

Legislative Finance Committee

September 25, 2013

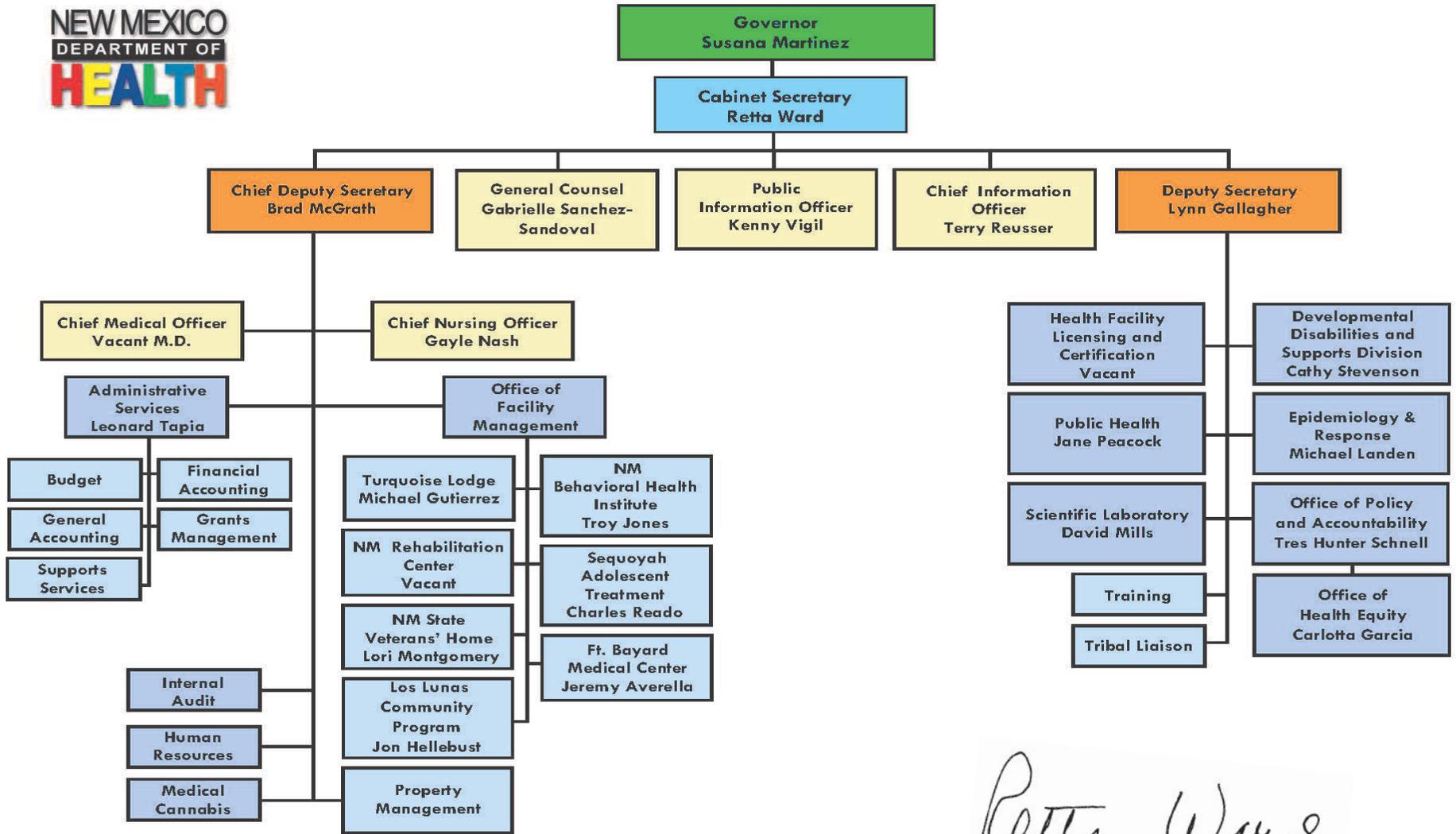


Retta Ward, Cabinet Secretary

Brad McGrath, Chief Deputy Secretary

Lynn Gallagher, Deputy Secretary

Department of Health Organization



Retta Ward

Department of Health

Vision, Mission, and Results

- ❑ Vision: *A Healthier New Mexico !*
- ❑ Mission: *The Department of Health works to promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico*
- ❑ Results:
 - Improved health outcomes for the people of New Mexico
 - Improve quality, accessibility, and utilization of health care services
 - Ensure a more rewarding work environment to attract and cultivate a skilled, innovative, diverse, and committed workforce
 - Recruit and retain health professionals to respond to health care needs
 - Improved fiscal accountability
 - Technology that supports timely, data driven decisions; improves business operation; and improves public information and education

Department of Health Organization

The New Mexico Department of Health consists of eight Program Areas:

- ❑ Public Health
- ❑ Epidemiology and Response
- ❑ Scientific Laboratory
- ❑ DOH Facilities ----->
 - Turquoise Lodge Hospital
 - Behavioral Health Institute
 - New Mexico Rehabilitation Center
 - Sequoyah Adolescent Treatment Center
 - New Mexico State Veterans Home
 - Fort Bayard Medical Center
 - Los Lunas Community Program
- ❑ Developmental Disabilities Support
- ❑ Health Facility Certification, Licensing, and Oversight
- ❑ Medical Cannabis
- ❑ Administration

Department of Health Organization

Our statewide programs and operations include:

- 54 Public Health Offices
- Developmental Disabilities Offices
- Six 24-hour-a-day, 365-day-a-year rehabilitation, long-term care and behavioral health treatment facilities across New Mexico
- One community-based Developmental Disabilities Program (Los Lunas Community Program)

Department of Health

Priority Health Indicators

We maximize our effectiveness by prioritizing New Mexico's most pressing health concerns and work with partners to improve population health!

- Child and Adolescent Obesity
- Diabetes
- Tobacco Use
- Teen Births
- Adult Immunizations
- Oral Health
- Elder Falls
- Drug Overdose Deaths (Illicit and Prescription)
- Alcohol-Related Deaths

Department of Health

Our Programs are Accountable for Results

FY13 Performance Measures					
Explanatory	Efficiency	Quality	Output	Outcome	TOTAL
3	3	0	3	2	11
27.3%	27.3%	0.0%	27.3%	18.2%	100.0%

FY14 Performance Measures					
Explanatory	Efficiency	Quality	Output	Outcome	TOTAL
3	3	1	5	4	16
18.8%	18.8%	6.3%	31.3%	25.0%	100.0%

FY15 Performance Measures					
Explanatory	Efficiency	Quality	Output	Outcome	TOTAL
2	8	6	3	12	31
6.5%	25.8%	19.4%	9.7%	38.7%	100.0%

DOH Measures Our Performance in Accordance with National Standards

Public Health Accreditation: DOH is committed to achieve the status awarded by the Public Health Accreditation Board:

- ❑ Accreditation is based on 32 standards grounded in the 10 essential public health services, administration/ management and governance.
- ❑ Accreditation is achieved by providing evidence that DOH is compliant with the requirements of each standard.
- ❑ Accreditation requires that DOH has an established culture of quality improvement and the achievement of measurable results.
- ❑ Accreditation requires that DOH programs have robust partnerships for collective impact on community and population health improvement.

Public Health Accreditation...our progress

- DOH submitted a Statement of Intent to apply for Public Health Accreditation (PHA) on May 17, 2012
- Application submitted to the Public Health Accreditation Board on May 16, 2013
- Measurement of DOH performance in accordance with a set of nationally recognized, practice-focused and evidenced-based standards
- The Public Health Accreditation Board (PHAB) is a national organization charged with administering the program
- PHA leads to increased credibility for DOH and its public health partners
- Submission of final documentation for Accreditation in May 2014

DOH Facility Accreditation Status

4 of 7 facilities are accredited

- NM Behavioral Health Institute (Joint Commission)
- Sequoyah Adolescent Treatment Center (Joint Commission)
- New Mexico Rehabilitation Center (Joint Commission)
- New Mexico State Veterans' Home (Joint Commission)

3 facilities are pursuing accreditation

- Los Lunas Community Program (Commission on Accreditation of Rehabilitation Facilities)
- Turquoise Lodge Hospital (Joint Commission)
- Fort Bayard Medical Center (Joint Commission)

We are New Mexico's Safety Net

Sequoyah Adolescent Treatment Center

Sequoyah Adolescent Treatment Center is successfully transitioning from a consequence-based program to a partnership/collaboration approach with clients and their families.

SATC is working with statewide partners to develop the *Building Bridges* model to ensure that comprehensive services and supports are:

- Family-driven
- Youth-guided
- Strength-based
- Culturally and linguistically competent
- Individualized
- Evidence and practice-informed
- Consistent with the research on sustained positive outcomes



We are New Mexico's Safety Net

Turquoise Lodge Hospital

Turquoise Lodge is treating youth in the newly opened twenty bed, in-patient unit for adolescents ages 14 -18 years.

- ❑ Our Adolescent Drug Treatment Program, through August 2013, has treated 37 adolescent patients from ten New Mexico counties.
- ❑ 14 of the adolescent patients were from Bernalillo County, 8 were from Valencia County, 6 were from Sandoval County, and the remaining 9 were from other counties.
- ❑ 24 were admitted for opioid dependency, 6 for amphetamine dependency, 4 for spice dependency, and the remaining 3 for other substance dependencies.
- ❑ Our Average census is currently running at 11 filled beds.
- ❑ TL provides: medical detoxification; intense medically managed substance and alcohol rehabilitation services; treatment for mental health and other co-occurring disorders for adolescents; and, treatment to interrupt the progression toward criminal activity, incarceration, and advanced health problems, including overdose death.



We are New Mexico's safety net

Behavioral Health Institute

- The Institute provides uncompensated safety net services to individuals with no payor source, including these costs:

Forensic Treatment Division	\$ 9,300,000
Adult Psychiatric Division	\$14,200,000
Long Term Care Division	\$ 1,000,000
<u>Other Divisions</u>	<u>\$ 78,800</u>
Total BHI Uncompensated Care.	\$24,578,800

We are New Mexico's Safety Net...

Healthy Kids, Healthy Communities

Spotlight on Public Health's *Healthy Kids Chaves County!*

- ❑ Kids get additional opportunities to try new fruit through Lawrence Brothers IGA, Roswell's local grocery store. Blake Meek, the store's manager, donates fruit samples to schools on Fruity Tuesday. The Healthy Kids Healthy Communities Program sets up a table at his store twice a month on Tuesday after school to provide free fruit and information about exercise and healthy eating to children.
- ❑ All 12 Roswell Independent School District (RISD) elementary schools participated in the 5.2.1.0 Challenge this past year; 104 third graders successfully completed and were awarded medals.



Fiscal Year 2015 Appropriation Requests



FY15 Appropriation Request (Dollars in Thousands)

<u>Revenue</u>	FY14 Operating Budget	FY15 Appropriation Request	FY15 Rqst Over / (Under) FY14 OpBud
General Fund	\$ 302,270.6	\$ 307,426.2	\$ 5,155.6
Other Transfers	\$ 25,979.7	\$ 28,084.0	\$ 2,104.3
Federal Funds	\$ 107,246.9	\$ 101,248.9	\$ (5,998.0)
Other Revenue	\$ 109,683.5	\$ 112,089.6	\$ 2,406.1
<u>Fund Balance</u>	<u>\$ 0.0</u>	<u>\$ 250.0</u>	<u>\$ 250.0</u>
Total	\$ 545,180.7	\$ 549,098.7	\$ 3,918.0
<u>Expenditures</u>			
Pers Svs / Emp Bens	\$ 213,651.7	\$ 210,214.0	\$ (3,437.7)
Contractual Services	\$ 85,474.9	\$ 89,885.4	\$ 4,410.5
Other	\$ 145,160.5	\$ 149,407.1	\$ 4,246.6
<u>Other Financing Uses</u>	<u>\$ 100,893.6</u>	<u>\$ 99,592.2</u>	<u>\$ (1,301.4)</u>
Total	\$ 545,180.7	\$ 549,098.7	\$ 3,918.0
<u>FTE</u>			
Permanent	2,787.5	2,784.0	(3.5)
Term	982.5	977.5	(5.0)
<u>Temporary</u>	<u>21.0</u>	<u>15.0</u>	<u>(6.0)</u>
Total	3,791.0	3,776.5	(14.5)

DOH Re-Allocations in Lieu of Increased General Fund Request (Dollars in Thousands)

- ❑ In its FY15 Appropriation Request, DOH reduced its General Fund request in some Program Areas and moved those funds to other Program Areas in order to avoid an overall General Fund increase at the Department level:
 - A General Fund reduction of \$1,090.6 in Public Health Program
 - A General Fund reduction of \$867.7 in the Facilities Program

- ❑ Savings from these reductions is being requested to fund the following increases:
 - A GF increase of \$330.6 in ASD for IT positions to meet federal un-funded mandates related to “meaningful use” (Using electronic exchange of health information in a manner that improves the quality and reduces the costs of healthcare)
 - A GF increase of \$877.7 in SLD for positions and equipment replacement
 - A GF increase of \$600.0 in DDSD to fund salaries to cover lost revenue resulting from revised methodology for Medicaid administrative costs
 - A GF increase of \$150.0 in DHI to fund salaries to cover lost revenue resulting from revised methodology for Medicaid administrative costs

We are New Mexico's Safety Net...

FY15 Appropriation Request

Family Infant Toddler (FIT) Program, which serves as a safety net for every New Mexico family whose child is born with a disability.

- For FY15, a base increase of \$5.2 million General Fund is being requested to support projected growth in enrollment.
 - The requested amount includes \$2.6 million of General Fund for services for non-Medicaid eligible children.
 - The requested amount includes \$2.6 million of General Fund to be matched with \$5.7 million in Federal Medicaid Funds for Medicaid eligible children

- The requested increase is to continue FIT services funded with a requested FY14 supplemental appropriation.

Requested Supplemental/Special Appropriation (Summary)

Family Infant Toddler (FIT) Program:

- ❑ FIT Program: For FY14, DOH is requesting a Supplemental Appropriation of \$4.0 million General Fund for the FIT Program to cover funding shortfalls due to the loss of federal funds and growth in numbers of children served.
- ❑ Jackson Lawsuit: For FY14 / FY15, DOH is also requesting a Special Appropriation of \$4.0 million in state General Fund and Federal Matching Funds to cover increased costs resulting from federal court-directed efforts to disengage from the Jackson lawsuit.

FY14 Supplemental Appropriation Request (Detail)

FIT Program:

- For FY14, a supplemental appropriation of \$4.0 million General Fund is being requested to cover funding shortfalls and growth in numbers of children served.
 - The requested amount includes \$2.0 million of General Fund for services for non-Medicaid eligible children
 - The requested amount includes \$2.0 million of General Fund to be matched with \$4.5 million in Federal Medicaid Funds for Medicaid eligible children

- Funding is to replace non-recurring funds used to cover FMAP reductions, loss of ARRA grants, and program growth in FY13. In FY13, the FIT Program experienced growth beyond projections, and costs were covered by DOH.

FY14 / FY15 Special Appropriation Request (Detail)

Jackson Lawsuit Costs

- ❑ For FY14/FY15, a Special Appropriation of \$4.0 million (\$2.2 million General Fund and \$1.8 million interagency transfer) is requested to fund increased costs resulting from federal court-directed efforts to disengage from the Jackson lawsuit:
 - Hire and maintain new investigators, health care surveyors, nurses, DD specialists and support staff at DDSD and DHI required to sustain program changes resulting from disengagement (Total: \$1,756.3)
 - Continue contracts with court appointed Jackson compliance administrator (JCA) and the consultants selected by the JCA; and, complete outreach, training initiatives, including updating developing and producing new curriculums and informational materials (Total: \$1,718.1)
 - Attorney fees and legal costs (Total: \$525.6)

Fiscal Year 2013

Accomplishments



Public Health

- ❑ The teen birth rate fell to the lowest level since record keeping began in 1940; the teen birth rate of 15-to-17 year olds in New Mexico has declined 32% since 2007.
- ❑ PHD efforts resulted in a 80% immunization coverage rate for New Mexico two-year olds, the highest rate of coverage to date.
- ❑ 12,396 low-income, uninsured children and adults across the state received preventive and restorative oral care.



- ❑ New Mexico was one of 19 states to see a statistically significant decline in WIC preschool childhood obesity rates from 2008 – 2011, dropping from 12.0% to 11.3%, according to the CDC.
- ❑ PHD also expanded the use of electronic health records to provide faster, more accurate clinical services during 78,676 patient encounters statewide.

Public Health

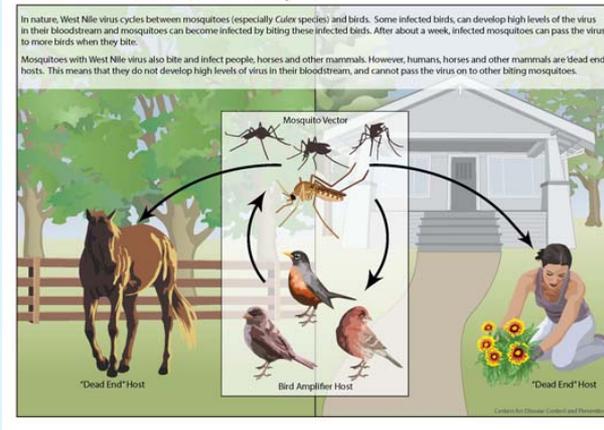
- ❑ PHD engaged 33,522 elementary school children through *Healthy Kids New Mexico* to increase physical activity and healthy diets by building the community environment for obesity prevention.
- ❑ The NARCAN program documented 510 overdose reversals in 2012 compared to 175 in 2011 and only 45 in 2009.
- ❑ Over 10,000 New Mexicans accessed smoking cessation services and resources through New Mexico QUIT NOW, and the new 1-855-DEJELO YA Spanish-language telephone helpline.
- ❑ PHD also screened 12,681 uninsured women for breast and/or cervical cancer, resulting in diagnosis of 76 breast cancers and precancerous conditions and 43 cervical cancers and precancerous cervical conditions.



Epidemiology and Response

- ❑ Epidemiology and Response provides an on-call service for New Mexico 24 hours-a-day and 365 days-a-year for health and disease issues, including those involving infectious diseases, environmental health and health emergency preparedness.
- ❑ The Bureau of Vital Records and Health Statistics issued 107,330 copies of birth certificates and 152,083 copies of death certificates.
- ❑ Epidemiology and Response investigated nearly 10,000 cases (9,852) of reportable infectious diseases.
- ❑ Miner's Colfax Medical Center in Raton and Sierra Vista Hospital in Truth or Consequences became Level IV trauma centers, bringing the total number of New Mexico Designated Trauma Centers to 14.
- ❑ 94% of New Mexico EMS Services Agencies reported to the EMS Bureau, recording 369,223 emergency medical services runs in FY13.

West Nile Virus Transmission Cycle



Epidemiology and Response

- ❑ The Office of Injury Prevention worked with community-based opioid overdose prevention groups to launch pilot projects directing naloxone, which reverses overdoses, to patients at risk for prescription opioid overdose.
- ❑ New Mexico's ability to receive and utilize medications from the Strategic National Stockpile in the event of an emergency continues to exceed required performance thresholds as seen by the Centers for Disease Control and Prevention's (CDC) scoring for the State at 92% and Albuquerque metropolitan area at 93% for 2013.
- ❑ The Sexual Assault Nurse Examiner (SANE) medical/forensic response program performed 1,070 SANE exams, including 825 adolescent and adult (13 and older) and 245 child (12 and under) exams.

For emergency SANE response or to schedule a medical/forensic examination

505-884-7263

Service for Albuquerque and surrounding areas

Albuquerque SANE Collaborative * 625 Silver, SW - 2nd Floor * Albuquerque, New Mexico * (505) 883 - 8720

- ❑ 8 Rape Crisis Centers in New Mexico provided more than 2,300 acute, short-term and advocacy services for people in crisis after reporting sexual violence events to the Rape Crisis Hotline.

Epidemiology and Response

Further Developing the NM Healthcare System Indicators in the Context of Healthcare Reform:

- ❑ Ambulatory care sensitive hospitalizations and emergency department visits (for diabetes and asthma)
- ❑ Hospital readmission rates (for congestive heart failure)



- ❑ Healthcare associated infections
- ❑ Trauma care death rates by injury severity score
- ❑ Primary care provider FTE to population ratios
- ❑ Clinical preventive service coverage by region

Scientific Laboratory



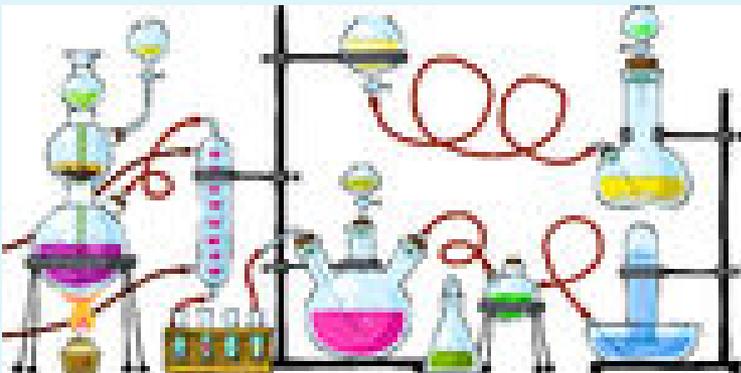
- ❑ Reduced the average time to complete drug testing cases by 30%, to 23 days and maintained a zero backlog of cases.
- ❑ Accepted 20% more cases from the Office of the Medical Investigator for drug testing and performed 300% more “comprehensive” drug screens, the most extensive drug panel, at no charge to OMI.
- ❑ Received 1,552 subpoenas to appear as expert witnesses in Impaired Driving criminal trials statewide.
- ❑ 19% of SLD revenues were from fee-for-service testing, primarily from other state, local, tribal, and federal entities.

Scientific Laboratory

- ❑ Improved the speed of test completion for regulated chemicals in drinking water by 33%, completing analysis of 99% of samples within 60 days of receipt.
- ❑ Collaborated with Epidemiology and Response to rapidly identify the bacterial cause, *Clostridium perfringens*, of a food-borne illness that sickened 30 firefighters and their families.



- ❑ Responded to 3 “white powder” threat incidents involving state and federal law enforcement agencies.
- ❑ Trained analysts to perform diagnostic testing for Dengue, a tropical disease carried by mosquitoes that have recently been found in New Mexico.



Fiscal Year 2013

Accomplishments by Facilities



Turquoise Lodge Hospital

Adolescent Program

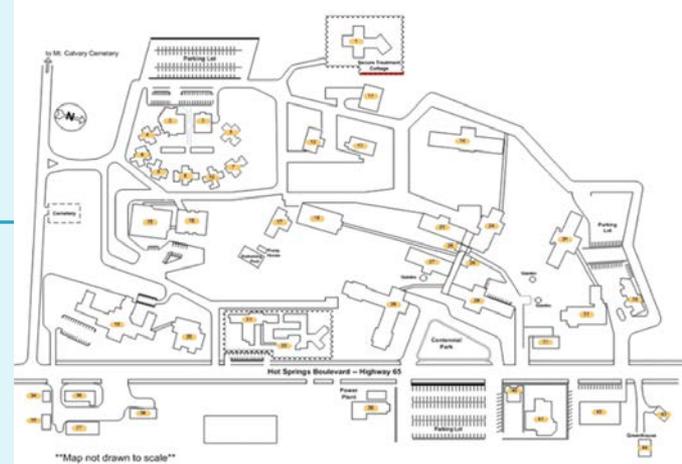
- ❑ During their stay at TLH, patients undergo a variety of medical, psychiatric, and psychosocial evaluations to determine specific needs, personal strengths, successes, and barriers to treatment.
- ❑ In addition to acute detoxification treatment, the Program includes:
 - Individual Therapy
 - Group Therapy
 - Experiential Therapy
 - Recreational Therapy
 - Family Program

Turquoise Lodge Hospital

- ❑ Provided 3,841 outpatient treatment sessions for adults through our addiction-related urgent care program under a contract with Bernalillo County, which provides an additional \$800.0 of revenue annually.
- ❑ Admitted 649 adult patients from 31 counties in New Mexico in our Intensive Addiction Treatment 34-bed unit with 65% completing the program.
- ❑ Most patients are admitted and treated through medical detoxification management and may have complex drug withdrawal, such as withdrawal from alcohol, heroin, or poly-substances, complicated by co-occurring major medical and psychiatric illness.
- ❑ TLH also offers inpatient addiction rehabilitation. Our counseling staff offers intensive rehabilitation services for individuals dealing with severe addiction problems. TLH serves the entire state of New Mexico, centering on a 30-day, in-patient stay.



Behavioral Health Institute

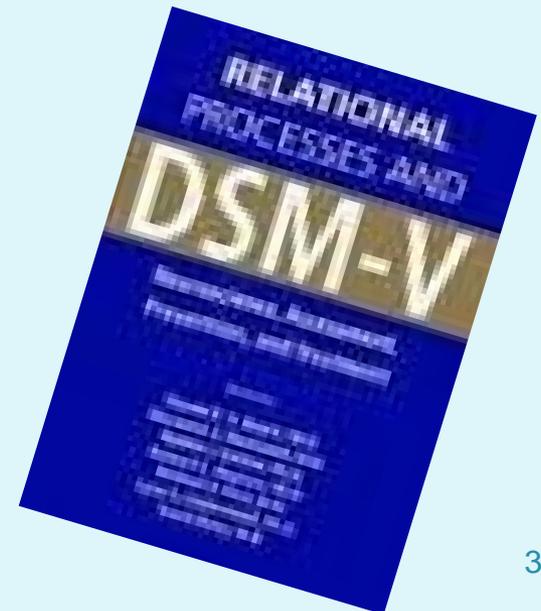


- ❑ BHI continues to comply with Joint Commission accreditation standards for the Laboratory, Behavioral Health Care, Long Term Care, and Hospital programs and is preparing for re-accreditation in 2014.
- ❑ The newly constructed Meadows Long Term Care Facility (Phase 1) received a Leadership in Energy and Environmental Design Gold certificate for its design, energy efficient and water-conservation in August 2013.
- ❑ Third party revenue increased by \$200,000 from previous fiscal year.
- ❑ BHI provided 24-hour care and 139,400 units of service to patients and residents, as well outpatient mental health services to individuals in San Miguel, Mora, and Guadalupe counties as detailed below:
 - The Community Based Services (CBS) Division provided 55,197 services in FY13 with a wide variety of outpatient mental health services in Las Vegas, Mora, Pecos, and Santa Rosa; providing safety net services to the disabled mentally ill to include 24/7 crisis services, family and individual psychotherapy, medication management, and psychosocial rehabilitation services.

Behavioral Health Institute

BHI served nearly 1,300 patients in its in-patient units

- ❑ The Forensic Division has 80 operational beds and served 235 patients; the unit emphasizes accurate diagnosis of psychiatric and mental conditions, determines competence or the inability to gain competence despite treatment. Services are provided in the Acute Care Unit, Continuing Care Unit, Maximum Security Unit, Women's Unit, and Sexual Offender Treatment Program. Services and staff are 100% General Fund supported.
- ❑ The Adult Psychiatric Division, which consists of 84 operational licensed beds for emergency or court-committed patients, served 852 patients; patients are treated for multiple psychiatric conditions, including schizophrenia, psychosis and bipolar disorder.



Behavioral Health Institute

- ❑ The Center for Adolescent Relationship Exploration has 16 operational beds and served 22 adolescent male clients who suffer from a major mental illness and a history of sexual offending.
- ❑ The Long-Term Care Division has 165 operational beds that served 193 individuals; LTC is dually certified through Medicare and Medicaid as a Skilled Nursing Facility and provides 24-hour nursing care for the most difficult nursing home residents, including those who are behaviorally challenged and suffer from mental illnesses requiring specialized care.



NM Rehabilitation Center

- ❑ NMRC is Joint Commission accredited and is currently engaged in another Joint Commission survey window.
- ❑ 152 patients were treated in the Medical Rehabilitation Unit, as well as 24 outpatients with therapy services.
 - ❑ Of the 152 admissions to the Medical Rehabilitation Unit, 5 patients were undocumented/Indigent and 55 were New Mexico residents with no payor source. The Center's Social Worker filed the appropriate Medicaid eligibility paperwork that generated additional collections of \$545,000 in Medicaid payments and the Center is still working on an additional \$181,000 from FY13 and hope to collect this amount in FY 14.
 - ❑ 2 full-time Physical Therapists were hired, allowing the Center to increase census on the Medical Rehabilitation Unit as well as increase the number of outpatients seen for therapy services.



NM Rehabilitation Center

- ❑ NMRC served 370 clients in the Chemical Dependency Unit (CDU).
- ❑ The CDU receives General Funds because there is no funding source for CDU patients because most clients come from the judicial system. The cost per day for a CDU client is approximately \$630/day for 370 clients for 5,935 days totaling a safety net cost of \$3.7 million per year.



- ❑ The Center contracted with a psychiatry / internal medicine physician to oversee the Chemical Dependency Unit, to increase census, and to manage the program.

Sequoyah Adolescent Treatment Center

- ❑ 69 adolescents, ranging from 12 to 19 years of age, were treated at SATC.
- ❑ Sequoyah underwent a successful Mid-Year Children, Youth, and Families Department monitoring review.
- ❑ Sequoyah has reopened its admission status and continues to review new referrals.
- ❑ Sequoyah has hired a permanent Hospital Administrator.
- ❑ Sequoyah's management team attended the Building Bridges Initiative training, and staff have been certified in Crisis Intervention Prevention, a nonviolent staff competency.



Sequoyah Adolescent Treatment Center

- ❑ Sequoyah is transitioning from the current points and levels system to one that uses a developmentally targeted practice that encourages the use of individual strategies to meet the unique needs of our youth.



- ❑ The old Safety Management Unit has been transformed into a “Comfort Area” for residents to go if they want quiet space from stimuli. The SMU security doors have been removed, and the unit is now more home-like and relaxing.
- ❑ Our 2 family visiting rooms have been decorated and are now more family friendly, as is our lobby.
- ❑ Because it is a Residential Treatment Center, Sequoyah becomes the client’s place of residence; therefore, the client is considered a family of one with zero household income, which qualifies the client for Medicaid.
- ❑ 95% of residents are covered by Medicaid, which covers approximately 40% of treatment costs.



NM State Veteran's Home



- ❑ The Veteran's Home received "zero deficiency" health surveys from both CMS and the VA recently. Our Joint Commission survey began on September 23, 2013.
 - ❑ The Veteran's Home currently serves 122 veterans in a long-term care setting. Of this population, 44 residents are on Medicaid (5 have income diversion trusts), and no residents without a payor source.
 - ❑ The Veteran's Home actively applies for all financial services for all residents who may be eligible for assistance or able to make payments to the facility.
-
- 40% are Medicaid
 - 35% of Veterans are self-pay
 - 15% are private insurance
 - 10% are other government

NM State Veteran's Home

- ❑ Uncompensated care comprises 41% of all billing for the facility; after this is written off of the books as uncollectable, we average a 97% collection rate on all accounts receivable.
- ❑ We are actively progressing with the finalization of the plans for the Alzheimers/Skilled Nursing construction grant funding from the U.S. Veterans Administration.



Fort Bayard Medical Center

- ❑ Provided 24-hour care for 171 long-term residents (an increase from 149 in previous FY).
- ❑ Provided drug treatment and counseling services to 96 clients in Yucca Lodge.
- ❑ Obtained a CMS 5-out-of-5 Star Rating as a Long-Term Care Facility, improving from a 4 Star Rated Facility over the previous fiscal year; the rating system utilizes information from Health Care Surveys (both standard and complaint), Quality Measures, and Staffing.
- ❑ Received a deficiency-free survey by the Veterans Administration.
- ❑ Strategizing and making progress toward Joint Commission accreditation.



Fort Bayard Medical Center

- ❑ With a flu vaccination rate above 95% for staff and residents, FBMC is among the highest performing health care institutions tracked in the New Mexico Hospital Acquired Infections Report.
- ❑ The Center reduced staff vacancy rate from 21.8% in FY12 to 9.2%; and reduced overtime by 21.4% from previous fiscal year.
- ❑ Increased the average skilled patient reimbursement rate from \$400 per day to \$430 per day, a 7% increase.
- ❑ Collected 97% of billable revenue and 16% of care is uncompensated.



Los Lunas Community Program

- ❑ LLCP continues its mission of providing 24 hour-a-day, 365 days-a-year quality, safety net healthcare services for developmentally disabled citizens of New Mexico.
- ❑ Division of Health Improvement / Quality Management Bureau survey/audit conducted on April 2013 identified no issues related to conditions of participation in the New Mexico Developmental Disabilities Waiver Program.
- ❑ Jackson Community Practice Review conducted in July 2013 identified no immediate actions required related to services provided to the individuals reviewed. All recommendations related to LLCP followed up and completed in a timely manner.
- ❑ Healthcare (nursing) staff at highest levels in past 5 years.



Los Lunas Community Program

- ❑ In August 2013, LLCP implemented the Therap system, a computerized system for tracing/accessing consumer health related information
- ❑ LLCP Census as of September 2013, a five percent (5%) increase in daily census compared to FY12:

Community Living	53
Crisis	3
<u>Intermediate Care Facility</u>	<u>3</u>
Total	61



- ❑ Community Access / Supported Employment: 69

Los Lunas Community Program

- ❑ LLCP has a total of 23 residential leases. This represents an increase of one over previous year. LLCP attempts to hold at least two open beds, one medical and one behavioral, to address immediate crisis needs
- ❑ Los Lunas Training Center Therapy Pools - All maintenance and equipment replacement/repair completed June 2013
- ❑ Financial collection rate for billable revenue is at 98.5%. The only area where collection is an issue relates from “1.6” legal commitments. These individuals can enter into our services prior to a funding source due to the legal commitment.
- ❑ 89% of consumers are covered by Medicaid, which covers approximately 50% of costs.



Fiscal Year 2013

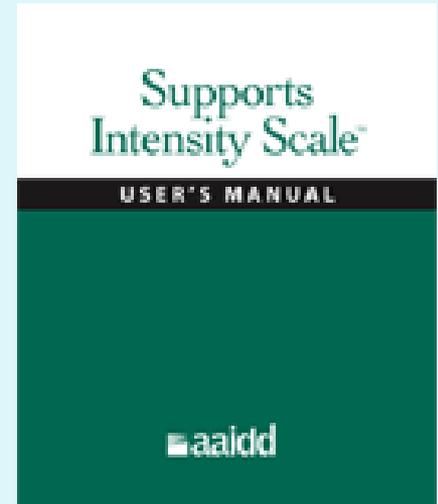
Accomplishments



Developmental Disabilities Supports

Developmental Disabilities Waiver (DDW) Program

- In FY13, DDSD continued reform efforts in the DD Waiver Program:
 - Transitions to the new DDW model began in May 2013
 - Completed 3,244 individual Supports Intensity Scale (SIS) assessments for planning and budget development
 - Enrolled 309 new participants to the DDW and Mi Via programs.



Developmental Disabilities Supports

- ❑ In FY13, DDSF funded and managed services to more than 19,000 children and adults with developmental disabilities and their families:
 - Expanded the DD Waiver Programs (DDW, Mi Via)
 - Maintained Adult DD Services funded by State General Fund, including Respite and Autism Services

- ❑ Maintained or renewed more than 400 provider agreements and contracts with New Mexico DD providers statewide.

- ❑ Reduced staff vacancies by approximately 50%.



Developmental Disabilities Supports

- DOH received \$2.6 million in a special appropriation for FY13 and FY14 Jackson lawsuit activities to address the Federal Court's Orders from October 2012 and January 2013 The appropriation is being used to fund:
 - Court appointed Jackson Compliance Administrator and her selected consultants (\$1,303.0)
 - Program costs for disengagement activities:
 - DOH staff (5 DHI investigators, 1RN, others to be determined) (\$343.7)
 - Technical assistance to promote employment services (\$397.0)
 - Plaintiff attorney fees beyond budgeted amount related to fee increases and additional activity, including monthly compliance meetings (\$556.3).
 - DOH anticipates that the entire special appropriation will be expended by the end of December 2013.

Developmental Disabilities Supports

- ❑ Respite services were provided to families of 671 children and adults.



- ❑ Autism Services provided coaching to parents of 338 children and adaptive skill building directly to 58 children, plus \$86.0 in specialized recreational respite for children with Autism.

Developmental Disabilities Supports

Family Infant Toddler (FIT) Program

- ❑ In FY13, the FIT Program provided early intervention services to 13,455 children and their families.
- ❑ The FIT Program and PHD partnered with Public Education Department and Children, Youth and Families Department on successful Race To the Top Grant application; DOH received \$1.38 million.
- ❑ In FY14, Race To the Top grant funds will be used in the FIT Program to:
 - Design the Tiered Quality Rating and Improvement System
 - Contract for the development of quality measure tools and validation of those tools
 - Establish provider agreements with some current FIT provider agencies to pilot the Tiered Quality Rating and Improvement System



Division of Health Improvement

- ❑ DHI's Health Facility Licensing and Certification Bureau surveyed 100% (158) of facilities required by the Centers for Medicare and Medicaid Services (CMS), including 113 Long Term Care facilities and 45 hospitals, home health, hospice, ambulatory surgical centers, and other facilities.
- ❑ The HFLC Bureau also investigated 491 complaints in 161 different surveys, renewed 955 facility licenses, and licensed 32 new facilities.
- ❑ The Incident Management Bureau investigated 3,715 cases of abuse, neglect, exploitation and other reportable incidents for people receiving services under the DD Waiver Program, FIT Program, and other programs.
- ❑ Of those cases, DHI closed 89.9% (3,388) within the required 45-day timeline.

- About IMB
- Report Incidents
- Online Incident Report Form
- Forms and Tools
- Reports and Trend Data
- Risk Assessment Inventories
- Contacts

Division of Health Improvement

- ❑ The Quality Management Bureau surveyed 154 providers statewide for compliance with standards and regulations, including 103 DD Waiver, 7 Medically Fragile Waiver, 16 FIT, and 28 behavioral health providers.
- ❑ The Caregivers Criminal History Screen Program (CCHSP) processed 35,571 fingerprint applications for a criminal background screen.



- ❑ The CCHSP successfully completed Year 2 requirements (designed and built the database) for the National Background Check Program Grant, an electronic fingerprinting and background check system that allows DHI to decrease turnaround time for processing fingerprints and to determine when a previously cleared person is identified with a new disqualifying conviction.

Medical Cannabis

- ❑ The Medical Cannabis Program is now staffed by six full-time employees and a part-time Medical Director, all are state employees.
- ❑ The Program Coordinator and Health Educator have made educational presentations to Law Enforcement, Military Veterans, and Amyotrophic Lateral Sclerosis (ALS) groups.
- ❑ Customer service has greatly improved with the addition of a second phone line, regular email monitoring, and dedicated, knowledgeable program staff.



Medical Cannabis

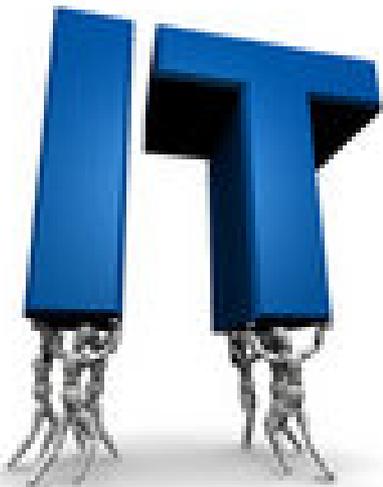
- ❑ Improved data collection, tracking and reporting has enabled the program to confidently provide information to stakeholders and the public.
- ❑ Program application forms have been revised to more accurately reflect DOH regulations and reduce confusion regarding the enrollment process.
- ❑ The Medical Cannabis Program website was updated and is now utilized regularly to post current information as well as important notices and bulletins.



Information Technology Services

- ❑ IT completed development of a healthcare provider website (NMHIT.org) to aid individual providers and hospitals in meeting “Meaningful Use” Public Health reporting requirements for electronic healthcare record (EHRs). The website will also enable the Department of Health to collect important immunization data, laboratory test results, and other health surveillance data for analysis and reporting to the CDC.

*Meaningful Use:
Using electronic
exchange of health
information in a
manner that improves
the quality and
reduces the costs of
healthcare*



- ❑ IT also completed requirements definitions and project plans for seven DOH operated health care facilities and 54 Public Health Offices to upgrade their EHR systems for Meaningful Use readiness and to meet mandatory changes in CMS claims processing.

Administrative Services

- ❑ In FY13, Program Support processed and approved:
 - 12,552 Purchase Requisitions
 - 12,130 Purchase Orders
 - 40,680 Payment Vouchers
 - 759 Contracts
 - 943 Provider Agreements
 - 169 MOAs, MOUs, and JPAs
 - 35 Budget Adjustment Requests

- ❑ Program Support also met all statutory deadlines, including submission of the annual audit and the appropriation request.



Administrative Services

Status of Audit

- Met with Moss Adams 9/20 to discuss progress of Audit. PBC preparation is on track. Information requests from preliminary onsite review addressed.

Hired new ASD Director, CFO

Hired new ASD Deputy Director

Hired new Budget Director to replace person that transferred to another Department

Updating Internal Audit Staff – Hiring of new Director in process, adding two new staff positions

Budget request for FY 15 completed and submitted early

Capital Projects



- ❑ Numerous additional renovations and repair projects are being completed on buildings on the campuses of the Behavioral Health Institute, Sequoyah Adolescent Treatment Center and the State Veteran's Home.
- ❑ On June 25, the Department received a "conditional concurrence" from the U.S. Veterans Administration for the Alzheimer's / Skilled Nursing facility at the New Mexico State Veterans Home in Truth or Consequences. The cost of the project is approximately \$29.0 million, with \$15.6 million (65%) being provided by the federal VA and \$13.4 million (35%) by the State through previous appropriations.
- ❑ DOH has also requested \$1.0 million dollars of additional funding in it the 2015 Capital Projects Request to cover inflation and other costs associated with fees and project management expenses of the Alzheimers/Nursing Facility.

Capital Projects



New Mexico Behavioral Health Institute (BHI)

- Phase 2 of the New Meadows Nursing Home at BHI, with 72 residential beds, is scheduled for completion in February 2014. Phases 1 and 2 will house 108 residents in the Old Meadows on the campus. Phase 3 of 3 of the project, consisting of an additional 72 beds, has been submitted as part of the 2015 Capital Projects Request for consideration during the upcoming Legislative Session at a cost of \$23.5 million.
- The Department has been replacing shingle roofs on BHI buildings with pro-panel roofing to eliminate and reduce future insurance claims and maintenance costs.
- The Forensic Unit's Sally Port rebuild is complete and is now the center of security for receiving and discharging patients.

Sequoyah Adolescent Treatment Center (SATC)

- Roof replacement at SACT Continues.

Implications: Affordable Care Act and DOH

Turquoise Lodge Hospital

- Detox services are not covered and the Medicaid expansion does not affect those services.

New Mexico Rehabilitation Center

- The Chemical Dependency Unit services at NMRC would not be covered by Medicaid. For the Medical Rehab Unit, most patients are covered by Medicaid currently.

Sequoyah Adolescent Treatment Center

- Sequoyah gets paid for 96% of services performed (per diem rate) from Medicaid, the other 4% represents CYFD patients that SATC are not reimbursed or billed. ACA would have little effect on payments for services.

Implications: Affordable Care Act and DOH

Behavioral Health Institute

- Long Term Care and CARE (Adolescent Sex Offender Program) will see no impact since all admissions are screened to ensure that they have coverage for these programs.
- Forensic Division will see no impact since the program is 100% General Fund (not covered by Medicaid).
- Community Based Services will see no impact, receives BHSD indigent monies for those not eligible for Medicaid. This funding stream will go down as the Medicaid amount increases ending in a net zero gain.
- Adult Psychiatric Division is currently unclear. With Centennial Care, it is not apparent if individuals between ages 22 - 65 will be reimbursed due to the Institutions for Mental Diseases (IMD) exclusion. In the past, under Value Options and Optum Health, this population was reimbursed through value added services since they are not allowed by Medicaid dollars. The four MCOs have the option of selecting their value added services; therefore, it is unknown if the IMD exclusion population will be covered. If these services are not covered, the facility could see a revenue loss of approximately \$500,000.

Implications: Affordable Care Act and DOH

Public Health Division

- ❑ 75% of public health care has no payor source.
- ❑ A percentage of clients seen in public health clinics will qualify for expanded Medicaid and has potential to increase Public Health revenues.
- ❑ Public Health remains the safety net for the uninsured and Medicaid ineligible clients and our clinics will continue to be the place of service for the uninsured in New Mexico.
- ❑ Massachusetts experienced a 6-year time frame for a fully insured population.

Human Resources

- ❑ DOH currently has 192 Active Job Postings in NEOGOV. Of those, 156 are “Open Continuous” and many are to fill multiple vacancies. For Fiscal Year 2013, 1,024 new job postings were created in NEOGOV.
- ❑ To improve turn-around times of job postings and certified applicant lists, the Administrative Services Human Resources Analysts received training and security access from the State Personnel Office. Analysts are currently performing the following functions within the Agency:
 - ❑ Creation of Job Postings
 - ❑ Scoring and Ranking Employment Lists
 - ❑ Certifying Employment Lists



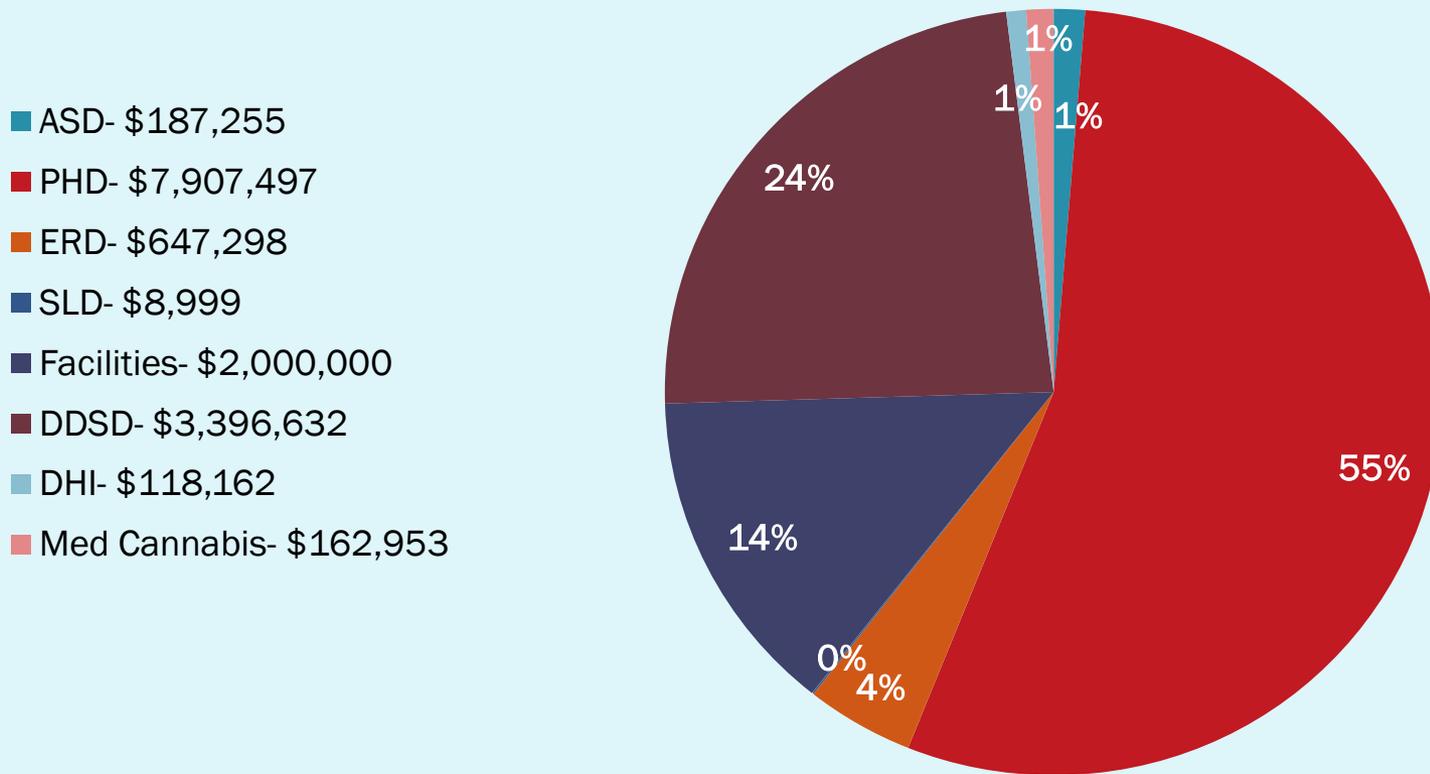
Human Resources

- ❑ Facilities are actively and aggressively recruiting to fill funded vacant positions. Some of the recruitment efforts are:
 - Facility Sponsored Job Fairs, including assisting with on-site applications;
 - Computer Stations and Staff Assistance set up in each facility to assist applicants in submitting applications through NEOGOV;
 - Community outreach to respective area Universities, Vocational Colleges and High Schools; and,
 - Quarterly job fairs at the Community Library in Ft. Bayard with cooperation and advertisement by the library staff. Ft. Bayard HR staff have trained the community librarians on the NEOGOV application process, in order for the librarians to assist individuals without personal computers to apply for vacant positions.

Human Resources Vacancies

Program	Vacant	Authorized	Vacancy Rate	Unfunded	To Be Filled	Funded Vacancy Rate
P001-ADMIN	15	133	11%	2	13	10%
P002-PHD	139.5	920	15%	15	124.5	14%
P003-EPI	21	166	13%	0	21	13%
P004-SLD	16	133	12%	14	2	2%
P006-Facilities	410.5	2,119	19%	82.5	328	15%
P007-DDSD	22	169	13%	7	15	9%
P008-DHI	30	144	21%	3	27	19%
P787-MEDCAN	-	7	0%	0	0	0%
Grand Total	654	3,791	17%	123.5	530.5	14%

FY 13 Estimated DOH Reversion By Program Area



FY13 reversion calculation at year end closing (6/30/2013)	\$9,613,796
P007 In collaboration with HSD, DD Waiver year end accrual reversion estimate	\$2,815,000
P006 Facilities estimated accounts receivable	<u>\$2,000,000</u>
Total FY13 estimated reversion	\$14,428,796

The FY13 reversion estimate is 2.7% of the \$538,288,400 Operating Budget.

Thank you!
We stand for questions

