Department of Health
FY 15 Quarter 4
Key Performance Measures Report

April 1, 2015 - June 30, 2015

New Mexico Department of Health
Retta Ward, Cabinet Secretary

NEW MEXICO
DEPARTMENT OF
HEALTH

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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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	Performance Measure	FY11	FY12	FY13	FY14	FY15 Q1	FY15 Q2	FY15 Q3	FY15 Q4	FY15 Target
At-A-Glance										

Public Health (P002)

	Performance Measure	FY11	FY12	FY13	FY14	FY15 Q1	FY15 Q2	FY15 Q3	FY15 Q4	FY15 Target
New	Percent of students using school-based health centers who receive a comprehensive well exam			34.5%	34.2%	45.7%	31.9%	29.8%	34.2%	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%	32.6%	33.3%	31.6%	33.0%

Epidemiology and Response(P003)

	Performance Measure	FY11	FY12	FY13	FY14	FY15 Q1	FY15 Q2	FY15 Q3	FY15 Q4	FY15 Target
	Ratio of infant pertussis cases to total pertussis cases of all ages	1:17	1:11	1:13	1:16	1:9	1:23	1:26	1:18	1:15
New	Percent of vital records front counter customers who are satisfied with the service they received					No Data Available	97.4%	97.8%	98.3%	85.0%

Scientific Laboratory (P004)

	Performance Measure	FY11	FY12	FY13	FY14	FY15 Q1	FY15 Q2	FY15 Q3	FY15 Q4	FY15 Target
New	Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within fifteen business days					98.7%	89.7%	94.3%	91.6%	90.0%
New	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%	65.2%	94.6%	98.9%	90.0%

Facilities Management (P006)

	Performance Measure	FY11	FY12	FY13	FY14	FY15 Q1	FY15 Q2	FY15 Q3	FY15 Q4	FY15 Target
	Percent of staffed beds filled at all agency facilities	93.5%	87.0%	86.0%	81.1%	96.0%	96.1%	97.6%	93.0%	90.0%
New	Percent of uncompensated care at all agency facilities					39.7%	39.5%	38.6%	37.0%	25.0%
New	Percent of long-term care patients experiencing one or more falls with injury					0.4%	1.0%	.04%	0.2%	3.3%

Developmental Disabilities Supports (P007)

	Performance Measure	FY11	FY12	FY13	FY14	FY15 Q1	FY15 Q2	FY15 Q3	FY15 Q4	FY15 Target
	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%	91.0%	90.5%	90.6%	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%	29.0%	33.0%	28.0%	35.0%
	Number of individuals receiving developmental disabilities waiver receiving services	3,812	3,888	3,829	4,403	4,419	4,468	4,496	4,610	4,500
	Number of individuals on the developmental disabilities waiver waiting list	5,401	5,911	6,248	6,133	6,035	6,076	6,240	6,365	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 OPERATINGBUDGET:

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
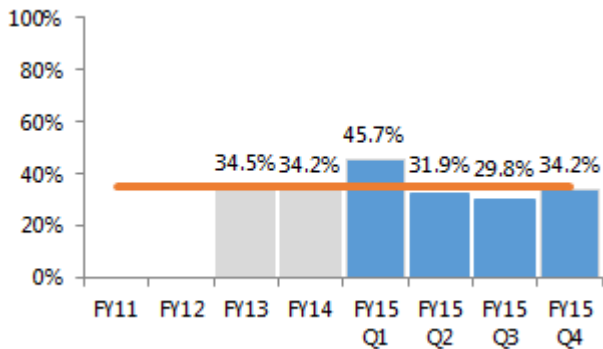
Partners

New Mexico School Based Health Alliance

University of New Mexico – Envision Health

Care Quality Improvement Initiative

Apex Evaluation

NM Human Services Department (HSD) 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

NM Forum for Youth in Community

Local school districts and school boards

Story Behind the Data

- During FY15, 34.2% of students using school based health centers (SBHCs) received a Comprehensive Well Exam (CWE).

- The CWE focuses on key preventive health services. Most adolescents are healthy but exhibit behaviors that put their health at risk. The most costly and widespread adolescent health issues – unintended pregnancy, sexually transmitted infections, violence, suicide, unintended injuries, and use of alcohol, tobacco and other drugs – are preventable. These behaviors contribute to chronic disease and premature death in adulthood.

- Healthy People 2020, a well-recognized national health promotion initiative, calls for an increase in the percentage of adolescents aged 10-17 who receive a wellness check-up every 12 months, with a target of 75%.

- NMDOH has funding available for SBHCs operating on 54 campuses statewide. The services provided include an integrated model of primary and behavioral health care along with health promotion and education. A limited number of locations also include oral health care.

- Funding for SBHCs has decreased significantly over the past several years resulting in reduced hours and limited capacity. The part-time status of many SBHCs impacts provider stability and as a result, SBHCs experience turn-over in clinical staff. With more stable funding, SBHCs will be able to increase their rate of youth who receive a comprehensive well exam in a SBHC.

- FY '15 data does not include six SBHCs operated through UNM-Pediatrics. The program initiated a new electronic health record the last half of the year and the program was unable to provide data for this report. Data transfer is currently underway. It is unclear whether the program data would have resulted in a significant increase in the overall percentage of youth who received a CWE.

- SBHCs serve adolescents who do not have an established provider in the community. The SBHC is able to engage adolescents who do not regularly seek preventive medical care.

Action Plan

- Increase % of Medicaid-eligible students seen in SBHCs.

- Broadly disseminate a CWE "strategies and successes" video .

- Analyze SBHC data to determine which students are at risk for not receiving CWEs.

- Include the performance measure in new SBHC contracts; conduct "spot checks" to evaluate the quality and effectiveness of CWE delivery; require SBHCs to engage in quality improvement activities focused on CWE.

- Explore incentivizing SBHCs or SBHC Sponsors who reach a satisfactory percent of youth with a CWE.

- Improve access in SBHCs through implementation of a recently awarded mini-grant

PROGRAM AREA 002: Public Health

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

Chart showing: FY11 33.0%, FY12 33.0%, FY13 32.0%, FY14 (gray bars at ~32%), FY15 Q1 29.9%, FY15 Q2 32.6%, FY15 Q3 33.3%, FY15 Q4 31.6%

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
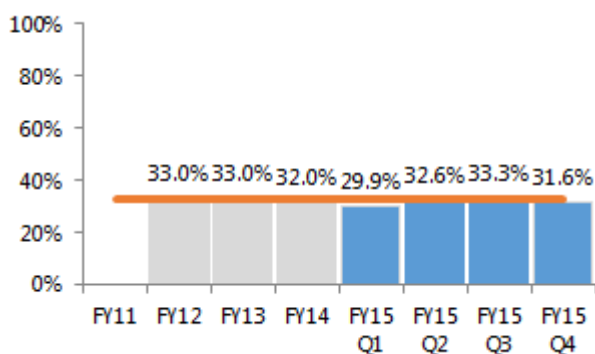
Story Behind the Data

• During FY15, 31.5% of QUIT NOW enrollees remained tobacco-free at 7-month follow-up.

• Although adult smoking declined slightly in recent years, we are seeing this decline begin to level off. We continue to 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.g., e-cigarettes, e-hookahs, vape pens) and various flavored tobacco products presents new public health challenges, including potentially increasing youth tobacco initiation and sustained nicotine addiction among adults.

Action Plan

• Continue to provide QUIT NOW telephone- and web-based cessation services, free quit coaching, free nicotine medications, text messaging support, and services in Spanish (DEJELO YA).
• Provide online Treating Nicotine Dependence in New Mexico Training to health care providers and clinic systems to increase referrals to QUIT NOW.
• Expand Health Systems Change Training and Outreach Pilot Program to more Federally-Qualified Health Centers (FQHCs) and other interested clinics and providers statewide.
• Increase awareness of DEJELO YA Spanish services through media promotion and increased outreach to Spanish-speaking populations as well as 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.
• 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 development of voluntary smoke-free policies. A new RFP has been released (June 2015), which will fund the development of voluntary smoke-free policies in multi-unit housing properties statewide and will include technical assistance and training to communities or individuals interested in 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.
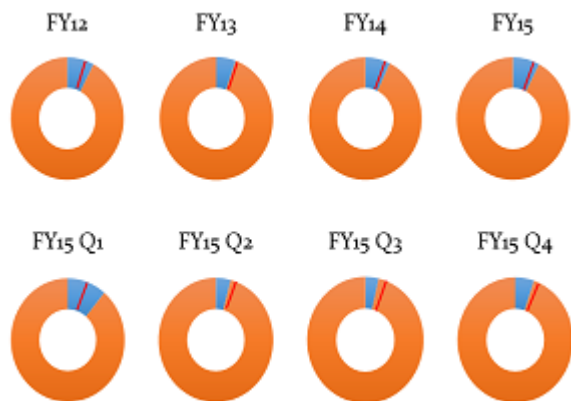

FY 15 OPERATINGBUDGET:

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
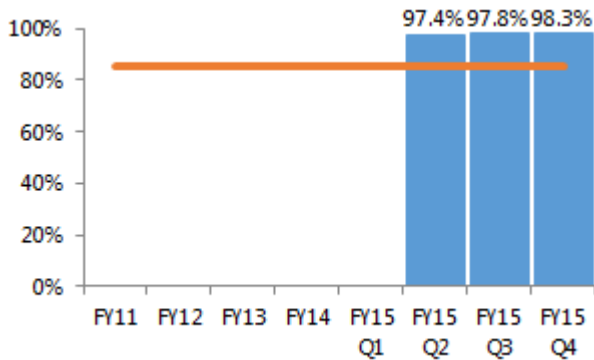

Partners

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

Story Behind the Data

• Severe outcomes of pertussis infection, such as hospitalization and death, are greatest for infants. The major reason for introducing programs for pertussis was to reduce the burden of disease among infants and pregnant women. Efforts focus on reducing the number of infant cases relative to the total number of cases with a goal of having less than one infant case for every 15 pertussis cases of all ages (ratio of 1:15).

• During FY15, the ratio of infant pertussis cases to total pertussis cases of all ages was 1:12, largely due to the 1st quarter. However, in the 2nd, 3rd, and 4th Quarters the ratio was significantly improved when compared to the target value of 1:15. Importantly, during FY15 there were fewer pertussis infections both in infants and overall compared with recent fiscal years.

• Current prevention strategies and vaccination recommendations from the Centers for Disease Control and Prevention focus on prevention of pertussis among infants. 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 recommendations target vaccination of pregnant women and family members in order to prevent high-risk infant pertussis cases. The NMDOH immunization program works with hospitals and other partners to implement this recommendation.

• From 2008 through 2012, the infant pertussis rate increased five-fold, from 56.2 to 262.1 cases per 100,000; in 2013, this rate declined to 130.1 per 100,000. In 2014, the rate declined further, to 99.0 per 100,000.

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 003: Epidemiology and Response

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

Partners

Hospitals

Midwives

Funeral homes

Office of Medical Examiner

Physicians

Tribal authorities

Family members

Story Behind the Data

• During FY15, 97.6% of customers surveyed said they were satisfied with the services they received from the New Mexico Bureau of Vital Records and Health Statistics (BVRHS).

• Beginning with the second quarter of FY15, BVRHS conducted its customer satisfaction survey during one month of each quarter. All customers who ordered birth and death certificates from the walk-in customer service area in Santa Fe were asked if they would participate. One question was asked: "Please let us know how we did in serving you today." Emoticons were used to illustrate the four answer choices: Excellent, Good, Fair, and Poor. The single question is intended to keep the survey simple and accessible for all customers, including those with limited literacy skills. Both "Excellent" and "Good" responses were considered to meet customer satisfaction aims.

• During Quarter 4, three hundred and thirty-five (335) surveys were collected, and a very high percentage of customers reported being satisfied. Currently, all customer satisfaction surveys are completed in the Santa Fe Office.

• Birth and Death certifications (Vital Records) are legal documents representing the registration of vital events. They are important to many essential activities such as applying for a job or obtaining benefits.

Action Plan

• BVRHS is in the process of rolling out electronic customer surveys, using tablets which collect data online. Customers will be able to answer a short survey (3 questions, including the current question) in English or Spanish. These electronic surveys will allow for immediate customer feedback and generate analytical data to BVRHS in real time. The new approach will also reduce language barriers for most customers.

• Rather than collecting and inputting paper surveys from specific months, BVRHS will be able to run internal reports at any time to determine customer satisfaction and attempt to identify the employee specialty areas necessary to meet customer needs. Eventually all Vital Records offices will have their own survey tablets and submit data.

• Vital Records will assess procedures to improve services through quarterly reviews of the survey data. Additional training and support will be provided to regional offices around the state.

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.

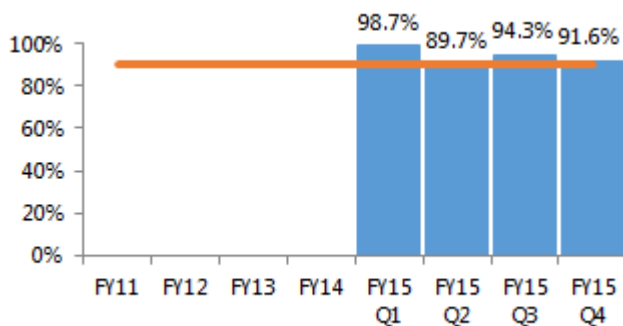## FY 15 OPERATING BUDGET:

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

Partners

Courts

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

New Mexico Department of Transportation/Traffic Safety Bureau

Story Behind the Data

• During FY15 the Scientific Laboratory Division (SLD) completed 93.6% of blood alcohol tests from driving-while-intoxicated cases within 15 days. 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.

• 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.

• Variability in performance is related to staffing and training. Retaining trained staff is important to delivery high quality, efficient blood alcohol testing services.

Action Plan

• Continue method development and validation.
• Monitor and maintain equipment.
• Continue staff training.

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
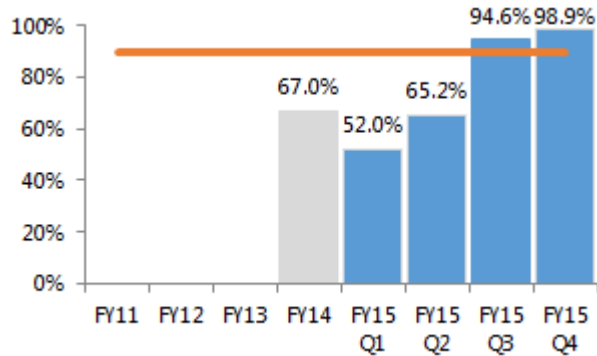
Partners

Office of Medical Investigator

Story Behind the Data

• During FY15 the Scientific Laboratory Division (SLD) completed 77.7% of Office of Medical Investigator (OMI) cause of death toxicology cases within 60 days. However, after somewhat unsatisfactory performance during the first two quarters, SLD exceeded the performance target during the third and fourth quarters.

• New Mexico continues to have one of the highest drug overdose death rates in the country.

• SLD toxicologists assist 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 scientists being subpoenaed to give expert witness in court or an increase in driving while impaired 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.

• By the third quarter of FY15 additional trained staff, streamlined case management and case review process, and coordination with the new OMI administration allowed the target to be exceeded.

Action Plan
• Continue method development and validation.
• Monitor and maintain equipment.
• Add staff and continue staff training.

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.
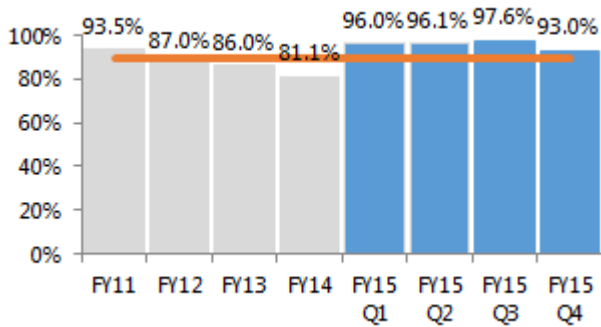

FY 15 OPERATINGBUDGET:

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

Partners

Children Youth and Families Department

State District Courts

Third party payers

Referral agencies

Veterans Administration

Community-based services

Facility employees

Story Behind the Data

• During FY15, 93.0% of staffed beds were filled at New Mexico Department of Health Healthcare Facilities.

• 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 operated 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.

Action Plan

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

• Maintain optimal staffing levels in each facility.

PROGRAM AREA 006: Office of Facilities Management

Percent of uncompensated care at all agency facilities

Partners

Facility staff

Department financial officers

Payer sources
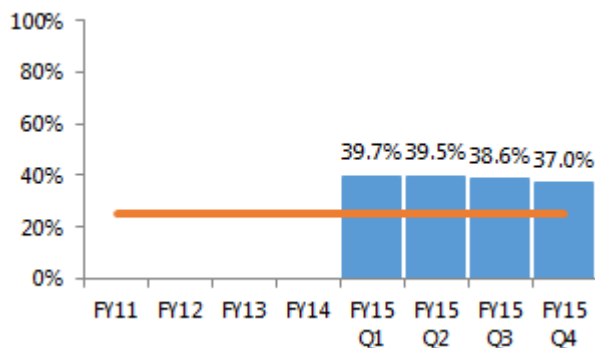
Story Behind the Data

- During FY15, 39.0% of care provided by New Mexico Department of Health (NMDOH) healthcare facilities was uncompensated.
- 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.
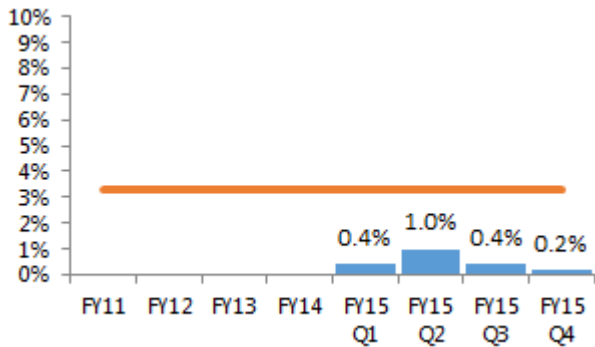
Action Plan

- 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

Partners

Centers for Medicare and Medicaid Services

The Joint Commission or appropriate accrediting agency

Health Licensing and Certification, Department of Health Facility employees

Story Behind the Data

• During FY15, an average of 0.5% of long-term care patients residing in facilities operated by the New Mexico Department of Health experienced one or more falls with injury each month.

• Falls are a leading cause of morbidity and mortality among long-term care residents. Falls often result in serious injury, especially hip fractures. Previous falls, especially recurrent falls and falls with injury, are the most important predictor of future falls and injurious falls.

• Falls with Major Injury is a Centers for Medicare and Medicaid Services (CMS) Measure of Quality. It is included among a number of health conditions that impact residents' functional status and quality of life.

• The CMS manual defines falls with major injury to include: bone fractures, joint dislocations, closed head injuries with altered consciousness, and subdural hematomas.

• In the U.S., the average facility score for this measure was 3.4% during the 4th quarter of 2011 (Nursing Home MDS 3.0 Quality Measures: Final Analytic Report, Sept. 2012).

• Falls with injury data are reported by the New Mexico Behavioral Health Institute, the New Mexico State Veterans Home, and the Ft. Bayard Medical Center.

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.
• Conduct Root Cause Analysis on falls to determine common causes in order to effect greater injury reduction.

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. DDSD is the primary state agency that funds community services and supports for people with disabilities and their families in New Mexico.

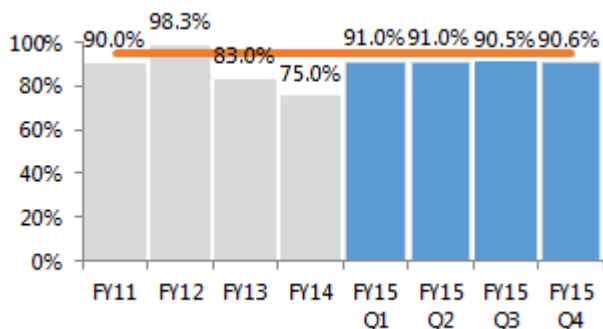**FY 15 OPERATINGBUDGET:**

General Funds: 148,908.0

Federal Funds: 2,820.4

Other State Funds: 1,200.0

Other Transfers: 10,030.3

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

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

Story Behind the Data
• During FY15, 90.6% of developmental disability waiver applicants had a service plan in place within 90 days of income and clinical eligibility.
• The Developmental Disabilities Supports Division (DDSD) targeted significant elements of the allocation process during FY14 to improve performance on this measure. SIS referrals were performed sooner prior to eligibility being confirmed in order to speed the service plan process. DDSD's revised Allocation Tracking Form contributed to improvements made by informing the Division when key benchmarks were accomplished and which identified delays.

• Mi Via ("my way") is a program that provides choices of goods and services to DDSD participants. The choice of Mi Via shifts responsibility to the individual/family for designating level of care and for completing the service planning process. People who selected Mi Via generally appear to be more delayed in receiving services than people on the traditional DD Waiver.

• DDSD continues to communicate to all providers that the allocation of individuals to the waiver remains a high priority. Training for case managers and DDSD staff on the allocation process continues.

• The Keeping in Touch mailing was not completed during FY15 but will be reinstituted in FY16. The Intake and Eligibility Bureau experienced significant staff vacancies during the past year, however, they are in the process of recruiting and hiring for these vacancies.
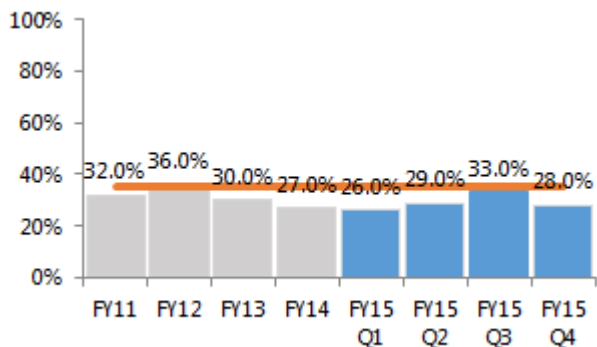
* Due to the transition to a new Third Party Assessor, recent delays (Spring 2015) in the processing of DD Waiver prior authorizations/claims have impacted the source data for this measure. Claims may be suppressed due to the lag in prior authorization updates and budget approvals, and client counts may be affected. This estimate may be revised when the source data are updated.

Action Plan
• The Central Registry database has been updated and is being upgraded. DDSD is in the process of developing a data reporting system using Medicaid information to compliment information contained in the DDSD Central Registry database.
• DDSD started a pilot program called Flexible Supports to identify possible service and support strategies for persons who are currently waiting for DD Waiver services. Preliminary reports are encouraging with some participants reporting significant help coming from the program. The legislature approved funding to continue the pilot for FY 2016.
• Participate in regular meetings with MAD and ISD representatives to: review the DD waiver allocation process; identify barriers; and troubleshoot potential problems.
• To maximize the number of individuals who enter and receive services timely, DDSD letters of interest will be sent based on the projected number of new allocations.
• Continue to assess regional provider capacity based on regional waiting list and provider areas of interest, as well as assess state capacity based on program capacity estimates and information technology evaluation.
• Streamline Mi Via to make it easier for applicants to complete the application more independently.
• Reinstitute annual "Keeping in Touch" mailings.
• Recruit and fill staff vacancies in DDSD's Intake and Eligibility Bureau.

PROGRAM AREA 007: Developmental Disabilities Supports

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

Chart showing percent by fiscal year/quarter: FY11 32.0%, FY12 36.0%, FY13 30.0%, FY14 27.0%, FY15 Q1 26.0%, FY15 Q2 29.0%, FY15 Q3 33.0%, FY15 Q4 28.0%

Partners

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

Story Behind the Data

• During FY15, 29.0% of adults receiving developmental disabilities day services were engaged in community-integrated employment (CIE). From quarter-to-quarter this percent varied, potentially due to the transfer of persons receiving employment services from the traditional waiver to the self-directed Mi Via waiver. Transfers to Mi Via could reduce the number of adults receiving developmental disabilities day services who choose CIE.

• Nationally, individuals with intellectual/developmental disabilities experience greater levels of unemployment, underemployment, low wages, and poverty compared to those without disabilities. The Developmental Disabilities Supports Division (DDSD) provides vocational services to individuals with developmental disabilities who are seeking employment.

• DDSD launched a Work Experience Grant Program. Individuals who are interested in community employment may apply for grant funding in collaboration with their supported employment agency.

• Partners for Employment, a collaboration between DDSD, DVR, and the University of New Mexico initiated the Supported Employment Local Leaders (SELL) concept as a mechanism to provide outreach. SELL meetings are designed to meet providers where they are by providing local technical assistance, training or resources based on the consensus of the participants in attendance. Benefits have been increased collaboration between DD and VR agencies, local resource sharing, problem-solving, and interagency collaboration. Agencies that have not historically partnered with DDSD have started to attend the meetings.

• New Mexico implemented a new rate structure for CIE. In collaboration with the Supported Employment Providers, DDSD changed the per-unit rate for service delivery to an enhanced monthly rate. This was designed to encourage competitive, integrated employment as a preferred outcome for individuals.

• DD Waiver service standards were updated to integrate the new CIE rate model. The standards were also redesigned to incorporate best practices including the CMS 'settings' requirements, community-based assessments, customized employment and assisting with connecting individuals to generic community resources.

• Partners for Employment provided training and technical assistance to a variety of stakeholders throughout New Mexico. Training topics included conducting vocational assessment profiles, accessing social security benefits, job development, team collaboration, social inclusion, systematic instruction, visual résumés, and customized employment.

* Due to the transition to a new Third Party Assessor, recent delays (Spring 2015) in the processing of DD Waiver prior authorizations/claims have impacted the source data for this measure. Claims may be suppressed due to the lag in prior authorization updates and budget approvals, and client counts may be affected.

Action Plan

• Implement a revised performance measure for FY16 to better reflect DDSD's community integrated-employment service objectives for persons with developmental disabilities. The new measure will be: The percent of adults receiving community inclusion services through the DD Waiver who receive employment services. The FY16 target will be 33%.

PROGRAM AREA 007: Developmental Disabilities Supports

Number of individuals receiving developmental disabilities waiver services
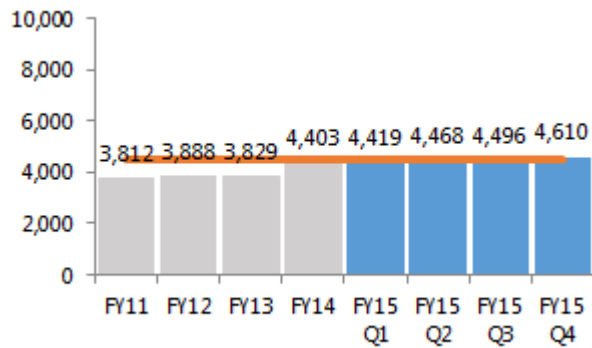
Partners

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

Story Behind the Data

• At the conclusion of FY15, 4,610 persons were receiving developmental disabilities waiver services.

• The Developmental Disabilities Supports Division (DDSD) funds and provides oversight to community services and supports for people with developmental disabilities. DDSD oversees

various Medicaid home and community-based waiver programs (DD Waiver services) so that people with disabilities can live as independently as possible. The Developmental Disabilities Waiver (DDW) program is designed to provide services to allow individuals with developmental disabilities to participate as active community members. The DDW program serves as an alternative to institutional care, providing an array of residential, habilitation, employment, therapeutic, and family support services.

• DDW participants can choose the traditional waiver or the Mi Via waiver. Mi Via ("my way") provides choices of goods and services to DDSD participants. Mi Via places the responsibility for designating level of care and for completing the service planning process on the individual/family.

• The number of people choosing the Mi Via Waiver has been increasing significantly as follows: FY10: 145 participants; FY11: 174 participants; FY12: 192 participants; FY13: 320 participants; FY14 623 participants. For FY2015 the Mi Via program served 911 individuals.

* Due to the transition to a new Third Party Assessor, recent delays (Spring 2015) in the processing of DD Waiver prior authorizations/claims have impacted the source data for this measure. Claims may be suppressed due to the lag in prior authorization updates and budget approvals, and client counts may be affected. budget approvals, and client counts may be affected. This count may be revised when the source data is updated.

Action Plan

• Develop web-based provider scorecard to facilitate participant selection of providers services.

• Upgrade Central Registry database for increased robustness.

• Increase awareness of services for individuals with developmental disabilities by improving supports to case management agencies (to provide information regarding different types of available services).

• To maximize the number of individuals who enter and receive services, DDSD 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 with the goal of increasing provider capacity and services.

PROGRAM AREA 007: Developmental Disabilities Supports

Number of individuals on the developmental disabilities waiter waiting list
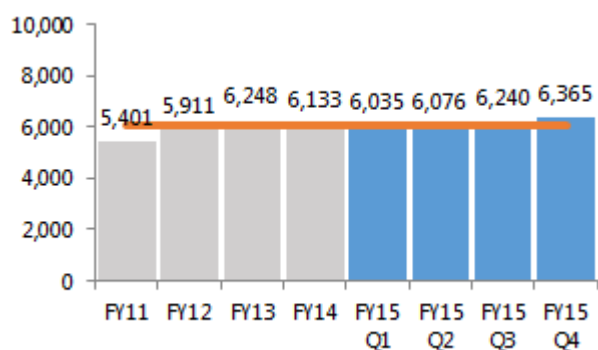
Partners

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

Story Behind the Data

• At the conclusion of FY15, 6365 persons were on the developmental disabilities waiver waiting list.

• The Developmental Disabilities Waiver (DDW) program serves as an alternative to institutional care and is designed to provide services and support

to allow individuals with intellectual/developmental disabilities (IDD) to participate as active members of their community. An average of 300 people are added to the DDW Central Registry (i.e., waiting list) each year. This means that every year, 300 additional people need to receive services just to keep the waiting list from growing.

• Addition of Supports Intensity Scale (SIS)® assessments and changes in procedures at ISD have added to timeframes between receipt of Primary Freedom of Choice and Confirmation of Eligibility and then service plan approval.

• Mi Via ("my way") provides choices of goods and services to DDSD participants. The choice of Mi Via shifts responsibility to the individual/family for designating level of care and for completing the service planning process.

• The Central Registry (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: An applicant has submitted an application for DDW services but IDD verification has not been completed. (About two-thirds of applicants in this category will not match the definition of IDD and, as a result, will be moved to the Pending Status category or be closed.)

Pending Status: Reserved for applications of children 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; meet the IDD definition; and are waiting for allocation to receive services.

Allocation on Hold: This status is for persons who have been offered allocation to the DD waiver and have chosen to not accept an allocation currently.

Action Plan

• DDSD has continued regular internal meetings to review the allocation processes and ensure timelines are met. These meeting have been productive and helpful in identifying problems and forming solutions.

• DDSD continues to maximize the number of individuals who enter and receive services by adjusting the number of letters of interest sent based upon projected number of completed allocations. This practice has helped in meeting allocation goals.

• During the past year, DDSD's Intake and Eligibility Bureau experienced significant staff vacancies. We are in the process of recruiting and hiring for these vacancies.

• DDSD is in the process of developing a data reporting system using HSD Medicaid information to compliment information contained in the DDSD CR database.

• CR database has been updated and is being upgraded. This activity has improved the stability of the database.

• DDSD started a pilot Flexible Support Program to identify possible service and support strategies for persons currently waiting for. Results of the initial part of the program are expected in the coming months. Preliminary reports from the Flexible Supports pilot are encouraging. Some participants reported significant help coming from the program. Funding for the pilot has been renewed for FY 2016.

NOTES

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