

Wyoming Department of Health - Budget Roadmap

December 8, 2025

Full budget overview

We recognize that the Department of Health's budget is long and complex. This section presents a short table of our entire budget broken into broad programmatic category.

Generally speaking:

- Approximately 82.5% of the Department's budget is paid to private and non-profit providers in communities throughout the State for the necessary medical and long-term care support they provide to vulnerable people.
- An additional ~ 10% pays for healthcare services provided directly by our five State-operated safety-net facilities or in local communities.
- The remaining 7.5% pays for the overhead to effectively and efficiently operate the Department. This ranges from Medicaid's claims processing and eligibility infrastructure, to staff that execute our regulatory responsibilities, and to customer-facing services (e.g. Vital Records).

Table 1: Department budget by programmatic category

Category	Budget (millions)				Percent of budget		
	SGF	FF	OF	Total	SGF	Total	Cumulative
Medicaid/CHIP medical services	\$206.57	\$422.50	\$55.63	\$684.70	20.8%	30.8%	30.8%
Medicaid I/DD services	\$147.93	\$170.82	\$1.45	\$320.19	14.9%	14.4%	45.2%
Medicaid long-term care (institutional)	\$115.03	\$155.95	\$36.76	\$307.75	11.6%	13.8%	59.1%
State-operated facilities	\$126.84	\$0.29	\$68.95	\$196.07	12.8%	8.8%	67.9%
Dept. administration	\$53.20	\$80.19	\$2.15	\$135.54	5.4%	6.1%	74.0%
Medicare-related obligations	\$81.36	\$37.51	\$0.00	\$118.87	8.2%	5.3%	79.3%
Community behavioral health	\$85.81	\$13.02	\$11.28	\$110.11	8.6%	5.0%	84.3%
Early intervention and education	\$75.72	\$7.38	\$9.68	\$92.77	7.6%	4.2%	88.5%
Medicaid long-term care (community)	\$42.84	\$37.82	\$0.00	\$80.66	4.3%	3.6%	92.1%
Community senior services	\$17.63	\$14.41	\$0.00	\$32.03	1.8%	1.4%	93.5%
Prevention	\$5.16	\$11.14	\$11.82	\$28.12	0.5%	1.3%	94.8%
Public health nursing	\$17.41	\$1.05	\$9.37	\$27.83	1.8%	1.3%	96.0%
Infectious disease and immunizations	\$10.81	\$13.12	\$2.10	\$26.03	1.1%	1.2%	97.2%
WIC	\$1.76	\$20.25	\$3.44	\$25.45	0.2%	1.1%	98.4%
Emergency preparedness, EMS	\$1.76	\$14.97	\$0.01	\$16.75	0.2%	0.8%	99.1%
Community Service Block Grants	\$0.00	\$7.41	\$0.00	\$7.41	0.0%	0.3%	99.4%
Healthcare licensing and survey	\$1.35	\$4.98	\$0.00	\$6.33	0.1%	0.3%	99.7%
Rural health and workforce	\$1.17	\$2.21	\$0.00	\$3.39	0.1%	0.2%	99.9%
Vital Statistics	\$1.73	\$0.70	\$0.28	\$2.71	0.2%	0.1%	100.0%

In addition to budget, we also present the table below, which summarizes where Department positions are allocated. Note that, of the Department's 1,442 positions, around three quarters work in our direct-care facilities or field offices around the State.

Table 2: Positions by division and location

Division	Location			Total	Percent by division
	Cheyenne	County Field Offices	State Facilities		
AGD	30.0	0.0	209.0	239.0	16.6%
BHD	25.0	0.0	756.0	781.0	54.2%
DO	45.4	0.0	0.0	45.4	3.1%
HCF	100.1	11.0	0.0	111.1	7.7%
PHD	143.5	122.0	0.0	265.5	18.4%
Total	344.0	133.0	965.0	1442.0	100.0%
Percent by location	23.9%	9.2%	66.9%	100.0%	

Exception requests

For its 2027-28 supplemental budget, the Department of Health is requesting \$83,485,331 in State General Funds, \$562,963,570 in Federal Funds, \$98,108,465 in Other Funds, and -10 net positions. The Governor has recommended approval of \$76,322,211 in State General Funds, \$556,003,947 in Federal Funds, and \$98,108,465 in Other Funds.

Table 3, below, shows these requests broken out by division.

Table 3: Exception requests by division

Division	Request (\$)				Gov. Rec.	
	SGF	FF	OF	Total	SGF	Net Positions
HCF	\$57,556,646	\$561,167,112	\$98,108,465	\$716,832,223	\$50,597,023	2
DO	\$1,373,257	\$212,204	\$0	\$1,585,461	\$1,373,257	0
PHD	\$2,694,594	\$-13,816	\$0	\$2,680,778	\$2,491,097	-13
BHD	\$21,860,834	\$173,656	\$0	\$22,034,490	\$21,860,834	1
AGD	\$0	\$1,424,414	\$0	\$1,424,414	\$0	0
Department	\$83,485,331	\$562,963,570	\$98,108,465	\$744,557,366	\$76,322,211	-10

For the purposes of this roadmap, we organize our requests into six major categories, listed in Table 4, below, and described in detail in the subsequent sections.

Table 4: Exception requests by category

Category	Request				Gov. Rec.	
	SGF	FF	OF	Total	SGF	Net Positions
Mandatory requests	\$33,500,111	\$0	\$0	\$33,500,111	\$33,296,614	0
Addn'l enrollment	\$16,003,980	\$25,205,823	\$0	\$41,209,803	\$16,003,980	0
I/DD capacity	\$15,599,623	\$15,459,623	\$0	\$31,059,246	\$8,640,000	0
Provider retention	\$13,544,850	\$13,544,850	\$0	\$27,089,700	\$13,544,850	0
Admin capacity	\$4,836,767	\$7,220,395	\$0	\$12,057,162	\$4,836,767	-10
FF budget authority	\$0	\$501,532,879	\$98,108,465	\$599,641,344	\$0	0
Total	\$83,485,331	\$562,963,570	\$98,108,465	\$744,557,366	\$76,322,211	-10

Mandatory requests

This category includes requests for programs like Early Intervention and Education, where statute compels the Department to ask for inflationary increases. There is a similar requirement in W.S. 35-1-243(f) for the Department to request funding for independent county health departments when State employee nurse compensation increases.

Federal law (SSA §1935(c), 42 CFR 430) also compels the department to request additional Medicare Part D clawback, which provides ~ 13% of the funding for Medicare’s prescription drug benefit nationally. If this request is not funded, the federal government will just take funding out of our existing match.

Table 5: Mandatory requests

Description	Division	Request (millions)				Gov. Rec.
		SGF	FF	OF	Total	SGF
EIEP - ECA (pg. 252)	BHD	\$21,268,372	\$0	\$0	\$21,268,372	\$21,268,372
Medicare clawback (pg. 93)	HCF	\$11,975,780	\$0	\$0	\$11,975,780	\$11,975,780
Ind. health dept. funding (pg. 191)	PHD	\$203,497	\$0	\$0	\$203,497	\$0
EIEP - Child count (pg. 254)	BHD	\$52,462	\$0	\$0	\$52,462	\$52,462
Mandatory requests		\$33,500,111	\$0	\$0	\$33,500,111	\$33,296,614

Enrollment increases

While Medicaid enrollment has approached pre-pandemic levels since the “Unwinding”, two programs have grown: the Community Choices Waiver, which provides an alternative to nursing home care for low-income people with physical disabilities, and the Children’s Health Insurance Program (CHIP), which pays for medical services for children with household incomes above Medicaid levels, but below 200% of the Federal Poverty Limit.

Table 6: Enrollment increases

Description	Division	Request (millions)				Gov. Rec.
		SGF	FF	OF	Total	SGF
CCW enrollment (pg. 134)	HCF	\$11,240,794	\$16,359,906	\$0	\$27,600,700	\$11,240,794
CHIP enrollment (pg. 90)	HCF	\$4,763,186	\$8,845,917	\$0	\$13,609,103	\$4,763,186
Addn'l enrollment		\$16,003,980	\$25,205,823	\$0	\$41,209,803	\$16,003,980

I/DD system capacity

This group of requests is responsive to the Joint Appropriations Committee’s interim focus on people with intellectual and developmental disabilities (I/DD). The requests here would help fund people off the waitlist to the (Medicaid) Supports Waiver, as well as additional emergency placements to the (Medicaid) Comprehensive Waiver.

Table 7: I/DD Medicaid Waiver Capacity

Description	Division	Request (millions)				Gov. Rec.
		SGF	FF	OF	Total	SGF
ECC waiver placements (pg. 138)	HCF	\$10,719,623	\$10,719,623	\$0	\$21,439,246	\$7,000,000
I/DD waitlist (pg. 142)	HCF	\$4,740,000	\$4,740,000	\$0	\$9,480,000	\$1,500,000
Guardianship (pg. 232)	BHD	\$140,000	\$0	\$0	\$140,000	\$140,000
I/DD capacity		\$15,599,623	\$15,459,623	\$0	\$31,059,246	\$8,640,000

Medicaid provider retention

The rates that Wyoming Medicaid pays its medical and long-term care providers are closely tied with access to care. If we pay too low, providers will either leave the program or go out of business.¹

These requests will increase rates for three types of providers:

- **Obstetric and maternity providers** to 105% of Medicare;
- **Critical Access Hospitals** that offer labor and delivery services, in order to create incentives for the continued provision of these services;
- **Behavioral health providers.** A 2024 study showed worsening cost coverage of current rates, largely for outpatient mental health and substance abuse services, but also for autism-related Applied Behavior Analysis (ABA) services; and,
- **Home-health services** provided under the Medicaid State Plan. Because older people in need of long-term care typically also have Medicare and/or Medicaid waiver services, the primary people depending on this service are typically children with high medical needs. These rates have not been increased in more than a decade.

Table 8: Medicaid provider rate increases

Description	Division	Request (millions)				Gov. Rec.
		SGF	FF	OF	Total	SGF
CAH - maternity- rates (pg. 109)	HCF	\$8,577,000	\$8,577,000	\$0	\$17,154,000	\$8,577,000
Obstetric and maternity rates (pg. 113)	HCF	\$2,530,830	\$2,530,830	\$0	\$5,061,660	\$2,530,830
Behavioral health rates (pg. 108)	HCF	\$1,764,292	\$1,764,292	\$0	\$3,528,584	\$1,764,292
Home health rates (pg. 112)	HCF	\$672,728	\$672,728	\$0	\$1,345,456	\$672,728
Provider retention		\$13,544,850	\$13,544,850	\$0	\$27,089,700	\$13,544,850

¹ This depends on how much Medicaid volume providers see, compared with private pay and Medicare. Nursing homes and in-home care (“waiver”) providers are the most dependent on Medicaid payments; hospitals and physicians less so. Behavioral health providers are somewhere in the middle.

Administrative capacity

These requests are small, but meaningful, increases to the Department's capacity to perform its mission.

- Long-term Care Eligibility Unit workloads, for example, are increasing to the point where retention is affected. Two additional positions would reduce this strain, improve customer service, and decrease wait times for people looking for long-term care options.
- Similarly, converting five (5) technology and project manager at-will employee contractors (AWECS) to full-time positions will help Wyoming Medicaid recruit and retain talent in managing the complex procurement of Medicaid's modular technology system.
- With increasing costs for equipment maintenance, critical software and contracted services, the State Public Health Laboratory requires funding to continue its level of chemical and microbiological services to hospitals and providers around the State.

Table 9: Administrative capacity

Description	Division	Request (millions)				Gov. Rec.
		SGF	FF	OF	Total	SGF
Laboratory operations (pg. 201)	PHD	\$2,968,000	\$0	\$0	\$2,968,000	\$2,968,000
ETS - TRP (pg. 67)	DO	\$781,564	\$0	\$0	\$781,564	\$781,564
WES system development (pg. 84)	HCF	\$736,250	\$6,626,250	\$0	\$7,362,500	\$736,250
ETS - Microsoft licenses (pg. 67)	DO	\$721,120	\$0	\$0	\$721,120	\$721,120
988 funding shift (pg. 238)	BHD	\$400,000	\$0	\$0	\$400,000	\$400,000
2 eligibility workers (pg. 81)	HCF	\$63,123	\$189,367	\$0	\$252,490	\$63,123
AWEC to permanent (pg. 82)	HCF	\$28,040	\$287,734	\$0	\$315,774	\$28,040
WIC part-time to full-time (pg. 181)	PHD	\$0	\$1,136,608	\$0	\$1,136,608	\$0
AWEC extension (pg. 242)	BHD	\$0	\$173,656	\$0	\$173,656	\$0
AWEC reductions (7) (pg. 168)	PHD	\$0	\$-1,150,424	\$0	\$-1,150,424	\$0
Consulting decrease (pg. 83)	HCF	\$-55,000	\$-55,000	\$0	\$-110,000	\$-55,000
AWEC reductions (6) (pg. 181)	PHD	\$-76,903	\$0	\$0	\$-76,903	\$-76,903
AWEC to permanent (pg. 65)	DO	\$-129,427	\$212,204	\$0	\$82,777	\$-129,427
Consulting elimination (pg. 83)	HCF	\$-200,000	\$-200,000	\$0	\$-400,000	\$-200,000
988 funding shift (pg. 213)	PHD	\$-400,000	\$0	\$0	\$-400,000	\$-400,000
Admin capacity		\$4,836,767	\$7,220,395	\$0	\$12,057,162	\$4,836,767

Federal budget authority

In these requests, the Department is requesting additional federal budget authority; no State General Funds are required. Two of these requests are Medicaid-related (the federally-set All-Inclusive Rate for Tribal 638 providers, and the hospital and ground ambulance Upper Payment Limit (UPL) programs) and three relate to Older Americans Act (Title III) federal funding for senior centers.

The largest (\$344M), however, is a placeholder for two years of potential Rural Health Transformation funding.

Table 10: Federal budget authority

Description	Division	Request (millions)				Gov. Rec.
		SGF	FF	OF	Total	SGF
Hospital and EMS UPL (pg. 107)	HCF	\$0	\$98,108,465	\$98,108,465	\$196,216,930	\$0
Federally-set rates (pg. 128)	HCF	\$0	\$58,000,000	\$0	\$58,000,000	\$0
Senior support (pg. 269)	AGD	\$0	\$144,856	\$0	\$144,856	\$0
Senior nutrition (pg. 272)	AGD	\$0	\$1,260,506	\$0	\$1,260,506	\$0
Elder abuse (pg. 275)	AGD	\$0	\$19,052	\$0	\$19,052	\$0
OBBA (pg. 145)	HCF	\$0	\$344,000,000	\$0	\$344,000,000	\$0
FF budget authority		\$0	\$501,532,879	\$98,108,465	\$599,641,344	\$0