

# Wyoming Department of Health Facilities

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## Level I/II Study Statement of Work

7/24/2015



Wyoming Department of Administration and Information  
Wyoming Department of Health

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(A) Facilities Task Force Interim Report to the Joint Labor, Health and Social Services Interim Committee and Joint Appropriations Committee, Nov. 1 <sup>st</sup> , 2014.	
(B) Enrolled Act 56 (Senate File 001), 63 <sup>rd</sup> Legislature of the State of Wyoming, 2015 General Session, Section 329.	
(C) W.S. § 9-5-108 - Statutory definitions of Level I/II studies.	
(D) Department of A&I matrix for Level I/II studies.	
(E) Wyoming Life Resource Center - current building use	

## Project Overview

The selected Architecture and Engineering (A&E) firm will provide Level I and Level II Planning and Design Services for the Wyoming Department of Health (WDH) at the Wyoming State Hospital (WSH) and Wyoming Life Resource Center (WLRC) facilities. It will also include, as an additional option, a proposed probable cost for the construction of a new Assisted Living Facility (ALF) and a new Skilled Nursing Facility (SNF) at the Veterans' Home of Wyoming (VHW), consistent with the Veteran's Administration Community Living Center concept and the 2013 Department of Health Facilities Master Plan.

The selected firm will work closely with the WDH and the Wyoming Department of Administration and Information, Construction Management Division (AICM) in guidance of W.S. § 9-5-108, to understand the needs of the future operations of each facility and how these requirements affect the campuses and their layout.

Each firm interviewed will be allowed a 45-minute presentation to provide and describe in detail their understanding of the project and how they plan to meet the requirements of 2015 Senate File 001, Section 329. At the end of their presentation, the Selection Committee Members will engage presenters in a 15-minute question and answer session.

At the end of their respective interview, each firm will provide, in a sealed envelope, a fixed fee proposal for the WSH and WLRC studies, and an additional fixed fee proposal option for the VHW. The fixed proposal(s) shall include a detailed cost break out, including all deliverables, as well as estimates and options for demolition / re-purposing / reclamation of those existing buildings and portions of land which are not used in the new facility designs.

Current programs, new missions and aerial images of each facility have been provided in this document.

Note that a Master Plan was completed at these facilities in November 2013, and, although the recommendation from that report differs from the proposed re-alignment of facilities and their missions today, there was a high-level building condition assessment that may be beneficial. This report also included reducing the physical size of both the WSH and WLRC, which is still the wish of the WDH. A copy of this report is available upon request.

## Role of Department of Health Facilities

The Facilities Task Force Interim Report of Nov 1<sup>st</sup>, 2014 (Attachment A) recommended that, when it comes to providing services in a State-run facility, the proper role of the State is that of a “safety net” provider; i.e., the State should not compete with the private sector for care provision outside of the “safety net.”

The “safety net” concept refers to the State’s obligation to ensure access as a provider of last resort to facility-level services for those individuals who would otherwise be critically endangered or a threat to public health and safety.

Option 1(a), as recommended by the Task Force during Phase I and selected by the 63<sup>rd</sup> Wyoming State Legislature in §329(k) of Enrolled Act 56 (Attachment B), integrates and allocates the role of the State in providing facility-base safety-net care to various populations across the Wyoming State Hospital and the Wyoming Life Resource Center.

In this concept, the Wyoming State Hospital would focus on acute crisis stabilization and the Wyoming Life Resource Center would focus on intermediate and long-term care. This is illustrated in the matrix below.

**Table I: Populations and Settings for Option 1(a)**

	Type of Care		
	Acute	Intermediate	Long-term
ABI/DD with exceptionally difficult behaviors			
Title 25 - Civil Commitments			
Title 7 - Forensic Psych			
Gero-psych			
High Medical			
“Hard to Place”			
“Emergency Placements”			

**Key**  
 The Wyoming State Hospital  
 The Wyoming Life Resource Center

The specified populations and types of care in the table above are further defined below.

### Services

**Acute** - Intended for crisis stabilization. Generally short-term.

**Intermediate** - Post-acute rehabilitation. Discharge plan to the community in place.

**Long-term** - Extended services to maintain functional level. Transition to less restrictive facility as appropriate.

## Core Populations and Estimated Demand

(1) **Individuals with Developmental Disabilities (DD) or Acquired Brain Injuries (ABI) with exceptionally difficult behaviors.** These individuals, often already on the DD or ABI waivers, manifest aggressive, inappropriate, or self-injurious behaviors to the point where they may be rejected by private DD/ABI service providers in times of crisis. Behavior is usually reflected in a very low ICAP General Score (e.g. below -20, on scale between 10 and -40).

Estimated population: 20 - 30 (WLRC, with acute crisis stabilization at WSH)

(2) **Title 25 Civil Commitments.** Court-ordered involuntary emergency psychiatric treatment and involuntary court-ordered hospitalization to the Wyoming State Hospital, per W.S. § 25-10-110. This population is over the age of 18 and presenting with diverse psychiatric and medical diagnoses. Generally speaking, these individuals have been determined to be a danger to self or others, or are unable to care for themselves as a result of a mental illness.

Estimated population: 270 - 350 involuntary hospitalizations per year (WSH)

(3) **Title 7 Forensic Psych.** Forensic psych services include completing court ordered competency evaluations and mental status evaluations at time of the offense (MSO); providing mental health services to inter-institutional transfers from the State Correctional Facility; and providing mental health services in a secured setting to individuals that have been found Not Guilty by Reason of Mental Illness, per W.S. § 7-11-301.

Estimated population: 25-40 (WSH)

(4) **Geriatric psychiatric, or “gero-psych” patients** are those seniors with highly complex medical and psychiatric conditions requiring specialized services in virtually all aspects of a patient's psychiatric, medical and behavioral symptoms. In many cases, the advanced age of the patient requires managing pharmacological complications in treating mental health diagnoses. In other cases, the client exhibits challenging, assaultive and unsafe behaviors placing them at risk of hospitalization. Common behavioral and psychological symptoms include:

- Aggression and violent behavior
- Wandering
- Sexually inappropriate behavior
- Self-endangering behaviors and medicine non-compliance

Estimated population: 30-40 (WLRC, with acute crisis stabilization at WSH)

(5) **High-needs medical.** SNF-level clients with the highest tier of acuity (e.g. ventilators, negative-pressure wound therapy, expensive medications, frequent turning), whose medical costs are often higher than what private facilities can accept. This category does not include high-behavior needs elderly.

Estimated population: 15 - 30 (WLRC)

(6) “**Hard to place**” are SNF-level clients who do not necessarily have high medical or behavioral needs, but have been rejected from private facilities for other reasons, e.g. a history of sex offenses.

Estimated population: 5 - 10 (WLRC)

(7) “**Emergency placements**” are not easily defined; typically, they are a client rejected from a private facility with very short notice.

Estimated population: 1-5 (WSH / WLRC)

(8) **Veterans** are defined for the purposes of admission to the Veteran’s Home in W.S. § 25-9-101(a) and (b).

Estimated population: 80 - 100 (VH)

### Acronyms

**ABI** – Acquired Brain Injury. Refers to brain damage occurring occurs after birth which can result in cognitive, physical, emotional, or behavioral impairments.

**ALF** – Assisted Living Facility, a lower-level of care than Skilled Nursing. As defined by the WDH Office of Healthcare Licensing and Survey, an ALF is “a dwelling operated by any person, firm, or corporation engaged in providing limited nursing care; personal care; and boarding home care, but not habilitative care, for persons not related to the owner of the facility. This definition may include facilities with secured units and facilities dedicated to the special care and services for people with Alzheimer's disease or other dementia conditions.”<sup>1</sup>

**CMS** – Centers for Medicare & Medicaid Services, federal program that administers the Medicare program and works with state governments to administer the Medicaid program.

**DD** – Developmental Disabilities, lifelong conditions which typically originate in childhood that cause physical, learning, language, or behavioral impairments.

**FMAP** – Federal Medical Assistance Percentage, determines the federal share of Medicaid benefits in each state through formula established in §1905(b) of the Social Security Act.<sup>2</sup>

**ICAP** – Inventory for Client and Agency Planning, an assessment which determines a developmentally disabled individual’s service needs by measuring adaptive and maladaptive behavior.

**ICF-ID** – Intermediate Care Facility for Individuals with Intellectual Disability, means an institution (or distinct part of an institution) that—

(a) Is primarily for the diagnosis, treatment, or rehabilitation of Individuals with Intellectual Disabilities or persons with related conditions; and

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<sup>1</sup> [http://www.health.wyo.gov/ohls/Wyoming\\_Assisted\\_Living.html](http://www.health.wyo.gov/ohls/Wyoming_Assisted_Living.html)

<sup>2</sup> <http://aspe.hhs.gov/health/fmap.cfm>

(b) Provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at his greatest ability.<sup>3</sup>

IMD– Institution for mental diseases means a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such. An institution for Individuals with Intellectual Disabilities is not an institution for mental diseases.<sup>4</sup>

SNF – Skilled Nursing Facility, is an institution [establishment that furnishes (in single or multiple facilities) food, shelter, and some treatment or services to four or more persons unrelated to the proprietor] (or a distinct part of an institution) which is primarily engaged in providing to residents (A) skilled nursing care and related services for residents who require medical or nursing care, or (B) rehabilitation services for the rehabilitation of injured, disabled, or sick persons, and is not primarily for the care and treatment of mental diseases.<sup>5</sup>

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<sup>3</sup> 42 CFR 435.1010 - Definitions relating to institutional status.

<sup>4</sup> 42 CFR 435.1010 - Definitions relating to institutional status.

<sup>5</sup> 42 USC § 1395i-3 - Requirements for, and assuring quality of care in, skilled nursing facilities

## Wyoming State Hospital (IMD) Evanston, WY



### Background

In March of 1886, the Wyoming Territorial Legislature appropriated \$30,000 for the construction of a State Mental Hospital. The Wyoming State Hospital started with a bed capacity of 20, grew to the height of bed capacity of 750 in 1968, and is currently operating 103 beds.

The State Hospital is the only state-operated psychiatric facility licensed in Wyoming. It currently provides two main treatment program services: Adult Psychiatric Services (including Medical Geriatric Psychiatric Services) and Criminal Justice Services. The Adult Psychiatric Services provide acute and intermediate care for persons requiring psychiatric intervention under Title 25 (W.S. § 25-10-101 through 25-10-305), while the Criminal Justice Service serves the Wyoming court system by providing forensic psychiatric evaluations and treatment services under Title 7 (W.S. § 7-11-301 through 7-11-307),

Per the Wyoming State Constitution, Article 7, Section 23, the State Hospital must be located in Evanston.

### Statutory Authority

W.S. § 25-10-101 through § 25-10-305

W.S. § 7-11-301 through § 7-11-307

### New Mission

The Wyoming State Hospital in Evanston will provide acute care to:

- Individuals with developmental disabilities (DD) or acquired brain injuries (ABI) who manifest exceptionally difficult behaviors
- Title 25 - Civil Commitments
- Geriatric-psychiatric



The State Hospital would also provide acute, intermediate and long-term care to Title 7 - Forensic Psychiatric patients.

### Design Requirements

- The design will encompass multiple units - acute care for Title 25 clients, for DD/ABI with exceptionally difficult behaviors, and for geriatric-psychiatric clients, and the full spectrum of care for Title 7 Forensic services.
- The total number of Title 25 beds at the State Hospital will be influenced by two major factors:
  - The change in involuntary hospitalizations over time. If current trends continue, 300 - 400 involuntary hospitalizations per year are anticipated by 2030.
  - Average Length Of Stay (ALOS) at the State Hospital, which depends on the Hospital's ability to discharge to other facilities and the community. The current ALOS for Title 25 is approximately 170 days.

Both of these factors are being evaluated by a separate Subcommittee on Title 25.

- The total number of Title 7 patients is anticipated to be 30-40 by 2030.
- Overall campus must be compact, significantly consolidated from current footprint. Existing buildings, however, may be repurposed or retained to meet the new mission.
- The facility serving Title 25 patients will be required to be licensed as a psychiatric hospital according to Wyoming licensure standards, meet certification requirements for providing acute crisis stabilization services under CMS guidelines and inpatient psychiatric services according to Commission on Accreditation of Rehabilitation Facilities (CARF) standards.
- Acute care facilities must also meet the needs of ABI/DD with exceptionally difficult behaviors, and geriatric-psychiatric clients, though ICF-ID and SNF licensure will not be sought.
- The facility serving the Title 7 Forensic populations will be required to be licensed as a psychiatric hospital according to Wyoming licensing standards and inpatient psychiatric services according to CARF standards.

## Wyoming Life Resource Center (ICF-ID + SNF) Lander, WY



### Background

The Wyoming Life Resource Center (WLRC) was originally established in 1907 as “an institution for the custody, care, education, proper treatment and discipline of the feeble-minded and epileptic persons, under the name of the ‘Wyoming Home of the Feeble-Minded and Epileptic’.”<sup>6</sup>

Before the facility opened its doors in 1912, legislation passed changing its name to the “Wyoming State School for Defectives.” In 1921 the name was changed to the Wyoming State Training School, by which it was known until 2008 when the Legislature changed the name to the Wyoming Life Resource Center (WLRC).

Throughout its existence, the WLRC has continued to change and evolve. The WLRC first opened in June of 1912 with three children enrolled.<sup>7</sup> By the end of the year, enrollment had grown to 23. At its peak, the WLRC served more than 700 clients (1960’s), and today it serves approximately 90 clients.

The first efforts to certify the WLRC as an Intermediate Care Facility for the (at that time) Mentally Retarded or (ICF-MR) began in the late 1980s, with the first ICF-MR certifications received in December 1989. All units at the WLRC were certified by 1993. The ICF-MR, or as it is now known, the ICF-ID (intellectually disabled) designation allows federal financial participation (Medicaid match), but also requires compliance with federal regulations.

Significant changes were made in the early 1990s, due to a lawsuit, *Weston et al. v. Wyoming State Training School, et al.*, Civil Action no. C90-0004, filed with an intent to “...improve services to people with intellectual disabilities”<sup>8</sup> both at the facility and across the State. Specifically, the lawsuit commenced in January 1990 “seeking improvement of conditions at [the Wyoming Life Resource Center], expansion of community resources and support services and transfer of class members to community programs.”<sup>9</sup> As a result of the lawsuit, approximately 200 clients transitioned out

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<sup>6</sup> Session Laws of Wyoming, 1907, Chapter 104.

<sup>7</sup> A Century of Empowerment, Past, Present and Future, a handbook

<sup>8</sup> A Century of Empowerment, Past, Present and Future, a handbook

<sup>9</sup> *Weston et al. v. Wyoming State Training School, et al.*, Civil Action No. C90-0004, Consent Decree, Stipulated Agreement, March 13, 1991.

of the WLRC into community settings, and attention greatly increased to the services provided to persons with intellectual disabilities in Wyoming.

The lawsuit was settled by the parties. The Settlement Agreement formally recognized ongoing obligations of the State with respect to services and supports for people with developmental disabilities.<sup>10</sup> The Settlement Agreement is no longer in effect; it terminated December 31, 1996.<sup>11</sup> However, the State remains committed to upholding the spirit of the obligations set out by Weston.

Since the Weston Settlement, additional protections have come about with regard to the institutionalization of individuals with intellectual disabilities. The State, as well as the WLRC, must comply with many federal and state codes, statutes and regulations, as well as the interpretations of these laws by U.S. courts.

The Visions program was developed in the late 1990s for people with ABI. This program first accepted clients in 1998. The Visions program is not certified as an ICF, and thus receives no federal financial participation (Medicaid match).

Finally, in 2008 the Wyoming legislature passed a number of amendments to the WLRC statutes that still govern the facility today.

#### **Statutory Authority**

W.S. § 25-5-101 through § 25-5-135.

#### **New Mission**

The Wyoming Life Resource Center in Lander will provide intermediate care to:

- Individuals with developmental disabilities (DD) or acquired brain injuries (ABI) who manifest exceptionally difficult behaviors.

As well as intermediate and long-term care to:

- Geriatric psychiatric patients.
- High-needs medical clients.

The facility will also be prepared to provide long-term care to “hard-to-place” clients as well as all types of care to emergency placements.

#### **Design Requirements**

- The overall campus must be compact, significantly consolidated from current footprint. Existing buildings, however, may be repurposed or retained to meet the new mission.
- Based on new populations served, estimated total beds will be 100 - 120.

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<sup>10</sup> Weston et al. v. Wyoming State Training School, et al. Civil Action No. C90-0004, Annotated Settlement Agreement including the Order Approving Settlement Agreement and Dismissing Action, signed December 5, 1994.

<sup>11</sup> Weston et al. v. Wyoming State Training School et al., Civil Action No. C90-0004, Annotated Settlement Agreement at pg. 16.

- There is a 'legacy population' of approximately 75 individuals who have lived at the WLRC for a significant portion of their lives, but do not fit the core population definition. These individuals will remain at the facility.
- The new facility will require two distinct licenses -- an ICF-ID and a SNF license -- in order to maximize Medicaid FMAP and/or other federal funding for all populations served. Any construction plans must comply with CMS licensure requirements to ensure that both licenses can be readily obtained.
- Both the ICF and SNF components must be built to accommodate the needs of clients who manifest extremely difficult behaviors (e.g. aggression/violence, wandering, sexually-inappropriate behavior), but also the high-medical and legacy populations; separate modules or wings within each licensure are therefore likely.
  - Populations served in the ICF-ID: DD with exceptionally difficult behaviors / legacy population DD (temporarily)
  - Populations served in the SNF: ABI with exceptionally difficult behaviors, geropsych, high-needs medical, hard-to-place, emergency placements, legacy population ABI (temporarily).

## Wyoming Veterans' Home (Domiciliary-level care, option - SNF) Buffalo, WY



### Background

The VHW, originally established in 1903 as the Wyoming Soldiers and Sailors Home, currently provides domiciliary-level care to Wyoming Veterans.

Domiciliary-level care is defined by the VA as the “least intensive level of inpatient care for ambulatory veterans disabled by age or illness who are not in need of more acute hospitalization and who do not need the skilled nursing services provided in nursing homes.”<sup>12</sup> The site is located on the grounds of the historic Ft. McKinney.

The VHW is licensed as an Assisted Care Facility by the Wyoming Department of Health and is also under the jurisdiction of the United States Veteran’s Administration. Residents of the VHW must be an honorably discharged veteran, a resident of Wyoming, a dependent of a veteran, or a qualified non-veteran. While residents of the facility are ideally residents of Wyoming, referrals can come from anywhere within the Veteran’s Administration VISN 19 region (encompassing most of Montana, Utah, Colorado and Wyoming). Residents must also be able to maintain activities of daily living, because skilled services are not provided at the VHW per regulation.

### Statutory Authority

W.S. § 25-9-101 through W.S. §25-9-106.

### New Mission

The Wyoming Veteran’s Home will provide intermediate and long-term care to Wyoming veterans.

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<sup>12</sup> Public Laws 89-358, 94-581, and 100-322, Section 136, 38 U.S.C. 601 and 610; Executive Order 5398, July 21, 1930. Title 38 USC 1710, 1746-1748.

## Design Requirements

- Two separate cost estimates are required under this option:
  - Building new domiciliary-level care for current residents and demolishing old non-historic buildings and non-essential infrastructure.
  - Building new Skilled Nursing Facility.
- All care will be modeled after principles embodied in the current VA's Community Living Center concept. Tenets of this model include:
  - Residents live in home-like settings, with private rooms and baths, open kitchens and dining areas.
  - Homes are well-integrated into the surrounding community.
  - A design guide for the Community Living Center concept can be found here: <http://www.cfm.va.gov/til/dGuide/dgCLC.pdf>
- Cost estimates will be for a facility that will meet all federal VA guidelines in order to maximize VA funding for both construction and operation of the facility. These cost estimates will assume and cost out the following Level III project phases:

### Phase One: Design Services

- Conduct design meetings with the owner during the design stage of the project.
- Prepare final construction documents.
- Produce Project Manuals and Specification for the Project.
- Provide incremental progress sets of construction documents for the owners' review.

### Phase Two: Bidding Services

- Organize and coordinate the public bidding process with the State of Wyoming Department of A&I, Procurement Division.
- Organize and conduct pre-bid conference.
- Provide addenda as necessary.
- Review bids and make recommendations to the Health Department and Construction Management.

### Phase Three: Construction Administration Services

- Organize and conduct a pre-construction conference.
- Review and answer request for information (RFIs)
- Review Submittals and Shop Drawings.
- Schedule and attend regular Owner, Architect, Contractor (OAC) site meetings.
- Provide regular site observation reports.

### Phase Four: Project Close-Out

- Review Operation and Owners Manuals (O&M's)
- Review all warranties.
- Perform final punch list inspection.
- Prepare Notice of Substantial Completion.
- Produce reproducible hard copy drawings and electronic AutoCAD files of as-built drawing mark-ups provided by the contractor.
- Schedule and perform a warranty site visit 11 months after Substantial Completion is awarded.

## Existing Site Images

### Wyoming State Hospital (WSH)



The WSH is located directly east of the town of Evanston on a 155-acre campus (41.259 latitude, -110.942 longitude). There are 36 buildings, ranging in age from 3 to 98+ years old, totaling 448,600 square feet. Note that the 2013 Master Plan describes 477,000 square feet; Building 3 (Lincoln/Platte/Washakie - 22K square feet) and Building 13 (Plumbing/electrical shop, 6,400 square feet) have since been demolished.

### Wyoming Life Resource Center (WLRC)



The WLRC is located directly east of the town of Lander (42.842 latitude, -108.711 longitude), on a 94-acre campus. There are 60+ buildings, ranging in age from 5 to 100+ years, totaling 379,000 square feet. Note that use of the buildings has changed since the 2013 Master Plan (HDR); current use of the buildings is reflected on Attachment E.

## Wyoming Veterans' Home



The Veteran's Home is located west of the town of Buffalo (44.333 latitude, -106.740 longitude) on 35-acre campus. There are 16 buildings totaling 87,500 square feet.



## Attachment A

Facilities Task Force - Interim Report (Nov 1<sup>st</sup>, 2014)

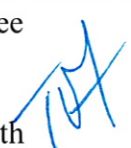
Thomas O. Forslund, Director

Governor Matthew H. Mead

## MEMORANDUM

**Date:** November 1, 2014

**To:** Joint Labor, Health and Social Services Interim Committee  
Joint Appropriations Committee

**From:** Thomas O. Forslund, Director   
Wyoming Department of Health

**Subject:** Facilities Task Force - Interim Report

**Ref:** F-2014-592

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House Enrolled Act 41, the General Government Appropriations bill passed by the Sixty-Second Legislature in the 2014 Budget Session, established a Joint Executive and Legislative Task Force on Department of Health Facilities. Section 329(d) states:

*(d) The task force shall develop findings, strategies and recommendations on the use, populations served, services offered, capital construction requirements, consolidation or closure of individual buildings, financing and proposed timeline for facility demolition or improvements of department of health institutional facilities. While developing the findings and recommendations required under this subsection, the task force shall meet at least once in Buffalo, Evanston and Lander. These meetings shall be open to the public. The task force shall meet as necessary to timely accomplish the following assignments:*

*(i) On or before May 15, 2014, provide the joint appropriations interim committee and the joint labor, health and social services interim committee an outline of the objectives, timelines and deliverables of the task force;*

*(ii) Provide an interim report on the activities of the task force to the joint appropriations interim committee and the joint labor, health and social services interim committee not later than November 1, 2014;*

Attached is the report that fulfills the legislative mandate specified in 329(d)(ii).

TOF

c: Governor Matthew H. Mead  
Legislative Service Office (3 copies)  
State Department Depository (electronic copy)

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**Task Force on Department of Health Facilities**

**Report to the Joint Appropriations Interim Committee and  
Joint Labor, Health and Social Services Committee**

# **Interim Report - the Missions of Department of Health Facilities**

**Prepared by:**

**Mr. Joseph Gallagher  
Chairman**

**Task Force on Department of Health Facilities**

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**November 1, 2014**

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Not included - not relevant to Option 1(a)

## **Section 1. Executive Summary**

During the 2014 Budget Session, the Wyoming Legislature established a Joint Executive and Legislative Task Force on Wyoming Department of Health Facilities. The originating legislation specified that the Task Force provide an interim report on its activities to the Joint Labor, Health and Social Services Interim Committee and the Joint Appropriations Interim Committee by November 1<sup>st</sup>, 2014.

This report provides four options for the use, populations served and services offered for the five facilities operated by the Department of Health -- the Wyoming State Hospital (WSH), the Wyoming Life Resource Center (WLRC), the Retirement Center (WRC), the Veterans' Home (VH) and the Pioneer Home (PH).

The Task Force recommends that one option be selected by the Governor and Legislature, so capital construction requirements can be determined in detail.

### **Options Developed by Task Force**

During its meeting in Casper on October 3, 2014 and its meeting in Cheyenne on October 22<sup>nd</sup>, the Task Force developed four distinct options – Option 1(a), Option 1(b), Option 2, and Option 3 – to present to the Governor and Legislature concerning the need to integrate care across the State Hospital, the Life Resource Center and the Retirement Center.

For the Veterans' Home, which currently provides only Domiciliary-level care, the Task Force recommends demolition of the non-historic buildings and reconstruction of the facility to include Skilled Nursing Facility level of care. Both Domiciliary-level and Skilled Nursing-level care should be delivered along the lines of the Green House model.

For the Pioneer Home, the Task Force recommends studying the privatization or long-term lease of the facility.

For all facilities, the Task Force recommends implementing enterprise fund accounting to show the degree of State General Fund subsidy each facility receives once revenues (e.g. private pay, VA, Medicaid) are accounted for.

Table 1, on the next page, summarizes the options developed by the Task Force for all five facilities. The following information is included in the Table:

- The core populations served by each facility for each option;
- Any facility changes needed for each option, including capital construction as well as changes in populations served and type of care delivered;
- Estimated capital requirements for each option;
- How the Task Force ranked each option in order of preference, and
- Legislation required for each option.

**Table 1: Options for State Hospital, Life Resource Center and Retirement Center.**

Options	Option 1(a)	Option 1(b)	Option 2	Option 3
	"One campus, long streets"		"Status quo plus upgrades"	"One facility"
<b>Task Force Preference</b>	1	2	3	4
<b>Task Force Vote for Preference</b>	7 for, 1 against	7 for, 1 against	7 for, 1 against	6 for, 2 against
<b>Core Populations</b>	Change population mix to focus on core clients: ABI/DD with exceptionally-difficult behaviors, Title 25 and Title 7 commitments, "gero-psych", high-medical, "hard to place" and emergency placements.		No changes to populations served or patient care delivered. This option is inconsistent with the Task Force "safety net" recommendation.	Change population mix to focus on core clients: ABI/DD with exceptionally-difficult behaviors, Title 25 and Title 7 commitments, "gero-psych", "hard to place" high-medical and emergency placements.
<b>Facility Changes</b>	State Hospital focuses on acute crisis-stabilization.		Implement recommended upgrades to the WSH and WLRC, right-size for the future per the HDR study	Close all three facilities, construct new facility (one campus, multiple licensures) with smaller footprint.
	WRLC focuses on intermediate and long-term care.	WLRC focuses on intermediate care (i.e., discharge plan to community in place).		
	Retirement Center is privatized or closed.	Retirement Center focuses on long-term care.		
<b>Est. Capital Requirements</b>	TBD	\$113,000,000	\$113,000,000	~\$90,000,000
<b>Rank of Est. Cost Savings (Appendix A)</b>	2	3	4	1
<b>Legislation</b>	Appropriation		Appropriation	Appropriation
	Upgrading of employee positions (<5)			Possible Constitutional amendment
	Change to facility missions			Change to facility missions
	Elimination of choice btw. facility and community			Elimination of choice btw. facility and community

**Additional Recommendations**

- 1. Veterans' Home.** Construct new Domiciliary-level and Skilled Nursing Facility based around the Green House concept. Keep historic buildings, raze remainder.
- 2. Pioneer Home.** Study the potential for privatization/long-term lease of the Pioneer Home.
- 3. All Facilities.** Implement enterprise fund model (i.e. looking to operate in a break-even manner as much as possible, given private pay and Medicaid) under State ownership for the WSH, WLRC, WRC, Pioneer Home and Veterans' Home.

## **Section 2. Specific Requirements of Statute**

The General Government Appropriation bill passed by the Sixty-Second Legislature in the Wyoming 2014 Budget Session as House Enrolled Act 41, states in Section 329:

(a) There is created the joint legislative and executive task force on department of health facilities.

(b) The task force shall be comprised of:

(i) Two (2) members of the senate, appointed by the president of the senate;

(ii) Two (2) members of the house of representatives, appointed by the speaker of the house;

(iii) Four (4) members appointed by the governor. In considering appointments to the task force who are not members of the legislature, the governor shall consider the expertise required to produce timelines, outlines, deliverables and recommendations as provided in this section.

(c) The governor shall appoint a chairman from among the voting members of the task force to preside over meetings.

(d) The task force shall develop findings, strategies and recommendations on the use, populations served, services offered, capital construction requirements, consolidation or closure of individual buildings, financing and proposed timeline for facility demolition or improvements of department of health institutional facilities. While developing the findings and recommendations required under this subsection, the task force shall meet at least once in Buffalo, Evanston and Lander. These meetings shall be open to the public. The task force shall meet as necessary to timely accomplish the following assignments:

(i) On or before May 15, 2014, provide the joint appropriations interim committee and the joint labor, health and social services interim committee an outline of the objectives, timelines and deliverables of the task force;

(ii) Provide an interim report on the activities of the task force to the joint appropriations interim committee and the joint labor, health and social services interim committee not later than November 1, 2014;

(iii) Provide recommendations for legislative action as provided in subsection (g) of this section.

(e) ~~**[The task force shall be staffed by the legislative service office.]**~~ The department of administration and information shall serve in an advisory capacity to the task force and shall provide technical and other relevant information as requested. [BRACKETED LANGUAGE SHOWN IN BOLD AND AS STRICKEN WAS VETOED BY GOVERNOR MARCH 5, 2014.]

(f) The task force shall terminate on December 1, 2015.

(g) Recommendations of the task force created by this section shall be submitted for legislative action to the joint appropriations interim committee and the joint labor, health and social services interim committee not later than November 1, 2015.

(h) The task force may contract with experts as necessary to fulfill the duties assigned under this section upon majority vote of the task force and with the approval of the governor. No contract under this subsection shall be subject to the procurement provisions of W.S. 9-2-1016.

(j)

(i) There is appropriated twenty-five thousand dollars (\$25,000.00) from the general fund to the legislative service office. This appropriation shall be for the period beginning with the effective date of this section and ending December 1, 2015. This appropriation shall only be expended for the purpose of funding salary, mileage and per diem of legislative members of the task force. Notwithstanding any other provision of law, this appropriation shall not be transferred or expended for any other purpose and any unexpended, unobligated funds remaining from this appropriation shall revert as provided by law on June 30, 2016;

(ii) There is appropriated two hundred twenty-five thousand dollars (\$225,000.00) from the general fund to the governor's office for the purposes of this section. This appropriation shall only be expended for mileage and per diem expenses of the non-legislative members of the task force and to contract with experts as provided in this section. Notwithstanding any other provision of law, this appropriation shall not be transferred or expended for any other purpose and any unexpended, unobligated funds remaining from this appropriation shall revert as provided by law on June 30, 2016.

(k) This section is effective immediately.



## **Section 3. Response to Specific Requirements of Statute**

### **Task Force Objectives**

As noted in the May 15<sup>th</sup> outline, the legislative directives for the Task Force separated logically into two sequential phases:

Phase I: Determining the missions for each State-run facility. Missions must specify the “use, populations served [and] services offered” for each facility, as specified in Section 329(d) of the authorizing legislation.

Determining the role of State government in providing facility-level care for vulnerable populations and thereby establishing the specific missions of each WDH facility was the primary public responsibility of this Task Force. In making its decision, the Task Force weighed:

- Defining vulnerable populations.
- The most effective way to provide care to vulnerable populations throughout the State.
- The proper role of the State in providing that care in a facility setting.
- The role of the private sector in providing care.
- The impact of change on facility residents who might be transitioned.
- The economic impact of change on the communities in which facilities are located.

Phase I was further divided into two sequential objectives:

Objective 1: Role of the State. Before determining the mission of each facility, the Task Force gave extensive thought to the proper role of the State in caring for vulnerable populations *generally*. Which populations should be served in a State-run facility setting? What type of care should be provided (crisis stabilization / rehabilitation / long-term care) to each group?

Objective 2: Facility Missions. Once the role of the State was established, the Task Force allocated that role across specific facilities through various options in order to effectively determine each facility’s mission.

Phase II: Develop a work plan; that is, a plan on how to allocate resources to ensure those missions can be accomplished. This “how” includes the “capital construction requirements, consolidation or closure of individual buildings, financing, and proposed timeline for facility demolition or improvements” as specified by Section 329(d).

## **Purpose of this Report**

The purpose of this report is to clarify the mission of each facility by describing its use, the populations served and the services offered, per Section 329(d). In other words, this report establishes options for the ultimate purpose of each facility.

Detailed plans for “capital construction requirements, consolidation or closure of individual buildings, financing, and proposed timeline for facility demolition or improvements ...” will be established in Phase II of this project.

## **Definitions of Services Offered**

This report categorizes services offered at each facility into three broad types of care:

- Acute - Intended for crisis stabilization. Generally short-term.
- Intermediate - Post-acute rehabilitation. Discharge plan to the community in place.
- Long-term - Extended services to maintain functional level. Transition to less-restrictive facility as appropriate.

## **Role of the State**

The Task Force recommends that the role of the State be that of a “safety net” provider; i.e., the State should not compete with the private sector for care provision outside of the “safety net.”

The “safety net” concept refers to the State’s obligation to ensure access as a provider of last resort to facility-level services for those individuals who would otherwise be critically endangered or a threat to public health and safety.

In this framework, the Task Force recommends that the State should have a role in providing facility-level services to the following populations:

- Individuals with Acquired Brain Injuries or Developmental Disabilities who manifest exceptionally-difficult behaviors;
- Title 25 involuntary civil commitments;
- Title 7 forensic psychiatric cases;
- Geriatric-psychiatric clients;
- Clients with high medical needs;
- “Hard to place”<sup>1</sup> clients; and
- Emergency placements.

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<sup>1</sup> An example of a “hard to place” client would be an individual in need of Skilled Nursing services, but is rejected from private nursing homes due to a history of sex offenses.

A more detailed matrix by population and type of care can be seen below. Dark shaded boxes indicate that the State should maintain a facility for that population at that type of care.

**Table 2:** Recommended role of the State

	Type of Care		
	Acute	Intermediate	Long-term
Acquired Brain Injury			
Adult Developmental Disability			
Child Developmental Disability			
Dual-diagnosed (MH/DD-ABI)			
ABI/DD with exceptionally difficult behaviors			
Severe and Persistent Mental Illness (SPMI)			
Non-SPMI			
Title 25 - Civil Commitments			
Title 7 - Forensic Psych			
Gero-psych			
High Medical			
Medium Medical			
Low Medical			
“Hard to place”			
Emergency placements			

Note in the table above that the Task Force believes the State should not play a role in providing direct facility-based services to ABI, DD, or dually-diagnosed individuals who do not manifest exceptionally difficult behaviors.

Similarly, the State should not provide direct facility-based services to individuals with mental illness who have not been involuntarily committed under Title 25, Title 7 or a court order. All of these populations are better served by providers in the community.

While the State should continue its financial support for these populations, it is not the role of the State to run a facility for their care.

**Legacy Population**

The Task Force defines the “legacy population” as the current residents of the Wyoming Life Resource Center (as of October, 2014). Where other current facility residents may be able to transfer between facilities (e.g. Retirement Center to WLRC) during a transition, current WLRC clients are too fragile to transfer.

Under no circumstances, therefore, does the Task Force recommend forced transition of any of these residents.

## Facility Missions

The Task Force proposes that the Legislature consider four options for clarifying the mission of the State Hospital, the Life Resource Center and the Retirement Center.

These options are listed in order of Task Force preference.

### Option 1(a): “One Campus, Long Streets”

This option integrates acute, intermediate and long-term care across the Wyoming State Hospital and the Wyoming Life Resource Center.

The Wyoming State Hospital would focus on acute crisis stabilization and the Wyoming Life Resource Center would focus on intermediate and long-term care. The same “safety net” populations listed on page 5 would be prioritized under this option.

In this option, the Wyoming Retirement Center would be privatized or closed.

This option was ranked number 1 in order of preference by the Task Force.

The Task Force believes that restricting populations to the “safety-net” criteria will require some consolidation. Specifically maintaining a facility in Basin to provide long-term care to a handful of “high medical” and “gero-psych” clients will likely not be cost-effective. Additionally, Basin is one of the more difficult locations to recruit qualified staff for the most difficult clients.

Capital construction requirements are difficult to estimate in this option, due to the need to build a Skilled Nursing Facility at the WLRC.

### Populations, Settings and Demand for Option 1(a)

	Type of Care			Estimated Demand
	Acute	Intermediate	Long-term	
ABI/DD with exceptionally difficult behaviors				20
Title 25 - Civil Commitments				55
Title 7 - Forensic Psych				32
Gero-psych				27
High Medical				20
“Hard to Place”				15
“Emergency Placements”				1

#### Key

- The Wyoming State Hospital
- The Wyoming Life Resource Center

Option 1(b): “One Campus, Long Streets”

In Option 1(b), all facilities would remain in place, but the “safety net” populations would be prioritized and the facilities would specialize in the type of care offered.

Three facilities – the Wyoming State Hospital, Wyoming Life Resource Center, and Wyoming Retirement Center – would work together to treat populations requiring acute, intermediate, or long-term care: hence the concept: “one campus, long streets.” These three facilities’ missions would be changed to focus on populations identified by the Task Force as meeting the state’s “safety net” criteria:

- ABI/DD with exceptionally difficult behaviors;
- Title 25 and Title 7 commitments;
- Geriatric-psychiatric (“gero-psych”);
- “Hard-to-place”, and
- Emergency placements.

The Wyoming State Hospital would focus on acute crisis stabilization; the Wyoming Life Resource Center would focus on intermediate care, and the Wyoming Retirement Center would focus on long-term care.

This option was ranked number 2 in order of preference by the Task Force. Capital construction requirements are estimated at \$113 million for the three facilities.

**Populations, Settings and Demand for Option 1(b)**

	Type of Care			Estimated Demand
	Acute	Intermediate	Long-term	
ABI/DD with exceptionally difficult behaviors				20
Title 25 - Civil Commitments				55
Title 7 - Forensic Psych				32
Gero-psych				27
High Medical				20
“Hard to Place”				15
“Emergency Placements”				1

- Key**
- The Wyoming State Hospital
  - The Wyoming Life Resource Center
  - The Wyoming Retirement Center
  - WSH / WLRC / WRC as appropriate

Option 2: “Status quo plus upgrades”

This is the status-quo option, though facilities would be “right-sized” in accordance with the Master Plan proposed by HDR Architecture in 2013.

Aside from implementing the upgrades and addressing the capital construction requirements identified by HDR (\$113 million, excluding the estimated costs for the Veterans’ Home), each facility would remain in place, and would serve the same populations and deliver the same types of care.

Note that this option is inconsistent with the recommendations of the Task Force to prioritize the populations served in the State’s “safety net.”

This option was ranked number 3 in order of preference by the Task Force.

**Populations, Settings and Demand for Option 2**

	Type of Care			Current Demand
	Acute	Intermediate	Long-term	
Acquired Brain Injury				10
Adult Developmental Disability				38
Dual-diagnosed (MH/DD-ABI)				31
ABI/DD with exceptionally difficult behaviors				16
Title 25 - Civil Commitments				36
Title 7 - Forensic Psych				26
Gero-psych				26
High Medical				11
Medium Medical				4
Low Medical				47
“Hard to place”				3
Emergency placements				1

- Key**
- The Wyoming State Hospital
  - The Wyoming Life Resource Center
  - The Wyoming Retirement Center
  - WSH / WLRC / WRC as appropriate

Option 3: “One Facility”

Option 3 is the most drastic: three facilities – the Wyoming State Hospital, Wyoming Life Resource Center, and Wyoming Retirement Center – would be closed. A new facility would be constructed with a consolidated campus and multiple licensures. Caring for the Task Force’s “safety net” populations would be prioritized under this option.

Constructing a new facility to treat Wyoming’s core “safety net” populations would better integrate care across the spectrum of needs (e.g. if a client in intermediate care has a crisis, acute-care staff and facilities would be nearby) and would also be the most cost-effective option.

A new 170-bed facility with only 204,000 ft<sup>2</sup> (as compared with a combined 1,045,772 ft<sup>2</sup> for the three existing facilities) would require approximately 60% of the staff. Capital construction requirements are estimated at approximately \$90 million.

This option represents the biggest shock to the system and to the communities where current facilities are located; as such, the option was ranked last in order of preference by the Task Force.

**Populations, Settings and Demand for Option 3**

	Type of Care			Estimated Demand
	Acute	Intermediate	Long-term	
ABI/DD with exceptionally difficult behaviors				20
Title 25 - Civil Commitments				55
Title 7 - Forensic Psych				32
Gero-psych				27
High Medical				20
“Hard to Place”				15
“Emergency Placements”				1

**Key**  
 New Facility – Consolidated Campus

## **Wyoming Pioneer Home**

The Task Force recommends that the Legislature convene a study of the Wyoming Pioneer Home to examine the potential for privatization or long-term lease of the facility.

The Task Force does not believe that the Pioneer Home, as an Assisted Living Facility, serves as part of the “safety net” described in this report.

## **Wyoming Veteran’s Home**

The Task Force recommends that the historic buildings located on the Veteran’s Home Buffalo campus be kept for posterity, but that a new domiciliary-level and skilled nursing facility (SNF) be constructed on the Buffalo campus based upon the “Green House”<sup>2</sup> concept. Once constructed, existing non-historic buildings should be demolished.

SNF-level care should further be specified in the statutory mission of the Veterans’ Home.

Capital requirements would have to be studied in more detail; the complexities of the Green House SNF concept, plus the ability to secure construction funding from the Veterans’ Administration make an estimate impossible at this time.

## **All Facilities**

The Task Force recommends implementing an enterprise fund accounting model at all five facilities. This would clearly show the degree of State General Fund subsidy at each facility by showing revenue received balanced against total expenditures, encouraging facilities to operate as close to “break-even” (no SGF subsidy) as possible.

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<sup>2</sup> The Green House concept refers to a model for long-term care designed to feel like a home.  
<http://thegreenhouseproject.org/>



## **Attachment B**

Enrolled Act No. 56 §329  
2015 General Session  
63<sup>rd</sup> Legislature of the State of Wyoming

ENROLLED ACT NO. 56, SENATE

SIXTY-THIRD LEGISLATURE OF THE STATE OF WYOMING  
2015 GENERAL SESSION

source in the amount of ten thousand five hundred ninety-five dollars (\$10,595.00);

(v) Three hundred seventy-one thousand seven hundred ninety dollars (\$371,790.00) to Big Horn county. No funding shall be awarded without matching funds provided by the county from any source in the amount of forty-one thousand three hundred ten dollars (\$41,310.00);

(vi) Eighty-two thousand seven hundred seventy-eight dollars (\$82,778.00) to Crook county. No funding shall be awarded without matching funds provided by the county from any source in the amount of nine thousand one hundred ninety-seven dollars (\$9,197.00);

(vii) Eighty-two thousand seven hundred sixty dollars (\$82,760.00) to Park county. No funding shall be awarded without matching funds provided by the county from any source in the amount of eighty-two thousand seven hundred sixty dollars (\$82,760.00); and

(viii) Two hundred seven thousand eight hundred forty-six dollars (\$207,846.00) to Weston county. No funding shall be awarded without matching funds provided by the county from any source in the amount of twenty-three thousand ninety-four dollars (\$23,094.00).

(f) Notwithstanding W.S. 9-2-1008, 9-2-1012(e) and 9-4-207, any unawarded and unobligated funds remaining from appropriations in this section, shall revert to the budget reserve account on June 30, 2018.

[DEPARTMENT OF HEALTH FACILITIES TASK FORCE]

**Section 329.**

(b) The task force shall be comprised of:

ENROLLED ACT NO. 56, SENATE

SIXTY-THIRD LEGISLATURE OF THE STATE OF WYOMING  
2015 GENERAL SESSION

(i) ~~Two (2)~~ Three (3) members of the senate, appointed by the president of the senate;

(ii) ~~Two (2)~~ Three (3) members of the house of representatives, appointed by the speaker of the house;

(iii) ~~Four (4)~~ Two (2) members appointed by the governor. In considering appointments to the task force who are not members of the legislature, the governor shall consider the expertise required to produce timelines, outlines, deliverables and recommendations as provided in this section.

~~(c) The governor shall appoint a chairman from among the voting members of the task force to preside over meetings.~~

(d) The task force shall develop findings, strategies and recommendations on the use, populations served, services offered, capital construction requirements, consolidation or closure of individual buildings or facilities, financing and proposed timeline for facility demolition, ~~or~~ improvements or construction of department of health institutional facilities. ~~While developing the findings and recommendations required under this subsection, the task force shall meet at least once in Buffalo, Evanston and Lander. These meetings shall be open to the public. The task force shall meet as necessary to timely accomplish the following assignments and shall:~~

~~(i) On or before May 15, 2014, provide the joint appropriations interim committee and the joint labor, health and social services interim committee an outline of the objectives, timelines and deliverables of the task force;~~

~~(ii)~~ (i) Provide an interim report on the activities of the task force to the joint appropriations interim committee and the joint labor, health and social services interim committee not later than November 1, ~~2014~~ 2015;

ORIGINAL SENATE  
FILE NO. SF0001

ENROLLED ACT NO. 56, SENATE

SIXTY-THIRD LEGISLATURE OF THE STATE OF WYOMING  
2015 GENERAL SESSION

~~(iii)~~(ii) Provide recommendations for legislative action as provided in subsection (g) of this section.

(f) The task force shall terminate on ~~December 1, 2015~~  
June 30, 2016.

(g) Recommendations of the task force created by this section shall be submitted for legislative action to the joint appropriations interim committee and the joint labor, health and social services interim committee not later than ~~November 1, 2015~~  
June 30, 2016.

(j)(i) There is appropriated ~~twenty five thousand dollars (\$25,000.00)~~thirty-five thousand dollars (\$35,000.00) from the general fund to the legislative service office. This appropriation shall be for the period beginning with the effective date of this section and ending ~~December 1, 2015~~  
June 30, 2016. This appropriation shall only be expended for the purpose of funding salary, mileage and per diem of legislative members of the task force. Notwithstanding any other provision of law, this appropriation shall not be transferred or expended for any other purpose and any unexpended, unobligated funds remaining from this appropriation shall revert as provided by law on June 30, 2016;

(k) There is appropriated up to one million five hundred thousand dollars (\$1,500,000.00) from the state facilities construction account created in 2014 Wyoming Session Laws, Chapter 26, Section 300(h) to the department of administration and information under the direction of the department of health for level I and level II planning and design for facility improvements at the state hospital and the Wyoming life resource center consistent with option 1(a) in the November 1, 2014 facilities task force interim report on file with the legislative service office. This appropriation shall remain in effect until the level I and level II planning and design are completed. The department of administration and information in consultation with the department of health and

ENROLLED ACT NO. 56, SENATE

SIXTY-THIRD LEGISLATURE OF THE STATE OF WYOMING  
2015 GENERAL SESSION

the task force shall proceed on the development of level I and level II planning and design authorized under this subsection not later than August 1, 2015. Appropriated funds under this subsection shall be expended only on the project specified and any unexpended, unobligated funds remaining at completion of the project shall revert to the state facilities construction account. The department of administration and information and department of health shall submit the final design to the governor, the department of health facilities task force and the joint appropriations interim committee upon completion.

(m) Notwithstanding the recommendations in option 1(a) of the November 1, 2014 facilities task force interim report on file with the legislative service office, the task force and the department of health shall study and recommend the possibility of alternative uses for the Wyoming retirement center. The task force shall include the results and recommendations of the study of possible alternative uses of the retirement center in the final report submitted to the joint appropriations interim committee and the joint labor, health and social services interim committee pursuant to subsection (g) of this section.

~~(k)~~(n) This section is effective immediately.

[FUTURE AML FUNDING]

**Section 330.**

~~(b) The legislature authorizes the department of environmental quality to submit grant applications to the federal office of surface mining for distribution of a portion of funds specified in subsection (a) of this section, including funds previously deposited in the reserve account created by W.S. 35-11-1210(a), for the following projects:~~

~~(i) One million eight hundred thousand dollars (\$1,800,000.00) for the solid waste orphaned site program administered by the department of environmental quality;~~

## Attachment C

Level I/II Statutory Definitions

W.S. § 9-5-108

**9-5-108. Development of building projects; rehabilitation of building projects.**

(a) The commission shall, on the basis of a state needs assessment plan or as otherwise directed by the legislature and after consultation with and advice from state agencies and officials, other appropriate agencies and officials and members of the public, identify and select potential projects to be studied for inclusion in the Wyoming public buildings construction program pursuant to the following schedule:

(i) Level I reconnaissance studies shall, to the extent possible:

(A) Describe the project;

(B) Identify the need for the project;

(C) In cooperation with appropriate local, county and state agencies, assess the status of proposed site ownerships, including existing conflicts and recommendations for resolution of the conflicts and other potential obstacles;

(D) Assess and describe local, state and federal permits required for construction;

(E) Assess environmental considerations and constraints;

(F) Identify legal constraints to development;

(G) Identify alternate sources of space to purchase and lease;

(H) Summarize public testimony received at meetings held by the commission in the county of the proposed construction; and

(J) Contain the commission's recommendation to the legislature whether to terminate further consideration of the proposed project or to continue the project at its current level of study, or to proceed with further activity under paragraph (ii), (iii) or (iv) of this subsection.

(ii) Level II feasibility studies shall to the extent possible:

(A) Include a detailed analysis of factors relevant to development, construction, operation and maintenance;

(B) Identify major problems and opportunities concerning development and the environmental, social and economic effects of development;

(C) Identify the desired sequence of events, including commencement of local, state and federal permitting activities and acquisition of land;

(D) Summarize testimony received at public hearings held by the commission in the county of the proposed construction;

(E) Include soils and other site test drilling procedures;

(F) Contain final concept design and cost estimates;

(G) Include the project financing plan;

(H) Identify the interests in land to be acquired and the proposed means and costs of acquisition. An "interest in land" may include the fee simple title or any other interest in land less than a fee simple; and

(J) Include draft legislation describing in detail the construction, operation and financing of the proposed project.

(iii) Level III construction and operation plans shall proceed as authorized and approved by the legislature under the immediate direction and control of the commission. Pursuant to legislative authorization for public building construction projects and prior to completion of Level III construction the commission may:

(A) Design, construct, acquire or purchase facilities related to the construction projects for use of any feature, facility, function or portion of a project;

(B) Contract for the performance of any power under subparagraph (A) of this paragraph, and consult with or employ experts and professional persons;

(C) Acquire by purchase, lease, appropriation, gift, exchange or eminent domain, necessary land, easements and other property for construction, operation and maintenance of projects



and accept gifts, grants and contributions of money from any source;

(D) Contract with, contribute to or receive contributions from any legal subdivision of the state, special district, private corporation or person for the construction, operation, management and maintenance of any project or any interest in any facility or function of a project.

(iv) After completion of Level III construction, the commission shall turn over the project to the general services division of the department of administration and information for the operation and maintenance of state owned facilities constructed under the direction and control of the commission.

(b) State agencies shall cooperate fully with the commission in the preparation of the studies. In the execution of these activities, the commission shall:

(i) Receive and acquire data relating to the project;

(ii) Hold public hearings within the county where the proposed project will be wholly or partly constructed, consult with and receive the views of private persons, local groups, associations and organizations representing local citizens, industries and the public interest;

(iii) Coordinate the feasibility studies with the plans of other government agencies and departments;

(iv) Undertake studies, investigations, surveys and research relevant to the completion of the study and enter into contracts and arrangements for its completion with any government agency, department or any person, firm, university, institution or state or national organization;

(v) Perform any other related activities or functions relevant and appropriate to the completion of the feasibility study; and

(vi) Maximize the use of all existing information, data, reports and other materials, and no funds shall be expended to duplicate existing information, data, reports and other materials.

(c) The commission may suspend the expenditure of time or funds on a project at any level of activity, if it is

established that it would be in the public interest. The commission shall report the reason for any suspension of activity to the legislature.

(d) Any agency seeking to rehabilitate an existing public building shall submit that request to the commission. The commission shall review and develop plans and recommendations for the project as provided in this section.

(e) As used in this section, "project" means any public building and all works and facilities necessary for the planning, construction and utilization of a state owned public building, including the improvement of any feature, facility, function or portion of a project. "Project" does not include those projects for which the operation, management and use of the building, works or the facility has been assigned by law to a specific state agency.

## Attachment D

Level I/II Matrix

Department of Administration and Information

## Level I - Reconnaissance Study

Item	Included	Excluded
(A) Describe the project.	X	
(B) Identify the need for the project.	X	
(C) In cooperation with the appropriate local, county and state agencies, assess the status of proposed site ownerships, including existing conflicts and recommendations for resolution of the conflicts and other potential obstacles.	X	
(D) Assess and describe local, state and federal permits required for construction.	X	
(E) Assess environmental considerations and constraints.	X	
(F) Identify legal constraints to development.	X	
(G) Identify alternate sources of space to purchase and lease.	X	
(H) Summarize public testimony received at meetings held by the commission in the county of the proposed construction.	X	
(I) Not Used	X	
(J) Contain the commission's recommendations to the legislature whether to terminate further consideration of the proposed project or to continue the project at its current level of study, or to proceed with further activity under paragraph (ii), (iii), or (iv) of this subsection.	X	

## Level II - Feasibility Study

Item	Included	Excluded
(A) Include a detailed analysis of factors relevant to development, construction, operation and maintenance.	X	
(B) Identify major problems and opportunities concerning development and the environmental, social and economic effects of development.	X	
(C) Identify the desired sequence of events, including commencement of local, state and federal permitting activities and acquisition of land.	X	
(D) Summarize testimony received at public hearings held by the commission in the county of the proposed construction.	X	
(E) Include soils and other site test drilling procedures.	X	
(F) Contain final concept design and cost estimates.	X	
(G) Include project financing plan.	X	
(H) Identify the interests in land to be acquired and the proposed means and costs of acquisition. An "interest in land" may include the fee simple title or any other interest in land less than a fee simple.	X	
(I) Not Used	X	
(J) Include draft legislation describing in detail the construction, operation, and financing of the proposed project.	X	

## Attachment E

Wyoming Life Resource Center  
Current Building Use

# Wyoming Life Resource Center

## Map (7/10/2015)



**Use Key**

- Residence
- Day activity space
- Staff support
- Leased out
- Not used
- Misc.

