

New Mexico



Strategic Plan

Fiscal Year 2018

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Introduction

The past year has resulted in many changes in the administration and delivery of HSD's programs. More New Mexicans are receiving HSD services than ever before, and the Department continues to put the well-being of recipients before all else. Exponential increases in enrollment due to federal initiatives, in addition to a state budget deficiency, have brought the issues of cost-containment and administrative efficiency to the forefront of the Department's focus. As the Department looks forward to fiscal year 2018, its goals remain the same, but the manner in which those goals are pursued have been adjusted to better meet the needs of New Mexicans.

HSD's first goal, "Promote Self-Sufficiency of Our Recipients," is designed to provide support services that help individuals and families move out of poverty. The Department will look to increase job readiness and access to sustainable employment and housing, increase member engagement in their care, and support families' financial stability.

HSD is working to improve the quality of care New Mexicans receive while managing health care costs. The Department's second goal, "Slow the Growth Rate of Health Care Costs and Improve Health Outcomes," will address rising health care costs as the Department looks to implement value-based purchasing and improve existing delivery models. Collaboration with stakeholders throughout the state aims to support prevention models and reduce health disparities, and the Office of the Inspector General is committed to building relationships that will assist in addressing fraud in public assistance programs.

The implementation of Centennial Care created new programs for Medicaid members to engage in their own health care, and HSD continues to offer additional options through which New Mexicans can apply for and check their benefits. Through the use of technology and key partnerships, the Department will pursue its third goal, "Implement Person-Centric Service Models." The Department will develop and demonstrate new models of delivery, intended to streamline and improve access to public assistance programs and to promote recipients' engagement.

The Department continues to work toward improving the services provided to New Mexicans, and its fourth goal, "Improve Administrative Effectiveness and Simplicity," turns the focus inward. HSD will augment internal processes with the implementation of paperless document management. The Department will move into the final stage of executing two major information technology projects: the Child Support Enforcement System (CSES) Replacement project and the Medicaid Management Information System (MMIS) Replacement project. Staff development plans and internal program reviews will be conducted to address areas of concern in output and efficiency.

The FY18 strategic plan identifies the tasks and activities to meet these goals and to further pursue HSD's mission to reduce the impact of poverty on New Mexicans.

The Mission of the Human Services Department

To reduce the impact of poverty on people living in New Mexico by providing support services that help families break the cycle of dependency on public assistance.

Overview of the Department

The NM Human Services Department (HSD) manages a \$6.9 billion budget of state and federal funds and administers services to more than 900,000 low-income New Mexicans through programs such as:

- Medicaid and Children’s Health Insurance Program (CHIP)
- Supplemental Nutrition Assistance Program (SNAP)
- SNAP Education Program (SNAP-Ed)
- Temporary Assistance for Needy Families (TANF)
- The Emergency Food Assistance Program (TEFAP)
- School Commodity Foods Program
- Homeless Meals
- General Assistance for low-income individuals with disabilities
- Community Services Block Grant (CSBG)
- Refugee Resettlement Program (RRS)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Child Support Establishment and Enforcement
- Behavioral Health Services (mental illness, substance abuse, and prevention)

The programs are administered through four Program Divisions:

1. Behavioral Health Services Division (BHSD)
2. Child Support Enforcement Division (CSED)
3. Income Support Division (ISD)
4. Medical Assistance Division (MAD)

HSD is also a key member of the NM Behavioral Health Collaborative and works across state agencies to collaborate on behavioral health issues.

Goal 1: Promote Self-Sufficiency of our Recipients

Task 1.1: Increase job readiness and access to sustainable employment and housing

HSD continues to focus efforts and resources on providing opportunities for recipients to find sustainable employment or increase their potential for employment through job readiness. Work participation rates for TANF participants have increased in New Mexico. In order to achieve higher performance, the division plans to implement the following:

Activities:

- A. Expand the partnership with the Department of Workforce Solutions (DWS) to ensure participants are taking advantage of various work key assessments offered.
- B. Continuing pilot programs to provide recipients the opportunity to pursue their high school equivalency or a short term vocational training certificate in order to gain and retain employment.

Task 1.2: Increase member engagement in his/her care

Studies have shown that patient involvement in his/her own health care results in better outcomes for the patient. HSD will increase Medicaid member engagement by:

Activities:

- A. Begin the design and/or implementation of services through the HHS 2020 Unified Portal and/or through related mobile technology to increase member engagement in their care.
- B. Evaluate opportunities to pilot technology-based approaches to improve member engagement in care for specific targeted populations or problems.
- C. Increase health literacy for Medicaid members through use of Community Health Workers.
- D. Continue to promote member participation in prevention activities through Centennial Rewards program.
- E. Implement cost sharing for recipients to incentivize appropriate use of the delivery system, such as copayments for brand name prescriptions when a generic is available.
- F. Ensure that members' comprehensive care plans contain appropriate goals for improving members' health status and participation in the community.
- G. Continue to evaluate the effectiveness of care coordination and member engagement with the care coordination program by conducting ride-a-longs with care coordinators, identifying and tracking super utilizers of the emergency room and auditing care coordination files.
- H. Implement technology-based solutions that help to reduce emergency room visits and verify that personal care visits are occurred in the home as authorized.

Task 1.3: Support families' financial stability by removing barriers to child support orders and collections

The Child Support Enforcement Division (CSED) has focused on increasing the percentage of cases with child support court orders by emphasizing paternity orders and then obtaining support orders. In SFY 16

CSED reached 84% for percentage of new cases that now have a support order. The additional focus now is to get the court orders entered sooner after filing, within 6 months versus 12 months, and have payments going to families quicker to promote financial stability. CSED is in the process of reviewing work-flow processes and piloting an implementation plan to standardize and accelerate case processing.

CSED is also engaging with state and community organizations that help parents find work, so that those parents ordered to pay support can be referred for employment if needed. CSED has a vested interest in assisting non-custodial parents to obtain job skills and employment. CSED is also endeavoring to increase electronic income withholdings (eIWO) from employers, which will increase the percentage of collections through wage withholdings, by far the best source of consistent collections.

CSED is in the process of executing a new Joint Powers Agreement with the Navajo Nation, and is negotiating with four Pueblos to execute a Memorandum of Understanding with each. CSED provides an attorney to present child support cases in these four Pueblo Courts related to child support.

Activities:

- A. Improving child support processes in order to execute child support orders sooner.
 - a. Continue TOTS support to CSED, including twice yearly reviews of functionality versus field office requirements, to enable CSED to use a process-based model until CSES replacement is implemented
- B. Meeting federal requirements of establishing orders within an expedite period of six months.
 - a. Implement new task-based business process model instead of case management to allow for more staff focus on tasks at hand instead of an entire caseload.
- C. Increasing collections through efficiency and streamlined processes.
- D. Working closely with other organizations to increase the knowledge and understanding of CSED rules and regulations.
- E. Work towards allowing New Mexico to become an Administrative State and Judicial State so that undisputed cases can be processed through administratively instead of through the judicial process.

Measures:

Goal 1 Measures	FY 16 Actual	FY 17 Target	FY 18 Target
Percent of cases having support arrears due, for which arrears are collected.	61.9%	67%	67%
Percent of cases with support orders.	85%	85%	85%
Percent of current support owed that is collected.	56.8%	62%	62%
Percent of parent participants who meet TANF work participation requirements.	53%	50%	50%
Percent of TANF two-parent recipients meeting federal work participation requirements.	63.1%	60%	60%
Percent of adult TANF recipients who become newly employed during the reporting year.	53.5%	52%	52%

Goal 1 Measures	FY 16 Actual	FY 17 Target	FY 18 Target
Percent of individuals who obtain jobs within 90 days of successfully completing job skills/vocational training.	*n/a	*n/a	Baseline Year
Rate of participants' retention in employment after ninety days.	*n/a	*n/a	Baseline Year

*FY18 will be the first year for data collection and is also considered to be the baseline year.

Goal 2: Slow the Growth Rate of Health Care Costs and Improve Health Outcomes

Task 2.1: Implement value-based purchasing that promotes integration of services, reduces costs, and increases quality of care

HSD will continue to move away from traditional fee-for-service payment models that encourage volume-based payments to models that align payments with improved health outcomes.

Activities:

- A. Evaluate the Managed Care Organizations' payment reform demonstration projects to determine best practices that may be scaled statewide.
- B. Evaluate the effectiveness of health homes within the Medicaid program.
- C. Increase the number of members receiving care through patient-centered medical homes that are participating in a value-based purchasing arrangement with the MCOs.
- D. Implement Comprehensive Community Behavioral Health Clinics to promote the integration of substance abuse disorders and behavioral health.
- E. Procure a Medicaid Management Information System solution to support outcome-based payment models.

Task 2.2: Reduce service gaps through innovative delivery models that build provider capacity

Expand provider capacity and network access by investing in innovative models to ensure that an appropriate array of services is available statewide.

Activities:

- A. Continue to increase the capacity and utilization of telehealth for specialty care.
- B. Implement physician residency programs with select Federally-Qualified Health Centers.
- C. Continue to build primary care physician capacity
- D. Increase the use of Community Health Workers to support provider practices.
- E. Collaborate with Native American tribes, pueblos, and nations to ensure access to necessary behavioral and physical health services for tribal members.
- F. Increase virtual visits for Urgent Care and Behavioral Health visits through the use of mobile apps.

Task 2.3: Collaborate with partners to support prevention models and reduce health disparities

Partner with MCOs, the Department of Health, and other stakeholders on prevention activities aimed at reducing health disparities.

Activities:

- A. Partner with the New Mexico Department of Health on health education and population health management, including increasing utilization of long-acting reversible contraception, treatment for Hepatitis C, and disease outbreak management.
- B. Collaborate with the Native American tribes, pueblos and nations to focus on prevention for recipients.
- C. Partner with the New Mexico Corrections Department and county jails to ensure that eligible incarcerated individuals are enrolled in Medicaid upon release from the facility.
- D. Collaborate with the Managed Care Organizations to design primary and secondary prevention strategies to improve health outcomes.

Task 2.4: Detect and prevent fraud, waste, and abuse

The Office of Inspector General (OIG) will work with federal, state, and private agencies to become more diverse in detecting fraud, waste, and abuse. As HSD programs and operations evolve, the work environment changes. Partnerships will be leveraged to improve current processes and devise new ways to adapt to ensure the public’s monies are used judiciously and responsibly.

Activities:

- A. Identify and implement solutions for detecting potential fraud before it occurs.
- B. Oversight of the enhanced electronic system, implemented by the Managed Care Organizations (MCOs), for personal care provider monitoring.
- C. Work with MCOs to link their program integrity functions with the agency’s program integrity functions and streamline the process.
- D. Work with federal and state partners to identify potential fraud, waste and abuse within public assistance programs and enhance and expand compliance and enforcement efforts, processes and outcomes.
- E. Continue efforts to identify and evaluate technology-based approaches to detect and/or reduce fraud; support proofs of concept or pilot projects to assess effectiveness and applicability.

Measures:

Goal 2 Measures	FY 16 Actual	FY 17 Target	FY 18 Target
Percent of children, ages two through twenty-one years, enrolled in Medicaid managed care who had at least one dental visit during the measurement year.	CY15 - 66%	70%	67%
Percent of infants in Medicaid managed care who had six or more well-child visits with a primary care physician before the age of fifteen months.	CY15 - 49%	70%	70%

Goal 2 Measures	FY 16 Actual	FY 17 Target	FY 18 Target
Percent of hospital readmissions for adults in Medicaid managed care, eighteen and over, within thirty days of discharge.	CY15 - 13%	9%	10%
Rate of per capita use of emergency room that is categorized as non-emergent care.	*n/a	*n/a	Baseline Year
Percent of discharges for Medicaid managed care members 6 years of age and older, who were hospitalized for treatment of selected mental health disorders and received follow-up with a mental health practitioner within thirty days of discharge.	*n/a	*n/a	Baseline Year
Percent of readmissions to same level of care or higher for children or youth discharged from residential treatment centers and inpatient care	8.2%	5%	5%
Percent of people with a diagnosis of alcohol or drug dependency who initiated treatment and received two or more additional services within thirty days of the initial visit.	CY15 - 15.72% (results only include July-Dec, 2015)	40%	40%
Percent of adults diagnosed with major depression who remained on an antidepressant medication for at least 180 days.	CY15 - 37.11%	26%	26%
Percent of adults with mental illness and/or substance abuse disorders receiving services who report satisfaction with staffs' assistance with their housing need.	CY15 - 38%	71%	72%

*FY18 will be the first year for data collection and is also considered to be the baseline year.

Goal 3: Implement Person-Centric Service Models

Task 3.1: Streamline and enhance access and engagement of constituents

As technology evolves, our applicants and recipients are expecting to be able to access information and engage our services in new ways. HSD will improve how we serve our recipients by:

Activities:

- A. Collaborate with sister agencies to house staff within the same office to provide immediate service.
- B. Implement processes that allow for immediate notification to other agencies when there is a potential need for customer access to other agencies' benefits.
- C. Provide a single point of access and integrated system that addresses all areas of a customer's needs.
- D. Continue to improve member notices and forms through literacy reviews.
- E. Implement new technologies that allow for use of text messaging and other communications with applicants and recipients.

Task 3.2: Develop a new model for delivery of public assistance programs for demonstration

Create a delivery of services that eliminates duplication through effective sharing of program utilization information between entities.

Activities:

- A. Continue to collaborate with other parts of HSD and the broader HHS enterprise to implement the data services component of the MMISR solution.
- B. Ensure that the MMISR solution provides advanced analytic tools that will enable program managers to assess program impact and design targeted interventions across program boundaries.
- C. As part of the MMISR solution, implement a Unified Portal that will allow users and applicants to apply for and access programs beyond existing boundaries.

Measures:

Goal 3 Measures	FY 16 Actual	FY 17 Target	FY 18 Target
Number of jail-involved individuals who are made eligible for Medicaid prior to release.	*n/a	*n/a	Baseline Year
Percent of members reporting satisfaction with Centennial Care services.	81%	82%	82%
Number of individuals served annually in substance abuse or mental health programs administered by the Behavioral Health Collaborative and Medicaid programs.	CY15 - 158,584	160,000	160,000
Percent of youth on probation who were served by the Behavioral Health Collaborative and Medicaid programs.	CY15 - 64.4%	54%	55%
Percent of members reporting satisfaction with behavioral health services.	**n/a	85%	85%

*FY18 will be the first year for data collection and is also considered to be the baseline year.

**Reporting begins in Fiscal Year 2017.

Goal 4: Improve Administrative Effectiveness and Simplicity

Task 4.1: Implement paperless document management

Many of the processes utilized by HSD can be augmented through the use of technology. The ability to convert to a paperless document management system provides for a safe, less labor intensive method for keeping, filing and retrieving documents. Documents and files can be cross referenced for quicker retrieval and fewer lost files. Automated processes will allow actions to be completed more expeditiously by eliminating the need to physically move paper from person to person. Technologies are readily available to support paperless document management, coupled with integrated workflows that will allow HSD to streamline existing manual processes and to reduce creation and circulation of paper documents.

Activities:

- A. Review potential inclusion of personnel/employee relations documents in electronic document management.
- B. Redesign and implement internal workflow processes that utilize web-based networking software to reduce processing times.
- C. Continue research for the construction of an electronic record repository and create an agency-wide electronic imaging plan for agency records.

Task 4.2: Execute the MMIS and CSES replacement projects

HSD is planning replacement of the existing MMIS to meet Centers for Medicare and Medicaid Services (CMS) requirements, and also to replace the existing Child Support Enforcement System (CSES) so that it uses current technology embodies business processes that better support CSED activities and effectiveness. The replacement projects are being undertaken in a coordinated effort based upon a framework that includes both technology and business process outsourcing components. This Health and Human Services (HHS) 2020 framework is planned to enable easier accommodation of changing programmatic requirements, to allow adoption of advancing technology and delivery models, and to support other participants within the New Mexico HHS enterprise. To attain this vision, HSD will:

Activities:

- A. Seek maximum federal funding for the MMIS replacement and for CSED's portion of the cost to replace the outdated CSES.
- B. Complete and submit all required reports and documents needed to obtain federal program and funding approval. Update the HSD MITA Self-Assessment completed in 2015 to reflect implementations, improvements, and continued compliance with CMS certification requirements.
- C. Collaborate with other agencies and stakeholders to ensure their concerns are addressed and incorporated into the MMISR.
- D. Maximize the design features of the MMIS replacement system to meet the changing and growing needs of all HSD divisions, including CSED.

Task 4.3: Implement staff development plans

Training and development of agency staff is important in expanding the knowledge base of all of our employees. The benefits of implementing an expanded staff development and training plan will help strengthen employee skills leading to a better job performance and productivity, create a consistency in knowledge through the agency and boost employee morale.

Activities:

- A. Expand management development to provide critical training for newly promoted supervisors.
- B. Develop and present focused training on the applicant hiring and selection process for supervisors.
- C. Collaborate with HSD divisions in developing structured training programs for new employees related to job duties, performance, expectations, and policy awareness.

- D. Collaborate with divisions in developing instructor-led and computer based trainings relevant to HSD’s mission.
- E. Continue development and implement an Ethics training program to give employees and supervisors knowledge regarding the Governor’s and HSD expectations for ethical behavior in the workplace.

Task 4.4: Internal review of program effectiveness

Collaboration between Divisions within the agency can identify efficiencies, reduce administrative burden and develop consistent business operations that ensure effective implementation of policies and procedures.

Activities:

- A. Review, evaluate, and adjust current performance measures to ensure data accuracy and provide for a more comprehensive view of how the agency’s programs are serving the citizens of New Mexico.
- B. Review and revise policies and procedures for divisions within the agency.

Measures:

Goal 4 Measures	FY 16 Actual	FY 17 Target	FY 18 Target
Percent of federal financial reports completed accurately by due date.	100%	100%	100%
Percent of timely final decisions on administrative disqualification hearings.	100%	100%	100%
Rate of administrative cost used to collect total claims in all programs administered by the Restitution Services Bureau.	12%	12%	15%
Total dollars collected in child support obligations for each dollar expended by the Child Support Enforcement Program.	*n/a	*n/a	\$3.25
Percent of expedited SNAP cases meeting federally required measure of timeliness within 7 days.	98%	99%	95%

*FY18 will be the first year for data collection and is also considered to be the baseline year.