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FY23 QUARTER 2 PERFORMANCE REPORT

DEPARTMENT OF HEALTH



Table of Contents

Department of Health (66500)	1
Public Health Division (P002)	3
Epidemiology & Response Division (P003)	6
Scientific Laboratory Division (P004)	8
Facilities Management Division (P006).....	9
Developmental Disabilities Supports Division (P007).....	12
Health Certification Licensing and Oversight (P008)	14



PERFORMANCE REPORT CARD
NEW MEXICO DEPARTMENT OF HEALTH (66500)
SECOND QUARTER, FISCAL YEAR 2023
CABINET SECRETARY-DESIGNATE, PATRICK ALLEN

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 5 public health regions governed by NMDOH. Regional directors and staff provide services to every county within their region through 52 public health offices, and 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



PERFORMANCE REPORT CARD
 NEW MEXICO DEPARTMENT OF HEALTH (66500)
 SECOND QUARTER, FISCAL YEAR 2023
 CABINET SECRETARY-DESIGNATE, PATRICK ALLEN

Program Measure Rating Key		
 trending positively by meeting or exceeding target	 trending uncertainty with inconsistent or underperforming results	 trending negatively with consistent underperformance
<p>Performance Measure: Quantitative or qualitative indicator used to assess the output or outcome of an approved program.</p>		
<p>Explanatory Measures: 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.</p>		
<p>Key Measure: Measures the agencies are required to report in quarterly intervals.</p>		
<p>AGA Measure: Measures negotiated annually by DFA, in consultation with the agency and LFC.</p>		
<p>HB2 Measure: Measures selected by the Legislative Finance Committee to include in HB2.</p>		



PERFORMANCE REPORT CARD
NEW MEXICO DEPARTMENT OF HEALTH (66500)
SECOND QUARTER, FISCAL YEAR 2023
CABINET SECRETARY-DESIGNATE, PATRICK ALLEN

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 Quarter	FY23 Rating
Key Measure & HB2 Measure: 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	85.8%	88.8%	86%	≥62.5%	FY23 Q1	●
					88.6%	
					FY23 Q2	●
					85.3%	
FY23 Q2 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 Q2, 38 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 was 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 the Key Measure for FY22 Q3 was 89.5%. The percentage for FY22 Q4 was 81%. The numerators and the denominators for each quarter are relatively close, with a numerator of 331 in the current quarter compared to 350 from the previous quarter and a denominator of 388 compared to 393 from the previous quarter. The difference in percentages by quarter is not significant and remains in the 80% range for each quarter. In FY23 Q2, the percentage of teens receiving the most effective methods (IUDs and implants) was 12.6%, which was on par with the previous quarter (12.5%).						
Key Measure & HB2 Measure: Percent of school-based health centers funded by the department of health that demonstrate improvement in their primary care of behavioral healthcare focus area	50%	73%	91%	≥95%	FY23 Q1	●
					N/A	
					FY23 Q2	●
					N/A	
FY23 Q2 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.						



PERFORMANCE REPORT CARD

NEW MEXICO DEPARTMENT OF HEALTH (66500)
 SECOND QUARTER, FISCAL YEAR 2023
 CABINET SECRETARY-DESIGNATE, PATRICK ALLEN

Key Measure: Percent of New Mexico adult cigarette smokers who access New Mexico department of health cessation services	2.6%	1.9%	1.88%	≥2.6%	FY23 Q1	
					0.32%	
					FY23 Q2	
					0.30%	
FY23 Q2 Narrative: The NMDOH Nicotine Use Prevention and Control (NUPAC) Program served 774 NM adult cigarette users in Q2 through its QUIT NOW and DEJELO YA tobacco cessation services. Although the QUIT NOW television marketing campaigns began immediately after the elections, the number of enrollments has lowered compared to Q1. The marketing television ads were introduced later than previously and Q2 was the holiday season which, historically, sees lower enrollments during this time. NUPAC’s promotional materials have not been available for health care professionals to refer patients to cessation services. To increase more enrollments to the cessation services, NUPAC will market the services aggressively, and will have promotional materials to be disseminated to health care providers and anyone interested in ordering the materials.						
Key Measure: Number of successful overdose reversals in the harm reduction program	3,444	2,572	3,420	2,750	FY23 Q1	
					965	
					FY23 Q2	
722*						
FY23 Q2 Narrative: In Q2 of FY 23, 722 overdose reversals were reported to the Hepatitis and Harm Reduction Program by program participants. This measure is the number of reports where an individual who had already received naloxone reported using it on a person, and the person was reported as “OK” after the incident. There is a lag in reporting so it is likely additional overdose reversals will be reported during this quarter in future months. Additionally, due to the standard lag in reporting, Q1 numbers were updated to reflect 965 successful overdose response reports.						
Key Measure & HB2 Measure: Percent of preschoolers ages nineteen to thirty-five months indicated as being fully immunized	62.93%	64.66%	66.1%	≥65%	FY23 Q1	
					67.71%	
					FY23 Q2	
					69.63%	
FY23 Q2 Narrative: 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. Messaging efforts are being promoted for vaccine catch up in support of the New Mexico Childcare/Pre-School/School Entry Immunization Requirements in efforts to keeping New Mexico’s children protected from vaccine-preventable diseases.						
Key Measure: Number of community members trained in evidence-based suicide prevention practices	NA – New Measure			225	FY23 Q1	
					126	
					FY23 Q2	
248						



PERFORMANCE REPORT CARD
NEW MEXICO DEPARTMENT OF HEALTH (66500)
SECOND QUARTER, FISCAL YEAR 2023
CABINET SECRETARY-DESIGNATE, PATRICK ALLEN

FY23 Q2 Narrative:
The need for training remained high for FY23 Q2. The OSAH behavioral health team continues to meet the demand for suicide prevention and mental health first aid training. A total of 210 people were trained in Question, Persuade and Refer with 16 of those trained as new instructors.



PERFORMANCE REPORT CARD
NEW MEXICO DEPARTMENT OF HEALTH (66500)
SECOND QUARTER, FISCAL YEAR 2023
CABINET SECRETARY-DESIGNATE, PATRICK ALLEN

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 Quarter	FY23 Rating
<p>Key Measure: Number of people admitted to the emergency department of participating hospitals with a suicide attempt diagnosis</p>	N/A New Measure			3,408	FY21 Q1	
					71	
					FY23 Q2	
					69	
<p>FY23 Q2 Narrative: 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.</p> <p>The New Mexico Department of Health Epidemiology and Response Division identified five sentinel emergency department sites based on having rates of suicide attempts higher than the state average and who 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.</p> <p>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, Q2 is October, November, December of 2022.</p>						
<p>Key Measure: Percent of death certificates completed by bureau of vital records & health statistics within ten days of death</p>	61%	50%	50%	64%	FY23 Q1	
					55%	
					FY23 Q2	
					56%	
<p>FY23 Q2 Narrative: 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,</p>						



PERFORMANCE REPORT CARD
NEW MEXICO DEPARTMENT OF HEALTH (66500)
SECOND QUARTER, FISCAL YEAR 2023
CABINET SECRETARY-DESIGNATE, PATRICK ALLEN

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.							
Key Measure: Percent of hospitals with emergency department based self-harm secondary prevention programs	2.5%	2.5%	5%	7%	FY23 Q1		
					5%		
						FY23 Q2	
						5%	
<p>FY23 Q2 Narrative: 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 Q3-4.</p> <p>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.</p> <p>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>							
Key Measure: Rate of persons receiving alcohol screening and brief intervention services	62.7	52.2	53.7	72.6	FY23 Q1		
					*		
						FY23 Q2	
						*	
<p>FY23 Q2 Narrative: HSD quarterly data is currently not available (*). Because of claims reimbursement policies, data is at least 90 days behind the present quarter. Quarter 1 and Quarter 2 for SFY2023 will be available in April of 2023. FY2023 had slight improvements compared to FY2022 as both years HSD services were heavily impacted by the COVID-19 pandemic. In FY2023, there were 1,040 individuals who received alcohol screening and brief interventions. Alcohol screening and brief intervention rates were higher among males (61 per 100,000) than females (64 per 100,000) during FY2023. Alcohol screening and brief intervention rates were highest among individuals aged 35-44 years of age (130 per 100,000) followed by individuals aged 45-54 years of age (96 per 100,000).</p>							



PERFORMANCE REPORT CARD
NEW MEXICO DEPARTMENT OF HEALTH (66500)
SECOND QUARTER, FISCAL YEAR 2023
CABINET SECRETARY-DESIGNATE, PATRICK ALLEN

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 Quarter	FY23 Rating
Key Measure: Percent of blood alcohol tests from driving-while-intoxicated cases completed and reported to law enforcement within fifteen calendar days	N/A New Measure			≥95%	FY23 Q1	
					81%	
					FY23 Q2	
					87.7%	
FY23 Q2 Narrative: Data Comparisons: FY23 Q2 had a slight improvement from Q1. This improvement was due to the number of cases received was lower than that of Q1. The data from FY23 Q2 compared to that of FY22 Q2 is significantly lower due the change in requirement of testing days. FY22 Q2 had 97.6% cases analyzed in 30 days while FY23 Q2 had 87.7% cases analyzed in 15 days. Success Stories: A LIMS project was implemented in mid-June and was successful; most bugs have been worked in Q2 however we still have some bugs that need to be addressed. Orbitrap HRMS urine method development initial testing has been very positive for Q2. EIA Urine Buprenorphine/Sertraline method development initial testing is complete. Moving onto case study comparisons.						



PERFORMANCE REPORT CARD
NEW MEXICO DEPARTMENT OF HEALTH (66500)
SECOND QUARTER, FISCAL YEAR 2023
CABINET SECRETARY-DESIGNATE, PATRICK ALLEN

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 Quarter	FY23 Rating
Key Measure & HB2 Measure: Number of medication errors causing harm per one thousand patient days within identified categories	0.2	0.6	0.2	2.0	FY23 Q1	●
					0	
					FY23 Q2	●
					0	
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. The adherence to policy/procedure continues to benefit patients and compliance for staff administration of medications.						
Key Measure: Percent of medical detox occupancy at Turquoise Lodge Hospital	67.9%	70%	69%	75%	FY23 Q1	●
					68%	
					FY23 Q2	●
					74%	
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. The program is currently being revamped in the areas of admissions criteria, accessibility timeframes, length of stay and other areas to enhance census and outcomes.						
Key Measure: Percent of medication assisted treatment utilized in the management of opioid use disorders while at Turquoise Lodge Hospital	N/A New Measure		73%	65%	FY23 Q1	●
					100%	
					FY23 Q2	●
					100%	



PERFORMANCE REPORT CARD
NEW MEXICO DEPARTMENT OF HEALTH (66500)
SECOND QUARTER, FISCAL YEAR 2023
CABINET SECRETARY-DESIGNATE, PATRICK ALLEN

FY23 Q2 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. The consistent commitment toward quality outcomes and treatment/service has led to this data point.

Key Measure: Percent of patients educated on medication assisted treatment options while receiving medical detox services	N/A New Measure	89%	90%	FY23 Q1	
				99%	
				FY23 Q2	
				50%	

FY23 Q2 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. During Q2, 100% of patients at Turquoise Lodge hospital were educated and 0% of patients at NM Rehabilitation Center were educated due to no processes in place to track and report this performance measure during this past quarter.

Key Measure: Percent of patients eligible for naloxone kits who received the kits	N/A New Measure	258	258	50%	FY23 Q1	
					26%	
					FY23 Q2	
					61%	

FY23 Q2 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. Additional quality review at each facility will continue to occur for compliance.

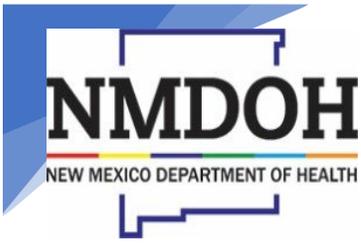
Key Measure: Percent of licensed beds occupied	N/A New Measure	58%	52%	75%	FY23 Q1	
					41.51%	
					FY23 Q2	
					41.7%	

FY23 Q2 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.
 Chemical Dependency programs are under revision and their census is reflective of that. Additional insurances have been accredited to enhance census. Admissions at the New Mexico State Veterans Home are still on hold currently. There is a project in the works to revamp the admissions packets to ensure compliance.



PERFORMANCE REPORT CARD
NEW MEXICO DEPARTMENT OF HEALTH (66500)
SECOND QUARTER, FISCAL YEAR 2023
CABINET SECRETARY-DESIGNATE, PATRICK ALLEN

Key Measure & HB2 Measure: Percent of eligible third-party revenue collected at all agency facilities	80.8%	92.1%	92.7%	93%	FY23 Q1	●
					82.3%	
					FY23 Q2	●
					84.2%	
FY23 Q2 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. The Trubridge billing/collection process is currently being implemented across all facilities in NMDOH. The process should be fully implemented by the end of next quarter with weekly education and support to staff in each facility ASD department						



PERFORMANCE REPORT CARD
NEW MEXICO DEPARTMENT OF HEALTH (66500)
SECOND QUARTER, FISCAL YEAR 2023
CABINET SECRETARY-DESIGNATE, PATRICK ALLEN

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 Quarter	FY23 Rating	
Key Measure: Percent of adults between ages twenty-two and sixty-two served on a developmental disabilities waiver (traditional or mi via) who receive employment supports	28.3%	18.4%	9.75%	27%	FY23 Q1		
					9.52%		
					FY23 Q2		
					9.51%		
FY23 Q2 Narrative: For FY23 Q2, there was a 3.48% increase of individuals who received employment supports however, there was also a 3.62% increase in population which caused a slight overall drop in the 22-62 age group to 9.51% . Thru the Want to Work project, DDSD has identified approximately 500 individuals with intellectual and developmental disabilities who have stated they want to work or want to seek employment. As a result of this project, DVR has seen an average of 50% monthly increases of DVR referrals. It is expected that once those individuals are placed in jobs and transitioned over to long-term supports thru the DDW we will begin to see an increase in this percentage. Keeping in mind that the nation-wide staffing shortage is still affecting services for both DVR and DDW participants.							
Key Measure: Percent of general event reports in compliance with general events timely reporting requirements (two-day rule)	All GERS	87.3%	83%	84.5%	86%	FY23 Q1	
						88%	
						FY23 Q2	
						91.4%	



PERFORMANCE REPORT CARD
NEW MEXICO DEPARTMENT OF HEALTH (66500)
SECOND QUARTER, FISCAL YEAR 2023
CABINET SECRETARY-DESIGNATE, PATRICK ALLEN

FY23 Q2 Narrative:
 Compliance is met by successfully approving each applicable GER within 2 business days of the event. Overall, GER compliance for FY23 Q2 is 6,531/7,146 for a rate of 91.4%. Our median agency compliance for FY23 Q2 was 96%. Provider compliance rate for FY23 Q2 is 53 of 72 of agencies submitting GERs is 73.6%. Provider compliance is met by a provider approving at least 86% of GERs submitted by their agency in a timely manner as above.

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%	FY23 Q1	●
					90.05%	
					FY23 Q2	●
					85.36%	

FY23 Q2 Narrative:
 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 that meet the requirements can receive standard Medicaid benefits and other services while on the waiting list. As of December 31, 2022, there were 1,608 individuals on the wait list for HCBS Waivers. These individuals have been determined to meet the definition of developmental disability. Of those individuals, 744 are Awaiting an Allocation and 822 have placed their allocation on hold. Placing an allocation on hold means 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 FY23, due to the division's Super Allocation Plan.



PERFORMANCE REPORT CARD
NEW MEXICO DEPARTMENT OF HEALTH (66500)
SECOND QUARTER, FISCAL YEAR 2023
CABINET SECRETARY-DESIGNATE, PATRICK ALLEN

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 Quarter	FY23 Rating
Key Measure: 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%	FY23 Q1	●
						100%	
	IDR	85.71%	90%	57.1%		FY23 Q1	●
						75%	
						FY23 Q2	●
						66%	
FY23 Q2 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%.							
Key Measure & HB2 Measure: Percent of abuse, neglect, and exploitation investigations completed according to established timelines		81.7%	96.3%	94.51%	86%	FY23 Q1	●
						96.5%	
						FY23 Q2	●
						95.7%	



PERFORMANCE REPORT CARD
NEW MEXICO DEPARTMENT OF HEALTH (66500)
SECOND QUARTER, FISCAL YEAR 2023
CABINET SECRETARY-DESIGNATE, PATRICK ALLEN

<p>FY23 Q2 Narrative: IMB continues to meet and exceed its performance target of 86% set by the Centers for Medicare and Medicaid. From 10/1/22 to 12/31/22 there were 491 IMB cases closed during this time frame. Out of the 491 closed cases, 470 cases were completed within the 45-day time frame (95.7% cases completed on time). Twenty-one cases were completed with an approved extension (4.27%) for an overall completion rate of 100%.</p>						
<p>Key Measure: 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%	FY23 Q1	
					92.5%	
					FY23 Q2	
					88%	
<p>FY23 Q2 Narrative: 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. Although DHI met its target goal, a high vacancy rate, along with unfunded positions has greatly impacted DHI's timeliness of reports. Emerging threat: DHI has experienced a significant increase in survey workload and complaint surveys. The change in the complaint process has created an influx of assigned surveys. DHI is experiencing an increase in healthcare facilities opening up and without surveyors DHI will not be able to conduct Life Safety Code and Health surveys to expand the healthcare options throughout New Mexico.</p>						
<p>Key Measure: Re-abuse rate for developmental disabilities waiver and mi via waiver clients</p>	8.5%	6.12%	5.79	Explanatory	FY23 Q1	
					1.4%	
					FY23 Q2	
					0.7%	
<p>FY23 Q2 Narrative: For FY23 IMB is reporting the re-abuse rate quarterly at the request of the LFC. For the second quarter of fiscal year 2023 the re-abuse rate was 0.07%. There were 45 individuals with one or more substantiated allegations out of the total population served during that time of 6, 256 individuals. This is how the re-abuse rate is calculated.</p>						