



**PUBLIC HEALTH
DIVISION**



**RURAL AND
FRONTIER HEALTH**

WYOMING DEPARTMENT OF HEALTH COMMUNITY SERVICES PROGRAM

122 West 25th Street, Suite 102E, Cheyenne, WY 82002
(307) 777-8940

Community Services Block Grant (CSBG) Policies

Index

Policy #	Description	Effective Date
1.	Client Eligibility and Income Verification	10/2025 (Revised)
2.	Tripartite Board Size and Composition	10/2025 (Revised)
3.	Eligible Entity Monitoring	11/2025 (Revised)
4.	Redistribution, De-Designation, and Close-Out	7/2024 (Revised)
5.	Eligible Entities' Designation and Re-Designation	7/2025 (Revised)
6.	Purchase and Distribution of Gift and Gas Cards	2/2019 (Original)
7.	Indirect Cost Rate	11/2024 (Revised)
8.	Public Notice and Hearing	Repealed 11/2024
9.	Disaster Relief	Repealed 10/2025
10.	Procurement Policy	2/2019 (Original)
11.	WDH Financial and Audit Policy FS-2001	10/2025 (Revised)
12.	empowOR Authorized Users and Role-Based Access	11/2025 (Original)
13.	WDH Password Use and Management Policy S-005d	7/2013 (Original)



WYOMING DEPARTMENT OF HEALTH COMMUNITY SERVICES PROGRAM

122 West 25th Street, Suite 102E, Cheyenne, WY 82002

(307) 777-8940

Dated: **October 10, 2025**
To: **Community Services Block Grant (CSBG) Grantees**
From: **Community Services Program (CSP)**
Reference: **CSP Policy #1: Client Eligibility and Income Verification**

POLICY #1

In accordance with the CSBG Act, all clients receiving Community Services Block Grant (CSBG) funded services or programs must meet the client eligibility requirements.

Eligibility Requirements

- A. CSBG clients may not have a household income that exceeds the mandated Federal Poverty Level (FPL) for their household size.
 - a. The Community Services Program (CSP) will inform Eligible Entities (EEs) and their subrecipients of the operating FPL and notify them when changes occur.
 - b. EEs and their subrecipients must follow the current US Department of Health and Human Services (HHS) [poverty guidelines](#).
- B. EEs and their subrecipients must follow all local, state, and federal regulations regarding the receipt of CSBG funds and the provision of CSBG-funded services.
- C. EEs may implement additional eligibility requirements if they do not contradict any state or federal regulations.

Income Verification

- A. All CSBG clients should be evaluated for eligibility through income verification of all household members over the age of 18 at the time of application.
 - a. Income verification must include:
 - i. Determination of the number and age of all members of the client's household.
 - ii. Review of the client's income and source(s) of income at the time of application.

- iii. Review of all income and source(s) of income for all members of the client's household over 18 years of age.
 - iv. Clients with no household income source must complete a *CSP Client Income Certification & Declaration of Zero Household Income* form.
 - b. The EE or its subrecipients should consider accumulated income over a time period of at least the past 30 days but not longer than the past year.
 - i. However, when circumstances deem necessary, EEs or their subrecipients may use reasonable discretion to determine the client's actual financial position at the time of income verification.
 - c. Proof of income verification in the client's file must include:
 - i. The name and age of each family member.
 - ii. Proof of income documentation for each family member over the age of 18 or declarations of zero household income.
 - iii. The total amount of income for the household and the total number of members in the household.
 - iv. A case note that explains the circumstances under which the EE used discretion to determine the client's actual financial position at the time of income verification, as applicable.
 - v. The date eligibility is determined.
 - d. Title X programs should follow Title X rules regarding income eligibility for clients under the age of 18.
- B. Client eligibility must be redetermined:
- a. At least annually,
 - b. At any time, the EE or their subrecipient becomes aware of a significant income-changing event or circumstance, and
 - c. Whenever a new case is started or a client has reapplied for services.
- C. Clients with no household income at the time of application must sign and date the *CSP Client Income Certification & Declaration of Zero Household Income* form attesting to that fact, and every 60 days thereafter for as long as the client continues to have zero household income.

- D. EEs and their subrecipients retain the right to review a client's income at any time while the client is receiving CSBG-funded services to determine continued program eligibility.

When Income Verification is Impossible or Impractical

- A. In instances where it may be impossible to obtain income documentation, such as performing disaster relief or assisting a client's flight to safety, individualized determination of income eligibility shall not be required.
- B. In instances where obtaining income documentation may be impractical, EEs and their subrecipients must request special authorization from CSP to provide CSBG-funded services. CSP approval will be granted when at least one of the following circumstances is met.
- a. The county's median household income is at or below the mandated CSBG FPL, using a family of four (4) as the baseline.
 - b. The client certifies that they reside in a zip code with a median household income at or below the mandated CSBG FPL, using a family of four (4) as the baseline.
 - c. The client belongs to a specific group of people who have been verified as being below the mandated CSBG FPL through the qualification of another benefit, such as Head Start or WIC.
 - i. It is the EE and their subrecipients' responsibility to verify the FPL eligibility level used to determine qualification and the client's qualification status.
 - ii. Documentation determining qualification must be kept in the client file in place of income-qualifying documents.
 - iii. Redetermination of eligibility shall be based on the income-qualifying criteria outlined in this policy.
 - d. Services are provided at a location or event specifically for low-income community members, such as at a low-income housing gathering, Head Start, WIC, or at a point-in-time count event.
- C. In accordance with the Community Action Program Legal Services, Inc. (CAPLW) [guidance](#), other instances in which individual income documentation may not be required include:
- a. Providing a referral or resource hotline.
 - b. Skills classes are provided to residents of a homeless shelter.

- c. Services covered under CSBG purposes, but not intended to be individual client-focused:
 - i. Community Workshops.
 - ii. Outreach to Potential Clients.
 - iii. Poverty or Community Needs Forums.

Clients Transitioning Out of Poverty

- A. EEs and their subrecipients with CSBG-funded programs that provide long-term or intensive case management may serve clients with an income greater than the mandated FPL for up to three (3) months following their change in income status to assist in the transition of that client out of the self-sufficiency program or off CSBG funding.
 - a. The EE or its subrecipient must document in the client's case file the need for this transition time and the case management provided to prepare the client for self-sufficiency following the transition.

EE Eligibility Policy

- A. EEs and their subrecipients who wish to implement additional eligibility criteria must have a written eligibility policy or procedure.

Definitions

- A. Family Unit: A family unit is defined as a single individual or a group of individuals, whether related or unrelated, who live together under one roof, share food, and operate as a single economic unit.
- B. Household: A household includes any individual or group of individuals living together as one economic unit (a family unit). A household may be a single individual. If a household includes more than one family unit, the poverty guidelines shall be applied separately to each family unit, rather than to the household as a whole. When determining whether an individual is part of a household, factors such as whether the individual pays for their own food and living expenses may be considered. Clients define their households.
- C. Income: Regular payments received by the client. Benefits from the following programs are **not** counted as income when determining financial eligibility for CSBG-funded services: SNAP, WIC, LIEAP, Housing Choice Voucher, Public Housing, Permanent Supportive Housing, HUD-VASH, Child Care Voucher, and Affordable Care Act Subsidy. CSP follows the CAPLAW [guidance](#) regarding determining income sources and eligibility.



WYOMING DEPARTMENT OF HEALTH COMMUNITY SERVICES PROGRAM

122 West 25th Street, Suite 102E, Cheyenne, WY 82002

(307) 777-8940

Dated: October 10, 2025
To: Community Services Block Grant (CSBG) Grantees
From: Community Services Program
Reference: CSP Policy #2: Tripartite Board Size and Composition

POLICY #2

The Community Services Program (CSP), in accordance with the [CSBG Act](#) and [Information Memorandum #82](#) (IM #82), requires that any CSBG-funded Eligible Entity (EE) maintain a governing Tripartite Board. The purpose of the CSBG Tripartite Board is to fully participate in the development, planning, implementation, and evaluation of the EE and its programs to serve their low-income communities.

Tripartite Board Size

- A. Non-profit and public EEs must have a minimum of three (3) Tripartite Board members.
- B. Non-profit EEs must have no more than fifteen (15) members.
- C. Public EEs must have no more than nine (9) members unless the EE receives funding for multiple counties in accordance with [Wyoming Statute 35-1-616](#).
 - 1. Public EEs that receive funding for multiple counties may have up to but not more than fifteen (15) members as needed to meet the composition requirements.

Tripartite Board Composition

- A. Tripartite Board members must reside in the EE's CSBG-designated counties.
- B. EEs designated for multiple counties must have Tripartite Board representation from each county.
- C. Low-Income Representatives. Non-profit and public EE Tripartite Boards must have no fewer than one-third ($\frac{1}{3}$) of their members, who are democratically selected, represent the low-income community being served.
 - 1. Low-income representative board members must reside in the community represented by the member; and

2. Low-income representatives should have current or past lived experience, or must currently serve a low-income population.
 3. The number of low-income representative board members must always be equal to or more than the number of elected official representatives and equal to or more than the number of board members representing persons from the community.
- D. Elected Official Representatives. Non-profit and public EE Tripartites must have one-third ($\frac{1}{3}$) of their members, who are elected officials holding office at the time of their selection, or their designees.
1. If a sufficient number of elected officials or their representatives are unavailable to serve, appointive public officials or their representatives may take their place.
- E. Community Representatives. Non-profit and public EE Tripartites must select no less than one (1) other member, up to the remaining board members, from business, industry, labor, religious, law enforcement, education, or other major groups and interests in the community served.

Tripartite Board Expectations

- A. The EE shall select members of the Tripartite Board in accordance with the conditions set forth above and any statutory requirements outlined in the board's bylaws.
- B. While not mandated, Tripartite Boards should consider implementing term limits for each sector, as suggested in [IM #82](#), to ensure that board members best represent the EE's current community composition.
1. It is in the spirit of the CSBG Act that board members who are elected officials serve only while in office, or that their representatives serve only while their principals are in office, unless redesignated by those in office.
- C. The Tripartite Boards are responsible for overseeing and governing the EEs and must ensure full participation in the development, planning, implementation, and evaluation of the agency and its programs as outlined in [IM #82](#).
1. Development includes the Tripartite Board's participation in the Community Needs Assessment (CNA) to bring critical information and perspectives on changes in community needs and conditions, as well as the EE's response. The board members' expertise should help inform the EE's role in the community, the mission statement, and programs and initiatives.
 2. Non-profit EE Tripartite Boards are ultimately responsible for the overall direction, conduct, and effectiveness of agency programs and activities. Planning encompasses both long-range strategic planning to set and achieve agency goals and annual planning for agency programs and capacity-building activities.

3. To fulfill their fiduciary responsibilities, Tripartite Board members should participate in implementing agency programs by regularly attending board meetings, becoming familiar with core agency information and all major agency actions, and making informed decisions.
 4. Board members should evaluate the success of the agency, its staff, and its program by reviewing all information concerning actual changes that have occurred among their clients and community as a result of agency assistance.
- D. Tripartite Board members should be sufficiently trained in their fiduciary responsibilities and board roles and responsibilities, and must practice the CSP-designated performance management framework to fulfill governing requirements.
- E. Tripartite Boards should practice transparency and accountability. Board members must avoid situations that favor their interests and withdraw from any action that might create a real or potential conflict of interest. Board members shall be required to sign and accept, every two years, a Conflict of Interest policy.
- F. EEs and Tripartite Board members should familiarize themselves with the CSBG Act and [IM #82](#) to gain a deeper understanding of their governing requirements.



WYOMING DEPARTMENT OF HEALTH COMMUNITY SERVICES PROGRAM

122 West 25th Street, Suite 102E, Cheyenne, WY 82002

(307) 777-8940

Dated: November 1, 2025
To: Community Services Block Grant (CSBG) Grantees
From: Community Services Program
Reference: CSP Policy #3: Eligible Entity Monitoring

POLICY #3

The Community Services Program (CSP), in accordance with the [CSBG Act](#), will monitor all Eligible Entities (EEs) to determine whether they meet the performance goals, administrative standards, financial management requirements, and other requirements of the State and the Community Services Block Grant. CSP conducts all monitoring activities in accordance with the guiding principles of mutual respect, open communication, and joint problem-solving.

Eligible Entity Monitoring

A. CSP shall conduct the following monitoring reviews of EEs:

- a. An online review of each EE through the annual CSBG Organizational Standards and Wyoming Department of Health Wyoming Department of Health (WDH) Desk Review process.
- b. An on-site review of each EE at least once in every three (3) year period.
- c. An on-site review of each newly designated EE immediately after the completion of the first year in which they receive CSBG funds.
- d. Follow-up review, including a return visit as deemed necessary, to EEs that fail to meet the goals, standards, and requirements established by CSP and the Act.
- e. Other reviews as appropriate, which may occur when:
 - i. EE has experienced turnover in its executive director or chief financial officer position.
 - ii. EE has demonstrated an increased risk during a risk assessment.
 - iii. EE has failed to meet the goals, standards, and requirements established by CSP and the Act.

- iv. EE has had other Federal, State, or local grants terminated for cause.
 - v. Any other reason as outlined in *CSP Policy 4: Redistribution, De-Designation, and Close-Out*.
- B. Within 60 days of completing any on-site monitoring visit, CSP shall provide the EE with a formal monitoring report that includes findings, recommendations, and any necessary corrective action.

Monitoring Tool

- A. CSP will use the CSP Monitoring Tool for all on-site monitoring activities.
- a. The CSP Monitoring Tool covers topics of, but is not limited to:
 - i. program compliance,
 - ii. board governance,
 - iii. program evaluation and improvement implementation,
 - iv. data quality,
 - v. and fiscal and administrative operations.
 - b. To review the topics of interest, the CSP Monitoring Tool includes:
 - i. Interview questions for grant managers, board members, staff, and subrecipient grant managers,
 - ii. client file review, and
 - iii. document review.
 - c. CSP shall update the Monitoring Tool regularly to ensure efficiency and effectiveness, minimize administrative burdens on EEs, and stay current with Federal standards, policies, and practices.
- B. CSP may adapt the CSP Monitoring Tool for online, virtual, and on-site follow-up or special reviews as deemed necessary.

Corrective Action & Closure

- A. If deficiencies are identified,
- a. The Monitoring Tool will document the basis for the CSP's determination.
 - i. Deficiencies may either be listed as a *concern* or as a *finding*.

- b. The CSP will discuss all deficiencies with the EE during the on-site Monitoring Exit Interview.
 - c. The CSP will document the deficiencies in a formal monitoring report, and the EE will be instructed to complete corrective action.
 - i. Corrective action will be listed as either *recommended* or *required follow-up*.
- B. To address the identified deficiencies, CSP may, at its discretion, implement training and technical assistance, Technical Assistance Plans (TAPs), or Quality Improvement Plans (QIPs).
 - a. If a TAP has been deemed necessary, CSP and the EE shall collaborate to identify the necessary corrective action and establish a timeline for completion.
 - b. The CSP and EE will meet as necessary to track the progress of the corrective action.
 - i. If an EE identifies in advance that it will not be able to meet the agreed-upon completion date, they may request an extended deadline. The CSP may approve the extension at its discretion.
- C. On or before the agreed-upon completion date, the EE will provide documentation that the deficiency has been corrected.
 - a. CSP may schedule a virtual or on-site follow-up review when deemed necessary.
 - b. During the follow-up review, CSP may monitor each of the deficiencies identified during the original monitoring. Deficiencies that remain uncorrected will be documented. CSP may pursue further corrective action, which may include a TAP, QIP, or de-designation as outlined in *Policy #4: Redistribution, De-Designation, and Close-Out*.
- D. Corrective action and TAPs will be considered resolved and closed when CSP has sent the EE a formal notice of closure.
- E. The CSP will adhere to *CSP Policy 4: Redistribution, De-Designation, and Close-Out* when determining whether non-voluntary de-designation is required.

Whistleblowing

- A. CSP shall thoroughly investigate any instances of whistleblower complaints or allegations of fraud or abuse of CSBG funds or funds from closely-related programs such

as Head Start, the Low Income Home Energy Assistance Program (LIHEAP or EAP), or the Weatherization Assistance Program (WAP).

- B. In any instances in which complaints or allegations of fraud are considered credible, CSP will inform the Health and Human Services (HHS) Secretary, through the Office of Community Services (OCS), of any findings. CSP will adhere to CSP Policy 4: Redistribution, De-Designation, and Close-Out when determining whether non-voluntary de-designation is required. CSP may request an additional compliance review from OCS or refer the matter to the appropriate investigative authorities.

Subrecipients

- A. EEs that receive CSBG funds and pass them through to subrecipients are required to conduct thorough on-site monitoring of each subrecipient annually.
 - a. EEs must monitor subrecipients using the CSP Subrecipient Monitoring Tool and submit the completed form to the CSP by the required deadline.
 - b. EEs must return a formal monitoring report to their subrecipients within 60 days of completing the monitoring visit.
 - c. EEs must report any risks identified during subrecipient monitoring visits to the CSP within 60 days of completing the monitoring visit, along with plans for corrective action.

Definitions

- A. Concern: An issue that indicates the potential for risk. A concern may develop into a finding if it recurs or remains unresolved.
- B. Finding: An issue of non-compliance with the CSBG Act, Federal, State, or CSP requirements, or fraud.
- C. Recommended Action: A suggested course of action provided by CSP to address the concern identified. The EE is not required to follow the recommended action if they can resolve the concern in another manner.
- D. Required Follow-Up: A required course of action provided by CSP to address the finding identified. The EE must follow this action to resolve the finding and may take additional action as necessary to prevent the finding from recurring.



WYOMING DEPARTMENT OF HEALTH COMMUNITY SERVICES PROGRAM

122 West 25th Street, Suite 102E, Cheyenne, WY 82002

(307) 777-8940

Dated: July 1, 2024
To: Community Services Block Grant (CSBG) Grantees
From: Community Services Program
Reference: CSP Policy #4: Redistribution, De-Designation and Close-Out

POLICY #4

The Community Services Program (CSP), in accordance with the [CSBG Act](#), assures that any CSBG Eligible Entity (EE) that received funding the previous fiscal year will not have its funding terminated or reduced below its proportional share except in the circumstances of a statewide redistribution of funds, voluntary relinquishment, or non-voluntary de-designation through failure to comply with State standards, requirements or the State Plan.

Statewide Redistribution

- A. CSP may determine that a state-wide redistribution of funds is necessary when:
1. There are new census or other appropriate data results available.
 2. A new Grantee(s) is designated as an EE.
 3. To respond to severe economic or demographic dislocation or changes.
- B. In such instances, CSP shall provide the proposed changes to the allocation formula and the research behind the proposal at a public hearing. The public hearing may occur:
1. At the same time as the legislative hearing, held once every three years.
 2. At the same time as the State Plan public hearing held biannually.
 3. During a public hearing held specifically for this purpose.

Voluntary Relinquishment of Eligible Entity Status

- A. EEs may select to voluntarily relinquish their EE status and designated service area(s).
- B. EEs with more than one service area may elect to relinquish one or more of its designated service areas.
- C. The EE should provide notice to CSP of their decision to voluntarily relinquish through a formal letter to CSP on the EEs letterhead. The letter should include:

1. The date the letter was written.
 2. The EE's decision to “voluntarily relinquish” its designation.
 3. The designated service area(s) to be voluntarily relinquished.
 4. The execution date of the relinquishment, date of service suspension and a date for the final invoice submission.
 5. Signature by both the Tripartite Board Chair and the CSBG Program Manager, with their name and title below their signature.
 6. It is also recommended to attach the Tripartite Board meeting minutes documenting the Board's decision to voluntarily relinquish their EE status.
- D. Upon written notice that an EE has decided to voluntarily relinquish its EE status for a designated service area, CSP will initiate close-out procedures and formally report the change to OCS.

De-Designation

- A. De-designation results from the termination of an EE (as detailed in the process noted below), or from another circumstance that prevents the EE from serving as the designated area's community action agency. With termination, CSP no longer recognizes the former Grantee as eligible to receive future or continued CSBG funding.
- B. Termination of Eligible Entity Status:
1. CSP may implement this policy when, based on monitoring, review, or investigation, a Grantee has failed in one or more of the following ([Sections 676\(c\)\(1\)\(B\) and 676\(c\)\(2\)](#)):
 - i. To comply with the terms of the WDH contract or State Plan.
 - ii. To provide CSBG services.
 - iii. To meet the State's appropriate standards, goals, or other requirements, including performance objectives and Organizational Standards.
 - iv. To maintain the Tripartite Board Structure according to *Policy #2: Tripartite Board Size and Composition* and [Section 676B of the CSBG Act](#).
 - v. Additionally, termination may be pursued when:
 - 1) The EE is engaged in fraudulent or illegal activity related to CSBG program management.
 - 2) The EE failed to act pursuant to a formal suspension of payment of CSBG funds.

- 3) The EE maintained severe and/or persistent deficiencies in the management of the CSBG program.
2. Termination of the designation of an EE is pursued only when all attempts to resolve the issues through training and technical assistance, corrective action or Technical Assistance Plans (TAPs), and Quality Improvement Plans (QIPs) have been exhausted or are deemed not appropriate.
3. CSP shall document the basis for the determination and the specific deficiency or deficiencies that must be corrected. CSP shall also record any correspondence or other communications related to the determination of performance deficiencies and enforcement actions.
4. Examples of situations in which the CSP may determine that technical assistance, a TAP, or QIP is not appropriate, as outlined in [Information Memorandum \(IM\) #116](#), may include:
 - a. A deficiency for which the EE has the expertise and skills available within the organization to make corrective actions without assistance;
 - b. A deficiency for which technical assistance has been previously provided and the EE has failed to institute corrective actions;
 - c. Multiple, widespread, and/or repeated deficiencies that cannot feasibly be addressed through technical assistance;
 - d. A deficiency that involves evidence of fraudulent reporting or use of funds, or other evidence of criminal wrongdoing and therefore presents a risk requiring immediate action.
5. In most instances, CSP expects deficiencies identified during routine monitoring or follow-up, review of organizational standards, or review of other compliance requirements to be addressed and resolved in a Technical Assistance Plan (TAP). In such cases CSP will provide an explanation of the non-compliance, will create a plan in partnership with the EE, and will support the EE in reaching compliance by providing directed training and technical assistance as deemed appropriate. TAPs must be resolved by the established date. EEs may request an extension by providing CSP with justification, progress made toward resolution, and a timeline for the extension. Extensions may be approved at the discretion of the CSP.
6. In instances in which the CSP has received whistle-blower complaints, referrals from a State or Federal investigative office, or evidence or suspicion of misuse of Federal or State funds, the CSP may suspend funds until a detailed review of actual expenditures has been completed or deficiencies have been resolved.

- a. The withholding of funds will be determined on an individual basis, based on the seriousness of the circumstances.
 - b. In such an event, the EE will be notified in writing of CSP's intent to suspend payment of CSBG funds. The notification will identify the grounds for the suspension and may define the quality improvement necessary to resolve the suspension.
 - c. If the EE wishes to appeal the action and remove the suspension, it must submit a written request, via email no later than ten (10) business days after the issuance of the suspension notice to the CSP Program Manager.
 - i. The request must be signed by the EE signatory authority and chair of the Tripartite Board.
 - ii. The request must include what actions the EE has or will take to address the reasons for the suspension.
 - d. CSP will respond to the request with its decision within ten (10) days of receipt. The decision will include the reason for the continued suspension or for the removal of the suspension and any stipulations for such removal, if applicable.
7. In the event that CSP has determined there to be a significant or continued deficiency, in which a TAP has not been resolved or was deemed not appropriate, and cause exists for termination, CSP will take the following steps ([Section 678C](#)):
- a. In writing, inform the eligible entity of the deficiency to be corrected, including the requirement that it be corrected and the date for completion.
 - b. In writing, offer training and technical assistance, if appropriate, to help correct the deficiency and,
 - i. Submit to the Health and Human Services (HHS) Secretary, through the Office of Community Services, a report describing the training and technical assistance offered; or
 - ii. If the CSP determines that training and technical assistance are not appropriate, the CSP should submit to the HHS Secretary, through the Office of Community Services, a report describing the reason for the determination.
 - c. In writing, provide the EE an opportunity to submit a Quality Improvement Plan (QIP) for CSP approval, if deemed appropriate.

- i. The EE must develop the QIP within 60 days of being informed about the deficiency and receiving CSP approval to submit a QIP.
 - 1) The QIP will outline the actions that will be taken to correct the deficiency and a timeline for completion.
- ii. The CSP, no later than 30 days after receiving the QIP, will inform the entity in writing of the CSP's:
 - 1) Approval of the QIP as submitted, or
 - 2) Required modification(s) to the QIP and the reason for the modification(s), or
 - 3) Denial of the QIP and the reason for the denial.
- d. If the QIP is either denied or approved/modified, but not completed on time, CSP will:
 - i. Provide notice of the failure to correct, if applicable;
 - ii. Provide notice of the initiation of termination or reduction in funding proceedings; and
 - iii. Provide the EE an opportunity to request a hearing prior to the final decision.
 - 1) If the EE does not request a hearing, the CSP will notify the eligible entity and OCS of the final decision to terminate or reduce funding.
 - 2) If the EE requests a hearing and it is determined that there is cause for termination or reduction in funding, the CSP will notify the eligible entity and OCS of the final decision to terminate or reduce funding.
- e. EEs notified of the final decision to terminate or reduce funding have the right to request a Federal Review within 30 days of the notice from the CSP, as outlined in [IM #116](#) and in accordance with [45 CFR §96.92](#).
 - i. If an EE does not request a Federal Review within the 30-day limit, the CSP's final decision will become effective immediately.
 - ii. If an EE does request a Federal Review in accordance with the rules stated, CSP will provide to the OCS:
 - 1) A copy of the notice provided in advance of the hearing that includes the date of the notice and the date of the hearing;

- 2) The name of the presiding hearing official;
 - 3) The name(s) of official(s) or individual(s) responsible for the determination of hearing findings or decisions (e.g. the CSBG State Official);
 - 4) The names of the individuals participating in the hearing; and
 - 5) Documentation of evidence presented at the hearing.
- iii. If an EE does request a Federal Review in accordance with the rules stated, CSP will not discontinue present or future funding, until:
- 1) The OCS has had ninety days to review all necessary documentation provided by the CSP.
 - 2) The OCS has not completed its review within ninety days, at this point, the CSP's final decision shall become effective immediately.

Voluntary Relinquishment and De-Designation Close-Out and Continued Requirements

- A. When an EE experiences a status change due to voluntary relinquishment, termination, or other means, the previously designated EE shall be required to complete the CSP CSBG close-out procedures, including facilitating an on-site visit by CSP personnel and completing the grant close-out tool.
- B. The agency must also do the following in accordance with [2 CFR 200.344](#):
1. Retain CSBG client and personnel files in accordance with their file retention policies, or for at least three (3) years following the end date of the designation, whichever is longer.
 2. Submit all financial, performance, and other reports as required by the contract's terms and conditions no later than 30 days after the end date of the designation, or an earlier due date if specified by CSP.
 3. Retain financial records, supporting documents, statistical records, and all other records pertinent to the CSBG grant for at least three (3) years from the date the final expenditure report is submitted.
 4. Liquidate all obligations incurred under the contract and return any unspent CSBG funds not later than 90 calendar days following the end date of the designation, or November 15 of that year, whichever is earlier.
 5. Take all reasonable measures to:

- a. Account for any real and personal property acquired with CSBG funds by providing CSP with property records that include a description of the property, a serial number or another identification number, the location, use, and condition of the property, and any other factors under [2 CFR 200.313](#); and to
 - b. Follow all disposition requirements for property with a unit cost of \$5,000 or greater as set by [2 CFR 200.313](#).
 - c. Comply with any requests for data or financial records by CSP or WDH for three (3) years following the end date of designation.
 - d. Facilitate the transfer of designation to a new agency for the unserved service area to the best of their ability.
6. Closeout occurs upon the final payment by WDH CSP to the agency for allowable reimbursable costs under the contract.
7. The closeout of the CSBG award does not affect any of the following:
 - a. The right of WDH CSP to disallow costs and recover funds based on a later audit or other review. WDH CSP must make any cost disallowance determination and notify the local government within the record retention period of 3 years.
 - b. The obligation of the agency to return any funds due as a result of later refunds, corrections, or other transactions including final indirect cost rate adjustments.
 - c. WDH Audit Requirements.

Definitions

- A. Proportional Share: The amount of non-discretionary CSBG funds an entity receives as a percentage of the funds administered to the State of Wyoming. An EE's proportional share is determined by the allocation chart and the awarded amount for the service area based on the established poverty level.
- B. Redistribution: A change to the allocation formula used to determine the proportional share of the CSBG funds distributed to service areas administered by the EEs.
- C. Voluntary Relinquishment: The voluntary choice by a CSBG EE to relinquish their EE status.
- D. Termination: The non-voluntary suspension of funding to and status of a CSBG EE.



WYOMING DEPARTMENT OF HEALTH COMMUNITY SERVICES PROGRAM
122 West 25th Street, Suite 102E, Cheyenne, WY 82002
(307) 777-8940

Dated: July 1, 2025
To: Community Services Block Grant (CSBG) Grantees
From: Community Services Program (CSP)
Reference: CSP Policy #5: Eligible Entity Designation and Re-Designation

POLICY #5

In accordance with the [CSBG Act](#), the Community Services Program (CSP), acting as the state passthrough agency for CSBG funds, attains the right to designate CSBG Eligible Entities (EEs).

Tripartite Board Requirement for Designation

A. To serve as an EE, an agency must implement a Tripartite Board in accordance with *Policy #2: Tripartite Board Size and Composition* and Section 676B of the [CSBG Act](#).

Eligible Entity Designation Will Occur When

- A. An EE has gone out of business;
- B. An EE voluntarily relinquishes their status;
- C. CSP has lawfully terminated an EE's designation;
- D. A geographic area is unserved or underserved for any other reason; or
- E. An EE cannot, or will not, meet the Tripartite Board requirements as set in *Policy #2: Tripartite Board Size and Composition* and Section 676B of the [CSBG Act](#).

Eligible Entity Designation Selection

- A. EE designation will be in accordance with the [CSBG Act](#) (42 U.S.C. 9901 et seq.) and CSBG [Information Memorandum \(IM\) # 42](#).
- B. In the first round of review, the CSP may not consider a political subdivision or an organization other than a private nonprofit organization, even if such a subdivision or public organization already serves as an eligible entity or receives CSBG funds.
- C. CSP may determine EE designation among private non-profit organizations, who are:
 - 1. Current EEs in an area contiguous with the unserved area or within a reasonable proximity.

2. Not current EEs that provide services in the unserved area and have been determined to be capable of providing a range of services and meeting the requirements of the CSBG Act.
- D. If the CSP cannot identify a viable private non-profit organization as a designated EE, the CSP may determine EE designation among political subdivisions of the State, who are:
1. Current EEs that are located within a reasonable proximity to the area.
 2. Not current EEs that have been determined to be capable of providing a range of services and meeting the requirements of the CSBG Act.

Designation During a Termination Review

- A. If an EE has been notified of the CSP's final decision to terminate or reduce funding and a Federal Review Hearing has been requested by the EE, the CSP will follow the steps outlined in *Policy #4: De-designation or Reduction in Funding*.
- B. During the Federal Review process, the CSP may begin soliciting requests from current non-profit EEs interested in receiving a Temporary Designation. However, the CSP may not award any funds until OCS confirms the State's final decision to terminate or reduce funding or once the ninety-day period for Federal Review has passed.

Temporary Designation

- A. In the event that a service area becomes unserved or underserved, CSP reserves the right to assign a Temporary Designation to a current non-profit EE without going through a competitive application process.
- B. The CSP will base a Temporary Designation on an EE's demonstrated effectiveness in meeting the goals and purposes outlined in the [CSBG Act](#). Preference for a Temporary Designation may be given to EEs who are able to demonstrate:
1. The agency's tripartite support to increase the CSBG service area;
 2. The agency's capacity to increase its service area;
 3. The projected services, outcomes, and staffing for the service area;
 4. How the projected services and staff will address the needs of the area; and,
 5. An ability to successfully meet the Organizational Standards and other State/Federal requirements.
- C. CSP will notify the EE of the award of Temporary Designation status in writing.
- D. The term of a Temporary Designation will be determined by the CSP.
- E. After a Temporary Designation is made, the CSP reserves the right to:

1. Progress the Temporary Designation to a Permanent Designation,
 2. Select a new EE for Temporary Designation, or
 3. Initiate a competitive designation application process.
- F. CSP will notify the EE of the award of Permanent Designation status in writing.

Competitive Designation Application Process

- A. When an unserved area becomes available, and CSP does not designate a Temporary Designation, CSP may open a competitive application process to current EEs, private non-profit organizations, and public entities according to the Eligible Entity Designation Selection.
- B. The application may include, but is not limited to:
1. Assurances to abide by State and Federal requirements.
 2. Community Action Plan.
 3. Other required supporting documents.
- C. During the competitive application process, CSP must base the determination on organizations that have demonstrated effectiveness in meeting the goals and purposes outlined in the CSBG Act. Preference in the competitive application process may be given to EEs who are able to demonstrate:
1. The agency's tripartite support to increase the CSBG service area;
 2. The agency's capacity to increase its service area;
 3. The projected services, outcomes, and staffing for the service area;
 4. How the projected services and staff will address the needs of the area; and,
 5. An ability to successfully meet the Organizational Standards and other State/Federal requirements.
- D. Competitive applications will be reviewed and scored by CSP. Applicants will be notified of the final determination.

Re-Designation

- A. Re-designation of an agency may occur if a previously designated agency voluntarily relinquished its designation and applies to serve an unserved area.
- B. The re-designation must ensure that the agency has addressed any challenges that led to its voluntary relinquishment and is successful in the application process to be identified to serve the unserved area.

- C. CSP will consider re-designation in a manner consistent with the federal guidance provided by the Office of Community Services, CSBG [Information Memorandum No.116, Section 676A](#) of the CSBG Act, and with the policies and processes identified above in the designation process.



Dated: February 2019

To: Community Services Block Grant (CSBG) Eligible Entities

From: Regina Dodson, Wyoming Department of Health, Public Health Division
Community Services Program Manager

Reference: CSBG Policy 6: Purchase and Distribution of Gift and Gas Cards

POLICY #6

CSBG Grantees and Sub-grantees must comply with the limitations and prohibitions as stated in federal *CSBG statute (42 U.S.C. 9901 et seq.)*, which includes Section 678F (42 U.S.C. 9918), and any subsequent amendments. All proposed expenses will be considered within the context of the proposed activities. Providing gift cards, prepaid cards, and gas cards is a permissible use of CSBG funds, particularly in an emergency/disaster situation, as long as the expenditure can be justified as meeting one or more of the statutory purposes of the CSBG program.

1. Programs that use grant funds to purchase gift cards, prepaid cards, gas cards, gift certificates, bus passes, vouchers, and other like items for clients must establish internal controls in the form of written policies and procedures that, at a minimum:
 - a. Ensure the security of the items;
 - b. Address appropriate distribution to clients: and
 - c. Create a line item in the budget specific to these costs
2. Programs are required to use a log to inventory and track distribution and use of the cards, certificates, passes, vouchers. A log template should be developed by the grantee or the grantee may approve one developed by the sub-grantee. The log must contain the following:
 - a. Source of each item (e.g., Wal-Mart, Safeway);
 - b. Individual serial number or other identifier of each item;
 - c. Denomination (value) of each item;
 - d. Date each item was purchased (if applicable);
 - e. Date issued to client;
 - f. Date item was documented in client's case file;

- g. Identification of client (name or confidential identifier);
 - h. Name of case manager;
 - i. Purpose of item or description of products or service to be purchased with item; and
 - j. The client must sign a receipt that shows the type of card, voucher, certificate, and bus pass. This receipt must be put in the client's file.
3. The written policies and procedures, as well as the log, must be made available to the Department upon request and may be reviewed during program site visits.



WYOMING DEPARTMENT OF HEALTH COMMUNITY SERVICES PROGRAM
122 West 25th Street, Suite 102E, Cheyenne, WY 82002
(307) 777-8940

Dated: November 1, 2024
To: Community Services Block Grant (CSBG) Grantees
From: Community Services Program
Reference: CSP Policy #7: Indirect Cost Rate or Cost Allocation Plan

POLICY #7

In accordance with the [CSBG Act](#), the Office of Community Services [Organizational Standard 8.12](#), the Uniform Guidance [2 CFR Part 200](#), and the U.S. Department of Health and Human Services (HHS) rule [45 CFR Part 75](#), CSBG Eligible Entities (EEs) will be subject to the determined indirect cost rate, allocation plan, or current De Minimis rate when developing an annual CSBG budget, expending funds according to that budget, and in any modification of that budget.

Eligible Entities With a Federally Negotiated Indirect Cost Rate (NICR)

- A. EEs must provide the State's Community Services Program (CSP) a detailed cost allocation plan or a currently approved, determined, or provisional NICR once at first acceptance of EE designation, and again following any update or request.
- B. The indirect cost rate should be negotiated with the EE's largest Federal funder and provided to CSP upon every update. An indirect cost rate provides systematic and accurate charges and results in an equitable distribution of indirect costs. For further clarity, [CSBG Informational Memorandum #20](#) (IM 20) discusses indirect cost rate principles.

Eligible Entities Without a NICR Using a Detailed Cost Allocation Plan

- A. Any EE without a NICR may instead develop a detailed cost allocation plan. Guidance on developing a cost allocation plan can be found on the Community Action Program Legal Services, Inc. (CAPLAW) website and their [Cost Allocation Toolkit](#).
- B. EEs must allocate shared costs to each cost objective either according to the proportional benefit that the cost objective receives from that cost or, if that cannot be determined because of the interrelationship of the work involved, by some reasonable, documented method. If a detailed cost allocation plan is used, no costs will be determined as indirect.

The detailed cost allocation plan must be approved by the EE's Tripartite Board and shared with the CSP.

Eligible Entities Without a NICR Using the De Minimis Rate

- A. EEs that do not provide an approved cost allocation plan or negotiated indirect cost rate to CSP must abide by the current De Minimis rate.

Uniform Guidance on Indirect Costs

- A. According to the Uniform Guidance, indirect costs are those that benefit all programs administered by the Grantee and are not readily assignable to a particular final cost within a program (IM 20). These costs are necessary and beneficial to all programs, such as central management and administrative functions.
- B. Indirect costs allowable under the CSBG Act include:
 - a. Those related to the general management of the grantee organization, such as,
 - i. Strategic direction,
 - ii. Board development,
 - iii. Executive Director functions,
 - iv. Accounting,
 - v. Budgeting,
 - vi. Personnel,
 - vii. Procurement,
 - viii. Rent, and
 - ix. Legal services.
 - b. These will often be termed “administrative” costs, and for the purpose of the Community Services Program, they will be considered the same as indirect costs in accordance with [CSBG Informational Memorandum #37](#) (IM 37) Definition and Allowability of Direct and Administrative Cost Block Appropriation and Allocations.

Definitions

- A. Cost Allocation: The method used to determine and document the connection between the costs an organization incurs and the programs or services that they provide.
- B. Cost Allocation Plan: A written document that describes the methods used to charge both direct and shared costs to various programs/cost centers.
- C. Indirect Cost: Those costs that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective.

- D. Indirect Cost Rate: An agreement between a federal agency and a nonprofit federal grantee that establishes the maximum amount of indirect costs that the nonprofit may claim in its federal awards by calculating the organization's indirect costs as a percentage of direct costs. In order to obtain a Federally Negotiated Indirect Cost Rate (NICR), the nonprofit organization must determine which of their federal funding sources will serve as their cognizant agency and follow the procedures of the Division of Cost Allocation of that agency. The NICR should be currently approved and may be determined or provisional.



Dated: February 2019

To: Community Services Block Grant (CSBG) Eligible Entities

From: Wyoming Department of Health, Public Health Division, Community Services Program Manager

Reference: CSBG Policy 10: Procurement Policy

POLICY #10

In accordance with OMB Guidance, Grantees must use one of the following methods of procurement.

1. Micro-Purchases: Purchase of supplies or services using simplified acquisition procedures. No quotations are required and equitable distributions are to be made. Micro-purchases are \$3,000 or less.
2. Small Purchases: Small purchase procedures are simple and informal procurement methods for securing services, supplies, or other property that does not exceed \$150,000. Price or rate quotations must be obtained from a minimum of three (3) qualified sources.
3. Sealed Bids: Sealed bids are publicly solicited. Bidders will be evaluated on their ability to meet the terms and conditions of the request and by their bid amount. Once selected, the bidder will receive a contract with a firm, fixed rate. This is the preferred method for procuring construction. This procurement method shall be used for projects greater than \$150,000.
4. Request for Proposals (RFP): RFP's are publicly solicited, competitive proposals that will be used when a sealed bid is not appropriate for the items/services being procured. Grantees are able to include specific questions of their choosing and then evaluate proposals with weighted scoring. Once selected, the proposer will receive a contract with a firm, fixed rate. Competitive proposals shall be used when Grantee is procuring items and/or services greater than \$150,000. This method requires:
 - a. Requests for proposals must be publicized and identify all evaluation factors and their importance. Any response must be considered to the maximum practical extent.
 - b. Proposals must be solicited from at least three (3) qualified sources.

- c. The Grantee must have a written process for the evaluation of proposals, any weighted scoring system and for selecting recipients.
 - d. Contracts must be awarded to the proposer who is most advantageous to the Grantee, with price and other factors considered.
- 5. Non-competitive Proposals: If the Grantee procures items and/or services greater than \$150,00 without using a competitive bid or proposal process, the Grantee must be able to document that at least one or more more of the following apply:
 - a. The item is a unique item and/or services that is only available only from a single source.
 - b. There is an urgent need or demand that precludes any delays that could result from the sealed bid or RFP process.
 - c. The pass-through entity (State CSP) expressly authorizes noncompetitive proposals in response to a written request from the Grantee.
 - d. After solicitation of multiple sources, competition is determined inadequate.



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Stefan Johansson
Director

Mark Gordon
Governor

Policy Title:	WDH Financial Statements and Audits
Policy Number:	FS-2001
Effective Date:	October 1, 2025
Revision Date:	
Approval:	Stefan Johansson, Director  Date 8/26/25

Purpose

The purpose of this policy is to:

- 1) Provide control and accountability over financial statements and audits of the Wyoming Department of Health; and
- 2) Assist the department in gathering and maintaining information needed for the preparation of financial statements.

The policy contains the requirements the Wyoming Department of Health (WDH) must meet.

Definitions, Generally Accepted Government Auditing Standards, (GAGAS, paragraph 1.27f)

Generally Accepted Government Auditing Standards (GAGAS): Generally Accepted Government Auditing Standards, 2018 Revision, is issued by the Comptroller General of the United States, which apply to financial audits.

Financial Audits: Financial audits provide independent assessments of whether entities' reported financial information (e.g., financial condition, results, and use of resources) is presented fairly, in all material respects, in accordance with recognized criteria.

Financial Statement Audits: The primary purpose of a financial statement audit is to provide financial statement users with an opinion by an auditor on whether an entity's financial statements are presented fairly, in all material respects, in accordance with an applicable financial reporting framework. Reporting on financial statement audits conducted in accordance with GAGAS also includes reports on internal control over financial reporting and on compliance with provisions of laws, regulations, contracts, and grant agreements that have a material effect on the financial statements

Audited entity: The entity that is subject to a GAGAS engagement, whether that engagement is a financial audit, attestation engagement, review of financial statements, or performance audit.

Auditor: An individual assigned to planning, directing, performing engagement procedures or

reporting on GAGAS engagements (including work on audits, attestation engagements, and reviews of financial statements) regardless of job title. Therefore, individuals who may have the title auditor, information technology auditor, analyst, practitioner, evaluator, inspector, or other similar titles.

Attestation engagement: An examination, review, or agreed-upon procedures engagement conducted under the GAGAS attestation standards related to subject matter or an assertion that is the responsibility of another party.

Requirements for WDH

1. Subrecipients expending \$1,000,000 or more in federal funds, including federal funds received from outside of the WDH, during their fiscal year must have a single audit every year.¹
2. Subrecipients expending \$750,000 to \$999,999 in federal funds during their fiscal year must have an independent audit every three (3) years and provide a review of financial statements each year for which an audit is not conducted.
3. Subrecipients expending \$500,000 to \$749,999 in federal funds during their fiscal year must have an independent audit every five (5) years and provide a review of financial statements each year for which an audit is not conducted.
4. Subrecipients expending \$250,000 to \$499,999 in federal funds during their fiscal year must provide a review of financial statements each year.
5. Subrecipients expending less than \$250,000 in federal funds during their fiscal year must provide financial statements to WDH for review each year.
6. Financial statements must be submitted within nine (9) months after the end of the entity's fiscal year.
7. Exemptions:
 - At the discretion of the Chief Financial Officer (CFO), WDH reserves the right to delay or temporarily exempt a subrecipient from this policy, in the case of start-up, size of agency, hardship, or other unforeseen reason if it is in the best interest of WDH and/or the subrecipient's purpose to do so. The subrecipient shall request such a delay or temporary exemption in writing and WDH shall concur in the decision.
 - This delay or temporary exemption does not extend to those entities required to obtain a single audit.
8. If the subrecipient's financial records are a component of a larger agency audit, the subrecipient has the responsibility to obtain the audit report from the reporting entity and send such audit to WDH. Example, if the grantee is the County Public Health office, the county's audit report is required.

¹ 2 CFR 200 § 200.501 Audit requirements.

9. WDH reserves the right to require an audit and to examine and/or audit any financial records of any subrecipient during the grant award period and within three (3) years following the conclusion of the final audit that covered the grant award period.
10. In cases of continued inability or unwillingness on the part of the subrecipient to conduct or supply a requested audit, WDH reserves the right to impose any sanctions, as described in Title 2 C.F.R. subpart F and Remedies of Noncompliance (§ 200.338), upon the subrecipient until such time as a requested audit is received by WDH.

Code of Federal Regulations §200.425 Audit services

- (a) A reasonably proportionate share of the costs of audits required by, and performed in accordance with, the Single Audit Act Amendments of 1996 (31 U.S.C. 7501- 7507), as implemented by requirements of this part, are allowable:
 - (1) Any costs when audits required by the Single Audit Act and subpart F of this part have not been conducted, or have been conducted but not in accordance with the requirements; and
 - (2) Except as provided for in paragraph (c) of this section, any costs of auditing a non-Federal entity that is exempted from having an audit conducted under the Single Audit Act and subpart F of this part because its expenditures under Federal awards are less than \$1,000,000 during its fiscal year.”
- (b) The costs of a financial statement audit of a non-federal entity that does not currently have a federal award may be included in the indirect cost pool for a cost allocation plan or indirect cost proposal.
- (c) Pass-through entities may charge federal awards for the cost of agreed-upon-procedures engagements to monitor subrecipients (in accordance with Subpart D-Post Federal Award Requirements of this part, §§200.330 Subrecipient and contractor determinations through 200.332 Fixed Amount Subawards) who are exempted from the requirements of the Single Audit Act and Subpart F-Audit Requirements of this part. This cost is allowable only if the agreed-upon-procedures engagements are:
 - (1) Conducted in accordance with GAGAS attestation standards;
 - (2) Paid for and arranged by the pass-through entity; and
 - (3) Limited in scope to one or more of the following types of compliance requirements:
 - activities allowed or unallowed;
 - allowable costs/cost principles;
 - eligibility; and reporting.

Review:

This policy will be reviewed annually by the Chief Financial Officer, Fiscal Services, unless circumstances require modifications to the policy.

Responsible Party:

Eric McVicker, C.P.A., Chief Financial Officer

Forms:

None.

References:

None.

Training:

None.



WYOMING DEPARTMENT OF HEALTH COMMUNITY SERVICES PROGRAM

122 West 25th Street, Suite 102E, Cheyenne, WY 82002

(307) 777-8940

Dated: November 1, 2025
To: Community Services Block Grant (CSBG) Grantees
From: Community Services Program (CSP)
Reference: CSP Policy #12: empowOR Authorized Users and Role-Based Access

POLICY #12

This policy establishes the criteria and conditions by which an individual may be granted access to the empowOR client management and data reporting system to collect and report Community Services Block Grant (CSBG) client demographics, services, and outcomes. The policy prevents unauthorized access to the empowOR System or the data contained therein.

Definitions

- A. Authorized User: An individual who is employed by an eligible entity (EE) or its subrecipients and for whom access to the empowOR system has been requested and granted.
- B. Role Administrator: An individual designated by the EE and the CSP through the Access Agreement who is granted the authority and responsibility to add, modify, and remove authorized users to the empowOR system.

Eligibility and Access

- A. An Eligibility Entity must sign the Access Agreement to enroll in the empowOR system.
- B. Once an EE is enrolled in empowOR, the following process is used to manage users.
 - a. An EE staff member may request that an individual become an authorized user using the forms and processes established by this policy.
 - b. An individual is eligible to become an authorized user when the following conditions are met:
 - i. They are a current employee of an EE or their subrecipients;
 - ii. The individual has completed the required pre-authorization training as outlined in this policy;

- iii. The individual has signed the End User License Agreement (EULA);
 - iv. The individual's supervisor has completed the empowOR Authorized User New or Modification Request Form, and;
 - v. The EE's Role Administrator approves the individual to become an authorized user after verifying eligibility and the source of the request.
- c. The EE Role Administrator shall assign the authorized user an access level in accordance with this policy and add the new user to the empowOR system.
- i. Role-based access will be determined using the "minimum necessary principle" to limit disclosure of personally identifiable information and protected health information based on the authorized user's official duties.
 - ii. Role-based access options are determined by the CSP and cannot be modified within the empowOR system without CSP approval.
 - 1. Role options can be found on the empowOR Authorized User New or Modification Request Form.
- d. A user shall not have access to the system until these conditions are met.
- e. Unauthorized users shall be denied access to the empowOR system.
- C. If an existing user must be modified, the individual's supervisor should complete the empowOR Authorized User New or Modification Request Form. The EE's Role Administrator must approve the modification and make the requested changes to the user's role-based access in the empowOR system.

Training

- A. Authorized users must complete the required training prior to approval and upon access to the empowOR system.
- a. Pre-authorized user trainings include:
 - i. Review of CSP policies.
 - ii. Review of Wyoming Department of Health Privacy and Security Policies.
 - iii. Completion of EE-determined privacy and security awareness practices, including HIPAA compliance.
 - b. Authorized user trainings include:
 - i. Data entry 1 video recording.

- ii. Data entry 2 video recording.
- iii. Data entry 3 video recording.
- iv. Administrator 1, 2, and 3 video recordings as appropriate for the user's role.
- v. Any additional video recordings and written guides created by empowOR and appropriate for the user's role.

Authentication

- A. Authorized users must maintain a unique email address and password. Sharing of usernames is not allowed. Saving and sharing this information creates the risk of unauthorized login and access to the empowOR system data.
- B. Password management is established in accordance with WDH policies and empowOR privacy and security practices.

Security Incidents

- A. Security incidents involving empowOR or data contained therein shall be immediately reported to the CSP at heather.ross1@wyo.gov using 'Urgent: Security Breach' in the subject line.
- B. The CSP will complete necessary documentation and reporting in accordance with WDH policies.
- C. Security incidents include, but are not limited to:
 - a. Unauthorized disclosure of empowOR system data;
 - b. Theft of empowOR system data;
 - c. Unauthorized use of empowOR system data;
 - d. Unauthorized empowOR system access;
 - e. Misuse of confidential information;
 - f. Spyware detection;
 - g. Virus detection;
 - h. Electronic transmission of sensitive empowOR system data without the use of a data encryption mechanism; and

- i. Electronically transmitted threats to WDH staff, equipment, infrastructure, etc.
- D. In addition to security incidents, authorized users who have reason to believe that their personal information or empowOR system data have been compromised or that a computer intrusion or tampering has occurred with respect to their accounts shall immediately email details of the concern or incident to CSP using heather.ross1@wyo.gov, using 'Urgent- Security Breach' in the subject line.

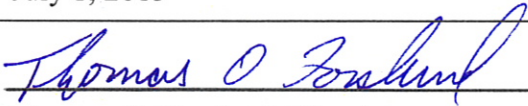
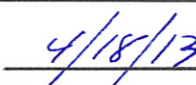
Revocation and Termination

- A. Routine revocation of access shall occur after 30 days of inactivity. The Role Administrator must receive a request from the user's supervisor to reinstate access.
- B. An authorized user's access to the empowOR system may be suspended or terminated at any time if they fail to comply with the requirements outlined in this policy.
- C. An EE staff member may request that an authorized user be terminated using the forms and processes established by this policy.
 - a. The individual's supervisor must complete the empowOR Authorized User Termination Form and send it to the EE's Role Administrator in accordance with the deadline associated with the instance.
 - b. Causes for termination include:
 - i. Involuntary separation or voluntary separation with special circumstances.
 - 1. In this instance, the supervisor must notify the Role Administrator immediately.
 - a. If the supervisor is unable to reach the Role Administrator, the supervisor must contact CSP at heather.ross1@wyo.gov.
 - 2. Upon notification, the Role Administrator must immediately terminate the user's account.
 - ii. Voluntary separation without extenuating circumstances.
 - 1. In this instance, the supervisor must notify the Role Administrator within 24 hours of the choice to voluntarily separate.
 - 2. Upon notification, the Role Administrator must terminate the account within 24 hours.
 - iii. Change in job duties that no longer require empowOR access.

1. In this instance, the supervisor must notify the Role Administrator within 24 hours of the change in job duties.
2. Upon notification, the Role Administrator must terminate the account within 24 hours.

Thomas O. Forslund, Director

Governor Matthew H. Mead

Policy Title:	Password Use and Management
Policy Number:	S-005d
Effective Date:	July 1, 2013
Approval:	 Thomas O. Forslund, Director  Date

Purpose:

This policy establishes standards for creating, changing, and safeguarding passwords that are used to access Wyoming Department of Health (WDH) systems.

Scope:

This policy applies to all WDH workforce.

Definitions:

Authentication means the corroboration that a person is the one claimed.

Password means confidential authentication information composed of a string of characters.

User means a person or entity with authorized access.

Policy:

1. All passwords shall meet the “strong password” criteria listed below.
 - a. Strong passwords are:
 - i. At least nine (9) characters in length.
 - ii. Comprised of at least one character from each of the following four sets:
 - A. Upper case letters;
 - B. Lower case letters;
 - C. Numbers; and
 - D. Punctuation and other special characters (e.g., &, \$).
 - b. Strong passwords are not:
 - i. Common dictionary terms.
 - ii. Personal information (e.g., names of pets or family members).
 - iii. Workplace names, titles, or terminology.
 - iv. Items visible in the immediate work area.
2. All passwords shall be changed at regular intervals based upon system risk and safeguards specified within this policy. Passwords shall be changed as soon as reasonably practicable if an account is suspected to have been compromised.
3. Each high-risk account shall have a password unique from all other accounts held by that user.
4. Passwords shall be safeguarded accordingly.

- a. All passwords shall be regarded as sensitive and confidential.
 - b. Generally, passwords should not be revealed to anyone. However, if a user reveals a password to resolve an operating issue, such password shall be changed upon resolution of the issue.
 - c. Any written record of passwords shall be retained in a secure environment (e.g., on the user's person or in a locked file cabinet).
 - d. Any suspected compromise of a user's accounts or passwords shall be reported to the user's immediate supervisor and the WDH Compliance Office.
5. Users shall not share accounts or passwords.
 6. Users shall not utilize "remember my password" features.
 7. Password strength shall be evaluated on a periodic basis. WDH shall request that the user change any passwords that are assessed as "weak to moderate."

Contacts:

De Anna Greene, CIPP/G, CIPP/IT, WDH Privacy/Compliance Officer, (307) 777-8664
Tate Nuckols, JD, WDH Security Officer, (307) 777-2438

Reference:

45 CFR § 164.304

45 CFR § 164.308(a)(5)(ii)(D)

45 CFR § 164.530(c)

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