

# Wyoming Department of Health

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**Other Locations:**

Statewide

**Statutory References:**

W.S. 9-2-101 through W.S. 9-2-108

**Clients Served:**

All Wyoming residents are potential clients to be served by the Wyoming Department of Health (WDH) statewide.

**Budget (Expenditures FY 08):**

Federal Funds: \$319,950,621.48

General Funds: \$441,953,989.06

Other Funds: \$21,694,533.46

Total: \$783,599,144.00

**Name of Department:** The Wyoming Department of Health (WDH)

**Wyoming Quality of Life Result:**

WDH is a responsible steward of State assets and effectively responds to the needs of Wyoming individuals and families.

- Stable Families: Wyoming families and individuals live in stable, safe, supportive, nurturing, healthy environment
- Healthcare: Wyoming residents have affordable and accessible healthcare and insurance
- Early Childhood Development: Children are born healthy and achieve their highest potential during their early developmental years

**Contribution to Wyoming Quality of Life:**

WDH contributes to the quality of life of Wyoming residents through primary focus on the following areas of healthcare:

- Prevention - Informing, educating and promoting healthcare choices to Wyoming residents (i.e. Commit to your health.)
- Accessibility - Providing increased access to healthcare insurance, providers, facilities, services, and programs through fiscal and educational supports
- Individualized Care - Promoting access to healthcare programs and care in the least restrictive and most supportive environment possible
- Public Health Infrastructure - Developing and maintaining a health information network

**Basic Facts:**

WDH averaged 1,520 employees for the FY ending June 30, 2008. Direct patient care was provided by 853 WDH employees within the five State of Wyoming facilities. WDH employed 546 employees within the 6 divisions, 1 office and 53 major programs. The total budget appropriated for FY 07 – FY 08 was \$1,531,870,815. Federal funds consisted of \$653,503,602, general funds consisted of \$798,236,244, and other funds consisted of \$80,130,969.

Services were provided through six divisions and the five State facilities. The divisions provided a variety of indirect client services through the Aging Division, Community and Public Health Division, Developmental Disabilities Division, Preventive Health and Safety Division, Mental Health and Substance Abuse Services Division and the new Rural and Frontier Health Division.

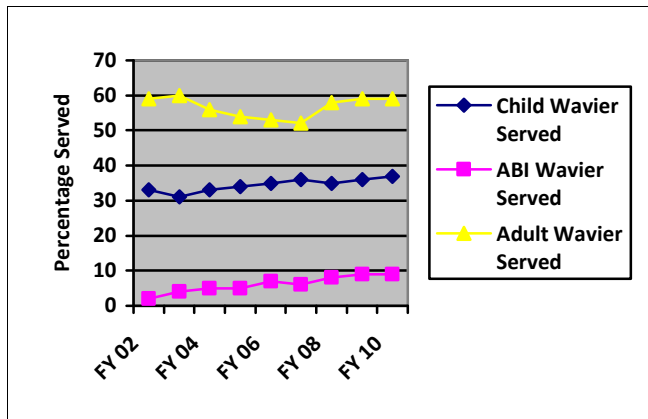
Direct client services were provided to 1, 338 clients by five State facilities; the Wyoming State Hospital (WSH), the Wyoming Retirement Center (WRC), the Wyoming Pioneer Home, the Veterans' Home of Wyoming, and the Wyoming Life Resource Center (WLRC).

In addition, the Office of HealthCare Financing housed the Office of EqualityCare (Medicaid), the State Children's Health Insurance Program (SCHIP), the Office of Pharmacy Services and Program Integrity. Approximately 66 percent of the WDH funds expended by the divisions and facilities were dispersed through the Office of HealthCare Financing.

**Primary functions of the Wyoming Department of Health include:**

- Informing, educating and promoting preventive health and wellness programs (i.e. Commit to your health.)
- Long term strategy on the viability of EqualityCare (Medicaid) and Kid Care CHIP
- Seeking to improve healthcare for all Wyoming residents in the least restrictive and most supportive environment possible
- Create and implement a fiscal tool to better manage department expenditures of state and federal funding
- Establish an effective performance-based contracting and funding system for health and using measurable performance standards accompanied by public reporting of outcomes

**Performance Measure One:** Percentage of People with Developmental Disabilities Served by Home and Community-Based Services and the Wyoming Life Resource Center (WLRC).



**Story Behind the Last Year of Performance**

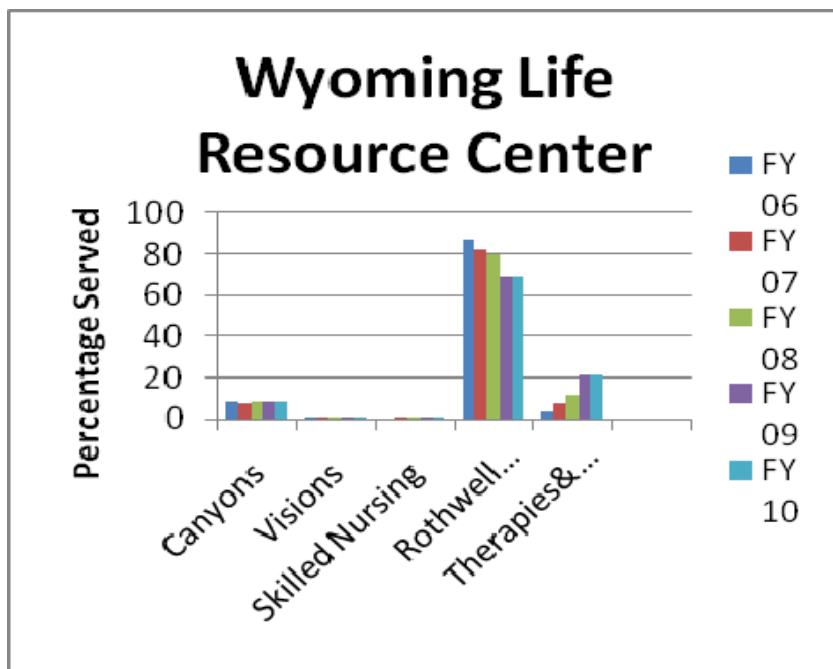
A variety of programs designed to meet the specific needs and desires of each client, and/or guardian may be accessed to live, work, recreate, and learn in their chosen environment. WDH continues to provide funding for services through the Home and Community-Based Services waivers to support people with developmental disabilities and Acquired Brain Injury (ABI) in their home communities to prevent unnecessary institutionalization. Individual accomplishments for each waiver are stated below:

- 1) The Children’s Waiver – There were 61 new participants added into services, 39 children aged-out and moved from the Children’s Waiver into the Adult Waiver, and 41 participants left waiver services. At the end of the year, 152 children determined eligible for services were on the waiting list.
- 2) The Adult Waiver – There were 74 new participants added into services, 39 of whom transitioned from the Children’s Waiver into the Adult Waiver, 51 participants left the waiver, leaving a net increase of 23 people served by the Adult Waiver. At the end of the year, 55 adults eligible for services were on the waiting list.

- 3) The Acquired Brain Injury Waiver – There are 42 new participants receiving services and 18 participants discontinued receiving services, leaving a net increase of 24 people served by the ABI Waiver. At the end of the year, 27 adults with Acquired Brain Injuries eligible for services were on the waiting list.

Waiver	FY-2007		Aging In	Aging Out	Losses	Net	FY-2008	
	Count	In					Count	
Adult	1,275	35	39	NA	(51)	23		1,298
Child	804	61	NA	(39)	(41)	(20)		784
ABI	150	42	NA	NA	(18)	24		174
<b>Total</b>	<b>2,229</b>	<b>138</b>	<b>39</b>	<b>(39)</b>	<b>(110)</b>	<b>27</b>		<b>2,256</b>

The Wyoming State Training School’s name has changed to the Wyoming Life Resource Center (WLRC), along with other significant changes, as a result of law changes enacted by the 2008 Legislature. The changes went into effect on July 1, 2008. The WLRC hosts several state and non-state programs. The programs serve people with disabilities who require significant supports because of their medical and behavioral needs. In 2008, Canyons, a residential program for people with intellectual disabilities, served 94 people and Visions, a residential program for people with acquired brain injuries, served 14 people. The Horizons Healthcare Services provides medical services for the residents of the two residential programs along with services for other people in the state. All of the people who live at the WLRC receive 24-hour residential, medical, vocational, therapeutic, and recreational services in the least restrictive environment possible.



**Note:** Visions and Skilled Nursing less than 1 percent

## **What has been accomplished?**

WDH provided funding and programs that were responsive to the needs of people with developmental disabilities and acquired brain injuries. Those who desired to live, work, recreate, and learn in their chosen Wyoming communities were able to access the three Home and Community-Based Services (HCBS) Waiver programs. These programs were funded partly (50 percent federal) through the Medicaid waivers program and administered through the Developmental Disabilities Division (DDD). During the 2008 Legislative Session, House Bill 52 was passed to implement a new cost-based rate structure effective FY 09. The DDD has completed evidence reports for the Adult DD and Acquired Brain Injury Waivers. These reports verify that Wyoming is meeting the six assurances required by Centers for Medicaid and Medicare Services (CMS). In June 2008 CMS reported that Wyoming was in substantial compliance for all six assurances required for Waiver approval.

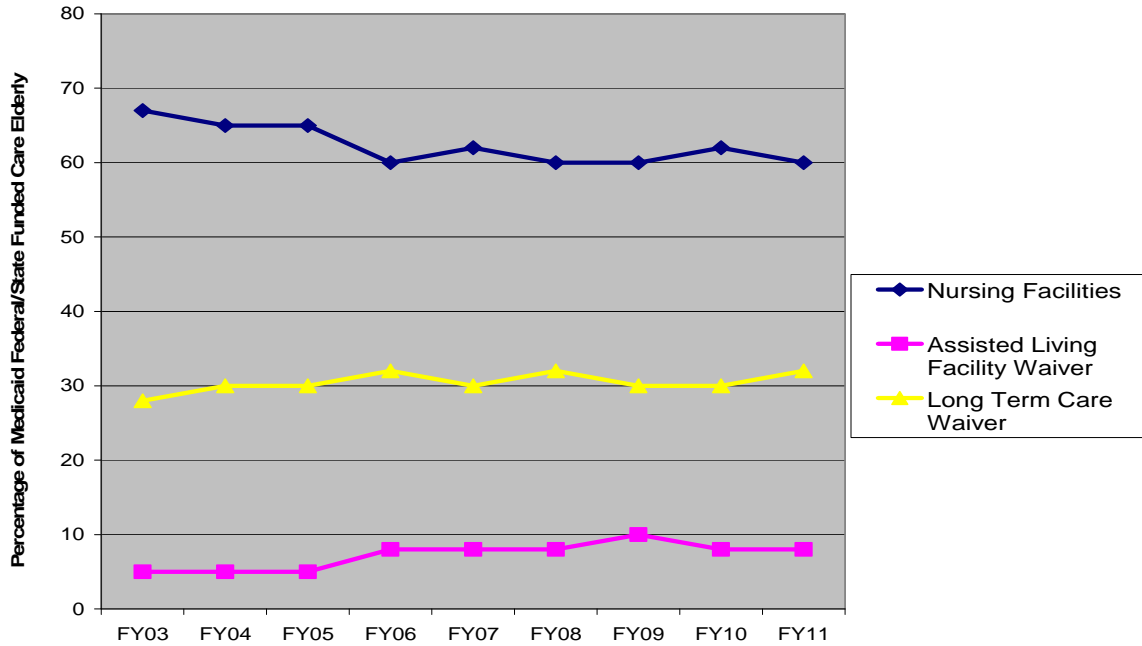
- 1) The Children's Waiver – The number of children who applied for services continued to out pace the number of children discontinuing services or moving to the Adult Waiver. The cost per child has remained steady, mainly due to rules that have placed restrictions on respite services and specialized equipment.
- 2) The Adult Waiver – The waiver received more appropriations for out of home placements, so participants living in their family home can receive funding to move into a different residential setting. The average cost per adult has increased minimally over the past five years, while the service delivery system has improved dramatically with the implementation of more regulations and oversight from the DDD.
- 3) The Acquired Brain Injury Waiver – The waiver will continue to be able to fund up to 175 eligible applicants while the waiting list is growing. The average cost per participant remained steady, with only a slight increase over the past two fiscal years due to rate increases.

In addition to these services, the DDD continued to oversee the Preschool Services for children ages birth through five years with disabilities and the Respite Program.

The Respite Program will continue to serve children with developmental disabilities and their families from birth to 21 years of age. Unlike the DDD Children's Waiver, this program served children and their families who were not eligible for participation in the Children's Medicaid Waiver. This program was designed for persons with developmental disabilities under the age of 21 years to be cared for by their families to the greatest extent possible and avoid the risk of out-of-home placement. Up to 65 children with developmental disabilities and their families, from birth to 21 years of age, are served through the Respite Program.

The WLRC served the clients with a staff of 468 full-time positions and 1 part-time position. The staff of 266 WDH employees provided direct care to the individuals living on campus. The WLRC was supported by the general fund and participated in Title XIX of the Social Security Act as an ICF/MR facility, which generated revenue to the general fund that effectively reimbursed approximately 50 percent of the operational costs.

**Performance Measure Two:** Of the Elderly Receiving Care through Medicaid State and Federal Funds, the Percentage of People in Nursing Facilities, the Long-Term Care Waiver Program and the Assisted Living Facility Waiver Program.



### Story Behind the Last Year of Performance

In FY 08, the Aging Division continued to seek additional resources to support and enhance needed services for older and physically disabled adults. This resource development was less urgent than the year before, due to increased funding and client service slots authorized by the passage of Senate File 89 in the 2007 Legislative Session.

The provisions of Senate File 89 allowed provider reimbursement for the Medicaid LTC/HCBS Waiver services to be increased, which helped to alleviate provider staff recruitment and retention difficulties. The same legislation provided funding for an additional 150 client slots (for a total of 1,300 funded slots), and provided an additional 22 Medicaid Assisted Living Facility (ALF) Waiver slots (for a total of 168 slots). The increased availability of client service slots diminished the service waiting lists temporarily. The waiting list for the Long-Term Care (LTC) Waiver rose to nearly 200 by the end of FY 08, with an average waiting time of three months. The ALF Waiver waiting list was about 24, with an average waiting time of two months. The waiver program clients must meet the same financial and functional requirements as people in nursing homes, but the waiver programs allow people to stay in their homes, or an ALF for a much lower cost to the State.

Waiver consumers participating in consumer-directed care increased from 258 at the beginning of FY 06, to 338 by the end of FY 07, to a current level of 340. This represents a 32 percent increase over the past two years, and equals over 26 percent of the LTC Waiver clients. The trend for FY 08 continued to show a decline in the number of nursing facility residents, which is, in part, a direct result of Wyoming

residents receiving services through the Long-Term Care (LTC) and Assisted Living Facility (ALF) Medicaid Waiver programs, and other Aging Division programs.

WDH supported a flexible and responsive continuum of services to enable individuals to age-in-place with the greatest quality of life and choice possible. Maximum dignity and independence, while lowering associated costs and increasing reimbursement incentives, are goals for both in-home and institutional care. The number of nursing facility residents declined over the past four years from 2,513 residents in 2003, to 2,290 residents in 2007. It is estimated that approximately 2,100 Wyoming residents will be in nursing facilities in 2011. Even as the proportion of the older population continues to increase, the number of institutional placements should continue to decline or remain level, due to greater emphasis on choices for independence that care for people in community settings.

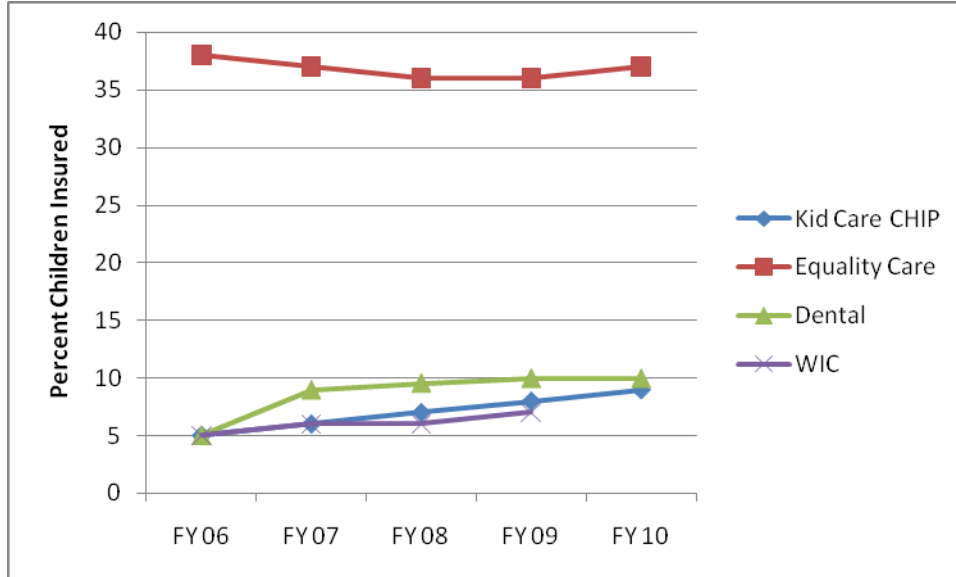
The number of elderly people (65+ years) receiving services from the Long-Term Care Waiver raised steadily from 665 people in 2003 to 730 people in 2007. However, it is projected that the number of elderly Wyoming residents served by the LTC Waiver may drop to around 660 by 2011. The reason for this recently noted trend is that the number of clients under the age of 65 is growing larger, and that is changing the service proportions. The number of clients ages 65+ in the Assisted Living Facility Waiver shows a steady increase, with the number of elderly enrolled increasing from 110 people in 2003 to 148 people in 2007. An estimated 155 Wyoming elderly will be receiving services from this waiver by 2011. As the aging wave continues in Wyoming, more elderly people will require living support, whether in the home setting or the institutional setting.

### **What has been accomplished?**

Wyoming continues to be one of the most rapidly aging states for elderly residents and the trend is projected to continue. The Aging Division is responsible for serving persons ages 60 years and older, plus physically disabled adults under age 60. An estimated 36,568 of the estimated 88,000+ Wyoming residents ages 60 and older, and disabled residents, received services through Aging Division funded senior programs in FY 07. (\*Note older resident data was based on the 2000 Census data projections.) The funding for administration is derived from federal Title III-B (Supportive Services), federal Title III-C (Nutrition Programs) and federal Title III-E (National Family Caregiver Support Program), and Title VII (Elder Rights/Ombudsman). A continuous maintenance of effort level from general state funding is required in order to receive federal Title III and VII funding.

The State Unit on Aging is a federal requirement for receipt of funding under the Older Americans Act, and in Wyoming, the Aging Division serves as the State Unit on Aging. The State Unit on Aging has been authorized by the Department of Health and Human Services, Administration on Aging to award federal funds under the Older Americans Act (OAA), and is the focal point for the aging network. The Aging Division is awarded federal grant funds that are contracted to local providers. Grants are available from federal and/or state general funds for Elderly Nutrition Programs; Community-Based In-Home Services; National Senior Service Corps Programs; Nursing Facilities Transitions; Elder Abuse; Long-Term Care Ombudsman; Supportive Services; Legal Services; Transportation; Disease Prevention and Health Promotion; Mental Wellness, the National Family Caregiver Support Program and other authorized initiatives.

**Performance Measure Three:** Percentage of Wyoming Children Insured by EqualityCare (Medicaid), Kid Care CHIP, WIC and Dental Programs



**Story Behind the Last Year of Performance**

An increased number of Wyoming children were assisted through EqualityCare (Medicaid), Kid Care CHIP, the Women, Infants, and Children program, and dental programs than in previous years. Provider visitation rates, outreach results, and increased services are enhancing the healthcare of Wyoming’s children.

Wyoming’s children population rose from 137,556 children in FY 07 to 139,909 in FY 08, with Kid Care CHIP insuring 9,225 children in FY 08. EqualityCare (Medicaid) insured 49,719 children in FY 08. The most plausible reason for the small decrease in EqualityCare (Medicaid) enrollees in FY 08 was the increased enrollees in the Kid Care CHIP during this time period. During this past year, an estimated 71 percent of Kid Care CHIP enrolled children utilized their benefits, with approximately 89 percent of EqualityCare (Medicaid) enrolled children receiving their health benefits.

**What has been accomplished?**

Kid Care CHIP enrolled over 3,781 children in FY 08, bringing the total unduplicated number served in 2008 to 9,225 children. This was an approximate increase of 1 percent over the enrollment for FY 07. Although the percentage is not high, the program received on average over 600 applications a month resulting in new additions to the program and those continuing coverage. New Current Population Survey (CPS) data indicates that there were just over 5,000 uninsured children in the state at or below 200 percent Federal Poverty Level (FPL). Focus of the Kid Care CHIP program in 2008 was on preventive education and outreach and enrollment opportunities across the state. These activities allowed the program to encourage families to utilize their preventive medical and dental benefits and to locate children in need of insurance.

EqualityCare (Medicaid) continued to enroll a high percentage of Wyoming children. EqualityCare (Medicaid) enrollment benefited from the outreach conducted by Kid Care CHIP.

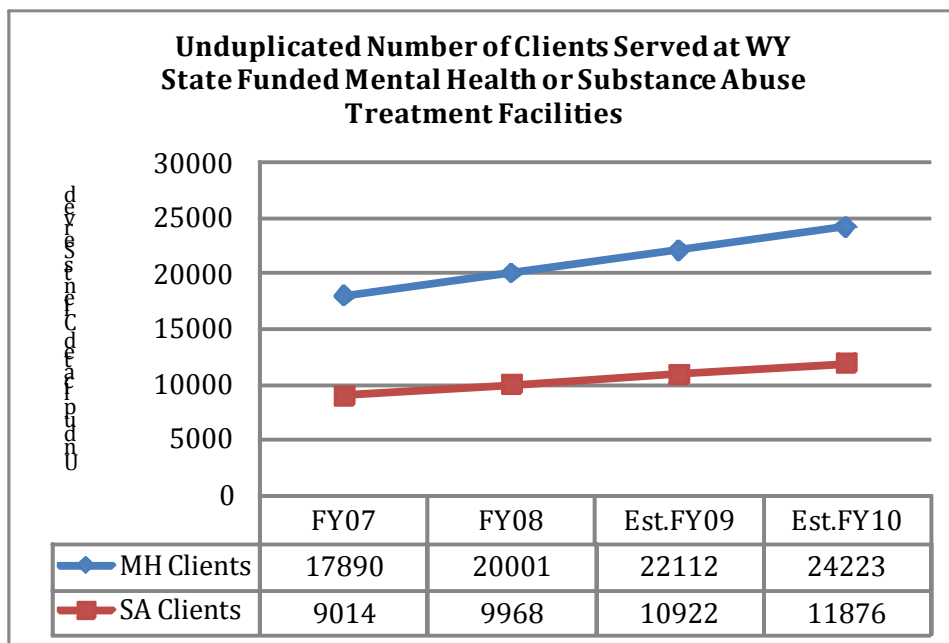
Dental Sealants were placed on 1,635 children in FY 08. Fluoride mouth rinse, oral health education and dental screening programs served 5,542 clients in FY 08. These services were provided to children not seen by the Community Oral Health Coordinators (COHC) program. In FY 08, assistance was provided for 482 children to receive access to dental and orthodontic treatment. Cleft Lip/Palate Clinics saw 120 clients in FY 08.

The COHC program covered education, early detection, and disease prevention. The program reduced dental pathology among pre-school age children. In FY 08, the four COHC provided dental screening for 7,298 clients, 3,215 children and adults participated in oral health education programs, and 2,580 children participated in prevention programs (fluoride mouth rinse, fluoride varnish, or dental sealants). Medicaid Mandatory Dental Health provided professional assistance to develop best practices for oral health in children.

The Women, Infants, and Children (WIC) program is an intervention program which influenced nutrition and health behaviors in a targeted high-risk population. WIC provided quality nutrition and health education, breastfeeding promotion and support, a nutritious monthly supplemental food package, and access/referrals to healthcare services to women and children during critical periods of growth and development. The program has begun updating food packages, piloted Breastfeeding Peer Counselor programs, implemented Value-Enhanced Nutritional Assessment (VENA), and established new nutrition, health, and breastfeeding interventions to promote breastfeeding, encourage health eating, and advocate increased physical activity. The program has increased the number of women seeking prenatal care, reduced low birth weight and fetal mortality, increased immunization rates, improved access to healthcare, and enhanced the nutritional quality of the diets of participants' lives.

Total enrollment for WIC in FY 08, was over 20,000 persons, with an average monthly caseload of 11,765 participants, including 3,176 women, 3,076 infants, and 5,513 children up to the age of five years.

**Performance Measure Four:** Unduplicated Number of Persons who Received State-Funded Mental Health or Substance Abuse Services



## Story Behind the Last Year of Performance

There was a steady increase in the numbers of persons served in state funded mental health and substance abuse programs. A new information system, the Wyoming Client Information System (WCIS), was implemented July 1, 2007 and allows for more accurate measurements of the numbers of persons served and the quality of the services. The two fiscal years of unduplicated client counts were gained via WCIS on August 5, 2008, and the estimation method is basic linear regression over time.

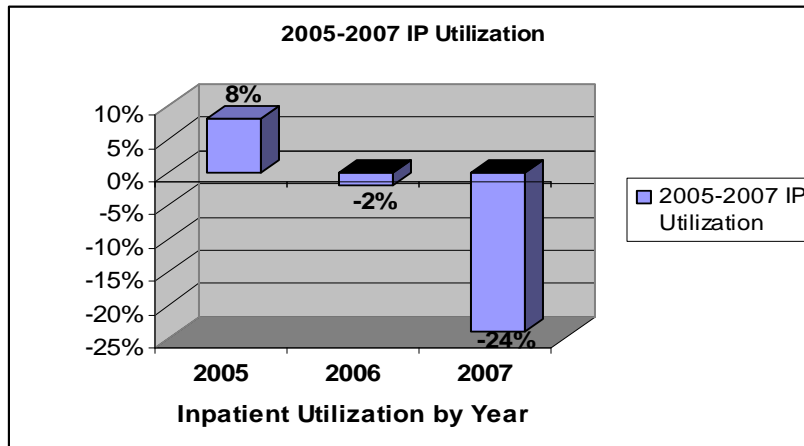
Substance abuse residential services included treatment for men, women, women with children, and adolescents. Transitional services and social detoxification services are also provided for adults. Mental health residential services included group homes, supported independence projects, supported apartments, and residential treatment for persons with co-occurring mental health and substance abuse disorders. Residential services were available in each of the State's Comprehensive Care Regions.

## What has been accomplished?

The Mental Health and Substance Abuse Services Division (MHSASD) worked over the past few years to solidify the methodology for gathering client-based information from mental health and substance abuse treatment providers in the State of Wyoming. The implementation of the WCIS in July 2007 was a significant step toward the MHSASD being able to distinguish individual clients from the services they receive (less duplication due to service-based counting vs. person-based counting). Therefore, estimates of clients currently served and clients to be served in the future are more accurate. This increased precision is already beginning to assist the MHSASD in making better policy decisions regarding treatment services, and will continue to do so in the future. The past year's implementation of WCIS has been a success and the response from local providers has been largely positive. The next year will bring continued enhancements of the reporting functionality of the system, which will allow the MHSASD to respond in a more accurate and timely fashion to requests for treatment data.

The MHSASD contracted with local providers for the provision of mental health and substance abuse treatment services. During FY 08, 29,969 persons were served; 20,001 clients received mental health treatment and 9,968 clients received substance abuse services. Outpatient services were provided in each county in Wyoming and specialized services were provided on a local and/or regional basis. Services were available regardless of an individual's diagnosis or ability to pay. A sliding fee scale was used at the local level that was based on a client's ability to pay for services. State general funds account for approximately 83 percent of funding for community-based mental health and substance abuse services.

## Performance Measure Five: Medicaid Cost-Avoidance



## Story Behind the Last Year of Performance

The Healthy Together! Health Management Program is aimed at improving health outcomes and reducing costs for clients of EqualityCare. Healthy Together! provides one-on-one support from a health coach, educational materials, and assistance with coordinating care among multiple healthcare providers.

Using a systematic evidence-based approach, the Health Together! Program identifies individuals who need care or are at high risk for illness and enrolls them in monitored health management programs and then measures the effectiveness of these programs.

Inpatient hospital visits are among the highest costs per visit for Medicaid agencies. The Healthy Together! Program has been effective at reducing inpatient stays over the past couple of years. The graph above shows a 2 percent reduction in FY 06 and a 24 percent reduction in inpatient visits during FY 07.

### What has been accomplished?

The program established 10 performance measures designed to evaluate its success in patient satisfaction, quality of care, access to care, patient utilization, and economic outcomes.

In FY 08, successful outcomes were achieved in both cost avoidance of Medicaid expenditures and in 7.7 of the 10 quality indicators. The chart below highlights the results.

<b>Quality Variables</b>	<b>Metric</b>	<b>Outcome</b>
Asthma patients (ages 5-56) taking an asthma medication.	Either 50%; or 10% increase from previous year.	93% compliance.
Number of asthma patients (ages 5+) with an ER visit.	Annual reduction from baseline.	1% decrease from baseline.
Reduction of ER or inpatient visits for patients with a diagnosis of depression.	10% decrease from previous year.	24% decrease from previous year.
Diabetic patients (ages 18+) with an A1C test.	Either 65% or an increase of 10% from previous year.	13% increase from previous year.
Diabetic patients (ages 18+) who have had an LDL test.	Either 65% or an increase of 10% from previous year.	7% increase from previous year (70% of metric attained).
Patients with asthma, COPD, heart disease, or diabetes who have had a flu shot.	Annual increase from baseline.	6% increase from baseline.

