

# Department of Health FY 15 Quarter 1 Key Performance Measures Report



July 1, 2014 - September 30, 2014

New Mexico Department of Health  
Retta Ward, Cabinet Secretary



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Produced by the  
Office of Policy and Accountability  
Office of Health Equity  
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# NEW MEXICO DEPARTMENT OF HEALTH

## MISSION:

Promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico.

### **FY 15 OPERATING BUDGET:**

**General Funds: 307,971.0**

**Federal Funds: 101,302.0**

**Other State Funds: 117,049.4**

**Other Transfers: 28,451.2**

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**At-A-Glance**

Performance Measure	FY11	FY12	FY13	FY14	FY15 Q1	FY15 Q2	FY15 Q3	FY15 Q4	FY15 Target
<b>Public Health (Poo2)</b>									
<b>New</b> Percent of students using school-based health centers who receive a comprehensive well exam.			34.5%	34.2%	45.7%				35.0%
Percent of QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up.		33.0%	33.0%	32.0%	29.9%				33.0%
<b>Epidemiology and Response(Poo3)</b>									
Ratio of infant pertussis cases to total pertussis cases of all ages.			1:13	1:16	1:9				1:15
<b>New</b> Percent of vital records front counter customers who are satisfied with the service they received.					No Data Available				85.0%
<b>Scientific Laboratory (Poo4)</b>									
<b>New</b> Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within fifteen business days.					98.7%				90.0%
<b>New</b> Percent of OMI cause of death toxicology cases that are completed and reported to office of medical investigator within sixty business days.				67.0%	52.0%				90.0%
<b>Facilities Management (Poo6)</b>									
Percent of staffed beds filled at all agency facilities.	93.5%	87.0%	86.0%	81.1%	93.3%				90.0%
<b>New</b> Percent of uncompensated care at all agency facilities.					40.9%				25.0%
<b>New</b> Percent of long-term care patients experiencing one or more falls with injury.					0.4%				3.3%
<b>Developmental Disabilities Supports (Poo7)</b>									
Percent of developmental disabilities waiver applicants who have a service plan in place within ninety days of income and clinical eligibility.	90.0%	98.3%	83.0%	75.0%	91.0%				95.0%
Percent of adults receiving developmental disabilities day services who are engaged in community-integrated employment.	32.0%	36.0%	30.0%	27.0%	26.0%				35.0%
Number of individuals receiving developmental disabilities waiver receiving services.	3,812	3,888	3,829	4,403	4,419				4,500
Number of individuals on the developmental disabilities waiver waiting list.	5,401	5,911	6,248	6,133	6,035				6,100

## **PROGRAM AREA 002: Public Health**

### **Purpose:**

Public Health fulfills the Department of Health (DOH) mission by working with individuals, families, communities and partners to improve health, eliminate disparities, and ensure timely access to quality, culturally competent health care. Public health assures access to health care through case management, and through recruitment and retention efforts including the J-1 Visa Program, licensing of midwives, tax credits for rural health providers, and administering funds for rural primary health care providers throughout the state. Public Health staff members promote healthy lifestyle choices in all of their work, and they provide safety net clinical services to New Mexicans who cannot otherwise access them.



### **FY 15 OPERATING BUDGET:**

**General Funds: 65,307.6**

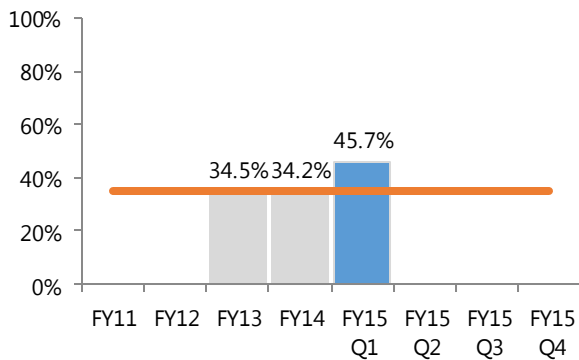
**Federal Funds: 74,907.0**

**Other State Funds: 32,321.2**

**Other Transfers: 13,002.5**

## PROGRAM AREA 002: Public Health

### Percent of students using school based health centers who receive a comprehensive well exam



#### Partners

New Mexico School Based Health Alliance  
University of New Mexico – Envision  
Health Care Quality Improvement  
Initiative  
Apex Evaluation  
NM Human Services Division and  
Centennial Care Providers  
NM Primary Care Association  
NM Community Health Centers  
NM Public Education Department  
NM Children Youth and Families  
NM Behavior Health Services Division

#### Story Behind the Data

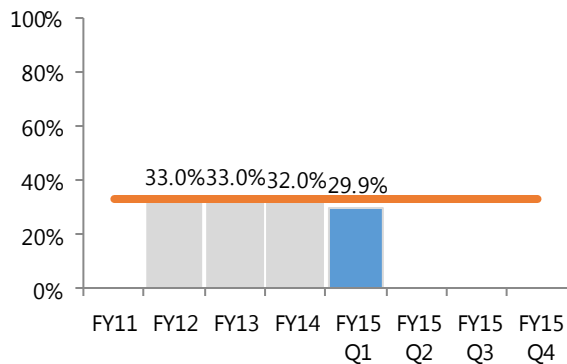
- School Based Health Centers (SBHC) use Standards and Benchmarks that include evidence-based practice standards such as the implementation of a risk and resiliency screening tool and the promotion of comprehensive well exams.
- Partnering with NM Human Services Department and participating managed care organizations to support SBHC operations, Medicaid reimbursement and quality practice standards.
- Maintaining a statewide SBHC database that includes utilization information from all NMDOH funded sites. Data enables opportunities for comprehensive evaluation and review of activities and research.
- SBHCs receive quality improvement coaching and support from Envision NM with a focus on the comprehensive well exam.
- Working General Services Agreement (GSA) with NM Human Services Department that supports administrative match of program funds. Additional funds are used to support overall programming, including database, evaluation, quality improvement and SBHC professional development.

#### Action Plan

- Increase the percent of Medicaid-eligible students seen in School Based Health Centers.
- Increase opportunities for evaluation and research using local NM data with overarching goal of reporting specific outcomes from NM School Based Health Centers.

## PROGRAM AREA 002: Public Health

### Percent of QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up



#### Story Behind the Data

- Although adult smoking has declined in recent years, we still see significantly higher smoking rates among people who have lower incomes, lower levels of education, are uninsured, are unemployed, have a disability, or identify as lesbian, gay, or bisexual.
- Youth cigar and cigarette smoking has declined significantly in the past decade, (53% decline for cigarettes); however, smokeless tobacco use is stagnant, hookah tobacco use is high, and little is known about e-cigarette use.
- Most people are protected from secondhand smoke (SHS) in public and work places, however, SHS exposure is still of concern on tribal lands, in multi-unit housing, and on educational/workplace campuses.
- The use of emerging tobacco products, such as electronic vapor products (e-cigarettes, e-hookahs, vape pens) and various flavored tobacco products presents new public health challenges, including policy options and potential impact on youth tobacco initiation and sustained nicotine addiction among adults.

#### Partners

American Cancer Society—Cancer Action Network

American Lung Association of New Mexico

NM Human Services Department—Synar and FDA Programs

Statewide Priority Population Tobacco Networks

Health Care Providers, Clinics, and Insurers

Community-Based Tobacco Prevention, Cessation, and SHS Grantees

#### Action Plan

- Continue providing QUIT NOW and DEJELO YA Cessation Services.
- Promote online brief intervention training to more health care providers and clinic systems to increase referrals to QUIT NOW.
- Increase awareness of DEJELO YA Spanish services through media promotion, and increased outreach to Spanish-speaking populations and organizations who serve them.
- Continue to expand linkages with other DOH programs and community-based organizations to take online training and refer smokers to QUIT NOW.
- Smoke-Free Housing—Continue outreach, education, and training regarding the harms of secondhand smoke exposure and benefits of smoke-free environments to community groups, landlords, property managers, and tenants of multi-unit housing to support voluntary smoke-free policies. A statewide smoke-free housing coalition and various funded partners are available to support (technical assistance, training) smoke-free housing efforts.

## PROGRAM AREA 003: Epidemiology and Response

### Purpose:

Epidemiology and Response fulfills the DOH mission by monitoring health, providing health information, preventing disease and injury, promoting health and healthy behaviors, responding to public health events, preparing for health emergencies, and providing emergency medical, trauma, vital registration, and sexual assault-related services to New Mexicans.



### **FY 15 OPERATING BUDGET:**

**General Funds: 8,352.6**

**Federal Funds: 12,747.3**

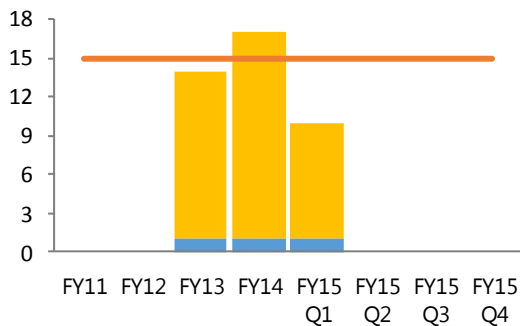
**Other State Funds: 1,252.2**

**Other Transfers: 439.8**



## PROGRAM AREA 003: Epidemiology and Response

### Ratio of infant pertussis cases to total pertussis cases of all ages



#### Story Behind the Data

- Pertussis is a highly contagious bacterial infection that causes an uncontrollable violent cough lasting several weeks or even months.
- Infants with pertussis are at increased risk of hospitalization, secondary complications, and death.
- Current prevention strategies and vaccination recommendations from the Centers for Disease Control and Prevention focus on prevention of pertussis among the infant population.
- Vaccination is recommended beginning at the age of two months and continuing until 12-18 months, with older children receiving booster doses.
- In New Mexico and throughout the country pregnant women and family members are prioritized for vaccination in order to prevent high-risk infant pertussis cases. The immunization program works with hospitals and others to implement this recommendation.
- Although during FY 15 Quarter 1 we saw a large number of infant cases, there were fewer cases overall. During 2014 year-to-date (YTD) NM has experienced 38% fewer cases of pertussis as compared to 2013. However, the percent decline YTD has been greater among cases one year of age or older than among infant cases. There may be a number of reasons for this including: cases one year of age or older may be experiencing less illness, may be less likely to receive medical care or laboratory testing, or may be less likely to be reported to NMDOH.

#### Partners

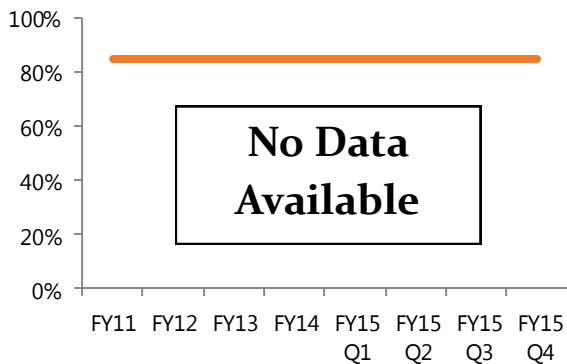
NM Immunizations Coalition  
Regional Immunization Staff  
Immunization Providers  
Indian Health Services  
NM Medicaid  
NM Medical Society  
NM Primary Care Association  
NM American Congress of Obstetricians and Gynecologists  
Pediatricians  
Hospital staff  
Individual Care Practitioners

#### Action Plan

- Provide accurate and complete data that supports vaccination prevention activities.
- Collaborate with community organizations and local/regional health partners to increase the number of access points for adults seeking immunizations.
- Assist the Women, Infants and Children (WIC) Program to develop educational and informational materials in order to increase awareness among older adults about vaccines and immunizations services.
- Increase advocacy in the community through education of providers (i.e., healthcare providers, WIC staff) by developing and preparing an educational "sound-byte" to be used during patient encounters.
- Collaborate with community services to increase access points to immunization.
- Educate providers to use reminder recall and the State Immunization Information System for tracking.
- Educate the public about immunization needs.

## PROGRAM AREA 002: Epidemiology and Response

### Percent of Vital Records front counter customers who are satisfied with the service they received



#### Story Behind the Data

- Birth and Death Certificates are legal documents representing the registration of vital events.
- These vital records protect the rights of the individual and/or family members to services inherent in the society. As legal documents, vital records must be as accurate as possible and processing may involve contact with the submitting agencies if questions arise.
- Strict standards exist regarding who can acquire a birth/death certificate and the information required to obtain it; many customers are unaware of these requirements.
- The Bureau of Vital Records and Health Statistics (BVRHS) is working to redesign and revamp their customer satisfaction survey process in hopes of gaining a larger sample of customers willing to complete surveys.
- During the first quarter of FY15, BVRHS has evaluated automated software systems and vendors to move from a paper based survey method to an electronic system that can be more widely used by their office and expanded for future use in local vital records offices throughout the state.
- During the second quarter of FY15, BVRHS will be installing automated customer survey equipment which will allow for immediate customer feedback and will generate analytical data to the bureau in real time .

#### Partners

Hospitals  
Midwives  
Funeral homes  
Office of Medical Examiner  
Physicians  
Tribal authorities  
Family members

#### Action Plan

- Implement a simplified electronic customer service satisfaction measuring tool which will take the customer seconds to give their feedback. This new process is expected to increase the number of responses because of the ease and speed to complete. The new approach will also reduce language barriers for most customers.
- Run internal reports to determine customer satisfaction and attempt to identify the employee specialty areas necessary to meet customer needs.
- Assess procedures to improve services through quarterly reviews of the survey data.

## **PROGRAM AREA 004: Scientific Laboratory**

### **Purpose:**

The Scientific Laboratory fulfills the DOH mission by providing laboratory analysis and scientific expertise for public health policy development, environment, and toxicology programs in New Mexico. The laboratory provides timely identification in order to prevent, identify, and respond to threats to public health and safety from emerging and unusual infectious diseases in humans, animals, water, food, and dairy, as well as chemical and radiological hazards in drinking water systems and environmental water, air, and soil. The laboratory also performs drug testing and provides expert witness testimony for forensic investigations of DWI/DUID and cause of death from drugs and infectious disease. The laboratory is the primary bioterrorism and chemical terrorism response laboratory for the state and provides training for clinical laboratories throughout New Mexico. New Mexico statute dictates that the Scientific Laboratory Division (SLD) is the primary laboratory for the New Mexico Department of Health, the New Mexico Office of the Medical Investigator, the New Mexico Environment Department, and the New Mexico Department of Agriculture.



### **FY 15 OPERATING BUDGET:**

**General Funds: 8,483.8**

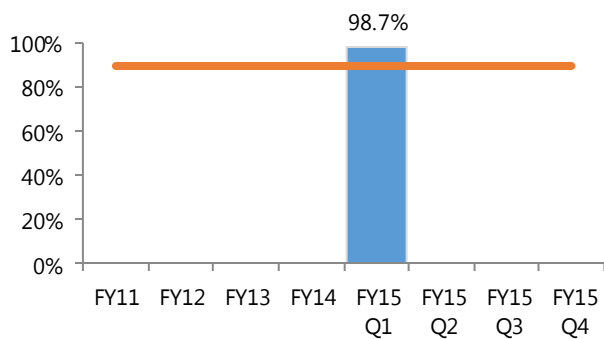
**Federal Funds: 2,138.7**

**Other State Funds: 2,510.1**

**Other Transfers: 0.0**

## PROGRAM AREA 004: Scientific Laboratory

### Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within 15 business days



#### Story Behind the Data

- New Mexico has a relatively high rate of alcohol-related deaths. Excessive alcohol consumption through binge drinking and heavy daily drinking contribute to this high rate.
- Scientific Laboratory Division (SLD) Toxicology staff analyze human samples for alcohol (e.g., blood alcohol concentration) and drugs to determine cause of impairment in drivers.
- SLD Toxicology staff analyze cause-of-death toxicology samples from the Office of Medical Investigator (OMI) to determine if alcohol and/or drugs are contributing factors to an individual's death.
- To analyze lab samples, it is critical to exceed published turn-around times to give officials ample time to prepare for court cases.
- Training keeps analysts up-to-date on current methods.
- Maintaining and updating equipment allows for samples to be analyzed without interruptions.

#### Partners

Courts

Public safety officials (e.g., law enforcement)

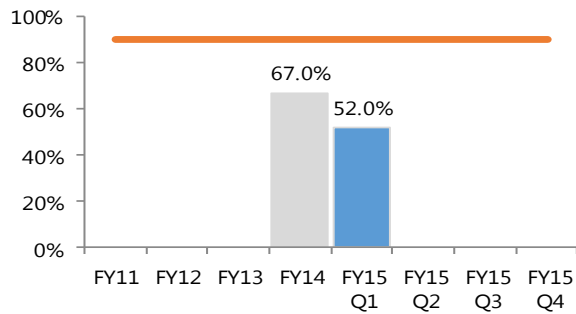
New Mexico Department of Transportation/Traffic Safety Bureau

#### Action Plan

- Continue method development and validation.
- Monitor and maintain equipment.
- Continue staff training.
- Fill vacant positions.

## PROGRAM AREA 004: Scientific Laboratory

### Percent of Office of Medical Investigator cause of death toxicology cases that are completed and reported to Office of Medical Investigator within 60 business days



#### Story Behind the Data

- New Mexico continues to have one of the highest drug overdose death rates in the country.
- In recent years the number of deaths due to prescription drugs has increased.
- SLD toxicologists assist the Office of Medical Investigator (OMI) in determining cause of an unexpected death by testing for illicit and prescription drugs.
- To analyze lab samples, it is critical to exceed published turn-around times to give officials time to prepare death certificates needed for families to file for insurance benefits.
- This measure can indicate when there are competing interests, such as how many scientists are being subpoenaed to give expert witness in court or an increase in driving while impaired either under the influence of alcohol or drugs cases.
- In January 2013 OMI shifted all of their laboratory testing to SLD, doubling SLD's overall caseload and increasing the number of the most complex and time consuming analyses by 15-fold.
- By August 2013 this increased workload had outstripped SLD's capacity, resulting in a backlog of cases and necessitating mandatory overtime and more urgent requests for funding to hire additional staff.

#### Partners

Office of Medical Investigator

#### Action Plan

- Continue method development and validation.
- Monitor and maintain equipment.
- Continue staff training.
- Additional staff are being hired.
- Staff members will be working overtime this fall to reduce the backlog of samples and to improve turnaround times.

## **PROGRAM AREA 006: Office of Facilities Management**

### **Purpose:**

Facilities Management fulfills the DOH mission by overseeing six health care facilities and one community program; the safety net services provided throughout New Mexico include programs in mental health, substance abuse, long term care, and physical rehabilitation in both facility and community-based settings. Facility staff care for both New Mexico adult and adolescent residents who need continuous care 24 hours-a-day, 365 days-a-year. Most individuals served by DOH facilities have either complex medical conditions or psychiatric disorders that manifest in violent behaviors, and private sector providers are either unable or unwilling to serve these complex individuals, many of whom are remanded to DOH facilities by court order.



### **FY 15 OPERATING BUDGET:**

**General Funds: 66,112.4**

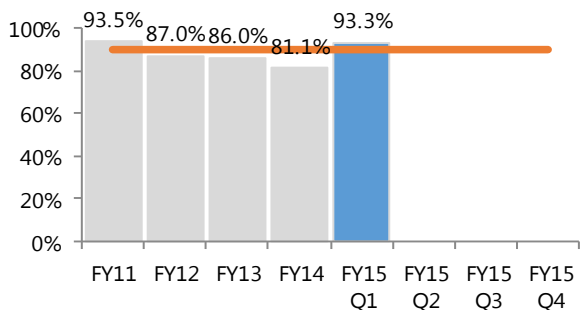
**Federal Funds: 0.0**

**Other State Funds: 75,360.5**

**Other Transfers: 716.0**

## PROGRAM AREA 006: Office of Facilities Management

### Percent of staffed beds filled at all agency facilities



#### Story Behind the Data

- Joint Commission accreditation and certification is recognized nationwide as a symbol that reflects an organization's commitment to provide high quality health care and improved patient outcomes.
- The facilities operation by the Department of Health provide programs to New Mexicans who may not otherwise be able to receive mental health, substance abuse, nursing home care or rehabilitation services.

#### Partners

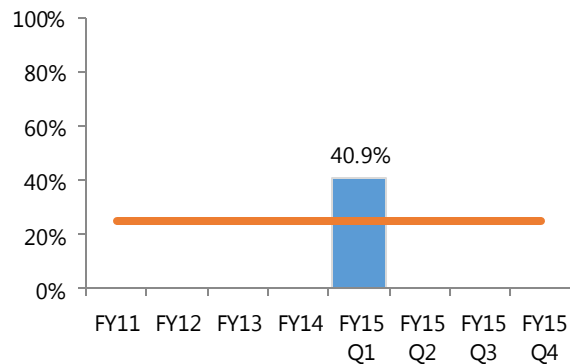
CYFD  
State District Courts  
Third party payers  
Referral agencies  
Veterans Administration  
Community-based services  
Facility employees

#### Action Plan

- Work to strengthen ties and improve response times with referral sources to improve and optimize facility admissions.

## PROGRAM AREA 006: Office of Facilities Management

### Percent of uncompensated care at all agency facilities



#### Story Behind the Data

- NMDOH facilities provide safety net programs in mental health, substance abuse, long term care, and physical rehabilitation, in both facility and community based settings, to individuals who have no financial resources yet need treatment.
- Facilities provide residential care for adults and adolescents 24 hours-a-day, 365 days-a-year.
- Most individuals served by NMDOH facilities have complex medical conditions or psychiatric disorders that manifest in violent behaviors, and private providers are either unable or unwilling to serve these complex individuals, many of whom are remanded to NMDOH facilities by court order.
- NMDOH financial directors meet periodically to develop standardized methodologies necessary to calculate data for the facilities performance measures. For example, billed third party revenues collected do not represent all billable charges, because some uncompensated care cannot be billed to those clients without a payer source (e.g., Medicaid).
- Due to implementation of the Affordable Care Act, there are eminent, third-party revenue and uncompensated care caveats that have not yet been identified.

#### Partners

Facility staff  
Department financial officers  
Payer sources

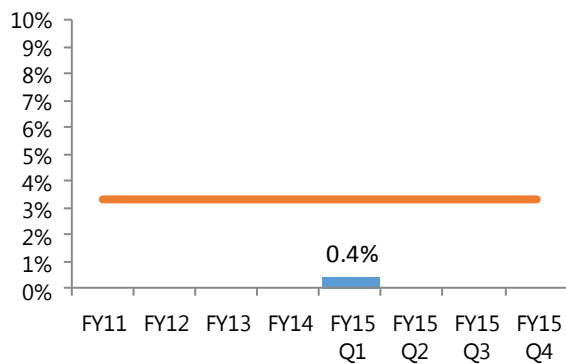
#### Action Plan

- Conduct monthly Facility Finance Committee meetings to monitor expenses and increase revenues while ensuring standardized, approved fiscal practices and compliance with requirements in all facilities.
- Continue to improve revenue collections through the implementation of electronic billing and transcription services.
- Work toward Joint Commission accreditation to aid in improvement of care.
- Hire additional administrative (billing-related) staff at Fort Bayard and Las Vegas facilities.



## PROGRAM AREA 006: Office of Facilities Management

### Percent of long-term care patients experiencing one or more falls with injury



#### Story Behind the Data

- Accreditation and certification are recognized nationwide as symbols that reflect an organization's commitment to provide high quality health care and improved patient outcomes.
- The Centers for Medicare and Medicaid Services (CMS) manual describes falls with major injury as: bone fractures, joint dislocations, closed head injuries with altered consciousness, and subdural hematomas.
- The Department of Health (NMDOH) provides programs to New Mexicans who may not otherwise be able to receive mental health, substance abuse, nursing home care or rehabilitation services.

#### Partners

Centers for Medicare and Medicaid Services

The Joint Commission or appropriate accrediting agency

Health Licensing and Certification, Department of Health Facility employees

#### Action Plan

- Implement effective fall prevention plans, including staff and resident education in NMDOH facilities.
- Improve patient fall risk assessment processes.
- Continue to collect, report, and analyze data on falls with injury to the Centers for Medicaid and Medicare.
- Improve fall prevention performance by using analysis findings to make improvements.
- Maintain Joint Commission Accreditation for those facilities currently accredited. Seek, attain, and maintain appropriate accreditation for those facilities not currently accredited.

## **PROGRAM AREA 007: Developmental Disabilities Supports**

### **Purpose:**

Developmental Disabilities Supports Division (DDSD) fulfills the DOH mission by effectively administering a system of person-centered community supports and services that promotes positive outcomes for all stakeholders with a primary focus on assisting individuals with developmental disabilities and their families to exercise their right to make choices, grow and contribute to their community.



### **FY 15 OPERATING BUDGET:**

**General Funds: 143,432.1**

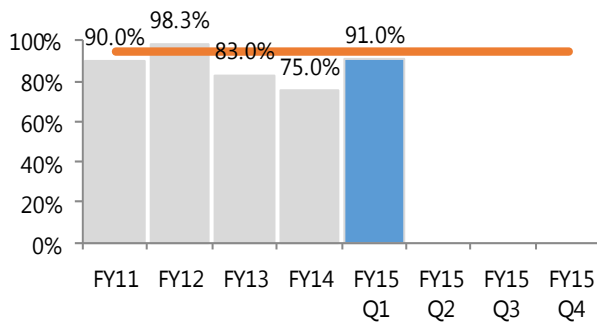
**Federal Funds: 2,808.3**

**Other State Funds: 1,200.0**

**Other Transfers: 9,728.2**

## PROGRAM AREA 007: Developmental Disabilities Supports

### Percent of developmental disabilities waiver applicants who have a service plan in place within 90 days of income and clinical eligibility



#### Story Behind the Data

- The addition of SIS Assessments and changes in HSD / Medicaid / Income Support Division procedures added to timeframes between receipt of Primary Freedom of Choice and Confirmation of Eligibility and then ISP approval.
- Individuals choosing the Mi Via Waiver are responsible to obtain the Level of Care from their physician and complete the service planning process fairly independently—leading to longer timeframes for this group.
- During FY 14 DDS D changed the allocation process to ensure facilitation of an efficient, smooth, and timely determination of eligibility and entrance into DD Waiver services.; SIS referrals now occur much earlier in the process which minimizes delay upon ISD selection.
- DDS D collaborated with the Medical Assistance Division (MAD), the Income Support Division (ISD) and Molina to articulate and outline the entire allocation process.
- DDS D revised our Allocation Tracking Form to incorporate all pertinent information necessary to inform the division when key benchmarks are accomplished and identify any delays.
- DDS D communicated to all providers that allocating individuals to the waiver is a priority and provided training to staff on the allocation process on numerous occasions.

#### Partners

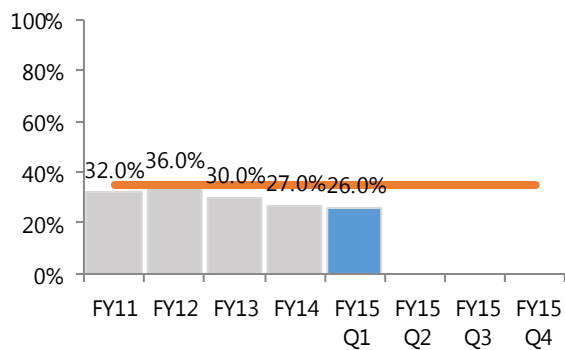
Human Services Department (HSD) Medical Assistance Division (MAD)  
HSD Income Support Division (ISD)  
Molina, Third Party Assessor (TPA)  
Healthcare providers, parent support groups, and case managers  
Mi Via  
Community Providers  
Case Management Agencies

#### Action Plan

- Create a more up-to-date and robust Central Registry database.
- Work with Mi Via to streamline the process and make it easier for individuals and their families to complete the application more independently.
- Reinstitute annual “keeping in touch” mailings to maintain current contact info and determine when people move out-of-state, decease, or decide they are no longer interested in services.
- Create automatic crosswalk with Vital Statistics to identify deaths.
- Participate in ongoing meetings with MAD and ISD representatives to: 1) review the DD waiver allocation process 2) identify barriers and 3) troubleshoot potential problems.
- Develop pre-services work, assessment, allocation eligibility, and case management a year early so that individuals complete as much of the eligibility process as possible.

## PROGRAM AREA 007: Developmental Disabilities Supports

### Percent of adults receiving developmental disabilities day services who are engaged in community-integrated employment



#### Story Behind the Data

- Nationally, individuals with intellectual/developmental disabilities experience greater levels of unemployment, underemployment, low wages, and poverty compared to those without disabilities.
- FY 14 was a very difficult time for people with and without disabilities to find employment. In addition DDSD revised the rate structure for Supported Employment services through the DD Waiver with the intent of introducing more accountability into the system.
- Based on the outcomes in FY 14 regarding Supported Employment, DDSD is in the process of revising the rate structure.

#### Partners

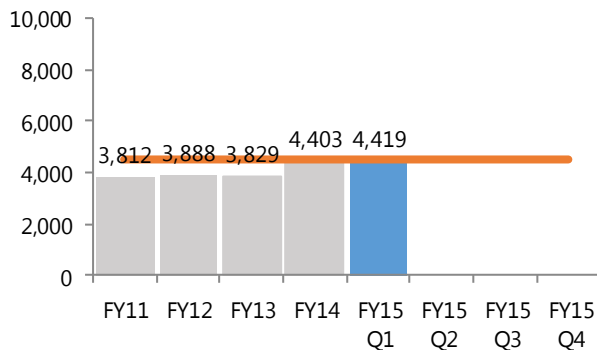
Division of Vocational Rehabilitation  
Supported Employment Providers  
Supported Employment Leadership Network  
Local business owners and community leaders  
UNM/Center for Development and Disability - Partners for Employment

#### Action Plan

- Collaborate with consultants, Division of Vocational Rehabilitation (DVR), UNM/Center for Development and Disability - Partners for Employment, and regional community inclusion coordinators to train stakeholders and provide technical assistance in the areas of job development, customized employment, systematic instruction, social security benefits, microenterprise business ownership, visual resumes, and other best practices.
- Assist providers and interdisciplinary teams (IDT) to plan effectively using the new service standards, service options, and community resources.
- Continue to schedule and conduct local networking events to support employment efforts amongst a variety of stakeholders, which may include supported employment providers, current and potential employers, community leaders, individuals and their families.
- Develop metrics that will allow individuals and teams to determine whether supported employment providers are demonstrating quality outcomes. Enhance monitoring efforts and provide outreach to providers to assist or intervene, as needed.
- Work closely with stakeholders to build a sustainable system of expertise and local networks to increase capacity in supported employment options and services.

## PROGRAM AREA 007: Developmental Disabilities Supports

### Number of individuals receiving developmental disabilities waiver receiving services



#### Story Behind the Data

- DDS is the primary state agency that funds community services and supports for people with a developmental disabilities and their families in New Mexico.
- The Developmental Disabilities Waiver (DDW) program is designed to provide services to allow eligible individuals with developmental disabilities to participate as active community members.
- The DDW is one of several waiver programs available, and the DDW program serves as an alternative to institutional care, providing an array of residential, habilitation, employment, therapeutic and family support services.
- Participants can choose the traditional waiver or the Mi Via waiver.
- Mi Via ("my way") is a program that provides choices of goods and services to DDS participants. Also, participants have a key role and responsibility in developing a flexible Service and Support Plan that meets their needs. The choice of Mi Via changes the responsibility to the individual/family for designating level of care and for completing the service planning process.
- The number of people choosing the Mi Via Waiver increased from 145 in FY 10 to 623 in FY 14.

#### Partners

Human Services Division's (HSD) Medical Assistance Division (MAD)

Human Services Division's (HSD) Income Support Division (ISD)

Molina, Third Party Assessor (TPA)

Healthcare providers, parent support groups, and case managers

HSD Mi Via

Community Providers

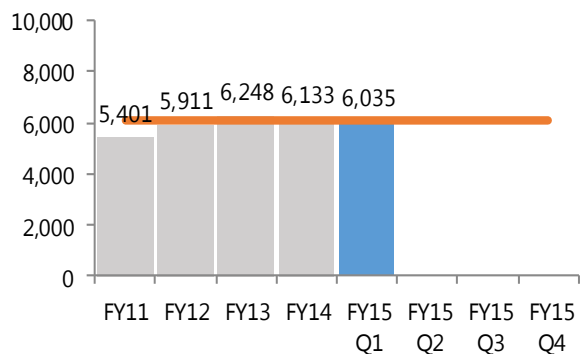
Case Management Agencies

#### Action Plan

- Assist providers and interdisciplinary teams (IDT) to plan effectively using the new service standards, service options, and community resources.
- Create a more up-to-date and robust Central Registry database.
- Increase provider capacity.
- Increase awareness of services for individuals with developmental disabilities.
- Improve case management services to provide information regarding different types of available services.
- To maximize the number of individuals who enter and receive services, DDS will send letters of interest based on the projected number of new allocations.
- Assess regional provider capacity based on regional waiting list and provider areas of interest.
- Assess state capacity based on program capacity estimates and information technology evaluation.

## PROGRAM AREA 007: Developmental Disabilities Supports

### Number of individuals on the developmental disabilities waiver waiting list



#### Story Behind the Data

- On average about 300 applicants to the DD Waiver are determined to be eligible and are added to the waiting list (also known as the Central Registry, or CR) for services every year. This means 300 people need to receive an allocation every year (which is dependent on new allocation money) just to keep the CR at the same number of people.
- FY 15 is the 3rd year in a row that we have allocated over 300 and the waiting list is down by 213 people since Q1 of FY 14.
- The CR contains several status categories reflecting applicants' progress in the application/allocation process. Cases in these status categories comprise the total reported CR "Wait List." The CR status categories are:
  - Start Status: Application submitted but verification of intellectual/development disability (I/DD) has not been completed.
  - Pending Status: Applicants younger than age eight who have a confirmed specific related condition but do not have documentation of substantial functional limitations in three or more areas of life activities.
  - Completed Status: Applicants who have completed the application process match the definition of (I/DD), and are waiting for allocation.
- Allocation on Hold: Applicants who have been offered allocation to the DD waiver and have chosen to not accept an allocation currently. The DD Waiver original registration date is preserved.

#### Partners

Human Services Division's (HSD) Medical Assistance Division (MAD)

Human Services Division's (HSD) Income Support Division (ISD)

Molina, Third Party Assessor (TPA)

Healthcare providers, parent support groups, and case managers

HSD Mi Via

NMDOH's Vital Records

Community Providers

Case Management Agencies

#### Action Plan

- Continue the work of the DDS Senate Memorial 20 Comm. of the DDS Advisory Council on Quality.
- Create a more up-to-date and robust Central Registry database.
- Streamline Mi Via to make it easier for applicants to complete the application more independently.
- Reinstigate annual "keeping in touch" mailings to maintain current contact info and determine when people move out-of-state, become deceased, or decide they are no longer interested in services.
- Create automatic crosswalk with Vital Statistics to identify deaths.
- Participate in ongoing meetings with MAD and ISD representatives to: 1) review the DD waiver allocation process 2) identify barriers and 3) troubleshoot potential problems.
- Develop pre-services work, assessment, allocation eligibility, and case management a year early so that individuals complete as much of the eligibility process as possible.



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