



HUMAN  
SERVICES  
DEPARTMENT



# LEGISLATIVE FINANCE COMMITTEE

FY21 BUDGET REQUEST  
DECEMBER 9, 2019

CABINET SECRETARY DAVID R. SCRASE, M.D.



# MISSION

*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.*

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# GOALS



## We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.



## We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.



## We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.



## We support EACH OTHER

4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.



# LUCERO FAMILY\*

- Parents Cindy (40) and Luke (37) years old, with 2 children.
- Multilingual: English and Spanish.
- Both have HS diplomas. Cindy has worked in service industry and Luke has worked in construction.
- Quick learners, eager to provide for their family, and active in faith community.
- Live in a rural area (75 miles from nearest HSD office); enjoy spending time outdoors.
- Cindy and Luke own smartphones, and have no other internet access.



\* To protect confidentiality, the case is a composite of several HSD customers.

# LUCERO FAMILY\*

- Luke recently released from a correctional facility for a nonviolent substance-use related offense.
- Cindy is unable to find consistent employment; she wants to become a dental assistant.
- Cindy and the kids receive TANF, SNAP, and Medicaid benefits.
- Cindy has a diagnosis of major depression and cannot find a Behavioral Health provider in her community who accepts Medicaid.
- Luke and Cindy are in divorce proceedings- case referred to HSD Child Support Office.



\* To protect confidentiality, the case is a composite of several HSD customers.

# HSD SFY 2021 BASE BUDGET REQUEST (9/2019)

Program	New Mexicans Served as of 12/19	FY21 Request General Fund (000)	% of GF Budget	FY21 Request GF + Fed (000)	% of Total Budget
Medicaid (managed care + FFS)	839,969	\$1,082,546.0	88.37%	\$6,582,650.0	84.59%
SNAP	450,169	\$0	-	\$640,000.0	8.22%
TANF	27,144	\$87.1	0.01%	\$140,604.9	1.81%
CSED	234,743	\$8,485.0	0.69%	\$24,917.8	0.32%
BHSD	179,475*	\$42,948.9	3.51%	\$64,799.0	0.83%
Other Programs	38,880	\$91,012	-	\$329,161.8	4.23%
<b>TOTAL</b>	<b>&gt;1,000,000</b>	<b>\$1,225,078.9</b>	<b>100.00%</b>	<b>\$7,782,133.5</b>	<b>100.00%</b>

\*MC, Fee-for-Service Medicaid, and Non-Medicaid customers  
+Unduplicated customers

# HSD FY21 BASE REQUEST COMPARISON: 9/2019 & CURRENT

Program	September 2019 FY21 Base Request <i>thousands</i>			
	General Fund	Federal Funds	Total	Base General Fund Increase
Program Support (P522)	\$2,443.8	\$12,445.5	\$14,889.3	\$183.3
Information Technology Division (P522)	\$16,762.9	\$33,189.5	\$49,952.4	\$2,659.4
Child Support (P523)	\$8,458.0	\$24,917.8	\$33,375.8	\$530.9
Medical Assistance (P524)	\$16,704.7	\$77,733.4	\$94,438.1	\$941.2
Medicaid and Medicaid BH (P524 & P766)	\$1,082,546.0	\$5,500,104.0	\$6,582,650.0	\$62,848.6
Income Support Admin (P525)	\$33,588.7	\$64,604.6	\$98,193.3	\$711.0
Income Support Program (P525)	\$21,625.9	\$822,209.7	\$843,835.6	\$7,593.9
Behavioral Health Services Division (P767)	\$42,948.9	\$21,850.1	\$64,799.0	\$4,325.9
<b>Total</b>	<b>\$1,225,078.9</b>	<b>\$6,557,054.6</b>	<b>\$7,782,133.5</b>	<b>\$79,794.2</b>
<b>Total GF with Expansion</b>	<b>\$1,238,079.0</b>	<b>-</b>	<b>-</b>	<b>-</b>

Program	Revised FY21 Base Request <i>thousands</i>			
	General Fund	Federal Funds	Total	Base General Fund Increase
Program Support (P522)	\$2,443.8	\$12,445.5	\$14,889.3	\$183.3
Information Technology Division (P522)	\$16,762.9	\$33,189.5	\$49,952.4	\$2,659.4
Child Support (P523)	\$8,458.0	\$24,917.8	\$33,375.8	\$530.9
Medical Assistance (P524)	\$16,704.7	\$77,733.4	\$94,438.1	\$941.2
Medicaid and Medicaid BH (P524 & P766)	\$1,100,908.0	\$5,500,104.0	\$6,601,012.0	\$81,211.0
Income Support Admin (P525)	\$33,588.7	\$64,604.6	\$98,193.3	\$711.0
Income Support Program (P525)	\$14,032.0	\$822,209.7	\$836,241.7	\$0
Behavioral Health Services Division (P767)	\$42,948.9	\$21,850.1	\$64,799.0	\$4,325.9
<b>Total</b>	<b>\$1,235,847.0</b>	<b>\$6,557,054.6</b>	<b>\$7,792,901.6</b>	<b>\$90,562.7</b>
<b>Total GF with Expansion</b>	<b>\$1,248,847.1</b>	<b>-</b>	<b>-</b>	<b>-</b>



# HEALTH INSURANCE PROVIDER FEES

- Affordable Care Act imposed an annual fee on insurers to fund state and federal marketplaces/exchanges.
- Annual fees based on premiums and an insurer's market share.
- Congress has flexibility to suspend fees if it believes fees would increase premiums and out-of-pocket consumer costs.
- Fee likely reinstated for 2020.

Sources: <https://center-forward.org/health-insurance-providers-fee-the-health-insurance-tax-hit/>; <https://www.cigna.com/assets/docs/about-cigna/informed-on-reform/health-insurance-industry-fact-sheet.pdf>

Health Insurance Provider Fees		
<u>Calendar Year</u>	<u>US</u>	<u>NM</u>
2014	\$8,000,000,000	\$29,486,000
2015	\$11,300,000,000	\$84,298,000
2016	\$11,300,000,000	\$93,383,000
2017	*	*
2018	\$14,300,000,000	\$80,084,000
2019	*	*
2020	\$15,522,820,037	\$95,000,000**

\*Suspended

\*\*Estimate

# HSD FY21 REVISED BASE & EXPANSION REQUEST

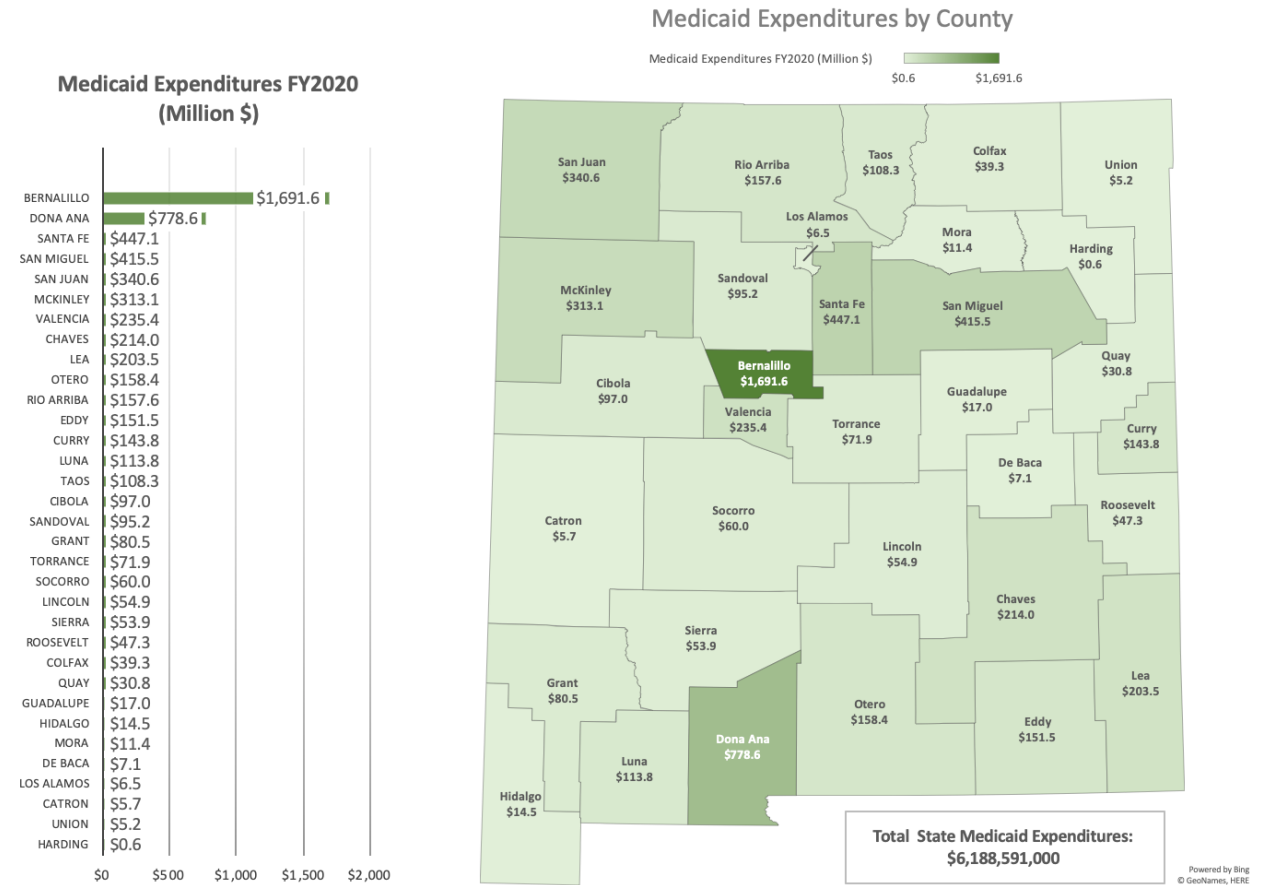
Program	FY21 Revised Base Request <i>thousands</i>					FY21 Expansion Request <i>thousands</i>		
	General Fund	Federal Funds	Total	Base General Fund Increase	% Base Increase	General Fund	Federal Funds	Total
Program Support (P522)	\$2,443.8	\$12,445.5	\$14,889.3	\$183.3	8.11%	\$274.2	\$347.8	<b>\$622.0</b>
Information Technology Division (P522)	\$16,762.9	\$33,189.5	\$49,952.4	\$2,659.4	18.86%	-	-	-
Child Support (P523)	\$8,458.0	\$24,917.8	\$33,375.8	\$530.9	6.70%	-	-	-
Medical Assistance (P524)	\$16,704.7	\$77,733.4	\$94,438.1	\$941.2	5.97%	\$590.7	\$1,772.7	<b>\$2,363.4</b>
Medicaid and Medicaid BH Program (P524 & P766)	\$1,100,908.0	\$5,500,104.0	\$6,601,012.0	\$81,211.0	7.96%	-	-	-
Income Support Admin (P525)	\$33,588.7	\$64,604.6	\$98,193.3	\$711.0	2.16%	-	-	-
Income Support Program (P525)	\$14,032.0	\$822,209.7	\$836,241.7	\$0	0.00%	\$5,188.0	\$4,361.8	<b>\$9,549.8</b>
Behavioral Health Services Division (P767)	\$42,948.9	\$21,850.1	\$64,799.0	\$4,325.9	11.20%	\$6,947.2	\$125.4	<b>\$7,072.6</b>
<b>Total</b>	<b>\$1,235,847.0</b>	<b>\$6,557,054.6</b>	<b>\$7,792,901.6</b>	<b>\$90,562.7</b>	<b>7.91%</b>	<b>\$13,000.1</b>	<b>\$6,607.7</b>	<b>\$19,607.8</b>
<b>Total GF with Expansion</b>	<b>\$1,248,847.1</b>	-	-	-	<b>9.04%*</b>	<b>\$1,248,847.1</b>	-	-

\*8.1% without provider tax



# GUIDING MEDICAID PRINCIPLES

- NM has the highest population percentage covered by Medicaid, which creates a greater NM HSD responsibility to our healthcare market and to fair payments.
- The overwhelming majority of federal CMS dollars must be spent on providing direct services to Medicaid beneficiaries.
- HSD aims to maximally leverage federal funds to improve the health of New Mexicans, while maintaining strict compliance with the law.



Source: NM Human Services Department Medical Assistance Division Estimates. Total State Medicaid Expenditure estimate includes expenditures from unknown counties not shown in map.

# MEDICAL ASSISTANCE DIVISION (MAD) FY 21 ADMINISTRATION REQUEST

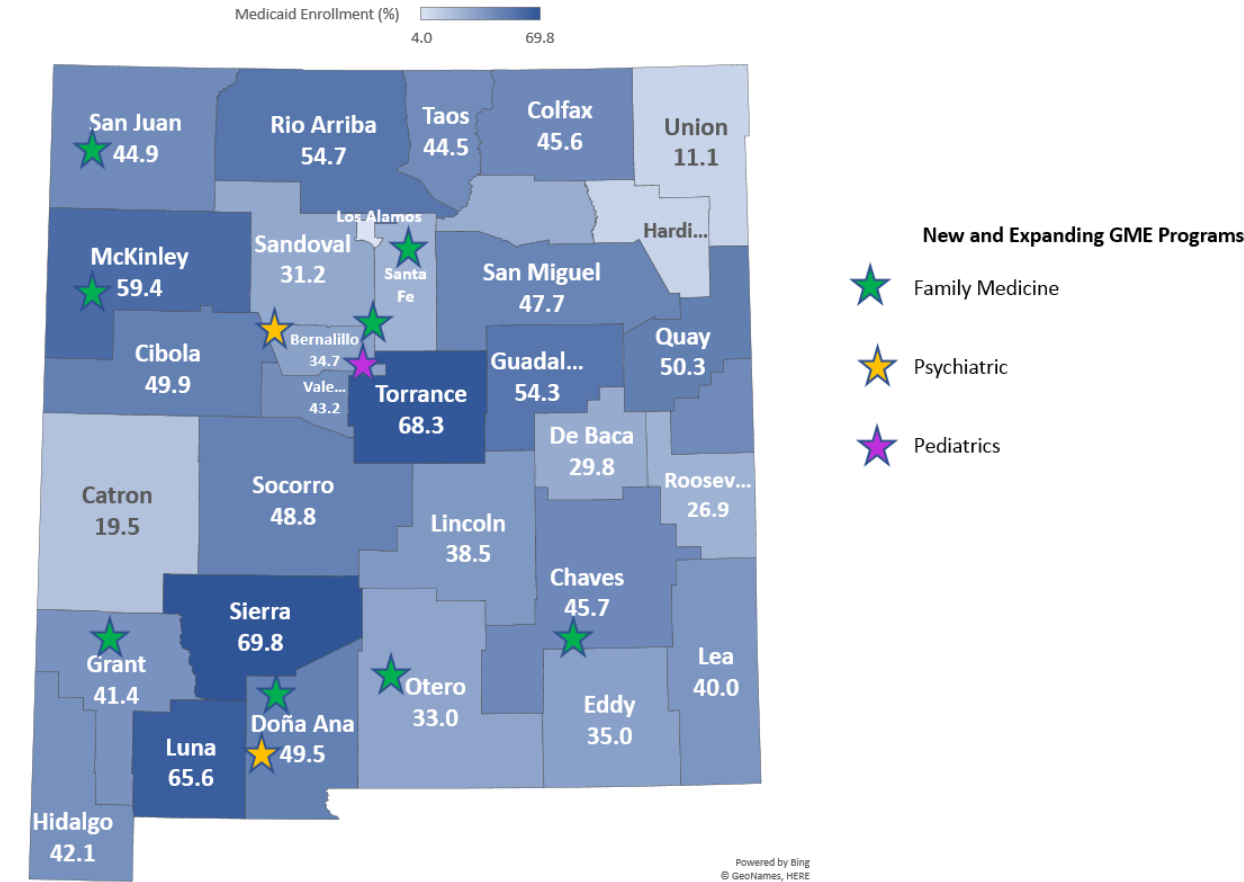
**\$94,400.0 Total Request; \$16,700.0 GF, \$941.2 GF increase**

- \$250.0 GF: Augment actuarial services to assist in expanding provider capacity.
- \$308.7 GF: Medicaid Management Information System (MMIS) projected increases for transition services.
- \$382.5 GF: Fund currently vacant FTE for new initiatives including health coverage innovations, community supports, provider network expansion, and graduate medical education expansion ([HB 480](#)).

### *Additional Medicaid IT Request*

\$4,104.1 GF: MMIS-Replacement, 90% federal match = \$36,146.3 federal funds.

Medicaid Enrollment as a Percentage of Population by County as of October 2019



# COVERAGE AND AFFORDABILITY INITIATIVE TIMELINE

2019

2020

2021

2022

## Innovation

- ❖ Hired Coverage Innovation Officer
- ❖ Identify Characteristics of the Uninsured in New Mexico
- ❖ Research Coverage Affordability Initiatives from Other States
- ❖ Develop Targeted Outreach and Enrollment Plan for Medicaid-eligible but Unenrolled
- ❖ Support beWellNM Efforts During Open Enrollment

## Policy Development & Outreach

- ❖ Determine Viable Coverage and Affordability Initiatives
- ❖ Stakeholder Engagement in Development of Healthcare Coverage and Affordability Plan
- ❖ Draft Health Coverage and Affordability Plan and Budget; Begin Preliminary Administrative Activities
- ❖ Targeted Outreach and Enrollment for Medicaid-eligible but Unenrolled; Continue Coordination with beWellNM
- ❖ IT system Integration with beWellNM

## Administrative Setup

- ❖ Introduce Health Coverage and Affordability Plan During 2021 Legislative Session
- ❖ With Legislative Support, Continue Administrative Setup, IT Changes, Etc.
- ❖ beWellNM Goes Live as State-based Marketplace
- ❖ Continue Targeted Outreach and Enrollment; Coordination with beWellNM

## Implementation

- ❖ Coverage Initiative(s) Go-Live on January 1, 2022.
- ❖ Work with Legislature to Ensure Budget Available for Continued Implementation for FY 23 and Beyond
- ❖ Continue Coordinated Outreach and Enrollment Efforts with beWellNM

# MAD FY 21 PROGRAM REQUEST

## Medicaid Program Budget\*

*\$1,100,900.0 Total Request, \$81,211.0 GF increase*

- FY21 Medicaid program budget projected at \$6.5B.
- Projected enrollment: 850,000
- Medicaid infuses \$6.5B+ annually into state economy.
- 2014 Medicaid expansion added \$6B in new federal funding and 10,000+ jobs.

STATE OF NEW MEXICO  
HUMAN SERVICES DEPARTMENT  
Medical Assistance Division  
FY 2021 Budget Request Updated with September 2019 Data Projection

FY 2021 vs. FY 2020 Budget Projection Component and FFP Changes (in 000s)					
Description	Total Computable	General Fund <sup>1</sup>			FFP Blend
		Growth	FFP Change	Total	
<i>Expenditure Change</i>					
Health Insurance Providers Fee (9/2019) <sup>5</sup>	\$100,000	\$0	\$0	\$20,287	79.71%
Other changes to FY20 & FY21 since budget request <sup>5</sup>	(\$54,225)	\$22,103	(\$6,523)	(\$4,706)	
Centennial Care 2.0 Initiative	\$0	\$0	\$0	\$0	
Coverage Initiatives	\$500	\$500	\$0	\$500	0.00%
Hospital & Provider Rate Increases	\$79,851	\$16,518	\$331	\$16,850	78.90%
SB246 Health Care Quality Surcharge <sup>2</sup>	\$59,309	\$15,381	\$0	\$15,381	74.07%
Centennial Care - Managed Care Enrollment	\$39,905	\$6,308	\$4,471	\$10,779	72.99%
Centennial Care - Managed Care Rates	\$122,877	\$19,423	\$13,767	\$33,190	72.99%
Medicare Part A, B, and D	\$12,597	\$5,872	(\$667)	\$5,205	58.68%
Fee-for-service lines, HIT, UR, Contracts	\$11,980	\$1,621	\$788	\$2,409	79.89%
DD & MF Traditional, Mi Via and Supports Waivers (DOH) <sup>3</sup>	\$136,234	\$37,770	(\$3,303)	\$34,467	74.70%
<b>Total Changes in Expenditures</b>	<b>\$509,029</b>	<b>\$125,497</b>	<b>\$8,865</b>	<b>\$134,362</b>	<b>73.60%</b>
<i>Revenue Change <sup>4</sup></i>					
DD & MF Traditional, Mi Via and Supports Waivers (DOH) <sup>3</sup>				\$34,467	
Early Childhood Education Childcare Dept. for FIT				\$3,990	
Health Care and Disability Health Care Facility Funds <sup>2</sup>				\$16,581	
MSBS CPE				\$5,521	
I.H.S referrals 100% FFP				\$2,099	
FY20 State Revenue Surplus / (Shortfall)				(\$6,725)	
Other changes to FY20 & FY21 since budget request <sup>5</sup>				(\$2,781)	
<b>Total Changes in Revenues</b>				<b>\$53,151</b>	
<b>Total Changes from FY20 projection (GF Expenditures - Revenues)</b>				<b>\$81,211</b>	
<b>Total Changes from FY20 projection from Budget Request</b>				<b>\$62,848</b>	
<b>Difference From Budget Request</b>				<b>\$18,362</b>	

\*See fact sheet packet pages 1-2



# MAD FY 21 PROGRAM REQUEST

## FY21 Medicaid Provider Rate Increases\*

*\$55,000.0 Total Request, \$44,000.0 Federal Funds, \$11,000.0 GF increase*

- Medicaid represents a substantial portion of income for providers.
- Rate increases build upon FY20 investments.
- Raising reimbursement opens up provider networks, attracts providers from other states, and reduces pressures on other payors.
- Nursing Facility Surcharge Tax
  - Approved in CMS waiver: takes effect 4/1/20 (retroactive to 7/1/19)
  - \$31.7M GF Supplemental Appropriation

## FY20 Provider Network Investments (000s)

<u>Description</u>	<u>GF</u>	<u>Total</u>
<b>Effective 7/1/19</b>		
<ul style="list-style-type: none"> <li>• Increases for primary care, hospitals, dentists, personal care service providers, community pharmacies, and long-term services and supports.</li> <li>• Reimbursement for new services.</li> </ul>	\$47,400.0	\$228,700.0
<b>Effective 10/1/19</b>		
<ul style="list-style-type: none"> <li>• Rate increases for BH providers, FQHCs, and nonprofit community hospitals.</li> <li>• Reimbursement for new services.</li> </ul>	\$16,200.0	\$78,500.0
<b>Effective 1/1/20</b>		
<ul style="list-style-type: none"> <li>• Increase in payment rates for the Long-Acting Reversible Contraception (LARC)</li> <li>• Increases in payment rates to certain hospitals through managed care directed payments</li> <li>• Safety-Net care pool hospital payment transition</li> <li>• Minimum wage adjustment for personal care services</li> <li>• Transportation for justice-involved members</li> </ul>	\$5,000.0	\$22,400.0
<b>Effective 4/1/20 (retroactive to 7/1/19)</b>		
NF Quality Surcharge (projected)	\$31,700.0	\$107,919.4
<b>Total FY20 Provider Network Investments</b>	<b>\$100,300.0</b>	<b>\$437,519.0</b>

## HSD VACANCY RATE DATA

	Total Budgeted Positions	Open Budgeted Positions	Vacancy Rate Budgeted Positions	Total Authorized Positions	Open Authorized Positions	Vacancy Rate Authorized Positions
1/1/19	1736	60	3.5%	2018	342	16.9%
12/31/19	1736	13*	0.7%	2018	295	14.4%
Change from 1/1 to 12/31	-	(47.00)	-2.9%	-	(47.00)	-2.5%

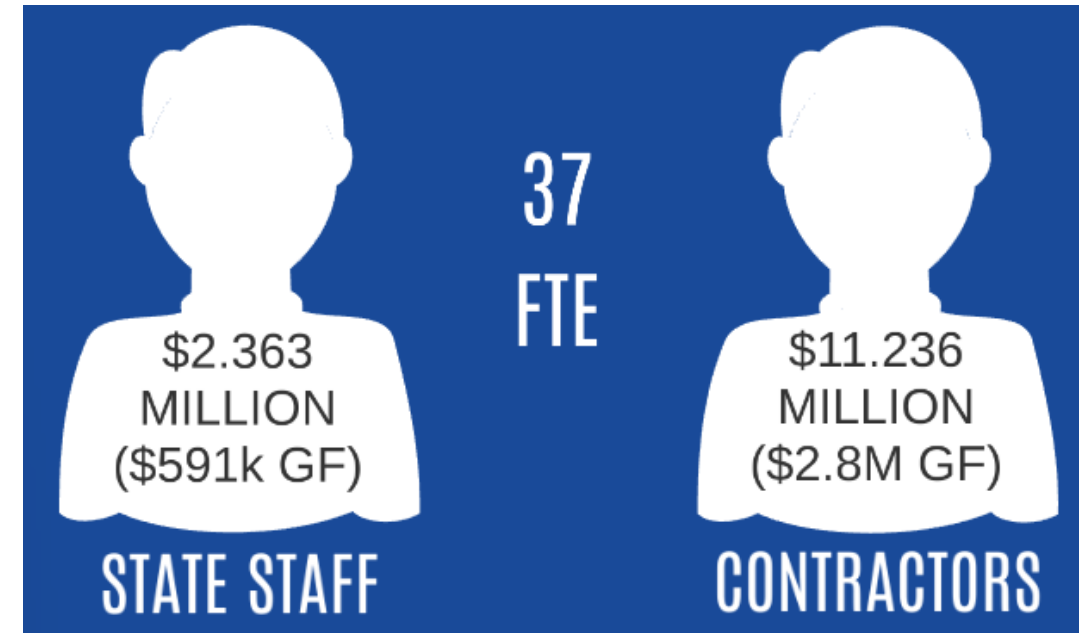
\*13 vacancies = number of employees who leave HSD in 13 business days

# MEDICAL ASSISTANCE DIVISION FY 21 PROGRAM REQUEST

## Medicaid Management Information System Replacement (MMISR)\*

*Total Request: \$2,363.4, \$590.7 GF*

- \$221,000.0 project with 9:1 Medicaid match (\$4,100.0 GF/\$36,100.0 federal funds).
- MMIS-R will substantially improve state's capacity for data analytics –improved health outcome measures across government, new tools to assure MCO accountability, and better service to beneficiaries and providers.
- 37 term positions to implement MMIS-R- only 9 are filled.
- Impossible to recruit IT professionals into term positions in this *highly competitive* market.
- Our Independent Verification and Validation vendor recommended this “temp to perm” conversion in 2016.



\*See fact sheet packet pages 3-4

# INFORMATION TECHNOLOGY DIVISION

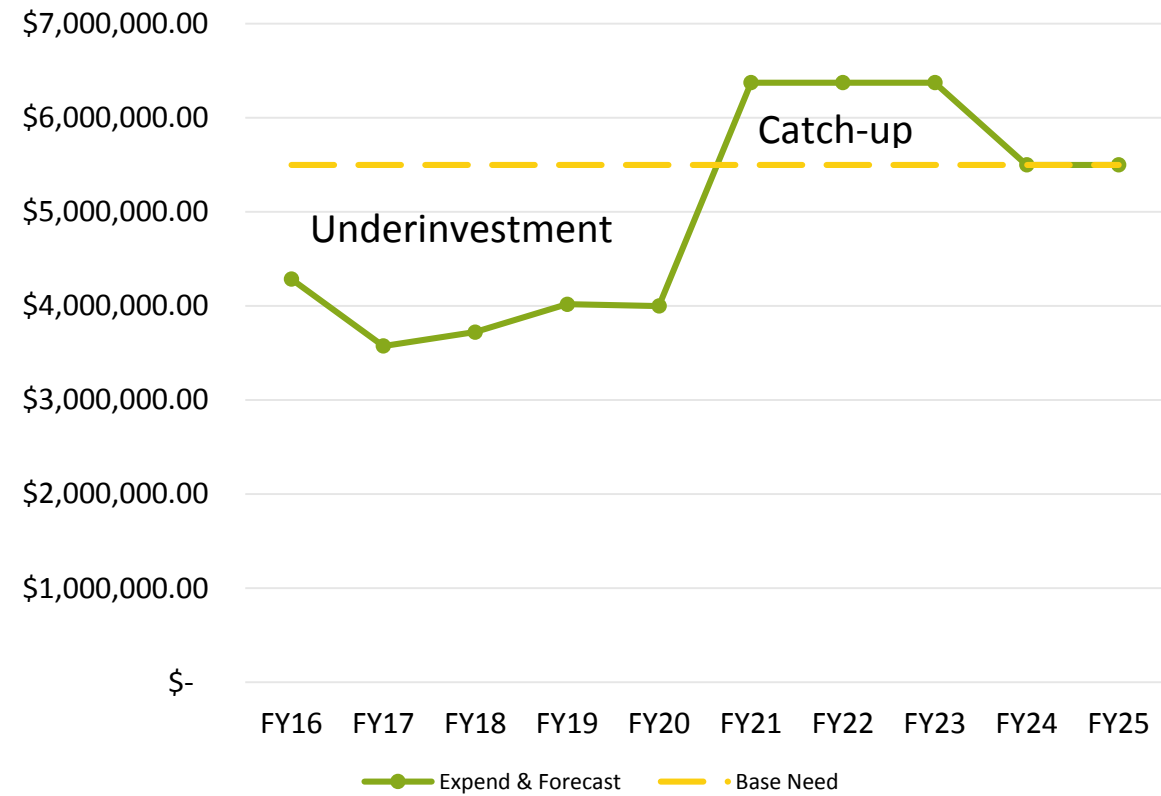
## FY 21 PROGRAM REQUEST

### Automated System Program and Eligibility Network (ASPEN) Integrated Eligibility System

*\$49,950.0 Total Request, \$16,760.0 GF, \$2,660.0 GF increase*

- Without additional funding, HSD risks not meeting federal compliance requirements.
- Integration a “No Wrong Door” approach to benefit application and receipt.
- Integration will increase worker efficiency and productivity and improve customer engagement by providing options such as mobile appointment scheduling, and real-time eligibility.
- \$1.2M GF (\$2.5 FF) current year supplemental appropriation to address system improvements:
  - Agile improvement approach
  - Major change requests to improve program integrity

### ASPEN Maintenance and Operations Expenditures and Need (General Fund Only)



\*See fact sheet packet pages 5-6



# CHILD SUPPORT ENFORCEMENT DIVISION (CSED) FY 21 ADMINISTRATION REQUEST

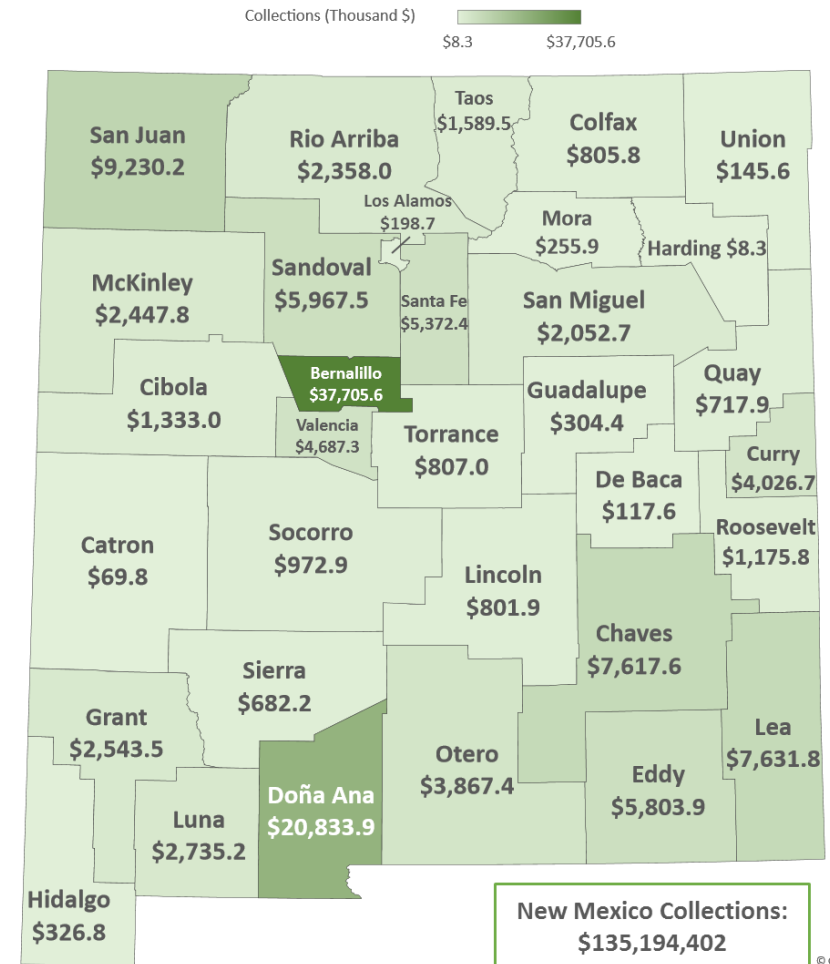
**\$33,370.0 Total Request: \$8,480.0 GF, \$530.9 GF increase**

- \$84.4 GF: 4% compensation increase for District Courts Hearing Officers to parallel state employee increase.
- \$228.5 GF: initiative with Department Workforce Solutions to assist non-custodial parents to seek or enhance employment.
- \$136.0 GF: automated decision support to help workers prioritize case activity.
- \$82.0 GF: rebrand and modernize Child Support.

## *Additional CSED IT Request*

\$2,832.0 GF: Child Support Enforcement System Replacement (existing system will not be supported after 2021).

Child Support Collections by County  
as of October 2019



Source: NM HSD, CSED, Case Management System. Collections data as of 10/2019.

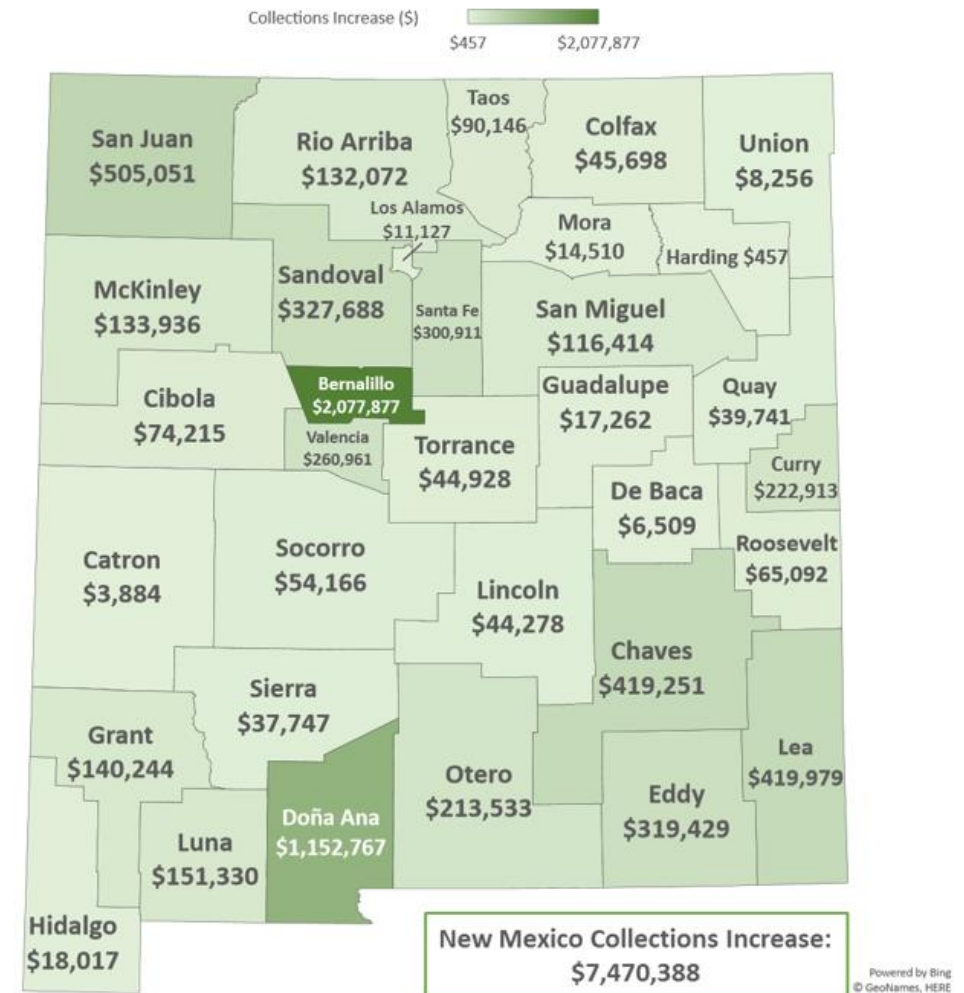
# CSED FY 21 PROGRAM REQUEST

## Child Support Modernization\*

*\$33,370.0 Total Request: \$8,480.0 GF,  
\$530.9 GF increase*

- Modernization represents shift from one-size-fits-all enforcement to holistic, data-informed engagement with parents.
- Modernization pilot in Rio Rancho increased child support collections by 5.2%.
- If all 14 offices realize same 5.2% collections improvement, \$530.9 GF investment will result in an additional \$7,470.0 in child support collections.

Projected Child Support Collections Increase by County  
as of October 2019



\*See fact sheet packet pages 7-9

Source: NM HSD, CSED, Case Management System and CSED estimated projections.  
Collections data as of 10/2019.

# BEHAVIORAL HEALTH SERVICES DIVISION (BHSD) FY 21 ADMINISTRATION REQUEST

## Intervention Demonstration Project\*








*\$4,000.0 Total Request*

- County grants to reduce reincarceration and homelessness and improve reentry services (including behavioral health) for nonviolent offenders.
- 5 counties funded: Grant, San Juan, San Miguel, Sierra, and Valencia.
- FY21 funding would allow five additional counties to receive funding.

### *Additional BHSD Admin Cost Increase*

\$325.9 GF: lower vacancy rate from 17.02% to 4.26% and fund 6 vacant FTEs.

### Five Issue Areas for Connecting People Leaving Prison or Jail to Behavioral Health Care

	ISSUE 1:	Identifying Enrollment and Eligibility Status	
	ISSUE 2:	Maintaining Enrollment and Reactivating or Reenrolling in Benefits upon Release	
	ISSUE 3:	Assisting with Applications	
	ISSUE 4:	Examining Medicaid-Reimbursable Behavioral Health Services in the Community and Addressing Gaps	
	ISSUE 5:	Tracking Progress	

\*See fact sheet packet pages 10-11

# BHSD PROGRAM FY21 EXPANSION REQUEST

## Linkages Supportive Housing\*

*\$4,000.0 Total Request*

- Supportive housing combines affordable housing assistance with evidence-based wrap-around services for people and families experiencing homelessness.
- FY21 funding would increase capacity from 153 to 328 households, including new and existing counties.
- FY21 funding would increase move-in assistance and eviction prevention grants from 227 to 544.

\*See fact sheet packet pages 12-13

Hospitalization by Housing Status NM Medicaid MCO Data			
	Hospital days per 1,000	Average cost per hospitalization	Average length of stay
Individuals experiencing homelessness	2042.8	\$13,741.49	6.8
Individuals not experiencing homelessness	485.1	\$9,594.71	5.0
Ratio	4.2	1.4	1.4

\*Source: NM HSD, MAD, Analysis of MCO data. December 2019



# PROGRAM SUPPORT FY 21 REQUEST

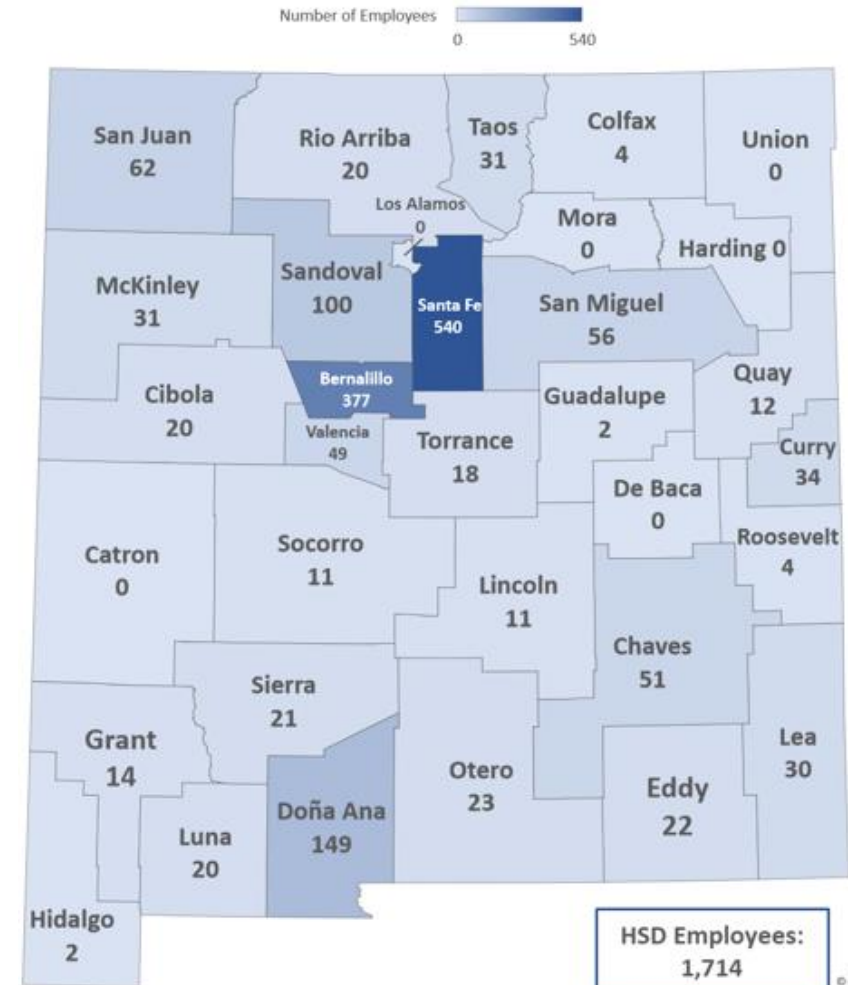
**\$15,500.0 Total Request, \$2,450.0 GF,  
\$183.3 GF base increase**

- \$84.1 GF: 3 OIG FTE to conduct Medicaid Eligibility Audit in response to CMS requests.
- \$83.8 GF: supplement lower federal funds earn rate from HSD cost allocation plan.
- \$15.4 GF: [HB 556](#) HSD background checks (new federal requirement).

## *FY21 Program Support Expansion Request*

\$274.2 GF: Human Resources expansion request for 9 FTEs to address classification, compensation, employee relations and training.

Human Services Department Employees by County  
as of November 2019



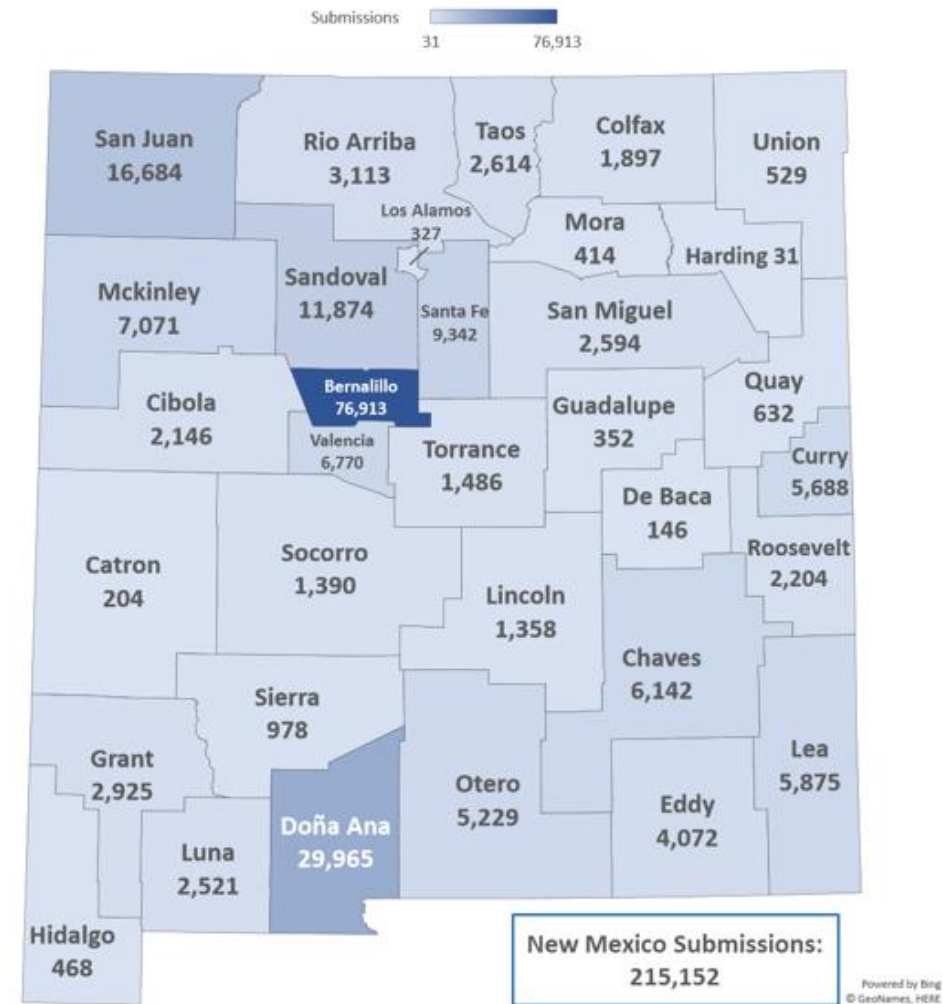
Source: NM HSD, CSED, Office of Human Resources. Active employees as of 11/15/2019.

# INCOME SUPPORT DIVISION (ISD) FY 21 ADMINISTRATIVE REQUEST

**Total Request \$98,200.0; \$33,600.0 GF, \$711.0 GF increase**

- Consolidated call center new vendor = \$492.8 GF providing:
  - Virtual agents via Interactive Voice Response (IVR), chat box, texting, video conferencing
  - Artificial Intelligence for virtual and live agents
  - Reduction of HSD phone numbers from many to two (one for members and one for providers)
  - Automated inquiry transfers, via IVR, to staff
  - Reduced contact transfers
- Revenue replacement for loss of rent from space leased to other agencies. \$218.2 GF (plus \$440.0 in Federal funds).

YES New Mexico Application-for-Benefits Submissions by County, April to September 2019



Source: NM HSD, YES NM online application and renewal system. Applications for benefits submitted online using YES NM. Data reflects submissions from April to September 2019. Total NM submissions value includes submissions from unknown counties not shown on map.

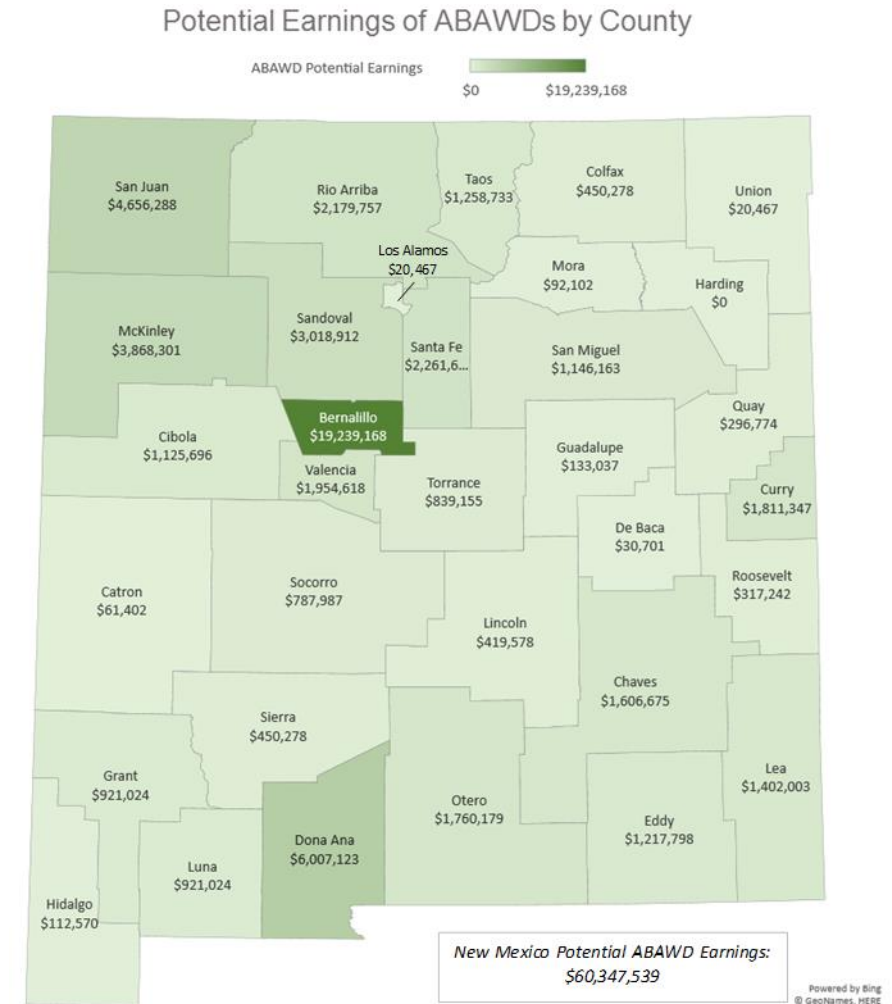
# ISD FY21 PROGRAM REQUEST

## Employment Related Services for Able-Bodied Adults without Dependent Children (ABAWDs)\*

*\$7,406.0 Total Request, \$3,703.0 Federal Funds, \$3,703.0 GF increase*

- Employment and training services for ABAWDs is a [new](#) federal work requirement for SNAP recipients.
- For every FY21 \$1 GF, state receives \$25 in economic benefit.
- Initiative's net impact to the economy estimated at \$92,605,279 with 717 jobs created.

\*See fact sheet packet pages 14-15



Source: NM HSD, ISD, estimate of the potential earnings of ABAWDs participating in the Employment and Training Program as of 6/2018.

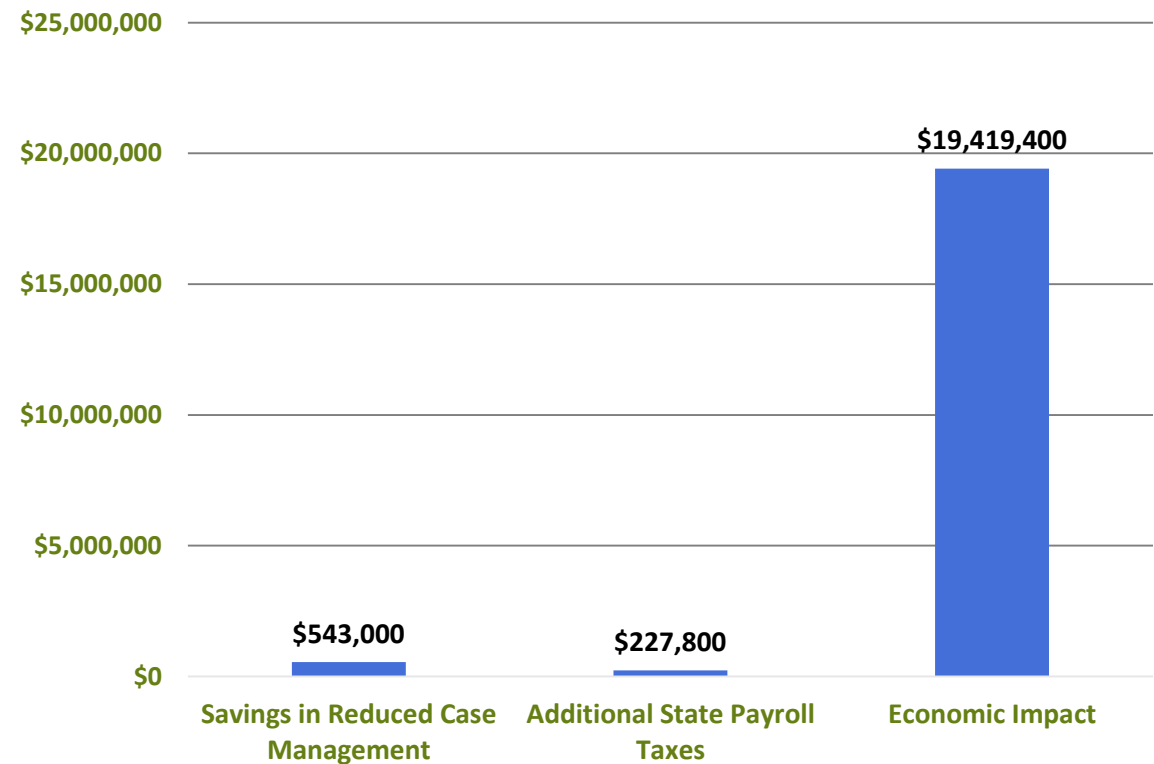
# ISD FY21 PROGRAM REQUEST

## Transition Bonus Program (TBP)\*

*\$1,800.0 Total Request (100% Federal TANF Funds)*

- \$0 GF (requires state appropriation).
- TBP provides an incentive bonus to working families who lose eligibility for Temporary Assistance to Needy Families (TANF) when earnings become too high.
- TBP gives families \$200 per month for up to 18 months to supplement their income, eliminating the cliff effect.
- TBP converts cliff into a ramp that allows more time to achieve self-sufficiency.

### Transition Bonus Program Financial Benefits to NM



\*See fact sheet packet pages 16-17

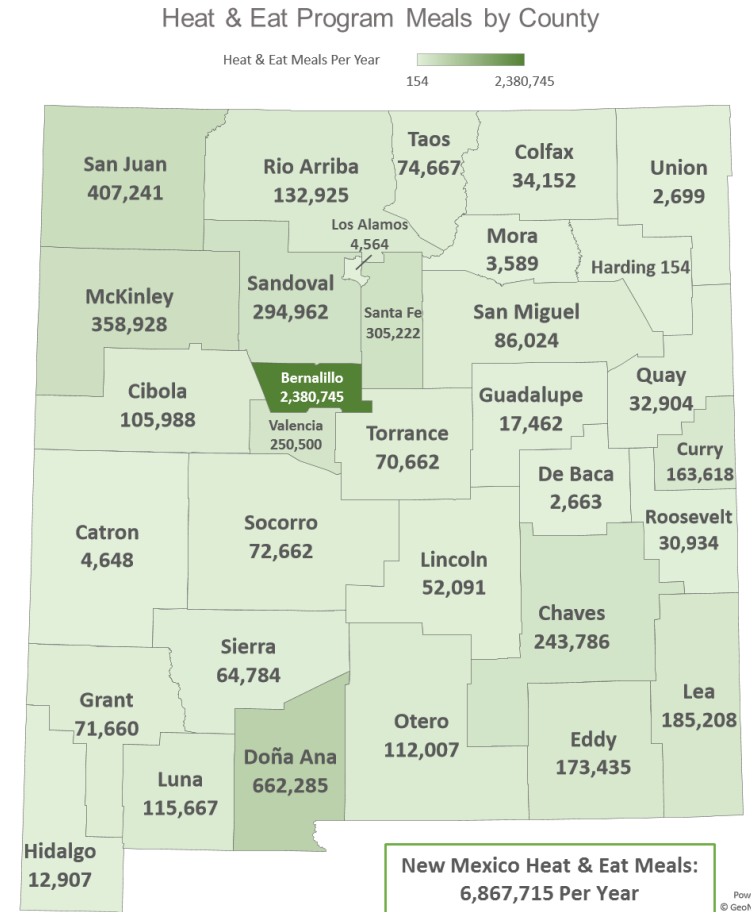


# ISD FY21 PROGRAM REQUEST

## SNAP Heat and Eat\*

*\$2,143.8 Total Request, \$1,495.0 GF Increase, \$658.8 Federal Fund*

- NM has the highest Child Food Insecurity Rate in the nation.
- Heat and Eat is a request from Children’s Cabinet for state-funded annual energy assistance for some SNAP households.
- For every FY21 \$1 GF, state receives \$21 in federal funds, rising to \$38 future years.
- Initiative brings additional \$19,700.0 and 6.9M meals per year to NM.



Source: New Mexico Human Services Department, Income Support Division estimate of the number of eligible households as of June 2019. The Heat & Eat program provides \$21 per year in energy assistance to eligible households which results in an average of \$40 per month in additional Supplemental Nutrition Assistance Program (SNAP) benefits for the household. The calculation of meals used the 2017 county level meal cost estimates for New Mexico by Gundersen, C., A. Dewey, M. Kato, , A. Crumbaugh & M. Strayer. Map the Meal Gap 2019: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2017. Feeding America, 2019. New Mexico value used a state-level cost per meal calculation and therefore does not equal the sum of the county meals. Meals calculation assumes total Heat & Eat benefits used on food.

\*See fact sheet packet pages 18-20

# HUMAN SERVICES DEPARTMENT FY21 BUDGET REQUEST: MAKING A DIFFERENCE FOR THE LUCERO FAMILY\*

HSD FY21 Budget Request	Support for the Lucero Family
<b>Provider Rate Increases</b>	Increases in Medicaid provider reimbursement means Cindy is more likely to find BH providers in her community.
<b>Medicaid Budget Increase</b>	Increased funds for Medicaid program means the Lucero family can count on coverage for rising healthcare costs and transportation when needed.
<b>MMISR</b>	Increased data analytics means the Lucero family is better able to guide their own healthcare; and, providers and state agencies will have access to measures related to service delivery, outcomes, and quality.
<b>ASPEN Integrated Eligibility System</b>	Luke and Cindy can apply for, and manage, HSD benefits online, with access to enhanced features such as mobile appointment scheduling, real time eligibility determinations, and automated renewals.
<b>SNAP Heat and Eat</b>	SNAP Heat and Eat gives Cindy more money to buy food, and the flexibility to choose a healthier diet, purchase a greater variety and amount of food, and reduce hunger.
<b>TANF Transition Bonus Program</b>	When Cindy returns to work, she will be eligible for \$200/month for up to 18 months, reducing the cliff effect and allowing more time to attain self-sufficiency.
<b>Child Support Modernization</b>	Modernization allows the Lucero family to receive targeted, data-driven supports designed to encourage child support payments; and, both parents will have access to employment supports and are more likely to find employment.
<b>Intervention Demonstration Project</b>	Luke will have access to reentry services on release from prison, designed to promote reintegration, resiliency, and recovery.



To protect confidentiality, the case is a composite of several HSD customers.



HUMAN  
SERVICES  
DEPARTMENT



QUESTIONS AND COMMENTS?