Wyoming
Department
of Health

HealthStat 2024
Final Report

February 1, 2025

Message from the Director

Dear Reader:

HealthStat is a Wyoming Department of Health (WDH) performance management initiative that began in 2011. The initiative is now entering its fourteenth year of implementation and has progressed to be a consistent and objective standard by which WDH programs can be evaluated. The WDH has exceptionally talented staff who are deeply knowledgeable about the programs they oversee and the services they provide to Wyoming residents. HealthStat supplements that talent by providing a clear and concise method and process to regularly communicate with decision-makers regarding the performance of our various programs.

HealthStat also helps WDH leaders respond to program issues in an informed, timely, and coordinated fashion. Through HealthStat, WDH managers and staff all speak a similar language when it comes to program performance and evaluation. By reading the program snapshot documents, leadership across the agency, as well as interested decision-makers and stakeholders, are offered a unique way to easily understand the basics (staffing, financing, legal authority) of nearly every program operated by the WDH. Readers can also view objective data on each program's "value chain" (outputs, efficiencies, outcomes) to gauge general program performance over several years.

For the past three years, we have put a great deal of emphasis on HealthStat and our culture of performance throughout the agency. It is difficult to find a program or function in our department that isn't complicated; that doesn't have a complex legal or regulatory framework; that doesn't require some sort of specialized clinical knowledge. But we find great value and success in standardizing our evaluation at the macro level, with so much of the HealthStat performance management approach boiling down to: What problem are we trying to solve? What do we know about the problem (or how have we quantified it)? What are we going to do about it? And if we do those things, how will we know if we did anything about it?

This approach has helped staff, management, and leadership align in determining what is truly "core" to the work we do through so many functions and programs. A few notable examples from our work in HealthStat 2024 are listed below:

- **WDH Facilities.** A second year of welcoming two of our largest safety net facilities to HealthStat -- the Wyoming State Hospital and the Wyoming Life Resource Center -- where both presented on issues relating to facility censuses, wait lists, and length of stay. The Department is implementing short-term and intermediate changes to improve our service to the courts, to law enforcement, and to our communities.

- **Legislative Changes.** Several performance meetings were held to use the HealthStat process to evaluate how certain legislative actions have or have not improved intended performance. For example, in the 2023 Session, the Legislature approved the WDH's emergency request to increase Medicaid reimbursement for dental providers (primarily to children) by 25 percent. We believe this action is beginning to produce the intended results, as an additional 14 providers have since enrolled in Medicaid.

(continued)

Message from the Director

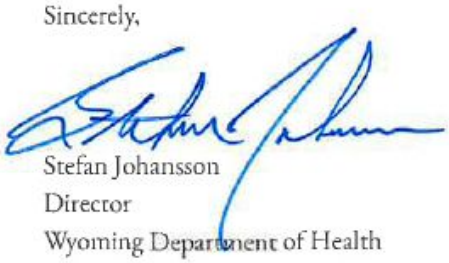
- **Public Health Laboratory.** The Wyoming Public Health Laboratory presented to prepare WDH's leadership for the expiration of one-time federal funding that currently supports lab operations to serve our law enforcement, hospital and healthcare system, and community partners. The HealthStat process led to a plan for how our laboratory can continue these core services by realizing efficiencies and maximizing revenue collections to the extent practicable.

- **Medicaid Client Services.** After several years of constant changes in regulation at the federal level, we welcomed leaders from our Medicaid client services and eligibility units to present on the successes and significant challenges in providing timely and quality customer service to those applying for coverage, especially in complex areas like long-term care. While these units have struggled with turnover and retention for several years, we are now nearly fully staffed and have successfully implemented the full "Unwinding" of eligibility following the expiration of the federal public health emergency.

These are only a few examples of the value that HealthStat brings to the department. Our mission is to promote, protect, and enhance the health of all Wyoming residents. We do that through programs that provide funding for community services, through population health efforts, and through direct care operations at our facilities and field offices. Put simply, our agency is trying to improve the lives of the residents of this great state, and we must ensure that our programs and services are continually progressing toward that objective. I am confident that HealthStat continues to be a valuable tool to assist the WDH in fulfilling its critical mission.

The work from the most recent year of HealthStat is represented in the pages that follow.

Sincerely,



Stefan Johansson
Director
Wyoming Department of Health

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Aging Division

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7. Wyoming Home Services

Legal Services and Legal Developer Program

Snapshot

Program Description

The Legal Services and Legal Developer Program is a federally mandated program, under Section 420 of the Older Americans Act of 1965, as amended in 2020, which provides funds to assist seniors over the age of sixty (60) who receive free civil legal services or are referred to the provider-developed legal network for affordable legal services. The state provides matching state funds for maintenance of effort to allow seniors to continue to receive this legal help.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$185,227	$158,859[2]	$131,730[2]
People Served	726	681	679
Cost per Person	$255.13	$233.27	$194.00
Non-600 Series[1]	0%	0%	0%

[1] 600 series is defined as direct service. This program shares administrative costs with Title III-C1, C2, and E. Up to 10% of OAA Title III funds can be allocated for administrative costs for all seven programs, per the APA Fiscal Guide for OAA for Titles III and VII.
[2] FFY23 & FFY24 Total Program Cost (Federal & State), ARPA SSC6 expenditures are included.

Program Cost Notes

- The Legal Services provider's required match is at 12.3% of federal funds, and the state match is at 5.3% of federal funds for FFY24. A total of 42.3% match was contributed by the provider for FFY24.
- Total expenditures included regular III-B Funds of $125,196.56 and COVID III-B SSC6 Funds of $6533.74.
- Number of unduplicated clients served was 304. This number is based on the OAAPS Data Element for federal reporting.

Program Staffing

- 0.1 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- There is no means test to be eligible for the services.
- The Legal Services and Legal Developer Program served all eligible clients with no waiting list.
- No criminal cases are accepted through this program.
- Wyo. Stat. § 35-20-102 (xvii) reads:
  - "Vulnerable adult" means any person eighteen (18) years of age or older who is unable to manage and take care of himself or his money, assets or property without assistance as a result of advanced age or physical or mental disability. Advanced age is defined as age 60 in statute but does not in any way assume those 60 and over are vulnerable and the same goes for those with physical or mental disability.

Legal Services and Legal Developer Program

Snapshot

FFY24 Legal Services Cases	*Number of Clients*
Bankruptcy, Collections, and Garnishments	62
Wills/Estates	220
Advanced Directives/Powers of Attorney	84
Divorce	41
Employment Discrimination	4
Custody/Visitation	6
Adult Guardianship/Conservatorship	24
Private Landlord/Tenant	33
Other Housing	1
Social Security (Not SSDI)	4
Case Rejected or Lost Contact Before Case Type Gathered	87
Case Type Not Listed	113
TOTAL CLIENTS	***679***

Legal Services and Legal Developer Program

Performance

Program Core Purpose

Provide legal assistance and counseling services to older individuals in order to protect older adults against direct challenges to their independence, choice, and financial security. Priority should be given to individuals with the greatest social and economic need.

Outcomes

Performance Metric	FFY 2023 Target	FFY 2024 Target	FFY 2020	FFY 2021	FFY 2022	FFY 2023	FFY 2024
Percent of cases resolved within 3 months	50%	**50%**	68%	64%	69%	67%	65%
Percent of respondents who claimed improved quality of life	100%	**100%**	55%	68%	43%	59%	62%
Percent of respondents who would have restricted their expenses if legal services were not received	50%	**50%**	11%	28%	15%	28%	42%

Outcomes data is gathered at the time a case is closed through surveys both hard copy or online. In FFY24, approximately 32% of clients responded to the surveys. 42% of respondents stated that receiving legal services has helped to keep them in their homes and in charge of their own finances and over 56% of respondents stated the legal aid assistance helped them to resolve debt which increased their ability to meet daily living expenses and transportation costs.

Outputs

Performance Metric	FFY 2020	FFY 2021	FFY 2022	FFY 2023	FFY 2024	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Total number of clients	496	366	726	681	**697**	348	333	341	338
Total number of hours of service provided	3995	1810	4169	1987	**1944**	892	1095	1002	942
Number of financial assistance/estate planning cases	399	304	308	403	**160**	213	190	109	51
Number of power of attorney and advance directives cases	68	83	69	71	**48**	33	38	30	18
Number of real estate/housing cases	76	104	123	96	**26**	49	47	17	9

Efficiencies

Performance Metric	FFY 2020	FFY 2021	FFY 2022	FFY 2023	**FFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Average cost per unduplicated client	$304	$365	$255	$233	**$194**	$243	$223	$203	$185
Average cost saving per client at the market rate ($250/hour)	$2,013	$1,237	$1,435	$729	**$697**	$640	$822	$735	$697

Story Behind the Performance

History

- The case priorities of Legal Aid are: domestic law, public benefits, consumer, housing, Native American rights, senior services, adult guardianship/conservatorship, and emergency assistance.
- Clients are screened for income, conflicts, emergencies, amd whether their case is within the program priorities. Advice only and brief service cases receive immediate assistance, an advice letter. Possible litigation cases go to case review. Accepted cases are placed with staff attorneys, pro bono attorneys, and contract attorneys for litigation assistance. Rejected cases receive an advice letter, a survey, and the case is closed.
- Legal Aid of Wyoming (LAW) is the only provider in the state.

Trends

- Legal Aid services is non-means tested.
- Legal Aid uses an education platform to encourage individuals to engage with legal services.

Efficiency

- Cost per hour of service is far lower than the market value of legal services.

Current Efforts

- Promote for Legal Aid to work with tribal entities within the state. Areas of adult protection advocacy are of higher concern.
- Legal Aid is focusing on strengthening relationships with other entities with the goal of reaching more clients in need of legal assistance.

Challenges

- Legal Aid is trying to recruit more people who meet the OAA criteria for eligibility (minority, low income, etc.) who are of the most social and economic needs.
- Client confidentiality is seen as a barrier when trying to engage potential clients to participate.
- Legal Aid has received additional requests to have more clinics in communities and to provide face-to-face visits to assist with end-of-life planning.

Long Term Care Ombudsman Program

Program Description

Title VII of the Older Americans Act, as amended, requires the State Unit on Aging to have programs in place for clients to be represented by an independent advocate (ombudsman) for persons living in Long Term Care (LTC) settings and to provide education and information to people about prevention of physical, financial, mental, and verbal abuse. There is one contractor, Wyoming Senior Citizens, Incorporated, statewide for these services.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$264,126[2]	$265,166	$245,898
People Served	1,370	1,414	1,539
Non-600 Series[1]	5.7%	12%	9%

[1] 600 series is defined as direct service. This program shares administrative costs with Title III-C1, C2, and E. Up to 10% of OAA Title III funds can be allocated for administrative costs for all seven programs, per the APA Fiscal Guide for OAA for Titles III and VII.
[2] $52,771.52 received under the CARES Act & Consolidated Appropriations Act.

Program Cost Notes

- 65% federal funds
- 35% state funds
- 0% local funds (not required; local contractor will supply additional funds as available)

Program Staffing

- 1 FTE
- 0 AWEC
- 3 FTE through contract

Events that Have Shaped the Program

- Three full-time Regional Long-Term Care Ombudsman are employed to cover the entire State of Wyoming with an average caseload of 1,544 facility beds per Regional Ombudsman a total of 4,634 in 74 facilities; this past 6 months there was a turnover of two of the Regional Ombudsman positions.
- A new Regional Ombudsman was hired in November for the Cheyenne Office and in July for the Casper office.
- The last year the Regional Ombudsman focused on increasing their attendance to Adult Protective Service meetings and community education presentations.
- There were a variety of complaints received by the program, but the top three complaints were, Care (15), Financial, Property (7) and Autonomy, Rights and Choice (6).
- Found out that Willow Creek of Cody did not close permanently, its closure is temporary due to staffing and remodeling. The Veterans Home of Wyoming opened a 36 bed nursing home. They do have residents now.

Long Term Care Ombudsman Program

Snapshot

Events that Have Shaped the Program

- The program currently has two Volunteer Long-Term Care Ombudsman that visit two facilities, both in Fremont County.
- The Ombudsman Program along with Adult Protective Services and the Aging Division have done a World Elder Abuse Awareness Day webinar over the past four years. You can watch the recordings of these on the WDH website, just search WEAAD.
- The State and Regional Ombudsman attended health fairs and conferences throughout the State to promote the Ombudsman program. The Regional Ombudsman gave out 2024 calendars informing people about the program and how to contact an Ombudsman. This was so popular that a 2025 calendar was created and printed. They will be distributed the first quarter of FFY25.
- The program has continued to maintain positive stakeholder relationships and foster benefit to recipients of long-term care services.

Long Term Care Ombudsman Program

Performance

Program Core Purpose

Title VII of the Older Americans Act, as amended, requires the State Unit on Aging to have programs in place for clients to be represented by an independent advocate (ombudsman) for persons living in Long Term Care (LTC) settings and to provide education and information to people about prevention of physical, financial, mental, and verbal abuse. There is one contractor, Wyoming Senior Citizens, Incorporated, statewide for these services.

Outcomes

Performance Metric	FFY 2023 Target	FFY 2024 Target	FFY 2020	FFY 2021	FFY 2022	FFY 2023	FFY 2024
% of complaints partially or fully resolved to the satisfaction of the complainant per year.	98%	100%	74%	89%	98%	89%	84%
% of complaints not resolved to the satisfaction of the complainant per year.	0%	0%	4%	4%	0%	6%	6%
% of complaints related to 'Autonomy, Choice, Exercise of Rights, Privacy' that were resolved.	100%	100%	85%	82%	100%	93%	91%

Outputs

Performance Metric	FFY 2020	FFY 2021	FFY 2022	FFY 2023	FFY 2024	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
# of visits to all LTC facilities by an Ombudsman	114	107	270	325	400	151	174	111	289
% of nursing homes, assisted living facilities, & boarding homes (74 total) visited by an Ombudsman quarterly	34%	69.7%	86%	100%	77%	100%	100%	70%	83%
# of cases opened/complaint	54	80	103	50	72	20	30	26	46
# of activities completed	1,969	1,069	1,261	1,364	1,467	662	702	760	667
# of referrals to Legal Aid of Wyoming	N/A	N/A	N/A	N/A	35	N/A	N/A	12	23

Efficiencies

Performance Metric	FFY 2020	FFY 2021	FFY 2022	FFY 2023	FFY 2024	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Cost per person (Cases + Activities / Total $)	$104	$222	$192	$187	$160	-	-	-	-

- Information is not available for individual quarters

Story Behind the Performance

- The Regional Ombudsman visit the facilities quarterly and when requested by a resident. They have been diligent about visiting and assisting residents and this is evident by comments received such as, "We've never had an Ombudsman in our building as much as you come;" and, "Wow, it seems like you were just here."
- There was one complaint the LTCOP was unable to resolve, eight complaints were withdrawn by the complainant, and two cases were referred to the Office of Healthcare Licensing and Surveys.
- The potential decrease in the number of cases opened by the Ombudsman program in the first quarter of FFY24 was due to a need for training in cases vs activities, with the new Ombudsman hired 11/2022. Cases increased by 30% in the second quarter of FFY24 after the training.
- A Boarding Home in Cody temporarily closed and New Horizons no longer has an Assisted Living Facility.
- The program lost one volunteer this year. We have two volunteers covering 2 facilities.
- FFY2024 all facilities are open but not all were visited each quarter. In the first quarter, the Cheyenne office position was vacant in October and some facility visits were missed. In the second and third quarter, some facility visits missed due to the Casper Ombudsman vacancy.
- The program had a new Regional Ombudsman in the Cheyenne Office in November and a new Ombudsman in the Casper office in July. The program is currently fully staffed.
- The program continues to maintain and improve stakeholder relationships; recruit for the volunteer program; and reach out to residents and their loved ones in nursing homes, assisted living facilities, and boarding homes to provide Ombudsman training and education for improve job performance and knowledge.

Title III-B Supportive Services

Snapshot

Program Description

The Title III-B Supportive Services program allows community provider to coordinate services, educate staff, and promote a social environment for Wyoming's adults ages 60 and older in order to empower them to remain physically, mentally, and socially active to prevent premature institutionalization. The four categories of Title III-B services are : Health, Socialization, Support Services, and Transportation.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$2,368,767[2]	$2,127,449[3]	$2,958,393[3]
People Served	16,099	17,729	18,404
Cost Per Person	$147.14	$119.99	$160.74
Non-600 Series[1]	11%	12%	8%

[1] 600 series is defined as direct service. This program shares administrative costs with Title III-C1, C2, and E. Up to 10% of OAA Title III funds can be allocated for administrative costs for all seven programs, per the AOA Fiscal Guide for OAA for Titles III and VII.
[2] FY2022 Total Program Cost (Federal & State), CARES ACt expenditures included.
[3]FY2023 & FY2024 Total Program Cost (Federal & State) ARPA expenditures included.

Program Cost Notes

- Total Program costs including local match and program income are $4,234,460
- 65.5% Federal Funds, 2.8% General Funds, 27.1% Local Match, 4.6% Program Income
- Grantees have typically contributed more than what is required for local match contributions.

Program Staffing

- 0.80 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- The Title III-B Program impacts community ownership, healthcare utilization, assisted technologies, unmet needs among older adults and caregivers, and coordination of community resources to maximize services.
- National research demonstrates that participation in social activities and an active lifestyle enable older individuals to continue living independently and with dignity. A holistic health environment may alleviate high medical expenses and prevent premature institutionalization.

(continued)

Title III-B Supportive Services

Snapshot

Events that Have Shaped the Program

- Title III-B funds a broad array of services that enable seniors to remain in their homes for as long as possible. These services include, but are not limited to:
    - Access: transportation, health & wellness programs, and information & assistance
    - Preventative Health: health screenings and referrals for follow-up services as needed
    - Community Services: legal services, mental health services, and ombudsman services
        - During the pandemic, providers developed new ways to provide III-B services to homebound clients. This has allowed programs to potentially reach more clients living within the community who are homebound.

Title III-B Supportive Services

Performance

Program Core Purpose

To help Wyoming's older adults to remain physically, mentally, and socially active to prevent premature institutionalization by providing comprehensive, coordinated, and cost effective services.

Outcomes

Performance Metric	FFY 2023 Target[3]	FFY 2024 Target[3]	FFY 2020	FFY 2021[2]	FFY 2022	FFY 2023	FFY 2024
% and # of Wyoming's population (age 60 and older) served[1]	14% 20,188	**14%**	14.83% (18,967/ 127,891)	11.18% (15,450/ 138,116)	11.65% (16,099/ 138,116)	12.29% (17,729/ 144,204)	12.47% (18,404/ 147,583)
# of clients who received Health Services	5,500	**6,000**	4,894	3,518	5,051	5,722	6,536
# of clients who received Socialization Services	10,000	**10,000**	8,843	6,324	8,680	9,554	10,085
# of clients who received assisted and non-assisted transportation	2,000	**2,000**	1,713	1,117	1,672	1,657	1,588
# of clients who received Support Services	12,000	**12,000**	7,288	8,000	9,659	10,144	10,445

[1] Denominator data is reported from the United States Census Bureau, Wyoming population 60 years and older in the United States utilizing the American Community Survey (ACS)
[2] FFY21 Performance Metric cover regular III-B as well as COVID III-B services from 10/1/2020 through 9/30/2021
[3] Targets are aimed to get back to pre-pandemic levels

Title III-B Supportive Services

Performance

Outputs

Performance Metric	FFY 2020	FFY 2021	FFY 2022	FFY 2023	**FFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Total # of clients served	18,967	15,450	16,099	17,729	**18,404**	13,211	13,367	14,069	13,943
Total # of Title IIIB Service Units provided	641,848	483,504	506,876	534,023	601,228	258,688	278,862	290,189	311,039
Units or assisted or non-assisted transportation services provided	76,109	37,143	78,147	84,190	74,450	40,773	43,407	36,829	37,621
Units of Health Services	48,928	37,474	76,329	90,799	116,804	42,222	48,430	56,177	60,626
Units of Socialization Services	164,416	122,649	212,196	234,882	274,048	111,172	123,286	132,892	141,156
Units of Support Services	85,439	95,343	139,679	123,193	135,003	64,062	61,289	63,554	71,448

Notes: 1) Outputs and Efficiency section consists of regular III-B services and COVID-19 adapted services from 10/1/20 - 9/30/22.
2) A unit of service is an occurrence or encounter of services, example - a one way transportation is one unit of service.

Efficiencies

Performance Metric	FFY 2020	FFY 2021	FFY 2022	FFY 2023	**FFY 2024**	**2023 Q1-Q2**	**2023 Q3-Q4**	**2024 Q1-Q2**	**2024 Q3-Q4**
Cost per client (Federal & State funds)	$84.00	$138.50	$147.14	$119.99	**$160.74**	$92.52	$89.52	$113.41	$97.74
Cost per unit of service (Federal & State funds)	$2.49	$4.43	$4.67	$3.98	**$4.92**	$4.72	$4.29	$5.50	$4.38

Notes: 1) FFY21 & FFY22 - Cost per client and cost per unit of service is using Title III funds and CARES Act funds combined.
2) FFY23 & FFY24 - Cost per client and cost per unit of service is using total Title III and ARPA funds combined.

Story Behind the Performance

History

- Funded by the Administration on Aging (AoA), Section 321 of the Older Americans Act.
- By 2030, Wyoming's population over the age of 65 is expected to increase from approximately 90,000 in 2016 to 138,000, a 56% increase. Wyoming's entire population is expected to increase by less than 12% during that time.
- Title III-B services are non-means tested.

Trends

- Based on the projected 2020 Census data, Title III-B Program served approximately 12.29% (17,729/144,204) of Wyoming's total population age 60 for FFY 2023. Performance metric cover regular III-B as well as ARPA III-B services from 10/01/2023 through 9/30/24. FFY24 data shows a steady increase in clients and units of service provided as we move farther past the pandemic.
- People who participate in Title III-B service tend to participate in more than one category of service, i.e. Nutrition Program.
- National Research demonstrates that participation in social activities and an active lifestyle enable older individuals to continue living independently and with dignity. A holistic health environment may alleviate high medical expenses and prevent premature institutionalization.

Efficiency

- In FFY24, the annual cost for the III-B services per client was averaging $161 per year.
- In FFY24, no eligible participant was denied services due to waiting lists for services in their communities.

Current Efforts

- Title III-B Program provides services to older adults aged 60 and older. Special emphasis os to serve older individuals with the greatest social and economic needs, adn to enable older individuals to lead an active lifestyle to prevent premature institutionalization. The Title III program served 3,762 clients who lived below 100% of the federal poverty level, 7,097 clients who live alone, and 1,065 clients who are minorities, in Wyoming in FFY24.
- The Aging Division, Community Living Section will continue to provide technical assistance and collaborate with senior centers in the outreach function to promote participation.

Challenges

- Additional outreach is needed to reduce the stigma often associated with accessing services intended for older adults.

Title III-C1 Congregate Nutrition Program

Program Description

The Title III-C1 Congregate Nutrition Program provides nutrition education, nutrition counseling, meals, and nutrition screening to eligible participants. This program gives priority to older adults with greatest economic need and older adults with greatest social need, including low-income minority individuals, low-income individuals who have a high nutritional risk score, and individuals who live alone.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$1,944,956	$2,606,103	$2,680,233
People Served	13,348	14,707	15,666
Cost Per Person	$145.71	$177.20	$171.08
Non-600 Series[1]	8.5%	6.73%	7.58%

[1] 600 series is defined as direct service. This program shares administrative costs with Title III-C1, C2, and E. Up to 10% of OAA Title III funds can be allocated for administrative costs for all seven programs, per the AOA Fiscal Guide for OAA for Titles III and VII.

Program Cost Notes

- The Title III-C1 program is 85% federal with a required 15% local match. The State currently provides approximately 5% of the required 15% local match.
- The total program cost listed above includes the Federal and State funding amounts expended during each FFY. Includes NSIP Federal funds.
- FFY24 includes ARPA funds for total program cost.

Program Staffing

- 0.5 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- In FFY17 all Title III programs switched to a reimbursement payment process.
- Flexibility granted by the Administration for Community Living allowed nutrition grantees innovative strategies to provide meals to older adults during the COVID-19 pandemic. Meal types that are normally not eligible for reimbursement (i.e. takeout meals, delivered meals for Title III-C1 participants) were allowed to be provided. Looking forward, some of these adaptations are being discussed as potential changes in normal Title III-C services.

(continued)

Events that Have Shaped the Program (cont.)

- Due to the COVID-19 pandemic food and supply shortages, many grantees experienced an increase in the overall cost of meals. This is reflected in the total program cost and increased cost per person served.
- In FFY23 the program saw a return of Title III-C1 eligible clients to the nutrition sites. The expectation is that congregate meals will once again account for 50% of all meals served under the Older Americans Act in Wyoming, more equally sharing the burden with the home delivered meal program.
- Nutrition Counseling is a program service which has been allowed to be an optional service for providers related to resource constraints. In FFY23 feedback from ACL reminded CLS Nutrition Counseling is not considered an optional service. This has lead us to add a metric for FFY24 related to nutrition counseling with the expectation to increase the output.

Title III-C1 Congregate Nutrition Program

Performance

Program Core Purpose

To reduce food insecurity and hunger while promoting socialization among Wyoming's older adults.

Outcomes

Performance Metric	FFY 2023 Target	FFY 2024 Target	FFY 2020	FFY 2021	FFY 2022	FFY 2023	FFY 2024
% and # of WY population age 60 and older served with income <100% of federal poverty level	19.00%	⬆	21.53% (2,468[1]/ 11,463[2])	15.19% (1,741/ 11,463[3])	22.76% (2,609/ 11,463)	31.21% (2,946/ 9,438)	22.29% (3,132/14,051)
% and # of WY population age 60 and older served who live alone	8.00%	⬆	9.10% (4,940/ 54,279)	6.36% (3,453/ 54,279)	8.90% (4831/ 54,279)	15.45% (5,331/ 34,504)	14.37% (5,677/ 39,499)
% and # of WY population age 60 and older served who are of a minority population	5.00%	⬆	4.52% (445/ 9,837)	4.50% (443/ 9,837)	4.46% (439/ 9,837)	4.20% (525/ 12,528)	8.60% (1,118[4]/ 12,999)
% and # of participants age 60 and older served with high nutrition risk	17.00%	⬆	15.58% (2,158/ 13,849)	15.61% (1,501/ 9,614)	15.96% (2,131/ 13,348)	16.44% (2,418/ 14,707)	22.87% (2,684/ 11,737)
# of participants receiving nutrition counseling	N/A	⬆	35	88	73	1	3

[1]Data is collected via the voluntary Aging Needs Evaluation Summary (AGNES) completed by eligible participants in the Congregate Nutrition Program.
[2] Denominator data is reported from the United States Census Bureau, Wyoming Population 60 Years and Over in the United States (1 year estimate).
[3] Data from the Census Bureau for 2020-2021 is not available. Data from the Census Bureau for 2019 was used as a reference for all FFY20, FFY21, and FFY22 metrics, with the exception of the metric "% of participants age 60 and older served with high nutrition risk".
[4] In 2024 the reported minority population (Numerator) was updated to expand parameters which now include all minorities.

Title III-C1 Congregate Nutrition Program

Performance

Outputs

Performance Metric	FFY 2020	FFY 2021	FFY 2022	FFY 2023	**FFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Total number of meals provided to all eligible participants	300,171	239,004	422,310	479,652	**515,376**	227,769	251,883	251,855	263,521
Total number of meals provided to participants age 60 and older	294,396	235,239	417,052	474,962	**509,386**	225,330	249,632	249,131	260,255
Total units of Nutrition Education provided to all eligible participants	5,629	5,029	239[1]	213	**206**	110	102	101	105
Total units of Nutrition Counseling provided to all eligible participants	50	95	75	2	4	1	1	0	4

[1] There was a change in FY 2022 to report nutrition education as an aggregate unit.

Efficiencies

Performance Metric	FFY 2020	FFY 2021	FFY 2022	FFY 2023	**FFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Average total cost per meal	$12.46	$17.40	$14.39	$14.74	**$13.62**	-	-	-	-
Average state cost per meal	$0.19	$0.19	$0.19	$0.27	**$0.15**	-	-	-	-
Average federal cost per meal	$2.78	$3.57	$3.72	$4.75	**$4.96**	-	-	-	-

- Information is not available on a quarterly basis.

Story Behind the Performance

History

- The Congregate Nutrition Program was established in 1972.
- The program targets older adults aged 60 and older who are in greatest social and economic need.
- The Congregate Nutrition Program is not a means-tested program.
- Eligible participants must be given the opportunity to voluntarily contribute toward the cost of meals, but they cannot be denied service because they cannot or will not contribute.
- An individual "served" is defined as an eligible participant receiving any of the following services: meals, nutrition education, and/or nutrition counseling.

Trends

- The total number of eligible participants served has increased over recent years, aside from the COVID-19 pandemic. Total meals served has seen a slow increase back to pre-pandemic numbers over recent years.
- Reimbursement per meal has been trending up as there has been an increased amount in grant continuation funds each year.
- Reduced participation in FFY20 and FFY21 is attributed to the COVID-19 pandemic.

Efficiency

- In 2018 a meal cost tool was developed for grantees to submit each fiscal year. This information is used to review the difference in expenses (personnel, food, etc.) across the state. In FFY24 the data returned from the meal cost tools was presented in a summary report back to providers.
- Increased participation has been seen in the congregate meals served from FFY21 to FFY23 due to the meal sites reopening after COVID-19 restrictions were lifted.
- At the end of FFY23 Nutrition Counseling services were identified as needing improvement. CLS discussed the concerns with providers at the 2024 annual meeting, increased units of service are desired and work is being done to assist with this goal.

Current Efforts

- Title III-C1 and Title III-C2 grantees received CMC6 American Rescue Plan Act funding in response to the COVID-19 pandemic. The project period for this funding award is through September 30, 2025.
  - CMC6 funding has been awarded and continues to pay for expenses related to the pandemic (increased meal service, increased supply cost, increased personnel cost, etc).
- Existing service providers may request these one time funds for nutrition program expenses, which can include costs for nutrition counseling services.

Challenges

- As the expected annual average growth rate of people between ages 65 and 79 years of age is expected to be approximately 3.3% per year, the nutrition program must be capable of serving an increased number of eligible participants each year. The nutrition program must also be prepared to reach and recruit an increased number of potential eligible participants. With no additional funding challenges will be keeping pace with the number of people served compared with the growing older adult population.
- Nutrition Counseling is a service which is underutilized in the state. In the past the service has been treated as optional for nutrition programs. Discussions with the providers revealed the challenges include the cost of paying the registered dietitian (RD) to provide the service, participant interest and process development for referrals.

Title III-C2 Home Delivered Nutrition Program Snapshot

Program Description

The Title III-C2 Home Delivered Nutrition Program provides nutrition education, nutrition counseling, meals, and nutrition screening to eligible participants. This program gives priority to older adults with greatest economic need and older adults with greatest social need, including low-income minority persons, low-income individuals who have a high nutritional risk score, and individuals who live alone.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$3,423,605	$3,022,441	$3,045,128
People Served	14,361	8,383	8,154
Cost Per Person	$238.4	$360.54	$373.45
Non-600 Series[1]	7.56%	6.73%	13.2%

[1] 600 series is defined as direct service. This program shares administrative costs with Title III-C1, C2, and E. Up to 10% of OAA Title III funds can be allocated for administrative costs for all seven programs, per the AOA Fiscal Guide for OAA for Titles III and VII.

Program Cost Notes

- Title III-C2 program is 85% federal with a required 15% local match. The State currently provides approximately 5% of the required 15% local match.
- The total program cost listed above includes the Federal and State funding amounts expended during each FFY. Includes NSIP Federal funds.
- FFY2024 includes ARPA dollars for total program cost.
- The number of people served for FFY22, FFY23, FFY24 includes individuals who were provided takeout, C1 delivered, and C2 delivered meals that were served during the COVID-19 pandemic flexibilities.

Program Staffing

- 0.5 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- In FFY17 all Title III programs switched to a reimbursement payment process.
- Flexibility granted by the Administration for Community Living allowed nutrition grantees innovative strategies to provide meals to older adults during the COVID-19 pandemic. Meal types that are normally not eligible for reimbursement (i.e. takeout meals) were allowed to be provided. Looking forward, some of these adaptations are being discussed as potential changes in normal Title III-C services.

(continued)

Title III-C2 Home Delivered Nutrition Program

Snapshot

Events that Have Shaped the Program (cont.)

- Due to the COVID-19 pandemic food and supply shortages, many grantees experienced an increase in the overall cost of meals. This is reflected in the total program cost.
- FFY24 takeout meals continue to be eligible and new regulations include these types of meals for both congregate and home delivered meal programs. As we get further away from the COVID-19 pandemic we are seeing increasing congregate numbers of participants.
- Nutrition Counseling is a program service which has been allowed to be an optional service for providers related to resource constraints. In FFY23 feedback from ACL reminded CLS Nutrition Counseling is not considered an optional service. This has lead us to add a metric for FFY24 related to nutrition counseling with the expectation to increase the output.

Title III-C2 Home Delivered Nutrition Program

Program Core Purpose

To reduce food insecurity and hunger while promoting socialization among Wyoming's older adults.

Outcomes

Performance Metric	FFY 2023 Target	FFY 2024 Target	FFY 2020	FFY 2021	FFY 2022	FFY 2023	FFY 2024
% and # of WY population age 60 and older served with income <100% of federal poverty level	15.69%	⬆	12.82% (1,470[1]/ 11,463[2])	11.98% (1,374/ 11,463[3])	22.50% (2579/ 11,463)	25.92% (2,446/ 9,438)	17.14% (2,409/ 14,051)
% and # of WY population age 60 and older served who live alone	8.00%	⬆	4.48% (2,432/ 54,279)	4.67% (2,534/ 54,279)	7.34% (3,982/ 54,279)	10.68% (3,685/ 34,504)	9.10% (3,594/ 39,499)
% and # of WY population age 60 and older served who are of a minority population	5.00%	⬆	2.15% (202/ 9,837)	1.76% (173/ 9,837)	3.93% (387/ 9,837)	2.76% (346/ 12,528)	5.37% (698[4]/ 12,999)
% and # of participants age 60 and older served with high nutrition risk	50.00%	⬆	51.14% (2,519/ 4,926)	19.63% (2,513/ 12,797)	24.19% (3,475/ 14,361)	40.22% (3,372/ 8,383)	58.00% (3,463/ 5,971)
# of participants receiving nutrition counseling	n/a	⬆	13	103	98	15	5

[1] Data is collected via the voluntary Aging Needs Evaluation Summary (AGNES) completed by eligible participants in the Home Delivered Nutrition Program.
[2] Denominator data is reported from the United States Census Bureau, Wyoming Population 60 Years and Over in the United States (1 year estimate).
[3] Data from the Census Bureau for 2020 is not available. Data from the Census Bureau was used as a reference for all FFY20 and FFY21 metrics, with the exception of the metric "% of participants age 60 and older served with high nutrition risk".
[4] In 2024 the reported minority population (Numerator) was updated to expand parameters which now include all minorities.

Title III-C2 Home Delivered Nutrition Program

Performance

Outputs

Performance Metric	FFY 2020	FFY 2021	FFY 2022	FFY 2023	**FFY 2024**	**2023 Q1-Q2**	**2023 Q3-Q4**	**2024 Q1-Q2**	**2024 Q3-Q4**
Total number of meals provided to all eligible participants	891,327	936,103	821,054	813,088	846,643	407,297	405,791	418,559	428,084
Total number of meals provided to participants age 60 and older	873,140	917,797	809,948	801,870	832,348	402,197	399,673	412,145	420,203
Total units of Nutrition Education provided to all eligible participants	20,484	21,431	297[1]	255	196	134	121	102	94
Total units of Nutrition Counseling provided to all eligible participants	14	115	125	27	7	9	18	4	3

[1] There was a change in FY 2022 to report nutrition education as an aggregate unit.

Efficiencies

Performance Metric	FFY 2020	FFY 2021	FFY 2022	FFY 2023	**FFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Average total cost per meal	$10.33	$20.16	$14.66	$10.52	**$11.32**	-	-	-	-
Average state funding per meal	$0.19	$0.19	$0.19	$0.13	**$0.16**	-	-	-	-
Average federal funding per meal	$2.78	$3.57	$3.72	$3.83	**$4.74**	-	-	-	-

Title III-C2 Home Delivered Nutrition Program

Story Behind the Performance

History

- The Home Delivered Nutrition program was established in 1978.
- The program targets older adults aged 60 and older who are in greatest social and economic need.
- The Home Delivered Meals program is not a means-tested program. Eligible participants must be given the opportunity to voluntarily contribute toward the cost of meals, but they cannot be denied service because they cannot or will not contribute.
- An individual "served" is defined as an eligible participant receiving any of the following services: meals, nutrition education, and/or nutrition counseling.

Trends

- Reimbursement per meal has been trending up as there has been an increased amount in grant continuation funds each year.
- Increased participation in FFY20 and FFY21 is attributed to the COVID-19 pandemic.
- Outputs for meals and nutrition education include takeout and delivered meals to Title III-C1 participants. For FFY2021 a total of 621,982 meals were served to eligible Title III-C2 participants. The difference of 314,121 meals were takeout and delivered meals to eligible Title III-C1 participants. In FFY2022 and FFY2023 take out meals were included in the total of Title III-C2 meals served.
- Beginning in FFY25, C1 take-out meals are now approved under OAA regulations and will be counted for that program. The C2 program anticipates an additional shift of meal counts related to this change.

Efficiency

- In 2018 a meal cost tool was developed for grantees to submit each fiscal year. This information is used to review the difference in expenses (personnel, food, etc.) across the state. In FFY24 the data returned from the meal cost tools was presented in a summary report back to providers.
- At the end of FFY23 Nutrition Counseling services were identified as needing improvement. CLS discussed the concerns with providers at the 2024 annual meeting, increased units of service are desired and work is being done to assist with this goal.

Current Efforts

- Title III-C1 and Title III-C2 grantees received HDC6 American Rescue Plan Act funding in response to the COVID-19 pandemic. The project period for this funding award is through September 30, 2025.
- HDC6 funding has been awarded and continues to pay for expenses related to the pandemic (increased meal service, increased supply cost, increased personnel cost, etc).
- Existing service providers may request these one time funds for nutrition program expenses, which can include costs for nutrition counseling services.

Challenges

- As the expected annual average growth rate of people between ages 65 and 79 years of age is expected to be approximately 3.3% per year, the nutrition program must be capable of serving an increased number of eligible participants each year. The nutrition program must also be prepared to reach and recruit an increased number of potential eligible participants. With no additional funding challenges will be keeping pace with the number of people served compared with the growing older adult population.
- Nutrition Counseling is a service which is underutilized in the state. In the past the service has been treated as optional for nutrition programs. Discussions with the providers revealed the challenges include the cost of paying the registered dietitian (RD) to provide the service, participant interest and process development for referrals.

Title III-E National Family Caregiver Support Program

Snapshot

Program Description

The National Family Caregiver Support Program (NFCSP) provides a multifaceted system of support services for Caregivers and for Older Relative Caregivers. Families are the major provider of long-term care, but research has shown that caregiving enacts a heavy emotional, physical and financial toll. Many Caregivers and Older Caregivers who work and provide care experience conflicts between these responsibilities.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$944,428	$1,168,029	$1,067,437
People Served	355	333	350
Cost Per Person	$2,660	$3,508	$3,050
Non-600 Series[1]	16%	15%	8%

[1] 600 series is defined as direct service. This program shares administrative costs with Title IIIC1, C2 and E. Up to 10% of OAA Title III funds can be allocated for administrative costs for all seven programs, per the AOA Fiscal Guide for OAA for Titles III and VII.

Program Cost Notes

- The total program cost listed above includes Federal funding amounts expended during the FFY.
- ARPA funding were utilized to support new services and additional supports for Caregivers and other OAA recipients in FFY23 & FFY24.
- The Grantee must match the Federal funds with 25%, which is not included in the total program costs.
- Grantee's match (local funds and in-kind) for FFY2024 is $337,250
- Grantee's Program Income, which enhances the program, for FFY24 was $47,068

Program Staffing

- 0.5 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- Eleven grantees provide services to Caregivers in 16 counties in Wyoming.
- All grantees, if they so choose, can provide services to Older Relative Caregivers in those 16 counties.
- Services provided to Caregiver and Older Relative Caregivers are: information, assistance (case management), counseling/support groups/training, respite, and supplemental services (chore, homemaking, personal emergency response systems, etc.).

Title III-E National Family Caregiver Support Program

Program Core Purpose

To provide a multifaceted system of support services for Caregivers and for Older Relative Caregivers. Research has shown that caregiving enacts a heavy emotional, physical, and financial toll. Studies have shown that these services can reduce Caregiver depression, anxiety, stress and enable them to provide care longer, thereby avoiding or delaying the need for costly institutional care for their loved one.

Outcomes

Performance Metric	FFY 2023 Target	FFY 2024 Target	FFY 2020	FFY 2021	FFY 2022	FFY 2023	FFY 2024
Number of unduplicated caregivers served	400	**400**	350	389	355	333	350
Number of outreach events, and (estimated number of consumers reached)	650	**650**	460 (22,858)	439 (86,995)	637 (233,013)	370 (90,116)	2,694 (100,804)
Provider local match contributed to expand program	$368,625	**$368,625**	$268,276[1]	$327,002[1]	$361,605	$304,822[2]	$337,250[2]
Participant contributions to expand program	$75,000	**$75,000**	$80,520[1]	$88,339[1]	$77,988	$57,197[2]	$47,068[2]

[1]Local match and program income amounts include CARES Act funding totals
[2]Local match and program income amounts include ARPA funding totals

Outputs

Performance Metric	FFY 2020	FFY 2021	FFY 2022	FFY 2023	FFY 2024	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
# of respite units	7,381	8,438	7,840	4,628	**5,750**	2,177	2,452	3,028	2,722
# of counseling/support group/training units	703	620	617	694	**757**	313	381	326	431
# of supplemental services units	8,892	10,048	10,630	15,532	**18,780**	6,889	8,176	9,603	9,177

Efficiencies

Performance Metric	FFY 2020	FFY 2021	FFY 2022	FFY 2023	**FFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Average cost per caregiver	$1,597	$2,941	$2,660	$3,508	**$3,050**	$2,451	$2,041	$2,544	$2,117

Story Behind the Performance

History

- The Caregiver Program began in 2000.
- During the reauthorization of the Older Americans Act, (OAA) in 2016, the Administration for Community Living expanded program eligibility to include:
- Caregivers who provide care for individuals, of any age, with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and,
- Parents, 55 and older, of individuals, 19 to 59, with a disability to be eligible to receive services through the Older Relative Caregiver Program. The Community Living Section implemented these changes in October 2017.

Trends

- Grantees continue to provide services to over 300 Caregivers per year.
- Grantees continue to provide outreach opportunities. The number of consumers reached is an estimation and fluctuates per Grantee.
- Respite, Counseling/Support Groups/Training and Supplemental Services Units continue to trend upwards.

Efficiency

- Grantees continue to evaluate Caregivers to monitor mental, physical and emotional well-being of Caregivers.
- Every ninety (90) days Caregivers are contacted via the phone and/or in person to listen or provide other needed services or find other resources.

Current Efforts

- Information Services, including social media posts, radio ads, flyers, health fairs, and word of mouth are being used to inform potential caregivers of available services.
- Wyoming 211 provides referrals to the general public for Caregiver services.
- Partnership with University of Wyoming to promote Caregiver services.

Challenges

- Getting caregivers to accept the services has continued to be a challenge; Grantees report that Caregivers feel the paperwork is burdensome.
- Each grantee has to meet a 25% match to receive the federal funds.
- Finding providers in 7 counties that do not currently offer caregiver services: (Albany, Niobrara, Park, Platte, Sublette, Washakie, Weston).

Wyoming Home Services

Program Description

Wyoming Home Services program is a state funded grant program contracted to a single provider in each county, to provide in-home services to person 18 years and older in Wyoming who are at risk of placement in nursing homes, assisted living facilities, or other institutional care. Services are primarily care coordination, homemaking, and personal care.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$2,559,954	$2,587,925	$2,476,186
People Served	1,525	1,537	1,373
Cost Per Person	$1,654	$1,684	$1,803
Non-600 Series[1]	1.00%	1.00%	1.00%

[1] 600 series is defined as direct service

Program Cost Notes

- Grantees must provide case management (care coordination) to WyHS participants.
- Homemaking is the most utilized service provided by grantees.
- Personal Emergency Response System is the second most utilized service.
- The SFY24 funding sources for the WyHS Program come from: State allocation $2,476,186 (71%), Local matching funds of $748,617 (21%), and Program Income (participant contributions) $281,366 (8%)
- Total program cost for all sources was $3,506,169.

Program Staffing

- 0.5 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- Actual local match totals dropped due to the loss of a grantee in Converse County. Starting SFY25, Converse County is once again covered by a grantee.
- Local Match generated for SFY24 was $748,617. For SFY24 WyHS grantees generated a collective total of $615,190 over their required match.
- In SFY24, the WyHS waiting list ranged from a low of 123 to a high of 194 . The waiting list shows the need for services, however, worker shortages are often a barrier for grantees to provide needed services.

Wyoming Home Services

Program Core Purpose

To serve Wyoming's senior citizens and disabled adults eighteen (18) years of age and older, to prevent the premature institutionalization or inappropriate institutionalization.

Outcomes

Performance Metric	SFY 2023 Target	SFY 2024 Target	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
% of WyHS Participants with an ADL of 2 or higher	80%	**80%**	1,450 (79%)	1,251 (75%)	931 (61%)	924 (61%)	795 (58%)
% of WyHS Participants with an IADL of 2 or higher	97%	**97%**	1,843 (98%)	1,602 (96%)	1,392 (91%)	1,351 (88%)	1205 (88%)
Average # of people on the waiting list	100	**100**	131	121	157	95	144
% of WyHS Participants Assessed by Means Testing	50%	**100%**	N/A	N/A	N/A	46%	80%
% of WyHS Participants under 200% (Contribution Level 1-4) FPL	90%	**90%**	N/A	N/A	N/A	643 (90.6%)	930 (84.7%)
% of WyHS Participants above 200% (Contribution Level 5-9) FPL	10%	**10%**	N/A	N/A	N/A	66 (9.3%)	168 (15.3%)

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	**2023 Q1-Q2**	**2023 Q3-Q4**	**2024 Q1-Q2**	**2024 Q3-Q4**
# of participants served	1,882	1,664	1,525	1,537	**1,373**	1,299	1,250	1156	1147
# of service units provided	81,839	69,902	60,046	57,939	**50,883**	28,664	29,276	25,532	25,351
# of homemaking units provided	49,136	41,563	36,934	36,563	**32,869**	17,942	18,622	16,487	16,382
# of personal care units provided	13,680	9,926	6,789	6,103	**5,945**	2,908	3,195	3,151	2,794

Efficiencies

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Average State cost per person	$1,517	$1,608	$1,654.	$1,684	**$1,803**	$1,078	$939	$850	$1054
Average State cost per unit of services	$35	$37	$41	$38	**$37**	$22	$23	$22	$22
Average annual cost of service for participant (Program Income)	$211	$260	$219	$193	**$205**	$113	$119	$297	$194

Cost per person and cost per unit of service is now calculated using state funds expended only and not total program cost.

Story Behind the Performance

History

- The Wyoming Home Services Program began in 1987.
- The Wyoming Home Services (WyHS) program is a 100% state funded program.
- Grantees are required to match 5% of state funds expended. However, most Grantees choose to match significantly more, understanding the value that WyHS services add to their communities.
- SFY24 the program received funding of $2,923,611.

Trends

- In June 2024, Wyoming Economic Analysis Division released statistics showing Wyoming had the fastest growing elderly (65 and older) population in the nation, rising by 3.5% over the year, according to U.S. Census Bureau Statistics [Daily, C. S. (2024, June 28). Wyoming has fastest growing elderly population in nation.*CowboyStateDaily*.] https://cowboystatedaily.com/2024/06/27/wyoming-has-fastest-growing-elderly-population-in-nation/
- The WyHS waiting list, fluctuates monthly for each Grantee. Waiting list policy is the responsibility of each provider. This policy shall include how a client is added to the waiting list, how a client comes off the waiting list, and if a client is not ready to come off the list, where does that client go on the list.

Efficiency

- Participants pay a fee for services based on a suggested sliding fee scale and their ability to pay. If participants cannot pay for services, Grantees may move the participant to a waiting list.
- Program Income generated through participant contributions is put directly back into the program to enhance the program.
- The Aging Needs Evaluation Summary (AGNES) is dones annually with quarterly evaluations completed to monitor the eligible participants' well-being.

(continued)

Story Behind the Performance (cont.)

Current Efforts

- WyHS is currently provided in all counties in Wyoming. Each Grantee chooses the services they provide in their county based upon the county's need and feasibility for the provider.
- Homemaker services are the most offered service.
- Personal Care Services, which are cost prohibitive due to hiring and availability of certified nursing assistant (CNA) are currently offered in all but three counties.

Challenges

- Workforce shortages. Grantees consistently report difficulties in hiring and retaining staff.
- Grantees struggle to find additional financial resources to support the growing need for services. Many Grantees exceed their matching responsibilities for WyHS in order to meet current needs in their communities.
- Finding alternative resources for older adults and disabled adults will be the most difficult issue faced by Grantees. We believe many individuals go without resources in some communities.

Behavioral Health Division

The following section contains HealthStat reports from the Behavioral Health Division, organized by program as follows:

1. Early Intervention and Education Program (EIEP) - Part B
2. Early Intervention and Education Program (EIEP) - Part C
3. Mental Health Outpatient Treatment
4. Mental Health Residential Treatment
5. Substance Abuse Outpatient Treatment
6. Substance Abuse Residential Treatment

Early Intervention and Education Program (EIEP) - Part B

Program Description

The Early Intervention and Education Program (EIEP) Part B/619 provides oversight of fourteen (14) Regional Child Development Centers (CDCs) which are contracted to provide preschool, special education, and related services to children from age three through five years, and who are identified with developmental delays and/or disabilities. Part B/619 is a federally-mandated program.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost[1]	$20,996,577	$22,160,706	$22,419,741
Children Served[2]	2,438	2,387	2,387
Per Child Amount	$8,674	$8,674	$9,390
Non-600 Series[3]	0.001%	0.001%	0.001%

[1] Total Program Cost includes state funding for CDC contracts and state funding for .25 FTE.
[2] The Children Served annual child count calculation is based on a singular point-in-time snapshot.
[3] 600 series is defined as direct service.

Part B/619 SFY 2024 Contract Amounts*

- State Part B: $22,402,152.12
- Federal Part B: $1,474,205.96
- Total Part B federal and state funding: $23,876,358.08

**Contract amounts for CDCs only*

Program Staffing

- 2 FTE (0.25 SGF, 1.75 FF)
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- Part B is authorized through the Individuals with Disabilities Education Act (IDEA), 1997, and the IDEA Improvement Act of 2004. The 2004 Improvement Act reauthorized and continues to require children, ages three through 21 years, to have access to Free Appropriate Public Education (FAPE).
- Part B is subject to Wyoming Department of Education (WDE): *Rules, Board of Commission Rules*, chapter 7 (2010) (206.0002.7.03222010).
- WDE is the State Education Agency receiving federal grants for Part B Sections 611 and 619; WDE grants a portion of 611 and 619 funds to the Wyoming Department of Health.

(continued)

Events that Have Shaped the Program (cont.)

- WDE continues to monitor the EIEP as one Local Education Agency (LEA), including all 14 regions as a whole.
- All 14 CDCs use the same process for measuring child outcomes in five developmental areas, which entails a standardized assessment tool for entry and exit of a child from the Part B/619 program. This system is used to measure the progress of students and overall program effectiveness. The EIEP is transitioning from the Battelle Developmental Inventory, Second Edition (BDI-2) to the updated BDI-3 tool. The BDI-3 tool is based on the new norms of expectations for the targeted group of children. A drop in scores is expected once the transition is complete due to very different norms.
- There is a national focus on ensuring children enrolled in Part B/619 are receiving FAPE in the Least Restrictive Environment (LRE) alongside their typically developing peers. Wyoming Part B/619 continues to outperform the rest of the nation for the percentage of students receiving preschool special education in their LRE.
- In SFY24, the point-in-time child count was changed from December 1 to May 1 of each year due to a Legislative update to Wyo. Stat. § 21-2-701 through 706 (2024 Senate Enrolled Act No. 56).

Early Intervention and Education Program (EIEP) - Part B

Performance

Program Core Purpose

The Part B/619 program provides oversight to fourteen (14) Regional Child Development Centers (CDCs) that are contracted to provide preschool, special education, and related services to children ages three through five years, and who are identified with a disability that impacts their education. The program is state-mandated under Wyo. Stat. § 21-2-701 through -706. Part B/619 is also a federally-mandated program.

Outcomes

Performance Metric	SFY 2023 Target[1]	SFY 2024 Target[1]	SFY 2020[2]	SFY 2021	SFY 2022	SFY 2023	SFY 2024
% of children who substantially increased their rate of growth in Social-Emotional Skills	80%	**78.54%**	63.91%	78.33%	86.35%	79.88%	79.48%
% of children who substantially increased their rate of growth in Acquiring and Using Knowledge and Skills	82%	**80.15%**	47.19%	79.88%	84.41%	85.58%	81.96%
% of children who substantially increased their rate of growth in Taking Appropriate Actions to Meet Needs	85.5%	**83.70%**	42.19%	83.44%	78.43%	69.54%	72.97%
% of children receiving special education in inclusive settings	73%	**71.47%**	72.21%	80.61%	76.52%	80.91%	86.11%

Performance Metric Explanation: Of those children who entered the program below age expectations, this reflects the percentage who substantially increased their rate of growth by the time they exited (a substantial increase is identified as an increase of at least 1% point).
During SFY23, the child outcomes tool was revised by the publisher and other states have also seen a drop in the "Taking Appropriate Action to Meet Needs" metric.
[1]Targets are adopted from the current WDE Report Card for the Early Intervention and Education Program, Part B/619.
[2]SFY20 percentages were impacted due to the COVID health crisis as children exiting the program could not be evaluated utilizing the standardized tool and less services were provided overall; due to these barriers, these figures should be viewed with discretion.

Outputs

Performance Metric	SFY 2020	SFY 2021[1]	SFY 2022[1]	SFY 2023	**SFY 2024**	**2023 Q1-Q2**	**2023 Q3-Q4**	**2024 Q1-Q2**	**2024 Q3-Q4**
Number of children served based on annual child count	2,380	2,438	2,438	2,387	**2,387**	N/A	N/A	N/A	N/A
Number of children served annually (unduplicated)	2,946	3,161	3,118	3,268	**3,065**	N/A	N/A	N/A	N/A

Efficiencies

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Per child amount budgeted	$8,674	$8,674	$8,674	$8,674	**$9,390**	N/A	N/A	N/A	N/A
Per child amount based on the total number of children served annually	$7,008	$6,690	$6,980	$6,781	**$7,309**	N/A	N/A	N/A	N/A

N/A indicates data not available on a quarterly basis
[1]SFY21 and SFY22 child count numbers were based on the count from December 1, 2019. This methodology was approved by the Legislature due to COVID-19 effects on CDCs. The actual count for December 1, 2020 was 2,248.

Story Behind the Performance

- Through the IDEA-mandated Child Find process, all children ages three through five years suspected of having a disability are evaluated through a series of research-based and professionally-recognized assessment instruments.
- The Wyoming Department of Health (WDH), through a Memorandum of Understanding with the Wyoming Department of Education (WDE), administers the Part B/619 program. The WDE is the State Education Agency, while the WDH acts as a Local Education Agency, much like a school district, receiving federal funds to manage the program.
- All children eligible for Part B/619 services under the EIEP system are evaluated for child outcomes at entry and exit from the program. Data is used to measure a child's progress through participation in the program. The EIEP is transitioning from the BDI-2 tool to the updated BDI-3 tool. The BDI-3 tool is based on the new norms of expectations for the targeted group of children. A drop in scores is expected once the transition is complete due to very different norms.
- The WDE determines progress targets for Part B/619 through stakeholder input and other states' targets for child outcome measurements. Wyoming targets for Part B/619 exceed national targets.
- The Early Intervention and Education Program (EIEP) has implemented a data system that is used by the majority of Wyoming school districts to ensure a smooth transition for students entering kindergarten.
- To assist the 14 CDCs in all areas of compliance, the EIEP created and implemented a Special Education Process Manual in addition to the Special Education Policy Manual to continue improving data accuracy and quality and ensuring consistency across the 14 contracted regions. These tools help ensure the quality of services to Wyoming's children.
- The EIEP provides assessment materials, technical assistance, and training as available to ensure that individualized evaluations are comprehensive. In addition, Part B/619 providers have access to an Assessment Reference Guide to aid in choosing the most appropriate assessments based on the needs of individual children.
- EIEP continues the self-assessment process for Part B/619 providers to encourage review and verification of their work for program improvement.

Early Intervention and Education Program (EIEP) - Part C

Program Description

The Early Intervention and Education Program (EIEP) provides oversight of fourteen (14) Regional Child Development Centers (CDCs) that are contracted to provide Individuals with Disabilities Education Act (IDEA) Part C early intervention services to eligible children birth through age two years. The program is state-mandated in accordance with Wyo. Stat. § 21-2-701 through 706.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost[1]	$8,292,969	$8,820,801	$9,005,312
Children Served[2]	1,207	1,171	1,161
Per Child Amount	$6,908	$6,908	$7,632.99
Non-600 Series[3]	0.001%	0.001%	0.001%

[1] Total Program Cost includes state funding for CDC contracts and state funding for .25 FTE.
[2] The Children Served annual child count calculation is based on a singular point-in-time snapshot.
[3] 600 series is defined as direct service.

Part C SFY 2024 Contract Amounts*

- State Part C funds: $8,987,722.99
- Federal Part C funds $2,065,343.99
- Total Part C federal and state funding: $11,053,066.98

**Contract amounts for CDCs only*

Program Staffing

- 2 FTE (0.25 SGF, 1.75 FF)
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- Part C is authorized through the Individuals with Disabilities Education Act (IDEA), 1997, and the IDEA Improvement Act of 2004. The 2004 Improvement Act reauthorized and continues to require children, ages birth through two years, to have access to early intervention services.
- Part C monitoring for CDC programs is cyclical, with all CDCs receiving Part C onsite monitoring every three years.
- CDCs are provided with annual Report Cards showing their region's data on eight federal indicators.
- The State Performance Plan and Annual Performance Report for Part C indicate the Part C program received the highest level of performance for SFY22.

(continued)

Early Intervention and Education Program (EIEP) - Part C

Snapshot

Events that Have Shaped the Program (cont.)

- The Wyoming Department of Health is the Lead Agency for the Part C federal grant.
- Since SFY19, all CDCs began utilizing a standardized assessment tool to determine a child's growth in skills and development as a result of early intervention.
- In SFY21, State General Funds were reduced by 16% resulting in a lower per-child amount.
- Part C administers a Parent Survey each year in response to federal reporting requirements. The surveys in SFY24 showed a response rate of 52.60%, which is above the national average, and all targets for each area of measurement were exceeded.

Early Intervention and Education Program (EIEP) - Part C

Performance

Program Core Purpose

The Part C program provides oversight for fourteen (14) Regional Child Development Centers (CDCs) that are contracted to provide Individualized Family Service Plan (IFSP) services to children from birth through age two years in accordance with the Individuals with Disabilities Education Act (IDEA) and who have evidence of a developmental delay or a diagnosed medical condition and meet State criteria for early intervention services.

Outcomes

Performance Metric	SFY 2023 Target	SFY 2024 Target	SFY 2020[1]	SFY 2021[2]	SFY 2022[2]	SFY 2023	SFY 2024
% of children who substantially increased their rate of growth in Positive Social-Emotional skills	56.40%	**56.77%**	29.82%	56.03%	56.55%	60%	74.64%
% of children who substantially increased their rate of growth in Acquiring and Using Knowledge and Skills	71.43%	**71.80%**	37.36%	71.06%	75.16%	73.67%	62.71%
% of children who substantially increased their rate of growth in Taking Appropriate Action to Meet Their Needs	90.51%	**90.54%**	47.93%	90.49%	91.52%	79.79%	75.46%

Performance Metric Explanation: Of those children who entered the program below age expectations, this reflects the percentage who substantially increased their rate of growth by the time they exited (a substantial increase is identified as an increase of at least 1% point).
During SFY23, the child outcomes tool was revised by the publisher and other states have also seen a drop in the "Taking Appropriate Action to Meet Needs" metric.
[1]SFY20 percentages were impacted due to the COVID health crisis as children exiting the program could not be evaluated utilizing the standardized tool and less services were provided overall; due to these barriers, these figures should be viewed with discretion.
[2]Data reflects the use of Change Sensitive Scores, which is a way of measuring growth built into the BDI-2 assessment.
Note: Beginning July 1, 2023, providers began using the BDI-3 for child outcome entry scores.

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Number of children served based on annual count	1,265	1,207	1,207	1,171	**1,161**	N/A	N/A	N/A	N/A
Number of children served annually (unduplicated)	2,081	1,873	1,998	1,992	**2,133**	N/A	N/A	N/A	N/A

Efficiencies

Performance Metric	SFY 2020	SFY 2021[1]	SFY 2022[1]	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Per child amount budgeted	$8,751	$6,908	$6,908	$7,627	**$7,633**	N/A	N/A	N/A	N/A
Per child amount based on total number of children served annually	$5,910	$4,451	$4,144	$4,428	**$4,124**	N/A	N/A	N/A	N/A

N/A indicates data not available on a quarterly basis.
[1]SFY21 and SFY22 child count numbers were based on the count from December 1, 2019. This methodology was approved by the Legislature due to COVID-19 effects on CDCs. The actual count for December 1, 2020 was 1,141.

Story Behind the Performance

- Part C allows states to apply for and receive federal funds to ensure services are provided to families and their children from birth through age two years and who have developmental delays under the Individuals with Disabilities Education Act (IDEA).
- All children suspected of having a developmental delay or disability are evaluated through a series of research-based and professionally recognized assessment instruments in order to determine eligibility for Part C services.
- Since July 1, 2019, all children were evaluated for Part C using a standardized assessment tool to measure a child's skill level when entering the Part C program and again upon exiting the program. The Battelle Developmental Inventory (BDI) assessment summarizes how much progress a child made in their developmental knowledge and skills during the time they were enrolled in Part C.
- In SFY24, the child count was changed from December 1 to May 1 due to a Legislative update to Wyo. Stat. § 21-2-701 through -706 (2024 Senate Enrolled Act No. 56).
- EIEP uses a data system that is in use by the majority of Wyoming school districts. The new data system will eventually allow for more efficient data reporting for Part C and children who transition to Part B. While the data system has Part B-specific fields, capabilities, and rules, the Part C portion of the data system was created specifically with Wyoming Part C program needs in mind.
- EIEP is currently in the process of updating Part C policies.
- In SFY22 and SFY23, the program has re-focused its efforts on the social-emotional development of children in the Part C program by providing professional development and resources for providers.

Mental Health Outpatient Treatment

Program Description

The Mental Health Outpatient Treatment program provides access to effective outpatient treatment services to improve the levels of functioning for persons with mental illness.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$15,357,644	$16,129,524	$16,442,660
People Served	14,172	13,116	10,176
Cost Per Person	$1,084	$1,230	$1,616
Non-600 Series[1]	1.16%	1.15%	1.18%

[1] 600 series is defined as direct service. Non-600 series (administrative) costs are shared across the Mental Health Residential, Substance Abuse Outpatient, and Substance Abuse Residential programs and have the potential to fluctuate each year.

Program Cost Notes

- SFY 2024 Funding
  - 93.96% State General Funds ($15,449,160.47)
  - 6.04% Federal Funds ($993,499.21)

Program Staffing

- 5 FTE shared with the Mental Health Residential, Substance Abuse Outpatient, and Substance Abuse Residential Programs

Events that Have Shaped the Program

- The 2002 Chris S. Lawsuit Settlement Agreement stipulated the development of community-based treatment and support for adults with Serious Mental Illness (SMI) and children with Severe Emotional Disturbance (SED).

- House Enrolled Act (HEA) 21 (2006) provided enhancements to the community-based mental health and substance abuse treatment system. Senate Enrolled Act (SEA) 77 in 2007 continued system enhancements. SEA 24 in 2008 provided for increased funding to expand mental health services like early intervention, group homes, and psychiatric and nursing supports and also promoted the concept of regionalization of services.

(continued)

Mental Health Outpatient Treatment

Snapshot

Events that Have Shaped the Program (cont.)

- Staffing issues continued to impact the contracted Community Mental Health Centers (CMHCs) during SFY24, requiring CMHCs to be flexible with service delivery options to balance the need of the community with the available staff.
- At the beginning of SFY19, there were 18 CMHCs across the state. Since that time, there has been one closure and multiple mergers, resulting in eight contracted Behavioral Health Centers (CMHCs were renamed Behavioral Health Centers with the passing of 2021 HEA 56), covering all 23 counties.
- 2021 HEA 56 required a redesign of the public behavioral health system to serve specific priority populations through state funding. The framework for the system redesign was completed and agreed upon in SFY22. Workgroups convened in SFY23 to work through the details and implementation of pilot projects. Implementation began July 1, 2024.

Mental Health Outpatient Treatment

Performance

Program Core Purpose

The Mental Health Outpatient Treatment program provides access to effective outpatient treatment services to improve the level of functioning for persons with mental illness and Serious Mental Illness (SMI).

Outcomes

Performance Metric	SFY 2023 Target	SFY 2024 Target	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Access to care: average days from time of first contact to first treatment service	≤ 7 days	**≤ 7 days**	7.23	2.98	2.5	1.68	1.97
Treatment Completion	75%	**70%**[2]	61%	72%	74%	74%	77%
% of clients with SMI who left treatment against medical advice (AMA) or were "no shows" for appointments and were discharged	≤ 15%	**≤ 15%**	15%	15%	13%	10%	10%
% of clients with a 1+ point of improved functioning as measured by the Daily Living Activities-20 functional assessment[1]	8%	**10%**	N/A	N/A	N/A	6.76%	17.16%

[1]The Global Assessment of Functioning (GAF) has been used in conjunction with the DLA-20 in previous fiscal years. However, the GAF is an outdated tool and was discontinued in SFY23. The Agency's work on key performance indicator development is currently on hold as aspects of Behavioral Health Redesign outcomes are determined.
[2] Target updated based on SFY24 provider contract input.

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Number of persons served	16,110	14,251	14,172	13,116	**10,176**	9,626	9,615	7,673	7,468
Number of persons with SMI served	8,991	8,244	7,751	7,284	**5,992**	5,342	5,417	4,651	4,350
Number of hours of outpatient services delivered	219,186	176,531	204,801	206,508	**184,586**	103,294	103,214	93,307	91,279

Mental Health Outpatient Treatment

Performance

Efficiencies

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Average cost per client	$1,214	$1,148	$1,084	$1,230	**$1,616**	N/A	N/A	N/A	N/A
Average cost per service hour	$89	$92	$75	$78	**$89**	N/A	N/A	N/A	N/A

Note: Hours of service only reflect state pay sources (excludes Medicaid, third-party payers, etc.)
N/A indicates data not available on a quarterly basis
Note: Outputs may include duplicated and unduplicated (unique) persons, as individuals may be counted in multiple quarters or fiscal years

Story Behind the Performance

- Step Three budget reductions were implemented in SFY22. The Mental Health Outpatient Service line was reduced by approximately $4.8 million. While the number of clients served stayed relatively static, the number of service hours increased from SFY21. This increase resulted in a lower average cost per client and lower average cost per service hour. During the 2022 Budget Session, the Legislature reinstated the budget reductions that were implemented in SFY22. The reinstated funding was appropriated for one biennium, but then continued for the 2025-2026 Biennium.
- In SFY21, the Emergency Diversion Bundled Service was implemented, which was intended to incentivize Community Mental Health Centers (CMHCs) to serve individuals in crisis and/or at risk of being committed to the Wyoming State Hospital. It was found that the service definition was not discrete enough for individual provider organizations, so the service was bifurcated into two different services types: Emergency Care Coordination and Gatekeeping Services (ECCGS) and Crisis Clinical Response Services (CCRS). The definitions were developed in collaboration with CMHC executive leadership and clinical directors as a way to better capture how services are delivered in communities. The initial data show that the two service types were widely adopted and proved beneficial in promoting and increasing crisis services within the CMHC network as a whole.
- The CMHCs have continued the use of telehealth services post COVID-19 pandemic. CMHCs found that some clients preferred this method of service delivery. The use of telehealth allowed the community providers to offer services in more rural areas without the need for travel by clinicians or clients. Additionally, CMHCs have found that the use of telehealth helps alleviate gaps due to workforce shortages.
- Multiple mergers have occurred since SFY20. At the beginning of SFY19, there were 18 Community Mental Health and Substance Abuse Centers (CMHC/SACs) across the state. Since that time, there has been one closure and multiple mergers, resulting in eight contracted Behavioral Health Centers, covering all 23 counties.
    - The mergers may impact the amount of persons served. As an example, clients may choose private providers outside of the community system based on previous experience with that CMHC or a clinician that had been employed at a CMHC is now employed at a private provider and the client chose to continue receiving services from the individual clinician.

Mental Health Residential Treatment

Snapshot

Program Description

The Mental Health Residential Treatment program is a conduit for access to effective community-based mental health treatment services for individuals with serious mental illness whose level of functioning requires 24/7 support. This program area includes community housing and sub-acute crisis residential.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$7,462,981	$6,290,719	$7,889,586
People Served	556	583	601
Cost Per Person	$13,423	$10,790	$13,127
Non-600 Series[1]	1.16%	1.15%	1.18%

[1] 600 series is defined as direct service. Non-600 series (administrative) costs are shared across the Mental Health Outpatient, Substance Abuse Outpatient, and Substance Abuse Residential programs and have the potential to fluctuate each year.

Program Cost Notes

- SFY 2024 Funding:
  - 73.65% State General Funds ($5,810,714.98)
  - 26.35% Federal Funds ($2,078,871.08)

Program Staffing

- 5 FTE shared with the Mental Health Outpatient, Substance Abuse Outpatient, and Substance Abuse Residential Programs

Events that Have Shaped the Program

- The 2002 Chris S. Lawsuit Settlement Agreement stipulated the development of community-based treatment and support for adults with Serious Mental Illness (SMI).
- House Enrolled Act (HEA) 21 (2006) provided enhancements to the community-based mental health and substance abuse treatment system. Senate Enrolled Act (SEA) 77 in 2007 continued system enhancements. SEA 24 in 2008 provided for increased funding to expand mental health services like early intervention, group homes and psychiatric and nursing supports, and also promoted the concept of regionalization of intensive services.

(continued)

Mental Health Residential Treatment

Snapshot

Events that Have Shaped the Program (cont.)

- At the beginning of SFY19, there were 18 CMHCs across the state. Since that time, there has been one closure and multiple mergers, resulting in eight contracted Behavioral Health Centers (CMHCs were renamed Behavioral Health Centers with the passing of 2021 HEA 56), covering all 23 counties.
- 2021 HEA 56 required a redesign of the public behavioral health system to serve specific priority populations through state funding. The framework for the system redesign was completed and agreed upon in SFY22. Workgroups convened in SFY23 to work through the details and implementation of pilot projects. Implementation began July 1, 2024.
- With the implementation of the Behavioral Health Redesign, the local Behavioral Health Centers are able to determine what services are most needed in their communities. There is no longer a specific bed-count per residential service. This allows flexibility for each Behavioral Health Center to meet their county's needs.

Mental Health Residential Treatment

Program Core Purpose

The Mental Health Residential Treatment program is a conduit for access to community-based mental health treatment services for individuals with serious mental illness whose level of functioning requires 24/7 support. This program area includes community housing and sub-acute crisis residential.

Outcomes

Performance Metric	SFY 2023 Target	SFY 2024 Target	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Utilization rate for sub-acute crisis beds	50%	**50%**	44%	34%	42%	56%	57%
Utilization rate for long-term group homes	85%	**85%**	89%	85%	88%	87%	91%
Utilization rate for transitional group homes	85%	**85%**	82%	75%	77%	77%	83%
Utilization rate for supervised living	85%	**85%**	91%	89%	87%	87%	89%
Median length-of-stay in long-term group homes (days)	200	**200**	391	196	192	254	305
Median length-of-stay in transitional group homes (days)	100	**100**	77	92	101	94	117
Median length-of-stay in supervised living environments (days)	300	**300**	415	527	293	336	365

Note: Data for long-term group homes, transitional group homes, and supervised living environments reflect separate subsets of all group homes.

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	**2023 Q1-Q2**	**2023 Q3-Q4**	**2024 Q1-Q2**	**2024 Q3-Q4**
Number of persons served – sub-acute crisis residential	349	248	333	336	**364**	185	193	179	215
Number of persons served – long-term group homes	45	61	59	58	**54**	46	46	48	42
Number of persons served – transitional group homes	84	71	70	75	**67**	50	49	49	43
Number of persons served – supervised living	120	105	119	114	**116**	95	95	102	98

Efficiencies

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Average cost per client for sub-acute crisis residential	$4,578	$9,652	$6,533	$8,910	**$8,224**	N/A	N/A	N/A	N/A
Average cost per client for long-term group home	$29,796	$31,263	$29,134	$35,401	**$38,024**	N/A	N/A	N/A	N/A
Average cost per client for transitional group homes	$24,456	$26,890	$27,775	$16,120	**$18,045**	N/A	N/A	N/A	N/A
Average cost per client for supervised living	$9,168	$11,989	$13,977	$17,949	**$17,640**	N/A	N/A	N/A	N/A

N/A indicates data not available
Note: Outputs may include duplicated and unduplicated (unique) persons, as individuals may be counted in multiple quarters or fiscal years.

Story Behind the Performance

- The Mental Health and Substance Abuse Services (MHSAS) section allowed the contracted Community Mental Health and Substance Abuse Centers (CMHC/SAC) to determine how the SFY22 Step Three budget reductions would be implemented for contracts instead of taking an across-the-board cut. This method allows the CMHC/SAC providers to ensure the needs of their communities are met. However, unlike the budget units for outpatient services, mental health residential services funding was increased by $166,039 as a result of shifts in funding from other budget units.
- MHSAS identified an increase in mental health residential services over SFY24. This increase coincides with the reports of the increased need for mental health services following the pandemic. MHSAS has seen an increase in requests for treatment services for adolescents, as there are only two Psychiatric Residential Treatment Facilities (PRTFs) in the state. These requests are being handled on a case-by-case basis, as Behavioral Health Redesign (BHR) continues its work to develop a new continuum of care for the most acute clients within the state.
- MHSAS worked with a national consultant to complete a review of the crisis stabilization services within the state. The review assessed the state services against the national toolkit developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). One result of this work is the change of the service name to Sub-Acute Crisis Residential to better capture the service being delivered. The consultant assisted MHSAS in developing a framework for crisis continuum services that could be implemented in the future with BHR.
- SFY24 data shows that the utilization rates for mental health residential treatment services exceeded the target percentage in sub-acute crisis, long-term group homes, and supervised living. Transitional group homes did not meet the target of 85% utilization rate, but showed an increase from previous years. One factor impacting all of the housing utilization rates is the lack of affordable housing across the state. In general, the clients stay in residential services while they wait for housing to become available. Additionally, there are a number of clients that are unable to live independently based on the severity of their mental illness.

Substance Use Outpatient Treatment

Program Description

The Substance Use Outpatient Treatment program provides access to effective outpatient substance use treatment services, decreases alcohol and drug use among those individuals engaged in substance use outpatient treatment services, and increases levels of personal functioning.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$8,459,429	$10,403,622	$9,883,302
People Served	4,380	4,272	4,144
Cost Per Person	$1,931	$2,435	$2,385
Non-600 Series[1]	1.16%	1.15%	1.18%

[1] 600 series is defined as direct service. Non-600 series (administrative) costs are shared across the Mental Health Outpatient, Mental Health Residential, and Substance Abuse Residential programs and have the potential to fluctuate each year.

Program Cost Notes

- SFY 2024 Funding:
  - 45.26% State General Funds ($4,472,765.23)
  - 40% State Tobacco Funds ($3,953,320.84)
  - 14.74% Federal Funds ($1,457,216.10)

Program Staffing

- 5 FTE shared with the Mental Health Outpatient, Mental Health Residential, and Substance Abuse Residential Programs

Events that Have Shaped the Program

- The Substance Abuse Control Plan, authorized in 2002 by Wyo. Stat. § 9-2-2701, requires a comprehensive plan to address substance use, including prevention, intervention, and treatment methodologies.
- The Department of Health, in consultation with the Departments of Education, Family Services, Workforce Services, and Corrections, established standards for effective treatment and prevention of substance use.
- 2006 House Enrolled Act (HEA) 21, 2007 Senate Enrolled Act (SEA) 77, and 2008 SEA 24, resulted in substantial increases in funding for substance abuse treatment and promoted the concept of regionalization of intensive services.

(continued)

Substance Use Outpatient Treatment

Snapshot

Events that Have Shaped the Program (cont.)

- Step Three budget reductions were implemented in SFY22. Contracted providers were allowed to choose how the budget reductions were allocated across budget units. This budget was reduced by approximately $3.1 million. During the 2022 Budget Session, the Legislature reinstated the budget reductions that were implemented in SFY22. The reinstated funding was appropriated for one biennium, but then continued for the 2025-2026 Biennium.

- At the beginning of SFY19, there were 18 CMHCs across the state. Since that time, there has been one closure and multiple mergers, resulting in eight contracted Behavioral Health Centers (CMHCs were renamed Behavioral Health Centers with the passing of 2021 HEA 56), covering all twenty-three counties.

- 2021 HEA 56 required a redesign of the public behavioral health system to serve specific priority populations through state funding. The framework for the system redesign was completed and agreed upon in SFY22. Workgroups convened in SFY23 to work through the details and implementation of pilot projects. Implementation began July 1, 2024.

Substance Use Outpatient Treatment

Performance

Program Core Purpose

The Substance Use Outpatient Treatment program provides access to effective outpatient substance use treatment services, decreases alcohol and drug use among those individuals engaged in substance use outpatient treatment services, and increases levels of personal functioning.

Outcomes

Performance Metric	SFY 2023 Target	SFY 2024 Target	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
% of clients completing treatment	50%	**50%**	69%	70%	76%	69%	73%
% of clients with a 1+ point of improved functioning as measured by the Daily Living Activities-20 functional assessment[1]	8%	**10%**	N/A	N/A	N/A	13.93%	28.63%
Access to care: average days from time of first contact to first treatment service	≤ 7	**≤ 7**	4.16	2.72	3.44	2.95	2.59

[1]The Global Assessment of Functioning (GAF) has been used in conjunction with the DLA-20 in previous fiscal years. However, the GAF is an outdated tool and was discontinued in SFY23. The Agency's work on key performance indicator development is currently on hold as aspects of Behavioral Health Redesign outcomes are determined.

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	**2023 Q1-Q2**	**2023 Q3-Q4**	**2024 Q1-Q2**	**2024 Q3-Q4**
Number of persons served[1]	5,445	4,757	4,380	4,272	**4,144**	2,786	2,874	2,863	2,893
Number of persons admitted[1]	3,894	3,235	2,996	2,994	**3,112**	1,552	1,585	1,804	1,559
Number of persons discharged	4,065	3,460	3,306	3,124	**3,106**	1,611	1,693	1,515	1,835
Hours of outpatient services delivered	147,533	128,915	114,382	118,040	**104,707**	55,562	62,478	54,708	59,321

Substance Use Outpatient Treatment

Performance

Efficiencies

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Average cost per client	$1,545	$1,901	$1,931	$2,322	**$2,385**	N/A	N/A	N/A	N/A
Average service cost per hour	$57	$70	$74	$84	**$94**	N/A	N/A	N/A	N/A

N/A indicates data not available on a quarterly basis
[1]*Persons served* indicates all persons who received any treatment; *persons admitted* indicates all new persons who began receiving treatment.
Note: Outputs may include duplicated and unduplicated (unique) persons, as individuals may be counted in multiple quarters or fiscal years.

Story Behind the Performance

- The Mental Health and Substance Abuse Services (MHSAS) section continues to refine processes for contract management and monitoring of provider performance.
    - A monthly report for monitoring compliance deliverables was deployed in SFY22. It was designed to give contracted Community Mental Health and Substance Abuse Centers (CMHC/SAC) a monthly single-point of reference for contract compliance and would allow for easy identification of areas that may need attention. The report was refined and automated to become part of the standard monthly report packets shared with CMHCs/SACs beginning in SFY23.
- The CMHC/SACs continue to struggle with recruitment and retention of staff. Budget reductions made it more difficult to compete for potential staff and retain current staff. Additionally, the inability to hire impacted current staff by requiring them to work more hours and serve as the on-call staff more frequently, generally without additional compensation.
- Multiple mergers have occurred since SFY20. At the beginning of SFY19, there were 18 CMHC/SACs across the state. Since that time, there has been one closure and multiple mergers, resulting in eight contracted Behavioral Health Centers, covering all 23 counties.
    - The mergers may impact the amount of persons served. As an example, clients may choose private providers outside of the community system based on previous experience with that CMHC/SAC, or a clinician that had been employed at a CMHC is now employed at a private provider and the client chose to continue receiving services from the individual clinician.
- Crisis Clinical Response Services (CCRS) were added to the service array for Substance Use Disorder Outpatient Treatment in SFY22. Historically, this level of service and care coordination was only available through the Mental Health service line in an effort to divert people at risk of being involuntarily hospitalized at the Wyoming State Hospital. Through the collaboration with CMHC/SAC executive directors in developing the definitions, it was noted that crisis situations are not limited to individuals with mental illness.

Substance Abuse Residential Treatment

Program Description

The Substance Abuse Residential Treatment program provides access to community-based substance use treatment services for Wyoming residents in need of 24-hour intensive services to achieve and maintain recovery from alcohol and drug dependency.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$12,314,873	$15,344,961	$15,344,961
People Served[1]	929	943	967
Cost Per Person[1]	$13,256	$16,272	$15,869
Non-600 Series[2]	1.16%	1.15%	1.18%

[1] Includes only primary residential clients. Transitional living and social detoxification clients are not included.
[2] 600 series is defined as direct service. Non-600 series (administrative) costs are shared across the Mental Health Outpatient, Mental Health Residential, and Substance Abuse Outpatient programs and have the potential to fluctuate each year.

Program Cost Notes

- SFY 2024 Funding:
  - 78.46% State General Funds ($12,038,702.05)
  - 5.25% State Tobacco Funds ($805,259)
  - 16.29% Federal Funds ($2,500,000)

Program Staffing

- 5 FTE shared with the Mental Health Outpatient, Mental Health Residential, and Substance Abuse Outpatient Programs

Events that Have Shaped the Program

- The Substance Abuse Control Plan, authorized in 2002 by Wyo. Stat. § 9-2-2701, requires a comprehensive plan to address substance use, including prevention, intervention, and treatment methodologies.
- The Department of Health certified all programs, providers, and facilities which receive state funds to provide substance use treatment and those serving court-referred individuals.
- 2006 House Enrolled Act (HEA) 21, 2007 Senate Enrolled Act (SEA) 77, and 2008 SEA 24, resulted in substantial increases in funding for substance abuse treatment and promoted the concept of regionalization of intensive services.

(continued)

Substance Abuse Residential Treatment

Snapshot

Events that Have Shaped the Program (cont.)

- Step Three budget reductions were implemented in SFY22. Contracted providers were given the opportunity to adjust the reductions across budget units in order to meet the needs of their communities. The residential budgets were not affected by the reductions.

- At the beginning of SFY19, there were 18 CMHCs across the state. Since that time, there has been one closure and multiple mergers, resulting in eight contracted Behavioral Health Centers (CMHCs were renamed Behavioral Health Centers with the passing of 2021 HEA 56), covering all 23 counties.

- 2021 HEA 56 required a redesign of the public behavioral health system to serve specific priority populations through state funding. The framework for the system redesign was completed and agreed upon in SFY22. Workgroups convened in SFY23 to work through the details and implementation of pilot projects. Implementation began July 1, 2024.

Substance Abuse Residential Treatment

Program Core Purpose

The Substance Abuse Residential Treatment program provides access to community-based substance abuse treatment services for Wyoming residents in need of 24-hour intensive services to achieve and maintain recovery from alcohol and drug dependency.

Outcomes

Performance Metric	SFY 2023 Target	SFY 2024 Target	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Utilization rate	85%	**85%**	81%	72%	86%	83%	86%
Treatment completion rate	60%	**60%**	75%	71%	73%	68%	69%

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Number of persons served[1]	906	868	929	943	**967**	571	558	574	577
Number of persons admitted[1]	771	753	773	789	**824**	408	408	424	428
Number of persons discharged	819	726	770	810	**841**	430	417	432	454
Number of days residential services provided	61,582	53,105	61,313	59,465	**60,467**	30,404	29,061	30,030	30,437

Efficiencies

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Average cost per client[2]	$13,279	$14,093	$15,122	$16,272	**$15,869**	N/A	N/A	N/A	N/A
Average cost per day[2]	$195	$230	$229	$258	**$254**	N/A	N/A	N/A	N/A

N/A indicates data not available on a quarterly basis.
[1] *Persons served* indicates all persons who received any treatment; *persons admitted* indicates all new persons who began receiving treatment.
[2] Average cost per client for primary residential services only; does not include transitional group homes or social detox costs.
Note: Outputs may include duplicated and unduplicated (unique) persons, as individuals may be counted in multiple quarters or fiscal years.

Substance Abuse Residential Treatment

Story Behind the Performance

- The Mental Health and Substance Abuse Services (MHSAS) section allowed the Community Mental Health and Substance Abuse Centers (CMHC/SAC) to determine how the SFY22 Step Three budget reductions would be implemented for their contracts instead of taking an across-the-board cut. This method allowed the CMHC/SAC providers to ensure the needs of their communities were met. However, unlike the budget units for outpatient services, substance use disorder residential services funding was increased by $560,990 as a result of shifts in funding from the outpatient budget units.

- With the implementation of the Behavioral Health Redesign, the local Behavioral Health Centers are able to determine what services are most needed in their communities. There is no longer a specific bed-count per residential service. This allows the flexibility for each Behavioral Health Center to meet their county needs.

Division of Health Care Financing (Medicaid)

The following section contains HealthStat reports from the Division of Health Care Financing (Medicaid), organized by program as follows:

1. Wyoming Medicaid Overview
    a. Overall
    b. Provider Network
    c. Financial Monitoring
    d. Health Outcomes
    e. Member Monitoring
2. Programs
    a. Care Management Entity (CME)
    b. Comprehensive Waiver
    c. Long Term Care Summary
    d. Medication Donation Program
    e. Patient-Centered Medical Home (PCMH)
    f. School-Based Services
    g. Supports Waiver
    h. Wyoming Frontier Information (WYFI) Exchange
3. Benefits
    a. Behavioral Health Services
    b. Dental
    c. Pharmacy Program
    d. Psychiatric Residential Treatment Facilities (PRTF)
4. Administrative Functions
    a. Customer Service Center
    b. Medicaid Long Term Care Eligibility Unit
    c. Medicaid Third Party Liability (TPL)
    d. Program Integrity

Wyoming Medicaid - Overall

Program Description

Medicaid is a federal-state partnership program established under Title XIX of the Social Security Act providing healthcare coverage for all low-income individuals and disabled individuals who meet eligibility criteria. Services consist of healthcare coverage, as well as long-term care services and home and community based services for the elderly and individuals with disabilities. The primary populations served are children, pregnant women, extreme low-income caretakers of children, and the aged, blind, and disabled.

Program Expenditures and People Served

	2022	2023	2024
Total Claims Cost[1]	$580.5M	$646.7M	$673.3M
Average Monthly Enrollment	77,934	85,259	76,997
Cost Per Person (PMPM)	$637	$629	$707

[1] By claim paid date. Only includes Medicaid expenses paid through the MMIS; therefore, expenses for administration, Medicare buy-in premiums, Medicaid Part-D clawback, and provider taxes are excluded. For additional financial information, please see the Medicaid Annual Report.

Program Cost Notes

- Funded via federal medical assistance percentage (FMAP) and state general funds. FMAP as follows:
  - Claims: generally 50%, 90% for family planning, 65% for former CHIP children
  - WINGS, HIE, WES and CSC technology and operations and minor updates: 75%
  - Large technology replacements and system changes: 90%
- Administration expenses are 4% to 5.5% of total cost, excluding large capital improvements

Program Staffing

- Total: 117 FT, 8 AWEC
- 33 FT in HCBS Section
- 29 FT, 1 AWEC in Eligibility Section
- 11 FT, 0 AWEC in Provider & Benefit Services Section
- 10 FT, 6 AWEC in Tech. and Bus. Operations Section
- 10 FT in Program Integrity Section
- 7 FT, 1 AWEC in Leadership & Admin.
- 6 FT in Medicaid Fiscal

Events that Have Shaped the Program

- Federal COVID-19 aid expenditures from all bills allocating additional federal funds to states, including: the Coronavirus Preparedness & Response Supplemental Appropriations Act (3/6/20); the Families First Coronavirus Response Act (3/18/20); the Coronavirus Aid, Relief, and Economic Security (CARES) Act (3/27/20); the Paycheck Protection Program and Health Care Enhancement Act (4/24/20); the Coronavirus Response and Relief Supplemental Appropriations Act (12/27/20); and the American Rescue Plan Act (3/11/2021).
- Wyoming legislative studies, efforts, and changes to the program.
- Major technology efforts include the MMIS replacement project (WINGS), Wyoming Eligibility System, Eligibility Customer Service Center, and the Health Information Exchange (HIE).

Program Core Purpose

Wyoming Medicaid ensures client access to an adequate and accessible healthcare provider network through the management of provider enrollment and reimbursement.

Outcomes

Performance Metric		Desired Trend	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Physicians[1]	% of In-State, Licensed, Eligible, and Enrolled	➡	99%+ (est.)	99%+ (est.)	99%+ (est.)	99%+ (est.)	99%+ (est.)	99%+ (est.)
	# In-State Enrolled	N/A	2,216	2,240	2,342	2,576	2,920	2,934
	# Out-of-State Enrolled	N/A	8,354	8,478	9,393	10,939	12,847	10,829
Nursing Facilities	% of In-State, Licensed, Eligible, and Enrolled	➡	100%	100%	100%	100%	100%	100%
	# In-State Enrolled	N/A	39	39	38	36	36	36
	# Out-of-State Enrolled	N/A	17	15	15	16	17	13
Hospitals[2]	% of In-State, Licensed, Eligible, and Enrolled	➡	94%	97%	97%	94%	100%	100%
	# In-State Enrolled	N/A	30	29	29	29	29	30
	# Out-of-State Enrolled	N/A	193	186	198	239	283	254
Pharmacies	% of In-State, Licensed, Eligible, and Enrolled	➡	100%	100%	99%	96%	95%	93%
	# In-State Enrolled	N/A	140	145	144	144	143	117[3]
	# Out-of-State Enrolled	N/A	83	88	94	91	89	73
Dentists	% of In-State, Licensed, Eligible, and Enrolled	➡	96%	96%	97%	60%	63%	61%
	# In-State Enrolled	N/A	346	350	360	371	389	339
	# Out-of-State Enrolled	N/A	117	115	118	138	164	159

[1] Includes providers enrolled for at least one day in the SFY
[2] Excludes private hospitals such as Wyoming State Hospital, VA Medical Centers, WBI, SageWest HealthCare
[3] Lower numbers for SFY24 are a result of several pharmacy closures in Wyoming

Outputs

Performance Metric		SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Physician rates as a % of the regional average		110%	117%	123%	100%	98%	97%
Nursing facilities % cost coverage with the upper payment limit (UPL)[1]		86%	84%	84%	83%	92%	86%
Hospital % cost coverage with the qualified rate adjustment (QRA)[2]	Inpatient	100%	100%	100%	101%	103%	103%
	Outpatient	99%	99%	100%	99%	107%	104%
Dental rates as a % of the estimated provider cost^ or private pay rates ^^		82%^	79%^	NA	NA	46%^^	NA
% of Nursing Facility days paid by Medicaid		64%	65%	64%	66%	64%	62%

[1] UPL implemented mid-year 2011; data is collected by FFY. Percentages are with federal share of Supplemental Payment only.
[2] In-state hospitals only

Efficiencies

Performance Metric		SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
ALL Claims Processing Time (days)	Service to Bill	45.4	33.6	26.6	60.4	60.4	58.9
	Turnaround Time, Receipt to Payment	6.7	6.9	7.1	13	7.2	6.7
	Service to Payment	49.2	37.6	30.8	73.4	67.6	65.6
% of all claims denied		16.49%	16.16%	14.69%	29.46%	19.45%	16.52%

Story Behind the Performance

- 42 U.S.C § 1396a(a)(30)(A) – requires states to: "assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area."
- On an annual basis, Medicaid's actuarial contractor produces a benchmark report, detailing Medicaid's expenditure and reimbursement trends throughout the previous fiscal year. The Department calculates Wyoming Medicaid rates in each service area as a percentage of other states' Medicaid rates, Medicare rates, and cost estimates, whenever possible.
- While Medicaid strives to meet the direction set forth in 42 U.S.C. § 1396a(a)(30)(A), there are federal regulations regarding the upper payment limitations of Medicaid payments for hospital, physician, prescription drugs and laboratory services. For inpatient hospital services, Medicaid cannot exceed the provider's customary charges (42 CFR 447.271). For hospitals that do not receive DSH supplemental payments, Medicaid payment cannot exceed a reasonable estimate of what Medicare would have paid (42 CFR 447.272). For outpatient hospital and clinic services, Medicaid payment cannot exceed a reasonable estimate of what Medicare would have paid.
- Starting January 1, 2021, Wyoming Medicaid was required to reduce its General Fund by $46,550,796 for the 21/22 biennium causing a 2.5% reduction in provider rates, services covered and added thresholds on some Behavioral Health services.
- Postpartum coverage for pregnant women was extended from 60 days to 12 months (July 2023).
- Dental reimbursement rates were increased by 25% (April 2023).
- Nursing facility rates were increased (July 2023).
- Podiatry was added as a covered benefit for all Wyoming Medicaid members (July 2023).
- PRTF rates increased (July 2023).
- Behavioral Health Rate Study was completed by Guidehouse, Inc. (May 2024).

Wyoming Medicaid - Financial Monitoring

Performance

Program Core Purpose

Wyoming Medicaid provides health insurance coverage for qualified low-income individuals and monitors costs related to specific Medicaid programs.

Outcomes

Performance Metric		Desired Trend	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024[1]
Per Member Per Month (PMPM)		➡	$835	$843	$702	$637	$629	$707
Children PMPM	Children	➡	$259	$244	$215	$214	$228	$255
	Foster Care Children	➡	$793	$739	$587	$479	$468	$562
	Newborns	➡	$1,464	$1,649	$968	$729	$666	$713
	CMHW	➡	$984	$942	$813	$492	$396	$483
Non-Disabled Adults PMPM	Family-Care Adults	➡	$561	$555	$538	$506	$531	$536
	Former Foster Care	➡	$432	$411	$364	$367	$336	$334
	Pregnant Women[2]	➡	$1,255	$1,433	$829	$563	$523	$641
Aged Individuals PMPM	Community Choices	➡	$1,784	$1,798	$1,740	$1,854	$1,891	$1,925
	Nursing Home[3]	➡	$4,606	$5,127	$4,532	$4,629	$5,031	$6,252
	PACE[6]	➡	$3,618	$3,864	$4,311	-	-	-
Disabled Individuals PMPM	Comprehensive Waiver	➡	$5,939	$5,865	$5,663	$5,587	$5,964	$6,450
	Supports Waiver	➡	$1,744	$1,661	$1,622	$1,610	$1,737	$1,824
	Suppl. Security Income (SSI)	➡	$971	$834	$843	$879	$880	$856
Benchmark PMPM	CHIP[4]	➡	-	$0	$139	$212	$205	$254
	Child Marketplace[5]	N/A	$413	$415	$374	$374	$487	$463
	Adult Marketplace[5]	N/A	$690	$694	$625	$625	$742	$773

[1] 12+ month claim lag
[2] Excludes presumptive eligibility
[3] Excludes supplemental payments
[4] On October 1, 2020 the CHIP program transitioned to a Fee-For Service program administered by the Department of Health.
[5] SFY 2024 child and 40-year old adult marketplace premium is for the lowest deductible gold plan with a $1,000 and $9,100 max out of pocket.
[6] The PACE program was terminated in 2021.

Outputs

Performance Metric	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Recipients (unique count of members who received services)	67,078	64,058	65,676	70,693	76,080	75,654
Enrollment	73,625	73,190	77,450	86,663	95,031	100,927
Member Months	656,075	653,059	797,561	937,896	1,027,727	929,114
Claims Expenditures (by service date)	$548.0M	$550.3M	$559.8M	$597.4M	$646.9M	$657.2M

Efficiencies

Performance Metric	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024[1]
% Enrolled Members that used services	91.1%	87.5%	84.8%	81.6%	80.1%	75.0%
Cost per recipient	$8,170	$8,591	$8,524	$8,451	$8,503	$8,687
Cost per enrolled member	$7,443	$7,519	$7,228	$6,893	$6,807	$6,512

[1] 12-month claim lag, values are preliminary

Story Behind the Performance

- The Per Member Per Month (PMPM) is the average cost of a member per month by dividing claims expenditures by the number of member months. The PMPM is based on claims only and does not include administration costs, Disproportionate Share Hospital, Qualified Rate Adjustment, or provider tax. Member months are the number of months a person is eligible and enrolled in Medicaid. The measure allows for better comparison of costs with other Medicaid programs, private insurance, and other premium-based programs.
- Per capita spending on healthcare in Wyoming was $10,989 in 2020. This equates to $915.75 per month per Wyoming resident. The national per capita figure was $10,191 in 2020. More recent data was not available at the time of reporting. (Source: http://kff.org/other/state-indicator/health-spending-per-capita/)
- On 10/1/2020, the CHIP program began processing fee for service claims in the Benefit Management System and Pharmacy Benefit Management System under a M-CHIP program.

Medicaid Health Outcomes

Snapshot

Program Description

These initiatives measure, monitor, and promote improved health outcomes across the Medicaid population. Improved health outcomes are possible by promoting regular preventive care check-ups, enrollment in chronic disease management, addressing social needs, and ensuring the appropriate use of healthcare services.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$5,596,181	$1,382,319[2]	$1,408,163
People Served[1]	84,254	94,791	100,368
Cost Per Person	$66	$15	$14

[1]All Medicaid, All Ages
[2]New vendor for Utilization Management with Health Management scope and services greatly reduced in the Contract and oversight brought in-house.

Program Cost Notes

- Health Management = $923,396 (50% Federal and 50% SGF)
- Seattle Children's Hospital = $465,650 (Mixed Federal and SGF)
- 24/7 Nurse Advice Line = $10,217 (Mixed Federal and SGF)
- Diabetes Incentive Program = $8,900 (SGF)

Program Staffing

- 0.75 FTE = Medical Director
- 0.75 FTE = Contract Manager

Events that Have Shaped the Program

- Telligen, Inc. is the vendor for Utilization Management with Health Management Services beginning 7/1/2022, after the Optum Healthcare Solutions Contract ended 6/30/2022.
- The Wyoming Department of Health continues to provide population health support through the WYhealth Program, focusing on chronic disease management, member education, connection to needed community resources, and closing the loop on preventive care gaps.
- Seattle Children's Hospital provides three different support services for providers.

Medicaid Health Outcomes

Performance

Program Core Purpose

The core purpose of these initiatives is to improve the prevention, screening, diagnosing, and management of acute and chronic diseases in Wyoming Medicaid members.

Outcomes

Performance Metric		Desired Trend	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) (CMS 416 Report, Line 7)	Medicaid	↑	52%	41%	40%	37%	37%	35%
	National		60%	51%	54%	-	-	-
Ambulatory Care: Emergency Department (ED) Visits Age 0-19 (AMB-CH)[1]	Medicaid	↓	48	48	29	20	35	34
	National		44	43	26	32	-	-
Follow-Up After Hospitalization for Mental Illness: Ages 6-17; Percentage with a 7 Day Follow-Up (FUH-CH)[1]	Medicaid	↑	53%	54%	57%	55%	49%	36%
	National		42%	46%	51%	48%	-	-
Follow-Up After Hospitalization for Mental Illness: Ages 6-17; Percentage with a 30 Day Follow-Up (FUH-CH)[1]	Medicaid	↑	83%	82%	85%	80%	78%	74%
	National		66%	66%	71%	70%	-	-
(PQI01-AD) Rate of Diabetes Inpatient Admits per 100,000 Member Months (Age 18-64)[1]	Medicaid	↓	16	27	16	14	17	12
	National		19	20	17	17	-	-
(OHD-AD) Percentage of High Dosage Opioids per 1,000 Opioids (Age 18-64)[1]	Medicaid	↓	30%	23%	22%	20%	20%	-
	National		N/A	6%	7%	7%	-	-

(-) Indicates data not yet available.

[1] These metrics are part of the CMS Core Measure data set and are reported to CMS each FFY (i.e. values under SFY2021 correlate with the majority of FFY 2021). National Benchmarks represent the median of all states during the reporting year. Rate of emergency department (ED) visits per 1,000 beneficiary months among children up to age 19. https://www.medicaid.gov/state-overviews/stateprofile.html?state=wyoming

(N/A) Indicates data is not yet available due to the creation of a new metric.

Outputs

Performance Metric		SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Emergency Room Visits per 1,000 Member Months		62	53	43	47	46	47
Inpatient Admissions per 1,000 Member Months		16	14	12	11	10	11
Seattle Children's Hospital	# Med Reviews	16	18	20	8	11	22
	# Completed MDT[1]	95	108	97	108	122	137
	# PAL Calls[2]	247	220	184	195	190	204
# of Members Enrolled in Diabetes Incentive Program		171	96	64	48	19	105

[1]MDT (Multi-Disciplinary Team)
[2]PAL (Provider Assistance Line)

Efficiencies

Performance Metric		SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
PMPM	Age 0-20	$393	$363	$328	$308	$323	$359
	Age 21-64	$1,290	$1,308	$1,172	$1,114	$1,002	$1,147
	Age 65+	$1,534	$1,635	$1,394	$1,034	$1,353	$1,513
# of Unique Members	Age 0-20	44,903	48,014	53,365	58,524	50,522	46,885
	Age 21-64	22,633	23,697	26,566	29,703	23,105	22,874
	Age 65+	7,188	7,317	7,532	7,733	7,483	8,527

Story Behind the Performance

- The WYhealth Care Management Program- WYhealth supports Medicaid members clinically through many-facets of support and care in order to bridge gaps in care (missing preventive care), provide health education and resources, as well as one-on-one support to address the needs of each unique member, meeting them where they are at in their health goals. A Registered Nurse Care Manager and the member work together to set goals, which are documented in a plan of care, and work through interventions to achieve health goals until the member "graduates" from the WYhealth program.

- Total Program Cost - The WYhealth Program is a major expense in Total Program Cost, listed in the Snapshot. The Health Management/Utilization Management procurement in 2022 was utilized as an opportunity to adjust the WYhealth Program model from being fully administered by a vendor, to a hybrid model which is Agency-driven using vendor staff and a vendor system. This helped reduce Total Program Cost in recent years.

- Member Incentive Program - Outsmart Diabetes is offered through the WYhealth Program and is designed to call attention to a member's diabetes condition, support them to actively manage their diabetes, and engage them in their health. Members participating in Outsmart Diabetes can earn a fifty dollar ($50) gift card each quarter for up to four (4) quarters. The member participates by tracking and sharing their A1C test results, blood pressure, and weight each month and reports these to their Registered Nurse Care Manager. After increasing the incentive from $25 to $50 per quarter, more members have elected to participate in the Outsmart Program, increasing enrollment numbers over the previous year.

- 24/7 Nurse Advice Line - This is a 24/7 nurse line for Medicaid members where nurses will answer questions and advise clients on whether they should seek care immediately, visit the nearest urgent care, or schedule an appointment with their primary care physician. Nurses also assist members with understanding their medications and other health-related questions. After working with the vendor to tighten up and further restrict non-Medicaid callers from receiving clinical advice, the cost of operations has been reduced since more non-Medicaid callers are being turned away if they do not have a Medicaid ID. In CY24, Centers for Medicare and Medicaid began to allow 50% FFP on Medicaid callers to the Nurse Advice Line, previously this was funded by 100% GF.

- Provider Support - The Seattle Children's Hospital Contract provides three different supports for our providers:
    - First, the Provider Assistance Line (PAL) that is available for any child in Wyoming so their physician or nurse can call for assistance in the diagnosis and management of children with psychiatric issues; this also applies to adults with developmental disabilities, and they can also provide telehealth consultations for children enrolled in Medicaid;
    - Second, they provide an assessment and recommendations for children prior to Multi-Disciplinary Team (MDT) hearings, reducing the numbers admitted to psychiatric residential treatment facilities (PRTFs);
    - Third, they provide a mandatory second opinion to providers who exceed normal drug utilization.

Wyoming Medicaid - Member Monitoring

Performance

Program Core Purpose

Wyoming Medicaid provides health care coverage to qualified individuals.

Outcomes

Performance Metric[1]		Desired Trend	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Estimated % and # of Uninsured Children Under Age 19, Under 138% of Federal Poverty Level (FPL)	Wyoming	⬇	9.7% 2,609 (CY2018)	16.2% 3,961 (CY2019)	12.6% 2,817 (CY2020)	16.7% 4,270 (CY2021)	10.9% 2,905 (CY2022)	(-)
	Regional Average[2]	N/A	8.7%	9.8%	8.9%	11.1%	8.3%	(-)
Estimated % and # of Uninsured Adults Age 18 to 64, Under 138% of FPL	Wyoming	⬇	27.4% 14,087 (CY2018)	30.6% 14,905 (CY2019)	32.8% 14,913 (CY2020)	31.6% 16,630 (CY2021)	29.9% 16,042 (CY2022)	(-)
	Regional Average[2]	N/A	22.8%	23.4%	23.3%	21.5%	19.9%	(-)
Estimated % and # of Uninsured Children Under Age 19, All Incomes	Wyoming	N/A	6.8% 9,475 (CY2018)	11.1% 15,199 (CY2019)	8.0% 10,985 (CY2020)	11.5% 15,717 (CY2021)	7.9% 10,850 (CY2022)	(-)
	Regional Average[2]	N/A	5.8%	6.3%	6.3%	7.0%	5.8%	(-)
Estimated % and # of Uninsured Adults Age 18 to 64, All Incomes	Wyoming	N/A	14.7% 49,923 (CY2018)	16.3% 54,899 (CY2019)	16.6% 55,957 (CY2020)	17.0% 56,910 (CY2021)	16.6% 55,639 (CY2022)	(-)
	Regional Average[2]	N/A	11.8%	12.0%	12.2%	11.4%	10.7%	(-)

(-) Indicates data not yet available

[1] All data pulled from US Census Small Area Health Insurance Estimates. https://www.census.gov/data-tools/demo/sahie/#/

[2] Region is defined as bordering states of Montana, Colorado, Idaho, South Dakota, Utah, and Nebraska, with Wyoming excluded from the calculation

N/A Does not apply to this metric

Wyoming Medicaid - Member Monitoring

Performance

Outputs

Performance Metric	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Average Monthly Enrollment	54,660	54,419	66,421	77,934	85,259	76,997
Averaged Monthly Enrollment as a % of State Population[1]	9.4% (578,759)	9.4% (579,280)	11.4% (578,803)	13.4% (581,381)	14.6% (584,057)	13.1% (585,902)
Member Months	656,075	653,059	797,561	937,896	1,027,727	929,114
Recipients (unique count of members who received services)	67,078	64,058	65,676	70,693	76,080	75,654

[1] Population source (2019 to 2023) US Census: Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2019. SFY 2024 state population is the forecasted data from the Wyoming Economic Analysis Division of the Department of Administration & Information.

Story Behind the Performance

- Wyoming Medicaid provides a comprehensive benefit package to eligible and enrolled members. These include benefits similar to the 10 essential health benefits of the Affordable Care Act (ACA), as well as vision and dental. This primary benefit package is available to all full-benefit enrollees (children, pregnant women, disabled, aged, and family-care adults) and is similar--but more extensive--than the type of benefits traditionally associated with private health insurance. For some members, such as the Medicare Buy-In group, Wyoming Medicaid only pays the premiums for these individuals to enroll in Medicare, but does not directly pay claims. Limited or emergency services are provided to some smaller groups, such as non-citizens. For most individuals enrolled in Medicaid, the actuarial value of the primary medical benefit package coverage is 95% to 100%.
- In addition, for members meeting certain additional standards of need, Wyoming Medicaid also covers institutional levels of care such as hospice, nursing homes, and intermediate care facilities. As an alternative to individuals meeting institutional level of care need, Wyoming Medicaid also provides home and community based support services through waivers to support individuals staying in their homes and communities. These types of services have not traditionally been covered by other forms of insurance.
- The COVID-19 Public Health Emergency (PHE) created a maintenance of eligibility requirement, where Medicaid did not disenroll members during the term of the public health emergency. This requirement began January 1, 2020 and expired at the end of March of 2023. This requirement led to a rapid increase in enrolled members and member months in SFY21, SFY22, and SFY23.

Medicaid Care Management Entity (CME)

Program Description

Provide community-based alternatives to institutional care for Medicaid-covered youth (4 through 20 years of age), who are experiencing serious emotional disturbance (SED) using the authority granted under the Medicaid 1915 (b) & (c) waivers and State Plan Targeted Case Management Services to contract with a single care management entity who provides an evidence-based intensive care coordination model called "high fidelity wraparound" (HFW).

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost[1]	$3,108,441	$3,835,694	$3,519,587
People Served[2]	366	472	482
Cost Per Person	$8,493	$8,126	$7,302

[1] Excludes Administrative Costs.
[2] All Medicaid, all ages.

Program Cost Notes

- Funding is 50% federal & 50% state general funds
- SFY24 payments to Magellan were $1,920,123
- SFY24 FFS payment for TCM state plan services was $1,599,464
- Administrative costs are approximately $350,000 per year

Program Staffing

- 1 FTE
- 7 FTE Magellan Healthcare
- Guidehouse Consulting

Events that Have Shaped the Program

- Utilizing ARPA (sec. 9817), the 1915 b/c waivers and CME contract were amended to allow children and youth who with co-occurring challenges who are on the DD waiver waitlist to be served by the CME program. This change was implemented during the second quarter of SFY23.
- A CME FFS rate development study was completed during SFY23 to inform the payment methodology sections in the waiver renewals for SFY24. The study outlines the rate methodology and calculations behind a proposed rate increase which would be the first increase since the beginning of the CME program, July 1, 2015.
- CME network provider enrollment and member census have been steadily increasing from the declining enrollment numbers during SFY22.

Medicaid Care Management Entity (CME)

Program Core Purpose

Through access to community-based intensive care coordination services, the CME seeks to reduce the rate of admissions, institutional length of stay, and frequency of readmissions for youth with serious emotional disturbance (SED) ages 4 through 20 years. Overall cost of care for enrolled youth must be the same or less cost than non-participating Medicaid youth with SED.

Outcomes

Performance Metric		Desired Trend	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
% and # of all youth served who were served for 6+ months		↑	42% (167/402)	50% (199/401)	54% (157/386)	43% (157/366)	43% (203/472)	43% (206/482)
% and # of all youth served who were served for 6+ months who graduated		↑	53% (167/402)	40% (79/199)	28% (57/206)	39% (62/157)	46% (94/203)	42% (87/206)
% of all youth served who met the plan of care goals and discharged		↑	-	-	-	-	47% (87/187)	39% (71/181)
% and # of all youth (with 6+ months of enrollment) with an admit to:[1]	Psychiatric Residential Treatment Facility (PRTF)	↓	13% (22/167)	13% (26/199)	10% (20/206)	3% (5/157)	4% (9/203)	5% (10/206)
	Juvenile Justice (JJ)/ Detention Center	↓	1% (2/167)	1% (2/199)	1% (2/206)	0% (0/157)	2% (4/203)	3% (6/206)
	Acute Psychiatric Hospital	↓	8% (14/167)	18% (35/199)	14% (28/206)	3% (4/157)	11% (22/203)	12% (25/206)
	Overall	↓	13% (21/167)	22% (43/199)	16% (33/206)	6% (9/157)	9% (29/203)	17% (36/206)

(-) Indicates data not available due to creation of new metric or re-definition of metric methodology

[1] As youth may be admitted to more than one of these inpatient settings, summing across the types will not equal the number for overall youth with an admission.

Medicaid Care Management Entity (CME)

Performance

Outputs

Performance Metric		SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
% and # of Youth Discharged		61% (247/402)	53% (211/401)	57% (221/385)	46% (167/366)	51% (242/472)	56% (271/482)
# of CME Youth Served		402	401	385	366	472	482
# of Recipients Using Each CME Service	Family Care Coordination	402	401	385	322	449	442
	Family Support Partner	162	196	203	160	247	209
	Youth Support Partner	37	5	0	5	15	0
	Respite Services	0	1	0	0	1	2

Efficiencies

Performance Metric		SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
# served and total Medicaid cost per youth[1]	All Youth	402 $20,072	401 $22,506	385 $19,058	366 $18,667	472 $18,047	482 $17,516
	Youth Served 6+ Months	167 $24,647	199 $27,557	206 $24,961	157 $25,137	203 $23,508	206 $22,585
	Graduated Youth[2]	89 $11,445	79 $15,309	57 $19,769	62 $18,523	94 $13,035	87 $13,893
# served and total Medicaid cost per PRTF youth (non-CME)[3]		243 $48,892	174 $48,419	148 $58,557	133 $56,501	141 $60,725	173 $82,004

[1] Total cost includes both CME and non-CME Medicaid costs
[2] Graduated youth is defined as those youth who have successfully transitioned from the CME program meeting all of their goals.
[3] Total cost includes both PRTF and non-PRTF Medicaid cost

Medicaid Care Management Entity (CME)

Story Behind the Performance

- The CME program enrolled providers rebounded from historic low numbers in the preceding year and CME member census increased as well as the two are closely tied together.
- Increase in JJ involved youth is driven by a couple of providers who specialize in working with JJ system-involved youth and their families. These specific providers have strong relationships with the DFS JJ staff in their service areas and receive referrals from those sources.
- The PHE-related Medicaid enrollment allowed some youth and their families to receive CME services who might not have otherwise. Or, who would have been served through the CMH.
- CME expansion into underserved areas continues to be a focus of the network development plan.

Comprehensive Waiver

Program Description

The Comprehensive Waiver funds person-centered services for individuals with intellectual/ developmental disabilities or acquired brain injuries in their community as a safe, cost-effective alternative to services in an institutional setting.

Program Expenditures and People Served

	2022	2023	2024
Total Medical and Waiver Cost	$118,002,077	$127,668,292	$133,256,386
Total Waiver Cost	$106,795,215	$116,992,552	$123,239,253
Total Medical Costs	$11,206,862	$10,675,740	$10,017,134
Total People Served	1,867	1,840	1,804
Cost Per Person (Medical and Waiver)	$62,534	$68,235	$71,759

Program Cost Notes

- Once funded on the waiver, the participant receives Medicaid medical and waiver services.
- Program staffing for the Comprehensive and Supports waivers is ⅓ each of the Home & Community Based Services (HCBS) Section staff. The Community Choices Waiver is staffed with the remaining ⅓ of HCBS Section staff.

Program Staffing

- 11 FTE

Events that Have Shaped the Program

- **Federal Settings Rule.** The 2014 Settings Rule issued by CMS outlined requirements states must meet to ensure rights of individuals served through HCBS. Wyoming was the 8th state in the country to receive approval on its transition plan, and is one of few states nationally in full compliance with the federal regulations by the March 17, 2023 deadline.
- **COVID-19 Response.** CMS approved emergency flexibilities in response to the public health emergency (PHE) to enable states to expand, enhance, and strengthen HCBS. The funding included a temporary provider reimbursement rate increase of 12.5% among other projects. This funding is set to expire March 31, 2025. Widespread decreases in service utilization and provider closures due to the PHE are not supported by the data.

(continued)

Events that Have Shaped the Program (cont.)

- Waitlist Funding. The State of Wyoming Legislature appropriated $7.5 million during the 2023 General Session to reduce the waitlist for the Comprehensive and Supports Waivers. This funding allows for a current waitlist of 303 individuals with an average wait time of 14 months as of November 5, 2024.
- Access Rule. April 22, 2024, CMS issued the Access Rule, outlining requirements to decrease barriers to services, including restructured reporting requirements, rate transparency, ensuring adequate direct service staff payment, and beneficiary engagement. The final effective date for compliance with the rule is 2030.

Program Core Purpose

The Comprehensive Waiver funds person-centered services for individuals with intellectual/ developmental disabilities or acquired brain injuries in their community as a safe, cost-effective alternative to services in an institutional setting.

Outcomes

Performance Metric	Desired Trend	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Percentage of Participants Ages 21+ Living Independently or Semi-Independently	↑	443/1631 (27.2%)	420/1635 (25.7%)	398/1623 (24.5%)	393/1677 (23.4%)	395/1680 (23.5%)	389/1644 (23.6%)
Percentage Of Participants Ages 21+ Working in Competitive and Community Integrated Settings Earning at Least Minimum Wage	↑	270/1591 (17.0%)	214/1593 (13.4%)	251/1609 (15.6%)	245/1633 (15.0%)	232/1635 (14.2%)	231/1632 (14.15%)
Percentage of Individualized Plans of Care that has Quality Review	↑	757/1124 (67%)	744/1163 (64%)	1024/1805 (57%)	583/1189 (49%)	616/1542 (40%)	1148/2007 (57%)

Outputs

Performance Metric	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
# of participants on waiver	1,959	1,932	1,892	1,867	1,840	1,804
# of waiver participants ages 21+ living in residential services or with family	1,128	1,185	1,195	1,255	1,265	1,236
# of participants ages 21+ using waiver supported employment services	227	225	203	179	165	178

Efficiencies

Performance Metric	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Average cost per participant (waiver and medical)	$63,046	$63,866	$65,886	$62,534	$68,235	$71,759
Average cost per participant (waiver only)	$57,699	$58,900	$60,517	$57,202	$63,583	$68,314

Story Behind the Performance

- **Rate Increases.** The State of Wyoming Legislature appropriated provider increases to fully fund the SFY23 Provider Rate Study. The full funding went into effect September 1, 2022. Additionally, a 2% rate increase for all providers to restore previous cuts as well as $12.6 million ($25.2 million biennialized) for agency providers went into effect October 1, 2023.
- The HCBS section requires a sample of individualized plans of care to undergo a quality improvement review (QIR) on a regular basis. To support growing the number of plans to pass QIR, the HCBS Section use a portion of ARPA funds to develop and implement a case manager training regarding person-centered planning, utilizing QIR performance as a measure of success. Results from individuals who have completed this training indicate plans they develop have a higher QIR pass rate than individuals who have not completed the training.
- The metrics focused on living situation seek to measure the living situation of individuals on the Comprehensive Waiver. A focus of the 2014 settings rule is ensuring that individuals served by HCBS services have a legally enforceable lease in their living situation. The percentage of individuals represented by this metric indicates the population that is required to have a legally enforceable lease.
- Metrics focused on utilization of Supported Employment indicate a decrease over time. While Wyoming is an Employment First State, employment is not a requirement for individuals on the Comprehensive and Supports Waivers. However, the program is undertaking training with providers and case managers to ensure that employment services are offered and explored, and that these discussions are thoroughly documented.

Medicaid Long Term Care Summary

Program Description

Wyoming Medicaid offers long-term care to individuals meeting a nursing home level of care through the Community Choice Waiver (CCW) and Nursing Homes (NH).

Program Expenditures and People Served

SUMMARY	2022	2023	2024
Total LTC Costs	$173,971,606	$171,032,743	$186,228,323[1]
Total People Served	4,707	4,630	4,611
Cost Per Person	$40,557	$40,341	$43,707

COMMUNITY CHOICES WAIVER	2022	2023	2024
Total Program Cost (by service date) with medical	$52,930,374	$55,118,009	$55,415,361
People Served	2,953	2,922	2,979
Cost Per Person	$17,924	$18,863	$18,602

NURSING HOME	2022	2023	2024
Total Program Cost (by service date)	$78,836,401	$81,759,505	$97,689,757
People Served	1,987	1,872	1,814
Cost Per Person	$39,676	$43,675	$53,853
Total Provider Tax and Gap Payments	$42,204,831	$34,155,228	$33,123,204
Cost Program with Tax and Gap Costs	$121,041,232	$115,914,733	$130,812,961
Cost Per Person with Tax and Gap Costs	$60,917	$61,920	$72,113

[1] $22 million dollar increase to NH budget approved by legislation for SFY24

Medicaid Long Term Care Summary

Snapshot

Program Cost Notes

- All programs are 50% federal 50% state general funds

Program Staffing

- CCW - 12 FTE
- NH - 0.25 FTE

Events that Have Shaped the Program

- In SFY21, the CCW program merged with the Developmental Disability Waiver program to form the Home and Community-Based Services (HCBS) Section.
- Effective July 1, 2021, a new rate methodology was implemented for the CCW program. This resulted in an average rate increase of approximately 9%.
- In SFY24, CMS discontinued certain parts of the MDS and instituted a patient driven payment model (PDPM) for all NHs. Wyoming Medicaid has not yet switched from a RUG model to the PDPM payment system. This has required the NHs to complete an optional state assessment(OSA) with the information which CMS took out of the MDS. This OSA provides key information which is needed to complete the RUG payment calculations for NHs. Wyoming Medicaid is working towards changing to the PDPM.
- Throughout the pandemic, the NHs received at least a 5% increase in their rates to assist with any additional costs associated with this time. In SFY23, $22 million was approved by the legislature to increase the NH per diem rates. In 2024, legislature made the $22 million annual increase a permanent part of the Medicaid NH budget.

Medicaid Long Term Care Summary

Performance

Program Core Purpose

Provide access to long term care services for individuals who meet a nursing home level of care in the least restrictive setting.

Outcomes

Performance Metric		Desired Trend	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Community Based Program	% of LTC Member Months	↑	58%	60%	62%	63%	64%	65%
	% of LTC Expenditures	↑	26%	26%	31%	30%	32%	30%
Total Cost for Extraordinary Care Clients (% of total NH tax & Gap costs)[1]		↓	2% $1,792,789	1% $1,688,807	1% $1,757,632	1% $1,531,597	3% $2,580,295	2% $2,265,177
Average LT-101 Score[2]	CCW	→	22.4	20	22.9	22.8	22.9	22.7
	Nursing Home	→	31.6	31.2	31.6	31.4	31.7	31.1
Rate of ER Visits (per 1,000 member months)	CCW	↓	136.8	123.9	112.2	125.9	115.1	102.8
	Nursing Home	↓	46.0	41.7	38.0	50.3	59.8	57.8
Rate of inpatient admits (per 1,000 member months)	CCW	↓	52.0	47.6	46.4	39.5	34.7	33.3
	Nursing Home	↓	32.7	27.7	24.9	23.8	28.1	29.7

[1] These are NH members only. There was an increase in the number of ECC requests due to training on criteria.
[2] A higher LT101 score indicates a need for a greater level of care

Medicaid Long Term Care Summary

Performance

Outputs

Performance Metric		SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
# of Unique Served	CCW	2,763	2,870	2,939	2,953	2,922	2,979
	Nursing Home	2,419	2,246	2,175	1,987	1,872	1,814
Member Months	CCW	26,872	27,588	28,966	28,573	29,166	29,171
	Nursing Home	20,521	18,860	17,561	16,827	16,206	15,719
Expenditures as % of Total Medicaid	CCW	8.1%	8.6%	8.8%	8.9%	8.6%	8.6%
	Nursing Home (w/o Tax & Gap)	15.9%	17.1%	14.0%	13.2%	12.7%	15.1%
	Nursing Home (w/Tax & Gap)	24.4%	25.2%	22.1%	19.0%	17.1%	19.3%

Efficiencies

Performance Metric		SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Per Member Per Month (PMPM) Total Costs	CCW	$1,660	$1,722	$1,691	$1,610	$1,883	$1,877
	Nursing Home (w/o Tax & Gap)	$4,248	$4,994	$4,472	$4,097	$4,957	$6,139
	Nursing Home (w/Tax & Gap)	$6,971	$7,858	$7,521	$7,193	$7,153	$8,322
PMPM Index to NH (w/Tax & Gap)		24%	22%	22%	22%	26%	23%

Story Behind the Performance

- **Community Choices Waiver (CCW)**
  - In July 2021, the Long-Term Care (LTC) waiver program was renewed for another five years and the name was changed to the Community Choices Waiver (CCW) program. Assisted living services were added at that time.
  - The PACE program was eliminated effective April 1, 2021. As of June 2022, 53% of PACE participants were being served on the CCW program while 9% were served in a nursing home. The remainder of PACE participants no longer receive any long term care services or are deceased.
- **Nursing Home (NH)**
  - The Nursing Home Reform Act (1987) designated direction to State Medicaid Agencies for ultimate oversight of Pre-Admission Screenings and Resident Review (PASRR) to avoid inappropriate institutionalization of persons with a mental illness or intellectual disability. PASRR helps ensure that clients are served appropriately at home, in a waiver program, in a nursing facility, or in another setting.
  - Nursing Homes may be subject to a quarterly Case Mix Index (CMI), or acuity adjustment, that is based on the weighted average assessment for each Medicaid resident in the nursing facility in the prior quarter where a Minimum Data Set (MDS) assessment was completed and successfully transmitted. The higher average Medicaid patient acuity indicates the facility is accepting more challenging or harder to place residents, and is reflected in their quarterly per diem rate. The average acuity score is continually monitored by Medicaid staff. In SFY21, the acuity score was 0.95.
  - Effective January 2020, a budget reduction of 2.5% was implemented which included nursing facilities. In July of 2020, Wyoming Medicaid was able to increase nursing facility rates by 5% until December 2021. This increase came from the extra FMAP received from the American Rescue Plan Act. This 5% increase was applied after the 2.5% reduction in budget. The 5% increase was discontinued in January 2022 but was restarted in February 2022. The 5% increase continued through June of 2023. In July of 2023, a $22 million increase was approved for NHs to increase the rates and raise the cost coverage to as close to 100% as possible. In March of 2024, legislature approved the $22 million as a permanent part of the Medicaid budget for NHs.
  - Extraordinary Care (ECC) is for clients that require services beyond the average NH resident; their cost and service requirements must clearly exceed supplies and services covered under a facility's per diem rate, and require prior authorization.
  - 100% of Wyoming nursing facilities participate in Wyoming Medicaid.

Medication Donation Program

Snapshot

Program Description

The Wyoming Medication Donation Program is a comprehensive drug donation, re-dispensing, and disposal program that improves prescription access for Wyoming's low-income patients who lack adequate prescription insurance coverage while reducing medication waste.

Program Expenditures and People Served

	2022	2023	2024[2]
Total Program Cost	$519,597	$514,271	$270,936
People Served[1]	2,246	2,197	1,076
Cost Per Person	$ 231.34	$234.08	$251.80

[1]This is a combination of patients helped directly from the central location & from participating dispensing sites.
[2] Data from January - June

Program Cost Notes

- Revenue Sources: Program costs paid 100% by the State's General Fund
- Return on Investment (Value of Rx's dispensed/program cost):
  2022 = $5.44
  2023 = $6.80
  2024 (January – June) = $6.89

Program Staffing

- 1.5 FTE for pharmacist
- 2.25 FTE for technician
- Volunteer hours:
  2022 = 119
  2023 = 125.5
  2024 (Jan. – June) = 71

Events that Have Shaped the Program

- Drug Donation Program Act was passed in 2005 (Wyo. Stat. § 35-7-1601 et seq.)
- The program began serving patients statewide in 2011.
- In 2020, the program began working with SIRUM to exchange medications in/out of the program.
- During 2020-2021, the program began purchasing drugs from wholesalers to further shrink gaps in donated inventory.
- In 2024, the program ended participation with underperforming dispensing sites.

Medication Donation Program

Performance

Program Core Purpose

The Wyoming Medication Donation Program reduces medication waste and improves prescription access for low-income Wyoming residents who lack adequate prescription insurance coverage by re-dispensing donated medications.

Outcomes

Performance Metric	Desired Trend	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024[4]
Total patients served by re-dispensed medication [1,3]	↑	2,028	2,163	1,975	2,246	2,197	1,076
Total value of re-dispensed prescriptions[2]	↑	$2,345,875	$2,190,542	$2,495,402	$2,828,748	$3,496,756	$1,867,791
Patient medication adherence rate on mailed prescriptions[3]	↑	87%	90%	92%	91%	92%	92%
Return on Investment (ROI): value of Rxs dispensed[2]/program costs	↑	$4.45	$4.45	$5.17	$5.44	$6.80	$6.89

[1]Total number of patients served is an accurate account of unduplicated patients served via mail from the central location and dispensing sites.
[2]All values shown are average wholesale price (AWP), which is the average value at which wholesalers sell drugs to physicians, pharmacies, and other consumers. It is one of several pricing benchmarks for drug pricing and calculating reimbursements for payments throughout the healthcare industry.
[3] See (A) below for "story behind the performance"
[4]Data from January - June

Outputs

Performance Metric		CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024[5]
Number of prescriptions filled using re-dispensed medication[1,3]		11,664	13,237	15,237	16,981	18,443	9,361
Rxs mailed[2]	Number	9,108	10,599	12,700	13,321	15,954	8,494
	Percent	78%	81%	83%	78%	87%	91%
Incoming Medications[3]	Inventoried (# units)	826,029	1,052,597	1,113,544	1,214,631	1,423,392	728,573

Outputs (cont.)

Performance Metric		CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024[5]
Removed Inventory (# units)	Expired Disposal	219,509 (99.6%)	249,179 (97.4%)	224,028 (98.1%)	269,060 (94.4%)	284,860 (91.4%)	120,064 (94.8%)
	Overstock Inventory[4]	(-)	5,474 (2.1%)	4,228 (1.7%)	12,536 (4.4%)	21,505 (6.9%)	3,039 (2.4%)
	Recalled Medications	220 (0.1%)	1,151 (0.5%)	473 (0.2%)	3,305 (1.2%)	5,298 (1.7%)	3,546 (2.8%)
	Total removed inventory (100%)	220,302	255,804	248,729	284,901	311,663	126,649
Outgoing Medications (# units (% of outgoing meds))	Dispensed to patients[2]	616,288 (74%)	720,844 (74%)	822,602 (67%)	830,530 (61%)	859,074 (66%)	452,239 (56%)
	Sent to SIRUM for redistribution[4]	(-)	7,864 (<1%)	176,253 (15%)	263,270 (19%)	157,799 (12%)	233,824 (29%)
	Expired/recalled disposal removed	219,729 (26%)	250,330 (26%)	224,501 (18%)	272,365 (20%)	290,158 (22%)	123,610 (15%)
	Outgoing Meds Total (100%)	836,017	979,038	1,223,356	1,366,165	1,307,031	809,673

[1]Total number of prescriptions filled is a combined total of the prescription dispensed at the central location and the participating dispensing sites
[2] See (B) below for "story behind the performance"
[3]Number of units incoming, inventoried, and dispensed include items purchased from Dispensary of Hope and wholesalers as well as items donated to the program from the public for re-dispensing.
[4]Overstocked inventory prior to the program's partnership with SIRUM resulted in disposal; since 2020, overstock inventory goes to SIRUM for re-dispersal.
[5]Data from January - June
(-) indicates data not yet available due to the creation of a new metric

Efficiencies

Performance Metric	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024[3]
Average program cost per prescription dispensed	$45.21	$37.17	$31.70	$30.60	$27.88	$28.94
Average AWP value per prescription dispensed[2]	$168.14	$165.49	$163.77	$166.58	$189.60	$199.53
Medication usage rate (number of units dispensed/number of units inventoried)[1]	75%	68%	74%	68%	60%	62%

[1]Number of units incoming and dispensed include items purchased from Dispensary of Hope and wholesalers as well as items donated to the program from the public for re-dispensing.
[2]AWP value has been increasing due to rising drug cost across the industry due to several factors, including inflation and supply/demand considerations.
[3]Data from January - June

Story Behind the Performance

- Adherence rate calculation is based on how often a patient is requesting their refills on time and how often the program is able to fill the prescription. Prescriptions can only be filled if the program has the medication in stock; otherwise the prescription goes on hold and it does not count positively toward a patient's adherence rate. Increased availability of drug items from other sources utilized by the program (purchased drug stock from wholesalers, drug exchange with SIRUM, and drug products acquired from the Dispensary of Hope) has positively contributed to the patient adherence rate.

- The number of prescriptions filled from dispensing sites has continued to decrease. This is due to less participation from dispensing sites over time. In 2017, the program had 8 participating dispensing sites that re-dispensed 54% of the total prescriptions filled. In 2023, the program had 5 dispensing sites that have re-dispensed just 14% of the total prescriptions filled. In June 2024, the program discontinued dispensing sites that participated infrequently, dispensed low volume, or demonstrated reporting issues. Currently only 2 dispensing sites remain. Prescriptions filled by the central location are mailed to patients across the state, versus dispensing sites fill prescriptions for patients in a local point-of-care manner.

- The purpose of the medication exchange with SIRUM is to increase donated drug inventory utilization by reducing disposal/waste of items not being used by program patients and/or dispensing sites. SIRUM is a non-profit that facilities the movement of donated excess medications from donors to charity pharmacies and/or clinics nationwide. Previous to the partnership with SIRUM, overstocked medications would be destroyed (even though they were usable); now the program is able to give those items to SIRUM for re-dispersal elsewhere across the nation, decreasing disposal and waste. Alternatively, the program can use SIRUM to acquire donated drug products from donors either by direct request and/or donor referrals to the program. The drug exchange with SIRUM should lead to better utilization of drugs by the program.

- The program historically reported outputs in relation to donations incoming vs. outgoing via disposal in pounds. This was done to better quantify the overall volume of items processed by the program in vs. out, and to show what proportion of incoming items are ultimately unusable and destroyed. Recently this has been changed to # units to better illustrate intricacies with inventory management as the program evolves.

Patient-Centered Medical Home (PCMH)

Snapshot

Program Description

The Patient-Centered Medical Home (PCMH) program promotes improved primary care processes and health outcomes. The strategies used by participating practices include reviewing members' Continuity of Care Documents and meeting the qualifications and standards of national health care accrediting bodies.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$301, 196	$595,264	$701,386
People Served	9,413	12,807	13,471
Cost Per Person	$32	$46	$52

Program Cost Notes

- The program and administrative costs are funded with 50% Federal and 50% State General Funds.

Program Staffing

- 0.25 FTE divided among a team of 6 individuals

Events that Have Shaped the Program

- Practices have 365 days to bill a clean claim and be paid for the PMPM, which has caused a lag and inaccurate billing data. Some of those practices have not billed for all clients they could receive reimbursement for and some are now past the timely filing limit and cause issues with data outputs
- The goal of the program is to improve the quality of care, which is monitored through the CMS Core Measures.
- In 2024 the PCMH team opted to allow providers interested in the program, who are working towards accreditation, to join and receive a lower PMPM rate of $3 for 12 months.

Patient-Centered Medical Home (PCMH)

Performance

Program Core Purpose

The PCMH program promotes a care delivery model whereby patient treatment is coordinated through their primary care physician/practitioner. The goal is to decrease hospital utilization by increasing office visits for screenings and improving case management of chronic diseases.

Outcomes

Performance Metric		Desired Trend	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
% of Eligible Medicaid & CHIP Recipients Served by a PCMH		↑	25%	21%	14%	12%	14%	14%
ER Visit Rate per 1,000 Member Months	PCMH	↓	77.49	63.87	55.08	61.11	51.47	55.43
	Non-PCMH (benchmark)[1]	N/A	68.02	57.94	57.66	57.10	60.29	60.43
Inpatient Admit Rate per 1,000 Member Months	PCMH	↓	16.26	13.34	13.10	9.36	9.32	8.17
	Non-PCMH (benchmark)[1]	N/A	14.30	13.63	10.79	8.64	7.07	7.95
SFY Average Percent for CMS Core Measures for All Participating Clinics	PCMH Early & Periodic Screening, Diagnostic & Treatment (EPSDT)	↑	62%	58%	59%	54%	54%	61%
	Non-PCMH EPSDT	N/A	37%	34%	38%	34%	35%	35%
	Cervical Cancer Screening - CCS - AD	↑	45%	43%	44%	46%	47%	48%
	Weight Assessment & Counseling for Nutrition & Physical Activity For Children BMI Assessment WCC-CH	↑	20%	27%	44%	46%	45%	47%
	Breast Cancer Screening - BCS-AD	↑	26%	25%	33%	29%	23%	31%
	Prenatal and Postpartum Care: Postpartum Care PPC-AD	↑	45%	44%	52%	50%	60%	67%

N/A indicates no desired trend
[1] Non-PCMH Benchmark is Medicaid members who have had at least one claim during the SFY
[2] 2023 Data as of 7/5/2023
CMS Core Measures versions are updated yearly and data is presented that way to stay in alignment with the measure

Patient-Centered Medical Home (PCMH)

Performance

Outputs

Performance Metric	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
# of Practices Participating	20	12	10	10	10	12
% and # of Medicaid Eligible NCQA Practices Participating	100%	86%	77%	77%	77%	82%
% and # of Medicaid Providers in Participating Practices[1]	15% 167/1148	9% 107/1187	9% 114/1248	8% 118/1402	7% 105/1602	5% 90/1690
# Clinic's Connected to WY Frontier Information	0	2	5	10	10	12

[1] Taxonomies used - 207R00000X, 207Q00000X, 208D00000X, 208000000X, 363L000000X, 363LA2200X, 363LP0200X, 363LF0000X, 363LP2300X, 363LC1500X – these represent Family Practice Physicians, Internist, Pediatricians, and Nurse Practitioners enrolled in WY
2021 Data as of 7/5/2023.

Efficiencies

Performance Metric		SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Eligible WY Accredited Clinics Participating /Total Clinics Participating in Program[1]		12/16	12/19	10/13	10/13	10/13	9/11
Total # of Continuity of Care Documents (CCDs) Viewed		24,319	19,811	23,341	20,259	19,087	14,743
Per Recipient Per Month Cost (PRPM)	PCMH	$752.85	$658.29	$656.38	$633.96	$704.47	$725.20
	Non-PCMH (benchmark	$971.62	$980.51	$806.88	$692.95	$696.50	$889.39

[1] The number of eligible and participating clinics differs from the number of participating as we have 3 clinics who are working towards accreditation and receiving a lower PMPM rate.

Story Behind the Performance

- Providers must meet the following qualifications to participate in the PCMH program:
    - Must be National Committee for Quality Assurance (NCQA), Accreditation Association for Ambulatory Health Care (AAAHC), The Joint Commission, or Utilization Review Accreditation Commission (URAC) recognized or in process.
    - Must follow the guidelines of these recognitions.
    - Must Pull Continuum of Care Documents each month on clients that they are seeing (before the visit is the goal).
- In 2024 measures were updated and clinics now choose if they would like to review measures focused on adults, children or both.
- Updates to reporting for measures completed in 2024:
    - Display of each vaccine component for each clinic compared to overall PCMH average
    - HPV vaccine for children
    - Emergency visits for adults (21+)
    - Hospitalizations due to complications of diabetes (21+)
    - Follow up within 7 days of inpatient stay (21+)
        - Behavioral health related
        - Non behavioral health related
- 1st PCMH Round-up was held in April of 2024 in Casper.
    - This meeting brought all clinics together and was a success.
- A press release was sent by the Wyoming Department of Health highlighting the PCMH program.

School-Based Services

Program Description

School-Based Services (SBS) allows local education agencies (LEAs) to bill Medicaid for health-related services provided to Medicaid enrolled students. Currently, health care-related services included in the Member's Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP) are limited to: audiology services, mental health services, nursing services, physical therapy (PT), occupational therapy (OT), and speech therapy.

Program Expenditures and People Served

	SFY 2022	SFY 2023[1]	SFY 2024
Total Program Cost	N/A	$43,978	$17,119
People Served	N/A	47	40
Cost Per Person	N/A	$936	$428

[1] School-Based Services State Plan Amendment (SPA) approved 07/2022, authorizing claims to submitted as early as 07/01/2022

Program Cost Notes

- 50% Federal / 50% State Match
- State match comes directly from Wyoming Department of Education's (WDE) budget
- LEAs are required to remit all Medicaid reimbursement back to WDE

Program Staffing

- SFY22 - SFY23 - 1 FTE
- SFY24 - Present- 0.20 FTE

Events that Have Shaped the Program

- Wyo. Stat. § 21-13-321(b) and Wyo. Stat. § 42-4-103(a) amended to authorize Wyoming Department of Health to develop SBS - April 2021
- Stakeholder Engagement with Vendors, LEAs, and Providers- Fall 2021 - Spring 2023
- SPA approval by the Centers for Medicare and Medicaid Services (CMS), resulting in program go-live- July 2022
- SBS Administrative Rules, Chapter 52 under Medicaid, approved September 2022
- Provider Training and Program Implementation- April 2022 - June 2023
- Converse County #1 began submitting claims December 2022
- CMS released a comprehensive guide to Medicaid services and administrative claiming for SBS - May 2023
- Individuals with Disabilities Act (IDEA) Part B regulations in 34 C.F.R. § 300.8 note "student with a disability" in this document is also meant to include "child with a disability" as defined by the IDEA Part B regulations in 34 C.F.R. § 300.8

School-Based Services

Performance

Program Core Purpose

To allow Wyoming School Districts to bill Medicaid for health-related services provided to Medicaid enrolled students on Individualized Education Plans (IEPs) and Individualized Family Service Plans (IFSPs). Currently, Wyoming funds special education services 100%. School-Based Services is an opportunity for the State to capture federal dollars for these services.

Outcomes

Performance Metric		Desired Trend	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Participating Districts	Actively Billing	⬆	-	-	-	-	1	1
	Enrolled	⬆	-	-	-	-	5	5
Members	Paid for	⬆	-	-	-	-	47	40
	Eligible[2]	⬆	-	-	-	-	152	152[3]
Rendering Providers	Actively Billing	⬆	-	-	-	-	6	6
	Enrolled[1]	⬆	-	-	-	-	12	12

(-) Indicates data not yet available
[1] Denotes number of provides at the LEA who are enrolled with Medicaid, does not reflect how many providers are employed by the LEA.
[2] Denotes number of students who are both Medicaid enrolled and receiving services under an IEP or IFSP
[3] Data is from the SFY23. Data for the SFY 2024 was not provided to WDH.

Outputs

Performance Metric	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Program Outreach[1]	-	-	-	9	34	6
Program Trainings[1]	-	-	-	6	10	0
Number of Claims Submitted	-	-	-	0	1,754	445
Number of Claims Paid	-	-	-	0	1,193	367

[1] Scheduled interactions with LEAs and other Stakeholders

Efficiencies

Performance Metric	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Districts Actively Participating	-	-	-	6/48	5/48	1/48
Districts generated funds from offering services to Medicaid Members	-	-	-	-	$21,989	$8,560
% of Claims Denied	-	-	-	-	32%	18%

Story Behind the Performance

- There are five (5) fully enrolled LEAs. These include Converse 1 (152 eligible), Crook County (73 eligible), Fremont 25 (5th largest, 315 eligible), Niobrara (99 eligible), and Park 6 (159 eligible). Converse 1 is the only district actively billing Medicaid.
- Providers and other Stakeholders within the LEAs have expressed the following concerns:
    - Concern- Documentation requirements for Medicaid are above and beyond IDEA requirements.
      Response- Documentation guideline created, provide training as needed. See chart below.
    - Concern- Services are educationally necessary, not medically necessary.
      Response- Medical necessity guideline created, provide training as needed. Emphasize two things can be true at once.
    - Concern- Errors in selecting diagnosis (dx) codes and Current Procedural Terminology (CPT) codes can be found fraudulent.
      Response- Guidance on dx codes and guidance on CPT codes by provider type created. Internally, Healthcare Financing (HCF) is looking into limiting available codes for SBS and inquiring with CMS on dx code necessity.
    - Concern- Lack of incentive, resulting in little to no motivation to participate.
      Response- Nearly two dozen guidelines and other resources created to assist LEAs with common issues. HCF has an established central point of contact to coordinate with LEAs and stakeholders, resulting in a better rapport and removing frustration associated with waiting on hold with call centers. WDE Rules (see below) allow for LEAs to hire staff to manage their SBS program, however, this could affect the LEA's WDE401 SpEd Expenditures Report, which could hinder reimbursement in the chance of a future cap.
- WDE Administrative Rule: https://health.wyo.gov/wp-content/uploads/2023/03/21422-1.pdf
  "(n) Reasonable administrative costs to bill for authorized Medicaid services. Reasonable means any increased staff expenses attributable solely to administering Medicaid billing services."
- CMS Guideline on Medicaid documentation requirements vs. IDEA

Required Documentation	Required by CMS	Required by IDEA
Date of service	✓	X
Name of recipient	✓	✓
Medicaid identification number (of student)	✓	X
Provider agency and person providing the service	✓	✓
Nature, extent, or units of service	✓	✓
Place of service	✓	✓
Eligibility for IDEA services	X	✓

- Additional information about this program can be found here:
  https://health.wyo.gov/healthcarefin/medicaid/school-based-services/

Supports Waiver

Program Description

The Supports Waiver is a stipend-based program for those with intellectual/developmental disabilities or acquired brain injuries. The Supports Waiver is designed to reduce the Medicaid Waiver waitlist by providing services so individuals can remain living in their home as safely as possible and live according to their own choices and preferences.

Program Expenditures and People Served

	2022	2023	2024
Total Medical and Waiver Cost	$12,644,452	$15,318,627	$21,447,947
Total Waiver Cost	$8,440,356	$10,457,616	$14,102,599
Total Medical Costs	$4,204,096	$4,861,012	$7,345,347
Total People Served	725	809	1,148
Cost Per Person (Medical and Waiver)	$17,110	$18,302	$17,918

Program Cost Notes

- Once funded on the Waiver, the participant receives Medicaid medical services in addition to Waiver services.
- Program staffing for the Comprehensive and Supports waivers is ⅓ each of the Home & Community Based Services (HCBS) Section staff. The Community Choices Waiver is staffed with the remaining ⅓ of HCBS Section staff.

Program Staffing

- 11 FTE

Events that Have Shaped the Program

- **Federal Settings Rule.** The 2014 Settings Rule issued by CMS outlined requirements states must meet to ensure rights of individuals served through HCBS. Wyoming was the 8th state in the country to receive approval on its transition plan, and is one of few states nationally in full compliance with the federal regulations by the March 17, 2023 deadline.
- **COVID-19 Response.** CMS approved emergency flexibilities in response to the public health emergency (PHE) to enable states to expand, enhance, and strengthen HCBS. The funding included a temporary provider reimbursement rate increase of 12.5% among other projects. This funding is set to expire March 31, 2025. Widespread decreases in service utilization and provider closures due to the PHE are not supported by the data.

(continued)

Events that Have Shaped the Program (cont.)

- **Waitlist Funding.** The State of Wyoming Legislature appropriated $7.5 million during the 2023 General Session to reduce the waitlist for the Comprehensive and Supports Waivers. This funding allows for a current waitlist of 303 individuals with an average wait time of 14 months as of November 5, 2024.

- **Access Rule.** April 22, 2024, CMS issued the Access Rule, outlining requirements to decrease barriers to services, including restructured reporting requirements, rate transparency, ensuring adequate direct service staff payment, and beneficiary engagement. The final effective date for compliance with the rule is 2030.

Supports Waiver

Performance

Program Core Purpose

The Supports Waiver funds person-centered services for individuals with intellectual/ developmental disabilities or acquired brain injuries in their community as a safe, cost-effective alternative to services in an institutional setting. The Supports Waiver is has a capped standard budget for each individual and is designed to reduce the Medicaid waiver waitlist by maximizing the number of individuals that can remain living in their homes according to their own choices and preferences.

Outcomes

Performance Metric	Desired Trend	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Average utilization of individual budget amount for Supports Waiver participants	↑	61.7%	54.7%	63.6%	67.0%	58.4%	57.2%

Outputs

Performance Metric		SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
# of participants	# of participants of all ages using community support services	51	60	56	56	62	92
	# of participants of all ages using supported living services	160	159	146	158	165	215
	# of participants ages 21+ using waiver supported employment services	19	24	20	17	20	31
	# of total participants	569	644	674	725	809	1,148
Average cost per participant (waiver and medical)		$16,538	$15,810	$17,731	$17,110	$18,302	$17,918
Average cost per participant (waiver only)		$11,429	$11,133	$12,293	$11,642	$12,927	$12,284

Story Behind the Performance

- The State of Wyoming Legislature appropriated provider increases to fully fund the SFY23 Provider Rate Study. The full funding went into effect September 1, 2022. Additionally, a 2% rate increase for all providers to restore previous cuts as well as $12.6 million ($25.2 million biennialized) for agency providers went into effect October 1, 2023.
- Increases to the Supports Waiver population and general increase of services can be attributed to the waitlist funding appropriated by the State of Wyoming Legislature.
- The HCBS Section requires a sample of individualized plans of care to undergo a quality improvement review (QIR) on a regular basis. To support growing the number of plans to pass QIR, the HCBS Section use a portion of ARPA funds to develop and implement a case manager training regarding person-centered planning, utilizing QIR performance as a measure of success. Results from individuals who have completed this training indicate plans they develop have a higher QIR pass rate than individuals who have not completed the training.
- The metrics focused on living situation seek to measure the living situation of individuals on the Comprehensive Waiver. A focus of the 2014 settings rule is ensuring that individuals served by HCBS services have a legally enforceable lease in their living situation. The percentage of individuals represented by this metric indicates the population that is required to have a legally enforceable lease.
- Metrics focused on utilization of Supported Employment indicate a decrease over time. While Wyoming is an Employment First State, employment is not a requirement for individuals on the Comprehensive and Supports Waivers. However, the program is undertaking training with providers and case managers to ensure that employment services are offered and explored, and that these discussions are thoroughly documented.

Wyoming Frontier Information (WYFI) Exchange

Program Description

The Wyoming Frontier Information (WYFI) is the Wyoming statewide Health Information Exchange (HIE) that shares patient healthcare information between providers in a secure environment to improve patient care and reduce system inefficiencies.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$1,035,942	$668,069	$1,080,547
People Served	452,915	556,602	643,107
Cost Per Person	$2	$1	$2

Program Cost Notes

- The program and administrative costs were funded with 100% Federal funds from February 17, 2022 through May 31, 2024.
- The program and administrative costs are now funded with 90% Federal and 10% State General Funds for DDI and 75% Federal and 25% State General Funds for O&M, as of June 1, 2024.

Program Staffing

- 3.25 FTE
- 1 Vendor Staff

Events that Have Shaped the Program

- 2016 Budget Session WY Senate Enrolled Act 19 Section 48 Footnote 2. $1,000,000.00 from General Funds and $9,000,000.00 Federal matching funds. To build out a multi-payer, statewide Health Information Exchange (HIE).
- As a part of the ARRA 2009 HITECH Act, the Division of Healthcare Financing was awarded funding to request for proposals for a statewide HIE in SFY 2016.
- On July 1st, 2021, Wyo. Stat. § 9-2-131 WY health information exchange became effective. Authorizing the Wyoming Department of Health to administer and maintain the HIE and promulgation of fees for services provided.
- On June 10th, 2022, the WYFI system became Center for Medicare and Medicaid Services Certified.
- WYFI Contract Amendment Five which includes the KPI Ninja Universe upgrade was executed May 26, 2023. This will improve overall system capabilities.
- On March 13, 2024, the WDH Director approved the request to waive WYFI Participant Fees through June 20, 2026.
- The WYFI system upgraded work began August 2023 and is set to go live in November 2024.

Wyoming Frontier Information (WYFI) Exchange

Performance

Program Core Purpose

To promote a healthier Wyoming by maintaining a statewide secure, connected, and coordinated health IT system that supports effective and efficient healthcare. The primary goal is to share patient healthcare information in a secure environment to improve patient care and to reduce system inefficiencies.

Outcomes

Performance Metric		Desired Trend	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Facilities	Data Contributing	↑	54	92	189	217	227	284
	View Only	↑	15	100	157	165	123	133
	Total WY Potential[1]	↑	1,214	1,331	1,474	1,593	1,766	1,814
Community Health Record Users	Unique Providers	↑	27	386	3,556	3,551	3,486	244[2]
	Total Users	↑	170	939	5,466	5,552	5,555	739[2]
Covered Lives in the HIE[4]	WY Covered Lives	↑	-	271,741	357,359	452,915	556,602	643,107
	All Covered Lives	↑	-	303,541	402,304	550,651	678,739	777,566
# of Patient Encounters in the HIE		↑	-	2,485,938	3,668,561	5,525,435	7,927,907	10,712,507
Notify Users - Admit, Discharge, Transfer Notification (ADTs)[3]		↑	-	8	62	63	69	43[2]

(-) Reporting tool was not available until SFY20
[1]Total WY Potential* is based on Medicaid enrolled Provider Groups and Facilities
[2] System clean up took place this year which reduced the numbers due to users that never utilized the system
[3] Notify is the system that is utilized by providers to check ADTs for their patients. Providers may sign up for specific types of notification
[4] HIE Covered Lives may exceed total state population as a result of the system maintaining records for individuals who died or have moved

Wyoming Frontier Information (WYFI) Exchange

Performance

Outputs

Performance Metric	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
# of WY Hospitals Connected (Data Contributors)	11% (3/27)	30% (8/27)	59% (16/27)	78% (21/27)	81% (22/27)	85% (24/28)
# of WY Federally Qualified Health Centers Connected (Data Contributors)	7% (1/15)	20% (3/15)	27% (4/15)	73% (11/15)	60% (9/15)	60% (9/15)
# of WY Rural Health Clinics Connected (Data Contributors)	0% (0/25)	36% (9/25)	56% (13/25)	56% (13/25)	60% (15/25)	54% (15/28)
# of State & Federal Trading Partners Connected	1	2	8	8	12	14
# of Bordering State HIEs Connected to WYFI	0% (0/6)	50% (3/6)	50% (3/6)	50% (3/6)	50% (3/6)	50% (3/6)

Efficiencies

Performance Metric	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Total # of Charts Viewed	-	263,807	980,895	713,797	1,000,868	1,905,246
Total # of Continuity of Care Documents (CCDs) Viewed	63	23,711	65,043	686,045	317,619	331,317
Total # of Notifications ADTs sent to Providers from Notify	-	13,081	26,685	50,863	66,668	103,782

(-) Indicates no data since the program did not start until late SFY 2019

Story Behind the Performance

- The State of Wyoming released a Request for Proposal for an HIE solution in October 2016, and was awarded a vendor in May 2017. The contract was signed on December 29, 2017, and approved by the Centers for Medicare and Medicaid Services (CMS) in January 2017, totaling $9,162,002 over three years.
- The WYFI upgrade work began August of 2023. The upgrade go live will be on November 4, 2024. The upgrade includes:
    - KPI Ninja Universe
    - Analytics and Population Health Solutions Dashboards- available in early 2025
    - Amazon Web Services Cloud infrastructure
- Current State and Federal Connections:
    - WYhealth - Medicaid Health Management Case Notes
    - Wyoming Emergency Medical Services - Public Health
    - Wyoming Immunizations Registry
    - Public Health Nursing - Webchart Electronic Health Record
    - Wyoming Department Corrections - Naphcare Electronic Health Record
    - Colorado Regional Health Information Organization - Health Information Exchange
    - Utah Health Information Network - Health Information Exchange
    - South Dakota Health Link - Health Information Exchange
    - Aledade Inc.
    - Wyoming Medicaid Eligibility File - Department of Healthcare Financing
    - Change Health Care Pharmacy Claims - Department of Healthcare Financing
    - Vital Statistics Services
    - eHealth Exchange
    - Mountain Health Co-op
    - Patient Centered Data Home (PCDH)
- This program was funded by the COVID-19 Health Disparities Grant until May 31,2024. As of June 1, 2024, the program is funded through CMS.
- WYFI Participant fees have been waived through June 30, 2026.

Medicaid Behavioral Health Services

Program Description

Outpatient and community-based behavioral health treatment resources are a covered benefit for Wyoming Medicaid clients who are experiencing mental health and/or substance use disorders.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost[1]	$17,593,230	$17,567,502	$17,221,334
People Served	16,964	18,360	19,092
Cost Per Person	$1,037	$957	$902

[1] Includes claims expenditures based on BH procedure codes by service date

Program Cost Notes

- 50% Federal / 50% State Funded
- Utilization Management Contractor (Telligen)

Program Staffing

- 0.6 FTE

Events that Have Shaped the Program

- January 1, 2017, the Centers for Medicare & Medicaid Services (CMS) required Medicaid programs to provide medically necessary diagnostic and treatment services to beneficiaries with Autism Spectrum Disorder (ASD) under the age of 21 years. Applied Behavioral Analysis (ABA) treatment was implemented.
- A significant new law passed in 2021 by the Wyoming Legislature supported efforts to strengthen Wyoming's behavioral health system. A chief goal is focusing state resources on those who need them most: acute psychiatric adults, criminal justice involved clients, high needs children and families and low income and indigent general access populations.

Medicaid Behavioral Health Services

Performance

Program Core Purpose

Provide outpatient community-based behavioral health services that are medically necessary and meet clinical criteria.

Outcomes

Performance Metric			Desired Trend	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Percentage of Hospitalizations for Mental Illness with a Follow-Up Visit Ages 6-17[1]	7 Days	National	↑	42%	46%	51%	48%	47%	(-)
		Wyoming		53% (191/363)	54% (167/307)	57% (178/312)	55% (187/352)	49% (84/170)	36% (31/85)
	30 Days	National		66%	66%	71%	70%	72%	(-)
		Wyoming		83% (302/363)	82% (252/307)	85% (265/312)	80% (282/352)	78% (132/170)	74% (63/85)
Percentage of Hospitalizations for Mental Illness with a Follow-Up Visit Ages 18-64[1]	7 Days	National	↑	32%	33%	33%	39%	32%	(-)
		Wyoming		41% (124/306)	40% (107/267)	40% (112/281)	37% (101/276)	33% (83/ 248)	32% (135/225)
	30 Days	National		55%	55%	55%	52%	54%	(-)
		Wyoming		64% (195/306)	61% (161/267)	63% (173/281)	64% (178/276)	64% (158/248)	60% (135/225)

(-) Indicates data not yet available

[1]These metrics measure follow-up visits within 7 or 30 days of discharge of hospitalization for mental illness. These metrics are part of the CMS Core Measure set, and are reported for the previous calendar year (i.e. values under SFY19 above are based on CY18 data). National Benchmarks represent the median. https://data.medicaid.gov/browse?category=Quality&limitTo=datasets&sortBy=newest

Medicaid Behavioral Health Services

Performance

Outputs

Performance Metric		SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Rate of BH visits per recipient (# of visits / # of people)[1]	Children	17.5 (179,924/ 10,302)	16.9 (167,786/ 9,951)	14.7 (153,952/ 10,507)	12.3 (130,732/ 10,666)	11.5 (128,802/ 11,194)	11.7 (138,741/ 12,419)
	Adult	12.7 (68,977/5,424)	13.4 (65,759/4,918)	13.7 (69,757/5,079)	13.6 (72,854/5,340)	13.3 (74,836/5,608)	13.1 (76,876/5,884)
Outpatient BH service expenditures[1]	Total	$22,804,541	$21,218,025	$19,749,145	$17,593,230	$17,567,502	$17,221,334
	Children	$18,316,732	$17,185,204	$15,367,841	$12,653,767	$12,066,852	$12,208,241
	Adult	$4,487,810	$4,032,821	$4,367,877	$4,939,463	$5,500,649	$5,013,094
% of enrolled clients w/ mental health diagnosis[2]	Children	18.2% (7,593/ 41,624)	16.8% (7,314/ 43,524)	16.7% (7,722/ 46,293)	15.7% (8,200/ 51,971)	15.4% (8,781/ 57,032)	14.8% (8900/60,155)
	Adult	20.4% (7,403/ 36,392)	21.2% (7,266/ 34,327)	22.9% (7,660/ 33,470)	22.6% (8,103/ 35,879)	21.4% (8,324/ 38,954)	19.8% (8,388/42,289)
% of clients w/ MH or SUD diagnosis who received BH outpatient treatment[1]	Children	87.0% (6,766/ 41,624)	86.9% (6,502/ 43,524)	84.8% (6,681/ 46,293)	83.6% (6,991/51,971)	82.7% (7,415/ 57,032)	84.7% (7,700/60,155)
	Adult	60.2% (5,077/36,392)	56.8% (4,677/34,327)	55.9% (4,828/33,470)	55.6% (5,056/35,879)	57.7% (5,327/38,954)	58.1% (5,484/42,289)
# of unique BH Providers[3]	In-State	2,061	2,024	2,155	2,297	2,553	2,585
	Out-of-State	508	526	579	652	821	864
	Out-of-State Telehealth	6% (33/508)	42% (220/526)	38% (222/579)	31% (201/652)	24% (199/821)	21% (183/864)

[1] BH procedure codes by service date
[2] By primary diagnosis and service date. Excludes substance abuse, developmental disabilities, and dementia. Used Agency for Healthcare Research and Quality (AHRQ) ICD diagnosis grouper to define mental illness.
[3] Providers by BH taxonomies

Medicaid Behavioral Health Services

Performance

Efficiencies

Performance Metric		SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
% of total BH expenditures paid to Community Mental Health Centers and/or Substance Abuse Treatment Centers[2]	CMHC	21%	18%	15%	16%	16%	12%
	SATC	13%	15%	12%	13%	13%	15%
PMPM for BH services[1]		$33	$33	$25	$19	$16	$18
% of prior authorization requests approved (# approved / # reviews)[3]	Adult[4]	92% (5,456/ 5,928)	91.5% (4,735/ 5,173)	98% (2,440/ 24,97)	95% (4,500/ 4,727)	95% (2,113/ 2,219)	91% (1,296/ 1,426)
	Children[4]	-	-	96% (4,429/ 4,618)	93% (4,149/ 4,439)	94% (4,681/ 4,970)	91% (4,918/ 5,393)

(-) Indicates data not yet available
[1] BH procedure codes by service date
[2] Providers by procedure code and taxonomy
[3] The State started reviewing for medical necessity on 01/01/2021 for Medicaid children.
[4] Data is by Calendar Year

Medicaid Behavioral Health Services

Story Behind the Performance

- Starting January 1, 2020, rehabilitative services for adults changed from 20 dates of service to 30 dates of service before requiring a prior authorization.
- Starting January 1, 2021, rehabilitative and habilitative services for children under 21 years with more than 30 dates of service require prior authorization to determine if additional services are medically necessary.
- During the PHE, Medicaid wasn't disenrolling members resulting in an increase in members receiving behavioral health benefits as compared to previous years.
- Applied Behavior Analysis (ABA) expenditures and clients (mainly children) has increased significantly the past year.

Applied Behavior Analysis Expenditures

SFY	Expenditures	Clients	Providers
2019	$239,369.06	46	4
2020	$888,167.57	75	7
2021	$1,661,510.68	71	6
2022	$1,503,425.34	53	7
2023	$594,031.16	50	8
2024	$968,767.68	89	11

Medicaid Dental

Program Description

The Medicaid Dental Program ensures recipients have access to dental services to prevent and treat dental conditions. Full preventative and treatment services are covered for Medicaid eligible children while Medicaid covers a limited number of services for adults.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$11,879,600	$13,220,860	$15,007,154
People Served	28,577	30,544	29,323
Cost Per Person	$415.71	$432.85	$511.79

Program Cost Notes

- Dental is a 50/50 cost share between state general funds and federal match.
- Legislation approved a 25% increase for all dental services effective 4/1/2023.

Program Staffing

- 0.2 FTE
- 0 AWEC
- 5 Other-1 Orthodontic Consultant Contract, 4 Dental Advisory Group Member Contracts

Events that Have Shaped the Program

- Dental Advisory Group (DAG) meetings are held quarterly and attended by State staff and contracted dental providers. These meetings allow State staff and providers to discuss concerns, industry standards of care, and best practices.
- Town Hall Meetings were held in January 2024 and all dental providers were invited to allow open dialogue to express frustrations and pain points of providers and potential providers.
- Public Knowledge completed provider surveys and interviews in early 2024, after the Town Hall Meetings, to further assist in pinpointing issues and finding solutions.
- Public Knowledge and Medicaid staff attended the Annual Dental Association Conference in June 2024.
    - Handouts were provided detailing increased rates and highlights of the Wyoming Medicaid Program and vendors.
    - Medicaid Medical Director presented at the conference urging enrollment and reiterating the community service aspect of providing services to clients who are most in need.

Medicaid Dental

Program Core Purpose

The purpose of the Medicaid Dental program is to ensure access to dental care so that recipients may receive preventive and routine dental services to support oral health and avoid emergency dental situations.

Outcomes

Performance Metric		Desired Trend	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Actively Enrolled Dental Providers		⬆	464	442	478	485	522	501
Recipients per Enrolled Provider		⬇	59.0	56.0	58.2	59.4	58.5	58.5
% of Teeth Cleanings	Children	⬆	36%	38%	41%	39%	36%	33%
	Adults	⬆	7%	8%	10%	9%	8%	7%
# of Tooth Extractions	Children	⬇	3,275	2,998	3,625	3,440	3,760	3,722
	Adults	⬇	2,008	1,859	2,080	1,981	2,053	1,754
Emergency Care Event Count	Children	⬇	67	41	50	82	86	85
	Adult (21+)	⬇	257	242	247	272	288	247

Medicaid Dental

Performance

Outputs

Performance Metric	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
# of unique children (0-20) served (any dental service)	22,370	20,293	22,448	23,043	25,032	24,272
# of unique adults (21+) served (any dental service)	5,033	4,461	5,007	5,662	5,660	5,078
Children Expenditures	$9,888,879	$8,768,122	$10,297,440	$10,165,079	$11,633,597	$13,348,217
Adult Expenditures	$1,308,779	$1,192,650	$1,432,847	$1,523,764	$1,587,263	$1,658,937

Efficiencies

Performance Metric	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Expenditures per Recip Children	$442	$432	$459	$443	$465	$550
Expenditures per Recip Adult	$260	$267	$286	$270	$280	$327
Per Member Per Month	$16	$14	$14	$13	$13	$16

Events that Have Shaped the Program

- Adult dental coverage is limited to preventative care, emergent extractions, and repairs to existing dentures.
- Dental expenditures for both children and adults have increased due to the legislation approved rate increase, effective 4/1/2023.
- There was a 4.5% decrease in the number of people served between SFY23 and SFY24, this can be attributed to the PHE unwinding.

Medicaid Pharmacy Program

Snapshot

Program Description

The Medicaid Pharmacy Program provides payment to outpatient pharmacies for the provision of covered outpatient prescription drugs and specific over-the-counter drugs. The program promotes the appropriate use of medications and strives to maximize cost savings through manufacturer drug rebates, the preferred drug list, and sound reimbursement methodology.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost (Before Rebate, All Pharmacies)	$83,199,373	$98,527,611	$98,174,537
Total Program Cost (Before Rebate, Excludes IHS)	$60,047,306	$68,527,901	$68,007,614
Total Program Cost (Net of Rebate, Excludes IHS)	$21,410,888	$25,470,990	$27,485,662
Total People Served	43,228	47,515	45,497
Cost Per Person	$1,389	$1,442	$1,495

Program Cost Notes

- Program costs noted above include funds spent for the direct service costs of drug coverage only.
- These expenditures are federally matched at a 50% rate except Tribal providers expenditures which are 100% FFP.
- The first row of data reflects reimbursement to all pharmacies for outpatient drug claims.
- The second row of data reflects the reimbursements that included State funds (excludes Tribal providers claims paid by 100% federal funds).
- The third row of data reflects the program cost once the collected rebate is factored in. This number is derived by subtracting rebate dollars collected during the given fiscal year from the pharmacy reimbursement figure in the second row.

Program Staffing

- 3.5 FTE
- 0 AWEC
- Contractors – Pharmacy Benefits Manager (PBMS) -- Change Healthcare (CHC) – Drug Utilization Review (DUR) -- University of Wyoming School of Pharmacy

Medicaid Pharmacy Program

Snapshot

Events that Have Shaped the Program

- Since SFY20, there have been four in-state pharmacies that are classified as Indian Health Service (IHS) or tribal pharmacies submitting their Medicaid pharmacy claims to the Pharmacy Point of Sale system. These pharmacies are reimbursed per prescription at the All Inclusive Rate (AIR) published annually in the Federal Register. This rate was $654 in calendar year 2023 and is $719 in calendar year 2024. The State program is a pass-through for these claims as they are paid at 100% FFP.

- On February 21, 2024, the PBMS experienced a cyber-attack which caused the system vendor, CHC, to shut down all systems and services to contain the lateral spread of the attack. The entire PBMS was then rebuilt in Optum Rx servers, which had not been affected by the attack. Restoration of the ability to process pharmacy claims was completed on March 15, 2024, though typical claims edits and prior authorizations were not in place until July 2024.

Medicaid Pharmacy Program

Performance

Program Core Purpose

The core purpose of the Medicaid Pharmacy Program is to monitor and provide payment for cost-effective and clinically sound outpatient medication dispensed to Medicaid enrollees and to encourage safe prescribing habits by Medicaid Providers.[1]

Outcomes

Performance Metric		Desired Trend	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Short-Term Outcomes - Cost Effective Coverage								
Rebate Savings	Mandatory	→	$26,868,678	$24,763,484	$30,230,501	$32,837,403	$37,901,449	$34,822,253
	Supplemental		$2,440,555	$2,415,980	$3,293,417	$5,799,015	$5,360,462	$5,699,699
	Total Rebate Savings		$29,281,097	$27,179,464	$33,523,918	$38,636,418	$43,261,911	$40,521,952
Savings generated by Preferred Drug List and Prior Authorizations[a,2]		↑	$10,562,232	$10,444,793	$11,656,160	$13,506,785	$15,261,164	$14,059,808
# of Claims Paid at State Maximum Allowable Cost/ % of total claims[b,2]		→	-	-	-	333,322/ 68%	358,305/ 67%	333,349/ 67%
Intermediate Outcomes - Clinically Sound Treatment								
# of Prior Authorizations approved/ # reviewed (% approved)[c]		→	4,830/ 12,056 (40.0%)	4,888/ 11,990 (40.8%)	5,873/ 13,339 (44%)	6,798/ 15,198 (44.7%)	9,704/ 20,242 (47.9%)	4,991/ 11,994 (41.6%)
# of prescriptions that changed due to DUR edits/ # that hit DUR edits (% of prescriptions changed		→	11,618/ 44,202 (26.3%)	10,610/ 44,345 (23.9%)	10,574/ 45,944 (23%)	14,299/ 57,437 (24.9%)	16,810/ 63,418 (26.5%)	14,119/ 58,281 (24.2%)

(-) Indicates data not yet available

[1] The Medicaid Pharmacy Program is governed by 42 CFR §440.125, §441.25, §456 Subpart K, §447 Subpart I, and Wyo. Stat. 42.4.103 (a)(xiii).

[2] Indicates that metric was reported or calculated excluding any claims from IHS or tribal pharmacies.

[a-c] Indicates that further explanation can be found in the "Story Behind the Performance" section.

Medicaid Pharmacy Program

Performance

Outputs

Performance Metric	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
# of Clients Served	40,717	36,807	35,393	43,228	47,515	45,497
# of Prescriptions Paid	489,626	446,816	452,974	531,080	581,229	554,510
Average # of prescriptions per client per month	2.98	3.02	2.95	2.86	2.81	3.11
#/$ of claims recovered by program integrity[c,d]	374/ $79,311	600/ $54,951	625/ $236,322	322/ $48,504	223/ $43,202	39/ $3,830

Efficiencies

Performance Metric		SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Average cost	Per client served, before rebate[2]	$1,163	$1,256	$1,503	$1,389	$1,442	$1,495
	Per client served, net of rebate[2]	$444	$518	$556	$495	$536	$604
	Per prescription[2]	$103.44	$110.38	$125.00	$122.42	$128.56	$136.01
Rebate Collected for Physician Administered Drugs		$5,726,005	$5,362,381	$6,467,105	$5,170,809	$5,437,956	$4,779,365
Program Integrity Cost Avoidance[e]		$1,638,099	$2,118,998	$1,497,585	$1,451,583	$2,261,904	-

(-) Indicates data not yet available
[1] The Medicaid Pharmacy Program is governed by 42 CFR § 440.125, § 441.25, § 456 Subpart K, § 447 Subpart I, and Wyo. Stat. § 42-4-103 (a)(xiii).
[2] Indicates that metric was reported or calculated excluding any claims from IHS or tribal pharmacies.
[a-e] Indicates that further explanation can be found in the "Story Behind the Performance" section.

Story Behind the Performance

- This number reflects the difference between the projected cost of the program (if rebates were not collected and if all medications were covered equally without a preferred drug list) and the actual cost of the program (including mandatory and supplemental rebates collected and requests that were denied due to not meeting the prior authorization criteria for non-preferred drugs). This was chosen as an outcome metric because it reflects the results of the annual decisions made regarding what classes of drugs should be managed on the preferred drug list and what specific drugs should be preferred.
- Pharmacy claim reimbursement methodology is based on "lesser of" logic which compares multiple price points and reimburses the pharmacy provider at the lowest price point available. Of the price points used, State Maximum Allowable Cost (SMAC) is the only price point that the State Medicaid Agency sets and can modify. Pharmacy providers do have the ability to dispute claims paid at the SMAC rate if this rate causes the pharmacy to be reimbursed at less than cost. A high percentage of claims-paying at the SMAC rate demonstrates that the Agency is using this tool effectively for fiscal management while the dispute process ensures that pharmacies are not underpaid for their services.
- In February 2024, the Change Healthcare PBMS suffered an outage resulting from a cyber-attack perpetrated against their company. Pharmacy claims processing was down from 2/21/2024-3/16/2024. Prior Authorization functions were down from 2/21/2024-7/17/2024. The ability to complete program integrity recoveries went down on 2/21/2024 and has not been restored as of late September 2024. Claims were able to be processed within the same fiscal year as their date of service, but Prior Authorization and Program Integrity data for SFY24 only represent work done from 7/1/2023-2/20/2024.
- These numbers reflect money that was recovered on claims that were originally submitted incorrectly by pharmacy providers and, therefore, overpaid by the State.
- In SFY17, these figures include cost avoidance achieved by corrections that avoid filling prescriptions too soon or too often as well as cost avoidance achieved through minimum day supply edits (which avoided incorrect claims that would have required correction) and SU recovery edits (which prohibited pharmacies from resubmitting unchanged and incorrect claims that Medicaid had already recovered). Additional edits implemented in SFY18 and SFY19 that contributed to cost avoidance were edits for maximum days' supply of diabetic products, refill too soon edits for IHS or tribal clients, and pack size edits (where quantity of product dispensed on the claim did not match the pack size available for the product).

Psychiatric Residential Treatment Facilities (PRTF)

Program Description

Wyoming Medicaid covers inpatient psychiatric treatment for individuals under age 21 in a Psychiatric Residential Treatment Facility (PRTF) and who meet medical necessity for a PRTF level of care.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost[1]	$6,072,857	$6,377,861	$11,643,700[2]
People Served	156	159	182
Cost Per Person	$38,929	$40,112	$63,976

[1] Medicaid and State General Fund costs/members combined

[2] Rate increase, program utilization, length of stays, and out-of-state per diem rates attribute to Total Program Cost increase

Program Cost Notes

- 50% SGF/50% FF Medicaid Costs:
  - SFY24: - $ 11,643,700
  - SFY23: - $6,377,861
  - SFY22: - $6,072,857
- 100% SGF costs for non-medically necessary claims:
  - SFY24: - $ 3,550
  - SFY23: - $3,807
  - SFY22: - $0.00

Program Staffing

- FTE - 0.35
- Other-Contractor, Telligen

Events that Have Shaped the Program

- SGF are only used after a clinical review and determination that the PRTF placement no longer meets medical necessity, a transition period of up to thirty (30) days may be authorized permitting time for the necessary court hearings, multidisciplinary team meetings and court orders to be updated. Upon expiration of an approved transition, no further reimbursement shall be authorization.

Psychiatric Residential Treatment Facilities (PRTF)

Performance

Program Core Purpose

This program manages psychiatric residential treatment facility (PRTF) services and treatment provided to Wyoming Medicaid eligible children under the age of 21 years.

Outcomes

Performance Metric		Desired Trend	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
% of PRTF admits with a previous PRTF admit*	Past 12 months	↓	18% (41/227)	26% (46/178)	25% (40/155)	25% (28/113)	18% (21/118)	22% (37/165)
	Past 5 years	↓	30% (68/227)	39% (70/178)	46% (72/155)	51% (58/113)	29% (34/118)	38% (63/165)
Average length of stay (days)[1]		→	147	133	134	148	155	201
% of discharged recipients with 6+month length of stay (LOS)/# of recipients		↓	26% 38	21% 28	29% 39	20% 31	35% 36	35% 39

[1] Based on individuals discharged during the SFY

Outputs

Performance Metric		SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
# of new PRTF admits reviews vs. # of PRTF continued stay reviews completed		225 1,072	152 906	178 840	138 751	219 640	213 936
# of recipients	Medicaid	289	259	184	155	161	165
	SGF[1]	11	19	2	0	1	1
	Discharged w/6+ month LOS	51	27	35	31	36	39
# of placements*	In-State	186	184	152	131	103	105
	Out-of-State	39	46	34	20	15	60
# of Medicaid covered/paid days		31,288	23,406	23,939	18,961	17,885	23,517
# of reported incidents		192	105	106	148	64	63

[1] After a determination that the PRTF placement no longer meets the medical necessity criteria, a transition period of up to thirty (30) days may be authorized and paid for with the State General Funds.

Efficiencies

Performance Metric		SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
% of PRTF placements	In-State	75%	85%	84%	90%	87%	64%
	Out-of-State	25%	15%	16%	10%	13%	36%
Average cost per client[1]		$35,205	$28,716	$39,313	$39,180	$39,614	$71,988

[1] Costs only include PRTF expenditures, excludes non-PRTF Medicaid costs.

Story Behind the Performance

- A PRTF is a non-hospital facility with a provider agreement with a State Medicaid Agency to provide the inpatient psychiatric services benefit to Medicaid-eligible individuals under the age of 21. The facility must be accredited by the Joint Commission or any other accrediting organization with comparable standards recognized by the State. PRTFs must also meet the requirements in §441.151 through 441.182 of the CFR.
- The Onsite Compliance Review process (OSCR) began in May 2015. The purpose is to verify that the PRTF is in compliance with all applicable state and federal requirements for mental health treatment, and to monitor the quality of treatment being provided to Wyoming Medicaid beneficiaries. All in-state and out-of-state PRTFs where WY clients are placed have been or will be visited by the OSCR team. The OSCR team completes reviews on a three point maximum scale, where a higher score is better.
  - Average OSCR Score: Year 1 (SFY 2016) = 2.89 (8 visits)
  - Average OSCR Score: Year 2 (SFY 2017) = 2.87 (6 visits)
  - Average OSCR Score: Year 3 (SFY 2018) = 2.90 (6 visits)
  - Average OSCR Score: Year 4 (SFY 2019) = 2.89 - Admin, 2.52 - Records (6 visits)
  - Average OSCR Score: Year 5 (SFY 2020) = 2.88 - Admin, 2.74 - Records (5 visits)
  - Average OSCR Score: Year 6 (SFY 2021) = 2.95 - Admin (3 reviews), 2.76 - Records (5 reviews, 2 were re-audits of records only)
  - Average OSCR Score: Year 7 (SFY 2022) = 2.93 - Admin (2 reviews), 2.78 - Records
  - Average OSCR Score: Year 8 (SFY 2023) = No reviews completed
  - Average OSCR Score: Year 9 (SFY 2024) = 3.14 - Admin (2 reviews), 2.73 - Records

WDH Customer Service Center

Snapshot

Program Description

The Wyoming Department of Health's Customer Service Center (CSC) is operated by Automated Health Systems (AHS). The CSC serves as the central application submission and processing point for Wyoming Medicaid and Kid Care Chip applications. Applications are submitted by mail, fax, over the phone, via the Client Web Portal, or from the Healthcare.gov marketplace. The CSC determines eligibility for Modified Adjusted Gross Income (MAGI) groups, Medicare Savings Programs (MSP), employed Individuals with Disabilities (EID) Breast and Cervical Cancer (BCC), the Behavioral Health Program, and Tuberculosis.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$4,1182,250	$6,427,113	$7,945,821
People Served	75,331	77,473	94,816
Cost Per Person	$55.52	$82.96	$83.80

Program Cost Notes

- AHS Contract Original Contract - $16,368,359
- AHS Contract A1 – Call Center Unification – no funds
- AHS Contract A-2 – Confidential Agreement - added $5,381,650 for a total of $21,750,000
- AHS Contract A-3 – Behavioral Health Applications – added $1,479,712 for a total of $23,229,712
- AHS Contract A-4 – added $15,491,706 for two option year extension for a total of $38,721,418
- Service Level Agreements - $1,290,000 collected in Liquidated Damages for 7/2023 to 6/2024

Program Staffing

- 2 FTE
- Contractor AHS – 105 Total

Events that Have Shaped the Program

- AHS was awarded the CSC RFP after the procurement competitive bid process in December 2019. AHS took over operations and management of the CSC on October 1, 2020.
- AHS provided the Unified Customer Call Center and Interactive Voice Response (IVR) system when the new Benefits Management System (BMS) vendor implemented the claims system in October 2021. The Unified Customer Call Center consolidated both the BMS and CSC call centers under one centralized number with an average of 25,200 IVR calls routed per year.

(continued)

WDH Customer Service Center

Snapshot

Events that Have Shaped the Program (cont.)

- In May 2022, WDH entered into a Confidential Agreement and Contract Amendment 2 with AHS to increase the total amount of the contract by $5,381,650 to match the budget amount of the original RFP and to settle Service Level Agreement (SLA) disputes between the parties.
- Contract Amendment 3 added additional funds for the projected increase in an estimated 20,000 Medicaid applications that could be submitted under the Behavioral Health program inception in January 2024.
- WDH exercised the first two year option extension under Contract Amendment 4 with an expiration date of September 30, 2026. Amendment 4 includes monthly O&M costs and a monthly Behavioral Health application processing support cost.

WDH Customer Service Center

Performance

Program Core Purpose

The Wyoming Department of Health's Customer Service Center is responsible for answering phone calls from current, past, and new Medicaid clients. The CSC staff is responsible for providing client support and responding to all client concerns and issues in a positive manner. The CSC processes Medicaid and Kidcare CHIP applications and is responsible entering accurate information for phone applications, client changes, and other information into the Wyoming Eligibility System (WES).

Outcomes

Performance Metric	Desired Trend	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Average Speed to Answer (minutes)	↑	11.18	7.33	32.49	22.55	1.92	4.03
Client Satisfaction Survey Results (1 to 5, with 5 Being the Most Satisfactory)	↑	4.16	3.99	4.05	4.10	4.39	4.06
Average Processing Time for Applications (days)[1]	↓	7.58	6.07	7.30	11.57	14.25	13.35
Quality Eligibility Error Rate > 3.00[4]	↑	5.46	7.08	30.21	39.67	37.76	53.29
First Call Resolution < 60 seconds	→	92.58	96.36	98.42	100	100	100

[1] The Federal application processing deadline is 45 days.

Outputs

Performance Metric	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024[3]
New Applications	18,858	15,245	17,520	25,044	15,926	35,233
Renewals (ongoing cases)[1]	38,875	40,947	32,922	32,389	9,601	25,887
Total (Applications & Renewals)	54,733	56,192	50,442	57,433	25,527	61,120
Total Call Volume[2]	145,939	142,612	140,465	133,415	119,204	147,427

[1] Medicaid renewals resumed for Wyoming Medicaid on 4/1/2023.
[2] Total Call Volume includes taking new applications, renewals, checking status of applications and renewals, adding a newborn to a case, verifying eligibility and ordering new Medicaid cards, updating client address, phone numbers, members in the household, checking on the status of a case or application, as well as responding to Behavioral Health Provider inquiries about client application status
[3] Public Health Emergency ended 4/1/2023 and normal operations resumed. This resulted in higher applications, renewals, and call volumes.
[4] CMS threshold is less than 3% for the Eligibility Error Rate

WDH Customer Service Center

Performance

Efficiencies

Performance Metric	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Average Handle Time (Minutes)	17.92	22.20	24.52	20.28	14.37	17.28
Number of Abandoned Calls	27,467	29,615	21,026	16,533	687	2,001
Abandonment Rate	19.26	11.83	15.76	11.36	0.47	0.89

Story Behind the Performance

- The Wyoming Department of Health Customer Service Center (CSC) has been operated since 10/1/2020 by Automated Health Systems (AHS). AHS was the vendor awarded with the winning bid for RFP 0163-A in December 2019. AHS submitted the lowest cost proposal bid and replaced the incumbent vendor, Maximus.
- Normal business hours of the CSC are 7:00 AM to 6:00 PM (MTN) Monday through Friday (excluding State holidays).
- Applications and renewals are taken via telephone, online, fax, email, walk-ins, and mailed in hard copies. Additional applications are received via the Federal Marketplace, Healthcare.gov.
- The majority of cases managed by the WDH Customer Service Center are MAGI (Modified Adjusted Gross Income) cases. These programs include children (Medicaid and KidCare CHIP), adults with Medicaid eligible children, and pregnant women.
- Eligibility rules for Medicaid and KidCare CHIP (KCC) programs are built into the rules engine of the Wyoming Eligibility System (WES) which is utilized by the CSC.
- The WES and CSC Contract Managers closely monitor both vendors to verify that deliverables are of high quality and all SLAs are met or exceeded; if the SLAs are not met then penalties are assessed.
- The State staff participates in quality assurance reviews, provides specialized Medicaid training for CSC staff, and works proactively to address issues.
- WDH Quality Assurance (QA) staff and contract staff work with AHS QA staff to review eligibility errors, provide instruction, and assist with training and coaching.
- The CSC vendor and the Wyoming Eligibility System (WES) vendor work in collaboration by attending joint Change Control Board (CCB) meetings, creating and sharing training documents, and participating in system Design and Requirement sessions, and User Acceptance Testing (UAT) when system changes or updates affect case processing.
- In October 2021, the CSC added additional call center duties which are related to the new Benefits Management System (BMS). The unification of the client call centers has improved customer self-service options through Interactive Voice Response (IVR) system selections and streamlined customer service interactions.

(continued)

Story Behind the Performance (cont.)

- WDH encourages clients to use the Client Web Portal (https://www.wesystem.wyo.gov) to manage their cases. Clients can use self-service tools to make case changes (e.g. name, address, income, etc.), renew applications, or to complete a new application.
- The CMS expiration of the continuous enrollment condition and unwinding with a return to regular eligibility operations after COVID-19 on March 31, 2023, meant the return to the restarting of full Medicaid and KidCare CHIP eligibility renewals. Wyoming elected to stagger renewals over a full 12 months as allowed by CMS and resumed normal eligibility operations on April 1, 2023.
- Behavioral Health Program applications were added to the WES eligibility processing duties for the CSC in January 2024.

Medicaid Long Term Care Eligibility Unit

Snapshot

Program Description

The Medicaid Long Term Care Eligibility Unit determines financial eligibility for the Community Choices Waiver, Comprehensive Waiver, Support Waiver, Children's Mental Health Waiver, Nursing Home, Inpatient Hospital and Hospice. Applications and renewals are taken via telephone, online, fax, email, walk-ings, and mailed hard copies.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$1,889,188	$2,091,987	$2,521,759
People Served	7,279	7,134	7,107
Cost Per Person[1]	$21.63	$24.44	$29.57

[1] Cost per person is derived by dividing the Total Program Cost by the People Served (number of cases for SFY 2024) and then dividing that number by 12 so that a cost per person per month is determined.

Program Cost Notes

- 75% Federal match on the cost of employees performing eligibility work.

Program Staffing

- 17 FTE (SFY22)
- 17 FTE (SFY23)
- 17 FTE (SFY24)

Events that Have Shaped the Program

- The unit is co-located with other WDH entities allowing for face-to-face coordination on cases.
- In March 2020, the Federal Public Health Emergency (FPHE) changed the policy for closing individuals who are not completing renewals or who no longer qualify at renewal. Our Federal partners mandated that we continue eligibility in order to receive a 6.2% Federal Matching increase.
- The Consolidated Appropriations Act of 2023, uncoupled continuous enrollment in Medicaid and CHIP from the Federal Public Health Emergency.
- The Federal Public Health Emergency officially ended on May 11, 2023.
- The LTC Unit began closing cases effective May 1st, for reasons such as no longer financially eligible and no longer receiving waiver or nursing home services.
- In April 2024, CMS finalized the rule of Streamlining the Medicaid, Children's Health Insurance Program Application, Eligibility Determination, Enrollment, and Renewal Processes. There are different effective dates for different aspects of the rule. This is the second part of a two-part final rule that simplifies the eligibility and enrollment processes for Medicaid.

Medicaid Long Term Care Eligibility Unit

Performance

Program Core Purpose

The Medicaid Long Term Care Eligibility Unit conducts eligibility functions for the Medicaid Long Term Care programs timely and accurately while providing excellent customer service.

Outcomes

Performance Metric	Desired Trend	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Average Processing time for new application approvals (days)[1]	➡	13.55	13.45	13.71	10.80	14.95	14.45
Average processing time for new application denials (days)[1]	➡	14.62	17.35	16.47	15.51	17.66	14.93
Average processing time for renewal approvals (days)[2]	➡	4.44	2.47	1.72	2.07	1.29	2.88
Average processing time for renewal denials (days)[2.]	➡	2.92	6.77	5.18	1.64	0.88	4.95

[1] The Federal application processing guideline is 45 days.
[2] The renewal process was suspended from September 2021-February 2023. This was done because during the Federal Public Health Emergency (FPHE), clients are not required to complete renewals, and they should remain eligible even if they no longer meet program rules.

Medicaid Long Term Care Eligibility Unit

Performance

Outputs

Performance Metric	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Average # of new applications processed monthly	161	160	166	151	200	261
% of new applications denied monthly	10%	13%	5%	6%	8%	3%
Average # of renewals processed monthly[1]	359	372	343	77	116[2]	243
% of cases closed at renewal monthly	25%	11%	2%	1%[3]	1%	6%[4]

Efficiencies

Performance Metric	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Average number of active cases per month	6,817	6,926	7,192	7,279	7,134	7,107
Average number of active cases per worker per month	568	577	599	607	595	592

[1] Average # of renewals exclude SSI cases as SSI does not require renewals.
[2] Due to FPHE, Medicaid closures were only allowed for a small set of circumstances. As of May 2023, WDH began closing cases at renewal for a larger set of circumstances. From September 2021 - February 2023, WDH was not mailing out renewal forms as we were required to continue Medicaid regardless of whether or not a renewal form was completed. Continuous eligibility was decoupled from the FPHE as of March 31, 2023.
[3] The statistic was mistakenly reported as 16% on the SFY22 Program Performances. The actual percentage of cases closed at renewal monthly was 1%.
[4] Increase in renewal closures due to having to re-introduce the renewal process and re-educate clients on resource limits due to renewals not being required for 3 years.

Story Behind the Performance

- The supervisors and the manager receive a weekly report of cases that were finalized the prior week to conduct reviews for accuracy. New workers have every case reviewed, and experienced workers have approximately 20% of decisions randomly reviewed weekly. Supervisors and the manager also pull caseload reports from WES to ensure staff meets application and renewal processing timeframes. The Eligibility Review Unit also reviews cases for accuracy and our Eligibility Lead worker helps the Benefit Specialists make case corrections and offers additional training when needed. The supervisors and the manager also address issues with staff and provide individual and group training as needed on any issues discovered during reviews.

- The supervisors and manager track the number of cases in the unit as well as the number of cases assigned to each worker to ensure that cases are evenly distributed across the unit.

- New staff is provided with extensive training before they are given a caseload. They are provided one-on-one training on policy and procedures, how to interview applicants and clients, how to document cases, customer service, technology systems (WES, EMWS, RIS, BMS, AVS), and Administrative Hearings. The majority of the new staff training is conducted by the Eligibility Lead Worker.

- Ongoing training for all staff occurs during the Long Term Care Weekly Meeting. Training is conducted for new policy and procedures, ongoing policy and procedure questions or clarifications, and areas identified through QA processes that need to be addressed.

- We also have two Policy Analyst positions in our unit. These two staff help the Benefit Specialists with answering questions and providing assistance on more complex cases where there may be trusts, life estates, annuities and other complex resources that must be analyzed. They are also involved in cases that have escalated to an administrative hearing or have legal ramifications for the agency. When lawyers are involved, they meet with our Attorney General representative for advice and review of cases and correspondence before responding to the clients or their lawyers.

- The Long Term Care Eligibility Unit has a toll-free number for clients, providers, and others to contact us. Individuals will get a staff member to speak to without a wait time unless there is an all-staff meeting or it is outside of normal office hours. Calls are returned the next business day if a message is left.

- The Consolidated Appropriations Act of 2023, uncoupled continuous enrollment in Medicaid and CHIP from the Public Health Emergency. As of April 1, 2023, we began manually closing cases that were no longer Medicaid eligible.

(continued)

Story Behind the Performance (cont.)

- We were unable to close a large number of cases initially as Centers for Medicare and Medicaid Services (CMS) asked that we hold the majority of our closures until we had an automated ex parte renewal process (renewals processed without client involvement) in place. In June of 2023, this system functionality was implemented into the Wyoming Eligibility System, which led to a large number of closures in August.
- CMS required states to either halt renewals or process renewals manually when the federal agency realized that the majority of state eligibility systems were built to review whole household eligibility instead of reviewing each household member individually. If one person in the household is determined ineligible, this causes all members to fail. This led to the Long Term Care Unit as well as the Customer Service Center processing all ex partes manually. This requires a worker to request interface information or to manually look up information on a person-by-person basis until the system can be reprogrammed. The expected completion date for individual ex parte functionality is February 2024.
- CMS required states to implement a system that would help the ex parte process to verify resources at the time of renewal that was automated. The State worked with Accuity and built an interface within our eligibility system (WES) to meet this requirement. We started to use the function through WES in April 2024.
- We are currently experiencing an increase in denials on renewals. This is due to requiring renewals if the client was not able to be renewed automatically through the ex parte process. Clients have not been required to submit a renewal for 3 years so many of them are unfamiliar with the process. This has caused delays in approving renewals and with the increase of denials.

Medicaid Third Party Liability (TPL)

Snapshot

Program Description

Third party liability (TPL) staff in the Client Services Unit ensure that Medicaid is the payor of last resort. TPL staff identify when another individual, entity, insurer, or program has the responsibility to pay part or all of a claim prior to Medicaid payment.

Program Expenditures and Total TPL Dollars Recovered

	2022	2023	2024
Total Program Cost[1]	$1,080,160	$876,739	$1,000,873[1]
Total TPL Dollars Recovered[2]	$9,120,152	$5,598,533[3]	$6,914,588[4]

[1]Beginning in May 2021, the Attorney General's Office experienced turnover/attrition in staff, including their paralegal and their attorneys. The paralegal changed twice and the attorneys changed twice. Since February 2023, the paralegal position has been fully staffed. Since July and August 2023, the attorney positions have been fully staffed. In order to the bridge the gap with the loss of institutional knowledge, the Division of Healthcare Financing's Legal Analyst and the TPL & estate Recovery Specialist have been meeting with the Attorney General's Office to discuss and attempt to resolve opened and referred TPL and estate cases. The Attorney General's Office has been reviewing all opened cases by year to determine next steps as well as creating a desk manual.
[2]Includes estate recovery and TPL recovery.
[3]The dollars recovered may have been impacted by COVID-19, the transition to a new vendor with a subcontractor, and a couple of large recoveries from special needs trusts.
[4]The dollars recovered may have been impacted by COVID-19, the continued transition to a new vendor with subcontractor, and turnover/attrition at the Attorney General's Office, the vendor, and their subcontractor.

Program Cost Notes

- The Attorney General's Office performs legal services for TPL and estate recovery.
- TPL systems and services are contracted to the BMS Fiscal Agent, Acentra Health, and their subcontractor, HMS (Health Management Systems), a Gainwell Technologies Company. In this joint venture and collaboration, both entities conduct cost avoidance, pay and chase recoveries, disallowance for Commercial Insurance, Medicare, and Workers' Compensation, pursue small personal injury recoveries, including medical payments coverage, tort recovery from criminal restitution and products liability, and conduct preliminary research for estate recovery.
- Recoveries made by TPL are reported on the CMS-64 report. Using the current federal medical assistance percentage (FMAP) rate of 50%, federal funds are returned to CMS for TPL recoveries. However, during reviews of the CMS-64 Report, the Centers for Medicare and Medicaid Services (CMS) requires that the TPL recoveries be returned at the FMAP rate used when the claim was originally paid.

Program Staffing

- 1 FTE
- 2 Part-time attorneys and 1 part-time paralegal at the Attorney General's Office
- HMS/Gainwell Technologies Staff

Medicaid Third Party Liability (TPL)

Snapshot

Events that Have Shaped the Program

- The Social Security Act and the United States Code mandate third party liability and estate recoveries.
- The Wyoming Statutes §§ 42-4-201 through -207 - Medicaid Benefit Recovery.
- The Wyoming Medicaid Rules, Chapter 35 - Medicaid Benefit Recovery.
- The Consolidated Appropriations Act of 2022 - Set a time limit when post payment direct billed claims need to be processed by commercial payers and commercial payers cannot deny post payment claims for failing to obtain prior authorization.

Medicaid Third Party Liability (TPL)

Program Core Purpose

To reduce Medicaid costs by pursuing payment from other obligated/responsible parties for medical assistance costs.

Outcomes

Performance Metric		Desired Trend	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023[5]	SFY 2024[5]
Total TPL	Excluding Cost Avoidance[1]	↑	$6,038,575	$6,318,210	$5,384,999	$9,120,152	$5,598,533	$7,236,483
	Including Cost Avoidance[2]	↑	$16,024,407	$16,477,194	$15,973,661	$36,648,389	$33,330,011	$37,628,691
% of Medicaid Claim Expenditures Offset by Total TPL	Excluding Cost Avoidance[3]	↑	1.09%	1.17%	0.80%	1.57%	0.97%	1.13%
	Including Cost Avoidance[3]	↑	2.89%	3.04%	2.36%	6.31%	5.37%	5.86%
Estimated Return on Investment	Excluding Cost Avoidance[4]	↑	$7 to $1	$6 to $1	$5 to $1	$9 to $1	$7 to $1	$7 to $1
	Including Cost Avoidance[4]	↑	$17 to $1	$17 to $1	$14 to $1	$35 to $1	$39 to $1	$38 to $1

Client Services - TPL has reviewed and continues to review how cost avoidance dollars are calculated. Cost avoidance may not be fully realized, as providers are instructed that they do not have to bill Medicaid if the third party paid more than the Medicaid allowed amount. The dollars may be inflated. For example, if a provider submits the same claim multiple times, and it denies each time for TPL/other insurance.

[1] These figures include estate recovery and third party recoveries by deposit day.

[2] SFY24 figures are through 06/30/2024 for recoveries (deposit date) and for cost avoidance (paid date).

[3] For SFY19, 20, 21, 22, 23, and 24 per BPO for Medicaid claims expenditures.

[4] The dollars collected and cost avoided may have been impacted by COVID-19, transition to a new vendor with a subcontractor, and a limited staff at the AG's Office.

[5] These figures include estate recovery, third party liability recoveries, and cost avoidance by deposit date for recoveries and by paid date for cost avoidance.

Medicaid Third Party Liability (TPL)

Performance

Outputs

Performance Metric		SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Total	Estate Recovery[2]	$3,853,730	$5,295,695	$4,434,249	$8,226,838	$5,076,811	$5,329,222
	Third Party Liability - Pay and chase and disallowance[2]	$2,184,827	$1,022,555	$950,749	$893,314	$521,722	$1,907,261
	Cost avoidance[1]	$9,985,850	$10,158,985	$10,588,662	$27,828,237	$27,731.478	$30,392,208
# of Estate Recovery Cases	Opened[3]	1428	1302	1526	2138	2248	2103
	Closed	1359	1442	1513	497	3947	2148
Average # of Days From Case Opened Date to Case Closed Date - Estate[4]		212	347	538	-	2488	2581
# of TPL Recovery Cases	Opened[3]	527	449	342	90	252	268
	Closed	419	652	499	58	186	518
Average # of Days from Case Opened Date to Case Closed Date - TPL[4]		503	948	874	-	859	710

(-) Indicates data not yet available.

[1] The cost avoidance figure may be inflated as cost avoidance is currently calculated based on the billed charges from providers rather than the final amount Medicaid would have paid through 10/06/2021. Beginning 10/25/2021, for denied claims cost avoidance is calculated based on the billed charges from the providers; however paid claims are based on the Medicaid allowed amount for the services. The numbers do not include pharmacy cost avoidance.

[2] Recoveries are through 06/30/2024 by deposit date. The numbers do not include pharmacy pay and chase recoveries.

[3] Opened cases are cases that are not fully settled or resolved, such as a case that is referred to the AG's Office for assistance, a case that is pending settlement from a liable third party, a case pending distribution of the estate, a special needs trust, a pooled trust, or an income trust.

[4] Closed cases are cases that may be opened and closed within the same year, closed during a year, but have been opened for several years. Examples of closure reasons are: maximum recovered from the estate, no liable third party, no payment or resource identified, no related claims in 1 year, not cost effective to pursue, received payment in full, and received all available payment.

[5] The average number of days is for the number of days a case is opened to the number of cases closed during SFY24. This is for cases closed during the SFY.

Medicaid Third Party Liability (TPL)

Efficiencies

Performance Metric	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
% of recovered estate recovery cases to open cases	14.22%	20.35%	16.78%	-	12.60%	6.61%
% of recovered TPL cases to opened cases - Pay and chase	56.16%	65.26%	72.22%	-	61.51%	73.88%
% of Medicaid clients with other health insurance coverage identified (related to TPL recoveries and cost avoidance potential), excludes Medicare	4.61%	3.85%	4.05%	4.04%	5.92%	10.24%

(-) Indicates data not yet available.

Story Behind the Performance

- Estate recovery - Wyoming Medicaid has an aggressive estate recovery program. Wyoming has elected to use the expanded definition of estate that extends collections beyond probate actions. Wyoming is a lien state and has the ability to impose a lien on real property. Wyoming is able to recover from any real and personal property that the client had legal title or interest in at the time of death or when s/he too their last breath to the extent of that interest, including such assets conveyed to a survivor heir, or assign of the deceased individual through joint tenancy, tenancy in common, survivorship, life estate living trust or other arrangement.

- Third party payer is a person entity, insurer, or government program that may be liable to pay, or that pays pursuant to the client's right of recovery arising from an illness, injury, or disability for which funds were paid or are obligated to be paid on behalf of the client. Third party payers may be Medicare, health insurance companies, workers' compensation, casualty insurance companies, a spouse or parent court ordered to carry health insurance, or a client's estate.

- Cost avoidance recognizes the existence of other insurer's responsibility and requires the insurer to pay prior to Medicaid payment.

Program Integrity

Snapshot

Program Description

Program Integrity is dedicated to identifying, and coordinating the mitigation of provider and member: fraud, waste, and abuse in the Medicaid Program. The duties of Program Integrity include detection; prevention; investigation; education; auditing; recovery of improper payments, and coordination with program integrity and law enforcement partners (e.g. Unified Program Integrity Contractor, Federal Bureau of Investigations, Assistant United States Attorneys, Medicaid Fraud Control Unit, Office of Inspector General).

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost[1]	$968,695[2]	$1,062,142[2]	$1,142,155
Medicaid Providers	24,693	28,575	24,871
Medicaid Members	86,638	94,953	100,664

[1] 100 Series only Salary / Benefits
[2] Three (3) FTEs moved from the Eligibility Section to the Program Integrity Section in April 2022 (Eligibility Review Unit), additional FTE 100 Series cost added to SFY22.

Program Cost Notes

- FTE Cost Program Administration
  - 50% SGF / 50% FFP
- FTE Cost w/ Activity Transfers
  - FWA System Design, Development, and Implementation
    - 10% SGF / 90% FFP
  - FWA System O&M
    - 25% SGF / 75% FFP

Program Staffing

- 10 FTE
- 1 AWEC

Events that Have Shaped the Program

- Fraud, Waste, and Abuse (FWA2 - Alivia Analytics) Contract procurement (11/2023), project kick-off (02/2024), design / development / implementation (02/2024 - 01/2025), production deployment (02/2025)
- Transition of investigation activities of Medicaid client FWA from DFS - EIU to WDH - PI Section (10/2022)
- Transition of the Eligibility Review Unit (3 FTE) and associated duties: Payment Error Rate Measurement (PERM), Medicaid Eligibility Quality Control (MEQC), and Medicaid Member Eligibility Quality Assurance Reviews into the Program Integrity Section (04/2022)
- Fraud, Waste, and Abuse (FWA1 - Deloitte T.B.A.) Contract procurement (05/2018), design and development (06/2018-04/2019), production deployment (05/2019), and system acceptance (02/2020) of the program integrity dedicated Fraud, Waste, and Abuse solution
- Reorganization and redesign of the Program Integrity Section's essential functions (10/2018)
- The Deficit Reduction Act of 2005 established the Medicaid Integrity Program

Program Integrity

Program Core Purpose

To safeguard the integrity of the Medicaid program by detecting and preventing fraud, waste, and abuse through coordination with State and Federal partners, and the performance of audits, reviews, and investigations of Medicaid members and service providers.

Outcomes

Performance Metric		Desired Trend	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Case Source Distribution	Proactive [1]	↑	270	NA[2]	173	139	240	216
	Reactive [1]	→	49	NA[2]	23	47	58	52
% Cases closed w/in 365 calendar days of opening		↑	46%	46%	47%	42%	62%	75%
Return on investment [3]		↑	2.47	10.42	1.42	1.10	0.78	1.26

[1] Reactive = Cases created from external sources (i.e. Fraud Hotline Complaints). Proactive = Cases created from internal sources (i.e. data mining, analytics, coordination with internal Medicaid programs).
[2] These values are "N/A" due to a data quality issue.
[3] Return On Investment = ("$ Identified As At Risk" / "SFY 100 Series Expenditures"). NOTE: Return On Investment and $ Identified As At Risk are not static values, they can change over time as cases progress through PI processes.

Outputs

Performance Metric		SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Cases by Case Type (#)	Provider	270	313	163	150	230	197
	Member	39	3	27	34	65 [1]	68
	Global Settlements	9	7	6	2	3	3
Case Dispositions (%) [2] (# Disposition / Total Member/Provider Cases)	Cases w/ No Findings	85.4% (264/309)	32.2% (102/316)	77.3% (147/190)	75.0% (138/184)	62.3% (184/295)	65.6% (174/265)
	Cases w/ Adverse Action	13.5% (42/309)	58.2% (184/316)	28.9% (55/190)	14.6% (27/184)	19.3% (57/295)	10.9% (29/265)
	Cases w/ Reversed Actions	0% (0/309)	14.8% (47/316)	3.1% (6/190)	1% (2/184)	4.7% (14/295)	0.3% (1/265)
	Cases w/ Program Recommendation	.9% (3/309)	6.3% (20/316)	1.5% (3/190)	2.7% (5/184)	5.7% (17/295)	3.3% (9/265)

Outputs (cont.)

Performance Metric		SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Audits / Investigations Coordinated with Unified Program Integrity Contractor (UPIC) (#)	Cases Opened	3	4	11	21	9	17
	Cases Moved to Audit / Investigation	3	3	2	8	5	11
	Final Findings Reports Submitted	0	1	0	1	0	3
Case Financial Details ($)	Identified At Risk [3]	$1,758,571	$6,618,360	$1,085,228	$1,071,296	$835,356	$1,447,749
	Payments Processed [4]	$551,660	$363,582	$725,522	$1,685,587	$1,043,936	$910,858

[1] Memorandum of Understanding with Dept. of Family Services - Eligibility Integrity Unit guiding investigation activities into Member Fraud, terminated in October 2022.
[2] Values representing case disposition percentages may not equate to 100% as cases may fall into multiple disposition categories throughout their lifecycle (i.e. Cases with Adverse Actions may also be reported as Cases with Reversed Actions).
[3] "Identified As At Risk" represents all Medicaid funding that has been identified through Program Integrity activities as recoverable through administrative actions, funding that was ordered payable to Wyoming Medicaid as part of a Civil False Claims Settlement Agreement, or criminal prosecution resulting in court ordered restitution, fine, or penalty.
[4] Payments Processed represents the total payments received from outstanding debts (identified by PI / FWA partners) with balances payable to Wyoming.

Efficiencies

Performance Metric	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Average Calendar Days: Case Open to Case Closure	1,316 [1]	1,069 [1]	881	580	202	118
% Cases Moved Beyond Preliminary Case Study	100%	100%	100%	100%	95%	86%

[1] The PI Section went "live" with its FWA1 system in May 2019, data quality issues are present due to historical case migration.

Story Behind the Performance

- SFY24 - August 2023, procurement activities are finalized and an "intent to award" Program Integrity's second iteration of an FWA application (FWA2) is published. Contract negotiations commence, and in January 2024, HCF / Program Integrity is successful in executing the contract. February 2024, marked the FWA2 project milestone of "kick-off". Amidst the various activities relating to FWA2 contracting and project work, the PI Section has also had focus areas in: coordinating Wyoming's participation in the federally required Payment Error Rate Measurement review (Review Year 2025 kick off, April 2023), continuous improvement efforts in evaluating and redesigning the Section's internal processes and procedures, managing employee turnover in the Eligibility Review Unit Manager role (March 2024), the loss of a tenured staff member to retirement (January 2024), ongoing collaborations with our FWA partners at the Wyoming Medicaid Fraud Control Unit, and ongoing collaborations with Wyoming's Unified Program Integrity Contractor. The Program Integrity Section also spent significant time and resources (State Plan Audits, Investigation, and Data Management Unit) in continuously improving its coordination with the Health Management and Utilization Management team. These efforts resulted in a refinement of the definition of compliance concerns that need to rise to the level of PI involvement, and enhanced Medicaid Program awareness in managing provider compliance issues programmatically rather than punitively.

- SFY23 - Metrics are a snapshot into Program Integrity's role as an investigative entity within the Medicaid program, but PI's initiatives and FWA mitigation activities extend beyond cases and investigations. In addition to reviews, audits, and investigations of Medicaid providers/members, the PI Section is also responsible for managing: Payment Error Rate Measurement (PERM), Medicaid Eligibility Quality Control (MEQC), Quality Assurance reviews of Medicaid member eligibility determinations, coordination and execution of the Deficit Reduction Act (2005) Attestation process, and Medicaid's component of the Statewide Single Audit. In November 2022, the PI Section formally kicked-off activities towards re-procurement of its Fraud, Waste, and Abuse platform (FWA2). The current (FWA1) contract was executed in May 2018 and is set to expire in April 2024. The future FWA2 contract will be in effect for up to 10 years (7 base years + 3 Option years). As of August 2023, the procurement activities have been finalized and an "intent to award" has been issued. With the future in mind, Design, Development, and Implementation of this software will enable further automation and increased efficiency of Program Integrity business processes. The public health emergency has made it challenging for member fraud investigations as there was a continuous eligibility requirement. Many of the referrals received for allegations of member fraud have resulted in no findings due to this requirement. The reduction in referrals to the UPIC is a result of managing their workload to drive efficiency. Cases reviewed/investigated by the UPIC have a propensity to extend for lengthy periods of time, and the referrals made in SFY21 are beginning to near their end in 2023.

Public Health Division

The following section contains HealthStat reports from the Public Health Division, organized by program as follows:

1. Community Health Section
    a. Children and Youth with Special Health Care Needs Program
    b. Chronic Disease Prevention Program
    c. Immunization Unit
    d. Injury and Violence Prevention Program
    e. Public Health Nursing (PHN) Program
    f. Public Health Nursing (PHN) Home Visitation Program
    g. Substance Use Prevention Program
    h. Tobacco Prevention and Control Program
    i. Women and Infant Health Program
    j. Women, Infants, and Children (WIC) Program
    k. Wyoming Cancer Program
    l. Youth and Young Adult Health Program
2. Health Readiness and Response Section
    a. Community Services Program
    b. Healthcare Preparedness Program (HPP)
    c. Healthcare Workforce Recruitment, Retention, and Development Program
    d. Medicare Rural Hospital Flexibility Program
    e. Emergency Medical Services
    f. Public Health Preparedness and Response (PHPR)
    g. Trauma Program
3. Public Health Sciences Section
    a. Communicable Disease Prevention
    b. Communicable Disease Treatment
    c. Infectious Disease Epidemiology
    d. Public Health Laboratory

Children and Youth with Special Health Care Needs Program

Program Description

The Children and Youth with Special Health Care Needs (CYSHCN) Program provides leadership and support for the design, implementation, and evaluation of state and local policies and programs to address the health, safety, and development of all children, ages 0-21 years, including those with special health care needs. The CYSHCN Program also strives to foster the engagement of parents and other caregivers across the state.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$1,180,641	$1,142,115	$969,895
People Served[1]	161,081	N/A[2]	N/A[2]
Cost Per Person	$7.33	N/A[2]	N/A[2]
Non-600 Series[3]	57%	51%	51%

[1] People served is a population estimate of children, including those with special healthcare needs, ages 0-21, U.S. Census.
[2] Population data is not available yet for 2023 or 2024.
[3] 600 series is defined as direct services. Many CYSHCN funds are directed to 900-series contracts that support client benefits (e.g., Newborn Screening courier services).

Program Cost Notes

- The CYSHCN Program is funded through the Title V Maternal and Child Health Services Block Grant and State General Funds used as Title V match and maintenance of effort.
- The Newborn Screening (NBS) Program is supported through a Trust and Agency account funded through the payment of fees from birthing hospitals as outlined in Wyo. Stat. § 35-4-801 through 802.

Program Staffing

- 4.0 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- In 2020, the Maternal and Child Health Unit integrated the Child Health and CYSHCN programs to better coordinate efforts and improve staff capacity. Current program priorities include: 1) promoting healthy and safe children and 2) improving systems of care for CYSHCN through the promotion of medical homes.
- In 2021, Wyoming and Colorado were jointly awarded a Health Resource and Services Administration grant to implement a long-term follow-up program for newborn screening. The grant ended in June of 2023 and a long-term follow-up program was created that is housed at The Children's Hospital Colorado that serves both Wyoming and Colorado children.
- In 2022, an Emergency Preparedness Plan to mitigate risks and delays in NBS collection, testing, and follow-up was developed.

Program Core Purpose

To ensure all Wyoming children, including children with special health care needs, have access to early developmental services, safe communities to grow, and quality health care with engaged caregivers.

Outcomes

Performance Metric	CY 2024 Target	CY 2025 Target[1]	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024
% of births that occur in Wyoming with first newborn screen completed[2]	**99%**	**99%**	98.8% (5,552/ 5,622)	98% (5,537/ 5,648)	99% (5,368/ 5,336)	99% (5,320/ 5,337)	(-)
% of Medicaid enrolled children (1-9 years) that received at least one recommended EPSDT screen in the past 12 months[3]	**66.6%**	**70.6%**	45.4% (US: 59.6%)	47.3% (US: 62.2%)	43.9% (N/A[4])	44.9% (N/A[4])	(-) (-)
% of children ages 6-11 years who are physically active at least 60 minutes per day[5]	**40.7%**	**46.5%**	38.7% (US: 26.2%)	40.3% (US: 26.3%)	29.9% (US: 25.6%)	(-) (-)	(-) (-)
% of parents reporting their child's doctor or health care provider always helped them feel like a partner in their child's care[5]	**80%**	**80%**	71.7% (US: 73.9%)	75.5% (US: 75.0%)	73.4% (US: 73.5%)	(-) (-)	(-) (-)

[1] Targets represent the yearly targets reported to the Health Resources and Services Administration, Maternal and Child Health Bureau.
[2] Data Source: Newborn Screening Database/Vital Statistics Services (VSS).
[3] Data Source: Medicaid 416 Report for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).
[4] US data is not available for 2022 or 2023.
[5] Data Source: National Survey of Children's Health. Data is available as a single data point or combined data (2021/2022). Whenever possible, the combined two-year data is used for a more reliable estimate. The 2022 data reflects the combined 2022/2023 data.
(-) Indicates data not yet available.

Outputs

Performance Metric	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024[1]	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
# of women served in Maternal High Risk Program	24	18	16	18	6	N/A[2]	N/A[2]	N/A[2]	N/A[2]
# of infants served in the Newborn Intensive Care Program	83	60	26	36	12	N/A[2]	N/A[2]	N/A[2]	N/A[2]
# of children served in the Children's Special Health (CSH) Program	277	394	367	371	214	N/A[2]	N/A[2]	N/A[2]	N/A[2]

[1] Data for CY24 represents people served from 1/1/2024 through 8/31/2024.
[2] Data not available on a quarterly basis.

Efficiencies

Performance Metric	CY 2020	CY 2021	CY 2022	CY 2023	**CY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Cost per 1st & 2nd newborn screens[1] (# of screens completed)	$49.31 (10,487)	$53.05 (10,327)	$49.26 (10,059)	$61.92 (9,764)	$78.33 (6,543)[2]	N/A[3]	N/A[3]	N/A[3]	N/A[3]

[1] Cost is calculated by dividing the SFY newborn screening expenditures by the CY number of screens completed.
[2] Data represents screens completed from 1/1/2024 through 8/31/2024. Thus, the cost per screen is higher because it accounts for all costs, but does not account for all screens in CY24.
[3] Data not available on a quarterly basis.

Story Behind the Performance

Outcomes

- The Newborn Screening Program consistently hits their target due in large part to effective partnerships with Wyoming birthing hospital staff, Colorado Department of Public Health and Environment, and our contracted specimen courier.

- The number of Medicaid enrolled children that receive an EPSDT screening has been stagnant. The Maternal and Child Health Unit contributed to and participated in Project Extension for Community Healthcare Outcomes (ECHO) led by the Wyoming Institute for Disabilities around the Bright Futures guidelines. Unfortunately, the MCH Unit found the ECHOs did not reach intended primary care providers. Instead, the ECHOs were largely attended by public health and school nurses.

- The decrease in childhood physical activity from CY21 to CY22 may reflect a true decrease. The 2022/2023 combined data suggests a drop from the 2022 single-year estimate of 34.7%. Across all years reported, except the most recent (CY22), Wyoming performs statistically significantly better than the national value.

Outputs

- Anecdotal data suggests that the initial impact of COVID-19 eased, allowing for more contact with Wyoming families in 2021, thus producing an increase in the number of children served in the CSH program compared to CY20.

Chronic Disease Prevention Program

Program Description

The Chronic Disease Prevention Program (CDPP) promotes the implementation of evidence-based policies, practices, and programming at the state and community level to address the growing burden of chronic disease. The CDPP supports the prevention and management of chronic disease through cross-sector partnerships and collaborative efforts, health systems improvement, and continuous quality improvement.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$1,635,153	$1,767,835	$1,221,420
People Served[1]	578,803	581,381	584,057
Cost Per Person	$2.83	$3.04	$2.09
Non-600 Series[2]	66%	55%	66%

[1] People served represents the population of Wyoming, U.S. Census Bureau.
[2] 600 series is defined as direct service.

Program Cost Notes

- CDPP is 100% federally funded by two five-year Centers for Disease Control and Prevention (CDC) cooperative agreements.
- The CDC limits the use of grant funds for policy, systems, and environmental strategies and does not provide funding for direct services.
- The reduction in program cost between SFY23 and SFY24 is due to the transition to a new five-year funding cycle; grant funds awarded in SFY24 were less than the previous five-year cooperative agreement award.

Program Staffing

- 2.15 FTE
- 1.0 AWEC
- 0 Other

Events that Have Shaped the Program

- SFY23 was the last grant year of CDC's Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke five year cooperative agreement.
- In SFY24, CDPP was awarded CDC's National Cardiovascular Health Program and CDC's A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes five year cooperative agreements. With this change in funding, the CDPP has added children with obesity as a priority population of focus and has shifted grant activities to focus on connecting people with or at risk for chronic diseases to social support services in their community.
- Statutes governing CDPP responsibilities are Wyo. Stat. §§ 35-25-301 and 35-25-203(g)(iv).

Chronic Disease Prevention Program

Performance

Program Core Purpose

To reduce the impact of chronic disease on Wyoming residents by implementing and sustaining lifestyle change programs while also enhancing health systems interventions through community-clinical linkages, all of which promote better self-management education, self-efficacy, and lifestyle choices for people with chronic conditions to directly improve their quality of life.

Outcomes

Performance Metric	SFY 2024 Target	SFY 2025 Target	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
# of people with diabetes with at least one encounter at an American Diabetes Association-recognized or American Association of Diabetes Educators-accredited diabetes self management education and support (DSMES) program[1]	**1,500**	**1,600**	2,042	1,636	1,414	1,477	1,468
# of participants enrolled in a CDC-recognized diabetes prevention program (DPP)[2]	**780**	**800**	992	406	354	752	741
# of blood pressure cuff kits checked out from a Wyoming library[3]	**500**	**550**	N/A[4]	N/A[4]	N/A[4]	541	426
# of patients with known high blood pressure who have achieved blood pressure control[5]	**9,000**	**9,500**	5,868	6,950	7,860	8,767	N/A[6]

[1] Data Source: CDC DSMES State Data Report, includes all DSMES programs regardless of direct CDPP financial support.
[2] Data Source: CDC DPP State Data Report, includes all DPP participants regardless of direct CDPP financial support.
[3] Data Source: State Library Data Report.
[4] Data not collected, new initiative was implemented in SFY23.
[5] Data Source: Wyoming Chronic Disease Assessment Tool.
[6] Data not collected in SFY24.

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
# of patients in participating healthcare systems implementing new or enhanced team-based approaches or policies (e.g. Chronic Care Management) to address blood pressure and diabetes control[1]	20,436	45,927	27,493	67,939	**26,673**	N/A[2]	N/A[2]	N/A[2]	N/A[2]
% of patients in participating healthcare systems that have policies or systems to encourage self-measured blood pressure monitoring (SMBP) with clinical support for patients with hypertension[1,3]	59%	67%	73%	80%	**49%**	N/A[2]	N/A[2]	N/A[2]	N/A[2]
# of organizations onboarded on to the Community Information Exchange that now have referral capacity to lifestyle change programs[4]	N/A[5]	N/A[5]	N/A[5]	N/A[5]	**6**	N/A[2]	N/A[2]	N/A[2]	N/A[2]

[1] Data Source: Wyoming Chronic Disease Assessment Tool.
[2] Data not available on a quarterly basis.
[3] Metric is calculated by dividing the total patient population of those healthcare systems with the noted policies and systems by the total patient population reported by all participating healthcare systems.
[4] Data Source: Wyoming 2-1-1 CommuniCare Report.
[5] Data not available due to creation of new metric.

Efficiencies

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
# of CDC-recognized DPPs available in Wyoming[1]	12	14	12	9	**8**	N/A[3]	N/A[3]	N/A[3]	N/A[3]
# of accredited DSMES programs available in Wyoming[2]	N/A[4]	10	12	13	**14**	N/A[3]	N/A[3]	N/A[3]	N/A[3]

[1] Data Source: CDC DPP State Data Report.
[2] Data Source: CDC DSMES State Data Report (the first release of this data was in August 2021).
[3] Data not collected on a quarterly basis.
[4] Data not available before SFY21.

Story Behind the Performance

- The CDPP supports state initiatives to implement and evaluate evidence-based strategies that prevent and manage diabetes, cardiovascular disease, and stroke in high-risk populations.
- According to the American Diabetes Association, DSMES is underutilized, with less than 5% of Medicare beneficiaries and 6.8% of privately insured people with diabetes participating within a year of diagnosis. The CDPP is working on making DSMES more widely available by assisting with site accreditation and telehealth utilization by existing sites in the state.
- In SFY22, the CDPP invested in an online DPP platform that was available at no-cost to any Wyoming resident with prediabetes. The online offering significantly boosted the number of people enrolled in a CDC-recognized DPP. The program successfully reached some of Wyoming's most rural residents. In SFY24 the online DPP platform from SFY22 no longer had the capacity for programming in Wyoming.
- In SFY23, the CDPP worked with the Wyoming Center on Aging and the Wyoming State Librarian to provide blood pressure kits for checkout to all 67 public libraries in Wyoming. In total, 252 kits were distributed and all 23 counties have had at least one kit checked out.
- The Wyoming Chronic Disease Assessment Tool (WYCDAT) is the evaluation tool the CDPP has used to collect data for CDC grants since SFY19. This tool is reliant on reporting from Wyoming health systems that have worked with the CDPP or its contracted partners over the year. The data requested by CDC can oftentimes be burdensome for health systems to report. All data reported through the WYCDAT may change year to year depending on how many health systems are reporting. The same health systems may not report every year. In SFY24, nine health systems reported data through the WYCDAT.
- According to the National Institute for Health's National Center for Biotechnology, training in evidence-based protocols and a team-based approach to health care for all chronic conditions results in earlier diagnoses and improved treatment as well as reduced costs due to decreased hospitalizations and need for treatment of complications. In SFY23 and SFY24 CDPP worked with the Wyoming Hospital Association to implement chronic care management (CCM) programs in Wyoming hospitals and clinics. CCM requires care teams to utilize a higher standard of team-based care within their organization while utilizing a sustainable payment model. There were two CCM implementations in SFY23 compared to one implementation in SFY24.
- In SFY24, the CDPP contracted with Wyoming 2-1-1 to support the implementation of CommuniCare, otherwise known as a community information exchange (CIE), that will allow for closed loop multidirectional referrals. This contract supports Wyoming 2-1-1 with the implementation and expansion of the CIE by one community each year. Cheyenne was the first community the CIE was piloted in and more organizations continue to be added to the platform.
- The CDPP continued to fund value based payments to support the sustainability of DPP and SMBP across the state. In addition, the CDPP has released two request for applications to start two DPPs and two SMBPs in SFY24. These programs support team-based care and early intervention for chronic diseases. Each year-long program should contribute to the successes and efficiencies of the program.

Immunization Unit

Snapshot

Program Description

The Immunization Unit promotes childhood and adult immunizations by providing education to healthcare providers and the public, reporting immunization coverage rates, and overseeing mandatory immunizations for children attending schools and childcare facilities. The Unit manages the federal Vaccines for Children (VFC) Program, and the state Wyoming Vaccinates Important People (WyVIP) Program, as well as the adult vaccine programs. The Immunization Unit also manages the Wyoming Immunization Registry (WyIR).

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost[1]	$3,285,299	$2,316,035	$4,184,712
People Served[2]	316,405	412,837	395,302
Cost Per Person	$9.63	$5.61	$10.59
Non-600 Series[3]	45%	90%	43%
COVID-19 Response Cost	$2,793,530	$7,037,193	$5,308,734

[1] Traditional, non-COVID-19-related program costs. These are considered typical costs. The cost per person served is calculated based on this total.
[2] People served represents patients who received a vaccine administration reported to the WyIR by providers.
[3] 600 series is defined as direct service (vaccine purchases).

Program Cost Notes

- Operational funding for the Public Vaccine Program in SFY24 consisted of 37% federal funds and 63% state funds. State funding percentage increased due to vaccine purchases. COVID-19 vaccination efforts are funded with 100% federal funds.
- Funding reductions and changes to the WyVIP Program resulted in fewer vaccine purchases for SFY22/23. Additional budget reductions passed in the supplemental budget for BFY20/21 were biennialized and reduced an additional $879,011 in BFY22/23, resulting in fewer vaccine purchases. Vaccine purchases are made in bulk and in advance to ensure availability when needed by providers. As a result fewer vaccine purchases were needed in SFY23. This resulted in lower program costs and a higher percentage of non-600 series expenditures. Program costs and 600 series expenditures increased due to the advanced purchase of vaccines in SFY24.
- One-time CDC COVID-19 Federal Response Funding of $39,316,971 was awarded during SFY21 through SFY25 for vaccination efforts.

Program Staffing

- 8.0 FTE
- 2.0 AWEC
- 1.0 CDC Public Health Advisor
- 7.0 AWEC COVID-19 Response Expanded Workforce

Immunization Unit

Events that Have Shaped the Program

- In 2006, Wyo. Stat. § 35-4-139 established a program to provide all recommended vaccines for all children of Wyoming residents who are not eligible for the federal VFC Program.
- In 2011, four vaccines were eliminated from the WyVIP Program due to funding limitations, changing Wyoming's status from a Universal Purchase to a Universal Select Purchase State.
- In 2013, Wyo. Stat. § 33-24-157 required pharmacies to report immunizations to the WyIR significantly increasing the number of adult immunizations recorded in the WyIR.
- In February 2018, reporting of all immunization information became required, and pneumococcal and rotavirus vaccination became mandatory for children attending schools and child caring facilities.
- In January 2021, due to budget reductions, the WyVIP Program was limited to only Public Health Nursing offices, health departments, federally qualified health centers, and rural health centers.
- In December 2022, the WyIR connected to the Veterans Health Administration (VHA) system via an electronic interface connection to allow for reporting of vaccines administered at the Veteran Affairs (VA) locations in Wyoming. This was essential to providing more comprehensive vaccination records in the WyIR for those patients who received vaccinations at VA locations in Wyoming. In August 2023, the interface connection between the WyIR and VHA added query functionality to allow the VA to query the current vaccination status of patients seen at VA locations in Wyoming.
- In August 2022, the Docket Health Application was launched. Docket Health is a consumer access application that allows individuals to access their and their child's or dependent's immunization records on their smartphone.

Immunization Unit

Program Core Purpose

To reduce the risks associated with vaccine-preventable diseases in Wyoming.

Outcomes

Performance Metric	CY2024 Target	CY2025 Target	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024
7-Vaccine Series Coverage Estimate, 19 – 35 mos.[1]	**80%**	**80%**	64%	64%	62%	62%	(-)
School Vaccination Coverage Estimate[2]	**95%**	**95%**	92% (US: 93.9%)	90% (US: 93.1%)	93% (US: 93.2%)	91% (-)	(-) (-)
Influenza Vaccination Coverage Estimate, 6 mos. – 17 yrs.[3]	**50%**	**50%**	59% (US: 63.7%)	46% (US: 58.6%)	38% (US: 57.8%)	48%[4] (US: 57.4%)	37% (US: 55.4%)
HPV 2-doses Coverage Estimate, 13 – 17 yrs.[5]	**50%**	**50%**	37%	36%	36%	35%	(-)

[1] Data Source: WyIR. Consists of: 4 DTaP, 3 Polio, 1 MMR, 3 Haemophilus influenzae type B (Hib), 3 Hep B, 1 Varicella, and 4 Pneumococcal vaccines.
[2] Data Source: Immunization Status Report (ISR). Measured at kindergarten entry for each academic school year and includes 5 DTaP, 4 Polio, 2 MMR, 3 Hep B, and 2 Varicella.
[3] Data Source: National Immunization Survey (NIS) FluVaxView, measured from July 1st - June 30th.
[4] Data updated from previous report to correct typographical error.
[5] Data Source: WyIR.
(-) Indicates data not yet available.

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
# of VFC Providers receiving Immunization Quality Improvement for Providers (IQIP) Site Visits	35	43	39	33	**33**	N/A[1]	N/A[1]	N/A[1]	N/A[1]
# of publicly-supplied vaccine doses shipped to Public Vaccine Program (PVP) Providers[2]	133,288	106,736	71,561	75,856	**74,124**	42,546	33,310	44,400	29,724
# of PVP Providers[3]	121	113	112	113	**109**	112	113	111	109
# of immunization records accessed through Docket[4]	N/A[5]	N/A[5]	N/A[5]	726	**7,501**	N/A	726	4,172	3,329

[1] Data not available on a quarterly basis.
[2] Data Source: CDC Vaccine Order and Tracking System (VTrckS) and the WyIR
[3] Includes providers enrolled in the VFC, WyVIP, and Adult Hepatitis Vaccine programs. This metric does not include Bridge Access Vaccine program enrolled providers.
[4] Number accessed refers to the number of successful application queries that produced an immunization record for a user on the Docket application.
[5] Data not available due to creation of a new metric.

Efficiencies									
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
% of PVP Providers with less than 5% waste[1]	71%	46%	40%	46%	**51%**	N/A[2]	N/A[2]	N/A[2]	N/A[2]
% of WyIR help desk first-call resolutions[3]	N/A[4]	85% (1,810/ 2,125)	85% (2,165/ 2,528	88% (3,096/ 3,500)	**93% (4,492/ 4,805**	N/A[2]	N/A[2]	N/A[2]	N/A[2]
WyIR cost per organization[5]	$1,111 ($420,913/ 379)	$2,156 ($625,467/ 290)	$1,904 ($696,689/ 366)	$4,015 ($1,617,941/ 403)	**$2,320 ($948,936/ 409)**	N/A[2]	N/A[2]	N/A[2]	N/A[2]

[1] Data Source: CDC VTrckS and the WyIR.
[2] Data not available on a quarterly basis.
[3] Calculated by dividing the number of tickets submitted and resolved after one encounter with the WyIR help desk by the total tickets submitted.
[4] Data not available due to creation of a new metric.
[5] Calculated by dividing the costs associated with the WyIR (maintenance, annual technical assistance, and product subscriptions) by the number of organizations listed on the provider contact report in the WyIR.

Story Behind the Performance

- The School Vaccination Coverage Estimate is measured at kindergarten and includes 5 DTaP, 4 Polio, 2 MMR, 3 Hep B, and 2 Varicella. The current administrative rules allow children to complete the required vaccines between ages four and six, meaning they should be fully vaccinated by age seven. The data source is the ISR, which is reported by every school in Wyoming and represents coverage in 100% of the kindergarten census. Previous Healthstat reports used WyIR data for reporting school vaccination coverage.
- The HPV vaccine is not provided by the WyVIP Program and is not mandatory for school entry.
- IQIP is the CDC's quality improvement program for VFC providers. The IQIP process includes an initial site visit, and check-ins at two, six, and 12 months. IQIP components include assessing clinic immunization workflow, clinic-specific immunization coverage data, and selecting core strategies to improve upon. Provider quality improvement site visits have been shown to significantly impact coverage rates, decrease missed opportunities, and implement best practices. CDC requires 25% of eligible VFC providers receive an IQIP site visit each year.
- The number of publicly-supplied vaccine doses shipped consists of routine and seasonal doses shipped to healthcare providers enrolled in a PVP. PVP-enrolled providers noticed a decreased demand for regularly scheduled vaccinations starting in SFY22, which aligned with national trends. In addition, in January 2021, the WyVIP program budget was significantly decreased which restricted program providers eligible to order WyVIP vaccine to only Public Health Nursing offices, Federally Qualified Health Centers, and Rural Health Clinics. PVP-enrolled providers noticed an increase in demand and increased vaccine ordering throughout SFY23 but a slight decrease in vaccines ordered occurred in SFY24.

(continued)

Story Behind the Performance (cont.)

- Vaccine loss is both costly and preventable. Sound vaccine management practices related to ordering, inventory maintenance, and storage and handling are critical to minimizing vaccine loss and waste. Vaccine loss includes expired or spoiled vaccines, wasted vaccine, and lost or unaccounted vaccine. The target vaccine waste for providers enrolled in the Wyoming PVPs is less than 5%. Per CDC's guidance in early 2020, compliance site visits were put on hold due to the pandemic until January 2022, at which time the Immunization Unit began to conduct compliance site visits virtually. 100% of providers were brought up-to-date on compliance site visits in SFY23. Restitution continues to be suspended. In addition, PVP-enrolled providers continue to see a decreased demand for regularly scheduled vaccinations, which aligns with national trends. While this contributed to the significant increase of wasted vaccines in SFY21 and SFY22, the number of wasted vaccine began trending down in SFY23 and continued through SFY24. Education related to vaccine inventory management and vaccine ordering continue to be provided to PVP-enrolled providers in an effort to continue decreasing waste.

- In SFY23, WyIR costs included a pandemic cost parity, increased cost adjustment for maintenance, annual technical assistance and product assistance, modernization costs to align with CDC requirements, WyIR Tier 1 help desk services, and costs for a dedicated service desk ticket priority process. In SFY24, WyIR costs also included modernization costs to align with CDC requirements, WyIR Tier 1 help desk services, and costs for a dedicated service desk ticket priority process.

Injury and Violence Prevention Program

Snapshot

Program Description

The Wyoming Injury and Violence Prevention Program (WIVPP) coordinates state and local efforts to prevent unintentional and intentional injury and violence by promoting public awareness and providing training.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$1,993,189	$1,676,914	$1,472,326
People Served[1]	578,803	581,381	584,057
Cost Per Person	$3.44	$2.88	$2.52
Non-600 Series[2]	51%	32%	39%

[1] People served represents the population of Wyoming, U.S. Census Bureau.
[2] 600 series is defined as direct service.

Program Cost Notes

- The program is funded through the CDC Preventive Health and Health Services Block Grant, the Wyoming Department of Transportation (WYDOT) ThinkFirst for Teen Driver Grant, State General Funds, and Tobacco Settlement Funds.
- In 2022, Senate File 66 provided the program with $200,000 in ARPA funds to be spent specifically on Mental Health First Aid (MHFA) training.

Program Staffing

- 3.0 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- The Wyoming Injury Prevention Program was created in June 2014. In 2017, suicide prevention was added to the program, and it was changed to the Wyoming Injury and Violence Prevention Program.
- As of SFY19, funding for community prevention grant program for substance use, tobacco prevention and control and suicide prevention is distributed to county governments. A majority of suicide prevention funding ($1 million annually) is allocated to the local level through this grant.
- Since 2021, the WIVPP has participated in the Wyoming Governor's Challenge to Prevention Suicide Amongst Veterans, Service Members, and Their Families.
- Since FFY23, WIVPP has received federal funding from WYDOT to provide statewide education on teen motor vehicle safety and helmet safety.
- The WIVPP hosts a bi-annual suicide prevention conference that brings multidisciplinary stakeholders together for two days to discuss data trends and prevention strategies.

Program Core Purpose

To reduce unintentional and intentional injury and violence in Wyoming.

Outcomes

Performance Metric	CY 2024 Target	CY 2025 Target	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024
Crude injury mortality rate (per 100,000)[1,2]	**90**	**90**	100.5 (US: 84.48)	100.6 (US: 92.2)	101.3 (US: 92.3)	94.5 (US: 90.3)	(-)
Older adult (≥65 years) unintentional injury mortality rate (per 100,000)[1]	**125**	**125**	136.8 (US: 112.8)	128.0 (US: 123.6)	148.1 (US: 125.6)	123.4 (US: 127.7)	(-)
# of drivers <20 years involved in injury crashes[3]	**532**	**532**	527	552	559	591	(-)
Crude suicide rate (per 100,000)[1,2]	**25**	**25**	31.1 (US: 14.0)	32.5 (US: 14.5)	26.3 (US: 14.8)	26.7 (US: 14.8)	(-)

[1] Data Source: Wyoming Vital Records and CDC WONDER. Data updated from 2023 report due to new data source. CY23 data for US is provisional.
[2] Crude rates are not age-adjusted; rates do not account for differences in rates by age nor the age structure of the population.
[3] Data Source: Annual Wyoming Report on Traffic Crashes, WYDOT.
(-) Data not yet available.

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
# of Wyoming participants in a fall prevention course[1]	220	961	1,820	(-)[2]	**463**	(-)[2]	(-)[2]	150	313
# of people trained in evidence-based suicide prevention (Gatekeeper)[3]	876	1,156	6,858	753	**1,929**	408	345	967	961
# of people participating in postvention activities[4]	N/A	N/A	N/A	78	**262**	38	38	203	59
# of current or future teen drivers reached by ThinkFirst Program	N/A	N/A	N/A	1,298	**1,219**	1,165	133	509	710

[1] Count includes individuals who participated in some of the course, even if they did not complete the full course.
[2] Program funding was not available for falls prevention in SFY23.
[3] Data Source: Prevention Reporting and Evaluation System (PRES) launched July 1, 2023. Includes individuals trained as reported through the Community Prevention Grant suicide prevention activities and available virtual Question, Persuade, Refer (QPR) training.
[4] Data Source: PRES. Includes number of individuals trained as reported through Community Prevention Grant suicide postvention activities.

Efficiencies									
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Suicide prevention training cost per trainer[1]	N/A[2]	N/A[2]	$1,659 ($114,500/ 69)	$2,679 ($75,000/ 28)	**$2,941 ($150,000/ 51)**	$3,125 ($25,000/ 8)	$2,500 ($50,000/ 20)	$2,631 ($50,000/ 19)	$3,125 ($100,000/ 32)

[1] Count includes only individuals trained by WIVPP sponsored training for trainer courses (ASIST, safeTALK, MHFA, and YMHFA), and only individuals who completed the course.
[2] Data not available due to creation of new metric.

Story Behind the Performance

- Injuries affect every Wyoming resident directly or indirectly. Injuries cause death, disability, disruption of daily routines, loss of productivity, and millions of dollars in work loss and medical costs. Injury is the leading cause of death among Wyoming residents between the ages of 1 and 54 years and the third leading cause of death among Wyoming residents of all ages. Several outcome measures used to track progress for the program, including participant numbers, older adult unintentional injury rates, and suicide rates, are increasing. If the rates can be maintained and further increases slowed or stalled, this would be a success for the program.
- Through a collaborative effort with the Tobacco Prevention and Control and Substance Use Prevention Programs, the WIVPP provides funding to Wyoming counties for suicide prevention activities through the Community Prevention Grant (CPG). Starting July 1, 2023, the county prevention grant program recipients began inputting their data into a new Prevention Reporting and Evaluation System which provides metrics on gatekeeper trainings and postvention support. County programs have autonomy to choose which suicide prevention strategies fit community needs, so these metrics do not always capture the full scope of suicide prevention work.
- In 2022, through the CPG, each county was able to train individuals in suicide prevention gatekeeper training at a local level. Through data collection related to the CPG, the number of trainees substantially increased. This is due to training being pushed out to students district-wide in some counties, as well as focusing on industries and workplaces to improve coverage areas. In 2023, these communities scaled back their gatekeeper training efforts.
- In 2021, the WIVPP received CARES funds for the purpose of MHFA training for trainers (T4T) and to purchase lethal means safe storage devices. The program has been partnering with the Veterans Administration and the Firearm Research Center to connect communities to free locking devices and safe storage education. In 2022, WIVPP received $200,000 for MHFA T4T. These trainings are hosted in partnership with the Wyoming Department of Education's (WDE) Project AWARE. Recruiting trainers for these opportunities has been challenging. Classes are a set cost but due to low interest, non-completion of paperwork, and late attrition, classes are not at full capacity. WIVPP continues to work with WDE to mitigate issues and increase recruitment.
- In 2022, WIVPP received new grant funding from WYDOT to provide education to teen drivers on distracted driving and their potential for injury and death due to motor vehicle crashes through the ThinkFirst program. Participants have shown an increase in knowledge and school districts are continuing to welcome the presentation.
- In 2023 previous funding for Fall Prevention ended. In 2024, WIVPP began implementing ThinkFirst for Falls Prevention (audience to include caregivers, families, and senior center staff) with plans for library pilot programs.

Public Health Nursing Program

Snapshot

Program Description

Public Health Nursing (PHN) is a partnership between the state and county governments for the provision of public health services in 18 counties. In four counties, these services are provided through contracts by county governments. In all counties, public health nurses provide the infrastructure for other public health programs in Wyoming, including public health emergency preparedness, immunizations, communicable disease, adult health (including chronic disease), maternal and child health, and long-term care assessments (LT-101s).

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$8,168,998	$8,225,438	$9,109,460
People Served[1]	141,877	114,485	87,500
Cost Per Person	$57.58	$71.85	$104.11
Non-600 Series[2]	82.9%	79%	80.3%

[1] People served represents the total number of participants receiving direct care services, classes, and outreach provided through PHN.
[2] 600 series is defined as direct service contracts.

Program Cost Notes

- Program funding is provided by state general funds and the county contribution of 35% for salaries and benefits for State PHN employees working in the counties.
- 98% of total program costs are personnel costs; this does not include other expenses paid by counties. It also includes state general funds for Natrona, Sweetwater, Laramie, and Teton counties' contracts.

Program Staffing

- 68.45 FTE (72 total state positions)
- 2.0 AWEC
- Other: 85 county staff

Events that Have Shaped the Program

- State statutes pertaining to Public Health Nursing are Wyo. Stat. §§ 35-1-240; 35-1-305-6; 35-27-101 through 104; and 35-1-243.
- Public health infrastructure and services are provided to Wyoming residents through the Wyoming Department of Health, Public Health Division, State PHN, and locally through county PHN offices and health departments.
- PHN continues to work on assessing and strengthening PHN's infrastructure, policy, and efficiencies to most effectively direct resources to serving the residents of Wyoming.

Public Health Nursing Program

Performance

Program Core Purpose

To promote, protect, and improve health and prevent disease and injury in Wyoming through assurance of access to healthcare, education, health information, and essential services while engaging the public and community partners through outreach, collaboration, and ongoing assessment of communities to build a culture of health.

Outcomes

Performance Metric	SFY 2024 Target	SFY 2025 Target	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
# of adult residents reached through outreach activities	**8,510**	**55,000**	10,274	N/A[1]	N/A[1]	7,736	52,130[2]
# of visits for Children with Special Health (CSH) needs receiving PHN case management services	**990**	**N/A[3]**	533	591	879	976	686
# of communicable disease screens conducted by PHN[4]	**7,136**	**7,270**	5,611	4,577	5,492	6,487	6,609
% of Ryan White-eligible, Wyoming residents living with HIV receiving PHN case management	**100%**	**100%**	90.4% (226/250)	97.1% (202/208)	98.6% (214/217)	98.7% (229/232)	99.6% (233/234)
% of referred clients assessed for long-term care Medicaid waivers through PHN	**95%**	**95%**	89.3% (6,092/ 6,818)	89.4% (4,770/ 5,337)	89.5% (4,757/ 5,316)	88.8% (4,136/ 4,658)	87% (4,166/ 4,791)

[1] Data not collected these years due to focus on COVID-19 response.
[2] Significant increase in SFY24 number is attributable to improved data tracking methodology. Individuals may be counted more than once if served in multiple activities.
[3] The CSH work is ending on October 2025, so no SFY25 target has been set.
[4] Includes screenings for sexually transmitted diseases (N=3,717) and tuberculosis (N=2,896). Target is a 10% increase over previous year.

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
% of chronic disease clinic visits with diabetes focus	14.3% (212/ 1,478)	14.2% (386/ 2,711)	20.7% (600/ 2,897)	23.1% (342/ 1,478)	**18% (443/ 2,464)**	27.4% (178/ 650)	19.8% (164/ 828)	19.8% (231/ 1,167)	16.3% (212/ 1,297)
% of Wyoming adult immunizations administered by a PHN office	23.4% (38,848/ 165,711)	35.7% (199,459/ 558,000)	25.6% (109,591/ 427,400)	21.6% (53,458/ 246,013)	**15% (29,073/ 193,764)**	22.1% (44,037/ 199,180)	20.1% (9,421/ 46,833)	14.9% (22,393/ 150,176)	15.3% (6,680/ 43,588)
Average # of state PHN vacancies (average vacancy rate)	13.5/76 (17.7%)	16.7/76 (22.0%)	19.1/76 (25.1%)	16.4/76 (21.6%)	**14/72[1] (19.4%)**	18.7/76 (24.6%)	14.0/76 (18.4%)	14.8/72 (20.6%)	13.2/72 (18.3%)

[1] The decrease in total number of PHN positions (denominator) in SFY24 was due to the state losing four positions when Teton County switched to an independent county.

Efficiencies									
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
% of PHN hours spent on Maternal Child Health services for Temporary Assistance for Needy Family clients	71.8%	49.8%	52.9%	61.3%	**66.2%**	62.4%	60.3%	66.6%	65.7%
% of PHN immunization hours spent on COVID-19 vaccination efforts	N/A[1]	67.4%	61.2%	38.0%	**19.1%**	42.4%	29.7%	22.4%	15.8%

[1] Data not available due to creation of new metric.

Story Behind the Performance

- State PHN is a partnership between the State and County governments for the provision of public health nursing services in 18 counties. In five counties, these services are provided independently by county governments; four independent counties receive funding for public health nursing services through contracts with PHN. PHNs in the counties are the "boots on the ground," comprised of 65 direct care state nurse positions and 85 direct care county nurse positions.
- Performance of independent counties is included in the overall reporting of PHN outputs and efficiencies.
- In SFY24, PHN received 4,791 Medicaid long-term care assessment referrals. An assessment was completed on 87% of the referrals. The remaining referrals were not assessed due to the following reasons: client discharged from nursing facility, unable to reach client by phone or mail, or client declined the assessment.
- Outreach activities were minimal during SFY21 and SFY22, as staff time was prioritized to focus on the pandemic response and capacity was limited. Tracking resumed in SFY23 and data collection improvements were made in SFY24 contributing to the significant increase in residents reached through outreach activities.

Public Health Nursing Home Visitation Program

Snapshot

Program Description

The Public Health Nursing (PHN) home visiting program, Wyoming Hand in Hand (WHH), is an evidence-based program that serves pregnant individuals from pregnancy until the child's second birthday. PHN also provides a variety of maternal and child health services to Temporary Assistance for Needy Families (TANF).

Program Expenditures and People Served

	2022	2023	2024
TANF Expenditures	$1,192,373	$734,971	$1,064,524
People Served[1]	2,675	3,040	3,419
Cost Per Person	$446	$242	$311
Non-600 Series[2]	11.50%	5.84%	5.84%

[1] People served includes all TANF clients receiving maternal child health services. Previous reports only included home visiting clients in people served; the 2022 and 2023 numbers have been updated from previous reports.
[2] 600 series is defined as direct service.

Program Cost Notes

- WHH uses two funding sources: State General Funds (SGF) and Federal Funds from TANF. Only TANF expenditures are reported in the total program cost in this snapshot. SGF funds are reported on the Women & Infant Health program snapshot.
- TANF funds home visiting, parenting classes, lactation counseling and education and other types of approved assistance.

Program Staffing

- 0 FTE (staff are reported on the PHN snapshot)
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- In accordance with Wyo. Stat. §§ 35-27-101 through -104, the Wyoming Department of Health provides a statewide home visitation program that is available in all 23 counties. These services are provided by specially trained public health nurses located in local PHN offices and health departments.
- WHH began a staggered rollout on March 1, 2021, with full statewide implementation occurring on July 1, 2021. As of July 1, 2021, WHH is the sole home visitation model, replacing both Nurse Family Partnership and Best Beginnings. WHH implements the evidence-based model Maternal Early Childhood Sustained Home Visiting (MECSH). Wyoming was the third state to implement MECSH. WHH applies an ecological framework to achieve the outcome of healthy families.
- TANF funding runs on the federal fiscal year and in 2022 and 2023, the entirety of the grant was expended. Changes to the maternal and child health contract with local PHN offices has ensured that funding is used effectively, resulting in a significant decrease to non-600 series spending.

Public Health Nursing Home Visitation Program

Performance

Program Core Purpose

To improve prenatal and infant health outcomes through the provision of quality perinatal home visiting and other maternal and child health services.

Outcomes

Performance Metric	SFY 2024 Target	SFY 2025 Target	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
% of maternal and child health[1] referrals that are contacted[2] versus total number of maternal and child health referrals received	**75%**	**75%**	69.8% (3,234/ 4,631)	53.1% (1,771/ 3,336)	50% (1,934/ 3,867)	44.5% (2,015/ 4,527)	45.4% (2,059/ 4,534)
% of clients offered WHH that enrolled in the program[3]	**75%**	**75%**	N/A[4]	109% (239/219)	35.1% (591/1,680)	32% (531/1,658)	31.7% (516/1,623)
Average Patient Satisfaction Questionnaire (PSQ) score[5]	**80%**	**80%**	N/A[4]	92.8%	92%	88%	93.5%
Average Patient Enablement Instrument (PEI) score[6]	**80%**	**80%**	N/A[4]	85.7%	91.6%	91.3%	95.7%

[1] Terminology updated due to the inability to filter out WHH-specific referrals versus maternal and child health referrals. Data has been updated from previous report to reflect this and to exclude individuals who opt out of services on the birth certificate form.
[2] A contact is defined as a two-way conversation between a nurse and a potential client where home visiting is explained and offered in person or by phone. Percent contacted is calculated with a denominator of all maternal and child health referrals received.
[3] Data has been updated from previous report to include all WHH enrollment types.
[4] Data not available due to creation of new metric.
[5] PSQ is a brief, confidential survey taken by all WHH enrolled clients that explores their satisfaction with the program/nurse.
[6] PEI measures new mother's confidence in their ability to parent and care for themselves as a result of nurse home visits.

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
% and # of currently employed WHH nurses versus total WHH positions available.[1]	N/A[2]	84.4% (49/58)	89.6% (52/58)	72.8% (43/59)	**93.2% (55/59)**	N/A[3]	N/A[3]	N/A[3]	N/A[3]
% and # of WHH client enrollments that are prenatal	N/A[2]	43% (52/122)	42% (236/562)	33% (173/521)	**28% (141/505)**	32% (87/271)	34% (86/250)	28% (56/197)	28% (85/308)
% and # of WHH client enrollments that are postnatal[4]	N/A[2]	57% (70/122)	58% (326/562)	67% (348/521)	**72% (364/505)**	68% (184/271)	66% (164/250)	72% (141/197)	72% (223/308)

[1] Data is pulled for each SFY and number provided is current as of June 30th of each year.
[2] Data not available due to creation of new metric.
[3] Data not available on a quarterly basis.
[4] Postnatal period is considered birth to 8 weeks post-infant discharge from hospital. Postnatal enrollment counts may be duplicated if client enrolled prenatally.

Public Health Nursing Home Visitation Program

Performance

Efficiencies

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Average TANF cost to train a WHH nurse[1]	N/A[3]	N/A[3]	$6,247	$6,766	**$7,049**	N/A[2]	N/A[2]	N/A[2]	N/A[2]
% WHH caseload capacity met	N/A[3]	N/A[3]	N/A[3]	80% (539/674)	**74% (574/773)**	79% (537/677)	81% (541/672)	76% (542/713)	73% (606/834)

[1] Includes all TANF required trainings including cost of training materials, course fees, nurse time, and travel costs. Method for determining training cost was standardized and data reported for SFY22 and SFY23 were updated. Training cost data prior to WHH implementation were removed.
[2] Data not available on a quarterly basis.
[3] Data not available due to creation of new metric.

Story Behind the Performance

- Nurse shortages are a leading cause of why PHN maternal and child health referrals are not contacted, accounting for 74% of all instances. The nurse shortage reason is noted when a PHN office has full caseloads and cannot add more families or when there are vacant PHN positions. No client response or unable to leave message (25%) and unable to locate client (1%) are the other reasons that referrals are not contacted.
- The target for percent of clients offered WHH that enrolled in program is a fidelity measure set by the MECSH model. Enrollment types are Best Beginnings (BB) transfers (2021 only), prenatal, postnatal, Department of Family Service, and approved exemptions. In 2021, there were more enrollments than referrals due to the ability to transfer families from BB to WHH. Performance on this metric from 2022 through present has remained steady around 31-34%. The reasons for not meeting the target of 75% are multifaceted and dependent on community. However, it is important to note that no state in the U.S. meets the 75% target.
- The PSQ and PEI are fidelity measures tracked by the MECSH model. Wyoming has continued to not only meet but exceed in both of these measures.
- Staffing and turnover are monitored annually. Recent data shows an increase in hiring and a decrease in turnover. This could be attributed to improved pay for nurses and the strong family friendly culture that PHN has cultivated.
- Percent of WHH client enrollments that are prenatal and postnatal should be analyzed together. These are fidelity measures set by the MECSH model. The target for prenatal enrollments is 80%, leaving 20% for postnatal enrollments. While we desire to see an increase in prenatal enrollments, most referral sources are postnatal lending to the majority of families enrolling postnatally.
- The increase in average TANF cost to train a WHH nurse is due to increases in nurse salaries, travel costs, and materials costs.
- Caseload capacity fluctuates from quarter to quarter due to staffing fluctuation. It takes new staff around one year to build a caseload. If WHH were fully staffed, the program would have a maximum statewide caseload capacity of 872 families.

Substance Use Prevention Program

Program Description

The Substance Use Prevention Program (SUPP) uses evidence-based strategies to prevent overconsumption of alcohol, opioid misuse/abuse, and other drug use.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$3,276,787	$3,610,006	$2,905,419
People Served[1]	578,803	581,381	584,057
Cost Per Person	$5.66	$6.21	$4.97
Non-600 Series[2]	34%	34%	31%

[1] People served represents the population of Wyoming, U.S. Census Bureau.
[2] 600 series is defined as direct service.

Program Cost Notes

- SUPP is funded by Federal Funds, Tobacco Settlement Funds, and Opioid Settlement Funds.
- Federal Funds make up a majority of the budget and include the Substance Use Prevention, Treatment and Recovery Block Grant, Strategic Prevention Framework Partnership for Success, Overdose Data to Action.
- SUPP received an additional $786,881 in COVID-19 Relief and an additional $679,580 in ARPA funding through the Substance Abuse Prevention and Treatment Block Grant. This funding is being used to expand substance use prevention in communities, build capacity for prevention, and increase data collection and data sharing.

Program Staffing

- 2.0 FTE
- 1.0 AWEC
- 0 Other

Events that Have Shaped the Program

- The Substance Abuse Prevention Services are authorized by the Substance Abuse Control Plan, Wyo. Stat. § 9-2-2701 as part of a comprehensive, integrated plan.
- Wyo. Stat. §§ 35-4-901 through -906 allow pharmacists to prescribe an opiate antagonist, like naloxone, and allows standing orders for opiate antagonists.
- As of SFY19, funding for community prevention grants for substance use, tobacco prevention and control, and suicide prevention is distributed to county governments.

Substance Use Prevention Program

Performance

Program Core Purpose

To prevent overconsumption of alcohol, opioid misuse/abuse, and other drug use.

Outcomes

Performance Metric	CY 2024 Target	CY 2025 Target	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024
% of adults who report binge drinking[1,2]	**16%**	**16%**	16.4% (US: 15.7%)	15.9% (US: 15.4%)	18.4% (US: 16.9%)	(-) (-)	(-) (-)
% of adults who report heavy drinking[1,3]	**6%**	**6%**	6.3% (US: 6.7%)	6.7% (US: 6.2%)	8.1% (US: 6.8%)	(-) (-)	(-) (-)
% of fatal crashes with a blood alcohol content (BAC) of .08 or higher[4]	**25%**	**28%**	29% (US: 30%)	34% (US: 31%)	30% (US: 32%)	(-) (-)	(-) (-)
% of high school students who have consumed alcohol within the past 30 days[5]	**24%**	**24%**	27.8%	N/A[6]	25.4%	N/A[6]	20.2%
Crude rate of overdose deaths from prescription and illicit opioids (per 100,000)[7]	**12**	**12**	10.4 (US: 20.6)	11.9 (US: 24.0)	13.9 (US: 24.5)	14.4 (US: 23.8[8])	(-)
Crude rate of opioid overdose emergency room discharges from prescription, illicit, and unspecified opioids (per 100,000)[9]	**18**	**18**	18.7	25.9	22.5	20.5	(-)

[1] Data Source: Behavioral Risk Factors Surveillance System (BRFSS); data is weighted.
[2] Binge drinking is defined as consuming 5 or more drinks (4 or more for females) on an occasion at least once in the past 30 days.
[3] Heavy drinking is defined as drinking 2 or more drinks per day (1 or more drink for woman) per week.
[4] Data Source: National Highway Traffic Safety Administration (NHTSA).
[5] Data Source: Prevention Needs Assessment (PNA). 2020 data collection efforts were impacted by COVID-19, resulting in lower response rates than usual. 2020 results are unweighted. The 2024 data are provisional.
[6] Data not available; PNA is administered every other year.
[7] Data from Wyoming Vital Statistics Services (VSS). Includes deaths where underlying cause of death in X40-44, X60-64, X85, Y10-Y14 and contributing cause of death in T40 (.0-.4).
[8] CY23 National Vital Records data is provisional.
[9] Data Source: Wyoming Hospital Emergency Room Data, national comparison not available. Includes emergency room visits with any diagnosis code of acute opioid overdose (T40.0-.4, T40.6). Due to incomplete reporting, caution should be used when comparing CY20 to other years. Updates to the data file resulted in updated data for CY20 and CY21.
(-) Indicates data not yet available.

Substance Use Prevention Program

Performance

Outputs

Performance Metric	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
# of people trained in Training for Intervention ProcedureS (TIPS)	2,350	1,505	1,899	2,150	**1,182**[1]	1,307	843	1,009	173[1]
% of alcohol compliance checks with no infractions	88.4% (882/ 999)	85.6% (887/ 1,036)	88.7% (987/ 1,113)	89.5% (905/ 1,011)	**(-)**	N/A[2]	N/A[2]	N/A[2]	N/A[2]
# of residents reached through the Community Prevention Grant as reported by counties through PERC (ended June 30, 2023)[3]	2,314	2,964	8,106	9,970	**N/A**[4]	4,929	1,052	N/A[4]	N/A[4]
# of evidence-based substance use prevention initiatives implemented through the Community Prevention Grant as reported through PRES (launched July 1, 2023)[3]	N/A[5]	N/A[5]	N/A[5]	211	**316**[1]	0	211	227	89[1]
# of Community Prevention Grant recipients reporting on number of participants reached **	10	14	22	23	**23**[1]	0	23	23	23[1]

[1] CY24 data reported through August 2024.
[2] Data not available on a quarterly basis.
[3] New reporting metric. A county may offer evidence-based initiatives multiple times throughout the year.
[4] Data not available due to phase-out of reporting system for this metric.
[5] Data not available due to the creation of a new metric.
(-) Indicates data not yet available.

Efficiencies

Performance Metric	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Cost per school district to administer the PNA Survey	$8,097 ($283,400/ 35)	N/A[1]	$6,441 ($283,400/ 44)	N/A[1]	**(-)**	N/A[2]	N/A[2]	N/A[2]	N/A[2]
Cost per encounter through the Community Prevention Grant[3]	$369.42 ($4,089,469/11,070) (BFY21)		$3.14 ($4,040,518/1,288,018) (BFY23)		**(-)**	N/A[2]	N/A[2]	N/A[2]	N/A[2]

[1] Data not available; PNA is administered every other year.
[2] Data not available on a quarterly basis.
[3] Data source for this metric changed on July 1, 2023 from the old data system (PERC) to the new data system (PRES). Data is reported by biennium fiscal year. BFY21 data is reported through PERC, whereas BFY23 data is reported through PRES.
(-) Indicates data not yet available.

Story Behind the Performance

- Since 2001, Wyoming communities have pursued a comprehensive approach to preventing underage alcohol use, adult overconsumption of alcohol, and other substance abuse through evidence-based strategies with preference given to strategies that impact the entire population. From 2001 to 2022, current alcohol use among high school students has decreased from almost 45% to 25% (PNA).

- The SUPP provides an array of substance use prevention services that fall into two categories: (1) community-level efforts and (2) state-level efforts. As of SFY19, funding for Community Prevention Grant (CPG) Program for substance use, tobacco prevention and control, and suicide prevention is distributed to county governments. At the community level, the SUPP provides resources and support for local coalitions to utilize the public health approach to prevention and promotes the use of evidence-based practices to achieve a population-level change. Counties work with local coalitions to choose evidence-based practices based on the needs and readiness of their community.

- An epidemiologist began supporting the program in SFY19. The epidemiologist has provided increased capacity to make data-informed decisions. Due the increased capacity, in SFY23, the program switched to utilizing an in-house data collection system (PRES) to capture activities conducted through the CPG Program and has resulted in improved data reporting from subrecipients. As a result, the reported number of individuals served through the CPG Program has increased significantly. This is most likely a result of the improvements to the data collection system. Utilizing an in-house data collection system has also resulted in a cost-savings to the program.

- At the state level, the SUPP works to change systems through collecting and disseminating data and other information, collaborating with law enforcement on multiple strategies including alcohol retailer compliance checks, and collaborating on projects with other state and federal agencies. Due to additional funding made available, the SUPP supported expanding Adverse Childhood Experiences prevention efforts in the state and contracted with local organizations to expand prevention services in their organization.

Tobacco Prevention and Control Program

Snapshot

Program Description

The Tobacco Prevention and Control Program (TPCP) utilizes an evidence-based approach to develop comprehensive tobacco prevention and tobacco cessation treatment programs in Wyoming.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$3,109,617	$3,344,981	$3,584,853
People Served[1]	578,803	581,381	584,057
Cost Per Person	$5.37	$5.75	$6.14
Non-600 Series[2]	61%	68%	70%

[1] People served represents the population of Wyoming, U.S. Census Bureau.
[2] 600 series is defined as direct service.

Program Cost Notes

- Total program cost varies from year to year due to differences in federal funding awarded and community prevention grant spending.

Program Staffing

- 3.0 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- Wyo. Stat. §§ 9-4-1203 through -1204 require the Wyoming Department of Health to improve the health of Wyoming residents, including prevention of tobacco use through school and community-based programs that are science-based.
- In December 2019, the federal minimum age to purchase tobacco products was raised from 18 to 21. During the 2020 Budget Session, Wyo. Stat. § 14-3-302 was updated to prohibit the sale of nicotine products to any person under the age of 21 years.
- The program is modeled after the Centers for Disease Control and Prevention's 2014 Best Practices for Comprehensive Tobacco Control Programs. An effective program contains these components: state and community interventions, health communication interventions, cessation interventions, surveillance and evaluation, and administration and management.
- As of SFY19, funding for community prevention grants for substance use, tobacco prevention and control, and suicide prevention is distributed to county governments.
- An epidemiologist began supporting the program in SFY19.

Tobacco Prevention and Control Program

Performance

Program Core Purpose
To reduce tobacco use in Wyoming.

Outcomes

Performance Metric	CY 2024 Target	CY 2025 Target	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024
% of Wyoming employed adults surveyed who report that smoking is never allowed in indoor areas of their workplace[1]	**91%**	**91%**	N/A[2]	89%	N/A[2]	93%	N/A[2]
% of Wyoming adults surveyed who currently smoke[3] (national rate)	**14%**	**14%**	18.5% (15.5%)	16.4% (14.4%)	15.5% (14.0%)	(-)	(-)
% of Wyoming high school students surveyed who smoked cigarettes on one or more of the past 30 days[4]	**3%**	**3%**	7.6%[5]	N/A[2]	4.1%	N/A[2]	4.2%[6]
% of Wyoming high school students surveyed who vaped on one or more of the past 30 days[4]	**22%**	**22%**	31.2%[5]	N/A[2]	24.4%	N/A[2]	17.2%[6]

[1] Data Source: Wyoming Adult Tobacco Survey (ATS); data are weighted.
[2] Data not available on annual basis; survey question administered biannually.
[3] Data Source: Behavioral Risk Factors Surveillance System (BRFSS); data are weighted.
[4] Data Source: Prevention Needs Assessment (PNA); data are weighted.
[5] The March 2020 school closures for COVID-19 mitigation efforts interrupted data collection, resulting in lower response rates and less participation than typical survey years. The 2020 PNA survey results are unweighted.
[6] The 2024 PNA survey data are provisional. In 2024, the PNA fielded two separate versions of the survey for the middle and high school grades.
(-) Indicates data not yet available.

Tobacco Prevention and Control Program

Performance

Outputs

Performance Metric		CY 2020	CY 2021	CY 2022	CY 2023	**CY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
# of Wyoming Quit Tobacco (WQT) enrollments[1]	Total	2,116	2,364	1,886	2,221	**1,365[2]**	1,200	1,021	1,303	62[2]
	Pregnant Women (Opted into Pregnancy Program)	10	7	7	10	**6[2]**	4	6	6	0[2]
	American Indian Commercial Tobacco Program	11	12	18	18	**11[2]**	8	10	10	1[2]
# of healthcare provider referrals to WQT[1]		451	458	273	326	**303[2]**	87	239	283	20[2]
Media impressions (mass, digital, social)[3] (SFY)		42M	11M	23M	14.8M	**21.4M**	12.4M	2.4M	21.4M	(-)
# of policies implemented in communities[4]		6	3	6	5	**1[2]**	4	1	1	0[2]

[1] Data Source: National Jewish Health WQT enrollment reports; final data for CY23 accounts for individuals who subsequently opted out of the American Indian Commercial Tobacco Program
[2] Data reported as of October 28, 2024.
[3] Data Source: Warehouse Twenty-One media analytics and metrics reports
[4] Data Source: Reporting System for Community Prevention Grant Program
(-) Indicates data not yet available.

Efficiencies

Performance Metric	CY 2020	CY 2021	CY 2022	CY 2023	**CY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Average service cost per WQT enrollee[1]	$330 ($698,326/ 2,116)	$276 ($651,379/ 2,364)	$244 ($459,490/ 1,886)	$490 ($1,089,326/ 2,221)	**$276[2]** ($376,298/1 ,365)	N/A[3]	N/A[3]	N/A[3]	N/A[3]

[1] Performance metric calculation has been updated from previous report: previously calculated using contract amount, now calculated using actual amount spent in a calendar year. All years have been updated to reflect this change.
[2] Data reported as of October 28, 2024.
[3] Data not collected on a quarterly basis.

Story Behind the Performance

- The percentage of Wyoming adults who report that smoking is never allowed in indoor areas of their workplace has remained above 80% since 2006. In 2023, 17% of Wyoming adults reported being exposed to second-hand smoke at their workplace.[1] The majority of Wyoming adults support smoke free laws for indoor workplaces (83%) and restaurants (88%).[1] Additionally, 83% of adults support banning smoking in all indoor workplaces.[1] However, Wyoming does not have a comprehensive 100% smoke-free state statute, which makes it more challenging to decrease workplace-related smoke exposure.

- The percentage of Wyoming high school students who smoked cigarettes on one or more of the past 30 days has decreased from 26% in 2001 to 4.1% in 2022.[2] However, youth use of emerging tobacco products, such as e-cigarettes, has been an increasing concern. Wyoming high school students who have vaped one or more times in the last 30 days has decreased from 36.11% in 2018, to 24.4% in 2022.[2] Efforts towards youth vape prevention include a media campaign, updates to school policies, and youth vape prevention toolkit. Youth Risk Behavior Surveillance System data is not currently collected in Wyoming, so youth smoking rates are obtained through the PNA, which is Wyoming-specific, and there is not a national comparison.

- Wyoming has one of the lowest cigarette tax rates in the nation at $0.60/pack. This is an added challenge for cessation efforts, as taxation encourages tobacco users to quit or use less tobacco. Economic studies have demonstrated that increasing the unit price for tobacco products by 20% would reduce overall consumption of tobacco products by 10%, the percentage of adults who use tobacco by 4%, and the percentage of young people who start to use tobacco by 9%.[3]

- The WQT program is Wyoming's primary cessation strategy. Annual costs of the quitline fluctuate due to number of enrollees and number of special project investments meant to increase referrals or enhance user experience. The TPCP has a continued collaboration with Medicaid for ongoing reimbursement of coaching calls received by Medicaid clients through the WQT. Wyoming promotes the WQT through continued strategic marketing utilizing digital, radio, and newspaper media.

[1] Data Source: Adult Tobacco Survey
[2] Data Source: Prevention Needs Assessment (Youth – Wyoming specific)
[3] Data Source: Guide to Community Preventive Service, 2015

Women and Infant Health Program

Snapshot

Program Description

The Women and Infant Health Program (WIHP) facilitates access to care and promotes the health of women (15-44 years old) and infants (0-1 year old).

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$1,156,933	$1,487,519[1]	$1,185,483
People Served[2]	115,404	116,294	N/A[3]
Cost Per Person	$10.03	$12.79	N/A[3]
Non-600 Series[4]	20%	8.55%	24.38%

[1] The increase in expenditures in 2023 was due to consistent staffing within the program and implementation of program grants and contracts.
[2] People served includes women 15-44 years old and infants under 1 year.
[3] Population data not yet available for 2024.
[4] 600 series is defined as direct service.

Program Cost Notes

- The program is funded by State General Funds, Title V Maternal and Child Health Services Block Grant funds, Statewide Perinatal Quality Collaboratives (PQC) Grant funds, and Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) Grant funds. State general funds are used as required state match and maintenance of effort for the Title V grant.
- The program provides funding and technical assistance to support Public Health Nursing (PHN) implementation of the Wyoming Hand in Hand (WHH) Home Visitation Program. People served, performance metrics for WHH, and additional federal funding are reported through the PHN Home Visitation HealthStat documents.

Program Staffing

- 2.0 FTE
- 1.0 AWEC
- 0 Other

Events that Have Shaped the Program

- In 2019, Wyoming partnered with Utah to conduct a joint Maternal Mortality Review Committee (MMRC), which reviews all maternal mortality cases, including all deaths during pregnancy and up to one year postpartum.
- In 2020, an internal restructure moved Newborn Screening/Genetics to the Children and Youth with Special Health Care Needs Program, where the process of testing and referral to case management could be streamlined within one program.

(continued)

Events that Have Shaped the Program (cont.)

- In 2020, the Maternal and Child Health (MCH) Unit completed the Title V Needs Assessment leading to the development and adoption of 2021-2025 MCH priorities. The priorities which directly relate to the WIHP include: (1) Prevent Maternal Mortality and (2) Prevent Infant Mortality.

- In 2023, the first Wyoming MMRC report and recommendations were released. The report looks at all MMRC data collected for 2018-2020 cases, including contributing factors and preventability. This report has shed light on the need to take recommendations from the MMRC into action. A maternal mortality prevention workgroup dedicated to taking MMRC recommendations into action was implemented in October 2024.

- In October 2023, the WIHP applied for and received funding from the CDC to support and expand efforts to improve prenatal health outcomes at hospitals through quality improvement (QI) programming. By October 2024, a QI project focused on substance use disorder during the prenatal period will be conducted at hospitals. This project will complement and support the Plans of Safe Care efforts.

- In August 2024, Wyoming was awarded the CDC ERASE MM funding for the next 5 years. This funding will support continued implementation of a state level MMRC. The MMRC has completed case reviews for 2018 - 2022 cases and is now reviewing cases from 2023.

Women and Infant Health Program

Performance

Program Core Purpose

To improve outcomes related to safe sleep, well woman visits, maternal mortality, maternal smoking, pre and early term birth, and infant mortality.

Outcomes

Performance Metric	CY 2024 Target	CY 2025 Target[1]	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024
% of women, ages 18-44 years, with a preventive medical visit in the past year[2]	**68.9%**	**70.1%**	65.1% (US: 71.2%)	67.6% (US: 69.7%)	64.0% (US: 72.5%)	(-)	(-)
% of infants placed to sleep on a separate approved sleep surface[3]	**35.3%**	**35.3%**	31.4% (US: 36.9%)	32.6% (US: 37.8%)	31.5% (US: 37.5%)	(-)	(-)
% of infants placed to sleep without soft objects or loose bedding[3]	**62.0%**	**62.0%**	45.7% (US: 52.5%)	50.1% (US: 55.8%)	51.7% (US: 59.6%)	(-)	(-)
% of women that smoked at anytime during pregnancy[4]	**5.5%**	**5.5%**	12.5% (735/5,894)	9.8% (583/5,949)	9.3% (546/5,900)	7.2% (426/5,935)	(-)
% of infants born preterm (<37 weeks)[5]	**9%**	**8.6%**	10.0% (610/6,103)	10.8% (669/6,190)	10.3% (618/6,012)	9.7% (576/5,935)	(-)

[1] Targets represent the yearly targets reported to the Health Resources and Services Administration, Maternal and Child Health Bureau.
[2] Data Source: Behavioral Risk Factors Surveillance System (BRFSS).
[3] Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS).
[4] Data Source: National Vital Statistics Services (NVSS).
[5] Data Source: Wyoming Vital Statistics Services (WYVSS). CY23 data is preliminary.
(-) Indicates data not yet available.

Outputs

Performance Metric	SFY 2020[2]	SFY 2021	SFY 2022	SFY 2023	SFY 2024	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
# of pregnant women enrolled in Wyoming Tobacco Quit Line[1]	10	7	7	10	**6[2]**	4	6	6	0[2]
# of women ages 18-44 enrolled in Wyoming Cancer Program for cervical cancer screenings through WIHP funding	N/A[3]	N/A[3]	N/A[3]	13	**37**	1	12	14	23
# of hours spent on case abstraction for Maternal Mortality Review (MMR)	N/A[3]	113	226	196	**202**	N/A[4]	N/A[4]	N/A[4]	N/A[4]

[1] Data is representative of only those pregnant people that opted into the Pregnancy Program on the Wyoming Tobacco Quit Line during a calendar year; there could be pregnant people unaccounted for who participated in the Wyoming Tobacco Quit Line without opting into the Pregnancy Program.
[2] Data reported as of September 2024.
[3] Data not available due to creation of new metric.
[4] Data not available on a quarterly basis.

Efficiencies									
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Average cost per MMR case abstracted[1]	N/A[2]	$2,150	$1,346	$1,544	**$1,575**	N/A[3]	N/A[3]	N/A[3]	N/A[3]

[1] Due to small numbers of maternal mortality cases, the numerator and denominator are not shared.
[2] Data not available due to creation of new metric; MMRC did not exist prior to SFY21.
[3] Data not available on a quarterly basis

Story Behind the Performance

- In 2020, the MCH Unit completed a new five-year needs assessment. This document reflects performance measures that align with the 2021-2025 priorities developed based on the needs assessment. Current National Performance Measures include the percentage of women ages 18-44 receiving a preventive medical visit in the last year, percentage of infants placed to sleep on a separate approved sleep surface, and percentage of infants placed to sleep without soft objects or loose bedding.

- WIHP releases an annual Request for Applications every January to fund local organizations and community partners' projects and programming that address the WIHP NPMs.

- WIHP funds and supports the Public Health Nursing Hand in Hand home visiting program's current efforts to improve smoking cessation of pregnant and postpartum women through referrals. Home visitors in every county are supplied with pamphlets, quit kits, and motivational interviewing training to better support this effort. Successful referrals of pregnant women to the Quitline are reflected in output #1.

- The WIHP supported efforts to improve safe sleep outcomes through distribution of an evidence-based safe sleep book *Sleep Baby, Safe and Snug*. Books are currently available in every county through the Women, Infants, and Children (WIC) Unit, WHH, and Parents as Teachers. Since 2022, over 7,400 books have been distributed.

- The WIHP collaborates with and provides funding support to the Wyoming Cancer Program. This joint effort aims to increase the rate of women of reproductive age (ages 15-44) completing an annual preventive visit by paying for cervical cancer screening services for women that are either underinsured or uninsured.

- The WIHP partners with the Utah Department of Health to review maternal deaths as part of a cross-state MMRC. As of April 2024, all cases from 2018-2022 were abstracted and reviewed by the MMRC. Since 2022, maternal mortality cases are reviewed within one year of the death identification date unless legal investigations are pending.

Women, Infants, and Children (WIC) Program

Program Description

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a public health nutrition program that provides nutrition education, nutritious foods, breastfeeding support, and healthcare referrals for income-eligible women who are pregnant or postpartum, infants, and children up to age 5.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$9,123,550	$10,836,940	$12,545,401
People Served[1]	11,612	11,749	12,243
Cost Per Person	$785.70	$922.37	$1,024.70
Non-600 Series[2]	19%	21%	19%

[1] People served is an unduplicated count of women, infants, and children served in the federal fiscal year.
[2] 600 series is defined as direct service.

Program Cost Notes

- The BFY23 budget consisted of 7% General Funds, 73% Federal Funds, and 20% infant formula rebates.
- 2024 program cost increased due to an increase in participants and increased food costs and expenditures related to technology modernization projects.

Program Staffing

- 41.325 FTE (made up of 27 state, 13 county, and 8 hospital employees)
- 12.0 AWEC
- 0 Other

Events that Have Shaped the Program

- From 2009 into 2022, WIC participation decreased in Wyoming and nationwide, in part due to lower birth rates, improved economic conditions, increased Supplemental Nutrition Assistance Program (SNAP) benefits, and limited resources available for program outreach. In SFY23 and SFY24 WIC increased outreach efforts and a media campaign was conducted to raise awareness of WIC and the benefits of the program through one time grant funds through the Health Disparities grant. Participation has steadily increased the past two years. Likely these increases are a result of food cost inflation and outreach efforts.
- The 2022 infant formula recall had profound implications for the Wyoming WIC Program and its participants, leading to a series of adaptive and responsive measures, including core program changes, waiver ability, and increased requirements for state rebate contracts for infant formula manufacturers. These adaptive measures highlighted the program's resilience and commitment to public health in challenging circumstances.

(continued)

Events that Have Shaped the Program (cont.)

- In SFY21, WIC received the first temporary increase in the cash value benefit for fruits and vegetables which was significant (an increase from $9 for children and $11 for women to $35/month each). The increase in the cash value benefit was made permanent this year ($47 and $52 for women and $26 for children.)

- American Rescue Plan Act funding through the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) has provided the Wyoming WIC Program with an additional $1.8 million for modernization efforts which must be spent by September 2027.

- Wyoming was the first state in the nation to implement electronic benefit transfer (EBT) for delivery of food benefits. WIC transitioned to online EBT October 1, 2024, providing increased flexibility to deliver benefits to participants.

Women, Infants, and Children (WIC) Program

Snapshot

Program Core Purpose

To improve the nutrition and health status of low-income pregnant and postpartum women, infants, and children up to age 5.

Outcomes

Performance Metric	SFY 2024 Target	SFY 2025 Target	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
% of cash value benefits spent on fresh fruits and vegetables by WIC participants	**70%**	**72%**	67.84% ($439,888/ $647,959)	63.11% ($461,971/ $733,443)	63.74% ($1,155,672/ $1,813,078)	70.43% ($1,408,657/ $2,000,195)	71.70% ($1,649,958/ $2,301,164)
% of WIC infants who were ever breastfed (initiation)	**81%**	**81%**	81%	81%	79%	77%	75%
% of WIC infants who are exclusively breastfeeding at 3 months	**45%**	**52%**	30%	25%	39%	49%	51%
% of estimated eligible population being served[1]	**50%**	**50%**	43.40% (US: 50.2%)	44.24% (US: 51.2 %)	45.60% (US: 46.7%)	47.54%[2] (-)	46.40%[2] (-)
% and # of survey respondents who said WIC breastfeeding information they received met their needs	**90%**	**93%**	N/A[3]	N/A[3]	N/A[3]	92.8% (1,218)	91.2% (1,044)

[1] The estimated eligible population is calculated using the same methodology the USDA FNS uses to produce their estimates with a few caveats. It is the percentage of people we serve that are eligible.
[2] Percent of estimated eligible population being served was calculated using 2022 ACS data for computation; results are not final.
[3] Data not available due to creation of new metric.

Women, Infants, and Children (WIC) Program

Performance

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Average # of participants served per month[1]	7,289[2]	6,999	6,673	7,154	**7,500**	6,983	7,325	7,467	7,530
Average # of nutrition education contacts per month[3]	2,183[2]	2,316[2]	2,206[2]	2,341[2]	**2,393**	2,259	2,412	2,367	2,412
Average # of referrals documented per month[3]	2,343[2]	2,607[2]	2,346[2]	2,460[2]	**2,397**	2,475	2,446	2,533	2,261
Average # of products scanned by the WIC Shopper app per month	N/A[4]	12,411[5]	12,737	26,992	**31,166**	25,481	28,502	30,176	32,155
Average # of completed online nutrition education modules for WIC Smart per month	N/A[4]	56[6]	68	132	**101**	92	167	106	97
Average # of Breastfeeding Peer Counselor (BFPC) contacts per month	720	775	867	937	**527**	975	900	471	583

[1] Includes women who are pregnant, breastfeeding or postpartum, infants, and children up to age five.
[2] Data updated from previous report to correct typographical error.
[3] WIC participants have appointments once every three months.
[4] Data not available due to creation of new metric.
[5] Calculated using a 6-month average.
[6] Calculated using a 5-month average.

Efficiencies

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Average food cost per participant per month	$48.631[1] ($354,429/ 7,289)	$49.02[1] ($343,088/ 6,999)	$56.57[1] ($377,489/ 6,673)	$67.54[1] ($483,202/ 7,154)	**$73.12 ($548,402/ 7,500)**	$66.31[1] ($463,060/ 6,983)	$68.71[1] ($503,343/7 ,325)	$71.68 ($535,180/ 7,467)	$74.56 ($561,625/7 ,533)
Average nutrition education cost per participant per month	$6.64[2] ($48,396/ 7,289)	$7.04[2] ($49,296/ 6,999)	$8.30[2] ($55,397/ 6,673)	$8.71[2] ($62,322/ 7,154)	**$9.63 ($72,198/ 7,500)**	$9.18[2] ($64,105/ 6,983)	$8.26[2] ($60,539/ 7,325)	$8.94 ($66,785/ 7,467)	$10.30 ($77,612/ 7,533)
Average BFPC cost per participant per month	$20.07 ($11,439/ 570)	$18.12 ($12,432/ 686)	$17.46 ($12,938/ 741)	$16.41 ($13,754/ 838)	**$20.17 ($9,762/ 484)**	$13.43 ($11,524/ 858)	$19.54 ($15,985/ 818)	$17.66 ($8,458/ 479)	$22.58 ($11,065/ 490)

[1] Data updated from previous report to correct typographical error.
[2] Data updated from previous report to calculate metric on state fiscal year rather than federal fiscal year.

Story Behind the Performance

- Breastfeeding initiation rates dropped by 2% in WIC participants nationally from SFY20 to SFY22. Wyoming WIC also experienced a 2% decrease in initiation rates during this time, likely due to limited contact between participants and staff as a result of safety precautions taken due to the COVID-19 pandemic. While national WIC data for 2024 has yet to be released and could indicate a continued national downturn, Wyoming WIC continues to see a decrease in breastfeeding initiation rates, potentially due to the increase of remote appointments. Performing WIC appointments remotely over the phone with participants provides flexibility, including resolving travel barriers and shortening the duration a participant may need to miss work. However, one potential shortcoming may be that breastfeeding support can be compromised without the opportunity to provide in-person assessments and education. Wyoming WIC plans to implement a virtual telehealth platform in the future, which could help facilitate more effective breastfeeding education. Wyoming WIC continues to see increases in the percent of WIC infants who are exclusively breastfeeding at 3 months of age.

- In December of 2021, participants were able to register their WIC cards in the WIC Shopper app. This allowed participants to scan foods in the grocery store with the WIC Shopper app which would tell them if it was a food item they could purchase with their WIC benefits, or not. This is the reason for the significant increase in products scanned each month between SFY21 and SFY22.

- Average number of completed nutrition education (NE) modules/month is a proxy to measure a required service delivery: nutrition education. The program identified a need to make nutrition education resources more accessible, thus, the increases in SFY23-SFY24 are a byproduct of the various efforts to make NE more accessible.

- Average number of referrals per month is a proxy measure for a required delivery service: referrals to community and health resources. It is difficult to track any follow ups to the services (i.e. if the services were actually requested after referral), due to limitation in monitoring outreach.

- WIC is required to spend at least one-sixth of all nutrition services administration funds on nutrition education or be subject to funding penalties.

Wyoming Cancer Program

Snapshot

Program Description

The Wyoming Cancer Program (WCP) provides free or low-cost cancer screenings to eligible Wyoming residents. The program covers breast, cervical, and colorectal cancer screenings for those with limited income or insurance. Through partnerships with the Wyoming Cancer Coalition, the program supports cancer prevention efforts statewide and offers free radon testing kits to all residents.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$2,248,929	$2,245,461	$2,452,748
People Served[1]	3,401	2,680[2]	2,675[3]
Cost Per Person	$661.25	$837.85[2]	$916.92[4]
Non-600 Series[4]	48%	55%	53%

[1] People served includes individuals who receive a cancer screening, patient navigation, gas cards, radon test, or assistance from a regional coordinator.
[2] This number is not final as the program is working on a denied claim project to retroactively reimburse claims that were denied prior to program enhancements that were implemented.
[3] This number is not final as providers have up to twelve months after providing services to submit a claim.
[4] 600 series is defined as direct service.

Program Cost Notes

- WCP breast and cervical cancer screening activities are funded with state general, tobacco settlement funds, and federal funds from the Centers for Disease Control and Prevention (CDC).
- WCP colorectal cancer screening activities are funded with state general and tobacco settlement funds.
- WCP comprehensive cancer control activities are funded with tobacco settlement funds and federal funds from CDC.
- WCP radon activities are funded with federal funds from the Environmental Protection Agency.
- WCP receives funds for Patient Navigation Only projects through a partnership with the Women's Breast Cancer Institute (WBCI) for patients who are ineligible for the program but still need breast cancer screenings.

Program Staffing

- 10.0 FTE
- 0 AWEC
- 0 Other

Wyoming Cancer Program

Snapshot

Events that Have Shaped the Program

- WCP works under the Wyoming Cancer Control Act, Wyo. Stat. §§ 35-25-203 through -205.
- The WCP provides eligible Wyoming residents with screening assistance through the Wyoming Breast and Cervical Cancer Early Detection Program and the Wyoming Colorectal Cancer Screening Program. The WCP reimburses for cancer screenings and diagnostic services for eligible low-income, uninsured, and underinsured clients who enroll for coverage. The WCP also implements evidence-based interventions across the cancer continuum through the Wyoming Comprehensive Cancer Control Program such as supporting the activities of the Wyoming Cancer Coalition that are outlined in the Wyoming Cancer Plan. The program also provides radon testing kits to Wyoming residents at no cost through the Wyoming Radon Program.
- In 2021, the program worked to extend coverage for underinsured individuals to assist with out-of-pocket costs remaining after primary insurance payment.
- Wyo. Stat. § 35-25-204 was amended during the 2023 Legislative Session and program rules were promulgated to reflect the statutory change. This change allowed the program to align colorectal screening coverage with the national recommendations and begin serving individuals beginning at the age of 45 whereas previously the program was limited to serving individuals age 50 and older.
- The WCP has worked to extend colorectal screening coverage to include at-home stool-based testing options. In 2023, the program worked with Wyoming Medicaid to extend coverage for Medicaid recipients to include these at-home stool-based tests. In 2024, the program launched a FIT Kit Pilot with Public Health Nursing to increase access to at-home stool-based tests.
- The United States Preventive Services Task Force updated the recommendations for Breast Cancer Screenings in April of 2024. These changes recommend a mammogram every two years instead of the previous annual mammogram. The WCP anticipates this change may impact the number of women served in the upcoming years.
- Federal legislation mandates that Wyoming Breast and Cervical Cancer Early Detection Program-enrolled women diagnosed with breast or cervical cancer or high-grade cervical pre-cancer be transitioned to their state's Medicaid program for cancer treatment.

Wyoming Cancer Program

Performance

Program Core Purpose

To reduce the burden of cancer through evidence-based screening and prevention strategies, including education, support, collaboration, and resource sharing in Wyoming.

Outcomes

Performance Metric	SFY 2024 Target	SFY 2025 Target	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
% of enrolled people who were screened for breast and cervical cancer[1] (# of unduplicated screened/# enrolled)	**80%**	**80%**	47% (635/1,355)	61% (852/1,390)	72% (837/1,164)	65% (829/1,284)	64%[2] (933/1,467)
% of enrolled people who were screened for colorectal cancer[1] (# unduplicated screened/# enrolled)	**60%**	**60%**	50% (262/517)	40% (279/694)	45% (206/453)	29% (189/645)	25%[2] (206/817)
% of completed home radon testing kits (# tested/# distributed)	**70%**	**70%**	92% (1,268/ 1,384)	66% (688/ 1,046)	62% (645/ 1,042)	49%[3] (430/ 870)	43%[2,3] (733/ 1,818)

[1] Screening counts exclude those screened at community events, due to possibility of these events being funded by non-program sources.
[2] Data is not final; providers have up to 12 months after providing services to submit a claim and radon tests may be submitted for testing up to 6 months after being distributed.
[3] SFY23-24 data is specific to kits purchased by the WCP. Prior year data includes all test kits Alpha Energy tested/distributed for Wyoming addresses.

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	**2023 Q1-Q2**	**2023 Q3-Q4**	**2024 Q1-Q2**	**2024 Q3-Q4**
# of outreach screening events completed	6	9	13	12	**10[1]**	N/A[2]	N/A[2]	N/A[2]	N/A[2]
# of people who received a cancer screening at a community event	867	568	1,796	2,379	**254[1]**	N/A[2]	N/A[2]	N/A[2]	N/A[2]
% of people screened for breast or cervical cancer who were underinsured	N/A[3]	N/A[3]	4% (37/837)	11% (93/829)	**6%[4] (52/933)**	N/A[2]	N/A[2]	N/A[2]	N/A[2]
% of people screened for colorectal cancer who were underinsured	N/A[3]	N/A[3]	12% (24/206)	27% (51/189)	**5%[4] (11/206)**	N/A[2]	N/A[2]	N/A[2]	N/A[2]

[1] SFY24 data is not final as community grantees have until January of each year to submit their annual report of community screenings.
[2] Data not available on a quarterly basis.
[3] Data not available due to creation of a new metric.
[4] Data is not final; providers have up to 12 months after providing services to submit a claim.

Efficiencies									
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
% of applications received as incomplete	N/A[1]	N/A[1]	34% (88/262)	43% (93/215)	**79% (302/382)**	37% (35/94)	48% (58/121)	76% (137/180)	82% (165/202)
% of claims denied due to missing information	N/A[1]	N/A[1]	58% (1,367/ 2,347)	53% (1,244/ 2,325)	**42% (961/ 2,263)**	57% (628/ 1,102)	50% (616/ 1,223)	46% (549/ 1,194)	39% (412/ 1,069)

[1] Data not available due to creation of new metric.

Story Behind the Performance

- The Wyoming Breast and Cervical Cancer Early Detection Program consistently receives the highest CDC data rating with a 0% error rate and full compliance with 12/12 core performance indicators.
- In 2021, the WCP extended coverage to include underinsured individuals with any remaining out of pocket expenses after primary insurance paid.
- Wyo. Stat. § 35-25-204 was amended during the 2023 Legislative Session and Program Rules were promulgated to reflect statutory change. Since the change, the program has served 47 individuals aged 45-49.
- Efficiency performance metrics reported on the 2023 report maintained 100% efficiency for four years in a row, so they have been replaced with new metrics that reflect ongoing program quality improvement efforts.
- Eligibility determination is dependent on information provided by patients and providers. Over the last few years the program noticed an increase in applications submitted with incomplete or missing information. When the program receives incomplete applications, the staff contacts the patient and provider to gather information. Often, the patients do not respond with information, and the application must be denied. This impacts the number of patients the program is able to serve. In 2024, the program implemented a quality improvement project to address incomplete applications with the goal of decreasing the number of pending or incomplete applications. The revised application process was launched on August 1, 2024.
- The program requires providers to submit medical documentation to be submitted with claims. Sometimes, claims are received with no information and cannot be processed for payment. WCP collaborates with Medicaid for provider payments. When Medicaid transitioned to a new electronic billing portal in 2021, WCP noticed an increase in the number of claims received without the required attachments. In 2022, WCP focused on training providers on the submission process and actively worked on the denied claims in order to assist with reimbursement. This had some success but required a lot of staff time. In 2024, WCP began implementing a quality improvement project to automate and improve the submission of required documentation. The program anticipates that the number of denied claims will decrease with this added focus. The revised process is anticipated to launch by the end of 2024.

Youth and Young Adult Health Program

Program Description

The Youth and Young Adult Health Program (YAYAHP) partners with communities and families to support opportunities for Wyoming youth and young adults (ages 12-24 years) to be healthy and ready to learn, work, and transition successfully to adulthood.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$470,319	$841,757	$772,874
People Served[1]	1,711	12,260	19,259
Cost Per Person	$274.88	$68.66	$40.13
Non-600 Series[2]	38%	46%	60%

[1] People served includes PREP participants, individuals receiving evidence-based RPE programming, individuals who participated in motor vehicle safety and suicide prevention training and programs, people receiving services funded by PHHSBG, and members of the young adult council.
[2] 600 series is defined as direct service.

Program Cost Notes

- YAYAHP is 100% federally funded through the Title V Maternal and Child Health Services Block Grant, Rape Prevention Education (RPE) Grant, Personal Responsibility Education Program (PREP) Grant, Preventive Health and Health Services Block Grant (PHHSBG), and Pediatric Mental Health Care Access Grant (PMHCA).
- The increase in program expenditures between SFY22 and SFY23 is due to a quality improvement initiative for PREP, SFY22 activities that weren't billed until SFY23, and implementation and billing of PMHCA. Activities initiated in SFY22 increased the reach of programs, so while the overall program cost increased, the cost per person served dropped significantly.
- In February 2024, the RPE Grant and the sex offense portion of PHHSBG was moved to the Injury and Violence Prevention Program (WIVPP). This is the final year these costs and direct service numbers will be reported as part of the YAYAHP.

Program Staffing

- 1.0 FTE
- 0.5 AWEC
- 1.0 CDC PHAP

Youth and Young Adult Health Program

Snapshot

Events that Have Shaped the Program

- In 2020, the Maternal and Child Health (MCH) Unit completed a Title V Needs Assessment leading to the development and adoption of 2021-2025 MCH priorities. The priorities which directly relate to the YAHAP include: (1) Prevent Adolescent Suicide and (2) Promote Adolescent Motor Vehicle Safety.
- In SFY21, YAYAHP initiated a new young adult health council. The council launched in July 2020 with 14 members ages 18-24. Members provide input to young adult health programs throughout the state.
- An AWEC position was hired in 2022 to provide data support to the Women, Infants, and Children (WIC) Unit and the MCH Unit at 0.5 FTE to each Unit.
- In 2022, YAYAHP was assigned a CDC Public Health Associate (PHAP) to focus on the Personal Responsibility Education Program. The PHAP term ended in October 2024.
- Wyoming does not participate in the Youth Risk Behavior Surveillance System (YRBSS), leaving a gap in data for youth and young adults. The YRBSS monitors health-risk behaviors that contribute to the leading causes of death and disability among youth and young adults.
- The YAYAHP maintains a collaborative relationship with the Wyoming Department of Education to support adolescent health in student settings with parental consent.

Youth and Young Adult Health Program

Performance

Program Core Purpose

To promote adolescent motor vehicle safety, prevent adolescent suicide, and support healthy and safe relationships among adolescents.

Outcomes

Performance Metric	SFY 2024 Target	SFY 2025 Target	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
% of high school students reporting wearing a seatbelt always or most of the time[1]	**77.5%**	**77.5%**	N/A[2]	N/A[2]	77.5%	N/A[1]	80.7%
% of students reporting an adult in their community with whom they can talk about their problems[1]	**85%**	**85%**	83%[3]	N/A[1]	82.7%	N/A[1]	85.4%
% of Wyoming Personal Responsibility Education Program (WyPREP) participants that reported they were much more likely or somewhat more likely to resist or say no to peer pressure after completing the program[4]	**80%**	**80%**	71.2% (422/593)	72.6% (757/1,042)	71.8% (379/528)	70% (319/456)	71.3% (308/432)
Rate of births per 1,000 among 15-19 year females[5]	**15.0**	**12.8**	18.1 (US: 15.4)	16.6 (US: 13.9)	16.5 (US: 13.5)	13.8[6] (US: 13.2)	(-)

[1] Data Source: Prevention Needs Assessment (PNA). The PNA is only conducted in even-numbered years. The 2024 PNA survey data are provisional. In 2024, the PNA fielded two separate versions of the survey for the middle and high school grades. Changes in the middle school grade results may be associated, in part, with the methodology change.
[2] Data not available due to creation of new metric.
[3] The March 2020 school closures for COVID-19 mitigation efforts interrupted data collection, resulting in lower PNA response rates and less participation than typical survey years. The 2020 survey results are unweighted.
[4] Data Source: WyPREP exit survey; denominator reflects only participants completing the exit survey and thus may not match the total number of participants. WyPREP data was reported on an academic calendar (September through August) through SFY21, after which reporting was shifted to align with the state fiscal year.
[5] Data Source: Wyoming and National Vital Statistics Service.
[6] Rate was calculated using 2022 population data from the Wyoming Economic Division population estimates, as 2023 estimates are not yet available.
(-) Indicates data not yet available.

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
# of individuals participating in evidence-based programming through the Rape Prevention Education (RPE) grant	816	819	617	100	**0**	N/A[1]	N/A[1]	N/A[1]	N/A[1]
# of WyPREP implementing sites	9	10	6	6	**5**	N/A[1]	N/A[1]	N/A[1]	N/A[1]
# of students enrolled in middle and high schools implementing Sources of Strength[2]	N/A[3]	N/A[3]	N/A[3]	8,681	**8,514**	N/A[1]	N/A[1]	N/A[1]	N/A[1]

[1] Data not available on a quarterly basis.
[2] Data source: WDE Stat 2- School District Enrollment and Staffing Data and YAYAHP internal tracking.
[3] Data not available due to creation of new metric.

Efficiencies

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Cost per individual youth receiving personal responsibility and adult preparation education through the WyPREP program[1]	$129 ($92,743/ 720)	$217 ($133,213/ 613)	$196 ($103,541/ 528)	$256 ($117,094/ 456)	**$466 ($201,511/ 432)**	N/A[2]	N/A[2]	N/A[2]	N/A[2]

[1] Data Source: WyPREP; denominator reflects only participants completing the exit survey and thus may not match the total number of participants. For SFY20-21, WyPREP data on number of individuals served was based on a reporting year of April 1 through March 31. In SFY22, reporting was shifted to align with the state fiscal year.
[2] Data not available on a quarterly basis.

Story Behind the Performance

- The priorities of the YAYAHP, to promote adolescent motor vehicle safety and prevent adolescent suicide, were determined by the Maternal and Child Health (MCH) Unit Title V Needs Assessment in 2020. The YAYAHP also promotes healthy and safe relationships among adolescents through WyPREP. The YAYAHP works in partnership across the department and with other state agencies to drive improvement on these priorities, including partnering with key stakeholders in Wyoming Medicaid, the Wyoming Department of Education, and the Wyoming Department of Transportation.

(continued)

Story Behind the Performance (cont.)

- The PNA survey is sponsored by the WDH and distributed by participating school districts. The PNA measures a wide variety of attitudes, beliefs, and perceptions that have been shown to be related to alcohol, tobacco, and drug use along with violent and risky behaviors. It is administered in even-numbered years to 6th, 8th, 10th, and 12th graders in Wyoming. The YAYAHP tracks students reporting having an adult in their community with whom they can talk about their problems, known as "connectedness," which is protective against a wide variety of health and wellness concerns. The YAYAHP added a measure of seatbelt use, which was first assessed on the 2022 PNA.

- The YAYAHP administers the Wyoming Personal Responsibility Education Program (WyPREP) in Wyoming. The program is 100% federally funded, and provides evidence-based, medically accurate curricula to schools and community organizations. Curricula cover "adult preparation subjects" including parent-child communication, healthy relationships, adolescent development, and healthy life skills, in addition to teen pregnancy and STI/HIV prevention information. Curricula facilitators can and are encouraged to include additional topics such as financial literacy and educational and career success. Participating schools and community organizations opt in to the program, and are required to follow their policies governing parental consent for youth participation. YAYAHP requires parental consent and youth assent for data collection, and all data collection is reviewed and approved by the Wyoming Department of Health Institutional Review Board.

- WyPREP outcome metrics were impacted by COVID-19 school closures in SFY20 and SFY21, whereas efficiency and output metrics were affected in SFY21 only. This variance in impact is due to differences in the reporting calendar for various performance metrics.

- The YAYAHP recently completed an 18-month quality improvement (QI) project that informed updates to all supported curricula, and will shift all current subrecipients to the new curricula in SFY25. This QI project contributed to increased program cost per participant in SFY23 and SFY24.

- The Rape Prevention Education (RPE) grant focuses on primary prevention of sexual violence. The Wyoming Coalition Against Domestic Violence and Sexual Assault, an RPE sub-recipient, works with communities to implement primary prevention activities. RPE funds activities on a 5-year cycle. The previous cycle ended in January 2024, and the current funding cycle began in February 2024; as a result, the SFY24 output value is 0 because the grantee was focused on grant closeout and capacity building activities rather than direct services. The previous 5-year cycle had a maximum of four funded local communities in SFY20 and SFY21, and dropped to one funded local community in SFY23 as communities had been phased out in anticipation of the end of the grant funding cycle. The RPE grant was shifted to the WIVPP midway through SFY24.

Community Services Program

Snapshot

Program Description

The Community Services Program (CSP) administers Community Services Block Grant (CSBG) funding. CSP allocates CSBG funds on a formula basis to a network of designated eligible entities (EEs) to provide services that address poverty in their local communities.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$3,631,390	$3,687,590	$3,767,207
People Served[1]	8,072	7,661	(-)
Cost Per Person	$449.88	$481.35	(-)
Non-600 Series[2]	6.1%	7.8%	5.5%
COVID-19 Response Cost	$1,278,427	$329,085	$0[3]

[1] People served represents total clients served using CSBG funds.
[2] 600 series is defined as direct service.
[3] COVID-19 response funding ended in FFY23.
(-) Indicates data not yet available.

Program Cost Notes

- CSP is 100% federally funded.
- Federal funding changes annually based on a statutory federal formula.
- Ninety percent ($3,390,486) of the CSBG budget is distributed to local EEs.
- Local county awards are calculated using a state poverty index rating scale.

Program Staffing

- 1.0 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- Eleven EEs serve the entire state, including seven public governments and four nonprofits.
- EEs are governed by Tripartite Boards that consist of one-third elected officials, one-third members of the local community, and one-third representatives of low-income populations.
- Tripartite Boards utilize Community Needs Assessments, program data analysis, and annual public hearings to plan, implement and evaluate services.
- Clients receiving CSBG-funded services must meet financial eligibility requirements using the Federal Poverty Level (FPL).
- In March 2020, the eligibility criteria for CSBG-funded services increased from 125% to 200% of the FPL.

Community Services Program

Performance

Program Core Purpose

To support local designated Eligible Entities (EEs) in providing services that alleviate the causes and conditions of poverty and have a measurable impact on low-income individuals' health and self-sufficiency.

Outcomes

Performance Metric[1]	FFY 2024 Target	FFY 2025 Target	FFY 2020	FFY 2021	FFY 2022	FFY 2023	FFY 2024
% of unemployed adults who obtained living wage employment[2]	**65%**	**65%**	68%	78%	34%	60%	(-)
% of individuals who obtained safe and affordable housing[2]	**82%**	**82%**	77%	95%	69%	82%	(-)
% of individuals who demonstrated improved physical health and wellbeing[2]	**95%**	**95%**	97%	64%	82%	93%	(-)
% of individuals who demonstrated improved mental and behavioral health and wellbeing[2]	**95%**	**95%**	79%	99%	78%	94%	(-)

[1] Performance metrics have been updated to align more closely with program core purpose and OCS Annual Report Outcome Indicators.
[2] Data Source: Office of Community Service (OCS) Annual Report Outcome Indicators.
(-) Indicates data not yet available.

Outputs

Performance Metric	FFY 2020	FFY 2021	FFY 2022	FFY 2023	**FFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
% of EEs meeting the Organizational Standards at 70% or better[1]	38%	93%	80%	93%	**75%**	N/A[2]	N/A[2]	N/A[2]	N/A[2]
# of training and technical assistance provided to the EEs	8	22	28	41	**131[4]**	N/A[3]	N/A[3]	70	61[4]

[1] Organizational Standards are a comprehensive set of standards that ensure EEs have appropriate financial and administrative organizational capacity and meet other areas of unique importance to the CSBG.
[2] Data not reported on a quarterly basis.
[3] Data not reported quarterly in FFY23.
[4] Data reported as of July 2024.

Efficiencies									
Performance Metric	FFY 2020	FFY 2021	FFY 2022	FFY 2023	**FFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
# of CSP state office Data Quality Reviews	0	0	0	15	**24**[1]	0	15	24	(-)

[1] Data reported as of July 2024.
(-) Indicates data not yet available.

Story Behind the Performance

- CSBG-funded services target outcomes in employment, education, training, income and asset building, housing, health and social/behavioral development, and civic engagement. EEs are encouraged to build linkages with local social and human service providers to support service delivery.
- The OCS requires EEs to meet CSBG Organizational Standards for Community Action Agencies to demonstrate a foundation of organizational capacity. The FFY24 CSP 70% minimum requirement will be increased to 80% in FFY25 in an effort to improve the overall expectation of organizational compliance and to work to achieve the OCS preferred goal of 100%.
- In FFY 2023, the CSP tasked the Community Services Network of Wyoming to increase training and technical assistance provided to the EEs. This has resulted in an almost 70% increase in training provided.

Healthcare Preparedness Program

Program Description

The Healthcare Preparedness Program (HPP) facilitates strong connections with healthcare entities and local, regional, and statewide partners to proactively collaborate and mitigate gaps in healthcare preparedness and response capabilities for disasters and emergencies across Wyoming.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$1,031,448	$989,036	$936,748
People Served[1]	578,803	581,381	584,057
Cost Per Person	$1.78	$1.70	$1.60
Non-600 Series[2]	36.1%	30.6%	34.9%
COVID-19 Response Cost	$181,004	$69,343	$13,692

[1] People served represents the population of Wyoming, U.S. Census Bureau.
[2] 600 series is defined as direct service.

Program Cost Notes

- The program is 100% federally funded through a Cooperative Agreement with the Department of Health and Human Services (HHS), Administration for Strategic Preparedness and Response (ASPR).
- From 2020-2024 the program received $1,129,359 in COVID-19-related funding. As of FFY25, the program's budget is no longer supplemented with COVID-19 funds.
- In 2024, the program contracted with five healthcare coalitions at $151,000 each, for a total of $755,000.

Program Staffing

- 1.0 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- After the attacks on 9/11/01, Congress passed the Public Health Security and Bioterrorism Preparedness and Response Act of 2002. This Act established the National Bioterrorism Hospital Preparedness Program. The program funded hospitals to develop regional partnerships and purchase equipment and supplies, including personal protective equipment, mobile medical units, and pharmaceutical caches.
- In March 2020, a Public Health Emergency and a Presidential Emergency Declaration were issued for COVID-19. The HPP provided assistance in the response by activating its emergency caches and provided technical assistance to the healthcare community.

(continued)

Events that Have Shaped the Program (cont.)

- During the COVID-19 public health emergency, HPP assisted Wyoming hospitals with scarce resources, expanding hospital capacity, medical equipment and resources such as ventilators, cardiac monitors, and staffing support. Additionally, the healthcare coalitions (HCCs) held weekly calls with hospital members.
- From 2020-2022, the five HCCs filed to become 501(c)(3) organizations and are their own fiscal agents. Previously, the Wyoming Hospital Association and other hospitals were the fiscal agents.
- On May 15, 2023, the Public Health Emergency was lifted.
- HPP has expanded to include a whole-community approach and connects healthcare entities to plan for and respond to emergencies and disasters by addressing community needs, building connectivity, and improving patient outcomes during a disaster or emergency.
- Essential members of a Healthcare Coalition are defined as hospitals, emergency medical services agencies, emergency management agencies, and local health departments.
- Other participating agencies include long-term care facilities, home health agencies, behavioral health agencies, and specialty clinics and other similar agencies.
- In January 2024, the HPP was moved from the Office of Emergency Medical Services to the Public Health Preparedness and Response (PHPR) Unit.

Healthcare Preparedness Program

Performance

Program Core Purpose

To develop, refine, and maintain healthcare coalitions and member agencies' emergency preparedness planning, mitigation, and recovery capabilities for any type of emergency.

Outcomes

Performance Metric	SFY 2024 Target	SFY 2025 Target	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
% of deliverables met by healthcare coalitions (HCCs)	**70%**	**70%**	N/A[1]	N/A[1]	N/A[1]	N/A[1]	46%
# of HCC members from healthcare entities and partnering agencies	**N/A[1]**	**240**	N/A[1]	N/A[1]	N/A[1]	N/A[1]	207
% of essential member agencies participating in a HCC[2]	**100%**	**100%**	75%	91%	82%	86%	90%

[1] Data not available due to creation of new metric.
[2] Essential member agencies includes two acute care hospitals, Emergency Medical Services, Emergency Management organizations, and Public Health organizations.

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
# of trainings offered to healthcare coalition members by HCCs	9	12	13	13	**28**	N/A[1]	N/A[1]	N/A[1]	N/A[1]
# of technical assistance and trainings provided to HCCs facilitated by HPP Coordinator	N/A[2]	N/A[2]	N/A[2]	N/A[2]	**12**	N/A[2]	N/A[2]	5	7

[1] Data not collected by healthcare coalitions on a quarterly basis.
[2] Data not available due to creation of new metric.
[3] Recipient-Level Direct Cost (RLDC) is defined by the Administration for Strategic Preparedness & Response (ASPR) as personnel, fringe benefits, and travel.

Efficiencies									
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Average % of HCC funds spent on administrative costs (range)	23.0%[1] (20 - 25%)	24.0%[1] (23 - 28%)	39.1% (30 - 53%)	38.7% (36 - 54%)	**49% (40 - 57%)**	N/A[2]	N/A[2]	N/A[2]	N/A[2]
Average amount of HCC funds spent on collaborative training for members and preparedness partners (range)	$11,995 ($1,509 - 18,964)	$2,134 ($0 - 10,670)	$20,769 ($737 - 44,831)	$10,035 ($0 - 31,835)	**$12,819 ($0 - 18,683)**	N/A[2]	N/A[2]	N/A[2]	N/A[2]

[1] Coalition administration in SFY21 and earlier was handled through fiscal agents, whereas in SFY22, coalitions became their own 501c3 organizations. As such, data from SFY21 or earlier is not comparable to data from SFY22 or later.
[2] Data not available on a quarterly basis.

Story Behind the Performance

- In 2024 and 2025, the Public Health Emergency Preparedness Program and Healthcare Preparedness Program (HPP) will collaborate on joint training, planning, and exercises to align with each program's core capabilities and performance measures. This synchronization aims to significantly improve statewide health emergency preparedness, strengthen stakeholder partnerships, reduce exercise fatigue, and maximize cost-effectiveness.
- As the COVID-19 Public Health Emergency Declaration has concluded, funding for COVID-19 is no longer available to supplement the HPP budget. Consequently, the program's focus has shifted from real-time emergency response to preparedness for future emergency healthcare responses. This is reflected by new performance metrics, which will better track the program's efforts in alignment with this shift in focus.
- With the program now emphasizing preparedness, HPP is concentrating on enhancing performance both programmatically and administratively. HPP has provided technical assistance, training, and meetings to help the HCCs meet the requirements of the Administration for Strategic Preparedness and Response (ASPR) Cooperative Agreement. Areas identified for improvement include increasing the percentage of deliverables met by the coalitions and aligning coalition resources with program objectives.

Healthcare Workforce Recruitment, Retention, and Development Program

Program Description

The Healthcare Workforce Recruitment, Retention, and Development (HWRRD) Program supports the recruitment, retention, and development of the healthcare workforce in Wyoming's medically underserved communities.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$214,857	$235,232	$619,201
People Served[1]	578,803	581,381	584,057
Cost Per Person	$0.37	$0.40	$1.06
Non-600 Series[2]	39%	42%	16%

[1] People served represents the population of Wyoming, U.S. Census Bureau. While HWRRD does not provide direct services to individuals, activities support access to healthcare for the entire population of Wyoming.
[2] 600 series is defined as direct service.

Program Cost Notes

- SFY24 budget consisted of 6% State General Funds and 94% Federal Funds.
- There was a significant increase in expenditures in SFY24 due to receipt of federal State Loan Repayment Program (SLRP) funds. FFY22 and FFY23 funds were expended during SFY24.

Program Staffing

- 1.0 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- Wyo. Stat. §§ 9-2-118 through -119 created the Wyoming Healthcare Professional Loan Repayment Program (WHPLRP) in 2005, and Wyo. Stat. § 35-1-1101 created the Provider Recruitment Grant Program (PRGP) in 2008.
- HWRRD includes activities under the federal Primary Care Offices (PCO), SLRP, and State Offices of Rural Health (SORH) grants, and the state-funded WHPLRP and PRGP.
- As a result of statewide budget reductions in SFY17-18, WHPLRP funding (100% tobacco settlement funds) was eliminated and PRGP funding was reduced. In SFY21, PRGP funding was eliminated.
- The Office of Rural Health (ORH) was awarded SLRP funding from the Health Resources and Services Administration in 2015. This funding required a 1:1 match of state funds to federal funds. State matching funds for SLRP were eliminated during SFY21 budget reductions resulting in the loss of federal funds for loan repayment. Federal funding without a match requirement was awarded for SFY23-25; however, matching funds will be required again for SFY26.

Program Core Purpose

To assist Wyoming communities experiencing a shortage of healthcare providers and Wyoming's safety-net facilities with the recruitment and retention of healthcare professionals.

Outcomes

Performance Metric	SFY 2024 Target	SFY 2025 Target	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
# of physicians needed to eliminate primary care health professional shortage areas (HPSAs)[1]	**≤ 24**	**≤ 23**	24	26	24	24	23
# of psychiatrists needed to eliminate mental health HPSAs[1]	**≤ 25**	**≤ 23**	25	21	28	28	23
# of dentists needed to eliminate dental HPSAs[1]	**≤ 5**	**≤ 5**	5	8	8	8	7
# of obligated healthcare professionals in HPSAs (all disciplines)[2]	**5**	**10**	18	12	8	6	11

[1] Data Source: Designated HPSA Quarterly Summary, Health Resources and Services Administration, June 30, 2024.
[2] Healthcare professionals obligated to practice in a HPSA under the Wyoming State Loan Repayment Program (WY-SLRP) and the J-1 Visa Waiver Program.

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
$ amount awarded through Loan Repayment Program (LRP) (# of awards)	$112,000 (6)	$0 (0)	$0 (0)	$185,208 (5)	**$170,000 (4)**	$0 (0)	$185,208 (5)	$0 (0)	$170,000 (4)
# of candidates placed through Wyoming Health Resources Network (WHRN)	9	8	16	13	**20**	7	6	8	12
# of new J-1 Visa Waiver physicians[1]	5	4	4	4	**11**	2	2	1	10

[1] J-1 physicians are foreign physicians in the U.S. for post-graduate medical education that are required to return to their home country for two years before applying for a permanent work visa in the U.S. Waivers of the two-year home residency requirement are granted to eligible physicians willing to practice full-time in a HPSA for three years.

Efficiencies									
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
% of SLRP applicants awarded (# awards/# applications)	46% (6/13)	- (0/0)	- (0/0)	26% (5/19)	**33% (4/12)**	26% (5/19)	- (0/0)	33% (4/12)	- (0/0)
SLRP obligation completion rate by cohort (# completed/# awarded)[1]	75% (3/4)	80% (4/5)	100% (6/6)	- (0/0)	**- (0/0)**	- (0/0)	- (0/0)	- (0/0)	- (0/0)
Average cost per WHRN placement (total cost/# placements)	$7,556 ($68,000/ 9)	$8,000 ($64,000/ 8)	$5,250 ($84,000/ 16)	$7,692 ($100,000/ 13)	**$5,730 ($114,600/ 20)**	$7,143 ($50,000/ 7)	$8,333 ($50,000/ 6)	$7,163 ($57,300/ 8)	$4,775 ($57,300/ 12)

[1] Completion rate is reported for the cohort whose obligation ended during the corresponding fiscal year.

Story Behind the Performance

- In SFY24 there were 11 OHPs practicing in HPSAs statewide (9 loan repayment and 2 J-1 Visa Waiver), an increase of 5 from SFY23. This increase is a direct result of new federal funding for the Wyoming SLRP for SFY2023-25.
- Awards for WY-SLRP are available to primary care physicians and psychiatrists, primary care and behavioral health physician assistants and nurse practitioners, certified nurse midwives, mental health clinicians, dentists and registered dental hygienists, registered nurses, and pharmacists practicing full-time at approved National Health Service Corps (NHSC) sites located in a HPSA. No awards were issued during SFY21 or SFY22 due to elimination of the program's matching funds during the 2021 legislative session. New federal funding without a match requirement was received for SFY23-25, and 4 awards were issued during SFY24. Federal funding received in SFY26 will again require matching funds.
- Between 2006 and 2024, 323 loan repayment awards were issued through both the WHPLRP and WY-SLRP. As of the 4th quarter of SFY24, 291 awardees (90%) have either successfully completed or are currently completing their service obligation and requirements. To date, 32 awardees (10%) have withdrawn from program participation prior to the first payment or have defaulted on their service obligation or other requirements. National Health Service Corps (NHSC) data indicates a retention rate of 85% for NHSC Loan Repayment participants between 2012 and 2019. In SFY20, the ORH conducted a retention assessment of WHPLRP participants and determined that 220 (77%) WHPLRP participants are still licensed and 66% are still practicing in Wyoming.
- The Wyoming Office of Rural Health (ORH) contracts with Wyoming Health Resources Network, Inc. (WHRN) to provide Wyoming-based recruitment services at no cost to Wyoming's safety-net facilities and communities with a shortage of healthcare providers.
- Coordination of the Conrad 30 J-1 Visa Waiver Program is a requirement under the federal Primary Care Offices (PCO) grant. Each state is allotted 30 J-1 Visa waivers per federal fiscal year, although most rural and frontier states have low demand and fill 5 or fewer. No state funds are used to administer the Conrad 30 J-1 Visa Waiver Program.

Medicare Rural Hospital Flexibility Program

Snapshot

Program Description

The Medicare Rural Hospital Flexibility (Flex) Program supports Critical Access Hospitals (CAHs) with quality improvement initiatives focused on quality of care, operational efficiency, financial management, and population health; assists facilities seeking designation as CAHs; and expands programs for the provision of rural emergency medical services (EMS).

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost[1]	$477,335	$519,515	$536,776
People Served[2]	578,803	581,381	584,057
Cost Per Person	$0.82	$0.89	$0.91
Non-600 Series[3]	20%	24%	25%

[1] Expenditures have been updated from previous report to reflect total amount spent during Grant Fiscal Year, including any expenditures paid through carryover funds.
[2] People served represents the population of Wyoming, U.S. Census Bureau. The Flex Program does not provide direct services to individuals, but supports CAHs.
[3] 600 series is defined as direct service.

Program Cost Notes

- In SFY24, the Flex Program was 100% federally funded.

Program Staffing

- 1.0 FTE
- 0 AWEC
- 1.0 Contractor

Events that Have Shaped the Program

- Section 1820 of the Social Security Act created the Medicare Rural Hospital Flexibility (Flex) Program.
- 42 CFR § 485.606 provides federal guidance for CAH Conditions of Participation.
- Wyo. Stat. § 9-2-117 created the Office of Rural Health.
- Wyoming Administrative Rules; Department of Health; Office of Rural Health; Chapter 3: Designation of Critical Access Hospitals provides hospitals with rules for the CAH application process and criteria.

Medicare Rural Hospital Flexibility Program

Performance

Program Core Purpose

To support Critical Access Hospitals (CAHs) in building capacity, supporting innovation, and promoting sustainable improvement in the rural health care system to ensure high quality health care services are available in rural communities and aligned with community needs.

Outcomes

Performance Metric	FFY 2024 Target	FFY 2025 Target	FFY 2020	FFY 2021	FFY 2022	FFY 2023	FFY 2024
% of patient transfers meeting documentation requirements for Emergency Department Transfer Communication measures (EDTC)[1,2,3]	**100%**	**60%**	63% (10/16)	53% (9/16)	25% (4/16)	69% (11/16)	44% (7/16)
% of CAHs meeting overall rating of 9-10 in Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)[4]	**75%**	**50%**	44% (7/16)	27% (4/15)	42% (5/12)	38% (6/16)	38% (6/16)
% of CAHs providing financial and operational data to Quality Health Indicators (QHi)	**50%**	**50%**	81% (13/16)	50% (8/16)	44% (7/16)	31% (5/16)	25% (4/16)
% of CAHs improving Patient Safety[5]	**75%**	**75%**	94% (15/16)	60% (10/16)	50% (6/12)	50% (6/12)	58% (7/12)

[1] EDTC consists of 8 documentation requirements for patient transfers from one facility to another to ensure continuity of care and avoid medical errors.
[2] The benchmark of 100% compliance with documentation requirements is set nationally for all CAHs. Wyoming Flex has established an achievable target for FFY25, with a goal of continuous improvement to work towards the national benchmark.
[3] Metric language updated from previous report; previously reported as "% of CAHs improving in EDTC measures."
[4] A rating of 9-10 indicates the most favorable responses regarding hospital care.
[5] This measure includes Antibiotic Stewardship, healthcare provider vaccinations and decreasing falls within a CAH. Flex had an initiative to help CAHs decrease the number of falls within the CAH.

Outputs

Performance Metric	FFY 2020	FFY 2021	FFY 2022	FFY 2023	**FFY 2024**	**2023** Q1-Q2	**2023** Q3-Q4	**2024** Q1-Q2	**2024** Q3-Q4
# of Quality Improvement (QI) Roundtables	6	5	7	7	**18**	3	4	5	6
# of Financial/Operational Roundtables	3	4	5	5	**11**	3	2	3	3
# of CAHs with staff receiving a scholarship for training & education[1]	15/16	11/16	9/16	10/16	**12/16**	10/16	4/16	10/16	8/16

[1] Scholarship recipients organizations included 12 CAHs, 1 Rural EMS agency, and 2 WYDOT employees for a total of 88 individual scholarships. Scholarships are provided for additional training in quality improvement, financial and operational improvement, and Emergency Medical Services.

Efficiencies									
Performance Metric	FFY 2020	FFY 2021	FFY 2022	FFY 2023	**FFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
The average cost per CAH participating in Quality Improvement Initiatives	$9,735	$3,446	$4,900	$8,960	**$11,917**	N/A[1]	N/A[1]	N/A[1]	N/A[1]
The average cost per CAH participating in FI and Operational Improvement Initiatives	$13,663	$7,142	$9,063	$5,999	**$10,312**	N/A[1]	N/A[1]	N/A[1]	N/A[1]
Cost per CAH to participate in QHi[2]	$1,184	$1,118	$1,174	$1,252	**$1,434**	N/A[1]	N/A[1]	N/A[1]	N/A[1]

[1] Data not available on a quarterly basis.
[2] QHi is a benchmarking program to improve quality of care and financial viability of healthcare providers. Cost is calculated by dividing the program cost of QHi by all participating CAHs. There are 3 CAH that are part of a health system and therefore have their own reporting system. This tool supports initiatives relative to clinical, quality and financial viability by providing easy data entry, automated reports, and real-time benchmarking with self-defined peer groups.

Story Behind the Performance

- Critical Access Hospitals (CAHs) are defined as hospitals with twenty-five or fewer acute care beds and located more than thirty-five miles from another hospital or in the case of mountainous terrain or areas with only secondary roads available, a fifteen mile drive from another hospital.
- To support quality improvement, the Flex program offered eleven roundtables to provide education and peer-to-peer learning on the quality indicators. Thirty-one scholarships were awarded for quality improvement activities.
- The Flex Program conducted six roundtables focused on operational and financial improvement processes. Additionally, the program partnered with Eide Bailly Healthcare Consulting to host a five-day webinar on Critical Access Hospital (CAH) billing. Representatives from sixteen CAHs and EMS facilities attended these webinars. In total, thirty-four scholarships were awarded in the areas of finance and operations.
- To support rural EMS, nineteen scholarships were given to EMS CAHs and rural EMS entities. A financial webinar was provided on ambulance billing. Thirty participants from CAH-affiliated EMS agencies and rural EMS agencies attended the billing webinar.
- In FFY23, Memorial Hospital of Sweetwater County submitted an application for CAH Designation. The hospital received initial eligibility approval but in FFY24 chose to pause their pursuit of the designation. In FFY24, two hospitals submitted applications to the Office of Rural Health and are awaiting and/or pursuing CAH Designation: North Platte Valley Medical Center and Evanston Regional Hospital. The Flex Program will provide support to these hospitals as they move through this process.

Emergency Medical Services

Snapshot

Program Description

The Emergency Medical Services (EMS) Program oversees various activities, including licensing EMS providers and agencies, establishing EMS education standards, assuring rule compliance, conducting investigations, collecting data, and providing technical and other assistance to EMS providers and agencies throughout Wyoming.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$487,376	$437,503	$465,264
People Served[1]	578,803	581,381	584,057
Cost Per Person	$0.84	$0.75	$0.80
Non-600 Series[2]	96.9%	99.9%	99.0%

[1] People served represents the population of Wyoming, U.S. Census Bureau.
[2] 600 series is defined as direct service.

Program Cost Notes

- The EMS Program budget is funded with 90% general funds and 10% federal funds.

Program Staffing

- 5.0 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- The Wyoming Emergency Medical Services Act of 1977 (Wyo. Stat. § 33-36-101) authorized the Department of Health to regulate and license EMS professionals in the state of Wyoming.
- National trends and legislation, such as the National EMS Scope of Practice Model (2019), and the National Emergency Medical Services Education Standards (2021) have required changes to EMS education.
- The implementation of Community EMS added a new EMS service delivery model in July 2016.
- Advances in medical technology have added to the cost of providing emergency medical services.
- Wyoming's rural and frontier setting causes a significant reliance on Critical Access Hospitals. This reliance requires patients to be transported frequently to higher levels of care, which creates a heavy demand for a well-functioning and dependable EMS system.
- Budget reductions initiated in 2020 were fully implemented in 2022 and have resulted in a reduction of services provided by the EMS Program.

Emergency Medical Services

Snapshot

EMS Sustainability Trust Accounts

	2021	2022	2023	2024
Fund 579 EMS Trust	$500,000	$500,000	$500,000	$500,000
Interest Income	$19,228	$11,065	$23,327[1]	$22,328[2]
Fund 571 EMS Income Account	$160,474	$114,702	$108,246[1]	$111,919

[1] 2023 balances were updated from previous HealthStat Report data to reflect final balances after year-end closeout.
[2] 2024 balances are pending year-end closeout.

The EMS Sustainability Trust Account was established through Enrolled Act No. 94 of the 2009 General Session of the Wyoming Legislature. The act created Wyo. Stat. § 33-36-101 within the Wyoming Emergency Medical Services Act of 1977 and provided authority and funding to the Department of Health, Public Health Division, Office of EMS to oversee needs assessments.

In 2023, two needs assessments were conducted using funds from the EMS Sustainability Trust Account. The purpose of the needs assessments is to determine possible solutions for sustaining EMS in a local community or service area and to assist a community in implementing the solutions after a needs assessment.

Emergency Medical Services

Performance

Program Core Purpose

To enhance Wyoming's EMS system through programmatic and regulatory activities, including data collection and technical assistance, aimed at ensuring properly equipped ambulances are available statewide to respond to and appropriately transport patients when needed.

Outcomes

Performance Metric		SFY 2024 Target	SFY 2025 Target	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
% of chute times ≤10 minutes[1, 6]	All emergency responses	**>95.0%**	**>95.0%**	93.0%	93.0%	93.5%	93.1%	93.3%
	Emergency responses with documented delay exception[2]	**94.0%**	**94.0%**	93.8%	93.8%	94.5%	94.4%	95.1%
% of operational times ≤10 minutes[3, 6]		**98.0%**	**98.0%**	98.2%	98.2%	98.4%	97.8%	98.2%
% of response times ≤8:59 minutes[4, 6]		**60.0%**	**60.0%**	51.0%	50.0%	52.2%	51.0%	52.4%
% of response times <30 minutes[4, 6]		**97.0%**	**97.0%**	97.2%	98.0%	97.5%	94.7%	94.7%
% of records with a validity score ≥90 points[5, 6] (All records, services, and responses)		**98.0%**	**98.0%**	99.8%	99.7%	99.6%	99.1%	99.0%

[1] Chute time is the time interval for an emergency response between when the patient, location, problem and callback number are known and the time the ambulance begins to respond to the location.
[2] Delay exceptions are documented instances which require additional time to be enroute to mitigate dangerous responses such as delays due to inclement weather or other hazardous driving conditions.
[3] Operational time is the time interval between when the dispatcher notifies the ambulance agency of a request for service to and the time the ambulance is en route; data represents ground unit responses only.
[4] Response time is the time interval between when the patient, location, problem, and callback number are known and the time the ambulance reports that it is on scene.
[5] Validity score is a numerical score used to indicate the level of validation rule completeness of a patient care report in WATRS.
[6] Data Source: Wyoming Ambulance Trip Report System (WATRS).

Emergency Medical Services

Performance

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
# of requests for services in WATRS[1]	80,120	84,991	88,424	89,301	**92,329**	45,561	43,740	45,035	47,294
# of estimated technical assistance hours	N/A[2]	N/A[2]	2,730	1,900	**2,120**	920	980	1000	1,120
# of new providers trained[3]	569	651	593	376	**763**	121	255	176	587
# of new licenses issued[3]	599	629	597	380	**670**	145	235	270	400
# of initial classes offered[3]	68	74	68	36	**62**	10	26	23	39
# of compliance investigations	18	15	9	25[4]	**18**	19	6	10	8

[1] Data Source: Wyoming Ambulance Trip Report System (WATRS).
[2] Data not available due to creation of new metric.
[3] Data Source: Online Wyoming Licensure System (OWLS).
[4] Data updated from previous report due to a typographical error.

Efficiencies

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Cost per WATRS record submitted[1]	$0.84	$0.89	$0.85	$0.90	**$0.85**	$0.86[3]	$0.91[3]	$0.88	$0.83
Student course completion rate[2]	88%	88%	75%	93%	**78%**	84%	89%	87%	75%

[1] Cost is calculated by dividing the portion of the EMS program's cost of the ImageTrend contract by total number of WATRS entries.
[2] Completion rate for students participating in Initial Education Courses.
[3] Data updated from previous report due to a typographical error.

Story Behind the Performance

- The Office of EMS (OEMS) is a developmental and regulatory agency. In this dual capacity, the OEMS must determine the status of the many elements that comprise a comprehensive EMS and Trauma System, adapt what currently exists or create new solutions, and ensure that EMS agencies are compliant and functioning in a coordinated effort. The OEMS is comprised of the EMS Program and the Trauma Program. Healthy People 2030 focuses on reducing preventable hospital visits and improving hospital care, including follow-up services. In FY21, the OEMS introduced a grant opportunity for Wyoming EMS agencies to establish or enhance Community Emergency Medical Services (CEMS) programs. CEMS aims to reduce preventable hospital visits and follow-up services by enabling EMTs and Paramedics to provide many primary care services to patients.
- Wyoming's EMS agencies must comply with both rule and industry standards for response, and provide a competent workforce that is capable of meeting the standard of care. To accomplish this, the EMS program must measure the current response reliability, maintain a system that maximizes Wyoming's capabilities, and provide EMS education standards, based on valid, relevant curricula.
- In general, the EMS system has been struggling with the workforce shifting more toward paid EMS staff instead of volunteers. This change puts stress on systems that often cannot afford to pay staff in the state's small frontier areas.
- In FY20, the OEMS changed its education management processes due to personnel realignment and a reduction in funding. This change disrupted the way that courses are conducted in the state, which affected our data collection efforts but did not significantly change the actual output of new EMS workforce personnel. In FY20, the OEMS lost its compliance staff position due to budget cuts.
- The EMS Program provides a statewide electronic medical records system for the patient's continuum of care and public health monitoring, resulting in savings of approximately 2.1 million dollars over two years in pass-through costs to patient care.

Public Health Preparedness and Response

Snapshot

Program Description

The Public Health Preparedness and Response Unit (PHPR) strengthens preparedness and integrates federal, state, tribal, private sector, non-governmental organizations, and local public health responses to pandemics, natural disasters, terrorism, and other public health emergencies. Program activities are designed to develop emergency-ready public health departments.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$4,301,641	$4,391,298[1]	$4,715,264
People Served[2]	578,803	581,381	584,057
Cost Per Person	$7.43	$7.55	$8.07
Non-600 Series[3]	50%	42%	54%
Crisis Response[4]	$1,355,528	$1,131,764	$1,687,625

[1] Cost has been updated from previous report due to year-end closeout.
[2] People served represents the population of Wyoming, U.S. Census Bureau.
[3] 600 series is defined as direct service.
[4] Crisis Response includes COVID-19 Response, Workforce Development, and Mpox response funding.

Program Cost Notes

- The PHPR Unit is 100% federally funded through cooperative agreements with the Centers for Disease Control and Prevention (CDC).
- PHPR is funded by the Public Health Emergency Preparedness (PHEP) Cooperative Agreement, which includes a 10% match requirement met by county, tribal, and state in-kind match contributions.
- PHPR is also funded by the Public Health Crisis Response Cooperative Agreement with the CDC, which requires no match.

Program Staffing

- 14.0 FTE*
- 4.0 AWEC
- 2.0 Other

*Includes 3 FTE managed by the Wyoming Public Health Laboratory.

Events that Have Shaped the Program

- Significant events that have shaped the Preparedness and Response unit include the 9/11 terrorism attacks, anthrax attacks in October 2001, natural disasters such as flooding and fires, preparation for disease outbreaks such as the Mpox, Ebola, and Zika viruses, preparation and participation in the Vigilant Guard 2023 exercise, pandemics including the COVID-19 and the H1N1 influenza pandemics, and the response to the opioid epidemic.

(continued)

Events that Have Shaped the Program (cont.)

- Regarding SFY24, the federal funding for the Public Health Emergency Preparedness Cooperative Agreement remains consistent at a base of $5,000,000. Additionally, $210,000 is allocated for the Cities Readiness Initiative (CRI). The CDC's Cities Readiness Initiative is a federally funded program that aims to enhance preparedness in the largest population centers of the nation, where almost 60% of the population resides. In Wyoming, the CRI jurisdictions include Laramie and Natrona counties.
- The Wyoming Department of Health was awarded the Crisis Response Cooperative Agreement from the American Rescue Plan Act of 2021 Workforce Development Cooperative Agreement July 1, 2021- June 30, 2024 in the amount of $4,384,938. CDC requires that at least 25% of the jurisdictional award will support school-based health programs, including nurses or other personnel. The Wyoming Department of Education provided 2,763 behavioral health and substance abuse services appointments to 118 students over 18 months. Of the remaining 75% of the Cooperative Agreement (or less, depending on the amount invested in schools), CDC expects that at least 40% will support local hiring through local health departments or community-based organizations, which provided at least one (1) full time equivalent public health response coordinator for each county and tribal nation. This funding supports a a state school nurse for the Wyoming Department of Education.
- Emergency Support Functions (ESFs) are organized groups of activities designed to provide support for disasters and emergencies. ESF #8, Public Health and Medical Services, coordinates assistance to supplement state, tribal, and local resources in response to potential or actual disasters or emergencies. Examples of public health emergency response scenarios include pandemic flu outbreaks and bioterrorism attacks. ESF#8 provides support such as assessment of public health and medical needs (including behavioral health), engaging federal resources, public health surveillance, and distribution of Strategic National Stockpile and other medical countermeasure assets, including Personal Protective Equipment (PPE), testing, and therapeutics. The Wyoming Department of Health designates Public Health Preparedness and Response (PHPR) as the lead for ESF #8 in the state, ensuring efficient coordination of public health and medical services during times of crisis.

Public Health Preparedness and Response

Performance

Program Core Purpose

To develop and maintain public health emergency response capability within the Wyoming Department of Health and local public health agencies through planning, training, exercise, evaluation, resource identification, and quality improvement.

Outcomes

Performance Metric		SFY 2024 Target	SFY 2025 Target	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Time, in minutes, for Immediate After Hours Assembly of WDH Response Coordination Team[1]	*Virtual*	**<60**	**<60**	5	N/A[2]	15	12	5
	In-Person			30	N/A[2]	N/A[2]	20	5
% of contract deliverables completed by counties and tribal nations		**95%**	**95%**	56%	93%	93%	99%	98%
% of state, county, and tribal public health responders completing respirator fit testing[3]		**95%**	**95%**	N/A[2]	N/A[2]	85% (219/258)	89% (230/258)	98% (242/246)

[1] Total time taken for pre-identified staff to report for duty, without prior notice, in response to a public health emergency.
[2] Data not collected; requirements waived by CDC during emergency response to the COVID-19 pandemic.
[3] Respirator fit testing is an Occupational Safety and Health Administration (OSHA) mandate and required as part of contract deliverables for some public health staff members in counties and tribes.

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	**2023 Q1-Q2**	**2023 Q3-Q4**	**2024 Q1-Q2**	**2024 Q3-Q4**
% of WDH Response Coordination Team trained for role requirements for WDH response management	66% (21/31)	78% (25/32)	74% (11/15)	92% (12/13)	**65% (13/20)**	92% (11/12)	92% (12/13)	N/A[1]	65% (13/20)
# of courses of antibiotics compared to estimated number of key personnel identified[2]	6,966/ 5,060	5,966/ 5,060	4,687/ 5,060	4,687/ 5,060	**7,950/ 5060**	4,687/ 5,060	4,687/ 5,060	7,950/ 5060	7,950/ 5060

[1] Data not collected this quarter.
[2] Quantity of antibiotics in the supply should be equal to or greater than the estimated number of key personnel to ensure that everyone needing treatment can receive it without delay in the event of an anthrax incident.

Efficiencies									
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Cost per Wyoming Alert and Response Network (WARN) message recipient[1]	$1.08 ($12,995/ 12,034)	$1.78 ($12,995/ 7,300)	$1.50 ($12,995/ 8,638)	$0.84 ($14,350/ 17,122)	**$0.78 ($14,350/ 19,919)**	N/A[2]	N/A[2]	N/A[2]	N/A[2]

[1] Calculated by dividing the annual cost of the WARN contract by the total number of unique registered recipients.
[2] Data not collected on a quarterly basis.

Story Behind the Performance

- CDC continues to specify evidence-based programmatic benchmarks mandated by Section 319C-1(g) of the Public Health Service Act. PHEP recipients that fail to "substantially meet" benchmarks or pandemic influenza planning requirements are subject to withholding of a statutorily mandated percentage of their awards. Wyoming has consistently met 100% of required benchmarks to retain full funding.
- PHPR maintains performance-based contracts that support 19 county public health nursing offices, four independent county health departments, and two tribal health departments. These contracts are designed to improve their ability to prevent, respond to, and recover from public health emergencies.
- Respirator fit testing is required by OSHA and serves as a proxy measure to measure the effectiveness of the Responder Health and Safety program. Proxy measures can be used to estimate the effectiveness of these programs in promoting and maintaining the health and safety of responders.

Trauma Program

Snapshot

Program Description

The Wyoming Trauma Program (WTP) serves Wyoming residents by maintaining and improving the Wyoming Trauma System infrastructure and the clinical care of trauma patients through education, support, and regulation. This involves designating acute care facilities in accordance with Rules and Regulations for the WTP, maintaining the Wyoming Trauma Program Patient Registry (WTPPR), and providing training and guidance to trauma system facilities to improve performance and patient care.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost	$216,910	$194,996	$285,984
People Served[1]	578,803	581,381	584,057
Cost Per Person	$0.37	$0.34	$0.49
Non-600 Series[2]	100%	100%	100%

[1] People served represents the population of Wyoming, U.S. Census Bureau.
[2] 600 series is defined as direct service.

Program Cost Notes

- The WTP is 100% funded by general funds.
- Total Program Cost increased in SFY24 due to trauma system educational supplies and a shift in fiscal responsibility for travel costs; previously these expenditures had been incorporated into the EMS budget.

Program Staffing

- 2.0 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- The WTP was formed as a result of Wyo. Stat. § 35-1-801 et seq. (July 1, 1993).
- Unintentional Injury is the number one cause of death for Wyoming residents ages 1 through 44 years (CDC WISQARS 2021). Additionally, Wyoming ranks first in the nation for work-related traumatic injury deaths. The fatality rate in Wyoming is 10.4 per 100,000 workers compared to the national average of 3.6 per 100,000 workers.
- On July 1, 1994, the Department was authorized to promulgate reasonable rules and regulations which specify state trauma system objectives and standards, hospital categorization criteria and criteria and procedures to be utilized in designating trauma system hospitals.
- The WTP operates with five trauma regions across the state, which currently include 27 hospitals and two acute care clinics.

Trauma Program

Performance

Program Core Purpose

To designate acute care facilities in accordance with Wyoming Trauma Rules and Regulations; maintain the State Trauma Patient Registry; and provide training, performance improvement guidance, and supporting data to trauma system participants to promote a trauma system prepared to provide optimal care to the injured patient.

Outcomes

Performance Metric	SFY 2024 Target	SFY 2025 Target	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
% of facilities maintaining Wyoming Trauma Program Patient Registry compliance[1]	**85%**	**90%**	88% (24/27)	92% (25/27)	96% (27/28)	96% (26/28)	100% (28/28)
% of facilities with full designation status[2]	**97%**	**97%**	81% (22/27)	92.6% (25/27)	100% (28/28)	100% (28/28)	89.7% (26/29)
# of facilities with provisional designation status[3]	**2**	**0**	5	2	1	0	2

[1] Compliance is met when complete patient records are entered into the Wyoming Trauma Program Patient Registry by facilities within 180 days.
[2] Full designation status is granted when a facility satisfies the requirements of the trauma facility's appropriate level described in the Rules and Regulations for Wyoming Trauma Program.
[3] Provisional designation status is granted when a facility does not meet the requirements of the trauma facility's appropriate level described in the Rules and Regulations for Wyoming Trauma Program.

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	**2023 Q1-Q2**	**2023 Q3-Q4**	**2024 Q1-Q2**	**2024 Q3-Q4**
# of formal educational opportunities supported by the WTP	2	4	2	3	**3**	2	1	2	1
# of trauma designation site surveys conducted[2]	4	9	7	4	**9**	0	4	4	5
# of consultative visits[3]	N/A[1]	N/A[1]	N/A[1]	N/A[1]	**2**	N/A[1]	N/A[1]	1	1

[1] Data not available due to creation of new metric.
[2] Metric title updated from previous report to align with program reporting language; previously reported as "# of facility site reviews conducted."
[3] Consultative visits are visits by the WTP to provide support and guidance to trauma facilities.

Efficiencies									
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Cost per Trauma Registry Record[1]	$4.33 ($22,800/ 5264)	$4.29 ($22,800/ 5318)	$5.22 ($22,800/ 4367)	$4.17 ($21,250/ 5098)	**$4.40 ($23,484/ 5333)**	$4.25 ($10,625/ 2502)	$4.09 ($10,625/ 2596)	$4.13 ($11,742/ 2846)	$4.72 ($11,742/ 2487)

[1] Number of registry records has been updated from previous report due to delayed entries.

Story Behind the Performance

The Wyoming Trauma Program Patient Registry is a statewide database that integrates medical and system information related to trauma patient diagnosis and the provision of trauma care provided by prehospital, hospital, rehabilitation centers, and medical examiners. The database is used to monitor trauma patient outcomes.

Facility Standard Levels of Designation in Wyoming:

- Trauma Receiving Facility (TRF) generally is a small, licensed rural facility, clinic, or medical assistance facility that is committed to the resuscitation and stabilization of trauma patients. They may have limited services and use the higher level facilities for transfer of trauma patients.
- A Community Trauma Hospital (CTH) generally is a small, rural facility committed to resuscitating trauma patients. Written transfer protocols ensure that patients who require a higher level of care are appropriately transferred for definitive care.
- An Area Trauma Hospital (ATH) is an acute care facility with the commitment, medical staff, personnel, and specialty training necessary to provide primary care to trauma patients. An ATH shall provide initial resuscitation of the trauma patient and immediate operative intervention to control hemorrhage and assure maximal stabilization before transfer to a higher level of care.
- A Regional Trauma Center (RTC) is a designated facility that has the medical staff and facilities to provide advanced care to trauma patients and serves as a referral hospital for ATHs, CTHs, and TRFs. RTCs are expected to provide initial definitive trauma care for a wide range of injuries and injury severity.

Full Designation Status is given when a facility meets all standards and will be re-reviewed in 3 years. Provisional Designation Status is given when the facility does not meet all standards and will be re-reviewed in one year. This one-year period allows the facility to meet specific benchmarks and standards while continuing to bill for trauma team activations.

Communicable Disease Prevention

Program Description

The Communicable Disease Prevention Program supports the prevention, control, and investigation of communicable diseases in Wyoming. The program provides education, testing, treatment, and targeted interventions to individuals, community organizations, and healthcare providers related to chlamydia, gonorrhea, syphilis, hepatitis B and C, human immunodeficiency virus (HIV), and tuberculosis (TB).

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost[1]	$1,444,500	$2,044,158	$1,916,738
People Served[2]	578,803	581,381	584,057
Cost Per Person	$2.50	$3.52	$3.28
Non-600 Series[1,3]	74.6%	76.3%	71.1%
COVID-19 Response Cost[4]	$0	$714,565	$963,035

[1] 2022 and 2023 program cost and non-600 series has been updated from previous reports due to separation of COVID-19 Response Cost.
[2] People served represents the population of Wyoming, U.S. Census Bureau.
[3] 600 series is defined as direct service.
[4] COVID-19 Response Costs are associated with the CDC STD Prevention grant supplement totalling $3M. The funding ends 2/28/2026.

Program Cost Notes

- The Communicable Disease Prevention program is 100% federally funded through five CDC grants/cooperative agreements.
- In 2024, all the contracts for the Disease Intervention Specialist Workforce (DISWF) Capacity Supplemental Grant were executed and funds were consistently being spent.

Program Staffing

- 7.0 FTE
- 1.0 AWEC
- 0 Other

Events that Have Shaped the Program

- The COVID-19 pandemic impacted utilization of program services from 2020-2022.
- The CDC STD Prevention Disease Intervention Specialists Workforce (DISWF) Capacity Supplemental funding was received in June of 2021 as part of the American Rescue Plan Act.
- To better meet the needs of the population and to overcome COVID-19 related access to care barriers, CDU began offering at-home HIV testing in July of 2021.

(continued)

Events that Have Shaped the Program (cont.)

- In early 2021, CDC released updated STD treatment recommendations for chlamydia and gonorrhea which increased the need for prescriber and stakeholder education to ensure patients received adequate treatment.
- In 2022, CDU expanded at-home testing options to further improve access to care for our population.
- The contracts funded by the DISWF supplement began in 2022. These funds have been instrumental in increasing prevention, testing, treatment, and linkage to care. Additionally, these funds support expansion of local level services. Since these contracts began, testing has increased each year, gonorrhea infections have decreased each year, chlamydia decreased in 2021 and 2022 and remained level in 2023, and syphilis decreased from 2022 to 2023.
- In 2024, the CDC High-Impact HIV Prevention and Surveillance Programs for Health Departments began the new 5-year grant cycle.

Communicable Disease Prevention

Performance

Program Core Purpose

To prevent, control, and investigate communicable diseases in Wyoming.

Outcomes

Performance Metric	CY 2024 Target	CY 2025 Target	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024
Chlamydia infection rate per 100,000[1]	**350.0**	**333.0**	335.7 (US: 481.3)	359.0 (US: 495.5)	308.4 (US: 495.0)	313.2 (-)	(-) (-)
Gonorrhea infection rate per 100,000[1]	**70.0**	**67.0**	67.2 (US: 206.5)	90.4 (US: 214.0)	53.3 (US: 194.4)	42.3 (-)	(-) (-)
Total syphilis infection rate per 100,000[1,5]	**7.5**	**8.0**	5.4 (US: 40.4)	7.4 (US: 53.2)	11.4 (US: 62.2)	9.6 (-)	(-) (-)
# of congenital syphilis cases[1]	**0**	**0**	0	0	0	2	0[2]
# of newly diagnosed HIV cases (rate per 100,000)[1]	**<15**	**<15**	14 (WY: 2.4)	7 (WY: 1.2)	13 (WY: 2.2)	22 (WY: 3.8)	10[2] (-)
Newly diagnosed hepatitis C infections per 100,000[1]	**60.0**	**50.0**	53.0	54.6	41.5	36.1	(-)
% of newly reported gonorrhea, syphilis, HIV, hepatitis B, and hepatitis C (<36 years of age) cases that do not have a disposition of "unable to locate"[1,3]	**90%**	**95%**	84%	87%	98%	100%	(-)
Active TB infections per 100,000[4]	**<1.0**	**<1.0**	0.0 (US: 2.2)	0.5 (US: 2.4)	0.2 (US: 2.5)	0.3 (US: 2.9)	(-) (-)

[1] Data Source: Patient Reporting Investigation System Management (PRISM) (Wyoming rates) and CDC STI Surveillance Reports (US rates).
[2] Data displayed is provisional data as of 10/01/2024.
[3] The disposition of "unable to locate" is used for confirmed cases or partners of cases that are unable to be reached for follow-up and referral for testing.
[4] Data Source: CDU Surveillance Program (Wyoming rates) and CDC (US rates).
[5] Data has been updated from previous report; the US rate now reflects the total syphilis infection rate.
(-) Indicates data not yet available.

Communicable Disease Prevention

Outputs

Performance Metric	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
# of condoms distributed	161,133	369,178	444,433	466,456	(-)	282,266	184,190	217,766	(-)
# of condom dispenser sites[1]	>200	247	311	357	(-)	321	357	365	(-)
# of at-home tests ordered[2]	N/A[1]	71	223	336	(-)	130	206	289	(-)

[1] Data was previously reported as the cumulative number of dispensers provided by the program over time and is now reported as number of dispensers in service.
[2] Data not available due to creation of new metric. The in-home testing program began with HIV testing in July 2021 and the program began offering comprehensive testing in Q2 of 2022.
(-) Indicates data not yet available.

Efficiencies

Performance Metric	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
# and average cost of redeemed safety-net testing vouchers	3,975 $26.96	4,101 $28.44	4,753 $33.21	5,548 $34.45	(-)	2,975 $30.49	2,782 $36.09	3,178 $30.64	(-)

(-) Indicates data not yet available.

Story Behind the Performance

- Potential impacts of the COVID-19 pandemic on access to communicable disease testing should be considered when interpreting 2020-2022 rates. Other potential impacts were decreased utilization of the program and at times decreased availability of swabs.
- Partner services are offered to all newly reported cases of gonorrhea, syphilis, HIV, hepatitis B, and hepatitis C (<36 years of age) and their elicited or identified partners in Wyoming. Partner services include: ensuring appropriate treatment has been provided and recommending additional testing (if indicated), identifying partners (sexual or needle-sharing), providing prevention messages related to identified risks, and locating the elicited partners to notify them of the exposure and recommend testing. A decrease in the "unable to locate" number is reflective of individuals not responding to staff attempts to locate. Staff use phone calls, letters, and other relevant methods to locate or contact individuals.
- Gonorrhea infections have decreased in Wyoming, and the current trend indicates a decrease in the number of cases in the United States. Gonorrhea infection increases the risk of acquiring HIV. The unit prioritizes those with gonorrhea infection for partner services, prevention messaging, and to ensure they are given effective treatment.
- Approximately 99% of the newly diagnosed hepatitis C cases in Wyoming were identified as chronic infections during 2023.

(continued)

Story Behind the Performance (cont.)

- According to the CDC, condom distribution programs are structural interventions that have been shown to increase condom use, condom acquisition, and condom carrying, promote delayed sexual initiation or abstinence among youth, provide cost-effective and cost-saving outcomes on future medical costs, and help reduce HIV, STIs, and unintended pregnancy rates among a wide range of at-risk groups.
- The increase in average safety-net testing cost is associated with staff providing technical assistance to KnoWyo safety-net testing sites to improve best practices and comprehensive testing.

Communicable Disease Treatment

Snapshot

Program Description

The Communicable Disease Treatment Program provides treatment for individuals diagnosed with a communicable disease. This program provides a safety net of healthcare services for diagnosed individuals. Core services include support for social determinants of health such as housing, transportation, mental health, and other supportive services.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost[1]	$1,529,454	$1,254,241	$1,816,940
People Served[2]	693	600	785
Cost Per Person	$2,207	$2,090	$2,315
Non-600 Series[3]	13.6%	7.0%	13.5%
COVID-19 Response Cost[4]	$74,481	$114	$0

[1] Traditional, non-COVID-19-related program costs. These are considered typical costs. The cost per person served is calculated based on this total.
[2] People served includes those persons who received treatment or other services for TB, HIV, and other STIs.
[3] 600 series is defined as direct service contracts.
[4] COVID-19 Response Costs were spent down and time bound in 2023.

Program Cost Notes

- The Communicable Disease Treatment program is primarily funded with federal funds with some state funds allocated for HIV treatment for people who meet certain income criteria.
- Federal funds come from a combination of Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), and United States Department of Housing and Urban Development grants.

Program Staffing

- 4.25 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- The program operates under Wyo. Stat. §§ 35-4-101 to -113.
- 2011/2012: Implementation of Communicable Disease Treatment Program enrollment package completed by program case managers which includes identification of risks related to social determinants of health (housing/supportive services) and high-risk health outcome indicators (sexual health, alcohol, substance use).

(continued)

Events that Have Shaped the Program (cont.)

- 2011/2012: Implementation of standard Public Health Nursing Guidelines and Orders for Communicable Disease case management, screening, and treatment services.
- In 2018, the program moved to an open formulary, thereby removing barriers for patient access to medications.
- In 2022, the program completed a statewide comprehensive communicable disease needs assessment and submitted their Integrated HIV Statewide Coordinated Statement of Need/Prevention and Care Plan to CDC and HRSA. This needs assessment and submission is completed every 5 years.
- COVID-19 funding was allocated to support services for clients and case management sites to better serve those living with HIV in Wyoming during from 2021 to 2023.
- As of September 30, 2023, SAMHSA no longer includes a TB component in the Substance Abuse Block Grant. As of October 1, 2023, the program's awards for the Public Health & Health Services grant was increased to cover what was previously covered by the SAMHSA Substance Abuse Block Grant.
- As of January 1, 2024, TB skin testing serum is no longer covered under the CDC Preventive Health and Health Services Block Grant. This expense is now covered by the CDC TB Prevention Grant.
- The program's new medication management platform launched on February 1, 2024, and has significantly improved the ability to track administration of TB skin testing serum and STI medication and report people served more accurately.
- In 2024, CDTP updated the Ryan White Care Plan to include screenings for depression, substance use, and anxiety. This assists the Case Managers in making referrals to appropriate services.

Communicable Disease Treatment

Performance

Program Core Purpose

To reduce disease incidence and improve the health of individuals diagnosed with communicable diseases in Wyoming.

Outcomes

Performance Metric	CY 2024 Target	CY 2025 Target	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024
% of gonorrhea cases receiving the CDC-recommended treatment medication[1]	**90%**	**90%**	81% (317/389)	67% (348/519)	86% (266/310)	90% (222/247)	(-)
% of latent TB infection (LTBI) clients starting treatment in the TB Program who completed LTBI treatment[2]	**90%**	**90%**	54% (19/35)	77% (36/47)	92% (44/48)	92% (47/51)	(-)
% of newly identified HIV positive clients linked into primary care within 3 months of diagnosis[1]	**100%**	**100%**	100% (14/14)	100% (7/7)	100% (13/13)	95% (21/22)	(-)
% of clients enrolled in Communicable Disease Treatment Program (CDTP) with suppressed HIV viral load[3]	**95%**	**95%**	89% (133/150)	76% (171/225)	57% (127/221)	83% (195/235)	(-)
% of new HIV infections considered a late diagnosis[1, 4]	**25%**	**25%**	14% (2/14)	29% (2/7)	23% (3/13)	45% (10/22)	(-)

[1] Data Source: Patient Reporting Investigation System Management (PRISM)
[2] Data Source: Wyoming TB Program
[3] Calculated by dividing the number of patients with a suppressed viral load at their most recent test during the time period by the number of patients enrolled in the CDTP.
[4] A patient is considered to have a late diagnosis of HIV when diagnosed as Stage 3 (AIDS) at the time of the initial HIV diagnosis or when they progress from HIV to Stage 3 (AIDS) within one year of the initial diagnosis. The data for the most recent year may change given the one full year needed to determine if a case is a late diagnosis.
(-) Indicates data not yet available.

Outputs

Performance Metric	CY 2020	CY 2021	CY 2022	CY 2023	**CY 2024**	**2023 Q1-Q2**	**2023 Q3-Q4**	**2024 Q1-Q2**	**2024 Q3-Q4**
# of HIV clients enrolled in care with a documented CD4/Viral Load	133	209	181	242	(-)	116	126	152	(-)
# of HIV clients enrolled in CDTP	208	246	227	221	(-)	218	224	235	(-)
# of individuals enrolled for TB treatment through the TB program	35	50	42	56	(-)	29	27	42	(-)

(-) Indicates data not yet available.

Communicable Disease Treatment

Performance

Efficiencies									
Performance Metric	CY 2020	CY 2021	CY 2022	CY 2023	**CY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Average cost of HIV clients enrolled in CDTP[1,2]	$4,988	$6,021	$2,804	$3,694	(-)	$1,876	$1,818	$2,314	(-)

[1] Quarterly numbers are based on the total quarter number of clients enrolled in the CDTP. This reflects clients that have been maintained, added, or dropped from the program. The CY year totals are a culmination of Q1-Q4 costs.
[2] Calculation is based on all services funded by the CDTP, excluding medications.
(-) Indicates data not yet available.

Story Behind the Performance

- Healthy People 2030 goals and objectives, CDC goals and objectives, and the HIV/AIDS Bureau Standards of Care are the benchmarks for the Communicable Disease Treatment Program (CDTP).
- Since 2021, CDU has seen a steady increase in testing through at-home and safety-net testing (provided by the prevention program) and those diagnosed are able to receive treatment within a reasonable time, which decreases transmission. This increased testing was likely a factor in the increased number of new diagnoses in 2023 and the increase in the percent of HIV diagnoses in Stage 3 in 2023.
- CDC recommends using ceftriaxone 500mg - 1,000 mg to treat gonorrhea. Alternative regimens are available when ceftriaxone cannot be used to treat gonorrhea. Antimicrobial resistance in gonorrhea is of increasing concern and successful treatment is important to cure the infection and prevent further transmission. CDC updated their recommendations for gonorrhea treatment in December, 2020.
- According to the CDC, treating latent tuberculosis infection (LTBI) to prevent progression to TB disease is a cornerstone of the U.S. strategy for TB elimination. National objectives aim to ensure at least 85% of LTBI cases complete treatment. The TB Program provides financial assistance to Wyoming residents for TB medications.
- Potential impacts of the COVID-19 pandemic should be considered when interpreting 2020 to 2022 rates. There have been challenges in obtaining updates on clients from facilities heavily involved in the COVID-19 response.
- According to 2023 CDC data, 82% of people receiving a diagnosis of HIV nationally were linked to care within 1 month of diagnosis. Historically, linkage to care was measured within 3 months of diagnosis. Due to the frontier nature of Wyoming and the limited number of providers, the program will continue measuring linkage to care within 3 months of diagnosis. Linked to care indicates a person had a CD4 or viral load laboratory test following diagnosis.
- The program typically realizes savings in Q3+Q4 over Q1+Q2 due to insurance deductibles being met in the first half of the year.

Infectious Disease Epidemiology

Snapshot

Program Description

The Infectious Disease Epidemiology program conducts infectious disease surveillance and epidemiologic follow-up and investigation of cases, clusters, and outbreaks for the purposes of monitoring occurrences, trends, and risk factors for diseases that pose a threat to public health, and to mitigate the risk to public health as indicated.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost[1]	$519,167	$711,104	$696,589
People Served[2]	578,803	581,381	584,057
Cost Per Person	$0.90	$1.22	$1.19
Non-600 Series[3]	100%	100%	100%
COVID-19 Response Cost[4]	$47,837,424	$13,421,624	$8,097,353

[1] Traditional, non-COVID-19-related costs. The cost per person served is calculated based on this total.
[2] People served represents the population of Wyoming, U.S. Census Bureau.
[3] 600 series is defined as direct service.
[4] The amount shown includes expenditures for the Wyoming Public Health Laboratory (WPHL) and Epidemiology response. Totals may change over time due to billing and payment cycles and grant-approved reallocations.

Program Cost Notes

- FY24 federal funding through the CDC Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement is $574,981.
- FY24 state funding is $121,608.
- One-time COVID-19 Federal Response Funding through the ELC for Epidemiology and Laboratory response total is $118,152,229.

Program Staffing

- 5.0 FTE
- 6.0 AWEC
- 0 Other

Events that Have Shaped the Program

- The program operates under Wyo. Stat. §§ 35-1-223, 35-1-240, and 35-7-123.
- The program continues to investigate cases and outbreaks of enteric, vaccine-preventable, zoonotic, tickborne, vectorborne, healthcare acquired, multi-drug resistant, respiratory, and other infectious diseases.
- Emerging pathogens such as H5N1 Influenza, mpox, and measles continue to challenge our response capabilities.

Infectious Disease Epidemiology

Performance

Program Core Purpose

To mitigate risks, detect early warning signs of disease spread, guide preventive measures, and create recommendations to reduce the impact of infectious diseases on our communities.

Outcomes

Performance Metric	SFY 2024 Target	SFY 2025 Target	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Average # of days to complete case investigations[1]	3	3	3.5	3.0	4.1	4.0	3.7[2]
# of disease outbreaks detected and investigated by the program[1,5]	>5	>5	16	8	8	14	12[2]
Pediatric (<18 years) influenza mortality incidence (per 100,000)[3]	≤ US incidence	≤ US incidence	0.0 (US: 0.25)	0.0 (US: 0.0013)	0.0 (US: 0.0013)	0.0 (US: 0.21)	0.0 (US: 0.27)
Incidence (per 100,000) of pertussis, measles, and mumps (vaccine-preventable diseases)[1,4]	≤ US incidence	≤ US incidence	1.90 (US: 1.83)	0.0 (US: 0.48)	0.34 (US: 0.85)	0.0 (US: 1.76)	(-) (-)
Incidence (per 100,000) of Salmonellosis, Shigellosis, and Shiga toxin-producing *E. coli* infections (enteric diseases)[1,3,4]	≤ US incidence	≤ US incidence	24.78 (US: 14.11)	24.53 (US: 15.82)	32.85 (US: 22.64)	30.27 (US: 25.35)	(-) (-)

[1] Data for this metric is reported by calendar year.
[2] Data reported through September 1, 2024.
[3] Data Source: CDC Influenza Surveillance Program (US data).
[4] Data Source: CDC Nationally Notifiable Disease System (US data).
[5] Data for this metric has changed to combine all outbreaks as one metric
(-) Indicates data not yet available.

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
# of initial case reports detected by program through surveillance[1]	5,621	4,246	4,913	(-)	(-)	(-)	(-)	(-)	(-)

[1] Data for this metric is reported by calendar year.
(-) Indicates data not yet available. Wyoming's infectious disease surveillance system is currently undergoing a transition to a new system, resulting in non-typical delays in accessing the dataset for 2023.

Efficiencies									
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Cost per case investigated	$120	$160	$105	(-)	**(-)**	N/A[1]	N/A[1]	N/A[1]	N/A[1]

[1] Data not collected on a quarterly basis.
(-) Indicates data not yet available. Wyoming's infectious disease surveillance system is currently undergoing a transition to a new system, resulting in non-typical delays in accessing the dataset for 2023.

Story Behind the Performance

- The Infectious Disease Epidemiology program continues to be the leader in the United States in prion disease investigations. Although no cases of human prion disease have been linked to Chronic Wasting Disease to date, the program conducts risk analysis for all reported cases of Creutzfeldt-Jakob Disease and participates in a national risk assessment with the Centers for Disease Control and Prevention.
- Once again in 2023, the state incidence of enteric diseases is above the national incidence. Contact with farm and ranch animals continues to be a common risk factor for enteric diseases in Wyoming and could explain the higher incidence compared to states with urban populations.
- In 2023, the state incidence of vaccine preventable diseases was below the national incidence. No cases of measles, mumps, or pertussis were reported.

Public Health Laboratory

Snapshot

Program Description

The Wyoming Public Health Laboratory (WPHL) performs laboratory testing and services in support of public health, safety, and emergency response. The microbiology program tests for reportable diseases involved in disease outbreaks and supports public health infectious and communicable disease programs, medical facilities, drinking water sites, and public health offices. The chemical testing program supports public safety by managing the state breath alcohol (intoximeter) program and testing biological samples for the presence of drugs of abuse. The preparedness laboratory provides specialized testing for high priority pathogens and works to keep Wyoming laboratories prepared through timely communications and laboratory-related training.

Program Expenditures and People Served

	2022	2023	2024
Total Program Cost[1]	$3,264,245	$3,684,950	$4,588,076
People Served[2]	578,803	581,381	584,057
Cost Per Person	$5.64	$6.34	$7.86
Non-600 Series[3]	95%	87.6%	97%
COVID-19 Response Cost[4]	$47,837,424	$13,421,624	$8,097,353

[1] Traditional, non-COVID-related program costs. The cost per person is calculated based on this total.
[2] People served represents the population of Wyoming, U.S. Census Bureau.
[3] 600 series is defined as direct service.
[4] The amount shown includes expenditures for the Wyoming Public Health Laboratory and Epidemiology response. Totals may change over time due to billing and payment cycles and grant-approved reallocations.

Program Cost Notes

- In SFY24 total expenditures were broken down as follows:
  - General funds - 51% of total expenditures
  - Revenue - 8% of total expenditures
  - Federal grants - 41% of total expenditures
- Payroll accounted for 46% of SFY24 expenditures.
- One-time COVID-19 Federal Response Funding for Epidemiology and Laboratory response total is $118,152,229.

Program Staffing

- 28.0 FTE
- 14.0 AWEC

Public Health Laboratory

Snapshot

Events that Have Shaped the Program

- SFY24 has largely been shaped by the COVID-19 pandemic and a return to standard testing capacity. SARS-COV-2 testing began in March, 2020, as the pandemic spread across the nation. Through SFY24, WPHL has responded by maintaining high throughput testing capabilities. For SFY24, turnaround time for 95% of SARS-CoV-2 testing remained at <24 hours.
- Federal COVID-19 funding was spent on COVID-19 testing at WPHL, contracts with other COVID-19 testing vendors, upgrades to electronic systems, contact tracing, county funding for COVID-19 response activities, and additional temporary epidemiology and laboratory staff.
- SFY24 required teamwork across agency partners to address problems including specimen storage, waste management, and aging and inadequate infrastructure. The WPHL partnered with the Preparedness and Response Unit and the Wyoming Office of Homeland Security to ensure specimens and critical reagents were stored correctly after multiple infrastructure failures at the WPHL. The WPHL partnered with the Wyoming Division of Criminal Investigation to dispose of waste when waste management systems failed. The WPHL partnered with the Governor's Council for Impaired Driving, the Wyoming Department of Transportation, and the Wyoming Division of Criminal Investigation to validate new intoximeters for 57 sites throughout Wyoming. Finally, the WPHL has worked collaboratively with the Department of Administration & Information to replace failing infrastructure including chiller (HVAC) systems.
- Response to emerging diseases, new designer drugs, and technological advancements have required implementation of new instrumentation and advanced technologies to accurately and rapidly detect pathogens or drugs. The Microbiology Program has expanded and enhanced its whole genome sequencing capabilities by staying current with methodologies and cross training staff to complete this work. The WPHL has remained one of the highest throughput sequencing laboratories in the nation per capita. The Chemical Testing Program has been actively working to add additional testing capacity and new methodologies to detect drugs of abuse. Multiple funding requests have been submitted by the Chemical Testing Program to state, national organizations, and federal agencies to support these new advances.
- The WPHL operates the microbiology program under Wyo. Stat. §§ 35-1-240, 35-4-133, 35-4-221, 35-4-501, and 35-7-123 and the chemical testing program under Wyo. Stat. §§ 31-6-105 and 31-5-233.

Public Health Laboratory

Program Core Purpose

To support public health, public safety, and emergency response by providing Wyoming communities, agencies, and private healthcare providers with timely, cost-effective, and quality-assured public health laboratory services and technical support.

Outcomes

Performance Metric	SFY 2024 Target	SFY 2025 Target	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
# of non-WPHL employees trained	**150**	**150**	350	131	134	150	69
# of changes to the testing menu	**≥4**	**≥4**	9	5	2	2	11
Average time (in days) from specimen receipt to result reporting in Microbiology and Preparedness (TB culture and whole genome sequencing excluded)	**1.3**	**1.0**	0.56	0.92	0.76	0.90	0.76
# of SARS-Cov-2 Sequences (# of Variants)	**3,000**	**600**	92 (8)	10,171 (15)	28,261 (>20)	4,365 (>20)	503 (>150)
% of Microbiology clients receiving real-time laboratory results	**100%**	**100%**	82.9% (1059/1278)	90.9% (1283/1412)	97% (1128/1168)	98.3% (1123/1143)	98.1% (1163/1186)
# of EC/IR.II Breath Instruments Repaired	**≤4**	**≤4**	N/A[1]	N/A[1]	6	3	5

[1] The PHL began tracking this data in SFY22. New instruments will be issued in 2024. It is expected that fewer instruments will need repair after this release.

Public Health Laboratory

Performance

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
# of Microbiology and Preparedness tests performed	64,699	420,495	260,911	58,499	**44,334**	35,258	23,241	22,984	21,350
# of trainings provided	32	12	8	11	**17**	5	6	3	14
# of SARS-Cov-2 collection kits distributed	67,377	459,762	230,217	32,164	**2,930**	24,499	7,665	2,330	600
# of SARS-Cov-2 tests completed (multiplex tests)[1]	23,681 (N/A)	152,719 (382,785)	88,743 (218,661)	6,241 (18,325)	**964 (2,667)**	5,073 (14,641)	1,168 (3,684)	780 (2,232)	184 (435)
# of Chemistry samples tested (# confirmed)	6,157 (2,193)	4,526 (3,353)	5,111 (3,178)	5,313 (2,361)	**5,454 (2,796)**	2,802 (1,209)	2,511 (1,152)	3,342 (1,679)	2,112 (1,117)
# of Litigation Support Packages provided	45	114	170	138	**222**	61	77	111	111
# of times court testimony provided	14	20	18	16	**10**	9	7	2	8
# of Breath Alcohol Tests performed[2]	6,048	6,775	5,652	4,148	**(-)**	22,61	1,887	(-)	(-)

[1] Data displays the number of Singleplex, Qiastat, or multiplex SARS-CoV-2 (only) tests completed. In 2020 the laboratory onboarded the SARS-CoV-2 multiplex test which is able to identify three analytes; SARS-CoV-2, Influenza A, and Influenza B. The number in parenthesis represents the total analytes tested using the multiplex.
[2] The Chemical Testing Program certifies and retains data from all Intoximeter EC-IR.II instruments that conduct evidential breath alcohol testing. These test numbers represent all breath subject tests conducted by law enforcement for evidential, training, or instrument accuracy purposes. These data are collected in October and November each year.
(-) Indicates data not yet available.

Efficiencies

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	**SFY 2024**	2023 Q1-Q2	2023 Q3-Q4	2024 Q1-Q2	2024 Q3-Q4
Cost per test[1]	$69.94 ($3,876,309/ 55,416)	$67.04 ($3,510,627/ 52,364)	$47.16 ($2,649,918/ 56,191)	$70.86 ($3,684,950/ 51,996)	**(-)**	$68.77 ($1,849,321/ 26,889)	$73.11 ($1,835,628/ 25,107)	(-)	(-)
% of expenses from revenues[1]	11.1% ($430,984/ $3,876,309)	8.7% ($306,759/ $3,510,627)	14.0% ($369,971/ $2,649,918)	17.6% ($648,982/ $3,684,950)	**8.14% ($373,580/ $4,588,076)**	23.2% ($429,162/ $1,849,321)	12.0% ($219,819/ $1,835,628)	18.0% ($483,387/ $2,690,173)	0% ($-109,807[2]/ $1,897,903)
% of expenses from Federal Grant (no match)[1]	34.2% ($1,328,328/ $3,876,309)	24.1% ($846,175/ $3,510,627)	20.9% ($553,477/ $2,649,918)	23.5% ($866,002/ $3,684,950)	**40.7% ($1,866,848/ $4,588,076)**	17.6% ($324,663/ $1,849,321)	29.5% ($541,339/ $1,835,628)	39.3% ($1,058,260/ $2,690,173)	42.6% ($808,588/ $1,897,903)

[1] These numbers only account for State general funds, revenue, and federal funds allotted to WPHL on a recurring annual basis, and does not include the monies spent from the CARES Act, the Preparedness COVID-19 CoAg grant, or other COVID-19 specific federal funding. This metric will be calculated when breath alcohol testing data is available.
[2] Revenue expenses were negative in Q3-Q4 2024 due to insurance reimbursement for testing supplies and send-out toxicology testing costs. Savings offsets were used for send-out toxicology testing and replacement refrigerator infrastructure.
(-) Indicates data not yet available.

Story Behind the Performance

- The Preparedness Laboratory program conducts training for sentinel laboratorians in rule out/refer for select agents, biosafety, and risk assessment. The Chemical Testing Program conducts training for county coroners, law enforcement agencies, Department of Family Services, and Department of Corrections officers involved in drug and alcohol testing. In SFY18, the Microbiology Program was named as Bioinformatics Training Lead (BTL) laboratory for bioinformatics and whole genome sequencing. As the BTL, the Microbiology Program was responsible for laboratory and analytical training for up to 11 jurisdictions in the mountain region. Due to COVID-19, the number of trainings provided was limited to small in-person or online trainings. Due to consolidation efforts by CDC, the BTL was transferred to Utah in 2022. Additionally, due to staff turnover, limited staff are able to complete training for all three laboratories. These limitations caused the number of trainings offered to be significantly reduced. For SFY25, the Preparedness program anticipates increased training to sentinel laboratories once fully staffed and the Chemical Testing Program will be offering expanded collection and submission training under a new software system.

- In order to meet the needs of WPHL submitters, keep up with changes in technology, meet grant requirements, and address changing public health needs, tests are often added or removed from the testing menu. While the addition of new tests in some years is a reflection of program success, removal of tests may also be a reflection of program success. For SFY24, test menu changes included the addition of Avian influenza A (H5N1) and several updates to existing test algorithms.

- Time from specimen receipt to result reporting is the main controllable factor related to total turnaround time (TAT). Each test has a specific target TAT. In Microbiology, rapid immunoassays and molecular tests should be resulted on the same day of receipt, Quantiferon and serologic assays require 2 days, and culture-based assays should be resulted in < 5 days. TB testing can take up to 8 weeks and whole genome sequencing (WGS) can take up to 2 weeks and were excluded from this calculation. Chemistry tests also have target TATs; however, they are excluded from this calculation at this time due to all confirmatory testing being sent to a third-party laboratory as the program recovers from a critical supply loss and numerous infrastructure failures. For SFY24, TAT is less than 1 day, signifying rapid turn around for diagnostic assays.

- The WPHL fell short of the target of 3,000 SARS-CoV-2 sequences completed in 2024. This target was originally chosen due to its alignment with initial strategic objectives. However, the availability of at-home or rapid testing, along with the privatization of long-term care facility testing, reduced the demand for centralized testing. A reevaluation of strategic objectives, available data, and 'right-size' models for testing has led to the target being adjusted to 600 sequences to better reflect the current realities and priorities of the WPHL in SFY25.

- For SFY20 and SFY21, cost per test was higher and percent of expenses from revenue are lower due to significantly reduced numbers of non-COVID-19 samples submitted. For SFY23 and SFY24, sample submission to NMS caused revenue expenses to temporarily increase. It is expected that the incorporation of new test methods in early 2025 will reduce revenue expenses.

Appendix A: Program Budget Units

Programmatic funding comes out of the budget units listed to the right of each program. Note that a single budget unit may contain budgetary funding for multiple programs. For example, 0401 Medicaid administrative costs includes several administrative and eligibility programs. Note also that some programs are funded out of multiple budget strings. For example, Medicaid dental benefits are paid for both adults (0470) and children (0461). Please refer to budget documents for more detailed budgetary information.

Aging Division

Legal Services and Legal Developer Program	5002
Long Term Care Ombudsman Program	5002, 5004
Title III-B Supportive Services	5002
Title III-C1 Congregate Nutrition Program	5003
Title III-C2 Home Delivered Nutrition Program	5003
Title III-E National Family Caregiver Support Program	5002
Wyoming Home Services	5002

Behavioral Health Division

Early Intervention and Education Program (EIEP) - Part B	2510
Early Intervention and Education Program (EIEP) - Part C	2510
Mental Health Outpatient Treatment	2506
Mental Health Residential Treatment	2508
Substance Abuse Outpatient Treatment	2507
Substance Abuse Residential Treatment	2509

Appendix A: Program Budget Units

Division of Health Care Financing (Medicaid)

Comprehensive Waiver	0485
Care Management Entity (CME)	0461
Customer Service and Call Center	0401
Long Term Care (LTC) Summary	0483
Medicaid Behavioral Health Services	0470, 0461
Medicaid Dental Program	0470, 0461
Medicaid Pharmacy Program	0470, 0461
Medicaid Third Party Liability	0401
Medication Donation Program	0401
Patient-Centered Medical Home	0460, 0461
Psychiatric Residential Treatment Facilities (PRTFs)	0461, 0462
School-Based Services	0461
Supports Waiver	0486
Wyoming Frontier Information (WYFI) Exchange	0401

Appendix A: Program Budget Units

Public Health Division

Children and Youth with Special Health Care Needs Program	0523
Chronic Disease Prevention Program	0539
Communicable Disease Prevention Program	0534
Communicable Disease Treatment Program	0534
Emergency Medical Services	0503
Healthcare Preparedness Program (HPP)	0503
Healthcare Workforce Recruitment, Retention, and Development Program	0510
Healthy Baby Home Visitation Program	0524
Immunization Unit	0522
Infectious Disease Epidemiology	0540
Injury and Violence Prevention Program	0539
Public Health Preparedness and Response	0502
Public Health Laboratory	0532
Public Health Nursing Program	0526
Substance Abuse Prevention Program	0550
Tobacco Prevention and Control Program	0550
Trauma Program	0503

Appendix A: Program Budget Strings

Women and Infant Health	0523
Women, Infants, and Children (WIC) Program	0525
Wyoming Cancer Program	0531
Youth and Young Adult Health Program	0523