

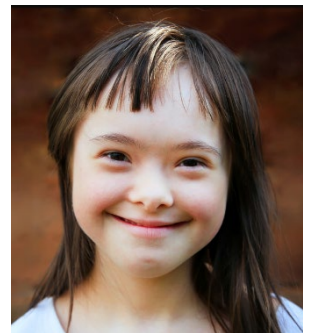


HOME AND
COMMUNITY-
BASED
SERVICES

WYOMING MEDICAID
DIVISION OF HEALTHCARE FINANCING

Home and Community- Based Services Section

SFY 2024 Annual Report



The Wyoming Department of Health, Home and Community-Based Services Section (Section) is pleased to share this annual report on the Comprehensive, Supports, and Community Choices Waivers for State Fiscal Year (SFY) 2024. This report features a review of the efforts that the Section has undertaken in the past year. We encourage people who receive services, family members, agency partners, legislators, and other members of the community to take a moment to read our annual report.

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SECTION PURPOSE

The purpose of the Home and Community-Based Services (HCBS) Section is to provide community-based options to Wyoming citizens who are aging or have disabilities to live independent, meaningful, and dignified lives through access to person-centered, cost-effective services.

WYOMING DEPARTMENT OF HEALTH AND DIVISION STRUCTURE

The Wyoming Department of Health (Department) is the Medicaid State Agency that administers Wyoming's home and community-based waivers. The Section is housed under the Division of Healthcare Financing (Division) within the Department.

Figure 1
Wyoming Department of Health Simple Organizational Chart

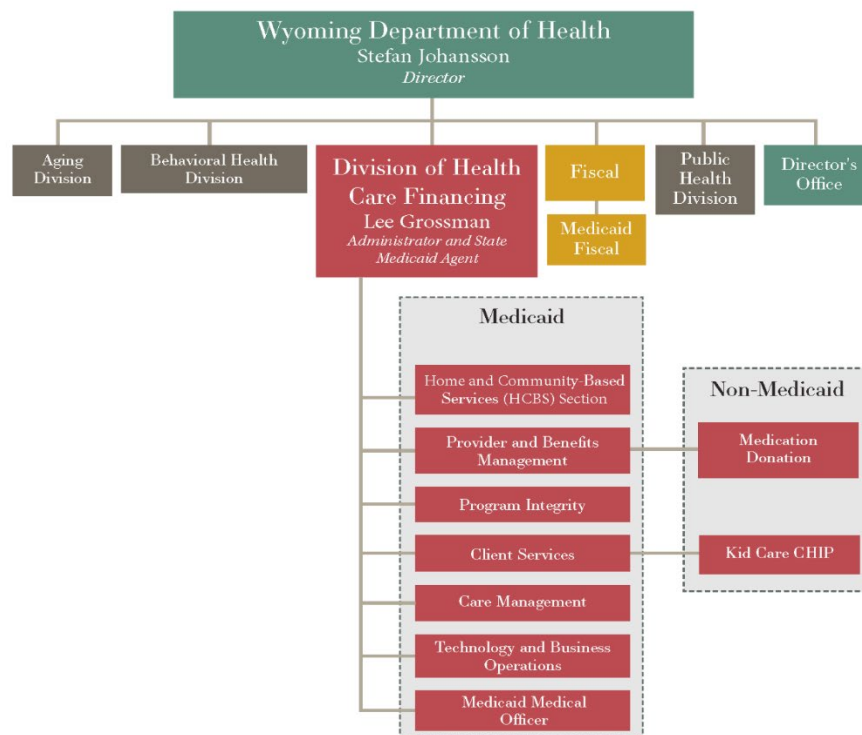
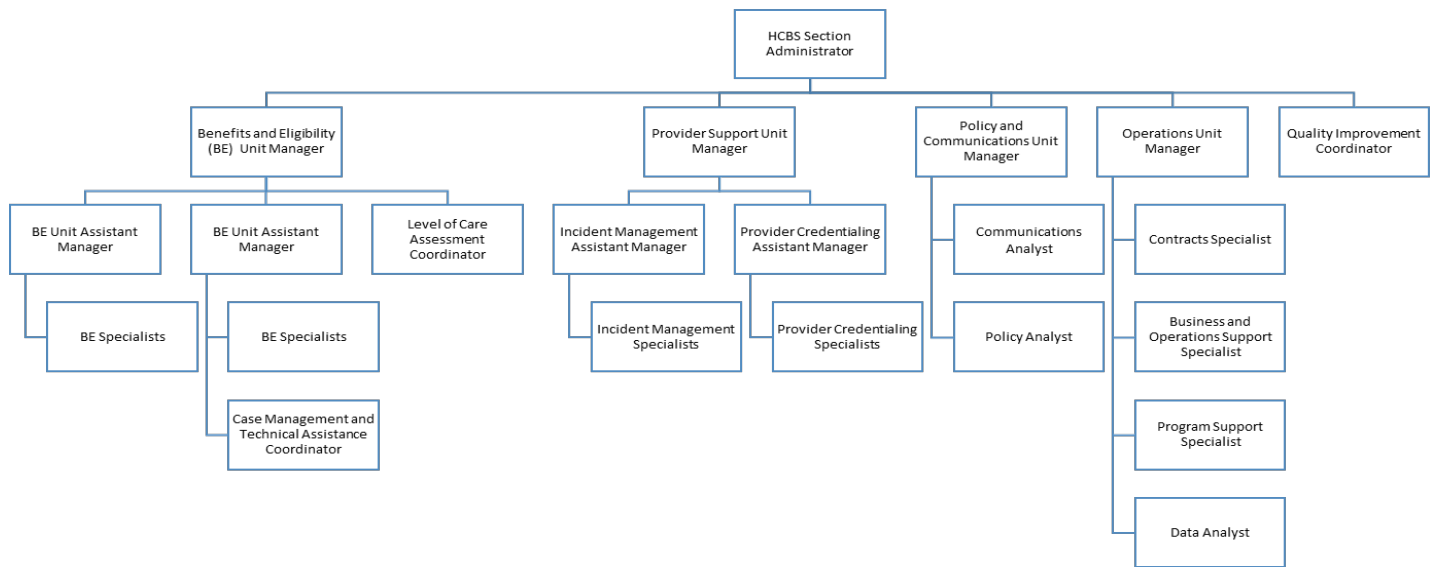


Figure 2
HCBS Section Organizational Chart



SECTION AT A GLANCE

The Section is responsible for planning, coordinating, administering, monitoring, and evaluating state and federally funded HCBS for people who 1) are aged 65 or older; 2) have been diagnosed with a disability as determined by the Social Security Administration; 3) have an intellectual or developmental disability (IDD); or 4) have an acquired brain injury (ABI). The Section administers the Community Choices Waiver (CCW) and the Comprehensive and Supports Waiver (DD Waiver) programs, offers technical assistance and training for various stakeholders, assures program monitoring and standards compliance, and implements continuous quality improvement strategies.

Benefits and Eligibility Unit

The Benefits and Eligibility Unit is comprised of twelve (12) full-time employees who are responsible for assuring that DD Waiver and CCW participants have current and complete plans of care and that participant budgets are funded according to Section policy. This Unit is also responsible for ensuring initial and continuing clinical waiver eligibility requirements are met for services, providing technical assistance to case managers when developing plans of care, and facilitating access to HCBS for waiver participants in emergencies.

Operations Unit

The Operations Unit is comprised of five (5) full-time employees who are responsible for providing business and operational support to the Section. This Unit is responsible for providing input, management, and oversight of all contracts, procurements, and contractual activities that support the Section, processing internal and external data requests, HCBS systems management, and administrative and program support. The Unit also provides an initial point of contact for procurements, implementations, and system integrations to identify any potential impacts to HCBS programs and systems.

Policy and Communications Unit

The Policy and Communications (PAC) Unit is comprised of three (3) full-time employees who are responsible for assuring that federal and Wyoming governing authorities align with Division and Section rule, policies, and practices. In addition to drafting waiver amendments and renewals, rules, and processes, the PAC Unit is responsible for sending communications to external stakeholders, maintaining the Section website and document library, and developing provider and case manager trainings.

Provider Support Unit

The Provider Support Unit is comprised of twelve (12) full-time employees who are responsible for assuring that providers of waiver services comply with Medicaid Rules. This Unit is divided into two distinct teams. The Provider Credentialing Team is responsible for enrolling and certifying providers, conducting on-site visits related to provider certification, and ensuring that providers continue to follow federal requirements related to HCBS settings. The Incident Management Team is responsible for reviewing and responding to complaints, reviewing and investigating incidents, and determining and reporting an analysis of root causes related to critical incidents.

HOME AND COMMUNITY-BASED WAIVERS

The CCW and DD Waiver programs are offered through the Centers for Medicare and Medicaid Services (CMS) Home and Community-Based Waiver Program under Section 1915(c) of the Social Security Act. Under the Act, states can develop HCBS to meet the needs of people who prefer to receive long-term care services and support in their homes and communities as opposed to an institutional setting. According to Medicaid.gov, there are over 300 active HCBS waiver programs nationwide.

For Wyoming to offer services through the CCW and DD Waiver programs, Wyoming must demonstrate the following:

- The cost of providing waiver services does not exceed the cost of providing services in an institution;
- Participant health and welfare is protected;
- Adequate and reasonable provider standards to meet the needs of participants are implemented, and;
- Services follow an individualized and person-centered plan of care.

The CCW and DD Waiver programs represent Wyoming's commitment to funding services so that eligible participants can actively participate in the community, be competitively employed, and live as independently as possible according to their own choices and preferences. The CCW and DD Waiver programs require a person-centered approach to determining the needs of participants, which are specifically outlined in the participant's plan of care.

Services funded through the CCW and DD Waiver programs:

- Support participants to develop and change their plan of care;
- Provide resources and training to assist participants, families, and providers in learning the service system; and
- Offer participants the opportunity to hire, terminate, and train their staff through the participant-directed service delivery option.

The CCW program supports participants who are aged 65 or older or who have been diagnosed with a disability as determined by the Social Security Administration. Participants on the CCW do not have an individual cost limit for their waiver services; instead, their budget is based on their needs, as determined through a series of participant assessments.

The DD Waiver programs support participants with Intellectual and Developmental Disabilities (IDD) from birth through the lifespan, and eligible participants with an ABI who are aged 21 and older. On the Supports Waiver, participants have a capitated budget amount that they use to purchase services. The Comprehensive Waiver offers expanded supports, such as 24-hour residential support. Each participant on the Comprehensive Waiver receives an individual budget amount (IBA) based on their assessed level of need.

PEOPLE SERVED

Before qualifying for CCW or DD Waiver services, an individual must meet specific residency, financial, and level of care eligibility criteria. Individuals must also meet the criteria for institutional level of care as described below:

- Individuals with IDD – level of care criteria for an intermediate care facility for individuals with IDD.
- Individuals with an ABI – level of care criteria for a nursing facility.
- Individuals over the age of 65, or a disability as determined by the Social Security Administration – level of care criteria for a nursing facility.

Demographics

The following charts outline the demographics of CCW and DD Waiver participants as of June 30, 2024.

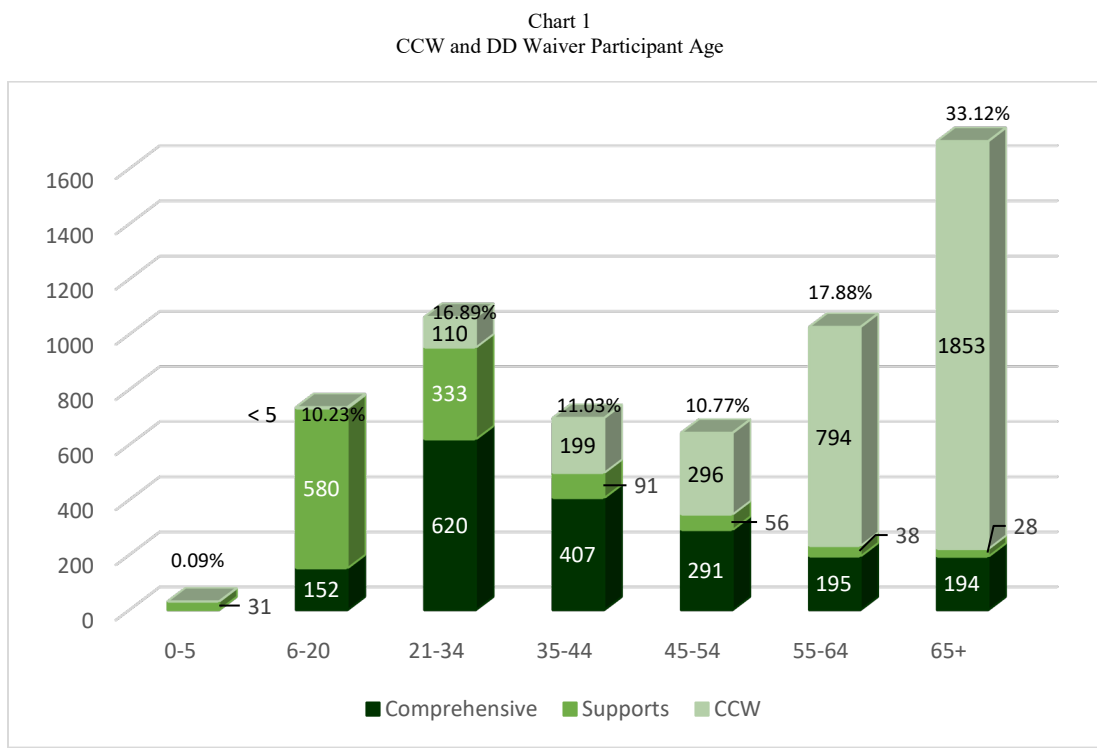


Chart 2
CCW and DD Waiver Participant Sex

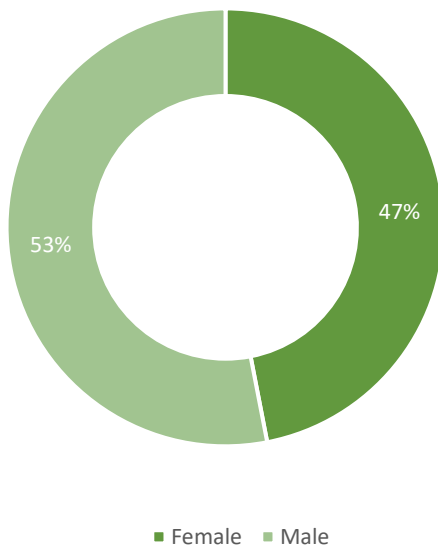
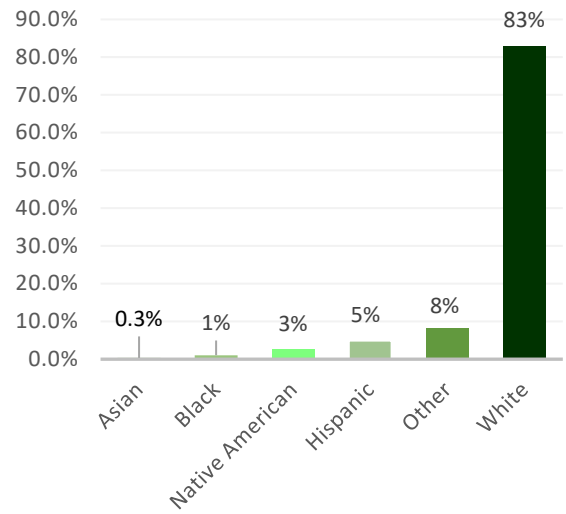


Chart 3
CCW and DD Waiver Participant Race



Waiver Participation

The number of participants served on the CCW and DD Waivers has, on average, increased over the last five years. The number of participants served on CCW did decline for SFY2024. In SFY2024, 2,935 unduplicated participants received DD Waiver services and 2,408 unduplicated participants received CCW services.

Chart 4
Participants Served on CCW and DD Waivers
SFY2024

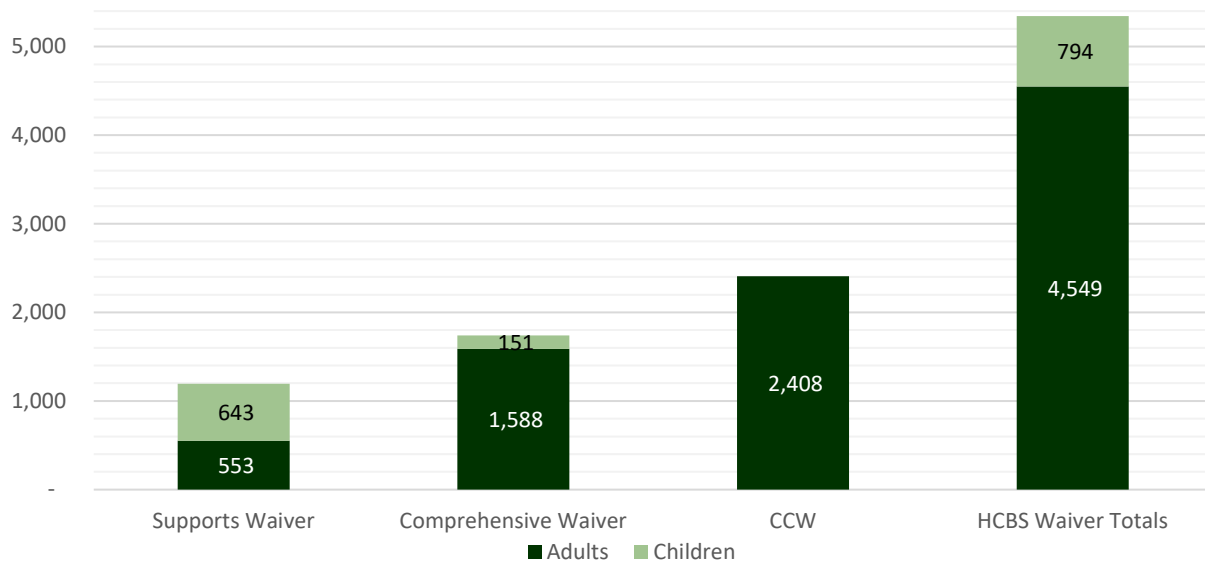
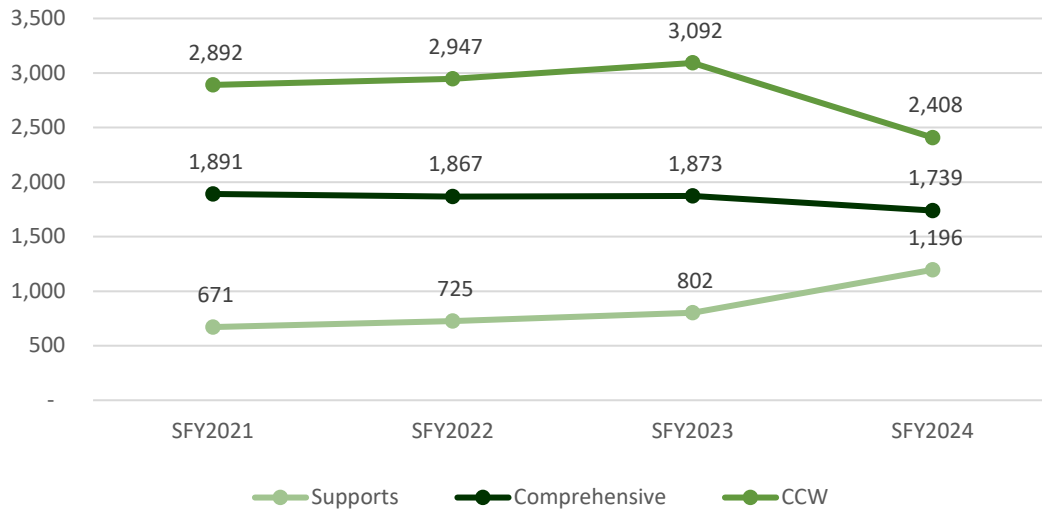


Chart 5
Unduplicated Participants Served on CCW and DD Waivers
SFYs 2021 – 2024

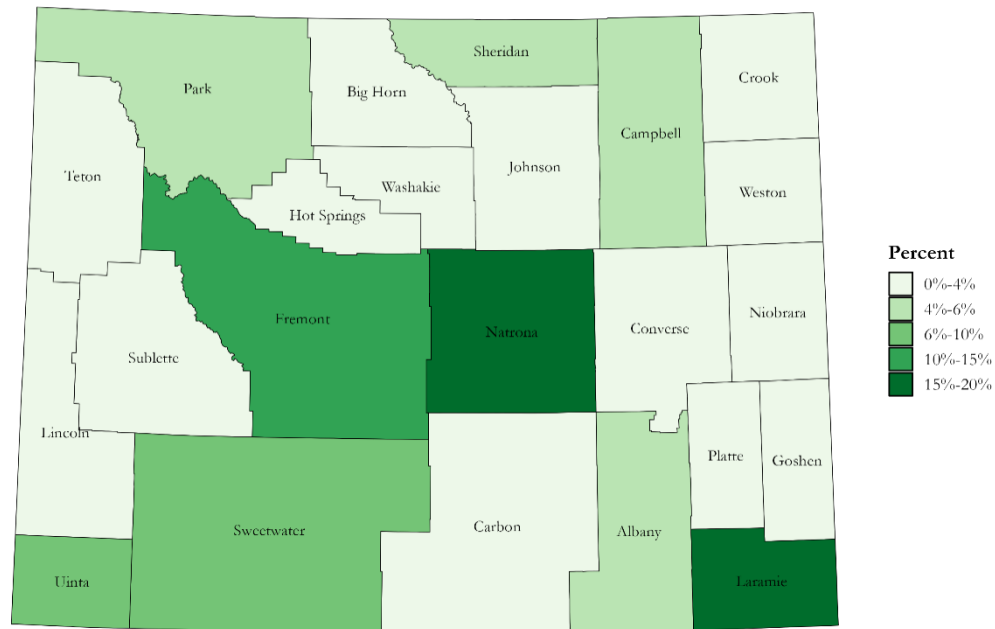


Participants reside and receive services in all 23 Wyoming counties. Many areas of Wyoming are considered to be rural or frontier, which can make service providers more difficult to find. As Wyoming’s aging population continues to grow, the CCW has also seen an average increase in the number of individuals served.

Table 1
Number of Participants Served on CCW and DD Waivers by County
SFY2024

County	Number of Participants			County	Number of Participants		
	CCW	DD	Total		CCW	DD	Total
Albany	160	154	314	Natrona	588	537	1125
Big Horn	33	43	76	Niobrara	5	2	7
Campbell	170	170	340	Park	111	144	255
Carbon	18	25	43	Platte	20	23	43
Converse	36	55	91	Sheridan	78	209	287
Crook	23	14	37	Sublette	6	15	21
Fremont	276	239	515	Sweetwater	102	227	329
Goshen	27	53	80	Teton	5	67	72
Hot Springs	75	36	111	Uinta	157	136	293
Johnson	30	20	50	Washakie	38	49	87
Laramie	430	562	992	Weston	32	19	51
Lincoln	30	102	132				

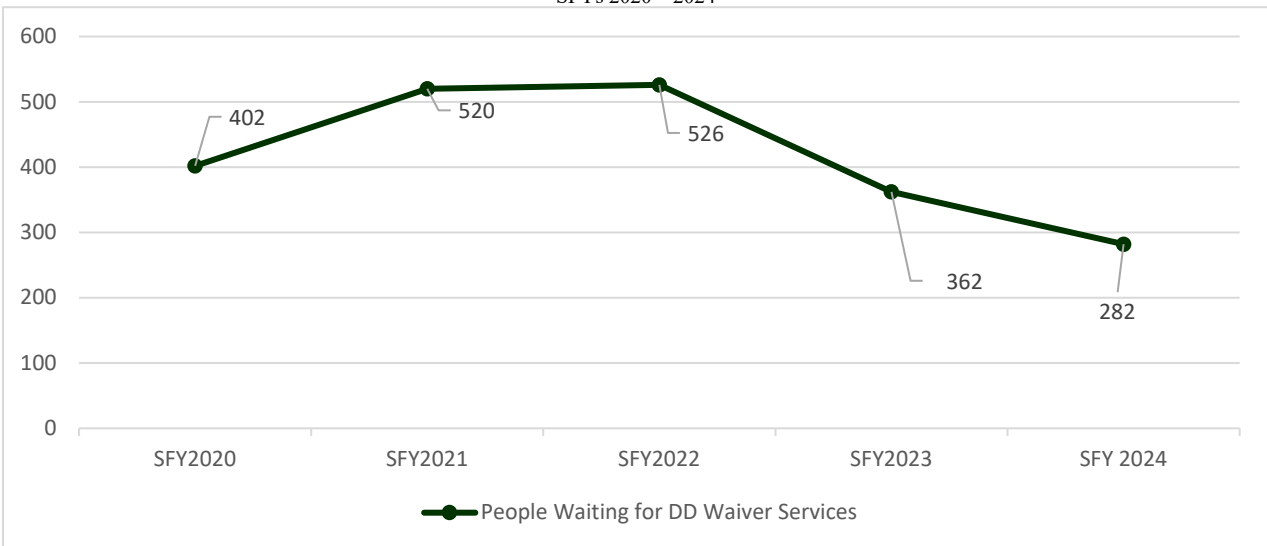
Figure 3
Percentage of Participants Served on the CCW and DD Waivers by County
SFY2024



Waiver Waitlist

Once an individual is determined eligible for DD Waiver services, they are placed on a waiting list until a funding opportunity becomes available. People are funded off of the waiting list on a first-come, first-served basis. As of June 30, 2024, 282 individuals were waiting to receive DD Waiver services. The number of individuals on the waitlist has decreased since June 30, 2023. In March of 2023, the Wyoming State Legislature appropriated funds to be used to allow individuals to transition from the waitlist onto the waiver.

Chart 6
Number of Individuals Waiting for DD Waiver Services
SFYs 2020 – 2024

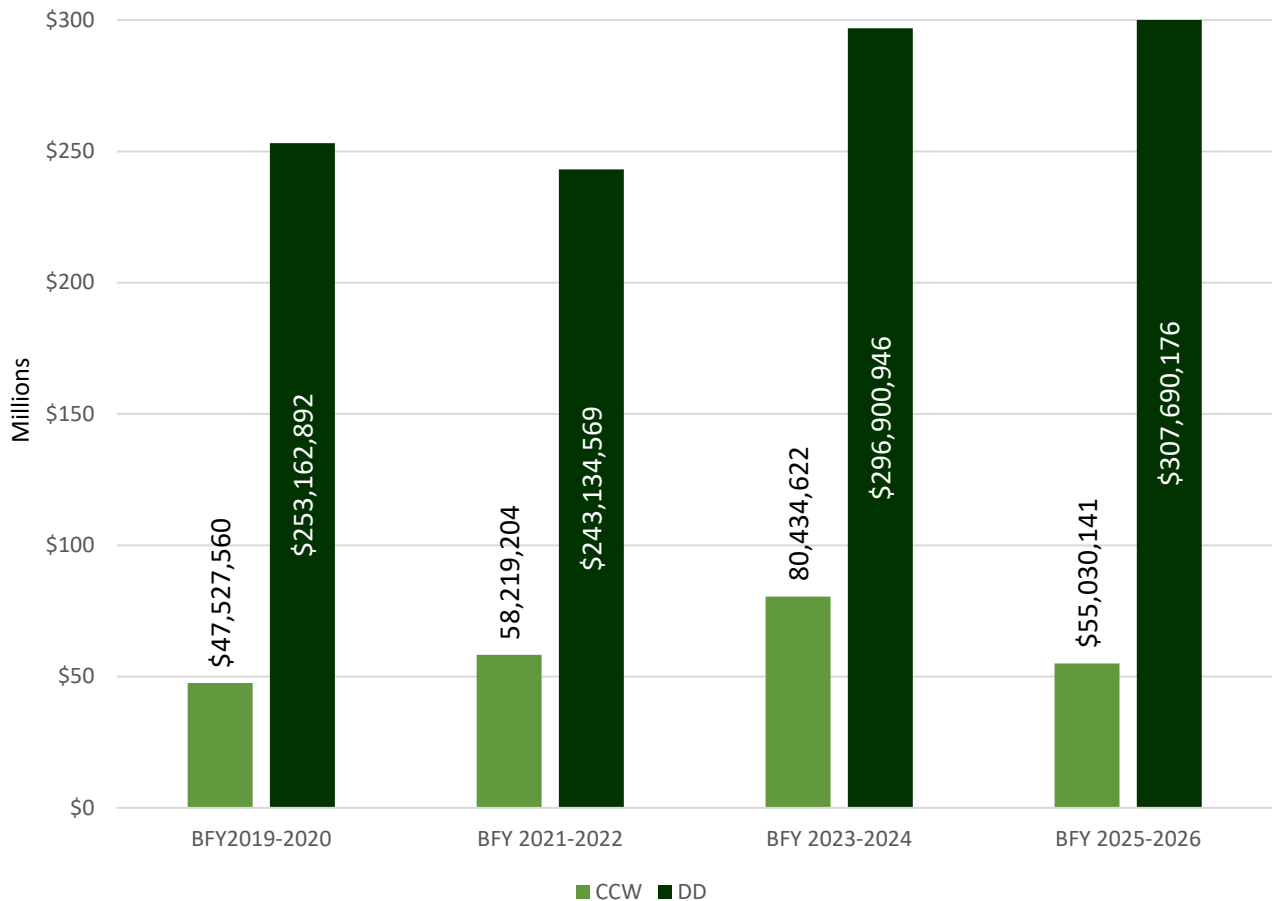


BUDGETS AND EXPENDITURES

Funding for the CCW and DD Waivers is appropriated by the Wyoming Legislature. Pursuant to Wyoming Statute 42-4-120(g), the State must rebase provider service rates for the DD Waiver programs every two to four years. A rate study looking at the provider service rates for the DD Waiver programs was conducted in SFY2024. The Section intends to launch a study rebasing provider service rates for CCW at the beginning of 2025. The current rate methodologies are explained in the respective waiver applications.

Waiver participants receive funds in their budgets for waiver services; additionally, medical benefits for individuals served are paid through waiver program funds. Information on appropriations related to waiver programs can be found in the following graphic.

Chart 7
Legislative Appropriations
Biennial Fiscal Years 2019/20, 2021/22, 2023/2024, and 2025/26



The BFY 2025-2026 had an increase in appropriations. In addition, the legislature appropriated funds to help reduce the waitlist.

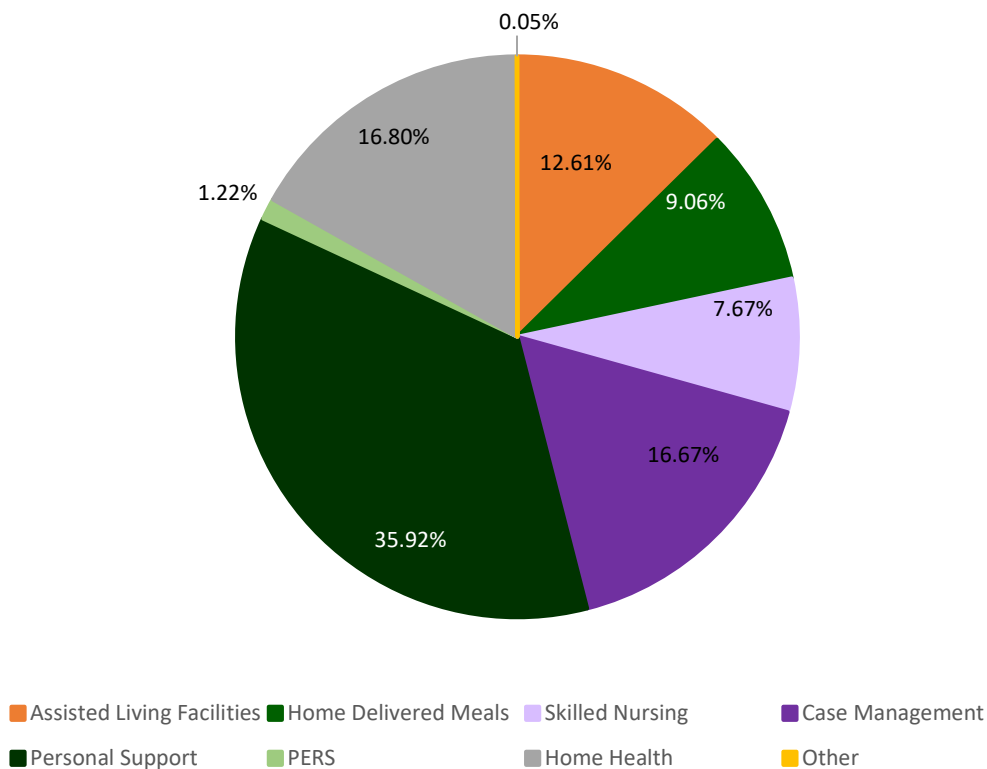
CCW SERVICES

The CCW offers services that complement or supplement the services that are available through the Medicaid State Plan and other federal, state, and local public programs, and natural supports available through family members and communities. All CCW services have specific definitions and limitations. For more information about these services, the CCW Service Index is available on the [Service Definitions and Rates](#) page of the Section website.

Participants of the CCW are required to receive Case Management Services monthly. In SFY2024, a participant-directed service delivery option was available for Personal Support Services, but all other services were required to be delivered through an agency. Several services must be provided by agencies that are licensed

through a state licensing board or the Wyoming Department of Health, Division of Aging. The utilization of CCW services is outlined in Chart 8 below.

Chart 8
CCW Waiver Services Utilization SFY2024



Case Management	
Number of Participants	2,874
Average Cost per Participant	\$3,288
Number of Providers	44



Home Delivered Meals	
Number of Participants	1,816
Average Cost per Participant	\$2,827
Number of Providers	31



Personal Support Services	
Number of Participants	1,098
Average Cost per Participant	\$18,547
Number of Providers	19



Assisted Living	
Number of Participants	389
Average Cost per Participant	\$18,371
Number of Providers	21

On average, the CCW program costs less per participant than skilled nursing facility (SNF) services. This savings is demonstrated in Charts 9 and 10.

Chart 9
CCW/SNF Annual Participant Cost Comparison
SFY2021 - 2024



Chart 10
CCW/SNF Annual Program Cost Comparison
SFY2021 - 2024



DD WAIVER SERVICES

The DD Waivers offer a variety of services from which a participant can choose. All DD services have specific definitions and limitations. The Comprehensive and Supports Waiver Index is available on the [Service Definitions and Rates](#) page of the [Section website](#). Case Management services are required for all people who received waiver funding. A participant and their plan of care team work together to develop a plan that establishes the participant's desires, needs, and preferences for how the service is delivered.

Chart 11
DD Waiver Services Utilization
SFY2024

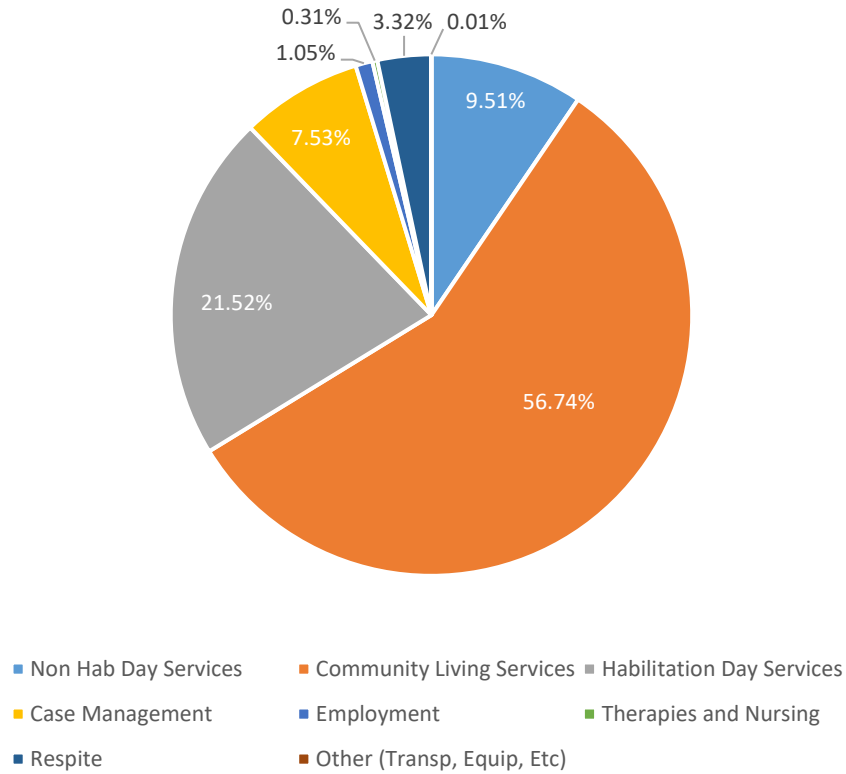


Table 3
DD Waiver Services Utilization, Costs, and Number of Providers by Service
SFY 2024

Case Management Services	
Number of Participants	2,919
Average Cost per Participant	\$3,561
Number of Providers	116

Community Living Services	
Number of Participants	862
Average Cost per Participant	\$77,187
Number of Providers	217

Employment Services	
Number of Participants	208
Average Cost per Participant	\$6,973
Number of Providers	48

Day Services	
Number of Participants	1,604
Average Cost per Participant	\$16,592
Number of Providers	206

SERVICE CAPACITY

In SFY2024, the Section certified 122 CCW providers and case managers statewide in order to ensure that participants had access to quality services and supports in their communities. As displayed below the number of CCW providers and case managers has increased over the last fiscal year.

Table 4
CCW Provider and Case Manager Count
SFYs 2021 - 2024

Year	CCW Providers	Case Managers
2021	128	50
2022	123	41
2023	119	39
2024	122	44

In SFY2024, the Section certified 555 DD Waiver providers and case managers statewide. As displayed in Table 5, the number of DD providers certified by the Section has increased over the last fiscal year.

Table 5
DD Waiver Provider and Case Manager Count
SFYs 2021 - 2024

Year	DD Waiver Providers	Case Managers
2021	606	108
2022	596	110
2023	553	107
2024	555	116

The Section continues to monitor the number of providers certified to deliver waiver services.

AMERICAN RESCUE PLAN ACT (ARPA), SECTION 9817

The [American Rescue Plan Act of 2021](#) (ARPA) was signed into law by President Biden on March 11, 2021, and provides additional federal relief to address the continued impact of Coronavirus Disease 2019 (COVID-19) on the economy, public health, state and local governments, individuals, and businesses. It is intended, in part, to support states in enhancing services for individuals who are eligible for long-term care and HCBS, including participants of the Comprehensive, Supports, and CCW programs.

[Section 9817](#) of ARPA addresses additional support provided to HCBS. The law included a provision to increase the Federal Medical Assistance Percentage (FMAP) for HCBS by 10% from April 1, 2021 through March 31, 2022. This means that the Division received an additional 10% match on the money that was paid to HCBS providers during that time frame. That additional 10%, which is then matched by the federal government again, calculates to an additional \$29,600,766 that the Division must spend on identified projects by March 31, 2025.

To be eligible for this additional funding, the Division must implement, or supplement the implementation of, one or more activities to enhance, expand, or strengthen CCW and DD Waiver programs. Additionally, the Division must attest that, until the entirety of the additional funding is expended:

- It will not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- It will maintain the amount, duration, and scope of all waiver services that were in effect as of April 1, 2021, remain in place; and
- It will maintain provider payments at a rate no less than those in place as of April 1, 2021.

The Division continues to follow guidance issued by the Centers for Medicare and Medicaid Services (CMS) ([SMD #21-003](#) and [SMD #22-002](#)), which details the federal requirements that states must meet to access the enhanced federal funding. This guidance requires the Division to submit regular updates to the initial spending plan and narrative that explain the state's approach to leveraging this federal funding and report on how the funding is being expended. The Division has received approval for its spending plan and program initiatives, which allows the state to implement and receive funding for these programs.

The Division involved stakeholders early in this process and continued to solicit feedback, both informally and through formal public feedback sessions

Wyoming is currently preparing for ARPA to expire on March 31st, 2025. Wyoming will be required to initiate a close-out process with CMS. This closeout process will require Wyoming to submit a final report to CMS detailing how all ARPA funds were spent. Current program initiatives are explained in greater detail below.

Provider Reimbursement Rates

The Division allocated \$21,185,972 toward the increase of provider reimbursement rates for the DD Waivers. This increase is intended to promote workforce stabilization, improve provider recruitment, ensure provider network adequacy, and increase business longevity for providers. The increased rates are based on the [rate rebasing project](#) that was completed in September 2021.

Providers are required to apply the entirety of this increase to the compensation for direct support professionals. To demonstrate continued compliance with this requirement, providers must report on how they have used the funds that are attributable to the increase in order to compensate employees (e.g.,

wages, bonuses, insurance or other benefits), and the amount expended for each category. Additionally, they must complete an attestation that acknowledges their understanding that they must continue to pass the entirety of the increase on to direct support professionals.

These increases went into effect on February 1, 2022. Because this increase is being paid with temporary ARPA funding, the Division cannot guarantee that these rates will continue beyond June 30, 2025. The Division's ability to maintain these rates beyond this date is subject to budgetary appropriations determined by the Wyoming State Legislature.

Case Manager Training

During initial listening sessions conducted by the Division, there was significant support for the development of case manager training on person-centered planning and best practices in person-centered care. The Division allocated \$1,319,235 toward the development and incentivization of this training.

The Division contracted with the Wyoming Institute for Disabilities (WIND) at the University of Wyoming to develop a training curriculum for DD Waiver and CCW case managers. WIND conducted interviews with family members, case managers, and direct support professionals to better understand the perceived gaps in case manager training, and areas of focus and interest. WIND also assembled an advisory group that shaped the training and reviewed the final curriculum.

This training is an intensive, self-paced, online program that covers five core competencies:

- Strengths Based, Culturally Informed, Whole Person-Focused Planning
- Cultivating Connections
- Rights, Choice, and Control
- Partnership, Teamwork, Communication, and Facilitation
- Documentation, Implementation, and Monitoring.

If a case manager completed the full training series and passed the required competency exam, they were able to receive a higher reimbursement rate (5%). Anybody who took the training after February 29, 2024 was not eligible for the higher rate. The training has remained available for case managers to complete for information purposes if a case manager has wanted to. However, the training will no longer be available after February 2025.

Document Translation

The Division has allocated \$35,000 toward the translation of documents. The Division has inventoried and prioritized all public-facing documents for the CCW and DD Waiver programs and is actively working on getting them translated into Spanish. The Division is currently working with the Wyoming Department of Corrections (WDOC) and finalized a contract to be able to translate documents into Braille. A participant can request a document be translated into Braille or Spanish by going to the HCBS website. If a participant needs a document to be translated into a language other than Spanish, they or their case manager can contact the area [Benefit and Eligibility Specialist](#) for assistance.

National Core Indicator Surveys

The National Core Indicators (NCI) surveys are a tool developed by the National Association of State Directors of Developmental Disability Services (NASDDDS), Human Services Research Institute (HSRI), and

Advancing States to track and measure how HCBS impacts the lives of participants and families and identify areas in which improvement is needed.

The Division has allocated \$535,266 to implement the NCI for Intellectual/Developmental Disability (NCI-IDD) and the NCI for Aging and Disability (NCI-AD) surveys. The first NCI-IDD survey was conducted for participants receiving services on the DD Waiver in SFY 2023. In SFY 2024, the NCI-AD survey was conducted for participants receiving services on the CCW. The two surveys are currently scheduled to be conducted in alternating years, but this schedule may change if the Division decides to adopt standardized HCBS quality measures.

The information collected from these surveys will be used to identify, prioritize, design, and implement systemic program changes that improve the quality of HCBS throughout Wyoming.

NCI – IDD State of the Workforce Incentive Payment

The Division offered an annual incentive payment to providers that complete the annual National Core Indicators (NCI) Staff Stability survey, which provides data on wages, turnover, retention, and other information within the Direct Support Professional workforce. The survey data provides information on the existing workforce challenges and is crucial to the Division's ability to address the direct care workforce crisis and implement long-term strategies for creating a more stable workforce. The Division allocated \$500,000 for two survey cycles (CY2022 and CY2023). The results of the surveys can be found at <https://idd.nationalcoreindicators.org/staff-providers/>

Technology Innovation Grants

During the COVID-19 public health emergency, many providers of HCBS used assistive and virtual technologies to connect with participants, monitor their well-being, and decrease their feelings of isolation and anxiety. Additionally, providers used these technologies to ensure staff members had the necessary training, up-to-date communication, and access to resources and support. HCBS providers continue to face critical staffing shortages that could jeopardize participant access to needed services in their communities.

The Division awarded 45 grants and issued over \$3,000,000 to various providers whose technology innovation projects were approved for funding. HCBS providers had to submit a well-organized application that included all required components and successfully demonstrated how their proposed project met the goals and purpose of the Technology Innovation Grant program. Because providers deliver services differently and each participant's needs are individualized, the Division considered a wide variety of projects that were designed to meet the unique needs of the providers and participants receiving services within the provider's program, including, but not limited to, projects that addressed:

- Remote monitoring or virtual support services;
- Equipment purchases that support participant communication and access to needed services;
- Staff development and training; and
- Other technology projects identified by the provider.

Transitional and Diversional Services

During initial input sessions, stakeholders identified the need for the development or improvement of services that could be used to divert or transition individuals from institutional settings, specifically nursing facilities. The Division allocated \$960,100 toward this project.

The Division researched transition services being used throughout the nation, and worked closely with stakeholders and industry experts to draft definitions for:

- Environmental Modification Services;
- Homemaker Services;
- Transition Intensive Case Management; and
- Transition Setup Expenses.

A CCW amendment that included these new services went into effect on April 1, 2023. To date, there has been low utilization of this service.

HCBS SECTION PROJECTS

In addition to the day-to-day tasks related to participant eligibility and plan of care quality, provider and case manager certification and rule compliance, and critical incident and complaint management, the Section completed several projects in SFY2024.

Chapter 34 Implementation

Chapter 34 was promulgated in January of 2024. As part of the implementation process, the section gave a 6 months grace period to providers to come into compliance with the new rule. During the same period, the section provided technical assistance to providers on what was needed to meet the new Chapter 34 requirements.

Functional Assessment of Standardized Items (FASI)

As a part of the ARPA spending plan, the Section continues its pilot project regarding the Functional Assessment of Standardized Items (FASI) assessment tool. This project is aimed at determining the feasibility of using the FASI to determine the level of care for Wyoming HCBS and skilled nursing facility (SNF) programs.

WIND has continued to gather data throughout the year by conducting the assessment with adults, children, and individuals who reside in nursing facilities. WIND will be required to submit a final report to the Division around March of 2025 analyzing the data they collected and issuing any recommendations WIND may have.

DD Rate Study

In November of 2024, the SFY 2027 Rate Study was published on the HCBS website. Wyoming Statute requires the state to conduct a rate study every 2-4 years. The rate study collects information on the true costs to providers when delivering services to participants. The cost data collected is put together to create a recommended reimbursement rate to be paid to providers for different services. The Wyoming State Legislature uses this information when considering appropriations for provider reimbursement rates.

To ensure transparency, promote participation, and assess data accuracy, the WDH worked with a workgroup composed of providers and case managers frequently when completing the rate study. Meetings were held monthly to discuss the data compiled by Guidehouse; the company contracted by WDH to conduct the rate study. WDH also worked with a steering committee composed of WDH senior administrative members, members from State Congress, and a parent advocate.

Reserved Capacity for the Comprehensive Waiver

In August 2024, CMS approved an amendment to the Comprehensive Waiver. The waiver was retroactively effective July 1, 2024. This amendment created reserved capacity slots for individuals aging out of Wyoming state custody. The HCBS section collaborates with the Wyoming Department of Family Services to transition qualified individuals to community settings and to get access to needed support.

Quality Improvement

Per the DD Waiver and CCW agreements, all providers must report critical incidents, which are defined as any incident of abuse, neglect, exploitation, or unexpected death of a participant. Additionally, Chapter 45, of Wyoming Medicaid Rules requires providers of DD services to report on additional incident categories.

During SFY2024, Incident Management Specialists reviewed over 4,000 incidents. These incidents were reported to the Section through a variety of methods, including reports from provider and provider staff; concerns from the participant, parent, or legally authorized representative; referrals from other agencies; and reports from members of the public. Incidents were reviewed daily, and reportable incidents were triaged to allow for appropriate follow-up action, depending on provider and participant needs. Table 6 offers insight into the types of incidents the Section reviewed in SFY2024.

Table 6
Incident Report Types
SFY2024

Incident Type	CCW Incidents Reviewed	DD Incidents Reviewed	Percentage of Incidents Reviewed
Crime Committed by a Participant	0	32	0.75%
Death	95	52	3.44%
Elopement	3	99	2.39%
Intimidation	0	9	0.21%
Medical/Behavioral Admission	440	970	32.98%
Medication Error	0	871	20.37%
Other Injury	0	74	1.73%
Police Involvement	58	493	12.89%
Serious Injury/Illness	647	172	19.16%
Serious Mental Health Concern	63	0	1.47%
Suspected Abandonment	0	0	0.00%
Suspected Abuse	21	47	1.59%
Suspected Exploitation	0	26	0.61%
Suspected Neglect	27	16	1.00%
Suspected Self Abuse or Neglect	0	44	1.03%
Use of Restraint or Restrictive Intervention	4	12	0.37%
Total	1358	2917	100%

CONTACT US

For additional information regarding this report, or for information related to Comprehensive, Supports, or Community Choices Waiver services, please call (307) 777-7531 or visit the HCBS Section website at <https://health.wyo.gov/healthcarefin/hcbs/>.