



LFC Budget Hearing

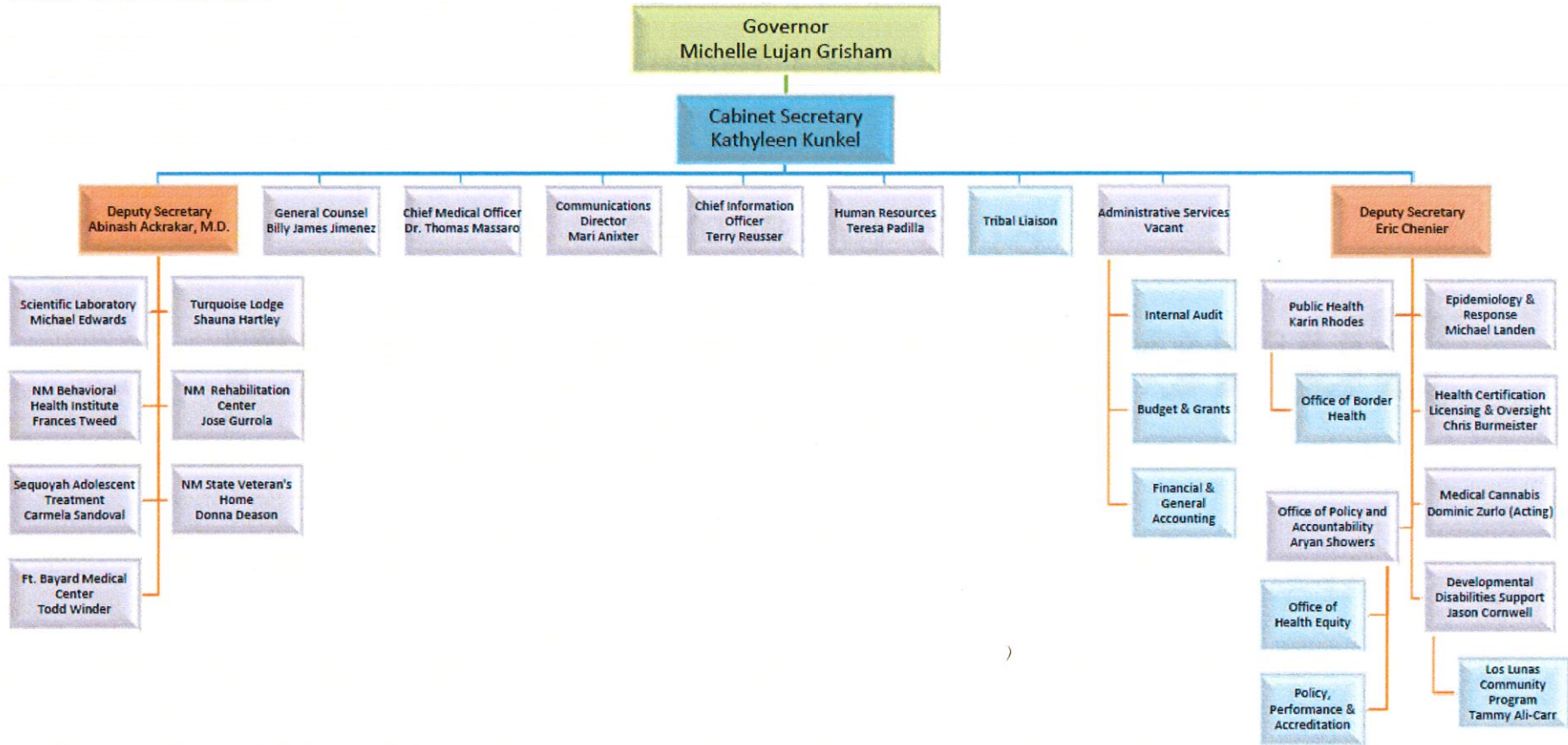
October 29, 2019

Kathy Kunkel, Cabinet Secretary



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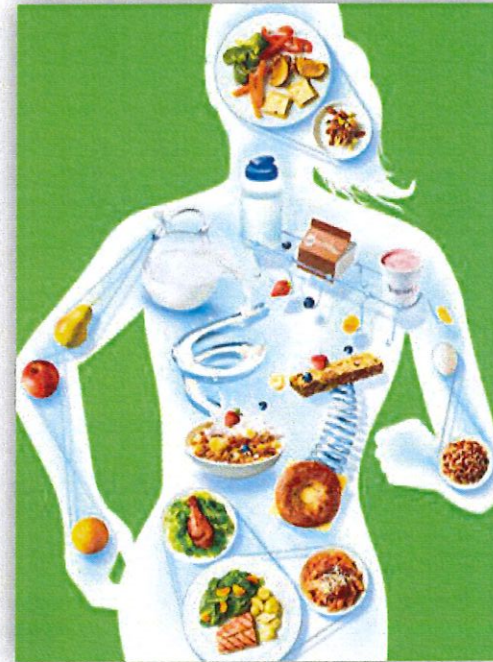


Kathyleen M. Kunkel

Kathyleen Kunkel, Cabinet Secretary
 October 2019

Department of Health

Vision
A Healthier New Mexico!



Mission
Promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico.

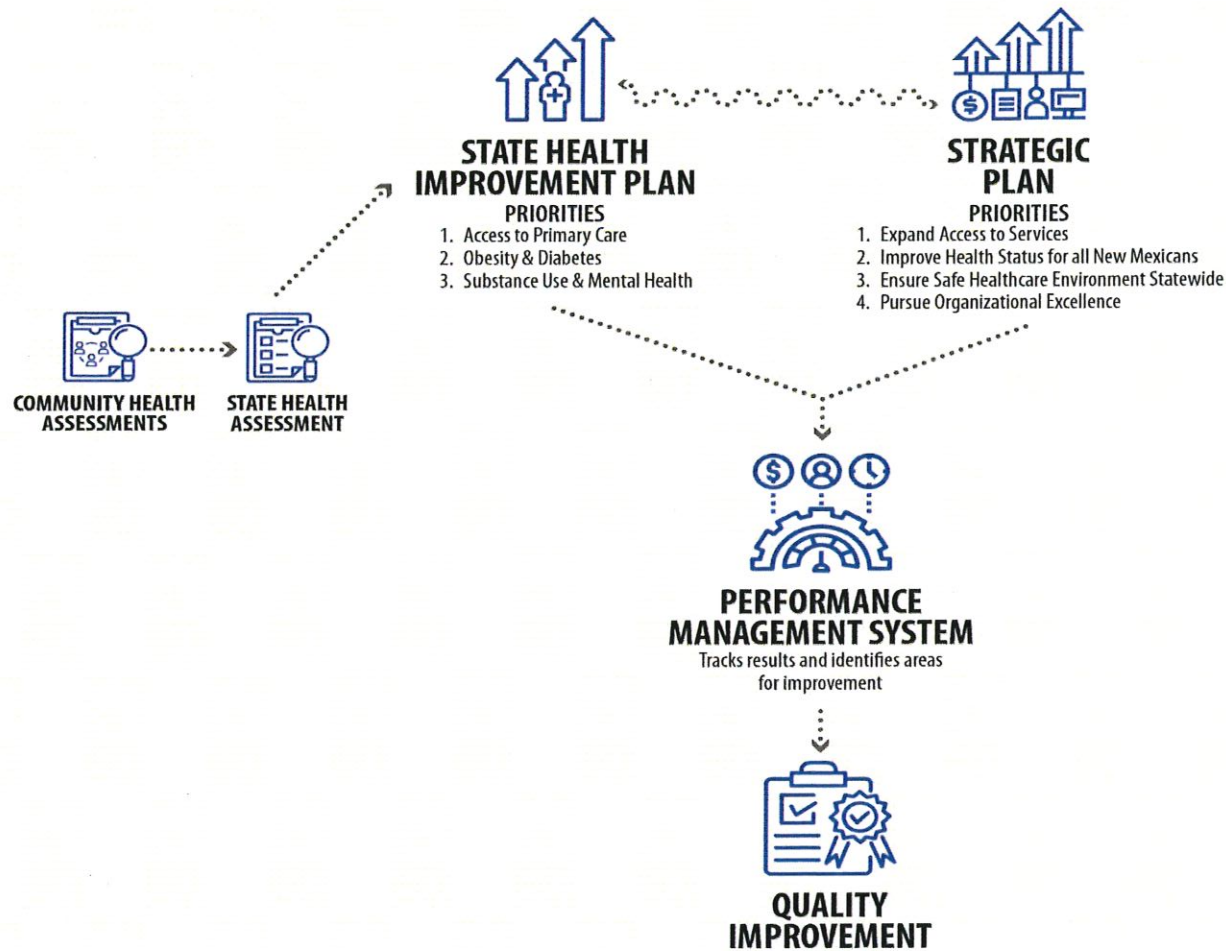


DOH Divisions, Bureaus, and Programs

| Public Health Division | Epidemiology & Response Division | Developmental Disabilities Supports Division |
|---|--|--|
| Diabetes Prevention & Control | Infectious Disease Tracking | Home & Community Based Support |
| Obesity, Nutrition & Physical Activity | Public Health Surveillance | Medically Fragile Program |
| Tobacco Use Prevention & Control | Disease Control | MI Via Self-Directed Support |
| Family Health & Planning | Injury Prevention | Family Infant Toddler Program |
| Heart Disease & Stroke Prevention | Vital Records & Health Statistics | Autism Spectrum Disorder Services |
| Overdose Prevention & Harm Reduction | Emergency Medical Systems & Health Emergency Management | Medicaid Intake & Eligibility |
| Infectious Disease Prevention & Control | Environmental Health & Health Systems Epidemiology | |
| School-Based Health | Health Assessments | Scientific Laboratory Division |
| Maternal & Child Health & MCH Epidemiology | Substance Use Epidemiology | Indigenous & Exotic Infectious Disease Testing |
| Oral Health | | Blood Alcohol Testing |
| Cancer Prevention & Control | Health Improvement Division | Drinking Water Testing |
| Refugee & Border Health | Health Facility Licensing | Chemical Contaminants and Toxin Exposure |
| Primary Care & Rural Health | Certified Nurse Aide Registry & Training | Drug Screening & Drug Confirmation Services |
| Children & Youth with Special Health Care Needs | Caregivers Criminal History Screening | |
| | Employee Abuse Registry | Office of Facilities Management |
| Medical Cannabis Division | Abuse, Neglect & Exploitation Investigations (DD Waiver) | Behavioral Health |
| Patient Registry | | Drug & Substance Abuse Treatment |
| Rule & Regulatory Promulgation | | Nursing & Skilled Long-Term Care |
| Licensing Requirements | | Administrative Oversight & Support |
| Inventory Control & Quality Assurance | | Adolescent Residential Treatment |



Department of Health



WORKFORCE DEVELOPMENT

Workforce Development is foundational to all



Department of Health's FY20 Interim Strategic Plan

NMDOH's intention for FY20 is to conduct a robust strategic planning process in order to:

- Build a plan that exemplifies and makes our mission, vision, values and priorities central to our organizational dynamic and direction
- Enculturate a results and performance orientation throughout the Department
- Foster transparency, alignment, accountability and improvement
- Strengthen and expand NMDOH's capacity by incorporating accreditation best practices



Department of Health's FY20 Interim Strategic Plan (con't)

| Month | Key Activities |
|--|---|
| FY20: 44 AGA Performance Measures FY21: 76 AGA Performance Measures | |
| September 2019 | <ul style="list-style-type: none"> • Submit FY20 Interim Strategic Plan ✓ • Conduct FY21-23 Strategic Planning Retreat ✓ |
| November 2019 – January 2020 | <ul style="list-style-type: none"> • Draft Four NMDOH Goals ✓ • Compile Retreat Report ✓ • Formulate objectives, tasks and action plan • Collect management input |
| February – April 2020 | <ul style="list-style-type: none"> • Communicate to the workforce and get employee feedback • Finalize FY21-23 Strategic Plan |
| June 2020 | Submit and publish FY21-23 Strategic Plan |



FY21 Budget Overview

FY21 Appropriation Request (thousands)

Revenue

| | |
|-------------------|------------------|
| General Fund | 327,680.4 |
| Other Transfers | 36,457.2 |
| Federal Funds | 102,798.4 |
| Other State Funds | 122,661.1 |
| Fund Balance | 0.0 |
| Total | 589,597.1 |



DOH Budget Request Approach (overview):

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Address health priorities long overdue for adequate funding including working towards:

- 1. Eliminating the 13.5-year DD Waiver waiting list**
- 2. Improving public health**
 - By reducing the transmission of infectious diseases;
 - Increasing vaccination rates; and
 - Addressing substance use disorders
- 3. Improving the oversight and the quality of care in New Mexico's boarding homes, hospitals, crisis triage centers, and other facilities**
- 4. Improving safety net services for the elderly, veterans, and others in the DOH facilities and community program**



DD Waiver Trends Since FY2011



Provide Relief to those on the 13.5-¹¹ Year Waiting List to Receive DD Waiver Services by:

- Ensuring all who are eligible receive Early Periodic Screening, Diagnosis, and Treatment (EPSDT) and community benefit
- Implementing a short-term family supports and reimbursement program
- Developing a new supports waiver in FY21 to support 2,000 individuals in the first year
- Requesting \$1.4 million to conduct acuity assessments to reform the DD Waiver system
- Requesting an additional \$7.5 million for the DD and Mi Via Medicaid waivers
- Working to clean up the waitlist



Supports Waiver

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- Governor's Initiative
- Will serve an additional 2000 individuals per year
- 10K Budget Limit
- 10 Package Service Array based on survey of Waitlist
- Repurpose state general fund dollars to leverage federal Medicaid revenue
- Traditional or Self Directed
- **Individuals receive services while waiting for allocation to Traditional/ Mi Via**



Comprehensive Waivers Reform

TRADITIONAL DD WAIVER

- Adopt Standardized Assessment Tool
- Review Outlier Budgets to determine causation
- Implement the Supports Waiver

MI VIA WAIVER

- Strengthen the Service Criteria to Inform Third Party Administrator (TPA)
- Increase oversight through Quality Management Bureau (QMB) for provision of services
- Review Outlier Budgets to determine causation
- Increase oversight through Incident Management Bureau (IMB) to detect ANE



DD Waiver Assessments

CMS requires states to use a valid and reliable assessment tool for HCBS Waiver program to:

- Support the Level of Care Determination
- Describe Intensity of Need
- Describe Urgency of Need



Reduce the Waitlist

- 360 Added to Waitlist on Average each year
- 6 Attrition Allocations each month
- 25 Expedited Allocations Opportunities this SFY
- 4530 Completed Applications
- 413 Allocations on Hold
- 2639 Under the age of 22
- Longest Wait Metro Region 1/24/2007
- DDSD Hiring Contractor to Verify Waitlist Contact Info



DD, MF, & MI VIA RATES

- Based on CMS Required Rate Study performed by independent experts
- Examines current “cost of doing business”
 - DD Waiver: 19% Underfunded
 - Med Frag: 37% Underfunded
 - Mi Via: 17% Underfunded



Family Infant Toddler Program Growth

- Statewide network of 34 public and private providers
- Served approximately 16,000 children and their families in Fiscal Year 2019
- Experienced an average annual growth of 5%.
- Received a highest national rating from the US Office of Special Education Programs (OSEP) based on a number of performance indicators.



Improve Public Health, Epidemiology, and Laboratory Services

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For the Public Health, Epidemiology and Response, and Laboratory Services Programs the request seeks to improve outcomes related to substance use disorders, infectious disease transmission, firearm injuries, suicide, older adult falls, and cardiovascular disease death.

MEASLES

is **highly contagious** and spreads through the air when an infected person **coughs or sneezes**.

It is so contagious that if one person has it, **9 out of 10 people** of all ages around him or her will also become infected if they are not protected.

The graphic features a CDC logo in the top right corner. Below the title, there is a row of 11 stylized human figures. The first figure on the left is a woman in red, representing the single infected person. The remaining 10 figures are in orange, representing the 9 out of 10 people who become infected. The text explains that measles is highly contagious and spreads through the air when an infected person coughs or sneezes. It also states that if one person has it, 9 out of 10 people of all ages around them will also become infected if they are not protected.



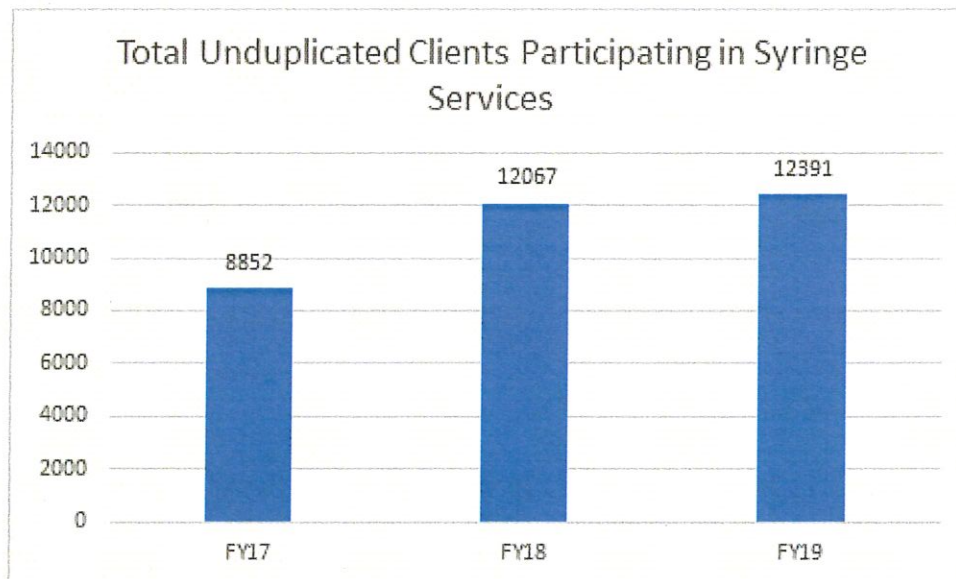
Above: nicotine addiction from cigarette smoking and vaping is a leading contributor to death from cardiovascular disease.



Substance Use Disorders

Request includes:

- \$400 thousand for syringe services
- \$450 thousand to expand Medication Assisted Treatment (MAT) in the Public Health regions
- \$200 thousand to prevent Neonatal Abstinence Syndrome
- Additional amounts to create an Office of Alcohol and Population Health to be created in the Epidemiology and Response Division

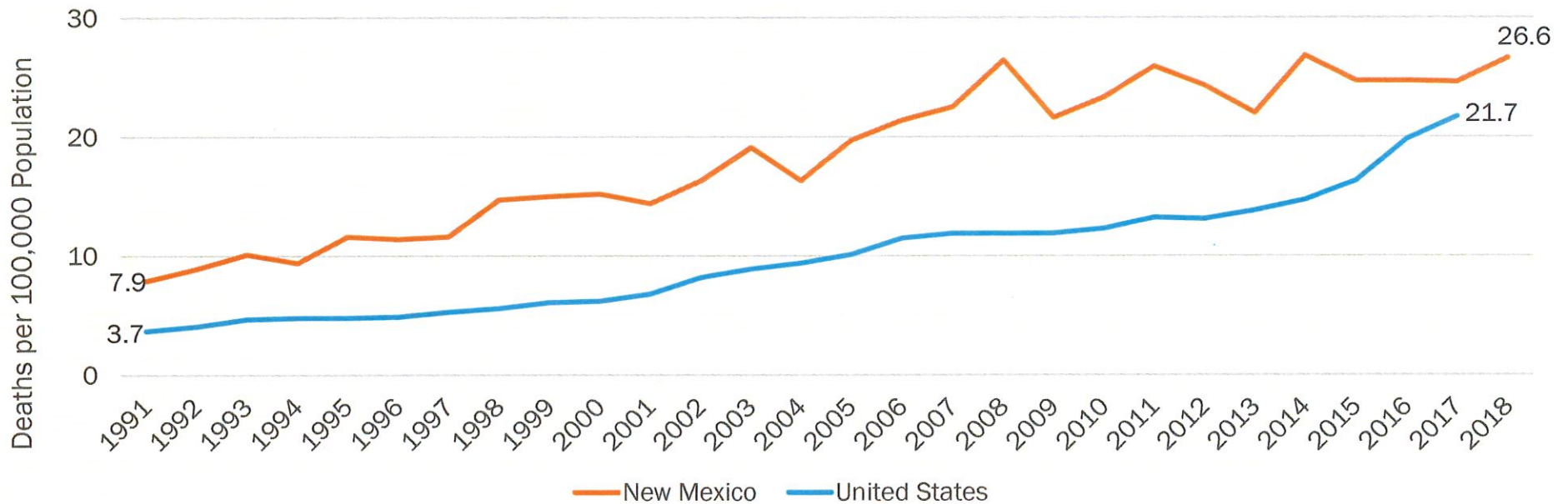


Left: The number of clients participating in syringe services is growing steadily.



Drug Overdose Death Rates

New Mexico, 1991-2018, and U.S., 1991-2016

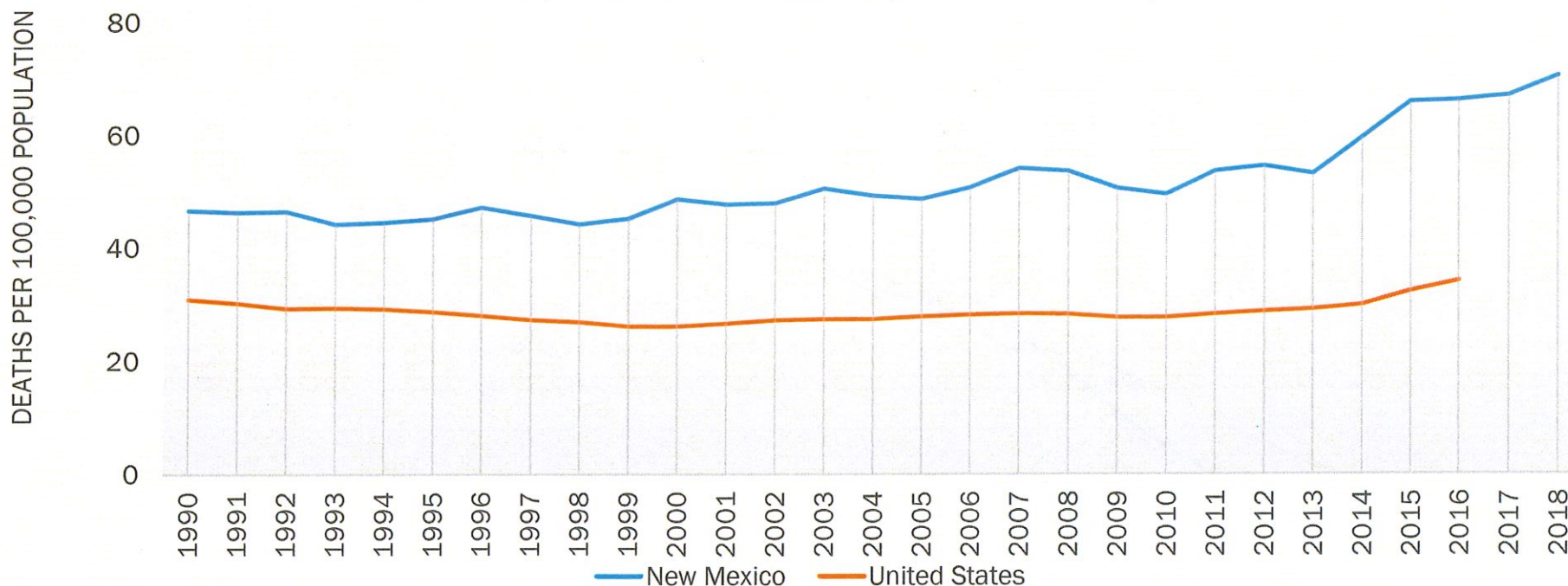


Rates have been age-adjusted to the standard U.S. 2000 population
Source: NMDOH, Bureau of Vital Records and Health Statistics; CDC WONDER



Alcohol-Attributable Death Rates ²¹

New Mexico, 1990-2018, and U.S., 1990-2016

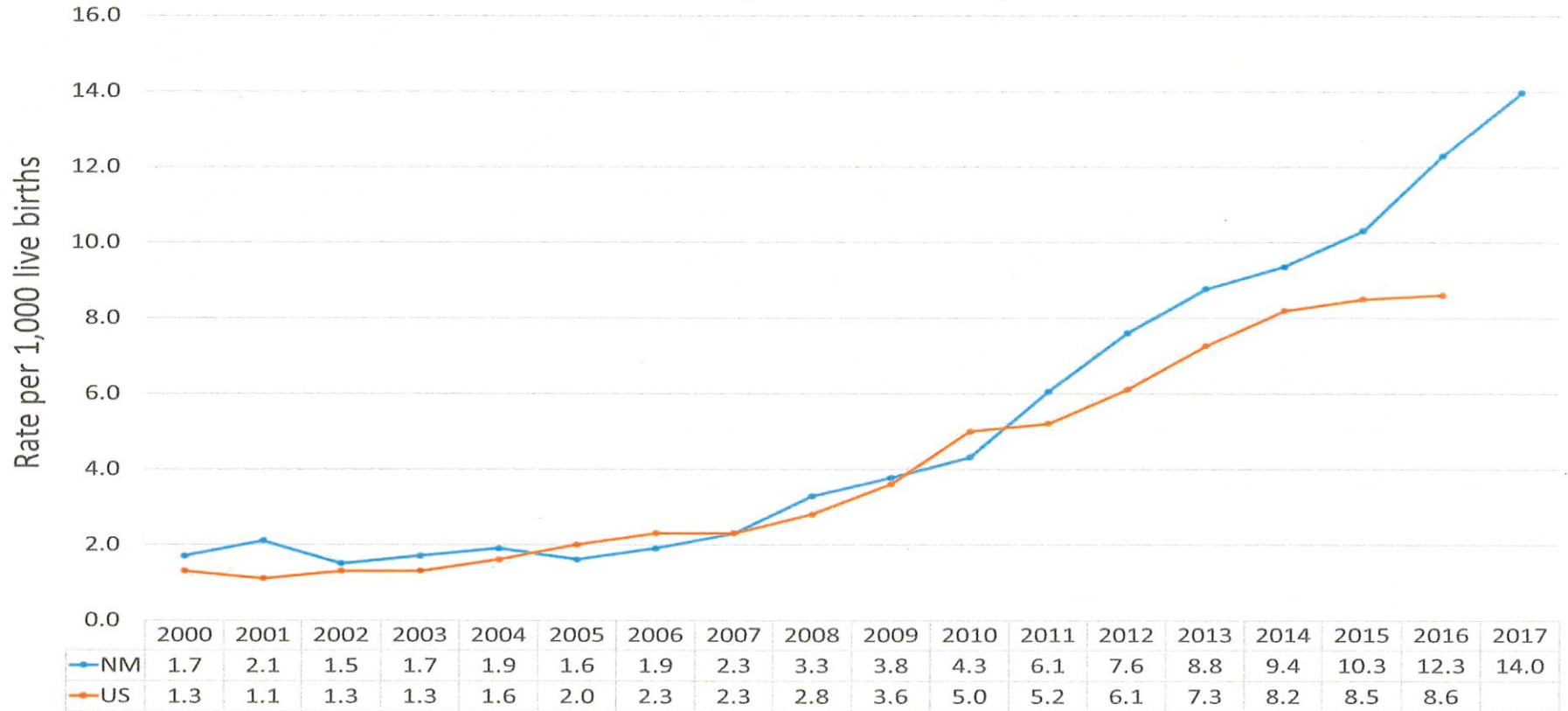


Rates have been age-adjusted to the 2000 U.S. standard population

Data Sources: NCHS (US); NMDOH BVRHS; UNM-GPS; IBEB SAES; CDC ARDI v. 2



Neonatal Abstinence Syndrome – NM (2000-2017) & The US (2000-2016)



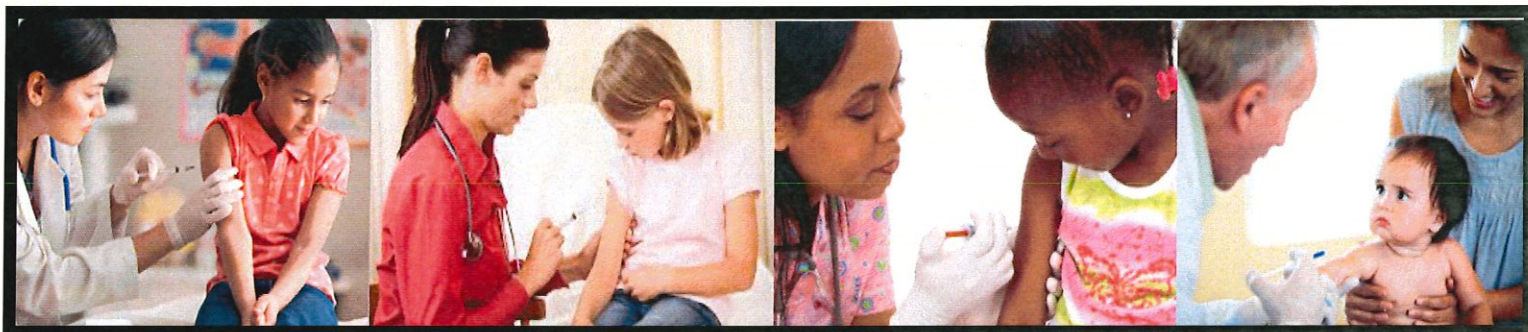
Neonates who have had in utero exposures from maternal substance abuse can experience effects, including drug toxicity and withdrawal. The number of babies born with opiate exposure in NM has more than quadrupled in the past decade.



Improve Population Health

Request includes:

- \$200 thousand to prevent Neonatal Abstinence Syndrome
- \$184.5 thousand for the state's 39 health councils to address local public health needs
- \$400 thousand for the trauma system fund to support the development of new trauma centers statewide
- \$200 thousand for public health nurses to work in the schools to increase vaccination coverage.
- \$1 million to improve toxicology, processing, and staffing in the state lab division



Health Certification, Licensing, and Oversight

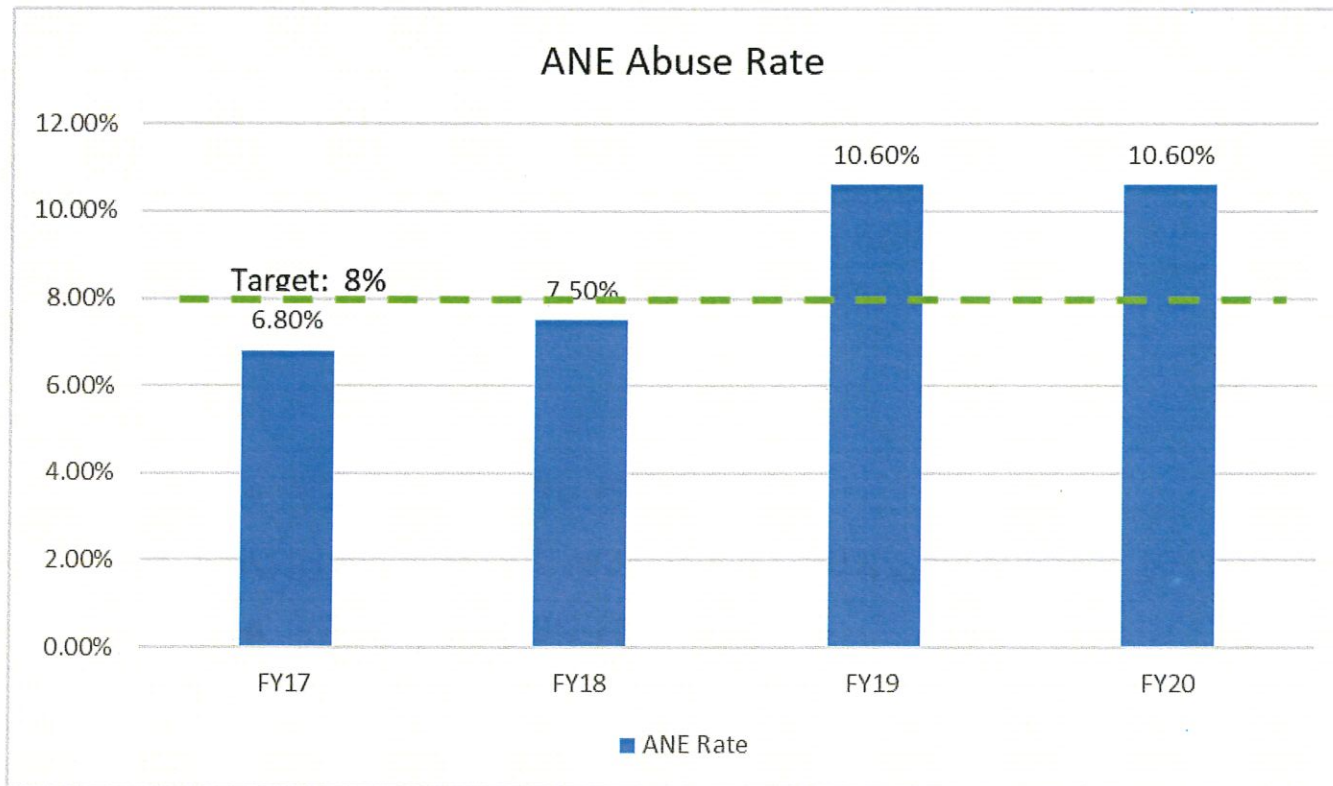
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Requesting \$1.3 million for investigations of abuse, neglect, and exploitation to improve oversight of:

- boarding homes
- crisis triage centers
- assisted living facilities



Health Certification, Licensing, and Oversight - Incident Management Bureau HCBW



The current increase in the abuse rate to 10.6% is a direct reflection of the increase and completion of backlogged cases. *As of September 30, 2019, all backlog cases were completed and closed.*

Facilities Revenue Plan

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- Assure safety net services for all
- Appropriate placements
 - Nurses
 - 35 more than last year
 - Certified Nursing Assistants and Psychiatric Technicians
 - 33 more than last year

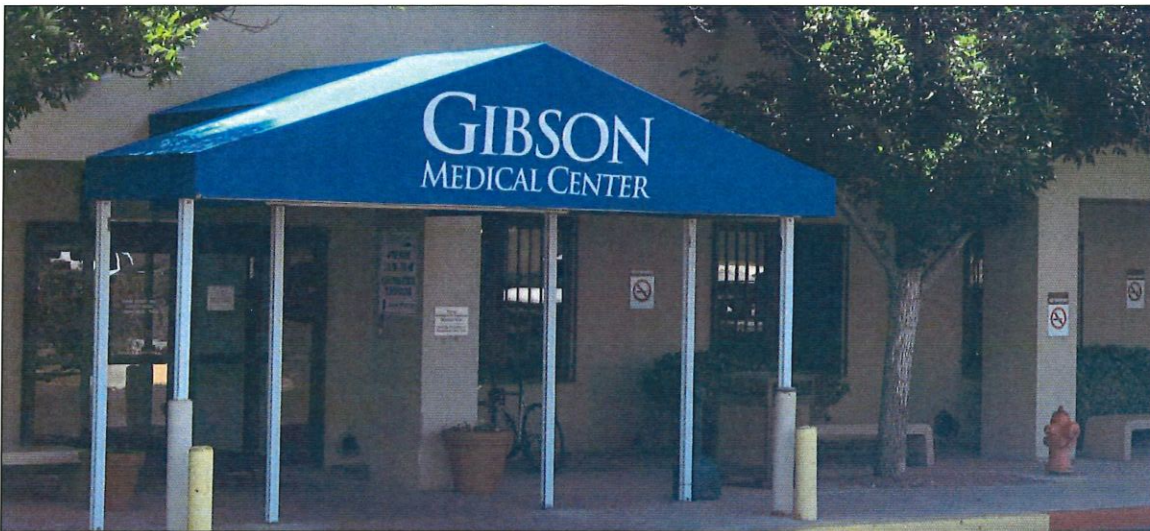


DOH is working to replace beds and equipment at Fort Bayard Medical Center and Turquoise Lodge Hospital with capital funding.



Facilities Revenue Plan (con't) ²⁷

- Work with partners to leverage patient billing:
 - Seeking accreditation for Turquoise Lodge Hospital
 - Expanding billable services such as Medication Assisted Treatment,
 - Improving DOH billing capacity, and
 - Contracting for a new Electronic Health Record



Left: Turquoise Lodge Hospital (TLH) in Albuquerque. In June 2019, TLH moved their facility to expand both inpatient and outpatient substance misuse abuse services for consumers in New Mexico



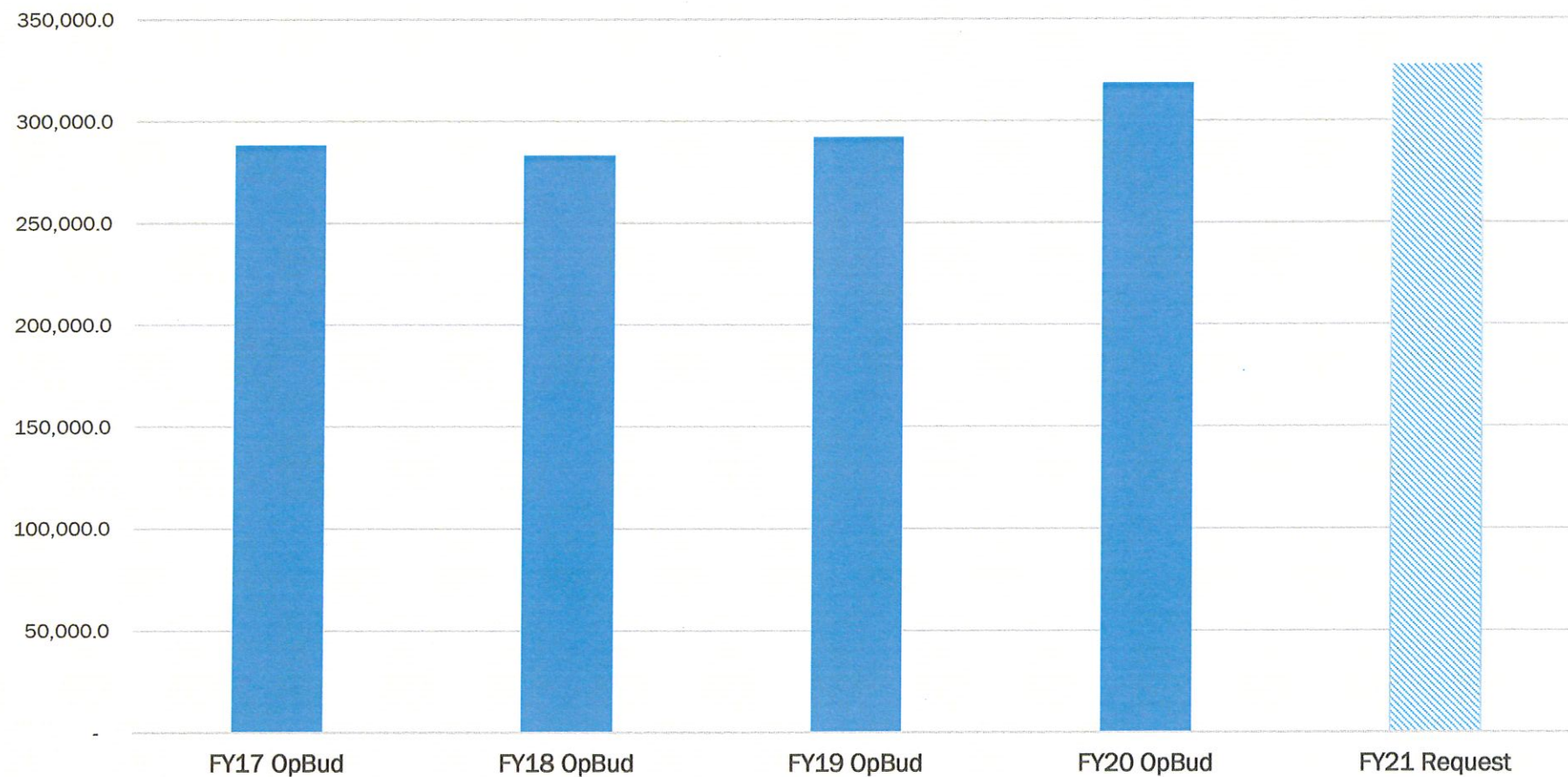
Facilities Revenue Plan (con't) ²⁸

- Develop long-term economic feasibility plan and determine:
 - Whether local populations are sufficient to sustain facility
 - Whether we can improve our use of best practices
 - What safety net services are not offered that could be
 - What services do we currently offer that are not safety net
 - Whether we are leveraging all available revenue streams

- Inform future master planning activities



General Fund Appropriation Trend FY17-FY21



Thank you!



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