



Wyoming
Department
of Health

HealthStat 2025

Final Report

February 1, 2026



Message from the Director

Dear Reader:

HealthStat is a Wyoming Department of Health (WDH) performance management initiative that began in 2011. The initiative is now entering its fifteenth year of implementation and has progressed to be a consistent and objective standard by which WDH programs can be evaluated. The WDH has exceptionally talented staff who are deeply knowledgeable about the programs they oversee and the services they provide to Wyoming residents. HealthStat supplements that talent by providing a clear and concise method to regularly communicate with decision-makers (e.g., the 2025 Joint Appropriations Subcommittee on the Department’s budget) regarding the performance of our various programs.

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

This process allows us to standardize performance management. So much of the HealthStat boils down to: What problem are we trying to solve? What do we know about the problem (or how have we quantified it)? What are we going to do about it? And if we do those things, how will we know if we did anything about it? Ultimately, this helps staff, management, and leadership align in determining what is truly “core” to the work we do through so many functions and programs.

A few notable examples from our work in HealthStat 2025 are listed below:

- **WDH Facilities.** A second year of welcoming two of our largest safety net facilities to HealthStat -- the Wyoming State Hospital and the Wyoming Life Resource Center -- where both presented on issues relating to facility censuses, wait lists, and length of stay. The WDH is implementing short-term and intermediate changes to improve our service to the courts, to law enforcement, our communities, and, most importantly, the safety-net populations we are entrusted to serve. We have implemented, or are in the process of implementing, several pilot projects aimed at reducing wait lists by improving admissions and discharges at the State Hospital (e.g., time-limited transition funding for community providers to better serve high-acuity populations with developmental disabilities and significant behavioral issues). While we have seen significant progress in some areas (e.g., a dramatic reduction in CNA vacancies at the State Hospital), the ability to recruit and retain direct care staff -- like nurses and CNAs -- remains one of the WDH’s biggest performance deficits.
- **Legislative Changes.** Several performance meetings were held to use the HealthStat process to evaluate how certain legislative actions have or have not improved intended performance. For example, in the 2023 Session, the Legislature approved the WDH’s emergency request to increase Medicaid reimbursement for dental providers (primarily to children) by 25 percent. We believe this action is beginning to produce the intended results, as an additional 14 providers have since enrolled in Medicaid. We also dedicated several HealthStat sessions to focusing on statewide performance deficits in maternity care, home and community-based waiver programs, and Medicaid

(continued)





Message from the Director

long-term care eligibility. The results of that work in 2025 have directly informed our engagement with decision-makers, including legislation and 2027-2028 budget proposals.

- **Public Health Laboratory.** The Wyoming Public Health Laboratory presented at HealthStat to prepare WDH’s leadership for the expiration of certain time-limited funding that currently supports lab operations in its service to law enforcement, hospital and healthcare system, and community partners. The HealthStat process led to a plan for how our laboratory can continue these critical services by realizing efficiencies and maximizing revenue collections to the extent practicable, and engaging with our legislative partners to establish a practical standard budget for the lab’s core public health functions.
- **WIC.** The Women, Infants and Children (WIC) program had a phenomenal presentation illustrating the central problem it faced – low uptake and enrollment – and the several initiatives the program had launched to try and improve it, ranging from push notifications to improve the utility of its user app, to a better electronic benefits transfer (EBT) card. In a previous year and in response to this deficit, as Director, I authorized a modest media campaign for WIC, promoting its nutritional services for new moms and babies. During this year’s HealthStat discussion with WIC, they rigorously evaluated the outcomes of that campaign. The evaluation demonstrated that traffic to the WIC website increased exponentially while the media campaign was running (a very positive outcome). However, enrollment and uptake in the program did not increase or correspond to the improved website traffic (a disappointing outcome). It was impressive not only to see the passion of the staff looking to continually improve their program -- improvement which was blatantly evident in much of their performance data -- but also the humility of acknowledging when good, hard work does not always generate all the outcomes we want.

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

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

Sincerely,



Stefan Johansson
Director
Wyoming Department of Health



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Director's Office

The following section contains HealthStat reports from the Director's Office, organized by program as follows:

1. [Vital Statistics Services](#)



Program Description

The Vital Statistics Services Program registers, collects, preserves and certifies all birth, death, stillbirth, marriage and divorce records for the entire state.

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$934,607.23	\$1,082,433.63	\$989,151.46
People Served	99,848	100,614	72,719*
Cost per Person	\$9.36	\$10.76	\$13.60

*: Calendar Year up to 08/31.

Program Cost Notes

- Costs are based on the number of certificates and verifications issued along with registration events.
- 25-26 Budget Appropriation:
 - General Funds \$1,661,522
 - Other Funds \$951,076 (Center for Disease Control, Social Security Administration, Electronic Verification of Vital Events)
- Epidemiology and Laboratory Capacity (ELC) Grant
 - Federal Funds \$2,735,965
 - Unobligated Amount as of 08/31 - \$655,165

Program Staffing

- 10 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- Electronic Registration for all event types: Birth, Death, Stillbirth, Marriage, and Divorce.
- ELC Funding received to Modernize National Vital Statistics System with Fast Healthcare Interoperability Resources (FHIR); enhanced linkage of birth, death and stillbirth data.
 - Funding allowed Wyoming to be one of the first states to send death registration through FHIR. Natality and Stillbirth are being tested.
 - Upgrades for Wyoming’s Electronic Registration System, including scanning pre-electronic registration for quick retrieval and issuance.





Program Core Purpose

To register all Wyoming vital events: birth, death, stillbirth, marriage and divorce within the statutory timeframe and to issue certificates, provide verification and to correct/amend records as needed with proper evidence.

Outcomes

Performance Metric	CY 2024 Target	CY 2025 Target	CY 2023	CY 2024	CY 2025*
Statutory Compliance: Death to Local Registration	≤ 3 days	≤ 3 days	15% 5,199 records Avg: 9.30 days	16% 5,198 records Avg: 9.25 days	17% 3,400 records Avg: 9.15 days
Statutory Compliance: Birth to Local Registration	≤ 10 days	≤ 10 days	87% 4,626 records Avg: 8.40 days	89% 4,723 records Avg: 7.40 days	87% 3,198 records Avg: 7.21 days
Average Days from Local Registration to State File Number for Death	N/A	N/A	.57	0.58	0.58
Average Days from Local Registration to State File Number for Birth	N/A	N/A	1.12	1.19	2.10

Outputs

Performance Metric	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025*	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025* Q3-Q4
Number of Certificates Issued	67,893	61,883	57,328	57,007	41,437	28,149	28,858	31,460	9,977
Number of Verifications Issued	3,165	1,070	815	1,057	1,200	487	570	912	288
Number of Birth Registrations	5,651	5,367	5,335	5,283	3,658	2,684	2,599	2,661	997
Number of Death Registrations	5,962	5,457	5,199	5,198	3,400	2,613	2,585	2,558	842
Number of Stillbirth Registrations	41	42	24	24	16	11	13	13	3
Number of Marriage Registrations	4,286	4,274	4,089	4,499	3,007	1,713	2,786	1,801	1,206
Number of Divorce Registrations	2,186	1,949	1,960	1,911	1,158	984	927	867	291
Number of Delayed Registrations	5	11	11	14	9	8	6	7	2
Number of Adoptions Registration	364	307	317	301	156	165	136	122	34
Number of ITOP Forms Received	103	540	573	625	258	N/A	N/A	N/A	N/A
Number of Corrections/Court Orders	1,453	1,375	1,622	1,509	1,072	740	769	828	244
Number of Phone Calls/ Correspondence	17,920	24,775	22,575	23,186	17,606	N/A	N/A	N/A	N/A

*: Calendar Year through August 31.





Efficiencies									
Performance Metric	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025*	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Cost of Registration	\$24.12	\$23.16	\$23.39	\$32.44	\$50.35	N/A	N/A	N/A	N/A
Cost of Processing	\$6.04	\$5.59	\$6.07	\$8.35	\$11.26	N/A	N/A	N/A	N/A

*: Calendar Year through August 31.

Story Behind the Performance

The Vital Records Office through W.S. 35-1-401(a)(ii) is charged with creating a system of vital records for registration, collection, preservation, amendment and certification of vital records and activities related thereto including tabulation, analysis and publication of statistical data derived from such records.

Registration means the event is being recorded with our office. The following entities assist our office in registration:

- Birth Registration - hospitals and midwives
- Death Registration - funeral home and county coroner/medical certifiers
- Divorce Registration - clerk of district court
- Marriage Registration - county clerk
- Stillbirth registration - hospital and funeral home
- Adoption registration - clerk of district court
- Delayed registrations - court order, registrant or parents of registrant

Issuance means that the registrant of the vital record, or another entitled party, has requested to receive a copy of a vital event on file.

We have collected vital event data electronically since 2009 in our Vital Statistics System (VSS), which allows for ease of registration and processing. We have since that time been working to get all of our vital events scanned into the system for easy retrieval. In 2019, Ancestry through archives scanned vital event records that were open for public record, as Wyoming is a closed record state. The following years are now available through ancestry: Birth (1869-1921), Death (1896-1972), Marriage (1869-1972) and Divorce (1941-1972). With the help of our federal partners at the Center for Disease Control we were provided grant funding through Epidemiology and Laboratory Capacity (ELC) for data modernization. This funding will help us continue the work in uploading those images into our system for retrieval.

Our Office has created two systems that interface with the VSS system; the Coroner Case Management System (CCMS), which is a stand-alone system and Electronic Mother’s Worksheets, which is accessible through our online portal. CCMS was created to aid our county coroners in duplicative data entry and time to completion, allowing amendments to be processed electronically. Electronic Mother’s Worksheets are typically obtained from mother after the birth of a child and prior to her leaving the hospital, having them available electronically allows mom to complete the record at leisure prior to the birth reducing errors as well as aiding hospitals with data entry.

Training continues to be a priority. Meeting with Coroner’s to discuss the CCMS system as well as hospitals and medical providers to discuss the benefits of the mother’s worksheet. With birth, marriage and divorce registration, support documents are provided to our office, which helps with accuracy. However, stillbirth and death records do not have support documentation for review, as such we rely heavily on Coroners/Medical Certifiers and historical knowledge for completion. The CDC provides guidance materials on death registration and fetal death reporting for funeral homes, medical certifiers and physicians.





Aging Division

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

1. [Legal Services and Legal Developer Program](#)
2. [Long Term Care Ombudsman Program](#)
3. [Title III-B Supportive Services](#)
4. [Title III-C1 Congregate Nutrition Program](#)
5. [Title III-C2 Home Delivered Nutrition Program](#)
6. [Title III-E National Family Caregiver Support Program](#)
7. [Wyoming Home Services](#)





Program Description

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

Program Expenditures and People Served

Table with 4 columns: Category, 2023, 2024, 2025. Rows include Total Program Cost, People Served, Cost per Person, and Non-600 Series.

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

2 FFY23, FFY24, and FFY25 Total Program Cost (Federal & State), ARPA SSC6 expenditures are included.

Program Cost Notes

- The Legal Services provider’s required match is at 12.3% of federal funds, and the state match is at 5.3% of federal funds for FFY2025. A total of 43.4% match was contributed by the provider for FFY2025.
Total expenditures included regular III-B Funds of \$140,062.84 and COVID III-B SSC6 Funds of \$8,502.89.
Number of unduplicated clients served was 601. This number is based on the OAAPS Data Element for federal reporting.

Program Staffing

- 0.1 FTE
0 AWEC
0 Other

Events that Have Shaped the Program

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



FFY2025 Legal Services Cases	<i>Number of Clients</i>
Bankruptcy, Collections, and Garnishments	47
Wills/Estates	82
Advanced Directives/Powers of Attorney	69
Divorce	38
Employment Discrimination	21
Custody/Visitation	64
Adult Guardianship/Conservatorship	56
Private Landlord/Tenant	97
Other Housing	127
Social Security (Not SSDI)	0
<i>Case Rejected or Lost Contact Before Case Type Gathered</i>	0
<i>Case Type Not Listed</i>	0
TOTAL CLIENTS	601



Program Core Purpose

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

Outcomes

Performance Metric	FFY 2024 Target	FFY 2025 Target	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025
Percent of cases resolved within 3 months	50%	50%	64%	69%	67%	65%	50%
Percent of respondents who claimed improved quality of life	100%	100%	68%	43%	59%	62%	90%
Percent of respondents who would have restricted their expenses if legal services were not received	50%	50%	28%	15%	28%	42%	60%

Outcomes data is gathered at the time a case is closed through surveys both hard copy or online. In FFY2024, approximately 32% of clients responded to the surveys. 42% of respondents stated that receiving legal services has helped to keep them in their homes and in charge of their own finances and over 56% of respondents stated the legal aid assistance helped them to resolve debt which increased their ability to meet daily living expenses and transportation costs.

Outputs

Performance Metric	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Total number of clients	366	726	681	697	601	341	338	321	280
Total number of hours of service provided	1810	4169	1987	1944	2889	1002	942	1896	993
Number of financial assistance/estate planning cases	304	308	403	160	145	109	51	90	55
Number of power of attorney and advance directives cases	83	69	71	48	40	30	18	28	12
Number of real estate/housing cases	104	123	96	26	47	17	9	23	24





Efficiencies									
Performance Metric	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Average cost per unduplicated client	\$365	\$255	\$233	\$194	\$247	\$203	\$185	\$290	\$208
Average cost saving per client at the market rate (\$250/hour)	\$1,237	\$1,435	\$729	\$697	\$955	\$735	\$697	\$1186	\$637

Story Behind the Performance

History

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

Trends

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

Efficiency

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

Current Efforts

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

Challenges

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



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$265,166	\$245,898	\$288,434
People Served	1,414	1,539	1,686
Non-600 Series¹	12%	9%	11%

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

² \$52,771.52 received under the CARES Act & Consolidated Appropriations Act.

Program Cost Notes

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

Program Staffing

- 1 FTE
- 0 AWEC
- 3 FTE through contract

Events that Have Shaped the Program

- Three full-time Regional Long-Term Care Ombudsman are employed to cover the entire State of Wyoming with an average caseload of 1,544 facility beds per Regional Ombudsman a total of 4,622 in 72 Facilities.
- All Regional Ombudsman have been with the program for a least one year.
- This year the Regional Ombudsman focused on increasing their attendance to Adult Protective Service meetings, Family Council meeting and community education presentations.
- There were a variety of complaints received by the program, but the top three complaints were, Care (40), Autonomy, Rights and Choice (27) and Admission, Transfer, Discharge, Eviction(24).
- Willow Creek of Cody, a Boarding Home, did close in FFY2025. Evergreen Court, also a Boarding Home in Torrington closed not long after the new Assisted Living Facility opened.



Events that Have Shaped the Program

- The program currently has no volunteers. The training requirements seem to be too much for the potential candidates.
- The Ombudsman Program along with Adult Protective Services and the Aging Division again did a World Elder Abuse Awareness Day webinar, making this year's the fifth in a row. You can watch the recordings of these on the WDH website by searching WEAAD.
- In 2025, the State and Regional Ombudsman attended health fairs and conferences throughout the State to promote the Ombudsman program. The Regional Ombudsman gave out 2025 calendars informing people about the program and how to contact an Ombudsman. The calendars were popular and helpful as callers would say they found our number on their calendar.
- Through the Director's Office, attempts to increase the personal needs allowance have moved forward as it is in the proposed budget for next year.
- The State Long-Term Care Ombudsman became the Vice President of the Wyoming Culture Change Board and does a short Powerpoint presentation every Friday on the calls with Office of Healthcare Licensing and Surveys and staff from Wyoming's long-term care facilities.
- The program has continued to maintain positive stakeholder relationships and foster benefit to recipients of long-term care services.





Program Core Purpose

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

Outcomes

Performance Metric	FFY 2024 Target	FFY 2025 Target	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025
% of complaints partially or fully resolved to the satisfaction of the complainant per year.	100%	100%	89%	98%	89%	84%	84%
% of complaints not resolved to the satisfaction of the complainant per year.	0%	0%	4%	0%	6%	6%	7%
% of complaints related to ‘Autonomy, Choice, Exercise of Rights, Privacy’ that were resolved.	100%	100%	82%	100%	93%	91%	89%
% of complaints related to ‘Admission,, Transfer, Discharge, Eviction’ that were resolved.	100%	100%	100%	100%	98%	99%	89%

Outputs

Performance Metric	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
# of visits to all LTC facilities by an Ombudsman	107	270	325	400	353	111	289	181	172
% of nursing homes, assisted living facilities, & boarding homes (74 total) visited by an Ombudsman quarterly	69.7%	86%	100%	77%	100%	70%	83%	100%	100%
# of cases opened/complaint	80	103	50	72	94	26	46	52	42
# of activities completed	1,069	1,261	1,364	1,467	1,596	760	667	747	849



Efficiencies

Performance Metric	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Cost per person (Cases + Activities / Total \$)	\$222	\$192	\$187	\$160	\$171	-	-	-	-

- Information is not available for individual quarters

Story Behind the Performance

- The Regional Ombudsman visit the facilities quarterly and when requested by a resident. All facilities were visited every quarter in FFY2025.
- There was five complaint the LTCOP were unable to resolve, and ten complaints that were withdrawn by the complainant.
- The potential increase in the number of cases opened by the Ombudsman program in FY2025 may be due to the calendars that the Ombudsman Program passed out, our increase in community education and the consistency with their visits to the facilities.
- The three Regional Ombudsman were able to attend the Consumer Voice Conference in September 2024
- A Boarding Home in Cody, Willow Creek of Cody, did not renew their licence in July and Evergreen Court Boarding Home in Torrington closed with all residents going to the new assisted living facility. Leaving us with 73 facilities.
- The program has no volunteers at this time.
- The program is currently fully staffed.
- The program continues to maintain and improve stakeholder relationships; recruit for the volunteer program; and reach out to residents and their loved ones in nursing homes, assisted living facilities, and boarding homes to provide Ombudsman training and education for improve job performance and knowledge.



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$2,127,449 ²	\$2,958,393 ²	\$2,703,106 ²
People Served	17,729	18,404	17,652
Cost Per Person	\$119.99	\$160.74	\$153.13
Non-600 Series¹	12%	8%	10%

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

²FY2023, FY2024, & FFY2025 Total Program Cost (Federal & State) ARPA expenditures included.

Program Cost Notes

- Total Program costs including local match and program income are \$4,526,656.
- 55.9% Federal Funds, 3.9% General Funds, 34.9% Local Match, 5.3% Program Income.
- Grantees have typically contributed more than what is required for local match contributions.

Program Staffing

- 0.80 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- Title III-B funds a broad array of services that enable seniors to remain in their homes for as long as possible. These services include, but are not limited to:
 - Access: transportation, health & wellness programs, and information & assistance
 - Preventative Health: health screenings and referrals for follow-up services as needed
 - Community Services: legal services, mental health services, and ombudsman services



Program Core Purpose

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

Outcomes

Performance Metric	FFY 2024 Target ³	FFY 2025 Target ³	FFY 2021 ²	FFY 2022	FFY 2023	FFY 2024	FFY 2025 ¹
% and # of Wyoming’s population (age 60 and older) served ¹	14%	14%	11.18% (15,450/138,116)	11.65% (16,099/138,116)	12.29% (17,729/144,204)	12.47% (18,404/147,583)	11.96% (17,652/147,583)
# of clients who received Health Services	6,000	6,000	3,518	5,051	5,722	6,536	6,966
# of clients who received Socialization Services	10,000	10,000	6,324	8,680	9,554	10,085	10,417
# of clients who received assisted and non-assisted transportation	2,000	2,000	1,117	1,672	1,657	1,588	1,638
# of clients who received Support Services	12,000	12,000	8,000	9,659	10,144	10,445	8,484

¹ Denominator data is reported from the United States Census Bureau, Wyoming population 60 years and older in the United States utilizing the American Community Survey (ACS). The data for FFY25 remains consistent with FFY24 due to unforeseen circumstances preventing updates.

² FFY21 Performance Metric cover regular III-B as well as COVID III-B services from 10/1/2020 through 9/30/2021

³ Targets are aimed to get back to pre-pandemic levels



Outputs									
Performance Metric	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Total # of clients served	15,450	16,099	17,729	18,404	17,652	14,069	13,943	13,788	13,049
Total # of Title IIIB Service Units provided	483,504	506,876	534,023	601,228	622,950	290,189	311,039	305,533	317,417
Units or assisted or non-assisted transportation services provided	37,143	78,147	84,190	74,450	80,266	36,829	37,621	39,060	41,206
Units of Health Services	37,474	76,329	90,799	116,804	132,704	56,177	60,626	64,384	68,320
Units of Socialization Services	122,649	212,196	234,882	274,048	292,240	132,892	141,156	142,278	149,962
Units of Support Services	95,343	139,679	123,193	135,003	117,734	63,554	71,448	59,806	57,928

Notes: 1) Outputs and Efficiency section consists of regular III-B services and COVID-19 adapted services from 10/1/20 - 9/30/25.
 2) A unit of service is an occurrence or encounter of services, example - a one way transportation is one unit of service.

Efficiencies									
Performance Metric	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Cost per client (Federal & State funds)	\$138.50	\$147.14	\$119.99	\$160.74	\$153.13	\$113.41	\$97.74	\$93.53	\$82.50
Cost per unit of service (Federal & State funds)	\$4.43	\$4.67	\$3.98	\$4.92	\$4.33	\$5.50	\$4.38	\$4.22	\$3.39

Notes: 1) FFY2021 & FFY2022 - Cost per client and cost per unit of service is using Title III funds and CARES Act funds combined.
 2) FFY2023, FFY2024 & FFY2025 - Cost per client and cost per unit of service is using total Title III and ARPA funds combined.



Story Behind the Performance

History

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

Trends

- Based on the projected 2020 Census data, Title III-B Program served approximately 11.96% (17,652/147,583) of Wyoming's total population age 60 for FFY2024. Performance metric cover regular III-B as well as ARPA III-B services from 10/01/2024 through 9/30/25. FFY2025 data shows a slight decrease in clients and units of service provided.
- People who participate in Title III-B service tend to participate in more than one category of service, i.e. Nutrition Program.
- National Research demonstrates that participation in social activities and an active lifestyle enable older individuals to continue living independently and with dignity. A holistic health environment may alleviate high medical expenses and prevent premature institutionalization.

Efficiency

- In FFY2025, the annual cost for the III-B services per client was averaging \$153 per year.
- In FFY2025, no eligible participant was denied services due to waiting lists for services in their communities.

Current Efforts

- Title III-B Program provides services to older adults aged 60 and older. Special emphasis os to serve older individuals with the greatest social and economic needs, adn to enable older individuals to lead an active lifestyle to prevent premature institutionalization. The Title IIIB program served 3,425 clients who lived below 100% of the federal poverty level, 6,853 clients who live alone, and 843 clients who are minorities, in Wyoming in FFY2025.
- The Aging Division, Community Living Section will continue to provide technical assistance and collaborate with senior centers in the outreach function to promote participation.

Challenges

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



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$2,606,103	\$2,680,233	\$2,788,414
People Served	14,707	15,666	16,692
Cost Per Person	\$177.20	\$171.08	\$167.05
Non-600 Series¹	6.73%	7.58%	13%

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

Program Cost Notes

- The Title III-C1 program is 85% federal with a required 15% local match. The State currently provides approximately 5% of the required 15% local match.
- The total program cost listed above includes the Federal and State funding amounts expended during each FFY. Includes NSIP Federal funds.
- FFY2023, FFY2024, & FFY2025 include ARPA funds for total program cost.

Program Staffing

- 0.5 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- In FFY2017, all Title III programs switched to a reimbursement payment process.
- Flexibility granted by the Administration for Community Living allowed nutrition grantees innovative strategies to provide meals to older adults during the COVID-19 pandemic. Meal types that are normally not eligible for reimbursement (i.e. takeout meals, delivered meals for Title III-C1 participants) were allowed to be provided. In FFY2025 regulatory updates now allow takeout meals in normal Title III-C1 services up to 25% of the contracted amount.

(continued)





Events that Have Shaped the Program (cont.)

- Due to the COVID-19 pandemic food and supply shortages, many grantees experienced an increase in the overall cost of meals. This is reflected in the total program cost and increased cost per person served.
- In FFY2023, the program saw a return of Title III-C1 eligible clients to the nutrition sites. The expectation is that congregate meals will once again account for 50% of all meals served under the Older Americans Act in Wyoming, more equally sharing the burden with the home delivered meal program.
- Nutrition Counseling is a program service which has been allowed to be an optional service for providers related to resource constraints. In FFY2023 feedback from ACL reminded CLS Nutrition Counseling is not considered an optional service. This has lead us to add a metric for FFY2024 related to nutrition counseling with the expectation to increase the output.





Program Core Purpose

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

Outcomes

Performance Metric	FFY 2024 Target	FFY 2025 Target	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025
% and # of WY population age 60 and older served with income <100% of federal poverty level	↑	↑	15.19% (1,741/ 11,463 ³)	22.76% (2,609/ 11,463)	31.21% (2,946/ 9,438)	22.29% (3,132/ 14,051)	22.77% (3,199/ 14,051 ²)
% and # of WY population age 60 and older served who live alone	↑	↑	6.36% (3,453/ 54,279)	8.90% (4,831/ 54,279)	15.45% (5,331/ 34,504)	14.37% (5,677/ 39,499)	15.08% (5,958/ 39,499)
% and # of WY population age 60 and older served who are of a minority population	↑	↑	4.50% (443/ 9,837)	4.46% (439/ 9,837)	4.20% (525/ 12,528)	8.60% (1,118 ⁴ / 12,999)	7.09% (922/ 12,999)
% and # of participants age 60 and older served with high nutrition risk	↑	↑	15.61% (1,501/ 9,614)	15.96% (2,131/ 13,348)	16.44% (2,418/ 14,707)	17.13% (2,684/ 15,666)	15.03% (2,508/ 16,692)
# of participants receiving nutrition counseling	↑	↑	88	73	1	3	109

¹Data is collected via the voluntary Aging Needs Evaluation Summary (AGNES) completed by eligible participants in the Congregate Nutrition Program.

² Denominator data in the first three rows is reported from the United States Census Bureau, Wyoming population 60 years and older in the United States utilizing the American Community Survey (ACS). The data for FFY2025 remains consistent with FFY2024 due to unforeseen circumstances preventing updates.

³ Data from the Census Bureau for 2020-2021 is not available. Data from the Census Bureau for 2019 was used as a reference for all FFY2020, FFY2021, and FFY2022 metrics, with the exception of the metric “% of participants age 60 and older served with high nutrition risk”.

⁴ In 2024 the reported minority population (Numerator) was updated to expand parameters which now include all minorities.



Outputs									
Performance Metric	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Total number of meals provided to all eligible participants	239,004	422,310	479,652	515,376	536,947	251,855	263,521	267,871	269,076
Total number of meals provided to participants age 60 and older	235,239	417,052	474,962	509,386	530,156	249,131	260,255	264,018	266,138
Total units of Nutrition Education provided to all eligible participants	5,029	239 ¹	213	206	286	101	105	123	163
Total units of Nutrition Counseling provided to all eligible participants	95	75	2	4	111	0	4	15	96

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

Efficiencies					
Performance Metric	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025
Average total cost per meal ¹	\$17.40	\$14.39	\$14.74	\$13.62	\$13.95
Average state cost per meal	\$0.19	\$0.19	\$0.27	\$0.15	\$0.20
Average federal cost per meal	\$3.57	\$3.72	\$4.75	\$4.96	\$4.53

¹Total meal cost includes all funding sources, including program income and local match from providers.



Story Behind the Performance

History

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

Trends

- The total number of eligible participants served has increased over recent years, aside from the COVID-19 pandemic. Total meals served has seen a slow increase back to pre-pandemic numbers over recent years.
- Reimbursement per meal has been trending up as there has been an increased amount in grant continuation funds each year.
- Reduced participation in FFY2020 and FFY2021 is attributed to the COVID-19 pandemic.

Efficiency

- In 2018, a meal cost tool was developed for grantees to submit each fiscal year. This information is used to review the difference in expenses (personnel, food, etc.) across the state. In FFY2024 the data returned from the meal cost tools was presented in a summary report back to providers.
- Increased participation has been seen in the congregate meals served from FFY2021 to FFY2023 due to the meal sites reopening after COVID-19 restrictions were lifted.
- At the end of FFY2023 Nutrition Counseling services were identified as needing improvement. CLS discussed the concerns with providers at the 2024 annual meeting, increased units of service are desired and work is being done to assist with this goal.

Current Efforts

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

Challenges

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



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$3,022,441	\$3,045,128	\$3,433,633
People Served	8,383	8,154	6,689
Cost Per Person	\$360.54	\$373.45	\$513.33
Non-600 Series¹	6.73%	13.2%	13%

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

Program Cost Notes

- Title III-C2 program is 85% federal with a required 15% local match. The State currently provides approximately 5% of the required 15% local match.
- The total program cost listed above includes the Federal and State funding amounts expended during each FFY. Includes NSIP Federal funds.
- FFY2023, FFY2024, & FFY2025 includes ARPA dollars for total program cost.
- The number of people served for FFY23 & FFY24 includes individuals who were provided takeout, C1 delivered, and C2 delivered meals that were served during the COVID-19 pandemic flexibilities.

Program Staffing

- 0.5 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- In FFY2017, all Title III programs switched to a reimbursement payment process.
- Flexibility granted by the Administration for Community Living allowed nutrition grantees innovative strategies to provide meals to older adults during the COVID-19 pandemic. Meal types that are normally not eligible for reimbursement (i.e. takeout meals) were allowed to be provided. In FFY2025 regulatory updates now allow takeout meals in normal Title III-C1 services up to 25% of the contracted amount.

(continued)





Events that Have Shaped the Program (cont.)

- Due to the COVID-19 pandemic food and supply shortages, many grantees experienced an increase in the overall cost of meals. This is reflected in the total program cost.
- FFY2024 takeout meals continue to be eligible and new regulations include these types of meals for both congregate and home delivered meal programs. As we get further away from the COVID-19 pandemic we are seeing increasing congregate numbers of participants.
- Nutrition Counseling is a program service which has been allowed to be an optional service for providers related to resource constraints. In FFY2023 feedback from ACL reminded CLS Nutrition Counseling is not considered an optional service. This has lead us to add a metric for FFY2024 related to nutrition counseling with the expectation to increase the output.





Program Core Purpose

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

Outcomes

Performance Metric	FFY 2024 Target	FFY 2025 Target	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025 ⁵
% and # of WY population age 60 and older served with income <100% of federal poverty level	↑	↑	11.98% (1,374/ 11,463 ³)	22.50% (2579/ 11,463)	25.92% (2,446/ 9,438)	17.14% (2,409/ 14,051)	15.12% (2,124/ 14,051 ²)
% and # of WY population age 60 and older served who live alone	↑	↑	4.67% (2,534/ 54,279)	7.34% (3,982/ 54,279)	10.68% (3,685/ 34,504)	9.10% (3,594/ 39,499)	8.07% (3,187/ 39,499)
% and # of WY population age 60 and older served who are of a minority population	↑	↑	1.76% (173/ 9,837)	3.93% (387/ 9,837)	2.76% (346/ 12,528)	5.37% (698 ⁴ / 12,999)	3.52% (458/ 12,999)
% and # of participants age 60 and older served with high nutrition risk	↑	↑	19.63% (2,513/ 12,797)	24.19% (3,475/ 14,361)	40.22% (3,372/ 8,383)	42.47% (3,463/ 8,154)	42.23% (2,825/ 6,689)
# of participants receiving nutrition counseling	↑	↑	103	98	15	5	34

¹ Data is collected via the voluntary Aging Needs Evaluation Summary (AGNES) completed by eligible participants in the Home Delivered Nutrition Program.

² Denominator data in the first three rows is reported from the United States Census Bureau, Wyoming population 60 years and older in the United States utilizing the American Community Survey (ACS). Data is unchanged from FFY2024 due to government shutdown and website not being updated.

³ Data from the Census Bureau for 2020 is not available. Data from the Census Bureau was used as a reference for all FFY2020 and FFY2021 metrics, with the exception of the metric “% of participants age 60 and older served with high nutrition risk”.

⁴ In 2024 the reported minority population (Numerator) was updated to expand parameters which now include all minorities.

⁵ In 2025, the number of C2 participants served is less due to a shift of participants now receiving congregate meals.



Outputs									
Performance Metric	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Total number of meals provided to all eligible participants	936,103	821,054	813,088	846,643	832,409	418,559	428,084	410,600	421,809
Total number of meals provided to participants age 60 and older	917,797	809,948	801,870	832,348	815,997	412,145	420,203	402,889	413,108
Total units of Nutrition Education provided to all eligible participants	21,431	297 ¹	255	196	322	102	94	106	216
Total units of Nutrition Counseling provided to all eligible participants	115	125	27	7	35	4	3	1	34

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

Efficiencies					
Performance Metric	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025
Average total cost per meal	\$20.16	\$14.66	\$10.52	\$11.32	\$9.78
Average state funding per meal	\$0.19	\$0.19	\$0.13	\$0.16	\$0.15
Average federal funding per meal	\$3.57	\$3.72	\$3.83	\$4.74	\$3.51



Story Behind the Performance

History

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

Trends

- Reimbursement per meal has been trending up as there has been an increased amount in grant continuation funds each year.
- Increased participation in FFY2020 and FFY2021 is attributed to the COVID-19 pandemic.
- Outputs for meals and nutrition education include takeout and delivered meals to Title III-C1 participants. For FFY2021 a total of 621,982 meals were served to eligible Title III-C2 participants. The difference of 314,121 meals were takeout and delivered meals to eligible Title III-C1 participants. In FFY2022 and FFY2023 take out meals were included in the total of Title III-C2 meals served.
- Beginning in FFY2025, C1 take-out meals are now approved under OAA regulations and will be counted for that program. The C2 program anticipates an additional shift of meal counts related to this change.

Efficiency

- In 2018 a meal cost tool was developed for grantees to submit each fiscal year. This information is used to review the difference in expenses (personnel, food, etc.) across the state. In FFY2024 the data returned from the meal cost tools was presented in a summary report back to providers.
- At the end of FFY2023 Nutrition Counseling services were identified as needing improvement. CLS discussed the concerns with providers at the 2024 annual meeting, increased units of service are desired and work is being done to assist with this goal.

Current Efforts

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

Challenges

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





Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$1,168,029	\$1,067,437	\$1,196,402
People Served	333	350	507
Cost Per Person	\$3,508	\$3,050	\$2,360
Non-600 Series¹	15%	8%	8%

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

Program Cost Notes

- The total program cost listed above includes Federal funding amounts expended during the FFY.
- ARPA funding was utilized to support new services and additional supports for Caregivers and other OAA recipients in FFY2023, FFY2024, & FFY2025.
- The Grantee must match the Federal funds with 25%, which is not included in the total program costs.
- Grantee’s match (local funds and in-kind) for FFY2025 is \$278,267
- Grantee’s Program Income, which enhances the program, for FFY2025 was \$71,016.

Program Staffing

- 0.5 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- Losing one grantee in FFY2025, ten grantees provide services to Caregivers in 16 counties in Wyoming.
- All grantees, if they so choose, can provide services to Older Relative Caregivers in those 16 counties.
- Services provided to Caregiver and Older Relative Caregivers are: information, assistance (case management), counseling/support groups/training, respite, and supplemental services (chore, homemaking, personal emergency response systems, etc.).





Program Core Purpose

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

Outcomes

Performance Metric	FFY 2024 Target	FFY 2025 Target	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025
Number of unduplicated caregivers served	400	400	389	355	333	350	507
Number of outreach events, and (estimated number of consumers reached) ³	650	650	439 (86,995)	637 (233,013)	370 (90,116)	2,694 (100,804)	3,089 (55,716)
Provider local match contributed to expand program	\$368,625	\$368,625	\$327,002 ¹	\$361,605	\$304,82 ²	\$337,250 ²	\$278,267 ²
Participant contributions to expand program	\$75,000	\$75,000	\$88,339 ¹	\$77,988	\$57,197 ²	\$47,068 ²	\$71,016 ²

¹Local match and program income amounts include CARES Act funding totals

²Local match and program income amounts include ARPA funding totals

³Outreach Events are a combination of multiple service types: Health fairs, client outreaches, newsletters, public education, and group education. In FFY24 federal guidance of how to count aggregate participation changed.

Outputs

Performance Metric	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
# of respite units	8,438	7,840	4,628	5,750	5,390	3,028	2,722	2,372	3,018
# of counseling/support group/training units	620	617	694	757	764	326	431	337	427
# of supplemental services units	10,048	10,630	15,532	18,780	10,839	9,603	9,177	4,993	5,846





Efficiencies									
Performance Metric	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Average cost per caregiver	\$2,941	\$2,660	\$3,508	\$3,050	\$2,360	\$2,544	\$2,117	1,174	1,279

Story Behind the Performance

History

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

Trends

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

Efficiency

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

Current Efforts

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

Challenges

- Getting caregivers to accept the services has continued to be a challenge; Grantees report that Caregivers feel the paperwork is burdensome.
- Each grantee has to meet a 25% match to receive the federal funds.
- Finding providers in 5 counties that do not currently offer caregiver services: (Albany, Niobrara, Park, Platte, Washakie, Weston). Sublette County provider began III-E services for FFY2026.





Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$2,587,925	\$2,476,186	\$2,769,994
People Served	1,537	1,373	1,500
Cost Per Person	\$1,684	\$1,803	\$1,847
Non-600 Series¹	1.00%	1.00%	1.00%

¹ 600 series is defined as direct service

Program Cost Notes

- Grantees must provide case management (care coordination) to WyHS participants.
- Homemaking is the most utilized service provided by grantees.
- Personal Emergency Response System is the second most utilized service.
- The SFY25 funding sources for the WyHS Program come from: State allocation \$2,769,994 (66%), Local matching funds of \$1,112,334 (26%), and Program Income (participant contributions) \$302,611 (7%)
- Total program cost for all sources was \$4,184,939.

Program Staffing

- 0.5 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- In SFY2025, Converse County is once again covered by a grantee.
- In Lincoln County, while a grantee did drop coverage at year end, an existing grantee promptly took over, ensuring no interruption in services.
- Local Match generated for SFY2025 was \$1,112,334 For SFY2025 WyHS grantees generated a collective total of \$974,849 over their required match.
- In SFY2025 CLS changed to a new database, which automated the waitlist. Currently there are 63 individuals on the WyHS waitlist with Providers across the state. The waiting list shows the need for services, however, worker shortages are often a barrier for grantees to provide needed services.





Program Core Purpose

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

Outcomes

Table with 8 columns: Performance Metric, SFY 2024 Target, SFY 2025 Target, SFY 2021, SFY 2022, SFY 2023, SFY 2024, SFY 2025. Rows include metrics like ADL/IADL percentages, waiting list numbers, and FPL contribution levels.

1 Implementation of new database and revised policy for entry of Waitlisted individuals has caused discrepancy of data from 2024.

Outputs

Table with 10 columns: Performance Metric, SFY 2021, SFY 2022, SFY 2023, SFY 2024, SFY 2025, 2024 Q1-Q2, 2024 Q3-Q4, 2025 Q1-Q2, 2025 Q3-Q4. Rows include metrics like participants served, service units, homemaking units, and personal care units.





Efficiencies									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Average State cost per person ¹	\$1,608	\$1,654.	\$1,684	\$1,803	\$1,847	\$850	\$1,054	\$1,104	\$1,428
Average State cost per unit of services ¹	\$37	\$41	\$38	\$37	\$51	\$22	\$22	\$50	\$79
Average annual cost of service for participant (Program Income)	\$260	\$219	\$193	\$205	\$202	\$297	\$194	\$150	\$160

¹Cost per person and cost per unit of service is now calculated using state funds expended only and not total program cost.

Story Behind the Performance

History

- The Wyoming Home Services Program began in 1987.
- The Wyoming Home Services (WyHS) program is a 100% state funded program.
- Grantees are required to match 5% of state funds expended. Historically, most Grantees choose to match significantly more, understanding the value that WyHS services add to their communities.
- SFY2025 the program received funding of \$2,769,994.

Trends

- In June 2024, Wyoming Economic Analysis Division released statistics showing Wyoming had the fastest growing elderly (65 and older) population in the nation, rising by 3.5% over the year, according to U.S. Census Bureau Statistics [Daily, C. S. (2024, June 28). Wyoming has fastest growing elderly population in nation. *CowboyStateDaily*.] <https://cowboystatedaily.com/2024/06/27/wyoming-has-fastest-growing-elderly-population-in-nation/>
- The WyHS waiting list, fluctuates monthly for each Grantee. Waiting list policy is the responsibility of each provider. This policy shall include how a client is added to the waiting list, how a client comes off the waiting list, and if a client is not ready to come off the list, where does that client go on the list. A new database was used for data collection and a new entry method created caused a discrepancy in data from 2024 to 2025.

Efficiency

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

(continued)



Story Behind the Performance (cont.)

Current Efforts

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

Challenges

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



Behavioral Health Division

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

1. [Early Intervention and Education Program \(EIEP\) - Part B](#)
2. [Early Intervention and Education Program \(EIEP\) - Part C](#)
3. [Mental Health Outpatient Treatment](#)
4. [Mental Health Residential Treatment](#)
5. [Substance Use Outpatient Treatment](#)
6. [Substance Abuse Residential Treatment](#)
7. [988 Suicide & Crisis Lifeline](#)





Program Description

The Early Intervention and Education Program (EIEP) Part B/619 oversees fourteen (14) Regional Child Development Centers (CDCs). The CDCs are contracted to provide preschool, special education, and related services to children aged three to five years who have been identified with developmental delays and/or disabilities. Part B/619 is a federally mandated program.

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost¹	\$22,160,706	\$22,419,741	\$26,484,234**
Children Served²	2,387	2,387	2,288
Per Child Amount	\$9,400	\$9,390	\$11,567
Non-600 Series³	0.001%	0.001%	0.001%

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

Part B/619 SFY2025 Contract Amounts*

- State Part B: \$26,482,357.82
- Federal Part B: \$2,017,242.64
- Total Part B federal and state funding: \$28,499,600.46

*Contract amounts for CDCs only **Cost includes the legislative approved increase in child count which did not reach the statutory amount of \$12,300, but did increase the amount for CDC programs.

Program Staffing

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

Events that Have Shaped the Program

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

(continued)





Events that Have Shaped the Program (cont.)

- WDE monitors EIEP as one Local Education Agency (LEA), including all 14 regions as a whole. This creates unique challenges as each region operates similar to an independent school district, and creating uniform processes across the entire state is difficult.
- All 14 CDCs use the same process for measuring child outcomes. The process for determining child outcomes was changed in July 2025 from using a single assessment tool to gathering information from a variety of sources. While this change is going to cause data differences for at least three years, it will eventually give a more accurate picture of the child's progress related to age expectations.
- There is a national focus on ensuring children enrolled in Part B/619 are receiving FAPE in the Least Restrictive Environment (LRE) alongside their typically developing peers. Wyoming Part B/619 continues to outperform the rest of the nation for the percentage of students receiving preschool special education in their LRE. Wyoming is currently ranked 2nd, only to Colorado.
- In SFY2024, the point-in-time child count was changed from December 1st to May 1st of each year due to a Legislative update to Wyo. Stat. §§ 21-2-701 through -706 (2024 Senate Enrolled Act No. 56).
- Total child count on December 1, 2022, was 3,548.



Program Core Purpose

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

Outcomes

Performance Metric	SFY 2024 Target ¹	SFY 2025 Target ¹	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
% of children who substantially increased their rate of growth in Social-Emotional Skills	78.54%	78.54%	78.33%	86.35%	79.88%	79.48%	63.26%
% of children who substantially increased their rate of growth in Acquiring and Using Knowledge and Skills	80.15%	80.15%	79.88%	84.41%	85.58%	81.96%	71.73%
% of children who substantially increased their rate of growth in Taking Appropriate Actions to Meet Needs	83.70%	83.70%	83.44%	78.43%	69.54%	72.97%	47.43%
% of children receiving special education in inclusive settings	71.47%	71.47%	80.61%	76.52%	80.91%	86.11%	83.68%

Performance Metric Explanation: Of those children who entered the program below age expectations, this reflects the percentage who substantially increased their rate of growth by the time they exited (a substantial increase is identified as an increase of at least 1% point). During SFY 2023, the child outcomes tool was revised by the publisher and other states have also seen a drops in scores using the newly normed Battelle Developmental Inventory (BDI) tool. Wyoming is now implementing a new Child Outcome Summary (COS) system for the coming year to gather child outcome data. The new system will more accurately reflect outcomes for children based on a variety of data sources including formal assessments, parent and teacher input, observations, and goal progress. The decrease is due to more children being assessed using the newly normed assessment tool. The 2025 figures are preliminary.

¹Targets are adopted from the current WDE Report Card for the Early Intervention and Education Program, Part B/619.

Outputs

Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Number of children served based on annual child count	2,438	2,438	2,387	2,387	2,288	N/A	N/A	N/A	N/A
Number of children served annually (unduplicated)	3,161	3,118	3,268	3,065	3,104	N/A	N/A	N/A	N/A





Efficiencies									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Per child amount budgeted	\$8,674	\$8,674	\$8,674	\$9,390	\$11,567	N/A	N/A	N/A	N/A
Per child amount based on the total number of children served annually	\$6,690	\$6,980	\$6,781	\$7,309	\$8,532	N/A	N/A	N/A	N/A

Story Behind the Performance

- Through the IDEA-mandated Child Find process, all children ages three through five years suspected of having a disability are evaluated through a series of research-based and professionally-recognized assessment instruments.
- The Wyoming Department of Health (WDH), through a Memorandum of Understanding with the Wyoming Department of Education (WDE), administers the Part B/619 program. The WDE is the State Education Agency, while the WDH acts as a Local Education Agency, much like a school district, receiving federal funds to manage the program.
- All children eligible for Part B/619 services under the EIEP system are evaluated for child outcomes at entry and exit from the program. Data is used to measure a child’s progress through participation in the program. The EIEP is transitioning from the BDI-3 tool to Child Outcome Summary Process, as are many other states. The BDI-3 tool norms are not aligning with many other tools used for eligibility and not accurately capturing the progress of the preschool students with disabilities. As the EIEP moves through this process, our program can expect a fluctuation in data over the next three years.
- The WDE as the State Education Agency considers stakeholder input and determines progress targets for Wyoming's Part B/619 measurements.. Wyoming targets for Part B/619 often exceed national targets. This is why Wyoming is implementing a change in systems for our Child Outcome process. The programs goal is to accurately reflect the outcomes.
- The Early Intervention and Education Program (EIEP) has implemented a data system that is used by the majority of Wyoming school districts to ensure a smooth transition for students entering kindergarten.
- The EIEP maintains contracts with technical assistance providers to help with compliance topics in an effort to ensure accurate and consistent messaging across the state.



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost¹	\$8,820,801	\$9,005,312	\$11,270,480**
Children Served²	1,171	1,161	1,155
Per Child Amount	\$6,908	\$7,633	\$9,802
Non-600 Series³	0.001%	0.001%	0.001%

¹ Total Program Cost includes state funding for CDC contracts and state funding for .25 FTE.

² The Children Served annual child count calculation is based on a singular point-in-time snapshot.

³ 600 series is defined as direct service.

Part C SFY2025 Contract Amounts*

- State Part C funds: \$11,268,613.88
- Federal Part C funds \$1,977,442.94
- Total Part C federal and state funding: \$13,246,056.82

**Contract amounts for CDCs only **Cost includes the legislative approved increase in child count which did not reach the statutory amount of \$12,300, but did increase the amount for regional programs.*

Program Staffing

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

Events that Have Shaped the Program

- Part C is authorized through the Individuals with Disabilities Education Act (IDEA), 1997, and the IDEA Improvement Act of 2004. The 2004 Improvement Act reauthorized and continues to require children, ages birth through two years, to have access to early intervention services.
- Part C monitoring for CDC programs is cyclical, with all CDCs receiving Part C onsite monitoring every three years.
- CDCs are provided with annual Report Cards showing their region’s data on eight federal indicators.
- The State Performance Plan and Annual Performance Report for Part C indicate the Part C program received the highest level of performance for SFY24.

(continued)





Events that Have Shaped the Program (cont.)

- The WDH is the Lead Agency for the Part C federal grant.
- All 14 CDCs use the same process for measuring child outcomes. The process for determining child outcomes was changed in July 2025 from using a single assessment tool to gathering information from a variety of sources. While this change is going to cause data differences for at least three years, it will eventually give a more accurate picture of the child's progress related to age expectations.
- In SFY2021, State General Funds were reduced by 16%, resulting in a lower per-child amount. The program has been making recent efforts to bring the per child amounts between Part B and Part C to a more consistent amount as it was previous to SFY2021.
- Part C administers a Parent Survey each year in response to federal reporting requirements. The surveys in SFY2025 showed a response rate of 58.45%, which is above the national average, and all targets for each area of measurement were exceeded. This is an increase from the previous year.
- Total child count on December 1, 2022, was 3,548.





Program Core Purpose

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

Outcomes

Performance Metric	SFY 2024 Target	SFY 2025 Target	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
% of children who substantially increased their rate of growth in Positive Social-Emotional skills	56.77%	56.77%	56.03%	56.55%	60%	74.64%	58.99%
% of children who substantially increased their rate of growth in Acquiring and Using Knowledge and Skills	71.80%	71.80%	71.06%	75.16%	73.67%	62.71%	48.72%
% of children who substantially increased their rate of growth in Taking Appropriate Action to Meet Their Needs	90.54%	90.54%	90.49%	91.52%	79.79%	75.46%	56.30%

Performance Metric Explanation: Of those children who entered the program below age expectations, this reflects the percentage who substantially increased their rate of growth by the time they exited (substantial increase is identified as an increase of at least 1 percentage point). During SFY2023, the child outcomes tool was revised by the publisher and other states have also seen a drop in scores using the newly normed Battelle Developmental Inventory (BDI) tool. Due to this, Wyoming is now implementing a new Child Outcome Summary (COS) system for the coming year to gather child outcome data. The new system will more accurately reflect outcomes for children based on a variety of data sources including formal assessments, parent and caregiver input, observations, and outcome progress. The decrease is due to more children being assessed using the newly normed assessment tool. 2025 figures are preliminary.

Outputs

Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Number of children served based on annual count	1,207	1,207	1,171	1,161	1,155	N/A	N/A	N/A	N/A
Number of children served annually (unduplicated)	1,873	1,998	1,992	2,133	1,852	N/A	N/A	N/A	N/A



Efficiencies									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Per child amount budgeted	\$6,908	\$6,908	\$7,627	\$7,633	\$9,802	N/A	N/A	N/A	N/A
Per child amount based on total number of children served annually	\$4,451	\$4,144	\$4,428	\$4,124	\$6,085	N/A	N/A	N/A	N/A

N/A indicates data not available on a quarterly basis.

Story Behind the Performance

- Part C allows states to apply for and receive federal funds to ensure services are provided to families and their children from birth through age two years and who have developmental delays under the Individuals with Disabilities Education Act (IDEA). Currently, all states and many territories participate in Part C.
- All children suspected of having a developmental delay or disability are evaluated through a series of research-based and professionally recognized assessment instruments in order to determine eligibility for Part C services.
- All children eligible for Part C services under the EIEP system are evaluated for outcomes upon entry and exit. This data measures their progress based on program participation. The EIEP is shifting from the BDI-3 assessment tool to the Child Outcome Summary Process, a change several states are also adopting. The BDI-3 norms don't align well with other eligibility tools and fail to accurately reflect the progress of infants and toddlers with disabilities. As this transition occurs, fluctuations in data can be expected over the next three years.
- In SFY2024, the child count was changed from December 1st to May 1st due to a Legislative update to Wyo. Stat. §§ 21-2-701 through -706 (2024 Senate Enrolled Act No. 56).
- The EIEP uses a data system that is in use by the majority of Wyoming school districts. The new data system will eventually allow for more efficient data reporting for Part C and children who transition to Part B. While the data system has Part B-specific fields, capabilities, and rules, the Part C portion of the data system was created specifically with Wyoming Part C program needs in mind.
- The EIEP is currently focusing its program efforts on family engagement and coaching, addressing the needs of both the child and the family, and supporting social and emotional development within daily routines.



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$16,129,524	\$16,442,660	\$9,190,432
People Served	13,116	10,176	5,306
Cost Per Person	\$1,230	\$1,616	\$1,732
Non-600 Series¹	1.15%	1.18%	1.99%

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

Note: In SFY25, with the redesign efforts, the BHC’s requirements changed from reporting all clients to only reporting BHC Benefit Plan-funded and Medicaid clients. The new reporting is reflected in the lower clients served numbers. The funding model change has also allowed BHCs to meet their local needs by combining the service payments and removing specific dollar amounts for each service line. Funding is no longer limited to a certain service, bed type, or number of beds, but is now in one pot and can be utilized for county needs. Those needs are reflected in the total program expenditure changes from SFY24 to SFY25.

Program Cost Notes

- SFY2025 Funding
 - 85.29% State General Funds (\$7,838,519.45)
 - 14.71% Federal Funds (\$1,351,912.55)

Program Staffing

- 5 FTE shared with the Mental Health Outpatient/Residential Programs and Substance Use Disorder Outpatient/Residential Programs

Events that Have Shaped the Program

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

(continued)





Events that Have Shaped the Program (cont.)

- House Enrolled Act (HEA) 21 (2006) provided enhancements to the community-based mental health and substance abuse treatment system. Senate Enrolled Act (SEA) 77 in 2007 continued system enhancements. SEA 24 in 2008 provided for increased funding to expand mental health services like early intervention, group homes, and psychiatric and nursing supports and also promoted the concept of regionalization of services.
- Staffing issues continued to impact the contracted Behavioral Health Centers (BHCs) during SFY2025, requiring BHCs to be flexible with service delivery options to balance the need of the community with the available staff.
- At the beginning of SFY2019, there were 18 CMHCs across the state. Since that time, there has been one closure and multiple mergers, resulting in eight contracted BHCs. There is at least one office in all 23 counties.
- 2021 HEA 56 required a redesign of the public behavioral health system to serve specific priority populations through state funding. The framework for the system redesign was completed and agreed upon in SFY2022. Workgroups convened in SFY2023 to work through the details and implementation of pilot projects. Implementation began July 1, 2024.
- The first year of the redesign implementation required many adaptations by the BHCs in different areas. Some of these included adjusting to the new funding model, setting up internal logistics to get all clients through the Medicaid application process, and enhancements to their electronic health record systems.
- As with most system changes, especially those that include technology, the providers and the program had to navigate through some issues with eligibility, claims and payments that were not anticipated. Many of the issues identified in the first year have been addressed and we are experiencing fewer issues as the implementation progresses.



Program Core Purpose

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

Outcomes

Performance Metric	SFY 2024 Target	SFY 2025 Target	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Access to care: average days from time of first contact to first treatment service	≤ 7 days	≤ 7 days	2.98	2.5	1.68	1.97	16.19 ²
Treatment Completion	70%	70%	72%	74%	74%	77%	66%
% of clients with SMI who left treatment against medical advice (AMA) or were “no shows” for appointments and were discharged	≤ 15%	≤ 15%	15%	13%	10%	10%	20%
% of clients with a 1+ point of improved functioning as measured by the Daily Living Activities-20 functional assessment ¹	10%	10%	N/A	N/A	6.76%	17.16%	17.49%

¹The Global Assessment of Functioning (GAF) had been used in conjunction with the DLA-20 in previous fiscal years. However, the GAF is an outdated tool and was discontinued in SFY2023. The Agency’s work on key performance indicator development was on hold through the first year of the Behavioral Health Redesign implementation. It is currently an active project the Agency is now focused on.

² This increase can be attributed to a change in methodology for calculating this metric.

Outputs

Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Number of persons served	14,251	14,172	13,116	10,176	5,306	7,673	7,468	3,669	4,079
Number of persons with SMI served	8,244	7,751	7,284	5,992	3,234	4,651	4,350	2,317	2,563
Number of hours of outpatient services delivered	176,531	204,801	206,508	184,586	97,659	93,307	91,279	49,020	48,639



Efficiencies									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Average cost per client	\$1,148	\$1,084	\$1,230	\$1,616	\$1,732	N/A	N/A	N/A	N/A
Average cost per service hour	\$92	\$75	\$78	\$89	\$94	N/A	N/A	N/A	N/A

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

Story Behind the Performance

- Step Three budget reductions were implemented in SFY2022. The Mental Health Outpatient Service line was reduced by approximately \$4.8 million. While the number of clients served stayed relatively static, the number of service hours increased from SFY2021. This increase resulted in a lower average cost per client and lower average cost per service hour. During the 2022 Budget Session, the Legislature reinstated the budget reductions that were implemented in SFY2022. The reinstated funding was appropriated for one biennium, but then continued for the 2025-2026 Biennium.
- The Behavioral Health Centers (BHCs) have continued the use of telehealth services post COVID-19 pandemic. BHCs found that some clients preferred this method of service delivery. The use of telehealth allowed the community providers to offer services in more rural areas without the need for travel by clinicians or clients. Additionally, BHCs have found that the use of telehealth helps alleviate gaps due to workforce shortages.
- Multiple mergers have occurred since SFY2020. The mergers may have impacted the amount of persons served. As an example, clients may choose private providers outside of the community system based on previous experience with that BHC or a clinician that had been employed at a BHC is now employed at a private provider and the client chose to continue receiving services from the individual clinician.
- The methodology for calculating the access to care metric has been changed to use the admission date from the Behavioral Health Management System (BHMS) and reported claims data in the Medicaid system. A client who has insurance but also has the BHC benefit plan impacts the access to care metric. Although they are receiving services, the client’s access to care is longer, as the services are being billed to their insurance first, and the BHC benefit plan last. The Division is working on a change to BHMS which will allow for the identification of clients with insurance to more accurately report access to care.



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$6,290,719	\$7,889,586	\$9,615,844
People Served	583	601	365
Cost Per Person	\$10,790	\$13,127	\$26,345
Non-600 Series¹	1.15%	1.18%	1.99%

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

Program Cost Notes

- SFY2025 Funding:
 - 100% State General Funds (\$9,615,844.00)

Program Staffing

- 5 FTE shared with the Mental Health Outpatient/Residential Programs and Substance Use Disorder Outpatient/Residential Programs

Events that Have Shaped the Program

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

(continued)





Events that Have Shaped the Program (cont.)

- At the beginning of SFY2019, there were 18 CMHCs across the state. Since that time, there has been one closure and multiple mergers, resulting in eight contracted Behavioral Health Centers (CMHCs were renamed Behavioral Health Centers (BHCs) with the passing of 2021 HEA 56). There is at least one office in all 23 counties.
- 2021 HEA 56 required a redesign of the public behavioral health system to serve specific priority populations through state funding. The framework for the system redesign was completed and agreed upon in SFY2022. Workgroups convened in SFY2023 to work through the details and implementation of pilot projects. Implementation began July 1, 2024.
- With the implementation of the Behavioral Health Redesign, the local BHCs are able to determine what services are most needed in their communities. There is no longer a specific bed-count per residential service. This allows flexibility for each BHC to meet the needs of the clients within their catchment area and in receiving referrals from other BHCs.





Program Core Purpose

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

Outcomes

Performance Metric	SFY 2024 Target	SFY 2025 Target	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Median length-of-stay in long-term group homes (days)	200	200	196	192	254	305	186
Median length-of-stay in transitional group homes (days)	100	100	92	101	94	117	85
Median length-of-stay in supervised living environments (days)	300	300	527	293	336	365	302

Note: Data for long-term group homes, transitional group homes, and supervised living environments reflect separate subsets of all mental health group homes (also called Community Living residences).

Outputs

Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Number of persons served – sub-acute crisis residential	248	333	336	364	142	179	215	103	49
Number of persons served – long-term group homes	61	59	58	54	54	48	42	43	46
Number of persons served – transitional group homes	71	70	75	67	57	49	43	43	39
Number of persons served – supervised living	105	119	114	116	112	102	98	98	91



Efficiencies									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025 ¹	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Average cost per client for sub-acute crisis residential	\$9,652	\$6,533	\$8,910	\$8,224	\$13,925	N/A	N/A	N/A	N/A
Average cost per client for long-term group home	\$31,263	\$29,134	\$35,401	\$38,024	\$59,199	N/A	N/A	N/A	N/A
Average cost per client for transitional group homes	\$26,890	\$27,775	\$16,120	\$18,045	\$39,686	N/A	N/A	N/A	N/A
Average cost per client for supervised living	\$11,989	\$13,977	\$17,949	\$17,640	\$19,461	N/A	N/A	N/A	N/A

N/A indicates data not available

¹ Due to the funding model redesign, comparisons to previous years are invalid; it has shifted the way the Agency calculates the average cost per person.

Note: Outputs may include duplicated and unduplicated (unique) persons, as individuals may be counted in multiple quarters or fiscal years.

Story Behind the Performance

- The Mental Health and Substance Abuse Services (MHSAS) section allowed the contracted BHCs to determine how the SFY2022 Step Three budget reductions would be implemented for contracts instead of taking an across-the-board cut. This method allows the BHC providers to ensure the needs of their communities are met. However, unlike the budget units for outpatient services, mental health residential services funding was increased by \$166,039 as a result of shifts in funding from other budget units.
- MHSAS worked with a national consultant to complete a review of the crisis stabilization services within the state. The review assessed the state services against the national toolkit developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). One result of this work is the change of the service name from crisis stabilization to Sub-Acute Crisis Residential to better capture the service being delivered. The consultant assisted MHSAS in developing a framework for crisis continuum services that could be implemented in the future with BHR. In SFY2025 multiple BHCs began expanding Sub-Acute beds. Unfortunately, the expansion halted some of their current Sub-Acute beds while construction was underway. In addition to limited beds during construction efforts, the Centers were getting used to utilizing a new billing system for their residential beds. Due to this learning curve, not all beds were captured in the data. The Agency anticipates upward growth in this service area.

(continued)



Story Behind the Performance (cont.)

- In SFY2025, with the redesign efforts, the BHC's requirements changed from reporting all clients to only reporting BHC Benefit Plan-funded and Medicaid clients. The new reporting is reflected in the lower clients served numbers. Additionally, we have received feedback from the BHCs stating that some clients have refused to complete the eligibility process in order to receive state-paid services. The reasoning varies between not wanting the stigma of receiving government services, while others did not want "Big Brother watching them" or "having their information in a database."
- The funding model change has also allowed BHCs to meet their local needs by removing the guardrails for each service line. Funding is no longer limited to a certain service, bed type, or number of beds, but is now in one pot and can be utilized for county needs. Those needs are reflected in the total program expenditure changes from SFY2024 to SFY2025.





Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$10,403,622	\$9,883,302	\$6,295,286
People Served	4,272	4,144	2,347
Cost Per Person	\$2,435	\$2,385	\$2,682
Non-600 Series¹	1.15%	1.18%	1.99%

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

Program Cost Notes

- SFY2025 Funding:
 - 72.34% State Tobacco Funds (\$4,554,009.89)
 - 27.66% Federal Funds (\$1,741,276.11)

Program Staffing

- 5 FTE shared with the Mental Health Outpatient/Residential Programs and Substance Use Disorder Outpatient/Residential Programs

Events that Have Shaped the Program

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

(continued)





Events that Have Shaped the Program (cont.)

- Step Three budget reductions were implemented in SFY2022. Contracted providers were allowed to choose how the budget reductions were allocated across budget units. This budget was reduced by approximately \$3.1 million. During the 2022 Budget Session, the Legislature reinstated the budget reductions that were implemented in SFY2022. The reinstated funding was appropriated for one biennium, but then continued for the 2025-2026 Biennium.
- At the beginning of SFY2019, there were 18 CMHCs (CMHCs were renamed Behavioral Health Centers (BHCs) with the passing of 2021 HEA 56) across the state. Since that time, there has been one closure and multiple mergers, resulting in eight contracted Behavioral Health Centers (BHCs). There is at least one office in all 23 counties.
- 2021 HEA 56 required a redesign of the public behavioral health system to serve specific priority populations through state funding. The framework for the system redesign was completed and agreed upon in SFY2022. Workgroups convened in SFY2023 to work through the details and implementation of pilot projects. Implementation began July 1, 2024.
- The priority population designations and the eligibility criteria had impact on the number of clients served in SFY2025. The priority population designations focuses services on those at risk of being admitted to a more intensive care facility as well as those returning to the community from those facilities. The total number of individuals served and the overall expenditures decreased for SFY2025, but the amount per person remained relatively stable.
 - The lower number of individuals receiving services can be attributed to the change in priority population as well as the requirement to complete both the financial and clinical eligibility process.



Program Core Purpose

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

Outcomes

Performance Metric	SFY 2024 Target	SFY 2025 Target	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
% of clients completing treatment	50%	50%	70%	76%	69%	73%	71%
% of clients with a 1+ point of improved functioning as measured by the Daily Living Activities-20 functional assessment ¹	10%	10%	N/A	N/A	13.93%	28.63%	26.15%
Access to care: average days from time of first contact to first treatment service	≤ 7	≤ 7	2.72	3.44	2.95	2.59	12.69

¹The Global Assessment of Functioning (GAF) has been used in conjunction with the DLA-20 in previous fiscal years. However, the GAF is an outdated tool and was discontinued in SFY2023. The Agency’s work on key performance indicator development is currently on hold as aspects of Behavioral Health Redesign outcomes are determined.

Outputs

Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Number of persons served ¹	4,757	4,380	4,272	4,144	2,347	2,863	2,893	1,351	1,734
Number of persons admitted ¹	3,235	2,996	2,994	3,112	2,105	1,804	1,559	989	1,116
Number of persons discharged	3,460	3,306	3,124	3,106	1,476	1,515	1,835	486	990
Hours of outpatient services delivered	128,915	114,382	118,040	104,707	57,196	54,708	59,321	25,089	32,107

¹Persons served indicates all persons who received any treatment; persons admitted indicates all new persons who began receiving treatment.



Efficiencies

Table with 10 columns: Performance Metric, SFY 2021, SFY 2022, SFY 2023, SFY 2024, SFY 2025, 2024 Q1-Q2, 2024 Q3-Q4, 2025 Q1-Q2, 2025 Q3-Q4. Rows include Average cost per client and Average service cost per hour.

N/A indicates data not available on a quarterly basis

Story Behind the Performance

- The Mental Health and Substance Abuse Services (MHSAS) section continues to refine processes for contract management and monitoring of provider performance.
• The BHCs continue to struggle with recruitment and retention of staff. Budget reductions made it more difficult to compete for potential staff and retain current staff.
• Multiple mergers have occurred since SFY2020. At the beginning of SFY2019, there were 18 BHCs across the state.
• In SFY2025, with the redesign efforts, the BHC's requirements changed from reporting all clients to only reporting BHC Benefit Plan-funded and Medicaid clients.
• The methodology for calculating the access to care metric has been changed to use the admission date from the Behavioral Health Management System (BHMS) and reported claims data in the Medicaid system.
• The funding model change has also allowed BHCs to meet their local needs by removing the guardrails for each service line.





Program Description

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

Program Expenditures and People Served

Table with 4 columns: Category, 2023, 2024, 2025. Rows include Total Program Cost, People Served, Cost Per Person, and Non-600 Series.

1 Includes only primary residential clients. Transitional living and social detoxification clients are not included.

2 600 series is defined as direct service. Non-600 series (administrative) costs are shared across the Mental Health Outpatient, Mental Health Residential, and Substance Abuse Outpatient programs and have the potential to fluctuate each year.

Program Cost Notes

- SFY2025 Funding: 72.94% State General Funds (\$12,764,384.00), 9.20% State Tobacco Funds (\$1,610,518.00), 17.86% Federal Funds (\$3,125,000.00)

Program Staffing

- 5 FTE shared with the Mental Health Outpatient/Residential Programs and Substance Use Disorder Outpatient/Residential Programs

Events that Have Shaped the Program

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

(continued)





Events that Have Shaped the Program (cont.)

- Step Three budget reductions were implemented in SFY2022. Contracted providers were given the opportunity to adjust the reductions across budget units in order to meet the needs of their communities. The residential budgets were not affected by the reductions.
- At the beginning of SFY2019, there were 18 CMHCs (CMHCs were renamed Behavioral Health Centers (BHCs) with the passing of 2021 HEA 56) across the state. Since that time, there has been one closure and multiple mergers, resulting in eight contracted Behavioral Health Centers (BHCs). There is at least one office in all 23 counties.
- 2021 HEA 56 required a redesign of the public behavioral health system to serve specific priority populations through state funding. The framework for the system redesign was completed and agreed upon in SFY2022. Workgroups convened in SFY2023 to work through the details and implementation of pilot projects. Implementation began July 1, 2024.
- The change to specific priority populations resulting from legislation, has impacted the total number of clients seen during SFY2025. Of those that were served in SFY2025, the individuals were in need of more intensive services to either divert them from an institutional level of service or keep them from returning to that institutional level of care.





Program Core Purpose

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

Outcomes

Performance Metric	SFY 2024 Target	SFY 2025 Target	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Treatment completion rate	60%	60%	71%	73%	68%	69%	80%

Outputs

Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Number of persons served ¹	868	929	943	967	804	574	577	452	520
Number of persons admitted ¹	753	773	789	824	731	424	428	408	451
Number of persons discharged	726	770	810	841	797	432	454	372	452
Number of days residential services provided	53,105	61,313	59,465	60,467	45,764	30,030	30,437	23,586	22,178

Efficiencies

Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024Q 3-Q4	2025 Q1-Q2	2025 Q3-Q4
Average cost per client ²	\$14,093	\$15,122	\$16,272	\$15,869	\$21,766	N/A	N/A	N/A	N/A
Average cost per day ²	\$230	\$229	\$258	\$254	\$382	N/A	N/A	N/A	N/A

N/A indicates data not available on a quarterly basis.

¹Persons served indicates all persons who received any treatment; persons admitted indicates all new persons who began receiving treatment.

²Average cost per client for primary residential services only; does not include transitional group homes or social detox costs.

Note: Outputs may include duplicated and unduplicated (unique) persons, as individuals may be counted in multiple quarters or fiscal years.





Story Behind the Performance

- The Mental Health and Substance Abuse Services (MHSAS) section allowed the BHCs to determine how the SFY2022 Step Three budget reductions would be implemented for their contracts instead of taking an across-the-board cut. This method allowed the BHC providers to ensure the needs of their communities were met. However, unlike the budget units for outpatient services, substance use disorder residential services funding was increased by \$560,990 as a result of shifts in funding from the outpatient budget units.
- In SFY2025, with the redesign efforts, the BHC’s requirements changed from reporting all clients to only reporting BHC Benefit Plan-funded and Medicaid clients. The new reporting is reflected in the lower clients served numbers.
- The funding model change has also allowed BHCs to meet their local needs by removing the guardrails for each service line. Funding is no longer limited to a certain service, bed type, or number of beds, but is now in one pot and can be utilized for county needs. Those needs are reflected in the total program expenditure changes from SFY2024 to SFY2025.





Program Description

The 988 Program provides 24/7 access to crisis support and resources to Wyoming residents experiencing or supporting someone experiencing mental health or substance use crisis via call, chat, and text, to decrease the need for law enforcement or emergency medical intervention.

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$554,183.58	\$1,715,785.70	\$2,523,806.84
Number of Contacts¹	5,191	6,623	10,925
Cost Per Contact	\$106.76	\$268.55	\$231.01
Non-600 Series²	27%	38%	22%

¹ Number of contacts is the total number of calls, chats, and texts that were routed to the Wyoming 988 Centers.

² 600 series is defined as direct service.

Program Cost Notes

- SFY2025 Funding:
 - 14% State General Funds (\$350,181.25)
 - 86% Federal Funds (\$2,173,625.59)

Program Staffing

- 1.5 FTE

Events that Have Shaped the Program

- In 2020, Congress passed the National Suicide Hotline Designation Act that established 988 as the universal number for a national suicide prevention and mental health crisis hotline.
- In 2022, the 988 number went live across all fifty states and territories. Services in Wyoming were originally provided for calls only, 20 hours a day, 7 days a week.
- Also in 2022, the 988 program administratively transferred from the Public Health Division to the Behavioral Health Division.
- In 2023, two centers were chosen through a competitive bid to provide 988 services in Wyoming as part of the national network: Central Wyoming Counseling Center and Wyoming Lifeline.

(continued)



Events that Have Shaped the Program (cont.)

- Based on the needs of Wyoming, the 988 Centers provide services based on time rather than geography. Wyoming Lifeline provides 988 services from 2:00 a.m. to 2:00 p.m. and Central Wyoming Counseling Center provides 988 services from 2:00 p.m. to 2:00 a.m. seven days a week.
- Wyo. Stat. §§ 35-25-501 through -509 was enacted in 2023, establishing the 988 system in Wyoming and providing requirements for the program.
- In June of 2024, Wyoming 988 Centers began providing chat and text services in addition to calls.
- The cost per contact rose with the implementation of chat and texts services as start-up costs for implementation and training required for chat and text services. Costs are expected to level out over the next few years.





Program Core Purpose

The 988 Program provides 24/7 access to crisis support and resources to Wyoming Residents experiencing or supporting someone experiencing mental health or substance use crisis via call, chat, and text, to decrease the need for law enforcement or emergency medical intervention.

Outcomes

Table with 8 columns: Performance Metric, SFY 2025 Target, SFY 2026 Target, SFY 2021, SFY 2022, SFY 2023, SFY 2024, SFY 2025. Rows include Call Answer Rate, Call Average Speed to Answer, % of Calls Routed to National Back-up Center, Chat/Text Answer Rate, Chat/Text Speed to Answer, and % of Chats/Texts Routed to National Back-up Center.

Outputs

Table with 10 columns: Performance Metric, SFY 2021, SFY 2022, SFY 2023, SFY 2024, SFY 2025, 2024 Q1-Q2, 2024 Q3-Q4, 2025 Q1-Q2, 2025 Q3-Q4. Rows include Number of calls routed in-state, Number of chats/texts routed in-state, Number of calls answered in-state, and Number of chats/texts answered in-state.

N/A indicates data not available.

¹ Data for 2025 was calculated using two different data sources as a result of changes in how federal data was reported.

² Chat/text services began in June of 2024

Note: Outcomes and Outputs may include duplicated and unduplicated (unique) persons, as individuals may be counted in multiple quarters, fiscal years, or 988 modality.





Program Core Purpose

The 988 Program provides 24/7 access to crisis support and resources to Wyoming Residents experiencing or supporting someone experiencing mental health or substance use crisis via call, chat, and text, to decrease the need for law enforcement or emergency medical intervention.

Efficiencies

Table with 10 columns: Performance Metric, SFY 2021, SFY 2022, SFY 2023, SFY 2024, SFY 2025, 2024 Q1-Q2, 202 Q3-Q4, 2025 Q1-Q2, 2025 Q3-Q4. Rows include Average cost per call and Average cost per chat/text.

N/A indicates data not available.

1 Data for 2025 was calculated using two different data sources as a result of changes in how federal data was reported.

2 Chat/text services began in June of 2024

Story Behind the Performance

- Data is collected and produced by Vibrant Emotional Health, the national administrator of the 988 Lifeline, and serves as the program’s official record. Calculation methods are periodically updated, and reported figures may change over time.
• Each 988 Center is required to have a minimum of two Crisis Intervention Specialists responding to calls and two responding to chats and texts during service hours to meet demand.
• Because of the design of the chat and text digital platform, chat and text data is reported as combined metrics.
• Targets align with federal standards set by The Substance Abuse and Mental Health Services Administration (SAMHSA).
• Wyoming is able to provide 24/7/365 988 services to 100% of the geographic area of the state, unlike twelve other states that do not yet provide 100% geographic access.
• In July of 2024, Wyoming was able to expand services beyond calls to include chats and texts.
• Between August of 2024 and September of 2025, Wyoming has consistently met federal metrics and been in the top states for average speed to answer and answer rate.
• Wyoming is often used as an example by SAMHSA for media, 988 Center collaboration, and standardization for other states.





Division of Health Care Financing (Medicaid)

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

1. Wyoming Medicaid Overview
 - a. [Overall](#)
 - b. [Provider Network](#)
 - c. [Financial Monitoring](#)
 - d. [Health Outcomes](#)
 - e. [Member Monitoring](#)
2. Programs
 - a. [Care Management Entity \(CME\)](#)
 - b. [Comprehensive and Support Waivers](#)
 - c. [Community Choices Waiver](#)
 - d. [Nursing Facilities, Home Health, & Hospice](#)
 - e. [Medication Donation Program](#)
 - f. [Patient-Centered Medical Home \(PCMH\)](#)
 - g. [Wyoming Frontier Information \(WYFI\) Exchange](#)
3. Benefits
 - a. [Behavioral Health Services](#)
 - b. [Dental](#)
 - c. [Pharmacy Program](#)
 - d. [Psychiatric Residential Treatment Facilities \(PRTF\)](#)
4. Administrative Functions
 - a. [Customer Service Center](#)
 - b. [Medicaid Long Term Care Eligibility Unit](#)
 - c. [Medicaid Third Party Liability \(TPL\)](#)
 - d. [Program Integrity](#)



Program Description

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

Program Expenditures and People Served

Table with 4 columns: Metric, 2023, 2024, 2025. Rows include Total Claims Cost, Average Monthly Enrollment, and Cost Per Person (PMPM).

1 By claim paid date. Only includes Medicaid expenses paid through the MMIS; therefore, expenses for administration, Medicare buy-in premiums, Medicaid Part-D clawback, and provider taxes are excluded.

Program Cost Notes

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

Program Staffing

- Total: 111 FT, 9 AWEC; 34 FT in HCBS Section; 29 FT, 1 AWEC in Eligibility Section; 11 FT, 0 AWEC in Provider & Benefit Services Section; 10 FT, 6 AWEC in Technology and Business Operations Section; 4 FT in Pharmacy Section; 10 FT, 1 AWEC in Program Integrity Section; 7 FT, 1 AWEC in Leadership & Admin.; 6 FT in Medicaid Fiscal

Events that Have Shaped the Program

- Federal COVID-19 aid expenditures including: the Coronavirus Preparedness & Response Supplemental Appropriations Act (3/6/2020); the Families First Coronavirus Response Act (3/18/2020); the Coronavirus Aid, Relief, and Economic Security (CARES) Act (3/27/2020); the Paycheck Protection Program and Health Care Enhancement Act (4/24/2020); the Coronavirus Response and Relief Supplemental Appropriations Act (12/27/2020); and the American Rescue Plan Act (3/11/2021). Major technology efforts include the MMIS replacement project (WINGS), Wyoming Eligibility System, Eligibility Customer Service Center, and the Health Information Exchange (HIE).



Program Core Purpose

Wyoming Medicaid ensures access to an adequate and accessible healthcare provider network for its members by paying providers adequately, and reducing billing hassle.

Outcomes

Performance Metric		Desired Trend	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Physicians ¹	% of In-State, Licensed, Eligible, and Enrolled	↑	99%+ (est.)					
	# In-State Enrolled	N/A	2,240	2,342	2,586	2,920	2,957	3,004
	# Out-of-State Enrolled	N/A	8,478	9,393	10,940	12,847	11,413	12,200
Nursing Facilities	% of In-State, Licensed, Eligible, and Enrolled	↑	100%	100%	100%	100%	100%	100%
	# In-State Enrolled	N/A	39	38	36	37	42	38
	# Out-of-State Enrolled	N/A	15	15	16	17	13	12
Hospitals ²	% of In-State, Licensed, Eligible, and Enrolled	↑	97%	97%	94%	91%	100%	100%
	# In-State Enrolled	N/A	29	29	29	29	30	31
	# Out-of-State Enrolled	N/A	186	198	239	283	270	223
Pharmacies	% of In-State, Licensed, Eligible, and Enrolled	↑	100%	99%	96%	95%	93%	94%
	# In-State Enrolled	N/A	145	144	144	143	117	111
	# Out-of-State Enrolled	N/A	88	94	91	89	72	74
Dentists	% of In-State, Licensed, Eligible, and Enrolled	↑	96%	97%	60%	63%	67%	64%
	# In-State Enrolled	N/A	350	360	372	389	340	343
	# Out-of-State Enrolled	N/A	115	118	137	164	161	171

¹ Includes providers enrolled for at least one day in the SFY

² Excludes private hospitals such as Wyoming State Hospital, VA Medical Centers, Wyoming Behavioral Institute, Aspen Mountain Center





Outputs							
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	
Physician rates as a % of the regional average	117%	123%	100%	98%	96%	100%	
Nursing facilities % cost coverage with the upper payment limit (UPL) ¹	84%	80%	83%	92%	86%	85%	
Hospital % cost coverage with the qualified rate adjustment (QRA) ²	Inpatient	100%	100%	103%	103%	124% ³	125%
	Outpatient	99%	100%	106%	104%	101%	101%
% of Nursing Facility days paid by Medicaid	65%	64%	65%	64%	62%	61%	

¹ UPL implemented mid-year 2011; data is collected by FFY. Percentages are with federal share of Supplemental Payment only.

² In-state hospitals only.

³ Supplemental payments are higher in SFY 2024 due to a change in the upper payment limit calculation from a cost-based method to a Medicare IPPS-based determination, resulting in significantly higher upper payment limits and larger private hospital supplemental payments.

Efficiencies							
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	
ALL Claims Processing Time (days)	Service to Bill	33.6	26.6	60.3	61.2	59.2	50.1
	Turnaround Time, Receipt to Payment	6.9	7.1	12.9	7.8	7.6	5.9
	Service to Payment	37.6	30.8	73.2	69.0	66.8	56.0
% of all claims denied	16.2%	14.7%	29.5%	19.7%	16.9%	16.8%	



Story Behind the Performance

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



Program Core Purpose

Wyoming Medicaid provides medical and long-term insurance coverage for qualified low-income individuals and monitors associated costs.

Outcomes

Performance Metric		Desired Trend	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025 ¹
Per Member Per Month (PMPM)		➡	\$856	\$716	\$652	\$635	\$717	\$806
Children PMPM	Children	➡	\$244	\$215	\$214	\$228	\$255	\$282
	Foster Care Children	➡	\$739	\$587	\$479	\$468	\$559	\$656
	Newborns	➡	\$1,649	\$1,110	\$833	\$676	\$720	\$900
	CMHW	➡	\$942	\$836	\$511	\$398	\$494	\$515
Non-Disabled Adults PMPM	Family-Care Adults	➡	\$555	\$538	\$506	\$531	\$536	\$623
	Former Foster Care	➡	\$411	\$364	\$367	\$336	\$334	\$371
	Pregnant Women ²	➡	\$1,375	\$815	\$558	\$522	\$639	\$741
Aged Individuals PMPM	Community Choices	➡	\$1,798	\$1,740	\$1,854	\$1,891	\$1,925	\$1,942
	Nursing Home ³	➡	\$5,127	\$4,532	\$4,629	\$5,031	\$6,252	\$6,217
Disabled Individuals PMPM	Comprehensive Waiver	➡	\$5,987	\$5,792	\$5,707	\$5,983	\$6,457	\$6,748
	Supports Waiver	➡	\$1,709	\$1,679	\$1,661	\$1,741	\$1,838	\$2,003
	Suppl. Security Income (SSI)	➡	\$845	\$859	\$897	\$873	\$863	\$989
Benchmark PMPM	CHIP ⁴	➡	-	\$139	\$212	\$206	\$263	\$250
	Child Marketplace ⁵	N/A	-	-	-	\$487	\$463	\$441
	Adult Marketplace ⁵	N/A	-	-	-	\$742	\$773	\$833



¹ 12+ month claim lag
² Excludes presumptive eligibility
³ Excludes supplemental payments
⁴ On October 1, 2020 the CHIP program transitioned to a Fee-For Service program administered by the Department of Health.
⁵ SFY 2025 child and 40-year old adult marketplace premium is for the lowest deductible gold plan with a \$1,000 and \$9,100 max out of pocket.

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Recipients (unique count of members who received services)	64,059	65,686	70,698	76,091	75,864	67,152
Enrollment	72,336	75,988	85,594	64,665	100,062	85,071
Member Months	643,131	781,472	915,815	1,019,028	923,269	797,222
Claims Expenditures (by service date)	\$550.3 M	\$559.8 M	\$597.1 M	\$647.4 M	\$662.0 M	\$642.9M

Efficiencies

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025 ¹
% Enrolled members that used services	88.6%	86.4%	82.6%	80.4%	75.4%	78.9%
Cost per recipient	\$8,591	\$8,522	\$8,446	\$8,508	\$8,726	\$9,574
Cost per enrolled member	\$7,608	\$7,367	\$6,976	\$6,839	\$6,576	\$7,557

¹ 12-month claim lag, values are preliminary

Story Behind the Performance

- The Per Member Per Month (PMPM) is the average cost of a member per month by dividing claims expenditures by the number of member months. The PMPM is based on claims only and does not include administration costs, Disproportionate Share Hospital, Qualified Rate Adjustment, or provider tax. Member months are the number of months a person is eligible and enrolled in Medicaid. The measure allows for better comparison of costs with other Medicaid programs, private insurance, and other premium-based programs.
- On 10/1/2020, the CHIP program began processing fee for service claims in the Benefit Management System and Pharmacy Benefit Management System under a M-CHIP program.



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$1,382,319	\$1,408,163	\$1,532,368
People Served¹	94,660	100,663	85,009
Cost Per Person	\$15	\$14	\$18

¹ Unique Medicaid and CHIP recipients

Program Cost Notes

- Health Management = \$965,690 (50% Federal and 50% SGF)
- Seattle Children’s Hospital = \$550,080 (Mixed Federal and SGF)
- 24/7 Nurse Advice Line = \$7,198 (Mixed Federal and SGF)
- Diabetes Incentive Program = \$9,400 (SGF)

Program Staffing

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

Events that Have Shaped the Program

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



Program Core Purpose

To improve the prevention, screening, diagnosing, and management of acute and chronic diseases in Wyoming Medicaid members.

Outcomes

Performance Metric		Desired Trend	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) (CMS 416 Report, Line 10)	Medicaid	↑	40%	52%	37%	37%	39%	-
	National		52%	54%	51%	51%	-	-
Ambulatory Care: Emergency Department (ED) Visits Age 0-19 (AMB-CH) ¹	Medicaid	↓	46.4	29.4	32.4	34.4	33.7	-
	National		43.2	26	31.9	36.5	-	-
Follow-Up After Hospitalization for Mental Illness: Ages 6-17; Percentage with a 7 Day Follow-Up (FUH-CH) ¹	Medicaid	↑	54%	56%	54%	50%	37%	-
	National		45.6%	51.2%	47.9%	47.3%	-	-
Follow-Up After Hospitalization for Mental Illness: Ages 6-17; Percentage with a 30 Day Follow-Up (FUH-CH) ¹	Medicaid	↑	81%	85%	79%	78%	74%	-
	National		66%	71.5%	70.4%	72.1%	-	-
(PQI01-AD) Diabetes Short-term Complications Admission Rate (Age 18-64) ¹	Medicaid	↓	28.3	16.0	23.1	17.2	11.8	-
	National		20.1	16.7	17.2	15.4	-	-
(OHD-AD) Percentage of High Dosage Opioids per 1,000 Opioids (Age 18-64) ¹	Medicaid	↓	23.9%	22.4%	19.8%	20.7%	-	-
	National		6.5%	7.2%	6.7%	5.9%	-	-

(-) Indicates data not yet available.

¹ These metrics are part of the CMS Core Measure data set and are reported to CMS each FFY (i.e. values under SFY2021 correlate with the majority of FFY2021). National Benchmarks represent the median of all states during the reporting year. Rate of emergency department (ED) visits per 1,000 beneficiary months among children up to age 19. <https://www.medicare.gov/state-overviews/stateprofile.html?state=wyoming>



Outputs							
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	
Emergency Room Visits per 1,000 Member Months	58.8	45.3	48.5	46.3	47.4	47.4	
Inpatient Admissions per 1,000 Member Months	16.0	13.1	10.7	10.1	10.7	11.3	
Seattle Children’s Hospital	# Med Reviews	18	20	8	11	22	24
	# Completed MDT ¹	108	97	108	122	137	136
	# PAL Calls ²	220	184	195	190	240	211
# of Members Enrolled in Diabetes Incentive Program	96	64	48	19	105	100	

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

Efficiencies							
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	
PMPM	Age 0-20	\$408	\$346	\$331	\$335	\$362	\$407
	Age 21-64	\$1,408	\$1,207	\$1,065	\$1,006	\$1,147	\$1,344
	Age 65+	\$1,739	\$1,454	\$1,399	\$1,369	\$1,516	\$1,473
# of Unique Members	Age 0-20	42,677	43,619	47,001	50,635	48,896	44,598
	Age 21-64	18,780	19,477	21,322	12,198	22,960	19,442
	Age 65+	5,604	5,825	8,468	7,503	5,867	5,647



Story Behind the Performance

- The WYhealth Care Management Program- WYhealth supports Medicaid members clinically in order to bridge gaps in care (missing preventive care), provide health education and resources, as well as one-on-one support to address the needs of each unique member, meeting them where they are at in their health goals. A Registered Nurse Care Manager and the member work together to set goals, which are documented in a plan of care, and work through interventions to achieve health goals until the member “graduates” from the WYhealth program.
- Total Program Cost - The WYhealth Program is a major expense in Total Program Cost, listed in the Snapshot. The Health Management/Utilization Management procurement in 2022 was utilized as an opportunity to adjust the WYhealth Program model from being fully administered by a vendor, to a hybrid model which is Agency-driven using vendor staff and a vendor system. This helped reduce Total Program Cost in recent years.
- Member Incentive Program - Outsmart Diabetes is offered through the WYhealth Program and is designed to call attention to a member’s diabetes condition, support them to actively manage their diabetes, and engage them in their health. Members participating in Outsmart Diabetes can earn a fifty dollar (\$50) gift card each quarter for up to four (4) quarters. The member participates by tracking and sharing their A1C test results, blood pressure, and weight each month and reports these to their Registered Nurse Care Manager. After increasing the incentive from \$25 to \$50 per quarter, more members have elected to participate in the Outsmart Program, increasing enrollment numbers over the previous year.
- 24/7 Nurse Advice Line - This is a 24/7 nurse line for Medicaid members where nurses will answer questions and advise clients on whether they should seek care immediately, visit the nearest urgent care, or schedule an appointment with their primary care physician. Nurses also assist members with understanding their medications and other health-related questions. After working with the vendor to tighten up and further restrict non-Medicaid callers from receiving clinical advice, the cost of operations has been reduced since more non-Medicaid callers are being turned away if they do not have a Medicaid ID. In CY2024, Centers for Medicare and Medicaid began to allow 50% federal financial participation (FFP) on Medicaid callers to the Nurse Advice Line, previously this was funded by 100% general fund (GF).
- Provider Support - The Seattle Children’s Hospital Contract provides three different supports for our providers:
 - First, the Provider Assistance Line (PAL) that is available for any child in Wyoming so their physician or nurse can call for assistance in the diagnosis and management of children with psychiatric issues; this also applies to adults with developmental disabilities, and they can also provide telehealth consultations for children enrolled in Medicaid.
 - Second, they provide an assessment and recommendations for children prior to Multi-Disciplinary Team (MDT) hearings, reducing the numbers admitted to psychiatric residential treatment facilities (PRTFs).
 - Third, they provide a mandatory second opinion to providers who exceed normal drug utilization.





Program Core Purpose

Wyoming Medicaid provides health care coverage to qualified individuals.

Outcomes

Performance Metric ¹		Desired Trend	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Estimated % and # of Uninsured Children Under Age 19, Under 138% of Federal Poverty Level (FPL) ³	Wyoming	↓	16.2% 3,961	12.6% 2,817	16.7% 4,270	10.9% 2,905	10.2% 2,584	-
	Regional Average ²	N/A	9.8%	8.9%	11.1%	8.3%	8.6%	-
Estimated % and # of Uninsured Adults Age 18 to 64, Under 138% of FPL ³	Wyoming	↓	30.6% 14,905	32.8% 14,913	31.6% 16,630	29.9% 16,042	28.3% 14,628	-
	Regional Average ²	N/A	23.4%	23.3%	21.5%	19.9%	19.5%	-
Estimated % and # of Uninsured Children Under Age 19, All Incomes ³	Wyoming	N/A	11.1% 15,199	8.0% 10,985	11.5% 15,717	7.9% 10,580	7.7% 10,317	-
	Regional Average ²	N/A	6.3%	6.3%	7.0%	5.8%	5.8%	-
Estimated % and # of Uninsured Adults Age 18 to 64, All Incomes ³	Wyoming	N/A	16.3% 54,899	16.6% 55,957	17.0% 56,910	16.6% 55,639	15.6% 52,121	-
	Regional Average ²	N/A	12.0%	12.2%	11.4%	10.7%	10.7%	-

(-) Indicates data not yet available

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

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

³Metric reported as Calendar Year (CY)

N/A Does not apply to this metric



Outputs						
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Enrolled Members (unique count, Total SFY)	72,336	75,988	85,594	94,655	100,662	85,071
% of State Population Enrolled in Medicaid ¹	12.5% (577,681)	13.1% (579,636)	14.7% (581,978)	16.5% (585,067)	17.1% (587,618)	14.4% (590,169)
Member Months	643,131	781,472	915,815	1,019,028	923,269	797,222
Average Monthly Enrollment	53,594	65,123	76,318	84,919	76,939	66,435
Recipients (unique count of members who received services)	64,059	65,686	70,698	76,091	75,864	67,152

¹ Population source (2019 to 2024) US Census: Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: SFY2025 state population is the forecasted data from the Wyoming Economic Analysis Division of the Department of Administration & Information.

Story Behind the Performance

- Wyoming Medicaid provides a comprehensive benefit package to eligible and enrolled members. These include benefits similar to the 10 essential health benefits of the Affordable Care Act (ACA), as well as vision and dental. This primary benefit package is available to all full-benefit enrollees (children, pregnant women, disabled, aged, and family-care adults) and is more extensive than the type of benefits traditionally associated with private health insurance. For some members, such as the Medicare Buy-In group, Wyoming Medicaid only pays the premiums for these individuals to enroll in Medicare, but does not directly pay claims. Limited or emergency services are provided to some smaller groups, such as non-citizens. For most individuals enrolled in Medicaid, the actuarial value of the primary medical benefit package coverage is 95% to 100%.
- In addition, for members meeting certain additional standards of need, Wyoming Medicaid also covers institutional levels of care such as hospice, nursing homes, and intermediate care facilities. As an alternative to individuals meeting institutional level of care need, Wyoming Medicaid also provides home and community based support services through waivers to support individuals staying in their homes and communities. These types of services have not traditionally been covered by other forms of insurance.
- The COVID-19 Public Health Emergency (PHE) created a maintenance of eligibility requirement, where Medicaid did not disenroll members during the term of the public health emergency. This requirement began January 1, 2020 and expired at the end of March of 2023. This requirement led to a rapid increase in enrolled members and member months in SFY2021, SFY2022, and SFY2023.





Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost¹	\$3,893,918	\$3,586,427	\$4,193,210
People Served²	472	482	475
Cost Per Person	\$8,250	\$7,441	\$8,828

¹ Excludes Administrative Costs.

² All Medicaid, all ages.

Program Cost Notes

- Funding is 50% federal & 50% state general funds
- SFY2025 payments to Magellan were \$2,263,197
- SFY2025 FFS payment for TCM state plan services was \$1,930,013
- Administrative costs are approximately \$550,000 per year (FMAP 50/50)

Program Staffing

- 1 FTE
- 7 FTE Magellan Healthcare
- Guidehouse Consulting

Events that Have Shaped the Program

- Utilizing ARPA (sec. 9817), the 1915 b/c waivers and CME contract were amended to allow children and youth who with co-occurring challenges who are on the DD waiver waitlist to be served by the CME program. This change was implemented during the second quarter of SFY2023.
- A CME FFS rate development study was completed during SFY2023 to inform the payment methodology sections in the waiver renewals for SFY2024. The study outlines the rate methodology and calculations behind a proposed rate increase which would be the first increase since the beginning of the CME program, July 1, 2015.
- CME network provider enrollment and member census have been steadily increasing from the declining enrollment numbers during SFY2022.



Program Core Purpose

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

Outcomes

Performance Metric	Desired Trend	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	
% and # of all youth served who were served for 6+ months	↑	50% (199/401)	54% (157/386)	43% (157/366)	43% (203/472)	44% (210/482)	44% (209/475)	
% and # of all youth served who were served for 6+ months who graduated	↑	40% (79/199)	28% (57/206)	39% (62/157)	46% (94/203)	42% (87/210)	40% (83/209)	
% of all youth served who met the plan of care goals and discharged	↑	-	-	-	47% (87/187)	39% (71/181)	57% (83/145)	
% and # of all youth (with 6+ months of enrollment) with an admit to: ¹	Psychiatric Residential Treatment Facility (PRTF)	↓	13% (26/199)	10% (20/206)	3% (5/157)	4% (9/203)	6% (12/210)	3% (6/209)
	Juvenile Justice (JJ)/ Detention Center	↓	1% (2/199)	1% (2/206)	0% (0/157)	2% (4/203)	3% (6/210)	2% (5/209)
	Acute Psychiatric Hospital	↓	18% (35/199)	14% (28/206)	3% (4/157)	11% (22/203)	18% (38/210)	10% (20/209)
	Overall	↓	22% (43/199)	16% (33/206)	6% (9/157)	9% (29/203)	18% (38/210)	13% (28/209)

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

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



Outputs							
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	
% and # of Youth Discharged	53% (211/401)	57% (221/385)	46% (167/366)	51% (242/472)	56% (268/482)	49% (231/475)	
# of CME Youth Served	401	385	366	472	482	475	
# of Recipients Using Each CME Service	Family Care Coordination	401	385	322	449	447	456
	Family Support Partner	196	203	160	247	214	251
	Youth Support Partner	5	0	5	15	0	8
	Respite Services	1	0	0	1	2	10

Efficiencies							
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	
# served and total Medicaid cost per youth ¹	All Youth	401 \$22,506	385 \$19,058	366 \$18,667	472 \$18,047	482 \$18,075	475 \$20,995
	Youth Served 6+ Months	199 \$27,557	206 \$24,961	157 \$25,137	203 \$23,508	210 \$23,144	209 \$25,629
	Graduated Youth ²	79 \$15,309	57 \$19,769	62 \$18,523	94 \$13,035	87 \$14,318	83 \$17,902
# served and total Medicaid cost per PRTF youth (non-CME) ³	174 \$48,419	148 \$58,557	133 \$56,501	141 \$61,206	175 \$82,607	162 \$85,709	

¹ Total cost includes both CME and non-CME Medicaid costs.

² Graduated youth is defined as those youth who have successfully transitioned from the CME program meeting all of their goals.

³ Total cost includes both PRTF and non-PRTF Medicaid cost.



Story Behind the Performance

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





Program Description

The Wyoming HCBS Comprehensive and Supports Waivers fund person-centered services for individuals with disabilities and acquired brain injuries in their community as a safe, cost-effective alternative to services in an institutional setting.

Program Expenditures and People Served

		2023	2024	2025
Total Medical and Waiver Cost	Comprehensive waiver	\$127,668,292	\$133,256,386	\$135,510,054
	Supports waiver	\$15,318,627	\$21,447,947	\$28,799,118
Total Waiver Cost	Comprehensive waiver	\$116,992,552	\$123,239,253	\$125,451,514
	Supports waiver	\$10,457,616	\$14,102,599	\$18,732,950
Total Medical Cost	Comprehensive waiver	\$10,675,740	\$10,017,134	\$10,058,513
	Supports waiver	\$4,861,012	\$7,345,347	\$10,066,168
Total People Served	Comprehensive waiver	1,840	1,804	1,821
	Supports waiver	809	1,148	1,330
Cost Per Person (Medical and Waiver)	Comprehensive waiver	\$68,235	\$71,759	\$72,734
	Supports waiver	\$18,302	\$17,918	\$17,336

Program Cost Notes

- Once funded on the waiver, the participant receives Medicaid medical and waiver services.
- Program staffing for the Comprehensive and Supports waivers is 1/3 each of the Home & Community Based Services (HCBS) Section staff. The Community Choices Waiver is staffed with the remaining 1/3 of HCBS Section staff.

Program Staffing

- 22 FTE



Events that Have Shaped the Program

- **Federal Settings Rule.** The 2014 Settings Rule issued by CMS outlined requirements states must meet to ensure rights of individuals served through HCBS. Wyoming was the 8th state in the country to receive approval on its transition plan, and is one of few states nationally in full compliance with the federal regulations by the March 17, 2023, deadline.
- **Waitlist Funding.** The State of Wyoming Legislature appropriated \$7.5 million during the 2023 General Session to reduce the waitlist for the Supports Waiver. This funding allows for a current waitlist of 370 individuals with an average wait time of 15 months as of July 14, 2025. This funding created the increase to Supports Waiver expenses over time.
- **Access Rule.** April 22, 2024, CMS issued the Access Rule, outlining requirements to decrease barriers to services, including restructured reporting requirements, rate transparency, ensuring adequate direct service staff payment, and beneficiary engagement. The final effective date for compliance with the rule is 2030; however, with the change in federal administration the future of this rule is unclear.





Program Core Purpose

The Wyoming HCBS Comprehensive and Supports Waivers fund person-centered services for individuals with disabilities and acquired brain injuries in their community as a safe, cost-effective alternative to services in an institutional setting.

Outcomes

Table with 8 columns: Performance Metric, Desired Trend, SFY 2020, SFY 2021, SFY 2022, SFY 2023, SFY 2024, SFY 2025. Rows include metrics like 'Percentage of Participants Ages 21+ Living Independently or Semi-Independently' and 'Percentage Of Participants Ages 21+ Working in Competitive and Community Integrated Settings Earning at Least Minimum Wage'.

Outputs

Table with 7 columns: Performance Metric, SFY 2020, SFY 2021, SFY 2022, SFY 2023, SFY 2024, SFY 2025. Rows include metrics like 'Plans of care compliant with state and federal regulations (Use Plans successfully passing QIR)', 'Supported employment service utilization', and 'Transportation service utilization'.





Efficiencies						
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Budget savings compared to institutional placement (Budget neutrality 372 report amount for Comp)	\$251,181	\$235,408	\$190,983	\$199,085	\$232,505	-
Budget savings compared to institutional placement (Budget neutrality 372 report amount for Supports)	\$248,834	\$287,864	\$243,155	\$249,499	\$287,906	-

(-) Indicates data not yet available.

Story Behind the Performance

- Rate Changes.** Agency and independent status for providers was established in 2023 with a budget footnote. This footnote required definitions from the most recent rate study to be used by the Department. Additionally, temporary funds for enhanced provider rates expired March 2025. This amount was included in the proposed supplemental budget in 2025, but the budget was not passed. Rate decreases are planned to go into effect September 1, 2025, for all impacted services with the exception of Case Management and Basic Community Living Service (residential service) due to the level of utilization of these service and the financial impact.
- The HCBS section requires a sample of individualized plans of care to undergo a quality improvement review (QIR) on a regular basis. To support growing the number of plans to pass QIR, the HCBS Section use a portion of ARPA funds to develop and implement a case manager training regarding person-centered planning, utilizing QIR performance as a measure of success. Results from individuals who have completed this training indicate plans they develop have a higher QIR pass rate than individuals who have not completed the training.
- The metrics focused on living situation seek to measure the living situation of individuals on the Comprehensive Waiver. A focus of the 2014 settings rule is ensuring that individuals served by HCBS services have a legally enforceable lease in their living situation. The percentage of individuals represented by this metric indicates the population that is required to have a legally enforceable lease.
- Metrics focused on utilization of Supported Employment indicate a decrease over time. While Wyoming is an Employment First State, employment is not a requirement for individuals on the Comprehensive and Supports Waivers. However, the program is undertaking training with providers and case managers to ensure that employment services are offered and explored, and that these discussions are thoroughly documented.



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost (by service date) with medical	\$55,118,010	\$56,570,578	\$55,959,819
People Served	2,922	2,985	2,848
Cost Per Person	\$18,863	\$18,952	\$19,649

Program Cost Notes

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

Program Staffing

- CCW - 12 FTE

Events that Have Shaped the Program

- In SFY2021, the CCW program merged with the Developmental Disability Waiver program to form the Home and Community-Based Services (HCBS) Section.
- Effective July 1, 2021, the CCW was renewed for a 5-year cycle. This Waiver renewal included updates to service descriptions as well as to quality improvement metrics required in the federal Waiver application.
- Effective July 1, 2021, a new rate methodology was implemented for the CCW program. This rate resulted in an average rate increase of approximately 9%. This rate change varied between services, with some services receiving an increase and others not.
- Effective April 1, 2023, the CCW agreement was amended to include several new services, including Homemaker Services, Transition Intensive Case Management Services, Transition Setup Expenses, and Environmental Modifications in an attempt to support individuals transitioning from nursing home settings and maintaining independence in their homes.
- Effective January 3, 2024, Chapter 34 rules were promulgated for the CCW program. Chapter 34 had not been updated for 10+ years, and this update included necessary elements of the federal 2014 Settings Rule, including essential information regarding participant rights and protections.



Program Core Purpose

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

Outcomes

Performance Metric		Desired Trend	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Community Based Program	% of LTC Member Months	↑	60%	62%	63%	64%	65%	66%
	% of LTC Expenditures	↑	26%	31%	30%	32%	30%	31%
Average LT-101 Score ¹	CCW	N/A	20	22.9	22.8	22.9	22.7	23.2
Rate of ER Visits (per 1,000 member months)	CCW	↓	123.9	112.2	125.9	115.1	107	99.5
Rate of inpatient admits (per 1,000 member months)	CCW	↓	47.6	46.4	39.5	34.7	36.0	32.0

¹ A higher LT101 score indicates a need for a greater level of care.

Outputs

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
# of Unique Served	2,870	2,939	2,953	2,922	2,985	2,848
Member Months	26,488	28,278	28,610	29,176	29,160	28,810
Expenditures as % of Total Medicaid	8.6%	8.8%	8.9%	8.6%	8.5%	8.7%



Efficiencies

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Per Member Per Month (PMPM) Total Costs	\$1,722	\$1,691	\$1,610	\$1,883	\$1,940	\$1,942

Story Behind the Performance

- In July 2021, the Long-Term Care (LTC) waiver program was renewed for another five years and the name was changed to the Community Choices Waiver (CCW) program. Assisted living services were added at that time.
- The PACE program was eliminated effective 04/01/2021. As of June 2022, 53% of PACE participants were being served on the CCW program while 9% were served in a nursing home. The remainder of PACE participants no longer receive any long term care services or are deceased.
- Enrollment continues to increase with nursing home stays decreasing, which is the desired trend to support individuals remaining independent in their homes and delaying nursing home care.
- SFY 2020 to SFY 2025 demonstrates an increase in the average LT-101 score for individuals served; this increase helps to account for additional provider network strain.
- Despite the increase in average LT-101 scores, both ER visits and inpatient admits are decreasing over time; this trend is an encouraging indication of CCW supports contributing to increased safety of individuals served.



Program Description

Wyoming Medicaid offers long-term care to individuals meeting a nursing home level of care throughand Nursing Homes (NH).

Program Expenditures and People Served

Table with 4 columns: SUMMARY, 2023, 2024, 2025. Rows include Total Program Cost, Nursing Home, Provider Tax & Gap Payments, Cost Program with Tax & Gap Costs, Home Health, Hospice, Total People Served, and Cost Per Person.

1 Expenditures include room and board for inpatient and NH



Program Cost Notes

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

Program Staffing

- NH - 0.25 FTE
- Home Health
- Hospice

Events that Have Shaped the Program

- After an extensive public process, an updated nursing home rate model was approved and implemented effective July 1, 2015. The new rate model was a hybrid price, cost, and acuity based on adjusted model for four cost categories: exempt costs, property costs, healthcare costs subject to acuity adjustments, and operating costs (including laundry, housekeeping, routine supplies, etc).
- Effective January 2020, a budget reduction of 2.5% was implemented which included nursing facilities. In July of 2020, Wyoming Medicaid was able to increase nursing facility rates by 5% until December 2021. This increase came from the extra FMAP received from the American Rescue Plan Act. This 5% increase was applied after the 2.5% reduction in budget. The 5% increase was discontinued in January 2022 but was restarted in February 2022. The 5% increase continued through June of 2023. In July of 2023, a \$22 million increase was approved for NHs to increase the rates and raise the cost coverage to as close to 100% as possible. In March of 2024, legislature approved the \$22 million as a permanent part of the Medicaid budget for NHs.
- In SFY2024, CMS discontinued certain parts of the Minimum Data Set (MDS) and instituted a patient driven payment model (PDPM) for all Nursing Homes (NHs). Wyoming Medicaid has not yet switched from a RUG model to the PDPM payment system. This has required the NHs to complete an optional state assessment (OSA) with the information which CMS took out of the MDS. This OSA provides key information which is needed to complete the RUG payment calculations for NHs. Wyoming Medicaid is working towards changing to the PDPM.
- In June of 2025, home health rates were increased to 70% of Medicare rates.
- Per diem rates for hospice members in a nursing home are paid at 95% of the average nursing facility set each year on July 1.



Program Core Purpose

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

Outcomes

Performance Metric		Desired Trend	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Total Cost for Extraordinary Care Clients (% of total NH tax & Gap costs) ¹		↓	1.1% \$1,617,392	1.5% \$1,685,384	1.7% \$2,067,924	2.3% \$2,640,265	1.7% \$2,296,270	1.5% \$1,799,510
Average LT-101 Score ²	Nursing Home	↑	31.2	31.6	31.4	31.7	31.1	31.0
Rate of ER Visits (per 1,000 member months)	Nursing Home	↓	41.7	38.0	50.3	59.8	61.4	61.0
Count of inpatient admits	Home Health	↓	311	380	251	290	333	362
	Hospice	↓	4	10	6	6	2	3
	Nursing Home	↓	508	432	405	458	504	468
Recipients of inpatient admits	Home Health	↓	124	142	126	150	145	176
	Hospice	↓	4	10	6	5	2	3
	Nursing Home	↓	350	323	292	325	340	311

¹ These are NH members only. There was an increase in the number of ECC requests due to training on criteria.

² A higher LT101 score indicates a need for a greater level of care



Outputs							
Performance Metric		SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Member Months	Home Health ¹	190	234	210	256	270	279
	Hospice	63	78	127	140	120	120
	Nursing Home	18,363	17,350	17,043	16,259	15,807	14,664
Expenditures as % of Total Medicaid	Home Health	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%
	Hospice	0.2%	0.3%	0.2%	0.2%	0.3%	0.4%
	Nursing Home (w/o Tax & Gap)	17.1%	14.0%	13.2%	12.7%	15.0%	14.4%
	Nursing Home (w/Tax & Gap)	19.8%	16.8%	16.2%	15.0%	17.1%	16.7%

¹Home Health is only a service (as opposed to being a service and a program subgroup like Nursing Home and Hospice). Home Health utilizes recipients for this metric as it is a more accurate and fair comparison.

Efficiencies							
Performance Metric		SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Per Member Per Month (PMPM) Total Costs	Home Health ¹	\$5,373	\$4,185	\$4,617	\$2,588	\$1,679	\$1,643
	Hospice	\$4,022	\$5,555	\$2,433	\$2,501	\$2,349	\$2,346
	Nursing Home (w/o Tax & Gap)	\$4,994	\$4,472	\$4,097	\$4,957	\$6,272	\$6,134
	Nursing Home (w/Tax & Gap)	\$6,137	\$5,610	\$5,864	\$6,079	\$7,320	\$7,297

¹Home Health is only a service (as opposed to being a service and a program subgroup like Nursing Home and Hospice). Home Health utilizes recipients for this metric as it is a more accurate and fair comparison.



Story Behind the Performance

- The Nursing Home Reform Act (1987) designated direction to State Medicaid Agencies for ultimate oversight of Pre-Admission Screenings and Resident Review (PASRR) to avoid inappropriate institutionalization of persons with a mental illness or intellectual disability. PASRR helps ensure that clients are served appropriately at home, in a waiver program, in a nursing facility, or in another setting.
- Nursing Homes (NHs) may be subject to a quarterly Case Mix Index (CMI), or acuity adjustment, that is based on the weighted average assessment for each Medicaid resident in the nursing facility in the prior quarter where a Minimum Data Set (MDS) assessment was completed and successfully transmitted. The higher average Medicaid patient acuity indicates the facility is accepting more challenging or harder to place residents, and is reflected in their quarterly per diem rate. The average acuity score is continually monitored by Medicaid staff.
- Extraordinary Care (ECC) is for clients that require services beyond the average NH resident; their cost and service requirements must clearly exceed supplies and services covered under a facility's per diem rate, and require prior authorization.
- Throughout the pandemic, NHs were allowed to request an extraordinary care rate to assist with those individuals who contracted COVID in the facility. This rate was for extra equipment, staff and quarantine locations to assist with containing COVID.
- 100% of Wyoming nursing facilities participate in Wyoming Medicaid.
- The Long Term Care Advisory Group (LTCAG) replaced the Nursing Home Advisory Group (NAG) in SFY2015. Nursing facility providers combined with hospice, home health, community choices waiver providers, members from the Nursing Home Associations, ensure there is a broader base of knowledge and expertise surrounding long term care, and assist the State with policy, coverage, rate and other Medicaid issues and decision making.
- Hospice rates are updated annually. The base daily rates are adjusted by a Hospice Wage Index to account for geographical differences in wages for the location where services are provided. These rates are further adjusted based on whether a hospice agency submits required quality data.



Program Description

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

Program Expenditures and People Served

	2023	2024	2025 ²
Total Program Cost	\$514,271	\$552,834	\$486,120
People Served¹	2,197	1,833	1,402
Cost Per Person	\$234	\$302	\$347

¹This is a combination of patients helped directly from the central location & from participating dispensing sites.

²Data from January - October.

Program Cost Notes

- Revenue Sources: Program costs paid 100% by the State’s General Fund
- Return on Investment (Value of Rx’s dispensed/program cost):
 - 2023 = \$6.80
 - 2024 = \$6.76
 - 2025 (January – October) = \$6.48

Program Staffing

- 1.5 FTE for pharmacist
- 2.25 FTE for technician
- Volunteer hours:
 - 2023 = 125.5
 - 2024 = 154
 - 2025 (Jan. – Oct.) = 111

Events that Have Shaped the Program

- Drug Donation Program Act was passed in 2005 (Wyo. Stat. § 35-7-1601 et seq.)
- The program began serving patients statewide in 2011.
- In 2020, the program began working with Supporting Initiatives to Redistribute Unused Medicine (SIRUM), a non-profit national charity platform, to exchange medications in/out of the program.
- During 2020-2021, the program began purchasing drugs from wholesalers to further shrink gaps in donated inventory.
- In 2024, the program ended participation with underperforming dispensing sites.
- In 2025, the program ended its partnership with Dispensary of Hope due to decreased availability of drug items and now relies only on wholesalers and SIRUM to fill inventory gaps.





Program Core Purpose

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

Outcomes

Performance Metric	Desired Trend	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025 ⁴
Total patients served by re-dispensed medication ^{1,3}	↑	2,163	1,975	2,246	2,197	1,833	1,402
Total value of re-dispensed prescriptions ²	↑	\$2,190,542	\$2,495,402	\$2,828,748	\$3,496,756	\$3,735,582	3,149,496
Patient medication adherence rate on mailed prescriptions ³	↑	90%	92%	91%	92%	93%	93%
Return on Investment (ROI): value of Rx's dispensed ² /program costs	↑	\$4.45	\$5.17	\$5.44	\$6.80	\$6.76	\$6.48

¹Total number of patients served is reflective of unduplicated patients served via mail from the central location and dispensing sites.

²All values shown are average wholesale price (AWP), which is the average value at which wholesalers sell drugs to physicians, pharmacies, and other consumers. It is one of several pricing benchmarks for drug pricing and calculating reimbursements for payments throughout the healthcare industry.

³ See (A) below for “story behind the performance”

⁴Data from January - October

Outputs

Performance Metric		CY 2020	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025 ⁵
Total number of prescriptions filled using re-dispensed medication ^{1,3}		13,237	15,237	16,981	18,443	18,637	15,531
Rx's mailed ²	Number	10,599	12,700	13,321	15,954	16,988	14,547
	Percent (Rx's mailed/total Rx's)	81%	83%	78%	87%	91%	94%
Incoming Medications ³	Inventoried (# units)	1,052,597	1,113,544	1,214,631	1,423,392	1,457,146	1,075,000



Outputs (cont.)							
Performance Metric		CY 2020	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025 ⁵
Removed Inventory (# units)	Expired Disposal	249,179 (97.4%)	224,028 (98.1%)	269,060 (94.4%)	284,860 (91.4%)	223,203 (93.7%)	150,301 (97.6%)
	Overstock Inventory ⁴	5,474 (2.1%)	4,228 (1.7%)	12,536 (4.4%)	21,505 (6.9%)	9,100 (3.8%)	3,228 (2.1%)
	Recalled Medications	1,151 (0.5%)	473 (0.2%)	3,305 (1.2%)	5,298 (1.7%)	5,916 (2.5%)	407 (0.3%)
	Total removed inventory (100%)	255,804	248,729	284,901	311,663	238,219	153,936
Outgoing Medications (# units (% of outgoing meds))	Dispensed to patients ²	720,844 (74%)	822,602 (67%)	830,530 (61%)	859,074 (66%)	904,478 (57%)	694,878 (60.6%)
	Sent to SIRUM for redistribution ⁴	7,864 (<1%)	176,253 (15%)	263,270 (19%)	157,799 (12%)	467,648 (29%)	301,201 (26.3%)
	Expired/recalled disposal removed	250,330 (26%)	224,501 (18%)	272,365 (20%)	290,158 (22%)	229,119 (14%)	150,708 (13.1%)
	Outgoing Meds Total (100%)	979,038	1,223,356	1,366,165	1,307,031	1,601,245	1,146,787

¹ Total number of prescriptions filled is a combined total of the prescription dispensed at the central location and the participating dispensing sites

² See (B) below for “story behind the performance”

³ Number of units incoming, inventoried, and dispensed include items purchased from Dispensary of Hope and wholesalers as well as items donated to the program from the public for re-dispensing.

⁴ Overstocked inventory prior to the program’s partnership with SIRUM resulted in disposal; since 2020, overstock inventory goes to SIRUM for re-dispersal.

⁵ Data from January - October

Efficiencies						
Performance Metric	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025 ³
Average program cost per prescription dispensed	\$37.17	\$31.70	\$30.60	\$27.88	\$29.66	\$31.49
Average AWP value per prescription dispensed ¹	\$165.49	\$163.77	\$166.58	\$189.60	\$200.44	\$202.79
Medication usage rate (number of units dispensed/number of units inventoried) ²	68%	74%	68%	60%	62%	65%

¹ AWP value has been increasing due to rising drug cost across the industry due to several factors, including inflation and supply/demand considerations.

² Number of units incoming and dispensed include items purchased from Dispensary of Hope and wholesalers as well as items donated to the program from the public for re-dispensing.

³ Data from January - October



Story Behind the Performance

- Adherence rate calculation is based on how often a patient is requesting their refills on time and how often the program is able to fill the prescription. Prescriptions can only be filled if the program has the medication in stock; otherwise the prescription goes on hold and it does not count positively toward a patient's adherence rate. Increased availability of drug items from other sources utilized by the program (purchased drug stock from wholesalers, drug exchange with SIRUM, and drug products acquired from the Dispensary of Hope) has positively contributed to the patient adherence rate.
- The number of prescriptions filled from dispensing sites has continued to decrease. This is due to less participation from dispensing sites over time. In 2017, the program had 8 participating dispensing sites that re-dispensed 54% of the total prescriptions filled. In 2023, the program had 5 dispensing sites that have re-dispensed just 14% of the total prescriptions filled. In June 2024, the program discontinued dispensing sites that participated infrequently, dispensed low volume, or demonstrated reporting issues. Currently only 2 dispensing sites remain. Prescriptions filled by the central location are mailed to patients across the state, versus dispensing sites fill prescriptions for patients in a local point-of-care manner.
- The purpose of the medication exchange with SIRUM is to increase donated drug inventory utilization by reducing disposal/waste of items not being used by program patients and/or dispensing sites. SIRUM is a non-profit that facilitates the movement of donated excess medications from donors to charity pharmacies and/or clinics nationwide. Previous to the partnership with SIRUM, overstocked medications would be destroyed (even though they were usable); now the program is able to give those items to SIRUM for re-dispersal elsewhere across the nation, decreasing disposal and waste. Alternatively, the program can use SIRUM to acquire donated drug products from donors either by direct request and/or donor referrals to the program. The drug exchange with SIRUM should lead to better utilization of drugs by the program.
- The program historically reported outputs in relation to donations incoming vs. outgoing via disposal in pounds. This was done to better quantify the overall volume of items processed by the program in vs. out, and to show what proportion of incoming items are ultimately unusable and destroyed. Recently this has been changed to # units to better illustrate intricacies with inventory management as the program evolves.
- The program ended its partnership with Dispensary of Hope in July 2025 after over 10 years of utilization. Dispensary of Hope acquires donated medications directly from drug manufacturers, but the items being offered (types of drugs, quantities, and limited expiration dates) began decreasing over time. Ultimately the cost of the partnership (i.e. subscription fee) was deemed to not be worth the value of items being received, and the program can directly purchase needed items from its existing secondary wholesalers. It is estimated the program will save 30% by this change.



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$595,265	\$701,386	\$497,037
People Served	12,807	13,472	11,462
Cost Per Person	\$46	\$52	\$43

Program Cost Notes

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

Program Staffing

- 0.25 FTE divided among a team of 6 individuals

Events that Have Shaped the Program

- Practices have 365 days to bill a clean claim and be paid for the PMPM, which has caused a lag and inaccurate billing data. Some of those practices have not billed for all clients they could receive reimbursement for and some are now past the timely filing limit and cause issues with data outputs.
- The goal of the program is to improve the quality of care, which is monitored through the CMS Core Measures.
- In 2024 the PCMH team opted to allow providers interested in the program, who are working towards accreditation, to join and receive a lower PMPM rate of \$3 for 12 months.
 - As of Quarter 2, 2025, all clinics are accredited.



Program Core Purpose

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

Outcomes

Performance Metric		Desired Trend	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
% of Eligible Medicaid & CHIP Recipients Served by a PCMH		↑	21%	14%	12%	14%	14%	13%
ER Visit Rate per 1,000 Member Months	PCMH	↓	63.87	55.08	61.11	51.47	55.43	55.37
	Non-PCMH (benchmark) ¹	N/A	57.94	57.66	57.10	60.29	60.43	63.18
Inpatient Admit Rate per 1,000 Member Months	PCMH	↓	13.34	13.10	9.36	9.32	8.17	10.13
	Non-PCMH (benchmark) ¹	N/A	13.63	10.79	8.64	7.07	7.95	6.52
SFY Average Percent for CMS Core Measures for All Participating Clinics ²	PCMH Early & Periodic Screening, Diagnostic & Treatment (EPSDT)	↑	58%	59%	54%	54%	61%	59%
	Non-PCMH EPSDT	N/A	34%	38%	34%	35%	35%	37%
	Cervical Cancer Screening - CCS - AD	↑	43%	44%	46%	46%	48%	49%
	Weight Assessment & Counseling for Nutrition & Physical Activity For Children BMI Assessment WCC-CH	↑	27%	44%	46%	45%	47%	49%
	Breast Cancer Screening - BCS-AD	↑	25%	33%	29%	23%	31%	36%
	Prenatal and Postpartum Care: Postpartum Care PPC-AD	↑	44%	52%	50%	60%	65%	73%

N/A indicates no desired trend

¹ Non-PCMH Benchmark is Medicaid members who have had at least one claim during the SFY

² CMS Core Measures versions are updated yearly and data is presented that way to stay in alignment with the measure





Outputs						
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
# of Practices Participating	12	10	10	10	12	12
% of Medicaid Eligible NCQA Practices Participating	86%	77%	77%	77%	92%	86%
% and # of Medicaid Providers in Participating Practices ¹	9% 107/1,187	9% 114/1,248	8% 118/1,402	7% 105/1,602	5% 90/1,690	7% 128/1,768
# Clinic's Connected to WY Frontier Information	2/12	5/10	10/10	10/10	12/12	12/12

¹ Taxonomies used - 207R00000X, 207Q00000X, 208D00000X, 208000000X, 363L00000X, 363LA2200X, 363LP0200X, 363LF0000X, 363LP2300X, 363LC1500X – these represent Family Practice Physicians, Internist, Pediatricians, and Nurse Practitioners enrolled in WY.

Efficiencies							
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	
Eligible WY Accredited Clinics Participating / Total Clinics Participating in Program	12/14	10/13	10/13	10/13	9/11	12/14	
Per Recipient Per Month Cost (PRPM)	PCMH	\$658.29	\$656.38	\$633.96	\$704.47	\$725.20	\$776.06
	Non-PCMH (benchmark)	\$980.51	\$806.88	\$692.95	\$696.50	\$889.39	\$950.96



Story Behind the Performance

- In 2025, an incentive payment of \$3 was introduced for the clinics whose risk-adjusted ER utilization was statistically significantly lower than the state-level baseline, based on posterior distribution estimates.
 - In Q1, 1 clinic was eligible and received the incentive payment
 - In Q2, 3 clinics were eligible and received the incentive payment
- Providers must meet the following qualifications to participate in the PCMH program: Must be National Committee for Quality Assurance (NCQA), Accreditation Association for Ambulatory Health Care (AAAHC), The Joint Commission, or Utilization Review Accreditation Commission (URAC) recognized or in process.
 - Must follow the guidelines of these recognitions.
 - Must pull Continuum of Care Documents each month on clients that they are seeing (before the visit is the goal).
- In 2024 measures were updated and clinics now choose if they would like to review measures focused on adults, children or both.
- Updates to reporting for measures completed in 2024:
 - Display of each vaccine component for each clinic compared to overall PCMH average
 - HPV vaccine for children
 - Emergency visits for adults (21+)
 - Hospitalizations due to complications of diabetes (21+)
 - Follow up within seven days of inpatient stay (21+)
 - Behavioral health related
 - Non behavioral health related
- 2nd PCMH Round-up was held in April, 2025, in Casper:
 - This meeting brings all clinics together for networking and is a highlight of program and participating clinics.



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$668,069	\$873,651	\$400,966
People Served	556,602	643,107	706,289
Cost Per Person	\$1.20	\$1.36	\$0.57

Program Cost Notes

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

Program Staffing

- 3.25 FTE
- 1 Vendor Staff

Events that Have Shaped the Program

- 2016 Budget Session WY Senate Enrolled Act 19 Section 48 Footnote 2. \$1,000,000.00 from General Funds and \$9,000,000.00 Federal matching funds. To build out a multi-payer, statewide Health Information Exchange (HIE).
- As a part of the ARRA 2009 HITECH Act, the Division of Healthcare Financing was awarded funding to request for proposals for a statewide HIE in SFY2016.
- On July 1st, 2021, Wyo. Stat. § 9-2-131 WY health information exchange became effective, authorizing the Wyoming Department of Health to administer and maintain the HIE and promulgation of fees for services provided.
- On June 10th, 2022, the WYFI system became Center for Medicare and Medicaid Services Certified.
- WYFI Contract Amendment Five which includes the KPI Ninja Universe upgrade was executed May 26, 2023. This will improve overall system capabilities.
- On March 13, 2024, the WDH Director approved the request to waive WYFI Participant Fees through June 30, 2026.
- The WYFI system upgrade work began August 2023 and is set to go live in November 2025.
- This program was funded by the COVID-19 Health Disparities Grant until May 31, 2024. As of June 1, 2024, the program is funded through CMS.





Program Core Purpose

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

Outcomes

Table with 8 columns: Performance Metric, Desired Trend, SFY 2020, SFY 2021, SFY 2022, SFY 2023, SFY 2024, SFY 2025. Rows include Facilities (Data Contributing, View Only, Total WY Potential Facilities), Community Health Record Users (Unique Providers, Total Users), Covered Lives in the HIE (WY Covered Lives, All Covered Lives), # of Patient Encounters in the HIE, and Notify Users - Admit, Discharge, Transfer Notification (ADTs).

1Total WY Potential is based on Medicaid enrolled Provider Groups and Facilities.

2 System clean up took place this year which reduced the numbers due to users that never utilized the system.

3 Notify is the system that is utilized by providers to check ADTs for their patients. Providers may sign up for specific types of notification.

4 HIE Covered Lives may exceed total state population as a result of the system maintaining records for individuals who died or have moved.



Outputs						
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
# of WY Hospitals Connected (Data Contributors)	30% (8/27)	59% (16/27)	78% (21/27)	81% (22/27)	85% (24/28)	83% (24/29)
# of WY Federally Qualified Health Centers Connected (Data Contributors)	20% (3/15)	27% (4/15)	73% (11/15)	60% (9/15)	60% (9/15)	48% (10/21)
# of WY Rural Health Clinics Connected (Data Contributors)	36% (9/25)	56% (13/25)	56% (13/25)	60% (15/25)	54% (15/28)	57% (16/28)
# of State & Federal Trading Partners Connected	2	8	8	12	14	18
# of Bordering State HIEs Connected to WYFI	50% (3/6)	50% (3/6)	50% (3/6)	50% (3/6)	50% (3/6)	66% (4/6)

Efficiencies						
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Total # of Charts Viewed	263,807	980,895	713,797	1,000,868	1,905,246	2,468,178
Total # of Continuity of Care Documents (CCDs) Viewed	23,711	65,043	686,045	317,619	331,317	956,190¹
Total # of Notifications ADTs sent to Providers from Notify	13,081	26,685	50,863	66,668	103,782	21,669

¹ This increase is due to new connections with Department of Defense and Veterans Affairs.



Story Behind the Performance

- The State of Wyoming released a Request for Proposal for an HIE solution in October, 2016, and was awarded a vendor in May, 2017. The contract was signed on December 29, 2017, and approved by the Centers for Medicare and Medicaid Services (CMS) in January 2017, totaling \$9,162,002 over three years.
- The WYFI upgrade work began August, 2023. The upgrade go live will be in SFY2026. The upgrade includes:
 - KPI Ninja Universe
 - Analytics and Population Health Solutions Dashboards.
 - Amazon Web Services Cloud infrastructure
- Current State and Federal Connections:
 - WYhealth - Medicaid Health Management Case Notes
 - Wyoming Emergency Medical Services - Public Health
 - Wyoming Immunizations Registry
 - Public Health Nursing - CureMD Electronic Health Record - Pending
 - Wyoming Department Corrections - Naphcare Electronic Health Record - Pending
 - Contexture - Health Information Exchange
 - CyncHealth - Health Information Exchange
 - Utah Health Information Network - Health Information Exchange
 - South Dakota Health Link - Health Information Exchange
 - Aledade Inc.
 - Clareto
 - Wyoming Medicaid Eligibility File - Department of Healthcare Financing
 - Medicaid Pharmacy Claims - Department of Healthcare Financing
 - Vital Statistics Services - Pending
 - eHealth Exchange
 - Mountain Health Co-op - Until December 31, 2025
 - Patient Centered Data Home (PCDH)
 - Department of Defense and Veterans Affairs
 - Blue Cross Blue Shield - Payor



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost¹	\$17,569,729	\$17,859,491	\$21,336,780
People Served	18,365	19,424	22,756
Cost Per Person	\$957	\$919	\$938

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

Program Cost Notes

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

Program Staffing

- 0.6 FTE

Events that Have Shaped the Program

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



Program Core Purpose

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

Outcomes

Performance Metric		Desired Trend	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Percentage of Hospitalizations for Mental Illness with a Follow-Up Visit Ages 6-17 ¹	7 Days	National	46%	51%	48%	47%	45%	(-)
		Wyoming	54% (158/291)	56% (159/285)	54% (183/340)	50% (86/173)	37% ² (33/90)	59% (48/82)
	30 Days	National	66%	72%	70%	72%	70%	(-)
		Wyoming	81% (237/291)	85% (242/285)	79% (270/340)	78% (135/173)	74% ² (67/90)	87% (71/82)
Percentage of Hospitalizations for Mental Illness with a Follow-Up Visit Ages 18-64 ¹	7 Days	National	33%	36%	34%	32%	32%	(-)
		Wyoming	41% (106/258)	40% (110/276)	37% (97/261)	34% (82/244)	32% (74/231)	39% (60/154)
	30 Days	National	55%	57%	55%	54%	51%	(-)
		Wyoming	60% (155/258)	61% (169/276)	64% (166/261)	64% (156/244)	60% (138/231)	67% (103/154)

(-) Indicates data not yet available

¹These metrics measure follow-up visits within 7 or 30 days of discharge of hospitalization for mental illness. These metrics are part of the CMS Core Measure set, and are reported for the previous calendar year (i.e. values under SFY2020 above are based on CY2019 data). National Benchmarks represent the median.

<https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/welcome>

²CMS Core Measures set logic was updated by CMS with new exclusions and denominator value sets





Outputs							
Performance Metric		SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Rate of BH visits per recipient (# of visits / # of people) ¹	Children	16.9 (167,804/ 9,954)	14.6 (154,000/ 10,513)	12.4 (133,349/ 10,794)	12.1 (141,353/ 11,684)	11.4 (143,372/ 12,609)	11.2 (140,205/ 12,482)
	Adult	13.4 (65,759/ 4,918)	13.7 (69,810/ 5,088)	13.8 (76,048/ 5,494)	13.8 (83,192/ 6,013)	13.3 (80,441/ 6,062)	12.8 (75,539/ 5,911)
Outpatient BH service expenditures ¹	Total	\$21,218,617	\$19,749,106	\$17,587,306	\$17,569,729	\$17,859,491	\$21,336,780
	Children	\$17,185,250	\$15,378,718	\$12,648,620	\$12,068,066	\$12,667,197	\$13,799,259
	Adult	\$4,033,367	\$4,370,387	\$4,938,686	\$5,501,663	\$5,192,293	\$7,537,521
% of enrolled clients w/ mental health diagnosis ²	Children	20.5% (7,318/ 35,733)	19.6% (7,733/ 39,465)	18.1% (8,329/ 46,009)	17.5% (9,196/ 52,496)	15.6% (9,022/ 57,872)	16.5% (8,503/ 51,536)
	Adult	18.7% (7,266/ 38,927)	19.9% (7,664/ 38,598)	19.7% (8,295/ 42,021)	19.9% (8,856/ 44,557)	19.0% (8,576/ 45,153)	21.2% (7,670/ 36,181)
% of clients w/ MH or SUD diagnosis who received BH outpatient treatment ¹	Children	86.8% (6,505/ 35,733)	84.8% (6,692/ 39,465)	83.7% (7,120/ 46,009)	83.1% (7,810/ 52,496)	84.8% (7,816/ 57,872)	85.9% (7,451/ 51,536)
	Adult	56.8% (4,677/ 38,927)	55.9% (4,835/ 38,598)	56.1% (5,214/ 42,021)	54.1% (5,327/ 44,557)	58.6% (5,645/ 45,153)	62.1% (5,357/ 36,181)
# of unique BH Providers ³	In-State	2,020	2,152	2,304	2,579	2,081	2,278
	Out-of-State	535	592	694	866	714	837
	Out-of-State Telehealth	41% (220/535)	38% (222/592)	29% (201/694)	23% (199/866)	26% (186/714)	24% (205/837)

¹ BH procedure codes by service date

² By primary diagnosis and service date. Excludes substance abuse, developmental disabilities, and dementia. Used Agency for Healthcare Research and Quality (AHRQ) ICD diagnosis grouper to define mental illness.

³ Providers by BH taxonomies





Efficiencies

Performance Metric		SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
% of total BH expenditures paid to Community Mental Health Centers and/or Substance Abuse Treatment Centers ²	CMHC	16.9%	13.6%	15.2%	16.1%	12.5%	16.7%
	SATC	41.0%	11.3%	11.4%	12.4%	15.0%	8.1%
PMPM for BH services ¹		\$33	\$25	\$19	\$17	\$19	\$22
% of prior authorization requests approved (# approved / # reviews) ³	Adult ⁴	91.5% (4,735/ 5.173)	97.7% (2,240/ 2,497)	95.2% (4,500/ 4,727)	95.2% (2,113/ 2,219)	90.9% (1,296/ 1,426)	91.5% (798/ 872)
	Children ⁴	-	95.9% (4,429/ 4,618)	93.5% (4,149/ 4,439)	94.2% (4,681/ 4,970)	91.2% (4,918/ 5,393)	90.7% (2,312/ 2,549)

(-) Indicates data not yet available

¹ BH procedure codes by service date

² Providers by procedure code and taxonomy

³ The State started reviewing for medical necessity on 01/01/2021 for Medicaid children.

⁴ Data is by calendar year





Story Behind the Performance

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

Applied Behavior Analysis Expenditures

SFY	Expenditures	Clients	Providers
2020	\$887,642	73	6
2021	\$1,670,676	71	6
2022	\$1,503,419	55	6
2023	\$592,535	50	8
2024	\$954,424	86	10
2025	\$2,298,633	126	10



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$13,399,013	\$15,214,747	\$14,204,383
People Served	30,544	29,323	27,091
Cost Per Person	\$432.85	\$511.79	\$524.62

Program Cost Notes

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

Program Staffing

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

Events that Have Shaped the Program

- Dental Advisory Group (DAG) meetings are held quarterly and attended by State staff and contracted dental providers. These meetings allow State staff and providers to discuss concerns, industry standards of care, and best practices.
- Town Hall Meetings were held in January 2024 and all dental providers were invited to allow open dialogue to express frustrations and pain points of providers and potential providers.
- Public Knowledge completed provider surveys and interviews in early 2024, after the Town Hall Meetings, to further assist in pinpointing issues and finding solutions.
- Medicaid Dental Program Manager and Acentra Health Field Representatives attended the Annual Dental Association Conference in June 2025.
 - Handouts were provided detailing increased rates and highlights of the Wyoming Medicaid Program and vendors.
 - Dental Manager presented at the conference urging enrollment, providing updates, and reiterating the community service aspect of providing services to clients who are most in need.



Program Core Purpose

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

Outcomes

Performance Metric		Desired Trend	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Actively Enrolled Dental Providers		↑	442	478	485	522	501	529
Recipients per Enrolled Provider		↓	56.0	58.2	59.4	58.5	58.5	51.2
% of Teeth Cleanings	Children (0-20)	↑	38%	41%	39%	36%	33%	50%
	Adults (21+)	↑	8%	10%	9%	8%	7%	11%
# of Tooth Extractions	Children (0-20)	↓	2,998	3,625	3,440	3,760	3,722	3,525
	Adults (21+)	↓	1,859	2,080	1,981	2,053	1,754	1,898
Emergency Care Event Count	Children (0-20)	↓	41	50	82	86	85	81
	Adults (21+)	↓	242	400	484	479	406	363





Outputs						
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
# of unique children (0-20) served (any dental service)	21,708	23,931	24,232	25,705	24,717	22,584
# of unique adults (21+) served (any dental service)	4,620	5,233	5,602	6,071	5,554	5,136
Children Expenditures	\$8,826,232	\$10,374,175	\$10,554,410	\$11,850,414	\$13,494,184	\$12,634,560
Adult Expenditures	\$1,395,211	\$1,281,563	1,553,386	\$1,783,664	\$1,821,370	\$1,703,207

Efficiencies						
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Expenditures per Recip Children	\$407	\$434	\$436	\$461	\$546	\$559
Expenditures per Recip Adult	\$302	\$245	\$277	\$294	\$328	\$332
Per Member Per Month	\$16	\$15	\$13	\$13	\$16	\$18

Story Behind the Performance

- Adult dental coverage is limited to preventative care, emergent extractions, and repairs to existing dentures.
- Dental expenditures for both children and adults have increased due to the legislation approved rate increase, effective 4/1/2023.
- There was a 4.5% decrease in the number of people served between SFY2023 and SFY2024, this can be attributed to the PHE unwinding.



Program Description

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

Program Expenditures and People Served

Table with 4 columns: Category, 2023, 2024, 2025. Rows include Total Program Cost (Before Rebate, All Pharmacies), Total Program Cost (Before Rebate, Excludes IHS), Total Program Cost (Net of Rebate, Excludes IHS), Total People Served, and Cost Per Person.

1During SFY2025, an error in the rebate invoicing process was discovered. See third bullet in Events that Have Shaped the Program for more

Program Cost Notes

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

Program Staffing

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



Events that Have Shaped the Program

- Since SFY2020, there have been four in-state pharmacies that are classified as Indian Health Service (IHS) or tribal pharmacies submitting their Medicaid pharmacy claims to the Pharmacy Point of Sale system. These pharmacies are reimbursed per prescription at the All Inclusive Rate (AIR) published annually in the Federal Register. This rate was \$719 in calendar year 2024 and is \$801 in calendar year 2025. The State program is a pass-through for these claims as they are paid at 100% FFP.
- On February 21, 2024, the PBMS experienced a cyber-attack which caused the system vendor, CHC, to shut down all systems and services to contain the lateral spread of the attack. The entire PBMS was then rebuilt in Optum Rx servers, which had not been affected by the attack. Restoration of the ability to process pharmacy claims was completed on March 15, 2024, though typical claims edits and prior authorizations were not in place until July 2024.
- During SFY2025, an error in the rebate invoicing process was discovered that caused a single month of claims to be excluded from rebate invoicing during each quarter of the fiscal year, for a total of four months missed. The missed months were invoiced within a month of the discovery of the error, but collections for those invoices were not made until SFY2026. The impact on this report is that the total cost of the program is higher than expected, and SFY2026 will likely appear to be lower than expected due to increased rebate collected in SFY2026. Reporting should then normalize.





Program Core Purpose

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

Outcomes

Performance Metric		Desired Trend	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Short-Term Outcomes - Cost Effective Coverage								
Rebate Savings	Mandatory	➡	\$24,763,484	\$30,230,501	\$32,837,403	\$37,901,449	\$34,822,253	\$22,282,171 ^f
	Supplemental		\$2,415,980	\$3,293,417	\$5,799,015	\$5,350,462	\$5,699,699	\$4,506,687 ^f
	Total Rebate Savings		\$27,179,464	\$33,523,918	\$38,636,418	\$43,261,911	\$40,521,952	\$26,788,858 ^f
Savings generated by Preferred Drug List and Prior Authorizations ^{a,2}		⬆	\$10,444,793	\$11,656,160	\$13,506,785	\$15,261,164	\$14,059,808	\$13,616,512
# of Claims Paid at State Maximum Allowable Cost/ % of total claims ^{b,2}		➡	-	-	333,322/ 68%	358,305/ 67%	333,349/ 67%	265,002/ 56%
Intermediate Outcomes - Clinically Sound Treatment								
# of Prior Authorizations approved/ # reviewed (% approved) ^c		➡	4,888/ 11,990 (40.8%)	5,873/ 13,339 (44%)	6,798/ 15,198 (44.7%)	9,704/ 20,242 (47.9%)	4,991/ 11,994 (41.6%)	8,037/ 26,321 (30.5%)
# of prescriptions that changed due to DUR edits/ # that hit DUR edits (% of prescriptions changed)		➡	10,610/ 44,345 (23.9%)	10,574/ 45,944 (23%)	14,299/ 57,437 (24.9%)	16,810/ 63,418 (26.5%)	14,119/ 58,281 (24.2%)	14,915/ 62,971 (23.7%)

(-) Indicates data not available

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

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

^{a-f} Indicates that further explanation can be found in the “Story Behind the Performance” section.



Outputs						
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
# of Clients Served	36,807	35,393	43,228	47,515	45,497	39,554
# of Prescriptions Paid	446,816	452,974	531,080	581,229	554,510	512,274
Average # of prescriptions per client per month	3.02	2.95	2.86	2.81	3.11	3.49
#/\$ of claims recovered by program integrity ^{c,d}	600/ \$54,951	625/ \$236,322	322/ \$48,504	223/ \$43,202	39/ \$3,830	298/ \$135,395
^{c,d} Indicates that further explanation can be found in the “Story Behind the Performance” section.						

Efficiencies							
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	
Average cost	Per client served, before rebate ²	\$1,256	\$1,503	\$1,389	\$1,442	\$1,495	\$1,703
	Per client served, net of rebate ²	\$518	\$556	\$495	\$536	\$604	\$1,025
	Per prescription ²	\$110.38	\$125.00	\$122.42	\$128.56	\$136.01	\$142.92
Rebate Collected for Physician Administered Drugs		\$5,362,381	\$6,467,105	\$5,170,809	\$5,437,956	\$4,779,365	\$4,227,569
Program Integrity Cost Avoidance ^e		\$2,118,998	\$1,497,585	\$1,451,583	\$2,261,904	-	\$2,518,551
(-) Indicates data not available							
¹ The Medicaid Pharmacy Program is governed by 42 CFR § 440.125, § 441.25, § 456 Subpart K, § 447 Subpart I, and Wyo. Stat. § 42-4-103 (a)(xiii).							
² Indicates that metric was reported or calculated excluding any claims from IHS or tribal pharmacies.							
^{a-e} Indicates that further explanation can be found in the “Story Behind the Performance” section.							



Story Behind the Performance

- a) This number reflects the difference between the projected cost of the program (if rebates were not collected and if all medications were covered equally without a preferred drug list) and the actual cost of the program (including mandatory and supplemental rebates collected and requests that were denied due to not meeting the prior authorization criteria for non-preferred drugs). This was chosen as an outcome metric because it reflects the results of the annual decisions made regarding what classes of drugs should be managed on the preferred drug list and what specific drugs should be preferred.
- b) Pharmacy claim reimbursement methodology is based on “lesser of” logic which compares multiple price points and reimburses the pharmacy provider at the lowest price point available. Of the price points used, State Maximum Allowable Cost (SMAC) is the only price point that the State Medicaid Agency sets and can modify. Pharmacy providers do have the ability to dispute claims paid at the SMAC rate if this rate causes the pharmacy to be reimbursed at less than cost. A high percentage of claims-paying at the SMAC rate demonstrates that the Agency is using this tool effectively for fiscal management while the dispute process ensures that pharmacies are not underpaid for their services.
- c) In February 2024, the Change Healthcare PBMS suffered an outage resulting from a cyber-attack perpetrated against their company. Pharmacy claims processing was down from 2/21/2024-3/16/2024. Prior Authorization functions were down from 2/21/2024-7/17/2024. The ability to complete program integrity recoveries went down on 2/21/2024 and has not been restored as of late September 2024. Claims were able to be processed within the same fiscal year as their date of service, but Prior Authorization and Program Integrity data for SFY2024 only represent work done from 7/1/2023-2/20/2024, making the numbers lower than normal.
- d) These numbers reflect money that was recovered on claims that were originally submitted incorrectly by pharmacy providers and, therefore, overpaid by the State.
- e) In SFY2017, these figures include cost avoidance achieved by corrections that avoid filling prescriptions too soon or too often as well as cost avoidance achieved through minimum day supply edits (which avoided incorrect claims that would have required correction) and SU recovery edits (which prohibited pharmacies from resubmitting unchanged and incorrect claims that Medicaid had already recovered). Additional edits implemented in SFY2018 and SFY2019 that contributed to cost avoidance were edits for maximum days' supply of diabetic products, refill too soon edits for IHS or tribal clients, and pack size edits (where quantity of product dispensed on the claim did not match the pack size available for the product).
- f) During SFY2025, an error in the rebate invoicing process was discovered that caused a single month of claims to be excluded from rebate invoicing during each quarter of the fiscal year, for a total of four months missed. The missed months were invoiced within a month of the discovery of the error, but collections for those invoices were not made until SFY2026. The impact on this report is that the total amount of rebate collected is lower than expected, and SFY2026 will likely be higher than expected due to increased rebate collected in SFY2026. Reporting should then normalize.





Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost¹	\$6,795,137	\$11,679,144 ²	\$13,751,059
People Served	160	185	180
Cost Per Person	\$42,470	\$63,131	\$76,395

¹ Medicaid and State General Fund costs/members combined

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

Program Cost Notes

- 50% SGF/50% FF Medicaid Costs:
 - SFY2025: - \$13,733,475
- 100% SGF costs for non-medically necessary claims:
 - SFY2025: - \$17,584

Program Staffing

- FTE - 0.35
- Other-Contractor, Telligen

Events that Have Shaped the Program

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



Program Core Purpose

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

Outcomes

Performance Metric		Desired Trend	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
% of PRTF admits with a previous PRTF admit	Past 12 months	↓	28% (49/178)	30% (46/155)	27% (30/113)	19% (23/118)	24% (39/165)	19% (25/130)
	Past 5 years	↓	43% (77/178)	52% (80/155)	56% (63/113)	31% (37/118)	41% (67/165)	35% (45/130)
Average length of stay (days) ¹		→	124	132	145	137	200	172
% of discharged recipients with 6+month length of stay (LOS)/# of recipients		↓	21% 28	29% 35	31% 32	34% 36	34% 39	45% 48

¹Based on individuals discharged during the SFY

Outputs

Performance Metric		SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
# of new PRTF admits reviews vs. # of PRTF continued stay reviews completed		152 906	178 840	138 751	219 640	213 936	191 1,714
# of recipients	Medicaid	226	184	156	159	184	179
	SGF ¹	19	2	0	1	1	1
	Discharged w/6+ month LOS	28	35	32	36	39	48
# of placements ¹	In-State	188	155	138	141	134	113
	Out-of-State	47	35	20	22	59	76
# of Medicaid covered/paid days		23,376	23,914	19,062	17,948	23,723	23,710
# of reported incidents		105	106	148	55	77	78

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





Efficiencies							
Performance Metric		SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
% of PRTF placements	In-State	85%	83%	91%	85%	62%	61%
	Out-of-State	15%	17%	9%	15%	38%	39%
Average cost per client ¹		\$30,350	\$39,313	\$38,929	\$42,470	\$63,131	\$76,395

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

Story Behind the Performance

- A PRTF is a non-hospital facility with a provider agreement with a State Medicaid Agency to provide the inpatient psychiatric services benefit to Medicaid-eligible individuals under the age of 21. The facility must be accredited by the Joint Commission or any other accrediting organization with comparable standards recognized by the State. PRTFs must also meet the requirements in §441.151 through 441.182 of the CFR.
- The Onsite Compliance Review process (OSCR) began in May 2015. The purpose is to verify that the PRTF is in compliance with all applicable state and federal requirements for mental health treatment, and to monitor the quality of treatment being provided to Wyoming Medicaid beneficiaries. All in-state and out-of-state PRTFs where WY clients are placed have been or will be visited by the OSCR team. The OSCR team completes reviews on a three point maximum scale, where a higher score is better.
 - Average OSCR Score: Year 1 (SFY2016) = 2.89 (8 visits)
 - Average OSCR Score: Year 2 (SFY2017) = 2.87 (6 visits)
 - Average OSCR Score: Year 3 (SFY2018) = 2.90 (6 visits)
 - Average OSCR Score: Year 4 (SFY2019) = 2.89 - Admin, 2.52 - Records (6 visits)
 - Average OSCR Score: Year 5 (SFY2020) = 2.88 - Admin, 2.74 - Records (5 visits)
 - Average OSCR Score: Year 6 (SFY2021) = 2.95 - Admin (3 reviews), 2.76 - Records (5 reviews, 2 were re-audits of records only)
 - Average OSCR Score: Year 7 (SFY2022) = 2.93 - Admin (2 reviews), 2.78 - Records
 - Average OSCR Score: Year 8 (SFY2023) = No reviews completed
 - Average OSCR Score: Year 9 (SFY2024) = 3.14 - Admin (2 reviews), 2.73 - Records
 - Average OSCR Score: Year 10 (SFY2025) = 3 - Admin (2 reviews), 2.85 - Records





Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$6,427,113	\$7,945,821	\$7,794,088
People Served	77,473	94,816	80,842
Cost Per Person	\$82.96	\$83.80	\$96.41

Program Cost Notes

- AHS Contract Original Contract - \$16,368,359
- AHS Contract A1 – Call Center Unification – no funds
- AHS Contract A-2 – Confidential Agreement - added \$5,381,650 for a total of \$21,750,000
- AHS Contract A-3 – Behavioral Health Applications – added \$1,479,712 for a total of \$23,229,712
- AHS Contract A-4 – added \$15,491,706 for two option year extension for a total of \$38,721,418
- Service Level Agreements - \$1,836,000 collected in SLA Liquidated Damage penalties to date

Program Staffing

- 2 FTE
- Contractor AHS – 105 Total

Events that Have Shaped the Program

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

(continued)



Events that Have Shaped the Program (cont.)

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





Program Core Purpose

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

Outcomes

Table with 8 columns: Performance Metric, Desired Trend, SFY 2020, SFY 2021, SFY 2022, SFY 2023, SFY 2024, SFY 2025. Rows include Average Speed to Answer, Client Satisfaction Survey Results, Average Processing Time, Quality Eligibility Error Rate, and First Call Resolution.

1 The Federal application processing deadline is 45 days. 2 CMS threshold is 3% or less for the Eligibility Error Rate.

Outputs

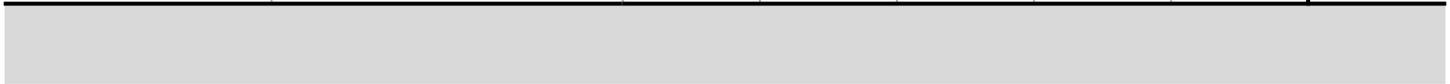
Table with 7 columns: Performance Metric, SFY 2020, SFY 2021, SFY 2022, SFY 2023, SFY 2024, SFY 2025. Rows include New Applications, Renewals, Total (Applications & Renewals), and Total Call Volume.

1 Public Health Emergency ended on April 1, 2023 and normal operations resumed. This resulted in higher applications, renewals, and call volumes. 2 Total Call Volume includes taking new applications, renewals, checking status of applications and renewals, adding a newborn to a case, verifying eligibility and ordering new Medicaid cards, updating client address, phone numbers, members in the household, checking on the status of a case or application, as well as responding to Behavioral Health Provider inquiries about client application status.

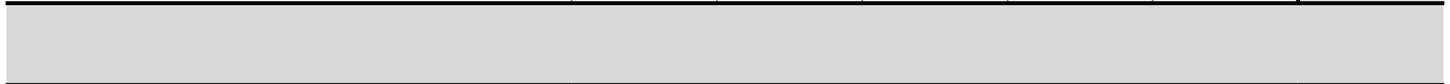




Outputs Cont.							
Performance Metric		SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Application Types	Phone	40.86%	34.89%	24.31%	21.12%	22.80%	24.39%
	Mail - Paper	12.75%	10.93%	15.55%	19.41%	20.11%	23.96%
	Client Web Portal	8.93%	16.67%	20.00%	19.96%	21.11%	20.16%
	H15 - Federal Marketplace	10.78%	18.27%	19.16%	23.60%	20.43%	17.16%
	Fax	11.19%	13.02%	13.52%	8.42%	8.46%	9.11%
	SDX Security Interface	2.71%	2.91%	3.49%	4.70%	4.60%	4.37%
	Other Interface	2.82%	2.46%	3.10%	1.59%	0.79%	0.20%
	Walk-In at CSC	2.94%	1.43%	0.85%	1.18%	0.71%	0.65%
	No Selection Made	0.038%	0.036%	0.038%	0.028%	0.005%	0.000%



Efficiencies						
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Average Handle Time (Minutes)	22.20	24.52	20.28	14.37	17.28	16.70
Number of Abandoned Calls	29,615	21,026	16,533	687	2,001	1,062
Abandonment Rate	11.83	15.76	11.36	0.47	0.89	0.12





Story Behind the Performance

- The Wyoming Department of Health Customer Service Center (CSC) has been operated by Automated Health Systems (AHS) since October 1, 2020. AHS was the vendor awarded with the winning bid for RFP0163-A in December 2019. AHS submitted the lowest cost proposal bid and replaced the incumbent vendor, Maximus.
- Normal business hours of the CSC are 7:00 AM to 6:00 PM (MTN) Monday through Friday (excluding State holidays).
- Applications and renewals are taken via telephone, online, fax, email, walk-ins, and mailed-in hard copies. Additional applications are received via the Federal Marketplace (Healthcare.gov).
- The majority of cases managed by the WDH Customer Service Center are MAGI (Modified Adjusted Gross Income) cases. These programs include children (Medicaid and KidCare CHIP), adults with Medicaid eligible children, and pregnant women.
- Eligibility rules for Medicaid and KidCare CHIP programs are built into the rules engine of the Wyoming Eligibility System (WES) which is utilized by the CSC.
- The WES and CSC Contract Managers closely monitor both vendors to verify that deliverables are of high quality and all SLAs are met or exceeded; if the SLAs are not met then penalties are assessed.
- The State staff participates in quality assurance reviews, provides specialized Medicaid training for CSC staff, and works proactively to address issues.
- WDH Quality Assurance (QA) staff and contract staff work with AHS QA staff to review eligibility errors, provide instruction, and assist with training and coaching.
- The CSC vendor and the Wyoming Eligibility System (WES) vendor work in collaboration by attending joint Change Control Board (CCB) meetings, creating and sharing training documents, and participating in system Design and Requirement sessions, and User Acceptance Testing (UAT) when system changes or updates affect case processing.
- In October 2021, the CSC added additional call center duties which are related to the new Benefits Management System (BMS). The unification of the client call centers has improved customer self-service options through Interactive Voice Response (IVR) system selections and streamlined customer service interactions.
- WDH encourages clients to use the Client Web Portal (<https://www.wesystem.wyo.gov>) to manage their cases. Clients can use self-service tools to make case changes (e.g. name, address, income, etc.), renew applications, or to complete a new application.
- The CMS expiration of the continuous enrollment condition and unwinding with a return to regular eligibility operations after COVID-19 on March 31, 2023, meant the return to the restarting of full Medicaid and KidCare CHIP eligibility renewals. Wyoming elected to stagger renewals over a full 12 months as allowed by CMS and resumed normal eligibility operations on April 1, 2023.
- Behavioral Health Program applications were added to the WES eligibility processing duties for the CSC in January 2024.





Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$2,091,987	\$2,521,759	\$2,382,893
People Served	7,134	7,107	7,129
Cost Per Person¹	\$24.44	\$29.57	\$27.85

¹ Cost per person is derived by dividing the Total Program Cost by the People Served (number of cases for SFY 2025) and then dividing that number by 12 so that a cost per person per month is determined.

Program Cost Notes

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

Program Staffing

- 17 FTE

Events that Have Shaped the Program

- The unit is co-located with other WDH entities allowing for face-to-face coordination on cases.
- The Federal Public Health Emergency officially ended on May 11, 2023.
- The LTC Unit began closing cases effective May 1, 2023, for reasons such as no longer financially eligible and no longer receiving waiver or nursing home services.
- In April 2024, CMS finalized the rule of Streamlining the Medicaid, Children’s Health Insurance Program Application, Eligibility Determination, Enrollment, and Renewal Processes. There are different effective dates for different aspects of the rule. This is the second part of a two-part final rule that simplifies the eligibility and enrollment processes for Medicaid. While this bill has been delayed, action had been taken during this time to implement changes that were required prior to the delay.



Program Core Purpose

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

Outcomes

Performance Metric	Desired Trend	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025 ³
Average Processing time for new application approvals (days) ¹	↓	13.45	13.71	10.80	14.95	14.45	67.10
Average processing time for new application denials (days) ¹	↓	17.35	16.47	15.51	17.66	14.93	84.79
Average processing time for renewal approvals (days) ²	↓	2.47	1.72	2.07	1.29	2.88	69.77
Average processing time for renewal denials (days) ²	↓	6.77	5.18	1.64	0.88	4.95	70.42

¹ The Federal application processing guideline is 45 days.

² The renewal process was suspended from September 2021-February 2023. This was done because during the Federal Public Health Emergency (PHE), clients were not required to complete renewals, and they would remain eligible even if they no longer meet program rules.

³ Data from April 2025 through September 2025 used for SFY 2025 using a new tracking process, due to significant backlog in processing. During September 2021 to February 2023, normal processes were not followed and individuals were automatically renewed. With full processing resumed, and heightened requirements and expectations, significant delays occurred in SFY 2024. Data from SFY 2025 is from a more accurate tracking process and may not be comparable to other previous years.





Outputs						
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025 ⁴
Average # of new applications processed monthly	160	166	151	200	261	229
% of new applications denied monthly	13%	5%	6%	8%	3%	22%
Average # of renewals processed monthly ¹	372	343	77	116 ²	243	220
% of cases closed at renewal monthly	11%	2%	1%	1%	6% ³	5%

¹ Average # of renewals exclude SSI cases as SSI does not require renewals.

² Medicaid closures were limited during PHE, but WDH began closing more cases at renewal in May 2023. Renewal forms were not mailed from September 2021 to February 2023 as Medicaid continuation was required. Continuous eligibility separated from FPHE on March 31, 2023.

³ Increase in renewal closures due to having to re-introduce the renewal process and re-educate clients on resource limits due to renewals not being required for 3 years.

⁴ Used data from the LTC Master Spreadsheet only (April 2025 through September 2025) due to being significantly behind and outside of regular reporting parameters.

Efficiencies

Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025 ¹
Average number of active cases per month	6,926	7,192	7,279	7,134	7,107	7,216
Average number of active cases per worker per month	577	599	607	595	592	601

¹ Data from April 2025 through September 2025 due to being significantly behind and outside of regular reporting parameters.



Story Behind the Performance

- Supervisors and managers conduct weekly reviews of finalized cases for accuracy, with all new worker cases reviewed and 20% of experienced worker decisions randomly reviewed. They also monitor processing timeframes via WES caseload reports. The Eligibility Review Unit also reviews cases, and the Eligibility Lead Worker assists with corrections and provides training. Supervisors and managers offer individual and group training to address issues found during reviews.
- New staff are provided with extensive training before they are given a caseload. They are provided one-on-one training on policy and procedures, how to interview applicants and clients, how to document cases, customer service, technology systems (Wyoming Eligibility System, EMWS (Waiver System), RIS (Driver's License system), BMS (Business Management System), Asset Verification System), and Administrative Hearings. The majority of the new staff training is conducted by the Eligibility Lead Worker.
- The unit has two Policy Analysts who support Benefit Specialists with complex cases involving trusts, life estates, annuities, and other intricate resources. They also handle cases escalated to administrative hearings or with legal implications, collaborating with the Attorney General representative for advice and review before responding to clients or their lawyers.
- The Consolidated Appropriations Act of 2023, uncoupled continuous enrollment in Medicaid and CHIP from the Public Health Emergency.
- Resource reviews were not conducted for renewals from March 2023 to March 2024 per CMS guidance. Reviews began April 1, 2024, leading to increased denials.
- To comply with CMS, the State implemented an automated system via WES in April 2024 to verify resources during ex parte renewals.
- On February 3, 2025, the LTC Unit changed how applications and renewals were distributed to the eligibility specialists. The unit went to an alpha split with specific nursing homes being assigned to a two person team, one person assigned to new applications and one person assigned to renewals.
- As of April 1, 2025, the LTC unit uses a Master Spreadsheet to track new applications, renewals, and verifications. Items are uploaded to WES by temporary staff, then processed by an assigned eligibility specialist. Specialists update their individual spreadsheets, allowing the LTC Unit to monitor documents and processing statistics.



Program Description

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

Program Expenditures and Total TPL Dollars Recovered

	2023	2024	2025
Total Program Cost	\$876,739	\$1,000,873	\$920,618
Total TPL Dollars Recovered¹	\$5,598,533 ²	\$7,236,483 ³	\$7,593,817

¹Includes estate recovery and TPL recovery.

²The dollars recovered may have been impacted by COVID-19, the continued transition to a new vendor with subcontractor.

³The dollars recovered was impacted by a large bona fide effort to sell/estate recovery.

Program Cost Notes

- The Attorney General’s Office performs legal services for TPL and estate recovery.
- TPL systems and services are contracted to the BMS Fiscal Agent, Acentra Health, and its subcontractor, HMS (Gainwell Technologies Company). Together, they handle cost avoidance, pay and chase recoveries, disallowance for Commercial Insurance, Medicare, and Workers’ Compensation, pursue minor personal injury recoveries (including medical payments and tort recovery from criminal restitution/products liability), and conduct preliminary estate recovery research.
- TPL recoveries are reported on the CMS-64 at a 50% FMAP rate, returning federal funds to the Centers for Medicare and Medicaid Services (CMS). However, CMS requires TPL recoveries to be returned at the FMAP rate used when the original claim was paid, as noted during CMS-64 reviews.

Program Staffing

- 1 FTE
- 3 Part-time Attorney General’s Office
- Vendor Staff

Events that Have Shaped the Program

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



Program Core Purpose

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

Outcomes

Performance Metric		Desired Trend	SFY 2020	SFY 2021	SFY 2022	SFY 2023 ⁵	SFY 2024 ⁵	SFY 2025
Total TPL	Excluding Cost Avoidance ¹	↑	\$6,318,210	\$5,384,999	\$9,120,152	\$5,598,533	\$7,236,483	\$7,583,817
	Including Cost Avoidance ²	↑	\$16,477,194	\$15,973,661	\$36,648,389	\$33,330,011	\$37,628,691	\$32,354,019
% of Medicaid Claim Expenditures Offset by Total TPL	Excluding Cost Avoidance ³	↑	1.17%	0.80%	1.57%	0.89%	1.11%	1.19%
	Including Cost Avoidance ³	↑	3.04%	2.36%	6.31%	5.29%	5.79%	5.05%
Estimated Return on Investment	Excluding Cost Avoidance ⁴	↑	\$6 to \$1	\$5 to \$1	\$9 to \$1	\$6 to \$1	\$7 to \$1	\$8 to \$1
	Including Cost Avoidance ⁴	↑	\$17 to \$1	\$14 to \$1	\$35 to \$1	\$38 to \$1	\$37 to \$1	\$35 to \$1

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

¹ These figures include estate recovery and third party recoveries by deposit date.

² Metrics are through June 30th of the SFY for recoveries (deposit date), for disallowance (paid date), and for cost avoidance (paid date).

³ For SFY2020 - 2025 per BPO for Medicaid claims expenditures.

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



Medicaid Third Party Liability (TPL)

Performance

Outputs							
Performance Metric		SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Total ²	Estate Recovery	\$5,295,675	\$4,434,249	\$8,226,838	\$5,076,811	\$5,329,222	\$4,632,261
	Third Party Liability - Pay and chase and disallowance	\$1,022,535	\$950,749	\$893,314	\$521,722	\$1,907,261	\$2,961,556
	Cost avoidance ¹	\$10,158,983	\$10,588,662	\$27,528,237	\$27,731,478	\$30,392,208	\$24,760,202
# of Estate Recovery Cases	Opened ³	1,302	1,526	2,138	2,248	2,103	2,123
	Closed ⁴	1,442	1,513	497	3,947	2,148	2,064
Average # of Days From Case Opened Date to Case Closed Date - Estate ⁴		347	538	-	2,916	2,581	2,393
# of TPL Recovery Cases	Opened ³	449	342	90	252	268	1,569 ⁶
	Closed ⁴	652	499	58	186	518	1,319 ⁷
Average # of Days from Case Opened Date to Case Closed Date - TPL ⁵		943	874	-	4,804	2,862	12,508 ⁷

(-) Indicates data not yet available.

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

² Metrics are through June 30th of the SFY for recoveries (deposit date), for disallowance (paid date), and for cost avoidance (paid date).

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

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

⁵ The average number of days is for the number of days a case is opened to the number of cases closed during SFY2024. This is for cases closed during the SFY.

⁶ In preparation for SFY 2024 HealthStat revealed few casualty cases were opened following the monthly data match with the Wyoming Department of Transportation. The Division requested the third-party subcontractor evaluate the data match process. A necessary fix was deployed, resulting in 1,156 motor vehicle accident cases being opened in January 2025.

⁷ This number is being evaluated.





Efficiencies						
Performance Metric	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
% of recovered estate recovery cases to open cases	20.35%	16.78%	-	12.60%	22.56%	3.52% ¹
% of recovered TPL cases to opened cases - Pay and chase	66.26%	72.22%	-	61.51%	9.43%	4.28% ²
% of Medicaid clients with other health insurance coverage identified (related to TPL recoveries and cost avoidance potential), excludes Medicare	3.85%	4.05%	4.04%	5.92%	6.95%	7.68%

(-) Indicates data not available.
¹ This percentage is impacted by the number of opened estate cases that were opened incorrectly.
² This percentage is impacted by the number of opened casualty cases that should have been opened in previous state fiscal years.

Story Behind the Performance

- Estate recovery - Wyoming Medicaid has an aggressive estate recovery program. Wyoming has elected to use the expanded definition of estate that extends collections beyond probate actions. Wyoming is a lien state and has the ability to impose a lien on real property. Wyoming may recover any real and personal property which the client had legal title or interest in at the time of death or until their final moment, to the extent of that interest, including such assets conveyed to a survivor heir, or assign of the deceased individual through joint tenancy, tenancy in common, survivorship, life estate living trust or other arrangement.
- Third party payer is a person entity, insurer, or government program that may be liable to pay, or that pays pursuant to the client’s right of recovery arising from an illness, injury, or disability for which funds were paid or are obligated to be paid on behalf of the client. Third party payers may be Medicare, health insurance companies, workers’ compensation, casualty insurance companies, a spouse or parent court ordered to carry health insurance, or a client’s estate.
- Cost avoidance recognizes the existence of other insurer’s responsibility and requires the insurer to pay prior to Medicaid payment.



Program Description

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

Program Expenditures and People Served

Table with 4 columns: Category, 2023, 2024, 2025. Rows include Total Program Cost, Medicaid Providers, and Medicaid Members.

1 100 Series only Salary / Benefits

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

Program Cost Notes

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

Program Staffing

- 10 FTE
1 AWEC

Events that Have Shaped the Program

- Fraud, Waste, and Abuse (FWA2 - Alivia Analytics) Contract procurement (11/2023), project kick-off (02/2024), design / development / implementation (02/2024 - 05/2025), production deployment (06/2025)
Transition of investigation activities of Medicaid client FWA from DFS - EIU to WDH - PI Section (10/2022)
Transition of the Eligibility Review Unit (3 FTE) and associated duties: Payment Error Rate Measurement (PERM), Medicaid Eligibility Quality Control (MEQC), and Medicaid Member Eligibility Quality Assurance Reviews into the Program Integrity Section (04/2022)
Fraud, Waste, and Abuse (FWA1 - Deloitte) Contract procurement (05/2018), design and development (06/2018 - 04/2019), production deployment (05/2019), and system acceptance (02/2020) of the program integrity dedicated Fraud, Waste, and Abuse solution
Reorganization and redesign of the Program Integrity Section's essential functions (10/2018)
The Deficit Reduction Act of 2005 established the Medicaid Integrity Program.





Program Core Purpose

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

Outcomes

Performance Metric		Desired Trend	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Case Source Distribution ¹	Proactive	↑	-	173	139	240	216	149
	Reactive	→	-	23	47	58	52	84
% Cases closed w/in 365 calendar days of opening		↑	46%	47%	42%	62%	75%	78%
Return on investment ²		↑	\$10.42	\$1.42	\$1.10	\$0.78	\$1.26	\$0.57

(-) Indicates data not available

¹ Reactive = Cases created from external sources (i.e. Fraud Hotline Complaints). Proactive = Cases created from internal sources (i.e. data mining, analytics, coordination with internal Medicaid programs).

² Return On Investment = (“\$ Identified As At Risk” / “SFY 100 Series Expenditures”). NOTE: Return On Investment and \$ Identified As At Risk are not static values, they can change over time as cases progress through PI processes.

Outputs

Performance Metric		SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Cases by Case Type (#)	Provider	313	163	150	230	197	178
	Member	3	30	35	65 ¹	67	51
	Global Settlements	7	6	2	3	3	4
Case Dispositions (%) ² (# Disposition / Total Member/Provider Cases)	Cases w/ No Findings	32.2% (102/316)	77.3% (147/190)	75.0% (138/184)	62.3% (184/295)	65.6% (174/265)	72.1% (165/229)
	Cases w/ Adverse Action	58.2% (184/316)	28.9% (55/190)	14.6% (27/184)	19.3% (57/295)	10.9% (29/265)	2.6% (6/229)
	Cases w/ Reversed Actions	14.8% (47/316)	3.1% (6/190)	1.1% (2/184)	4.7% (14/295)	0.4% (1/265)	0.0% (0/229)
	Cases w/ Program Recommendation	6.3% (20/316)	1.5% (3/190)	2.7% (5/184)	5.7% (17/295)	3.3% (9/265)	0.4% (1/229)





Outputs (cont.)							
Performance Metric		SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Audits / Investigations Coordinated with Unified Program Integrity Contractor (UPIC) (#)	Cases Opened	4	11	21	9	17	3
	Cases Moved to Audit / Investigation	3	2	8	5	11	3
	Final Findings Reports Submitted	1	0	1	0	3	3
Case Financial Details (\$)	Identified At Risk ³	\$6,618,360	\$1,085,228	\$1,071,296	\$835,356	\$1,962,094	\$647,374
	Payments Processed ⁴	\$363,582	\$725,522	\$1,685,587	\$1,043,936	\$910,858	\$1,645,257

¹ Memorandum of Understanding with Dept. of Family Services - Eligibility Integrity Unit guiding investigation activities into Member Fraud, terminated in October 2022.

² Values representing case disposition percentages may not equate to 100% as cases may fall into multiple disposition categories throughout their lifecycle (i.e. Cases with Adverse Actions may also be reported as Cases with Reversed Actions).

³ "Identified As At Risk" represents all Medicaid funding that has been identified through Program Integrity activities as recoverable through administrative actions, funding that was ordered payable to Wyoming Medicaid as part of a Civil False Claims Settlement Agreement, or criminal prosecution resulting in court ordered restitution, fine, or penalty.

⁴ Payments Processed represents the total payments received from outstanding debts (identified by PI / FWA partners) with balances payable to Wyoming.

Efficiencies							
Performance Metric		SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Average Calendar Days: Case Open to Case Closure		1,069 ¹	881	580	202	118	-
% Cases Moved Beyond Preliminary Case Study		100%	100%	100%	99%	98%	89%

(-) Indicates data not available. Due to the system migration from FWA1 to FWA2, there is a data quality issue (date case closed was not a migrated value).

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



Story Behind the Performance

- SFY2025 - Fraud Waste and Abuse module version 2 entered Design, Development, and Implementation in February 2024. The Program Integrity (PI) Section went live with this new module on June 17, 2025. The PI Section team spent significant time and effort during this SFY to position itself for a successful deployment. This is reflected in the “Case Financial Details (\$) - Identified At Risk” reduction from previous years. The PI Section also coordinated the most ever “Payments Processed” in SFY 2025. This SFY also marked the conclusion of the Payment Error Rate Measurement (PERM) Review Year (RY) 2025. The significant efforts expended in managing and coordinating this review should be recognized as Wyoming Medicaid showed an average reduction of 75% in “erroneous payments” as compared to RY2022. Barriers to progress with Member Fraud investigations have continued to be a challenge as Federal guidance have hindered Wyoming’s (and other States) ability to pursue actions/sanctions as a result of the public health emergency (PHE). Wyoming PI will continue to work with Division (HCF) and Department (WDH) leadership to address and mitigate these barriers.
- SFY2024 - August 2023, procurement activities are finalized and an “intent to award” Program Integrity’s second iteration of an FWA application (FWA2) is published. Contract negotiations commence, and in January 2024, HCF / Program Integrity is successful in executing the contract. February 2024, marked the FWA2 project milestone of “kick-off”. Amidst the various activities relating to FWA2 contracting and project work, the PI Section has also had focus areas in: coordinating Wyoming’s participation in the federally required Payment Error Rate Measurement review (Review Year 2025 kick off, April 2023), continuous improvement efforts in evaluating and redesigning the Section’s internal processes and procedures, managing employee turnover in the Eligibility Review Unit Manager role (March 2024), the loss of a tenured staff member to retirement (January 2024), ongoing collaborations with our FWA partners at the Wyoming Medicaid Fraud Control Unit, and ongoing collaborations with Wyoming’s Unified Program Integrity Contractor. The Program Integrity Section also spent significant time and resources (State Plan Audits, Investigation, and Data Management Unit) in continuously improving its coordination with the Health Management and Utilization Management team. These efforts resulted in a refinement of the definition of compliance concerns that need to rise to the level of PI involvement, and enhanced Medicaid Program awareness in managing provider compliance issues programmatically rather than punitively.



Public Health Division

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

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



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$1,142,115	\$969,895	\$1,253,350
People Served¹	160,497	159,343	N/A ²
Cost Per Person	\$7.12	\$6.09	N/A ²
Non-600 Series³	51%	53%	52%

¹ People served is a population estimate of children, including those with special healthcare needs, ages 0-21, U.S. Census.

² Population data is not available yet for 2025.

³ 600 series is defined as direct services. Many CYSHCN funds are directed to 900-series contracts that support client benefits (e.g., Newborn Screening courier services).

Program Cost Notes

- The CYSHCN Program is funded through the Title V Maternal and Child Health Services Block Grant and State General Funds used as Title V match and maintenance of effort.
- The Newborn Screening (NBS) Program is supported through a Trust and Agency account funded through the payment of fees from birthing hospitals as outlined in Wyo. Stat. § 35-4-801 through -802.
- The program cost increase from 2024 to 2025 was due in large part to the Child Health Program subgranting efforts.

Program Staffing

- 4.0 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- In 2020, the Maternal and Child Health (MCH) Unit integrated the Child Health and CYSHCN programs to better coordinate efforts and improve staff capacity. Current program priorities include: 1) promoting healthy and safe children, and 2) improving systems of care for CYSHCN through the promotion of medical homes.
- In 2022, an Emergency Preparedness Plan to mitigate risks and delays in NBS collection, testing, and follow-up was developed.
- In February of 2025, the MCH Unit and its programs selected priorities and performance measures to guide 2026-2030 program strategies and activities. Future program snapshots and performance reports will incorporate any new or revised measures and activities.



Program Core Purpose

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

Outcomes

Performance Metric	CY 2025 Target ¹	CY 2026 Target	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025
% of births that occur in Wyoming with first newborn screen completed ²	99%	99%	98% (5,537/ 5,648)	99% (5,336/ 5,368)	99% (5,320/ 5,337)	99% (5,272/ 5,281)	(-) (-)
% of Medicaid enrolled children (1-9 years) that received at least one recommended EPSDT screen in the past 12 months ^{3,4}	70.6%	N/A ⁴	47.3% (US: 62.2%)	43.9% (US: 60.4%)	44.9% (US: 59.9%)	45.7% (US: -)	(-) (-)
% of children ages 6-11 years who are physically active at least 60 minutes per day ^{4,5}	46.5%	N/A ⁴	40.3% (US: 26.3%)	34.7% (US: 26.3%)	29.9% (US: 25.6%)	(-) (-)	(-) (-)
% of parents reporting their child’s doctor or health care provider always helped them feel like a partner in their child’s care ⁵	80%	80%	75.5% (US: 75.0%)	73.4% (US: 73.5%)	74.4% (US: 72.6%)	(-) (-)	(-) (-)

¹ Targets represent the yearly targets reported to the Health Resources and Services Administration, Maternal and Child Health Bureau.

² Data Source: Newborn Screening Database/Vital Statistics Services (VSS).

³ Data Source: Medicaid 416 Report for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).

⁴ The CYSHCN program is discontinuing these metrics in the new Title V grant cycle beginning 10/1/25, and will not include them in future Healthstat reports

⁵ Data Source: National Survey of Children’s Health. Data is available as a single-year data point or combined two-year data point. Whenever possible, the combined two-year data is used for a more reliable estimate. CY2021 reflects 2020/2021 data, CY2022 reflects 2021/2022 data, and CY2023 reflects 2022/2023 data. Neither the 2023/2024 combined or 2024 single year data are available yet. On the 2024 report, CY2022 data reflected combined 2022/2023 data.

(-) Indicates data not yet available.

Outputs

Performance Metric	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025 ¹	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
# of women served in Maternal High Risk Program (MHR)	18	16	18	6	0	N/A ²	N/A ²	N/A ²	N/A ²
# of infants served in the Newborn Intensive Care Program (NBIC)	60	26	36	20	1	N/A ²	N/A ²	N/A ²	N/A ²
# of children served in the Children’s Special Health (CSH) Program	394	367	371	304	90	N/A ²	N/A ²	N/A ²	N/A ²

¹ Data for CY2025 represents people served from 1/1/2025 through 7/31/2025.

² Data not available on a quarterly basis.





Efficiencies									
Performance Metric	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Cost per 1st & 2nd newborn screens ¹ (# of screens completed)	\$53.05 (10,327)	\$49.26 (10,059)	\$61.92 (9,764)	\$52.32 (9,796)	\$92.31 (5,789)²	N/A ³	N/A ³	N/A ³	N/A ³

¹ Cost is calculated by dividing the SFY newborn screening expenditures by the CY number of screens completed.
² Data represents screens completed from 1/1/2024 through 7/31/2025. Thus, the cost per screen is higher because it accounts for all costs, but does not account for all screens in CY25.
³ Data not available on a quarterly basis.

Story Behind the Performance

Outcomes

- The Newborn Screening Program consistently hits their target due in large part to effective partnerships with Wyoming birthing hospital staff, Colorado Department of Public Health and Environment, and the contracted specimen courier.
- The number of Medicaid enrolled children that receive an EPSDT screening has been stagnant. In 2023, the Maternal and Child Health Unit contributed to and participated in Project Extension for Community Healthcare Outcomes (ECHO) led by the Wyoming Institute for Disabilities around the Bright Futures guidelines. Unfortunately, the MCH Unit found the ECHOs did not reach intended primary care providers. Instead, the ECHOs were largely attended by public health and school nurses. It was beneficial to have public health nurses attend, even though they were not the primary audience. No further action was taken to reach primary care providers.
- Childhood physical activity in Wyoming has decreased over the past few years; the most recent data (2022-2023 combined) show that the percentage of children (ages 6-11 years) who are reported to be physically active is not significantly different from the U.S. percentage.

Outputs

- The CSH program, including NBIC and MHR, have sunset effective October 2025. The decline in caseloads at the end of CY2024 and into CY2025 reflects this transition. Looking ahead, the program will be shifting resources toward systems-level, evidence-based strategies aimed at improving outcomes for more children and families across the state. The program will be moving into systems-level work to improve access to medical homes for children, including those with special healthcare needs.



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$1,767,835	\$1,221,420	\$1,555,232
People Served¹	581,381	584,057	587,618
Cost Per Person	\$3.04	\$2.09	\$2.65
Non-600 Series²	44%	27%	33%

¹ People served represents the population of Wyoming, U.S. Census Bureau.

² 600 series is defined as direct service. Calculations for prior year reports have been updated due to prior miscalculations.

Program Cost Notes

- CDPP is 100% federally funded by two, five-year Centers for Disease Control and Prevention (CDC) cooperative agreements.
- The CDC limits the use of grant funds for policy, system, and environmental strategies and does not provide funding for direct services.
- The CDPP received less funding in the new five year cooperative agreement awarded in SFY2024.

Program Staffing

- 2.15 FTE
- 1.0 AWEC
- 0 Other

Events that Have Shaped the Program

- SFY2023 was the last grant year of CDC’s Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke five year cooperative agreement.
- In SFY2024, CDPP was awarded CDC’s National Cardiovascular Health Program and CDC’s A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes five year cooperative agreements. With this change in funding, the CDPP has added children with obesity as a priority population of focus and has shifted grant activities to focus on connecting people with or at risk for chronic diseases to social support services in their community.
- Statutes governing CDPP responsibilities are Wyo. Stat. §§ 35-25-301 and 35-25-203(g)(iv).



Program Core Purpose

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

Outcomes

Table with 8 columns: Performance Metric, SFY 2025 Target, SFY 2026 Target, SFY 2021, SFY 2022, SFY 2023, SFY 2024, SFY 2025. Rows include metrics for hypertension and diabetes.

1 Data Source: Wyoming Chronic Disease Assessment Tool
2 Metric is calculated by dividing the total patient population of those healthcare systems with the noted policies and systems by the total patient population reported by all participating healthcare systems.
3 Metric is calculated by dividing the patient population diagnosed with hypertension in participating healthcare systems with the number of patients who achieved blood pressure control.
4 Data Source: Wyoming Behavioral Risk Factor Surveillance System; data is weighted.
5 Data only collected every other year.
(-) Data not yet available.





Outputs									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
# of patients in participating healthcare systems implementing new or enhanced team-based approaches or policies (e.g. Chronic Care Management) to address blood pressure and diabetes control ¹	45,927	27,493	67,939	26,673	22,261	N/A ²	N/A ²	N/A ²	N/A ²
# of people with diabetes with at least one encounter at an American Diabetes Association-recognized or American Association of Diabetes Educators-accredited diabetes self management education and support (DSMES) program ³	1,636	1,414	1,477	1,468	1,026	N/A ²	N/A ²	N/A ²	N/A ²
# of participants enrolled in a CDC-recognized diabetes prevention program (DPP) ⁴	138	215	348	129	103	N/A ²	N/A ²	N/A ²	N/A ²
# of blood pressure cuff kits checked out from Wyoming libraries ⁵	N/A ⁶	N/A ⁶	541	426	615	253	173	357	258
# of organizations onboarded to the Community Information Exchange that now have referral capacity to lifestyle change programs ⁷	N/A ⁶	N/A ⁶	N/A ⁶	6	16	N/A ²	N/A ²	N/A ²	N/A ²
# of CDC-recognized DPPs available in Wyoming ⁸	14	12	9	8	3	N/A ²	N/A ²	N/A ²	N/A ²
# of accredited DSMES programs available in Wyoming ⁹	10	12	13	14	16	N/A ²	N/A ²	N/A ²	N/A ²

¹ Data Source: Wyoming Chronic Disease Assessment Tool.

² Data not available on a quarterly basis.

³ Data Source: CDC DSMES State Data Report, includes all DSMES programs regardless of direct CDPP financial support. SFY2025 data is as of September 30, 2025.

⁴Data Source: CDC DPP State Data Report. Reported on calendar year. SFY2025 data is as of September 30, 2025. Data updated from 2024 report due to removal of Omada DPP participants.

⁵ Data Source: State Library Data Report.

⁶ Data not available due to creation of new metric.

⁷ Data Source: Wyoming 2-1-1 CommuniCare Report.

⁸ Data Source: CDC DPP State Data Report. Data Source switched from CDC DPP State Data Report to Program Reports in SFY2024. Reported on calendar year.

⁹ Data Source: CDC DSMES State Data Report (the first release of this data was in August 2021). Reported on calendar year.



Efficiencies									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Percent of participants enrolled in a Healthy Heart Ambassador Blood Pressure Self Monitoring (HHA-BPSM) program that lowered their blood pressure ¹	(-)	(-)	58.7% (15/26)	77.7% (28/36)	67.8% (19/28)	N/A ²	N/A ²	N/A ²	N/A ²
Percent of participants enrolled in a Diabetes Self Management Program (DSMP) that completed the course ¹	(-)	(-)	(-)	83% (29/36)	64% (23/36)	N/A ²	N/A ²	N/A ²	N/A ²

¹Data Source: program records.

²Data not available on a quarterly basis.

(-) Data not available due to creation of new metric.

Story Behind the Performance

- The CDPP supports state initiatives to implement and evaluate evidence-based strategies that prevent and manage diabetes, cardiovascular disease, and stroke in high-risk populations.
- According to the American Diabetes Association, DSMES is underutilized, with less than 5% of Medicare beneficiaries and 6.8% of privately insured people with diabetes participating within a year of diagnosis. The CDPP is working on making DSMES more widely available by assisting with site accreditation and telehealth utilization by existing sites in the state.
- In SFY2022, the CDPP invested in a national online DPP platform that was available at no-cost to any Wyoming resident with prediabetes. The online offering significantly boosted the number of people enrolled in a CDC-recognized DPP in SFY2022 and SFY2023. The program successfully reached some of Wyoming’s most rural residents. In July of SFY2024, the online DPP platform no longer had the capacity for programming in Wyoming. In July SFY2025, the CDPP contracted with a Wyoming based organization to offer an online DPP platform available at no-cost to any Wyoming resident with prediabetes. The current online offering offers continuous enrollment and can accommodate a new cohort monthly. In SFY2024 and SFY2025, in person DPP sites also decreased, resulting in fewer participants.
- Prior CDPP Healthstat documents included participants from the online Omada DPP platform in the output related to number of participants enrolled in a CDC recognized DPP program because the CDPP supported the initial effort of Cigna Health Insurance adding DPP as a covered benefit. The CDPP has not contributed to this initiative since SFY2020, so all DPP participant numbers have been updated to calendar year enrollments of programs funded by the CDPP only.

(continued)



Story Behind the Performance (cont.)

- In SFY2023, the CDPP worked with the Wyoming Center on Aging and the Wyoming State Librarian to provide blood pressure kits for checkout to all 71 public libraries in Wyoming. In total, 252 kits were distributed and all 23 counties have had at least one kit checked out.
- The Wyoming Chronic Disease Assessment Tool (WYCDAT) is the evaluation tool the CDPP has used to collect data for CDC grants since SFY2019. This tool is reliant on reporting from Wyoming health systems that have worked with the CDPP or its contracted partners over the year. The data requested by CDC can oftentimes be time consuming for health systems to pull from the electronic health record and validate before submitting. In addition, more than one staff member may be needed to provide accurate information on current programs, initiatives, and data points within the health system. Data reported through the WYCDAT may change year to year depending on how many health systems are reporting. The same health systems may not report every year. In SFY2024, nine health systems reported data through the WYCDAT and in SFY2025 eight health systems reported data. This decrease in health systems reporting from SFY2024 to SFY2025 is due to turnover in key personnel at one participating health system.
- According to the National Institute for Health's National Center for Biotechnology, training in evidence-based protocols and a team-based approach to health care for all chronic conditions results in earlier diagnoses and improved treatment as well as reduced costs due to decreased hospitalizations and need for treatment of complications. In SFY2023, SFY2024, and SFY2025, CDPP worked with the Wyoming Hospital Association to implement chronic care management (CCM) programs in Wyoming hospitals and clinics. CCM requires care teams to utilize a higher standard of team-based care within their organization while utilizing a sustainable payment model. There were two CCM implementations in SFY2023 and one implementation in SFY2024 and SFY2025.
- In SFY2024, the CDPP contracted with Wyoming 2-1-1 to support the implementation of CommuniCare, a community information exchange (CIE) that will allow for closed loop multidirectional referrals. Cheyenne was the first community the CIE was piloted in and more organizations continue to be added to the platform.
- In SFY2022, the CDC approved a new evidence-based program called HHA-BPSM. Two CDPP staff became master trainers for the program in SFY2022 and in SFY2023 the program began offering startup contracts for new sites.
- In SFY2023, the CDC required the use of a diabetes support program to compliment DSMES. The CDPP chose Stanford's Diabetes Self Management Program, an iteration of the evidence-based Chronic Disease Self Management Program, already being implemented in Wyoming.
- The CDPP continued to fund value-based payments to support the sustainability of DPP and HHA-BPSM programs across the state. The CDPP also offers funding opportunities to implement new DPP, SMBP, and HHA-BPSM programs as funding allows. These programs support team-based care, self monitoring and early intervention for chronic diseases.





Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$2,316,035	\$4,184,712	\$2,914,084
People Served¹	206,103	187,493	177,800
Cost Per Person	\$11.24	\$22.32	\$16.39
Non-600 Series²	90%	43%	88%

¹ People served represents number of patients who received a vaccine administration as reported to the WyIR by providers. This number was previously reported based on number of vaccines recorded rather than number of people and has been corrected for all years listed.

² 600 series is defined as direct service (vaccine purchases).

Program Cost Notes

- The program is funded through the Centers for Disease Control and Prevention (CDC) Vaccines for Children Cooperative Agreement and State General Funds.
- Funding reductions in BFY2020/2021 and subsequent changes to the WyVIP Program resulted in fewer vaccine purchases for SFY2022, 2023, and 2025. Vaccine purchases are made in bulk and in advance to ensure availability when needed by providers. This resulted in lower program costs and a higher percentage of non-600 series expenditures.
- CDC COVID-19 Federal Response Funding awarded in SFY2021 ended in March 2025.

Program Staffing

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

Events that Have Shaped the Program

- In 2006, Wyo. Stat. § 35-4-139 established a program to provide all recommended vaccines for all children of Wyoming residents who are not eligible for the federal VFC Program.
- In 2011, four vaccines were eliminated from the WyVIP Program due to funding limitations, changing Wyoming’s status from a Universal Purchase to a Universal Select Purchase State.

(continued)





Events that Have Shaped the Program (cont.)

- In 2013, Wyo. Stat. § 33-24-157 required pharmacies to report immunizations to the WyIR, significantly increasing the number of adult immunizations recorded in the WyIR.
- In February 2018, reporting of all immunization information became required and pneumococcal and rotavirus vaccination became mandatory for children attending schools and child-caring facilities.
- In January 2021, due to budget reductions, the WyVIP Program was limited to only Public Health Nursing offices, health departments, federally qualified health centers, and rural health centers.
- In December 2022, the WyIR connected to the Veterans Health Administration (VHA) system via an electronic interface connection to allow for reporting of vaccines administered at Veteran Affairs (VA) locations in Wyoming. This was essential to providing more comprehensive vaccination records in the WyIR for those patients who received vaccinations at VA locations in Wyoming. In August 2023, the interface connection between the WyIR and VHA added query functionality to allow the VA to query the current vaccination status of patients seen at VA locations in Wyoming.
- In August 2022, the Docket Health Application was launched. Docket Health is a consumer access application that allows individuals to access their and their child’s or dependent’s immunization records on their smartphone.





Program Core Purpose

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

Outcomes

Performance Metric	CY2025 Target	CY2026 Target	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025
7-Vaccine Series Coverage Estimate, 19 – 35 mos. ¹	80%	80%	64%	62%	62%	63%	(-)
School Vaccination Coverage Estimate ²	95%	95%	90% (US: 93.1%)	93% (US: 93.2%)	91% (US: 93/2%)	93% (US: 92.7%)	(-)
Influenza Vaccination Coverage Estimate, 6 mos. – 17 yrs. ³	50%	50%	46% (US: 58.6%)	38% (US: 57.8%)	48% (US: 57.4%)	37% (US: 55.4%)	(-)
HPV 2-doses Coverage Estimate, 13 – 17 yrs. ⁴	50%	50%	36%	36%	35%	44%	(-)

¹ Data Source: WyIR. Consists of: 4 DTaP, 3 Polio, 1 MMR, 3 *Haemophilus influenzae* type B (Hib), 3 Hep B, 1 Varicella, and 4 Pneumococcal vaccines.
² Data Source: Immunization Status Report (ISR). Measured at kindergarten entry for each academic school year and includes 4 DTaP, 3 Polio, 1 MMR, 3 Hep B, and 1 Varicella. This metric is reported on school year.
³ Data Source: National Immunization Survey (NIS) FluVaxView, measured from July 1st - June 30th.
⁴ Data Source: WyIR.
 (-) Indicates data not yet available.

Outputs

Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
# of VFC Providers receiving Immunization Quality Improvement for Providers (IQIP) Site Visits	43	39	33	33	29	N/A ¹	N/A ¹	N/A ¹	N/A ¹
# of publicly-supplied vaccine doses shipped to Public Vaccine Program (PVP) Providers ²	106,736	71,561	75,856	74,124	73,957	44,400	29,724	44,145	29,812
# of PVP Providers ³	113	112	113	109	110	111	109	113	110
# of immunization records accessed through Docket ⁴	N/A ⁵	N/A ⁵	726	7,501	8,384	4,172	3,329	4,644	3,740

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





Efficiencies									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
% of PVP Providers with less than 5% waste ¹	46%	40%	46%	51%	49%	N/A ²	N/A ²	N/A ²	N/A ²
% of WyIR help desk first-call resolutions ³	85% (1,810/ 2,125)	86% ⁴ (2,165/ 2,528)	88% (3,096/ 3,500)	93% (4,492/ 4,805)	94% (4,558/ 4,864)	N/A ²	N/A ²	94% (2793/ 2962)	93% (1765/ 1902)
WyIR cost per organization ⁵	\$2,157 ⁶ (\$625,467/ 290)	\$1,904 (\$696,689/ 366)	\$4,015 (\$1,617,941/ 403)	\$2,320 (\$948,936/ 409)	\$2,186 (\$948,936/ 434)	N/A ²	N/A ²	N/A ²	N/A ²

¹ Data Source: CDC VTrckS and the WyIR.

² Data not available on a quarterly basis.

³ Calculated by dividing the number of tickets submitted and resolved after one encounter with the WyIR help desk by the total tickets submitted.

⁴ Corrected this metric with accurate percentage. Previous report displayed a rounding error.

⁵ Calculated by dividing the costs associated with the WyIR (maintenance, annual technical assistance, and product subscriptions) by the number of active organizations listed on the provider contact report in the WyIR.

⁶ Corrected this metric with accurate amount. Previous report displayed a rounding error.

Story Behind the Performance

- The School Vaccination Coverage Estimate is measured at kindergarten and includes 4 DTaP, 3 Polio, 1 MMR, 3 Hep B, and 1 Varicella. The current administrative rules allow children to complete the required vaccines between ages four and six, meaning they should be fully vaccinated by age seven. The data source is the ISR, which is reported by every school in Wyoming and represents coverage in 100% of the kindergarten census.
- IQIP is the CDC’s quality improvement program for VFC providers. The IQIP process includes an initial site visit and check-ins at two, six, and 12 months conducted by the Immunization Unit. IQIP components include assessing clinic immunization workflow, clinic-specific immunization coverage data, and selecting core strategies upon which to improve. Provider quality improvement site visits have been shown to significantly impact coverage rates, decrease missed opportunities, and implement best practices. CDC requires 25% of eligible VFC providers receive an IQIP site visit each year.
- The number of publicly-supplied vaccine doses shipped consists of routine and seasonal doses shipped to healthcare providers enrolled in a PVP. A decreased demand for regularly scheduled vaccinations began in SFY2022, which aligned with national trends. In addition, the WyVIP program budget was significantly decreased in January 2021, which restricted program providers eligible to order WyVIP vaccine to only Public Health Nursing offices, Federally Qualified Health Centers, and Rural Health Clinics. There was an increase in demand and increased vaccine ordering throughout SFY2023, but a slight decrease in vaccines ordered occurred in SFY2024. Orders for SFY2025 were down slightly, but mostly consistent with the previous year.

(continued)





Story Behind the Performance (cont.)

- Vaccine loss is both costly and preventable. Sound vaccine management practices related to ordering, inventory maintenance, and storage and handling are critical to minimizing vaccine loss and waste. Vaccine loss includes expired or spoiled vaccines, wasted vaccine, and lost or unaccounted vaccine. The target vaccine waste for providers enrolled in the Wyoming PVPs is less than 5%. Restitution continues to be suspended. Decreased demand for regularly scheduled vaccinations contributed to the significant increase of wasted vaccines in SFY2021 and SFY2022. The number of wasted vaccines began trending down in SFY2023 and continued through SFY2024. Education related to vaccine inventory management and vaccine ordering continue to be provided to PVP-enrolled providers in an effort to decrease waste. There are a few individual facilities with more than 5% waste, but the total statewide wastage statistic for SFY2025 is 6%. Most vaccines must be shipped in a box of 10. Since many of the facilities enrolled in VFC in Wyoming are small, this presents a challenge. The Immunization Unit tries to facilitate loss prevention measures as much as possible, including facilitating vaccine transfers between facilities, but sometimes facilities are unable to use all 10 doses in a box before it expires.
- Overall WyIR costs have remained consistent between SFY2024 and SFY2025, however, the cost per provider has decreased to near SFY2021 levels due to the onboarding of additional organizations. In SFY2024, WyIR costs included modernization costs to align with CDC requirements, WyIR Tier 1 help desk services, School Nurse and Child Care Module, and costs for a dedicated service desk ticket priority process. In SFY2025, WyIR costs included Tier 1 help desk services, School Nurse and Child Care Module, and costs for a dedicated service desk ticket priority process.



Program Description

The Wyoming Injury and Violence Prevention Program (WIVPP) coordinates state and local efforts to prevent unintentional and intentional injury and violence through education and evidence-based programming.

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$1,676,914	\$1,472,326	\$1,534,540
People Served¹	581,381	584,057	587,618
Cost Per Person	\$2.88	\$2.52	\$2.61
Non-600 Series²	32%	39%	41%

¹ People served represents the population of Wyoming, U.S. Census Bureau.

² 600 series is defined as direct service.

Program Cost Notes

- The program is funded through the CDC Preventive Health and Health Services Block Grant (PHHSBG), the CDC Rape Prevention and Education (RPE) Grant, the Wyoming Department of Transportation (WYDOT) Highway Safety Behavioral Grant, State General Funds, and Tobacco Settlement Funds.
- In 2022, Senate File 66 provided the program with \$200,000 in ARPA funds to be spent specifically on Mental Health First Aid (MHFA) training. The last of these funds were expended in April 2025.

Program Staffing

- 3.0 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- The Wyoming Injury Prevention Program was created in June 2014. In 2017, suicide prevention was added to the program and the program name was changed to the Wyoming Injury and Violence Prevention Program (WIVPP).
- WIVPP ensures adherence to Wyo. Stat. § 9-2-102(a)(v), which requires WDH to establish a suicide prevention program and specifies necessary components of the program.
- As of SFY2019, funding for the community prevention grant program (CPG) for substance use, tobacco prevention and control, and suicide prevention has been distributed to county governments. The majority of suicide prevention funding (\$2 million per biennium) is allocated to counties through this grant.
- Since 2021, the WIVPP has participated in the Wyoming Governor’s Challenge to Prevent Suicide Amongst Veterans, Service Members, and Their Families.
- The WIVPP hosts a biennial suicide prevention conference that brings multidisciplinary stakeholders together to discuss data trends and prevention strategies.
- In February 2024, the RPE Grant and the Sexual Violence Prevention portion of the PHHSBG were transferred to WIVPP from the Youth and Young Adult Health Program.
- An epidemiologist began supporting the program in SFY2025.





Program Core Purpose

To reduce unintentional and intentional injury and violence in Wyoming.

Outcomes

Performance Metric	CY 2025 Target	CY 2026 Target	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025 ¹
Crude injury mortality rate (per 100,000) ^{2,3}	90	92	100.6 (US: 92.2)	101.3 (US: 92.3)	94.5 (US: 90.3)	96.7 (US: 81.1)	(-) (-)
Older adult (≥65 years) unintentional injury mortality rate (per 100,000) ²	125	125	128.0 (US: 123.6)	148.1 (US: 125.6)	123.4 (US: 124.6)	140.1 (US: 127.8)	(-) (-)
# of drivers <20 years involved in injury crashes ⁴	532	560	552	559	591	611	(-)
Crude suicide rate (per 100,000) ²	25	25	32.5 (US: 14.5)	26.3 (US: 14.8)	26.7 (US: 14.8)	28.2 (US: 14.6)	(-) (-)

¹ Data not yet available.

² Data Source: Wyoming Vital Records and CDC WONDER. CY2024 data for US is provisional.

³ Crude rates are not age-adjusted; rates do not account for differences in rates by age nor the age structure of the population.

⁴ Data Source: Annual Wyoming Report on Traffic Crashes, WYDOT.



Outputs									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
# of Wyoming participants in a fall prevention course	961	1,820	(-) ¹	463	349	150	313	244	105
# of people trained in evidence-based suicide prevention (Gatekeeper) ²	1,156	6,858	753	1,928	2,483	967	961	1,652	831
# of people participating in postvention activities ³	N/A	N/A	78	262	243	203	59	140	103
# of counties conducting Suicide Fatality Reviews (SFR)/# of counties implementing SFRs ⁴	N/A ⁵	1/1	1/1	1/1	1/5	1/1	1/1	1/5	1/5
# of current or future teen drivers reached by ThinkFirst Program	N/A ⁵	N/A ⁵	1,298	1,219	1,998	509	710	1,103	895
#of individuals participating in training through the RPE grant ⁶	N/A ⁵	N/A ⁵	N/A ⁵	N/A ⁵	28	N/A ⁵	N/A ⁵	4	24
Media reach of sexual violence prevention programming ⁷	N/A ⁵	138	2,960	10,311	2,845	7,515	2,796	1,113	1,732

¹ Program funding was not available for falls prevention in SFY2023. In SFY2024, the program transitioned to providing ThinkFirst to Prevent Falls presentations to older adults.
² Data Source: Prevention Evaluation Reporting for Communities (PERC) SFY 2021-2023, Prevention Reporting and Evaluation System (PRES) SFY 2023-Present. Includes individuals trained as reported through CPG suicide prevention activities and virtual Question, Persuade, Refer (QPR) training available on the WIVPP webpage.
³ Data Source: PRES. Includes number of participating individuals as reported through CPG suicide postvention activities.
⁴ Data Source: Partner reports, # of counties utilizing the SFR Toolkit and attending SFR Coordinator meetings provided by WIVPP.
⁵ Data not available due to creation of a new metric.
⁶ Data Source: RPE Subrecipient reports (Coaching Boys into Men, Safe Dates, and Green Dot). Includes trainers trained, and training participants. In SFY2025, trainers were trained to begin implementing trainings in SFY2026. Before SFY2024, MCH recorded # of individuals reached through evidence-based programming, but WIVPP chose to distinguish between trainings and media reach.
⁷ Data Source: RPE and PHHSBG subrecipient reports. Reach includes media campaigns (WyBTS and Green Dot).

Efficiencies									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Suicide prevention training cost per trainer ¹	N/A ²	\$1,659 (\$114,500/ 69)	\$2,679 (\$75,000/ 28)	\$2,941 (\$150,000/ 51)	\$2,435 (\$92,545/ 38)	\$2,632 (\$50,000/ 19)	\$3,125 (\$100,000/ 32)	\$3,311 (\$52,975/ 16)	\$1,799 (\$39,570/ 22)

¹ Count includes only individuals trained by WIVPP sponsored training for trainer courses [Applied Suicide Intervention Skills Training (ASIST); Suicide Alertness for Everyone Tell, Ask, Listen, Keepsafe (safeTALK); Mental Health First Aid (MHFA); Youth Mental Health First Aid (YMHA); Question, Persuade, Refer (QPR); and Counseling on Access to Lethal Means (CALM)], and only individuals who completed the course.
² Data not available due to creation of new metric.



Story Behind the Performance

- Injuries affect every Wyoming resident directly or indirectly. Injuries cause death, disability, disruption of daily routines, loss of productivity, and millions of dollars in work loss and medical costs. Injury is the leading cause of death among Wyoming residents between the ages of one and 44 years and the third leading cause of death among Wyoming residents of all ages. Several outcome measures used to track progress for the program, including older adult unintentional injury rates and suicide rates, are increasing. If the rates can be maintained and further increases slowed or stalled, this would be a success for the program.
- Through a collaborative effort with the Tobacco Prevention and Control and Substance Use Prevention Programs, the WIVPP provides funding to Wyoming counties for suicide prevention activities through the CPG. Starting July 1, 2023, the county prevention grant program recipients began inputting their data into a new Prevention Reporting and Evaluation System, which provides metrics on gatekeeper trainings and postvention support. County programs have autonomy to choose which suicide prevention strategies fit community needs, so these metrics do not always capture the full scope of suicide prevention work.
- In 2022, through the CPG, each county was able to train individuals in suicide prevention gatekeeper training at a local level. Through data collection related to the CPG, the number of trainees substantially increased. This is due to training being pushed out to students district-wide in some counties, as well as focusing on industries and workplaces to improve coverage areas. In 2023, these communities scaled back their gatekeeper training efforts.
- In 2021, the WIVPP received Coronavirus Aid, Relief and Economic Security (CARES) funds for the purpose of MHFA training for trainers (T4T) and to purchase lethal means safe storage devices. The program has been partnering with the Veterans Administration and the Firearm Research Center to connect communities to free locking devices and safe storage education. In 2022, WIVPP received \$200,000 for MHFA T4T. The last training under this funding was completed in April 2025.
- In 2022, WIVPP received new grant funding from WYDOT to provide education to teen drivers on distracted driving and their potential for injury and death due to motor vehicle crashes through the ThinkFirst program. Participants have shown an increase in knowledge and school districts are continuing to welcome the presentation. In 2025, there was a significant increase in the number of participants reached through this program.
- In 2023, previous federal funding for Fall Prevention ceased and no fall prevention activities were completed. In 2024, WIVPP began implementing ThinkFirst for Falls Prevention presentations at senior centers around the state using PHHSBG funds.
- In February 2024, RPE and sexual violence prevention funds within the PHHSBG moved from the Youth and Young Adult Health Program to WIVPP, and the program began to work on sexual violence prevention. In the spring of 2025, WIVPP greatly expanded the reach of RPE activities by contracting with three community colleges to implement the Green Dot for College bystander intervention program on their campuses. Leaders were trained in June 2025 and implementation will begin during the 25/26 academic year.
- In November 2024, WIVPP began providing technical assistance to five counties—Johnson, Natrona, Sheridan, Sublette, and Sweetwater—to develop SFRs. Laramie County has used CPG funds to support implementation of SFRs since 2022.



Program Description

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

Program Expenditures and People Served

Table with 4 columns: Category, 2023, 2024, 2025. Rows include Total Program Cost, People Served, Cost Per Person, and Non-600 Series.

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

Program Cost Notes

- Program funding is provided by State General Funds and the county contribution of 35% for salaries and benefits for State PHN employees working in the counties. 97% of total program costs are personnel costs; this does not include other expenses paid by counties. It also includes State General Funds for Natrona, Sweetwater, Laramie, and Teton counties' contracts.

Program Staffing

- 68.45 FTE (72 total state nurse positions) 2.0 AWEC Other: 81 county nurse positions

Events that Have Shaped the Program

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



Program Core Purpose

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

Outcomes

Table with 8 columns: Performance Metric, SFY 2025 Target, SFY 2026 Target, SFY 2021, SFY 2022, SFY 2023, SFY 2024, SFY 2025. Rows include metrics like '# of adult residents reached through outreach activities', '# of visits for Children’s Special Health (CSH) needs receiving PHN case management services', etc.

¹ Data not collected these years due to focus on COVID-19 response.

² Significant increase in SFY24 number is attributable to improved data tracking methodology. Individuals may be counted more than once if served in multiple activities.

³ The CSH program priorities shifted, therefore, PHN case management services were reduced in SFY2025 and will sunset in Fall 2025.

⁴ Includes screenings for sexually transmitted diseases (N=3,431) and tuberculosis (N=2,968). Target is a 10% increase over previous year.

⁵ New metric for county Plans of Safe Care Collaboratives established to support Wyo. Stat. § 35-2-1401.



Outputs									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
% of chronic disease clinic visits with diabetes focus	14.2% (386/ 2,711)	20.7% (600/ 2,897)	23.1% (342/ 1,478)	18% (443/ 2,464)	28.2% (446/ 1,579)	19.8% (231/ 1,167)	16.3% (212/ 1,297)	26.3% (188/ 716)	29.9% (258/ 863)
% of Wyoming adult immunizations administered by a PHN office	35.7% (199,459/ 558,000)	25.6% (109,591/ 427,400)	21.7% (53,458/ 246,013)	15% (29,073/ 193,764)	14.3% (32,352/ 225,726)	14.9% (22,393/ 150,176)	15.3% (6,680/ 43,588)	15% (26,544/ 177,210)	12% (5,808/ 48,516)
Average # of state PHN vacancies (average vacancy rate)	16.7/76 (22.0%)	19.1/76 (25.1%)	16.4/76 (21.6%)	14/72 ¹ (19.4%)	9.9/72 (13.8%)	14.8/72 (20.6%)	13.2/72 (18.3%)	8.9/72 (12.4%)	11/72 (15.3%)

¹The decrease in total number of PHN positions (denominator) in SFY2024 was due to the state reducing four positions when Teton County transitioned to the independent PHN model.

Efficiencies									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
% of PHN hours spent on Maternal Child Health services for Temporary Assistance for Needy Family clients	49.8%	52.9%	61.3%	66.2%	50.5%	66.6%	65.7%	48.2%	53.7%
% of Medicaid long-term care waiver Nursing Facility assessments completed beyond 7 business days (extension)	N/A ¹	N/A ¹	N/A ¹	17.6%	12.2%	16.5%	18.6%	13.5%	10.9%

¹Data not available due to creation of new metric.

Story Behind the Performance

- State PHN is a partnership between the State and County governments for the provision of public health nursing services in 18 counties. In five counties, these services are provided independently by county governments; four independent counties receive funding for public health nursing services through contracts with PHN. PHNs in the counties are the “boots on the ground,” comprised of 65 direct care state nurse positions and 81 direct care county nurse positions.
- Performance of independent counties is included in the overall reporting of PHN outputs and efficiencies.
- In SFY2025, PHN received 5,107 Medicaid long-term care assessment referrals. An assessment was completed on 83% of the referrals. The remaining referrals were not assessed due to the following reasons: client discharged from nursing facility, unable to reach client by phone or mail, or client declined the assessment.

(continued)





Story Behind the Performance (cont.)

- Outreach activities were minimal during SFY2021 and SFY2022, as staff time was prioritized to focus on the pandemic response and capacity was limited. Tracking resumed in SFY2023 and data collection improvements were made in SFY2024 and SFY2025, contributing to the significant increase in residents reached through outreach activities.
- A new electronic health record was implemented statewide in December 2024, followed by new data tracking in March 2025. This year's performance is a compilation of data from multiple sources due to different tracking methods in Q1 and Q2 compared to Q3 and Q4. Duplicates are possible in total people served.
- PHN, in partnership with the Department of Family Services, works with communities in establishing collaboratives to support Plans of Safe Care (PoSC) across the state. These PoSC Collaboratives provide comprehensive support to families. This collaborative approach, a well-established treatment model for substance use, addiction, and other chronic diseases, improves the health and safety of babies and families impacted by prenatal substance use. It achieves this by coordinating medical care, substance use treatment, and social service supports. Through these interdisciplinary and cross-agency collaboratives, providers can ensure consistent and accurate communication about family progress and facilitate prompt connections to essential support services. In SFY2025, six counties had established collaboratives, with another five in the process.





Program Description

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

Program Expenditures and People Served

	2023	2024	2025
TANF Expenditures	\$734,971	\$1,064,524	\$1,283,851
People Served¹	3,040	3,419	2,153
Cost Per Person	\$242	\$311	\$596
Non-600 Series²	5.84%	5.84%	11.94%

¹ People served includes all TANF clients receiving maternal child health services.

² 600 series is defined as direct service.

Program Cost Notes

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

Program Staffing

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

Events that Have Shaped the Program

- In accordance with Wyo. Stat. §§ 35-27-101 through -104, the Wyoming Department of Health provides a statewide home visitation program that is available in all 23 counties. These services are provided by specially trained public health nurses located in local PHN offices and health departments.
- WHH began a staggered rollout on March 1, 2021, with full statewide implementation occurring on July 1, 2021. As of July 1, 2021, WHH is the sole home visitation model, replacing both Nurse Family Partnership and Best Beginnings. WHH implements the evidence-based model Maternal Early Childhood Sustained Home Visiting (MECSH). Wyoming was the third state to implement MECSH. WHH applies an ecological framework to achieve the outcome of healthy families.
- TANF funding runs on the federal fiscal year and in 2022, 2023, and 2024, the entirety of the grant was expended. Changes to the maternal and child health contract with local PHN offices has ensured that funding is used effectively to support staff salaries and training.





Program Core Purpose

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

Outcomes

Performance Metric	SFY 2025 Target	SFY 2026 Target	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
% of Maternal and Child Health referrals that are contacted ¹ versus total number of maternal and child health referrals received	75%	75%	53.1% (1,771/3,336)	50% (1,934/3,867)	44.5% (2,015/4,527)	45.4% (2,059/4,534)	33.7% (1,671/4,964)
% of clients offered WHH that enrolled in the program	75%	75%	109% (239/219)	35.2% (591/1,680)	32% (531/1,658)	31.7% (516/1,623)	26.5% (393/1,483)
Average Patient Satisfaction Questionnaire (PSQ) score ²	80%	80%	92.8%	92%	88%	93.5%	94%
Average Patient Enablement Instrument (PEI) score ³	80%	80%	85.7%	91.6%	91.3%	95.7%	94%

¹ A contact is defined as a two-way conversation between a nurse and a potential client where home visiting is explained and offered in person or by phone.
² PSQ is a brief, confidential survey taken by all WHH enrolled clients that explores their satisfaction with the program/nurse.
³ PEI measures new mother's confidence in their ability to parent and care for themselves as a result of nurse home visits.

Outputs

Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
% and # of currently employed WHH nurses versus total WHH positions available. ¹	84.4% (49/58)	89.7% (52/58)	72.9% (43/59)	93.2% (55/59)	88% 52/59	N/A ²	N/A ²	88.97% (52.5/59)	87.3% (51.5/59)
% and # of WHH client enrollments that are prenatal	43% (52/122)	42% (236/562)	33% (173/521)	28% (141/505)	25.19% (99/393)	28% (56/197)	28% (85/308)	27% (61/225)	23% (38/168)
% and # of WHH client enrollments that are postnatal ³	57% (70/122)	58% (326/562)	67% (348/521)	72% (364/505)	74.3% (292/393)	72% (141/197)	72% (223/308)	72% (163/225)	77% (129/168)

¹ Data is pulled for each SFY and number provided is current as of June 30th of each year.
² Data was not previously tracked on a quarterly basis.
³ Postnatal period is considered birth to 8 weeks post-infant discharge from hospital.





Efficiencies									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Average TANF cost to train a WHH nurse ¹	N/A ⁴	\$6,247	\$6,766	\$7,049	\$7,090	N/A ²	N/A ²	N/A ²	N/A ²
% WHH caseload capacity met	N/A ⁴	N/A ⁴	80% (539/674)	74% (574/773)	89% (676/759)	76% (542/713)	73% (606/834)	N/A ³	N/A ³

¹ All TANF required trainings including cost of training materials, course fees, nurse time, and travel costs. Method for determining training cost was standardized and data reported for SFY22 and SFY23 were updated. Training cost data prior to WHH implementation were removed.

² Data not available on a quarterly basis

³ New electronic health record implemented and quarterly data unavailable at this time

⁴ Data not available due to creation of a new metric

Story Behind the Performance

- Nurse shortages are the primary reason why PHN maternal and child health referrals are not contacted, accounting for 70% of all instances. The nurse shortage reason is documented when a PHN office either has full caseloads and cannot add more families or there are vacant PHN positions. No client response or unable to locate (10%) are the other main reasons that referrals were not contacted.
- The target for percent of clients offered WHH that enrolled in program is a fidelity measure set by the MECOSH model. Enrollment types are Best Beginnings (BB) transfers (2021 only), prenatal, postnatal, Department of Family Service, and approved exemptions. In 2021, there were more enrollments than referrals due to the ability to transfer families from BB to WHH. Performance on this metric from 2022 through present has remained steady around 30%. The reasons for not meeting the target of 75% are multifaceted and dependent on community. However, it is important to note that no other state providing the MECOSH model in the U.S. meets the 75% target.
- The PSQ and PEI are fidelity measures tracked by the MECOSH model. Wyoming has continued to not only meet but exceed in both of these measures.
- Staffing and turnover are monitored annually. Recent data shows a noticeable decrease in clients served and this is mainly due to multiple counties that are unable to fill positions as a result of limited funding.
- Percent of WHH client enrollments that are prenatal and postnatal should be analyzed together. These are fidelity measures set by the MECOSH model. The target for prenatal enrollments is 80%, leaving 20% for postnatal enrollments. While the desire is to see an increase in prenatal enrollments, most referral sources are postnatal leading to the majority of families enrolling postnatally.
- The increase in average TANF cost to train a WHH nurse is due to increases in travel costs.
- Caseload capacity fluctuates from quarter to quarter due to staffing fluctuation. It takes new staff at least one year to build a full caseload. If WHH were fully staffed, the program would have a maximum statewide caseload capacity to serve 899 families.



Program Description

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

Program Expenditures and People Served

Table with 4 columns: Category, 2023, 2024, 2025. Rows include Total Program Cost, People Served, Cost Per Person, and Non-600 Series.

1 People served represents the population of Wyoming, U.S. Census Bureau.
2 600 series is defined as direct service.
3 2024 Program Costs updated to include Opioid Settlement Funds not previously reported.

Program Cost Notes

- SUPP is funded by Federal Funds, Tobacco Settlement Funds, and Opioid Settlement Funds. Total program cost has been updated to include Opioid Settlement Funds.
Federal Funds make up a majority of the budget and include the Substance Use Prevention, Treatment and Recovery Block Grant, Strategic Prevention Framework Partnership for Success (SPF-PFS), and Overdose Data to Action.
SUPP received an additional \$786,881 in COVID-19 Relief and \$409,096 in ARPA funding through the Substance Use Prevention, Treatment and Recovery Block Grant. This funding was used to expand substance use prevention in communities, build capacity for prevention, and increase data collection and data sharing.
Reorganization within the Community Prevention Unit resulted in a change in staff for SFY2025.

Program Staffing

- 3.0 FTE
1 AWEC
0 Other

Events that Have Shaped the Program

- The Substance Use Prevention Services are authorized by the Substance Abuse Control Plan, Wyo. Stat. § 9-2-2701, as part of a comprehensive, integrated plan.
Wyo. Stat. §§ 35-4-901 through -906 allow pharmacists to prescribe an opiate antagonist, such as naloxone, and allow standing orders for opiate antagonists.

(continued)



Events that Have Shaped the Program (cont.)

- As of SFY2019, funding for community prevention grants for substance use, tobacco prevention and control, and suicide prevention is distributed to county governments.
- An epidemiologist began supporting the program in SFY2019.
- An Opioid Prevention Coordinator began working for the program in SFY2025.



Program Core Purpose

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

Outcomes

Performance Metric	CY 2025 Target	CY 2026 Target	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025
% of adults who report binge drinking ^{1,2}	16%	13%	15.9% (US: 15.4%)	18.4% (US: 16.9%)	14.5% (US:15.2%)	(-) (-)	(-) (-)
% of adults who report heavy drinking ^{1,3}	6%	5.5%	6.7% (US: 6.2%)	8.1% (US: 6.8%)	6.5% (US: 6.1%)	(-) (-)	(-) (-)
% of fatal crashes with a blood alcohol content (BAC) of .08 or higher ⁴	28%	24%	34% (US: 31%)	30% (US: 32%)	25% (US: 30%)	(-) (-)	(-) (-)
% of high school students who have consumed alcohol within the past 30 days ⁵	24%	20%	N/A ⁶	25.4%	N/A ⁶	20.3%	N/A ⁶
Crude rate of overdose deaths from prescription and illicit opioids (per 100,000) ⁷	12	9	11.9 (US: 24.0)	13.9 (US: 24.5)	14.4 (US: 23.7)	9.2 (US: 16.1 ⁸)	(-) (-)
Crude rate of opioid overdose emergency room discharges from prescription, illicit, and unspecified opioids (per 100,000) ⁹	18	18	25.9	22.5	20.5	(-)	(-)

¹ Data Source: Behavioral Risk Factors Surveillance System (BRFSS); data is weighted.

² Binge drinking is defined as consuming 5 or more drinks for males and 4 or more for females on an occasion at least once in the past 30 days.

³ Heavy drinking is defined as consuming 2 or more drinks per day for males and 1 or more drinks for females per week.

⁴ Data Source: National Highway Traffic Safety Administration (NHTSA).

⁵ Data Source: Prevention Needs Assessment (PNA). CY2024 data was provisional last year and has been updated to final numbers in this report.

⁶ Data not available; PNA is administered every other year.

⁷ Data from Wyoming Vital Statistics Services (VSS). Includes deaths where underlying cause of death in X40-44, X60-64, X85, Y10-Y14 and contributing cause of death in T40 (T40.0-.4, T40.6).

⁸ CY24 National Vital Records data are provisional.

⁹ Data Source: Wyoming Hospital Emergency Room Data, national comparison not available. Includes emergency room visits with any diagnosis code of acute opioid overdose (T40.0-.4, T40.6).

(-) Indicates data not yet available.



Outputs									
Performance Metric	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
# of people trained in Training for Intervention Procedures (TIPS)	1,505	1,899	2,150	1,958	1005¹	1,009	949	964	41 ¹
% of alcohol compliance checks with no infractions	85.6% (887/ 1,036)	88.7% (987/ 1,113)	89.5% (905/ 1,011)	92.6% (859/928)	(-)	N/A ²	N/A ²	N/A ²	N/A ²
# of evidence-based substance use prevention initiatives implemented through the Community Prevention Grant as reported through PRES (launched July 1, 2023) ³	N/A ⁵	N/A ⁵	211	453	251¹	227	226	247	4 ¹
# of Community Prevention Grant recipients reporting on number of participants reached	14	22	23	23	23	23	23	23	23 ¹
¹ CY2025 data reported through July 2025. ² Data not available on a quarterly basis. ³ New reporting metric. A county may offer evidence-based initiatives multiple times throughout the year. (-) Indicates data not yet available.									

Efficiencies									
Performance Metric	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Cost per school district to administer and analyze the PNA Survey	N/A ¹	\$6,441 (\$283,400/ 44)	N/A ¹	\$6,189 (\$247,558/ 40)	N/A¹	N/A ²	N/A ²	N/A ²	N/A ²
Cost per encounter through the Community Prevention Grant ³	\$369.42 (\$4,089,469/ 11,070) (BFY21)	\$3.14 (\$4,040,518/1,288,018)) (BFY23)		\$1.43⁴ (\$1,278,991/ 895,881) (BFY25⁴)		N/A ²	N/A ²	N/A ²	N/A ²
¹ Data not available; PNA is administered every other year. ² Data not available on a quarterly basis. ³ Data source for this metric changed on July 1, 2023 from the old data system (PERC) to the new data system (PRES). Data is reported by biennium fiscal year. BFY2021 data is reported through PERC, whereas BFY2023 and BFY2025 data is reported through PRES. ⁴ BFY2025 data reported through June 2025.									



Story Behind the Performance

- Since 2001, Wyoming communities have pursued a comprehensive approach to preventing underage alcohol use, adult overconsumption of alcohol, and other substance abuse through evidence-based strategies with preference given to strategies that impact the entire population.
- From 2001 to 2024, current alcohol use among high school students has decreased from almost 45% to 20% (PNA).
- The SUPP provides an array of substance use prevention services that fall into two categories: (1) community-level efforts and (2) state-level efforts. As of SFY2019, funding for Community Prevention Grant (CPG) Program for substance use, tobacco prevention and control, and suicide prevention is distributed to county governments. At the community level, the SUPP provides resources and support for local coalitions to utilize the public health approach to prevention and promotes the use of evidence-based practices to achieve a population-level change. Counties work with local coalitions to choose evidence-based practices based on the needs and readiness of their community.
- The support from an epidemiologist has provided increased capacity to make data-informed decisions. Due to the increased capacity, in SFY2023, the program switched to utilizing an in-house data collection system (PRES) to capture activities conducted through the CPG Program. This has resulted in improved data reporting from subrecipients. As a result, the reported number of individuals served through the CPG Program has increased significantly. This is most likely a result of the improvements to the data collection system. Utilizing an in-house data collection system has also resulted in a cost-savings to the program.
- At the state level, the SUPP works to change systems through collecting and disseminating data and other information, collaborating with law enforcement on multiple strategies, including alcohol retailer compliance checks and enhanced enforcement, and collaborating on projects with other state and federal agencies. Due to additional funding made available, the SUPP supported expanding Adverse Childhood Experiences prevention efforts in the state and contracted with local organizations to expand prevention services in their organization. SUPP recently launched the Let's Talk Wyoming Resources for Workplace Safety project. This project developed a series of educational safety videos for heavy industry workplaces which have higher rates of substance use and suicide than other industries.



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$3,344,981	\$3,584,853	\$3,549,375
People Served¹	581,381	584,057	587,618
Cost Per Person	\$5.75	\$6.14	\$6.04
Non-600 Series²	68%	70%	72%

¹ People served represents the population of Wyoming, U.S. Census Bureau.

² 600 series is defined as direct service.

Program Cost Notes

- The program is funded through CDC Tobacco Prevention and Control Grant, State General Funds, and Tobacco Settlement Funds.
- Reorganization within the Community Prevention Unit resulted in a change in staff for SFY2025.

Program Staffing

- 2.0 FTE
- 1 AWEC
- 0 Other

Events that Have Shaped the Program

- Wyo. Stat. §§ 9-4-1203 through -1204 require the Wyoming Department of Health to improve the health of Wyoming residents, including prevention of tobacco use through school and community-based programs that are science-based.
- In December 2019, the federal minimum age to purchase tobacco products was raised from 18 to 21. During the 2020 Budget Session, Wyo. Stat. § 14-3-302 was updated to prohibit the sale of nicotine products to any person under the age of 21 years.
- As of SFY2019, funding for community prevention grants for substance use, tobacco prevention and control, and suicide prevention is distributed to county governments.
- An epidemiologist began supporting the program in SFY2019.



Program Core Purpose

To prevent and reduce tobacco use in Wyoming.

Outcomes

Performance Metric	CY 2025 Target	CY 2026 Target	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025
% of Wyoming employed adults surveyed who report that smoking is never allowed in indoor areas of their workplace ¹	91%	93%	89%	N/A ²	93%	N/A ²	91%
% of Wyoming adults surveyed who currently smoke ³ (national rate)	14%	12%	16.4% (14.4%)	15.5% (14.0%)	14.0% (12.1%)	(-)	(-)
% of Wyoming high school students surveyed who smoked cigarettes on one or more of the past 30 days ⁴	3%	2%	N/A ²	4.1%	N/A ²	4.1%	N/A ²
% of Wyoming high school students surveyed who vaped on one or more of the past 30 days ⁴	22%	16%	N/A ²	24.4%	N/A ²	17.0%	N/A ²

¹ Data Source: Wyoming Adult Tobacco Survey (ATS); data are weighted. CY2025 data are provisional.

² Data not available on annual basis; survey question administered biannually.

³ Data Source: Behavioral Risk Factors Surveillance System (BRFSS); data are weighted.

⁴ Data Source: Prevention Needs Assessment (PNA); data are weighted.

(-) Indicates data not yet available.





Outputs										
Performance Metric		CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
# of Wyoming Quit Tobacco (WQT) enrollments ¹	Total	2,364	1,886	2,221	2,118	1,409 ²	1,303	815	1120	289 ²
	Pregnant Women (Opted into Pregnancy Program)	7	7	10	14	15 ²	6	8	14	1 ²
	American Indian Commercial Tobacco Program	12	18	18	21	9 ²	10	11	9	0 ²
# of healthcare provider referrals to WQT ¹		458	273	326	545	337 ²	283	262	270	67 ²
Media impressions (mass, digital, social) ³ (SFY)		11M	23M	14.8M	21.4M	17.3M	21.4M	(-)	17.3M	(-)
# of policies implemented in communities ⁴		3	6	5	1	0	1	0	0	0 ²

¹ Data Source: National Jewish Health WQT enrollment reports.

² Data reported as of August 22, 2025.

³ Data Source: Warehouse Twenty-One media analytics and metrics reports

⁴ Data Source: Reporting System for Community Prevention Grant Program

(-) Indicates data not yet available.

Efficiencies										
Performance Metric		CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Average cost per WQT enrollee		\$276 (\$651,379/ 2,364)	\$244 (\$459,490/ 1,886)	\$490 (\$1,089,326/ 2,221)	\$316 (\$669,842/ 2,118)	\$292 ¹ (\$411,551 /1,409)	N/A ³	N/A ²	N/A ²	N/A ²

¹ Data reported as of August 22, 2025.

² Data not collected on a quarterly basis.



Story Behind the Performance

- The percentage of Wyoming adults who report that smoking is never allowed in indoor areas of their workplace has remained above 80% since 2006. In 2023, 17% of Wyoming adults reported being exposed to second-hand smoke at their workplace.¹ The majority of Wyoming adults support smoke free laws for indoor workplaces (83%) and restaurants (88%).¹ Additionally, 83% of adults support banning smoking in all indoor workplaces.¹ Wyoming does not have a comprehensive 100% smoke-free state statute, which makes it more challenging to decrease workplace-related smoke exposure.
- The percentage of Wyoming high school students who smoked cigarettes on one or more of the past 30 days has decreased from 26% in 2001 to 4.1% in 2024.² However, youth use of emerging tobacco products, such as e-cigarettes, has been an increasing concern. Wyoming high school students who have vaped one or more times in the last 30 days has decreased from 36.11% in 2018, to 17% in 2024.² Efforts towards youth vape prevention include a media campaign, updates to school policies, and a youth vape prevention toolkit. Youth Risk Behavior Surveillance System data is not currently collected in Wyoming. Youth smoking rates are obtained through the PNA, which is Wyoming-specific, so a national comparison is not available.
- Wyoming has one of the lowest cigarette tax rates in the nation at \$0.60/pack. This is an added challenge for cessation efforts, as taxation encourages tobacco users to quit or use less tobacco. Economic studies have demonstrated that increasing the unit price for tobacco products by 20% would reduce overall consumption of tobacco products by 10%, the percentage of adults who use tobacco by 4%, and the percentage of young people who start to use tobacco by 9%.³
- The Wyoming Quit Tobacco (WQT) program is Wyoming's primary cessation strategy. Annual costs of the quitline fluctuate due to number of enrollees and number of special project investments meant to increase referrals or enhance user experience. The TPCP has a continued collaboration with Medicaid for ongoing reimbursement of coaching calls received by Medicaid clients through the WQT. Wyoming promotes the WQT through continued strategic marketing utilizing digital, radio, provider referrals, and newspaper media.
- The program is modeled after the Centers for Disease Control and Prevention's 2014 Best Practices for Comprehensive Tobacco Control Programs. An effective program contains these components: state and community interventions, health communication interventions, cessation interventions, surveillance and evaluation, and administration and management.

¹ Data Source: Adult Tobacco Survey

² Data Source: Prevention Needs Assessment (Youth – Wyoming specific)

³ Data Source: Guide to Community Preventive Service, 2015



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$1,487,519	\$1,185,483	\$1,597,004
People Served¹	116,294	N/A ²	N/A ²
Cost Per Person	\$12.79	N/A ²	N/A ²
Non-600 Series³	9%	24%	27%

¹ People served includes women 15-44 years old and infants under 1 year.

² Population data not yet available for 2024 or 2025.

³ 600 series is defined as direct service. Data from prior year reports has been rounded for this report.

Program Cost Notes

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

Program Staffing

- 2.0 FTE
- 1.0 AWEC
- 0 Other

Events that Have Shaped the Program

- In 2019, Wyoming partnered with Utah to conduct a joint Maternal Mortality Review Committee (MMRC), which reviews all maternal mortality cases, including all deaths during pregnancy and up to one year postpartum. In March 2025, the Utah-Wyoming Joint MMRC initiated a transition to both states operating their MMRCs independently. Wyoming held its first independent meeting in July 2025.

(continued)



Events that Have Shaped the Program (cont.)

- In 2023, the first Wyoming MMRC report and recommendations were released. The report looks at all MMRC data collected for 2018-2020 cases, including contributing factors and preventability. This report has shed light on the need to take recommendations from the MMRC into action. A maternal mortality prevention workgroup dedicated to taking MMRC recommendations into action was implemented in October 2024.
- In October 2023, the WIHP applied for and received funding from the CDC to support and expand efforts to improve perinatal health outcomes at hospitals through quality improvement (QI) programming.
- In October 2024, a QI project focused on substance use disorder during the prenatal period began implementation at hospitals. This project complements and supports the Plans of Safe Care efforts. Currently, this project is being implemented at five birthing hospitals with five more being onboarded by October 2025.
- In August 2024, Wyoming was awarded the CDC ERASE MM funding for the next five years. This funding will support continued implementation of a state level MMRC. The MMRC has completed case reviews for 2018 - 2023 cases and is now reviewing cases from 2024.
- In February 2025, the Maternal Child Health Unit and its programs selected priorities and performance measures to guide 2026-2030 program strategies and activities. Future program snapshots and performance reports will incorporate any new or revised measures and activities.





Program Core Purpose

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

Outcomes

Table with 8 columns: Performance Metric, CY 2025 Target, CY 2026 Target, CY 2021, CY 2022, CY 2023, CY 2024, CY 2025. Rows include metrics like preventive medical visits, safe sleep, maternal smoking, and preterm births.

1 Targets represent the yearly targets reported to the Health Resources and Services Administration, Maternal and Child Health Bureau.

2 Data Source: Behavioral Risk Factors Surveillance System (BRFSS).

3 There is no 2026 target as this Performance Metric will be changing.

4 Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS).

5 2023 estimates are not comparable to 2022 and before due to changes in how these questions were asked in the new PRAMS Phase 9 survey.

6 Data Source: National Vital Statistics Services (NVSS). CY2024 data is preliminary. Preliminary data was reported for CY2023 on 2024 documents..

7 Data Source: Wyoming Vital Statistics Services (WYVSS). CY2024 data is preliminary.

(-) Indicates data not yet available.





Outputs									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
# of pregnant women enrolled in Wyoming Tobacco Quit Line ¹	7	7	10	14	15 ²	6	8	14	1 ²
# of women ages 18-44 enrolled in Wyoming Cancer Program for cervical cancer screenings through WIHP funding	N/A ³	N/A ³	13	37	26 ²	14	23	28	35 ²
# of hours spent on case abstraction for Maternal Mortality Review (MMR)	113	226	196	202	192	N/A ⁴	N/A ⁴	N/A ⁴	N/A ⁴

¹ Data is representative of only those pregnant women that opted into the Pregnancy Program on the Wyoming Tobacco Quit Line during a calendar year; there could be pregnant women unaccounted for who participated in the Wyoming Tobacco Quit Line without opting into the Pregnancy Program.
² Data reported as of August 22, 2025.
³ Data not available due to creation of new metric.
⁴ Data not available on a quarterly basis.

Efficiencies									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Average cost per MMR case abstracted ¹	\$2,150	\$1,346	\$1,544	\$1,575	\$1,423	N/A ²	N/A ²	N/A ²	N/A ²

¹ Due to small numbers of maternal mortality cases, the numerator and denominator are not shared.
² Data not available on a quarterly basis

Story Behind the Performance

- WIHP releases an annual Request for Application every January to fund local organizations’ and community partners’ projects and programming that address the WIHP national performance measures.
- WIHP funds and supports the Public Health Nursing Wyoming Hand in Hand (WHH) home visiting program’s current efforts to improve smoking cessation of pregnant and postpartum women through referrals. Home visitors in every county are supplied with pamphlets, quit kits, and motivational interviewing training to better support this effort. Successful referrals of pregnant women to the Quitline are reflected in output #1.

(continued)



Story Behind the Performance (cont.)

- The WIHP supports efforts to improve safe sleep outcomes through distribution of an evidence-based safe sleep book, *Sleep Baby, Safe and Snug*, sleep swaddles, and pack-n-plays. Books, swaddles, and pack-n-plays are currently available in every county through the Women, Infants, and Children Unit, WHH, and Parents as Teachers. Since 2022, over 10,400 books, 182 pack-n-plays, and 323 swaddles have been distributed.
- The WIHP collaborates with and provides funding to support the Wyoming Cancer Program. This joint effort aims to increase the rate of women of reproductive age (ages 15-44) completing an annual preventive visit by paying for cervical cancer screening services for women that are either underinsured or uninsured.
- The WIHP reviews maternal deaths under the MMRC. The MMRC decides if a maternal death was preventable, identifies contributing factors that led to the death, and creates recommendations to prevent future deaths. As of April 2024, all cases from 2018-2023 were abstracted and reviewed by the MMRC. Since 2022, maternal mortality cases are reviewed within one year of the death identification date unless legal investigations are pending.
- The WIHP funds a Maternal Mortality Prevention Work Group (MMPWG) which convenes a multidisciplinary team of community leaders to fund community-based projects and outreach to help decrease the contributing factors that are involved in maternal mortality. The MMPWG uses the recommendations from the MMRC to help direct the work.
- The WIHP manages and funds the Perinatal Quality Collaborative, which implements quality improvement projects at hospitals focused on improving health outcomes for moms and babies during the perinatal period. Recent projects include implementing a substance use safety bundle and funding the Wyoming Association of Women’s Health, Obstetric, and Neonatal Nurses Obstetric Patient Safety: OB Emergencies Workshop.



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$10,836,940	\$12,545,401	\$12,724,479
People Served¹	11,749	12,243	12,414
Cost Per Person	\$922.37	\$1,024.70	\$1,042.48
Non-600 Series²	21%	19%	19%

¹ People served is an unduplicated count of women, infants, and children served in the federal fiscal year.

² 600 series is defined as direct service.

Program Cost Notes

- The BFY2025 budget consisted of 7% State General Funds, 73% Federal Funds, and 20% infant formula rebates.
- 2025 program cost increased due to an increase in participants and increased food costs and expenditures related to technology modernization projects.

Program Staffing

- 43.375 FTE (made up of 27 state and 18 county positions)
- 12.0 AWEC
- 0 Other

Events that Have Shaped the Program

- From 2009 into 2022, WIC participation decreased in Wyoming and nationwide, in part due to lower birth rates, improved economic conditions, increased Supplemental Nutrition Assistance Program (SNAP) benefits, and limited resources available for program outreach. In SFY2023 and SFY2024, WIC increased outreach efforts and a media campaign was conducted to raise awareness of WIC and the benefits of the program through one-time grant funds. Participation has steadily increased the past two years. These increases are likely a result of food cost inflation, outreach efforts, and transitioning to online EBT.
- The 2022 infant formula recall had profound implications for the Wyoming WIC Program and its participants, leading to a series of adaptive and responsive measures, including core program changes, waiver ability, and increased requirements for state rebate contracts for infant formula manufacturers. These adaptive measures highlighted the program's resilience and commitment to public health in challenging circumstances.

(continued)





Events that Have Shaped the Program (cont.)

- In SFY2021, WIC received the first temporary increase in the cash value benefit for fruits and vegetables, which was significant (an increase from \$9 for children and \$11 for women to \$35/month each). The increase in the cash value benefit was made permanent in April 2024 (\$47 and \$52 for women and \$26 for children).
- American Rescue Plan Act funding through the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) has provided the Wyoming WIC Program with an additional \$1.8 million for technology modernization efforts which must be spent by September 2027.
- Wyoming was the first state in the nation to implement electronic benefit transfer (EBT) for delivery of food benefits. WIC transitioned to online EBT October 1, 2024, providing increased flexibility to deliver benefits to participants.





Program Core Purpose

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

Outcomes

Performance Metric	SFY 2025 Target	SFY 2026 Target	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
% of cash value benefits for fresh fruits and vegetables redeemed by WIC participants	72%	73%	63.11% (\$461,971/ \$733,443)	63.74% (\$1,155,672/ \$1,813,078)	70.43% (\$1,408,657/ \$2,000,195)	71.70% (\$1,649,958/ \$2,301,164)	71.76% (\$1,773,703/ \$2,471,584)
% and # of survey respondents who said WIC helped their family eat more fruits and vegetables	80%	80%	67.8% (790/ 1,165)	68.5% (536/ 782)	N/A ¹	N/A ¹	87.3% (1,227/ 1,406)
% of WIC infants who were ever breastfed (initiation)	81%	80%	81%	75% ²	77%	75%	75%
% of WIC infants who are exclusively breastfeeding at 3 months	52%	53%	25%	39%	49%	51%	53%
% of estimated eligible population being served ³	50%	50%	44.24% (US: 51.2%)	45.60% (US: 53.5%) ⁴	47.54% (-) ⁵	46.40% (-) ⁵	45.34% (-) ⁵
% and # of survey respondents who said WIC breastfeeding information they received met their needs	93%	93%	N/A ⁶	N/A ⁶	92.8% (1,218)	91.2% (1,044)	92% (870)

¹ This metric was omitted from the 2023 and 2024 WIC Participant Survey.
² Data updated from previous report due to a correction to the system report used for this metric.
³ The estimated eligible population is calculated using the same methodology the USDA FNS uses to produce their estimates. This is the percentage of the eligible population that is being served by Wyoming WIC.
⁴ Data updated from previous report to correct the percentage.
⁵ 2022 is the latest national data released for WIC eligibility.
⁶ Data not available due to creation of new metric.



Outputs									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Average # of participants served per month ¹	6,999	6,673	7,154	7,500	7,811	7,467	7,530	7,709	7,913
Average # of nutrition education contacts per month ²	2,316 ³	2,206 ³	2,341 ³	2,393	2,539	2,367	2,412	2,478	2,600
Average # of referrals documented per month	2,607 ³	2,346 ³	2,460 ³	2,397	2,181	2,533	2,261	2,087 ⁴	2,213
Average # of products scanned by the WIC Shopper app per month	12,411 ⁵	12,737	26,992	31,166	33,744	30,176	32,155	32,698	34,790
Average # of completed online nutrition education modules for WIC Smart per month	56 ⁶	68	132	101	119	106	97	105	132
Average # of Breastfeeding Peer Counselor (BFPC) contacts per month	775	867	937	527	629	471	583	547	711

¹ Includes women who are pregnant, breastfeeding or postpartum; infants; and children up to age five.

² WIC participants have appointments once every three months.

³ Data updated from previous report to correct typographical error.

⁴ Calculated using a 2-month average, excluding Sep, Oct, Nov, Dec due to changing to a new data system.

⁵ Calculated using a 6-month average.

⁶ Calculated using a 5-month average.

Efficiencies									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Average food cost per participant per month	\$49.02 (\$343,088/ 6,999)	\$56.57 (\$377,489/ 6,673)	\$67.54 (\$483,202/ 7,154)	\$73.12 (\$548,402/ 7,500)	\$75.52 (\$589,873/ 7,811)	\$71.67 (\$535,180/ 7,467)	\$74.56 (\$561,625/ 7,533)	\$75.59 (\$582,759/ 7,709)	\$75.44 (\$596,988/ 7,913)
Average nutrition education cost per participant per month	\$7.04 (\$49,296/ 6,999)	\$8.30 (\$55,397/ 6,673)	\$8.71 (\$62,322/ 7,154)	\$9.63 (\$72,198/ 7,500)	\$9.30 (\$72,614/ 7,811)	\$8.94 (\$66,785/ 7,467)	\$10.30 (\$77,612/ 7,533)	\$9.14 (\$70,454/ 7,709)	\$9.45 (\$74,774/ 7,913)
Average BFPC cost per participant per month	\$18.12 (\$12,432/ 686)	\$17.46 (\$12,938/ 741)	\$16.41 (\$13,754/ 838)	\$20.17 (\$9,762/ 484)	\$20.66 (\$11,549/ 559)	\$17.66 (\$8,458/ 479)	\$22.58 (\$11,065/ 490)	\$22.66 (\$12,260/ 541)	\$18.81 (\$10,837/ 576)





Story Behind the Performance

- The decline in breastfeeding initiation rates among Wyoming WIC participants from SFY2020 to SFY2022 mirrors a national trend. This downturn is likely linked to limited in-person contact between participants and staff due to COVID-19 safety precautions. These initiation rates have not fully rebounded, and since that time, rates have plateaued. This change coincides with the increased use of remote appointments. These appointments offer participants flexibility, helping to overcome travel barriers and reduce missed work time. While remote appointments have their advantages, a potential shortcoming is the lack of opportunity for in-person assessments and education, which could compromise breastfeeding support, especially in pregnant mothers. In addition, there have been had long-term vacancies in the BFPC Program. To address this, Wyoming WIC continues to work on strengthening phone-based support for participants and looking to add additional locations to the BFPC Program. Despite the challenges with initiation rates, Wyoming WIC continues to see an increase in the percentage of infants who are exclusively breastfeeding at three months of age, suggesting that once mothers begin breastfeeding, they are receiving effective support to continue.
- In December of 2021, participants were able to register their WIC cards in the WIC Shopper app. This allowed participants to scan foods in the grocery store with the WIC Shopper app which would tell them if it was a food item they could purchase with their WIC benefits, or not. Additional functionality became available to participants with the transition to online EBT benefits in October of 2024. This has resulted in the significant increase in products scanned each month between SFY2021 and SFY2025.
- Average number of completed nutrition education (NE) modules/month is a proxy to measure a required service delivery: nutrition education. The program identified a need to make nutrition education resources more accessible, thus, the increases in SFY2023-SFY2025 are a byproduct of the various efforts to make NE more accessible.
- Average number of referrals per month is a proxy measure for a required delivery service: referrals to community and health resources. It is difficult to track any follow ups to the services (i.e. if the services were actually requested after referral), due to limitation in monitoring outreach.
- WIC is required to spend at least one-sixth of all nutrition services administration funds on nutrition education or be subject to funding penalties.
- Improvements to the data capture have altered historical reporting in the data system, showing different values for data collected before SFY2023 for certain performance metrics involving participation and breastfeeding numbers. While original records reflect the data as it was captured at the time, all current reports align with the new data structure. From SFY2024 onward, the reporting reflects more consistent and precise data.



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$2,245,461	\$2,452,748	\$2,568,360
People Served¹	2,714 ²	3,512 ^{2,3}	4,543 ³
Cost Per Person	\$827.36 ²	\$698.39 ^{3,4}	\$565.34 ^{3,4}
Non-600 Series⁴	55%	53%	51%

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

Program Cost Notes

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

Program Staffing

- 10.0 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- WCP works under the Wyoming Cancer Control Act, Wyo. Stat. §§ 35-25-203 through -205.

(continued)



Events that Have Shaped the Program (cont.)

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



Program Core Purpose

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

Outcomes

Performance Metric	SFY 2025 Target	SFY 2026 Target	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
% of enrolled people who were screened for breast and cervical cancer ¹ (# of unduplicated screened/# enrolled)	80%	80%*	61% (852/1,390)	72% (837/1,164)	67% ⁴ (863/1,284)	70% ² (1,021/1,467)	69% ² (1,437/2,076)
% of enrolled people who were screened for colorectal cancer ¹ (# unduplicated screened/# enrolled)	60%	60%*	40% (279/694)	45% (206/453)	29% ⁴ (189/645)	27% ² (224/817)	27% ² (270/1,018)
% of completed home radon testing kits (# tested/# distributed)	70%	80%	66% (688/1,046)	62% (645/1,042)	49% ³ (430/870)	68% ^{2,3} (1,243/1,818)	79% ^{2,3} (1,348/1,711)

¹ Screening counts exclude those screened at community events, due to possibility of these events being funded by non-program sources.

² Data not final; providers have up to 12 months after providing services to submit a claim and radon tests may be submitted for testing up to six months after being distributed.

³ Beginning in SFY2023, reported data is limited to kits purchased by the WCP.

⁴ Data not final as the program is working on a denied claim project to retroactively reimburse claims that were denied prior to program enhancement implementation.

*Targets are set with National Screening Average as the benchmark.

Outputs

Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
# of outreach screening events completed	9	13	12	11	16	N/A ¹	N/A ¹	N/A ¹	N/A ¹
# of people who received a cancer screening at a community event	568	1,796	2,379	1,025	1,488 ²	N/A ¹	N/A ¹	N/A ¹	N/A ¹
% of people screened for breast or cervical cancer who were underinsured	N/A ³	4% (37/837)	11% (93/829)	9% (96/1,021)	10% ⁴ (141/1,437)	N/A ¹	N/A ¹	N/A ¹	N/A ¹
% of people screened for colorectal cancer who were underinsured	N/A ³	12% (24/206)	27% (51/189)	7% (16/224)	6% ⁴ (17/270)	N/A ¹	N/A ¹	N/A ¹	N/A ¹

¹ Data not available on a quarterly basis.

² SFY25 data is not final as community grantees have until January of each year to submit their annual report of community screenings.

³ Data not available due to creation of a new metric.

⁴ Data is not final; providers have up to 12 months after providing services to submit a claim.





Efficiencies									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
% of unresolved applications that were received as incomplete ³	N/A ¹	34% (88/262)	43% (93/215)	21% ² (80/382)	18% (31/173)	24% (43/180)	18% (37/202)	14% (12/87)	22% (19/86)
% of denied claims that were denied due to missing information ³	N/A ¹	58% (1,367/ 2,347)	53% (1,244/ 2,325)	42% ⁴ (961/ 2,263)	43%⁴ (708/ 1,636)	46% (549/ 1,194)	39% (412/ 1,069)	57% (547/968)	24% (161/668)

¹ Data not available due to creation of new metric.

² Data for SFY2024 was inadvertently reported as % resolved; the calculation is corrected on this report.

³ Description was updated from prior years to clarify the metric.

⁴ Data not final, as the program is working on a denied claim project to retroactively reimburse claims that were denied prior to program enhancement implementation.

Story Behind the Performance

- The Wyoming Breast and Cervical Cancer Early Detection Program consistently receives the highest CDC data rating with a 0% error rate and full compliance with 12/12 core performance indicators.
- In 2021, the WCP extended coverage to include underinsured individuals with any remaining out-of-pocket expenses after primary insurance paid.
- Wyo. Stat. § 35-25-204 was amended during the 2023 Legislative Session and program rules were promulgated to reflect the statutory change. Since the change, the program has served 117 individuals aged 45-49.
- Eligibility determination is dependent on information provided by patients and providers. In SFY2022 and SFY2023, the program experienced an increase in applications submitted with incomplete or missing information. When the program receives incomplete applications, the staff contacts the patient and provider to gather information. Often, patients do not provide the requested information, and the application must be denied. This impacts the number of patients the program is able to serve. In 2024, the program implemented a quality improvement project to address incomplete applications with the goal of decreasing the number of pending or incomplete applications. A revised application process was launched on August 1, 2024, which has helped reduce the number of incomplete applications and the percentage of unresolved incomplete applications.
- The program requires providers to submit medical documentation with their claims. Sometimes claims are received with no information and cannot be processed for payment. WCP collaborates with Medicaid for provider payments. When Medicaid transitioned to a new electronic billing portal in 2021, the number of claims received without the required attachments increased. In 2022, WCP focused on training providers on the submission process and actively worked on resolving denied claims in order to assist with reimbursement. This had some success but required significant staff time. In 2024, WCP initiated a quality improvement project to automate and improve the submission of required documentation. The revised process launched on November 16, 2024, and denied claims have decreased.



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$841,757	\$772,874	\$1,007,856
People Served¹	12,260	19,259	12,870
Cost Per Person	\$68.66	\$40.13	\$78.31
Non-600 Series²	46%	60%	41%

¹ People served includes Personal Responsibility Education Program (PREP) participants and individuals who participated in motor vehicle safety and suicide prevention training and programs.

² 600 series is defined as direct service.

Program Cost Notes

- YAYAHP is 100% federally funded through the Title V Maternal and Child Health Services Block Grant, PREP Grant, and Pediatric Mental Health Care Access Grant (PMHCA).
- The decrease in the number of people served is due to the relocation of the RPE Grant and the sex offense portion of PHHSBG to the Injury and Violence Prevention Program (WIVPP).
- The increase in program expenditures between SFY2024 and SFY2025 is due to increased activities in the implementation of the PMHCA grant.

Program Staffing

- 1.0 FTE
- 0.5 AWEC
- 0 Other

Events that Have Shaped the Program

- In 2020, the Maternal and Child Health (MCH) Unit completed a Title V Needs Assessment leading to the development and adoption of 2021-2025 MCH priorities. The priorities which directly relate to the YAHAP include: (1) Prevent Adolescent Suicide and (2) Promote Adolescent Motor Vehicle Safety.
- In SFY2021, YAYAHP initiated a new young adult health council with 14 members ages 18-24. YAYAHP paused the council due to concerns about sustainability and impact, and is finishing a review of young adult council best practices to determine the best way to engage youth populations going forward.

(continued)



Events that Have Shaped the Program (cont.)

- An AWEC position was hired in 2022 to provide data support to the Women, Infants, and Children (WIC) Unit and the MCH Unit at 0.5 FTE to each unit. This position has primarily supported YAYAHP during this time.
- Wyoming does not participate in the Youth Risk Behavior Surveillance System (YRBSS), leaving a gap in data for youth and young adults. The YRBSS monitors health-risk behaviors that contribute to the leading causes of death and disability among youth and young adults.
- The YAYAHP maintains a collaborative relationship with the Wyoming Department of Education to support adolescent health in student settings with parental consent.
- In February 2025, the MCH Unit and its programs selected priorities and performance measures to guide 2026-2030 program strategies and activities. Future program snapshots and performance reports will incorporate any new or revised measures and activities.





Program Core Purpose

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

Outcomes

Performance Metric	SFY 2025 Target	SFY 2026 Target	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
% of high school students reporting wearing a seatbelt always or most of the time ¹	77.5%	N/A ²	N/A ¹	77.5%	N/A ¹	80.7%	N/A ¹
% of students reporting an adult in their community with whom they can talk about their problems ¹	85%	87%	N/A ¹	82.7%	N/A ¹	85.4%	N/A ¹
% of Wyoming Personal Responsibility Education Program (WyPREP) participants that reported they were much more likely or somewhat more likely to resist or say no to peer pressure after completing the program ³	80%	80%	72.6% (757/1,042)	71.8% (379/528)	70% (319/456)	71.3% (308/432)	71.1% (246/346)
Rate of births per 1,000 among 15-19 year females ⁴	12.8	12.8	16.0 ⁴ (US: 13.9)	16.0 ⁴ (US: 13.6)	12.6 ⁴ (US: 13.1)	15.5 ⁵ (US:12.7)	(-)

¹ Data Source: Prevention Needs Assessment (PNA). The PNA is only conducted in even-numbered years. In 2024, the PNA fielded two separate versions of the survey for the middle and high school grades. SFY2024 results may be associated, in part, with the methodology change.

² The YAYAHP is discontinuing motor vehicle safety programs in the new Title V grant cycle beginning October 1, 2025, and will not include this metric in future Healthstat reports.

³ Data Source: WyPREP exit survey; denominator reflects only participants completing the exit survey and thus may be lower than the total number of participants. WyPREP data was reported on an academic calendar (September through August) through SFY2021, after which reporting was shifted to align with the state fiscal year.

⁴ Data Source: Wyoming and National Vital Statistics Service (VSS). Data has been updated from what was reported on the 2024 HealthStat Final Report to reflect the most currently-released NVSS data.

⁵ This value is provisional and is calculated using Wyoming VSS data and A&I population estimates. Data reported in the 2024 HealthStat Final Report was calculated using 2022 population estimates. This value has been updated using available 2024 population estimates.

(-) Indicates data not yet available.

Outputs

Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
# of WyPREP implementing sites	10	6	6	5	5	N/A ¹	N/A ¹	N/A ¹	N/A ¹
# of students enrolled in middle and high schools implementing Sources of Strength ²	N/A ³	N/A ³	8,681	8,514	12,220	N/A ¹	N/A ¹	N/A ¹	N/A ¹

¹ Data not available on a quarterly basis.

² Data source: WDE Stat 2- School District Enrollment and Staffing Data and YAYAHP internal tracking.

³ Data not available due to creation of new metric.





Efficiencies									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Cost per individual youth receiving personal responsibility and adult preparation education through the WyPREP program ¹	\$217 (\$133,213/ 613)	\$196 (\$103,541/ 528)	\$256 (\$117,094/ 456)	\$466 (\$201,511/ 432)	\$308 (\$106,546/ 346)	N/A ²	N/A ²	N/A ²	N/A ²

¹ Data Source: WyPREP; denominator reflects only participants completing the exit survey and thus may be lower than the total number of participants. For SFY2020-2021, WyPREP data on number of individuals served was based on a reporting year of April 1 through March 31. In SFY2022, reporting was shifted to align with the state fiscal year.

² Data not available on a quarterly basis.

Story Behind the Performance

- The priorities of the YAYAHP, to promote adolescent motor vehicle safety and prevent adolescent suicide, were determined by the Maternal and Child Health (MCH) Unit Title V Needs Assessment in 2020. The YAYAHP also promotes healthy and safe relationships among adolescents through WyPREP. The YAYAHP works in partnership across the department and with other state agencies to drive improvement on these priorities, including partnering with key stakeholders in Wyoming Medicaid, the Wyoming Department of Education, and the Wyoming Department of Transportation.
- The PNA survey is sponsored by the WDH and distributed by participating school districts. The PNA measures a wide variety of attitudes, beliefs, and perceptions that have been shown to be related to alcohol, tobacco, and drug use along with violent and risky behaviors. It is administered in even-numbered years to 6th, 8th, 10th, and 12th graders in Wyoming. The YAYAHP tracks students reporting having an adult in their community with whom they can talk about their problems, known as “connectedness,” which is protective against a wide variety of health and wellness concerns. The YAYAHP added a measure of seatbelt use, which was first assessed on the 2022 PNA.
- The YAYAHP administers the Wyoming Personal Responsibility Education Program (WyPREP) in Wyoming. The program is 100% federally funded, and provides evidence-based, medically accurate curricula to schools and community organizations. Curricula are reviewed and approved by the federal Administration for Children and Families. Curricula cover adult preparation subjects including parent-child communication, healthy relationships, adolescent development, and healthy life skills, in addition to teen pregnancy and STI/HIV prevention information. Curricula facilitators can and are encouraged to include additional information on financial literacy and educational and career success. Participating schools and community organizations opt in to the program and are required to follow their policies governing parental consent for youth participation. YAYAHP requires parental consent and youth assent for data collection, and all data collection is reviewed and approved by the WDH Institutional Review Board. YAYAHP maintains compliance with all federal statutes and responds promptly to required changes and updates identified by the ACF. In 2025, WyPREP worked with one non-profit organization and three school districts for implementation of PREP curriculum.





Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$3,687,590	\$3,767,207	\$3,767,207
People Served¹	7,661	7,682	(-)
Cost Per Person	\$481.35	\$490.39	(-)
Non-600 Series²	7.8%	5.5%	7.2%

¹ People served represents total clients served using CSBG funds.

² 600 series is defined as direct service.

(-) Indicates data not yet available.

Program Cost Notes

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

Program Staffing

- 1.0 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

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





Program Core Purpose

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

Outcomes

Performance Metric	FFY 2025 Target	FFY 2026 Target	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025
% of unemployed adults who obtained living wage employment ¹	65%	65%	78%	34%	60%	50%	(-)
% of individuals who obtained safe and affordable housing ¹	82%	87%	95%	69%	82%	87%	(-)
% of individuals who demonstrated improved physical health and wellbeing ¹	95%	95%	64%	82%	93%	94%	(-)
% of individuals who demonstrated improved mental and behavioral health and wellbeing ¹	95%	95%	99%	78%	94%	96%	(-)

¹ Data Source: Office of Community Service (OCS) Annual Report Outcome Indicators.
(-) Indicates data not yet available.

Outputs

Performance Metric	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
% of EEs meeting the Organizational Standards at 70% or better ¹	93%	80%	93%	75%	81% ²	N/A ³	N/A ³	N/A ³	N/A ³
# of training and technical assistance provided to the EEs	22	28	41	61	39 ⁴	N/A ³	N/A ³	N/A ³	N/A ³

¹ Organizational Standards are a comprehensive set of standards that ensure EEs have appropriate financial and administrative organizational capacity and meet other areas of unique importance to the CSBG.

² In FFY25 the minimum was increased from 70% to 80%.

³ Training and technical assistance are provided but the data is not reported on a quarterly basis.

⁴ Data reported as of July 2025.





Efficiencies									
Performance Metric	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
% of clients served achieving one or more NPI outcomes ^{1,2}	97.49%	99.15%	96.46%	97.67%	(-)	N/A ³	N/A ³	N/A ³	N/A ³
Average cost per client served at a local EE ²	\$428	\$407	\$433	\$441	(-)	N/A ³	N/A ³	N/A ³	N/A ³

¹ NPI: National Performance Indicators.
² Data Source: Office of Community Service (OCS) Annual Report Outcome Indicators.
³ Data is not reported on a quarterly basis.
 (-) Indicates data not yet available.

Story Behind the Performance

- CSBG-funded services focus on achieving positive outcomes in employment, education, training, financial literacy and asset building, housing, health, and community engagement.
- CSP grant recipients foster robust partnerships with local social and human service agencies to ensure effective and integrated service delivery.
- EEs must demonstrate strong organizational capacity by completing Organizational Standard requirements developed by the OCS.
 - Out of 11 EEs, nine successfully met or exceeded the CSP requirement of an 80% met rate.
 - CSP provided targeted support for the two EEs that did not meet the CSP requirement, enabling them to also attain the required 80% benchmark.
- In FFY25, CSP significantly improved data accuracy and reliability by implementing an enhanced data quality review assessment. This initiative enabled EEs to meticulously review and correct errors in both their FFY24 annual and FFY25 quarterly data reports, strengthening overall program data integrity.
- In FFY25, CSP significantly advanced its data management capabilities by establishing a data task force comprised of CSBG recipients.
 - This task force successfully evaluated existing data systems and defined the essential requirements for a new software vendor.
 - Committee representatives actively participated in selecting a new data system provider by serving on the RFP selection committee.
- In FFY26, CSP will begin implementation of a new case management and data tracking system, laying the groundwork for improved data tracking, outcome evaluation, and program planning.



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$989,036	\$936,748	\$928,076.31
People Served¹	581,381	584,057	587,618
Cost Per Person	\$1.70	\$1.60	\$1.58
Non-600 Series²	30.6%	34.9%	24.1%

¹ People served represents the population of Wyoming, U.S. Census Bureau.

² 600 series is defined as direct service.

Program Cost Notes

- The program is 100% federally funded through a Cooperative Agreement with the Department of Health and Human Services (HHS), Administration for Strategic Preparedness and Response (ASPR).
- In 2025, the program contracted with four different healthcare coalitions to provide services for five regions at \$151,000 per region, for a total of \$755,000.

Program Staffing

- 1.0 FTE
- 0.8 AWEC
- 0 Other

Events that Have Shaped the Program

- In January 2024, the program transitioned to the Public Health Preparedness and Response (PHPR) Unit from the Office of Emergency Medical Services (OEMS).
- PHPR developed a five-year Integrated Preparedness Plan (IPP) to provide a cohesive and sustained approach to public health and healthcare emergency readiness across the state.



Program Core Purpose

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

Outcomes

Table with 8 columns: Performance Metric, SFY 2025 Target, SFY 2026 Target, SFY 2021, SFY 2022, SFY 2023, SFY 2024, SFY 2025. Rows include metrics like '% of deliverables met by healthcare coalitions (HCCs)' and '# of HCC members from healthcare entities and partnering agencies'.

1 Data not available due to creation of new metric.

2 Essential member agencies includes two acute care hospitals, Emergency Medical Services, Emergency Management organizations, and Public Health organizations.

Outputs

Table with 10 columns: Performance Metric, SFY 2021, SFY 2022, SFY 2023, SFY 2024, SFY 2025, 2024 Q1-Q2, 2024 Q3-Q4, 2025 Q1-Q2, 2025 Q3-Q4. Rows include metrics like '# of trainings offered to healthcare coalition members by HCCs' and '# of technical assistance and trainings provided to HCCs facilitated by HPP Manager'.

1 Data not collected by healthcare coalitions on a quarterly basis.

2 Data not available due to creation of new metric.





Efficiencies									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Average % of HCC funds spent on administrative costs (range)	24.0% ¹ (23 - 28%)	39.1% (30 - 53%)	38.7% (36 - 54%)	49% (40 - 57%)	39% (35-46%)	N/A ²	N/A ²	39% (35-46%)	39% (35-46%)
Average amount of HCC funds spent on collaborative training for members and preparedness partners (range)	\$2,134 (\$0 - 10,670)	\$20,769 (\$737 - 44,831)	\$10,035 (\$0 - 31,835)	\$12,819 (\$0 - 18,683)	\$9,594	N/A ²	N/A ²	\$11,270 (\$0 - \$23,726)	\$7,917 (\$0 - \$24,800)

¹ Coalition administration in SFY21 and earlier was handled through fiscal agents, whereas in SFY22, coalitions became their own 501(c)(3) organizations. As such, data from SFY21 or earlier is not comparable to data from SFY2022 or later.

² Data not available on a quarterly basis.

Story Behind the Performance

- Since the COVID-19 Public Health Emergency Declaration ended in 2023, the program's focus has shifted from real-time emergency response to preparedness for future emergency healthcare responses. This is reflected by new performance metrics, which will better track the program's efforts in alignment with this shift in focus.
- With the program refocused on preparedness, HPP is concentrating on enhancing performance both programmatically and administratively. HPP has provided technical assistance, training, and meetings to help the HCCs meet the requirements of the Administration for Strategic Preparedness and Response (ASPR) Cooperative Agreement. Areas identified for improvement include increasing the percentage of deliverables met by the coalitions and aligning coalition resources with program objectives.
- In 2024 and 2025, the PHPR Unit streamlined the approach to training, planning, and exercises to align core capabilities and performance measures for public health and medical cooperative agreements. This consolidated approach significantly improves statewide public health and medical emergency preparedness, strengthens stakeholder partnerships, reduces exercise fatigue, and maximizes cost-effectiveness.
- HPP strengthened its oversight of regional healthcare coalitions (HCCs), focusing on fiscal, administrative, and program performance to ensure resources are used effectively.



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$235,232	\$619,201	\$447,823
People Served¹	581,381	584,057	587,618
Cost Per Person	\$0.40	\$1.06	\$0.76
Non-600 Series²	42%	16%	22%

¹ People served represents the population of Wyoming, U.S. Census Bureau. While HWRRD does not provide direct services to individuals, activities support access to healthcare for the entire population of Wyoming.

² 600 series is defined as direct service.

Program Cost Notes

- The SFY2025 budget consisted of 26 % State General Funds and 74% Federal Funds.
- There was a significant increase in expenditures in SFY2024 due to receipt of federal State Loan Repayment Program (SLRP) funds. FFY2022 and FFY2023 funds were expended during SFY2024.

Program Staffing

- 1.0 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- Wyo. Stat. §§ 9-2-118 through -119 created the Wyoming Healthcare Professional Loan Repayment Program (WHPLRP) in 2005, and Wyo. Stat. § 35-1-1101 created the Provider Recruitment Grant Program (PRGP) in 2008.
- HWRRD includes activities under the federal Primary Care Offices (PCO), SLRP, and State Offices of Rural Health (SORH) grants, and the state-funded WHPLRP and PRGP.
- As a result of statewide budget reductions in SFY2017-2018, WHPLRP funding (100% tobacco settlement funds) was eliminated and PRGP funding was reduced. In SFY2021, PRGP funding was eliminated.
- The Office of Rural Health (ORH) was awarded SLRP funding from the Health Resources and Services Administration in 2015. This funding required a 1:1 match of state funds to federal funds. State matching funds for SLRP were eliminated during SFY2021 budget reductions, resulting in the loss of federal funds for loan repayment. Federal funding without a match requirement was awarded for SFY2023-2025; however, matching funds will be required again for SFY2027.





Program Core Purpose

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

Outcomes

Performance Metric	SFY 2025 Target	SFY 2026 Target	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
# of physicians needed to eliminate primary care health professional shortage areas (HPSAs) ¹	≤ 23	≤ 23	26	24	24	23	23
# of psychiatrists needed to eliminate mental health HPSAs ¹	≤ 23	≤ 23	21	28	28	23	23
# of dentists needed to eliminate dental HPSAs ¹	≤ 5	≤ 7	8	8	8	7	7
# of obligated healthcare professionals in HPSAs (all disciplines) ²	10	10	12	8	6	11	16

¹ Data Source: Designated HPSA Quarterly Summary, Health Resources and Services Administration, March 31, 2025.

² Healthcare professionals obligated to practice in a HPSA under the Wyoming State Loan Repayment Program (WY-SLRP) and the J-1 Visa Waiver Program.

Outputs

Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
\$ amount awarded through Loan Repayment Program (LRP) (# of awards)	\$0 (0)	\$0 (0)	\$185,208 (5)	\$170,000 (4)	\$200,416 (5)	\$0 (0)	\$170,000 (4)	\$0 (0)	\$200,416 (5)
# of candidates placed through Wyoming Health Resources Network (WHRN)	8	16	13	20	15	8	12	5	10
# of new J-1 Visa Waiver physicians ¹	4	4	4	11	2	1	10	0	2

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



Efficiencies									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
% of SLRP applicants awarded (# awards/# applications)	- (0/0)	- (0/0)	26% (5/19)	33% (4/12)	42% (5/12)	33% (4/12)	- (0/0)	42% (5/12)	- (0/0)
SLRP obligation completion rate by cohort (# completed/# awarded) ¹	80% (4/5)	100% (6/6)	- (0/0)	- (0/0)	60% (3/5)	- (0/0)	- (0/0)	- (0/0)	60% (3/5)
Average cost per WHRN placement (total cost/# placements)	\$8,000 (\$64,000/8)	\$5,250 (\$84,000/16)	\$7,692 (\$100,000/13)	\$5,730 (\$114,600/20)	\$7,322 (\$109,825/15)	\$7,163 (\$57,300/8)	\$4,775 (\$57,300/12)	\$10,505 (\$52,525/5)	\$5,730 (\$57,300/10)

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

Story Behind the Performance

- In SFY2025, there were 16 obligated health professionals (OHPs) practicing in HPSAs statewide (14 loan repayment and two J-1 Visa Waiver), an increase of five from SFY2024. This increase is a direct result of new federal funding for the Wyoming SLRP for SFY2023-2025.
- Awards for WY-SLRP are available to primary care physicians and psychiatrists, primary care and behavioral health physician assistants and nurse practitioners, certified nurse midwives, mental health clinicians, dentists and registered dental hygienists, registered nurses, and pharmacists practicing full-time at approved National Health Service Corps (NHSC) sites located in a HPSA. New federal funding without a match requirement was received for SFY2023-2025, and five awards were issued during SFY2025. Federal funding received in SFY2027 will again require matching funds.
- Between 2006 and 2025, 328 loan repayment awards were issued through both the WHPLRP and WY-SLRP. As of the 4th quarter of SFY2025, 294 awardees (90%) have either successfully completed or are currently completing their service obligation and requirements. To date, 34 awardees (10%) have withdrawn from program participation prior to the first payment or have defaulted on their service obligation or other requirements. National Health Service Corps (NHSC) data indicates a retention rate of 85% for NHSC Loan Repayment participants between 2012 and 2019. In SFY2020, the ORH conducted a retention assessment of WHPLRP participants and determined that 220 (77%) WHPLRP participants are still licensed and 66% are still practicing in Wyoming.
- The Wyoming Office of Rural Health (ORH) contracts with Wyoming Health Resources Network, Inc. (WHRN) to provide Wyoming-based recruitment services at no cost to Wyoming’s safety-net facilities and communities with a shortage of healthcare providers.
- Coordination of the Conrad 30 J-1 Visa Waiver Program is a requirement under the federal Primary Care Offices (PCO) grant. Each state is allotted 30 J-1 Visa waivers per federal fiscal year, although most rural and frontier states have low demand and fill five or fewer. No state funds are used to administer the Conrad 30 J-1 Visa Waiver Program.





Program Description

The Medicare Rural Hospital Flexibility (Flex) Program supports Critical Access Hospitals (CAHs) with quality improvement, operational efficiency, financial management, and population health initiatives. It also assists facilities seeking CAH designation, and provides education for the provision of rural emergency medical services (EMS).

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost¹	\$519,515	\$536,776	\$591,067
People Served²	581,381	584,057	587,618
Cost Per Person	\$0.89	\$0.91	\$1.09
Non-600 Series³	24%	25%	20%

¹ Expenditures include carryover funds.

² People served represents the population of Wyoming, U.S. Census Bureau. The Flex Program does not provide direct services to individuals, but supports CAHs.

³ 600 series is defined as direct service.

Program Cost Notes

- In SFY25, the Flex Program was 100% federally funded.

Program Staffing

- 1.0 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- Section 1820 of the Social Security Act created the Medicare Rural Hospital Flexibility (Flex) Program.
- 42 CFR § 485.606 provides federal guidance for CAH Conditions of Participation.
- Wyo. Stat. § 9-2-117 created the Office of Rural Health.



Program Core Purpose

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

Outcomes

Performance Metric	FFY 2025 Target	FFY 2026 Target	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025
% of patient transfers meeting documentation requirements for Emergency Department Transfer Communication measures (EDTC) ^{1,2,3}	100%	60%	56% (9/16)	25% (4/16)	69% (11/16)	44% ² (7/16)	63% (10/16)
% of CAHs meeting overall rating of 9-10 in Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) ⁴	75%	50%	27% (4/15)	42% (5/12)	38% (6/16)	38% (6/16)	56% (9/16)
% of CAHs providing financial and operational data to Quality Health Indicators (QHi)	50%	50%	50% (8/16)	44% (7/16)	31% (5/16)	25% (4/16)	19% (3/16)
% of CAHs improving Patient Safety ⁵	75%	75%	63% (10/16)	50% (6/12)	50% (6/12)	58% (7/12)	44% (7/16)

¹ EDTC consists of 8 documentation requirements for patient transfers from one facility to another to ensure continuity of care and avoid medical errors.
² The benchmark of 100% compliance with documentation requirements is set nationally for all CAHs. Wyoming Flex has established an achievable target for FFY25, with a goal of continuous improvement to work towards the national benchmark. The FFY24 decrease was due to staff turnover, contract staffing and transition to new electronic health record.
³ Metric language updated from previous report; previously reported as “% of CAHs improving in EDTC measures.”
⁴ A rating of 9-10 indicates the most favorable responses regarding hospital care. Based on % of CAHs at or above the national average.
⁵ This measure includes Antibiotic Stewardship and healthcare provider vaccinations within a CAH.

Outputs

Performance Metric	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
# of Quality Improvement (QI) Roundtables	5	7	7	11	17	5	6	9	8
# of Financial/Operational Roundtables	4	5	5	6	4	3	3	2	2
# of CAHs with staff receiving a scholarship for training & education ¹	11/16	9/16	10/16	12/16	10/16	10/16	8/16	8/16	6/16

¹ Scholarship recipient organizations included included 12 CAHs, and 4 Rural EMS agency for a total of 74 individual scholarships. Scholarships are provided for additional training in quality improvement, financial and operational improvement, and Emergency Medical Services.





Efficiencies									
Performance Metric	FFY 2021	FFY 2022	FFY 2023	FFY 2024	FFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
The average cost per CAH participating in Quality Improvement Initiatives	\$3,446	\$4,900	\$8,960	\$11,917	\$13,789	N/A ¹	N/A ¹	N/A ¹	N/A ¹
The average cost per CAH participating in Financial and Operational Improvement Initiatives	\$7,142	\$9,063	\$5,999	\$10,312	\$11,394	N/A ¹	N/A ¹	N/A ¹	N/A ¹
Cost per CAH to participate in QHi ²	\$1,118	\$1,174	\$1,252	\$1,434	\$1,120	N/A ¹	N/A ¹	N/A ¹	N/A ¹

¹Data not available on a quarterly basis.

²Cost is calculated by dividing the program cost of QHi by all participating CAHs. There are 3 CAH that are part of a health system and therefore have their own reporting system. This tool supports initiatives relative to clinical, quality and financial viability by providing easy data entry, automated reports, and real-time benchmarking with self-defined peer groups.

Story Behind the Performance

- Critical Access Hospitals (CAHs) are defined as hospitals with 25 or fewer acute care beds and located more than 35 miles from another hospital or in the case of mountainous terrain or areas with only secondary roads available, a 15 mile drive from another hospital.
- To support quality improvement, the Flex program offered 17 roundtables to provide education and peer-to-peer learning on the quality indicators. Twenty-two scholarships were awarded for quality improvement activities.
- The Flex Program conducted four roundtables focused on operational and financial improvement processes. Additionally, the program partnered with ArchPro Coding to host 24 webinars on Critical Access Hospital (CAH) billing and coding. Representatives from 15 CAHs and three EMS facilities attended these webinars. Eighteen staff members passed their CAH Coding Certification. In total, 16 scholarships were awarded in the areas of finance and operations.
- The Flex Program provided one day Dare to Lead Leadership training to 10 CAHs. This request came from the annual assessment for feedback on the Flex Program offerings. Many hospitals are developing their own leaders and requested leadership training. To support rural EMS, 36 scholarships were given to EMS CAHs and rural EMS entities.
- In FFY2024, Memorial Hospital of Sweetwater County, Evanston Regional Hospital and North Platte Valley Medical Center all received their CAH Designation. All three were onboarded to QHi and the Medicare Beneficiary Quality Improvement Project (MBQIP), and participated by reporting quality measures. They also participate in the quality and financial roundtables.





Program Description

The Emergency Medical Services (EMS) Program licenses EMS providers and agencies, establishes EMS education standards, assures rule compliance, conducts investigations, collects data, and provides technical and other assistance to EMS providers and agencies throughout Wyoming.

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$437,503	\$465,264	\$498,580
People Served¹	581,381	584,057	587,618
Cost Per Person	\$0.75	\$0.80	\$0.84
Non-600 Series²	99.9%	99.0%	100%

¹ People served represents the population of Wyoming, U.S. Census Bureau 2020. 576,851 as of the 2020 census.
² 600 series is defined as direct service.

Program Cost Notes

- The EMS Program budget is funded with 90% State General Funds and 10% federal funds.

Program Staffing

- 5.0 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

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



EMS Sustainability Trust Accounts

	2022	2023	2024	2025
Fund 579 EMS Trust	\$500,000	\$500,000	\$500,000	\$500,000
Interest Income	\$11,065	\$23,327 ¹	\$22,328	\$25,918 ²
Fund 571 EMS Income Account	\$114,702	\$108,246 ¹	\$111,919	\$146,392 ²

¹ 2023 balances were updated from previous HealthStat Report data to reflect final balances after year-end closeout.

² 2025 balances are pending year-end closeout.

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

In 2025, two local needs assessments are currently being conducted using funds from the EMS Sustainability Trust Account. The purpose of the needs assessments is to determine possible solutions for sustaining EMS in a local community or service area and to assist a community in implementing the solutions after a needs assessment.





Program Core Purpose

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

Outcomes

Performance Metric		SFY 2025 Target	SFY 2026 Target	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
% of chute times ≤10 minutes ^{1,2,6}	All emergency responses ²	>95.0%	>95.0%	93.0%	93.5%	93.1%	93.3%	93.8%
	Emergency responses with documented delay exception ^{2,3}	94.0%	94.0%	93.8%	94.5%	94.4%	95.1%	95.2%
% of operational times ≤10 minutes ^{2,4}		98.0%	98.0%	98.2%	98.4%	97.8%	98.2%	98.5%
% of response times ≤8:59 minutes ^{2,5}		60.0%	60.0%	50.0%	52.2%	51.0%	52.4%	52.5%
% of response times <30 minutes ^{2,5}		97.0%	97.0%	98.0%	97.5%	94.7%	94.7%	94.9%
% of records with a validity score ≥90 points ^{2,6} (All records, services, and responses)		98.0%	98.0%	99.7%	99.6%	99.1%	99.0%	99.2%

¹ Chute time is the time interval for an emergency response between when the patient, location, problem and callback number are known and the time the ambulance begins to respond to the location.

² Data Source: Wyoming Ambulance Trip Report System (WATRS).

³ Delay exceptions are documented instances which require additional time to be enroute to mitigate dangerous responses such as delays due to inclement weather or other hazardous driving conditions.

⁴ Operational time is the time interval between when the dispatcher notifies the ambulance agency of a request for service to and the time the ambulance is en route; data represents ground unit responses only.

⁵ Response time is the time interval between when the patient, location, problem, and callback number are known and the time the ambulance reports that it is on scene.

⁶ Validity score is a numerical score used to indicate the level of validation rule completeness of a patient care report in WATRS.





Outputs									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
# of requests for services in WATRS ¹	84,991	88,424	89,301	90,646	92,843	45,111	45,535	47,640	45,203
# of estimated technical assistance hours	N/A ²	2,730	1,900	2,120	2,400	1,000	1,120	1,250	1,150
# of new providers trained ³	651	593	376	763	722	176	587	282	440
# of new licenses issued ³	629	597	380	670	711	270	400	271	440
# of initial classes offered ³	74	68	36	62	44	23	39	23	21
# of compliance investigations	15	9	25 ⁴	18	9	10	8	4	5

¹ Data Source: Wyoming Ambulance Trip Report System (WATRS).

² Data not available due to creation of new metric.

³ Data Source: Online Wyoming Licensure System (OWLS).

⁴ Data updated from previous report due to a typographical error.

Efficiencies									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Cost per WATRS record submitted ¹	\$0.89	\$0.85	\$0.90	\$0.85	\$0.85	\$0.88	\$0.83	\$0.87	\$0.82
Student course completion rate ²	88%	75%	93%	78%	79%	87%	75%	78%	81%

¹ Cost is calculated by dividing the portion of the EMS program's cost of the ImageTrend contract by total number of WATRS entries.

² Completion rate for students participating in Initial Education Courses.



Story Behind the Performance

- The Office of EMS (OEMS) is a developmental and regulatory office. In this dual capacity, the OEMS is responsible for maintaining a comprehensive EMS and Trauma system in Wyoming and must adapt what currently exists or create new solutions, and ensure that EMS agencies are compliant and functioning in a coordinated effort. The OEMS is comprised of the EMS Program and the Trauma Program.
- Wyoming’s EMS agencies must comply with both rule and industry standards for response, and provide a competent workforce that is capable of meeting the standard of care. To accomplish this, the EMS program must measure the current response reliability, maintain a system that maximizes Wyoming’s capabilities, and provide EMS education standards, based on valid, relevant curricula.
- In general, the EMS system has been struggling with the workforce shifting toward paid EMS staff instead of volunteers. This change puts stress on systems that often cannot afford to pay staff in the state’s small frontier areas.
- In FY2020, the OEMS changed its education management processes due to a reduction in funding which resulted in a staffing reduction. These changes disrupted course delivery across the state and impacted data collection efforts; however, they did not significantly affect the output of new EMS workforce personnel. Additionally, the budget cuts resulted in the loss of the compliance staff position at OEMS.
- The OEMS provides a statewide electronic medical records system for the patient’s continuum of care and public health monitoring, resulting in savings of approximately \$2.1 million over two years in pass-through costs to patient care. Individual ambulance services would pay approximately \$50,000-\$210,000, and fire departments approximately \$15,000-\$20,000 for basic reporting software, with higher costs for additional components.
- In 2025, the OEMS reintroduced the Wyoming Trauma and EMS conference. This three-day event provided 188 hours of continuing medical education to EMS clinicians and trauma hospital staff. The conference hosted 50 presenters and three keynote speakers, drawing roughly 200 attendees daily. The OEMS looks forward to hosting the 51st annual Wyoming Trauma and EMS Conference in August 2026.



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$4,391,298 ¹	\$4,715,264	\$4,957,699
People Served²	581,381	584,057	587,618
Cost Per Person	\$7.55	\$8.07	\$8.44
Non-600 Series³	42%	54%	50%

¹ Cost has been updated from previous report due to year-end closeout.

² People served represents the population of Wyoming, U.S. Census Bureau.

³ 600 series is defined as direct service.

Program Cost Notes

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

Program Staffing*

- 13 FTE**
- 1.2 AWEC
- 1.0 Other (CDC Assignee)

*Decrease of 4 positions from 2024

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

Events that Have Shaped the Program

- Significant events that have shaped the Public Health Preparedness and Response Unit include the 9/11 terrorism attacks, anthrax attacks in October 2001, Hurricane Katrina, and other natural disasters such as flooding and wildfires. Preparation for disease outbreaks such as the mpox, Ebola, and Zika viruses, pandemics including the COVID-19 and the H1N1 influenza pandemics, and the response to the opioid epidemic have also been significant events that shaped this program.

(continued)



Events that Have Shaped the Program (cont.)

- For the 2025 state fiscal year, Wyoming received federal funding for its public health emergency readiness. The foundational support comes from a \$5,000,000 grant through the CDC's Public Health Emergency Preparedness (PHEP) Cooperative Agreement. To specifically enhance preparedness in the state's most populous areas, an additional \$210,000 was allocated to Laramie and Natrona counties through the Cities Readiness Initiative (CRI), a program focused on rapid response in urban centers.
- The Wyoming Department of Health was awarded the Crisis Response Cooperative Agreement from the American Rescue Plan Act of 2021 Workforce Development Cooperative Agreement July 1, 2021- June 30, 2024, in the amount of \$4,384,938. The CDC requires that at least 25% of the jurisdictional award will support school-based health programs, including nurses or other personnel. The Wyoming Department of Education provided 2,763 behavioral health and substance abuse services appointments to 118 students over 18 months. Of the remaining 75% of the Cooperative Agreement (or less, depending on the amount invested in schools), CDC expects that at least 40% will support local hiring through local health departments or community-based organizations, which provided at least one (1) full time equivalent public health response coordinator for each county and tribal nation. This funding also supports a state school nurse for the Wyoming Department of Education.
- During a public health crisis in Wyoming, the PPHR Unit's Response Coordination Team (RCT) is the lead for support and coordination for Emergency Support Function (ESF) #8. The specific function of this team is focused on the health of the population during a crisis. As the department's support and coordination hub, the RCT is made up of public health emergency managers with unique dual-discipline training that executes the formal playbook for public health disaster coordination.
 - Traditional Emergency Management: Members are certified in national standards like the Incident Command System (ICS) and Federal Emergency Management Agency's (FEMA) Professional Development Series. Collectively, this small RCT holds advanced degrees and hundreds of emergency management certifications, with expertise in planning, exercise design and delivery, logistics, and warehouse operations.
 - Specialized Public Health: They combine this operational expertise with in-depth knowledge of public health disciplines, including disaster management, emergency preparedness, medical countermeasure logistics, and crisis and emergency risk communications. They possess a foundational awareness of key public health functions, supporting operational teams with a basic understanding of epidemiology, biosurveillance, and laboratory roles.

This certified dual expertise ensures the RCT effectively bridges the gap between public health science and successful response logistics. Response coordination and support is a collaborative effort among state, local and tribal traditional emergency management and response coordinators. This collaboration ensures the development of emergency-ready public health departments across the state.





Program Core Purpose

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

Outcomes

Performance Metric		SFY 2025 Target	SFY 2026 Target	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Time, in minutes, for Immediate After Hours Assembly of WDH Response Coordination Team ¹	<i>Virtual</i>	<60	<60	N/A ²	15	12	5	9
	<i>In-Person</i>			N/A ²	N/A ²	20	5	15
% of contract deliverables completed by counties and tribal nations		95%	95%	93%	93%	99%	98%	96%
% of state, county, and tribal public health responders completing respirator fit testing ³		95%	95%	N/A ²	85% (219/258)	89% (230/258)	98% (242/246)	105% (279/267)

¹ Total time taken for pre-identified staff to report for duty, without prior notice, in response to a public health emergency.

² Data not collected; requirements waived by CDC during emergency response to the COVID-19 pandemic.

³ Respirator fit testing is an Occupational Safety and Health Administration (OSHA) mandate and required as part of contract deliverables for some public health staff members in counties and tribes; Eastern Shoshone tribal nation did not report; Result Over 100%: The metric is at 105% because employee turnover resulted in more staff members being tested than were originally included in the target goal. New hires needed to be tested, in addition to the existing staff.

Outputs

Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
% of WDH Response Coordination Team trained for role requirements for WDH response management ²	78% (25/32)	73% (11/15)	92% (12/13)	65% (13/20)	84% (16/19)	N/A ¹	65% (13/20)	70% (14/20)	84% (16/19)
# of courses of antibiotics compared to estimated number of key personnel identified ³	5,966/5,060	4,687/5,060	4,687/5,060	7,950/5,060	7,511/5,060	7,950/5,060	7,950/5,060	7,137/5,060	7,511/5,060

¹ Data not collected this quarter.

² Data changed due to a rounding error.

³ Quantity of antibiotics in the supply should be equal to or greater than the estimated number of key personnel to ensure that everyone needing treatment can receive it without delay in the event of an anthrax incident.



Efficiencies									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Cost per Wyoming Alert and Response Network (WARN) Message Recipient ¹	\$1.78 (\$12,995/ 7,300)	\$1.50 (\$12,995/ 8,638)	\$0.84 (\$14,350/ 17,122)	\$0.72 (\$14,350/ 19,919)	\$0.83 (\$14,350/ 17,240)	N/A ²	N/A ²	\$0.83 (\$14,350/ 17,199)	\$0.83 (\$14,350/ 17,240)

¹ Calculated by dividing the annual cost of the WARN contract by the total number of unique registered recipients.
² Data not collected on a quarterly basis in 2024.

Story Behind the Performance

- The CDC continues to specify evidence-based programmatic benchmarks mandated by Section 319C-1(g) of the Public Health Service Act. PHEP recipients that fail to “substantially meet” benchmarks or pandemic influenza planning requirements are subject to withholding of a statutorily mandated percentage of their awards. Wyoming has consistently met all of the required benchmarks to retain full funding.
- With this secure federal funding, the Public Health Preparedness and Response (PHPR) unit empowers local health agencies across the state. They manage performance-based contracts that support a network of 25 local and tribal health departments. These agreements are specifically designed to improve the capacity of local partners to effectively prevent, respond to, and recover from any public health emergency.
- A core part of local readiness is protecting those on the front lines. To measure the success of the Responder Health and Safety program, practical, real-world indicators are used. A respirator fit test is a key example of this. This simple procedure, required by OSHA, ensures a responder’s mask has a proper seal. It is used as a proxy measure—a way to gauge the overall effectiveness of the safety programs and confirm responders are prepared and protected.



Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$194,996	\$285,984	\$218,105
People Served¹	581,381	584,057	587,618
Cost Per Person	\$0.34	\$0.49	\$0.37
Non-600 Series²	100%	100%	100%

¹ People served represents the population of Wyoming, U.S. Census Bureau.

² 600 series is defined as direct service.

Program Cost Notes

- The WTP’s funding is 100% State General Funds.
- In 2024, the sixty-seventh legislature, as a part of the Enrolled Act No. 50, appropriated two hundred fifty thousand, six hundred ninety-five dollars (\$250,695.00) to the Office of Emergency Medical Services for trauma designations and education.

Program Staffing

- 1.5 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

- The WTP was formed as a result of Wyo. Stat. § 35-1-801 et seq. (July 1, 1993).
- Unintentional Injury is the number one cause of death for Wyoming residents ages one through 44 years (CDC WISQARS 2023).
- On July 1, 1994, the Department was authorized to promulgate reasonable rules and regulations which specify state trauma system objectives and standards, hospital categorization criteria and procedures to be utilized in designating trauma system hospitals.
- The WTP operates with five trauma regions across the state, which currently include 29 hospitals.





Program Core Purpose

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

Outcomes

Performance Metric	SFY 2025 Target	SFY 2026 Target	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
% of facilities maintaining Wyoming Trauma Program Patient Registry compliance ¹	90%	95%	92% (25/27)	96% (27/28)	96% (26/28)	100% (28/28)	100% (29/29)
% of facilities with full designation status ²	97%	97%	93% (25/27)	100% (28/28)	100% (28/28)	90% (26/29)	90% (26/29)
# of facilities with provisional designation status ³	1	1	2	1	0	2	2

¹ Compliance is met when complete patient records are entered into the Wyoming Trauma Program Patient Registry by facilities within 180 days.

² Full designation status is granted when a facility satisfies the requirements of the trauma facilities appropriate level described in the Rules and Regulations for Wyoming Trauma Program.

³ Provisional designation status is granted when a facility does not meet the requirements of the trauma facilities appropriate level described in the Rules and Regulations for Wyoming Trauma Program.

Outputs

Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
# of formal educational opportunities supported by the WTP	4	2	3	3	6	2	1	2	4
# of trauma designation site surveys conducted ²	9	7	4	9	6	4	5	5	1
# of consultative visits ³	N/A ¹	N/A ¹	N/A ¹	2	1	1	1	1	0

¹Data not available due to creation of new metric.

² Metric title updated from previous report to align with program reporting language; previously reported as “# of facility site reviews conducted.”

³ Consultative visits are visits by the WTP to provide support and guidance to trauma facilities.



Efficiencies									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Cost per Trauma Registry Record ¹	\$4.29 (\$22,800 /5,318)	\$5.22 (\$22,800 /4,367)	\$4.17 (\$21,250 /5,098)	\$4.40 (\$23,484 /5,333)	\$3.97 (\$23,484 /5,915)	\$4.13 (\$11,742 /2,846)	\$4.72 (\$11,742 /2,487)	\$3.85 (\$11,742 /3,050)	\$4.10 (\$11,742 /2,865)

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

Story Behind the Performance

- The Wyoming Trauma Program Patient Registry is a statewide database that integrates medical and system information related to trauma patient diagnosis and the provision of trauma care provided by prehospital, hospital, rehabilitation centers, and medical examiners. The database is used to monitor trauma patient outcomes.
- Facility Standard Levels of Designation in Wyoming:
 - Trauma Receiving Facility (TRF) generally is a small, licensed rural facility, clinic, or medical assistance facility that is committed to the resuscitation and stabilization of trauma patients. They may have limited services and use the higher level facilities for transfer of trauma patients.
 - A Community Trauma Hospital (CTH) generally is a small, rural facility committed to resuscitating trauma patients. Written transfer protocols ensure that patients who require a higher level of care are appropriately transferred for definitive care.
 - An Area Trauma Hospital (ATH) is an acute care facility with the commitment, medical staff, personnel, and specialty training necessary to provide primary care to trauma patients. An ATH shall provide initial resuscitation of the trauma patient and immediate operative intervention to control hemorrhage and assure maximal stabilization before transfer to a higher level of care.
 - A Regional Trauma Center (RTC) is a designated facility that has the medical staff and facilities to provide advanced care to trauma patients and serves as a referral hospital for ATHs, CTHs, and TRFs. RTCs are expected to provide initial definitive trauma care for a wide range of injuries and injury severity.
- Full Designation Status is given when a facility meets standards for their respective designation level and will be re-reviewed every three years. Provisional Designation Status is given when the facility does not meet all standards and will be re-reviewed one year following Provisional Designation Status. This one-year period allows the facility to meet specific benchmarks and standards while continuing to bill for trauma team activations.





Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$2,044,158	\$1,916,738	\$1,984,760
People Served¹	581,381	584,057	587,608
Cost Per Person	\$3.52	\$3.28	\$3.38
Non-600 Series²	76.3%	71.1%	67.7%

¹ People served represents the population of Wyoming, U.S. Census Bureau.

² 600 series is defined as direct service.

Program Cost Notes

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

Program Staffing

- 7.0 FTE
- 1.0 AWEC
- 0 Other

Events that Have Shaped the Program

- The COVID-19 pandemic impacted utilization of program services from 2020-2022.
- The CDC STD Prevention Disease Intervention Specialists Workforce (DISWF) Capacity Supplemental funding was received in June of 2021 as part of the American Rescue Plan Act. This funding ends February 2026.
- To better meet the needs of the population, CDU began offering at-home HIV testing in July of 2021.
- In early 2021, CDC released updated STD treatment recommendations for chlamydia and gonorrhea which increased the need for prescriber and stakeholder education to ensure patients received adequate treatment.

(continued)



Events that Have Shaped the Program (cont.)

- In 2022, CDU expanded at-home testing options to further improve access to care for our population.
- The contracts funded by the DISWF supplement began in 2022. These funds have been instrumental in increasing prevention, testing, treatment, and linkage to care. Additionally, these funds support expansion of local level services. Since these contracts began, testing has increased each year, gonorrhea and chlamydia infection rates have decreased, and syphilis rates have remained well below the national rates.
- In 2024, the CDC High-Impact HIV Prevention and Surveillance Programs for Health Departments began the new 5-year grant cycle (6/1/2024-5/31/2028).
- The CDC Strengthening STD Prevention and Control for Health Departments 5-year grant cycle, which includes the DIS WorkForce Supplemental funding, was extended to 2/28/2026.





Program Core Purpose

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

Outcomes

Performance Metric	CY 2025 Target	CY 2026 Target	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025
Chlamydia infection rate per 100,000 ¹	333.0	333.0	359.0 (US: 495.5)	308.4 (US: 495.0)	313.2 (US: 492.2)	253.9 (-)	(-) (-)
Gonorrhea infection rate per 100,000 ¹	67.0	67.0	90.4 (US: 214.0)	53.3 (US: 194.4)	42.3 (US: 179.5)	40.7 (-)	(-) (-)
Total syphilis infection rate per 100,000 ^{1,2}	8.0	8.0	7.4 (US: 53.2)	11.4 (US: 62.2)	9.6 (US: 62.2)	10.9 (-)	(-) (-)
# of congenital syphilis cases ¹	0	0	0	0	2	0	(-)
# of newly diagnosed HIV cases (rate per 100,000) ¹	<15	<15	7 (WY: 1.2)	13 (WY: 2.2)	22 (WY: 3.8)	15 (WY: 2.6)	(-) (-)
Newly diagnosed hepatitis C infections per 100,000 ¹	50.0	40.0	54.6	41.5	36.1	21.8	(-)
% of newly reported gonorrhea, syphilis, HIV, hepatitis B, and hepatitis C (<36 years of age) cases that do not have a disposition of “unable to locate” ^{1,3}	95%	95%	87%	98%	100%	100%	(-)
Active TB infections per 100,000 ⁴	<1.0	<2.0	0.5 (US: 2.4)	0.2 (US: 2.5)	0.3 (US: 2.9)	0.7 (US: 3.1)	(-) (-)

¹ Data Source: Patient Reporting Investigation System Management (PRISM) (Wyoming rates) and CDC STI Surveillance Reports (US rates).

² Data has been updated from previous report; the US rate now reflects the total syphilis infection rate.

³ The disposition of “unable to locate” is used for confirmed cases or partners of cases that are unable to be reached for follow-up and referral for testing.

⁴ Data Source: CDU Surveillance Program (Wyoming rates) and CDC (US rates).

(-) Indicates data not yet available.



Outputs									
Performance Metric	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
# of condoms distributed	369,178	444,433	466,456	397,236	(-)	223,086	174,150	257,220	(-)
# of condom dispenser sites ¹	247	311	357	378	(-)	365	378	385	(-)
# of at-home tests ordered	71	223	336	534	(-)	289	245	167	(-)

¹ Data was previously reported as the cumulative number of dispensers provided by the program over time and is now reported as number of dispensers in service.
 (-) Indicates data not yet available.

Efficiencies									
Performance Metric	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
# and average cost of redeemed safety-net testing vouchers	4,101 \$28.44	4,753 \$33.21	5,548 \$34.45	5,591 \$32.24	(-)	3,178 \$30.61	2,413 \$34.40	2,598 \$33.52	(-)

(-) Indicates data not yet available.

Story Behind the Performance

- Potential impacts of the COVID-19 pandemic on access to communicable disease testing should be considered when interpreting 2021-2022 rates. Other potential impacts were decreased utilization of the program and at times decreased availability of testing supplies.
- Partner services are offered to all newly reported cases of gonorrhea, syphilis, HIV, hepatitis B, and hepatitis C (<36 years of age) and their elicited or identified partners in Wyoming. Partner services include: ensuring appropriate treatment has been provided and recommending additional testing (if indicated), identifying partners (sexual or needle-sharing), providing prevention messages related to identified risks, and locating the elicited partners to notify them of the exposure and recommend testing. A change in the “unable to locate” percentage is reflective of individuals responding to staff attempts to locate. Staff use phone calls, letters, and other relevant methods to locate or contact individuals.
- Gonorrhea infections have decreased in Wyoming and are decreasing across the United States. Gonorrhea infection increases the risk of acquiring HIV. The CDU prioritizes those with gonorrhea infection for partner services, prevention messaging, and treatment.
- Approximately 95% of the newly diagnosed hepatitis C cases in Wyoming were identified as chronic infections during 2024.

(continued)



Story Behind the Performance (cont.)

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





Program Description

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

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost¹	\$1,254,241	\$1,816,940	\$1,373,982
People Served²	600	785	624
Cost Per Person	\$2,090	\$2,315	\$2,202
Non-600 Series³	7.0%	13.5%	8.5%

¹ These are considered typical costs. The cost per person served is calculated based on this total.

² People served includes those persons who received treatment or other services for TB, HIV, and other STIs.

³ 600 series is defined as direct service contracts.

Program Cost Notes

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

Program Staffing

- 4.25 FTE
- 0 AWEC
- 0 Other

Events that Have Shaped the Program

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

(continued)



Events that Have Shaped the Program (cont.)

- In 2011/2012, the standard Public Health Nursing Guidelines and Orders for Communicable Disease case management, screening, and treatment services, were implemented.
- In 2018, the program moved to an open formulary, thereby removing barriers for patient access to medications.
- In 2022, the program completed a statewide comprehensive communicable disease needs assessment and submitted their Integrated HIV Statewide Coordinated Statement of Need/Prevention and Care Plan to CDC and HRSA. This needs assessment and submission is completed every 5 years.
- As of September 30, 2023, SAMHSA no longer included a TB component in the Substance Abuse Block Grant. The Preventive Health and Health Services Block Grant was increased to cover what was previously covered by the SAMHSA Substance Abuse Block Grant.
- As of January 1, 2024, TB skin testing serum was no longer covered under the CDC Preventive Health and Health Services Block Grant. This expense is now covered by the CDC TB Prevention Grant.
- The program’s new medication management platform launched on February 1, 2024, and has significantly improved the ability to track administration of TB skin testing serum and STI medication and report people served more accurately.
- In 2024, CDTP updated the Ryan White Care Plan to include screenings for depression, substance use, and anxiety. This assists the Case Managers in making referrals to appropriate services.
- Due to decreased TB funding in 2025, the CDU TB Program is no longer purchasing TB skin testing serum or syringes for WY PHN offices; however, WY PHN offices who elect to be covered under CDU’s TB 340B designation are able to order those items on their own, at 340B prices.





Program Core Purpose

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

Outcomes

Performance Metric	CY 2025 Target	CY 2026 Target	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025
% of gonorrhea cases receiving the CDC-recommended treatment medication ¹	90%	90%	67% (348/519)	86% (266/310)	90% (222/247)	90% (214/239)	(-)
% of latent TB infection (LTBI) clients starting treatment in the TB Program who completed LTBI treatment ²	90%	90%	77% (36/47)	92% (44/48)	92% (47/51)	91% (70/77)	(-)
% of newly identified HIV positive clients linked into primary care within 3 months of diagnosis ¹	100%	100%	100% (7/7)	100% (13/13)	95% (21/22)	80% (12/15)	(-)
% of clients enrolled in Communicable Disease Treatment Program (CDTP) with suppressed HIV viral load ³	95%	95%	76% (171/225)	57% (127/221)	83% (195/235)	75% (182/244)	(-)
% of new HIV infections considered a late diagnosis ^{1,4}	25%	25%	29% (2/7)	23% (3/13)	45% (10/22)	47% (7/15)	(-)

¹ Data Source: Patient Reporting Investigation System Management (PRISM)

² Data Source: Wyoming TB Program

³ Calculated by dividing the number of patients with a suppressed viral load at their most recent test during the time period by the number of patients enrolled in the CDTP.

⁴ A patient is considered to have a late diagnosis of HIV when diagnosed as Stage 3 (AIDS) at the time of the initial HIV diagnosis or when they progress from HIV to Stage 3 (AIDS) within one year of the initial diagnosis. The data for the most recent year may change given the one full year needed to determine if a case is a late diagnosis.

(-) Indicates data not yet available.

Outputs

Performance Metric	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
# of HIV clients enrolled in care with a documented CD4/Viral Load	209	181	242	200	(-)	152	178	203	(-)
# of HIV clients enrolled in CDTP	246	227	221	244	(-)	235	253	253	(-)
# of individuals enrolled for TB treatment through the TB program	50	42	56	77	(-)	42	35	35	(-)

(-) Indicates data not yet available.



Efficiencies									
Performance Metric	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Average cost of HIV clients enrolled in CDTP ^{1,2}	\$6,021	\$2,804	\$3,694	\$2,734	(-)	\$3,155	\$2,314	\$2,759	(-)

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

Story Behind the Performance

- Healthy People 2030 goals and objectives, CDC goals and objectives, and the HIV/AIDS Bureau Standards of Care are the benchmarks for the Communicable Disease Treatment Program (CDTP).
- Since 2021, CDU has seen a steady increase in testing through at-home and safety-net testing (provided by the Communicable Disease Prevention Program) and those diagnosed are able to receive treatment within a reasonable time, which decreases transmission. This increased testing was likely a factor in the increased number of new diagnoses in 2023 and the increase in the percent of HIV diagnoses in Stage 3 in 2023.
- CDC recommends using ceftriaxone 500mg - 1,000 mg to treat gonorrhea. Alternative regimens are available when ceftriaxone cannot be used to treat gonorrhea. Antimicrobial resistance in gonorrhea is of increasing concern and successful treatment is important to cure the infection and prevent further transmission. CDC updated their recommendations for gonorrhea treatment in December 2020.
- According to the CDC, treating latent tuberculosis infection (LTBI) to prevent progression to TB disease is a cornerstone of the U.S. strategy for TB elimination. The TB Program provides financial assistance to Wyoming residents for TB medications. In CY2024 there were four active TB cases. Three individuals did not complete LTBI treatment.
- According to 2023 CDC data, 82% of people receiving a diagnosis of HIV nationally were linked to care within one month of diagnosis. Historically, linkage to care was measured within three months of diagnosis. Due to the frontier nature of Wyoming and the limited number of providers, the program will continue measuring linkage to care within three months of diagnosis. Linked to care indicates a person had a CD4 or viral load laboratory test following diagnosis.
- The program typically realizes savings in Q3+Q4 over Q1+Q2 due to insurance deductibles being met in the first half of the year.



Program Description

The Infectious Disease Epidemiology program conducts infectious disease surveillance and epidemiologic follow-up and investigation of cases, clusters, and outbreaks for the purposes of monitoring occurrences, trends, and risk factors for diseases that pose a threat to public health, and to mitigate the risk to public health as indicated.

Program Expenditures and People Served

	2023	2024	2025
Total Program Cost	\$711,104	\$696,589	\$750,018
People Served¹	581,381	584,057	587,618
Cost Per Person	\$1.22	\$1.19	\$1.27
Non-600 Series²	100%	100%	100%

¹ People served represents the population of Wyoming, U.S. Census Bureau.

² 600 series is defined as direct service.

Program Cost Notes

- FY2024 federal funding through the CDC Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement is \$628,410.
- FY2024 state funding is \$121,608.

Program Staffing

- 5.0 FTE
- 5.0 AWEC
- 0 Other

Events that Have Shaped the Program

- The program operates under Wyo. Stat. §§ 35-1-223, 35-1-240, and 35-7-123.
- The program continues to investigate cases and outbreaks of enteric, vaccine-preventable, zoonotic, tickborne, vectorborne, healthcare acquired, multidrug resistant, respiratory, and other infectious diseases.
- Emerging pathogens such as H5N1 Influenza, mpox, and measles continue to challenge our response capabilities. The ongoing measles outbreak in Wyoming and the United States has increased the number of vaccine-preventable disease investigations.
- Federal COVID-19 funding was spent on COVID-19 testing at WPHL, contracts with other COVID-19 testing vendors, upgrades to electronic systems, contact tracing, county funding for COVID-19 response activities, and additional temporary epidemiology and laboratory staff. In March 2025, approximately \$9 million of unspent federal COVID-19 funds available to the laboratory and epidemiology were rescinded. The WPHL and Infectious Disease Epidemiology rapidly responded to this by changing workflows and staffing to match funding.





Program Core Purpose

To mitigate risks, detect early warning signs of disease spread, guide preventive measures, and create recommendations to reduce the impact of infectious diseases on our communities.

Outcomes

Performance Metric	SFY 2025 Target	SFY 2026 Target	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Average # of days to complete case investigations ¹	3	3	3.0	4.1	4.0	3.1	3.1 ²
# of disease outbreaks detected and investigated by the program ¹	>5	>5	8	8	14	12	10 ²
Pediatric (<18 years) influenza mortality incidence (per 100,000) ³	≤ US incidence	≤ US incidence	0.0 (US: 0.0013)	0.0 (US: 0.0013)	0.0 (US: 0.21)	0.0 (US: 0.27)	0.75 (US: 0.37)
Incidence (per 100,000) of pertussis, measles, and mumps (vaccine-preventable diseases) ^{1,4}	≤ US incidence	≤ US incidence	0.0 (US: 0.48)	0.34 (US: 0.85)	0.0 (US: 1.76)	3.23 (US: 10.58)	(-) (-)
Incidence (per 100,000) of Salmonellosis, Shigellosis, and Shiga toxin-producing <i>E. coli</i> infections (enteric diseases) ^{1,3,4}	≤ US incidence	≤ US incidence	24.53 (US: 15.82)	32.85 (US: 22.64)	30.27 (US: 25.35)	32.67 (US: 28.36)	(-) (-)

¹ Data for this metric is reported by calendar year.
² Data reported through September 1, 2025.
³ Data Source: CDC Influenza Surveillance Program (US data).
⁴ Data Source: CDC Nationally Notifiable Disease System (US data).
 (-) Indicates data not yet available.

Outputs

Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
# of initial case reports detected by program through surveillance ¹	4,246	4,913	5,450	7,018	(-)	(-)	(-)	(-)	(-)

¹ Data for this metric is reported by calendar year.
 (-) Indicates data not yet available.



Efficiencies									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Cost per case investigated	\$160	\$105	\$130	\$99	(-)	N/A ¹	N/A ¹	N/A ¹	N/A ¹

¹ Data not collected on a quarterly basis.
 (-) Indicates data not yet available.

Story Behind the Performance

- The Infectious Disease Epidemiology program continues to be the leader in the United States in prion disease investigations. Although no cases of human prion disease have been linked to Chronic Wasting Disease to date, the program conducts risk analysis for all reported cases of Creutzfeldt-Jakob Disease and participates in a national risk assessment with the Centers for Disease Control and Prevention.
- Once again in 2024, the state incidence of enteric diseases is above the national incidence. Contact with farm and ranch animals continues to be a common risk factor for enteric diseases in Wyoming and could explain the higher incidence compared to states with urban populations.
- In 2024, the state incidence of vaccine-preventable diseases was below the national incidence. No cases of measles or mumps were reported. The increase in vaccine-preventable cases in the US was due to a four-fold increase in reported pertussis cases.
- Through September 1, 2025, the program has investigated nine cases of measles, including an outbreak of seven cases in Carbon County. Before 2025, the last reported case of measles in Wyoming was in 2010.



Program Description

The Wyoming Public Health Laboratory (WPHL) performs laboratory testing and services in support of public health, safety, and emergency response. The microbiology program tests for reportable diseases involved in disease outbreaks and supports public health infectious and communicable disease programs, medical facilities, drinking water sites, and public health offices. The chemical testing program supports public safety by managing the state breath alcohol (intoximeter) program and testing biological samples for the presence of drugs of abuse. The preparedness laboratory provides specialized testing for high priority pathogens and works to keep Wyoming laboratories prepared through timely communications and laboratory-related training.

Program Expenditures and People Served

Table with 4 columns: Category, 2023, 2024, 2025. Rows include Total Program Cost, People Served, Cost Per Person, and Non-600 Series.

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

Program Cost Notes

- In SFY2025, total expenditures were broken down as follows: State General Funds - 57% of total expenditures, Revenue - 13% of total expenditures, Federal grants - 30% of total expenditures

Program Staffing

- 28.0 FTE, 14.0 AWEC, 0 Other

Events that Have Shaped the Program

- The WPHL operates the microbiology program under Wyo. Stat. §§ 35-1-240, 35-4-133, 35-4-221, 35-4-501, and 35-7-123 and the chemical testing program under Wyo. Stat. §§ 31-6-105 and 31-5-233. SFY2025 has largely been shaped by developing a sustainable business model following rapid expansion during the COVID-19 pandemic and subsequent contraction as the WPHL returns to its core operations.

(continued)



Events that Have Shaped the Program (cont.)

- Federal COVID-19 funding was spent on COVID-19 testing at WPHL, contracts with other COVID-19 testing vendors, upgrades to electronic systems, contact tracing, county funding for COVID-19 response activities, and additional temporary epidemiology and laboratory staff. In March 2025, approximately \$9 million of unspent federal COVID-19 funds available to the laboratory and epidemiology were rescinded. The WPHL and Infectious Disease Epidemiology rapidly responded to this by changing workflows and staffing to match funding.
- SFY2024 required teamwork across agency partners to address problems including specimen storage, waste management, and infrastructure issues. The WPHL partnered with the Preparedness and Response Unit and the Wyoming Office of Homeland Security to ensure specimens and critical reagents were stored correctly after multiple infrastructure failures at the WPHL. The WPHL partnered with the Wyoming Division of Criminal Investigation to dispose of waste when waste management systems failed. The WPHL partnered with the Governor's Council for Impaired Driving, the Wyoming Department of Transportation, and the Wyoming Division of Criminal Investigation to validate new intoximeters for 57 sites throughout Wyoming. Finally, the WPHL has worked collaboratively with the Department of Administration & Information to replace failing infrastructure including chiller (HVAC) systems.
- Response to emerging diseases, new designer drugs, and technological advancements have required implementation of new instrumentation and advanced technologies to accurately and rapidly detect pathogens or drugs. The Microbiology Program has expanded and enhanced its whole genome sequencing capabilities by staying current with methodologies and cross training staff to complete this work. The WPHL has remained one of the highest throughput sequencing laboratories in the nation per capita. The Chemical Testing Program has been actively working to add additional testing capacity and new methodologies to detect drugs of abuse.



Program Core Purpose

To support public health, public safety, and emergency response by providing Wyoming communities, agencies, and private healthcare providers with timely, cost-effective, and quality-assured public health laboratory services and technical support.

Outcomes

Table with 8 columns: Performance Metric, SFY 2025 Target, SFY 2026 Target, SFY 2021, SFY 2022, SFY 2023, SFY 2024, SFY 2025. Rows include metrics like '# of non-WPHL employees trained', '# of changes to the testing menu', 'Average time (in days) from specimen receipt to result reporting...', '# of SARS-Cov-2 Sequences (# of Variants)', '% of Microbiology clients receiving real-time laboratory results', and '# of EC/IR.II Breath Instruments Repaired'.

1 The number of non-WPHL employees trained significantly increased in SFY2025 due to invitations across all programs to present at national trainings or meetings about successful Wyoming projects.

2 The number of SARS-CoV-2 sequences is directly proportional to the number of samples received at the laboratory. Fewer samples are sent to the lab due to the availability of alternative testing. This metric has been updated to match current sample submission trends.

3 The PHL began tracking this data in SFY2022. New instruments are currently being issued. It is expected that fewer instruments will need repair after the old instruments are removed from service.





Outputs									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
# of Microbiology and Preparedness tests performed	420,495	260,911	58,499	44,333	48,729	22,984	21,349	21,269	27,460
# of trainings provided	12	8	11	17	31	3	14	16	15
# of SARS-Cov-2 collection kits distributed	459,762	230,217	32,164	2,930	855	2,330	600	745	110
# of SARS-Cov-2 tests completed (multiplex tests) ¹	152,719 (382,785)	88,743 (218,661)	6,241 (18,325)	947 (2,667)	509 (534)	763 (2,232)	184 (435)	140 (372)	369 (162)
# of Chemistry samples tested (# confirmed)	4,526 (3,353)	5,111 (3,178)	5,313 (2,361)	5,454 (2,796)	1,793 (999)	3,342 (1,679)	2,112 (1,117)	771 (407)	1,022 (592)
# of Litigation Support Packages provided	114	170	138	222	265	111	111	137	128
# of times court testimony provided	20	18	16	10	9	2	8	5	4
# of Breath Alcohol Tests performed ²	6,775	5,652	4,148	5,851	(-)	3,374	2,477	(-)	(-)

¹ Data displays the number of Singleplex, Qiasat, or multiplex SARS-CoV-2 (only) tests completed. In 2020 the laboratory onboarded the SARS-CoV-2 multiplex test which is able to identify three analytes; SARS-CoV-2, Influenza A, and Influenza B. The number in parenthesis represents the total analytes tested using the multiplex. The PHL received federal funding to expanded its capacity for Respiratory Panel testing starting in 2025 (Q3).

² The Chemical Testing Program certifies and retains data from all Intoximeter EC-IR.II instruments that conduct evidential breath alcohol testing. These test numbers represent all breath subject tests conducted by law enforcement for evidential, training, or instrument accuracy purposes. These data are collected in October and November each year.

(-) Indicates data not yet available.

Efficiencies									
Performance Metric	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	2024 Q1-Q2	2024 Q3-Q4	2025 Q1-Q2	2025 Q3-Q4
Cost per test ¹	\$67.04 (\$3,510,627/ 52,364)	\$47.16 (\$2,649,918/ 56,191)	\$70.86 (\$3,684,950/ 51,996)	\$82.27 (\$4,588,076/ 55,767)	(-)	\$92.30 (\$2,690,173/ 29,147)	\$71.30 (\$1,897,903/ 26,620)	(-)	(-)
% of expenses from revenues ²	8.7% (\$306,759/ \$3,510,627)	14.0% (\$369,971/ \$2,649,918)	17.6% (\$648,982/ \$3,684,950)	8.14% (\$373,580/ \$4,588,076)	13.1% \$5,329,724	18.0% (\$483,387/ \$2,690,173)	0% (\$-109,807/ \$1,897,903)	20.4% (\$459,334/ \$2,252,781)	7.8% (\$240,650/ \$3,076,942)
% of expenses from Federal Grant (no match) ¹	24.1% (\$846,175/ \$3,510,627)	20.9% (\$553,477/ \$2,649,918)	23.5% (\$866,002/ \$3,684,950)	40.7% (\$1,866,848/ \$4,588,076)	29.7% (\$1,585,071/ \$5,329,724)	39.3% (\$1,058,260/ \$2,690,173)	42.6% (\$808,588/ \$1,897,903)	24.2% (\$544,719/ \$2,252,781)	33.8% (\$1,040,353/ \$3,076,942)

¹ These numbers only account for State general funds, revenue, and federal funds allotted to WPHL on a recurring annual basis, and does not include the monies spent from the CARES Act, the Preparedness COVID-19 CoAg grant, or other COVID-19 specific federal funding. This metric will be calculated when breath alcohol testing data is available.

² Revenue expenses were negative in Q3-Q4 2024 due to insurance reimbursement for testing supplies and send-out toxicology testing costs. Savings offsets were used for send-out toxicology testing and replacement refrigerator infrastructure.

(-) Indicates data not yet available.



Story Behind the Performance

- The Microbiology Program conducts sequencing and bioinformatics training for national and international partners. The Microbiology Preparedness Laboratory conducts training for sentinel laboratorians in rule out/refer for select agents, biosafety, and risk assessment. The Chemical Testing Program conducts training for county coroners, law enforcement agencies, Department of Family Services, and Department of Corrections officers involved in drug and alcohol testing. With improvements to digital delivery of trainings, the programs have been able to offer trainings to partners at a scale beyond previously anticipated outcomes. Growing partnerships at the national level has allowed for all programs to offer trainings to large audiences often exceeding 100 participants. The Chemical Testing Program received additional State General Funds in SFY2024 that has allowed for the program to offer required classroom trainings at more locations throughout the state, likely enhancing participant numbers.
- In order to meet the needs of WPHL submitters, keep up with changes in technology, meet grant requirements, and address changing public health needs, tests are often added or removed from the testing menu. While the addition of new tests in some years is a reflection of program success, removal of tests may also be a reflection of program success. For SFY2025, test menu changes included the addition of Avian influenza A (H5N1), removal of antiquated flu subtyping assays for clinicians, and several updates to existing test algorithms.
- Time from specimen receipt to result reporting is the main controllable factor related to total turnaround time (TAT). Each test has a specific target TAT. In Microbiology, rapid immunoassays and molecular tests should be resultated on the same day of receipt, Quantiferon and serologic assays require two days, and culture-based assays should be resultated in < 5 days. TB testing can take up to eight weeks and whole genome sequencing (WGS) can take up to two weeks, both of which were excluded from this calculation. Chemistry tests also have target TATs; however, they are excluded from this calculation at this time due to all confirmatory testing being sent to a third-party laboratory as the program recovers from a critical supply loss and numerous infrastructure failures. For SFY2025, TAT is less than one day, signifying rapid turn around for diagnostic assays. With enhancements made to the laboratory information management system in SFY2025, the Chemical Testing Program will be reporting TAT in SFY2026.
- The WPHL fell short of the target of 3,000 SARS-CoV-2 sequences completed in 2024. This target was originally chosen due to the high volume of samples submitted to the laboratory. However, the availability of at-home or rapid testing, along with the privatization of long-term care facility testing, reduced the demand for centralized testing. A reevaluation of strategic objectives, available data, and 'right-size' models for testing has led to the target being adjusted to 150 sequences to better reflect the current realities and priorities of the WPHL in SFY2025.
- For SFY2025, the cost per test has increased. This is due to multiple factors including increased supply, shipping, and maintenance costs. For SFY2023, SFY2024 and SFY2025, sample submission to NMS caused revenue expenses to temporarily increase. It is expected that the incorporation of new test methods in SFY2026 will reduce revenue expenses.



Appendix A: Program Budget Units

Programmatic funding comes out of the budget units listed to the right of each program. Note that a single budget unit may contain budgetary funding for multiple programs. For example, 0401 Medicaid administrative costs includes several administrative and eligibility programs. Note also that some programs are funded out of multiple budget strings. For example, Medicaid dental benefits are paid for both adults (0470) and children (0461). Please refer to budget documents for more detailed budgetary information.

Director’s Office

Vital Statistics Services 0130

Aging Division

Legal Services and Legal Developer Program 5002

Long Term Care Ombudsman Program 5002, 5004

Title III-B Supportive Services 5002

Title III-C1 Congregate Nutrition Program 5003

Title III-C2 Home Delivered Nutrition Program 5003

Title III-E National Family Caregiver Support Program 5002

Wyoming Home Services 5002

Behavioral Health Division

Early Intervention and Education Program (EIEP) - Part B 2510

Early Intervention and Education Program (EIEP) - Part C 2510

Mental Health Outpatient Treatment 2506

Mental Health Residential Treatment 2508

Substance Abuse Outpatient Treatment 2507

Substance Abuse Residential Treatment 2509



Appendix A: Program Budget Units

Division of Health Care Financing (Medicaid)

Comprehensive Waiver	0485
Care Management Entity (CME)	0461
Customer Service and Call Center	0401
Long Term Care (LTC) Summary	0483
Medicaid Behavioral Health Services	0470, 0461
Medicaid Dental Program	0470, 0461
Medicaid Pharmacy Program	0470, 0461
Medicaid Third Party Liability	0401
Medication Donation Program	0401
Patient-Centered Medical Home	0460, 0461
Psychiatric Residential Treatment Facilities (PRTFs)	0461, 0462
School-Based Services	0461
Supports Waiver	0486
Wyoming Frontier Information (WYFI) Exchange	0401



Appendix A: Program Budget Units

Public Health Division

Children and Youth with Special Health Care Needs Program	0523
Chronic Disease Prevention Program	0539
Communicable Disease Prevention Program	0534
Communicable Disease Treatment Program	0534
Emergency Medical Services	0503
Healthcare Preparedness Program (HPP)	0503
Healthcare Workforce Recruitment, Retention, and Development Program	0510
Healthy Baby Home Visitation Program	0524
Immunization Unit	0522
Infectious Disease Epidemiology	0540
Injury and Violence Prevention Program	0539
Public Health Preparedness and Response	0502
Public Health Laboratory	0532
Public Health Nursing Program	0526
Substance Abuse Prevention Program	0550
Tobacco Prevention and Control Program	0550
Trauma Program	0503



Appendix A: Program Budget Strings

Women and Infant Health	0523
Women, Infants, and Children (WIC) Program	0525
Wyoming Cancer Program	0531
Youth and Young Adult Health Program	0523