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FY22 QUARTER 3 PERFORMANCE REPORT

DEPARTMENT OF HEALTH



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PERFORMANCE REPORT CARD
NEW MEXICO DEPARTMENT OF HEALTH (66500)
THIRD QUARTER, FISCAL YEAR 2022
CABINET SECRETARY DAVID R. SCRASE, M.D.

Department of Health (66500)

The New Mexico Department of Health (NMDOH) is a centralized system of health services. New Mexico's 33 counties are organized into 4 public health regions governed by NMDOH. Regional directors and staff provide services to every county within their region through 52 public health offices and the local offices partner with their communities to ensure that services meet communities' specific needs.

Combined with 9 programmatic areas that make up NMDOH's organizational structure, NMDOH provides wide-ranging duties that formulate a statewide public health system. The department achieves its mission and vision by promoting health and preventing disease, collecting, analyzing and disseminating data, licensing and certifying health facilities, and providing clinical testing services. The department also operates health care facilities that serve veterans, persons with developmental disabilities, those with behavioral health issues and those with rehabilitation needs.

Agency Mission:

To ensure health equity, we work with our partners to promote health and well-being and improve health outcomes for all people in New Mexico.

NMDOH Programmatic Areas:

- Administrative Services
- Public Health
- Epidemiology & Response
- Scientific Laboratory
- Developmental Disabilities Support
- Health Certification, Licensing & Improvement
- Medical Cannabis
- Treatment & Long-Term Care Facilities
- Information Technology Services

Agency Goals/Objectives:

- We expand equitable access to services for all New Mexicans.
- We improve health status for all New Mexicans.
- We ensure safety in New Mexico healthcare environments.
- We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals.

Agency Programs Reporting FY22 Q3 Measures

PUBLIC HEALTH DIVISION	P002
EPIDEMIOLOGY AND RESPONSE DIVISION	P003
SCIENTIFIC LABORATORY DIVISION	P004
FACILITIES MANAGEMENT DIVISION	P006
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION	P007
HEALTH CERTIFICATION LICENSING AND OVERSIGHT	P008

Program Measure Rating Key		
● trending positively by meeting or exceeding target	● trending uncertainty with inconsistent or underperforming results	● trending negatively with consistent underperformance
Performance Measure: Quantitative or qualitative indicator used to assess the output or outcome of an approved program.		
Explanatory Measures: Measures external factors over which the agency has little or no control but that have a material effect on the agency's ability to achieve its goals. These measures do not have annual targets and are not rated		
Key Measure: Measures the agencies are required to report in quarterly intervals		
AGA Measure: Measures negotiated annually by DFA, in consultation with the agency and LFC		
HB2 Measure: Measures selected by the Legislative Finance Committee to include in HB2		

Public Health Division (P002)

The Public Health Division (PHD) fulfills the New Mexico Department of Health's mission by working with individual families, communities, and partners to improve health, eliminate disparities, and ensure timely access to quality, culturally competent health care.

Budget: \$181,884.1 FTE: 783	FY20 Actual	FY21 Actual	FY22 Target	FY22 Q1 Actual	FY22 Q1 Rating
<u>Key Measure:</u> Percent of preschoolers (19-35 months) who are indicated as being fully immunized	62.93%	64.66%	≥65%	66.8% FY22 Q2 66.7% FY22 Q3 65.3%	● ● ●
This measure assesses New Mexico's success in attaining high levels of immunization coverage among its preschool population. The Healthy People 2020 objective is 80%, which is a realistic target for New Mexico as well.					
<u>Key Measure:</u> Percent of NMDOH funded school-based health centers that demonstrate improvement in their primary care or behavioral health care quality improvement focus area	50%	73%	≥95%	FY22 Q1 *0% FY22 Q2 *0% FY22 Q3 *0%	Annual Cumulative

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As adolescents have returned to school for in-person learning this fall, school-based health centers are meeting the health care needs throughout the state. SBHCs have returned to providing integrated primary and behavioral health care for adolescents. School districts also continue to enlist SBHCs in assisting with COVID testing and vaccination efforts. * There are no quarterly data as this is an annual measure, synced with the school year.

	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	Overall Trend
Key Measure: Percent of female clients ages 15-19 seen in NMDOH public health offices who are provided most or moderately effective contraceptives	85.8%	88.4%	62.5%	84.3% 81.6% 89.5%	  
The broad range of contraceptive methods (including IUDs and implants [most effective] and pills, injectables, and rings [moderately effective]) are available at 41 of the 43 public health offices that offer family planning services. During Q3, 36 Public Health Offices provided family planning services, due to ongoing COVID related services. Since 2015, the teen birth rate among 15-to-19-year-olds in New Mexico (NM) has declined by 36.3% to 21.8 per 1,000 in 2020 (NM-IBIS) and is the tenth highest in the nation in 2020 (National Center for Health Statistics). Between 2019 and 2020, NM's teen birth rate decreased by 10.2%, compared to a national decrease of 7.8% (National Center for Health Statistics).					
Key Measure: Percent of New Mexico adult cigarette smokers who access cessation services	2.6%	1.9%	≥2.6%	FY22 Q1 0.60% FY22 Q2 0.32% FY22 Q3 0.44%	  
The NMDOH Tobacco Use Prevention and Control (TUPAC) Program has been rebranded as the Nicotine Use Prevention and Control Program (NUPAC). NUPAC served 1,148 NM tobacco users in Q3 through its QUIT NOW and DEJELO YA tobacco cessation services. As the state began to reopen, NUPAC observed an increase of patients seeing their providers, allowing opportunities for brief tobacco interventions in medical settings. NUPAC has seen an increase in providers requesting QUIT NOW promotional items to place in their offices/exam rooms. In FY22, NUPAC continues to train health care providers across the state to provide interventions and referrals to the QUIT NOW/DEJELO YA services, while NUPAC staff are increasing field promotion of Nicotine Addiction Treatment Services. NUPAC continues to promote QUIT NOW/ DEJELO YA services through paid advertisements and hopes to increase cessation engagement through 2 new programs: The Live Vape Free Program and the Mini Quit Challenge.					
Key Measure: Number of successful overdose reversals per client enrolled in the NMDOH Harm Reduction Program	3,444	2,572	2,750	FY22 Q1 1051 FY22 Q2 1028 FY22 Q3 714	  



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The New Mexico Department of Health's Hepatitis and Harm Reduction Program has one of the nation's longest standing overdose prevention education and naloxone distribution programs. In FY21, the program faced challenges related to shifting trends in the mode of consumption of substances, and the COVID-19 pandemic's impact on staffing has led to decreased program utilization. In FY22, the Hepatitis and Harm Reduction Program has seen a significant increase in overdose reversals from FY21. This appears to be due to an increased *perceived* risk of overdose, which is likely related to the supply chain of illicit substances being adulterated by fentanyl. As a result of the Legislature passing HB52 in 2022, it is anticipated NMDOH will begin noticing an increase in naloxone distribution and overdose reversals as the Hepatitis and Harm Reduction Program is able to provide appropriate supplies used to reduce overdose and increase participant engagement. It is important to note that quarterly figures are likely an undercount of utilized naloxone for opioid reversal as the department relies on self-reporting from individuals when they return for refills. *This number may be revised in the Q4 report to account for reporting delays.

Epidemiology & Response Division (P003)

The Epidemiology and Response Division (ERD) monitors health, provides health information, prevents disease and injury, promotes health and health behaviors, responds to public health events, prepares for health emergencies, and provides emergency medical, trauma, and vital records to New Mexicans. ERD provides services through seven bureaus: Emergency Medical Systems (EMS), Environmental Health Epidemiology (EHEB), Health and Emergency Management (BHEM), Infectious Disease Epidemiology (IDEB), Injury and Behavioral Epidemiology (IBEB), Vital Records and Health Statistics (BVRHS), and Community and Health Systems Epidemiology Bureau.

Budget: \$53,964,500 FTE: 288	FY20 Actual	FY21 Actual	FY22 Target	FY22 Q1 Actual	FY22 Q1 Rating
<u>Key Measure:</u> Percent of death certificates completed by Bureau of Vital Records and Health Statistics within 10 days of death	61%	50%	50%	53% FY22 Q2 51% FY22 Q3 53%	  
Timeliness of death reporting and registration is important to citizens who are managing the legal affairs of deceased individuals. Many important end of life proceedings, such life insurance claims, closure of bank accounts, and resolution of credit debt cannot be conducted without a death certificate. At the population level, timely death reporting is important for providing provisional statistical data for disease prevention and control including the monitoring of drug overdose deaths, suicide deaths, and infectious disease deaths, including COVID-19.					
<u>Key Measure:</u> Percent of retail pharmacies that dispense naloxone	94.8%	88.3%	85%	FY22 Q1 88% FY22 Q2 86.6% FY22 Q3 89.4%	  
This measure provides visibility into the over-all distribution of naloxone throughout New Mexico. The list of retail pharmacies is compared to Medicaid claims data to identify pharmacies that are/are not distributing naloxone. Given the ongoing challenge of curtailing opioid addiction and overdose, it is important to identify pharmacies not distributing naloxone so that they can be contacted for additional encouragement and education on the importance of distributing naloxone.					

Key Measure: Percent of cities and counties with Access and Functional Needs (AFN) plans that help prepare vulnerable populations for a public health emergency.	5%	65%	33%	FY22 Q1	  
				10%	
				FY22 Q2	
				5%	
				FY22 Q3	
Jurisdictional Access and Functional Needs (AFN) plans assist in identifying the actions, responsibilities, and roles in creating synchronized emergency operations assistance and coordination from the Department of Health (DOH) for New Mexicans and visiting individuals to New Mexico with Access and Functional Needs (AFN). To increase the number of counties that utilize AFN planning, DOH provides templates and access to workshops/training about AFN. Q3 has the same percentage as Q2 largely a result of local/jurisdictional emergency managers who were focused primarily on vaccine distribution efforts within their respective geographical areas and the pandemic response, in general. Because COVID cases are now decreasing, we are optimistic that we will see an increase in Q4.					
AGA Measure with Available Quarterly Data: Number of community members trained in evidence-based suicide prevention practices	1,030	618	225	FY22 Q1	  
				226	
				FY22 Q2	
				212	
				FY22 Q3	
The NM suicide rate has been more than 50% higher than the national rate over the past decade, and in 2017, NM had the fourth highest suicide rate in the United States. The past decade saw an increase in suicide for all age groups, with the largest rate increases found in children 10-14 years and adults 65-74 years, a tripling and doubling, respectively, of the rates of suicide. DOH continues to increase awareness of suicide by educating about risk factors and warning signs to community members. In addition, the Department of Health's Office of Injury Prevention continues to partner with the Office of School and Adolescent Health (OSAH) to build capacity in local communities and with other within- and outside-state government agencies to offer gatekeeper trainings via gatekeeper train-the-trainer programs. The target for FY 22 is 800 and the target per quarter is 200. DOH is pleased to report an increase in community members trained in Q3 compared to Q2.				238	

Scientific Laboratory Division (P004)

The Scientific Laboratory Division (SLD) provides a wide variety of laboratory services to programs operated by numerous partner agencies across the state of New Mexico. The activities of SLD in support of State agencies are mandated in statute and are essential for the successful mission of the programs it supports.

SLD services include:

- Veterinary, food, and dairy testing for the Department of Agriculture
- Certification inspections of milk and water testing laboratories for the Environment Department

- Chemical testing for environmental monitoring and the enforcement of environmental laws and regulations for the Environment Department
- Clinical testing for infectious diseases that are of public health significance (e.g., COVID-19, Zika, Ebola, West Nile virus, avian influenza, Chikungunya, Dengue, etc.) for the Department of Health and the Centers for Disease Control & Prevention
- Biosecurity outreach and training to clinical laboratories and first responders across the state
- Identification of agents of bioterrorism in cooperation with the Federal Bureau of Investigation and state law enforcement agencies
- Forensic toxicology (drug) testing in support of the Department of Public Safety, Department of Transportation and local law enforcement agencies for the Implied Consent Act and the Office of the Medical Investigator
- Expert witness testimony for forensic toxicology testing in state courts
- Training and certification of law enforcement officers to perform breath alcohol testing within the state

Budget: \$14,825,200 FTE: 190	FY20 Actual	FY21 Actual	FY22 Target	FY22 Q1 Actual	FY22 Q1 Rating
<u>Key Measure:</u> Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within 30 calendar days	91%	98%	≥90%	99.2% FY22 Q2 97.6% FY22 Q3 98.3 %	  
Nationally, New Mexico has had the highest alcohol-related death rate since 1997. New Mexico's rate has consistently been nearly twice the national rate and has been increasing more rapidly than the national rate. According to the Centers for Disease Control and Prevention, alcohol is a contributing factor in up to 49% of motor vehicle crashes. SLD Toxicology staff analyzes samples for blood alcohol concentration (BAC) and drugs to determine cause of impairment in drivers, as well as Office of Medical Investigator (OMI) samples for carboxyhemoglobin. The validation for the Carbon monoxide test has been completed and testing of OMI samples has resumed. SLD staff also serve as expert witnesses in court cases where alcohol or drugs are involved. Duplicate testing of each specimen is performed per accreditation requirements, which doubles testing time (started FY16-Q3). The Bureau exceeded its target for this quarter with 98% of cases completed and reported within 30 days. Several new staff have been hired are in the training process. Existing staff have taken on training and additional work to maintain the incoming workload. Court obligations on senior staff has been demanding, but they are willing to help supervisors and the Bureau Chief to complete work in a timely and positive manner.					

Facilities Management Division (P006)

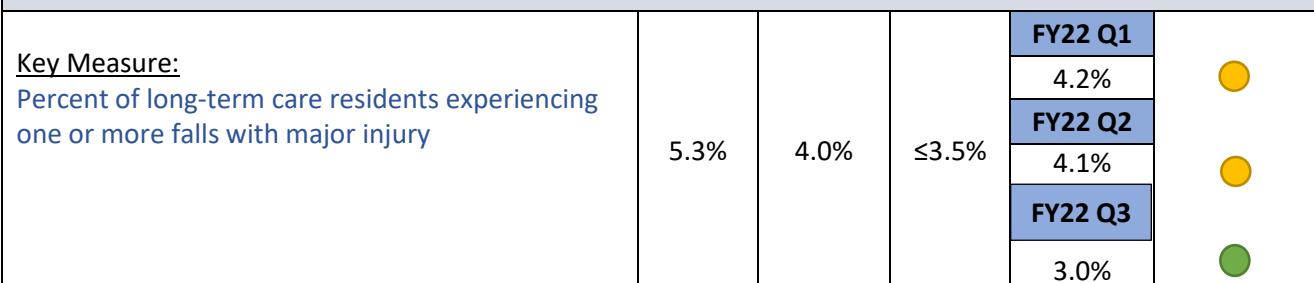
The Facilities Management Division (FMD) fulfills the NMDOH mission by providing:

- Programs in mental health, substance abuse, long-term care, and physical rehabilitation in both facility and community-based settings; and
- Safety net services throughout New Mexico.

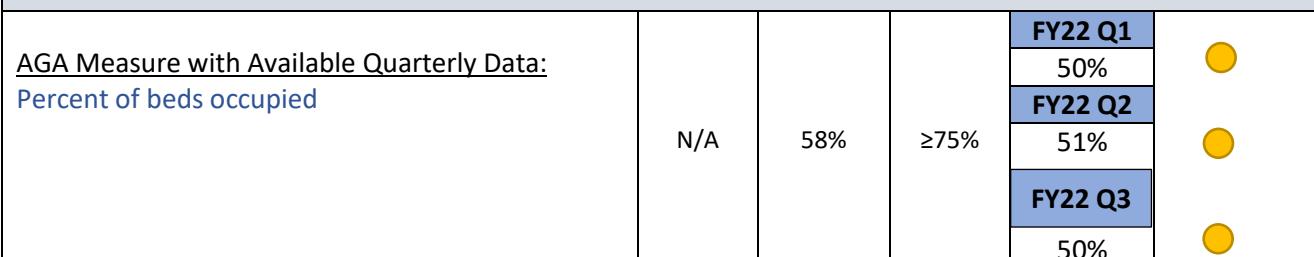
FMD consists of six healthcare facilities and one community program. Most individuals served by NMDOH facilities have either complex medical conditions or psychiatric disorders that manifest in violent behaviors, and private sector providers are either unable or unwilling to serve these complex individuals, many of whom are restricted to NMDOH facilities by court order. The FMD Facility and Community Program staff cares for both New Mexico adult and adolescent residents, who need continuous care 24 hours/day, 365 days/year as well as provision of a variety of behavioral health outpatient services.

Budget: \$167,287,200 FTE: 1,930.5	FY20 Actual	FY21 Actual	FY22 Target	FY22 Q1 Actual	FY22 Q1 Rating
<u>Key Measure:</u> Percent of eligible third-party revenue collected at all agency facilities	80.8%	92.1%	≥95%	77.1% FY22 Q2 98.3% FY22 Q3 108.3%	● ● ●
Revenue collection is important to maintain services across the state. Greater revenue collection allows DOH to provide an enhanced level of care to our patients. The state's revenue fluctuates each year and as a result, the amount of general fund appropriated to DOH is directly impacted. Quality improvement aimed at improving collection rates is continuous. The Q3 target was exceeded due to Fort Bayard Medical Center receiving a settlement payment from one managed care organization for unpaid claims related to previous billing periods.					
<u>Key Measure:</u> Number of significant medication errors per 100 patients	0.2	0.6	≤2.0	FY22 Q1 0.4 FY22 Q2 0.0 FY22 Q3 0.2	● ● ●
In 1999, the Institute of Medicine published "To Err Is Human: Building a Safer Health System", in which they stated that between 44,000-98,000 people die in hospitals each year as a result of preventable medication errors and laid out a strategy for reducing these errors. The DOH facilities, each of which serve a distinct population, monitor, and report the rate of significant Category D or higher medications errors, according to the NCC MERP Index for Categorizing Medication Errors. This index addresses inter-disciplinary error causes and promotes safe medication use. A Category D or higher is an error that reaches the patient, resulting in increased patient monitoring or treatment intervention					

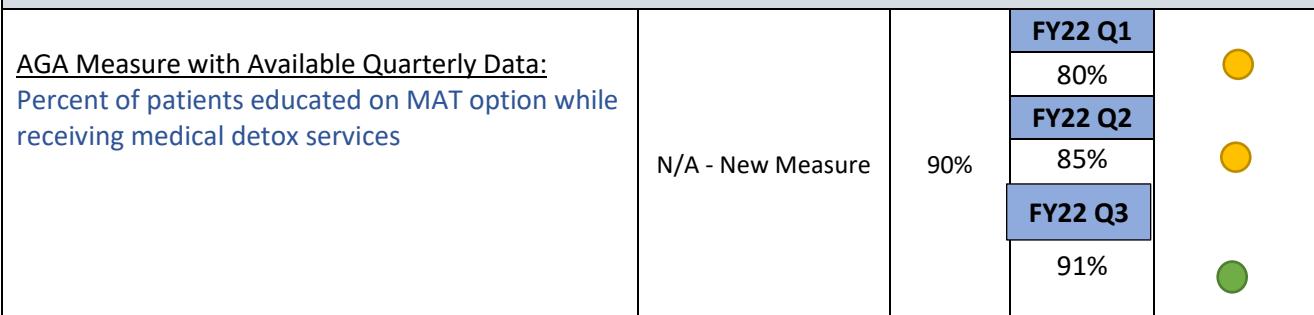
and corrective actions taken to prevent recurrence and harm. Q3 results, as in previous quarters, remain under the target and demonstrate that effective steps are being taken to minimize significant medication errors.



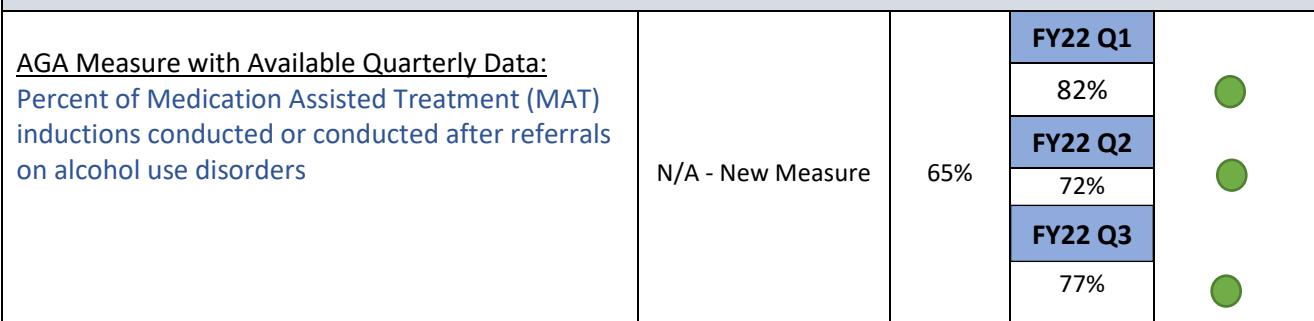
Falls are common and are a major safety concern for long-term care facilities. While not all falls and injuries can be prevented, it is critical to have a systematic process of assessment, intervention, and monitoring to minimize fall risk and prevent major injuries resulting from falls. DOH's long term care facilities continue to build a falls prevention infrastructure. Every new long-term care resident is assessed for fall risk. This assessment is then included in each individual resident's care plan. Falls committees review CASPER reports and care plans as well as post fall therapy review for more intensive approaches. Smartsheets are being used to standardize across long term care populations, combined with continuous staff education and reinforcement. Additionally, the facilities continue to focus on ensuring occupational therapy for residents to enhance interventions. Q3 results show an improvement over previous quarters indicating a lesser number of falls with major injury.



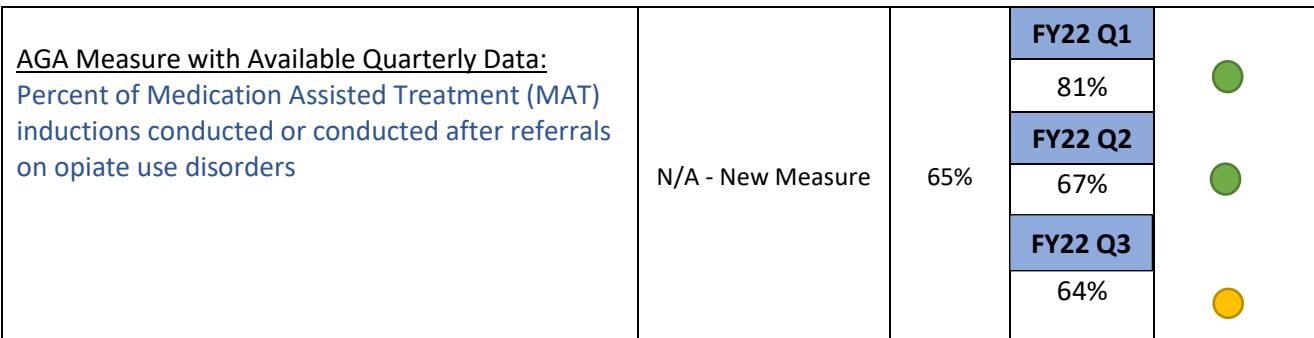
"Percent of licensed beds" in facilities helps determine and maximize revenue. "Licensed beds" are defined as the maximum number of beds a facility can operate. Most do not operate at the maximum level due to staffing shortages and/or construction, improvement, or maintenance interruptions at the facility, which are sometimes necessary to meet regulatory compliance. Most recently, and as demonstrated in FY21 and continuing into FY22 Q3, COVID-19 has significantly impacted the bed availability in facilities. The facilities are experiencing a continued reduction in available beds due to infection control measures taken for the assurance of safety for patients, staff, and general population admissions. Some facilities are limited to available space in secured wings which offer specific and variable levels of care, while other facilities are seeing less patients due to a reduction in patients seeking elective treatments.



Medication Assisted Treatment (MAT), combines behavioral therapy and medications that treat substance use disorders related to alcohol, heroin, and opioid use. This combination of counseling and behavioral therapies can help some people sustain recovery and involves several drugs shown to demonstrate safe and effective treatment, including buprenorphine, methadone, and naltrexone. It is important to offer access to all available medications to allow providers to work with the patient to determine the right treatment option shown to normalize brain chemistry, block euphoric effects, relieve physiological cravings, and normalize body functions. MAT programs are clinically driven and tailored to meet each patient's needs. Any improvement or decline in performance each quarter is mostly dependent on patients being available; in Q3 many patients were in attendance to receive the education.



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Medication Assisted Treatment (MAT), combines behavioral therapy and medications that treat substance use disorders, such as alcohol, heroin, and opioid use disorders. This combination of counseling and behavioral therapies can help some people sustain recovery and involves several drugs shown to demonstrate safe and effective treatment, including buprenorphine, methadone, and naltrexone. The facilities receive poly-substance users with co-occurring mental disorders, which can require multiple attempts at medications and corresponding behavioral therapy treatment options. As with any care, it is necessary to identify and prescribe the package of medical treatments that will work best for the individual. Any improvement or decline in performance each quarter is largely dependent on patients being available and/or responsive to induction attempts; in Q3 many patients were not available or responsive for inductions to occur.

<u>AGA Measure with Available Quarterly Data:</u> Number of Narcan kits distributed or prescribed	N/A	231	180	FY22 Q1	
				56	
				FY22 Q2	
				67	
<u>AGA Measure with Quarterly Available Data:</u> Percent of medical detox occupancy at Turquoise Lodge Hospital	67.9%	70%	≤75%	FY22 Q3	
				71%	
				FY22 Q2	
				67%	
Turquoise Lodge Hospital (TLH) is a specialty hospital that provides safety net services for New Mexican adults with substance use disorders. "Occupancy rate", is defined as the percentage of staffed beds that are occupied, and measures access to these safety net services. TLH does not make admission decisions based on an individual's insurance, lack of insurance, or ability to pay. COVID significantly impacted TLH's capacity to admit patients into medical detox due to TLH having to reduce licensed bed capacity to ensure proper social distancing. Q3 results continue to demonstrate a resistance by patients in seeking elective treatment during this pandemic and the facility's operation at half capacity based on infection control measures.	67.9%	70%	≤75%	FY22 Q3	
				57%	

Developmental Disabilities Supports Division (P007)

The Developmental Disabilities Supports Division (DDSD) effectively administers a system of person-centered community supports and services that promotes positive outcomes for all stakeholders. DDSD is the primary state agency that funds community services and supports for people with disabilities and their families in New Mexico. DDSD's primary focus is on assisting individuals with developmental disabilities and their families in exercising their right to make choices, grow and contribute to their community. DDSD oversees home and community-based Medicaid waiver programs and these include:

- The Developmental Disabilities Waiver (Traditional Waiver)
- The Medically Fragile Waiver (Traditional Waiver)
- The Mi Via Self-Directed Waiver
- The Supports Waiver

DDSD's Intake and Eligibility Bureau manages the Central Registry for individuals waiting for services. DDSD also provides several State General Funded Services. For all programs DDSD's vision is for people with intellectual and developmental disabilities and their families to exercise their right to make choices and grow and contribute to their community.

Budget: \$174,908,100 FTE: 188	FY20 Actual	FY21 Actual	FY22 Target	FY22 Q1 Actual	FY22 Q2 Actual	FY22 Q3 Actual
<u>HB2 Measure with Available Quarterly Data:</u> Number of individuals on the Developmental Disabilities Waiver waiting list	4,743	4,669	Explanatory	4,179	4,604	2,543
The wait time for Home and Community-Based Services (HCBS) Waivers varies widely by state. In New Mexico, the HCBS Waivers with a wait list include the Developmental Disabilities (DD) and Mi Via Waivers. Individuals are offered waiver services as funding for allocation slots becomes available. Individuals meeting the requirements can receive standard Medicaid benefits and other services while on the waiting list. As of March 31, 2022, there were 2543 individuals on the wait list for HCBS Waivers. These individuals have been determined to meet the definition of "developmental disability". Of those individuals, 501 have placed their allocation on hold, meaning these individuals were offered waiver services and have chosen to continue on the wait list for now. The number of individuals on the wait list decreased significantly during the second quarter of FY22, as the Division continues with the Super Allocation Plan.						
<u>HB2 Measure with Available Quarterly Data:</u> Number of individuals receiving Developmental Disability Waiver services	4,934	5,111	Explanatory	5,088	5,022	5,722

Every state in the nation has the option to provide home and community-based services with approval from the Centers for Medicare and Medicaid Services (CMS). Nationwide, over 44 states, and the District of Columbia, provide home and community-based Medicaid waiver services to people with Intellectual or Developmental Disabilities (I/DD). The Developmental Disabilities Waiver program includes the Mi Via (self-directed) waiver, the traditional DD Waiver, the Medically fragile Waiver, and Supports Waiver. DDW provides a variety of services for people with I/DD to support them in living independently and participating actively in their communities as an alternative to institutional care. In FY22 Q2, the Developmental Disabilities Supports Division (DDSD) had 5,088 persons receiving Developmental Disability Waiver services (NM Human Services Department Client Counts and Expense Report 12-15-2021).

Budget: \$167,287,200 FTE: 1,930.5	FY20 Actual	FY21 Actual	FY22 Target	FY22 Q1 Actual	
<u>Key Measure:</u> Percent of Developmental Disabilities Waiver applicants who have a service plan and budget within 90 days of income and clinical eligibility	95.5%	97.4%	≥95%	FY22 Q1 100% FY22 Q2 95.5% FY22 Q3 93.3%	  
This performance measure is in response to Lewis v. New Mexico Department of Health. It is important for ensuring allocated individuals have a service plan in place within 90-days of income and clinical eligibility. The Developmental Disabilities Supports Division (DDSD) Intake and Eligibility Bureau (IEB) works closely with internal and external partners to ensure that individuals with developmental disabilities receive waiver services in a timely manner by completing the necessary application requirements. During FY22 Q3, 98 out of 105 individuals had a service plan in place within 90 days of income and clinical eligibility determination.					
<u>Key Measure:</u> Percent of adults of working age (22 to 64 years), served on the DD Waiver (traditional or Mi Via) who receive employment supports	28.3%	18.4%	≥27%	FY22 Q1 16.1% FY22 Q2 9.4% FY22 Q3 9.65%	  
Nationally, individuals with intellectual/developmental disabilities (I/DD) experience greater levels of unemployment, underemployment, low wages, and poverty compared to those without disabilities. Community Integrated Employment (CIE) includes supports that allow individuals with developmental disabilities to participate as active community members and realize the benefits of employment. Employment First (E1st) expects that working age individuals with I/DD should be given the opportunity to work in the community. In FY22 Q3, 9.65% of					

eligible adults received employment services. Recent COVID related impacts are reflected in the Medicaid/Omnicaid billing data as there is a significant decline in individuals accessing employment supports. However, people are returning to the workforce, slowly. As indicated in FY22 Q3, COVID impacted those employed and those seeking employment. We are seeing a slight increase for the FY22 Q3.

Key Measure: Percent of Developmental Disabilities Waiver providers in compliance with General Events timely reporting requirements (2-day rule)	87.3%	83%	≥86%	FY22 Q1	  
				83.1%	
				FY22 Q2	
				87.3%	
				FY22 Q3	
				87.3%	

The timely submission and approval of GERs is critical to DDSD's mission of ensuring the safety and wellbeing of the individuals on the traditional Developmental Disabilities Waiver (DDW). The purpose of General Events Reporting (GER) is to report, track and analyze events, which pose a risk to adults in the DDW program, but do not meet criteria for Abuse, Neglect & Exploitation (ANE) or other reportable incidents as defined by the Incident Management Bureau. According to DDSD requirements, providers must enter and approve GERs within two (2) full days, except for medication errors, of the event date. Following review of the compliance data, DDSD conducts outreach to the provider agencies that are not compliant with the requirement and remediation is requested. DDSD is utilizing the Therap GER system to track and monitor COVID-19 related events, including positive testing, which has added an increase in system reporting. In FY22 Q1, 83.1% of the 5,787 GERs submitted were submitted and approved in a timely manner. In FY22 Q2, 50% of the 84 providers submitting GERs complied with GER reporting requirements for timely reporting. Overall GER compliance was 87.3% (5601/6413). In FY22 Q3 59.8% of 82 providers were compliant with GER requirements for timely reporting. Overall GER timely reporting compliance was 87.3% (5539/6346).

Budget: \$167,287,200 FTE: 1,930.5	FY20 Actual	FY21 Actual	FY22 Target	FY22 Q1 Actual	
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				83.1%	
				FY22 Q2	
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				FY22 Q3	
				87.3%	

The timely submission and approval of GERs is critical to DDSD's mission of ensuring the safety and wellbeing of the individuals on the traditional Developmental Disabilities Waiver (DDW). The purpose of General Events Reporting (GER) is to report, track and analyze events, which pose a risk to adults in the DDW program, but do not meet criteria for Abuse, Neglect & Exploitation (ANE) or other reportable incidents as defined by the Incident Management Bureau. According to DDSD requirements, providers must enter and approve GERs within two (2) full



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days, except for medication errors, of the event date. Following review of the compliance data, DDSD conducts outreach to the provider agencies that are not compliant with the requirement and remediation is requested. DDSD is utilizing the Therap GER system to track and monitor COVID-19 related events, including positive testing, which has added an increase in system reporting. In FY22 Q1, 83.1% of the 5,787 GERs submitted were submitted and approved in a timely manner. In FY22 Q2, 50% of the 84 providers submitting GERs complied with GER reporting requirements for timely reporting. Overall GER compliance was 87.3% (5601/6413). In FY22 Q3 59.8% of 82 providers were compliant with GER requirements for timely reporting. Overall GER timely reporting compliance was 87.3% (5539/6346).

Health Certification Licensing and Oversight (P008)

The Health Certification Licensing and Oversight Division, better known as DHI (Division of Health Improvement), ensures that healthcare facilities, community-based Medicaid waiver providers and community support services deliver safe and effective healthcare and community services in accordance with laws, regulations, and standards of practice. DHI works closely with key stakeholders to promote and protect the health, safety, and quality of life of New Mexicans. Key DHI enforcement activities include:

- Conducting various health and safety surveys for both facilities and community-based programs.
- Conducting investigations of alleged abuse, neglect, exploitation, death, or environmental hazards.
- Processing over 44,000 caregiver criminal history screenings annually.

Budget: \$14,371,120 FTE: 182	FY20 Actual	FY21 Actual	FY22 Target	FY22 Q1 Actual	FY22 Q1 Rating
<u>Key & HB2 Measure:</u> Percent of abuse, neglect, and exploitation investigations completed within required timeframes	81.7%	96.3%	86%	FY22 Q1 98.8% FY22 Q2 4.3% FY22 Q3 95.9%	● ● ● ●
Abuse, neglect, and exploitation (ANE) of individuals with intellectual/developmental disabilities (I/DD) has a direct impact on their quality of life and results in increased emergency room visits, additional medications, and related medical treatment. Neglect is the most common allegation. Lack of adequate supervision, failure to follow health care plans, and insufficient staff training are the most common reasons for substantiated neglect. Completing investigations within the prescribed 45-day timeline is important to ensure the health and safety of the consumer. IMB completed and closed a total of over 600 backlog cases from February to September of 2019. Catching up on the backlog effected this case timeliness measure. Since October 2019, IMB is current on all case load and all cases have been completed within the 45-day time frame or with an approved extension for the more egregious cases.					
<u>Key Measure:</u> Percent of (acute and critical care) health facility survey statement of deficiencies (CMS form 2567/state form) distributed to the facility within 10 days of survey exit	75%	71%	85%	FY22 Q1 95% FY22 Q2 100% FY22 Q3 95%	● ● ●
Providing regulatory oversight to health facilities is key to DHI's mission to ensure that safe healthcare services are provided to all New Mexicans. Timely feedback following a survey is critical to ensure health facilities make necessary corrections and improvements to ensure safe healthcare services are being provided. DHI has a federal requirement to issue 2567s within 10 business days. A high vacancy rate has impacted DHI's timeliness of reports and DHI has					

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experienced a significant increase in survey workload and complaint surveys. The change in the complaint process has created an influx of assigned surveys.

<p>Key Measure: Percent of Nursing Home citation(s) upheld as valid when reviewed by the Centers for Medicare and Medicaid Services (CMS) and through informal dispute resolution</p>	100% CMS 85.71% IDR	77% CMS 90% IDR	90%	FY22 Q1	
				FY22 Q2	
				FY22 Q3	
				82% CMS 0% IDR	
Writing valid and defensible citations is critical to the survey process. This includes the evidence to support non-compliance with federal regulations when DHI has recommended a remedy or sanction, which triggers a review of the citation by CMS or when a nursing home requests an IDR of deficiencies cited. The measure is a useful quality improvement tool for writing of citations that are thus supportable when challenged.					