

New Mexico Human Services Department (HSD) Fiscal Year 2021 Strategic Plan							
Objective		SFY2021 Tactics		SFY2022 Tactics		SFY2023 Tactics	
<b>Mission Statement: To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.</b>							
<b>Goal 1: Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.</b>							
Objective		SFY2021 Tactics		SFY2022 Tactics		SFY2023 Tactics	
1.1	Ensure that every qualified New Mexican receives timely and accurate benefits. (income support division, ISD)	1.1.1	Implement consent-by-text/email technology for HSD communications to customers, pending technological and legal feasibility.	1.1.19	In collaboration with NM Dept. of Workforce Solutions redesign the employment and training and support services for Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Child Support Enforcement Division (CSED) recipients.	1.1.31	Increase food and nutrition support, specifically the State Food Supplement benefit and additional deductions.
		1.1.2	Increase collaboration with grassroots, state agencies, Tribes, Nations and Pueblos, and advocacy organizations to expand value and range of services.	1.1.20	Increase cash support, specifically wage subsidies, education works, and transition bonus program.	1.1.32	Implement a lump sum utility assistance payment for Low Income Home Energy Assistance Program (LIHEAP) recipients who have received a payment in the current state fiscal year, and who also have arrearages and are facing utilities disconnection in April of the current fiscal year.
		1.1.3	Research/develop plan for expanding SNAP program options to allow for greater administrative and policy flexibilities.	1.1.21	Increase automation to support tactics specific to increased caseloads, training needs, quality and Automated System Program and Eligibility Network (ASPEN) operational support.	1.1.33	Integrate HSD technologies with the Health Insurance Exchange to increase the customers ability to obtain health coverage.
		1.1.4	Implement technology to improve access, as well as staff support.	1.1.22	Implement system improvements to support Employment & Training (E&T); Supplemental Nutrition Assistance Program (SNAP) and Able-bodied Adults without Dependents (ABAWD); and Temporary Assistance for Needy Families (TANF) work requirements.	1.1.34	Implement Supplemental Security Income (SSI) program to provide additional cash for food for vulnerable populations, including people with disabilities.
		1.1.5	Implement human centered design for all customer or worker facing enhancements.	1.1.23	Integrate all external databases with Automated System Program and Eligibility Network (ASPEN) leveraged for eligibility/program compliance.		
		1.1.6	Implement real-time eligibility for Low Income Home Energy Assistance Program (LIHEAP) applications.	1.1.24	Enhance contractor and HSD support for Automated System Program and Eligibility Network (ASPEN) eligibility system.		
		1.1.7	Implement real-time eligibility for Supplemental Nutrition Assistance Program (SNAP) applications and administrative renewals for SNAP interim reports.	1.1.25	Reimplement Transition Bonus Program – Cash Assistance Program for recipients who obtain employment.		
		1.1.8	Implement real-time eligibility for Medicaid applicants.	1.1.26	Implement Heat and Eat Program to provide extra food dollars to lower-income families.		
		1.1.9	Implement continuous eligibility for most Medicaid adults.	1.1.27	Collaborate with other state agencies to centralize and coordinate food security efforts in New Mexico.		
		1.1.10	Define Automated System Program and Eligibility Network (ASPEN) integration strategy with HHS 2020.	1.1.28	Reduce Supplemental Nutrition Assistance Program (SNAP) Error Rate through increased quality reviews and system improvement.		

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		1.1.11 Implement Pandemic Electronic Benefit Transfer (EBT) program.	1.1.29	Evaluate and increase the percentage of Temporary Assistance for Needy Families (TANF) participants who are work ready by the time they receive their 24th month of TANF supports.	
		1.1.12 Implement online Electronic Benefit Transfer (EBT) transaction pilot.	1.1.30	Return to non-COVID-19-19 waiver process, request and implement additional administrative and program waivers to increase program efficiencies.	
		1.1.13 Remove Temporary Assistance for Needy Families (TANF) and Child Support Enforcement Division (CSED) Sanctions for all TANF recipients during the pandemic.			
		1.1.14 Request and implement Supplemental Nutrition Assistance Program (SNAP) COVID-19 Waivers related to the public health crisis.			
		1.1.14.1 Extend Supplemental Nutrition Assistance Program (SNAP) expedited postponed interview waiver.			
		1.1.14.2 Extend fair hearing timelines.			
		1.1.14.3 Allow quality control interviews via video.			
		1.1.14.4 Implement telephonic signature for applications.			
		1.1.15 Increase number of Family Assistance Analysts available for the Customer Service Center to 150.			
		1.1.16 Implement Supplemental Nutrition Assistance Program (SNAP) and Cash Emergency Supplement.			
		1.1.17 Distribute Pandemic-Electronic Benefits Transfer (P-EBT) benefits to school age children who are eligible for the National School Free and Reduced Breakfast and Lunch Programs, for months when schools are closed more than 5 days in accordance with the CARES Act and US Dept. of Agriculture regulations.			
		1.1.18 Distribute Emergency Supplemental Nutrition Assistance Program (SNAP) Supplement benefits to SNAP recipients during months of the public health emergency, in accordance with the CARES act and US Dept. of Agriculture regulations.			

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1.2 Expand the behavioral health network to provide a full continuum of behavioral health services. (Behavioral Health Services Division, BHSD)	1.2.1	Implement Supportive Housing services and finalize the fee schedule, billing instructions under development.	1.2.15	Facilitate reconciliation of various behavioral health workforce development plans.	
	1.2.2	Expand Behavioral Health Provider Technical Assistance team, working through hiring freeze to find creative solution of cross bureau team.	1.2.16	Evaluate and maintain useful modifications of service delivery system put in place in response to COVID-19.	
	1.2.3	Planning for utilization of Federal Substance Use and Federal Mental Health Block Grants for behavioral health provider infrastructure, including reviewing block grant utilization.	1.2.17	Launch digitized application processes for certain specialty behavioral health services and supervisory certification as part of Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT Act) grant implementation.	
	1.2.4	Implement Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT Act) planning grant to increase Substance Use Disorder (SUD) provider workforce. Utilize American Society of Addiction Medicine and federal guidelines to map and assess workforce.	1.2.18	Develop Value Based Purchasing methodology to ensure quality of service delivery.	
	1.2.5	Collaborate with NM Dept. of Health to complete major NM Administrative Code (NMAC) revisions to clarify oversight of behavioral health services.			
	1.2.6	Streamline behavioral health provider requirements, Medicaid enrollment and Managed Care Organization contracting and credentialing, where feasible.			
	1.2.6.1	Reconvene HSD Behavioral Health Services Division/HSD Medical Assistance Division/Managed Care Organization workgroup to map and optimize workflows for credentialing of providers and practitioners in order to support system development.			
	1.2.7	Begin Planning for Crisis System revision (988) (The 988 system is scheduled to be rolled out nationally Summer 2022 as a replacement for dialing 911 for mental health and substance use disorder crisis calls).			
	1.2.7.1	Develop new payment mechanisms and provider credentialing and oversight for 24/7 crisis response.			
	1.2.7.2	Determine possible linkages with NMConnect App and 988 system.			

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		1.2.7.3 Redesign and expand mobile crisis response structure.				
		1.2.8 Conduct behavioral health provider workforce analysis, bringing multiple workgroups and plans into harmony.				
		1.2.9 Upon legislative approval, launch loan program for new behavioral health startup programs. Continue supporting New Mexico Finance Authority (NMFA) in developing behavioral health capital for operational expenses, as well as buildings and equipment.				
		1.2.10 Fully implement Accredited Residential Treatment Center (AARTC) as new Medicaid benefit, shifting current providers from state general fund to Medicaid funds.				
		1.2.11 Use loosening of telehealth and telephonic regulations to expand ability of providers to deliver services.				
		1.2.12 Expand peer placement to traditionally non-behavioral health locations (e.g. Emergency Departments, Food Banks, Social Service non-profits).				
		1.2.13 Evaluate and determine sustainable structures for integration into behavioral health agencies and healthcare system.				
		1.2.14 Support NM Dept. of Children, Youth & Families in promotion of NMConnect App, working with HSD Communications team to inform New Mexicans about important resource.				
1.3	Develop and implement plan for Indian Managed Care Entity (IMCE). (Medical Assistance Division MAD).	1.3.1 Develop timeline for implementing Navajo Nation Indian Managed Care Entity.	1.3.11 Engage with Navajo Nation stakeholders in continuing discussion related to IMCE design and implementation.	1.3.20 Engage with Navajo Nation stakeholders in continuing discussion related to IMCE design and implementation.		
		1.3.2 Engage with Navajo Nation stakeholders in continuing discussion related to IMCE design and implementation.	1.3.12 Engage with Pueblo stakeholders in continuing discussion related to Indian Managed Care Entity design and implementation.	1.3.21 Engage with Pueblo stakeholders in continuing discussion related to Indian Managed Care Entity design and implementation.		
		1.3.3 Engage with Pueblo stakeholders in continuing discussion related to Indian Managed Care Entity design and implementation.	1.3.13 Waiver development for passive enrollment (tribal notification, tribal consultation, waiver negotiation with Centers for Medicare & Medicaid Services (CMS)).			
		1.3.4 Complete Active Enrollment plan design (enrollment requirements, services, Value Based Purchasing, National Committee for Quality Assurance, transitions of care).	1.3.14 Passive Enrollment Document Development (rate development, contract amendments, contract negotiation and execution, NM Administrative Code changes, policy manual changes).			

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		1.3.5	Complete Active Enrollment document development (contract, NM Administrative Code/Rule, policy manual).	1.3.15	Passive Enrollment Implement system changes (Automated System Program and Eligibility Network (ASPEN) changes and testing, Omnicaid system changes, and testing).		
		1.3.6	Implement Active Enrollment system changes (letters, Automated System Program and Eligibility Network (ASPEN) changes and testing, Omnicaid changes, and testing).	1.3.16	Passive Enrollment System readiness.		
		1.3.7	Complete Active Enrollment system readiness.	1.3.17	Passive Enrollment Program readiness.		
		1.3.8	Complete Active Enrollment Program readiness.	1.3.18	Passive Enrollment CMS Readiness review.		
		1.3.9	Submit Active Enrollment for Centers for Medicare & Medicaid Services (CMS) program readiness.	1.3.19	Passive Enrollment Go Live.		
		1.3.10	Active Enrollment Go Live.				
1.4	Promote primary care expansion in NM, particularly in underserved and rural areas. (Office of the Secretary & Medical Assistance Division (MAD))	1.4.1	Provide technical assistance to NM Primary Care Collaborative.	1.4.2.12	Host GME Expansion Review Board & Advisory Group quarterly meetings.	1.4.2.23	Host GME Expansion Review Board & Advisory Group quarterly meetings.
		1.4.1.1	Perform analyses that demonstrates percentage of Medicaid expenditures allocated to primary care.	1.4.2.13	Revise NM GME Expansion Strategic Plan, defining number of new primary care and psychiatry residency programs to target.	1.4.2.24	Revise NM GME Expansion Strategic Plan, defining number of new primary care and psychiatry residency programs to target.
		1.4.2	Host GME Expansion Review Board & Advisory Group quarterly meetings.	1.4.2.14	Revise GME Expansion Request for Applications.	1.4.2.25	Revise GME Expansion Request for Applications.
		1.4.2.1	Revise NM GME Expansion Strategic Plan, defining number of new primary care and psychiatry residency programs to target.	1.4.2.15	Resolve any outstanding Medicaid policy issues important to primary care GME expansion.	1.4.2.26	Resolve any outstanding Medicaid policy issues important to primary care GME expansion.
		1.4.2.2	Revise GME Expansion Request for Applications.	1.4.2.16	Execute contracts with Fiscal Year 2021 funding recipients.	1.4.2.27	Execute contracts with Fiscal Year 2022 funding recipients.
		1.4.2.3	Submit Medicaid State Plan Amendment that addresses policy issues important to primary care GME expansion.	1.4.2.17	Provide technical assistance existing and upcoming programs.	1.4.2.28	Provide technical assistance existing and upcoming programs.
		1.4.2.4	Provide technical assistance to existing/upcoming programs.	1.4.2.18	Ensure program compliance with quarterly reporting/evaluation.	1.4.2.29	Ensure program compliance with quarterly reporting/evaluation.
		1.4.2.5	Ensure compliance with quarterly reporting/evaluation.	1.4.2.19	Maximize federal funding for third round of expansion applications.	1.4.2.30	Determine Fiscal Year 2024 funding request for legislature
		1.4.2.6	Maximize federal funding for second round of expansion applications.	1.4.2.20	Determine Fiscal Year 2022 funding recipients.	1.4.2.31	Maximize federal funding for fourth round of expansion applications.
		1.4.2.7	Determine Fiscal Year 2021 funding recipients.	1.4.2.21	Execute Fiscal Year 2022 contracts/agreements.	1.4.2.32	Determine Fiscal Year 2023 funding recipients
		1.4.2.8	Execute Fiscal Year 2021 agreements.	1.4.2.22	Support development of statewide academic network.	1.4.2.33	Execute Fiscal Year 2023 contracts/agreements.
		1.4.2.9	Match NM Dept. of Health recruitment for federal funds.			1.4.2.34	Support development of statewide academic network.
		1.4.2.10	Investigate loan forgiveness.				
		1.4.2.11	Support development of statewide academic network.				
1.5	Increase insurance options for the currently uninsured. (Medical Assistance	1.5.1	Hire new Full Time Employees (FTEs) to lead coverage expansion effort.	1.5.14	Go live with new coverage options.		

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Division, MAD)	1.5.2	Engage in additional stakeholder consultation related to implementation.	1.5.15	Increase staff to support tactics specific to increased caseloads, training needs, quality and Automated System Program and Eligibility Network (ASPEN) operational support.			
	1.5.3	Draft regulations for public comment.	1.5.16	Continue outreach and education campaign.			
	1.5.4	Make changes to waivers as applicable.	1.5.17	Engage in additional stakeholder consultation related to implementation.			
	1.5.5	Analyze system impact and produce implementation timeline and fiscal impact.					
	1.5.6	Coordinate with other impacted state agencies and the NM Health Insurance Exchange as appropriate.					
	1.5.7	Design and begin outreach and education campaign.					
	1.5.8	Complete system changes and testing.					
	1.5.9	Present new options with recommendations to Governor.					
	1.5.10	Begin contracting efforts for modeling coverage options for New Mexico.					
	1.5.11	Analyze options and fiscal analysis with contracted entity to present to the Governor's office.					
	1.5.12	Begin stakeholder consultation on options.					
	1.5.13	Begin operational implementation.					
	1.5.13.1	Population analysis.					
	1.5.13.2	Actuarial analysis.					
	1.5.13.3	Workplan for program implementation.					
1.5.13.4	Data-sharing agreements with NM Health Insurance Exchange.						
1.6	Modernize child support program to improve the financial and medical support of New Mexico's children. (Child Support Enforcement Division, CSED)	1.6.1	Develop and Pilot Child Support Enforcement Division (CSED) Performance Management Office (Training, Organizational Change Management (OCM), Rapid Process Improvement (RPI), and Quality Assurance (QA).	1.6.16	Develop Child Support Enforcement Division (CSED) Legal Services Staffing Plan.	1.6.20	Enhance Child Support Hearing Officer Program.
		1.6.2	Implement Supporting, Training, and Employing Parents (STEP UP) Program (incl. Behavioral Health referrals and other services).	1.6.17	Implement data-driven Business Model state-wide.	1.6.21	Complete Centralized Case Processing Unit-Phase 2.
		1.6.3	Develop and Pilot Data Driven Business Model Phase 2.	1.6.18	Implement Centralized Case Processing Unit.		
		1.6.4	Implement Federal Modernization rule promulgation following best practices (policy revisions, system changes).	1.6.19	Implement and finalize reorganization of CSED legal services division.		

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		1.6.5	Enact statutory Changes for child support modernization requirements.			
		1.6.6	Implement Performance Management Office Statewide.			
		1.6.7	Assess Child Support Hearing Officer workload to ensure service to customers is provided timely and that all requirements are met.			
		1.6.8	Develop and Implement Emergency Support Function- 6 (ESF6) Emergency Operations Center Telephone Request Process including system development.			
		1.6.9	Develop and Implement Emergency Support Function- 6 (ESF6) Food Request Process including system development.			
		1.6.9.1	Develop sustainability plan for continued emergency food needs.			
		1.6.10	Develop and Implement Emergency Support Function- 6 (ESF6) Non-Congregate Shelter Request Process including system development.			
		1.6.11	Develop and Implement Emergency Support Function- 6 (ESF6) Procurement Tracking Process.			
		1.6.12	Develop and Implement Emergency Support Function- 6 (ESF6) Reporting Process.			
		1.6.13	Develop and Implement Emergency Support Function- 6 (ESF6) Staffing Plan.			
		1.6.14	Escalate enhancement of Child Support Enforcement Division (CSED)'s technology to adequate telework capability to communicate with the court for hearings and all court activities, (ex. laptops, microphones, video cameras) to allow for secure transmission of documents and submission of exhibits in electronic form.			
		1.6.15	Escalate enhancement of Child Support Enforcement Division (CSED)'s communication channels with participants to include email and other standard technology for immediate exchange of information.			
1.7	Support NM Department of Health in development of Developmental Disabilities (DD) waiver revisions (including supports waiver). (Medical Assistance Division, MAD)	1.7.1	Implement Supports Waiver.	1.7.10	Continue NM Dept. of Health collaboration on tiered DD waiver redesign.	
		1.7.2	Collaborate with NM Dept. of Health on assessment tool development.	1.7.11	Continue statewide townhalls for tiered DD waiver redesign.	

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Assistance Division, (MAD)	1.7.3	Collaborate with NM Dept. of Health on redesign of new tiered DD waiver.	1.7.12	Revise NM Administrative Code regulations with tiered DD Waiver redesign.	
	1.7.4	Initiate statewide townhall meetings for tiered DD waiver redesign.	1.7.13	Provide training to ISD on tiered DD waiver redesign.	
	1.7.5	Submit original DD waiver renewal to Centers for Medicare & Medicaid Services (CMS) for approval.	1.7.14	Develop tiered DD waiver amendment for CMS review.	
	1.7.6	Hire resource specialist to ensure members on the waitlist are maximizing available Medicaid services.			
	1.7.7	Hire 3 Full Time Employees (FTEs) to implement, managed and renew the Supports Waiver.			
	1.7.8	Provide training to Income Support Division on Supports Waiver Application process.			
	1.7.9	Submit supports waiver application to Centers for Medicare & Medicaid Services (CMS) for approval.			
1.8	Employ all Federal flexibility related to Public Health Emergency to remove barriers to access for members and lessen burden on providers. (Medical Assistance Division, MAD)	1.8.1	Develop plan to submit to Office of the Secretary and Governor's office for Public Health Emergency.		
1.8.2		Submit 1135 Waivers.			
1.8.3		Submit Disaster State Plan Amendments.			
1.8.4		Submit 1915(c) Appendix K.			
1.8.5		Conduct rate analysis and establish emergency rates.			
1.8.6		Develop emergency provider relief plan.			
1.8.7		Conduct utilization analysis.			
1.8.8		Submit preprints for emergency relief rate changes.			
1.8.9		Complete NM Administrative Code (NMAC) Changes.			
1.8.10		Update Medicaid fee schedule.			
1.8.11		Conduct emergency interim budget projection.			
1.8.12		Participate in federal emergency engagements to provide information to the state of NM about emergency relief options.			
1.8.13		Monitor implementation of emergency relief efforts.			
1.8.14		Develop transition plan to reverse emergency flexibility implemented.			
1.8.15		Develop cost containment strategy.			
1.8.15.1	Conduct stakeholdering on cost containment strategy.				
1.8.15.2	Obtain Governor's office approval on cost containment plan.				



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		1.8.15.3	Implement cost containment plan.				
		1.8.16	Monitor effectiveness of emergency relief efforts.				
Goal 2: Create effective, transparent communication to enhance the public trust.							
Objective		SFY2021 Tactics		SFY2022 Tactics		SFY2023 Tactics	
2.1	Develop and implement a comprehensive external communication plan. (Office of the Secretary Communications)	2.1.1	Expand and grow outreach through social media Facebook, Twitter, LinkedIn.	2.1.10	Provide continuous training on website protocols for division staff.	2.1.17	Provide continuous training on website protocols for division staff.
		2.1.2	Establish HSD Hashtags.	2.1.11	Grow external distribution list to continuously communicate with the public.	2.1.18	Grow external distribution list to continuously communicate with the public.
		2.1.3	Inventory and make current HSD website.	2.1.12	Review social media, determine growth, and set new outreach goals.	2.1.19	Review social media, determine growth, and set new outreach goals.
		2.1.4	Re-establish credibility and transparency with the media and the public.	2.1.13	Review Google analytics for website.	2.1.20	Review Google analytics for website.
		2.1.5	Develop public service announcements about HSD benefits.	2.1.14	Continuously review, monitor, and update website pages.	2.1.21	Continuously review, monitor, and update website pages.
		2.1.6	Due to budget constraints work with current vendor to transfer website from Flash (an obsolete program that browsers will not support after Dec. 2020 to WordPress.	2.1.15	Maintain credibility and transparency with the media and the public.	2.1.22	Maintain credibility and transparency with the media and the public.
		2.1.6.1	Due to budget constraints work with current vendor to make improvements in WordPress.	2.1.16	Develop public service announcements about HSD benefits.	2.1.23	Develop public service announcements about HSD benefits.
		2.1.6.2	Work with vendors to find ways to improve navigation and content on current website.				
		2.1.7	Work with division staff on their section of the website.				
		2.1.7.1	Select two employees from each division and train them on website content editing.				
		2.1.8	Review social media baseline and determine growth and set new outreach goals.				
		2.1.9	Support the Governor's Office and NM Dept. of Health with COVID-19-19 media communications and constituent inquires.				
		2.1.9.1	Provide 7-days/per week back-up and support for the governor's office and NM Dept. of Health COVID-19-19 news release Updates.				
		2.1.9.2	Provide 7-days/per week back-up and support for the governor's office and NM Dept. of Health for COVID-19-19 news inquiries.				
		2.1.9.3	Provide support at COVID-19-19 weekly governor press conference updates.				

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2.2 Implement a department wide strategy to include partners (federal, state and local, community-based services, providers, advocates, Managed Care Organizations, Tribes) in decisions that affect them.	2.2.1	Recruit and hire Native American liaison.	2.2.9	Strengthen relationships with key advocacy groups.	2.2.15 Strengthen relationships with key advocacy groups.
	2.2.1.1	Collaborate with Native American liaison to share information with NM's Tribes, Nations, and Pueblos.	2.2.10	Conduct public hearings for consumers and advocates.	2.2.16 Conduct public hearings for consumers and advocates.
	2.2.1.2	Establish Native American distribution list.	2.2.11	Partner with associations and speak at annual meetings.	2.2.17 Partner with associations and speak at annual meetings.
	2.2.1.3	Develop public service announcements about HSD benefits specific to Native American populations.	2.2.12	Implement strategies developed by Medicaid Native American Technical Advisory Committee based on Committee priorities.	2.2.18 Implement strategies developed by Medicaid Native American Technical Advisory Committee based on Committee priorities.
	2.2.1.4	Collaborate with Indian Affairs Public Information Officer to share information about HSD benefits available for Native Americans.	2.2.13	Collaborate with Indian Affairs Public Information Officer to share information about HSD benefits available for Native American population.	2.2.19 Collaborate with Indian Affairs Public Information Officer to share information about HSD benefits available for Native American population.
	2.2.1.5	Assess the effectiveness of the Child Support Enforcement Divisions (CSED) Native American Initiative (NAI).	2.2.14	Partner with associations and speak at annual meetings.	2.2.20 Partner with associations and speak at annual meetings.
	2.2.1.6	Attend Native American public events to provide information about HSD programs and services.			
	2.2.1.7	Implement strategies developed by Medicaid Native American Technical Advisory Committee based on Committee priorities.			
	2.2.1.8	Develop HSD benefit information for Native American populations.			
	2.2.1.9	Expand the number of Tribal Consultations.			
	2.2.1.10	Support State in COVID-19 response efforts as it relates to Native American populations.			
	2.2.2	Re-establish relationships with key advocacy groups.			
	2.2.3	Convene Medicare Administrative Contractor (MAC) subcommittees.			
	2.2.4	Conduct public hearings for HSD customers, providers, advocates, and other stakeholders.			
	2.2.5	Partner with associations and speak at annual meetings.			
2.2.6	Engage providers and users in Medicaid Management Information System Replacement (MMISR) Project activities, including testing.				
2.2.7	Minimize, to the extent possible, operational and administrative spending.				

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		2.2.8	Working with community partners, including customers and providers, to solicit feedback on designing the HSD office of the future.			
2.3	Resolve major ongoing litigation and sanctions related to <i>Deborah Hatten Gonzales (DHG)</i> lawsuit. (Office of General Counsel, OGC)	2.3.1	Continue DHG Corrective Action Plan (CAP) implementation and work through all items to completion.			
		2.3.2	Resolve US Centers for Medicare & Medicaid (CMS) CAP.			
		2.3.3	Resolve US Dept. of Agriculture Food & Nutrition Services Corrective Action Plan.			
		2.3.4	Complete DHG Corrective Action Plan and second case review.			
		2.3.5	Close lawsuit based on completion of Correction Action Plan.			
2.4	Resolve major ongoing litigation and sanctions: US Dept. of Agriculture Food & Nutrition Services (FNS) Sanction. (Office	2.4.1	Negotiate settlement with FNS.			
		2.4.2	Revise documents to reflect FNS national priorities.			
2.5	Establish regular communication channels with stakeholders. (Medical Assistance Division, MAD)	2.5.1	Establish Emergency Operations Center Public Health Emergency with relevant state agencies.			
		2.5.2	Establish Emergency Operations Center recurring Public Health Emergency calls with provider associations.			
		2.5.3	Establish Emergency Operations Center recurring Public Health Emergency calls with Managed Care Organizations (MCOs).			
		2.5.4	Develop and issue emergency supplemental guidance to providers on emergency changes to program.			
		2.5.5	Develop and issue emergency Letters of Direction for the Managed Care Organizations on program and policy changes.			
		2.5.6	Issue emergency deliverables to monitor implementation of Public Health Emergency policies and procedures.			
		2.5.7	Provide notices to members about emergency changes to eligibility policy.			
2.6	Inform public of Public Health Emergency Medicaid programmatic changes. (Medical Assistance Division, MAD)	2.6.1	Develop outreach materials in coordination with coverage network to identify public of coverage options and emergency changes.			
		2.6.2	Update websites with emergency information.			

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		2.6.3	Conduct public comment sessions for rule changes.				
		2.6.4	Draft press releases on major program and policy changes.				
		2.6.5	Issue Tribal notification on emergency program and policy changes.				
2.7	Utilize Performance Measures to improve Managed Care Organizations (MCOs) performance on physical health and behavioral health outcomes.	2.7.1	Evaluate MCO Performance Measure reporting.	2.7.4	Evaluate MCO Healthcare Effective Data Information Sheets Healthcare Effective Data Information Sheets (HEDIS) data for Performance Measure target achievement.		
		2.7.2	Monitor National Committee for Quality Assurance (NCQA) revisions to Healthcare Effective Data Information Sheets (HEDIS).	2.7.5	Draft Performance Measure letter to MCOs, outlining contract performance compliance or non-compliance.		
		2.7.3	Revise MCO Performance Measures to align with evolving Healthcare Effective Data Information Sheets (HEDIS) measures.	2.7.6	Recover penalties from MCOs for performance non-compliance.		
<b>Goal 3: Successfully implement technology to give customers and staff the best and most convenient access to services and information.</b>							
Objective		SFY2021 Tactics		SFY2022 Tactics		SFY2023 Tactics	
3.1	Implement Health & Human Services (HHS) 2020 modules: system integration (SI), data services (DS), quality assurance (QA), financial services (FS), benefit management services (BMS), and unified public interface (UPI). (Information Technology Division, ITD)	3.1.1	Implement enhanced omnichannel customer services through the consolidated customer service center for Child Support Enforcement Division (CSED).	3.1.7	Implement the unified portal.		
		3.1.2	Implement the unified portal.	3.1.8	Complete implementation of enhanced data services and analytics capabilities as part of the Medicaid Management Information System Replacement (MMISR) project.		
		3.1.3	Complete implementation of enhanced data services and analytics capabilities as part of the Medicaid Management Information System Replacement (MMISR) project.	3.1.9	Complete implementation of the financial services and benefit management services modules as part of the Medicaid Management Information System Replacement (MMISR) project.		
		3.1.4	Complete implementation of the financial services and benefit management services modules as part of the Medicaid Management Information System Replacement (MMISR) project.				
		3.1.5	Continue testing of HHS 2020 modules.				
		3.1.6	Explore other agency collaboration opportunities as part of the HHS 2020 initiative.				
3.2	Provide greater access to timely enterprise data to enhance evidence-based decision making. (Information Technology Division, ITD)	3.2.1	Complete implementation of enhanced data services and analytics capabilities as part of the Medicaid Management Information System Replacement (MMISR) project.	3.2.5	Complete implementation of enhanced data services and analytics capabilities as part of the Medicaid Management Information System Replacement (MMISR) project.	3.2.7	Implement an open data portal or website for public access.

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Objective		SFY2021 Tactics		SFY2022 Tactics		SFY2023 Tactics	
		3.2.2	Improve health information exchange services within the state.	3.2.6	Implement an interim decision support solution for Child Support Enforcement Division (CSED) to support program leadership's goals.	3.2.8	Complete implementation of enhanced data services and analytics capabilities as part of the Medicaid Management Information System Replacement (MMISR) project.
		3.2.3	Leverage APRISS to integrate data on justice-involved individuals (booking and release) to facilitate streamlined reactivation of benefits upon release.				
		3.2.4	In collaboration with NM Dept. of Health, establish an All Payers Claims Database.				
3.3	Implement business transformation to redesign, streamline and improve our processes. (Information Technology Division, ITD)	3.3.1	Continue journey mapping of future state business processes.	3.3.4	Transition all HSD staff to cell phone usage.		
		3.3.2	Ensure employees have equipment and internet access they need to continue teleworking.				
		3.3.2.1	Digitize all paper files.				
		3.3.2.2	Implement Microsoft Teams video and audio conferencing capabilities.				
		3.3.3	Develop common standard principles for human-centered design.				
3.4	Expand and improve automation and self-service capabilities for ease of access to services. (Information Technology Division, ITD)	3.4.1	Implement the unified portal.	3.4.4	Implement the unified portal.	3.4.7	Automate provider enrollment for Medicaid providers.
		3.4.2	Implement the Lobby Management System for Income Support Division (ISD).	3.4.5	Build self service capabilities for Income Technology Division customers.		
		3.4.3	Implement OneDrive for every HSD employee	3.4.6	Implement electronic signature capability		
3.5	Identify replacement strategy for Child Support Enforcement System (CSES). (Information Technology Division, ITD, and Child Support Enforcement Division, CSED)	3.5.1	Implement electronic document work flows.	3.5.5	Procure and Implement Integrated State Disbursement Unit solution.	3.5.9	Initiate full replacement of Child Support Enforcement System (CSES) system.
		3.5.2	Implement electronic case file for Child Support Enforcement Division (CSED).	3.5.6	Procure and Implement Employer Management solution.		
		3.5.3	Accept online payments from non-custodial parents (NCP).	3.5.7	Implement an interim decision support solution for Child Support Enforcement Division (CSED) to support program leadership's goals.		
		3.5.4	Implement e-filing with District Courts statewide.	3.5.8	Complete Child Support Enforcement System (CSES) Refactoring (restructuring of computer code from COBOL/CA Gen language to Java, which enables modern development resources to be utilized).		
3.6	COVID-19-Changes and Updates (Information Technology Division, ITD)	3.6.1	Automated System Program and Eligibility Network (ASPEN) Change: Additional Low Income Home Energy Assistance Program (LIHEAP) benefit issuance.				

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Objective		SFY2021 Tactics		SFY2022 Tactics		SFY2023 Tactics	
		3.6.2	Automated System Program and Eligibility Network (ASPEN) Change: Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) - allow for on demand interviews.				
		3.6.3	Automated System Program and Eligibility Network (ASPEN) Change: Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) Category of Eligibility-based income change.				
		3.6.4	Automated System Program and Eligibility Network (ASPEN) Change: Refugee Cash Assistance and Refugee Medicaid Assistance extension waiver.				
		3.6.5	YES NM Change: Curbside support application for iPads.				
		3.6.6	Implement low-to-no-touch computer deployment model.				
3.7	Provide requirements to systems teams on Public Health Emergency programmatic and policy changes. (Medical Assistance Division, MAD)	3.7.1	Review federal guidance, distill, and provide to systems teams for implementation.				
		3.7.2	Implement emergency coding changes.				
		3.7.3	Make emergency changes to call center Interactive Voice Response.				
		3.7.4	Establish monitoring tools to ensure emergency response is implemented correctly.				
3.8	Develop processes for critical paper documents to be completed electronically consistent with NM State Personnel Office requirements during COVID-19 and while teleworking. (Office of Human Resources, OHR)	3.8.1	Modify the signature process for Office of Human Resources (OHR) critical documents to simplify the electronic signature process.	3.8.2	Work with Information Technology Division to begin discussions about converting human resources forms and processes from paper to electronic using SharePoint.	3.8.3	Explore options to turn official employee personnel records to electronic files.
3.9	Develop and implement procedures for employee relations actions to be effectively completed while employees telework. (Office of Human Resources, OHR)	3.9.1	Implement and refine strategies to complete employee relations actions using electronic processes from remote locations.				
		3.9.2	Provide timely communication with employees and managers to update them on the status of specific employee relations issues that affect them.				
		3.9.3	Develop and implement a consistent communication strategy with division leaders to keep them informed of the status of employee relations issues in their division.				

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Objective		SFY2021 Tactics		SFY2022 Tactics	SFY2023 Tactics
<b>Goal 4: Promote an environment of mutual respect, trust and open communication for staff to grow and reach their professional goals.</b>					
Objective		SFY2021 Tactics		SFY2022 Tactics	SFY2023 Tactics
4.1	Develop and implement comprehensive internal communication plan. (Office of the Secretary Communications)	4.1.1 Continue surveying employees for feedback.	4.1.14	Continue implementing best practices for internal communication.	4.1.22 Continue surveying employees for feedback.
		4.1.2 Update and Redesign SharePoint landing page for employee access to information.	4.1.15	Continue surveying employees for feedback and modify communications as needed.	4.1.23 Hale and farewell employees on SharePoint and regularly in employee emails.
		4.1.3 Hale and farewell employees on SharePoint and regularly in employee emails.	4.1.16	Continue surveying employees for feedback.	4.1.24 Highlight internal employee promotions.
		4.1.4 Highlight internal employee promotions.	4.1.17	Hale and farewell employees on SharePoint and regularly in employee emails.	4.1.25 Roll out a day in the life showcasing relevant career info on leadership and field office employees.
		4.1.5 Roll out a day in the life showcasing relevant career info on leadership and field office employees.	4.1.18	Highlight internal employee promotions.	4.1.26 Highlight employees' kudos on social media and TheWire.
		4.1.6 Work with divisions to update their pages on TheWire.	4.1.19	Roll out a day in the life showcasing relevant career info on leadership and field office employees.	4.1.27 Continue implementing best practices for internal communication.
		4.1.7 Highlight employees' kudos on social media and TheWire.	4.1.20	Highlight employees' kudos on social media and TheWire.	4.1.28 Continue quarterly employee and bi-monthly manager meetings to include recognition of employee anniversaries and allow additional time for questions to leadership.
		4.1.8 Create a employee COVID-19-safe practice guide.	4.1.21	Continue quarterly employee and bi-monthly manager meetings to include recognition of employee anniversaries and allow additional time for questions to leadership.	
		4.1.9 Develop a guide and technique for virtual training of staff and managers.			
		4.1.10 Prioritize and update Human Resources policies related to teleworking.			
		4.1.11 Continue implementing best practices for internal communication.			
		4.1.12 Continue quarterly employee and bi-monthly manager meetings to include recognition of employee anniversaries and allow additional time for questions to leadership.			
		4.1.13 Share all COVID-19 state government news release updates with all staff and HSD stakeholders.			
4.2	Develop and implement a department-wide employee training program. (Office of Human Resources, OHR)	4.2.1 Reevaluate need to recruit and hire new HR director upon completion of NM State Personnel Office Class Study.	4.2.6	Create a consistent curriculum to meet statewide training needs in the areas prioritized through the training needs assessment.	4.2.10 Implement Human Resources 101 training on basic employee relations and operations issues for managers and supervisors.
		4.2.2 Complete assessment of training needs and priorities by Division, analyze and review findings, and establish priorities with Directors.	4.2.7	Purchase, train trainers, and use Learning Management System, authoring tool and other training software to develop and deliver trainings throughout HSD.	4.2.11 Assess additional management training programs that can be provided in conjunction with leadership development and supervision skills for managers.

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Objective		SFY2021 Tactics		SFY2022 Tactics		SFY2023 Tactics
		4.2.3	Create a consistent curriculum to meet statewide training needs in the areas of ethics, new employee orientation, and cultural competency regarding immigrants and mixed-status families.	4.2.8	Develop and plan Human Resources 101 training on basic employee relations and operations issues for managers and supervisors.	
		4.2.4	Revise leadership program for a telework environment, start up program under Office of Human Resources (OHR) with new kick off.	4.2.9	Begin discussion to identify the structure of a training division for HSD, pending budget availability.	
		4.2.5	Collaborate with other divisions to research, test, and select an Learning Management System authoring tool and other training software for use across HSD.			
4.3	Develop and implement Criminal History Records Check (CHRC) Process for all HSD employees, prospective employees, contractors, subcontractors, prospective contractors, and prospective subcontractors that access Federal Tax Information (FIT). (Office of Human Resources, OHR)	4.3.1	Develop comprehensive plan to implement the CHRC process.			
		4.3.2	Implement CHRC plan. Obtain background checks for all required employees, prospective employees, contractors/subcontractors, prospective contractors/subcontractors.			
		4.3.3	Compile quality assurance review to track and monitor all CRHCs are completed as required and meet compliance requirements.			
		4.3.4	Provide quarterly CRHC required statistics to the NM Department of Public Safety.			
4.4	Establish emergency communication plan. (Medical Assistance Division, MAD)	4.4.1	Establish regular emergency calls with leadership.			
		4.4.2	Identify lead to track emergency communication plan.			
		4.4.3	Hold emergency all-staff meeting.			
		4.4.4	Develop emergency communication plan for staff review and feedback.			
4.5	Provide guidance and support to employees regarding HSD policy options in order to support a telework environment during the Public Health Emergency. (Office of Human Resources, OHR)	4.5.1	Ensure consistent implementation of Alternative Work Schedule and Fitness and Wellness Policies.			
		4.5.2	Ensure HSD staff can access Families First Coronavirus Act available leave options and inform employees of options and process requests.			
		4.5.3	Encourage employees to take available leave.			
		4.5.4	Encourage employees to utilize the Employee Assistance Program to reduce stress and address mental health issues.			



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Objective		SFY2021 Tactics		SFY2022 Tactics		SFY2023 Tactics
		4.5.5	Provide resources to division leaders on team building exercises and morale boosting options.			
		4.5.6	Provide training and guidance to supervisors on how to be flexible with employees and the challenges that arise in a telework environment.			
		4.5.7	Solicit ideas and tips from employees on wellness, fitness, health, nutrition, and other kinds of mini-activity topics that employees can do throughout the day. Add the tips and suggestions to TheWire or send out in emails.			
4.6	Assess Division Organizational Health Indicators and prioritize interventions needed for improved health. (Income Support Division, ISD)	4.6.1	Develop initiatives to help build supportive leadership and organizational connectivity in a telework environment.			
		4.6.2	Improve employee experience to maintain low attrition rate.			
4.7	Address staff needs and morale. (Child Support Enforcement Division, CSED)	4.7.1	Design Staff Morale Improvement Strategy.	4.7.3	Redesign a telework/skeleton crew plan based on the advancement of systems that allow less need in physical office buildings, and more telework capabilities for those staff whose duties permit them to work at home.	
		4.7.2	Create a telework/skeleton crew plan that serves the Child Support Enforcement Division (CSED) customers and keeps staff safe by rotating some staff whose job duties require them to be in the office.			
4.8	Complete Business Transformation Council (BTC) process redesign effort and Organizational Change Management effort.	4.8.1	Complete redesign of journeys related to Medicaid Management Information System Replacement (MMISR).	4.8.6	Drive development of modules based on requirements from journeys.	
		4.8.2	Conduct end to end review of completed journeys gap analysis.	4.8.7	Implement staffing and program changes outlined in Organizational Change Management plan as modules go live.	
		4.8.3	Complete cataloging effort for Consolidated Customer Service Center (CCSC), Unified Portal (UP), and Health Insurance Exchange (HIX).			
		4.8.4	Develop comprehensive plan for Organizational Change Management.			
		4.8.5	Implement Organizational Change Management.			