

SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT AGREEMENT
between
LARAMIE COUNTY, WYOMING and SPECIALTY COUNSELING AND
CONSULTING, LLC

THIS AGREEMENT is made and entered into by and between Laramie County, Wyoming, P.O. Box 608, Cheyenne, Wyoming 82003-0608, ("COUNTY") and Specialty Counseling and Consulting, LLC, located at 4025 Rawlins Street, Cheyenne, Wyoming 82001 ("CONTRACTOR"). The parties agree as follows:

I. PURPOSE

The purpose of this Agreement is for CONTRACTOR to provide substance abuse and mental health treatment services, drug testing, and other treatment related services, for Laramie County DUI Court program participants.

II. TERM

This Agreement shall commence on the day last executed by the parties, or their duly authorized representatives, and shall remain in full force and effect until June 30, 2024.

III. RESPONSIBILITIES OF COUNTY

COUNTY shall pay CONTRACTOR an amount not to exceed one-hundred forty thousand, four-hundred six dollars and (\$140,406.00). Payment will be made monthly upon receipt of CONTRACTOR'S invoice to the COUNTY, or submission of other documentation certifying completion of the services, and upon review and approval by the Director of the Laramie County Treatment Court programs. No payment shall be made before the last signature is affixed to this Agreement. Payments shall be in accordance with Wyo. Stat. § 16-6-602 (as amended).

IV. RESPONSIBILITIES OF CONTRACTOR

A. CONTRACTOR shall provide substance abuse and mental health treatment, case management, drug and alcohol testing, and other services as may be required or requested by the Laramie County Treatment Court Director, or the Laramie County DUI Court Team, for Laramie County DUI Court participants.

1. The CONTRACTOR agrees to maintain Commission on Accreditation of Rehabilitation Facilities (CARF) and State of Wyoming Department of Health accreditation for the treatment of substance use and mental health disorders. CONTRACTOR is obligated to immediately notify COUNTY of any loss of accreditation or certification. The CONTRACTOR'S accreditation/certifications are material components of the Agreement. Loss of accreditation/certification will result in termination of the Agreement and termination of payment from the date accreditation is lost. COUNTY will be responsible for payment for services received prior to the loss of accreditation/certification.

2. The CONTRACTOR will maintain and provide as necessary any accreditation or certification report for substance abuse disorder services resulting from the most recent accreditation or certification visit. If accreditation or certification occurs during the term of this agreement, the CONTRACTOR will provide a PDF copy of the accreditation or certification report, Quality Improvement Plan (QIP), or any other accreditation or certification related documents to the COUNTY.
3. The CONTRACTOR shall provide a PDF copy of the Annual Conformance to Quality Report (ACQR) and documentation the ACQR was accepted by the accrediting or certifying body to the COUNTY.
4. The CONTRACTOR shall provide a PDF copy of any ongoing communication of administrative issues, significant events, or correction action plans that may be required for accreditation to the COUNTY.
5. The CONTRACTOR agrees to send monthly invoices within thirty (30) days.
6. The CONTRACTOR agrees to enter substance use and mental health treatment data, drug testing data, or any other data that may be collected and/or required in the Wyoming Department of Health's 5-Point Case Management System in support of the Laramie County DUI Court program.
7. The CONTRACTOR agrees to meet the following Department of Health performance measurements;
 - (A) Provide an average of three and one-half (3.5) ancillary services or referrals per participant per month.
 - (B) Provide an average of five (5) treatment attendance contacts per participant per month.

B. CONTRACTOR agrees to retain all required records for three (3) years after the County makes final payment and all other matters relating to the Agreement are concluded. CONTRACTOR agrees to permit access by the COUNTY or any of its duly authorized representatives to any books, documents, papers and records of the CONTRACTOR which are directly pertinent to this specific Agreement for purposes including but not limited to audit, examination, excerpts, and transcriptions. It is agreed that finished or unfinished documents, data or reports, prepared by CONTRACTOR under this contract shall be considered the property of the COUNTY and upon completion of the services to be performed, or upon termination of this Agreement for cause, or for the convenience of the COUNTY, a copy of said documents will be turned over to the COUNTY.

V. GENERAL PROVISIONS

A. Independent Contractor: The services to be performed by CONTRACTOR are those of an independent contractor and not as an employee of COUNTY. CONTRACTOR is not eligible for Laramie County Employee benefits and will be treated as an independent contractor for federal tax filing purposes. CONTRACTOR assumes responsibility for its personnel who provide services pursuant to this contract and will make all deductions required of employers by state, federal, and local laws and shall maintain liability insurance for each of them. CONTRACTOR is free to perform the same or similar services for others.

B. Acceptance Not Waiver: COUNTY approval of the reports, and work or materials furnished hereunder shall not in any way relieve CONTRACTOR of responsibility for the

technical accuracy of the work. COUNTY approval or acceptance of, or payment for, any of the services shall not be construed to operate as a waiver of any rights under this Agreement or of any cause of action arising out of the performance of this Agreement.

C. Termination: This Agreement may be terminated (a) by either party at any time for failure of the other party to comply with the terms and conditions of this agreement; (b) by either party, with thirty (30) days' prior written notice to the other party; or (c) upon mutual written agreement by both parties.

D. Entire Agreement: This Agreement represent the entire and integrated agreement and understanding between the parties and supersede all prior negotiations, statements, representations and agreements, whether written or oral.

E. Assignment: Neither this Agreement, nor any rights or obligations hereunder shall be assigned or delegated by a party without the prior written consent of the other party.

F. Modification: This Agreement shall be modified only by a written agreement, duly executed by all parties hereto.

G. Invalidity: If any provision of this Agreement is held invalid or unenforceable by any court of competent jurisdiction, or if the COUNTY is advised of any such actual or potential invalidity or unenforceability, such holding or advice shall not invalidate or render unenforceable any other provision hereof. It is the express intent of the parties that the provisions of this Agreement are fully severable.

H. Applicable Law and Venue: The parties mutually understand and agree this Agreement shall be governed by and interpreted pursuant to the laws of the State of Wyoming. If any dispute arises between the parties from or concerning this Agreement or the subject matter hereof, any suit or proceeding at law or in equity shall be brought in the District Court of the State of Wyoming, First Judicial District, sitting at Cheyenne, Wyoming. The foregoing provisions of this paragraph are agreed by the parties to be a material inducement to CONTRACTOR and to COUNTY in executing this Agreement. This provision is not intended, nor shall it be construed to waive COUNTY's governmental immunity as provided in this Agreement.

I. Contingencies: CONTRACTOR certifies and warrants no gratuities, kickbacks or contingency fees were paid in connection with this Agreement, nor were any fees, commissions, gifts or other considerations made contingent upon the award of this Agreement.

J. Discrimination: All parties agree they will not discriminate against any person who performs work under the terms and conditions of this Agreement because of race, color, gender, creed, handicapping condition, or national origin.

K. ADA Compliance: All parties agree they will not discriminate against a qualified individual with disability, pursuant to a law as set forth in the Americans with Disabilities Act, P.L. 101-336, 42 U.S.C. § 12101, *et seq.*, and/or any properly promulgated rules and regulations relating thereto.

L. **Governmental/Sovereign Immunity:** COUNTY does not waive its Governmental/Sovereign Immunity, as provided by any applicable law including W.S. § 1-39-101 *et seq.*, by entering into this Agreement. Further, COUNTY fully retains all immunities and defenses provided by law with regard to any action, whether in tort, contract or any other theory of law, based on this Agreement.

M. **Indemnification:** To the fullest extent permitted by law, CONTRACTOR agrees to indemnify and hold harmless COUNTY, its elected and appointed officials, employees and volunteers from any and all liability for injuries, damages, claims, penalties, actions, demands or expenses arising from or in connection with work performed by or on behalf of CONTRACTOR for COUNTY except to the extent liability is caused by the sole negligence or willful misconduct of COUNTY or its employees. CONTRACTOR shall carry liability insurance sufficient to cover its obligations under this provision, including all insurance required in the attached Exhibit 1: "Insurance Requirements," and shall file certificates of such insurance satisfactory to the County and approved by the County.

N. **Third Parties:** The parties do not intend to create in any other individual or entity the status of third-party beneficiary, and this Agreement shall not be construed so as to create such status. The rights, duties and obligations contained in this Agreement shall operate only between the parties to the Agreement and shall inure solely to the benefit of the parties to this Agreement.

O. **Conflict of Interest:** COUNTY and CONTRACTOR affirm, to their knowledge, no CONTRACTOR employee has any personal beneficial interest whatsoever in the agreement described herein. No staff member of CONTRACTOR, compensated either partially or wholly with funds from this Agreement, shall engage in any conduct or activity which would constitute a conflict of interest relative to this Agreement.

P. **Force Majeure:** Neither party shall be liable to perform under this Agreement if such failure arises out of causes beyond control, and without the fault or the negligence of said party. Such causes may include, but are not restricted to, Act of God or the public enemy, fires, floods, epidemics, quarantine restrictions, freight embargoes, and unusually severe weather. In every case, however, a failure to perform must be beyond the control and without the fault or the negligence of said party.

Q. **Limitation on Payment:** COUNTY's payment obligation is conditioned upon the availability of funds which are appropriated or allocated for the payment of this obligation. If funds are not allocated and available for the continuance of the services and equipment provided by CONTRACTOR, the Agreement may be terminated by COUNTY at the end of the period for which funds are available. COUNTY shall notify CONTRACTOR at the earliest possible time of the services which will or may be affected by a shortage of funds. At the earliest possible time means at least thirty (30) days before the shortage will affect payment of claims if COUNTY knows of the shortage at least thirty (30) days in advance. No penalty shall accrue to COUNTY in the event this provision is exercised, and COUNTY shall not be obligated or liable for any future payments due or for any damages as a result of termination under this provision. If the available funds dedicated to this agreement are depleted prior to the expiration date of this

agreement as noted in Section II, the CONTRACTOR agrees to continue to provide services to DUI Court participants as specified in this agreement until the expiration of this agreement or until new funds become available. Any additional services provided to the COUNTY in accordance with this Agreement, which remains uncompensated at the end of the fiscal year shall be documented and provided to the Director of the Laramie County Treatment Courts to be used as in-kind donations in future funding applications.

R. Notices: All notices required and permitted under this Agreement shall be deemed to have been given, if and when deposited in the U.S. Mail, properly stamped and addressed to the party for whom intended at such parties' address listed herein, or when personally delivered personally to such party. A party may change its address for notice hereunder by giving written notice to the other party.

S. Compliance with Laws: CONTRACTOR shall comply with all applicable laws, regulations and ordinances, whether Federal, State or Local.

T. Agreement Controls: Where a conflict exists or arises between any provision or condition of this Agreement, and any provisions and conditions set forth in its attachments this Agreement shall control.

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SUBSTANCE ABUSE TREATMENT PROGRAM AGREEMENT
between
LARAMIE COUNTY, WYOMING and SPECIALTY COUNSELING AND
CONSULTING, LLC

Signature Page

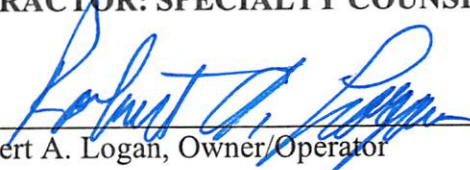
LARAMIE COUNTY, WYOMING

By: _____ Date _____
Troy Thomsson, Chairman, Laramie County Commissioners

ATTEST:

By: _____ Date _____
Debra Lee, Laramie County Clerk

CONTRACTOR: SPECIALTY COUNSELING AND CONSULTING, LLC

By:  _____ Date 7-21-23
Robert A. Logan, Owner/Operator

This Agreement is effective the date of the last signature affixed to this page.

REVIEWED AND APPROVED AS TO FORM ONLY:


By:  _____ Date 8/8/23
Laramie County Attorney's Office

Exhibit 1
Insurance Requirements

Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the Contractor, his agents, representatives, employees or subcontractors.

MINIMUM SCOPE AND LIMIT OF INSURANCE

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal and advertising injury with limits no less than **\$2,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.

2. **Automobile Liability:** ISO Form Number CA 00 01 covering any auto (Code 1), or if Contractor has no owned autos, hired, (Code 8) and non-owned autos (Code 9), with limit no less than **\$1,000,000** per accident for bodily injury and property damage.

3. **Workers' Compensation:** as required by the State of Wyoming with Statutory Limits, and Employer's Liability Insurance with limit of no less than **\$1,000,000** per accident for bodily injury or disease.

4. **Professional Liability (Errors and Omissions):** Insurance appropriate to the Contractor's profession with limit no less than **\$1,000,000** per occurrence or claim, **\$2,000,000** aggregate. *(If applicable – see footnote next page)*

If the contractor maintains higher limits than the minimums shown above, the Entity requires and shall be entitled to coverage for the higher limits maintained by the contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the Entity.

Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions:

Additional Insured Status

The Entity, its officers, officials, employees and volunteers are to be covered as additional insured's on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form

of an endorsement to the Contractor's insurance (at least as broad as ISO Form CG 20 10 11 85 or if not available, through the addition of both CG 20 10 and CG 20 37 if a later edition is used).

Primary Coverage

For any claims related to this contract, the Contractor's insurance coverage shall be primary insurance as respects the Entity, its officers, officials, employees, and volunteers. Any insurance of self-insurance maintained by the Entity, its officers, officials, employees, or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.

Notice of Cancellation

Each insurance policy required above shall provide that coverage shall not be cancelled, except with notice of Entity.

Waiver of Subrogation

Contractor hereby grants to Entity a waiver of any right to subrogation which any insurer of said Contractor may acquire against the Entity by virtue of the payment of any loss under such insurance. Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the Entity has received a waiver of subrogation endorsement from the insurer.

Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions must be declared to and approved by the Entity. The Entity may require the Contractor to purchase coverage with a lower deductible or retention or provide proof of ability to pay losses and related investigations, claims administration, and defense expenses within the retention.

Acceptability of Insurers

Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the Entity.

Claims Made Policies (note – should be applicable only to professional liability, see below)

If any of the required policies provide claims-made coverage:

1. The Retroactive Date must be shown and must be before the date of the contract or the beginning of contract work.
2. Insurance must be maintained, and evidence of insurance must be provided ***for at least five (5) years after completion of the contract work.***
3. If coverage is cancelled or non-renewed, and not replaced ***with another claims-made policy form with a Retroactive Date prior to*** the contract effective date, the contractor must

purchase “extended reporting” coverage for a minimum of *five (5)* years after completion of work.

Verification of Coverage

Contractor shall furnish the Entity with original certificates and amendatory endorsements or copies of the applicable policy language effecting coverage required by this clause. All certificates and endorsements are to be received and approved the Entity before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the Contractor’s obligation to provide them. The Entity reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

Special Risks or Circumstances

Entity reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

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4025 Rawlins Street
Cheyenne, WY 82001
307-426-4798

501 East Richards
Douglas, WY 82633
307-717-0002

975 Gilchrist
Wheatland, WY 82201
307-322-8122

1318 South College #7
Fort Collins, CO 80524
970-942-3031

Proposal to the Laramie County DUI Court

RFP No. 0006-2022

Submitted by Specialty Counseling & Consulting, LLC.
May 12, 2022

Primary Contact:

Robert A. Logan, MS, LPC, Owner/Operator
Specialty Counseling & Consulting, LLC.
4025 Rawlins St. Cheyenne, WY 82001
Office: 307.426.4797 Cell: 307.275.2483

blogan@specialtycounseling.com

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<ul style="list-style-type: none">● Attachment A, <i>List of Licenses and Certificates for Current Staff designated for Project</i><ul style="list-style-type: none">○ Gary King, LPC○ Randall Basden, LPC○ Stephanie Keller, CSW○ Andrew Corbine, CSW (Peer Specialist)○ Tyler Bartow, PCSW○ Amy Mavy, LCSW○ Joee Speicher, (Case Manager/Peer Specialist)○ Rachel Ball (Case Manager○ Robert Logan, LPC● Attachment B, CARF Accreditation Letter● Attachment C, State of Wyoming Accreditation Letter● Attachment D, Program Operations/On-site Drug Testing● Attachment E, Program Operations/Formal Grievance Procedures	

- **Attachment F, Program Operations/Emergency Services Protocol**
- **Attachment G, MAT Provider MOU/Contract**
- **Attachment H, Forms**
 - **Complete Intake Packet**
 - **Agency Insurance Information**
 - **Quality Assurance Review Form**
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 - **Clinical Intake Assessment Form**
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Statement of Qualification

Specialty Counseling & Consulting, LLC. (SCC), is a privately-owned, Cheyenne-based Agency, incorporated in November of 2010, EIN 27-399-5406.

SCC services the Laramie, Albany, Converse, and Platte Counties (WY) as well as Larimer and Weld Counties in Colorado, with offices in Cheyenne, Wheatland, Casper, Laramie, and Douglas, WY, and Ft. Collins and Greeley, CO.

SCC is a State of Wyoming certified Substance Abuse service provider, and offers a variety of Clinical Services, including for individuals, family, groups, children & adolescents. Currently, SCC employs 25 (twenty-five) licensed or provisionally licensed clinical staff (therapists and clinical case coordinators), as well as 5 (five) case managers and 4 (four) clinical interns.

SCC provides both Outpatient Substance Abuse and Mental Health services for private clients, as well as for criminal justice clients, both adult and juveniles. Currently, the Wyoming Department of Family Services (DFS) refers juvenile clients to the agency.

SCC also provides substance abuse evaluation and treatment services to adult Federal probation clients, under a contract with the U.S. Probation Office. These services include Intensive Outpatient treatment, groups, and individual therapy for post-conviction and pre-trial clients.

The following SCC staff members will be primarily assigned work under this Contract:

- ***Attachment A, List of Licenses and Certifications of Current Staff designated for Project***
 - Gary King, LPC
 - Randall Basden, LPC
 - Stephanie Keller, CSW
 - Andrew Corbine, CSW (Peer Specialist)
 - Tyler Bartow, PCSW
 - Amy Mavy, LCSW
 - Joee Speicher, (Case Manager/Peer Specialist)
 - Rachel Ball (Case Manager)
 - Robert Logan, LPC

Specialty Counseling & Consulting completed an initial CARF accreditation visit in February 2015, Survey #77096. SCC was awarded a 3-year CARF accreditation as a result of this survey. SCC has since completed full CARF surveys January 2018 and again August of 2021 resulting in full 3-year accreditations. SCC current CARF accreditation expires on February 29, 2024 (See Attachment B). This most recent CARF visit covered the Cheyenne and all supporting offices, and surveyed the Agency's Case Management and Services Coordination-Family Services, Integrated Outpatient Treatment for Adults, and Integrated Outpatient Treatment for Children & Adolescents programs (see *Attachment B*).

SCC is also fully certified/accredited by the State of Wyoming, Department of Health/Behavioral Health as a Substance Use Treatment Facility. This certification is for each of the components of Intensive Case Management, and Integrated Mental Health and Substance Abuse for both Adults and Adolescents. The most recent certification was completed July, 2020 and the next certification is due by July 31, 2022 (see Attachment C). It is fully expected that each of the involved Levels of Care will again be approved and certified.

All SCC clinical and support services staff are covered under the SCC agency insurance plan which includes individual liability / malpractice insurance with minimum coverage limits of One Million Dollars (\$1,000,000.00) per incident and Three Million Dollars (\$3,000,000.00) in the annual aggregate (see Attachments H-5, for copies of required liability and malpractice insurances).

Understanding of the Project

Specialty Counseling & Consulting staff currently handle a caseload of approximately 750 (seven-hundred fifty) clients across 8 different sites.

Specialty Counseling & Consulting staff have the ability to conduct assessments, testing, and individual, family, or group sessions at the Agency's Cheyenne facility at 4025 Rawlins St., or in any other local facilities, if/as needed.

In addition to Licensed Clinical Staff, SCC also employs Clinical Case Coordinators and Peer Support Specialists who are trained in, and work within the High Fidelity Wraparound Model. Clinical Case Coordinators and Peer Specialists work closely with Licensed Therapists to ensure that client needs are met outside regularly-scheduled therapy session times.

Wraparound services ensure the implementation of meeting the individual and group needs of all participants. Factors to be addressed are in two categories.

Criminogenic Factors:

- Peers/Acquaintances/Companions (Including family/marital)
- Employment/Education
- Antisocial Beliefs/Values
- Temperament (lack of empathy, opportunistic vs. Impulsive)
- Leisure & Recreation
- Substance Abuse

Non-Criminogenic Factors:

- Low Self-Esteem
- Anxiety
- Creative Abilities
- Mental Health
- Physical Health
- Culture

Substance Abuse Assessments at Specialty Counseling & Consulting consist of ASI, ASAM, SASSI, Clinical Intake (see Attachments H, Intake Form), and/or other instruments as deemed appropriate. Collateral contacts and prior records are used when possible.

The Operations Manager, Office/Finance Manager, and Quality Assurance Manager ensure that client information is safe and secure. HIPAA compliance is monitored closely, to include hard copies of client information, and electronic information. Official Release of Information Forms are completed and signed as needed (see Attachment H-4, ROI Form).

Treatment Philosophy/Theoretical Orientation

The primary goal of this program is responsible living, and increasing individual and family wellness. The program components are evidence-based practice, *The Change Companies and MRT* curricula and components. They are based on cognitive behavioral therapy (CBT), social learning theory (SLT) and pro-social modeling. Strategies incorporated are designed specific for adults involved in the correction system and substance abuse. However, they are also proven beneficial for adults who are involved with substance abuse but are not involved in the correction system.

The treatment program design consists of all facets of evidence-based practices utilizing assessments consisting of ASAM dimensions folded into a bio-psych-social, validated assessment tools, evidence-based practice curriculum. The highly skilled therapists are

beneficial for adults who are involved with substance abuse but are not involved in the correction system.

The treatment program design consists of all facets of evidence-based practices utilizing assessments consisting of ASAM dimensions folded into a bio-psych-social, validated assessment tools, evidence-based practice curriculum. The highly skilled therapists are extensively trained in substance abuse treatment, co-occurring disorders, program curriculum and all related services.

These services are as follows:

- a) Adult Intensive Outpatient Program (IOP)
- b) Adult Outpatient Program
- c) Individual Counseling
- d) Family Counseling and Group
- e) Case Management
- f) Peer Support

Levels of Care

The Intensive Outpatient Treatment is a six-month program.

The first four (4) months are nine hours per week and are follows:

- a) Three 2.5-hour group sessions per week
- b) One individual session per week
- c) One family session per week.

The final two (2) months are four hours per week focused on relapse prevention as follows:

- a) Once weekly 1-hour group session
- b) Individual session every two weeks and/or as needed
- c) Family session every two weeks and/or as needed

The Regular outpatient program is a three-month program. The first two months are as follows:

- a) Two 2-hour group sessions per week
- b) One individual session per week
- c) One family session per week.

The final four weeks are three hours per week and focuses on relapse prevention as follows:

- a) Once weekly 2-hour group session
- b) Individual session every two weeks and/or as needed
- c) Family session every two weeks and/or as needed

Program Design and Treatment Interventions

1. Individual Change Plan

- Learn specific stages of change of how people change**
- Learn key techniques to help change any problem behavior**
- Explore your denial**
- Identify issues as to how your irresponsible behavior has affected your life**
- Weigh options for responsible living**
- Create a plan of action**
- Learn how to maintain your behavior**

2. Substance Using Behaviors

- Understand substance addiction and your relationship to alcohol and other drugs**
- Understand the impact that alcohol and other drugs have on your body**
- Recognize and understand terms such as primary, tolerance and switching addictions.**
- Explore facts about alcohol, methamphetamine marijuana, cocaine, opiates/narcotics, inhalants, hallucinogens, sedating pills, prescription drugs and synthetic drugs.**

3. Thinking Errors.

- Examine your thinking to make certain it is objective & accurate**
- Recognize errors in your thinking that can get you in trouble**
- Understand how thinking errors support an irresponsible life style**
- Learn what is involved in changing habits**
- Consider how you will handle the reaction of others as you change your thinking**

4. Life Management Personal Growth

- Examine differences between healthy and unhealthy relationships**
- Learn proven ways to communicate effectively**
- Identify how your irresponsible behavior has affected family members**
- Explore way you can meet your parent roles and responsibilities**
- Examine feelings that may cause problems in your efforts to make behavior change**
- Explore the role anger plays in your life and criminal behavior**
- Understand that you have the power and responsibility to control your anger**
- Look at how your actions have affected the lives of others.**

5. Coping Skills

- Asking for and accepting feedback from others**
- Practicing effective communication**
- Learning how to escape from your cravings**
- Finding ways to reduce your stress**
- Learning way to handle temptations**

Improving your decision-making abilities
Identifying your anger triggers and ways to effectively deal with anger
Building healthy personal relationships

6. Relapse Prevention

Understand the role relapse prevention plays in a successful transition
Realize that relapse is a process not an event
Examine your past efforts to control your behavior
Be able to identify relapse warning signs and develop ways to handle each one
Develop a personalized relapse prevention plan

Family Component

The family component consists of an initial support system only group. This is a three-hour session focused on how your support systems can assist you in treatment and permanent life changes, without unknowingly enabling unhealthy using behaviors. This is followed by weekly family sessions, which occur weekly and then bi-weekly on an as needed basis.

DUI Education Class

This is an eight (8) hour education class, which utilizes the *Change Company and Prime for Life* curricula approved by the State of Wyoming, Department of Health, Behavioral Health Division. These curriculum are separate from the MIP education class curriculum.

Program Operations

Specialty Counseling & Consulting (SCC), LLC provides all all primary operations and supports needed for full and comprehensive outpatient care including on-site UA/Drug Testing (Attachment D), Formal Grievance Procedures (Attachment E), After Hours Support and Emergency Directions (Attachment F), Medication Assisted Treatment (Attachment G), and a full agency Quality Assurance Protocol/Committee that reviews all Intake Packet Paperwork, Clinical Intakes, Treatment Plans and Discharges(see Attachment H, Forms). All SCC policies, processes, and procedures are in full compliance with current CARF and Wyoming Department of Health standards/requirements/accreditation.

financial assistance from all available and/or qualifying financial sources. All clients are invited to request individual payment plans to meet current financial needs when needed.

Medication Assisted Treatment (MAT)

SCC utilizes a contracted Doctor of Nursing for assisting clients with medication needs (see Attachment G) including the use of Suboxone when justified. The SCC contracted medication prescriber utilizes virtual technology for serving clients, and does not see anyone in person due to out of state location. It is the prescribing doctor's decision to refuse medication services to anyone that is deemed to be in need of an on-site or local in-person prescriber. All clients involved with SCC medication services are involved with an agency case manager that works directly with the medication prescriber to ensure proper communication, exchange of records/prescriptions, and any other support services deemed necessary for safe and coordinated care.

Quality Assurance Mechanism/Review

Per SCC policy and CARF requirements, SCC has in place a well developed and utilized Quality Assurance Committee and process. This team/process includes the Corporate Operations Officer as the Committee Chairperson, and a team of agency clinical staff that rotates on a six month basis to ensure all current and new clinical staff are exposed to the processes and procedures involved in full quality control requirements and needs (see Attachment H-3, Quality Assurance Policy and Review Form). This team meets on a monthly basis and randomly pulls client charts for review that represent all aspects of agency clinical care.

Provider Licenses or Certifications

Gary King, LPC 1227 Expires 9/2/2023

STATE OF WYOMING
MENTAL HEALTH PROFESSIONS LICENSING BOARD
Certifies that subject to the conditions prescribed by law:
GARY R. KING
is authorized to practice in the state of Wyoming as a
LICENSED PROFESSIONAL COUNSELOR
LICENSE # LPC-1227 EXPIRING: September 2, 2023

Randall Basden, LPC 858 Expires 3/16/2023

STATE OF WYOMING
MENTAL HEALTH PROFESSIONS LICENSING BOARD
Certifies that subject to the conditions prescribed by law:
Randall A. Basden
is authorized to practice in the state of Wyoming as a
LICENSED PROFESSIONAL COUNSELOR
LICENSE # LPC-858 EXPIRING: 03/16/2023

Stephanie Keller, CSW 099 Expires 11/18/2023

STATE OF WYOMING
MENTAL HEALTH PROFESSIONS LICENSING BOARD
Certifies that subject to the conditions prescribed by law:
STEPHANIE L. KELLER
is authorized to practice in the state of Wyoming as a
CERTIFIED SOCIAL WORKER
CERTIFICATE # CSW-099 EXPIRING: November 18, 2023

Tyler Bartow, PPC 1251 Expires 6/3/2024

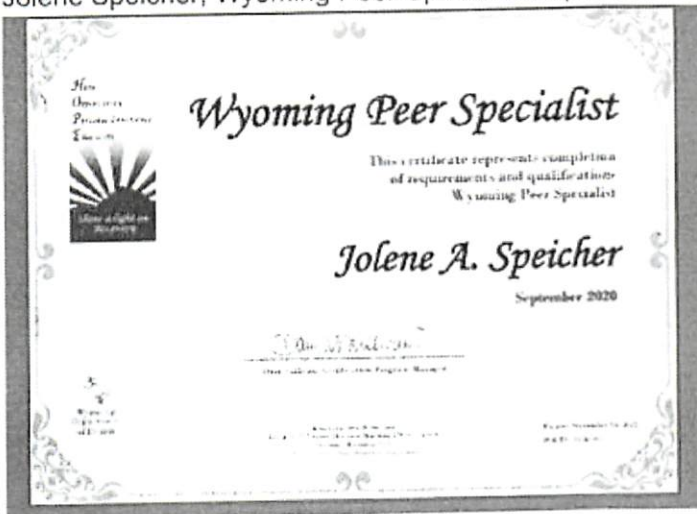
ATTACHMENT A-2

STATE OF WYOMING
MENTAL HEALTH PROFESSIONS LICENSING BOARD
This Certifies That
TYLER R. BARTOW
*subject to the conditions prescribed by law, is authorized
to practice under supervision in the state of Wyoming*
is a
PROVISIONAL PROFESSIONAL COUNSELOR
LICENSE # PPC-1251 EXPIRES: June 3, 2024

Amy Mavy, LCSW 1321 Expires 6/25/2023

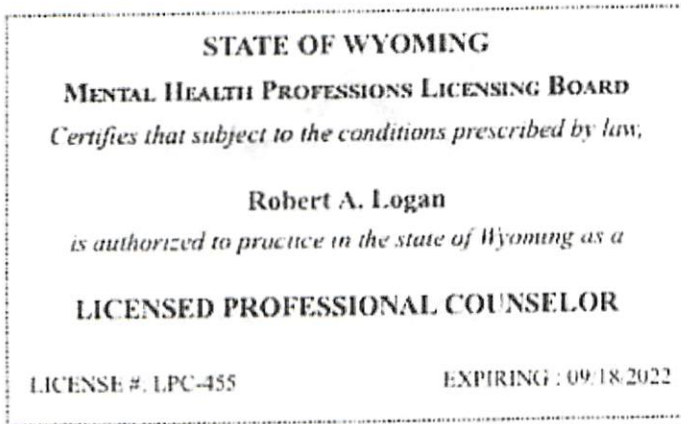
STATE OF WYOMING
MENTAL HEALTH PROFESSIONS LICENSING BOARD
Certifies that subject to the conditions prescribed by law,
AMY M. MAVY
is authorized to practice in the state of Wyoming as a
LICENSED CLINICAL SOCIAL WORKER
LICENSE # LCSW-1321 EXPIRING: June 25, 2023

Jolene Speicher, Wyoming Peer Specialist Expires 9/30/2022



ATTACHMENT A-3

Robert Logan, LPC 455 Expires 9/18/2022



ATTACHMENT B-1

CARF INTERNATIONAL

October 20, 2021

Robert Logan, LPC
Specialty Counseling & Consulting, LLC
4025 Rawlins Street
Cheyenne, WY 82001

Dear Mr. Logan:

It is my pleasure to inform you that Specialty Counseling & Consulting, LLC has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following program(s)/service(s):

Case Management/Services Coordination: Family Services (Children and Adolescents)
Intensive Outpatient Treatment: Substance Use Disorders/Addictions (Adults)
Intensive Outpatient Treatment: Substance Use Disorders/Addictions (Children and Adolescents)
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)

This accreditation will extend through February 29, 2024. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

The accreditation report is intended to support a continuation of the quality improvement of your organization's program(s)/service(s). It contains comments on your organization's strengths as well as any consultation and recommendations. A Quality Improvement Plan (QIP) demonstrating your organization's efforts to implement the survey recommendation(s) must be submitted within the next 90 days to retain accreditation. The QIP form is posted on Customer Connect (customerconnect.carf.org), CARF's secure, dedicated website for accredited organizations and organizations seeking accreditation. Please log on to Customer Connect and follow the guidelines contained in the QIP form.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

Your organization's complimentary accreditation certificate will be sent separately. You may use the enclosed form to order additional certificates.

If you have any questions regarding your organization's accreditation or the QIP, you are encouraged to seek support from Vidal Ramirez by email at vramirez@carf.org or telephone at (888) 281-6531, extension 7131.

CARF International Headquarters
8951 E. Southpoint Road
Tucson, AZ 85758-9407, USA

www.carf.org

ATTACHMENT B-2

Mr. Logan

2

October 20, 2021

CARF encourages your organization to continue fully and productively using the CARF standards as part of its ongoing commitment to accreditation. CARF commends your organization's commitment and consistent efforts to improve the quality of its program(s)/service(s) and looks forward to working with your organization in its ongoing pursuit of excellence.

Sincerely,



Brian J. Boon, Ph.D.
President/CEO

Enclosures



ATTACHMENT C

CERTIFICATION

Specialty Counseling and Consulting, LLC

Has been certified by the
Wyoming Department of Health, Behavioral Health Division

as meeting the requirements for service delivery of the following services:

Substance Use Disorder Services

For a full listing of services provided by location, please see the Wyoming Certified Substance Use Services Providers public listing at:

<https://wyoimprov.com/MHSAPublicProviderSearch.aspx>

Certification Expires: July 31, 2022

A handwritten signature in black ink, appearing to read "Ben Kifer".

Ben Kifer
Mental Health and Substance Abuse Administrator

July 30, 2020
Date

Specialty Counseling & Consulting, LLC

DRUG TESTING OF CLIENTS

POLICY: OPS-D.31

PAGE 1 of 1

Specialty Counseling & Consulting, LLC may engage in drug testing of clients. Such testing will always be in full compliance with federal and state laws and regulations.

PROCEDURES:

1. Upon admission, all clients receiving services are advised that they may be subject to a request for drug testing. Documentation of such notification will be placed in their clinical file.
2. If a client is suspected of being intoxicated by a drug (including alcohol), he/she may be requested to submit to a drug test.
3. All outpatient substance abuse clients may be tested with a screening UA drug test at time of admission as part of their written treatment plan and in accordance with probation or other stakeholder plan.
4. Clients considered to be high risk for drug use will be randomly tested in accordance with their treatment plan.
5. Results of any testing will be released to outside agencies/persons only with a properly signed release or as required by law.

Specialty Counseling & Consulting, LLC

CLIENT GRIEVANCES

POLICY: OPS-D.30

PAGE 1 of 1

As part of the intake procedure, Specialty Counseling & Consulting, LLC will provide to every person, requesting its services, a written statement that the person may take grievances, complaints or suggestions to the Operations Manager or Owner/Operator. This information is contained in the intake paperwork and forms. Filing of a complaint or grievance shall not result in retaliation or be a barrier to services.

PROCEDURE:

1. An informal grievance, complaint or suggestion from any source will be referred to the Operations Manager or Owner/Operator for action. If the person expressing the grievance, complaint or suggestion, is not satisfied with the Operations Manager's or Owner/Operator action or decision, the person may choose to follow a formal grievance procedure. The Operations Manager or Owner/Operator will inform the person of the procedure stated below and provide the person with a written copy.
2. A person wishing to submit a formal grievance must do so in writing to the Operations Manager or Owner/Operator. The Operations Manager or Owner/Operator will acknowledge receipt of the grievance in writing and take action within ten (10) working days from the receipt of said grievance. The Operations Manager or Owner/Operator will inform the person submitting the grievance of the decision in writing.
3. If the person submitting a grievance wishes a review of the Operations Manager's or Owner/Operators action, the person may refer the grievance to the Administrative Team and request a hearing.

When the administrative Team receives the written request for a grievance hearing, it will set a time and place for a hearing no later than thirty (30) days from the date it received the request for hearing. The person requesting a hearing will receive a notice by certified mail telling him/her of the time and place of the hearing not less than ten (10) days before the date set for the hearing.

The person requesting a hearing will have the right to bring other persons to the hearing to assist in presenting the grievance. The Administrative Team will inform the person submitting the grievance of its decision by certified mail no later than twenty (20) days after the hearing. The decision of the Administrative Team is final.

The Quality Assurance (QA) committee will review all client grievances and submit a written annual report identifying trends, performance improvement and actions to be taken for Team analysis.



Office Procedures, Notice of Privacy Practices and Consent for Treatment

Client Name: _____

DOB: _____

OFFICE PROCEDURES

Welcome! Your decision to enter counseling is an opportunity for you, with the assistance of your therapist, to find new insight, direction and solutions to life's challenges. This document has been prepared to inform you about what you can expect from the counseling relationship. The following outlines office policies, and clarifies your rights and responsibilities as a client. Please read this document carefully and express any concerns or questions you may have. Please let your therapist know if you would like a copy of this document for your records.

General Information:

Please understand that the practice of psychotherapy is not an exact science and treatment outcomes cannot be guaranteed. Psychotherapy can have associated benefits and risks as follows. Psychotherapy often leads to increased self-awareness and confidence, improved relationships, solutions to specific problems, and significant reductions in feelings of distress and other symptoms. Your therapist will be there to support you as you make the choices and changes that are required to achieve your desired goals. Since psychotherapy often involves discussing unpleasant aspects of your life, you may feel uncomfortable feelings. You may discover, come to understand, or realize aspects of yourself or others that may bring up difficult emotions. You may make decisions or changes that other people in your life dislike. There is also the risk that therapy may not resolve your issues or that therapy alone may not be sufficient. Should this be the case, your therapist will explore along with you, ways to either supplement added support or find other resources that may better serve you.

Therapy Sessions and Fees:

Specialty Counseling and Consulting, LLC ("The Company") tries to meet the needs of you and your family while considering your own financial obligations. The Company accepts WY Medicaid, as well as many other third party insurances. A reduced cash rate may be available for private pay clients.

Scheduling and Cancellation Policy:

Your therapist will make every effort to schedule appointment times and locations that are convenient for you. If you are unable to attend an appointment, please provide at least 24 hours' notice. Due to the importance of maintaining an effective and productive counseling alliance, if there are three consecutive missed appointments without notice, it will be determined by The Company whether to dissolve the counseling relationship or to continue to provide therapy services.

Health Insurance Claims:

We bill your insurance (if accepted by the Company) as a courtesy. However, you are ultimately responsible for the balance due. If your insurance has not paid within 90 days, we require that you pay the balance due and talk to your insurance company about reimbursing you.

Emergencies:

Your therapist cannot always guarantee availability during a crisis situation. In the event that an emergency arises outside of normal business hours and/or your therapist is not available by phone during an emergency, you should call 911 or go to the nearest hospital emergency room for assistance.

Your Rights as a Client:

1. You are entitled to be treated with respect and dignity.
2. You are entitled to impartial access to treatment, regardless of race, religion, gender, sexual orientation, gender expression, ethnicity, age, or ability.
3. You are entitled to information about any procedures, methods of therapy, techniques, possible duration of therapy, and costs of treatment.
4. You have the right to choose a treatment provider and modality that suits your individual needs. If you desire, your therapist will provide you with the names of other qualified professionals whose services you might prefer.

ATTACHMENT 5-1.1

- PROFILE** Extensive clinical, primary and acute care experience. Strong communications, client and professional relations, organizational, and problem solving skills. Able to work well in demanding environments. Computer proficiency skills.
- EDUCATION** RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY, Newark, NJ (2007-2010; 2013-2015)
Doctorate of Nursing Practice: Clinical Practice Specialization
Masters of Science, Major: Nursing- Family Psychiatric Advanced Practice Nurse
Bachelors of Science, Major: Nursing; Magna Cum Laude
- BERGEN COMMUNITY COLLEGE, Paramus, NJ
Associate of Applied Science in Nursing, May 1994
- UNIVERSITY OF MIAMI, Coral Gables, FL (1985-1989)
Major: Human Resource Management; Minor Concentration: Accounting
Activities: Pi Kappa Alpha Social Fraternity; Delta Sigma Pi Business Fraternity; Crew Club
- ASSOCIATIONS** International Nurses Society on Addictions
Nursing Honor Society-Sigma Theta Tau
American Psychiatric Nurses Association
- CERTIFICATIONS** National Board Certified Addictions Registered Nurse- Advanced Practice
ANCC Nationally Certified Family Psychiatric Nurse Practitioner
National Certification Registered Nurse Infusionist
IV Certified
Chemotherapy Certified
PICC Line Certified
Medtronic Certified
- EXPERIENCE** COLUMBIA VALLEY COMMUNITY HEALTH
Wenatchee, WA (6/2015-present)
- Provide primary psychiatric care to patients across the life continuum in an outpatient integrated medical home setting
- OCEAN MENTAL HEALTH
Toms River, West Creek and Manahawkin NJ (2/2013-6/2015)
- ❖ Early Intervention Support Services (CREST)
 - Provide primary psychiatric care to patients in acute psychiatric distress:
 - 18 and older, large co-occurring (dual) population
 - ❖ Outpatient Clinic
 - Provide primary psychiatric care for adolescents, adults and geriatric patients
- BARNABAS HEALTH, MONMOUTH MEDICAL CENTER,
Long Branch and Neptune NJ (3/2013 – 6/2015)
Early Intervention Support Services (EISS) and Child Crisis Intervention Services (CCIS)
- Provide primary psychiatric care to patients in acute psychiatric distress:
 - EISS-18 and older, large co-occurring (dual) population
 - CCIS-17 and younger- Inpatient
- HAMPTON BEHAVIORAL HEALTH PSYCHIATRIC HOSPITAL,
Westampton, NJ (9/2011-1/2013)
Psychiatric Nurse Practitioner
- Provide primary psychiatric care to patients in various outpatient settings: military, adult, adult co-occurring (dual) and adolescent.

ATTACHMENT B-2

R.N. (per diem, part-time and full-time with the following)

- Provide home health care, private duty, and hospital staffing to patients with various diagnoses.
- Involved in all treatment and primary care areas including chemotherapy, hospice, antibiotic therapy, hydration, wound and tracheostomy care, IV access, catheterizations, and administration of medications.
- Teach proper health care procedures and techniques to patients, family members, and nursing home/hospital personnel.

BIOSCRIPS, Livingston (02/2006-3/2015)

HAEMOTRONIC, Fairfield, NJ (4/99-6/2015)

VALLEY HOSPITAL/HOME CARE/HEALTH AFFILIATES, Ridgewood, NJ (3/97-2004)

COMPREHENSIVE, South Orange, NJ (6/97-2008)

CORAM HEALTH CARE, Totowa, NJ (7/97-01/07)

INFUTECH, Moonachie, NJ (8/97-2003)

PALISADES GENERAL HOSPITAL, North Bergen (8/94-7/96)

Staff Nurse/R.N., Telemetry Unit/Progressive Care Unit

- Transferred from Medical/Surgical Unit to provide primary and critical care.
- Frequently utilized Heparin, Dopamine, Dobutrex, and Tridil (Nitroglycerin) drips, with occasional use of Cardizem drips.
- Worked extensively with patients utilizing ventilators.

NEW CONCEPTS, Teaneck, NJ (4/92-10/92, part time)

CEREBRAL PALSY ASSOCIATION, Edison, NJ (8/91-1/92, full time; 1/92-10/92; per diem)

SPECTRUM FOR LIVING, NORTHVALE GROUP HOME, Northvale NJ (10/90-8/91, full time)

Counselor/Relief Manager

- Responsible for providing physical and emotional support to developmentally disabled adults and to clients of residential group home.

GOLDMAN SACHS & COMPANY, New York, NY (5/86-8/86)

Computer Assistant, Information Systems Department

- Maintained databases utilizing IBM PC and Burroughs PC systems.

MILITARY

UNITED STATES MARINE CORPS RESERVES (1987-1991)

Lance Corporal/Radio Communications Operator

- Received honorable medical discharge.
- Awarded meritorious promotion.

ATTACHMENT E-3

DR. RAUL ALEXANDER PADILLA II, DNP, PMHNP-BC, R.N., CARN-AP, C.R.N.I.

905 Rock Island Road, East Wenatchee, Washington State 98802
Work phone: 509 885 6771 Cell: 732-779-3254

e-mail: ralexpadilla@gmail.com

EDUCATION

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY, Newark, NJ (2011-5/2015)
Doctorate of Nursing Practice: Clinical Practice Specialization

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY, Newark, NJ (2007-12/2010)
Masters Of Science, Major: Nursing- Family Psychiatric Advanced Practice Nurse

Bachelors Of Science, Major: Nursing; Magna Cum Laude

BERGEN COMMUNITY COLLEGE, Paramus, NJ (1992- May 1994)
Associate of Applied Science in Nursing

UNIVERSITY OF MIAMI, Coral Gables FL
Bachelors of Business Administration: Management; minor- Accounting

Licensure/certifications

05/2014 to present. Board Certified Addictions Registered Nurse- Advanced Practice, by Addictions Nursing Certification Board

07/2011 to present. Advanced Practice Nurse, New Jersey Board of Nursing with Prescriptive Authority

06/2011 to present. Board Certification as Family Psychiatric & Mental Health Nurse Practitioner by American Nurses Credentialing Center

9/2007 to present. Board Certified Registered Nurse Infusionist by Infusion Nurse Certification Corporation

5/1998 to present. Medtronic Certified, PICC Line Certified and Chemotherapy Certified: Professional Nursing Center

09/1994 to present. IV Certification: Palisades General Hospital

6/1994 to present. Registered Professional Nurse, New Jersey Board of Nursing

1/1992 to present. Basic Life Support Provider: American Heart Association.

Honors & Awards

2011. Gardner Foundation, Leslie Baranowski Scholarship for Professional Excellence

2009. Sigma Theta Tau International Honor Society of Nursing, Alpha Tau Chapter

ATTACHMENT 5-4

Professional memberships

2013 to present. International Nurses Society on Addictions
2011 to 2015. New Jersey State Nurses Association
2010 to present. American Psychiatric Nurses Association
2010 to 2015. Society of Advanced Practice Nurses
2009 to present. Nursing Honor Society-Sigma Theta Tau
2007 to 2014. Infusion Nurses Society

Professional experience

Extensive clinical, primary and acute care experience. Strong communications, client and professional relations, organizational, and problem solving skills. Able to work well in demanding environments. In addition to practicing as a Psychiatric Nurse Practitioner with prescriptive authority on the psychiatric child/adolescent inpatient unit, I am leading the new state funded Early Intervention Support Services (EISS) program for Monmouth County. All positions as a Psychiatric Nurse Practitioner include full prescriptive authority along with full responsibilities allowed by the state of New Jersey which includes diagnosing, initiation and management of treatments plans and medication management.

10/2015. Podium presentation of the 6 Step Parenting DNP Capstone project at the National conference for the American Psychiatric Nurses Association in Orlando FL.

6/2015 to present. COLUMBIA VALLEY COMMUNITY HEALTH. Provide primary psychiatric care to patients across the life continuum in an outpatient integrated home setting in Wenatchee, WA.

1/2015 to 5/2016. Rutgers's University Doctorate of Nursing Practice Committee. Provide mentorship as a Capstone committee member at the invitation of two Doctorate students for their final residency year.

3/2013 to 6/2015. Barnabas Health, Psychiatric Nurse Practitioner for both the child/adolescent inpatient unit at Monmouth Medical Center and the Early Intervention Support Services program (EISS) at the Neptune site.

2/2013 to 6/2015. Ocean Mental Health, Psychiatric Nurse Practitioner, CREST (EISS) programs at the Toms River and West Creek Facilities. Outpatient clinic at the Manahawkin facility treating adolescent, adult and geriatric clients.

10/2014: Attendance at the National conference for the International Nurses Society on Addictions in Washington D.C.

5/2013: Attendance at the National conference for the Infusion Nurses Society in Charlotte N.C.

9/2011-1/2013. Hampton Behavioral Health Hospital, Psychiatric Nurse Practitioner, Outpatient program at the Westampton location. Primary psychiatric care provided to clients of four programs: Military, Adolescent, Adult and Adult Dual (mental health and substance abuse).

2010. Full time, Master's level psychiatric nurse practitioner student with clinical rotations at Princeton house for co-occurring inpatient adults and adolescents under the preceptorship of Dr. Jackie Zaremba DNP, Dr. Rich Pessagno DNP and Dr. Robert Bennet MD. One semester at Jersey Shore Medical Center for consultation- liaison services with medical inpatient services.

5/2015: Attendance at the National conference for the Infusion Nurses Society in Ft. Lauderdale FL.

2009. Part time, Bachelor's of Science in Nursing, clinical rotations at Discovery House under the supervision of Rosemary Smentkowski RN.

Registered Professional Nurse

ATTACHMENT G-5

Provided home health care, private duty, and hospital staffing to patients with various diagnoses. Involved in all treatment and primary care areas including chemotherapy, hospice, antibiotic therapy, hydration, wound and trach care, IV access, catheterizations, and administration of medications. Teaching proper health care procedures and techniques to patients, family members, and nursing home/hospital personnel.

R.N. (per diem or free-lancing with the following companies):

02/2006-3/2015. Bioscrips, Livingston

04/99-6/2015. Haemotronic, Fairfield, NJ

03/97-2004. Valley Hospital/Home Care/Health Affiliates, Ridgewood, NJ

06/97-2008. Comprehensive, South Orange, NJ

07/97-01/07. Coram Health Care, Totowa, NJ

08/97-2003. Infutech, Moonachie, NJ

08/94-7/96. Palisades General Hospital, North Bergen NJ. Staff R.N. on the Telemetry Unit/Progressive Care Unit-frequently utilized Heparin, Dopamine, Dobutrex, and Tridil (Nitroglycerin) drips, with occasional use of Cardizem drips. I worked extensively with patients utilizing respiratory ventilators.

Counselor/Relief Manager

Responsible for providing physical and emotional support to developmentally disabled adults and to clients of residential group homes and supervised apartments.

4/92-10/92. New Concepts, Teaneck, NJ, (part time)

08/91-10/92. Cerebral Palsy Association, Edison, NJ

10/90-8/91. Spectrum for Living, Northvale Group Home, Northvale NJ

Military

- 1987-1991. United States Marine Corps. Radio Communications Operator. Awarded meritorious promotion at Parris Island Recruit training depot upon graduation from 3rd battalion.

ATTACHMENT 56

ANCC
AMERICAN NURSES CREDENTIALING CENTER

The Commission on Certification grants

Raul A Padilla
the credential of
**PSYCHIATRIC-MENTAL HEALTH
NURSE PRACTITIONER
PMHNP-BC**

valid from June 7, 2016 to June 6, 2021

Certification Number: 2011004162



Theresa A. Kessler

Theresa A. Kessler, PhD, ACNS-BC
Chair, Commission on Certification

Patricia Reid Ponte, RN, DNSC, NEA-BC, FAAN

Patricia Reid Ponte, RN, DNSC, NEA-BC, FAAN
President, American Nurses Credentialing Center



ABSNC Accreditation Board for
Specialty Nursing Certification

This ANCC certification is accredited by the National Commission for Certifying Agencies and
the Accreditation Board for Specialty Nursing Certification



ATTACHMENT G-7

Wyoming State
Board of Nursing

License Verification

Current License Information for Padilla, Raul A

The Wyoming State Board of Nursing certifies that it maintains the information for the license verification function of this website, performs daily updates to the website and considers the website to be a secure, primary source for license verification.

Nurse:	Padilla, Raul A
License Type:	Advanced Practice Registered Nurse (APRN) with Prescriptive Authority
Discipline History:	None
APRN Recognitions:	Psych and Mental Health Nurse Practitioner
License Number:	39543.1615
Original Method:	Endorsement
Original Issue Date:	4/13/2017
Original APRN Issue Date:	4/13/2017
Last APRN Issue Date:	4/13/2017
Last Renewal:	4/13/2017
Current Expire:	12/31/2018
Currently Licensed:	Yes
LPN IV Certification:	No
Home Health Aide:	No
CNA II:	No
MAC Issue Date:	None

[Back to List](#) [Start a New Search](#)

ATTACHMENT 5-8
EXHIBIT "A"

Services and Periodic Appraisal

I. Compensation. Group shall compensate Contractor as follows:

Hourly. Group will pay Contractor \$ 115.00 per hour of scheduled Services. Contractor/Provider shall record such hours worked using the means specified by Group from time to time, and shall provide such record to Group as requested by Group. Group shall pay Contractor such amount for the previous month in accordance with the Group's then-current scheduled pay period.

Group will also pay Contractor one-half the cost of Medication Provider's annual liability/malpractice insurance and Wyoming licensing fee.

Contractor/Provider will participate in periodic and/or annual performance appraisals.

Contractor Initials: RAP

Group Initials: JA

Services include the following:

- 1.) Assessment for diagnosis, medication need, and level of care and/or placement as needed.
- 2.) Prescribing medication as needed.
- 3.) Monitoring prescribed medication and follow-up as needed.

MEDICAL NOTES

POLICY: MED-G.1

PAGE 1 of 4

Specialty Counseling & Consulting, LLC provides Medication Management for clients after medication evaluation and authorization by a licensed prescriber.

To ensure routines related to the management and documentation of medications are consistent and are as directed.

Medication Monitoring is defined as observing a client self-administer his or her medication(s), Specialty Counseling & Consulting, LLC Staff do not provide medication monitoring.

Licensed physicians, licensed nurse practitioners or licensed physician assistants are the only personnel authorized to prescribe medication. **All clients and/or parents/guardians must consent to the use of each medication. The agency medical coordinator or contracted designee will provide information on side effects and risks of the medication being prescribed. The medical coordinator must be kept current with medication protocols and guidelines through on going license training and requirements to ensure patient safety.**

PROCEDURES:

Medications will be prescribed by a contracted licensed psychiatrist, nurse practitioner, or physician's assistant and/or community physician group. A complete list of the clients' medications is available to the clinical team and therapist in order to provide continuity of care.

To the extent possible, the use of treatment guidelines and protocols shall promote state of-the-art pharmacotherapy and ensure client safety.

The written prescriptions, once consents are complete, are then faxed or E-prescribed to the pharmacy. When pick up or delivery occurs, the written prescription is then given to the pharmacy for record.

Upon prescription of any new medication, special dietary needs and restrictions associated with the medication use will be documented by the prescribing party, in the Medical Notes. Education to clients of special dietary needs and restrictions shall be provided by the medical coordinator or approved designee.

POLICY: MED-G.1

Prescribing:

Prescribing authorities shall comply with all applicable local, state and federal laws and regulations pertaining to medications and controlled substances. Prescribing authorities shall be available for consultation 24 hours a day 7 days per week. Medications may be prescribed or ordered after a medication evaluation by the licensed physician or medical professional. Upon initial assessment, the prescriber will screen for common medical comorbidities using evidence (or consensus) based protocols, review the client's past medication use including effectiveness, side effects, allergies, and adverse reactions, pregnancy risks, co-existing medical conditions, substance abuse history, and the use of over-the-counter medications/herbs/supplements.

This is followed by routine and regular checks by the physician or medical professional. These checks are conducted at a minimum of every 120 days. Routine and regular checks include reviewing and evaluating the appropriateness and effectiveness of each medication, the need for continued use of each medication, the presence of side effects, unusual effects, adverse reactions and contraindications, the use of multiple medications (prescription or over-the-counter), drug interactions, pregnancy, risks of alcohol or street drug use in conjunction with the prescribed medication(s), driving or hazardous occupations, special dietary requirements/restrictions, necessary laboratory studies or tests, existence of co-occurring medical conditions, and the satisfaction of the resident/student. All medications prescribed will be documented in the client's clinical record with the name of the person, the dosage, the frequency, instructions for use, and the prescriber's name. The prescriber will coordinate care with the client's other physicians (i.e. family practice) as appropriate.

The prescribing authority shall document or have confirmation of signed informed consent for each medication prescribed, when possible. When a medication is prescribed, informed consent shall be obtained from the client, parent, and legal guardian when possible. Informed consent may be obtained verbally, electronically, or in person.

Administering:

Specialty Counseling & Consulting, LLC, does not provide or participate in the administering of medications.

Dispensing:

Specialty Counseling & Consulting, LLC will not provide pharmaceutical services for its clients. Medications shall not be dispensed at Specialty Counseling & Consulting, LLC. A written prescription from the patient's physician can be filled by the client on an outpatient basis at a pharmacy of their choosing.

Storage:

Specialty Counseling & Consulting, LLC does not store client medication.

Monitoring:

Specialty Counseling & Consulting, LLC does not provide medication monitoring

Emergencies:

Referral to the local hospital is made in emergency situations. Consultation regarding medical issues is also available through the local hospital. Clients will be instructed to call the hospital or visit their family practice physician for consultation if there is an emergency.

Medication Errors:

All medication errors will be reported to the Clinical Director, Operations Manager, or Owner/Operator and appropriate follow-up or referral to the local hospital will be provided to the client. Medication errors will be reported on a Critical Incident Report Form. (Refer to the Critical Incident Reporting Policy)

Drug Reactions:

Specialty Counseling & Consulting, LLC is not equipped to handle serious drug reactions. If a serious reaction occurs, the local Emergency Medical System is accessed by calling 911. If mild side effects occur, the available licensed medical personnel will provide assessment and treatment as appropriate and refer to the local hospital if necessary. A list of medication allergies will be kept in each client's file that sees a psychiatric provider. In the event that a client experiences a drug reaction, staff will complete a critical incident report. Serious reactions would include any difficulty breathing, hives, and decreased consciousness.

Treatment Plans:

Medication management services are documented in the client's treatment plan. They are reviewed a minimum of every ninety days. The client is encouraged and expected to be an active participant in treatment. Family members *and/or* significant others are encouraged

ATTACHMENT B-12

to

POLICY: MED-G.1

PAGE 4 of 4

participate unless clinically contraindicated. The use of medications is intended to assist in and enhance other treatment services.

Poison Control:

Access to information about Poison Control is available to all personnel and clients.

Education:

Licensed personnel will provide clients, client's family members, and agency personnel with medication information and education as requested. Information given to clients about medication will be noted next to the medication in the medical notes. Education will include: how medication works; risks; benefits; side effects; contraindications; adverse interactions with other medications and food; pregnancy risks; compliance; alternatives; early sign of relapse; signs of noncompliance; potential drug reactions when combining medication with other prescription, over-the-counter, or illicit drugs; self-administration instructions; wellness management and recovery planning; and availability of financial supports to assist with prescriptive costs.

ATTACHMENT H-1

1



Client Intake Information Form

ALL INFORMATION MUST BE COMPLETE. CLIENTS ARE RESPONSIBLE FOR THE ACCURACY OF THIS INFORMATION

Last Name:	First Name :	Middle Name:	Date of Birth:
Street Address:	City:	State & Zip:	Social Security Number:
Mailing Address (if different):	Home/Cell Phone:	Work Phone:	Gender:
Referred by:	Family Physician:	e-mail:	Relationship Status of client: (Single, Partnership, Married, Divorced, Widowed, or Minor): ¹
Emergency Contact, Relationship, phone number:			

Responsible Party:

(If client is a minor, please fill out all parent information)

Please note that the Parent / Guardian of a minor is financially responsible for services received.

Father's Name:	Date of Birth:	SSN:	Address:
Father's Employer:	Home / Cell Phone:	Work Phone:	Driver's License # / State:
Mother's Name:	Date of Birth:	SSN:	Address:
Mother's Employer:	Home / Cell Phone:	Work Phone:	Driver's License # / State:

Insurance Information and Authorization:

Primary Insurance:	Policy #:	Group #:
Policyholder's name:	SSN:	DOB:
Secondary Insurance:	Policy #:	Group #:
Policyholder's name:	SSN:	DOB:

- * I attest that the information I have given above is true and correct to the best of my knowledge.
- * By signing below, I authorize treatment of Client listed above.
- * I request that payment of medical benefits be made to Specialty Counseling & Consulting, LLC

Signature of Client or Legal Guardian

Date

¹
Robert Logan, Quality Mental Health, P.C., practice individually, an affiliate of Specialty Counseling & Consulting, LLC
B: New Patient Docs updated 04/21/2020 LJB

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Agreement and Signature

*I have reviewed the Disclosure/Privacy Policy and give my permission to Specialty Counseling & Consulting, LLC ("SCC") to use and disclose my health information in accordance with this policy.
*I also agree to meet the financial obligation agreed upon.

SCC is responsible for invoicing only for treatment services provided by its staff in office or directly related to such treatment. Any additional services provided to a client that are outside the usual and customary treatment regimen must be arranged between the therapist and client and paid for, as agreed. Such additional services include, without limitation, deposition testimony, court appearances, client employer meetings and consultation, etc.

Signature of Client or Legal Guardian

Date

Insurance Authorization

*I authorize the release of my medical or any other information necessary to process my insurance claim.
*I request that payment of medical benefits be made to Specialty Counseling & Consulting, LLC
*I am responsible for my bill. I understand and acknowledge that any costs incurred and not covered under my insurance benefits will be my responsibility, if I am 18 years old or over.
*I understand that billing my insurance company is a courtesy on my behalf.

Signature of Client or Legal Guardian

Date



Office Procedures, Notice of Privacy Practices and Consent for Treatment

Client Name: _____

DOB: _____

OFFICE PROCEDURES

Welcome! Your decision to enter counseling is an opportunity for you, with the assistance of your therapist, to find new insight, direction and solutions to life's challenges. This document has been prepared to inform you about what you can expect from the counseling relationship. The following outlines office policies, and clarifies your rights and responsibilities as a client. Please read this document carefully and express any concerns or questions you may have. Please let your therapist know if you would like a copy of this document for your records.

General Information:

Please understand that the practice of psychotherapy is not an exact science and treatment outcomes cannot be guaranteed. Psychotherapy can have associated benefits and risks as follows. Psychotherapy often leads to increased self-awareness and confidence, improved relationships, solutions to specific problems, and significant reductions in feelings of distress and other symptoms. Your therapist will be there to support you as you make the choices and changes that are required to achieve your desired goals. Since psychotherapy often involves discussing unpleasant aspects of your life, you may feel uncomfortable feelings. You may discover, come to understand, or realize aspects of yourself or others that may bring up difficult emotions. You may make decisions or changes that other people in your life dislike. There is also the risk that therapy may not resolve your issues or that therapy alone may not be sufficient. Should this be the case, your therapist will explore along with you, ways to either supplement added support or find other resources that may better serve you.

Therapy Sessions and Fees:

Specialty Counseling and Consulting, LLC ("The Company") tries to meet the needs of you and your family while considering your own financial obligations. The Company accepts WY Medicaid, as well as many other third party insurances. A reduced cash rate may be available for private pay clients.

Scheduling and Cancellation Policy:

Your therapist will make every effort to schedule appointment times and locations that are convenient for you. If you are unable to attend an appointment, please provide at least 24 hours' notice. Due to the importance of maintaining an effective and productive counseling alliance, if there are three consecutive missed appointments without notice, it will be determined by The Company whether to dissolve the counseling relationship or to continue to provide therapy services.

Health Insurance Claims:

We bill your insurance (if accepted by the Company) as a courtesy. However, you are ultimately responsible for the balance due. If your insurance has not paid within 90 days, we require that you pay the balance due and talk to your insurance company about reimbursing you.

Emergencies:

Your therapist cannot always guarantee availability during a crisis situation. In the event that an emergency arises outside of normal business hours and/or your therapist is not available by phone during an emergency, you should call 911 or go to the nearest hospital emergency room for assistance.

Your Rights as a Client:

1. You are entitled to be treated with respect and dignity.
2. You are entitled to impartial access to treatment, regardless of race, religion, gender, sexual orientation, gender expression, ethnicity, age, or ability.
3. You are entitled to information about any procedures, methods of therapy, techniques, possible duration of therapy, and costs of treatment.
4. You have the right to choose a treatment provider and modality that suits your individual needs. If you desire, your therapist will provide you with the names of other qualified professionals whose services you might prefer.



5. You have the right to seek a second opinion from another therapist at any time, which may or may not be covered by your benefit plan.
6. You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued, unless prevented by law.
7. You have the right to expect confidentiality within the limits described in the Privacy Policy herein.

Your Responsibilities as a Client:

- 1.) You are expected to respect the rights and property of other clients, staff, the building and vehicles.
- 2.) It is your responsibility to be on time for appointments and to make any cancellations in accordance with the policy listed above.
- 3.) You and your therapist will create a service plan together to guide your treatment. It is your responsibility to let your therapist know if you are unhappy with the treatment plan, or wish to adjust it. Your therapist is here to help you reach your goals in therapy. However, it is your responsibility to follow the agreed-upon service plan. If at any time you refuse to follow the service plan, this may be cause for termination of services, as it is unethical to maintain a therapeutic relationship that is non-beneficial to the client.

THIS FOLLOWING NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

Under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), you have certain rights to privacy regarding your protected health information. You understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal health care operations such as quality assessments and physician certifications.

You have the right to obtain a paper copy of Specialty Counseling and Consulting, LLC's *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of your health information (*SCC P&P Policy HIP-F.1 and HIP-F.2*). This organization has the right to change its *Notice of Privacy Practices* from time to time and that you may contact this facility at any time to obtain a current copy of the *Notice of Privacy Practices*.

You may request in writing that you restrict how private information is used or disclosed to carry out treatment, payment, or behavioral health services. You are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Use and Disclosure of Your Protected Health Information:

Your protected health information will be used by Specialty Counseling & Consulting, LLC for the purpose of treatment, operations, and billing to support the day-to-day operations of the practice without written consent required from the Client.

Your Rights under HIPAA: (Health Insurance Portability and Accountability Act)

- 1.) Access and right to copy medical records, this does not include psychotherapy notes.
- 2.) Request for amendment to designated record set.
- 3.) Request for accounting of disclosures.
- 4.) Request to be contacted at an alternate location.
- 5.) Request for further restrictions on who has access.
- 6.) Right to file a complaint.

Your authorization must be received to release your PHI (Private Health Information) for the following reasons:

- Authorization of disclosure of session notes.
- Revocation of consent to use and disclose of PHI
- Standard authorization of use and disclosure of PHI.
- Authorization of internal use without decoding.
- Authorization release for investigational treatment.
- Revocation of authorization release for investigational treatment.

You can request any of these forms from any staff member.

Requesting a Restriction (Opt Out):

You may request a restriction on the use or disclosure of your protected health information.



Revocation of Consent:

You may revoke this consent to the use and disclosure of your protected health information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected. If you revoke this consent, it is office policy to treat you as a cash client with payment due at time of service.

Confidentiality:

In general, all material discussed during counseling sessions is legally confidential. Your records are protected and cannot be disclosed without your written consent. However, your therapist may consult with a supervisor or clinical team regarding your therapy progress in general. Federal Law (42CFR, Part 2) prohibits making any further disclosure of this information without the specific written consent of the person to whom it pertains. A general authorization for the release of information is NOT sufficient for this purpose. Per Substance Abuse requirements Federal Law (45CFR, 160 & 164) also applies which provides the first comprehensive Federal protection for the privacy of health information and standards for privacy of individually identifiable health information.

Security:

All files are in the care of The Company in a locked file cabinet in The Company's building. We take your privacy very seriously and make every effort to keep your material confidential. Any person with access to records for treatment or billing purposes will sign a confidentiality agreement prior to access being granted.

There are certain situations in which your therapist is required by law to reveal information obtained during therapy without your permission. These situations are:

- (A) If you threaten bodily harm or death to yourself or another person;
- (B) If a court of law issues a legitimate subpoena;
- (C) If you reveal information relative to physical abuse, sexual abuse, or neglect of a child, elderly person, or person with a disability (in the past as well as in the present);
- (D) If you are in therapy by order of a court of law; or,
- (E) If you are involved in a criminal or delinquency proceeding.

Special Note: Because of the nature of our business providing outpatient services at the office and extensively in the community, preserving full confidentiality may be limited at times. Such locations where exposure of the counseling relationship may be seen include: schools, client's home, local businesses, parks, recreational sites, and other similar social locations.

- In addition, office staff may call to remind you about your upcoming appointment or call about missed appointments and may leave a voicemail as to therapist's name, who is being called, and the nature of the call.
- Moreover, if the use of email and/or text is a part of the counseling process between therapist and client, The Company cannot preserve the full extent of confidentiality if someone else views your emails or texts.
- Finally a discharge letter may be emailed to you with the address provided on the Intake Client Form.

Complaints:

If you have questions regarding services you receive, please discuss them with your therapist. If you do not receive a satisfactory response, contact the State of Wyoming's Mental Health Professions Licensing Board at (307) 778-7788. You can also reference their website at <http://plboards.state.wy.us/mentalhealth>. Complaints can also be filed with the Wyoming Department of Health Behavioral Health Division at (307) 777-5494. There are no repercussions for complaints.

Reservation of Right to Change Privacy Practices:

The Company reserves the right to modify the privacy practices outlined in the notice. As revisions are completed and new forms issued to clients, all current clients will be given a new Notice of Privacy Practices and be asked to sign that they received a revised copy.

Acknowledgement of Office Procedures and Privacy Practices:

Your signature below indicates that you have read, understood, and agreed to all the terms of this document. You acknowledge that you have received a copy for your records (if requested), are aware of your client rights & responsibilities, and that any questions have been answered to your satisfaction.

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CONSENT FOR TREATMENT

By signing this document you consent to treatment for yourself and/or your minor child with Specialty Counseling & Consulting, LLC. Said treatment may include any or all of the following: individual therapy, family therapy, group therapy, drug & alcohol counseling, therapeutic mentoring, assessments and evaluations, family/group treatment coordination, case management, and other services deemed appropriate and necessary.

Signature of Client or Legal Guardian

Date

Specialty Counseling & Consulting, LLC Staff

Date

ATTACHMENT H-1

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INSURANCE NOTIFICATION

As a courtesy, Specialty Counseling & Consulting will file your insurance claim on your behalf. We require that any co-payments be made at the time that services are rendered. If you are not medically insured, we request that all charges be paid after each visit. At any time if payments aren't being made on your account, services can be suspended by management and it will be at their discretion if services can be scheduled. Our office will make every attempt to provide you with a payment plan that is conducive to your financial situation. However, if after 3 attempts to collect your balance via collection notices or phone contacts the status of your account remains the same, your account may be transferred to a collection agency.

Please understand that the reimbursement rates that insurance companies choose to pay are usually less than most provider fees. Each insurance company and different plans underwritten by each insurance company may reimburse at different rates. We do not, and cannot allow a third party to determine the amount that we charge for services. Should you wish to determine the benefits to which you are entitled under the provisions of your contract, we recommend that you contact your insurance company to obtain the precise information about your coverage.

I hereby authorize Specialty Counseling & Consulting, LLC. to furnish to the relevant insurance company(ies) all information which the insurance company(ies) may request. I hereby assign all benefits to which I am entitled for medical expenses related to the services rendered, but not to exceed my indebtedness to said provider. It is understood that any money received from the insurance company(ies) over and above my indebtedness will be refunded when the bill is paid in full. I understand that I am financially responsible to Specialty Counseling & Consulting, LLC. for charges not covered by this assignment. I further agree, in the event of non-payment, to bear the cost of collection and/or court cost and reasonable fee should this be required.

I have read and understand Specialty Counseling & Consulting, LLC.'s insurance notification

Signature of Client or Legal Guardian: _____

Relation to Client: _____

Date: _____

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Therapist Disclosure Statement

This document is intended to inform you about your therapist's credentials and qualifications. Please ask your therapist(s) if you have any questions.

Name	Degree	Educational Institution	License & Number	Counseling Orientation	Areas of Expertise
Robert A. Logan	Bachelor of Art Master of Science, Clinical Psychology	University of Minnesota-Morris Emporia State University-Kansas	LPC-455 Licensed Professional Counselor	Cognitive Behavioral Therapy, Family Systems, and Short- term Psychodynamic	Substance abuse, depression, anxiety, anger management, child and adolescent behavior, blended families and parenting, divorce and marital separation, couples and family conflict, trauma, grief and loss, attachment and bonding, adoption and foster care issues
Gary R. King	Bachelor of Arts, Psychology, Women's studies Master of Science, Counseling, Community Counseling	University of Wyoming	LPC-1227 Licensed Professional Counselor	CBT	Substance Abuse Issues
Stephanie L. Keller	Bachelor of Arts: Social Work	Chadron State College	CSW-099 Certified Social Worker Supervised by Robert Logan	Cognitive-Behavior Therapy, Client- Centered Therapy	Child and adolescent individual, family and group therapy, anger management, trauma, attention deficit disorders, sexual abuse (victim), foster care, depression, anxiety.
Kristen Arnold	Bachelor of Arts Master of Education	Northwest Nazarene University West Chester University	PPC-884 Provisional Professional Counselor Supervised by Robert Logan	Solution Focused, Rational-Emotive Behavioral therapy, Cognitive-Behavioral	School Counseling, Youth and Families
Randy Bedson	Bachelor of Arts, Psychology Master of Science; Educational Psychology	Southern Illinois University at Carbondale	LPC-858 Licensed Professional Counselor	Family Systems Therapy, EMDR Therapy	Individual, group and family, stress management, EMDR, Dissociation and Emotional Parts Therapy
Megan Bowman	Bachelor of Social Work Master of Social Work	University of Wyoming Metropolitan State University of Denver	CSW-236 Supervised by Bob Logan NLC=0109924 (CO)	CBT, DBT, solution focused, systems, mindfulness therapy	Children and families, adolescents
Leslie N. Cox	Bachelor of Science Master of Professional Counseling	Liberty University Liberty University	PPC-1171 Provisional Professional Counselor	CBT, DBT, Solution- focused	Children, adolescents, divorce, trauma
Clay Dolden	Bachelor of Science, Criminal Justice Master of Rehabilitation Counseling	Winona State University Utah State University	LPC# 1336 Licensed Professional Counselor	Cognitive, Cognitive- Behavioral, Person- Centered	Youth and family, adolescent development issues, anger management, Anxiety/ADHD/PTSD, emotional processing, developmental disabilities and working with young folks with autism.
Kelly Hill	Bachelor of Arts; Psychology Master of Arts; Transpersonal Counseling Psychology	Southern Methodist College Noropa University	PPC-1067 Provisional Licensed Professional Counselor Supervised by Gary King	Mindfulness, CBT, Gestalt, Person- Centered, Motivational Interviewing	Grief Counseling, Life Transitions, Young Adults
Randi Losalu	Bachelor of Arts Psychology; Criminal Justice Master of Social Work	University of Wyoming's University of North Dakota	PCSW-825 Provisional Certified Social Worker Supervised by Gary King	EMDR Therapy, Cognitive Behavioral Therapy, Theraplay Therapy, Solution Focused Therapy, Mindfulness	Victims of crime, trauma, anxiety, self-esteem, children, youth, adults, families, groups.
Dr. Brandon Waynard	Bachelor of Arts, Psychology	Hope International University	668 - Licensed Clinical	Logos-therapy, Cognitive Behavioral	Psychological Assessment/Testing, Individual Adults, Adolescents,

Robert Logan, Quality Mental Health, P.C., practice individually, an affiliate of Specialty Counseling & Consulting, LCC
B:\New Patient Docs updated 04/21/2020 LJB

S **SPECIALTY**
Counseling & Consulting

	Master of Arts, Clinical Psychology Doctorate, Clinical Psychology	Antioch University	Psychologist	Therapy, Existential Therapy, Positive Psychology, Reality Therapy	Suicidology, Crisis, Law Enforcement, Military, Fitness and Psychology
Dawn M. Marchak	Bachelor of Science in Psychology Master of Arts in Professional Counseling	Dallas Baptist University Liberty University	LPC-1423 Licensed Professional Counselor	Client-Centered Therapy, CBT, Mindfulness	Depression and Anxiety in teens, LGBTQ clients, DV victims,
Amy Mavy	Bachelor of Social Work Master of Social Work	University of Wyoming University of New England	PCSW-829 Provisional Clinical Social Worker Supervised by Sandra Breusch	Solution-Focused Brief Therapy, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Motivational Interviewing, and Narrative Therapy	Substance use, grief, aging, anxiety and depression, child/adolescent issues
Tara Rios Vega	Bachelor of Science Master of Social Work	Troy University at Montgomery University of Southern California	LCSW-1236 Provisional Clinical Social Worker Supervised by Gery King	Motivational Interviewing, Solution-Focused Therapy, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Theraplay Therapy	Anxiety, Depression, Children, Youth, Adolescents
Artel Horn	Bachelor of Social Work	University of Wyoming	CSW - 311 Supervised by Stephanie Kater	Person-Centered, Trauma-Informed Care; Motivational Interviewing	Women, children, families, physical disabilities.
Faith Urbom	Bachelor of Social Work	Colorado State University	CSW-297 Supervised by Robert Logan Certified Social Worker	Client-Centered Therapy, Cognitive Behavioral Therapy	Traumatic Brain Injury, Adults, Children and Families, Developmental Disabilities
Douglas Gelsner	Bachelor of Social Work	University of Wyoming	CSW-302 Certified Social Worker Supervised by Robert Logan	Cognitive Behavioral Therapy, Family Systems, Motivational Interviewing, Client-Centered, Trauma-Informed Care, Couples Counseling	Youth, Adults, Families, Couples
Amy Remington	Bachelor of Arts in Family Psychology Master of Arts in Marriage and Family Therapy	Oklahoma Baptist University New Orleans Baptist Theological Seminary	LPC-1370 Licensed Professional Counselor Supervised by Robert Logan	Client-Centered Therapy, CBT, Family Systems, Child-Centered Play Therapy, Child-Parent Relational Therapy, EMDR	CBT, Solution Focused, Play Therapy, Couples Therapy, EMDR
Tori Shepard	Bachelor of Social Work	University of Wyoming	Supervised by Amy Remington	Client-Centered, Trauma-Informed	Women and body image/eating disorders, youth substance use disorders, cognitive and physical disabilities
Christine J. Christiansen	Wyoming Association of Addiction Specialists	Wyoming Mental Health Professions Licensing Board	LAT-190 Licensed Addictions Therapist	Motivational Interviewing, Corrections, CBT	Addictions, Dual Diagnosis, Individual and Family Group Therapy.
Kelyn K. Krotz	Bachelor of Science, Psychology Master of Science, Community Counseling	Chadron State College	LPC-1120 Licensed Professional Counselor	Cognitive Behavioral, Client Centered, Motivational Interviewing, EMDR, play Therapy, Art Therapy	Substance Abuse, Trauma Reduction, grief therapy, depressions, anxiety, adolescent behavior, couples & family conflict, anger management, group therapy, domestic violence & Sexual assault.
Krista J. West	Bachelor of Social Work	University of Wyoming	CSW-309 Certified Social Worker Supervised by Kelyn Krotz	Cognitive Behavioral, Client Centered, Motivational Interviewing, Mindfulness, Group	Youth, Adult, Families, Substance Use, Victim of Abuse, Foster/Adoption, Depression, Anxiety

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The practice of professional counselors, clinical social workers, marriage and family therapists, addictions therapists, social workers, and mental health workers in Wyoming is regulated by the Wyoming Mental Health Professions Licensing Board, Address: 2800 Central Avenue, Cheyenne, WY 82002, Telephone: 307-777-7788. This disclosure statement is required by the Mental Health Professions Licensing Act. You are entitled to report complaints to the Board, and you cannot be retaliated against for making such complaints.

Our therapists attest that they will adhere to the Code of Ethics of their relevant professional association: National Association of Social Workers; American Counseling Association; American Association for Marriage and Family Therapy; or National Association of Alcoholism and Drug Abuse Counselors. To maintain licensure therapists are required to participate in annual continuing education, taking courses with content relevant to the counseling profession. Counseling relationships are professional in nature. The Board also requires that clients be informed that sexual intimacy between a client and therapist is illegal, unethical, and never appropriate and should be reported to the Board. Clients have the right to ask questions about a counselor's credentials and approach and may accept or reject any suggested counseling intervention. Clients may also request a different counselor.

You have the right to confidentiality. Client conversations and records will be maintained in the strictest of confidence, according to all guidelines established by state statutes (W.S. 33-18-113). Confidential information may be disclosed in situations including, but not limited to, the following circumstances:

- a) Abuse or harmful neglect of children, the elderly or disabled or incompetent individuals is known or reasonably suspected
 - b) the validity of a will of a former client is contested
 - c) information related to counseling is necessary to defend against a malpractice action brought by a client
 - d) an immediate threat of physical violence against a readily identifiable victim is disclosed to the counselor
 - e) in the context of civil commitment proceedings, where an immediate threat of self-inflicted harm is disclosed to the counselor
 - f) the client alleges mental or emotional damages in civil litigation or his/her mental or emotional state becomes an issue in any court proceeding concerning child custody or visitation
 - g) the client is examined pursuant to a court order
 - h) in the context of investigations and hearings brought by the client and conducted by the board, where violations of this act are at issue
- Information that is deemed to be of a sensitive nature will be inspected by the board and the board shall determine whether or not the information will become part of the record and subject to public disclosure.

Signature of Client or Legal Guardian

Date

Specialty Counseling & Consulting, LLC Staff

Date

Special Accommodations Request

Robert Logan, Quality Mental Health, P.C., practice individually, an affiliate of Specialty Counseling & Consulting, LLC
B:\New Patient Docs updated 04/21/2020 LJB

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Clients may request reasonable accommodations necessary to engage in, and benefit from services. In most cases, SCC staff will recognize and address needs for accommodation prior to the individual's request. Requests can be made by the person served or someone acting on their behalf. SCC will provide reasonable accommodations for recognized or reported barriers. This will be done as soon as reasonably possible following recognition or request.

Please list below anything that we can do to assist you in fully participating in your program(s):

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SPECIALTY
Counseling & Consulting

**A BILL OF RIGHTS FOR CLIENTS
SPECIALTY COUNSELING & CONSULTING, LLC**

FEDERAL LAW INCLUDES A BILL OF RIGHTS FOR PERSONS RECEIVING MENTAL HEALTH TREATMENT SERVICES
Title V, Section 501 of the Mental Health Systems Act, 42 U.S.C. 9501, defines in United States law a Bill of Rights for mental health Clients. A person seeking treatment from Specialty Counseling & Consulting, LLC for the purpose of receiving mental health services shall be accorded the following:

The right to treatment and services under conditions that support the person's personal liberty and restrict such liberty only as necessary to comply with treatment needs, law and judicial orders.

The right to an individualized, written treatment or service plan (to be developed promptly after admission) regardless of type of mental health or substance abuse disorder, treatment based on the plan, periodic review and assessment of needs, and appropriate revisions of the plan, including a description of services that may be needed after discharge.

The right to ongoing participation in the planning of services to be provided and in the development and periodic revision of the treatment plan, and the right to be provided with a reasonable explanation of all aspects of one's own condition and treatment.

The right to refuse treatment, except during an emergency situation, or as permitted under law in the case of a person committed by a court for treatment.

The right not to participate in experimentation in the absence of the Client's informed, voluntary, written consent; the right to appropriated protection associated with such participation; the right and opportunity to revoke such consent. The right to freedom from restraint or seclusion, other than opportunity to revoke such consent. The right to freedom from restraint or seclusion, other than during an emergency situation.

The right to a humane environment that affords reasonable protection from harm and appropriate privacy.
The right to confidentiality of records.

The right to access, upon request, one's own mental health case records.

The right (in residential care) to converse with others privately and to have access to the telephone and mails, unless denial of access is documented and necessary for treatment.

The right to be informed promptly, in appropriate language and terms of the rights described in this section.

The right to assert grievances with respect to infringement of the Bill of Rights, including the right to have such grievances considered in a fair, timely and impartial procedure.

The right to access to a protection service and a qualified advocate in order to understand, exercise and protect one's rights.

The right to exercise the rights described in this section without reprisal, including reprisal in the form of denial of any appropriate, available treatment.

The right to referral, as appropriate, to other providers of mental health services upon discharge.

ATTACHMENT H-1



Liability Release Form

Client Name: _____ DOB: _____

I (We) release **Specialty Counseling & Consulting, LLC** from any and all liability for the above name while he/she is participating in company approved services including therapy, groups, activities and programs. Such activities may include but are not limited to: *pro-social activities, participation in sports, going on community outings, and transportation from the client's home, school, office, or other community setting.* The client will be accompanied by Specialty Counseling & Consulting staff. If the client has any conditions that require special attention or limits their participation in such activities (i.e., medical conditions, allergies, food allergies, physical restrictions, etc.), please list those conditions in detail below:

In Case of Emergency Contact:

_____ Relationship: _____

Phone #: _____

I (We) understand this Liability Release Form is effective until the client has completed or is discharged from therapy services while under the care of Specialty Counseling & Consulting, LLC.

Signature of Client or Legal Guardian

Date

Specialty Counseling & Consulting, LLC Staff

Date

ATTACHMENT H-1

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Health History Form

The information requested below will assist us in treating you safely. Please ask any questions about the information being requested. Please note that all information provided below will be kept confidential unless required by law or your written permission is given.

Client Name: _____ DOB: _____

Please indicate conditions the client is experiencing or have experienced:

- Cardiovascular**
- high blood pressure
 - low blood pressure
 - heart disease
 - stroke
 - pacemaker/other device
- Is there a family history of any of the above? YES NO
- Communicable Infections**
- Hepatitis
 - Skin conditions
 - TB
 - HIV/AIDS
 - Herpes
 - Other:

- Other**
- Migraines
 - Sleep Apnea
 - Digestive Problems
 - Bowel Troubles
 - Diabetes
 - Thyroid Problems
 - Cancer
 - Seizures/Epilepsy
 - Bone/Joint Troubles
 - Miscarriage or termination of Pregnancy
 - Menstrual Problems
 - Allergies
 - Vision Problems
 - Hearing Problems
 - Arthritis
 - Other:

Primary Care Physician: _____

Office Number: _____

Current Medications:

Office Use Only: If communicable infection is present and client has no primary care physician, appropriate referral was made:

YES NA

Other: _____

Is there a family history of any of the above? YES NO

The City County Health's contact information is 100 Central Ave, Cheyenne, WY 82001, Phone Number (307) 633-4000, and the website link for screenings and referrals is <http://www.laramiecounty.com/departments/health/index.asp>

I have read and understood the above is correct:

Signature of Client or Legal Guardian

Date

Specialty Counseling & Consulting, LLC Staff

Date

ATTACHMENT H-1

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Cancellation, Missed Appointment & No-Show Procedure

Dear Valued Client,

Our goal is to provide quality therapy and support services. No-shows and late cancellations inconvenience those who need access to our services in a timely manner. This policy enables us to better utilize available appointments for all of our clients.

CANCELLATION OF AN APPOINTMENT

In order to be respectful of the needs of other clients, please be courteous and call the Specialty Counseling & Consulting (SCC) office promptly if you are unable to show up for an appointment. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance. Appointments are in high demand and your early cancellation will give another person the possibility to have access to timely services.

HOW TO CANCEL YOUR APPOINTMENT

To cancel an appointment, please call (307) 426-4797. If you do not reach the receptionist, you may leave a detailed message on our voicemail. Please leave your name and phone number and we will return your call in order the schedule or confirm your next appointment.

LATE CANCELLATION

A late cancellation is an appointment cancelled in less than 24 hours of the scheduled appointment time.

NO-SHOW

A no-show is failing to arrive for an appointment at the scheduled time without contacting SCC in order to cancel the appointment.

SCC PROCEDURE

- First Late Cancellation/No-Show: There will be no charge.
- Second Late Cancellation/No-Show: May result in a \$25 fee billed to your account.
- Third Late Cancellation/No-Show: May result in an additional \$25 fee billed to your account and dismissal from our practice.

I have read and understand SCC's Cancellation, Missed Appointment & No-Show Procedure.

Client Printed Name: _____ Birthdate: _____

Parent/Guardian Printed Name (if applicable): _____

Client or Parent/Guardian Signature: _____

Today's Date: _____
Specialty Counseling & Consulting values you as a client and strives to provide you with excellent mental health services! Thank you for your support of this process.



ATTACHMENT H-211
SPECCOU-02 AMCCUSKEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/6/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 6024
HUB International Mountain States Limited
1620 E Pershing Blvd, Suite 100
Cheyenne, WY 82001

CONTACT NAME:
PHONE (AC, No, Ext): (307) 632-6420 FAX (AC, No): (307) 632-6447
E-MAIL:
ADDRESS:

INSURED
Specialty Counseling & Consulting, LLC
4025 Rawlins St
Cheyenne, WY 82001

INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: Pacific Employers Insurance Company 22748
INSURER B: Allied Insurance Company of America 10127
INSURER C: National Fire Insurance Company of Hartford 20478
INSURER D: Underwriters at Lloyd's London 15792
INSURER E:
INSURER F:

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD Y/YD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	X	D95985075	3/26/2022	3/26/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 PRIVACY \$ 25,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
GENT AGGREGATE LIMIT APPLIES PER: X POLICY, PRO, LOC OTHER						
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		ACPBAL3100343262	3/26/2022	3/26/2023	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WC 7 14898763	6/3/2021	6/3/2022	Per Occurrence \$ 1,000,000 Aggregate \$ 3,000,000
D	Professional Liabli		WEB27220201	4/27/2022	4/27/2023	
D	Professional Liabli		WEB27220201	4/27/2022	4/27/2023	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Job 50014261

CERTIFICATE HOLDER
Silver Hill Funding, LLC
ISAOA / ATIMA
C/O Community Loan Servicing, LLC
4425 Ponce De Leon Blvd
Coral Gables, FL 33146

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE
Rene LeBeau



ATTACHMENT H-212
AMCCLUSKEY

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/6/2022

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY HUB International Mountain States Limited
1620 E Pershing Blvd, Suite 100
Cheyenne, WY 82001
PHONE (A/C, No, Ext): (307) 632-6420

COMPANY ACE Property & Casualty Insurance Company

FAX (A/C, No): (307) 632-6447 E-MAIL ADDRESS

CODE: AGENCY CUSTOMER ID: SPECCOU-02 License # 6024
INSURED Specialty Counseling & Consulting, LLC
4025 Rawlins St
Cheyenne, WY 82001

LOAN NUMBER POLICY NUMBER
D95985075

EFFECTIVE DATE 3/26/2022 EXPIRATION DATE 3/26/2023

CONTINUED UNTIL TERMINATED IF CHECKED

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loan # 50014261
Loc # 0, Bldg # 0, Blanket - Bldg and BPP \$1,737,500, Blanket - Bldg and BPP \$1,737,500

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	SPECIAL	AMOUNT OF INSURANCE	DEDUCTIBLE
Loc # 0, Bldg # 0 Special (Including theft)					\$1,737,500	\$1,000

REMARKS (Including Special Conditions)

Special Conditions:
As their interests may appear

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
Silver Hill Funding, LLC ISAOA/TIMA C/O Community Loan Servicing, LLC 4425 Ponce De Leon Blvd Coral Gables, FL 33146	MORTGAGEE		
	LOAN #		
	AUTHORIZED REPRESENTATIVE		
	<i>Rene Selles</i>		

Specialty Counseling & Consulting, LLC

QUALITY ASSURANCE

POLICY: OPS-D.28

PAGE 1 of 2

Specialty Counseling & Consulting, LLC shall have a Quality Assurance Committee responsible for peer review/utilization review (QA Peer Reviews), all incident reports, and safety procedures review.

PROCEDURE:

COMMITTEE STRUCTURE:

The Quality Assurance Committee shall be composed of Specialty Counseling & Consulting, LLC staff and chaired by the Clinical Director, and managed by the Operations Manager. Committee members, with the exception of the Quality Assurance Coordinator, shall rotate every three (3) months.

The Quality Assurance Committee is under the direct supervision of the Clinical Director or Operations Manager and is responsible for the coordination, monitoring, and reporting of committee activities and ensuring that requirements are met.

COMMITTEE RESPONSIBILITIES:

The committee shall meet at least monthly and review selected client charts for completeness and accuracy.

The committee will also review all incident reports, emergency drills, and discuss and document all safety concerns.

Newly-hired clinical employees are required to be part of the committee as soon as they begin work at Specialty Counseling & Consulting.

COMMUNICATION OF FINDINGS:

Reporting:

- For QA Peer reviews, the committee members shall complete a Quality Assurance Peer review form documenting the findings of each review.
- The committee members shall document findings and suggestions from all incident and safety reports.
- Findings and statistics from all sessions are compiled by the Quality Assurance Chair person on a spreadsheet.

QUALITY ASSURANCE

PAGE 2 of 2

- Written records of all committee activities are kept which at minimum includes the following:
 - Date of activity;
 - Committee members present and absent;
 - The case numbers of the clinical records reviewed, re-reviews;
 - Summary of overall findings;
 - Recommendations for corrective actions.

- Corrective action must be taken by staff when requested by a QA committee representative, within 10 (ten) days.

All quality assurance related documents are the property of Specialty Counseling & Consulting, LLC and are for internal purposes only. They do not become part of any client's clinical record. All quality assurance documents including incident reports and incident reviews are protected from discovery in civil and criminal investigations if they are turned over to the designated counsel.

ATTACHMENT H-3.3

APP-A.3		Specialty Counseling & Consulting						
Name:	DOB:	Primary Provider:						
Pay Source:	Reviewed by:				Review date:			
Additional Team Members:								
Intake Forms with all signatures	Yes	No	N/A	Comment (including dates)	Therapist Notified	Date Corrected	Initials	
Patient Information (demographics)								
Procedures, Privacy Practices & Consent to Treat								
Insurance Notification (Financial Policy - Medicare)								
Therapist Disclosure Statement (to include therapist present at time)								
Liability Release Form								
Health History Form								
Release(s) of Information								
Is there a Telehealth Consent Form if med clinic is being provided? (Patient Forms)								
Is there a Medication Management/Psychiatric Contract? (Agreement Med Management)								
Intake Assessment								
Assessment with clinician and supervisor signatures and dates								
Describes specific symptoms, behaviors and functional deficits of MH/SA disorder (Presenting Problem)								
All sections of assessment adequately completed								
DSM diagnosis (current version) supported (Clinical Summary)								
SED/SPMI/LOC/OM/CM Data support level of services.								
If Substance Abuse dx, clt referred for evaluation								
Updated CDA completed if over a year								
Service Plans								
Initial treatment plan by third client contact								
Initial treatment plan signed by client/guardian								

Reviewed By:

SPECIALTY COUNSELING CONSULTING, LLC CHART AUDIT TOOL

ATTACHMENT H-3,4

Treatment plan updated every 90 days and includes a completed summary.							
Subsequent plans signed by client/guardian							
Goals & objectives are measurable with target dates							
Is there a Medication Management Goal/Objectives if Med Clinic is being provided?							
Modalities/Interventions Included							
Type and frequency of interventions is documented							
Goals are related to presenting problem(s) and can be tied back to the assessment findings							
If substance dx, are there goals? If not, is it documented that clt declined services?							
All services (ind, fam, group, CM, psychiatric, SA) meet medical necessity criteria							
Case Management Plan (if applicable)							
SED/SPMI Checklist							
LOC Completed							
OM Completed							
If psychological testing done, signed/dated report on file							
Peer Support/IRS Tab is completed if service(s) is(are) being provided?							
Are summaries appropriate, not duplicated verbatim?							
ROIs indicated in CM Plan							

Substance Abuse Specific-for any client with any substance use disorder, primary or secondary

ASI/ASAM completed, signed & dated by clinician and supervisor							
If SA primary diagnosis, ASI/ASAM updated at least every 30 days thereafter							

Discharge Paperwork

If no documented contact in past 90 days, and client has been seen a minium of 3 times, has client been discharged?							
Discharge Summary Completed							

Progress Notes

Notes tie back to specific treatment plan goals							
---	--	--	--	--	--	--	--

Reviewed By:

SPECIALTY COUNSELING CONSULTING, LLC CHART AUDIT TOOL

ATTACHMENT H-3.5

Notes include required DAP elements							
Services billed are billable							
Notes are not duplicated							
Billed service matches DAP							
If Substance Abuse, note indicates ASAM has been reviewed and applies to this client							
All notes are signed by clinician							
Progress Notes written by provisionally licensed professional or CSW must be co-signed by licensed professional							
Dx matches on PNs, assessment & tx plan							
If transfer, note completed and prior assessment/eval obtained							

ATTACHMENT H-4



www.specialtycounseling.com

Authorization for Release of Information

Client Name: _____ Birthdate: _____

Parent/Guardian (if applicable): _____

I hereby authorize *Specialty Counseling and Consulting* to Release/Receive information

To/From: _____

Address: _____

Phone#: _____ Fax #: _____ Email Address: _____

Information to be: Released Received

***Please INITIAL the appropriate requested information below:**

- _____ Drug & Alcohol Information and/or Assessment
- _____ Psychological Evaluation and/or Testing
- _____ Case Consultation/Treatment Progress/Discharge Summary
- _____ School Grades/Behavior
- _____ Medical Information
- _____ Medication History
- _____ Court Records/Probation Documents
- _____ Other (Verbal exchange of information)

The purpose of this release of information is to facilitate treatment and coordinate care between providers.

I/we understand that my or my child's records are protected under the State and Federal Confidentiality Regulations and cannot be disclosed without my permission. I also understand that I may revoke my consent for disclosure in writing at any time, except that action has been in reliance on it and that in any event, this consent expires automatically as described below.

I/we understand this Authorization of Release Form is effective for one year from the date of signature below, or is discharged from therapy services while under the care of the Therapist.

Client/Responsible Party

Date

Specialty Counseling Representative

Date

FEDERAL LAW (42CFR, Part 2) prohibits making any further disclosure of this information without the specific written consent of the person to whom it pertains. A general authorization for the release of information is NOT sufficient for this purpose. Per Substance Abuse requirements Federal Law (45CFR), 160 & 164) also applies.

Cheyenne Office 1	Cheyenne Office 2	Wheatland Office	Casper Office	Douglas Office	Fort Collins Office	Greeley Office
4025 Rawlins St. Cheyenne, WY 82001 307-426-4797	200 Dell Range Blvd. Cheyenne, WY 82001 307-426-4797	975 Gilchrist St. Wheatland, WY 82201 307-322-8122	123 W. 1 st St., Ste 705 Casper, WY. 82601 307-222-3042	1954 E. Richards St, Ste 10 Douglas, WY 82633 307-717-0002	125 Crestridge St, Ste 1 Fort Collins, CO 80525 970-942-3031	1910 56 th Ave, Ste A Greeley, CO 80634 970-942-3031



Specialty Counseling & Consulting LLC
4025 Rawlins Street
Cheyenne, WY 82001-1900
Phone: 307-426-4797 | Fax: 307-426-4799
Amy Mavy, PCSW

ATTACHMENT H-5

Patient Details

Name:
DOB:
MRN: RIN:

Start Time:
CDA Intro

Supervisor:
Referral Source:

People Interviewed:

Records Reviewed:

Insurance Coverage/Pay
Source:

Collateral Contacts:

Client's Motivation for
Change/Desired
Outcomes:

Presenting Problem

Visit Details

Visit Date:

End Time:

Comprehensive Diagnostic Assessment

INTAKE

Encounter Details

Encounter Type:

Total Time:

MSE & Evaluations

Mental Status Exam:

- Appearance:
- Attitude:
- Psychomotor Activity:
- Affect:
- Mood:
- Speech:
- Thought Process:
- Thought Content & Perceptions:
- Orientation:
- Memory:
- Judgment:
- Insight:
- Concentration:
- Intelligence:

ATTACHMENT H-512

- Behavior:
- Attention:
- Daily Patterns:
- Risk Assessment:
- Suicide Assessment:
- Homicidal Assessment:
- Additional Risk Factors:

History

C & A History

Child and Adolescent History Form

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

Mother's Name:	Age:	Occupation:	Currently living in the home
Father's Name:	Age:	Occupation:	Currently living in the home

Child's parents are:

Was this child adopted:

Has anyone in the family recently passed away:

Who is currently living in the home with the client (please include age and relationship to the client)?

If one of the parents is not living in the home, is there visitation and/or custody arrangements?

If yes, has there been any disruption in the visitation schedule?

Has there been a time where the child has not lived with at least one parent or both parents?

Where was the client born?

How many times has the client moved homes/locations? Please provide dates:

Is there anyone besides the individuals listed above, who have a close relationship with the client (please include age, relationship to the client and where they are living)?

Has anyone in the family on the mothers or fathers side ever had any of the following?

Drinking problem	If yes, who?
Drug Problem	If yes, who?
Depression	If yes, who?
Schizophrenia	If yes, who?
Mood Swings	If yes, who?
Anxiety	If yes, who?
Hyperactivity or Attention Problems	If yes, who?

Suicide or Attempted Suicide

If yes, who?

Learning Difficulties

If yes, who?

Legal Problems

If yes, who?

Are there any ongoing family problems that might be affecting the child such as, marital problems, illness, financial problems, housing problems, etc.?

Educational Background

What school is the client attending?

What grade is the client currently in?

Has the client repeated grades?

Does the client have behavioral problems at school?

Has the client been suspended this year? If so why?

No

School Notes:

School Functioning:

Additional Notes:

Physical Health/Development

Who is client's Primary Care Physician:

When was your last Dental Exam?

Current Medications:

Does the client have any medical conditions?

Has the client had any surgeries, broken bones, or hospitalizations? If yes, please explain and give date.

Did Client's mother take any medications while pregnant?

If yes, what did she take?

Did Client's mother smoke, drink or use drugs while pregnant?

If yes, what did she take?

Was there anything unusual about mother's pregnancy?

Was there anything unusual about the client's development?

Are there any issues around sleep?

Issues with violence/violent behaviors?

ATTACHMENT H-5,4

Were developmental milestones met on time/without issue (walking, talking, eating/feeding, toilet training)

Did the client roll over, sit, stand, walk about the same time as other children?

Additional Notes:

Substance Abuse and Addiction History

Therapist Use Only:

Abuse/Trauma

Include any information regarding history of/current sexual, physical, verbal, emotional, domestic violence

Mental Health Treatment

Has the client ever received counseling or mental health treatment before?

If yes, Please list all previous Provider's, Agencies, and Dates:

Any other community supports such as respite, birth to five, case management?

Additional Notes:

Describe Your Child

What is your child's favorite way of spending his/her free time? List activities and interest?

Please describe your child's strengths and positive attributes.

What are some things that you enjoy doing together with your child?

Additional Notes:

Diagnosis

F34.81 - Disruptive mood dysregulation disorder

F43.25 - Adjustment disorder, With mixed anxiety and depressed mood

SED Checklist

Severely Emotionally Disturbed (SED) Checklist

- Yes **1. Younger than 18** DOB:
- Yes **2. Primary diagnosis is other than a z-code, Adjustment Disorder, mental Retardation, or Learning Disability.**
Primary
Diagnosis #:
- Yes **3. Either a or b applies, or both a and b apply.**
c. Both a and b
- Yes **4. In the absence of treatment or other supports, the degree of emotional and mental**

disturbance consistently prevents age appropriate functioning in two or more of the following domains.

(This item only applies if the child is between the ages of 5 and 18)

- b. Family Life Living in a kinship care setting
- d. Community Living On probation
- f. Leisure Time Mgmt History of making unhealthy and/or illegal leisure time choices.

5. in the absence of treatment or other supports, the child exhibits at least one pronounced emotional or behavioral symptoms in 2 or more settings.

(This item only applies if child is younger than age 5)

6. In the absence of treatment or other supports, the severity of the child/adolescent's disorder makes them a significant risk for out-of-home, school, or community placement.

The total number of YES response is 5: the child/adolescent is SED.

LOC

Level of Care Guidelines

(Select all that apply from the drop down)

Level 1: Low Level of Care

Level II: Moderate Level of Care

Level III: High Level of Care

Medium to High Intensity/Medium to High Chronicity (Over a Year), Moderate to Severe Diagnosis, Yes to SED/SPMI, Multiple Parties or Stakeholders Involved (DFS, Courts/Probation, etc.)

Level IV: Severe/Intense Level of Care

Level Of Care

III

Pediatric Symptom Checklist-35

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please mark under the heading that best fits your child.

Questions	Never (0)	Sometimes (1)	Often (2)
1. Complains of aches/pains	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Spends more time alone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tires easily, has little energy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Fidgety, unable to sit still	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Has trouble with a teacher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Less interested in school	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Acts as if driven by a motor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Daydreams too much	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Distracted easily	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Is afraid of new situations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Feels sad, unhappy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is irritable, angry	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ATTACHMENT H-216

Questions	Never (0)	Sometimes (1)	Often (2)
13. Feels hopeless	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Has trouble concentrating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Less interest in friends	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Fights with others	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Absent from school	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. School grades dropping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Is down on him or herself	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Visits doctor with doctor finding nothing wrong	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has trouble sleeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Worries a lot	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Wants to be with you more than before	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Feels he or she is bad	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25. Takes unnecessary risks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. Gets hurt frequently	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Seems to be having less fun	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Acts younger than children his or her age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29. Does not listen to rules	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30. Does not show feelings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31. Does not understand other people's feelings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32. Teases others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Blames others for his or her troubles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34. Takes things that do not belong to him or her	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35. Refuses to share	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Recorded By: Mavy, Amy

Total: 21

Does your child have any emotional or behavioral problems for which she/he needs help?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Yes
Are there any services that you would like your child to receive for these problems?	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
If yes, what services?				

Clinical Summary

Comprehensive Clinical Summary

- Briefly summarize intake data
- DSM symptoms and criterion referenced to justify diagnosis
- Risk factors and protective factors
- Services needed

ATTACHMENT H-57

Protective Factors:
Risk Factors:

Identified Needed Services: Individual therapy, family therapy

Initial Prognosis:

Fair

Notes

Individual Note:

CDA Progress Note:

CDA Progress Note

Clinical Services Provided: Assessment

Data

Met with

at the
location:

Assessment/Engagement/Cooperation

Plan

recommendations.

Plan/Codes

- **Visit & Procedure Codes:**

Co-Sign Details

Patient Details

Name:
DOB: Age: Year(s)
Address:
Phone:
MRN: 0000007868 **e-RIN:**
E-mail:

Visit Details

Visit Date: 02/14/2022
Primary Payer: Laramie County
Treatment - DUI Drug Court
(10081959)

Encounter Details

Encounter Type: Service Plan
POS: 11 - Office

Goals & Objectives (Next Review Date: 05/15/2022)

- **Case management** (Last Review Date: 02/14/2022, Next Review Date: 05/15/2022)
 - Goals 1:** Accept and adapt to the uncontrollable actions of the court. [Date Started: 02/14/2022]
 - Goals 2:** Accept and responsibly respond to the mandates of court. [Date Started: 02/14/2022]
 - Goals 3:** Accept chemical dependence and begin to actively participate in a recovery program. [Date Started: 02/14/2022]
 - Goals 4:** Accept responsibility for own actions, including apologizing for hurts and not blaming others. [Date Started: 02/14/2022]
 - Goals 5:** Accept responsibility for own behavior and keep behavior within the acceptable limits of the rules of society. [Date Started: 02/14/2022]
 - Objectives 1:** Abstain for drug and/or alcohol use, avoiding high risk drinking/drug situations and people who do drugs. [Date Started: 02/14/2022]
 - Objectives 2:** Abstain from engaging in the addictive behavior for 90 consecutive days. [Date Started: 02/14/2022]
 - Objectives 3:** Abstain from use of substance for 30 days. [Date Started: 02/14/2022]
 - Modalities & Interventions 1:**
Case Management
 - Modalities & Interventions 2:**
case management
- **DUI court IOP group** (Last Review Date: 02/14/2022, Next Review Date: 05/15/2022)
 - Goals 1:** Achieve a steady state of sobriety [Date Started: 02/14/2022, Target Date: 05/15/2022] [Progress: Added goal]
 - Objectives 1:** 1. Complete MRT Step 1 Starting From The Bottom; Pyramid of life exercise, and testimony. [Date Started: 02/14/2022, Target Date: 05/15/2022] [Progress: Added Objective]
 - Objectives 2:** 10. Complete MRT Step 10 You Awareness Is Increasing; Moral Assessment, Moral Questions, My 5 Biggest Problem Areas, Trading Places Exercise. [Date Started: 02/14/2022, Target Date: 05/15/2022] [Progress: Added Objective]
 - Objectives 3:** 11. Complete MRT Step 11 Don't Panic It's Not Really An Emergency; Important Relationships in my Life, Summary of things I Learned in Each Step, Best of Times/Worst of Times Exercise, Relationship Questions, Circle of Relationships Exercise, and Testimony. [Date Started: 02/14/2022, Target Date: 05/15/2022] [Progress: Added Objective]
 - Objectives 4:** 12. Complete MRT Step 12 Normal And The Secret Of Happiness; Master Goal Plan [Date Started: 02/14/2022, Target Date: 05/15/2022] [Progress: Added Objective]
 - Objectives 5:** 2. Complete MRT Step 2 Escaping Disloyalty; Shield & Life Mask exercise and Life Wheel Exercise; and testimony. [Date Started: 02/14/2022, Target Date: 05/15/2022] [Progress: Added Objective]
 - Objectives 6:** 3. Complete MRT Step 3 To The Top Of The Box; Opposition an Accepting Reality. Worries, Wants, and Needs Exercise and Program Rules Acceptance. [Date Started: 02/14/2022, Target Date: 05/15/2022] [Progress: Added Objective]
 - Objectives 7:** 4. Complete MRT Step 4 You Are On The Freedom Ladder; Things In My Life Exercise and Major Life Categories [Date Started: 02/14/2022, Target Date: 05/15/2022] [Progress: Added Objective]
 - Objectives 8:** 5. Complete MRT Step 5 You Are Going To Hurt Yourself; Best of Times/Worst of Times, Exercise Circle of Relationships Exercise, and Important Relationships. [Date Started: 02/14/2022, Target Date: 05/15/2022] [Progress: Added Objective]
 - Objectives 9:** 6. Complete MRT Step 6 Moving Beyond Injury; 10 hours of Helping Others, One on One Discussions, and Trading Places Exercise [Date Started: 02/14/2022, Target Date: 05/15/2022] [Progress: Added Objective]
 - Objectives 10:** 7. Complete MRT Step 7 You Are No Longer What You Were; One Year to Live exercise, Five Years to Live Exercise, Master Goal Plan. [Date Started: 02/14/2022, Target Date: 05/15/2022] [Progress: Added Objective]
 - Objectives 11:** 8. Complete MRT Step 8 Stop Arguing And Get Busy; One Year Action Plan. [Date Started: 02/14/2022, Target Date: 05/15/2022] [Progress: Added Objective]
 - Objectives 12:** Client will complete a relapse prevention plan in writing and process in session with therapist (ASAM D/5 and D/6). [Date Started: 02/14/2022, Target Date: 05/15/2022] [Progress: Added Objective]

ATTACHMENT H-6.2

understanding of irrational thinking errors related to substance abuse thinking and relapse prevention techniques (ASAM D/3 and D/6). [Date Started: 02/14/2022, Target Date: 05/15/2022] [Progress: Added Objective]

- **Objectives 14:** Client will identify in writing > or = to 5 physiological and/or psychological triggers and process in session with therapist (ASAM D/5 and D/6). [Date Started: 02/14/2022, Target Date: 05/15/2022] [Progress: Added Objective]

- **Modalities & Interventions 1:**

CBT/group [Frequency: Four times, Time Period: Per week, Duration: 3 months]

- **Patient Stated Goal(s) 1:** Complete DUI court program [Date Started: 02/14/2022, Target Date: 05/15/2022] [Progress: Added Objective]

- **Individual mental health counseling** (Last Review Date: 02/14/2022, Next Review Date: 05/15/2022)

- **Goals 1:** Achieve a steady state of sobriety [Date Started: 02/14/2022, Target Date: 05/15/2022] [Progress: Added goal]

- **Objectives 1:** Reduce the negative impact of irrational thinking errors and demonstrate an understanding of irrational thinking errors related to the negative impact of depressive and anxiety signs and symptoms and relapse prevention techniques (ASAM D/3 and D/6). [Date Started: 02/14/2022, Target Date: 05/15/2022] [Progress: Added Objective]

- **Modalities & Interventions 1:**

CBT/Individual [Frequency: Three times, Time Period: Per week, Duration: 3 months]

- **Patient Stated Goal(s) 1:** Complete DUI Drug Court [Date Started: 02/14/2022, Target Date: 05/15/2022] [Progress: Added Objective]

Electronically Signed by on 02/17/2022 11:40 AM

Cost Proposal - Attachment I

1. **Intensive Outpatient Program services, based on an average of 14 (fourteen) clients per week - Includes Group, Individual, Family, and Case Management: \$84,100 yearly, or \$7,008.33 monthly.**
2. **Regular Outpatient Program services, based on an average of 14 (fourteen) clients per week– Includes Group, Individual, Family, and Case Management: \$57,200 yearly, or \$4,766.67 monthly.**
3. **Evaluations, maximum of 10 (ten) clients for a year \$2000 yearly, or \$166.67 monthly.**
4. **DUI Class, based on an average of 6 (six) participants per class (class cycle completes every 2 months): \$4,600 yearly, or \$383.33 monthly.**
5. **UA Materials, Curriculum and Course supplies, worksheets and other material: \$6,000 yearly, or \$500.00 monthly.**
6. **Facilities / Agency overhead: \$8,100 yearly, or \$675.00 monthly.**

Total Proposed Cost: \$162,000 yearly, or \$13,500 monthly.

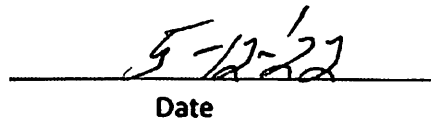
Gender-specific IOP programs will be accommodated.

Verification - Attachment J

I certify under penalty of perjury, that I am a responsible official for the person, party, or entity described in the proposal and that I have personally examined and am familiar with all of the information submitted in this disclosure and that all attachments and information disclosed are true, accurate, and complete.

I am aware that there are significant penalties for submitting false information, including criminal sanctions, which can lead to the imposition of a fine, and/or imprisonment.


Signature


Date


Printed Name


Title