



**Michelle Lujan Grisham**  
GOVERNOR

**David R. Scrase, M.D.**  
ACTING CABINET SECRETARY

# FY23 QUARTER 1 PERFORMANCE REPORT

DEPARTMENT OF HEALTH



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**PERFORMANCE REPORT CARD**  
**NEW MEXICO DEPARTMENT OF HEALTH (66500)**  
**FIRST QUARTER, FISCAL YEAR 2023**  
**ACTING 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.

- 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 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.

**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 FY23 Q1 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



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Program Measure Rating Key		
 trending positively by meeting or exceeding target	 trending uncertainty with inconsistent or underperforming results	 trending negatively with consistent underperformance
<b>Performance Measure:</b> Quantitative or qualitative indicator used to assess the output or outcome of an approved program.		
<b>Explanatory Measures:</b> measure 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, so thus there are no quarterly programmatic results or annual target.		
<b>Key Measure:</b> Measures the agencies are required to report in quarterly intervals.		
<b>AGA Measure:</b> Measures negotiated annually by DFA, in consultation with the agency and LFC.		
<b>HB2 Measure:</b> Measures selected by the Legislative Finance Committee to include in HB2.		



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### 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.

Public Health Division	FY20 Actual	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1 Actual	FY23 Rating
<p><b>Key Measure &amp; HB2 Measure:</b>            Percent of female New Mexico department of health’s public health office family planning clients, ages fifteen to nineteen, who were provided most or moderately effective contraceptives</p>	85.8%	88.8%	86%	≥62.5%	88.6%	<span style="color: green;">●</span>
<p>FY23 Q1 Narrative:            Access to and availability of effective contraceptive methods contribute to the steady decrease in New Mexico’s teen birth rate. 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 Q1, 36 Public Health Offices provided family planning 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).            The percentage for FY22 Q3 was 89.5%. The percentage for FY22 Q4 was 81%. The percentage for FY21 Q4 was 94.5%. There are many reasons for a decrease in the quarterly percentage (such as clinician shortage and long wait-times for appointments, especially for most effective methods). The numerators and the denominators for each quarter are relatively close, with a numerator of 348 in the current quarter compared to 331 from the previous quarter and a denominator of 393 compared to 377 from the previous quarter. The difference in percentages by quarter is not significant and remains in the 80% range for each quarter. In Q1, the percentage of teens receiving the most effective methods (IUDs and implants) was 12.5%, which was a decrease compared to the previous quarter (20%).</p>						
<p><b>Key Measure &amp; HB2 Measure:</b>            Percent of school-based health centers funded by the department of health that demonstrate improvement in their primary care of behavioral healthcare focus area</p>	50%	73%	91%	≥95%	N/A	<span style="color: orange;">●</span>
<p>FY23 Q1 Narrative:            This is an annual measure that reports the number of school-based health centers that meet their year-long quality improvement goal. School Based health Centers (SBHCs) are open and seeing patients at much higher rates than the last two years. SBHCs have expanded to do more telehealth and tele behavioral health to meet the growing demand for services in areas of the state with the largest health professional shortages.</p>						



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<p><b>Key Measure:</b> Percent of New Mexico adult cigarette smokers who access New Mexico department of health cessation services</p>	2.6%	1.9%	1.88%	≥2.6%	0.32%	
<p><b>FY23 Q1 Narrative:</b> The NMDOH Nicotine Use Prevention and Control (NUPAC) Program served 843 NM adult cigarette users in Q1 through its QUIT NOW and DEJELO YA tobacco cessation services. One factor leading to such low adult enrollments to the Quitline services include few marketing and promotion of the QUIT NOW and DEJELO YA services because of a late dissemination of the purchase orders. As part of the challenges of marketing/promotion, promoting services on television had been a challenge in FY23 Q1 since the majority, if not all, television stations are mainly running political campaigns. The cost to run the QUIT NOW advertisements on television during this period leading up to the November election is too expensive. NUPAC plans to promote the Quitline services once the election is over. Additionally, the late dissemination of the purchase orders preventing our contractors to be out in the field to train health care providers about the Quitline services. However, the NUPAC staff have been attending tabling events during Q1 promoting the Quitline services.</p>						
<p><b>Key Measure:</b> Number of successful overdose reversals in the harm reduction program</p>	3,444	2,572	3,420	2,750	755	
<p><b>FY23 Q1 Narrative:</b> This measure is the total number of self-reported successful overdose reversals reported to the Hepatitis and Harm Reduction Program. Data is gathered when individuals request refills after previously obtaining naloxone through harm reduction programs. This data is likely under reported due to the nature of self-report. Current Q1 numbers are provisional due to lags in reporting of data and will be revised upwards as more providers complete required reporting.</p>						
<p><b>Key Measure &amp; HB2 Measure:</b> Percent of preschoolers ages nineteen to thirty-five months indicated as being fully immunized</p>	62.93%	64.66%	66.1%	≥65%	67.71%	
<p><b>FY23 Q1 Narrative:</b> Measure Description: Numerator: Number of NM children 19-35 months of age, who are up-to-date for the 4:3:1:3:3:1:4 (4 DTaP, 3 Polio, 1 MMR, 3 HIB, 3 HepB, and 4 pneumococcal) immunization series in NMSIIS. Denominator: Corresponding birth cohort data for 19-35-month-olds from NM Vital Records. Data Source: The data source is New Mexico Vital Records Bureau and the New Mexico Statewide Immunization Information System (NMSIIS). Reports were generated from NMSIIS to determine the percentage of preschoolers (age 19-35 months) who are fully immunized factoring in the total reported births during this timeframe from Vital Records. 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</p>						
<p><b>Key Measure:</b> Number of community members trained in evidence-based suicide prevention practices</p>	NA – New Measure			225	126	



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**FY23 Q1 Narrative:**  
The first quarter of FY23 included Suicide Prevention Awareness Month (September) and an extremely busy Office of School and Adolescent Health (OSAH) The two members of the OSAH Behavioral Health Team became Question, Persuade, Refer (QPR) Master Trainers to further support the sustainability and training needs for suicide prevention in our state. OSAH provided suicide prevention messaging and promotion of the new 988 Crisis Line network at a New Mexico United soccer game, several health fairs and school assemblies statewide, and are scheduled for presentations through the Head to Toe 365 platform as well as the Head-to-Toe Conference this coming November.



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### 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.

Epidemiology & Response	FY20 Actual	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1 Actual	FY23 Rating
<p><b>Key Measure:</b>            Number of people admitted to the emergency department of participating hospitals with a suicide diagnosis</p>	N/A New Measure			3,408	71	<span style="color: green; font-size: 20px;">●</span>
<p><b>FY23 Q1 Narrative:</b>            The number (count) measures the healthcare burden of suicide related attempts at identified sentinel emergency departments. This performance measure uses Syndromic Surveillance (i.e., ESSENCE) data to measure the number of individuals who may qualify for secondary prevention of suicide interventions. The program strategy is to enlist emergency departments to carry out brief interventions designed to change attitudes and behaviors through secondary prevention of suicide.            The New Mexico Department of Health Epidemiology and Response Division identified five sentinel emergency department sites which have rates of suicide attempts higher than the state average and which also had the capacity/interest to implement a secondary prevention of suicide program. As of September 2022, the five identified sentinel emergency department sites are: Christus St Vincent Regional Medical Center, Presbyterian Espanola Hospital, Taos Holy Cross Hospital, Artesia General Hospital, and San Juan Regional Medical Center. Quarterly data are pulled from ESSENCE using a standard quarter that happens to match the state fiscal year quarters. Data for FY23-Q1 is from July, August, and September of 2022</p>						
<p><b>Key Measure:</b>            Percent of death certificates completed by bureau of vital records &amp; health statistics within ten days of death</p>	61%	50%	50%	64%	55%	<span style="color: orange; font-size: 20px;">●</span>
<p><b>FY23 Q1 Narrative:</b>            The electronic death registration system, the Data Application for Vital Events (DAVE), used by the Bureau of Vital Records and Health Statistics reporting database is queried for all death certificates registered in the time period for deaths that occurred in New Mexico (denominator), and the number of days that have elapsed since the date of death. The number of days is categorized as 0-10 days (numerator) and 11 or more days. Timeliness of death reporting and registration is important to citizens who are managing the legal affairs of a deceased individual, for example with life insurance claims, closing bank accounts and credit cards. At the population level, timely death reporting is important for providing provisional statistical data for disease prevention and control, for example monitoring drug overdose deaths, suicide deaths, and infectious disease deaths, including COVID-19.</p>						





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<p><b>Key Measure:</b>  Percent of hospitals with emergency department based self-harm secondary prevention programs</p>	2.5%	2.5%	5%	7%	5%	●
<p><b>FY23 Q1 Narrative:</b>  At the end of FY22, two New Mexico hospitals, Christus St. Vincent Medical Center and Taos Holy Cross, had implemented the NMDOH Secondary Prevention of Suicide in the Emergency Department Program. These two hospitals represent 5% of the 7% target set for FY23, which leaves the program with one to two more hospitals to secure during Q2-4.  Program implementation discussions continue with Española, Artesia General, and San Juan Regional Medical Center administrators and emergency department leaders, all of whom have expressed clear interest in implementing this program which is intended to reduce suicide in a population at greater risk—those who have made a prior suicide attempt.  Reasons for delays in program implementation have had two common themes. First, hospital leaders have requested that the Department of Health delay staff training and subsequent program implementation because of the hospitals’ need to prioritize patient care due to the pandemic and the upsurge in Covid Cases earlier in 2022. Second, each of these three hospitals has reported on-going, chronic staffing challenges in both hospital leadership and staff positions. These have included turnovers of Chief Nursing Officers, ED nurse managers, professional development coordinators responsible for staff education, and nursing and behavioral health staff on the front lines providing care in the emergency department.</p>						
<p><b>Key Measure:</b>  Rate of persons receiving alcohol screening and brief intervention services</p>	62.7	52.2	69.1	72.6	72.6*	●
<p><b>FY23 Q1 Narrative:</b>  When combined with referral to treatment, Screening, Brief Intervention and Referral to Treatment (SBIRT) is a clinical intervention to address excessive alcohol consumption. The impact of COVID-19 on clinical settings is evident in the data collected. *The final actual amounts are contingent on population level data that are not yet available.</p>						



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### 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

Scientific Laboratory Division	FY20 Actual	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1 Actual	FY23 Rating
<p><b>Key Measure:</b>            Percent of blood alcohol tests from driving-while-intoxicated cases completed and reported to law enforcement within fifteen calendar days</p>	N/A New Measure			≥95%	81%	●
<p><b>FY23 Q1 Narrative:</b>            There is no comparison with the new 15-day turnaround time performance measure because previous fiscal year's performance measures were set at 30-days. Last quarter there were 2,344 blood alcohol tests done and this quarter there have been 3,842 blood alcohol tests completed, there has been an increase of total tests by 1,498. For OMI tests rose slightly. The Toxicology Bureau's completed blood alcohol tests are more accurately represented with the turnaround time of 30 days, at a rate of 99.6% which is the SLD existing turnaround time for this Bureau.</p> <p>The Toxicology Bureau has had quite a few success stories this quarter which include:</p> <ul style="list-style-type: none"> <li>• A LIMS upgrade was implemented mid-June and all bugs and fixes have occurred in FY 23Q1.</li> <li>• The toxicology bureau has had an increase in staffing levels with more employees trained.</li> <li>• The Orbitrap HRMS is online and drug screening testing has started on this platform.</li> <li>• EIA validation for Buprenorphine and Sertraline in blood has been completed and testing has started.</li> <li>• The validation for Fentanyl for the Ultivo LCMS/MS has started in the Drug Confirmation section.</li> </ul>						



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- The Breath Alcohol section has complete phase 1 of their instrument validation report.
- The Breath Alcohol section has placed their first order for new intoxilyzers IR-9000 x68 which will replace the older Intoxilyzers 8000.
- The Breath Alcohol section also started calibrating class instruments in-house rather than requesting CMI services.
- Breath Alcohol also achieved 100% for IR-8000 instrument certification for 10/01/2022-9/30/2023.
- ABFT 2022 mid-cycle accreditation review has been completed and was received with no issues to address.



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### 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.

Facilities Management Division	FY20 Actual	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1 Actual	FY23 Rating
<b>Key Measure &amp; HB2 Measure:</b> Number of medication errors causing harm per one thousand patient days within identified categories	0.2	0.6	0.2	2.0	0	
FY23 Q1 Narrative: This measure reports on the quality of patient care by measuring the accuracy of medication administration within each facility and the entire program area. Medication administration is a consistent and standard practice at each NMDOH facility. Therefore, staff training and commitment to accuracy of the medication administration continue to be successful						
<b>Key Measure:</b> Percent of medical detox occupancy at Turquoise Lodge Hospital	67.9%	70%	69%	75%	68%	
FY23 Q1 Narrative: The hospital occupancy rate is a management indicator that provides information on the hospital's services capacity, helping access whether there are missing or empty beds and to know about the usability of the spaces. In FY23 so far, there has been a striking increase in the amount of AMA clients – i.e., not ready, family/personal issues, not wanting to reside in a hospital environment for the treatment and this impacts the capacity to admit patients in the medical detox facility.						
<b>Key Measure:</b> Percent of medication assisted treatment utilized in the management of opioid use disorders while at Turquoise Lodge Hospital	N/A New Measure		73%	65%	100%	



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<p>FY23 Q1 Narrative:          100% of patients are educated on MAT option while receiving opioid detox services. NMDOH facilities observed this improvement from a coordinated effort led by the facilities leadership. In addition, there is a tracking of various substances on the smartsheet which is not reflected in this performance measure.</p>						
<p><b>Key Measure:</b>          Percent of patients educated on medication assisted treatment options while receiving medical detox services</p>	N/A New Measure	89%	90%	99%		
<p>FY23 Q1 Narrative:          Medicated Assisted Therapy (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. NMDOH facilities employ consistent follow up and follow through so that clients are totally aware of all options available.</p>						
<p><b>Key Measure:</b>          Percent of patients eligible for naloxone kits who received the kits</p>	N/A New Measure	258	258	180	26%	
<p>FY23 Q1 Narrative:          The value of education, training, and distribution of Narcan to all our patients is not only important for the patients with opiate use disorder but also to patients who may have been exposed to others with opiate use disorders. Prior to FY23, this performance indicator measured the number of Narcan kits distributed or prescribed, and the target was not accurately changed to reflect the transition from count to percent. Moving forward into this fiscal year, greater diligence will be paid to this measure.</p>						
<p><b>Key Measure:</b>          Percent of licensed beds occupied</p>	N/A New Measure	58%	52%	75%	41.51%	
<p>FY23 Q1 Narrative:          The percent of licensed beds helps determine and maximize revenue. Licensed beds would be the maximum number of beds a facility can operate. Most do not operate at this maximum level because referrals and admissions have decreased. As staffing stabilizes and Covid restrictions reduce there is a concerted effort to drive census to 75% of operational beds.</p>						
<p><b>Key Measure &amp; HB2 Measure:</b>          Percent of eligible third-party revenue collected at all agency facilities</p>	80.8%	92.1%	92.7%	93%	82.3%	
<p>FY23 Q1 Narrative:          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. NMDOH Facilities continuously works on getting all staff in place to properly address this financial situation. Some facilities are outperforming others at this current point. Continued oversight, education and accountability have proven to yield results.</p>						



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### 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.

Developmental Disabilities Supports Division	FY20 Actual	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1 Actual	FY23 Rating
<p><b>Key Measure:</b> Percent of adults between ages twenty-two and sixty-two served on a developmental disabilities waiver (traditional or mi via) who receive employment supports</p>	28.3%	18.4%	9.75%	27%	9.52%	
<p><b>FY23 Q1 Narrative:</b> 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), a service offered by the traditional DD waiver, 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 FY23 Q1, 9.52% of eligible adults received employment services. This is calculated as the number of individuals receiving CIE services through the traditional DD waiver. 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, albeit slowly.</p>						
<p><b>Key Measure:</b> Percent of general event reports in compliance with general events timely reporting requirements (two-day rule)</p>	All GERS	87.3%	83%	84.5%	86%	88%



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**FY23 Q1 Narrative:**

Compliance is defined as the applicable GER being entered and approved within 2 business days by providers, for a provider to be in compliance they needed to meet or exceed the 86% threshold of all their applicable GERs meet the 86% percent of all their submitted GERs being submitted in the above timely manner. Overall GER compliance for FY23 Q1 is 5,694/6,474 individuals served for a rate of 88%. Our median agency compliance for FY23 Q1 was 89%. Provider compliance by agency is 57.9%. In FY23 Q1 there were 16 agencies reporting 10 or less events. Of those 16 agencies, 9 were out of compliance. There is an increased likelihood of a higher rate of non-compliance for agencies that report fewer events.

**Key Measure:**

Percent of developmental disabilities waiver applicants who have a services plan and budget in place within ninety days of income and clinical eligibility determination

	95.5%	97.4%	96.3%	95%	90.05%	
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**FY23 Q1 Narrative:**

This performance measure is in response to Lewis v. New Mexico Department of Health. It is important in 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 FY23 Q1, 362 out of 402 individuals had a service plan in place within 90 days of income and clinical eligibility determination.



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### 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.

Health Certification Licensing & Oversight		FY20 Actual	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1 Actual	FY23 Rating
<b>Key Measure:</b> Percent of nursing home survey citation(s) upheld when reviewed by the Centers for Medicare and Medicaid Services and through informal dispute resolution process	CMS	100%	77%	88%	90%	100%	●
	IDR	85.71%	90%	57.1%		75%	
FY23 Q1 Narrative: 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.  Note: Fluctuation with percentages are significantly affected by small number of citations reviewed during the quarter. The lower the “n” the greater the variance.  Regarding the IDR data, New Mexico is proud of the IDR committee and process established exceeding CMS requirements to ensure that Nursing Homes receive a fair opportunity to provide additional evidence not collected at the time of the survey to demonstrate compliance. In addition, DHI wants to ensure that each survey report accurately reflects the Nursing Homes compliance status which may mean removing a citation during an IDR request in which the facility provides evidence of compliance. The facility providing additional evidence during IDR which was not available to the survey team onsite is not necessarily a reflection of poor performance, therefore I would propose that the IDR target goal be reduced to 75% from 90%.							
<b>Key Measure &amp; HB2 Measure:</b> Percent of abuse, neglect, and exploitation investigations completed according to established timelines		81.7%	96.3%	94.51%	86%	96.5%	●





**PERFORMANCE REPORT CARD**  
**NEW MEXICO DEPARTMENT OF HEALTH (66500)**  
**FIRST QUARTER, FISCAL YEAR 2023**  
**ACTING CABINET SECRETARY DAVID R. SCRASE, M.D.**

<p><b>FY23 Q1 Narrative:</b>          IMB continues to meet and exceed its performance target of 86% set by the Centers for Medicare and Medicaid. A contributing factor as to the reason does not reach 100% for the quarter is since IMB has had several investigations which have required law enforcement intervention, which almost always delays our investigative processes, as Police investigations take priority since they are criminal in nature. Many of the investigations were sexual assault allegations and a few involving exploitations.</p>						
<p><b>Key Measure:</b>          Percent of acute and continuing care facility survey statement of deficiencies (CMS Services form 2567/state form) distributed to the facility within ten days of survey exit</p>	81.8%	81.75%	85.9%	85%	92.5%	
<p><b>FY23 Q1 Narrative:</b>          For FY23-Q1 Acute and Continuing Care (ACC) continued to meet and exceed its performance measure target. Contributing factors include, continuing to recruit and fill its vacant nurse survey positions, and management continuing to closely oversee, direct and assist in workflow to reduce delays during the workforce nursing shortage. DHI is also working closely with CMS during the phased transition from ASPEN to iQIES software for federally certified health facilities.</p>						
<p><b>Key Measure:</b>          Re-abuse rate for developmental disabilities waiver and mi via waiver clients</p>	8.5%	6.12%	5.79	Explanatory	1.4%	
<p><b>FY23 Q1 Narrative:</b>          At the request of the LFC to report quarterly the re-abuse rate, effective first quarter FY23 IMB is modifying how it calculates the Abuse and Re-abuse rates for the performance measures to accommodate this request. IMB will now provide quarterly statistics instead of a running yearly average for both measures. As you can see, Q1 for SFY 23 is 1.40% (this reflects 83 individuals with one or more substantiated allegations/ total number of individuals being served through the state's waiver programs 5922 = 83/5922= 1.40%), much lower than previous representations. We changed the calculations so there could be a clearer picture of the quarterly statistic instead of the annual statistic. At the end of the 4<sup>th</sup> quarter of every fiscal year, IMB will also provide a yearly average of percentages along with the quarterly numbers. IMB believes this represents a truer snapshot of how we are able to keep the consumers safe.</p>						