



LEGISLATIVE HEALTH & HUMAN SERVICES COMMITTEE

JULY 6, 2021

SECRETARY DAVID R. SCRASE, M.D.

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START...

On behalf of all colleagues at the Human Services Department, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Navajo and Pueblo past and present.

With gratitude we pay our respects to the land, the people and the communities that have contributed to what today is known as the State of New Mexico.

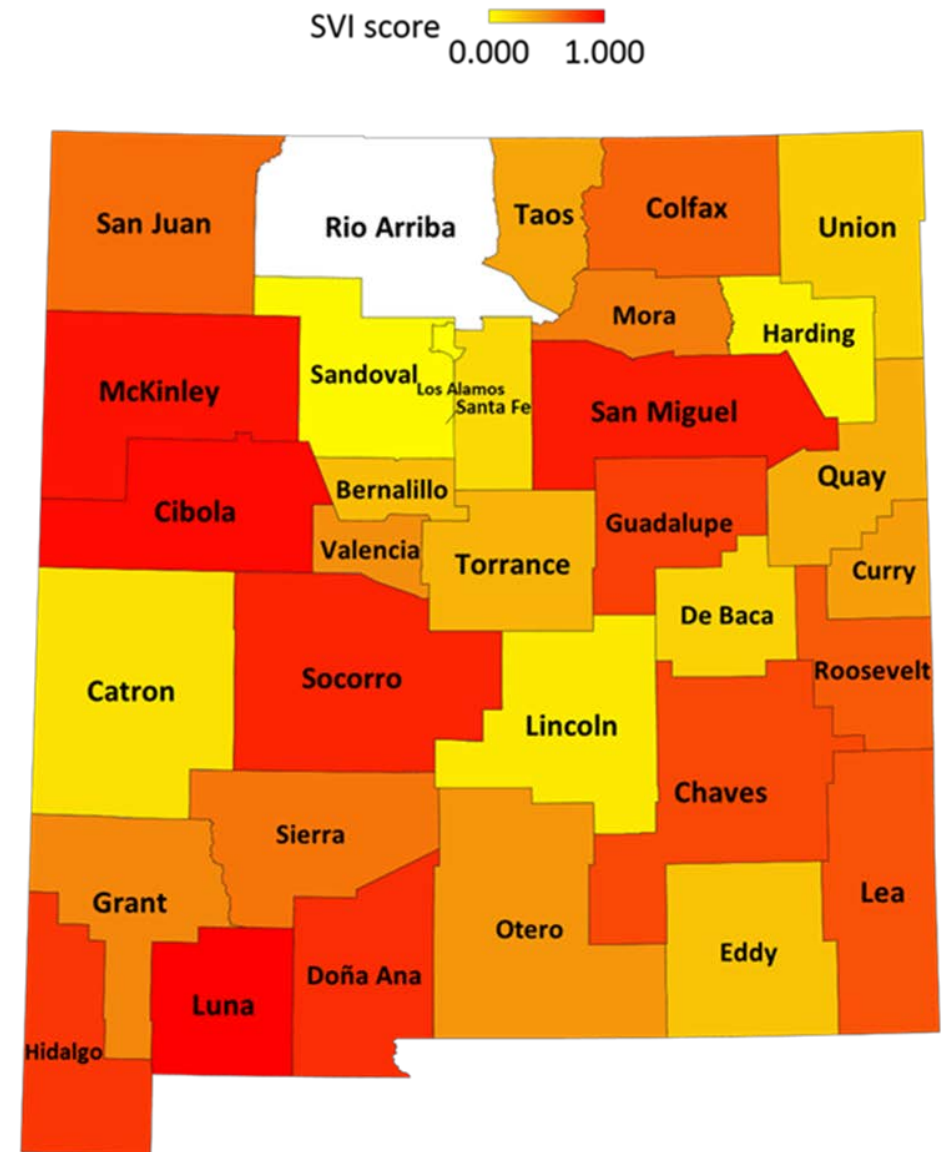


PHOTO COURTESY: HSD Employee

TODAY'S AGENDA

1. Poverty in NM (9:15 – 10:45)
2. HSD's customers (10:45 – 12:15)
3. Lunch (12:15 – 1:15)
4. Public comment (1:15 – 1:30)
5. Current challenges and accomplishments (1:30 – 3:00)
6. Future of HSD (3:00 – 4:30)
7. Public comment (4:30 – 5:00)

Social Vulnerability by County



Source: U.S. Centers for Disease Control Social Vulnerability Index, 2018 data. No data available for Rio Arriba County.

https://www.atsdr.cdc.gov/placeandhealth/svi/documentation/SVI_documentation_2018.html

February 25, 2021.

POVERTY IN NM PANEL OVERVIEW

TOPICS

1. HSD Mission & Goals
2. Adverse Childhood Experiences
3. Meeting the Benally Family
4. Unemployment in NM
5. State Revenue Drivers
6. NM Poverty Data
7. Structural Determinants of Health
8. Cliff effect

SPEAKERS



David R. Scrase, M.D.
Cabinet Secretary



Alex Castillo Smith
Manager, Strategic Planning
& Special Projects



Nicole Comeaux
Medicaid Director



Jee Hwang
Economist Supervisor

HSD LEADERSHIP TEAM

5



David R. Scrase, M.D.

Cabinet Secretary

David.Scrase@state.nm.us

505-316-5422



Angela Medrano

Deputy Cabinet Secretary

Angela.Medrano@state.nm.us

505-629-3157



Kari Armijo

Deputy Cabinet Secretary

Kari.Armijo@state.nm.us

505-249-8773



Nicole Comeaux

Medicaid Director

Nicole.Comeaux@state.nm.us

505-490-7703



Paul Ritzma

General Counsel

Paul.Ritzma@state.nm.us

505-670-9522



Danny Sandoval

Administrative Services

Director

Danny.Sandoval@state.nm.us

505-670-7497



Neal Bowen

Behavioral Health

Division Director

Neal.Bowen@state.nm.us

505-660-2799



Betina McCracken

Child Support Enforcement Division

Acting Director

Betina.McCracken@state.nm.us

505-699-4675

HSD LEADERSHIP TEAM

6



Judy Parks

Acting Human Resources Director

Judith.Parks2@state.nm.us

505-469-3388



Karmela Martinez

Income Support Division Director

Karmela.Martinez@state.nm.us

505-660-7452



Sean Pearson

Information Technology Division
Director

Sean.Pearson@state.nm.us

505-670-9345



Jodi McGinnis Porter

Communications Director

Jodi.McGinnis-Porter@state.nm.us

505-670-4136



Shelly Begay

HSD Tribal Liaison

Shelly.Begay@state.nm.us

505-470-2731



Alex Castillo Smith

Manager, Strategic Planning &
Special Projects

Alex.CastilloSmith@state.nm.us

505-629-8652



Sally Jameson

Project Manager

Sally.Jameson@state.nm.us

505-795-1880



Ryan O'Connor

Project Manager

Ryan.O'Connor@state.nm.us

505-629-7336

Investing for tomorrow, delivering today.



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.

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 make access EASIER

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



We communicate EFFECTIVELY

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



We support EACH OTHER

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

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

- ACEs cause stress reactions in children, and when activated repeatedly (especially in absence of protective factors), can interrupt physiological and brain development.
- As ACEs increase, so does risk of negative health outcomes such as substance use, depression, suicide, poor physical health.
- ACE score of 7 or more decreases life expectancy by about 20 years.
- Poverty and other adverse community environments highly comorbid with ACEs.



Children 0-17, Percentage with 0, 1, 2, or 3+ ACEs, 2018

	Number of ACEs			
	0	1	2	3-8
US	55%	24	11	10
NM	48	25	9	18

MEET THE BENALLY FAMILY*

- Julie is single mother of 2-year-old son and 5-year-old daughter. They live in Farmington and identify as Native American.
- As a child, Julie's family experienced poverty, she witnessed violence in her neighborhood as well as at home. She often did not have enough to eat and did not feel safe in her neighborhood much of the time.
- Julie's unresolved childhood trauma lives in her body as multiple chronic health conditions and anxiety. Between balancing stresses of work and home priorities, her health often suffers.

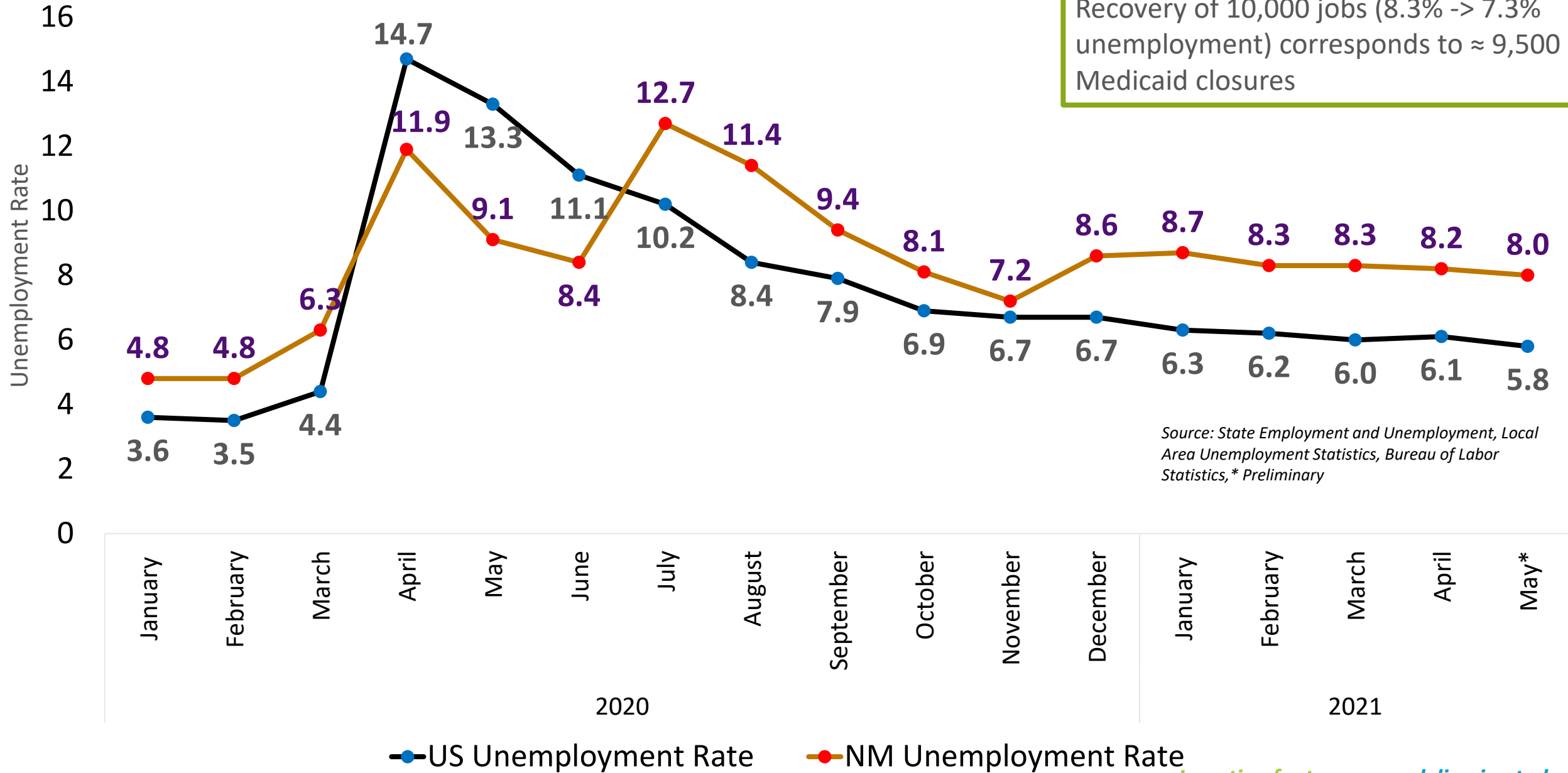


* Based on a real HSD client, whose name and photo are changed.

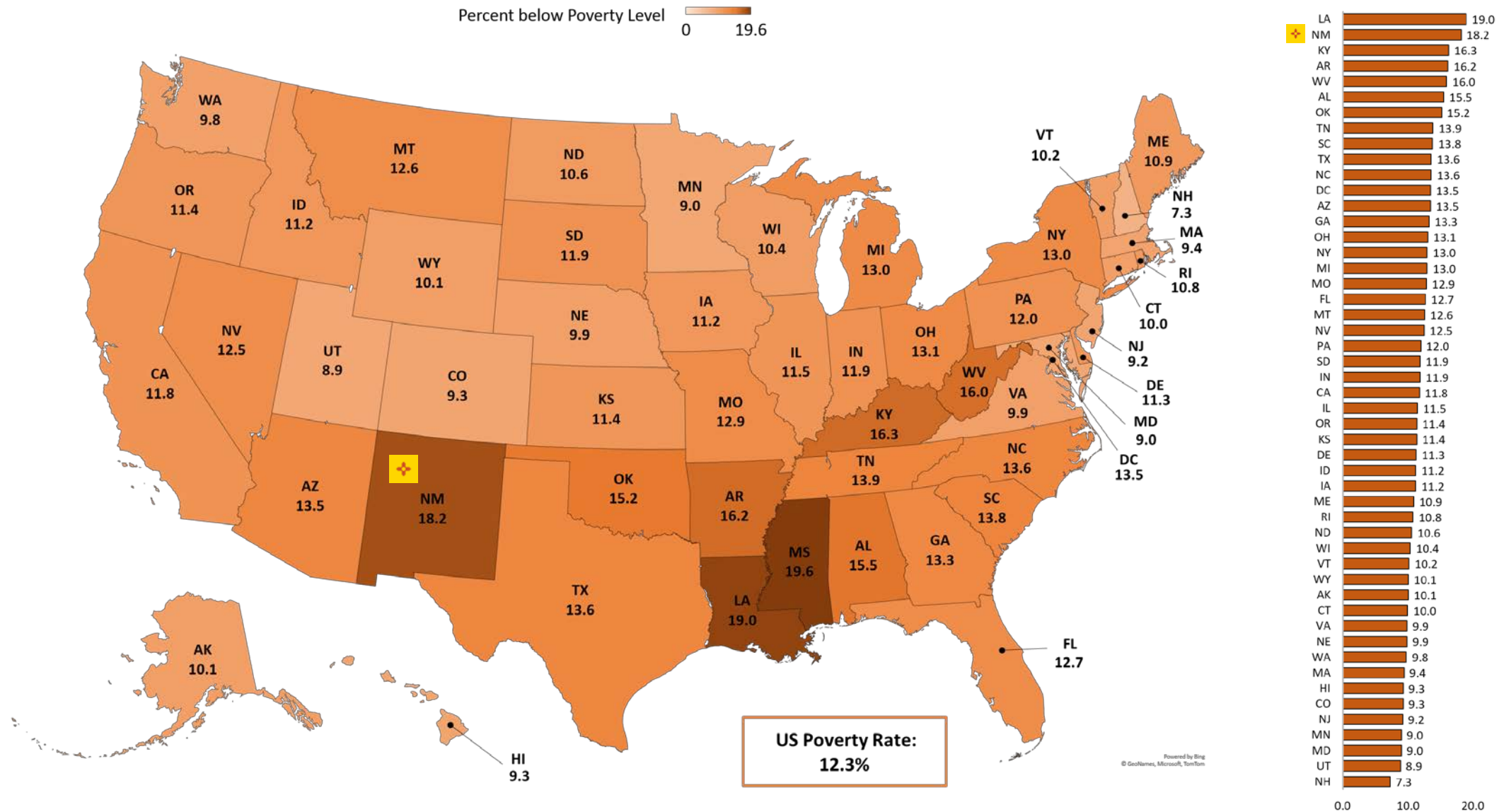
Unemployment Rate in New Mexico and US, Seasonally Adjusted

January 2020 - May 2021

Recovery of 10,000 jobs (8.3% -> 7.3% unemployment) corresponds to ≈ 9,500 Medicaid closures

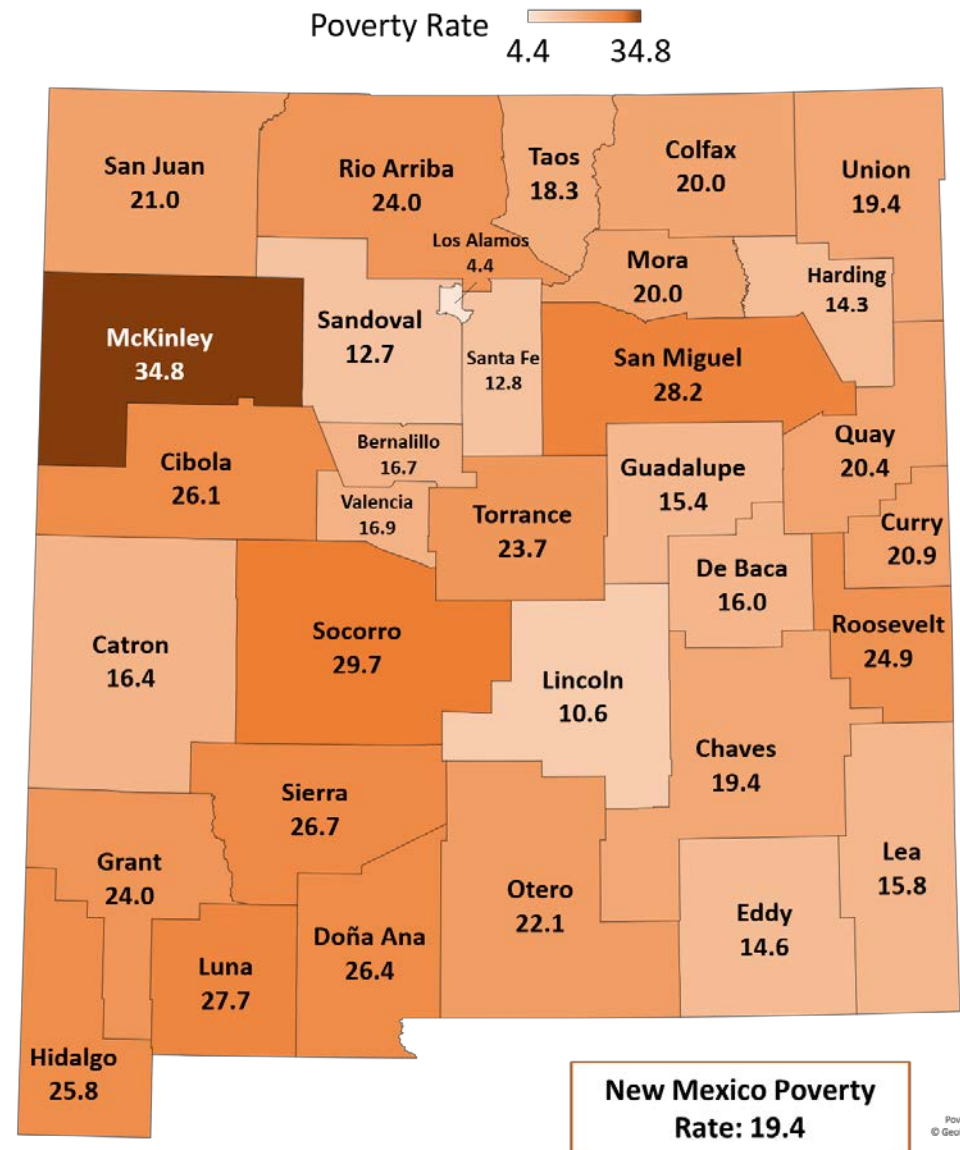
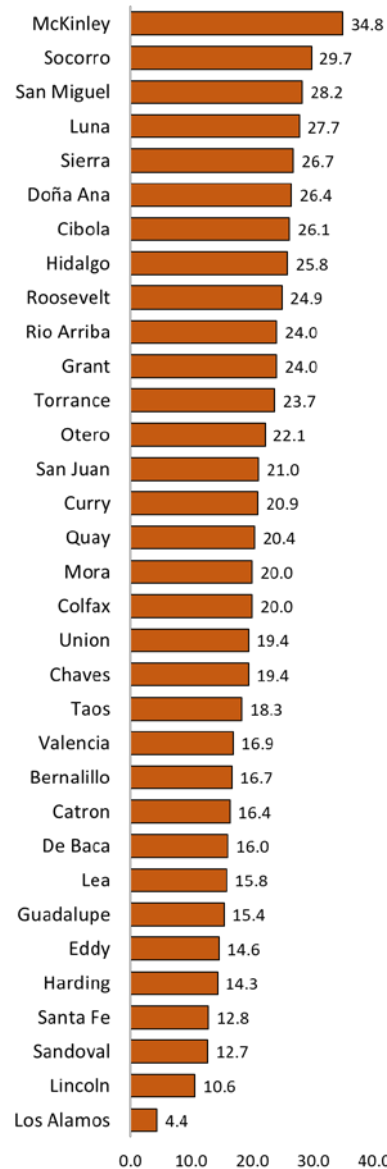


U.S. Poverty Rate by State as of 2019



Source: U.S. Census Bureau, Poverty Status in the Past 12 Months (S1701), 2019 American Community Survey 1-year estimates. Retrieved from <https://data.census.gov>, December 1, 2020

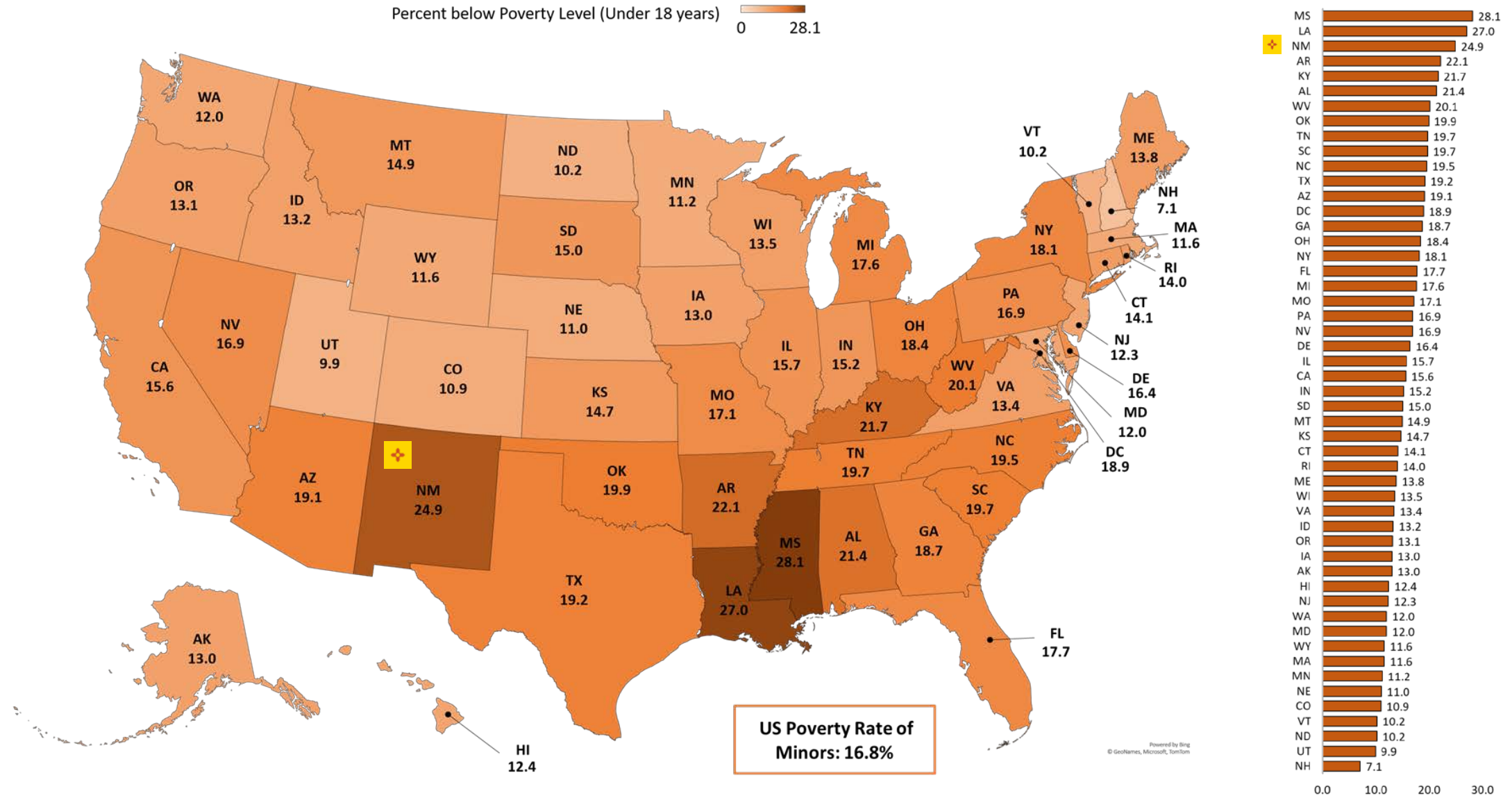
New Mexico Poverty Rate by County as of 2019



Source: U.S. Census Bureau, Poverty Status in the Past 12 Months (S1701), 2019 American Community Survey 5-year estimates. Retrieved from <https://data.census.gov>, December 10, 2020

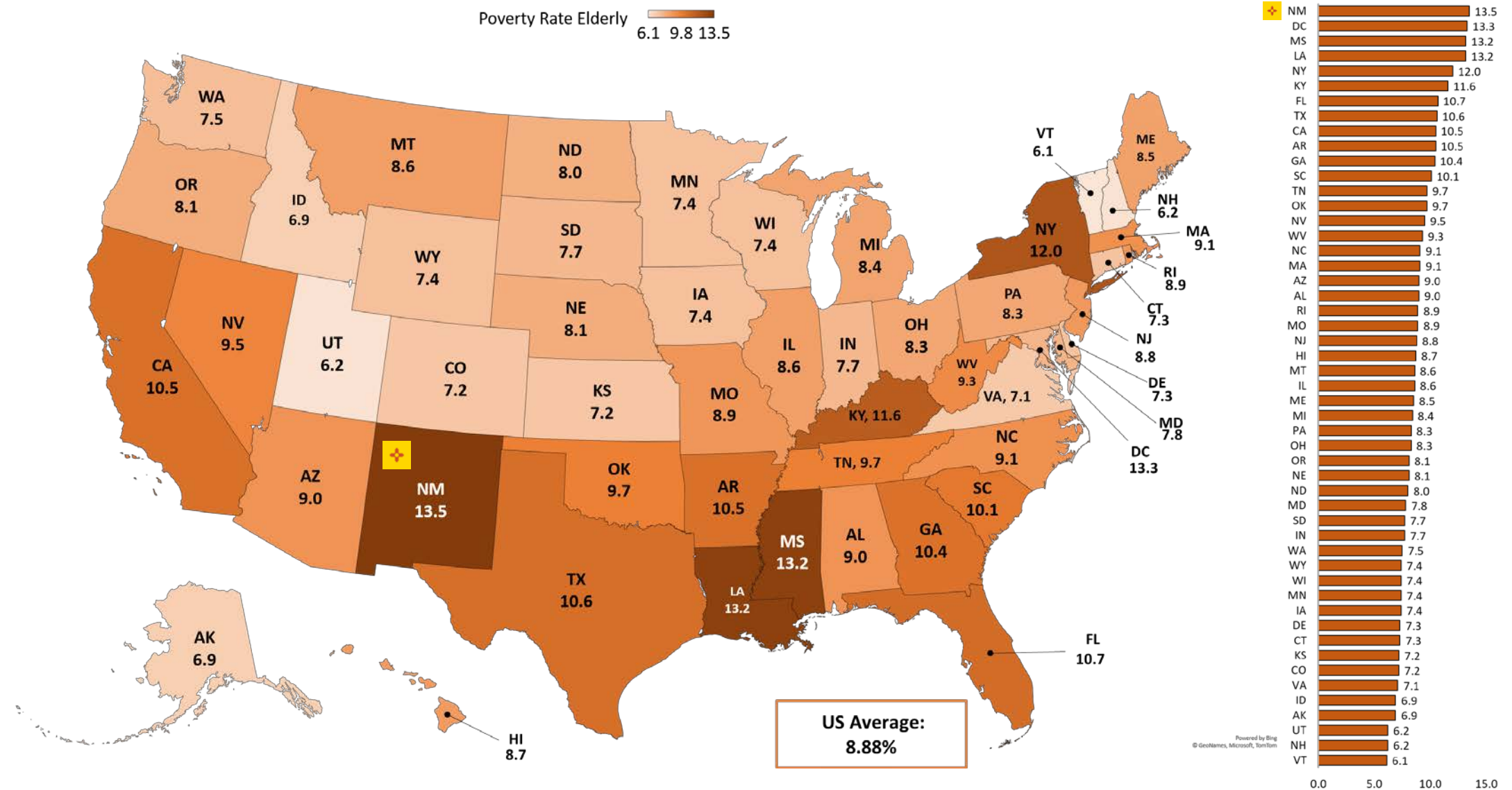
Note: The U.S. map on the previous page uses ACS 1-year estimates and this map uses ACS 5-year estimates.

U.S. Poverty Rate Minors (Under 18 Years) by State as of 2019



Source: U.S. Census Bureau, Poverty Status in the Past 12 Months (S1701), 2019 American Community Survey 1-year estimates. Retrieved from <https://data.census.gov>, December 1, 2020

U.S. Poverty Rate Elderly (65+ Years) by State as of 2019



Source: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates, data.census.gov

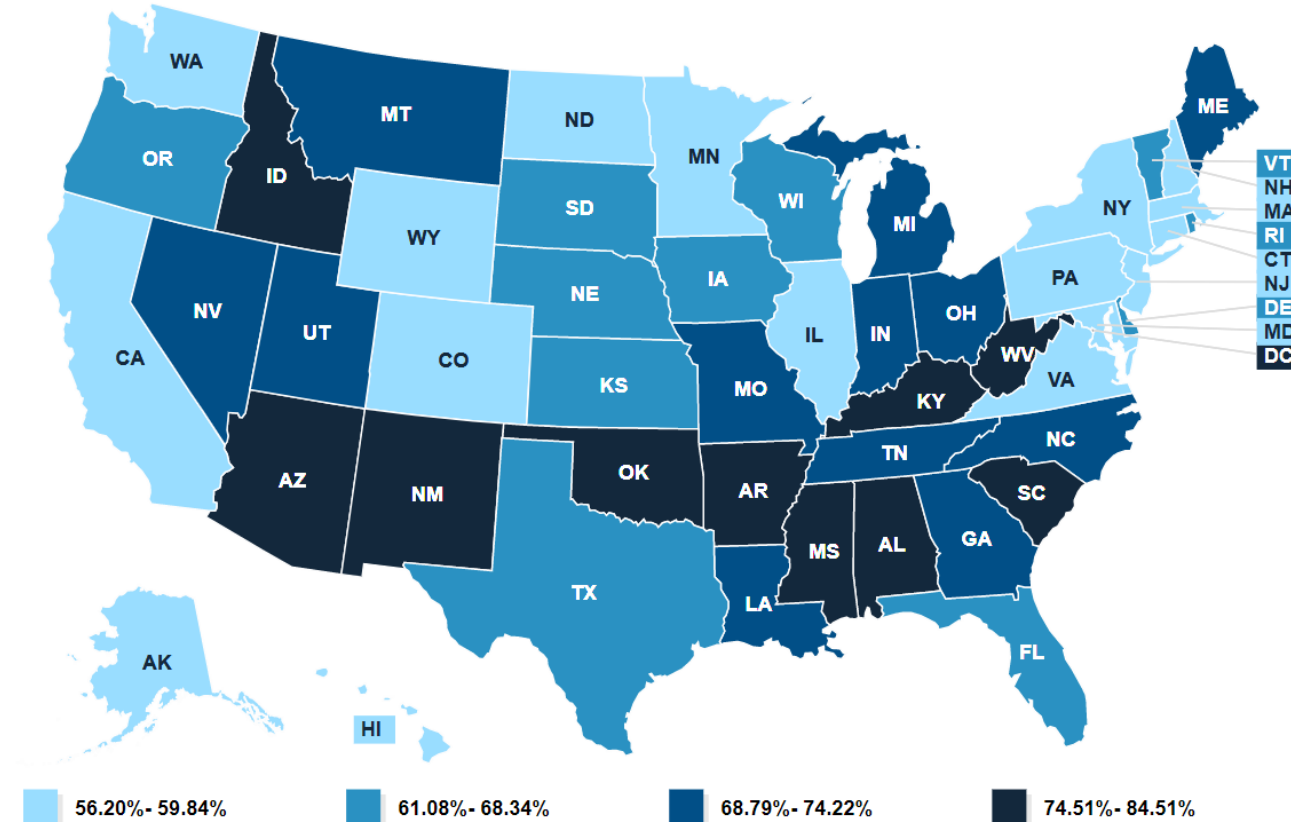
FEDERAL MEDICAL ASSISTANCE PERCENTAGE (FMAP) FOR MEDICAID BY STATE, FY22

- FMAP formula considers average per capita income for each State relative to national average:

FMAP state =

$$1 - \frac{(\text{State per capita income})^2}{(\text{U.S. per capita income})^2} * 0.45$$

- US average FMAP 56.2%
- **NM FMAP 3rd highest in country (79.9%),** meaning Federal share of most Medicaid expenditures 79.9% (remainder State share).

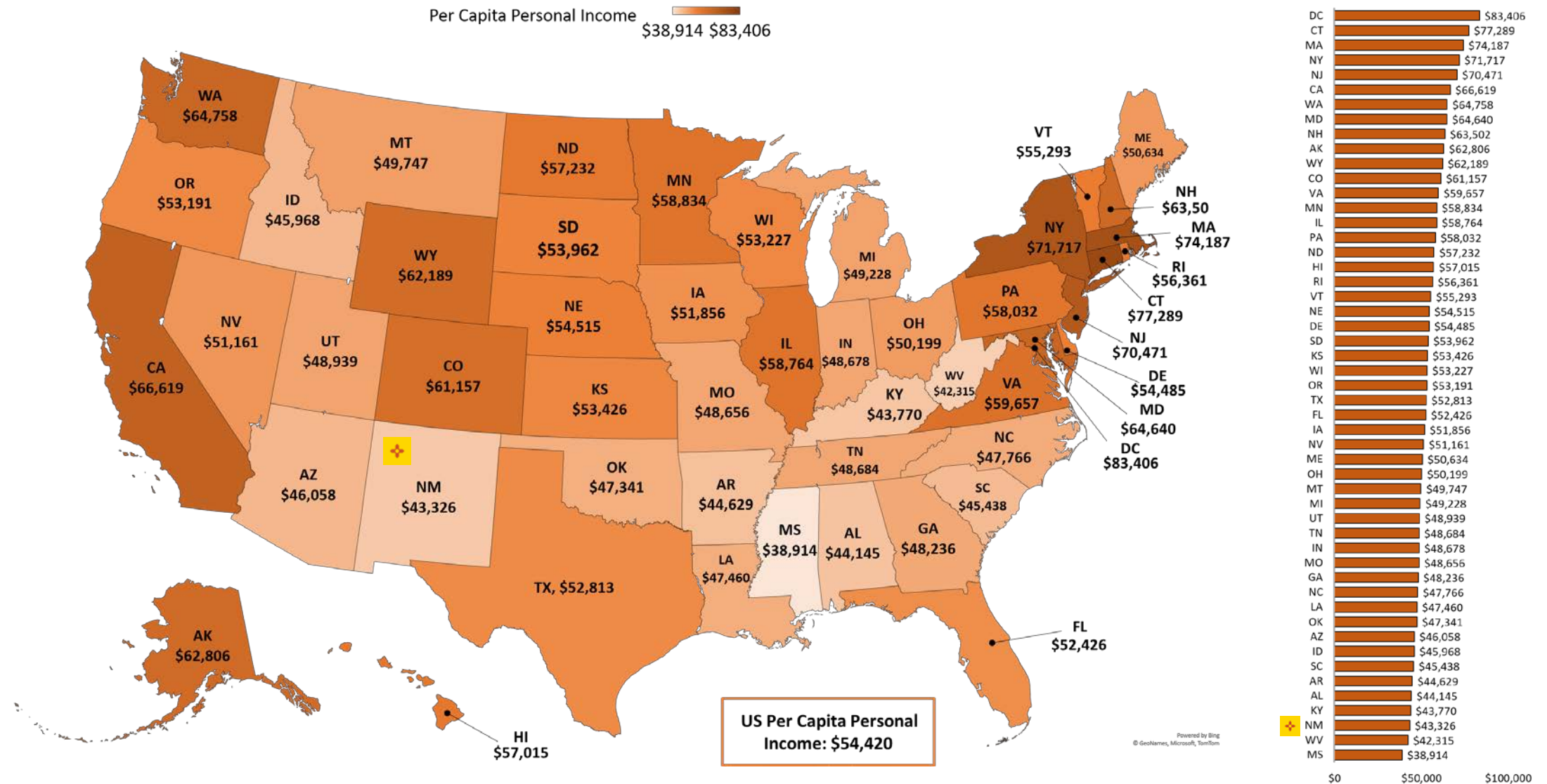


MEDICAID FMAP AND 6.2% INCREASE IMPACT

Federal Fiscal Year 2021 FMAP without/with 6.2% Increase

	Pre-PHE Federal and State FFP			Policy Adjusted Federal and State FFP		
	Federal Match %	State Match %	Ratio (Federal: State)	Federal Match with 6.2%	State Match w/ 6.2%	Ratio (Federal: State)
Traditional (PH & LTSS)	73.46%	26.54%	2.77	79.66%	20.34%	3.92
Chip EFMAP	81.42%	18.58%	4.38	85.00%	15.00%	5.67
Other Adult Group (CY21)	90.00%	10.00%	9.00	90.00%	10.00%	9.00
State FY Blended FFP	79.86%	20.14%	3.97	82.51%	17.49%	4.72

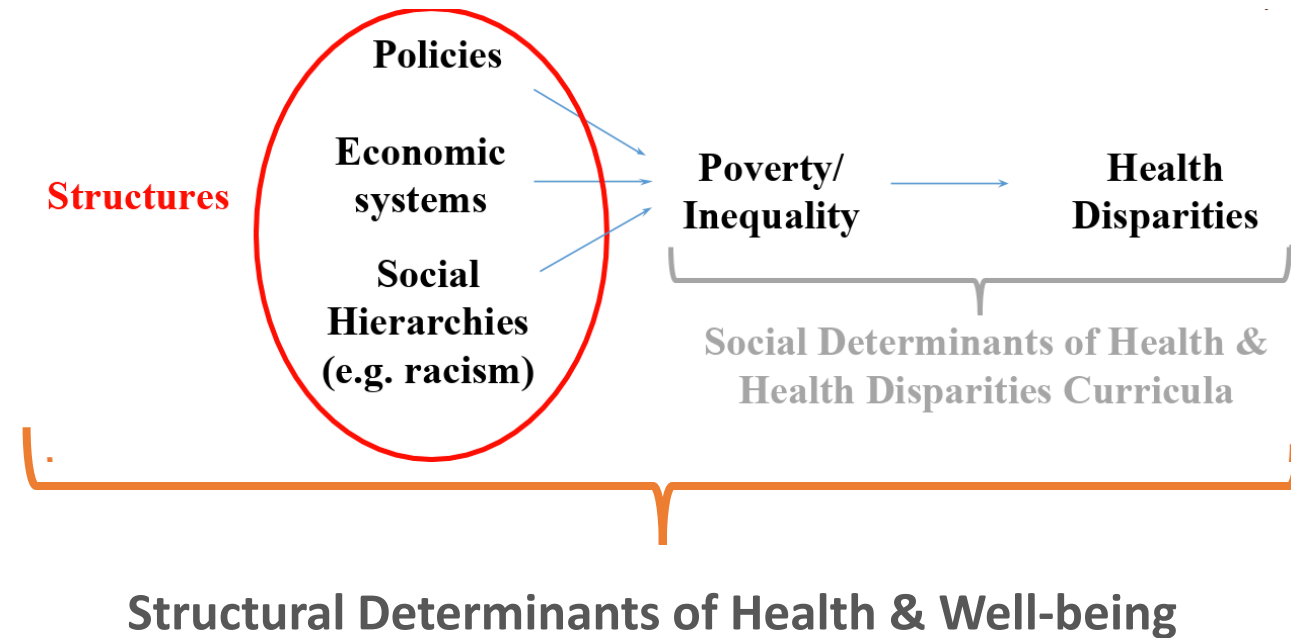
U.S. Per Capita Personal Income by State as of 2019



Source: U.S. Bureau of Economic Analysis, Per Capita Personal Income by State [PCPI], retrieved from FRED, Federal Reserve Bank of St. Louis; Retrieved from <https://fred.stlouisfed.org/release/tables?rid=110&eid=257197#snid=257229>, November 5, 2020.

STRUCTURAL DETERMINANTS OF HEALTH & WELL-BEING

- Health and well-being shaped by social, economic, geographic, and policy structures, which often create conditions resulting in inequalities and inequities.
- Structurally informed lens shifts blame from individuals to conditions in which individuals forced to operate within.
 - Without structurally informed perspective, even best-intentioned organizations more likely to miss opportunities to address disparities in delivery of services or development of policies.
- HSD developing staff training materials and external communications designed to highlight structural determinants.



HSD'S SOCIAL IMPACT: NM BENEFITS FROM MODERN AND RESPONSIVE SOCIAL SAFETY NET (AS OF 5/31/21)

205,952,673
meals provided to
New Mexicans
through
Supplemental
Nutrition
Assistance
Program (SNAP)
since January 2021



929,008
individuals
provided the
ability to visit a
doctor, afford
medication and
immunizations
through Medicaid
in May 2021



18,668 homes
heated and cooled
for New Mexico
families through
Low Income
Energy Assistance
Program (LIHEAP)
in Federal Fiscal
Year 2021



12,144 families
provided shelter
and necessities
through Temporary
Assistance for
Needy Families
(TANF) Program in
May 2021



**\$135.59 collected per
child*** per month on
average through child
support to help kids be
happy and healthy over
the last 12 months



*collections include current support and arrears debt to the custodial parent and/or the state.

CHECKING IN WITH THE BENALLY FAMILY*

- Julie works at a restaurant. Her monthly income fluctuates based on tips and number of shifts she can work, averaging \$10.50/hour (\$1,837.50/month, \$22,050/year).
- She and her children covered by Fee for Service Medicaid.
- Julie's doctor advised Julie to adjust her diet and lifestyle to manage her diabetes. Julie is unable to do so given her work, income, and lack of access to affordable foods.
- Julie loves being a mother and wants to provide for her kids, but because she is working a lot they are often in care of friends.
- She does not have time to help her daughter with schoolwork as much as she would like, and her daughter has started to pick on other kids at school. This makes Julie sad.



* Based on a real HSD client, whose name and photo are changed.

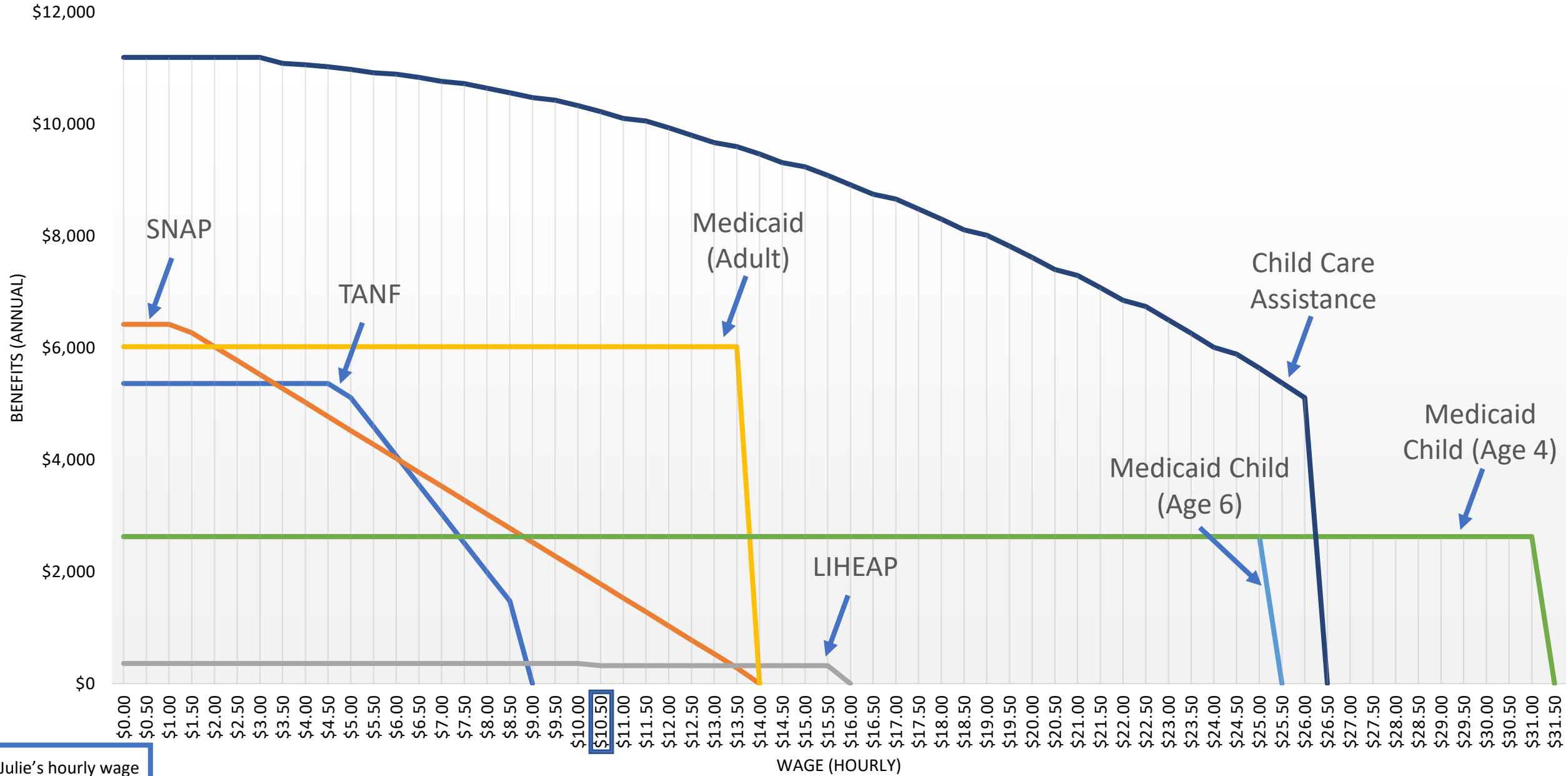
LEGISLATOR QUESTION: CLIFF EFFECT, WHEN RAISE TRIGGERS A DISPROPORTIONATE LOSS OF GOVERNMENT ASSISTANCE

- As earnings increase and lower-income families cross different Federal Poverty Levels (FPLs), family members begin to lose benefits, resulting in a Cliff Effect that makes it difficult for New Mexico families to get ahead by earning more.
- Julie's family (based on household size and annual income) is at 100.4% FPL.
- Adults must be at or below 138% FPL to qualify for Medicaid in NM, eligibility is much higher (up to 300% FPL) for kids than adults, so kids in families will be able to stay covered at much higher levels than their parents.

2021 Poverty Guidelines, Monthly Income, all states (except Alaska and Hawaii)

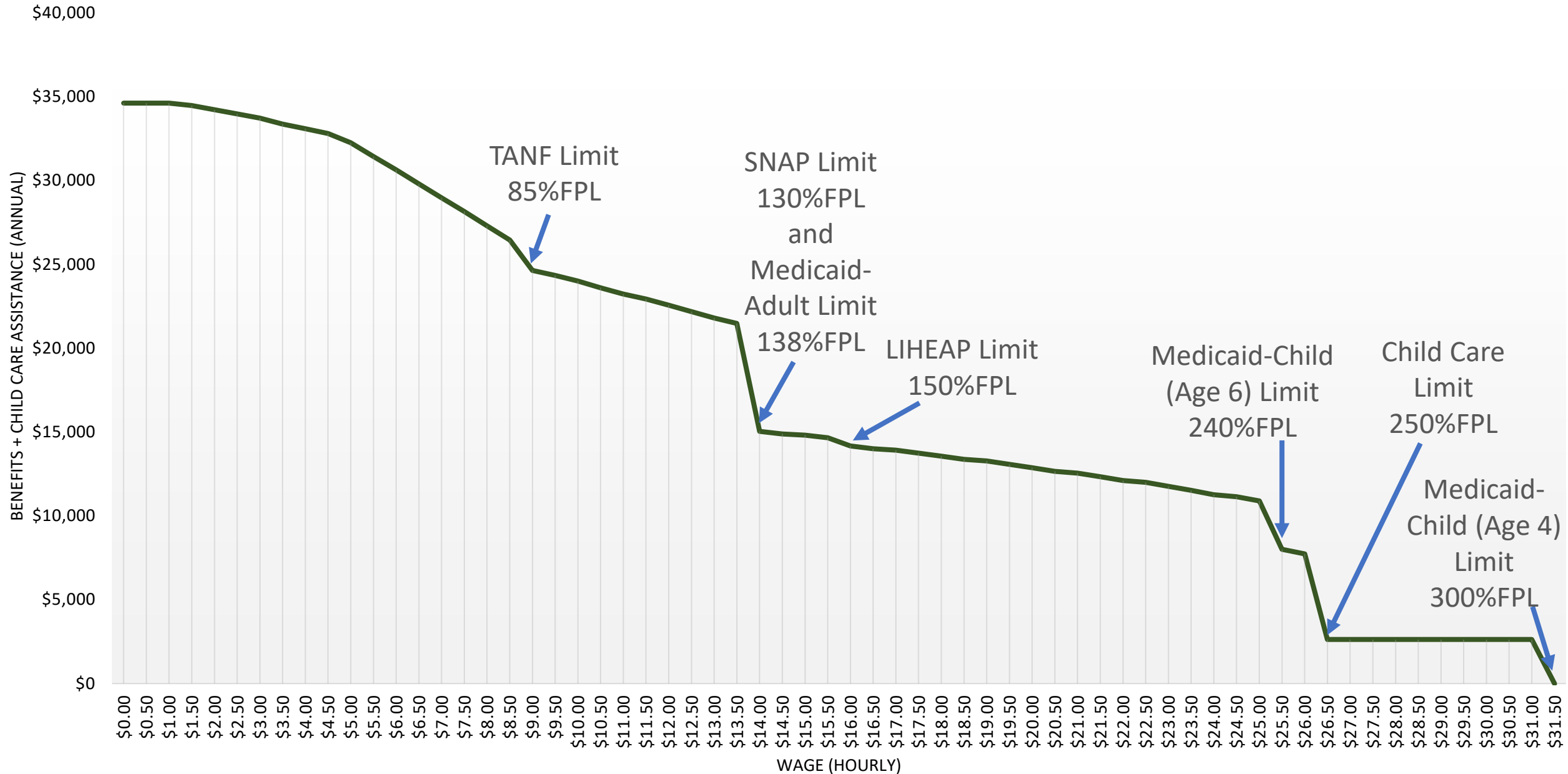
Household/ Family Size	25%	50%	75%	100%	125%	133%	135%	138%	150%	175%	180%	185%	200%
1	\$268	\$537	\$805	\$1,073	\$1,342	\$1,428	\$1,449	\$1,481	\$1,610	\$1,878	\$1,932	\$1,986	\$2,147
2	\$363	\$726	\$1,089	\$1,452	\$1,815	\$1,931	\$1,960	\$2,003	\$2,178	\$2,540	\$2,613	\$2,686	\$2,903
3	\$458	\$915	\$1,373	\$1,830	\$2,288	\$2,434	\$2,471	\$2,525	\$2,745	\$3,203	\$3,294	\$3,386	\$3,660
4	\$552	\$1,104	\$1,656	\$2,208	\$2,760	\$2,937	\$2,981	\$3,048	\$3,313	\$3,865	\$3,975	\$4,085	\$4,417
5	\$647	\$1,293	\$1,940	\$2,587	\$3,233	\$3,440	\$3,492	\$3,570	\$3,880	\$4,527	\$4,656	\$4,785	\$5,173
6	\$741	\$1,483	\$2,224	\$2,965	\$3,706	\$3,943	\$4,003	\$4,092	\$4,448	\$5,189	\$5,337	\$5,485	\$5,930
7	\$836	\$1,672	\$2,508	\$3,343	\$4,179	\$4,447	\$4,514	\$4,614	\$5,015	\$5,851	\$6,018	\$6,185	\$6,687
8	\$930	\$1,861	\$2,791	\$3,722	\$4,652	\$4,950	\$5,024	\$5,136	\$5,583	\$6,513	\$6,699	\$6,885	\$7,443
9	\$1,025	\$2,050	\$3,075	\$4,100	\$5,125	\$5,453	\$5,535	\$5,658	\$6,150	\$7,175	\$7,380	\$7,585	\$8,200
10	\$1,120	\$2,239	\$3,359	\$4,478	\$5,598	\$5,956	\$6,046	\$6,180	\$6,718	\$7,837	\$8,061	\$8,285	\$8,957
11	\$1,214	\$2,428	\$3,643	\$4,857	\$6,071	\$6,459	\$6,557	\$6,702	\$7,285	\$8,499	\$8,742	\$8,985	\$9,713
12	\$1,309	\$2,618	\$3,926	\$5,235	\$6,544	\$6,963	\$7,067	\$7,224	\$7,853	\$9,161	\$9,423	\$9,685	\$10,470
13	\$1,403	\$2,807	\$4,210	\$5,613	\$7,017	\$7,466	\$7,578	\$7,746	\$8,420	\$9,823	\$10,104	\$10,385	\$11,227
14	\$1,498	\$2,996	\$4,494	\$5,992	\$7,490	\$7,969	\$8,089	\$8,269	\$8,988	\$10,485	\$10,785	\$11,085	\$11,983

HSD Benefits and Child Care Assistance by Hourly Wage for Single Parent, Two Children (Ages 4 and 6) Households



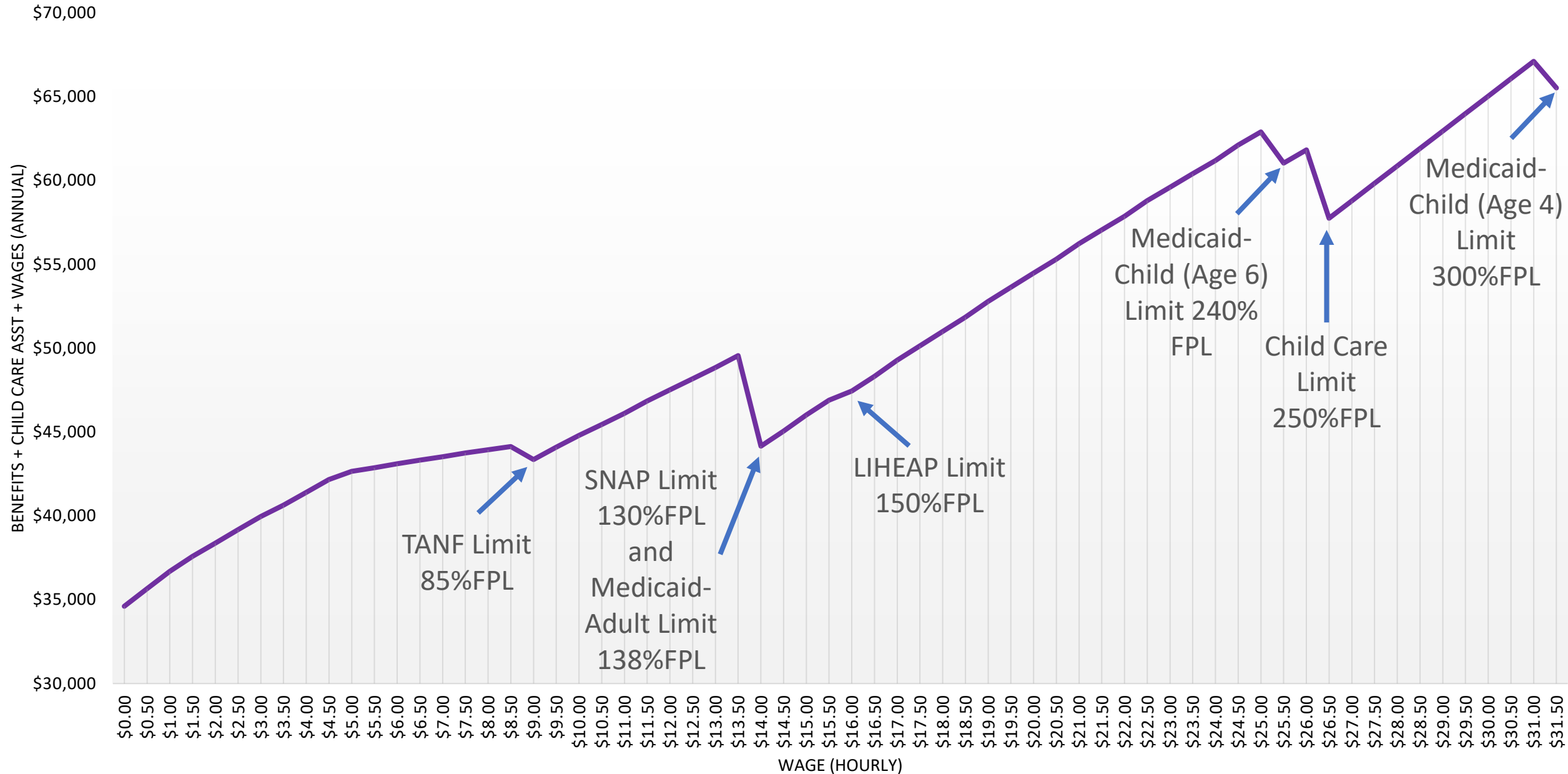
Julie's hourly wage

Total HSD Benefits and Child Care Assistance by Hourly Wage for Single Parent, Two Children (Ages 4 and 6) Households

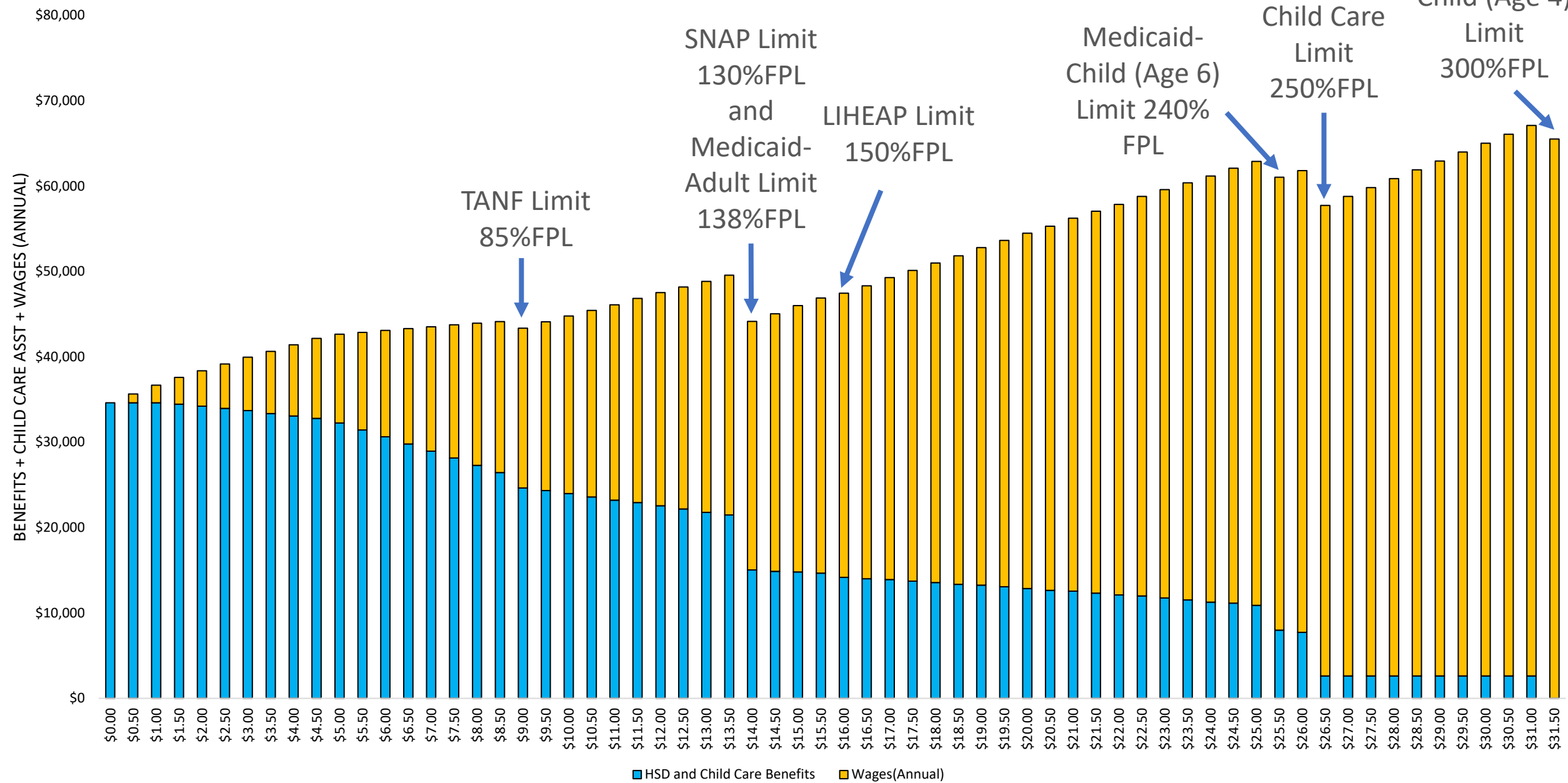


Total HSD Benefits, Child Care Assistance, and Full-time Wages by Hourly Wage for Single Parent, Two Children (Ages 4 and 6) Households

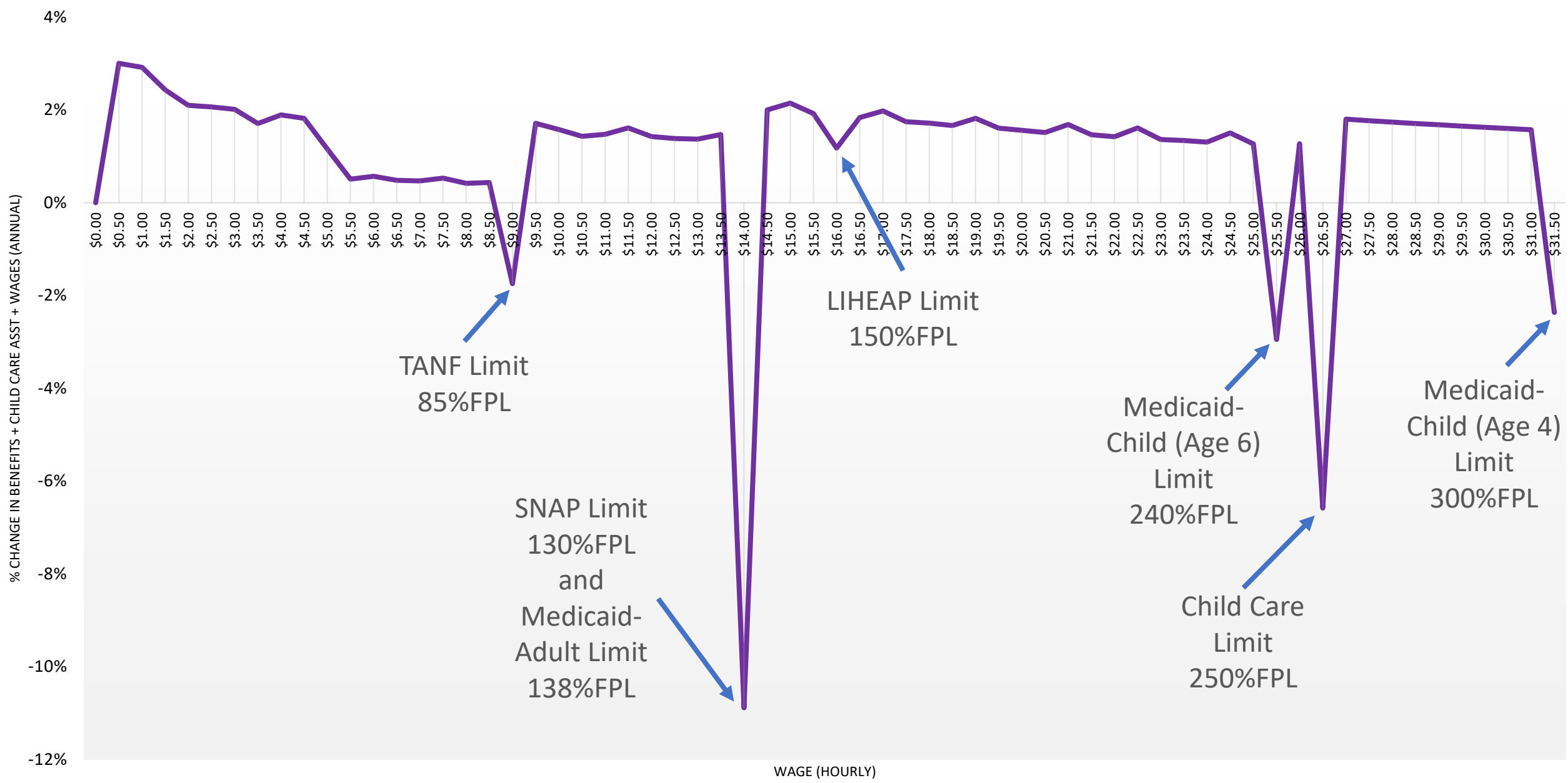
25



Total HSD Benefits, Child Care Assistance, and Full-time Wages by Hourly Wage Single Parent, Two Children (Ages 4 and 6) Households

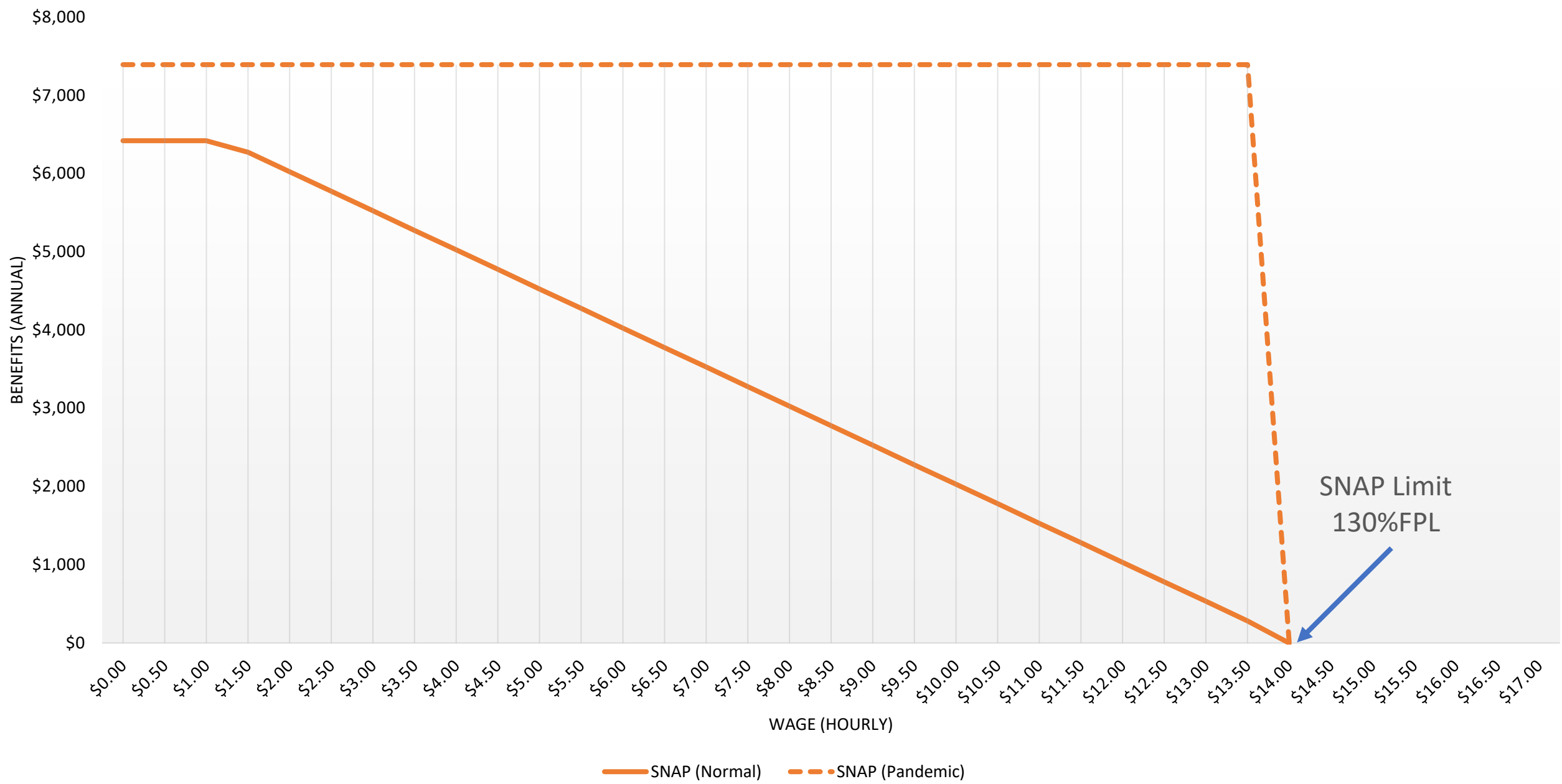


% Change in Total HSD Benefits, Child Care Assistance, and Full-time Wages by Hourly Wage for Single Parent, Two Children (Ages 4 and 6) Households



SNAP Benefits during the COVID-19 Pandemic by Hourly Wage

Single Parent, Two Children (Ages 4 and 6) Households



ADDRESSING CLIFF EFFECT NATIONALLY & GLOBALLY

Jurisdiction	Mitigating the Cliff Effect (Intervention)	Goal	Status & Outcomes
City of Santa Fe, NM [1]	Guaranteed Income Project – 100 people under 30 with children and are attending SF Community College will each receive \$400-500 monthly for next year.	Address cycle of poverty, low education achievement, and low paying jobs.	This program is modeled after the Economic Security Project; expected to be implemented late 2021.
Stockton, CA [2]	Economic Security Project – 125 randomly selected residents living in neighborhoods at or below the median household income were given \$500 per month from February 2019 to February 2020.	Alleviate stress and provide the financial security needed to find good jobs and avoid debt.	Full-time employment increased among those who received the income, and financial, physical, and emotional health improved.
Massachusetts, USA [3]	Reformed TANF Program - Increased cash asset limit from \$2,000 to \$5,000 per household and offered to disregard 100% of participants' income for six months when it falls below 200% of federal poverty line.	Smooth transitions to work, sustain families when emergencies occur, and enable workers to begin accumulating financial assets.	Two years into the program reform and there are fewer families returning to TANF once they have transitioned off.
Nebraska, USA [4]	Reformed SNAP - Nebraska families making up to 165% of the federal poverty level are eligible for SNAP benefits.	Change provisions relating to the SNAP to address benefits cliffs.	Passed legislature in May of 2021.
Texas, USA [5]	Making Work Pay pilot will serve up to 500 TANF/SNAP recipients for 24-60 months. Slow reduction of benefits, paired with wrap-around case management.	Help clients reach long-term self-sufficiency independent of public benefits.	Two years into the pilot program and more customers have secured a sufficient –wage job, emergency savings, and debt management planning skills.
Nordic Countries (Denmark, Finland, Iceland, Norway, and Sweden) [6]	The Nordic Social Welfare Model - Heavily subsidized child care and transportation, free education, free/inexpensive health care.	Invest in health, education, and job training, and strong work incentives and requirements.	High satisfaction/support among political parties, high levels of prosperity, more even distributions of wealth, increased productivity, and overall improvement in social progress and happiness.

[1] Source: <https://www.abqjournal.com/2400456/santa-fe-signs-on-to-guaranteed-income-program.html>

[2] Source: <https://www.economicsecurityproject.org/>

[3] Source: <https://www.ncsl.org/research/human-services/addressing-benefits-cliffs.aspx>

[4] Source: <https://www.benefitscliff.com/>

[5] Source: <https://www.benefitscliff.com/>

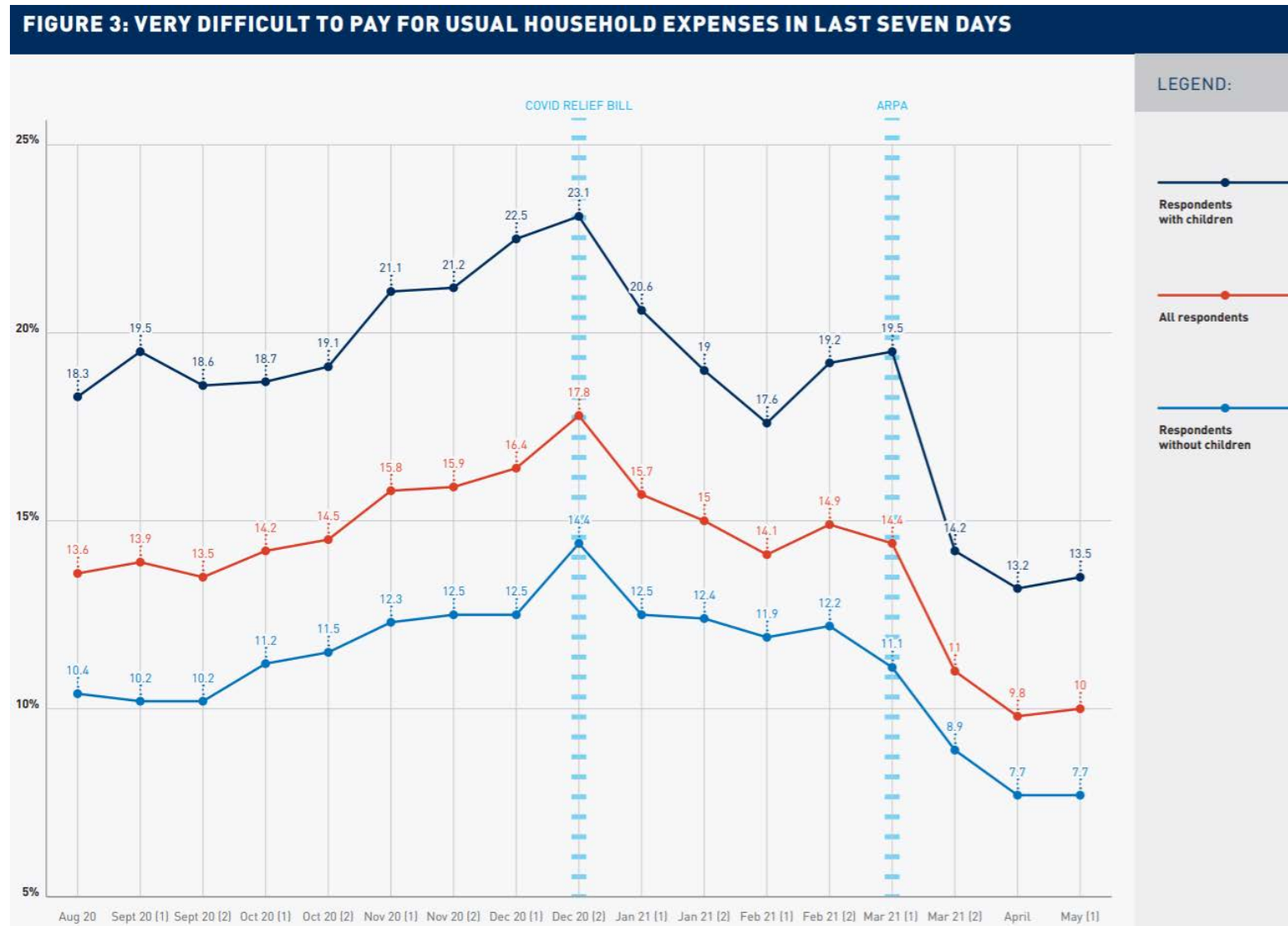
[6] Source: https://www2.deloitte.com/content/dam/insights/us/articles/43149-the-nordic-social-welfare-model/DI_The-Nordic-social-welfare-model.pdf

HOW CAN WE SMOOTH CLIFFS FOR NEW MEXICO FAMILIES?

Agency	Program	Current Cliff	Smoothing the Cliff
HSD	SNAP	Transitional SNAP for TANF Recipients: Individuals who leave TANF due to increased earnings receive 6-month moratorium on SNAP benefit reduction.	Remove moratorium (requires change in federal law).
HSD	TANF	TANF recipients who leave program due to increased earnings encounter immediate loss of benefits and sometimes unable to defray household costs.	Establish Transitional Bonus Program, which provides incentive \$200 per month for up to 18-months to help defray increased costs. (requires GF investment)
HSD	Health insurance	Federal government provides some subsidies for Exchange coverage; however, subsidies are not enough for many New Mexicans, especially out-of-pocket costs.	Through the recently passed Health Care Affordability Fund, OSI, TRD, and HSD will provide additional state-based subsidies for New Mexicans purchasing health insurance coverage through beWellnm.
HSD	Child Support	HSD intercepts IRS refunds/stimulus payments on behalf of a TANF recipient, keeping all money to reimburse state and federal government instead of sending to the custodial parent and child.	NM could collect an additional \$4.27M for NM kids if HSD pursued a full pass-through model (requires \$1.7 M in GF).
DWS	-	Costs associated with returning to work vary depending on personal circumstances, including transportation, childcare, work uniforms.	DWS offering return-to-work support payment to Unemployment Insurance recipients who return to work in July and retain employment through August, supporting workers joining the labor force.
ECECD	Childcare	Eligibility caps preclude many low-income families from being able to access assistance.	On 7/1 ECECD announced expansion of Child Care Assistance Program, doubling eligibility for families from 200% FPL to 400% FPL.

IN SUMMARY: STATE AND FEDERAL RELIEF MITIGATED SEVERITY OF POVERTY EXPERIENCED BY MANY NEW MEXICANS

- Despite higher levels of unemployment resulting from COVID-19 pandemic, state and federal relief mitigated severity of poverty experienced by many New Mexicans.
- Researchers found sharp declines in food shortages, financial instability and anxiety coincided with 2 most recent rounds of Federal payments:
 - From December 2020 to April 2021, food insufficiency fell by over 40%, financial instability fell by 45%, and reported adverse mental health symptoms fell by 20%.
 - Declines in material hardship greatest among lower-income households but also evident higher up income distribution.



HSD CUSTOMERS PANEL OVERVIEW

TOPICS

1. HSD Customers & Partners
2. Customer Demographic Data
3. Annual Strategic Planning Cycle
4. Customer Satisfaction Survey Results
5. Benally Family Update

SPEAKERS



Angela Medrano
Dep. Cabinet Secretary



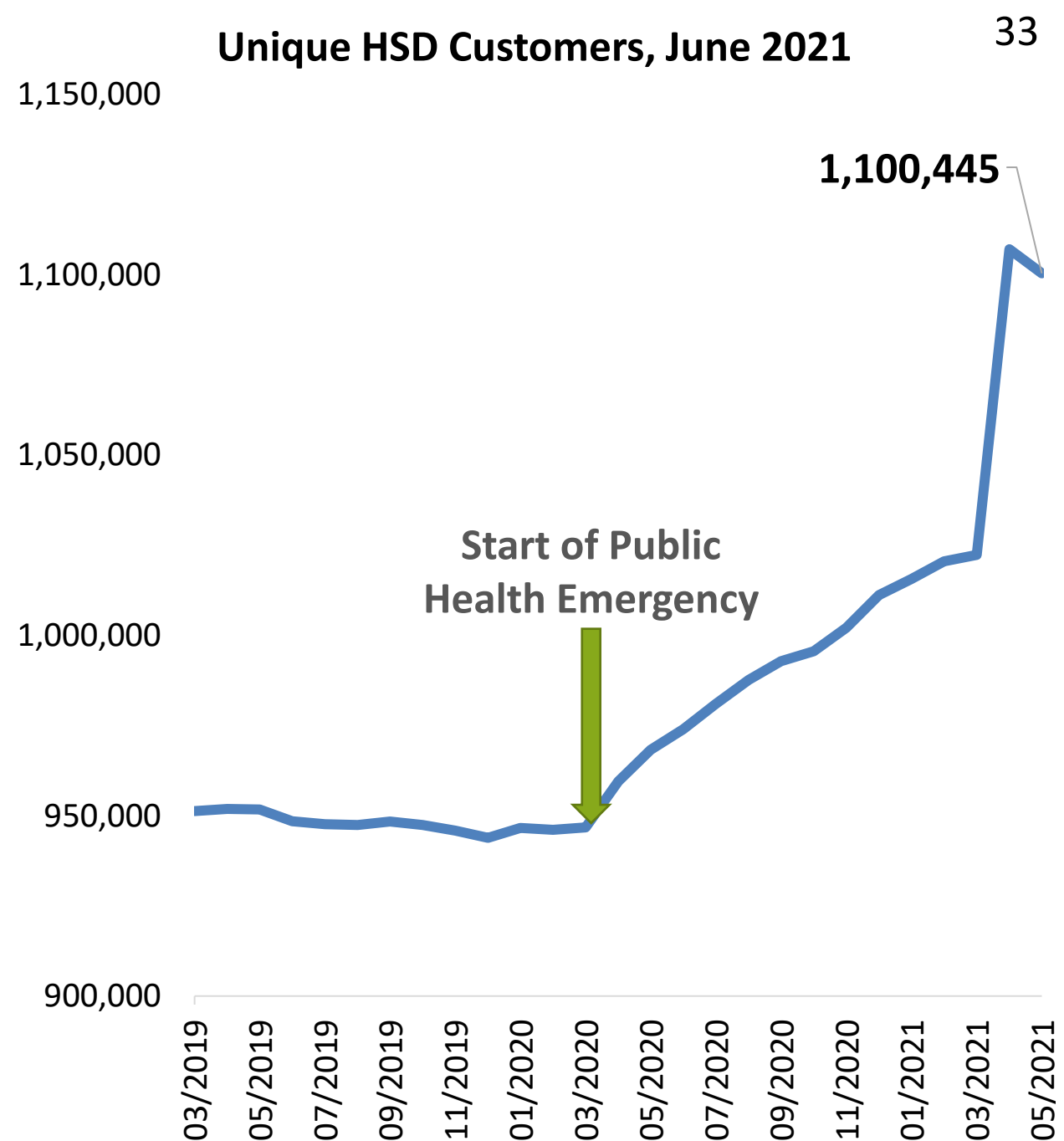
Shanita Harrison
Customer Innovation
Director



Karmela Martinez
Income Support
Division Director

HSD'S PRIMARY CUSTOMER

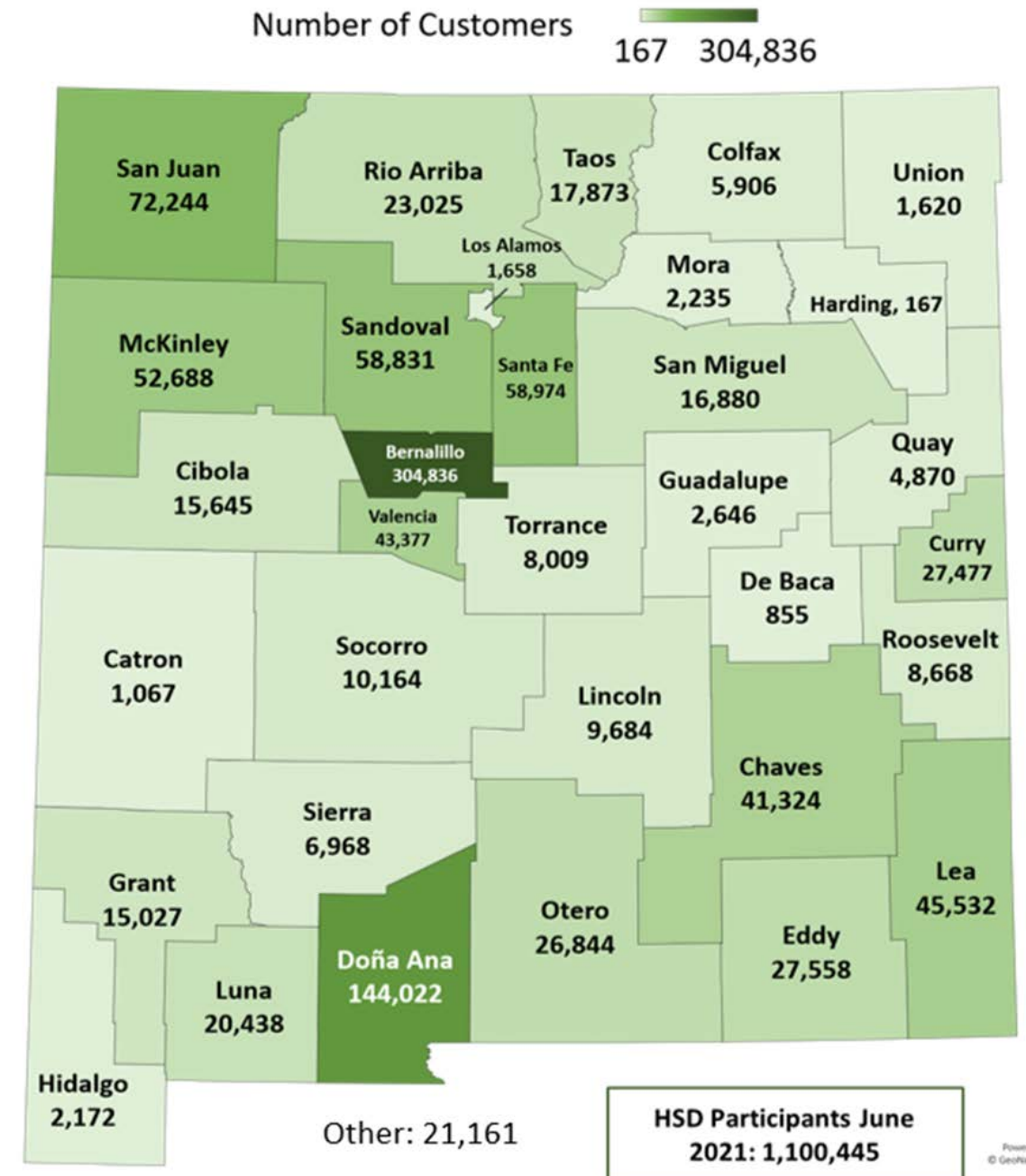
- Primary HSD customers are those individuals who directly receive HSD benefit, program and/or service (e.g. Medicaid, behavioral health, child support, SNAP).
- 1,100,445 unique HSD customers (~52% of state population)
- HSD partners include providers, media, legislators, state agencies, tribal communities.



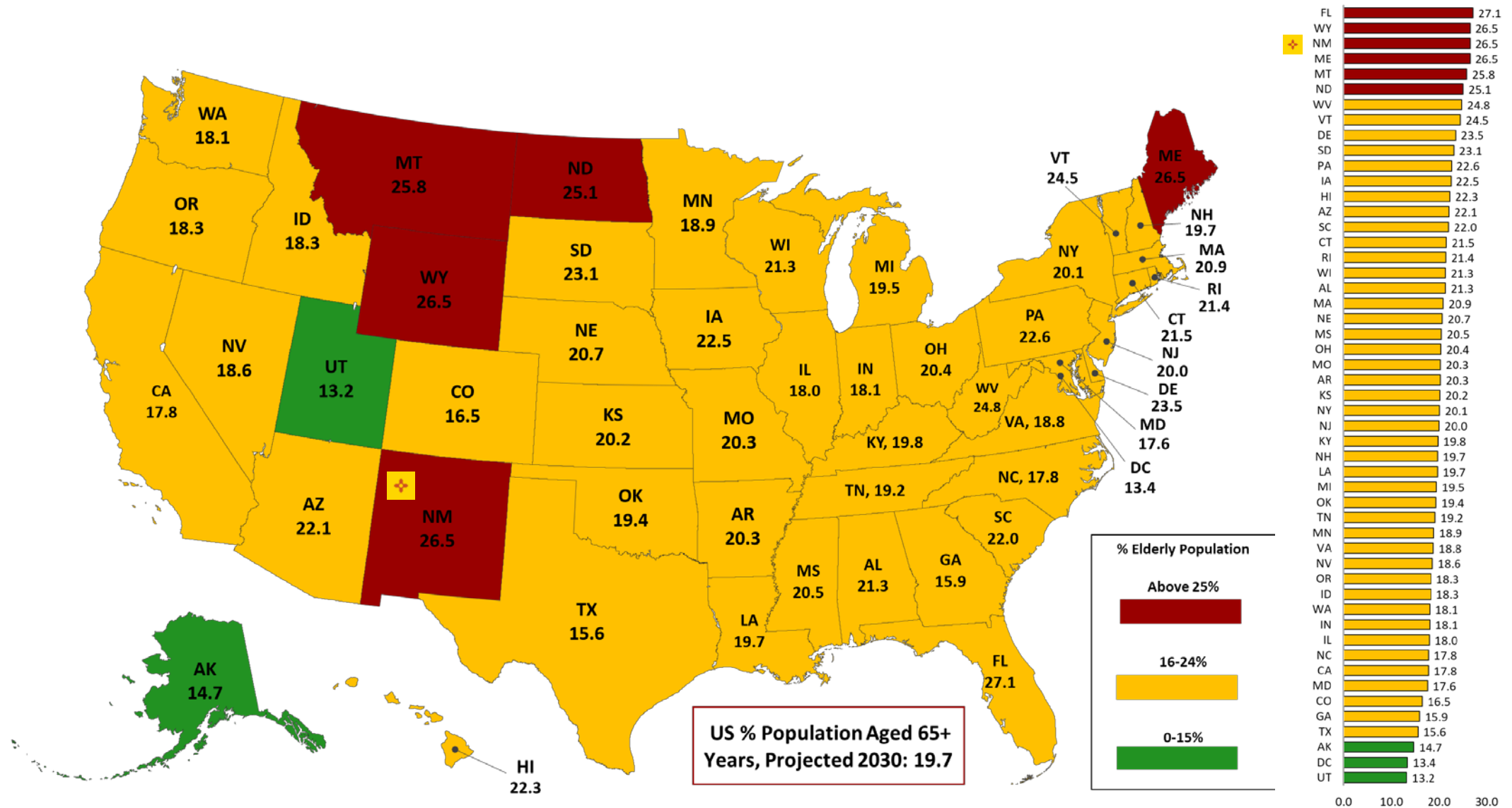
HSD'S PRIMARY CUSTOMER

Number of HSD Customers by Program

Non-Medicaid Behavioral health	12,306
Child Support	185,523
Medicaid	926,342
Supplemental Nutrition Assistance Program (SNAP)	527,082
Temporary Assistance for Needy Families (TANF)	24,259
Other programs (SP, LIHEAP, P-EBT)	438,825
TOTAL UNDUPLICATED	1,100,445

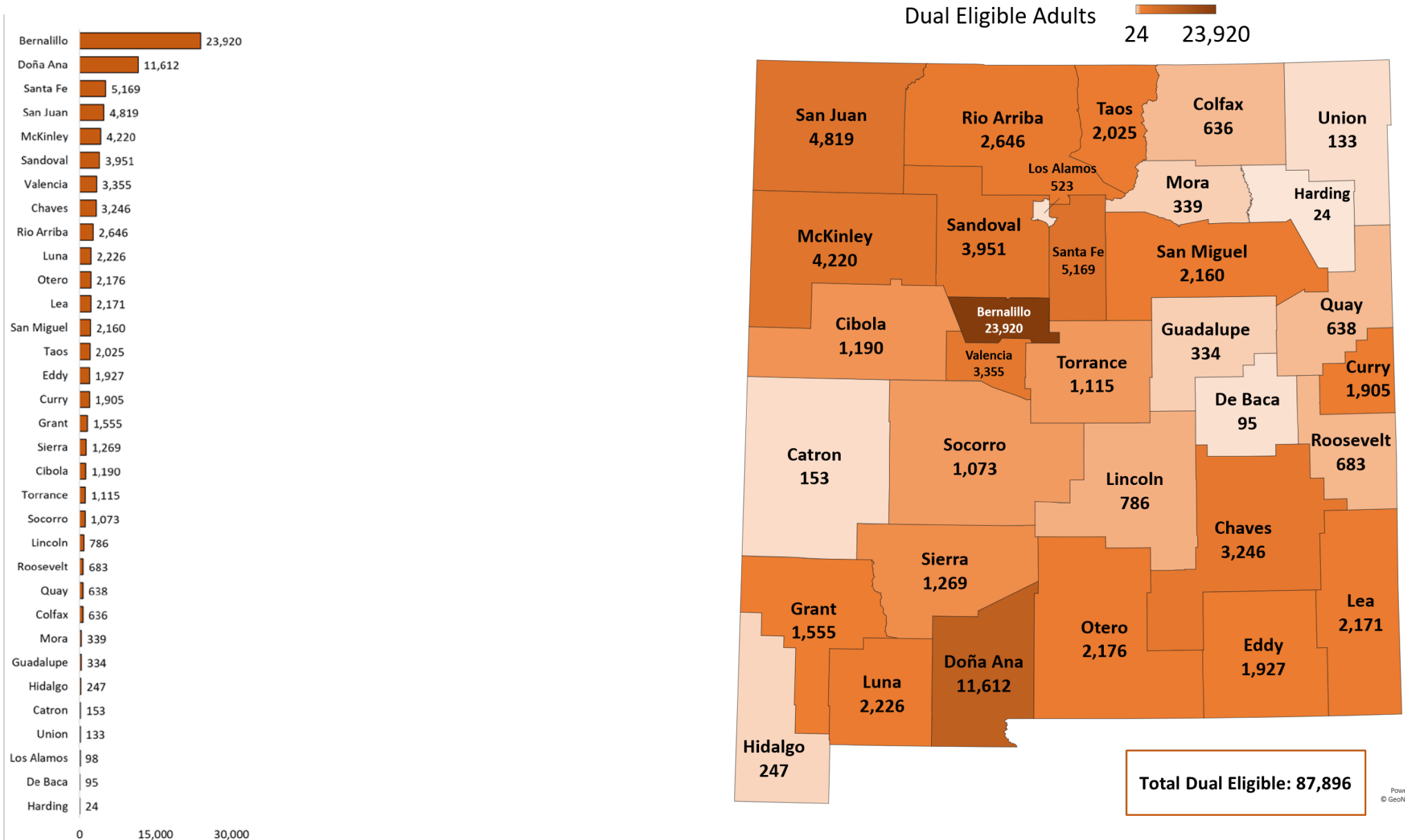


U.S. Projected Percent Elderly (65+ Years) Resident Population by State, 2030



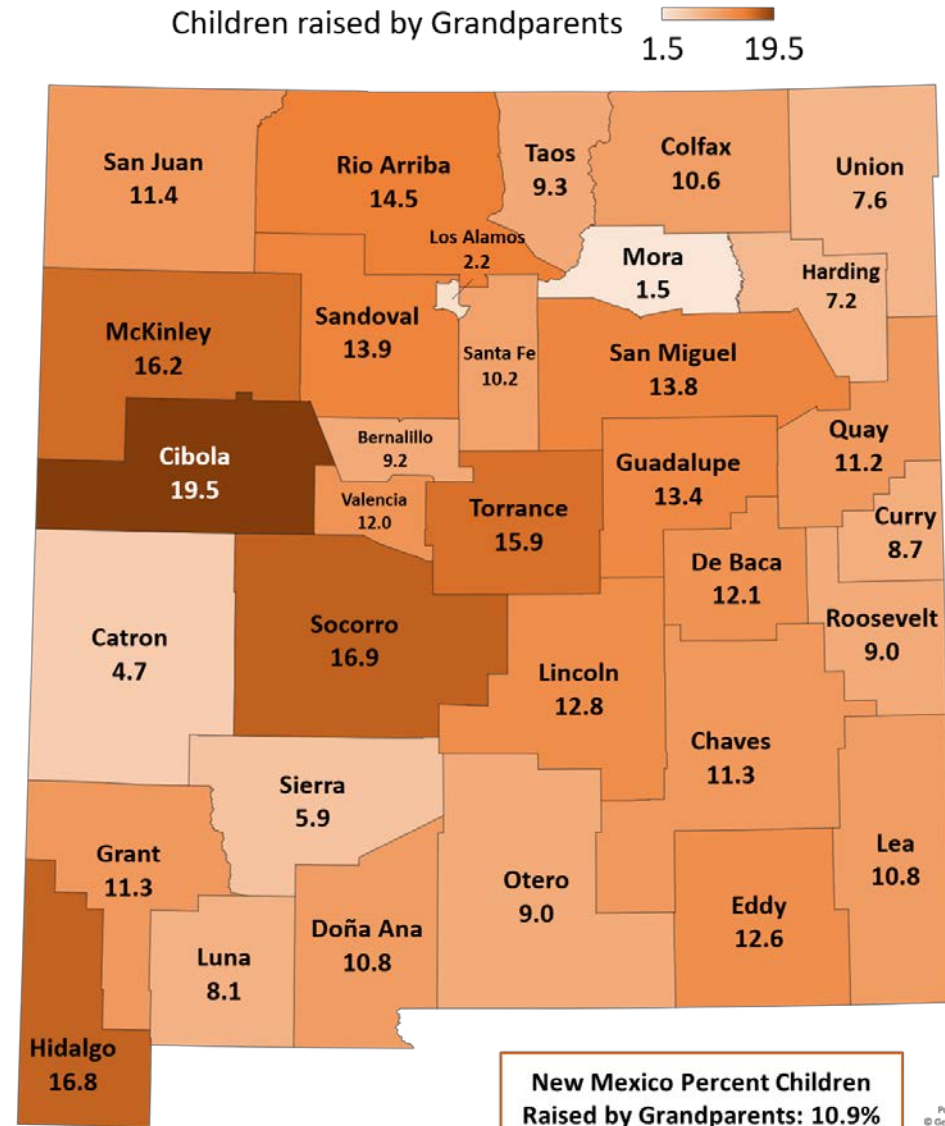
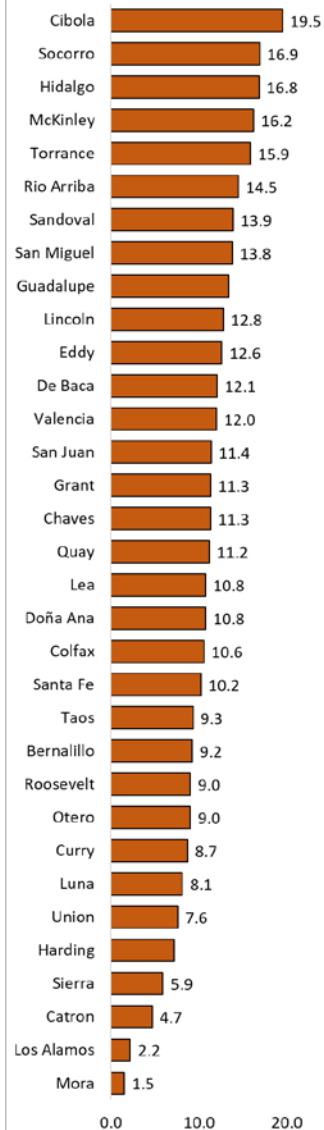
Source: Iowa Data Center's projections: <https://www.iowadatacenter.org/browse/projections.html>

New Mexico Number of Medicaid/Medicare Dual Eligible Adults by County as of October 2019



Source: Medicaid / CHIP Member Eligibility Report, October 2019; MMIS, Managed Care Roster, October 2019.

New Mexico Percentage of Children Raised by Grandparents, 2011-2015



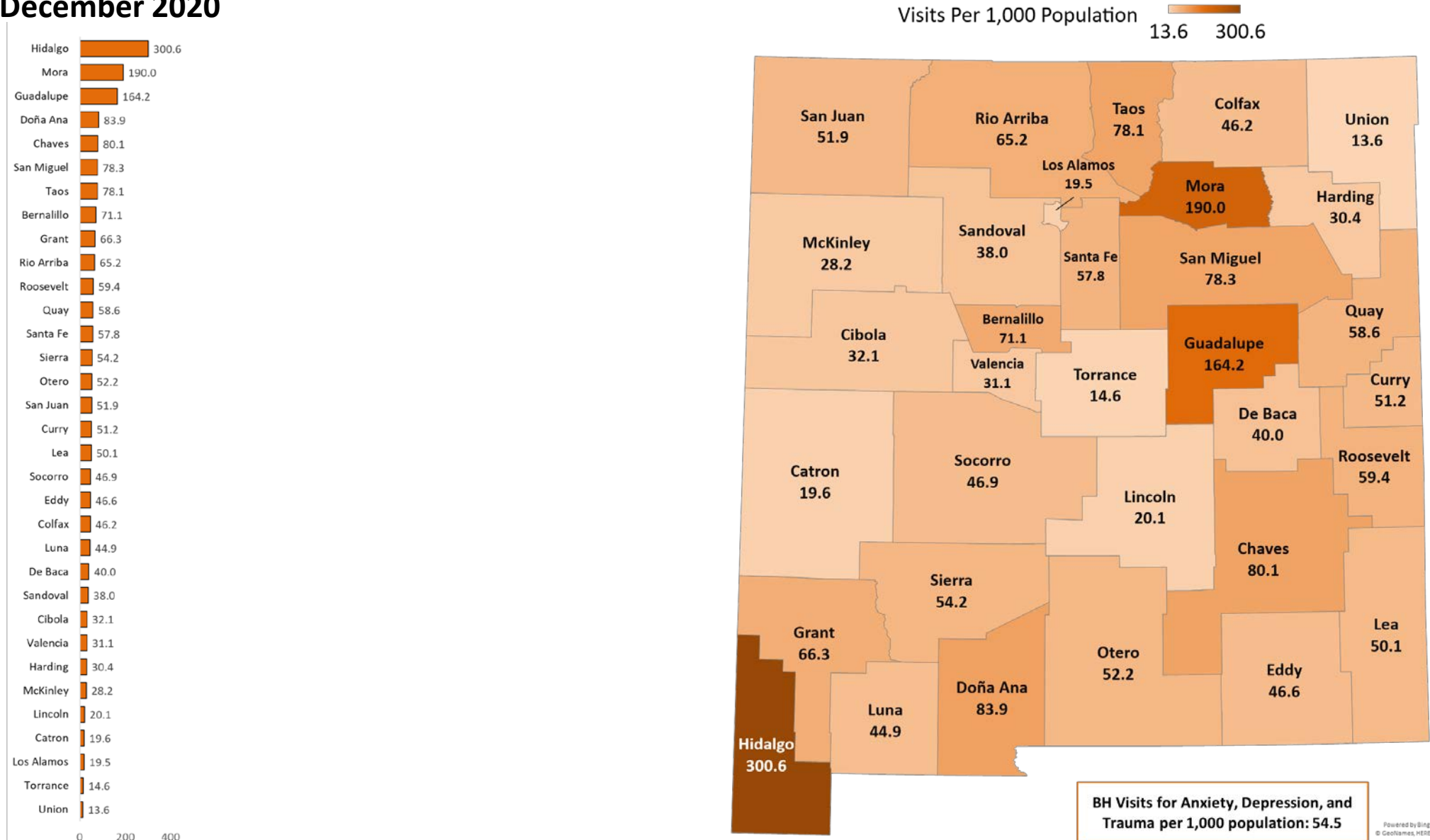
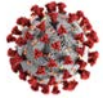
Source: U.S. Census data; updated 2011-2015 data was made public late December/early January 2017 and is based upon data gathered at that time from U.S. Census ACS Factfinder, <https://conalma.org/wp-content/uploads/GRG-in-NM.pdf>

Demographic Characteristics of People Experiencing Homelessness in New Mexico as of 2019

Characteristic	All Homeless People		Sheltered People		Unsheltered People	
	#	%	#	%	#	%
Total Homelessness	3,241	100.0%	1,982	100.0%	1,259	100.0%
Age						
Under 18	515	15.8%	478	24.1%	37	2.9%
18 to 24	217	6.6%	104	5.2%	113	8.9%
Over 24	2,509	77.4%	1,400	70.6%	1,109	88.0%
Gender						
Female	1,278	39.4%	902	45.5%	376	29.0%
Male	1,930	59.5%	1,076	54.2%	854	67.8%
Transgender	19	0.5%	2	0.1%	17	1.3%
Gender Non-Conforming	14	0.4%	2	0.1%	12	0.9%
Ethnicity						
Non-Hispanic/Latino	1,879	57.9%	1,138	57.4%	741	58.8%
Hispanic/Latino	1,362	42.0%	844	42.5%	518	41.1%
Race						
White	1,842	56.8%	1,094	55.1%	748	59.4%
African American	192	5.9%	131	6.6%	61	4.8%
Asian	17	0.5%	10	0.5%	7	0.5%
Native American	842	25.9%	456	23.0%	386	30.6%
Pacific Islander	27	0.8%	3	0.1%	24	1.9%
Multiple Races	321	9.9%	288	14.5%	33	2.6%

Source: U.S. Department of Housing and Urban Development, Office of Community Planning and Development, The 2019 Annual Homeless Assessment Report (AHAR) to Congress, January 2020.

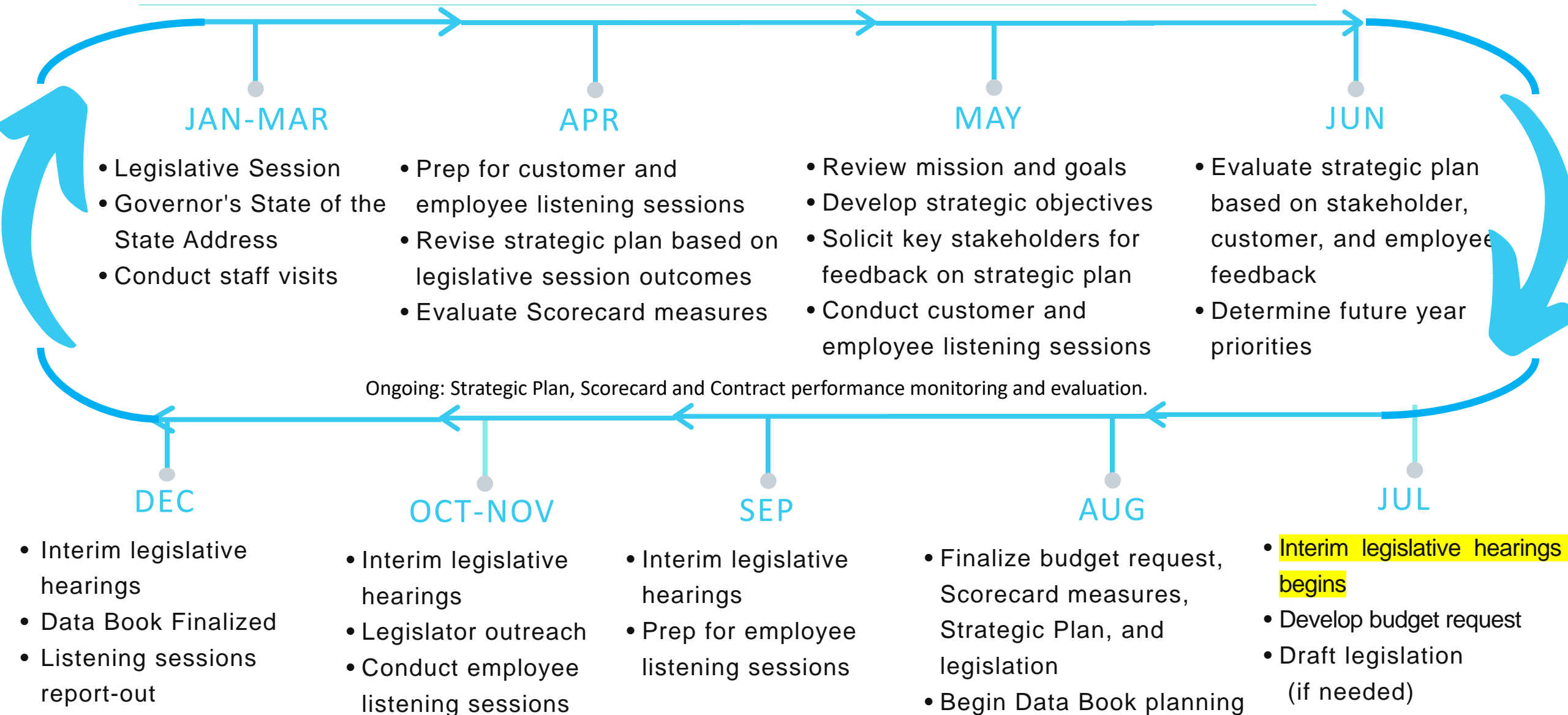
New Mexico Behavioral Health Visits for Anxiety, Depression and Trauma per 1,000 Population, January - December 2020



Source: New Mexico Human Services Department, Behavioral Health Services Division based on paid claims data on clients diagnosed with anxiety, depression, or anxiety and received a behavioral health service.

HSD Annual Strategic Planning Cycle

June 2021

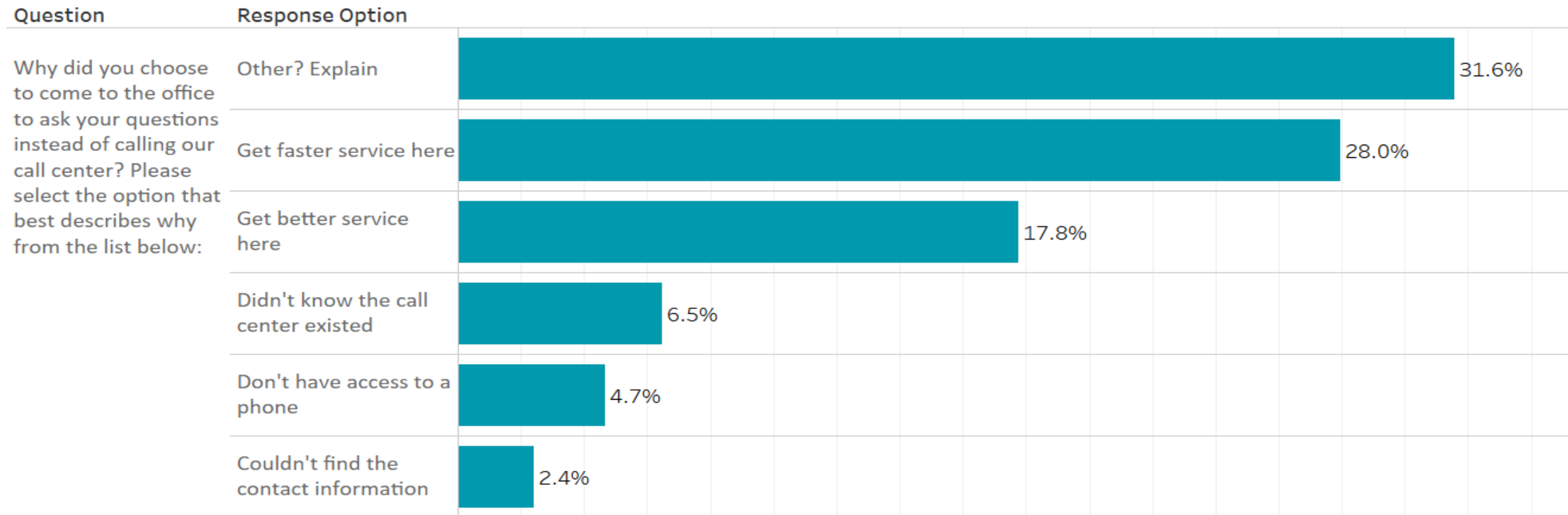


HSD CUSTOMER FEEDBACK SURVEY RESULTS

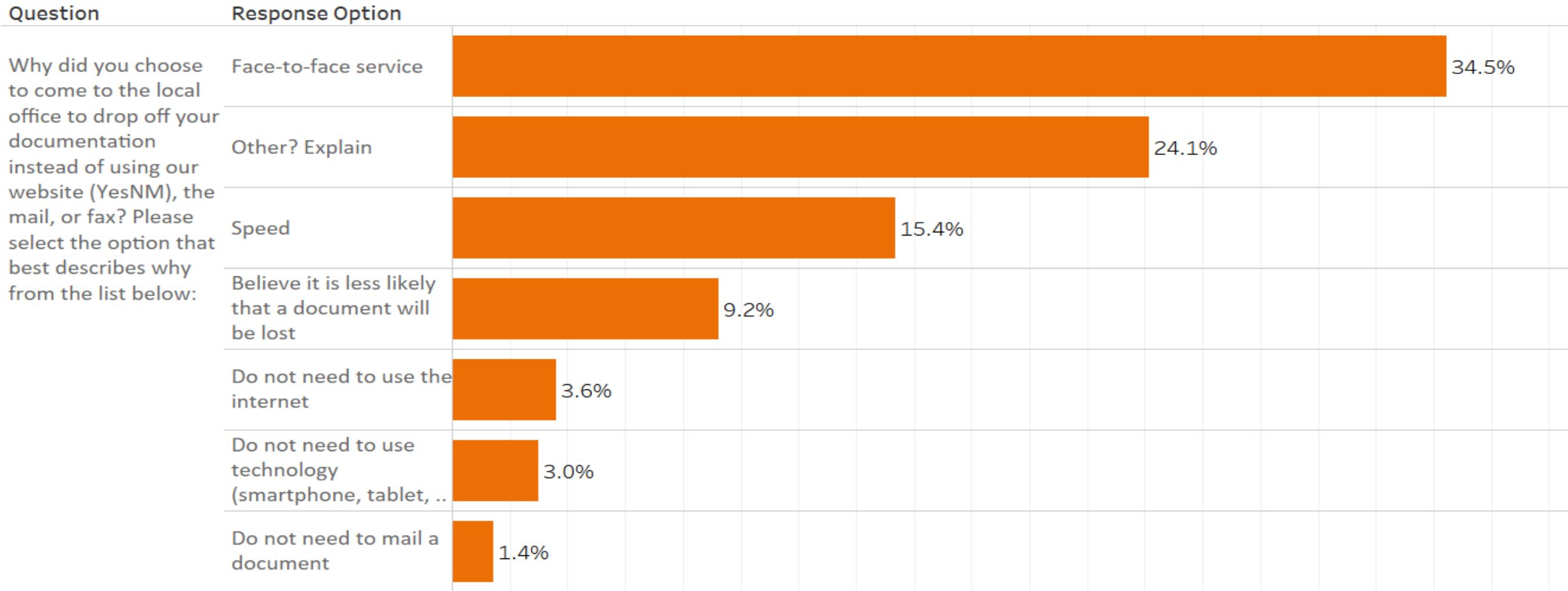
- Sent survey in May 2021 (English and Spanish) via text and email.
- Most customers feel treated with respect.
- Most customers prefer telephone or online contact channels.
- Customers expressed frustration with call wait times.
- Limitation: customers who do not have access to phone/email unable to participate.
 - Curbside survey conducted July 2020 (n = 833) for those visiting 6 field offices.

HSD May 2021 Customer Feedback Survey Response Rate		
Customers asked to Complete Survey	Survey Respondents	Respondents as % of Customers
304,597	9,877	3.3%

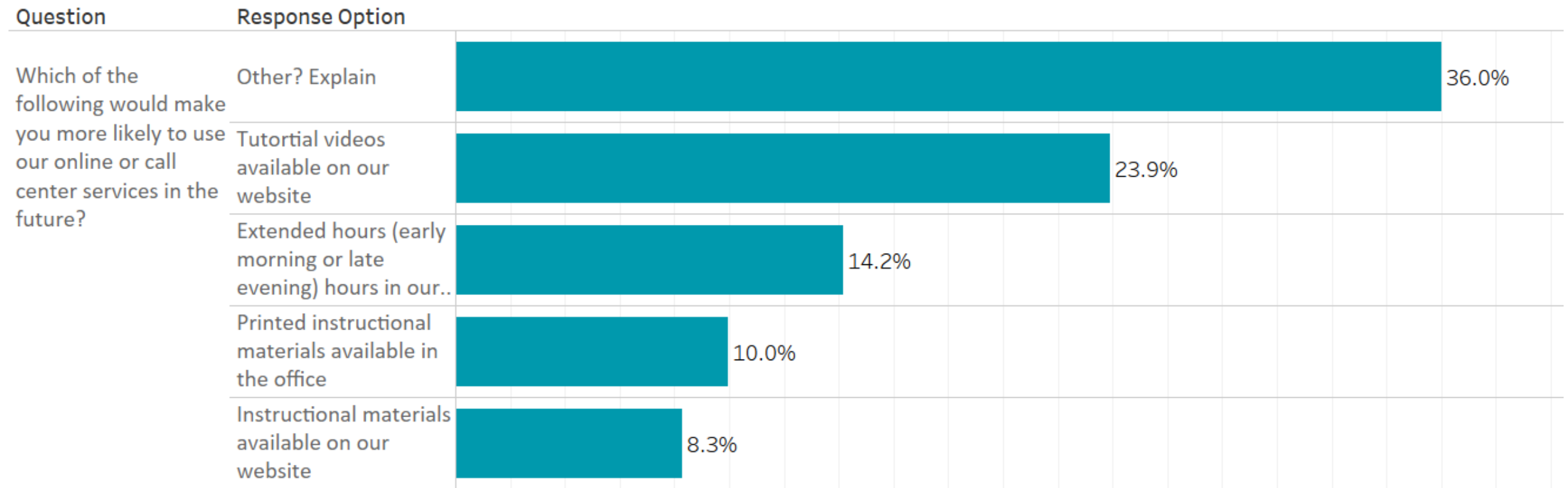
JULY 2020 CUSTOMER FEEDBACK SURVEY RESULTS (CURBSIDE) 42



JULY 2020 CUSTOMER FEEDBACK SURVEY RESULTS (CURBSIDE)



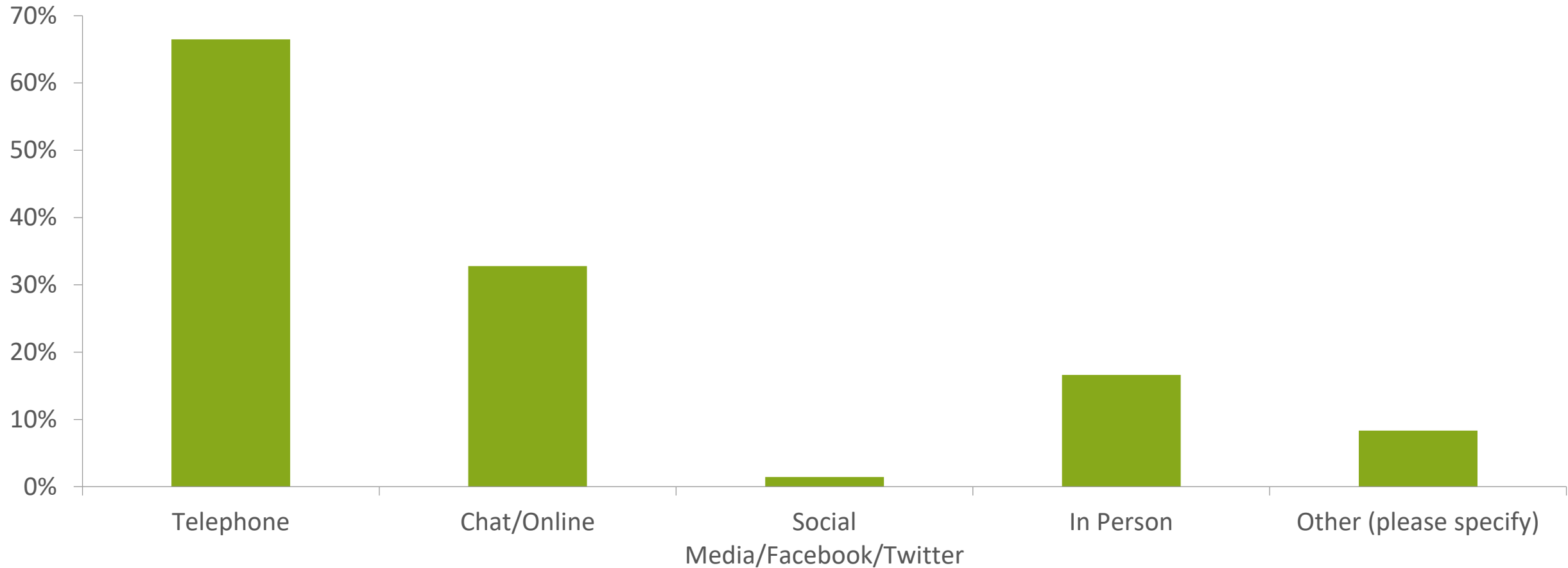
JULY 2020 CUSTOMER FEEDBACK SURVEY RESULTS (CURBSIDE) ⁴⁴



- Most common answers from other:
 - Face-to-Face
 - Online live chat
 - By phone on online
 - Mail

MAY 2021 CUSTOMER FEEDBACK SURVEY RESULTS (EMAIL/TEXT)

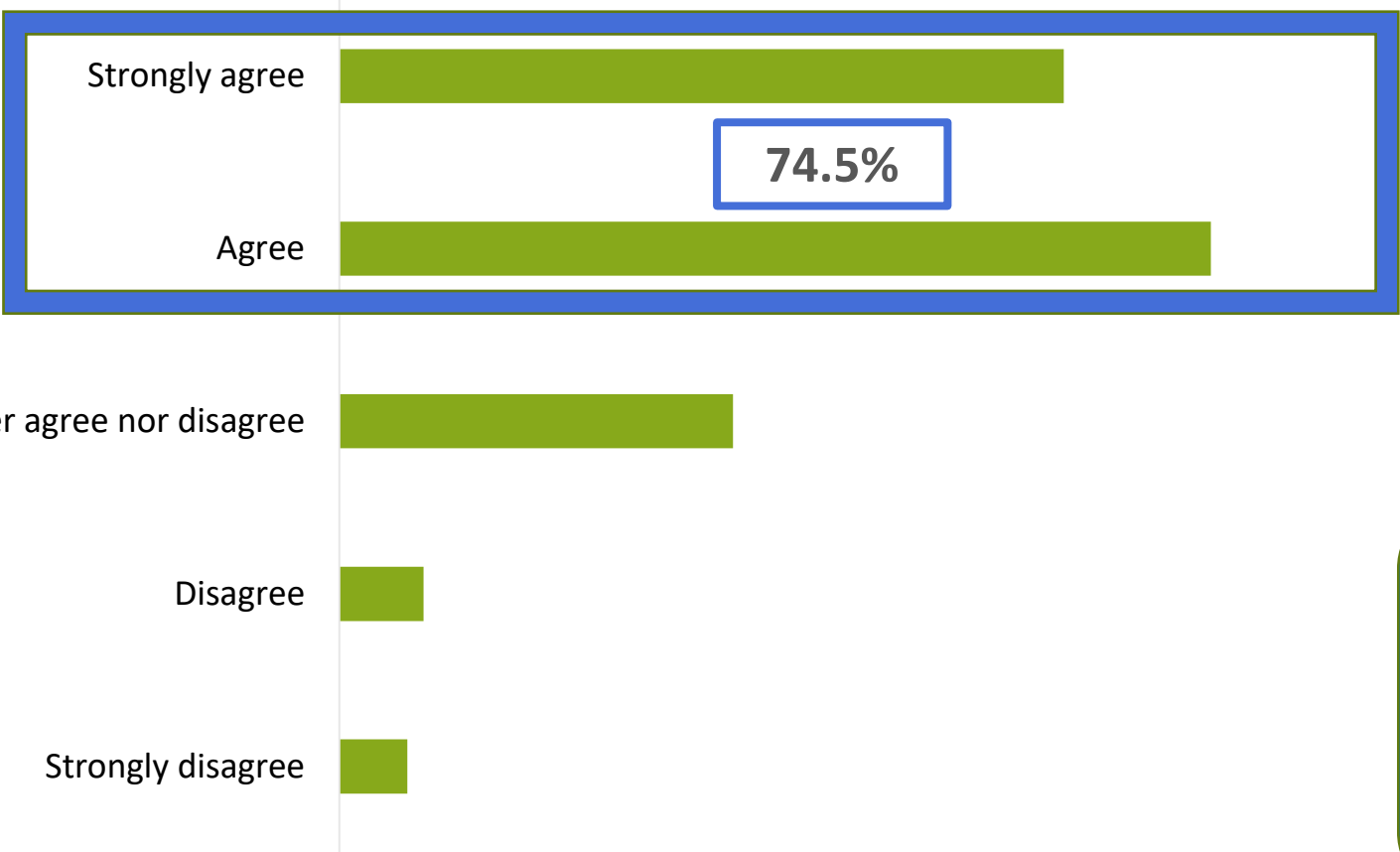
What is your preferred method of communication with the Human Services Department?



MAY 2021 CUSTOMER FEEDBACK SURVEY RESULTS (EMAIL/TEXT)

The people who work at the Human Services Department treat me with respect.

0% 5% 10% 15% 20% 25% 30% 35% 40% 45%



The employees were often incredibly helpful and showed a deal of compassion.

The employees were often incredibly helpful and showed a deal of compassion.

Actually treat the noncustodial parent as if they are the parent and not a stranger. More empathetic to all parties involved not just whomever opened the case. Everyone deserves to be respected especially when dealing with sensitive matter like a child.

The person I spoke with on the phone to clarify the family planning services, what we were still being offered was very positive. He was patient, thorough & kind.

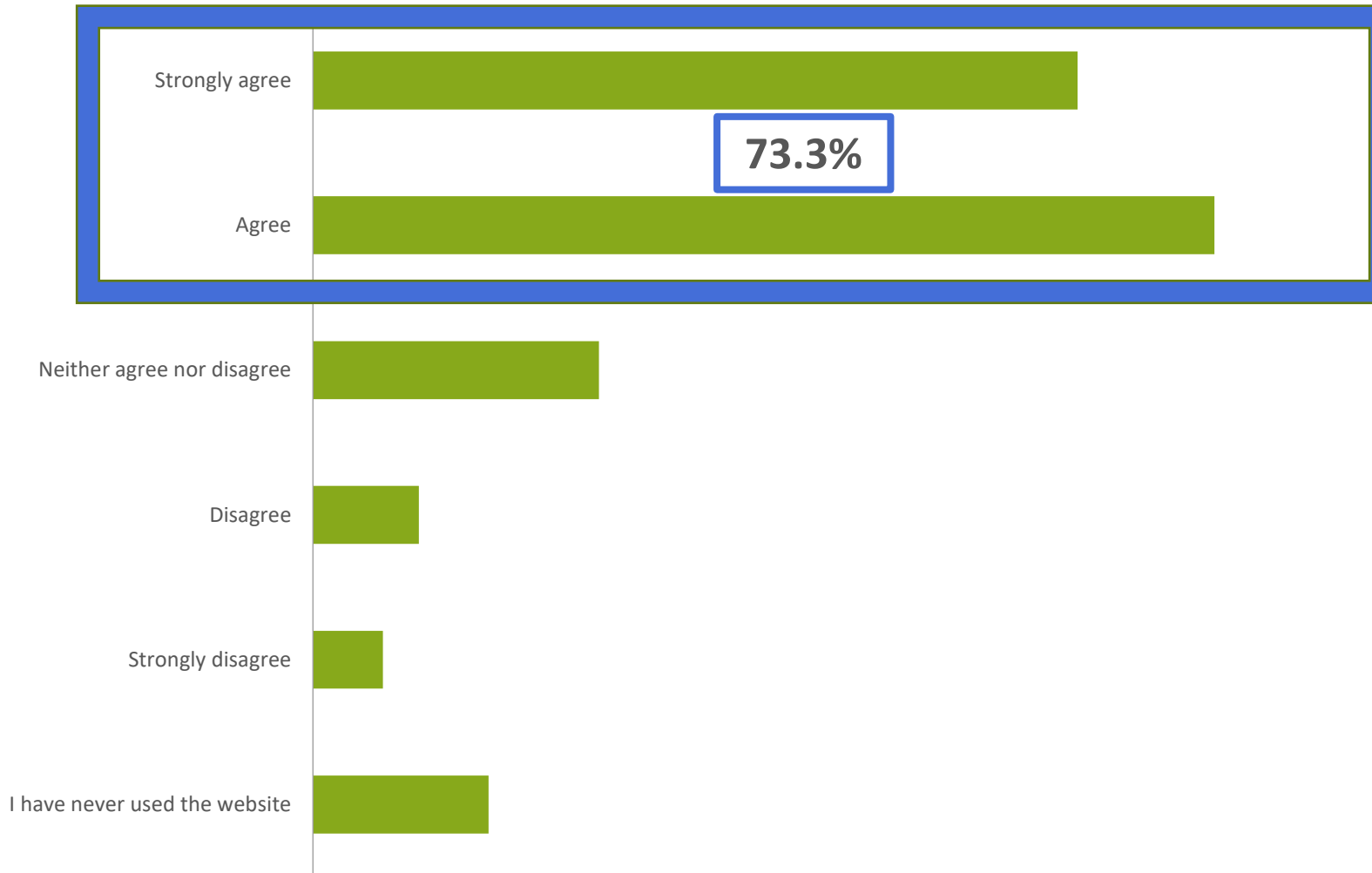
The staff has improved in customer service dramatically over the years. I appreciate the motivation to be more patient and understanding

The service i receive when i call is always great!

MAY 2021 CUSTOMER FEEDBACK SURVEY RESULTS (EMAIL/TEXT)

**I have had a positive experience with the YESNM website
(<https://www.yes.state.nm.us>)**

0% 5% 10% 15% 20% 25% 30% 35% 40% 45%



I still had to call for assistance while filling out the application. It is a confusing process but the representative was wonderful.

There needs to be an easier and faster way to looking up and open the departments the customers are needing.

I appreciate the convenience of applying and recertification options to do so on YESNM

The website is easy to use and allows me to take care of annual updates.

It would help to have an info button for each question, sometimes I don't know exactly what a question is asking.

Maybe a person who can do a chat to help guide if any questions come up

MAY 2021 CUSTOMER FEEDBACK SURVEY RESULTS (EMAIL/TEXT)

If I have a question about my services or benefits, I can count on the people who work at the Human Services Department to reach a fair and satisfactory resolution

0% 5% 10% 15% 20% 25% 30% 35% 40% 45%

Strongly Agree

68.8%

Agree

Neither agree nor disagree

Disagree

Strongly disagree

The staff is genuinely concerned about our family.

As far as over the phone, I usually get sufficient help. I very rarely visit HSD in person

Not take so long .. and be fair to people with legit medical problems whom are also single working parents and sole providers for their children

In a perfect world shorter wait times would be best .

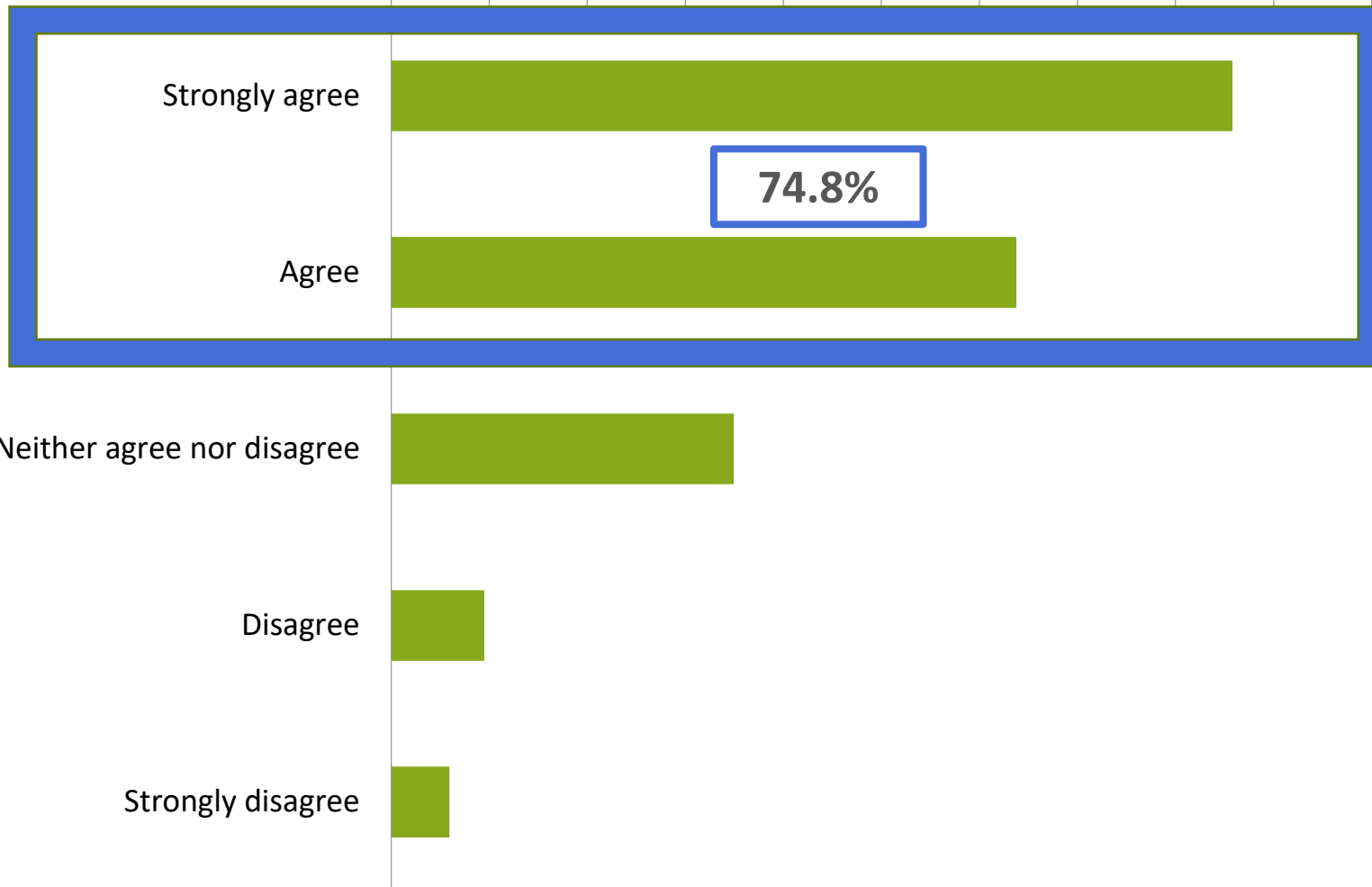
I can always count on you guys for anything

Everyone I've dealt with has always helped me resolve my questions or transferred me to the right person. Good job

MAY 2021 CUSTOMER FEEDBACK SURVEY RESULTS (EMAIL/TEXT)

**I find it's easier to access my benefits on-line or by phone
as compared to going into a field office.**

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50%



I can use the website well or the phone, but it's also not difficult to go into the office. Small town, so not as busy as some offices.

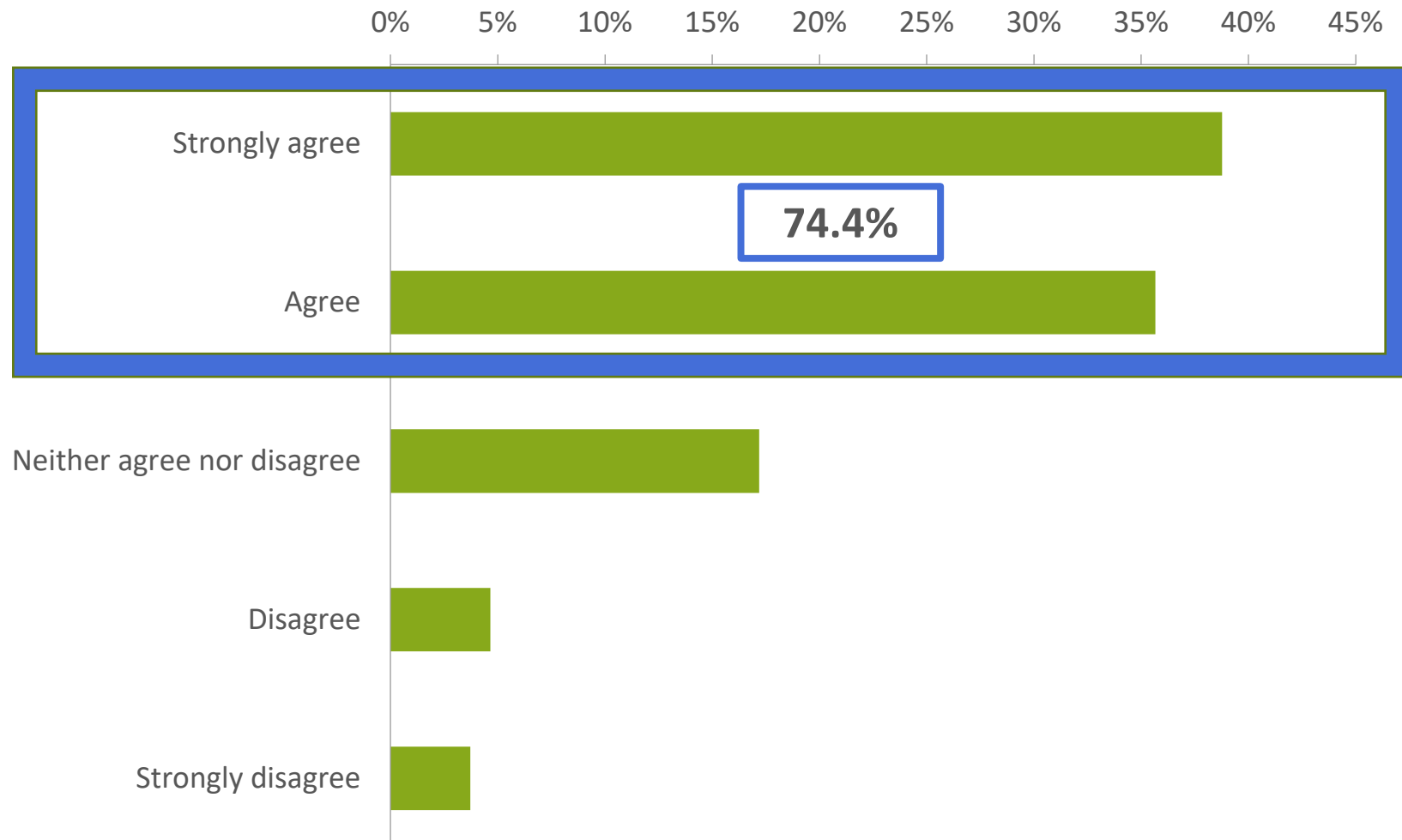
Usually, I would agree but the drive-up service was really fast

I do not drive so I rely on the internet and phone

Online services are the way to go. Having the site more accessible is key

MAY 2021 CUSTOMER FEEDBACK SURVEY RESULTS (EMAIL/TEXT)

Since the COVID-19 pandemic started, my overall experience with the people at the Human Services Department and the programs and services it offers has been positive.



Been very supportive thru out the pandemic, for I am a single parent with 4 kids. Thank you so much

I appreciate the SNAP benefits that were offered me and i thank the emergency fund for helping me. i was only eating one meal at the senior citizens center for the day, now i have a chance to buy groceries and enjoy fresh food at home. thank you very much

HSD has taken extra measures to make sure we have been safe and taken care of. Thank you!

I do not know what I would have done without your help. You were a god send help.

MAY 2021 CUSTOMER FEEDBACK SURVEY RESULTS (EMAIL/TEXT)

The people who work at Human Services Department go the extra mile to help me get my benefits and/or services.

0% 5% 10% 15% 20% 25% 30% 35%

Strongly agree

59.7%

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Thank you so much....it has meant the world to me. Truly. Thank you.

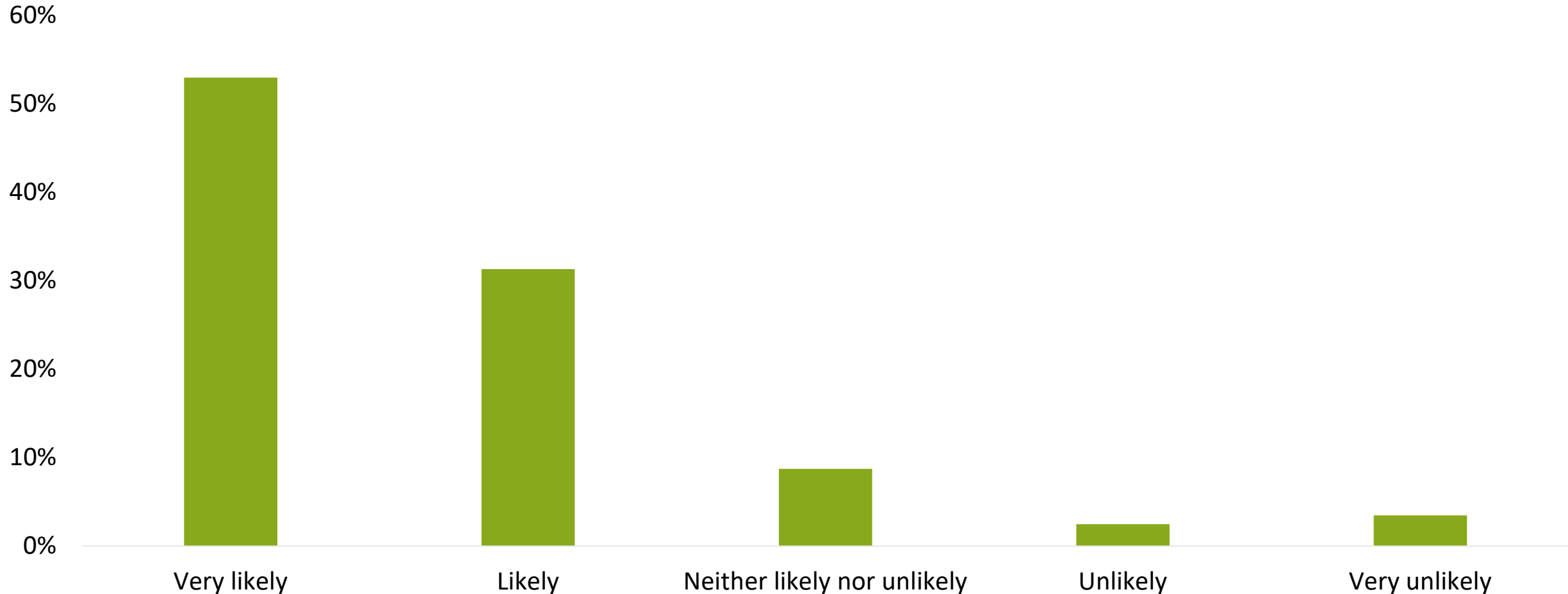
Most of my caseworker were phenomenal and went the extra mile

I've had nothing but excellent assistance and guidance from people at the offices, and even on the phone

I believe it is their job to help...however every agent that has helped me has been wonderfully helpful

MAY 2021 CUSTOMER FEEDBACK SURVEY RESULTS (EMAIL/TEXT)

If I had a friend in need, I would recommend that they contact the Human Services Department for assistance Responses



HSD COMMITMENT TO ENGAGE CUSTOMERS & PARTNERS

- Understanding customer experiences, needs, and preferences imperative as HSD strives to improve its business model and better serve New Mexicans.
- HSD's 1,100,445 unique customers are diverse and experience a variety of challenge, but also demonstrate resiliency, especially during COVID-19 pandemic.
- Data from July 2020 and May 2021 demonstrate significant percentage of customers prefer contacting HSD via telephone or online.
- HSD will modify customer service training based on lower-than-expected customer service scores.



STATE OF NEW MEXICO
Human Services Department
Governor Michelle Lujan Grisham
 David R. Scrase, M.D., Secretary
 Kari Armijo, Deputy Cabinet Secretary
 Angela Medrano, Deputy Cabinet Secretary
 Nicole Comeaux, JD, MPH, Medicaid Director

FOR IMMEDIATE RELEASE

Contact: Ryan O'Connor
 Ryan.O'Connor@state.nm.us
 505-629-7336

May 14, 2021

New Mexico Human Services Department to hold listening sessions
Seeking input from customers, providers, employees, advocacy organizations, and members of the public about how we can improve our services to New Mexicans/

SANTA FE – The New Mexico Human Services Department (HSD) will be holding public listening sessions to receive feedback regarding the department's business processes and customer satisfaction. The department is seeking input from customers, providers, employees, advocacy organizations, and members of the public about how we can improve our services to New Mexicans. Specifically, the department is requesting feedback regarding:

- Medicaid and Behavioral Health Services
- Child Support Services
- Applying for HSD benefits and Customer Service

Additionally, members of the public are invited to respond to a brief survey seeking feedback about the Human Services Department's customer service. The survey can be found at:

<https://www.surveymonkey.com/r/NMHSDCustomerSurvey>

In accordance with the COVID-19 public health emergency, all listening sessions will be held online using the GoTo Meeting platform. For instructions on how to install GoTo Meeting, visit <https://support.goto.com/meeting/help/download-now-g2m010002>.

Dates and times of the listening sessions can be found below. Advance registration is **not** required.

Investing for tomorrow, delivering today.

HSD & SOCIAL MEDIA

■ Facebook

<https://www.facebook.com/NMHSD/>

■ Instagram

[NM Human Services Dept. \(@nmhumanservices\)](#) • [Instagram photos and videos](#)

■ Linked-In

[New Mexico Human Services Department | LinkedIn](#)

■ Twitter

[NM Human Services \(@NMHSD\) / Twitter](#)

HSD's Facebook Statistics for June 2021

- Total Followers: 14,749
- Total Likes: 13,625
- Comments: 1,233
- Direct Messages: 241*
- Page views June 3-June 30: 47,673
- Post reach June 3-30: 54,876
- Post Engagement June 3-June 30: 24,079

**Unique customer direct messages*

KNOW SOMEONE WHO NEEDS HELP FROM HSD?

- **Step 1:** View Programs offered at HSD website: www.hsd.state.nm.us; you may apply, update or renew your application for public assistance at YesNM Portal, www.yes.state.nm.us. Initiate a **chat** for automated or live answers.
- **Step 2:** Obtain information by calling Consolidated Customer Service Center (CCSC) phone number, 1-800-283-4465; TTY-Hearing impaired 1-855-227-5485 for information

Or

Text: CCSC at 601-401-4995 for general information. Monday-Friday 7:00 a.m.-5:00 p.m. (Standard messaging rates may apply).

- **Step 3:** You may also obtain information or inquire about your case by submitting a comment through email at HSD-SubmitAComment@state.nm.us or by completing an on-line form [Submit a Comment Online](#)
- **Step 4:** Updated information including videos, posts, events and community related happenings for Human Services and other State agencies easily accessible through the NMHSD Facebook link of <https://www.facebook.com/NMHSD/>.
- For further assistance with an unresolved situation, please contact **Michelle N. Trujillo**, Executive Assistant to Secretary Scrase and Constituent Liaison Supervisor, 505-660-8915 or michellen.trujillo@state.nm.us



Michelle N. Trujillo, Executive Assistant to Secretary Scrase and Constituent Liaison Supervisor



Investing for tomorrow, delivering today.

BENALLY FAMILY* TODAY

- 6 months later Julie and her family enrolled in Medicaid managed care.
 - Julie's Care Coordinator supports her diabetes management and helps her children get preventive care to stay healthy.
- Family now also receives other benefits:
 - All three enrolled in SNAP, providing support for healthier foods.
 - Also receive LIHEAP funds, which support utility costs.
 - Julie started weekly walk and talk therapy program.
 - Julie referred to child support program, establishing paternity and child support for her two children.



CHALLENGES & ACCOMPLISHMENTS PANEL OVERVIEW

TOPICS

Current Challenges at HSD

1. Human Resources
2. HHS 2020

FY21 Accomplishments

3. Leveraging Federal Funding
4. Interagency collaborations
5. COVID-19 Lessons Learned
6. HSD Data Initiatives
7. IT Investments & Automation
8. Modernizing Child Support Program
9. Supplemental Nutrition Assistance Program
10. Medicaid
11. Community Services Block Grant

SPEAKERS



Kari Armijo
Dep. Cabinet Secretary



Nicole Comeaux
Medicaid Director



Sean Pearson
Information Technology
Division Director

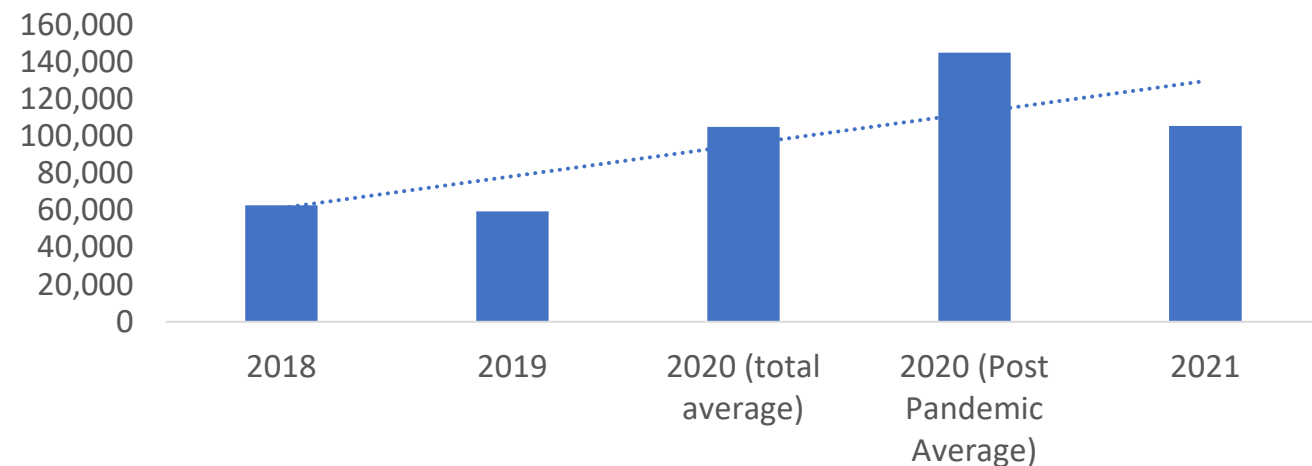


Karmela Martinez
Income Support
Division Director

CHALLENGES GOING INTO FY22

- Federal approvals and funding for automated processes needed.
- IT project schedules and resource challenges:
 - HHS 2020 and MMISR
 - Health Information Exchange integration
 - Integration with BeWellnm
 - All Payer Claims Database
 - ASPEN enhancements
- [Federal law](#) mandates that states implement electronic visit verification (EVV) for all Medicaid personal care services and home health services requiring in-home visits.
- Consolidated Customer Support Center – launched 8/31/20; triple call volume resulting in high abandonment rate. ►
- Delay of new programs/initiatives:
 - BHSD satellite office in Las Cruces
 - Provider payment strategies and innovations

Monthly Call Volume



*Data reflects does not include calls taken by state staff, virtual agents, chats, text or other channels

HUMAN RESOURCE CHALLENGES GOING INTO FY22

- 3-5 months to hire
 - Hiring freeze further extended timeframes
 - Few qualified applicants for many positions
- IT most difficult to fill positions
 - System Administrators, Network Administrators, Security Professionals
 - Competing with the national labs, private sector, and other departments
- Hiring and onboarding in a telework world
 - Still 50% paper/ink process
 - Converting forms to electronic fillable pdf
 - Need widely available software for digital signature
 - Need secure access for applicants to submit PII

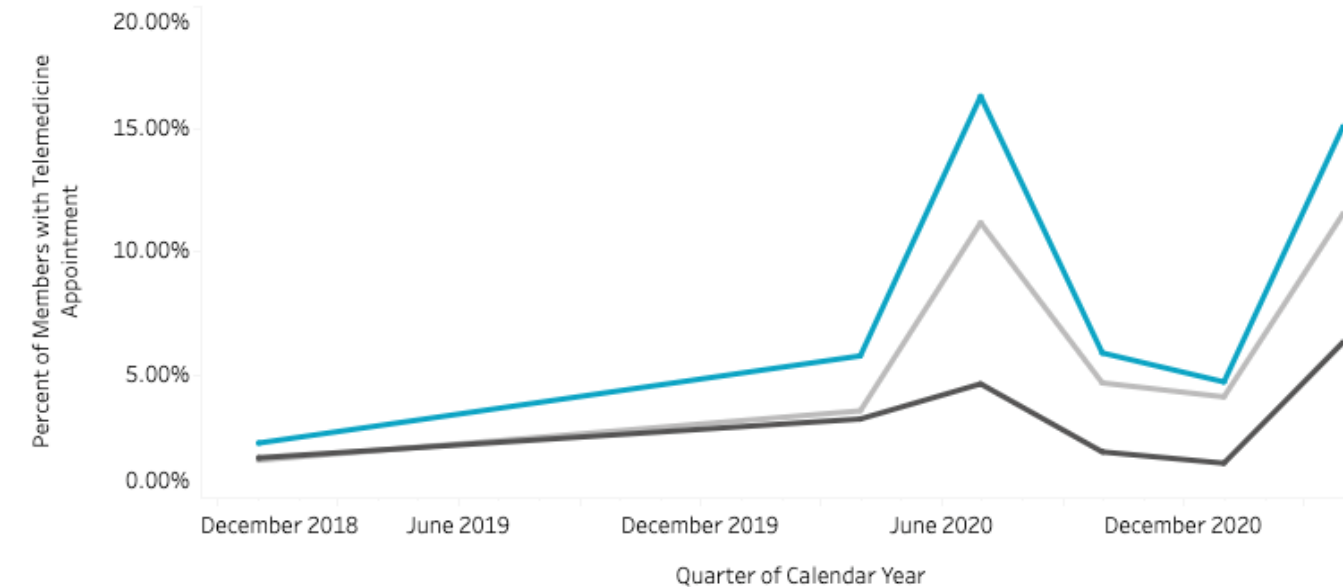
FY22 Budgeted FTE	HSD employees, June 2021	Open Positions, June 2021	Vacancy Rate, June 2021
1,652.5	1,549	103.5	6.3%

HSD FY21 ACCOMPLISHMENTS

Legislature entrusted \$7.56B to HSD and we strive to demonstrate return on that investment:

- Significant program enrollment expansion since start of PHE (e.g., projected 14.1% Medicaid growth by December 2021) supported by 20 additional waivers.
- Promotion of telehealth statewide. ►
- Transformed business model to safely meet customer needs during pandemic.
- Supporting sister agencies in ESF-6 coordination of pandemic-related services and supports.
- Implementation of child support legislation to bring more money in for NM kids (SB 140).
- Eliminated asset test for certain Medicaid categories to make it easier for lower-income seniors to afford Medicare.
- Federal approval to pay a higher payment rate for IHS pharmacy services – 100% federal funding - \$50.9M impact projected in first year of implementation.

How good is my Managed Care Organization (MCO) at working with providers to ensure I can have a telemedicine appointment?



Last updated: 5/19/2021

Measure Names

Blue Cross - Telemedicine

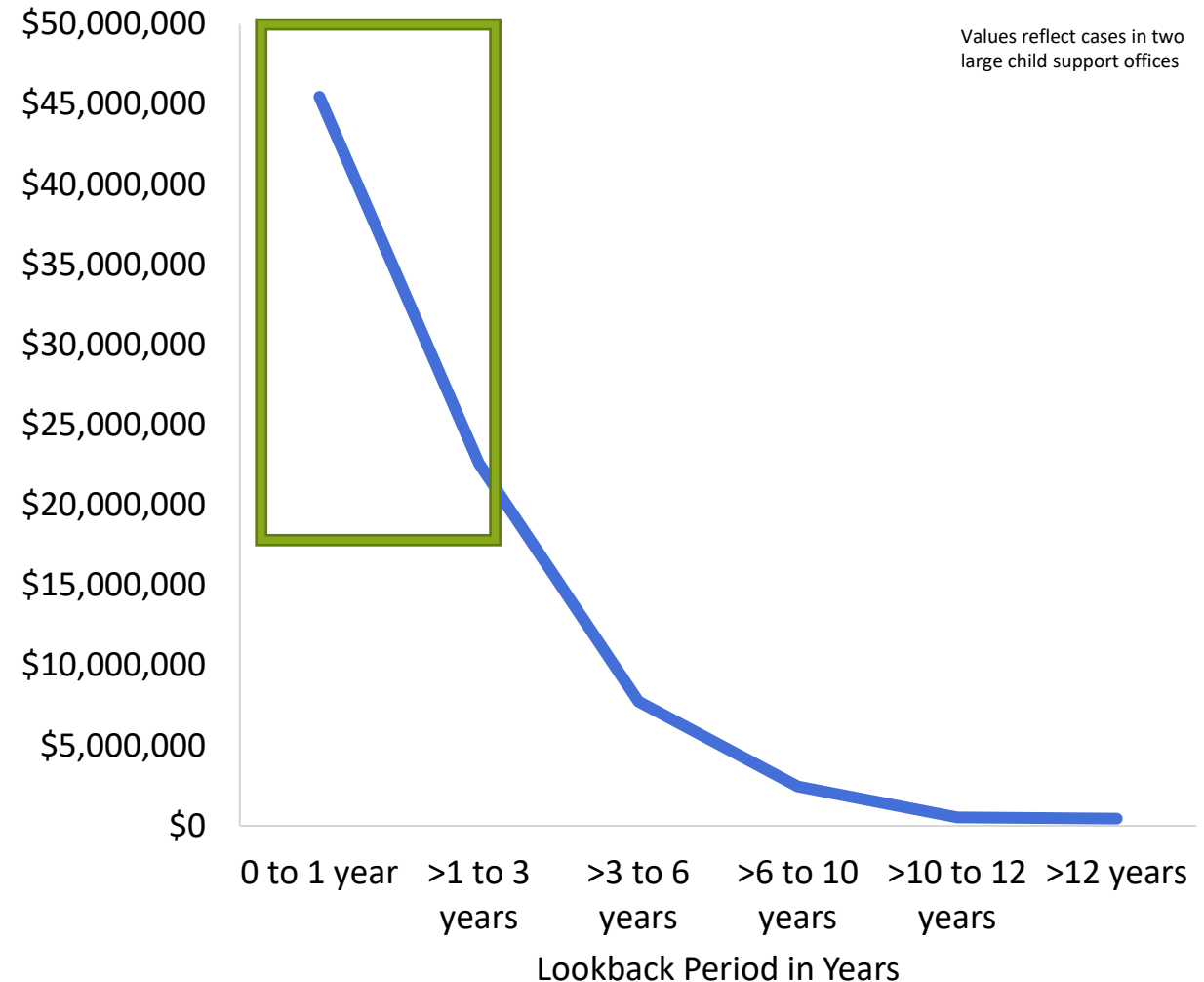
Presbyterian - Telemedicine

Western Skies - telemedicine

CHILD SUPPORT CHANGES (SB140)

- Bill modernizes child support program by:
 - Requiring consideration of non-custodial parent's **ability to pay** (federal requirement);
 - Modifies child support, if needed, to **establish medical support** (federal requirement); and,
 - **Changes “lookback period”** from 12 years to 3 years to improve collections (national best practice). ►
- Starting July 1, modernizing child support will result in:
 - **More money to NM children;**
 - Non-custodial parents **more likely to have relationships with their children;** and,
 - Emphasis **on job opportunities and sustained work participation** for non-custodial parents.

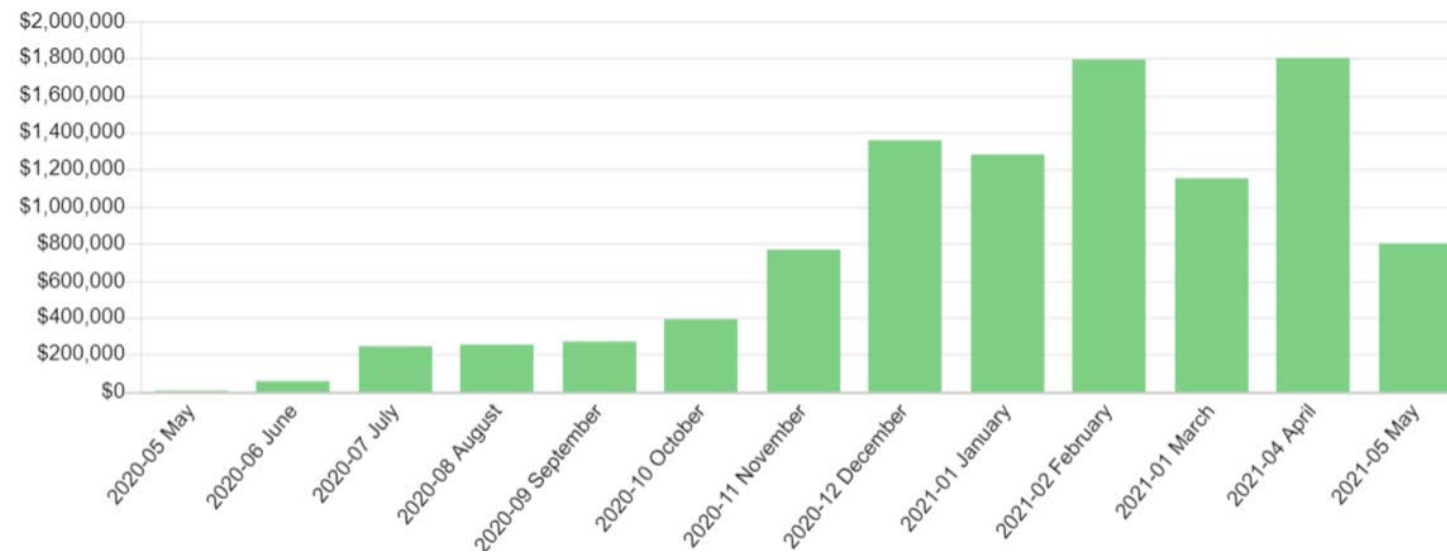
Total Child Support Obligation Amount Owed Paid by Lookback Period



HSD IS COMMITTED TO FULLY LEVERAGING EVERY POSSIBLE FEDERAL DOLLAR TO SISTER HEALTH AND HUMAN SERVICES AGENCIES TO SUPPORT NEW MEXICANS.

- Enhancements to immunizations allows DOH to be reimbursed for Medicaid portion of administrative costs (50% match).
- Medicaid Home and Community-Based Waiver program 10% enhanced federal match from 4/1/21 – 3/31/2024.
 - At its highest will result in a Federal Financial Participation of 89.91% or **\$8.91 Federal funds for \$1.00 State funding.**
- DOH working with HSD to bill Medicaid for COVID-19 testing, billed more than \$1.8 M in February and April 2021. ►

NMDOH COVID-19 Testing Medicaid Claims Revenue



Source: NMDOH, June 17, 2021.

KEY METHODS FOR PROVIDING SUPPORT TO OTHER AGENCIES

PROGRAM SUPPORT

- 50% administration costs multiplied by percentage of Medicaid recipients in program.
- Random Moment Time Study vendor selected to maximize Medicaid administrative revenues for health departments.
- IT: up to 90% match multiplied by percentage of Medicaid recipients in program.

CLINICAL SERVICE SUPPORT

- Identify every Medicaid billable service provided by HSD's sister agencies and partner with a vendor to handle the billing.
 - RFP to hire a vendor (through GSD) who will bill for Medicaid services rendered by agencies to maximize reimbursement.
 - RFP to be issued in August 2021 upon approval by HSD and partner agencies.
 - DOH, ALTSD, PED, ECECD, CYFD, NMCD, GSD
- Full Medicaid match converts existing \$1 M GF expense for clinical services to average of \$174,825 GF expense depending on Medicaid enrollment.

LEVERAGING FEDERAL DOLLARS

Agency	Amount	Federal Funds
Administrative Claiming SFY21 *	-	-
Aging and Long Term Services Department	\$3,500.0	\$3,500.0
Children Youth and Families Department	\$1,766.1	\$1,766.1
Department of Health (DOH)	\$22,286.1	\$22,286.1
Development Disabilities Planning Council	\$625.0	\$625.0
Early Childhood Education and Childcare Department	\$500.0	\$500.0
Public Education Department	\$45.0	\$45.0
Medicaid in the Schools	\$15,172.8	\$15,172.8
Total	\$43,895.0	\$43,895.0
Direct Services SFY21 DOH Community Based Waivers	\$536,177.0	\$411,138.0
Agency Direct Services Billing for Medicaid Clients (New Initiative with GSD)	TBD	TBD
Total SFY21	\$580,072.0	\$455,033.0

* New contractor in place to assure administrative claiming is consistent across agencies and not disallowed by CMS

ADDITIONAL FORMS OF INTERAGENCY COLLABORATION

Taxation & Revenue Department

December 2020 and June 2021 to provide financial assistance payments to low-income New Mexicans

Public Education Department

- P-EBT food benefits for students
- \$104 M SNAP benefits to 348,913 students

Department of Workforce Solutions

- 50-100 HSD staff assisted call center with processing unemployment compensation benefits (April 2020-present)

Department of Finance & Administration

Provided income verification to DFA in processing applications for the Emergency Rental Assistance program

Office of the Superintendent of Insurance

Collaboration and alignment of instructions to health plans related to COVID-19 covered services, billing and reimbursement.

Agency Strategic Planning

Earlier this year HSD met with agencies below to proactively identify opportunities for interagency collaboration and areas where HSD can advance other agency goals and priorities: ALTSD, BeWellnm, CYFD, DOH, ECECD, IAD, NMCD, NMMIP, OSI, PED.

HSD FY21 ACCOMPLISHMENTS- IT INVESTMENTS & AUTOMATION

66

ASPEN ENHANCEMENTS

\$ 462M

Additional SNAP benefits provided to 605,947 New Mexicans

\$ 104M

Pandemic electronic benefits transfer (EBT) food assistance provided to 348,913 students

\$ 5.1M

Heating and cooling assistance provided to 17,000 households

138K

New Mexicans enabled to retain Medicaid during the pandemic

AUTOMATION

Consolidated Customer Service Center deployed to



1,684,078

New Mexicans, with...

22%

of interactions being fully automated



3,798



newborns added to Medicaid through an **automated online chat solution**

CUSTOMER CARE

\$7,029,870

state benefits distributed



to **15,118**

New Mexicans through YES NM and in partnership with the Taxation and Revenue Department

Deployed **solutions for shelter and food distribution** in support of the department's COVID-19 response



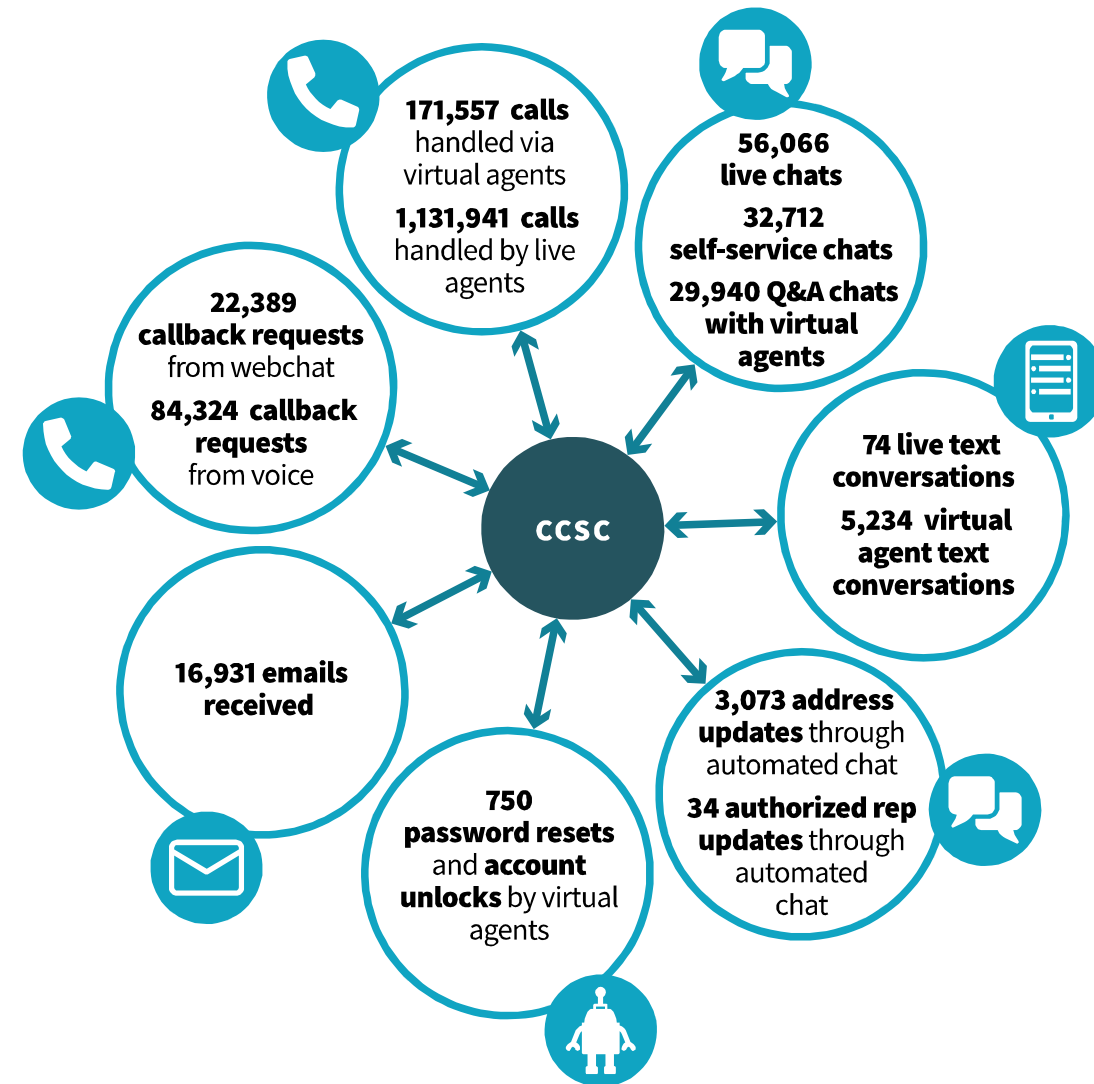
HHS 2020 CHALLENGES AND OPPORTUNITIES

Challenges

- The COVID-19 pandemic required reassignment of program and IT staff for emergency response IT activities.
- The Medicaid Management Information System Replacement (MMISR) project experienced schedule delays and vendor issues.
- The HHS 2020 Executive Steering Committee has refined scope, extended the schedule, and increased dedicated full-time resources to the MMISR project to address the challenges.

What's Next (see timeline in Appendix)

- Enhancing the Consolidated Customer Service Center (CCSC) to expand contact center services for the Early Childhood Education and Care Department (ECECD).
- Implementing a Children's Behavioral Health module with the Children, Youth & Families Department (CYFD).
- Implementing a new portal and mobile apps that will enable New Mexicans to apply for benefits and services across HHS agencies.
- Contract negotiations for Financial Services and Provider Management.

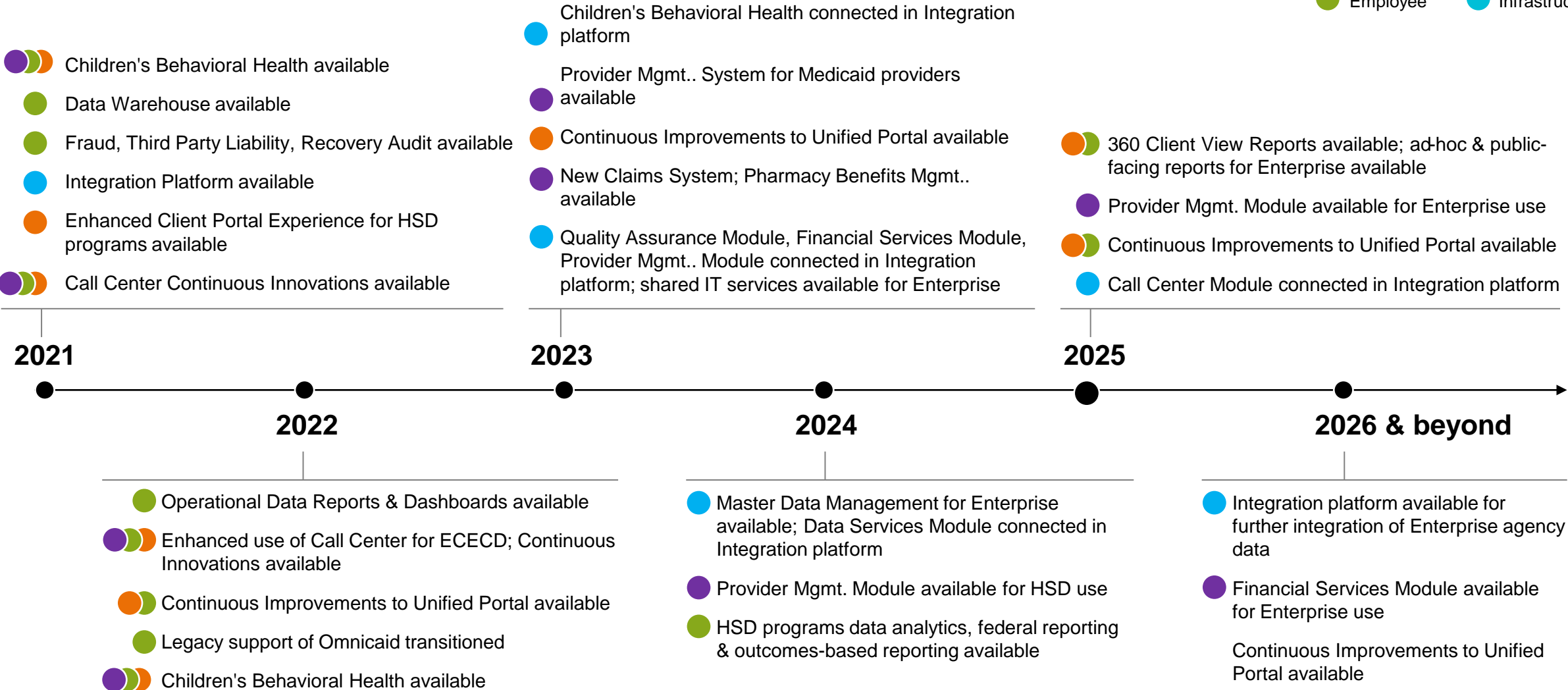


Source: Accenture data, 6/2020–5/2021

HHS 2020 TIMELINE

Note: Modules are listed for when functionality is expected to be available for use

- Client
- Provider
- Employee
- Infrastructure



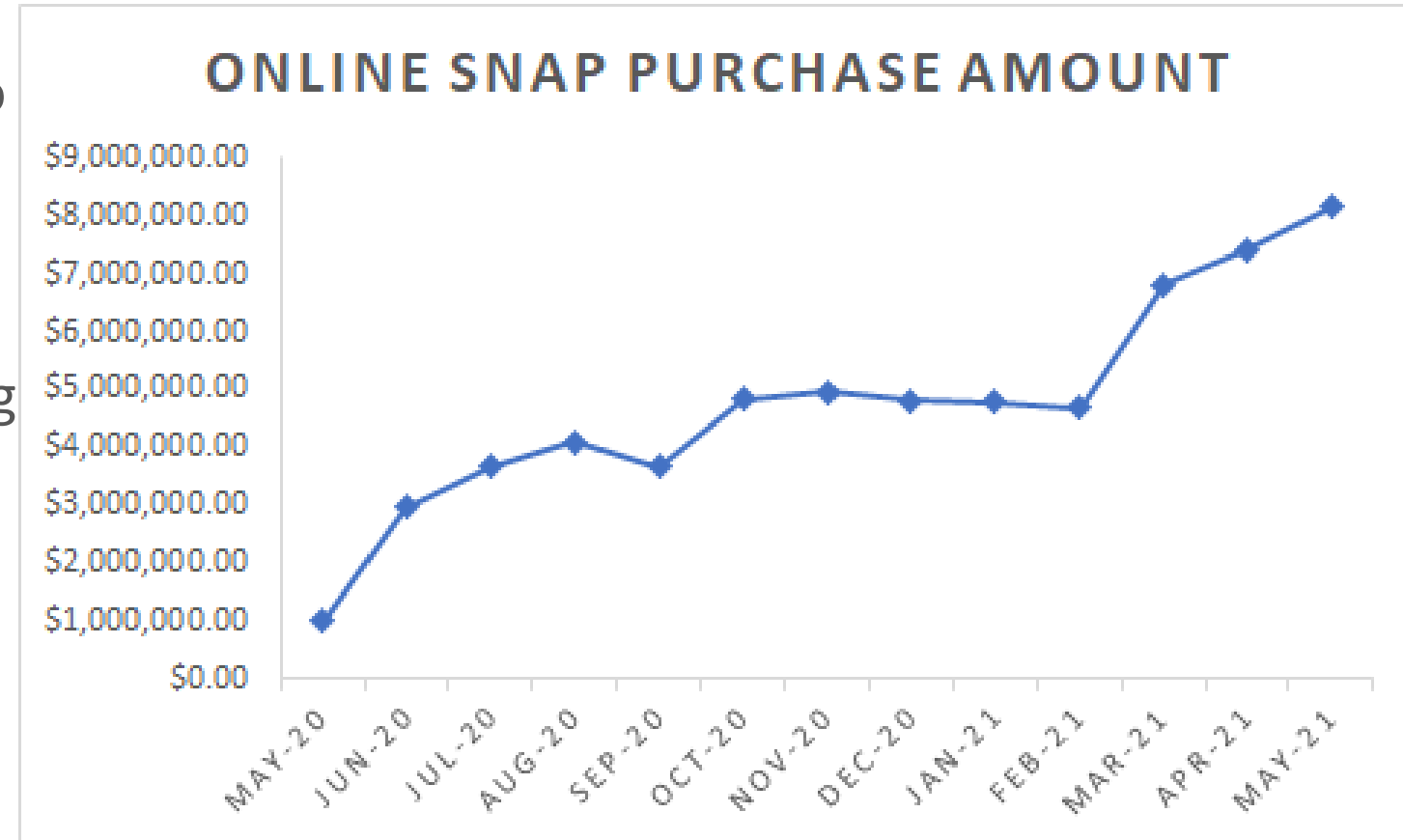
This schedule is conceptual in nature and may evolve as detailed planning is completed with vendor partners. Dates are shown for calendar year.



SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

*FY2021 SNAP program in NM
provided:*

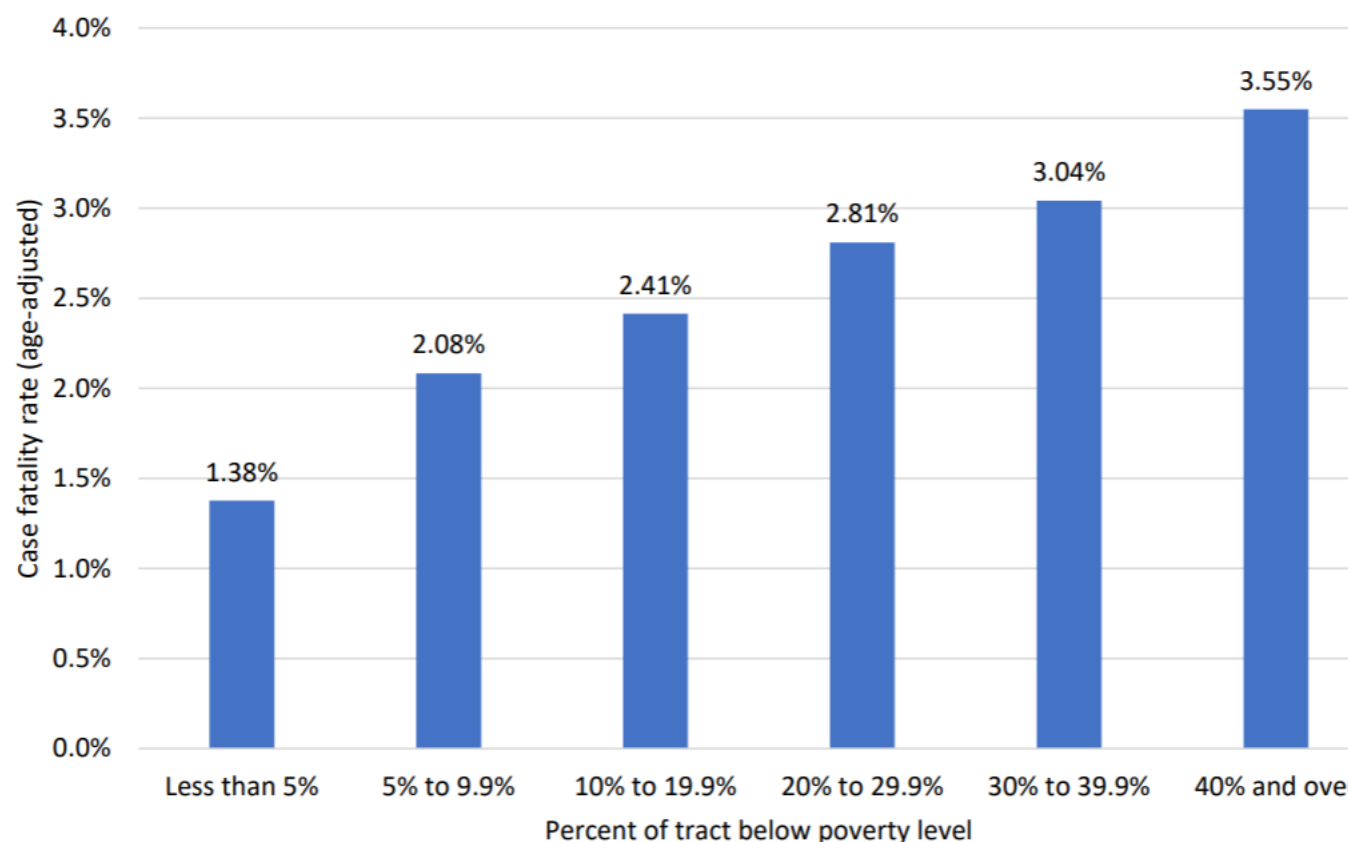
- **>\$462 million** additional benefits to **>605,947** SNAP recipients through enhanced payment.
- **>\$104 million** SNAP benefits to **>348,913 students** by implementing the Pandemic-EBT program.
- **~\$501** more annually in SNAP benefits to **~39k recipients** by implementing Heat & Eat Program.
- **>801,064** online SNAP purchases since May 2020 implementation of online food purchasing w/ Walmart & Amazon.



COVID-19 PANDEMIC HAS CREATED A PUBLIC HEALTH CRISIS THAT IS INCREASING SOCIAL AND ECONOMIC INEQUALITY

- Workers in lower-paying jobs less likely to work at home and more likely to interact with others, at greater risk of contracting the virus.
- CDC: longstanding inequality resulted in increased risk of contracting COVID-19 and severe illness for people of color.
- People with lower socioeconomic status more likely to have chronic health conditions that exacerbate effects of COVID-19, and to develop them at an earlier age.
- In NM, COVID-19 positive individuals at 40%+ poverty level diagnosed and hospitalized ~2.3 times rate of wealthiest New Mexicans and die ~2.6 higher rate. ►

NM COVID-19 Case Fatality Rate by Poverty Level



Sources: New Mexico Department of Health, https://cv.nmhealth.org/wp-content/uploads/2021/06/State-Report_healthsocial_06.21.21.pdf

Investing for tomorrow, delivering today.

COVID-19 LESSONS LEARNED

DECISIVE ACTION FROM THE START

- Establish immediate priorities.
- Identify evidence-based goals, objectives and tactics.
- Establish performance measures and targets.
- Analyze outcomes, determine if goals are met, revise major actions as needed but continually refine approaches.

LONGER-TERM LESSONS

- Maintain focus on baseline strategic plan and look for opportunities to leverage emergency to improve HSD.
- Choose 4-5 priorities, establish clear roles, and stay focused on each until no longer a critical priority.
- Ask for help. There is almost no limit to the desire of New Mexicans to help in an emergency.
- Set up data systems as early as possible, accept limitations, use teams to improve reporting.
- Communicate about 20 times more than you think necessary. Then double that!
- Thank your team for all their contributions!

HSD 2021 DATA BOOK

HSD places high priority on using data to identify key priorities, track progress, and prove effectiveness of public investments.

- Provides summary of socioeconomic and health statistics.
- Provides national data comparing NM to other states as well as county level factsheets to identify areas of greatest need.
- Includes demographic and program data for HSD, CYFD & ALTSD, including activities related to COVID-19 response.

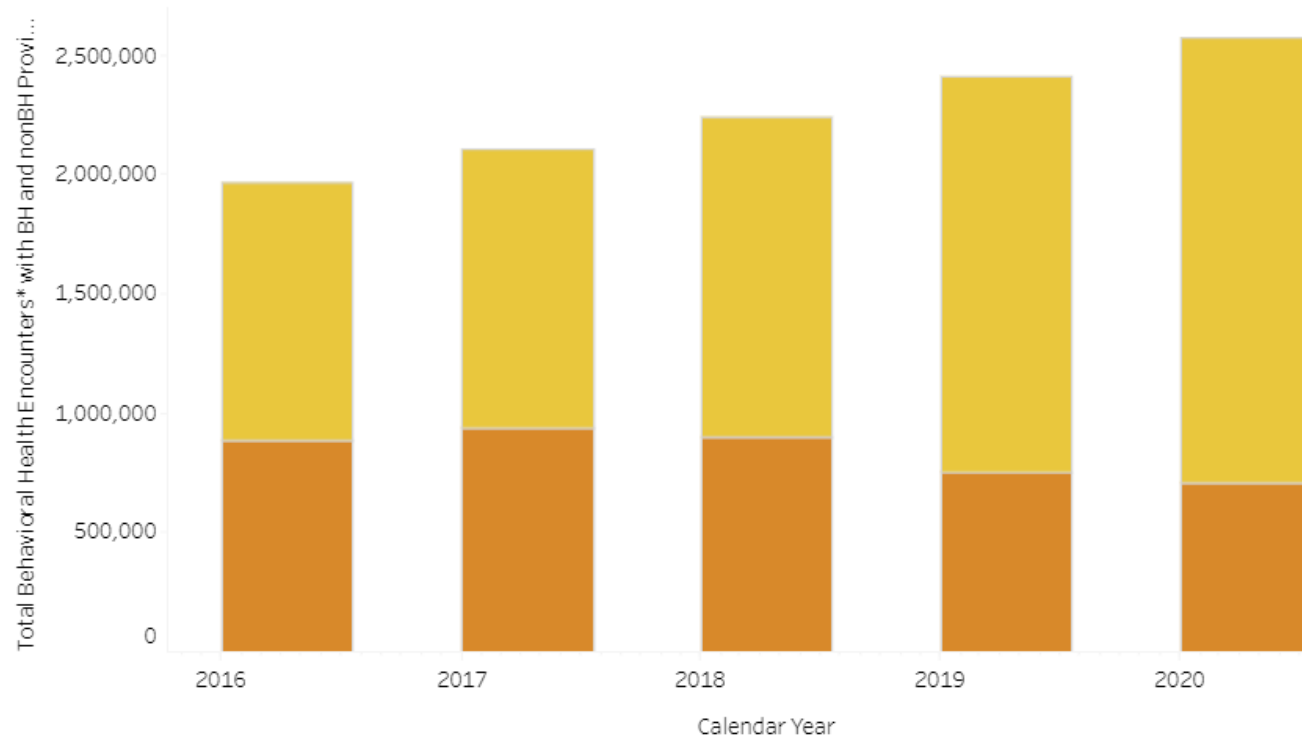


MEASURING PERFORMANCE: HSD PERFORMANCE SCORECARD

HSD places a high priority on using data to identify key priorities, track progress, and prove effectiveness of public investments.

- HSD Performance Scorecard aligns with [HSD Strategic Plan](#), promotes transparency and oversight, and tells HSD's story more accurately and from customers' perspective.
- Measures cover areas related to finance, growth, quality, employees, and consumer/beneficiary satisfaction.
- LFC/DFA Quarterly measures also online.

How good is my Managed Care Organization (MCO) at working with providers to ensure I have a behavioral health (BH) visit with a BH or non-BH provider?



Data updated: 5/11/2021

Measure Names

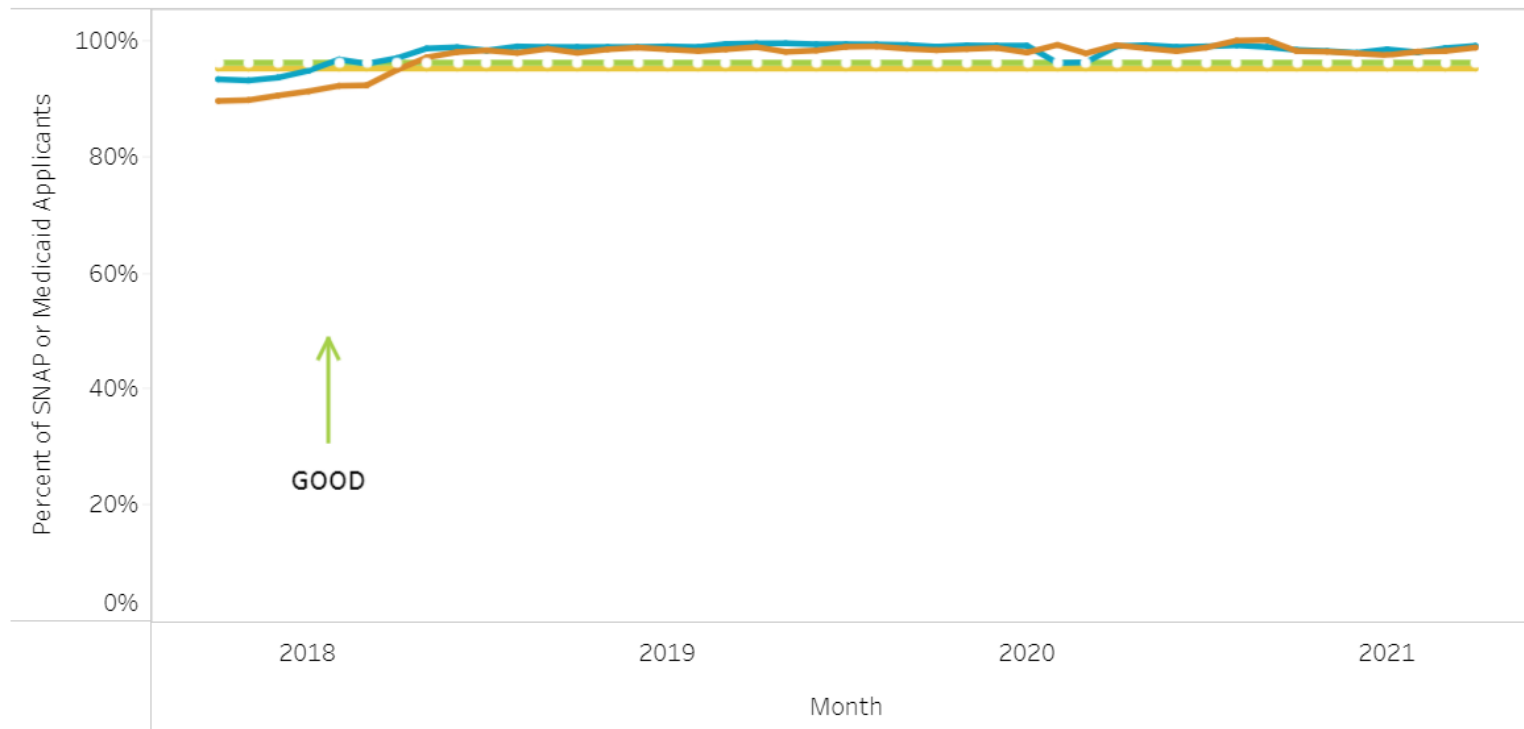
- BH Provider
- NonBH Provider

MEASURING PERFORMANCE: HSD PERFORMANCE SCORECARD

Goal 1. We Help NEW MEXICANS

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

As a Medicaid or SNAP applicant, what are the chances of having my non-emergency application processed within 45 days for Medicaid and 30 days for SNAP?



Last updated: 6/8/2021

Measure Names

Medicaid: Percentage of Applications Processed wi... Target - HSD Internal Target

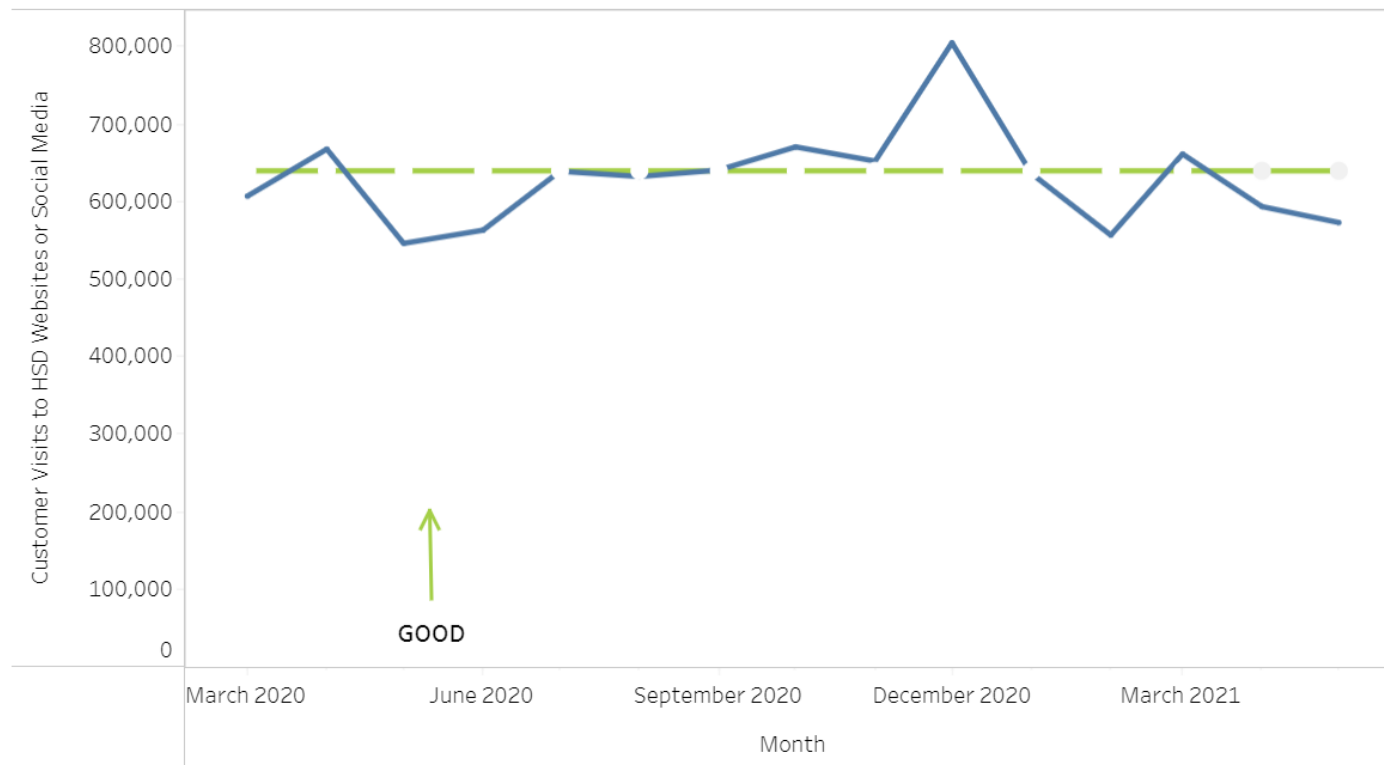
SNAP: Percentage of Applications Processed withi... Federal Timeliness Target

MEASURING PERFORMANCE: HSD PERFORMANCE SCORECARD

Goal 2. We communicate EFFECTIVELY

Create effective, transparent communication to enhance the public trust.

How many contacts with HSD do people like me make via websites and/or social media?



Last updated: 6/7/2021

Measure Names

■ Online Contacts Total

■ Target

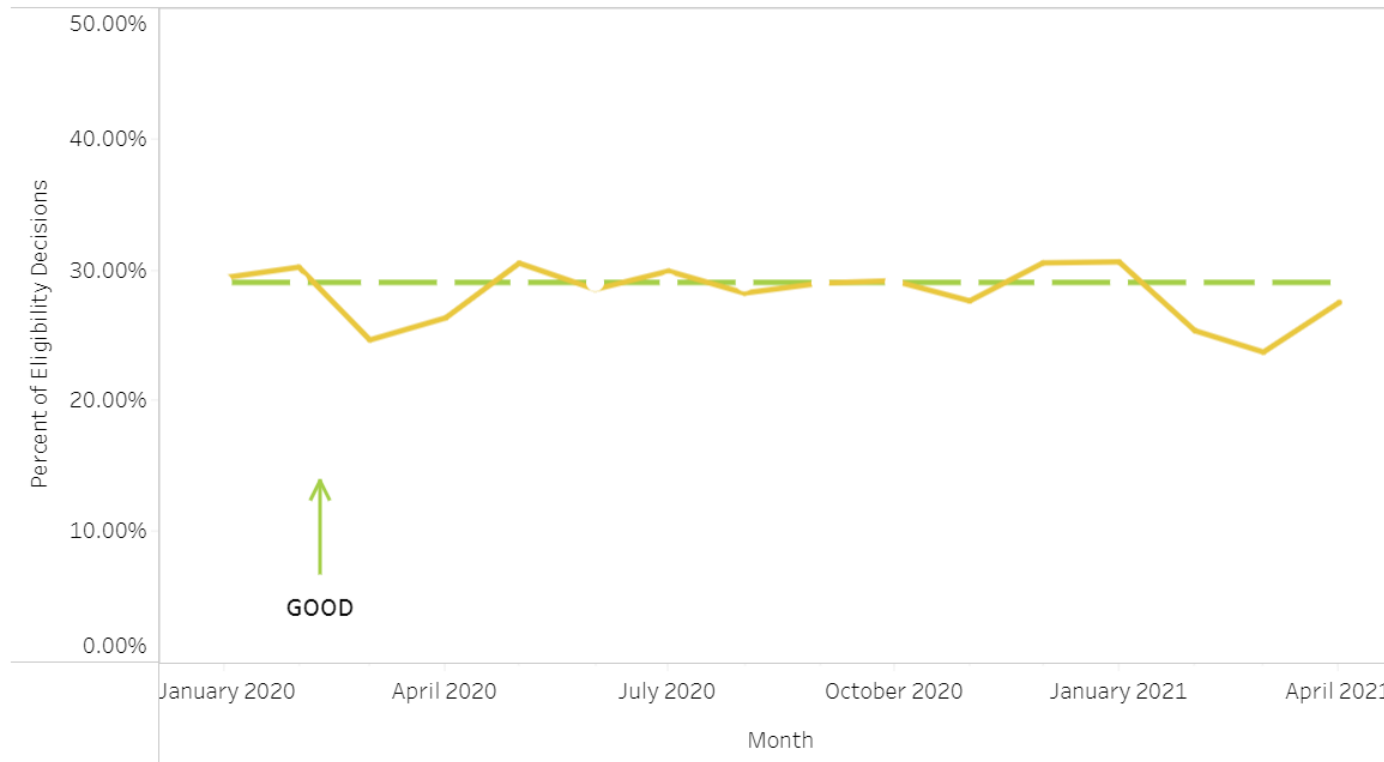
<https://sites.google.com/view/nmhsdscorecard/home>

MEASURING PERFORMANCE: HSD PERFORMANCE SCORECARD

Goal 3. We make access EASIER

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

As a customer, what are my chances of being provided an automated decision on eligibility for services?



Last updated: 5/12/2021

Measure Names

■ % automated decisions

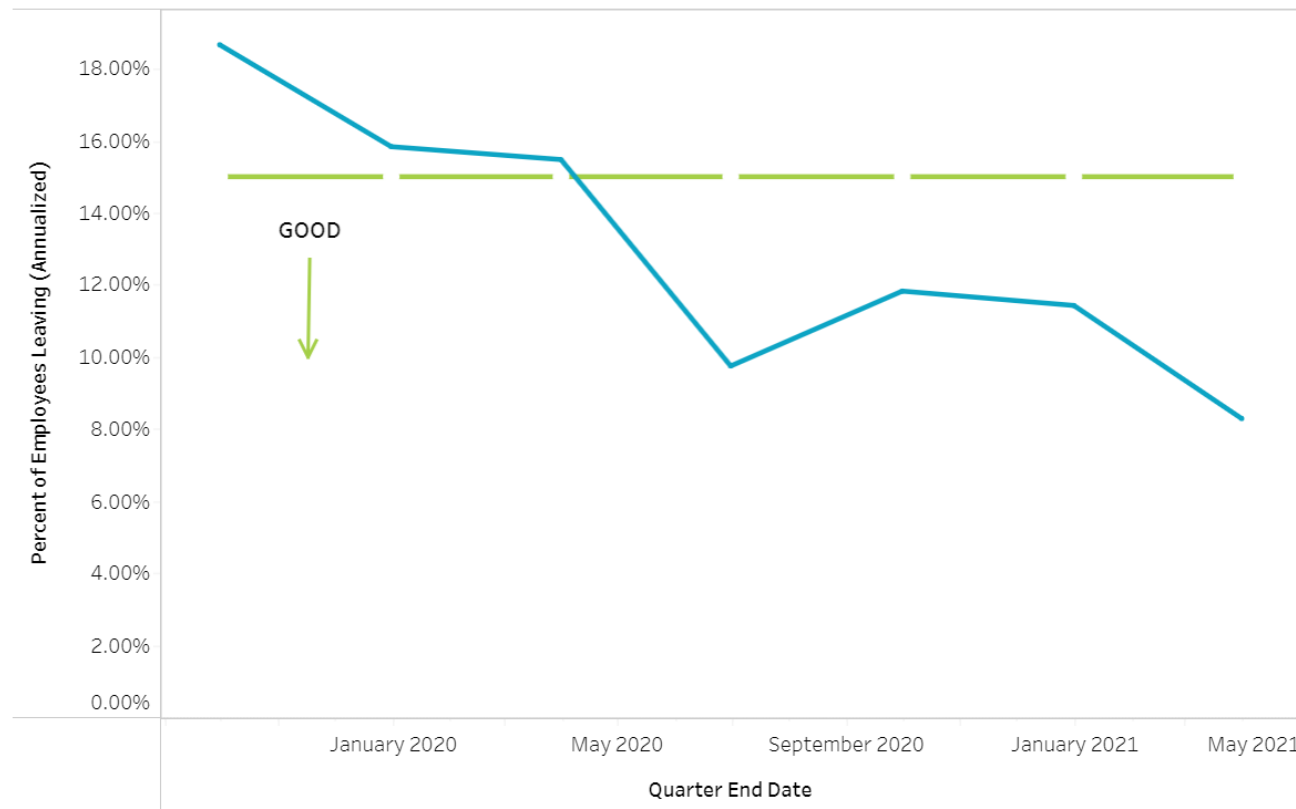
■ Target - based on current performance

MEASURING PERFORMANCE: HSD PERFORMANCE SCORECARD

Goal 4. We support EACH OTHER

Promote an environment of mutual respect, trust, and open communication for staff to grow and reach their professional goals.

Calculated annually, what percent of HSD employees leave their jobs?



Last updated: 3/26/2021

Measure Names

■ Annualized Turnover Rate

■ Target: National Average

LEGISLATOR QUESTION: MEDICAID RATES FOR EMERGENCY MEDICAL TECHNICIAN (EMTs)

Working together with EMS agencies, Medicaid easing burden for critical frontline responders.

AIR AMBULANCE RATE INCREASE

- Increased Air Ambulance Reimbursement Rate – approved by CMS and effective 11/15/20.
- Reimbursement rates increased to 75% of Medicare reimbursement. MCOs have implemented.

COVID-19 VACCINATION SUPPORT

- HSD initiating homebound vaccination that include EMS support in providing vaccinations for homebound members.
- Incentivize increased vaccination compliance by providing temporary rate increase to EMS providers travelling to homebound members

LEGISLATOR QUESTION: HOME VISITING

- Working with ECECD to expand home visiting and other programs targeting expecting/new parents in Medicaid program.
- Expanding services according to home visiting need assessment & agency readiness.

2017	2018	2019	2020	2021
September: Initial planning meetings began between Human Services Department and Early Childhood Services	Spring: Pilot sites confirmed and plans developed for start up	January: Pilot sites in contracting process with MCOs April: First referrals received from MCOs November: began onboarding process for a third pilot site	January: all initial pilot sites reached full capacity June: Data reports went live in system	Early 2021: Home Visiting Workgroups established to inform expansion

LEGISLATOR QUESTION: MEDICAID SCHOOL-BASED SERVICES

HSD, in collaboration with the Public Education Department (PED), is expanding Medicaid School-Based Services (MSBS).

- MSBS program serves children who need services as part of Individualized Education Plan (IEP) or Individual Family Service Plan (IFSP).
- NM school districts pay General Fund share and HSD leverages federal dollars for reimbursement of services.
- Starting 7/1/22 Medicaid-covered Behavioral Health and School Nursing services will be reimbursable Medicaid services for all Medicaid-enrolled students, not only children with an IEP/IFSP.

MAD Resource Needs for Expansion of Services		
Resource	Total Computable	State General Fund
2 FTE Staff	\$144,097	\$73,049
Consulting Contract	\$48,000	\$24,000

LEGISLATOR QUESTION: SCHOOL-BASED HEALTH CENTERS (SBHC) ⁸¹

In collaboration with DOH, NM Assoc. of SBHCs and MCOs, SBHCs are playing an important role in increasing access to primary and behavioral health services for children and adolescents across New Mexico.

IMPROVING QUALITY OF CARE

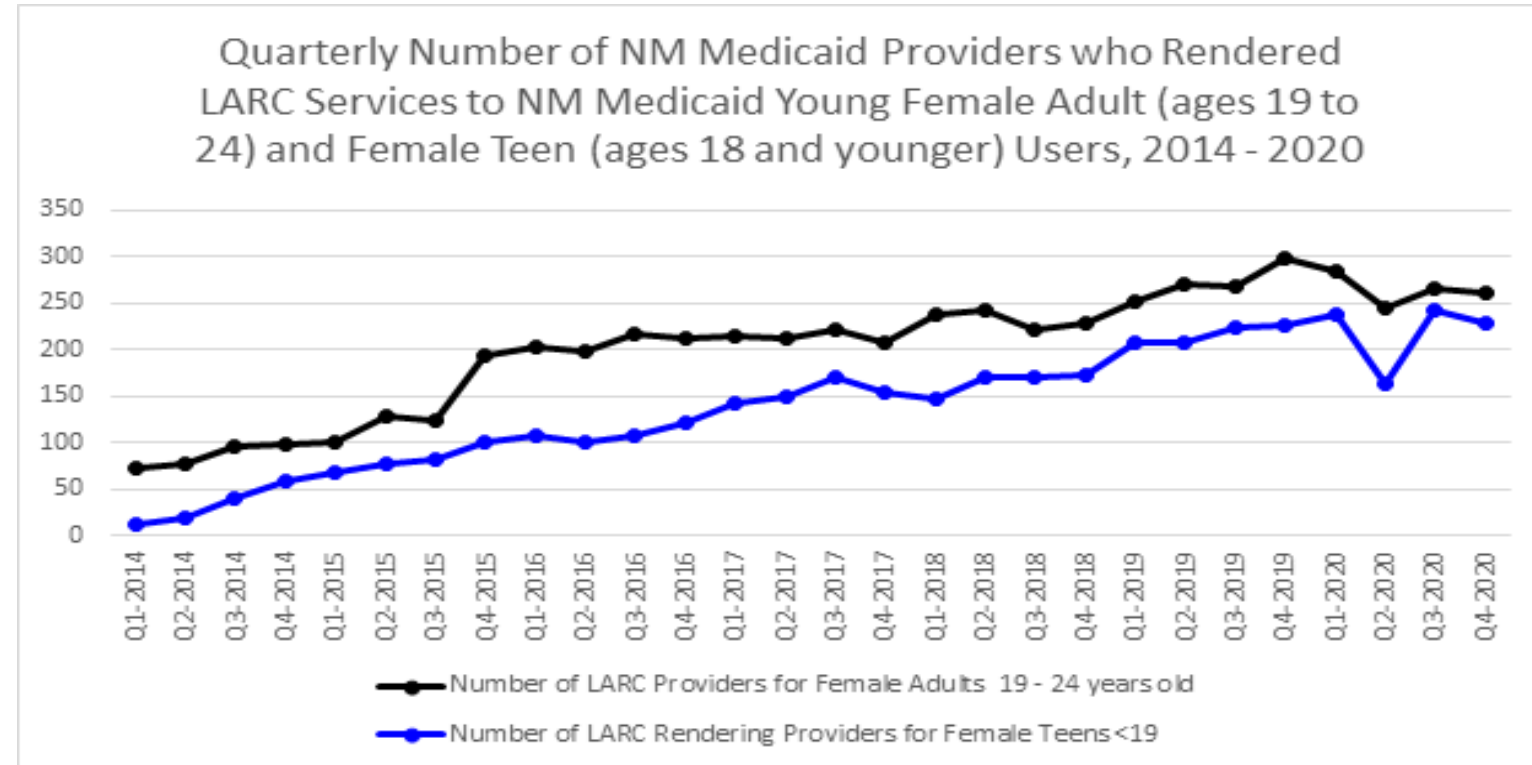
- The Strategic Implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) in School-Based Health Centers (SBHCs) [SISS] initiative implements and evaluates the SBIRT model, with a goal of identifying, reducing, and preventing substance use in New Mexico (NM) adolescents.
- Same Day Access Pilot Project will provide same-day access to long-acting reversible contraceptives. This pilot project goal is to develop a sustainable mechanism maintains readily available contraception.

EXPANDING SERVICES

- Ongoing development and review of services via telehealth in SBHCs to include a hub SBHC pilot project which serves additional schools via telehealth.
- DOH is considering funding increase to expand services to leverage Medicaid matching funds.

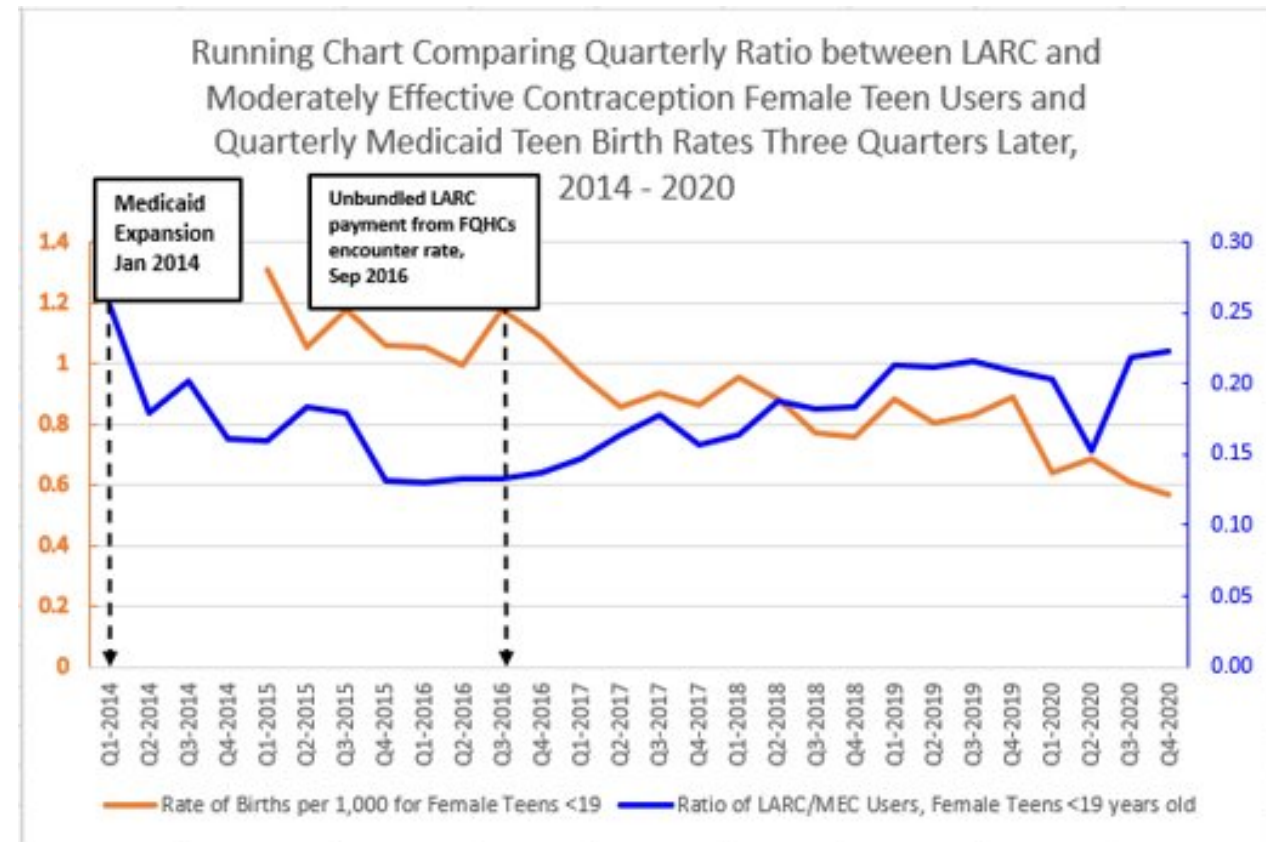
LEGISLATOR QUESTION: MEDICAID REPRODUCTIVE HEALTHCARE AND SERVICES

- **Planned pregnancy option:** access to all FDA-approved contraception, includes Immediate postpartum Long-Acting Reversible Contraception (IPP LARC)
- **American Rescue Plan Act of 2021:** NM Medicaid extending coverage for pregnancy & postpartum people to 1 year with target date April 2022.
- **Families FIRST:** perinatal nurse case management program that supports people to engage in care and other outcomes-based interventions.



LEGISLATOR QUESTION: LONG-ACTING REVERSIBLE CONTRACEPTION (LARC) PHARMACY PILOT PROJECT

- **Goal:** To improve same-day access to LARC (intrauterine devices and implants) for adolescents at school-based health centers (SBHCs) beginning in 2021-22 school year.
- **Pilot sites:** Bernalillo SBHC; El Centro & Espanola SBHC; Hidalgo Medical Services & Silver City SBHC
- Stocking LARC can be cost-prohibitive for the provider (\$500-\$1,300 per device)
 - Stellar Rx partnership – temperature-controlled Xpedose unit with same-day dispensing and monitoring/management of LARC supply
 - Same-day access to LARC means that the patient doesn't have to come back for a second visit; odds of unintended pregnancy are significantly reduced



LEGISLATOR QUESTION: MEDICAID ORAL HEALTH

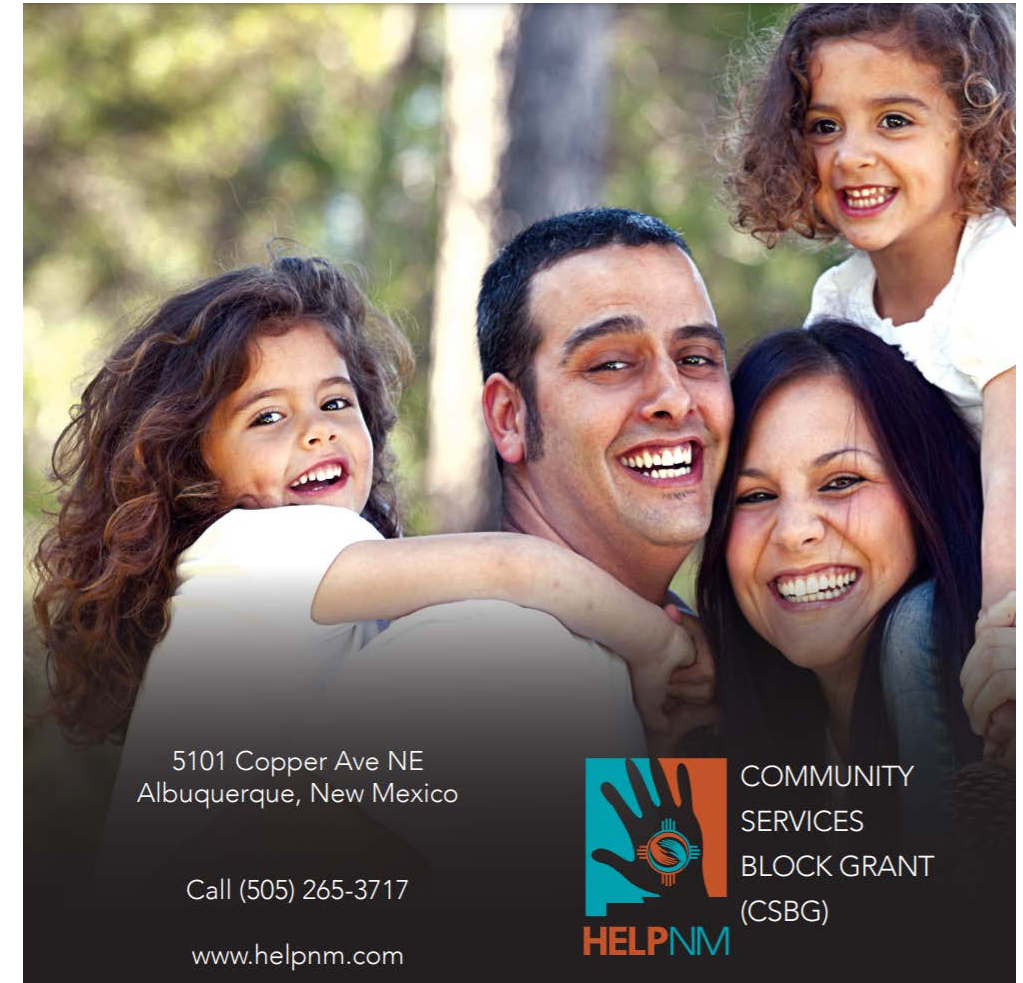
In July of 2019 Medicaid implemented a 2% rate increase across 56 dental codes as well as adding coverage for Fluoride Varnish.

In response to SM96, DOH convened a taskforce in the fall of 2019 to study how to expand dental care for children enrolled in Medicaid.

- Analysis and recommendations from draft report include:
 - Reimbursement Issues
 - System Issues
 - Access
 - Cost Savings
 - Workforce
- Next step is to work with DOH to reconvene the taskforce and continue the work started prior to the pandemic.

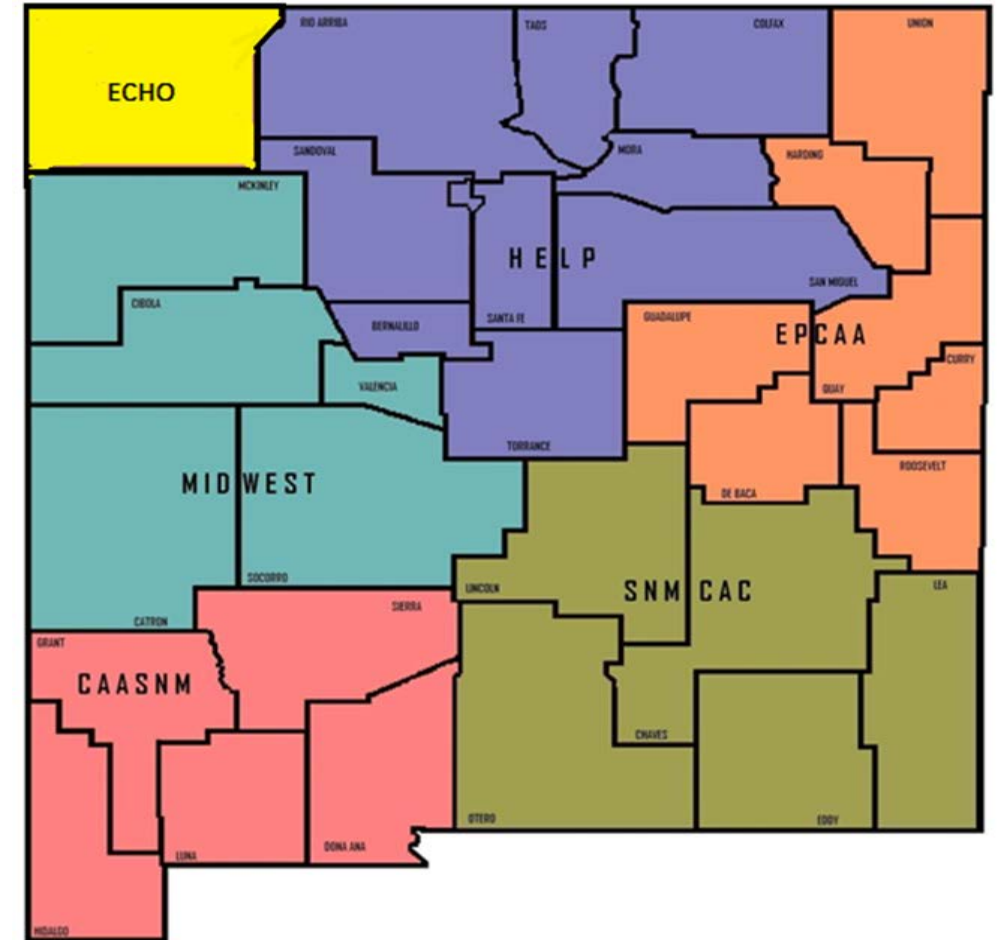
COMMUNITY SERVICES BLOCK GRANT (CSBG) UPDATE TO LEGISLATURE

- 100% Federal Funds for Community Action Agencies (CAAs) for ***reduction of poverty***.
- Federal statute requires legislative hearing at least every 3 years on CSBG State Plan, which is due 9/1/21.
(<https://www.hsd.state.nm.us/income-support-division-plans-and-reports/>)
- Regulated by federal Community Opportunities Accountability Training and Education Services Act.
- **FFY2021 Funding Distributed to CAAs: \$5,185,120.**



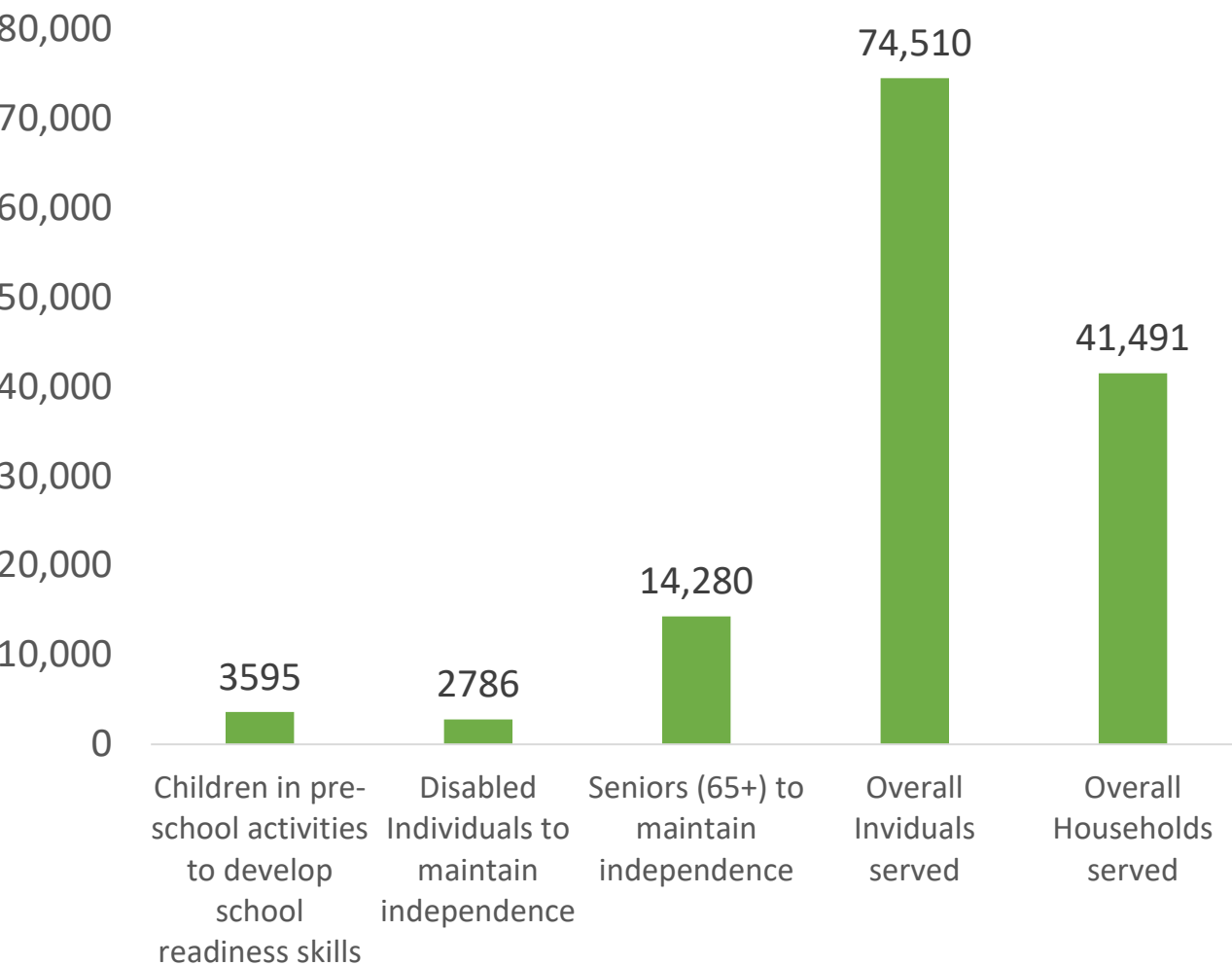
CURRENT COMMUNITY ACTION AGENCIES (CAAs)

1. Community Action Agency of Southern NM - CAASNM
2. Eastern Plains Community Action Agency - EPCAA
3. Economic Council Helping Others, Inc. - ECHO
4. HELP New Mexico - HELP
5. Mid-West NM Community Action Program - MIDWEST
6. Southeast NM Community Action Corp. - SNMCAC

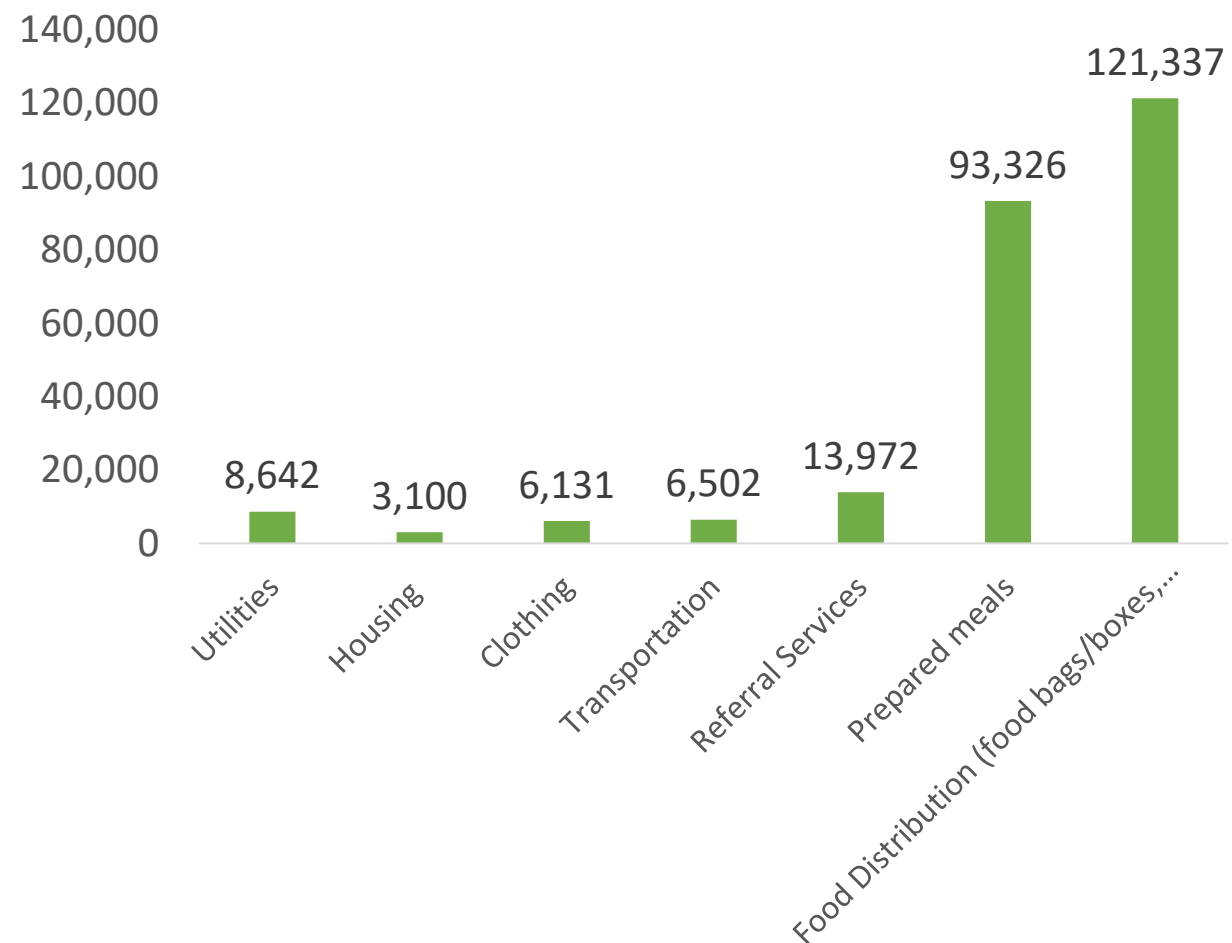


CSBG FFY20 SOCIAL IMPACT

Number of People Utilizing FFY20 CSBG Funding



Emergency Assistance FFY20 CSBG Funding



FUTURE OF HSD PANEL OVERVIEW

TOPICS

1. NM Primary Care Council
2. Primary Care Graduate Medical Education
3. Food, Hunger & Farm Steering Committee
4. One-time Financial Assistance Payments
5. Reforming Home & Community Based Services
6. COVID-19 Pandemic Wind-down
7. HSD Post-Pandemic Work-Life
8. Benally Family Update

SPEAKERS



David R. Scruse, M.D.
Cabinet Secretary



Nicole Comeaux
Medicaid Director



Alex Castillo Smith
Manager, Strategic Planning
& Special Projects

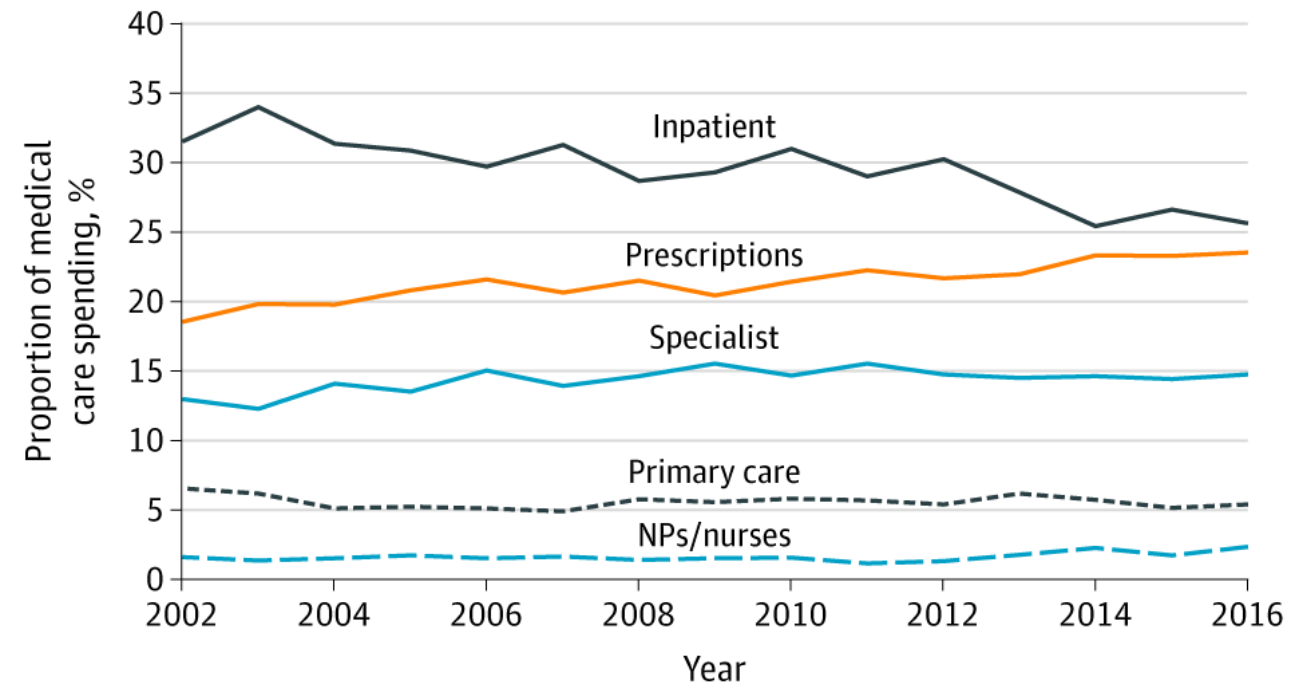


Karmela Martinez
Income Support
Division Director

NEW MEXICO PRIMARY CARE COUNCIL

- [House Bill 67](#) enacted during 2021 legislative session, established Council to:
 - “Increase access to primary care, improve the quality of primary care services, lower the cost of primary care delivery, address the shortage of primary care providers and reduce overall health care costs” statewide.
- Council consist of 22 members representing state agencies, Federally Qualified Health Centers, providers, and other healthcare stakeholders.
- Among other duties, Council will “coordinate efforts with GME board and other... initiatives to devise a plan that addresses primary care workfare shortages within the State.”
- First Council meeting occur Summer 2021.

Trends in Spending for Select Types of Medical Care, U.S.



Source: [JAMA](#). NP indicates nurse practitioner. Data from [Medical Expenditure Panel Survey](#).

NATIONAL ACADEMIES RECOMMENDATIONS TO IMPROVE PRIMARY CARE

1. Pay for primary care teams to care for people, not doctors to deliver services.
2. Ensure that high-quality primary care is available to every individual and family in every community.
3. Train primary care teams where people live and work.
4. Design information technology that serves the patient, family, and interprofessional care team.
5. Ensure that high-quality primary care is implemented in the United States.



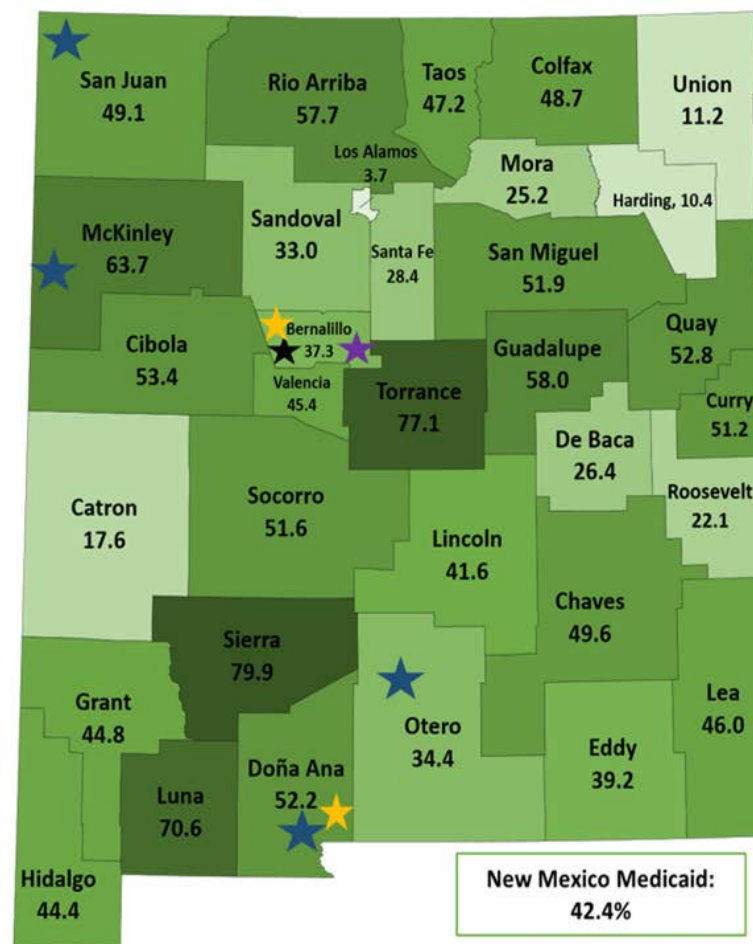
NM PRIMARY CARE COUNCIL MEMBERS

1. Eileen Goode, RN: CEO, NM Primary Care Association
2. Jennifer K. Phillips, MD: Professor & Associate Chair, Family Medicine, UNM School of Medicine
3. Kathy R. Fresquez-Chavez, NP: CEO, Bella Vida Healthcare
4. Lori Zink, MD: Physician, BCA Pediatrics
5. Matthew Probst, PA: Chief Quality Officer, El Centro Family Health
6. Valory Wangler, MD: Family Medicine Program Director, Rehoboth McKinley Christian Health Care Services
7. Dep. Sec. Laura Parajon, MD: NM Department of Health
8. Jeff Clark, MD: NM Human Services Department
9. Julie Weinberg: Director, Life and Health Division, NM Office of Superintendent of Insurance
10. Troy Clark: Executive Director, NM Hospital Association
11. Wei-Ann Bay, MD: Chief Medical Officer, Blue Cross and Blue Shield of NM
12. Alisha Parada, MD: Chief, Division of General Internal Medicine, Geriatrics and Integrative Medicine, UNM Health Sciences Center
13. Anjali Taneja, MD: Executive Director, Casa de Salud
14. Cindy Browning: CEO, Cañoncito Band of Navajo Health Center
15. Gretchen Ray, PharmD: Assoc. Professor of Pharmacy Practice, UNM College of Pharmacy
16. Jason Mitchell, MD: Senior Vice President, Chief Medical and Clinical Transformation Officer, Presbyterian Healthcare Services
17. Jon Helm, RN: Nurse Flow Manager, First Choice Community Healthcare
18. Maggie McCowen, LISW: Executive Director, NM Behavioral Health Provider Association
19. Rohini McKee, MD: Chief Quality & Safety Officer, UNM Hospital
20. Ruby Ann Esquibel: Health Policy Coordinator, NM Legislative Finance Committee
21. Scott Flury: Patient advocate, La Clínica del Pueblo de Rio Arriba
22. Susan Wilson: Executive Director, NM Coalition for Healthcare Value

PRIMARY CARE GRADUATE MEDICAL EDUCATION EXPANSION

- [5-Year GME Strategic Plan](#) anticipates **46 new primary care physicians graduating annually, starting in 2025.**
 - Assuming physicians remain in NM, **expanded workforce will serve *additional* 100,000 New Mexicans annually.**
- Primary care GME programs expected to grow from 8 to 13 (63% increase).
- **Since FY2020, HSD selected 5 programs for funding, totaling \$1,611,208:**
 - Programs include expansion of existing programs (as well as new programs) in Family Medicine and General Psychiatry.
 - At maturity, these programs will add an estimated 60 new residents.
- Third round of applications open this fall.

New and Expanding GME Programs as of 11/20; Medicaid and Children's Health Insurance Program Enrollment as Percentage of Population by County, October 2020



Programs Under Development or Considering Expansion, by Specialty

- ★ Family Medicine
- ★ General Pediatrics
- ★ General Internal Medicine
- ★ General Psychiatry

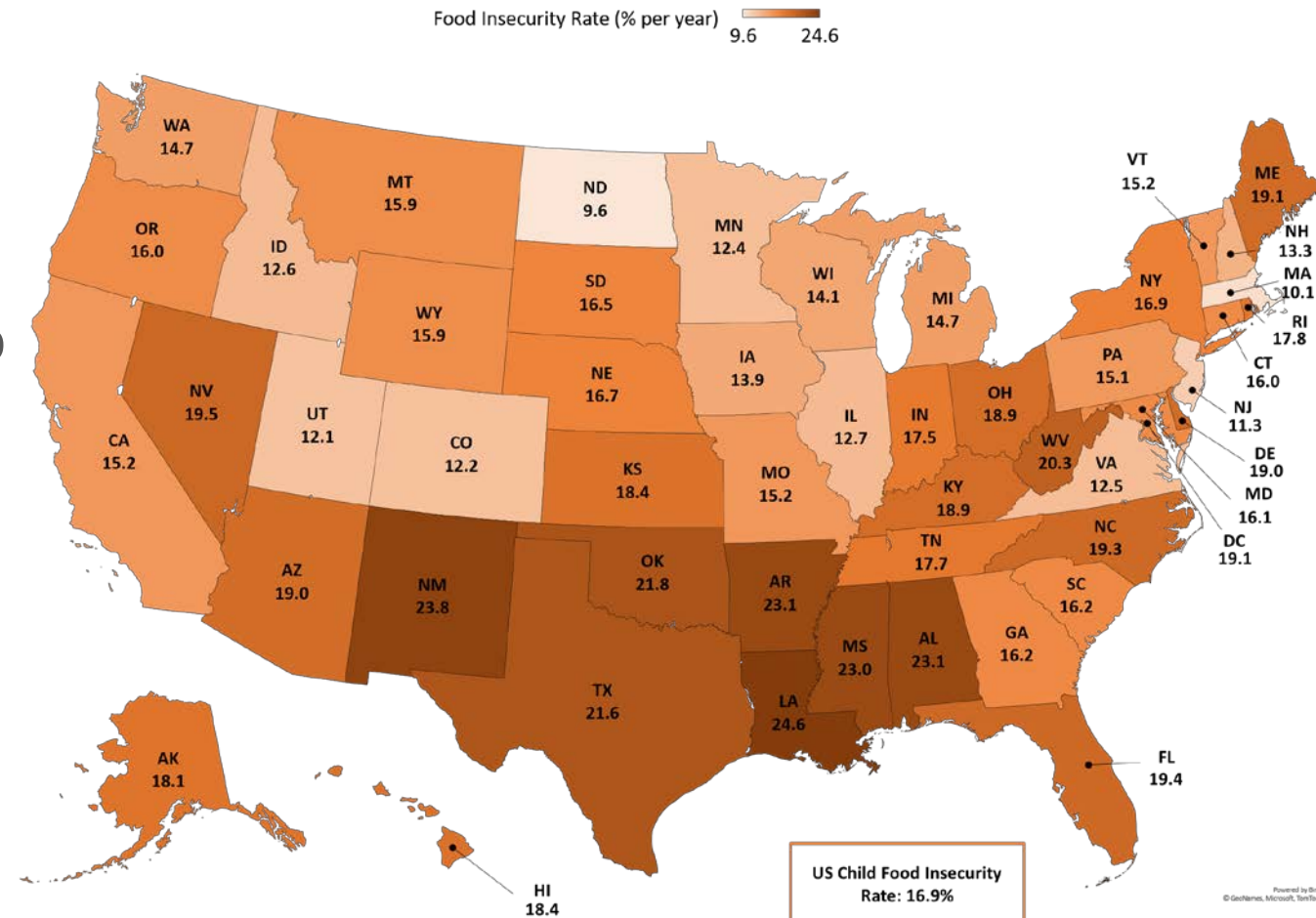
Source: New Mexico Human Services Department, Income Support Division. Recipients as of October 2020. U.S. Census Bureau, Population Estimates Program (PEP), Vintage 2019, QuickFacts. Retrieved from <https://www.census.gov/quickfacts>, December 10, 2020.

Investing for tomorrow, delivering today.

FOOD, HUNGER & FARM STEERING COMMITTEE

- 2021 [Senate Bill 377](#) appropriated \$275,000 to HSD to “develop and implement a comprehensive plan to address hunger and food insecurity and to strengthen food systems in the state in partnership with other agencies and stakeholders in the agriculture, food and hunger-alleviation sectors.”
- \$100,000 appropriated to PED “to develop and implement a comprehensive pilot to address hunger on New Mexico college campuses.”
- HSD, partnering with community members, Governor’s Office, Dept. of Agriculture, Indian Affairs, Higher Education, and others to develop 5-year strategic plan to measurably reduce hunger in NM.
- NM consistently at top of national rankings for child food insecurity (2nd, 2018).

Child Food Insecurity Rate by State, 2018

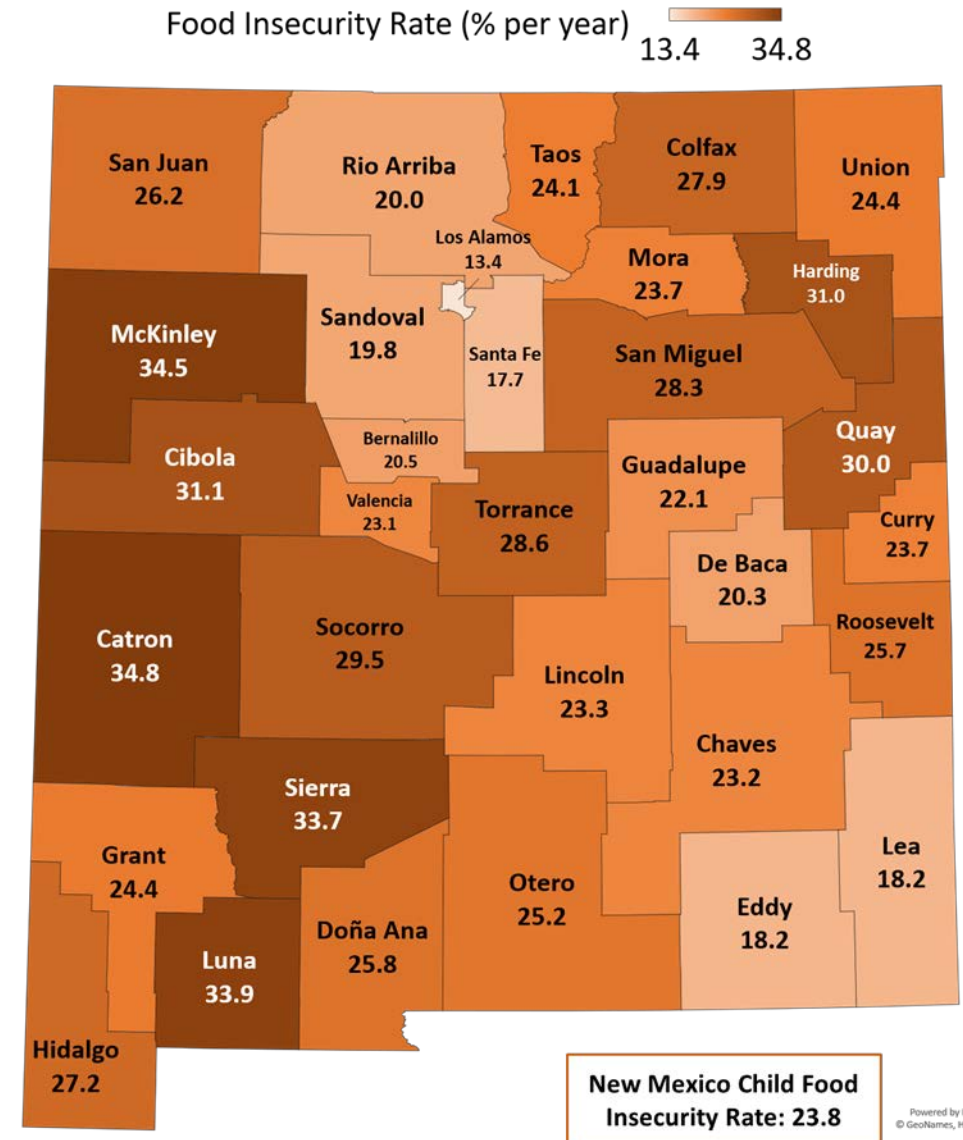


Source: Gundersen, C., A. Dewey, E. Engelhard, M. Strayer & L. Lapinski. *Map the Meal Gap 2020: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2018*. Feeding America, 2020.

FOOD, HUNGER & FARM STEERING COMMITTEE

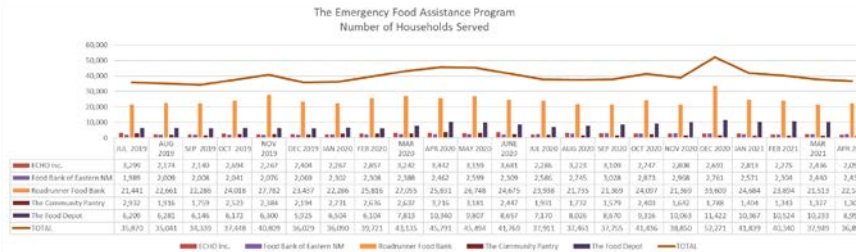
- **Mission:** To cultivate a just food system that measurably reduces hunger, provides equitable access to nutritious, culturally meaningful foods, and honors the wisdom of our land-based traditions.
- **Goal 1: Community Food Programs** - Coordinate and integrate New Mexico's hunger relief efforts, including those provided by local, state, and federal governmental entities and non-profits, so resources can be optimized for equitable access, efficiency, and community resiliency.
- **Goal 2: New Mexico Grown Production Expansion** - Invest in New Mexico producers, with a focus on small-scale, BIPOC (black, Indigenous and people of color), women-owned, and sustainable farming operations, through the intentional and values-based expansion of New Mexico's farm to institution programs.
- **Goal 3: Supply Chain Infrastructure** – Inventory and measurably improve food supply chain infrastructure to address weak linkages experienced by tribal, rural, frontier, and urban communities.
- **Goal 4: Budget** – Work with the legislature and other partners to create a sustainable financial model to support our Mission.

NM Child Food Insecurity Rate by County, 2018



FOOD, HUNGER & FARM STEERING COMMITTEE

HSD Food Programs

Program Name	Description	Number New Mexicans Served																																																																													
The Emergency Food Assistance Program (TEFAP)	Federal program that helps supplement the diets of low-income Americans by providing them with emergency food assistance, USDA Foods are diverted to the five food banks based on county specific poverty and unemployment data.	<div><div><div>The Emergency Food Assistance Program Number of Households Served</div><table><thead><tr><th></th><th>JUL 2020</th><th>AUG 2020</th><th>SEP 2020</th><th>OCT 2020</th><th>NOV 2020</th><th>DEC 2020</th><th>JAN 2021</th><th>FEB 2021</th><th>MAR 2021</th><th>APR 2021</th></tr></thead><tbody><tr><td>ECFAP Inc.</td><td>5,096</td><td>5,374</td><td>5,143</td><td>5,084</td><td>5,247</td><td>5,404</td><td>5,267</td><td>5,857</td><td>5,242</td><td>5,199</td></tr><tr><td>Food Bank of Eastern NM</td><td>1,888</td><td>2,006</td><td>2,008</td><td>2,041</td><td>2,076</td><td>2,068</td><td>2,302</td><td>2,308</td><td>2,388</td><td>2,442</td></tr><tr><td>Food Bank of Western NM</td><td>21,442</td><td>22,661</td><td>22,285</td><td>24,018</td><td>27,762</td><td>23,457</td><td>22,285</td><td>25,815</td><td>27,015</td><td>26,748</td></tr><tr><td>The Community Pantry</td><td>2,512</td><td>2,578</td><td>2,709</td><td>2,525</td><td>2,584</td><td>2,594</td><td>2,718</td><td>2,648</td><td>2,647</td><td>2,516</td></tr><tr><td>The Food Depot</td><td>6,208</td><td>6,281</td><td>6,146</td><td>6,172</td><td>6,300</td><td>5,525</td><td>6,304</td><td>7,813</td><td>10,940</td><td>9,867</td></tr><tr><td>TOTAL</td><td>36,852</td><td>35,681</td><td>35,139</td><td>37,448</td><td>40,829</td><td>36,079</td><td>36,892</td><td>39,721</td><td>43,115</td><td>41,791</td></tr></tbody></table></div></div>		JUL 2020	AUG 2020	SEP 2020	OCT 2020	NOV 2020	DEC 2020	JAN 2021	FEB 2021	MAR 2021	APR 2021	ECFAP Inc.	5,096	5,374	5,143	5,084	5,247	5,404	5,267	5,857	5,242	5,199	Food Bank of Eastern NM	1,888	2,006	2,008	2,041	2,076	2,068	2,302	2,308	2,388	2,442	Food Bank of Western NM	21,442	22,661	22,285	24,018	27,762	23,457	22,285	25,815	27,015	26,748	The Community Pantry	2,512	2,578	2,709	2,525	2,584	2,594	2,718	2,648	2,647	2,516	The Food Depot	6,208	6,281	6,146	6,172	6,300	5,525	6,304	7,813	10,940	9,867	TOTAL	36,852	35,681	35,139	37,448	40,829	36,079	36,892	39,721	43,115	41,791
	JUL 2020	AUG 2020	SEP 2020	OCT 2020	NOV 2020	DEC 2020	JAN 2021	FEB 2021	MAR 2021	APR 2021																																																																					
ECFAP Inc.	5,096	5,374	5,143	5,084	5,247	5,404	5,267	5,857	5,242	5,199																																																																					
Food Bank of Eastern NM	1,888	2,006	2,008	2,041	2,076	2,068	2,302	2,308	2,388	2,442																																																																					
Food Bank of Western NM	21,442	22,661	22,285	24,018	27,762	23,457	22,285	25,815	27,015	26,748																																																																					
The Community Pantry	2,512	2,578	2,709	2,525	2,584	2,594	2,718	2,648	2,647	2,516																																																																					
The Food Depot	6,208	6,281	6,146	6,172	6,300	5,525	6,304	7,813	10,940	9,867																																																																					
TOTAL	36,852	35,681	35,139	37,448	40,829	36,079	36,892	39,721	43,115	41,791																																																																					
USDA Food Distribution for the National School Lunch Program/Breakfast Program/Summer Food Program	USDA designates the Human Services Department (HSD), Income Support Division, Food and Nutrition Services Bureau (FANS) as the state distributing agency responsible for the distribution of USDA Foods to the school food authorities and other approved feeding agencies in New Mexico. USDA Foods provide 16-20 percent of food costs for approved agencies.	USDA Foods supplemented 22,566,938 meals served from July 2020 to April 2021.																																																																													
Commodity Supplemental Food Program (CSFP)	Federal program that works to improve the health of low-income persons at least 60 years of age by supplementing their diets with nutritious USDA Foods. CSFP is distributed statewide through 5 warehouses.	July 2020 – May 2021 (SFY) Total Number Served: 139,324 Unduplicated: 19,024; October 2020 – May 2021 (FFY) Total Number Served: 99,020 Unduplicated: 17,635; January 2021 – May 2021 (CY) Total Number Served: 61,242 Unduplicated: 15,763																																																																													
Supplemental Nutrition Assistance Program - Education (SNAP-Ed)	SNAP-Ed supports SNAP's role in addressing food insecurity and is central to SNAP's efforts to improve nutrition and prevent or reduce diet-related chronic disease and obesity amount SNAP Recipients.	October 2018 – September 2019 (FFY19) 955,110 people reached by SNAP-Ed. October 2019– September 2020 (FFY20) 897,446 people reached by SNAP-Ed.																																																																													

ONE-TIME FINANCIAL ASSISTANCE PAYMENTS

- HSD issued payments totaling \$7 M in December 2020 as one-time cash payments to lower-income New Mexicans who did not qualify for federal economic relief.
- **15,118 lower-income New Mexicans received payment of \$465.00.**
- Additional \$5 M appropriated during 2021 session:
 - Payments processed by NM Taxation and Revenue and issued by end of July 2021.

"This pandemic has impacted all of us economically and emotionally. By providing this relief, the legislature and the administration considered the financial hardships of New Mexicans who were left out of the federal stimulus program.

I have medical bills piling up from my diabetic condition, and this money will help. It couldn't have come at a better time." Eduviges Hernandez, Hobbs

POTENTIAL FY23 LEGISLATIVE & BUDGET INITIATIVES

1. Optimize federal matching dollars to support other state agencies
2. Extend Medicaid Post-Partum Benefits Beyond 60 Days
3. Increasing investment in ASPEN
4. Evidence Based and Trauma Responsive BH Care Implementation
5. Permit TANF Pass-Through for Child Support Program Families
6. Crisis Now System of Care Expansion
7. Establish State-funded Transition Bonus Cash Assistance for TANF Customers
8. Hiring & Onboarding for 21st Century
9. Health Information Exchange Innovation
10. Establish Behavioral Health Collaborative Office
11. Education Works Expansion
12. SNAP Quality Improvement
13. Establish Add'l HSD Tribal Liaisons
14. Provider Rate Increases not Provided for non-Medicaid BH Services
15. "New Mexico Families:" Child Support Television Campaign

MEDICAID MANAGED CARE ORGANIZATION (MCO) PROCUREMENT

- Current MCO Contract expires 12/31/22 but includes an option to extend for four one-year periods.
- Procurements are at a minimum an 18-month exercise for the Department.
- MAD Exercising option so new MCOs would begin 1/1/2024.

New requirements for MCOs as part of extension:

- Performance measures targeting improvement in Early Period Screening and Diagnostic Testing (EPSDT) for children.
- Require all MCOs to submit a plan offering on beWellnm.
- Redesign Value-based Purchasing program to require quality incentives be passed on to front line providers.
- Increase minimum Medical Cost Ratio.

REFORMING HOME & COMMUNITY-BASED SERVICES: AMERICAN RESCUE PLAN ACT SECTION 9817

- Makes available to states a 10-percentage point increase in federal matching funds for Medicaid home and community-based services (HCBS)
- Enhanced match 4/1/2021 - 3/30/2022
- States have from 4/1/2021 - 3/30/2024 to reinvest the state savings in new or enhanced HCBS activities.
- May 13, 2021 - the Centers for Medicare and Medicaid Services (CMS) released guidance on implementing Section 9817 of ARP
Guidance: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd21003.pdf>

DEFINITION OF HCBS

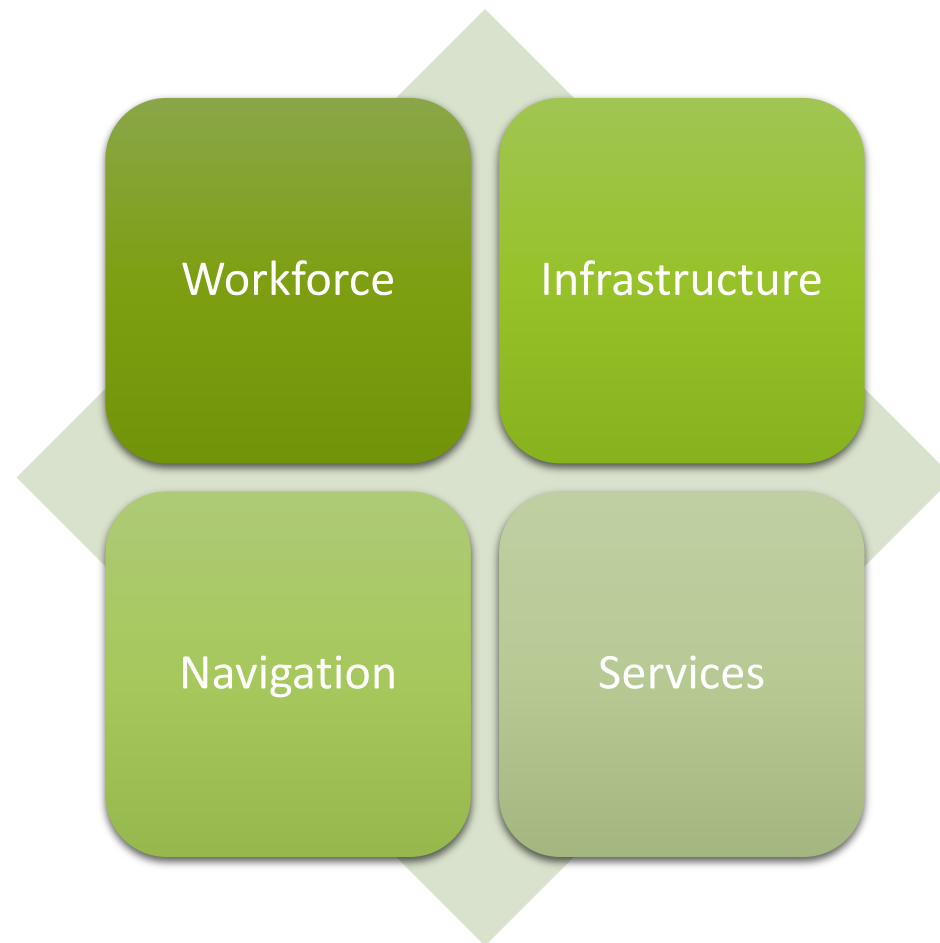
- HOME AND COMMUNITY-BASED SERVICES.—The term “home and community-based services” means any of the following:
 - Home health care services
 - Personal care services
 - Program of All-inclusive Care for the Elderly (PACE) services
 - Home and community-based services
 - Case management services
 - Rehabilitative services, including those related to behavioral health,
 - Such other services specified by the Secretary of Health and Human Services.

REQUIREMENTS TO DRAW HCBS FUNDS

- The new funds must supplement, not supplant, the level of state HCBS spending as of April 1, 2021, and states must implement or expand one or more activities to enhance HCBS.
- This means that in order to receive the 10-percentage point increase in federal funding, a state must:
 - Preserve the amount, duration, and scope of covered HCBS;
 - Maintain, and not reduce, HCBS provider payments rates; and,
 - Not impose stricter eligibility standards for HCBS programs or services.
- As a condition of accepting the enhanced federal funds, to reinvest the freed-up state funds to implement, or supplement implementation of, activities to “enhance, expand, or strengthen” Medicaid HCBS.

NEW MEXICO HCBS INVESTMENT OPPORTUNITY & PROPOSALS

- Currently spend \$1,245,685,034 annually on HCBS.
- Enhanced 10% match will allow us to reinvest \$120,029,914 into HCBS over a three-year period and draw down additional match.



MEDICAID 1115 WAIVER & SPA UPDATES

- HSD seeking federal authority to amend 1115 Medicaid Waiver to:
 - Allow reimbursement for beneficiaries who have diagnosis of Serious Mental Illness or Serious Emotional Disorder (SED) (ages 21-64) and are in Institution for Mental Disease with stay longer than 15 days;
 - Add High-Fidelity Wraparound (HFW) service model for children who meet criteria of SED.
 - HFW is youth-driven, family-centered, community-based, and strengths-based and includes individualized planning process and action plan to support young person and their family;
 - Create funding mechanism designed to develop new and/or expanded primary care Graduate Medical Education (GME) programs; and,
 - Add COVID-19 vaccine coverage to members who have limited Medicaid benefit plans (i.e. Family Planning, Pregnancy related services, Emergency Medical Services for Aliens) and uninsured enrolled in COVID-19 testing and testing-related services eligibility group.

NM Medicaid State Plan Amendments (SPAs)

21	Approved CY2020
9	Approved CY2021
2	Pending CY2021

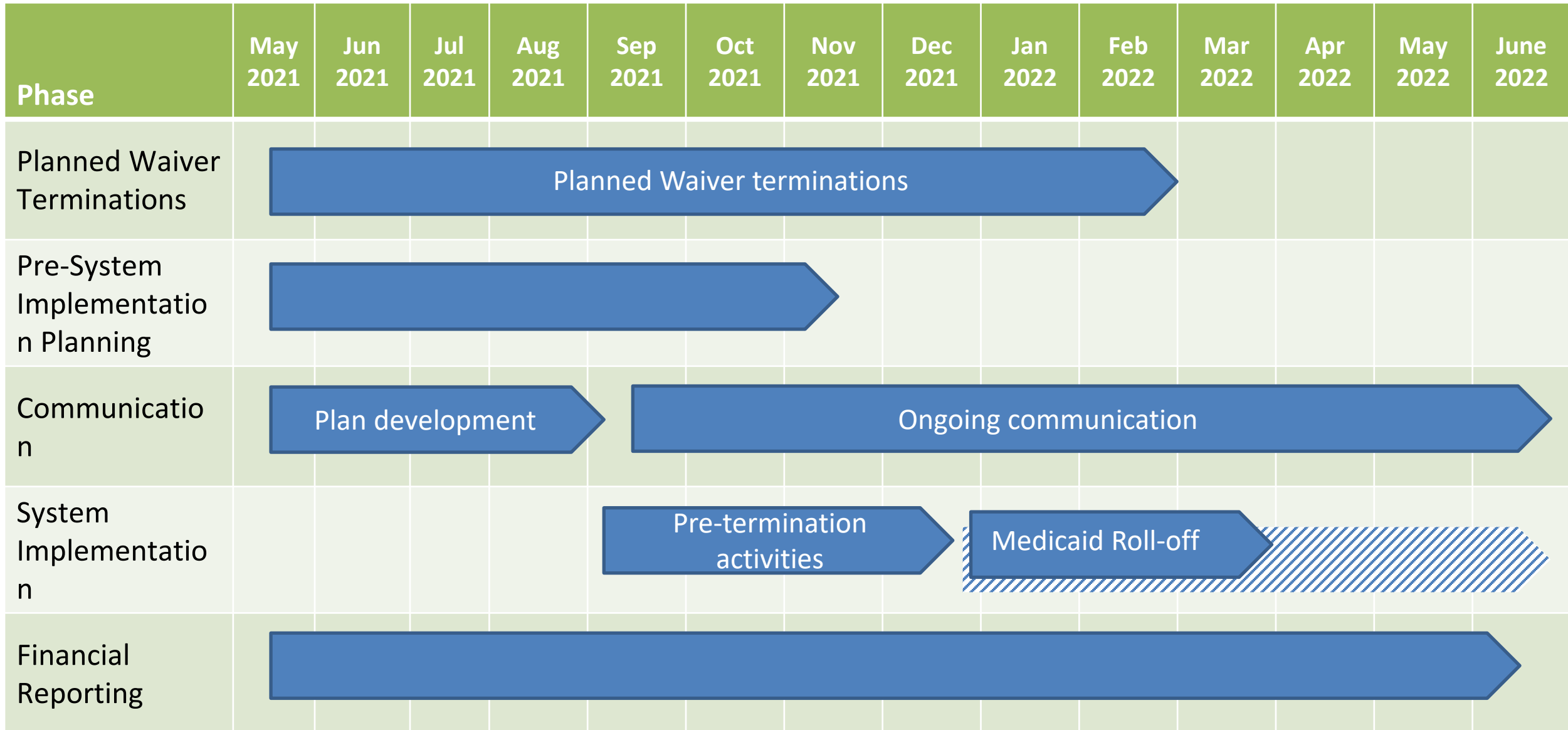
Full list of SPAs available at:
<https://www.hsd.state.nm.us/medical-assistance-division-state-plan/>

MEDICAID PANDEMIC WIND-DOWN: BIGGER CHALLENGE¹⁰⁴ FOR THE STATE THAN PANDEMIC ITSELF

Current Timeframe for Planned End of PHE Activities

- Medicaid has developed a Hybrid model in alignment with federal guidance:
 - Consideration of specific populations for end of PHE activities (e.g. Individuals who have aged out of their approved coverage category)
 - A staggered approach to returning to pre-pandemic caseload maintenance to avoid “cliff effect”
- Assumption that federal PHE will terminate 12/31/21:
 - Maintenance of Effort must be maintained through end of PHE
 - This date is being targeted for full implementation of eligibility and other system changes
- Pre-termination activities to begin prior to 12/31/21:
 - Communications to Medicaid recipients regarding pending termination of PHE
 - Automated renewal activities on MOE cases re-initiated in October
- Roll off activities to begin 1/1/22 per current CMS guidance:
 - Current projections allow for a 90-day timeframe for completion of Wind Down activities (completion by 3/31/22)
 - Strategy for returning to pre-PHE case management utilizes a Hybrid approach to reverting to normal operations

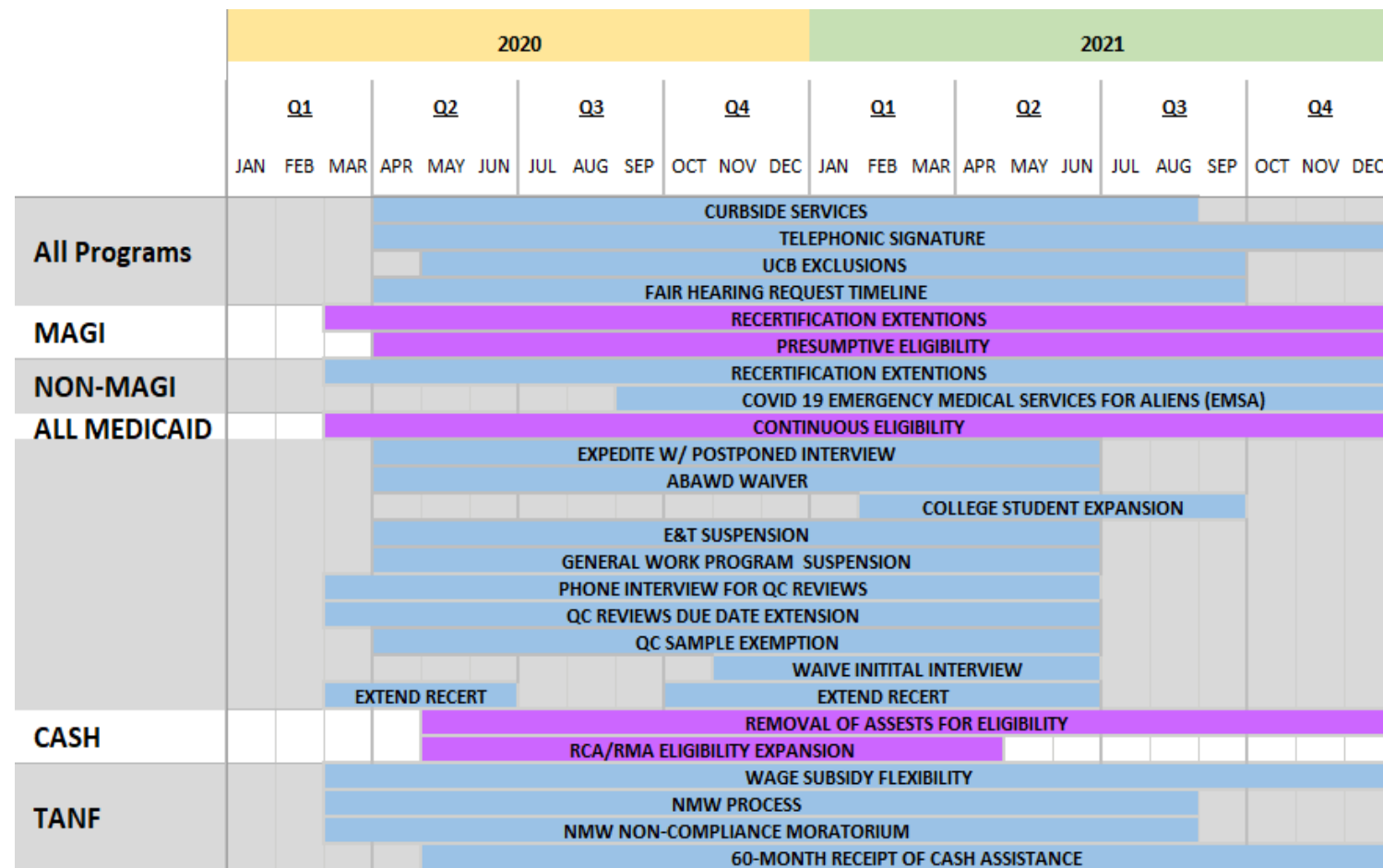
MEDICAID PANDEMIC WIND-DOWN



SNAP PANDEMIC WIND-DOWN: BIGGER CHALLENGE FOR THE STATE THAN PANDEMIC ITSELF

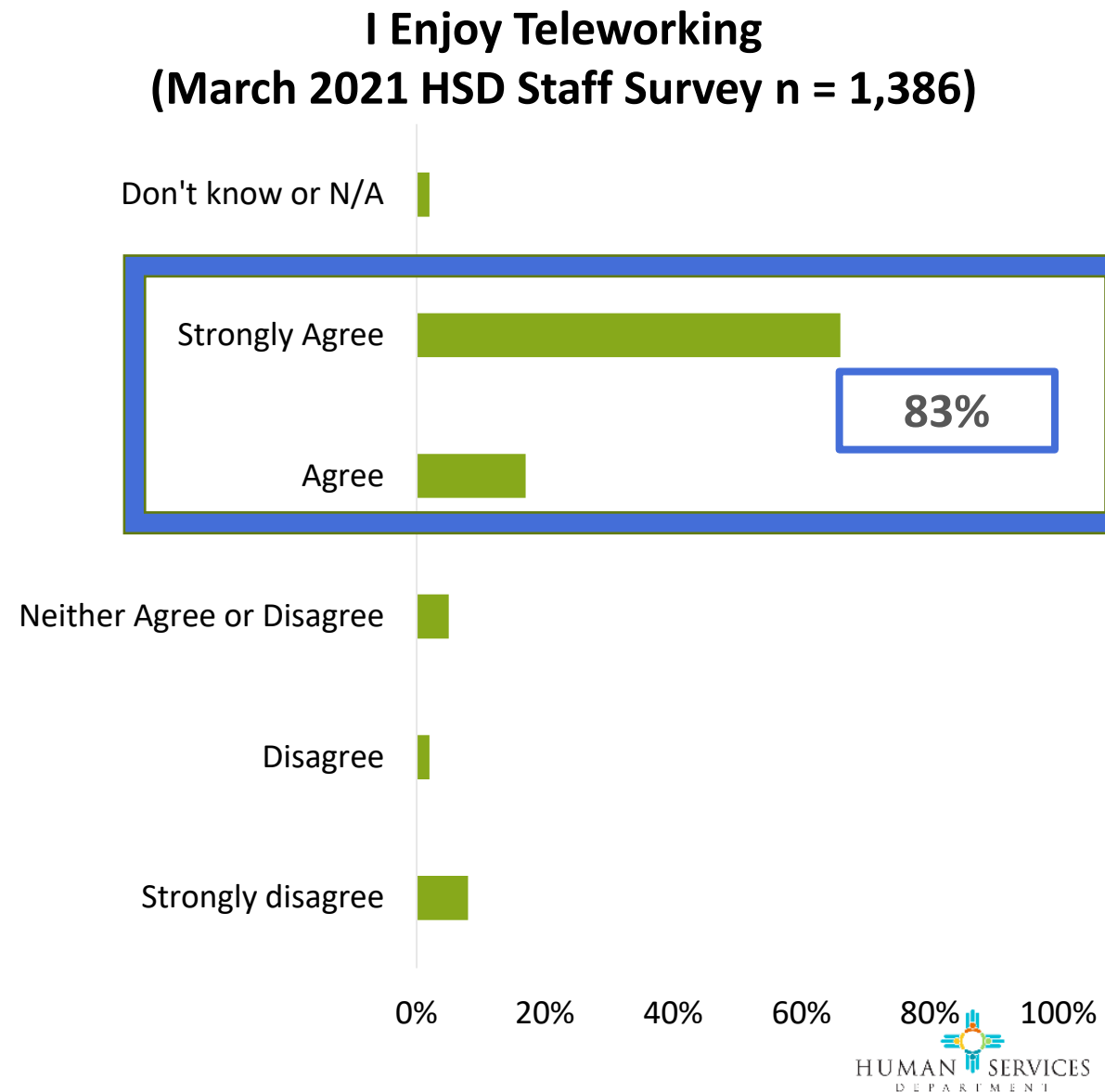
Special consideration to:

- Capacity Planning
- Staffing
- System Modifications
- Training
- Communication



HSD POST-PANDEMIC WORK-LIFE

- **HSD customers are FIRST Priority**
- Plan offers flexibility to most HSD employees to telework while assuring we meet customers' needs.
- Effective date of July 6, 2021.
- Plan subject to change based on customer needs and CDC/DOH guidance, and NM public health orders.
- All staff working onsite in HSD building must follow COVID-safe practices.



BENALLY FAMILY* TODAY

- Julie and her family continue to experience poverty but are much less stressed. Her daughter is happier seeing mom smile more and well rested.
- Julie, “We have a support system now! I’m so grateful for my therapist who taught me about ACEs. I have greater awareness about how my past connects to my present. When facing problems, I better understand how to talk to my family about what to do, identify strengths we have in our cultural traditions, and stay hopeful in difficult situations.”



* Based on a real HSD client, whose name and photo has been changed.



QUESTIONS AND COMMENTS?

INVESTING FOR TOMORROW, DELIVERING TODAY.



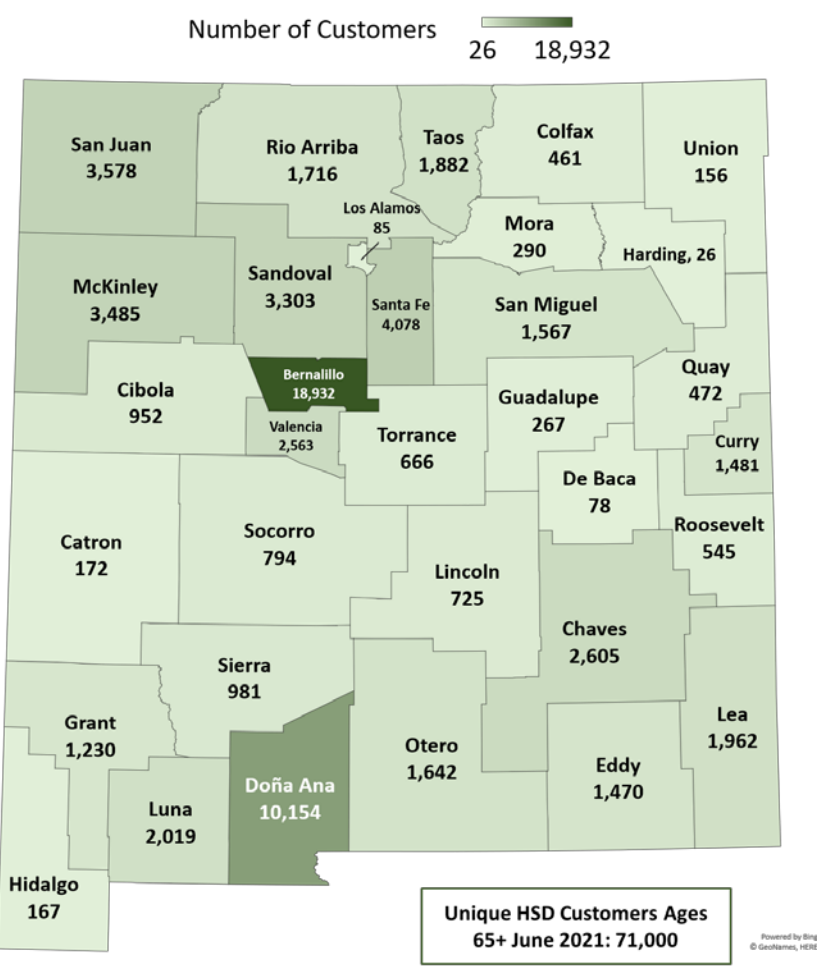
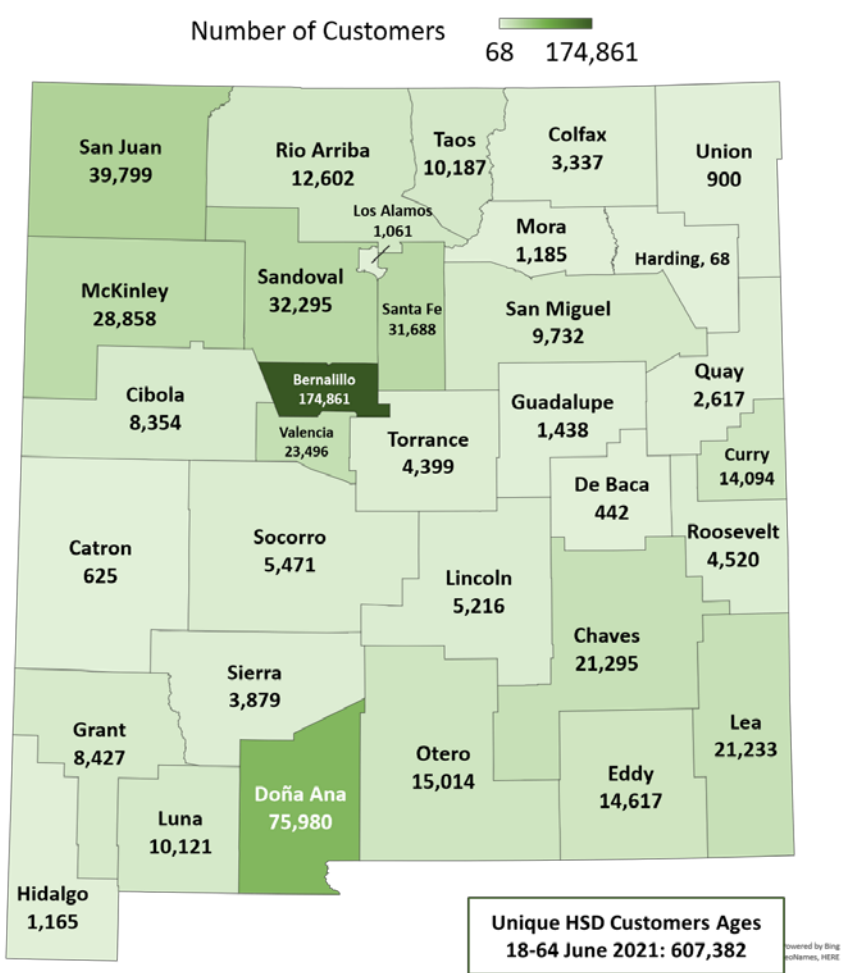
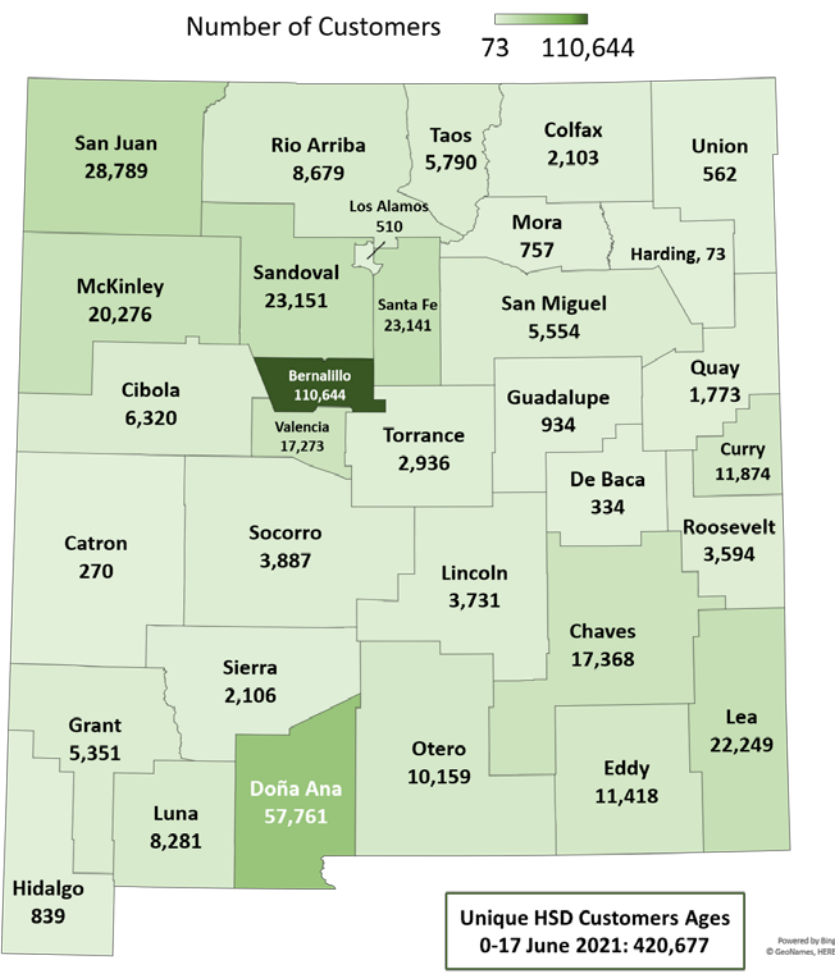
APPENDIX

INVESTING FOR TOMORROW, DELIVERING TODAY.

Unique HSD Customers, June 2021: Ages 0-17

Unique HSD Customers, June 2021: Ages 18-64

Unique HSD Customers, June 2021: Ages 65+111

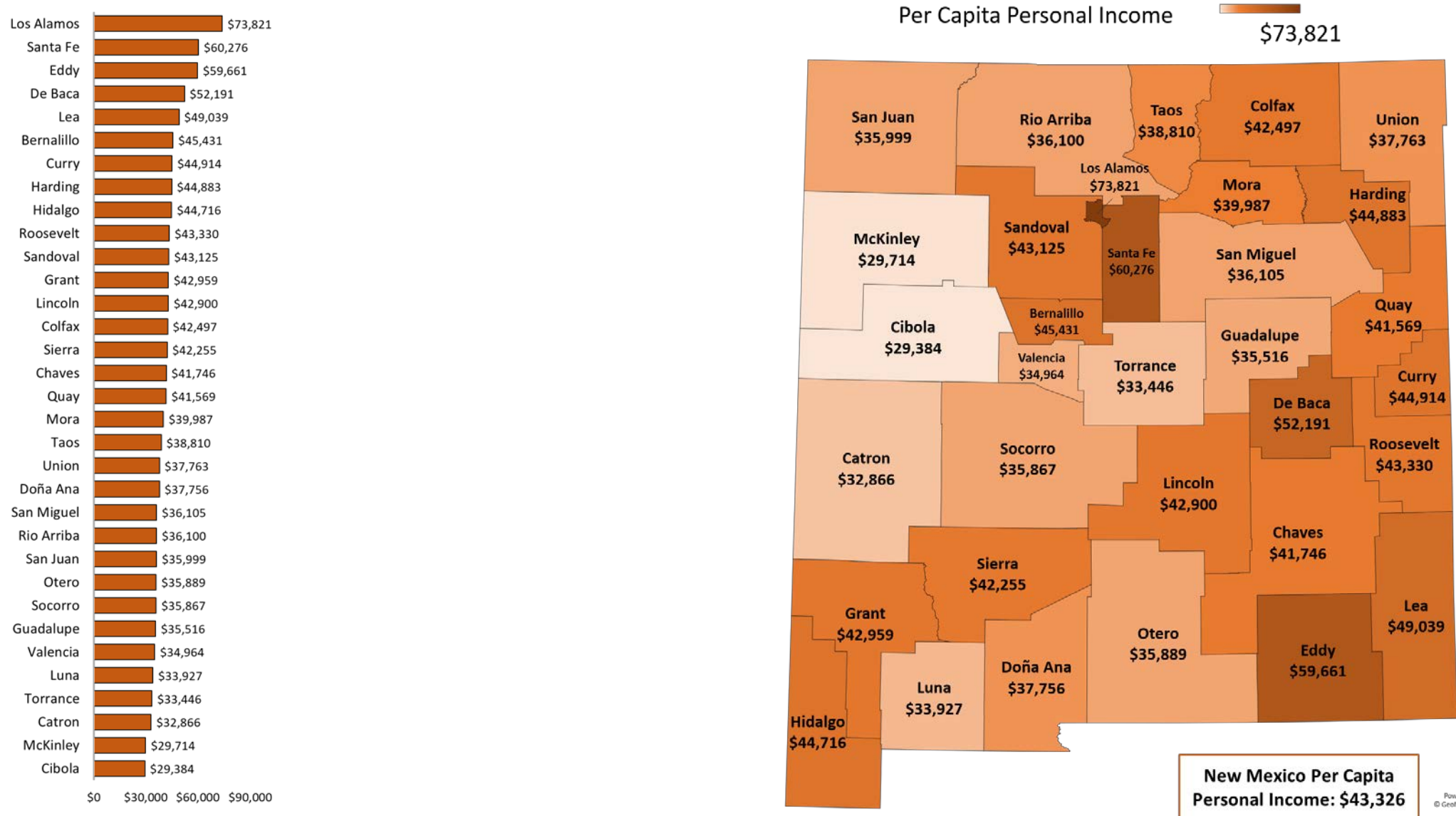


Source: New Mexico Human Services Department, Income Support Division. May 2021 Data. Notes: (1) This report is a snapshot of the data as it existed when it was extracted, it is not updated. (2) Some data has 0 or NULL values for SSNs. These are counted by their internal IDs. It is possible that there is some overlap with the other programs that cannot be determined. There are also some nonsense SSNs that are unlikely to produce matches (e.g. all 9s, all 6s, preceded by '###'). (3) LIHEAP counts are based on program usage over a year. (4) A participant's county is determined from physical address. If that is not available, mailing address is used. If neither is available, the zip code of the case office is used. The office zip was used for 28,291 participants. (5) Participants include non-custodial parents paying child support through the CSED system. Custodial parents and dependent children are counted separately. (6) Any 5 digit zip code entered that does not map to New Mexico is classified as 'Out of State'. If a participant's zip code is mis-entered, it may be erroneously classified as out of state. (7) Participants are classified as Unknown when there is conflicting zip code information. (8) Unlike the other programs, p_EBT benefits are counted in the month they are distributed rather than the benefit month. This is due to differences in the way they are distributed. (9) p_EBT data does not come from the source system with SSNs. We use the p_EBT participants first name, last name and date of birth to match with the records from the our HSD systems where these participant are receiving other services. All p_EBT participants that are not matched with this method are considered to only be receiving p_EBT services from HSD. The current months matching rate is 69.29%. (10) Age is the age at the end of the selected month. There are 0 (0.00%) customers with unknown ages. Version 2021-06-10

Source: New Mexico Human Services Department, Income Support Division. May 2021 Data. Notes: (1) This report is a snapshot of the data as it existed when it was extracted, it is not updated. (2) Some data has 0 or NULL values for SSNs. These are counted by their internal IDs. It is possible that there is some overlap with the other programs that cannot be determined. There are also some nonsense SSNs that are unlikely to produce matches (e.g. all 9s, all 6s, preceded by '###'). (3) LIHEAP counts are based on program usage over a year. (4) A participant's county is determined from physical address. If that is not available, mailing address is used. If neither is available, the zip code of the case office is used. The office zip was used for 72,152 participants. (5) Participants include non-custodial parents paying child support through the CSED system. Custodial parents and dependent children are counted separately. (6) Any 5 digit zip code entered that does not map to New Mexico is classified as 'Out of State'. If a participant's zip code is mis-entered, it may be erroneously classified as out of state. (7) Participants are classified as Unknown when there is conflicting zip code information. (8) Unlike the other programs, p_EBT benefits are counted in the month they are distributed rather than the benefit month. This is due to differences in the way they are distributed. (9) p_EBT data does not come from the source system with SSNs. We use the p_EBT participants first name, last name and date of birth to match with the records from the our HSD systems where these participant are receiving other services. All p_EBT participants that are not matched with this method are considered to only be receiving p_EBT services from HSD. The current months matching rate is 67.49%. (10) Age is the age at the end of the selected month. There are 0 (0.00%) customers with unknown ages. Version 2021-06-10

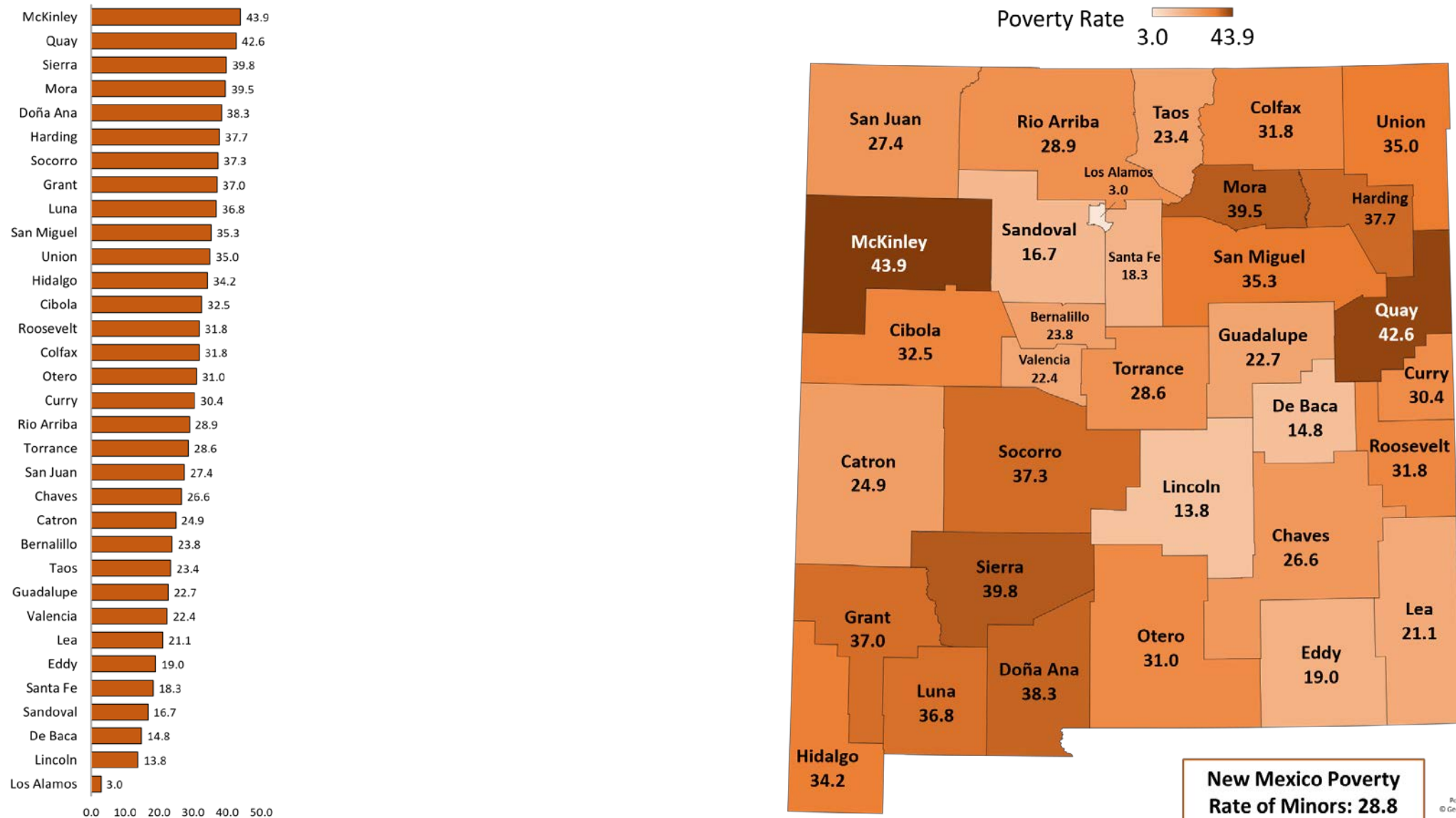
Source: New Mexico Human Services Department, Income Support Division. May 2021 Data. Notes: (1) This report is a snapshot of the data as it existed when it was extracted, it is not updated. (2) Some data has 0 or NULL values for SSNs. These are counted by their internal IDs. It is possible that there is some overlap with the other programs that cannot be determined. There are also some nonsense SSNs that are unlikely to produce matches (e.g. all 9s, all 6s, preceded by '###'). (3) LIHEAP counts are based on program usage over a year. (4) A participant's county is determined from physical address. If that is not available, mailing address is used. If neither is available, the zip code of the case office is used. The office zip was used for 8,044 participants. (5) Participants include non-custodial parents paying child support through the CSED system. Custodial parents and dependent children are counted separately. (6) Any 5 digit zip code entered that does not map to New Mexico is classified as 'Out of State'. If a participant's zip code is mis-entered, it may be erroneously classified as out of state. (7) Participants are classified as Unknown when there is conflicting zip code information. (8) Unlike the other programs, p_EBT benefits are counted in the month they are distributed rather than the benefit month. This is due to differences in the way they are distributed. (9) p_EBT data does not come from the source system with SSNs. We use the p_EBT participants first name, last name and date of birth to match with the records from the our HSD systems where these participant are receiving other services. All p_EBT participants that are not matched with this method are considered to only be receiving p_EBT services from HSD. The current months matching rate is NA for this group.. (10) Age is the age at the end of the selected month. There are 0 (0.00%) customers with unknown ages. Version 2021-06-10

New Mexico Per Capita Personal Income by County as of 2019



Source: U.S. Bureau of Economic Analysis, Local Area Personal Income, 2019 Per Capita Personal Income. Retrieved from <https://www.bea.gov/data/income-saving/personal-income-county-metro-and-other-areas>, December 3, 2020.

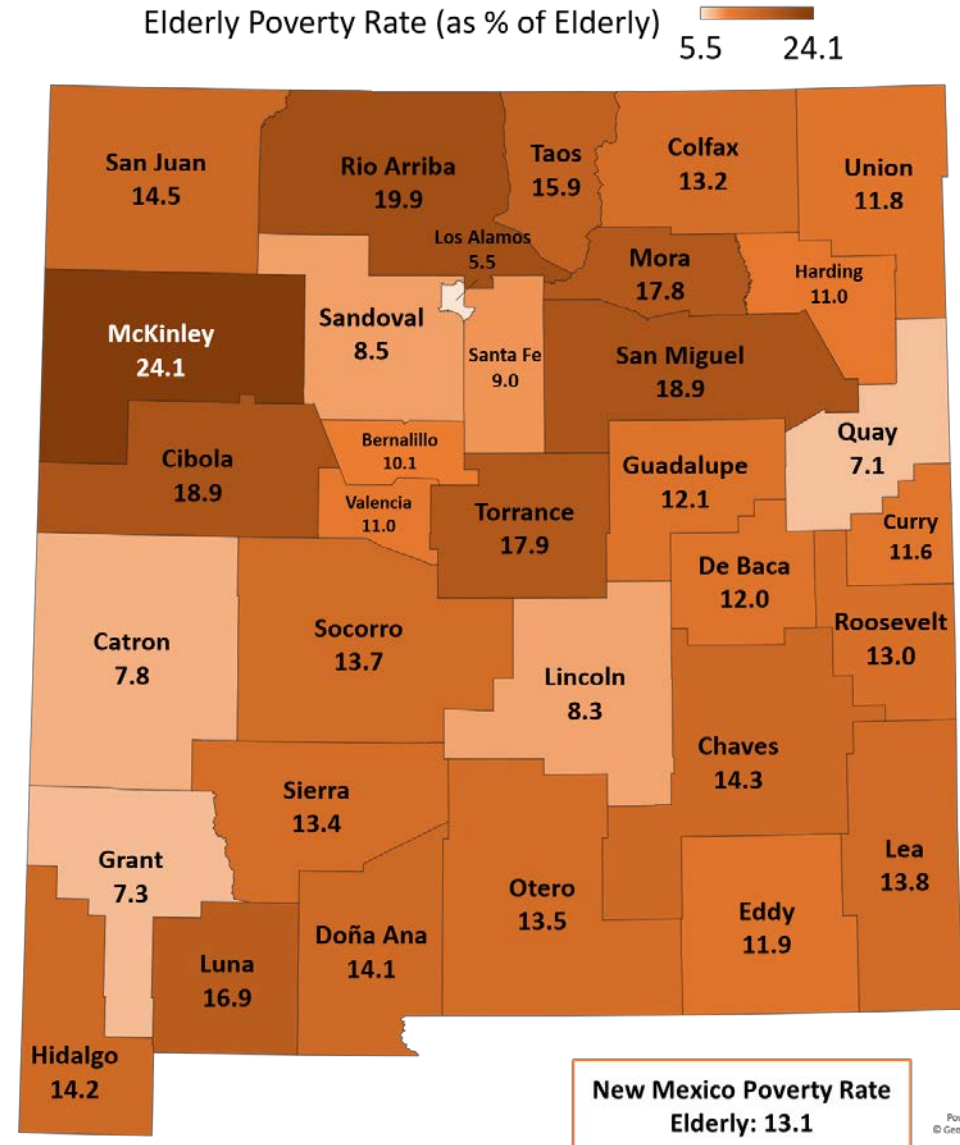
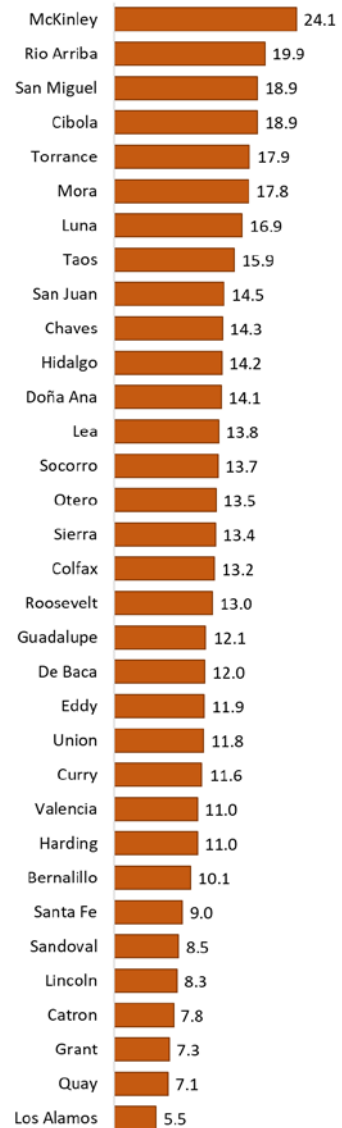
New Mexico Poverty Rate of Minors (Under 18 Years) by County as of 2019



Source: U.S. Census Bureau, Poverty Status in the Past 12 Months (S1701), 2019 American Community Survey 5-year estimates. Retrieved from <https://data.census.gov>, December 10, 2020

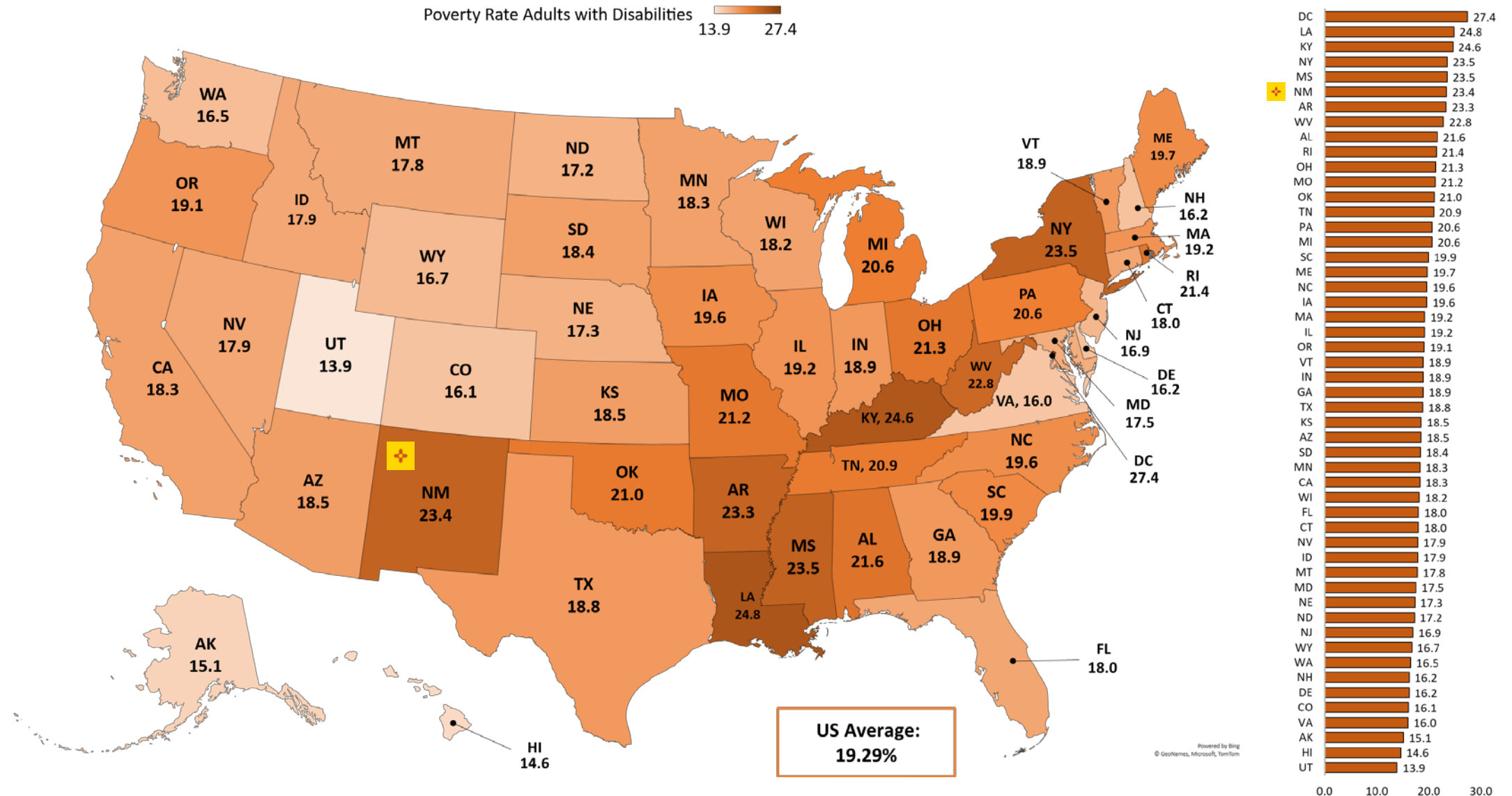
Note: The U.S. map on the previous page uses ACS 1-year estimates and this map uses ACS 5-year estimates.

New Mexico Poverty Rate Elderly (65+ Years) by County as of 2019



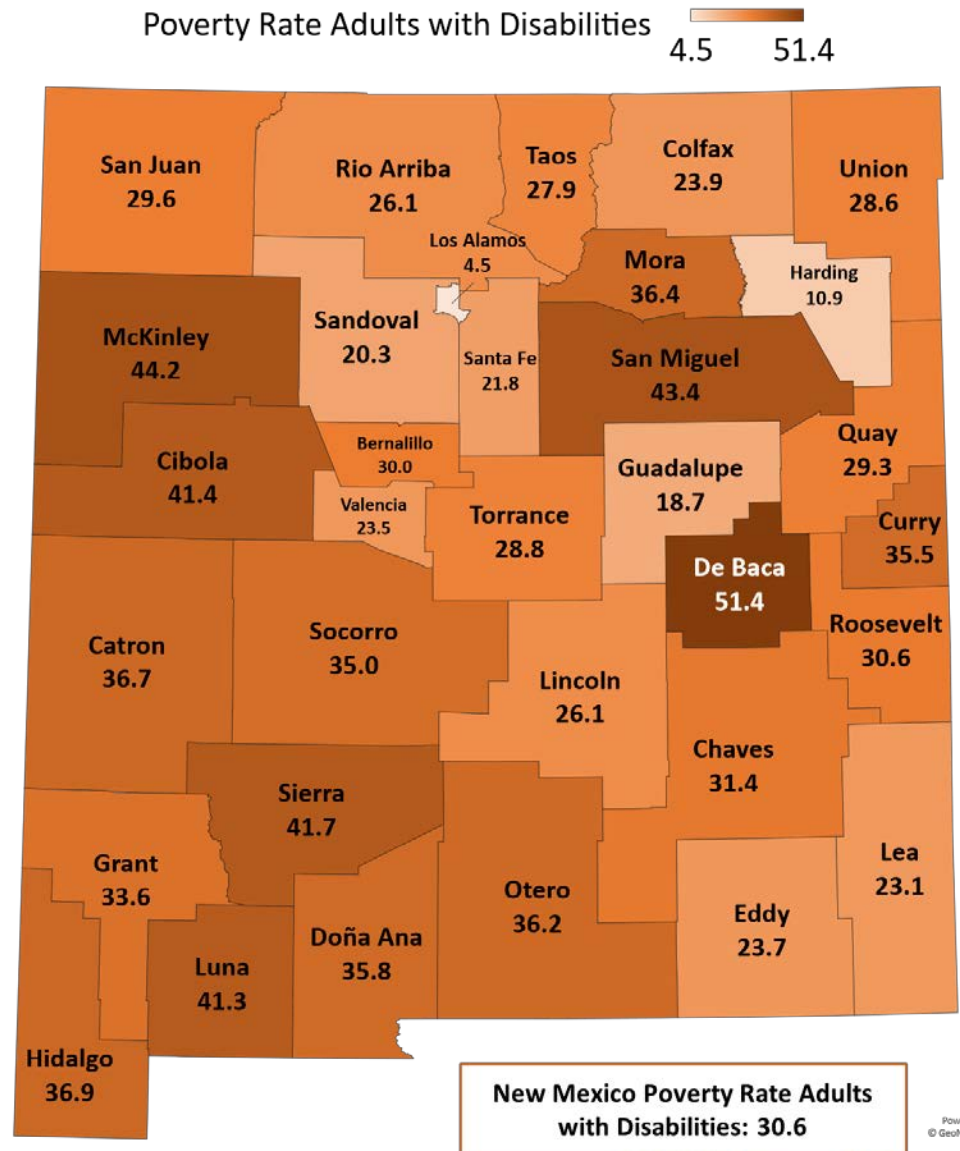
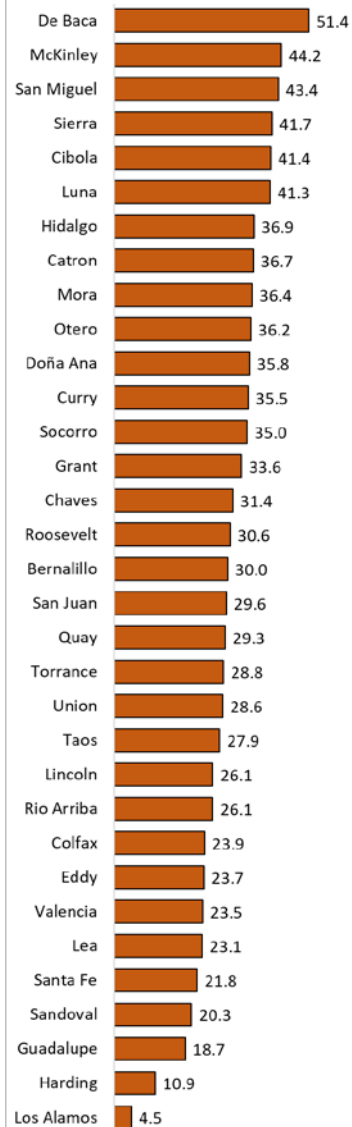
Source: U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates, data.census.gov
 Note: The U.S. map on the previous page uses ACS 1-year estimates and this map uses ACS 5-year estimates.
 Section 2 | Demographic Data U.S. & New Mexico

U.S. Poverty Rate Adults (18+ Years) with Disabilities by State as of 2019



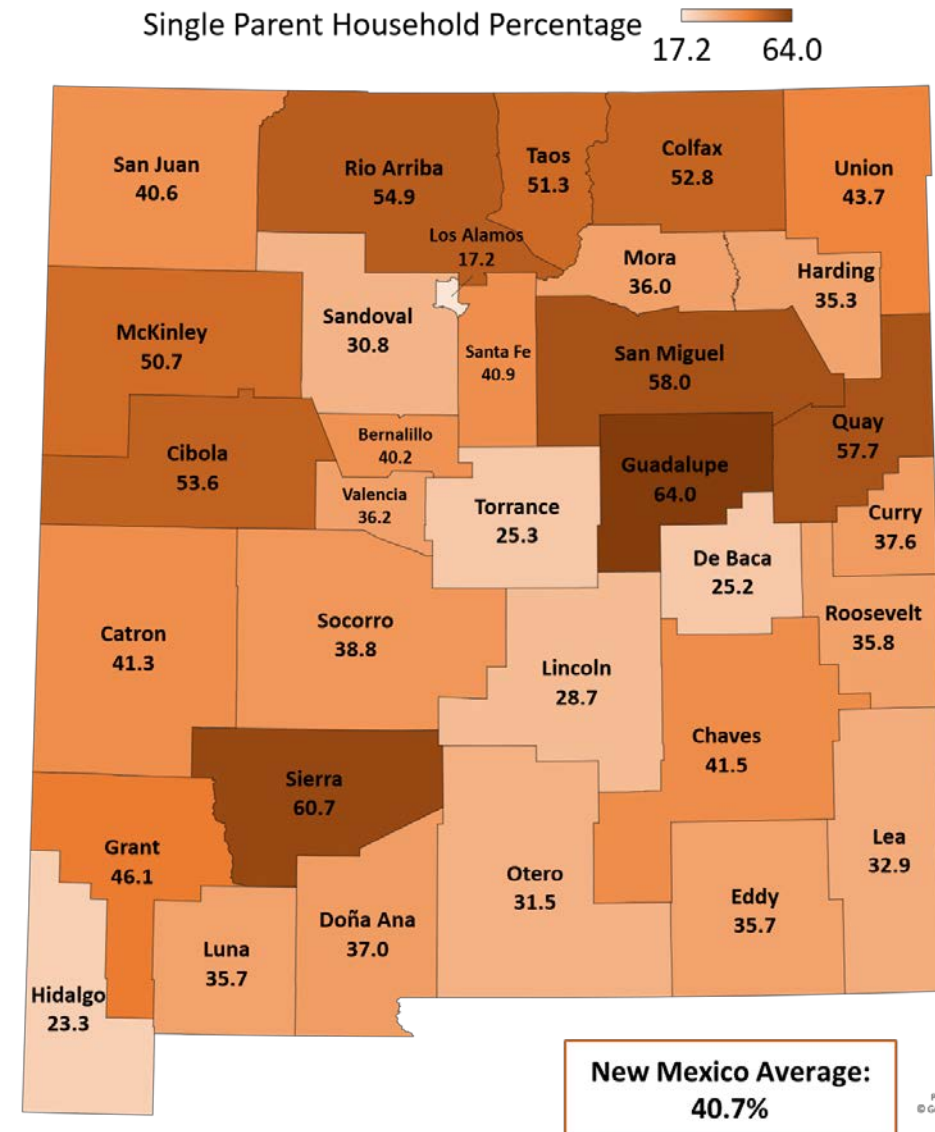
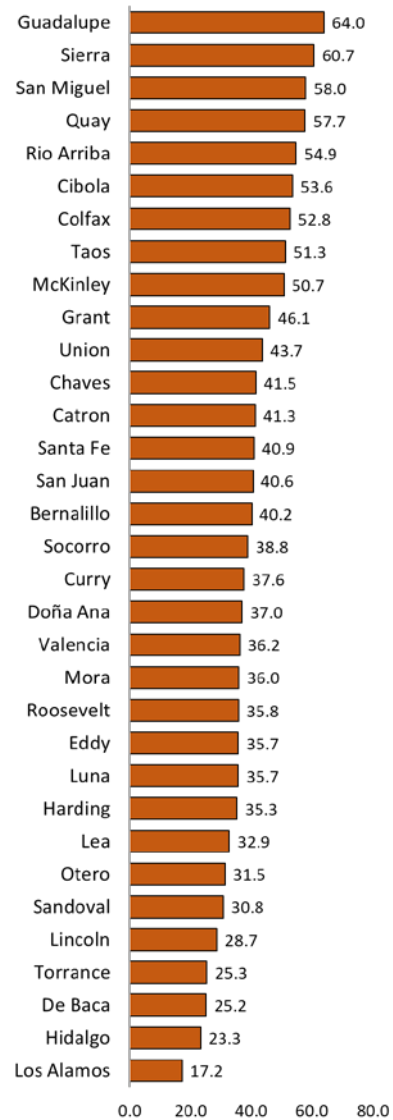
Source: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates, data.census.gov

New Mexico Poverty Rate Adults (18+ Years) with Disabilities by County as of 2019



Source: U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates, data.census.gov
 Note: The U.S. map on the previous page uses ACS 1-year estimates and this map uses ACS 5-year estimates.
 Section 2 | Demographic Data U.S. & New Mexico

New Mexico Single Parent Households with Children as a Percentage of Households Children by County as of 2018



Source: U.S. Census Bureau, Single-parent Households with Children as a Percentage of Households with Children by County, NM [S1101SPHOUSE035001] as of 2018. Retrieved from FRED, Federal Reserve Bank of St. Louis; <https://fred.stlouisfed.org/release/tables?rid=412&eid=360401>, November 18, 2020.

GUIDING MEDICAID PRINCIPLES

1. New Mexico has highest population percentage covered by Medicaid, which creates a greater HSD responsibility to healthcare market and to fair payments.
2. Overwhelming majority of federal Medicaid dollars must be spent on providing direct services to Medicaid beneficiaries.
3. HSD aims to optimally leverage federal funds to improve health of New Mexicans, while maintaining strict compliance with the law.

Medicaid Managed Care Expenditures
 = *Medical Expenditures (> 86%) + Administrative Expenditures (< 14%)*

$$\text{Total Medicaid Costs per Member} = \frac{\text{Medical Costs} + \text{Administrative Costs}}{\# \text{ Members}}$$

LABOR MARKET TRENDS IN PUBLIC HEALTH EMERGENCY

- April 2020 to April 2021: NM Unemployment rate drops from 11.9% to 8.2% (BLS, May data)
 - April 2020 to April 2021: Labor force participation rate increases 54.8% to 57.2% (BLS, May data)
-
- Time series regression analysis of NM Medicaid eligibility indicates recovery of 10,000 jobs (8.3% -> 7.3% unemployment) corresponds to \approx 9,500 Medicaid closures, and labor force employment of 885,353.

CURRENT HCBS SPEND

	Federal Fiscal Year	Apr2021- Mar2022		
	Quarter	FFS Total ¹	MCO Total ²	Total Medicaid
(i)	Home health care services (Base)	\$34,930	\$20,159,043	\$20,193,973
	Home health care services(OAG)	\$80,529	\$9,522,099	\$9,602,628
(ii)	Personal care services (Base)		\$446,168,167	\$446,168,167
	Personal care services (OAG)		\$46,906,193	\$46,906,193
(iii)	PACE services	\$16,933,670		\$16,933,670
(iv)	Rehabilitative services (Base)	\$2,916,577	\$43,080,517	\$45,997,094
	Rehabilitative services (OAG)	\$1,030,336	\$31,855,661	\$32,885,997
(v)	Home and community-based services			
	a. DOH DD MF and SW	\$516,631,590		\$516,631,590
	b. MCO Other HCBS(Base)		\$104,399,015	\$104,399,015
	b. MCO Other HCBS(OAG)		\$8,551	\$8,551
(vi)	Case management services(Base)	\$266,446	\$4,323,300	\$4,589,746
	Case management services(OAG)	\$6,950	\$1,361,461	\$1,368,411
(vii)	Such other services specified by the Secretary of Health and Human Services.			
Total		\$537,901,027	\$707,784,007	\$1,245,685,034
HSD FMAP		\$20,151,623	\$618,130,042	\$638,281,665
HSD OAG ³		\$1,117,815	\$89,653,965	\$90,771,780
DOH FMAP		\$516,631,590	\$0	\$516,631,590

MONEY AVAILABLE WITH MATCH

Estimated Total Medicaid HCBS Expenditure from Apr2021 - Mar 2022	Q3 FFY2021	Q4 FFY2021	Q1 FY2022	Q2 FY2022	Total Q3FFY2021-Q2FFY2022
Total Computable Base group	\$306,774,723	\$282,712,844	\$282,712,844	\$282,712,844	\$1,154,913,254
Total Computable OAG group	\$22,692,945	\$22,692,945	\$22,692,945	\$22,692,945	\$90,771,780
Total including Base and OAG group	\$329,467,668	\$305,405,789	\$305,405,789	\$305,405,789	\$1,245,685,034
Total State Share	\$32,855,154	\$30,367,155	\$29,660,373	\$47,188,569	\$140,071,252
Total Federal Share	\$296,612,515	\$275,038,633	\$275,745,415	\$258,217,219	\$1,105,613,782
Funds Attributable to the HCBS FMAP Increase	\$31,812,120	\$29,405,932	\$29,405,932	\$29,405,932	\$120,029,914

FMAP	Q3 FFY2021	Q4 FFY2021	Q1 FY2022	Q2 FY2022	FFY2023	FFY2024
State's FMAP	73.46%	73.46%	73.71%	73.71%	73.62%	73.62%
FFCRA Increase (6.2%)*	6.20%	6.20%	6.20%	0.00%	0.00%	0.00%
ARPA Increase (10.0%)	10.00%	10.00%	10.00%	10.00%	0.00%	0.00%
Combined FMAP	89.66%	89.66%	89.91%	83.71%	73.62%	73.62%
OAG FFP **	95.00%	95.00%	95.00%	95.00%	90.00%	90.00%

	Year 1: Apr2021-Mar2022	Year 2: Apr2022 - Mar2023	Year 3: Apr2023 - Mar2024	3 Year's Total
% of Total Fund Spend in Each Year	33.33%	33.33%	33.33%	100.00%
GF associate with Base group	\$38,497,108	\$38,497,108	\$38,497,108	
GF associate with OAG group	\$1,512,863	\$1,512,863	\$1,512,863	
General Fund Total	\$40,009,971	\$40,009,971	\$40,009,971	\$120,029,914
FMAP Blend	88.26%	73.67%	73.62%	
OAG FFP	95.00%	90.00%	90.00%	
Federal Share	\$318,292,351	\$121,300,958	\$121,051,594	\$560,644,903
Total Computable	\$358,302,323	\$161,310,929	\$161,061,566	\$680,674,818
Funds Attributable to the HCBS FMAP Increase***	\$34,317,369	0	0	
% Change Compared with Current HCBS Spending	28.76%	12.95%	12.93%	

* Assumes 6.2% through 12/31/21

** The amount in this line shows the additional funds drawn down with one reinvestment of the SGF savings

Funds must be spent in 3 years, model assumes equal spending in each year. State would gain more if more spent by Q1 2022.

No	Proposal	Notes	Initial Submission/ Quarterly	Cost Projection
1	Contract for statewide Needs Assessment and HCBS Provider Capacity Study	- This would allow the state to ensure that we are using this historic one time investment to build capacity and transform a critical safety net to support and empower New Mexicans	Initial	TBD
2	Temporary Economic Recovery Payments to all HCBS waiver and LTSS providers	- 15% payment in year one, 10% payment in year two, 5% payment in year three - Recovery payments can be used for retention, PPE, hazard pay, training, infrastructure, technology improvements - Percentage required to go directly to workers	Initial	Year 1: \$150,438,333 Year 2: \$100,292,222 Year 3: \$50,146,111
3	Training Unit	- Establishment of Training Unit in coordination with UNM Government Resource Center - Unit would draw on national resources and build infrastructure of trainers in NM in areas such as ABA, Trauma responsive training, training for families providing IHLS, etc. - Develop Statewide training program for direct care workers leveraging online learning (multiple languages and cultural competency) - Pediatric Simulation Lab - create pediatric simulation lab and courses that would target medically fragile children to help educate nursing students about population and community nursing. Could be built into the pediatric nursing curriculum or an elective.	Initial	TBD
4	School-based one-time investments	One-time funding to schools to hire eligible providers under the school Medicaid program, giving the schools a (2-3 year) "runway" to start delivering services and build billing/reimbursement infrastructure to sustain those positions with Medicaid funding after the one-time funding.	Quarterly	TBD
5	Grant Program to Increase HCBS Workforce	Grants provided to clinics, physician offices, hospitals, private duty nursing, home health, or other clinical providers and can be used for loan repayment, sign-on bonuses, training, and certification costs.	Quarterly	TBD
6	Development Funding for Caregiver Cooperative	Development Funding for Caregiver Cooperative (ALTSD)	Initial	Year 1: \$58,000 Year 2: \$298,000 Year 3: \$800,000
7	Faculty endowments for Nursing Schools		Quarterly	TBD

No.	Proposal	Notes	Initial Submission/ Quarterly	Cost Projection
1	Behavioral Health Community Based Services Economic Recovery and Network Establishment Payments	<ul style="list-style-type: none"> - One-time infrastructure payments to BH facilities to assist with purchase of technology platforms, vehicles, construction, buildings - Temporary percentage increase in payments to BH network with scale down over three years 	Initial	TBD
2	Adult Day Care Site Funding	<ul style="list-style-type: none"> - To fund a minimum of four adult day care sites in the most rural communities in New Mexico. 	Initial	Year 1: \$500,000 Year 2: \$250,000 Year 3: \$250,000
3	School-based Services Infrastructure investments	<ul style="list-style-type: none"> - Equipment, convenings, and training for school health team (district nurse manager, school nurse, SBHC, school counselor, parahealth professionals providing services through IEP) to "test" on a pilot basis the free care rule reversal services. 	Quarterly	TBD
4	Supportive Housing Units	<ul style="list-style-type: none"> - Purchase Group homes for disabled individuals (costs would include purchase, renovation, contracting with provider unit to support) - Purchase low-income housing for seniors (costs would include purchase, renovation, contracting with provider unit to support) 	Quarterly	Phase 1: \$8,000,000 Phase 2: \$1,500,000 Phase 3: \$450,000
5	Mi Via program changes	<ul style="list-style-type: none"> - Create infrastructure for corporate Employers of Record (EORs) similar to corporate guardianship provided through DDPC 	Quarterly	TBD
6	Preadmission Screening and Resident Review (PASRR)	<ul style="list-style-type: none"> - PASSR - create infrastructure for specialized services 	Quarterly	TBD

No.	Proposal	Notes	Initial Submission/ Quarterly	Cost Projection
1	Supports Waiver Outreach and Education Campaign	- DOH and HSD campaign (social media/texting, TV, language translators, calls to WL members, community-based outreach)	Initial	TBD
2	Technology Investment	- Provide each member with a tablet and develop trainings to encourage electronic means of document submission and reduce paper processing	Initial	TBD
3	Upgrading critical incident management reporting systems.	- Implementing improvements to quality measurement, oversight, and improvement activities. - Implementing the HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS) or another experience of care survey. - Adopting new HCBS quality measures.	Initial	Year 1: \$1,226,000 Year 2: \$368,000 Year 3: \$368,000
4	No Wrong Door activities	- Improve access to HCBS (DDW, Mi Via, Supports Waiver, Medically Fragile) through non-administrative No Wrong Door activities such as establishing toll free phone lines, developing informational websites and automating screening and assessment tools.	Initial	TBD
5	Public Facing Central Registry	- Public Facing Central Registry Database which would allow members to see where they are located on the list; additional documentation needed; services available through each program; how to access supports waiver while on waitlist	Initial	TBD
6	Establish an HCBS ombudsman program	- Ombudsman independent of both state and the MCOs to perform outreach and education on HCBS programs, assist individuals with applying and obtaining HCBS, and identify and report on systemic issues relating to HCBS.	Quarterly	TBD
7	Closed Loop Referral System	- A closed-loop referral is one that successfully secures the right resources for patients at the right time, ensuring that the patients' needs are met. - Care teams need confirmation patients have seen correct organizations for needs. "Closed-loop referral" is a tech-enabled workflow that provides real-time view of the status of the patient, while exchanging data amongst team, assigning tasks, and reporting on outcomes.	Quarterly	TBD
8	Revolving Trust	- NM grandparents raising grandchildren who qualify for SSI but do not have means to hire an attorney and pay fees associated with obtaining SSI. Revolving trust allowing the state to pay for upfront costs that would be repaid by the SSI recipient once allocated benefits. ALTSD recommend a revolving trust to give individuals advance payments of SSI benefits.	Initial	Year 1: \$250,000 Year 2: \$250,000

No.	Proposal	Notes	Initial Submission/ Quarterly	Cost Projection
1.	Add Community Benefit Allocation Slots	- Add 1000 slots to the Community Benefit allocations in 3 years, 1/3 each year	Initial	Year 1: \$12,088,496 Year 2: \$30,695,500 Year 3: \$46,020,240
2.	Add Home and Community-based Services Waiver Slots	- Increasing the number of HCBS waiver slots to reduce or eliminate the wait list - 400 DD Waiver clients, 60% trad, 40% Mi Via, assuming clients are added in first year. Cost increases as clients enter 2nd and 3rd years	Initial	Year 1: \$15,516,334 Year 2: \$26,628,750 Year 3: \$36,758,189
3.	High Fidelity Wraparound Expansion	- Expand High Fidelity Wraparound Services	Initial	Year 1: \$9,845,366
4.	Assistive Technology Increase	- Temporary increase Assistive Technology allowance up to \$750 (from \$500) through March of 2024 - 1255 clients are currently using these services.	Initial	Year 1: \$313,750
5.	Environmental Modifications Increase	- Increase environmental modifications benefit from \$5000 to \$6000 every 5 years	Initial	Year 1: \$884,003
6.	Transition Services Increase	- Raise limits on CB Community Transition Services from \$3500 to \$4000 every 5 years (Code is T2038. In 2020 we had 77 users)	Initial	Year 1: \$122,834
7.	Specialized Medical Equipment Increase	- Increase limit for specialized medical equipment and supplies from \$1000 per ISP year to \$1200 per ISP year	Quarterly	TBD
8.	Meals Assistance	- Covering Meals for enrollees residing independently	Quarterly	TBD
9.	Habilitative Services Expansion	- Covering habilitative services that promote social skills to support community integration	Quarterly	TBD
10.	Intensive Case Management Services for Children in State Custody	- Add service provision	Quarterly	TBD