

State at a Glance: Wyoming

Overview

In February 2010, the [Centers for Medicare & Medicaid Services \(CMS\)](#) awarded grants to 10 States under a 5-year, \$100 million effort to improve health care quality and delivery systems for children enrolled in Medicaid and the Children's Health Insurance Program (CHIP). Funded by the [Children's Health Insurance Program Reauthorization Act of 2009 \(CHIPRA\)](#), the [Quality Demonstration Grant Program](#) aims to identify effective, replicable strategies for enhancing quality of care for children. Because some grantee States are partnering with other States, the grants will support the implementation and evaluation of quality improvement strategies for children in a total of 18 States under five broad categories.¹

Wyoming is working with **Maryland** (one of the 10 grantees) and **Georgia** in an innovative multi-State learning collaborative, led by the Center for Health Care Strategies (CHCS), to implement a comprehensive provider-based model of service delivery for youth with serious behavioral health challenges. The three States represent diverse geographic areas and Medicaid structures and a range of experience in using the model, known as a care management entity (CME).

Wyoming's Objectives

Wyoming is the only State in the tri-State partnership that did not have a Care Management Entity (CME) in place before the CHIPRA grant award. Consequently, it will work with the other two States and CHCS to develop and implement one. By doing so, Wyoming aims to improve: 1) access to home and community-based services; 2) clinical and functional outcomes; 3) cost outcomes; and 4) family and youth resiliency for children and youth with serious behavioral health needs.

Assessing a Provider-Based Model of Care

CMEs utilize the [Wraparound practice approach](#), which includes the following activities: a youth-guided, family-driven, individualized, and strengths-based service planning approach that is coordinated across agencies and providers; intensive care coordination; peer support; and home- and community-based services as alternatives to costly residential and hospital care. In 2011, the three partner States implemented the necessary project planning tool developed by CHCS to quantifiably measure their collaborative-wide goals and determine which data are available.

Specifically, Wyoming's work includes:

- Developing a CME model for the State.
- Implementing a CME approach to serve 100 high-utilizing and/or at risk for high-utilizing Medicaid and CHIP children.
- Ensuring the CME utilizes or interfaces with Wyoming's total health record (THR) for health home and electronic health record (EHR) functions.

¹ The five categories are projects that (1) show how a core set of children's quality measures can be used to improve quality of care for children, (2) promote the use of health information technology to enhance service quality and care coordination, (3) implement new or more comprehensive provider-based models of service delivery, (4) demonstrate the impact of a model electronic health record format for children, and (5) test an approach to quality improvement of a State's own design.

- Identifying psychotropic prescribing practices for 100 percent of youth who may be served through the CME.
- Ensuring psychotropic prescribing practices for 100 percent of youth served by the CME.

Using Health Information Technology (IT) to Improve Child Health Care Quality

To support enhanced care coordination, Wyoming is (1) integrating an electronic health record (EHR) into its total health record (THR) system and (2) making the THR system accessible to CME operations. The goal of the THR is to incorporate selected quality measures and track access to services. Wyoming expects that the system will improve transparency and consumer choice and provide families and providers with the information needed to obtain and use services appropriately. In addition, Wyoming is utilizing telehealth services with providers to support behavior/mental health assessments and screenings in order to ensure best practices and adhere to Wyoming State standards in prescribing psychotropic medications.

Evaluation Questions

The national evaluation team will gather information from Wyoming to address a wide range of questions about the implementation and outcomes of its efforts, including:

- How did participation in the tri-State partnership help the development and implementation of Wyoming's CME model?
- To what extent did Wyoming's efforts to expand the CME model improve quality of care for youth with serious behavioral health challenges?
- Does the implementation of the CME model lead to more efficient provision of support and treatment (e.g., reduced duplication of effort/financing)?
- What are the key lessons from Wyoming's experience that would be useful for other States—especially rural States—that would likely improve care for youth with serious behavioral health challenges?

Learn More

This information is current as of March 2012, slightly more than 2 years after grant award. To learn more about the projects being implemented in Wyoming under the CHIPRA Quality Demonstration Grant Program, please contact:

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To learn more about the CHIPRA CME Quality Improvement Collaborative, visit www.chcs.org/info-url_nocat3961/info-url_nocat_show.htm?doc_id=1250388 or contact Dayana Simons at dsimons@chcs.org.

To learn more about the national evaluation of the CHIPRA Quality Demonstration Grant Program, visit the evaluation's Web page at <http://www.ahrq.gov/chipra/demoeval>.