

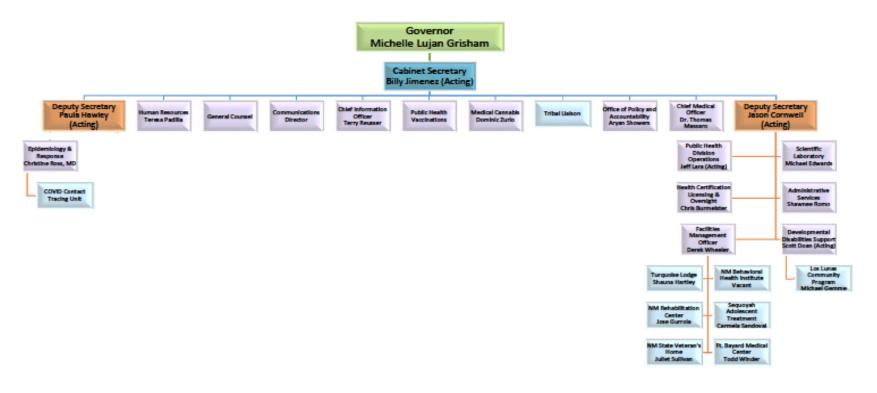
NMDOH FY22 LFC Budget Review

December 4, 2020

Billy Jimenez, Acting Cabinet Secretary







Billy Jimenez October 2020

Our Mission, Vision, & Values

Vision: A Healthier New Mexico

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

Values: Accountability, Communication, Teamwork, Respect, Leadership, Customer Service



NM Department of Health

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

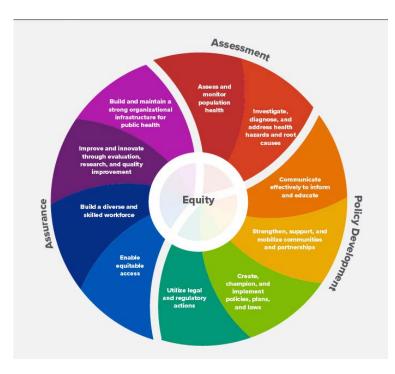
Department of Health FY21-23 Strategic Plan Goals

- Expand Access to Services
- Improve Health Status
- Ensure Safe Healthcare Environment Statewide
- Pursue Organizational Excellence



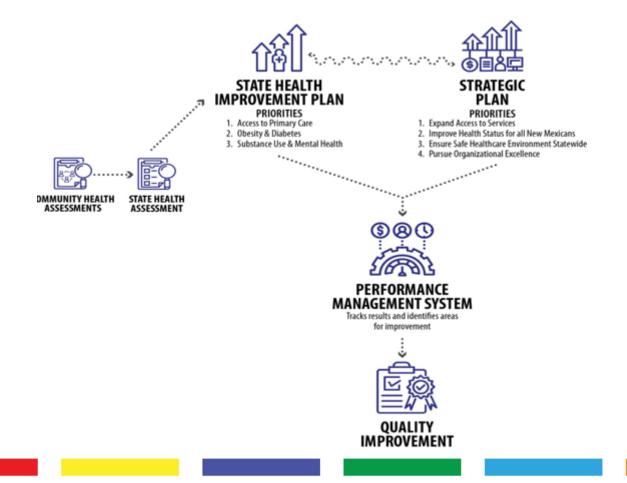
Public Health Reaccreditation in 2021

Benefits of Accreditation Process



- Aligns the Department with nationally recognized public health standards.
- Provides a platform for a culture of continuous quality improvement.
- Identifies successes and opportunities for improvement.
- Improves communication with governance.
- Improves accountability.
- Initiates and advances partnerships and community involvement.

Planning & Performance Monitoring Process





Department of Health FY22 Budget Overview

FY22 Appropriation Request (thousands)

Revenue	9
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Total	601,872.5
Fund Balance	0.0
Other State Funds	129,181.4
Federal Funds	139,086.9
Other Transfers	40,401.1
General Fund	293,203.1



DOH COVID Vaccine Special Appropriation Request

• TOTAL REQUEST - \$8,900.0

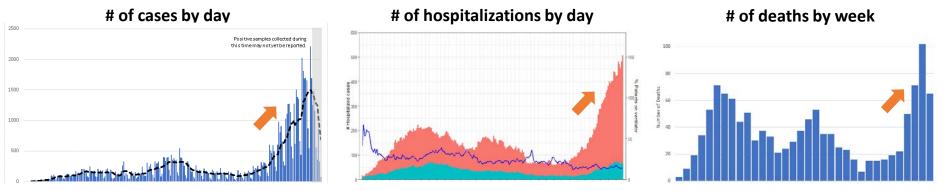
(cost in Thousands)

- Contract Labor Front-Line staff for Vaccine clinics -\$1,684.0
 - Contract RNs, Medical Assistants, Natl. Guard (security & medics)
- Equipment and Supplies \$500.0
 - PPE, Sharps Containers, Biohazard Bags, Ultra-cold Freezers, Dry Ice, Heaters & Propane, Tents and other miscellaneous expenses
- Other Contractual -\$6,716.0 (doesn't include front-line labor)
 - Immunization Registry Staff, Call Center Staff, IT Services, Marketing & Advertising



Investing for tomorrow, delivering today.

COVID -19 Pandemic and Impact on New Mexico



TRENDS

- Case counts, hospitalizations and deaths are increasing
 - Healthcare system is stretched to capacity
- 60% of new cases are Hispanic
- Case rate highest in 18-34 year-old age group
- Rates are incrementally higher as census tracts have increasing levels of poverty

DDSD

SLD

PHD/ERD

FACILITIES

Pandemic Response - ERD

Since March 11th:

- 44,680 OT hours worked by ERD staff
- \$1.4 Million additional overtime costs
 - Contact Tracing
 - Case Investigation, including Collaboration with Tribes and Nations
 - Disease Surveillance
 - Hotline
 - Department Operations
 Center

- State Emergency Operations Center
- Mass Mortality Preparation & Management
- Budget, Grant Mgmt and Admin Support

Pandemic Response - PHD

Since March 11th:

- 78,000 OT hours worked by PHD staff
- \$2.5 Million additional personnel cost
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 DHI
 FACILITIES
 SLD

- Testing
- Contact Tracing
- Case Investigation
- Shelter support
- Influenza vaccination

- Department Operations Center
- State Emergency
 Operations Center
- Regular operations

Pandemic Response - PHD

- 20K swab tests during week of Nov. 12
- Avg. 3000 swab test specimens every day, statewide
- COVID Vaccine plan submitted to CDC 10/16/2020

https://cv.nmhealth.org/draft-vaccine-plan/

Influenza vaccine efforts launched and operational

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Scientific Laboratory Overview including Pandemic Response

- Provides laboratory testing for state and local agencies in infectious diseases, environmental hazards and impaired driving
- Typically, provides more than 125,000 tests per year
- Currently provides about 90,000 COVID-19 tests per month
- Facility has shifted during the pandemic to running at all hours
- Consultant services for partner agencies as well as healthcare community
- Expert testimony in courts for impaired driving
- Run intoxilyzer breath alcohol program for state law enforcement agencies







Wait List Trends Since FY2011



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Reducing the Waitlist

- Each year, an average of 300 individuals added to the waitlist
- Only able to offer 6 attrition allocations each month
- 25 expedited allocations in FY20 reduced to 10 expedited allocations for FY21
- As of November 2020, 4,235 completed applications
- As of November 2020, 464 allocations on hold
- All five Regions are allocating from the year 2008
- Longest wait in Metro Region (since 2/06/2008)
 - Northeast Region 3/14/2008
 - Northwest Region 3/31/2008
 - Southwest Region 4/4/2008
 - Southeast Region 11/25/2008

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Solutions that Will Provide Relief for Waitlist Applicants

- Ensure all who are eligible receive Early Periodic Screening,
 Diagnosis, and Treatment (EPSDT).
- Ensure all who are eligible receive the Medicaid Community Benefit offered through their Managed Care Organization.
- DDSD implemented a Family Supports and Reimbursement Program for individuals on the Wait List who do not qualify for Medicaid State Plan benefits.
- DDSD developed and implemented the Supports Waiver to offer services to individuals on the Wait List.
- Made available State General Fund Adult Residential, Day/Employment, and Respite services to those on the Wait List.

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Supports Waiver Details FY21 and FY22

- In FY21 (July 1, 2020), DDSD implemented the Governor's initiative for a Supports
 Waiver to provider services and supports to eligible individuals on the Wait List.
- The Supports Waiver was implemented to bridge the service gap from Wait List to allocation for Traditional or Mi Via Waivers.
- The Supports Waiver offers both traditional and self-directed services; delivery model selected by the participant and/or guardian.
- The FY21 plan is to allocate 2,000 individuals. 1,000 Supports Waiver Offer letters have been sent by DDSD.
- In FY22 DDSD will issue another 2,000 Supports Waiver offer letters.
- The plan is to send 2,000 Supports Waiver offer letters per fiscal year until the Wait List is exhausted.
- The Supports Waiver has a \$10,000 budget limit (does not include Residential 24-hour services).
- The supports Waiver offers ten (10) direct care services plus Community Supports Coordination (Case Management).
- It repurposes State General Fund dollars to leverage federal Medicaid revenue.

Reforming Existing Waivers

Developmental Disabilities Waiver

(DD Traditional Waiver)

- Renew DD Waiver on July 1, 2021.
- Revise DD Waiver Service Standards to be more efficient and effective.
- Continue to pursue standardized assessment tool (for both waivers).
- Review highest cost budgets to determine causation and reduce if possible.
- Extend remote technology services as appropriate (as learned during the pandemic).
- Continue to allocate and implement the new Supports Waiver.

Mi Via Waiver

- Review highest cost budgets to determine causation.
- Increase oversight and monitoring through face-to-face visits from DDSD and Mi Via Waiver Consultants.
- Increase oversight through Incident Management Bureau (IMB) to detect Abuse, Neglect, Exploitation.
- Increase oversight through Quality Management Bureau (QMB) for provision of services.
- Engage with (NASDDS) National Association of State Directors of Developmental Disabilities Services for technical assistance to improve oversight of the Mi Via waiver.

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FY22 Funding Needed for All Waivers

(DDW, Mi Via, Medically Fragile, and Supports Waiver)

- FY22 appropriation reduced by 3.8 million.
- FY22 127.9 million to fund all four Waivers.
- Impact: DDSD will not be able to allocate individuals in FY22 from the waitlist for the DD or Mi Via Waiver.
- Any remaining fund balance from FY21 will be needed to cover costs for existing clients in FY23.
- In FY23 Appropriations Request, DDSD will request to restore funding to the original FY21 appropriation of \$143.9 million prior to cuts.
 - It is needed to fully fund our four Waivers and to allocate individuals from the Wait List.
 - If not restored, the waitlist will continue to grow, and more individuals will be waiting longer for services.

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Health Certification, Licensing, and Oversight

DHI performs investigations of abuse, neglect, and exploitation needed to improve and implement oversight of:

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- Boarding Homes
- Crisis triage centers
- Assisted living facilities (237 licensed)



Assure Safety Net Services for All

DDSD PHD/ERD **FACILITIES**

Work with partners to leverage patient billing:

Facilities Revenue Plan

- Acquired JCAHO 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



Turquoise Lodge Hospital

Facilities Pandemic Response

- Reduced bed availability and occupancy limits.
- Increased staffing issues for appropriate clinical care staff to patient ratios.
- Increased admission/readmission protocols with two verified COVID-19 negative tests required.
- Ongoing randomized testing for staff, patients and vendors.
- Mandatory rapid response testing with any positive test, thereby creating paused patient admissions



Thank you

Billy Jimenez, Acting Cabinet Secretary New Mexico Department of Health

