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FY23 QUARTER 3 PERFORMANCE REPORT

DEPARTMENT OF HEALTH



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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



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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
<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>		



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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 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 Q3	●
89.4%						
FY23 Q3 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 Q3, 39 Public Health Offices provided family planning services. Since 2016, the teen birth rate among 15-to-19-year-olds in New Mexico (NM) has declined by 36.2% to 19.0 per 1,000 in 2021 (NM-IBIS) and was the tenth highest in the nation in 2021 (National Center for Health Statistics). Between 2020 and 2021, NM’s teen birth rate decreased by 13.2%, compared to a national decrease of 9.7% (National Center for Health Statistics). The percentage for FY22 Q3 was 89.5%. The percentage for FY22 Q4 was 81%. The numerators and the denominators fell slightly from the previous quarter, with a numerator of 311 in the current quarter compared to 331 from the previous quarter and a denominator of 348 compared to 388 from the previous quarter. The difference in percentages by quarter is not significant and remains in the 80% range for each quarter. In FY23 Q3, the percentage of teens receiving the most effective methods (IUDs and implants) was 15.8%, which was slightly higher than the previous quarter (12.6%).						
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 Q3	●
N/A						
FY23 Q3 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						



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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.						
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 Q3	
0.36%						
FY23 Q3 Narrative: The NMDOH Nicotine Use Prevention and Control (NUPAC) Program served 1232 NM adult cigarette users in Q3 through its QUIT NOW and DEJELO YA tobacco cessation services. The number of enrollments has increased from Q1 and Q2. New marketing materials are being disseminated at conferences and by order via the NUPAC website.						
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	
					725	
					FY23 Q3	
404*						
FY23 Q3 Narrative: 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. Due to a reporting lag, Q3 is missing data from March and will be updated. Overdose prevention activities are still on pace to meet yearly expectations and are following similar trends from previous years.						
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 Q3	
68.60%						
FY23 Q3 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. 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.						



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<p>Key Measure: Number of community members trained in evidence-based suicide prevention practices</p>	<p>NA – New Measure</p>	<p>225</p>	<p>FY23 Q1</p>	
			<p>126</p>	
			<p>FY23 Q2</p>	
			<p>248</p>	
			<p>FY23 Q3</p>	
<p>147</p>				
<p>FY23 Q3 Narrative: The need for training remained high for FY23 Q3. The OSAH behavioral health team continues to meet the demand for suicide prevention and mental health first aid training. A total of 147 people were trained in Question, Persuade and Refer.</p>				



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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 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	●					
			FY23 Q3	89	●					
			<p>FY23 Q3 Narrative: The number (count) measures the healthcare burden of suicide-related attempts at identified sentinel emergency departments. This performance measure uses Syndromic Surveillance data [obtained through the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)] 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-Q3 is for January, February, and March of 2023, for a total of 89.</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%	●			
					FY23 Q3	48%	●			
					<p>FY23 Q3 Narrative:</p>					



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<p>The electronic death registration system and database [Data Application for Vital Events (DAVE)] used by the Bureau of Vital Records and Health Statistics 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) or 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>						
<p>Key Measure: Percent of hospitals with emergency department based self-harm secondary prevention programs</p>	2.5%	2.5%	5%	7%	FY23 Q1	
					5%	
					FY23 Q2	
					5%	
					FY23 Q3	
5%						
<p>FY23 Q3 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. To that end, 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>Key Measure: Rate of persons receiving alcohol screening and brief intervention services</p>	62.7	52.2	53.7	72.6	FY23 Q1	
					5.3	
					FY23 Q2	
					11.5	
					FY23 Q3	
Not yet available						
<p>FY23 Q3 Narrative: As mentioned in the technical document, Medicaid claims have a delay of 90 days to allow reasonable time for providers to submit claims. Data were updated for Q1 and Q2. Q3 data will be available in July. This is a cumulative performance measure and thus will improve each quarter within a fiscal year.</p>						



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The reporting of this measure on a quarterly basis is new so it's unclear if this trend is comparable to previous years. Roughly the same percentage of individuals were screened in Q2 compared to Q1 (static). As mentioned previously, Q3 is not available yet.

Medicaid diagnosed and offered brief interventions to 50 more individuals in Q2 (n=183) compared to Q1 (n=132) for alcohol. Males still received ~2x (63%) diagnosis and brief intervention for alcohol compared to females. Individuals aged 35-44 years of age (30%) had the most diagnosis and brief intervention for alcohol.



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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 Quarter	FY23 Rating
<p>Key Measure: 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%	FY23 Q1	●
					81%	●
					FY23 Q2	
					87.7%	
					FY23 Q3	●
96.3%						
<p>FY23 Q3 Narrative: There was an improvement from FY 23 Q2 to FY23 Q3. There was a good deal of effort made to make the 15-day requirement. Other testing had to be coordinated around blood alcohol testing including technical review. This also created extra hours of work to achieve this goal. While this goal was achievable this put undue stress on staff which ultimately could result in errors being made. There were also 4 new staff members that were in the process of being trained in the section methods. The cases that did not meet the turnaround time were cases that required repeat testing or required additional testing be completed.</p> <p>For FY 22 Q3 Tox had a 98.3% turn-around time within 30 days where as for FY23 Q3 they have had a TAT of 96.3% within 15 days and 99.5% TAT with-in 30 days.</p>						



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Success stories include:

- Completion of the method development for urine Sertraline and Buprenorphine. The incorporation into the SOP is being worked on.
- All staff are fully trained in Blood Alcohol testing.
- Blood Alcohol reports are no longer produced manually but are produced by the LIMS (Laboratory Information Management System) which has reduced turnaround time from testing to case assembly.
- Orbitrap has been successfully producing drug screening results on a steady basis the method development for urine on this platform continues to move forward.

The Measurement of Uncertainty project is completed, review of data and summary is in progress.



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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 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	
					FY23 Q3	
0						
FY23 Q3 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. The adherence to policy/procedure continues to benefit patients and compliance for staff administration of medications. In Q3, results were consistent across all facilities having 0% from following prescribed methodology and oversight.						
Key Measure: Percent of medical detox occupancy at Turquoise Lodge Hospital	67.9%	70%	69%	75%	FY23 Q1	
					68%	
					FY23 Q2	
					74%	
					FY23 Q3	
69%						
FY23 Q3 Narrative: The hospital occupancy rate is a management indicator that provides information on the hospital's service capacity, helping assess whether there are missing or empty beds and to know about the usability of the spaces. In March of FY20, Turquoise Lodge Hospital began operating at half capacity due to pandemic circumstances and a need to ensure each customer in our facility had adequate social distancing opportunities to safeguard health						



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<p>and safety guidelines. The pandemic posed other obstacles to admitting patients into our medical detox facility which included, potential patients expressed hesitant feelings about entering an inpatient facilities due to fears of COVID transmission. This data trend was confirmed by the CDC as of June 30, 2020, an estimated 41% of US adults either delayed or avoided medical care because of fears related to COVID-19. In FY21, Turquoise Lodge Hospital maintained a 70% occupancy rate and in FY 22, sustained a 69% occupancy rate, which we did not meet our target goal for FY 22 of 75% or above. There was no significant change in data when comparing these fiscal years and the lack of goal attainment can be attributed to operating a facility under these circumstances.</p>						
<p>Key Measure: Percent of medication assisted treatment utilized in the management of opioid use disorders while at Turquoise Lodge Hospital</p>	N/A New Measure	73%	65%	FY23 Q1		
				100%		
				FY23 Q2		
				100%		
				FY23 Q3		
100%						
<p>FY23 Q3 Narrative: 100% of patients are educated on MAT option while receiving opioid detox services. NMDOH facilities observed this improvement from a consistent commitment toward quality outcomes and treatment/services has led to this data point. In addition, there is a tracking of various substances on the smartsheet which is not reflected in this performance measure.</p>						
<p>Key Measure: Percent of patients educated on medication assisted treatment options while receiving medical detox services</p>	N/A New Measure	89%	90%	FY23 Q1		
				99%		
				FY23 Q2		
				50%		
				FY23 Q3		
100%						
<p>FY23 Q3 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. As prescribed, both Turquoise Lodge hospital and the New Mexico Rehabilitation Center provide 100% of their patients with education on Medication Assisted Treatment options to maximize the outcome for each patient in their respective programs.</p>						
<p>Key Measure: Percent of patients eligible for naloxone kits who received the kits</p>	N/A New Measure	258	258	50%	FY23 Q1	
					26%	
					FY23 Q2	
					61%	
					FY23 Q3	
50%						



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FY23 Q3 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. New Mexico Rehabilitation Center has responded at the time of the analysis for this quarter. However, Turquoise Lodge hospital reports 100% participation for all patients.

Key Measure: Percent of licensed beds occupied	N/A New Measure	58%	52%	75%	FY23 Q1	
					41.51%	
					FY23 Q2	
					41.7%	
					FY23 Q3	
44.13%						

FY23 Q3 Narrative:
 The New Mexico State Veterans' Home is not currently admitting residents because the annex is currently being updated and will not be completed until September. Nor is there a full complement of therapy staff to address all the needs of the residents. Sequoyah Adolescent Treatment Center admissions are based upon court ordered referrals. The referral to actual admissions ratio needs to be tracked better to determine why clients are being denied and occupancy levels remain low. NMDOH leadership will continue to work with the various facilities to increase the admissions/occupancy ratio.

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 Q3	
93.95%						

FY23 Q3 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. With the implementation of Staybridge billing collections, revenue has increased in most facilities. Continued monitoring and oversight are needed to continue this trend of increased collections. Several facilities are staff challenged and positions will be advertised and filled upon budgetary approval.



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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 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 Q3		
9.48%							
FY23 Q3 Narrative: For FY23 Q3 there was an 8.37% increase of individuals who received employment supports however, there was also an 8.67% increase in population which caused a slight overall drop in the 22-64 age group to 9.48% . 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%	



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						FY23 Q3	
						91.5%	
<p>FY23 Q3 Narrative: Compliance is met by successfully approving each applicable GER within 2 business days of the event. Provider compliance is met by a provider approving at least 86% of GERs submitted by their agency in a timely manner as above. DDSD issued a numbered memo in December 2022 regarding civil monetary penalties for non-compliant providers beginning with this quarter’s report. Overall, GER compliance for FY23 Q3 is 6,143/6,710 for a rate of 91.5%.</p>							
<p>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</p>	95.5%	97.4%	96.3%	95%	FY23 Q1		
					90.05%		
					FY23 Q2		
					85.36%		
					FY23 Q3		
81.25%							
<p>FY23 Q3 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 Q3, 143 out of 176 individuals had a service plan in place within 90 days of income and clinical eligibility determination. The decline is due to the high number of allocations being processed during the Super Allocation Plan.</p>							



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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 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%	
						FY23 Q2	
	IDR	85.71%	90%	57.1%		FY23 Q3	
						100%	
						FY23 Q1	
						75%	
						FY23 Q2	
						66%	
FY23 Q3							
18%							
<p>FY23 Q3 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.</p> <p>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 but is an opportunity to demonstrate compliance. Therefore, it is proposed that the IDR target goal be reduced to 50% from 90%, which aligns with the CMS State Performance Standards System (SPSS), Quality 3 measure. During Q3, (3) Nursing Home providers requested IDR review. (1) provider requested review of (9) deficiencies which were all overturned due to insufficient/incomplete evidence identified by the surveyors and review of additional evidence for consideration by the provider, resulting in 9/11 deficiencies reviewed that were supported.</p>							



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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%	
					FY23 Q3	
98.1%						
FY23 Q3 Narrative: 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 due to the fact that 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 death investigations.						
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	81.8%	81.75%	85.9%	85%	FY23 Q1	
					92.5%	
					FY23 Q2	
					88%	
					FY23 Q3	
100%						
FY23 Q3 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. 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 has seen an increase in healthcare facilities opening up and without surveyors DHI will not be able to conduct Life Safety Code /Health surveys to expand the healthcare options throughout New Mexico.						
Key Measure: Re-abuse rate for developmental disabilities waiver and mi via waiver clients	8.5%	6.12%	5.79	Explanatory	FY23 Q1	
					1.4%	
					FY23 Q2	
					0.7%	
					FY23 Q3	
1.3%						
FY23 Q3 Narrative:						



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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, Q3 for SFY 23 is 1.3% (this reflects 85 individuals with one or more substantiated allegations/ total number of individuals being served through the state's waiver programs $6452 = 85/6452 = 1.3\%$), 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 4th 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.