

Wyoming Administrative Rules

Health, Department of

Medicaid

Chapter 13: Mental Health Services

Effective Date: 01/18/2018 to 12/14/2022

Rule Type: Superceded Rules & Regulations

Reference Number: 048.0037.13.01182018

Chapter 13

Mental Health Services

Section 1. Authority. This Chapter is promulgated pursuant to the Medical Assistance and Services Act at Wyoming Statutes § 42-4-103-104.

Section 2. Purpose and Applicability.

(a) This Chapter establishes the scope of mental health and substance abuse treatment services covered by Medicaid when provided by certified community mental health centers, certified substance abuse treatment centers, licensed psychologists, licensed Advanced Practitioners of Nursing with a specialty area of psychiatric/mental health, or licensed mental health professionals, as well as the methods and standards for reimbursing providers of such services. It shall apply to all such services provided on or after its effective date.

(b) Title XIX of the Social Security Act; 42 C.F.R. § 440.130, § 440.40(b), § 440.169; and the Medicaid State Plan also apply to this Chapter.

Section 3. Definitions. Except as otherwise specified in Chapter 1, or as defined herein, the terminology used in this Chapter is the standard terminology and has the standard meaning used in mental health care, substance abuse care, Medicaid, and Medicare.

(a) “Certified center.” A community mental health or substance abuse treatment center that is certified by the Division of Behavioral Health.

(b) “Clinical Professional.” An individual who is licensed as a:

- (i) Licensed Addictions Therapist;
- (ii) Licensed Advanced Practitioner of Nursing with a specialty area of psychiatric/mental health (APRN);
- (iii) Licensed Clinical Social Worker;
- (iv) Licensed Marriage and Family Therapist;
- (v) Licensed Physician;
- (vi) Licensed Professional Counselor;
- (vii) Licensed Psychiatric Nurse (Master level);
- (viii) Licensed Psychologist;

(ix) Board Certified Behavior Analyst – Doctoral (BCBA-D), as defined by the Behavior Analyst Certification Board; or

(x) Board Certified Behavior Analyst (BCBA), as defined by the Behavior Analyst Certification Board.

(c) “Clinical staff.” An individual who is a:

(i) Certified Addictions Practitioner (CAP), who is certified by the Mental Health Professions Licensing Board pursuant to the Wyoming Mental Health Professions Practice Act (Wyo. Stat. §§ 33-38-101-113) to practice under the supervision of a licensed and qualified clinical supervisor;

(ii) Certified Addictions Practitioner Assistant (CAPA), who is certified by the Wyoming Mental Health Professions Licensing Board or similar authority in another State to practice under the supervision of a licensed and qualified clinical supervisor;

(iii) Certified Peer Specialist (CPS), who has a minimum general equivalency diploma (GED) or high school diploma; meets the criteria and supervision requirements of a Mental Health Technician; is certified by the Division of Behavioral Health as a peer specialist; and is working under the documented, scheduled supervision of a licensed mental health professional;

(iv) Certified Social Worker (CSW) or a Certified Mental Health Worker (CMHW), who is certified by the Wyoming Mental Health Professions Licensing Board or similar authority in another State to practice under the supervision of a qualified clinical supervisor licensed in the state of Wyoming;

(v) Licensed Practical Nurse (LPN), who is performing nursing duties within the scope of practice as defined by the Wyoming Board of Nursing Rules, Chapter 3-Standards of Nursing Practice;

(vi) Mental Health Assistant (MHA), who has achieved a bachelor’s degree in a human relations discipline as specified in the Wyoming Standards for the Operation of Community Mental Health and Substance Abuse Programs and who is working under the documented, scheduled supervision of a licensed mental health professional;

(vii) Mental Health Technician (MHT), who has a minimum general equivalent diploma, a high school diploma, or a higher degree in an other than human relations discipline and who is working under the documented, scheduled supervision of a licensed mental health professional;

(viii) Provisional licensee, who is provisionally licensed by the Wyoming Mental Health Professions Licensing or similar authority in another State to practice under the supervision of a licensed and qualified clinical supervisor. This includes student interns who

meet the qualifications required by their respective Board and are practicing and billing under the direct supervision of a licensed and qualified clinical supervisor;

(ix) Registered Nurse (RN) who is performing nursing duties within the scope of practice as defined by the Wyoming Board of Nursing Rules, Chapter 3-Standards of Nursing Practice;

(x) Board Certified Assistant Behavior Analyst (BCaBA), as defined by the Behavior Analyst Certification Board; or

(xi) Registered Behavior Technician (RBT), as defined by the Behavior Analyst Certification Board.

(d) “Collateral contact.” An individual involved in the client’s care. This individual may be a family member, guardian, healthcare professional, or person who is a knowledgeable source of information about the client’s situation and serves to support or corroborate information provided by the client. The individual contributes a direct and an exclusive benefit for the covered client.

(e) “Habilitative services.” Services that help patients keep, learn, or improve skills and functioning for daily living. Examples would include therapy for a child who is not walking or talking at the expected age.

(f) “Rehabilitative services.” Services that help patients keep, get back, or improve skills and functioning for daily living that have been lost or impaired because the client was sick, hurt, or suddenly disabled.

Section 4. Provider Participation.

(a) Payments only to providers. No certified center, licensed psychologist, licensed APRN, or licensed mental health professional that furnishes services to a client shall receive Medicaid reimbursement unless enrolled with Medicaid.

(b) Compliance with Chapter 3. A certified center, licensed psychologist, licensed APRN, or licensed mental health professional that wishes to receive Medicaid reimbursement for services furnished to a client shall meet the provider participation requirements of Chapter 3.

Section 5. Special Requirements for Mental Health Services.

(a) To receive Medicaid reimbursement, a certified center shall:

(i) Be certified by the Division of Behavioral Health and meet Medicaid enrollment requirements; and

(ii) Have an internal quality assurance plan that meets Medicaid requirements under Section 11 of this Chapter.

(b) Case management services. Each member of a certified center's staff who provides case management services shall:

(i) Be employed by, or under contract with, a certified center; and

(ii) Be a clinical professional or clinical staff member.

(c) Individual Rehabilitative Services (IRS). All members of the staff who provide IRS shall:

(i) Be eighteen (18) years of age or older;

(ii) Be employed by, or under contract with, a certified center;

(iii) Complete a basic training program which includes non-violent behavior management;

(iv) Have a minimum general equivalency diploma or high school diploma; and

(v) Be supervised by the client's primary therapist as evidenced by co-signature of the primary therapist on each IRS progress note.

(d) Mental Health Center Services. Each member of a certified center's staff who provides mental health center services shall:

(i) Be employed by, or under contract with, a certified center; and

(ii) Be a clinical professional or clinical staff member per the requirements of the specific service provided.

Section 6. Covered Services.

(a) Covered services shall be:

(i) Furnished to a client or collateral contact for the direct and exclusive benefit of the client;

(ii) Furnished pursuant to a treatment plan, updated and signed by a clinical professional at least every ninety (90) days. Unless the service is an initial clinical assessment, the treatment plan shall list the type, frequency, and duration of each service provided.

(iii) Documented by providing a legible progress note in the client's medical record. Each progress note shall contain a hand-written or electronic signature and credentials of the provider and shall specify:

- (A) Service type and setting (if outside of the office);
- (B) Begin and end times (Military or Standard Time); and
- (C) Client progress towards goals identified in their current treatment plan; and

(iv) Rehabilitative and medically necessary.

(b) The following are covered services when furnished by a certified center:

- (i) Clinical assessments;
- (ii) Office-based individual and family therapy;
- (iii) Community-based individual and family therapy;
- (iv) Psychosocial rehabilitation (day treatment);
- (v) Intensive outpatient program (IOP);
- (vi) Group therapy;
- (vii) Comprehensive medication services;
- (viii) Individual rehabilitative services (IRS);
- (ix) Certified peer specialist services;
- (x) Targeted case management provided to clients twenty-one (21) years of age and older; and
- (xi) Ongoing case management provided to clients under twenty-one (21) years of age.

(c) The following are covered services when furnished by a licensed psychologist, licensed APRN, or licensed mental health professional:

- (i) Clinical assessment;
- (ii) Office-based individual and family therapy services;

- (iii) Community-based individual and family therapy;
 - (iv) Group therapy;
 - (v) Ongoing case management services provided to clients under twenty-one (21) years of age; and
 - (vi) Additional services as specified in Medicaid policy manuals and provider bulletins. These services provided by licensed psychologists or licensed APRNs may include psychological testing, psychotherapy, and evaluation and management services.
- (d) The following are covered services when furnished by a licensed and board certified behavior analyst:
- (i) Behavior identification assessments,
 - (ii) Observational behavioral follow-up assessments,
 - (iii) Adaptive behavior treatments, and
 - (iv) Family adaptive behavior treatment guidance.
- (e) Adaptive behavior treatment is a covered service when furnished by a board certified assistant behavior analyst or a registered behavior technician.

Section 7. Service Limitations.

- (a) Medicaid reimbursement for rehabilitative services shall be limited to twenty (20) visits per calendar year, unless pre-approved based on a determination that additional services are medically necessary.
- (b) Habilitative services are not covered for clients twenty-one (21) years of age or older.

Section 8. Excluded Services. The following services are excluded:

- (a) Clinical services which are not provided in person or via a telehealth modality, other than collateral contacts necessary to develop or implement a treatment plan;
- (b) Education, public education, public relations, and speaking engagements;
- (c) Day care;
- (d) Driving while under the influence (DUI) classes;

- (e) Missed appointments;
- (f) Psychological testing done for the sole purpose of education diagnosis, school or institution admission or placement;
- (g) Record-keeping time, unless allowed by a specific service code;
- (h) Recreation and socialization without an active clinical treatment component as specified in the individual client's treatment plan;
- (j) Remedial or other formal education;
- (k) Residential room, board, or care;
- (m) Substance abuse or mental health disorder prevention services;
- (n) Support groups, such as Alcoholics Anonymous or Narcotics Anonymous;
- (o) Time spent preparing records or reports; except:
 - (i) Up to three (3) hours for a licensed psychologist to prepare a formal report of test findings; and
 - (ii) Time spent completing reports, forms, and correspondence regarding case management services in a client's treatment plan.
- (p) Vocational services;
- (q) Services provided to a client with:
 - (i) Sole Diagnostic and Statistical Manual (DSM) diagnosis of intellectual or cognitive disability;
 - (ii) DSM diagnosis of factitious disorder; or
 - (iii) DSM diagnosis of any ICD-10 "Z" code, unless the client's medical record contains a written statement signed by the affiliated clinical professional explaining why the treatment of a condition that is not classified as a mental disorder is medically necessary;
- (r) Services provided by a school psychologist.

Section 9. Limited Services for Nursing Home Residents. Medicaid reimbursement for services provided to a client in a nursing facility is limited to:

- (a) Clinical assessment;

- (b) Community-based individual and family therapy; and
- (c) Group therapy.

Section 10. Prior Authorization. Prior authorization of mental health services and substance abuse treatment services shall be governed by the prior authorization requirements of Chapter 3.

Section 11. Quality Assurance for Centers.

(a) Each certified center shall have a quality assurance plan that meets the standards specified in the Wyoming Medicaid Program Community Mental Health and Substance Use Treatment Services and has been approved by the Department.

Section 12. Submission and Payment of Claims. Payment and submission of claims shall be pursuant to Chapter 3.

Section 13. Third Party Liability. Claims subject to third party liability shall be submitted in accordance with Chapter 35.

Section 14. Audits. Audits shall be subject to the provisions of Chapter 16.

Section 15. Recovery of Overpayments. The Department shall recover overpayments pursuant to Chapter 16.

Section 16. Reconsideration. A provider may request reconsideration of the decision to recover overpayments pursuant to Chapter 16.

Section 17. Disposition of Recovered Funds. The Department shall dispose of recovered funds pursuant to the provisions of Chapter 16.

Section 18. Interpretation of Chapter.

(a) The order in which the provisions of this Chapter appear shall not be construed to mean any one provision is more or less important than any other provision.

(b) The text of this Chapter shall control the titles of its various provisions.

Section 19. Superseding Effect. This Chapter supersedes all prior rules and policy statements issued by the Department, including manuals and bulletins, which are inconsistent with this Chapter.

Section 20. Severability. If any portion of this Chapter is found to be invalid or unenforceable, the remainder shall continue in full force.

Section 21. Incorporation by Reference.

(a) For any code, standard, rule, or regulation incorporated by referenced in these rules:

(i) The Department of Health has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;

(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (b) of this section; and

(iii) The incorporated, code, standard, rule, or regulation is maintained at the Department of Health and is available for public inspection and copying at cost at the same location.

(b) Each rule incorporated by reference in these rules is further identified as follows:

(i) Referenced in Section 2 of this Chapter is 42 C.F.R. § 440.130 – Diagnostic, screening, preventive, and rehabilitative services, adopted by Centers for Medicare and Medicaid Services, Department of Health and Human Services and effective on July 15, 2013, found at: www.ecfr.gov.

(ii) Referenced in Section 2 of this Chapter is 42 C.F.R. § 440.40(b) – Nursing facility services for individuals age 21 or older (other than services in an institution for mental disease), EPSDT, and family planning services and supplies, adopted by Centers for Medicare and Medicaid Services, Department of Health and Human Services and effective on August 4, 2003, found at: www.ecfr.gov.

(iii) Referenced in Section 2 of this Chapter is 42 C.F.R. § 440.169 – Case management services, adopted by Centers for Medicare and Medicaid Services, Department of Health and Human Services and effective on June 30, 2009, found at: www.ecfr.gov.

(iv) Referenced in Section 2 of this Chapter is the Medicaid State Plan, adopted by the Department of Health, found at: <https://health.wyo.gov/healthcarefin/medicaid/spa/>.

(v) Referenced in Section 3 is Chapter 1 – Definitions, adopted by the Department of Health and effective on November 7, 2011, found at <https://rules.wyo.gov/Default.aspx>.

(vi) Referenced in Section 4, 10, and 12 is Chapter 3 – Provider Participation, adopted by the Department of Health and effective on December 16, 1998, found at <https://rules.wyo.gov/Default.aspx>.

(vii) Referenced in Section 14, 15, 16, and 17 is Chapter 16 – Program Integrity, adopted by the Department of Health and effective on November 7, 2011, found at <https://rules.wyo.gov/Default.aspx>.

(viii) Referenced in Section 13 is Chapter 35 – Medicaid Benefit Recovery, adopted by the Department of Health and effective on March 25, 2005, found at <https://rules.wyo.gov/Default.aspx>.