of the client's treatment plan for providing case management services, as applicable.

(g) A provider shall develop a diagnostic statement summarizing the above elements to assure clarity of client need and treatment recommendations.

(h) When a client is transferred from another provider and an assessment has been completed, the receiving provider must complete a transfer note showing that the assessment information was reviewed. Further, the provider must determine if the client needs are congruent with this assessment and make adjustments to treatment recommendations, if applicable.

(i) A provider may utilize other instruments in addition to those required by these rules.

Section 9. General Standards for Providers of Outpatient Substance Abuse Treatment and Intensive Outpatient ~~Treatment~~ Program ~~and Day Treatment~~ Services.

(a) ~~Day treatment services shall include twelve (12) or more hours of clinically intensive services a week with no more than three (3) days between clinical services, excluding holidays. If the provider does not have the capacity to serve an individual upon request, the provider shall provide pre-engagement services~~

~~(b)~~ Intensive outpatient program services shall consist of a minimum of nine (9) hours of structured clinical treatment programming for adults and six (6) hours of structured clinical treatment programming for adolescents per week, composed primarily of counseling and education about substance-related and mental health problems. IOP services shall, at a minimum, be provided three (3) times a week with no more than ~~72 hours~~ three (3) days between clinical services, excluding holidays. Programming shall be at least eight (8) weeks in duration. IOP services shall be available within two (2) weeks of the assessment unless the provider has no capacity to provide the service or the client is not able to begin the program. If the provider has no capacity to provide the service within two (2) weeks, engagement services or referral to another provider with the capacity shall be provided. The client's needs for psychiatric and medical services are addressed through consultation and referral arrangements if the client is stable and requires only maintenance monitoring.

(c) Therapies and Intervention Services.

(i) Services shall be provided in an amount, frequency and intensity appropriate to the client's individualized treatment plan.

(ii) Family therapy shall be utilized when indicated by client needs, involving family members, guardians and/or significant other(s) in the assessment, treatment and continuing care of the client.

(iii) Providers that provide group therapy shall ensure that a group is compiled of two or more unrelated individuals for the purpose of implementing each person's treatment plan. Group therapy may include psycho-education, skills development, cognitive-behavioral therapy, support, and interpersonal processing based on evidenced based practices. 12 Step Programs are not considered group therapy.

(iv) For clients with mental health concerns, the issues of psychotropic medication, mental health treatment and their relationship to substance abuse disorders shall be addressed, and intervention strategies shall be deployed as the need arises. Providers that provide co-occurring treatment shall offer therapies to actively address, monitor, and manage psychotropic medication, mental health treatment and the interaction with substance-related disorders.

(v) Services shall include recovery supports or a referral to recovery supports, as applicable.

(d) Individualized Treatment Planning.

(i) Treatment plans shall be completed when treatment is initiated and updated at a minimum of every 90 calendar days.

(ii) Treatment plans shall be developed with the client. The client and clinical staff responsible for the course of treatment shall sign the individualized treatment plan.

(iii) Treatment plans shall be developed utilizing the assessment information, including ASAM dimensional criteria and the DSM diagnoses.

(iv) Treatment plans shall document outcome driven goals and measureable objectives ~~that are measurable~~. Plans shall specify the changes in the client's symptoms and behaviors that are expected during the course of treatment in the current level of service and shall be expressed in measurable and understandable terms. The goals shall describe the desired improved functioning level of the client utilizing ASAM dimensional criteria.

(v) Treatment plans shall integrate mental health issues if included as part of the assessment and diagnosis, if identified as part of the assessment process, or at any point during the course of treatment.

(vi) Treatment plans 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. This review shall include a written description within the client record of degree of progress or lack of progress for each stated goal and can be completed within the progress notes or as part of an ASAM dimensional criteria review.

(vii) Treatment plans shall list the steps the client will take to meet each stated ~~goal~~ objective.

(viii) The provider shall endeavor to coordinate, when feasible, a plan that addresses individual client needs when the client is receiving services from primary care and/or other human services agencies, including, but not limited to, the Department of Education, Department of Family Services, Department of Workforce Services, or Department of Corrections.

Section 10. DUI/MIP Education ~~and Early Intervention~~ Services.

~~(a) Providers providing early intervention services apart from DUI/MIP clients may develop their own education curriculum based on evidence base practice.~~

(a) ~~The~~ A provider of DUI/MIP education services shall assure that each client is assessed consistent with the requirements in Section 6.

(i) The results of the assessment shall be provided to the court, upon request, and the Department of Transportation-Drivers Services. The assessment results shall be accompanied by a written consent from the client as required by 42 CFR, Part 2.

(ii) When the assessment results indicate a need for additional services, the provider shall make the appropriate referrals.

(iii) Each assessment shall include documentation of a review of the blood alcohol level and driving record of the client.

(b) If the provider does not complete the assessment, a copy of the recommendations resulting from an assessment shall be obtained from the entity completing the assessment, in compliance with 42 CFR Part 2.

(c) The provider shall maintain records documenting client attendance and course completion or failure to attend and/or complete.

(d) The provider shall provide a minimum of eight (8) hours of client face-to-face services with education utilizing a curriculum that is nationally recognized and appropriate to age and developmental levels. Curriculums for DUI and MIP courses must be separate curriculums and services must be provided separately.

(e) In order to complete the course, clients shall be required to develop a personal action plan based on nationally accepted practices setting forth actions he/she will take in the future to avoid violations. A copy of the written plan shall be maintained in the clinical file.

(f) Upon completion of the course, the provider will provide a certificate of completion to the client. It is the client's responsibility to notify the court of completion.

(g) The failure of a client to follow the court order or to meet the requirements of the Department of Transportation to successfully complete the course shall be reported to the court and any supervising or probation agent and/or the Department of Transportation within ten (10) business days of course date. All applicable standards regarding confidentiality as described in these standards must be followed in the release of this information.

(h) The provider shall provide a minimum of eight (8) hours of client face-to-face services utilizing one of the three Wyoming-approved, nationally recognized curriculums, and must be appropriate to age and development levels.

(i) Curriculums for Adult and Adolescent services must be separate curricula and services must be provided separately for these unique populations.

Section 11. Early Intervention Services. Providers providing early intervention services ~~apart from DUI/MIP clients~~ may develop their own education curriculum based on evidence base practice. `

Section 12. Case Management Services.

(a) Case management services may be provided directly or through memorandum of agreement among multiple agencies or providers.

(b) Providers shall collaborate with other agencies, providers, and services in the community to meet individual client needs based on ongoing assessments when applicable and when possible based on available services in the community. Special emphasis will be placed on coordinating with other providers, including, but not limited to, education institutions, vocational

rehabilitation, recovery supports and workforce development services to enhance the client's skill base, chances for gainful employment, and options for independent functioning.

Section 13. ASAM Continued Stay, Transfer and Discharge Criteria.

(a) The provider will follow ASAM criteria for continued stay, transfer and discharge of clients as applicable.

(b) Discharge Summary. A discharge summary shall be written within ninety (90) days of client's last clinical contact and shall contain a summary of pertinent case record information.

(c) The client's ASAM dimensional criteria shall be reviewed by the clinical staff person responsible for treatment at a minimum one (1) time per month or whenever the client's condition changes significantly and the level of care recommendation documented in the clinical record.

Section 14. Temporary Waivers.

(a) The Division may grant a waiver of any standard in this Chapter if the Division determines that requiring immediate compliance with a particular standard would create an undue hardship on a provider and that temporary noncompliance would not impair the quality of the services being provided.

(b) A request for a waiver may be made to the Division at any time the provider deems a standard represents an undue hardship to the program and shall be made in writing.

(c) Prior to or as a condition of granting a waiver the Division may:

(i) Set a time limit on the effective duration of the waiver; and

(ii) Require the provider to submit a written plan to the Division setting forth proposed methods of achieving compliance with the standard within the time frame of the waiver.

(d) The Division shall communicate to the provider in writing its decision on a waiver request.

Section 15. Variances.

(a) The Division may grant a variance of any personnel standard in this Chapter if the Division determines that such variance shall maintain or enhance the quality of the provider's operation and client services.

(b) A request for a variance may be made to the Division at any time and shall be made in writing.

(c) The Division shall communicate to the provider in writing its decision on a variance request.

Section 16. Severability. If any portion of this Chapter is found to be invalid or unenforceable, the remainder shall continue in full force and effect.