



HUMAN
SERVICES
DEPARTMENT



HSD FY24 BUDGET REQUEST

DECEMBER 14, 2022

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, Diné and Pueblo past, present, and future.

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



Evening drive through Corrales, NM in October 2021.
By HSD Employee, Marisa Vigil



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 communicate EFFECTIVELY

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



We make access EASIER

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



We support EACH OTHER

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



AGENDA & PRESENTERS

- FY24 Budget Request Overview
- FY23 Accomplishments
- FY24 Challenges



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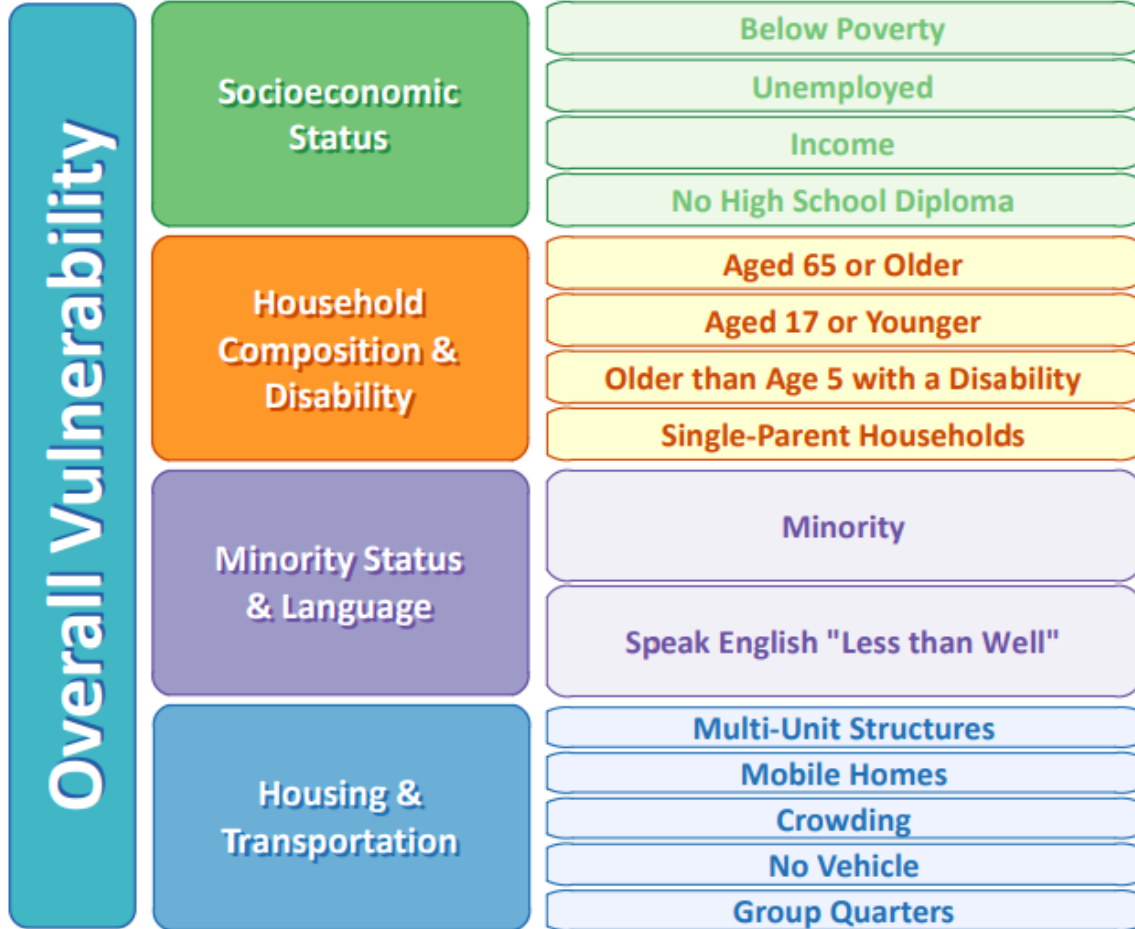
MEET THE JOHNSON FAMILY*

- The Johnsons (parents Mark and Olivia) live in Socorro County and are expecting their 2nd child in January.
- Mark works 20 hours each week in auto repair (\$22.54/hr.) as he attends an outpatient program to support his recovery from substance use.
- Until a month ago, Olivia worked full-time in retail. She is currently on bed rest until the birth of the baby.
- Angel (3 years old) broke his arm while playing with friends. Unfortunately, Angel's parents neglected to re-enroll Angel in Medicaid and Angel's coverage has lapsed.



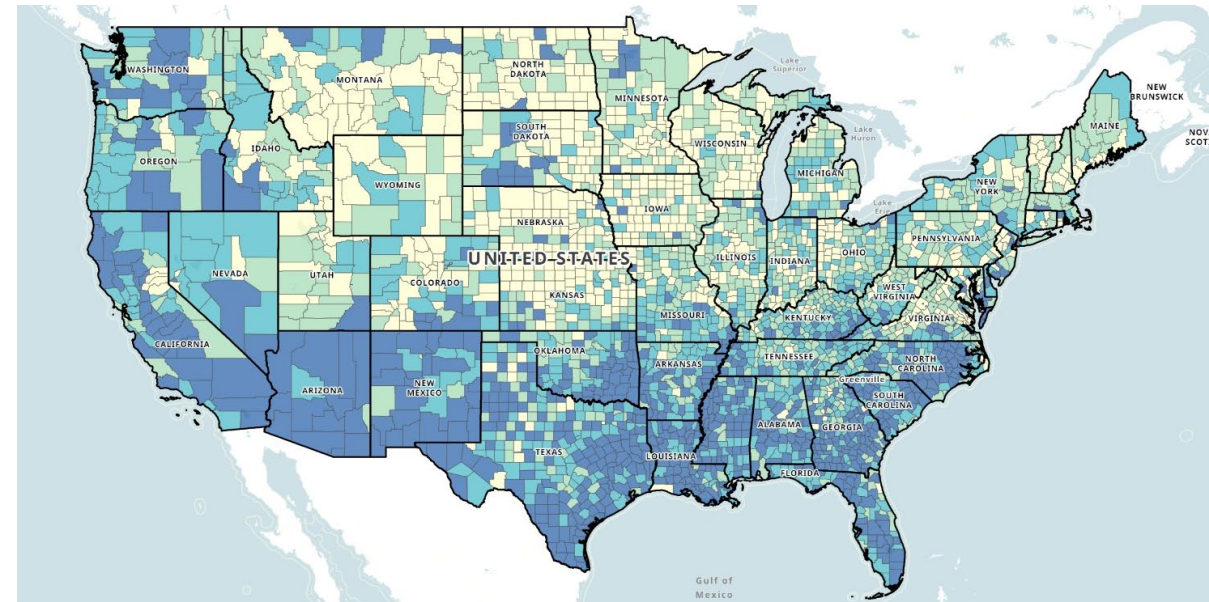
* Based on a real HSD client, whose name and photo are changed.

NM HAS HIGHEST SOCIAL VULNERABILITY IN THE U.S.



SOCIAL VULNERABILITY INDEX BY COUNTY, 2020

Darker color represents higher vulnerability



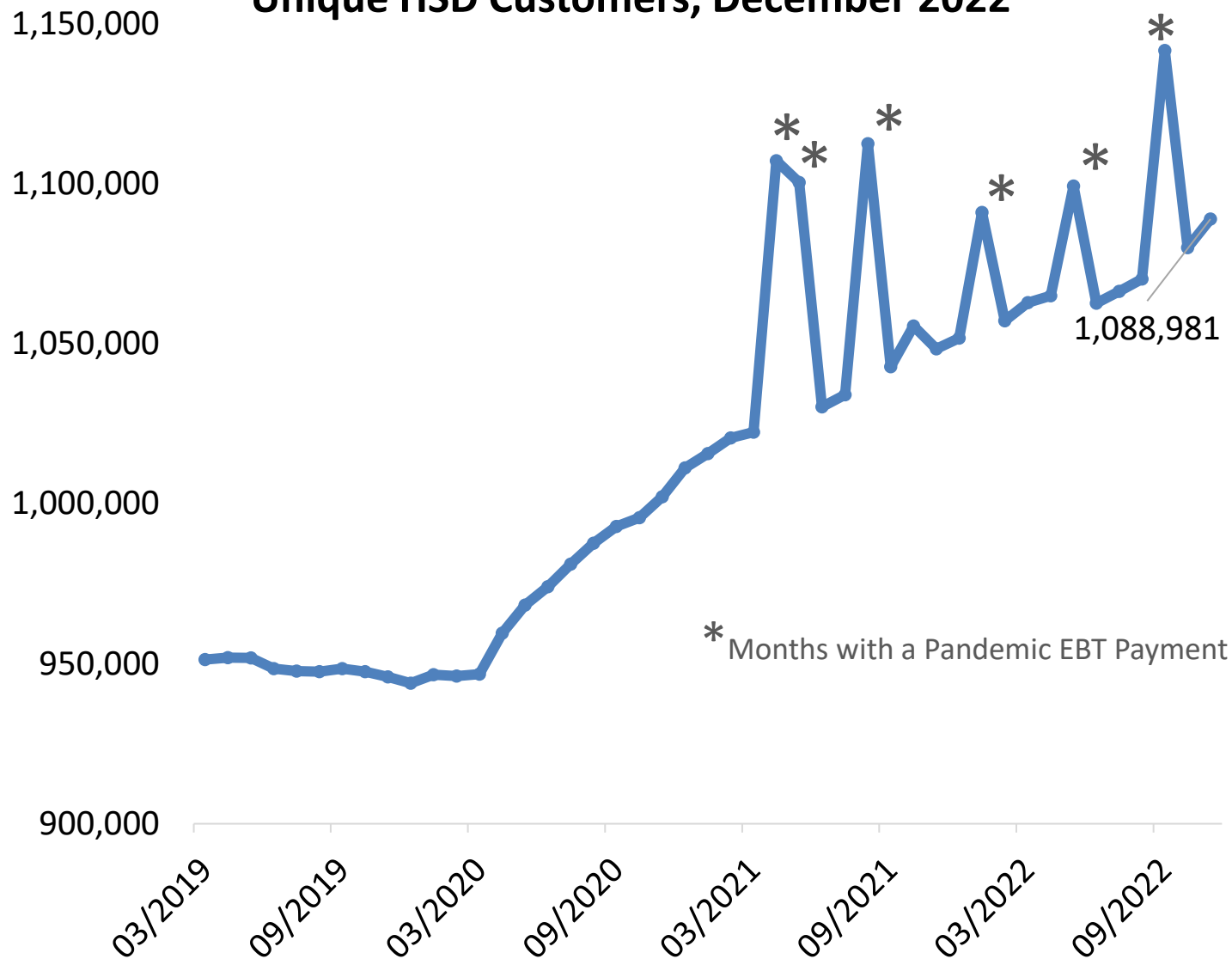
Level of Vulnerability



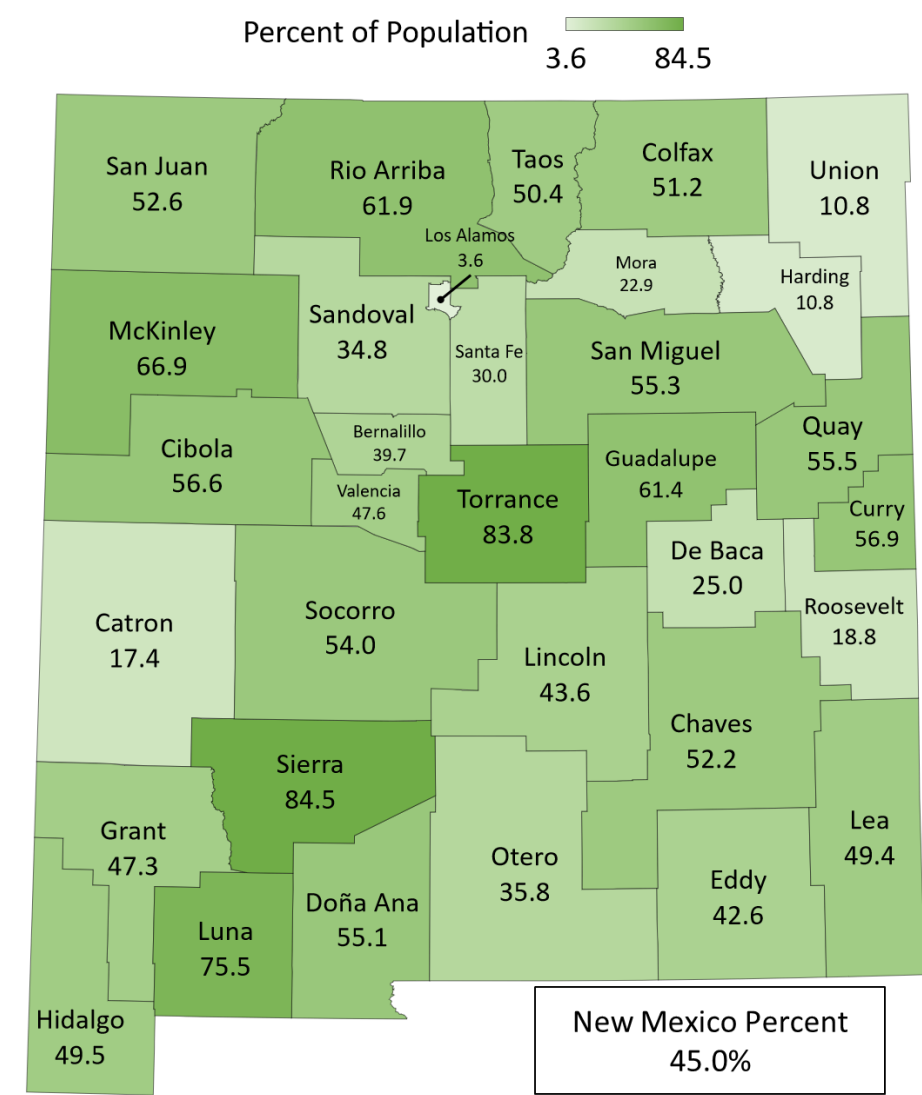
Source: https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html

HSD SERVES 51% OF YOUR CONSTITUENTS

Unique HSD Customers, December 2022



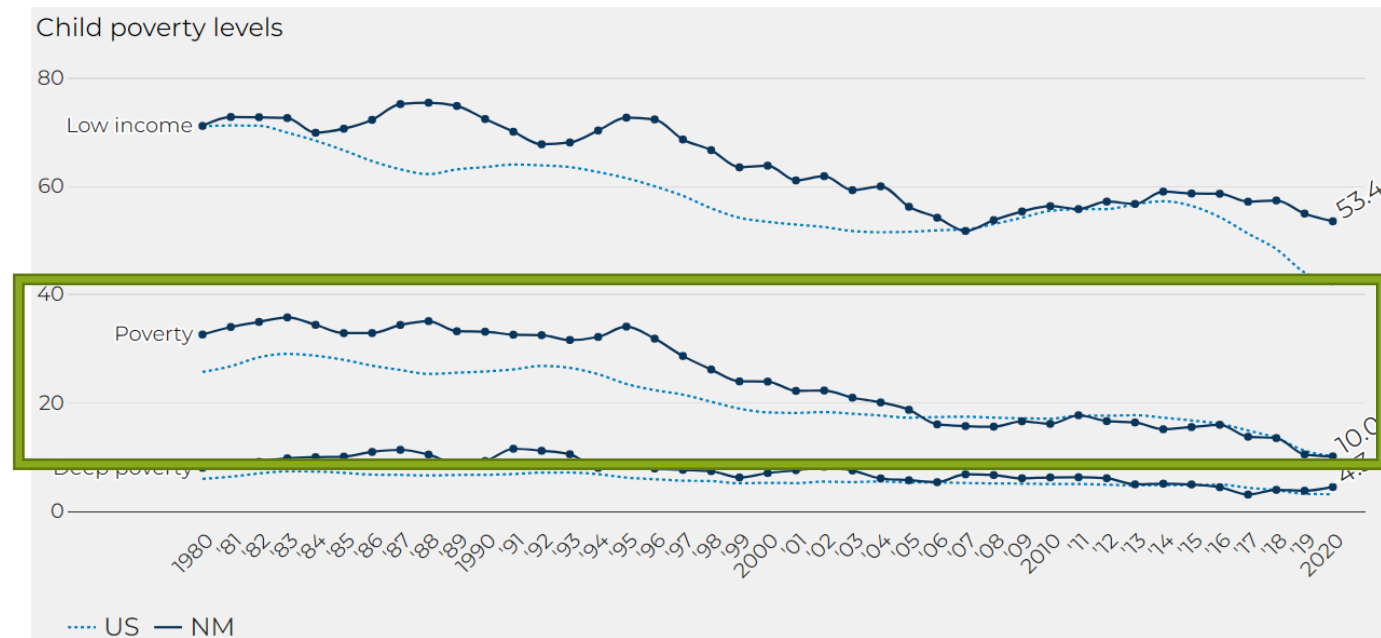
Medicaid & CHIP Recipients as a Percentage of Population by County, October 2021



EXPANDED SAFETY NET DRIVES DROP IN CHILD POVERTY

- U.S. child poverty fell by 59% from 1993 to 2019- in every state, **including NM (from 31.5% in 1993 to 10% in 2020).**
- Many factors contribute to decrease, including lower unemployment, increased labor force participation, and growth of minimum wages.
- Expansion of government aid is a very significant factor.**
 - In 1993, safety net programs cut child poverty by 9%.
 - By 2019, programs reduced poverty by 44%, and removed 6.5 M children from poverty.

U.S. & N.M. Trends in Child Poverty Rates Measured by Supplemental Poverty Measure, by level



Source: <https://www.childtrends.org/publications/state-level-data-for-understanding-child-poverty>

HSD'S SOCIAL IMPACT: NM BENEFITS FROM MODERN AND RESPONSIVE SOCIAL SAFETY NET

HSD's Programs have had the following social impact:

539,432,811 meals provided to New Mexicans through Supplemental Nutrition Assistance Program (SNAP) over the last 12 months



last updated: 11/21/2022

980,931 individuals provided the ability to visit a doctor, afford medication and immunizations through Medicaid in October 2022



6,393 homes heated and cooled for New Mexico families through Low Income Energy Assistance Program (LIHEAP) in Federal Fiscal Year 2023



10,483 families provided shelter and necessities through Temporary Assistance for Needy Families (TANF) in October 2022



\$124.30* per month on average through child support to help kids be happy and healthy over the last 12 months



214,951 New Mexico adults supported by Behavioral Health programs and services** from April 2021-March 2022



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

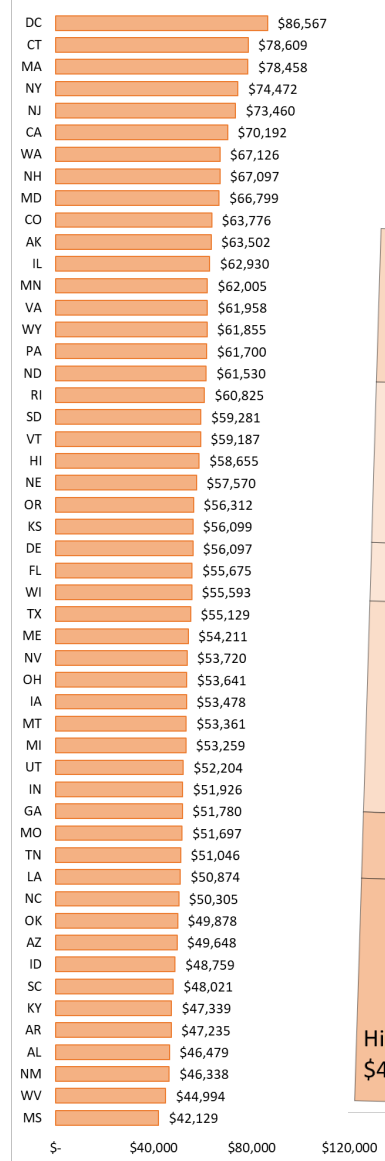
**BH services include those covered through Medicaid and other sources (federal and general funds). The total is affected by a 3 month claim lag and therefore this measure is updated quarterly.

FY24 HSD BUDGET REQUEST

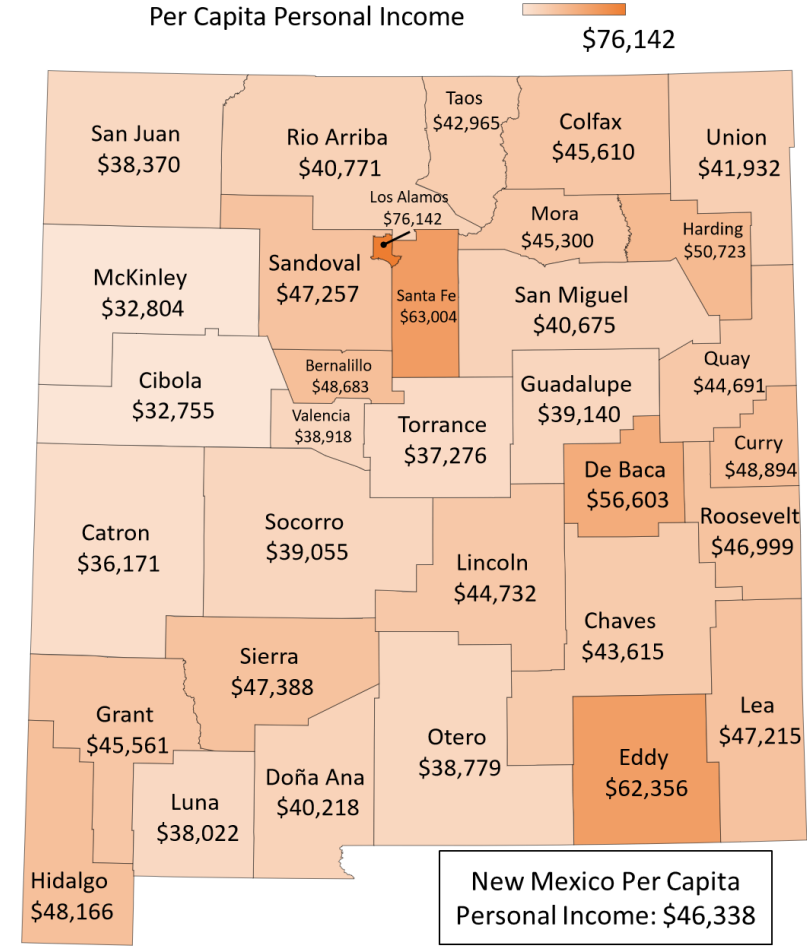
FY24 request optimizes General Funds & Federal Funds to:

- Strengthen Medicaid program and benefits.
- Expand behavioral health services statewide.
- Invest in infrastructure to meet Federal requirements and settlements.
- Support the 1,088,981 lower-income New Mexicans who will experience significant reductions in Medicaid and SNAP benefits when the Public Health Emergency ends.

U.S. Per Capita Personal Income by State, 2020 (NM 3rd lowest at \$46,338)



Per Capita Personal Income by County, 2020



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>, November 17, 2021.

FY24 HSD BUDGET REQUEST SUMMARY

- FY23 HSD Op Bud \$9.171 B, with **14.7% from GF.**
- FY24 HSD budget request \$10.488 B, **15.6% from GF.**
- FY24 GF request \$1.634 B, increase of \$287 M from FY23 – 21.3% increase.
 - **89.1% growth attributable to recurring Medicaid GF**
 - Requesting \$278.1 M Medicaid GF increase, representing 23.1% GF growth from FY23 Op Bud.

Agency Briefing Sheet						
AGENCY	BU					
Human Services Department	63000					
(in the thousands)						
	FY21 ACTUALS	FY22 ACTUALS	FY23 OPBUD	FY24 REQUEST	\$ Diff. FY23-24	% Diff. FY23-24
General Fund	\$1,098,124.8	\$1,198,985.8	\$1,347,518.4	\$1,634,438.3	\$286,919.9	21.3%
Federal/Other Funds	\$8,316,881.1	\$9,512,241.2	\$7,824,144.9	\$8,853,499.3	\$1,029,354.4	13.2%
GRAND TOTAL	\$9,415,005.9	\$10,711,227.0	\$9,171,663.3	\$10,487,937.6	\$1,316,274.3	14.4%
200-PS & EB	\$113,455.7	\$106,476.3	\$133,931.3	\$137,758.0	\$3,826.7	2.9%
300 - Contracts	\$287,058.3	\$295,401.6	\$269,240.7	\$299,909.7	\$30,669.0	11.4%
400 - Other	\$8,985,788.8	\$10,279,678.7	\$8,768,491.3	\$10,050,269.9	\$1,281,778.6	14.6%
500 - Other Financing Uses						
GRAND TOTAL	\$9,386,302.8	\$10,681,556.6	\$9,171,663.3	\$10,487,937.6	\$ 1,316,274.3	14.4%
Budgeted FTE	2,056	2,024	2,021.5	2,034.5	13	

HSD SFY 2024 BASE BUDGET REQUEST BY PROGRAM

Program	New Mexicans Served, 12/22 ⁺	FY24 Request GF (000)	FY24 Request GF + Fed (000)	% of Total Budget
Medicaid (MCO+ FFS)	986,930*	\$1,456,131.7	\$8,832,606.6	84.2%
SNAP (food benefits)	512,511	0.0	\$998,690.3	9.5%
TANF (cash and non-cash assistance)	28,417	\$3,153.1	\$124,281.1	1.2%
CSED (child support)	177,596	\$11,159.7	\$35,724.0	0.3%
BHSD (behavioral health)	12,715	\$60,690.0	\$89,796.7	0.9%
LIHEAP (utility assistance)	100,989	0.0	\$19,017.2	0.2%
All Other	164,128**	\$103,303.8	\$387,821.7	3.7%
TOTAL	1,088,981	\$1,634,438.3	\$10,487,937.6	100.0%

+Unduplicated customer count.

**Based on September 2022 projection.*

***Medicare Savings Program and P-EBT customers.*

HSD FY24 BASE REQUEST BY P-CODE (SEE APPENDIX PAGES XX-XX FOR DETAILED P-CODE REQUESTS)

Division	HSD FY24 Base Request (thousands)			
	General Fund	Federal + Other Funds	Total Funds	GF Increase
Program Support (P522)	\$2,741.3	\$12,788.2	\$15,529.5	\$90.1
Information Technology Division (P522)	\$19,326.8	\$40,004.8	\$59,331.6	\$350.0
Child Support (P523)	\$11,159.7	\$24,564.3	\$35,724.0	\$234.8
Medical Assistance (P524)	\$26,076.8	\$114,641.1	\$140,717.9	\$7,850.1
Medicaid and Medicaid BH (P524 & P766)	\$1,456,131.7	\$7,376,474.9	\$8,832,606.6	\$270,229.3
Income Support Admin (P525)	\$38,110.6	\$74,235.6	\$112,346.2	\$0.0
Income Support Program (P525)	\$20,201.4	\$1,181,683.7	\$1,201,885.1	\$0.0
Behavioral Health Services Division (P767)	\$60,690.0	\$29,106.7	\$89,796.7	\$8,165.6
Total	\$1,634,438.3	\$8,853,499.3	\$10,487,937.6	\$286,919.9

HSD FY24 EXPANSION REQUEST

HSD FY24 Expansion Request (thousands)					
Program	General Fund	Federal Fund	Total Funds	% Over GF Base Request	Details
Information Technology Division (P522)	\$350.0	\$659.8	\$1,009.8	1.8%	<ul style="list-style-type: none"> Support increases in contractual obligations related to information systems (e.g., Child Support Enforcement System), critical infrastructure, and security services. Price increases for IT hardware, software and services.
Behavioral Health Services Division (P767)	\$7,057.5	\$0	\$7,057.5	13.2%	<ul style="list-style-type: none"> \$557.5 To implement Certified Community Behavioral Health Clinics. \$1,200.0 to raise non-Medicaid behavioral health reimbursement rates from 85% of Medicaid to 100%. \$5,200.0 GF for statewide expansion of Crisis Now (no fed. funding for start-up, operations will be federally funded in operational years). \$100.0 to expand Local BH Collaboratives to improve outcomes at the tribal, county, and local levels.
Total	\$7,407.5	\$659.8	\$8067.3		

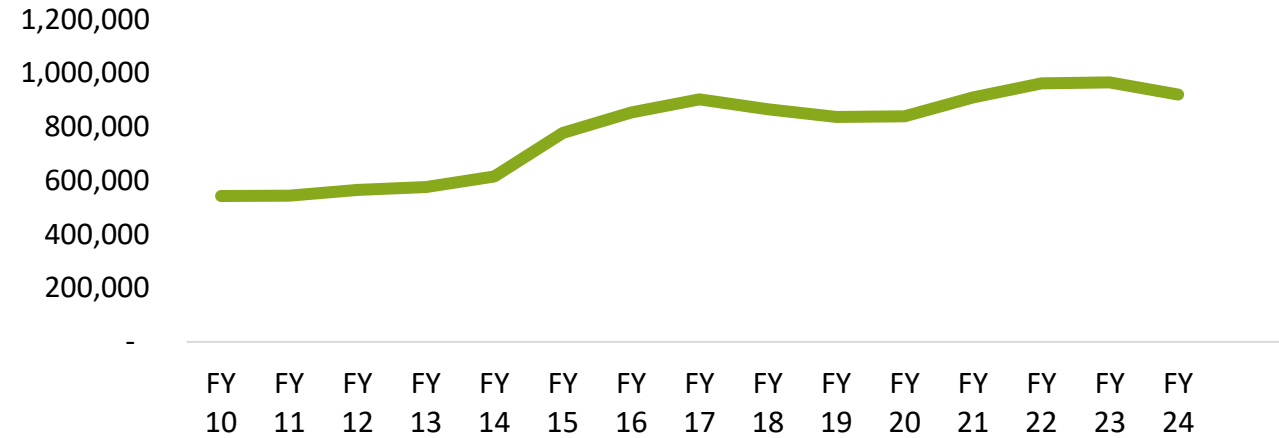
HSD FY24 NON-RECURRING REQUEST

Program	HSD FY24 Nonrecurring Request (thousands)			Details
	General Fund	Federal Fund	Total	
Information Technology Division (P522)	\$2,078.2	\$8,330.00	\$10,408.2	<ul style="list-style-type: none"> Implementation of statewide Closed Loop Patient-Provider Referral Service. Development of Data Analytics Organization for HSD and sister agencies.
Program Support (P522)	\$1,227.2	\$1,277.5	\$2,504.7	<ul style="list-style-type: none"> Fund critical human resource needs. Meet Federal requirements under SNAP settlement agreement. Address unprecedented changes HSD experienced during pandemic.
Child Support Enforcement Division (P523)	\$1,713.0	\$3,146.7	\$4,859.7	<ul style="list-style-type: none"> Child Support Convenience Fee. Eliminate Fees. Contracts and Other services growth.
Medicaid (P524)	\$1,020.2	\$3,060.6	\$4,080.8	<ul style="list-style-type: none"> Fund enhancements to federally required Public Assistance Report Information Services. (PARIS) Provider rate increases are a recurring cost (not included in 9/1/22 request).
Income Support Program (P525)	\$27,017.2	-	\$27,017.2	Special Appropriation request related to expansion of Cash Assistance Program income eligibility to 100% Federal Poverty Limit and increased monthly benefits.
Income Support Admin. (P525)	\$13,369.0	\$14,850.7	\$28,219.7	<ul style="list-style-type: none"> Meet Federal SNAP settlement requirements. Mitigate delays in case processing and long call center hold times arising from changes in Federal Public Health Emergency. Meet growth in contracts and other services.
Behavioral Health Services Division (P767)	\$1,428.2	\$8,092.9	\$9,521.1	Deployment and utilization of 988/Crisis Now Mobile Crisis Teams.
Total	\$47,853.0	\$38,758.4	\$86,611.4	-
Medicaid (P524)	\$83,745.0	\$291,962.0	\$375,707.0	Fund Medicaid provider rate increase at 100% of Medicare with primary care maternal & child health and behavioral health providers at 120% of Medicare.

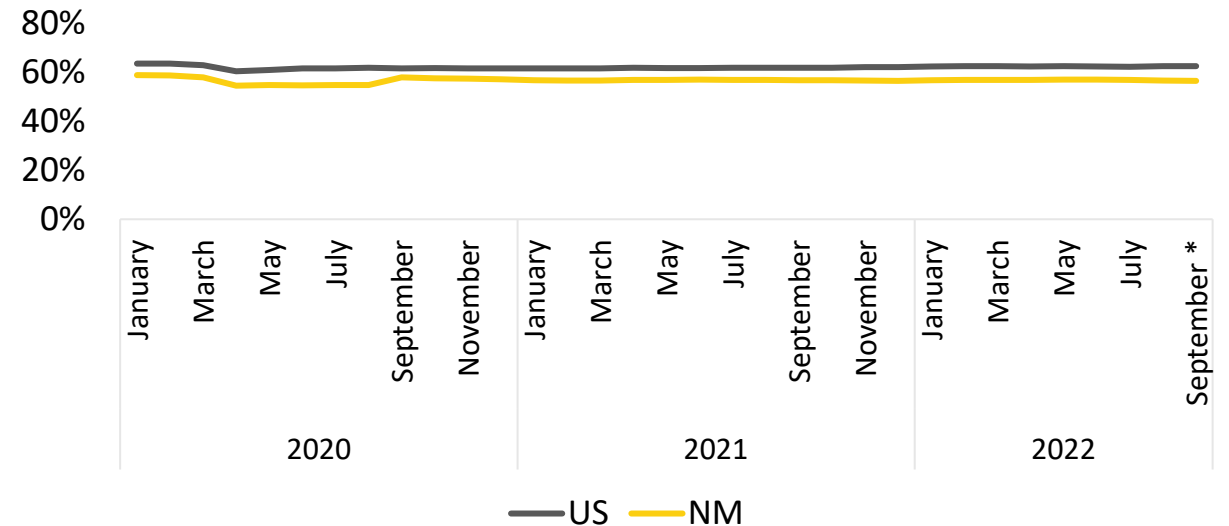
WHAT'S DRIVING MEDICAID ENROLLMENT?

- Growth in Medicaid/CHIP enrollment through September 2022 reflects:
 - Effects of PHE and MOE
 - Low employer sponsored insurance
 - Uninsured enroll needing care
 - Cannot disenroll
 - Incentives for job search activity associated with stimulus/relief policies
 - Lower workforce participation of lower-income parents (full-time vs. part-time status)
 - Normal growth: ↑ newborns, ↑ elderly
 - Enhanced benefits:
 - ↑ DD allocations (HCBS ARPA waitlist elimination)
 - ↑ Community Benefit allocations (HCBS ARPA investment to add slots)
 - ↑ mothers (12-month post-partum extension)

NM Medicaid Average Enrollment, FY10-FY24



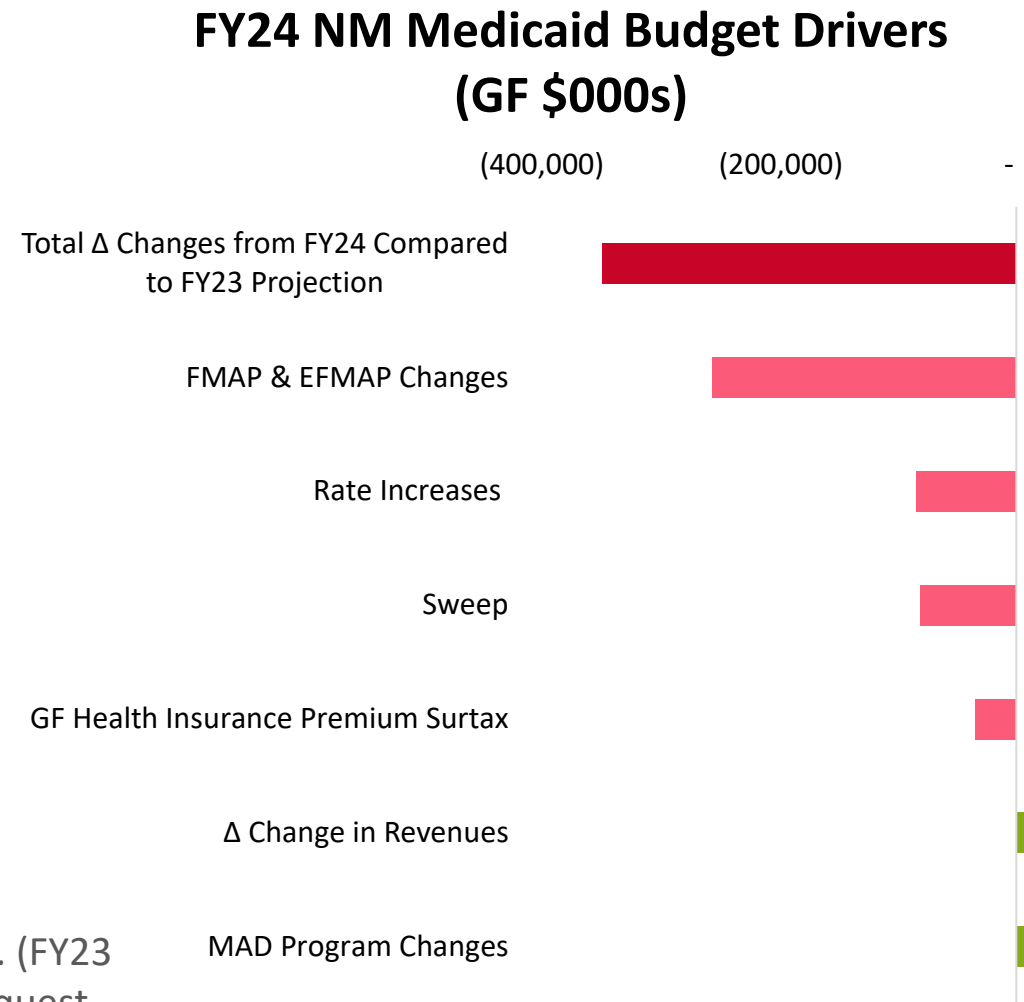
US & NM Labor Force Participation Rates, 1/2020–9/2022



The content of these slides, specifically references to the end of the Public Health Emergency, 6.2% FMAP, and Maintenance of effort requirements and timelines, is subject to change as a result of evolving federal guidance, experience, new information, changes in process requirements, and the availability of resources.

FY2024 MAD SHORTFALL DRIVERS

Key Factors in FY2024 Shortfall:	GF (\$000s)	% Total
Total Shortfall	-346,426	100%
FMAP & EFMAP changes	-254,492	73.5%
Provider Rate Increases*	-83,745	24.2%
Restore \$80M non-recurring sweep in FY23	-80,000	23.1%
GF to support Health Insurance Premium Surtax	-34,313	9.9%
Change in State Revenue Sources	41,454	-12.0%
MAD Program Changes	64,671	-18.7%



Note: FY23 budget request included 8.9 M MCO Member Months (MMs). (FY23 MCO MM has grown to 9.5 M based on 9/22 projection.) FY24 budget request includes 9.2 M MCO MMs, which increased June FY24 GF need by \$41M.


* Provider rate increases not included in 9/1 HSD budget request submission

MEDICAID FMAP AND 6.2% INCREASE IMPACT

Federal Fiscal Year FMAP Changes

	FFY 2023 Policy Adjusted Federal and State FFP			FFY 2023 Post-PHE Federal and State FFP			FFY 2024 Federal and State FFP		
	Federal Match %	State Match %	Ratio (Federal to State)	Federal Match %	State Match %	Ratio (Federal to State)	Federal Match %	State Match %	Ratio (Federal to State)
Traditional (PH & LTSS)	79.46%	20.54%	3.87	73.46%	26.54%	2.65	72.59%	27.41%	2.65
EFMAP	85.00%	15.00%	5.67	81.28%	18.72%	4.34	80.81%	19.19%	4.21
Other Adult Group (CY21)	90.00%	10.00%	9.00	90.00%	10.00%	9.00	90.00%	10.00%	9.00
State FY Blended FFP	81.57%	18.43%	4.43				77.89%	22.11%	3.52

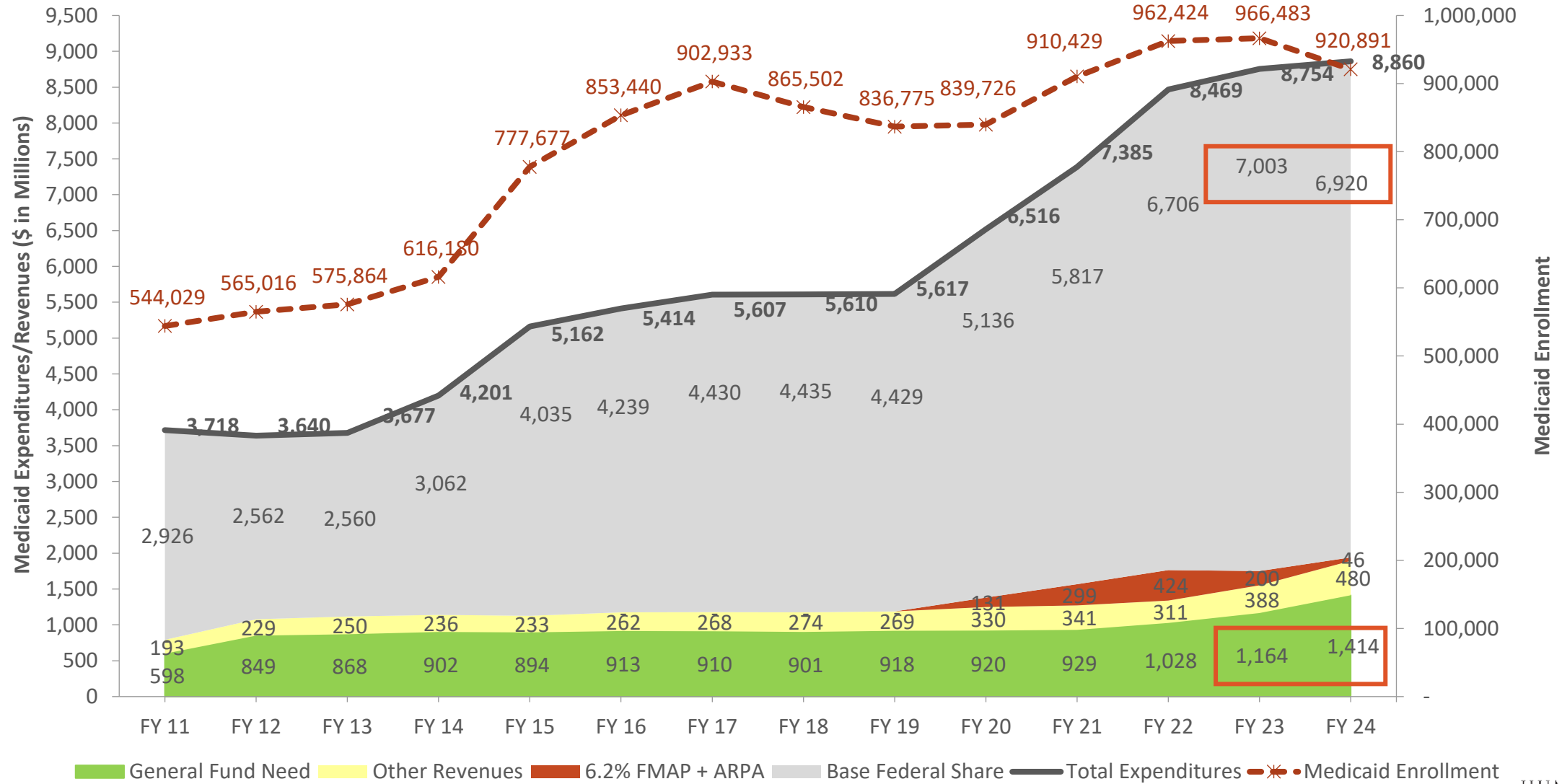
(\$254,492,000)



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FEDERAL REVENUE SUPPORTING MEDICAID PROGRAM

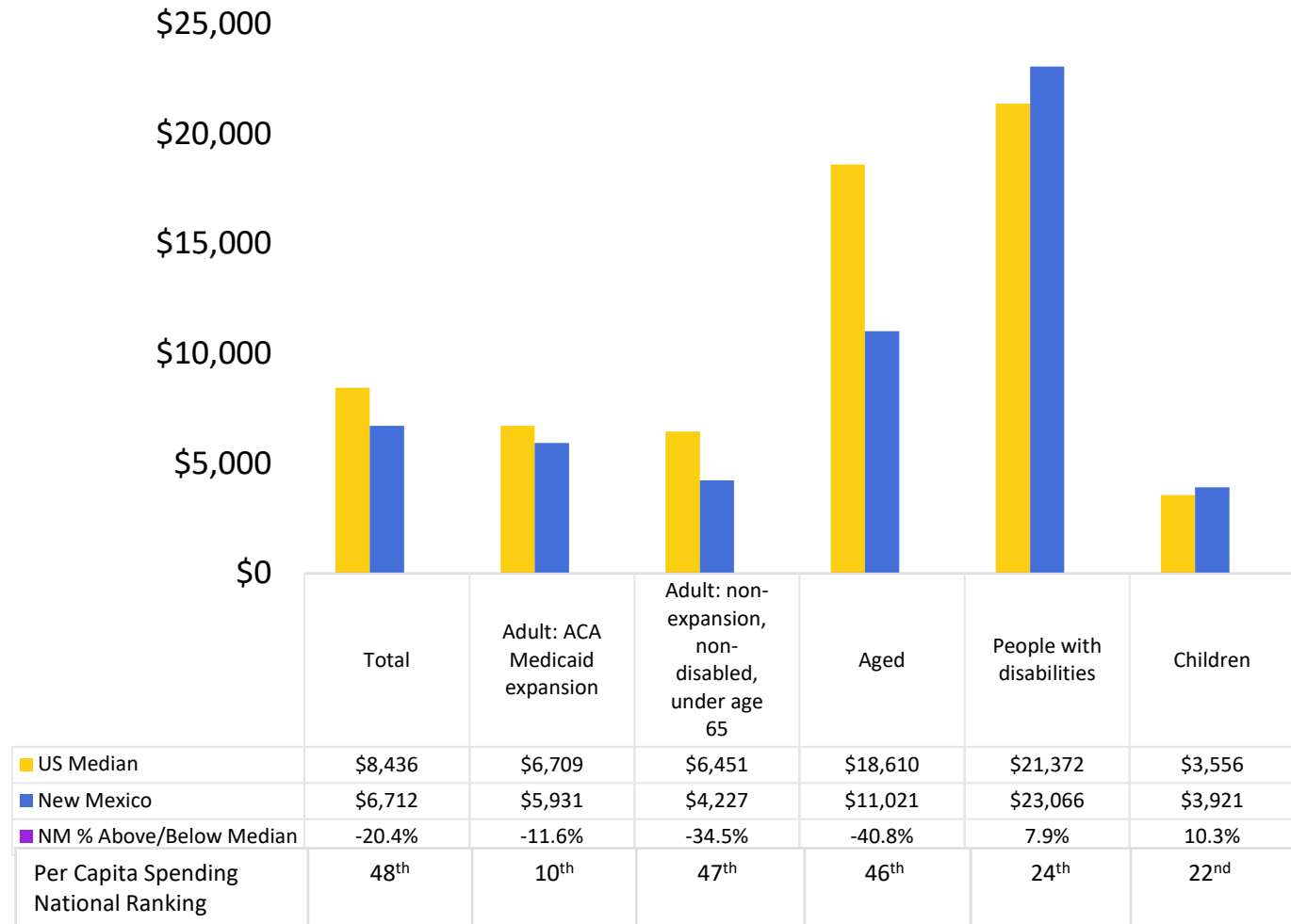
Total Medicaid Enrollment, Expenditures and Revenues



ARE WE SPENDING TOO MUCH ON MEDICAID?

New Mexico ranks 48th out of 54 states and territories in total Medicaid expenditures per recipient at \$6,712 per year, averaged across all programs.

Annual Per Capita Medicaid Expenditures: NM Relative to US Median and Minimum



The content of these slides, specifically references to the end of the Public Health Emergency, 6.2% FMAP, and Maintenance of effort requirements and timelines, is subject to change as a result of evolving federal guidance, experience, new information, changes in process requirements, and the availability of resources.

HSD FY24 PITCHES FOR NEW MEXICANS

Pitch	Cost (in thousands)			Details
	GF	FF	Total	
Cash Assistance Program: Expanding Eligibility & Increasing Monthly Benefits	\$27,017.2	-	\$27,017.2	<ul style="list-style-type: none"> HSD requests funding to expand eligibility of the Cash Assistance Program, expanding the income eligibility limit to include families with incomes up to 100% of the Federal Poverty Guideline (FPG). (Current limit is 85% FPG). Limited eligibility pool prevents many New Mexican children and families experiencing poverty (including deep poverty) from participating in the program. Request also will also increase the maximum monthly household benefit for Temporary Assistance for Needy Families households, which is lower than the national average and has not increased in 25 years (since the Program was established).
Implementing a Closed-loop referral services	\$704.5	\$5,515.5	\$6,220.0	<ul style="list-style-type: none"> Lack of investment in coordinated health IT results in a fragmented healthcare delivery between health and social supports, leading to diminished health status, productivity and lifespan, and higher overall healthcare costs. To improve access to medical and nonmedical supports and improve health outcomes, HSD requests funds to develop a statewide closed loop patient-provider referral service, which will guide patients step-by-step from one provider to another.
Medicaid Chiropractic Benefit Pilot	\$910.5	\$4,147.9	\$5,058.5	<ul style="list-style-type: none"> Improve health outcomes and reduce the need for high-risk treatment interventions for estimated 374,699 Medicaid customers with a diagnosis of neck, back and/or musculoskeletal pain, and/or headaches. Chiropractic services are cost-effective, will reduce per-member costs, and improve Medicaid customer satisfaction.
Building an HSD Data Analytics Organization	\$1,373.7	\$2,814.5	\$4,188.2	<ul style="list-style-type: none"> This request would allow HSD to build a Data Analytics Organization Hub & Spoke Model, improving and enhancing data reporting and analytics across agencies. This request will directly improve customer service and satisfaction, increasing efficiency in how customers are reached, interacted with, and provided resources.

HSD FY24 PITCHES FOR NEW MEXICANS

Pitch	Cost (in thousands)			Details
	GF	FF	Total	
Eliminate Fees Charged to Child Support Customers	\$402.2	\$780.8	\$1,183.0	<ul style="list-style-type: none"> HSD requests GF that would allow it to eliminate service fees and credit card processing fees for online child support payments currently charged to customers. Removing fees will result in more money distributed to families and children, an increase in child support collections, and increased use of online payments. This request is part of the continued child support program modernization, adopting national best practices that move away from a punitive model.
Building an Efficient Human Resources Office	\$345.5	\$415.5	\$761.0	<ul style="list-style-type: none"> Increased staff retention resulting from structured onboarding will benefit HSD's 1,088,981 customers and HSD employees. Increased new hire productivity resulting from structured onboarding.
Certified Community Behavioral Health Clinic (CCBHCs) Statewide Expansion	\$557.5	-	\$557.5	<ul style="list-style-type: none"> CCBHCs will provide behavioral health services to 26,832 New Mexicans (4,245 Eddy; 1,826 Grant; 5,295 Lea; 15,466 Doña Ana Counties) as the first step towards statewide expansion, ultimately meeting the need of 146,790 New Mexicans in need of services. Evidence shows integrating physical and behavioral health care improves chronic health outcomes. CCBHCs integrate health services by connecting behavioral health to primary care and hospitals, and building coalitions with criminal justice entities, advocates and others.
Building an Efficient Inspector General's Office	\$230.2	\$276.8	\$507.0	<ul style="list-style-type: none"> Increased savings resulting from early fraud detection. HSD responds timelier to the needs of its 1,088,981 customers. Increased efficiency in investigator performance.

HSD COMMITS TO LEVERAGING EVERY POSSIBLE FEDERAL DOLLAR TO HEALTH AND HUMAN SERVICES AGENCIES SUPPORTING NEW MEXICANS

- ALTSD: Certifications and case management services
- CYFD: Case management and protective services, licensing costs, Medicaid eligibility costs
- DDC: Guardianship services, administrative costs, information center
- DOH: Home & community-based services, school-based health centers, immunization registry, health information exchange
- ECECD: Central registry, Family Infant Toddler Program
- PED: Medicaid administrative claims


HSD optimizing recurring Medicaid funding support (\$731.6 M) for other agencies at GF cost of \$225.9 M

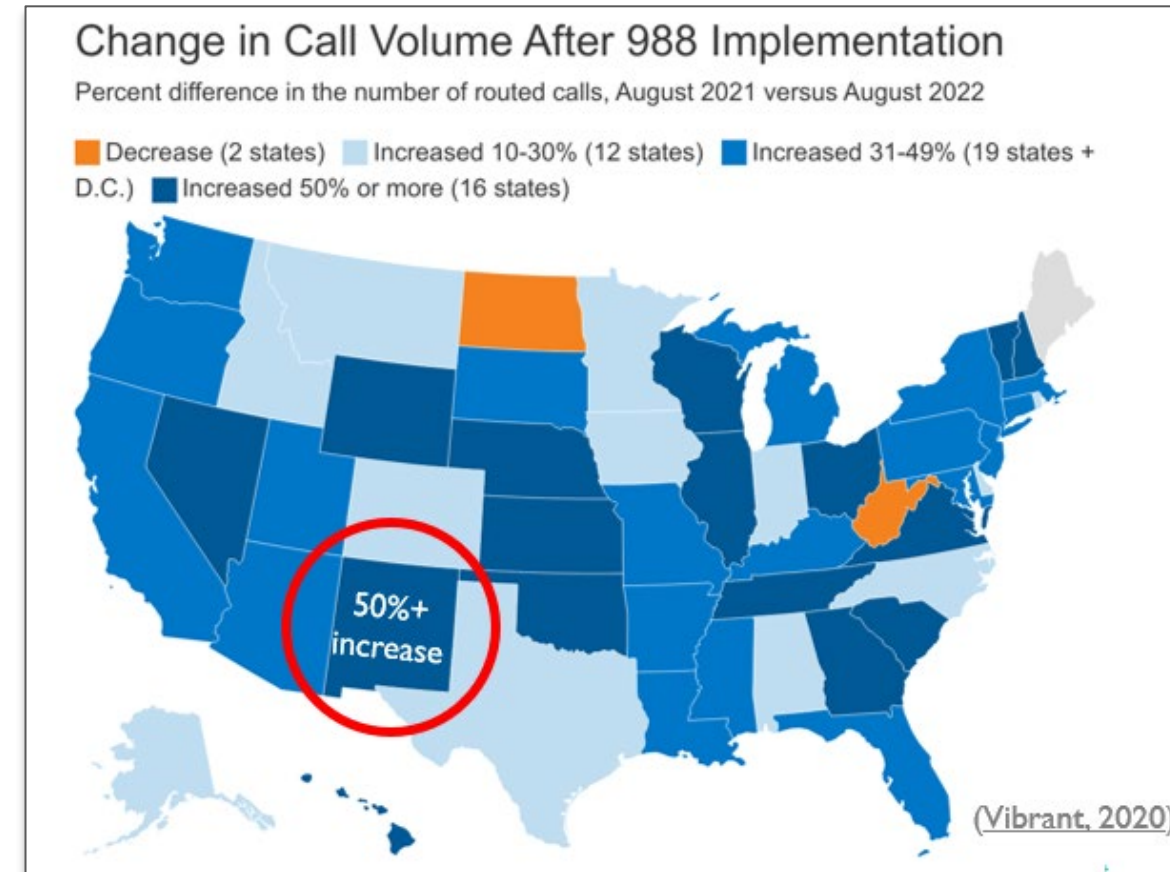
Agency	GF Fund	Federal Funds	FY 24 Request (Total Computable)	Medicaid Match
ALTSD	\$3,500	\$3,500.0	\$7,000.0	50%
CYFD	\$3,706.7	\$3,706.7	\$7,413.4	50%
CYFD	\$68.0	\$204.0	\$272.0	75%
DDC	\$1,250.0	\$625.0	\$625.0	50%
DOH	\$17,202.3	\$17,202.3	\$34,404.5	50%
DOH	\$1,705.5	\$5,116.6	\$6,822.1	75%
ECECD	\$500.0	\$500.0	\$1,000.0	50%
PED	\$45.0	\$45.0	\$90.0	50%
Total new SFY24	\$27,977.5	\$30,899.6	\$57,627.0	-
Total ongoing	\$197,957.7	\$475,985.5	\$673,943.2	-
GRAND TOTAL	\$225,935.2	\$506,885.1	\$731,570.2	-




BUILDING A FOUNDATION TO TRANSFORM LIVES: HSD ACCOMPLISHMENTS

Legislature entrusted \$9.252 B to HSD in FY23 and we strive to show a return on that investment:

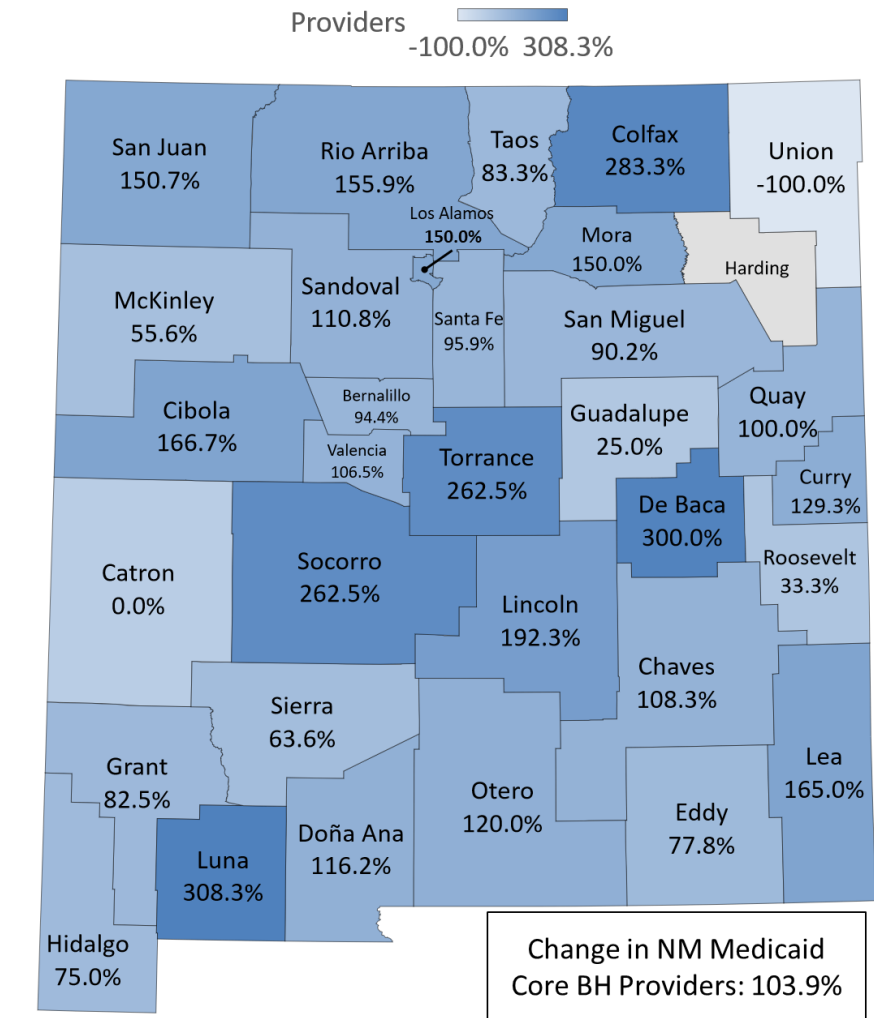
- Issued 1115 waiver application with over 20 innovative initiatives to redesign and enhance healthcare delivery system.
- Released Request For Proposals for Managed Care Organization with more stringent requirements for accountability and tailored plan designs to better serve New Mexicans.
- Expanded Medicaid coverage for postpartum care (HB2, 2022) by increasing coverage from 60 days to a full year beginning 4/1/22, affecting 17,000 New Mexicans.
- Reviewing Medicaid provider reimbursement levels to ensure access to high-quality care, attract and retain providers, and establish a methodology, process, and schedule for routine rate reviews.
- Launched new 988 Crisis Now system (HB2, 2022), a statewide proactive and coordinated care system, to reach significantly more New Mexicans in need of mental and behavioral health support. 



BUILDING A FOUNDATION TO TRANSFORM LIVES: HSD ACCOMPLISHMENTS

- Significant statewide behavioral health workforce expansion from 2017 to 2022: 88.5% increase Medicaid Psychiatric Providers and a 103.9% increase Medicaid Core BH providers. 
- Medicaid home and community-based service providers received 15% temporary reimbursement increase retroactively from 5/1/21 to 6/30/22.
- HSD, ALTSD, CYFD, ECECD, and DOH executed a data sharing agreement to improve agency operations and customer satisfaction.
- Healthcare Quality Surcharge leveraged \$86 M Federal Medicaid funds to improve NM nursing homes.
- Primary Care Council (HB 67, 2021) developing new financing model for Medicaid, shifting from volume to patient quality and outcomes.
- Primary care residency program expansion (HB480, 2019) including future programs in Hobbs, Doña Ana, San Juan, and Santa Fe; 8 residency programs applying for FY23 funding.
- Modernized Child Support Program (SB140, 2021) will send additional \$7M to New Mexico's children. Program received 2022 Excellence Award from Western Intergovernmental Child Support Engagement Council.

Growth Medicaid Core Behavioral Health Providers (%), 2017-2022



BUILDING A FOUNDATION TO TRANSFORM LIVES: HSD ACCOMPLISHMENTS

- Issued \$22 M in supplemental utility assistance payments to 120,266 lower-income households.
- Provided 4,741 lower-income households benefits up to \$1,500 in water and wastewater assistance.
- Oct. 2021: Issued onetime cash payment of \$446 to 13,000 lower-income families for emergency housing, utility payments, food, clothing and back-to-school expenses (HB2, 2022).
- Dec. 2020, Jul. & Nov. 2021: HSD and TRD issued onetime payments to 23,035 New Mexicans who did not qualify for federal economic relief, totaling \$11,958.5 (HB2, 2022).
- Provided Disaster-SNAP to 1,996 New Mexicans (totaling \$446,309.00) affected by wildfires and partnered with community organizations to meet other needs (e.g., housing, medical supports).

Appropriation Date	Nov. 2020	Apr. 2021		Apr. 2022	May 2022	TOTAL
Appropriation Amount	\$7M	\$5M		\$20M	\$10M	\$22 M
Distribution Date	Dec. 2020	July 2021	Nov. 2021	July 2022	Nov. 2022	-
Customers Receiving Payment	15,118	4,631	3,286	34,807	24,750	82,592
Amount	\$465	\$750	\$452	\$500 – HH = 1 \$1,000 – HH >1	\$400	\$517 (avg.)

HH = household

RESPONDING TO CHALLENGES IN STAFF RECRUITMENT AND RETENTION IS AN HSD PRIORITY

Recruitment

- HSD **converting unfilled positions** to meet other needs, closing gap between funded authorized positions.
- **4 rapid hire events in 2022 allowed HSD** to identify ideal candidates and make same-day offers: in September 93.3% of contingent offers (15) made were accepted (14).

Retention

- **Increasing front-line worker salaries:** As part of Federal Settlement Agreement with USDA, HSD providing 24+ month 8% temporary increase to all Family Assistance Analysts, who provide essential support to customers.
- **New, monthly HSD employee orientation:** Employees are more likely to stay with employer for at least 3 years if they experience a great onboarding.
- **New management and leadership trainings** help HSD leaders become more effective. Courses include Generational Diversity, Leading Millennium Workforce, Employee & Labor Relations, Six Sigma, etc.

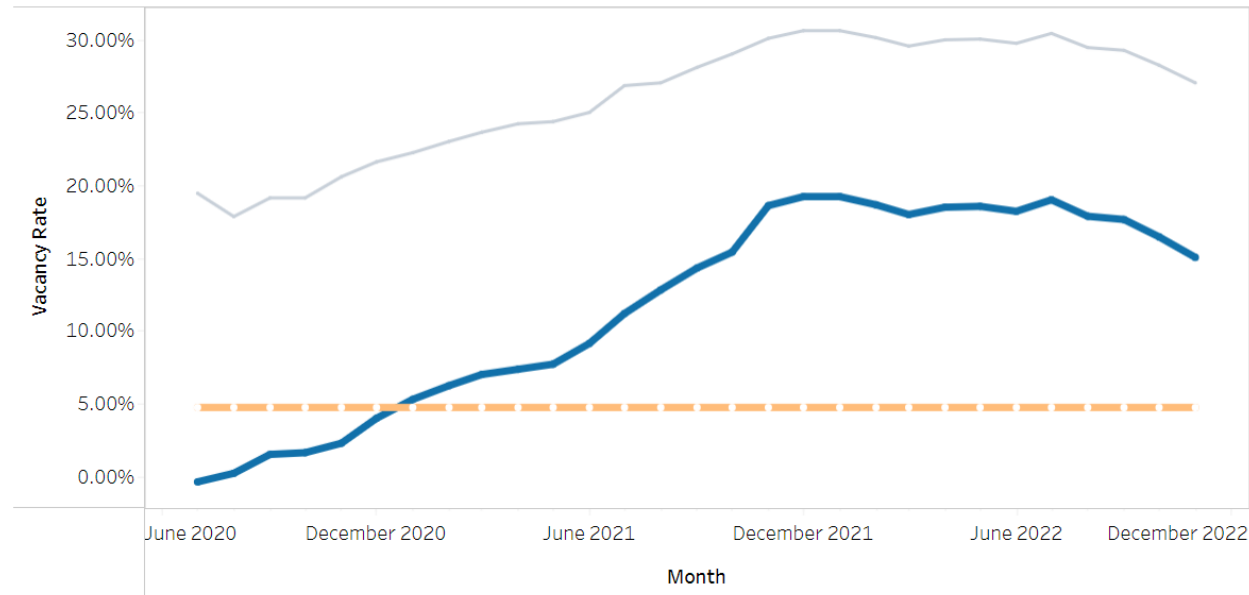
What is the rate of open positions at HSD? (↓good)

Measures:

Target: Based on National Data

Authorized Vacancy Rate

Budgeted Vacancy Rate



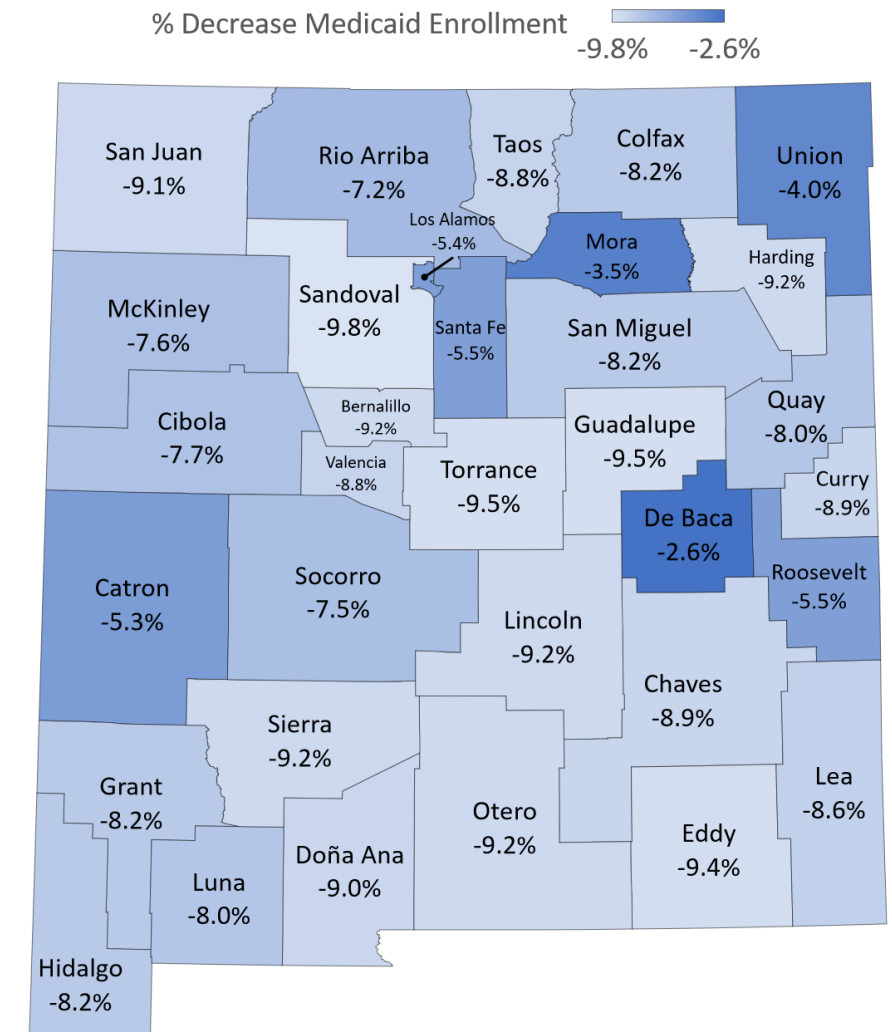
Last updated: 11/23/2022

Source: <https://sites.google.com/view/nmhdscorecard/goal-4>

UP TO 100,000 NEW MEXICANS MAY LOSE MEDICAID COVERAGE WHEN PUBLIC HEALTH EMERGENCY (PHE) ENDS

- At the start of the pandemic, Congress required Medicaid programs keep people continuously enrolled through the end of the month when PHE ends.
- When PHE ends, 85,000 to 100,000 New Mexicans will likely lose coverage.
- PHE currently in effect until 1/11/23, and Biden administration will give states 60-day notice before ending.
- We have not been given notice yet.
12/13/2022 + 60 days = 2/11/2023.
Earliest possible roll-off date = 3/1/2023.

Decrease in Medicaid Enrollment by County after Federal Public Health Emergency ends (%)



END OF PHE ALSO UNWINDS SNAP PANDEMIC POLICIES

SNAP CHANGES POST-PHE

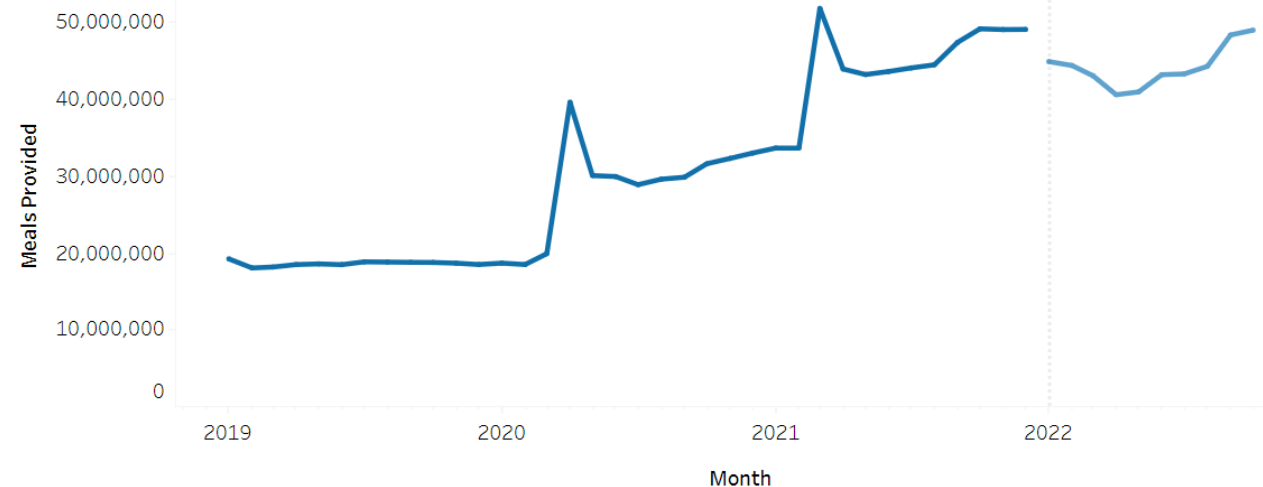
- SNAP Emergency Allotments:** During PHE, HSD using federal funds to maximize monthly SNAP benefit (e.g. \$658 for family of 3), with minimum allotment of \$95 per month.
 - 30 days after PHE ends, 99.8% of SNAP participants will lose roughly a third of their benefits.**
- Temporary College Student Exemptions:** 2 new categories of students receiving SNAP benefits during pandemic will lose benefits when PHE ends
 - Those eligible for federal work-study programs.
 - Those with no expected family contribution to their education.

10.9% INCREASE IN FOOD PRICES EXACERBATES FOOD INSECURITY RISKS*

SNAP: How many meals did HSD's Supplemental Nutrition Assistance Program (SNAP) provide to New Mexicans? **539,432,811 meals over the last 12 months**

Filter by County

(All)



Last updated: 11/15/2022

Graph Source: <https://sites.google.com/view/nmhsdscorecard/social-impact>

*Source: <https://www.ers.usda.gov/data-products/food-price-outlook/summary-findings/>

HOW PHE UNWINDING AFFECTS THE JOHNSON FAMILY (AND 99.8% OF SNAP PARTICIPANTS IN NM)

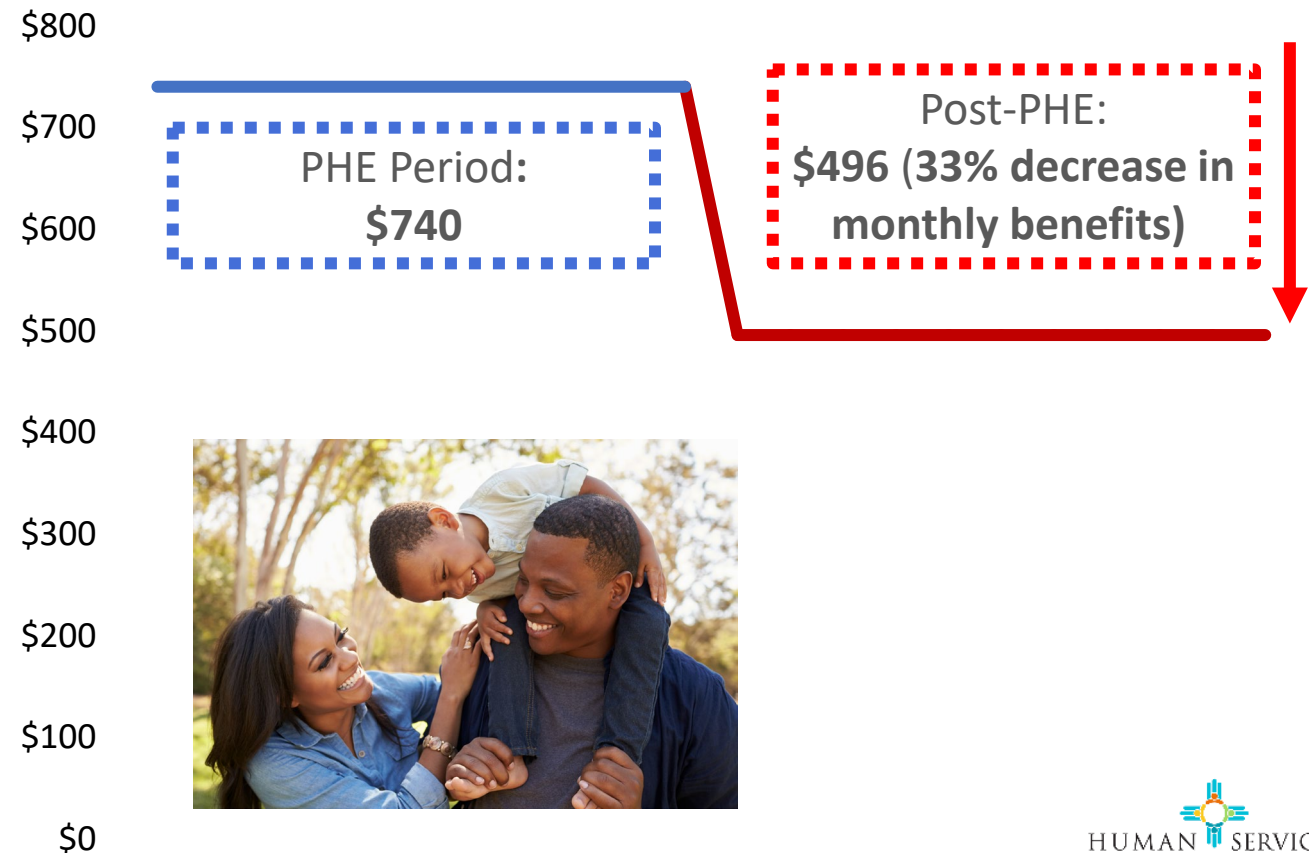
During PHE

- Johnsons received \$740 each month in SNAP benefits during the PHE.
- Parents and Angel also receive full Medicaid coverage during PHE.

Post-PHE

- **Johnsons experiences a 33% average decrease in monthly SNAP benefits, down to \$496.**
- Parents' Medicaid coverage decreases to limited benefits.
 - Angel keeps full Medicaid coverage.

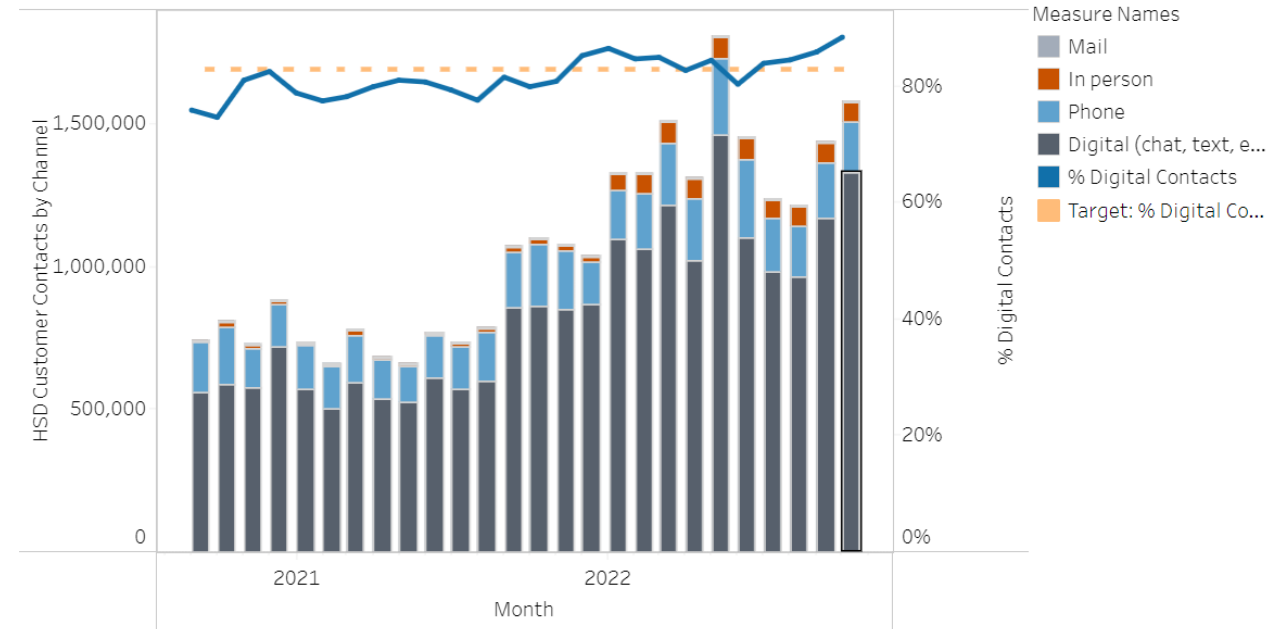
Monthly SNAP Benefit for Johnson Family, During and After Public Health Emergency



IT'S TIME TO RENEW NM! [RENEW.HSD.NM.GOV](https://renew.hsd.nm.gov)

- Renew NM is a public awareness campaign that provides resources and information to HSD customers as PHE ends.
- HSD customers can renew their benefits online (yes.state.nm.us), by mail, or fax.
- Individuals no longer eligible for Medicaid can find low or no cost coverage through beWellnm.com or by calling 1-833-862-3935.

How often are people like me contacting HSD online, via the phone, and in person or by mail? (↑good)



Data updated: 10/7/2022

Source: <https://sites.google.com/view/nmhsdscorecard/goal-2>

JOHNSON FAMILY DECEMBER 2023*

- Mark and Olivia received their Renew NM turquoise envelope in early 2023 and renewed benefits for their family successfully online at YesNM.
- Sudden decrease in SNAP benefits brought short-term challenges, and they received food support from local community groups.
- Mark and Olivia return to work full time; by the spring, the family's income increases, and Mark qualifies for low-cost coverage through BeWellnm.
- As a result of new Medicaid changes under Turquoise Care, Angel (and baby Johnathan) enroll in Medicaid and will remain enrolled until age 6.
- Olivia remains on Medicaid for an additional 12-months after giving birth in January, receiving needed physical and behavioral healthcare.





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QUESTIONS & COMMENTS

INVESTING FOR TOMORROW, DELIVERING TODAY.



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APPENDIX

INVESTING FOR TOMORROW, DELIVERING TODAY.

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Investing for tomorrow, delivering today.

HSD ANNUAL FINANCIAL AUDITS

	SFY 2021	SFY 2022
Total Federal Funds Expended	\$7,953,840.3	\$9,204,558.8
Number of Separate Grants	46	58
Audit Due Date	November 15, 2021	November 15, 2022
Date Audit Submitted to OSA	December 17, 2021	November 15, 2022
Number of Findings	2	3
Opinion on Financial Statements	Unmodified	Unmodified
Opinion on Federal Programs	Unmodified	Unmodified

SFY 2021 HSD FINANCIAL AUDIT FINDINGS

Finding	Corrective Action Plan	Status
2021-001 Reporting- Federal Funding Accountability and Transparency Act (FFATA)	The Work and Family Support Bureau (WFSB) was unaware that this report was not submitted however we will work with the ASD Grants Bureau to ensure a complete and timely submission of this report as required by the Federal Funding Accountability and Transparency Act on all TANF funded programs managed by WFSB. We will also work with the Grants Bureau to ensure that there are adequate controls in place to review all required data and that the data is reviewed prior to submission and by someone other than the person preparing the report. The Department will develop the FFATA reporting process by June 30, 2022, to begin reporting at the start of fiscal year 2023 at the latest.	Modified and Repeated as 2022-002
2021-002 Earmarking: TANF	The Human Services Department must ensure that no more than 20% of the eligible TANF population receive Federally funded TANF assistance for more than 60 countable months (whether consecutive or not) as outlined in 45 CFR sections 264.1(c) and (e). The immediate solution will assign the Cash Program Manager with the responsibility of monitoring the data on this population and taking proactive steps to communicate with eligibility staff to ensure the 20% threshold is not exceeded. The Department will investigate a permanent solution that relies on an enhancement to the eligibility system that will not allow TANF approvals if the 20% threshold has been met. The Department will improve the data set and begin tracking to the threshold and report the monthly tracking of the TANF participants who have received more than 60 months of assistance in the quarterly TANF Performance Report no later than March 31, 2022.	Resolved

SFY 2022 HSD FINANCIAL AUDIT FINDINGS

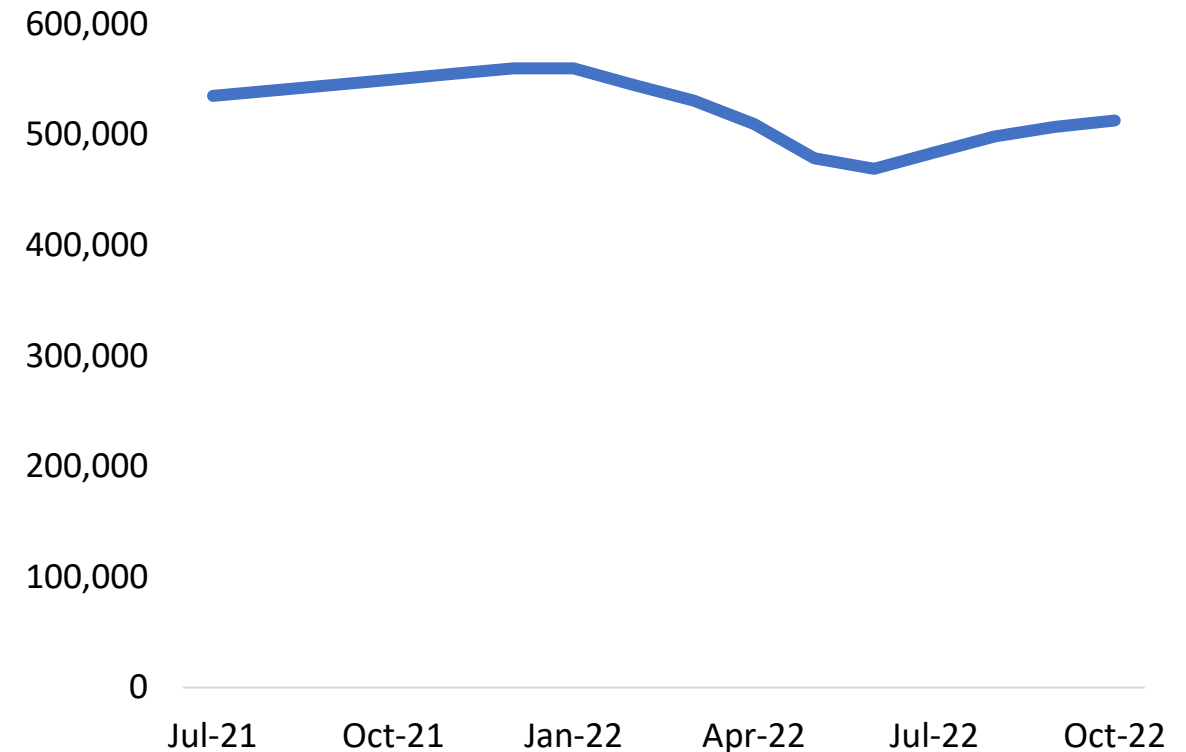
Finding	Corrective Action Plan	Status
2022-001 Accounts Receivable	Management will review outstanding Federal Account Receivable to determine collectability during SFY 2023 Q3. In SFY 2023 Q4, entries will be corrected by 6/30/2023 based on determination of collectability.	-
2022-002 Reporting-Federal Funding Accountability and Transparency Act (FFATA)	ASD staff from Compliance and Administration, Contracts and Procurement and Grants Management Bureau will work with all Divisions to gather the appropriate data to report and submit the Federal Funding Accountability and Transparency Act (FFATA). ASD needed to fill the Grants Management and the Compliance and Administration Bureau Chiefs to begin working on this process to complete the FFATA report by 6/30/22, however filling these positions took longer than expected and were not filled till the last quarter of fiscal year 2022. The data will be gathered so HSD can complete and submit the FFATA report by the end of fiscal year 2023 (6/30/2023).	Modified and Repeated from 2021-001
2022-003 Provider Screening (Medicaid)	MAD continues to work with its third-party vendor to determine whether the providers' documentation was maintained in the legacy system prior to the transfer of records into the current MMIS system. A corrective action will be developed once the root cause analysis is completed. The Program intends to complete corrective actions by the end of fiscal year 2023.	-

BUILDING A FOUNDATION TO TRANSFORM LIVES: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

In FY22, NM SNAP program provided:

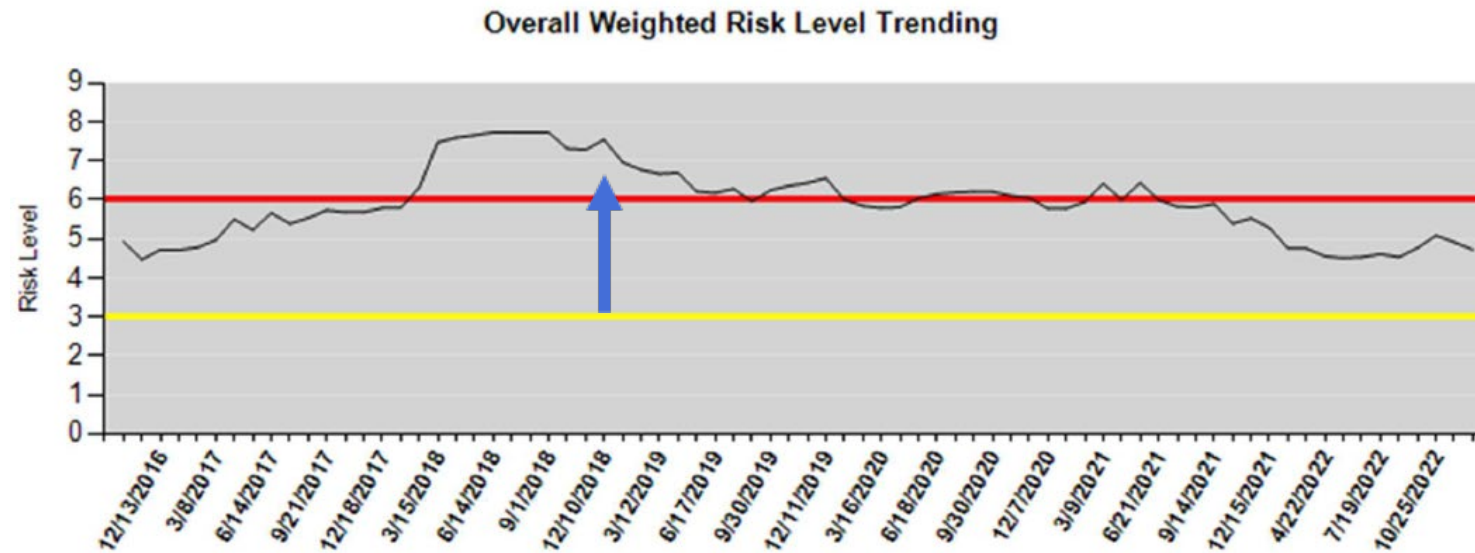
- **\$1,194,407,791 billion** additional benefits to 725,111 SNAP recipients through enhanced payment.
- **\$90,135,999 million** SNAP benefits to **220,963 students** during 21-22 School Year through Pandemic-EBT program.
- **\$103,078,291** online SNAP purchases since Jan 2022 (e.g. Walmart, Amazon).

**Monthly NM SNAP Recipients,
July 2021-October 2022**



BUILDING A FOUNDATION TO TRANSFORM LIVES: MMISR PROGRESS SINCE AUGUST 2021

- Secured federal approval and funding from 4 federal agencies for MMISR multi-agency project.
 - First multi-agency approval in the nation to include child welfare system.
- Reduced project risk to its lowest level by implementing stronger project governance and oversight.
- Increased recoveries and achieved \$15M in new cost avoidance for Medicaid.
- Executed multi-agency data sharing agreement eliminated barriers to health and human services agencies.
- Launched behavioral health unified portal.



1/2019: HSD implemented new MMISR project governance structure to streamline operations and efficiencies



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FY24 BUDGET REQUEST SUMMARIES BY DIVISION

INVESTING FOR TOMORROW, DELIVERING TODAY.

HSD PROGRAM SUPPORT (P522) FY24 BUDGET REQUEST

FY24 Budget Request Details*		
Description	Amount	Source of Funding
Program Support – to replace revenue from a lower trending federal indirect earn rate from 55.2% to 54.6%.	90.1	GF
ITD - for price increases of 5.1% for labor and IT goods according to the Bureau of Labor Statistics, 7.251% increase per the Consumer Price Index (CPI), and 2% increase per the Producer Price Index (PPI).	350.0	GF
Total	440.1	

Agency Briefing Sheet		(in the thousands)					
AGENCY	BU	FY21 ACTUALS	FY22 ACTUALS	FY23 OPBUD	FY24 REQUEST	\$ Diff. FY23-24	% Diff. FY23-24
HSD - Program Support	63000						
	General Fund	\$16,131.8	\$17,740.9	\$21,628.0	\$22,068.1	\$440.1	2.0%
	Federal/Other Funds	\$38,147.5	\$43,519.7	\$52,118.8	\$52,793.0	\$674.2	1.3%
	GRAND TOTAL	\$54,279.3	\$61,260.6	\$73,746.8	\$74,861.1	\$1,114.3	1.5%
	200-PS & EB	\$16,846.5	\$16,421.6	\$18,747.7	\$18,747.7	\$0.0	0.0%
	300 - Contracts	\$21,781.4	\$28,283.3	\$40,269.3	\$40,996.7	\$727.4	1.8%
	400 - Other	\$15,651.4	\$16,555.7	\$14,729.8	\$15,116.7	\$386.9	2.6%
	500 - Other Financing Uses						
	GRAND TOTAL	\$54,279.3	\$61,260.6	\$73,746.8	\$74,861.1	\$ 1,114.3	1.5%
	Budgeted FTE	189	217	245	245	0	

*Items that need to be addressed in FY24

HSD CHILD SUPPORT ENFORCEMENT DIVISION (P523) FY24 BUDGET REQUEST

FY24 Budget Request Details*		
Description	Amount	Source of Funding
Request to cover loss of revenue due to fewer fees collected from lower-income families for services through the CSED.	234.8	GF
TOTAL	234.8	

Agency Briefing Sheet		(in the thousands)					
AGENCY	BU	FY21 ACTUALS	FY22 ACTUALS	FY23 OPBUD	FY24 REQUEST	\$ Diff. FY23-24	% Diff. FY23-24
HSD - Child Support Enforcement	63000						
General Fund		\$7,736.8	\$8,091.2	\$10,924.9	\$11,159.7	\$234.8	2.1%
Federal/Other Funds		\$25,589.6	\$25,328.0	\$25,070.5	\$24,564.3	(\$506.2)	-2.0%
GRAND TOTAL		\$33,326.4	\$33,419.2	\$35,995.4	\$35,724.0	(\$271.4)	-0.8%
200-PS & EB		\$20,858.8	\$18,301.2	\$23,878.6	\$23,878.6	\$0.0	0.0%
300 - Contracts		\$6,327.4	\$7,051.0	\$7,202.4	\$7,188.4	(\$14.0)	-0.2%
400 - Other		\$4,691.7	\$4,686.7	\$4,914.4	\$4,657.0	(\$257.4)	-5.2%
500 - Other Financing Uses							
GRAND TOTAL		\$31,877.9	\$30,038.9	\$35,995.4	\$35,724.0	\$ (271.4)	-0.8%
Budgeted FTE		378	370	370	370	0	

*Items that need to be addressed in FY24

HSD MEDICAID ADMIN. (P524) FY24 BUDGET REQUEST

FY24 Budget Request Details*		
Description	Amount	Source of Funding
This general fund increase request will support the base needs of our Medicaid clients and growth in the program.	7,850.1	General Fund
Total	7,850.1	

Agency Briefing Sheet		(in the thousands)					
AGENCY	BU	FY21 ACTUALS	FY22 ACTUALS	FY23 OPBUD	FY24 REQUEST	\$ Diff. FY23-24	% Diff. FY23-24
HSD - Medical Assistance Division	63000						
General Fund		\$15,611.8	\$15,311.3	\$18,226.7	\$26,076.8	\$7,850.1	43.1%
Federal/Other Funds		\$70,787.2	\$100,458.9	\$94,472.8	\$114,641.1	\$20,168.3	21.3%
GRAND TOTAL		\$86,399.0	\$115,770.2	\$112,699.5	\$140,717.9	\$28,018.4	24.9%
200-PS & EB		\$12,486.7	\$11,639.6	\$15,680.6	\$16,247.8	\$567.2	3.6%
300 - Contracts		\$47,629.5	\$69,947.8	\$61,312.8	\$87,429.7	\$26,116.9	42.6%
400 - Other		\$23,821.5	\$33,816.3	\$35,706.1	\$37,040.4	\$1,334.3	3.7%
500 - Other Financing Uses							
GRAND TOTAL		\$83,937.7	\$115,403.7	\$112,699.5	\$140,717.9	\$28,018.4	24.9%
Budgeted FTE		220.5	215.5	219.5	221.5	2	

*Items that need to be addressed in FY24

HSD MEDICAID PROGRAM (P524) & MEDICAID BEHAVIORAL HEALTH (P766) FY24 BUDGET REQUEST

FY24 Budget Request Details*		
Description	Amount	Source of Funding
MAD is requesting \$270.2 million increase from the general fund for programmatic changes. Included in the \$270.2 million is \$34.3 million from general fund to support the Health Insurance Premium Surtax (HIPS). This is consistent with the almost 20% growth in the Medicaid enrollment during the Federal public Health Emergency (PHE) and an expected decline in enrollment as the PHE unwinding occurs. This request also reflects a 1.53% increase due to healthcare cost growth, programmatic changes and the end of the 6.2% additional FMAP and EEMAP. The change in the FMAP & EEMAP accounts for \$242.5 million of the request as well as support changes outlined in the 1115 waiver.	270,229.3	General Fund
Total		

Agency Briefing Sheet		(in the thousands)					
AGENCY	BU	FY21 ACTUALS	FY22 ACTUALS	FY23 OPBUD	FY24 REQUEST	\$ Diff. FY23-24	% Diff. FY23-24
HSD - Medical Assistance & Medicaid Behavioral Health Divisions	63000						
General Fund		\$952,517.7	\$1,069,201.4	\$1,185,902.4	\$1,456,131.7	\$270,229.3	22.8%
Federal/Other Funds		\$6,368,152.6	\$6,315,215.7	\$6,593,958.4	\$7,376,474.9	\$782,516.5	11.9%
GRAND TOTAL		\$7,320,670.3	\$7,384,417.1	\$7,779,860.8	\$8,832,606.6	\$1,052,745.8	13.5%
200-PS & EB		-	-	-	-	-	-
300 - Contracts		\$48,548.8	\$36,279.9	\$41,617.5	\$43,672.8	\$2,055.3	4.9%
400 - Other		\$7,262,261.6	\$7,254,539.6	\$7,738,243.3	\$8,788,933.8	\$1,050,690.5	13.6%
500 - Other Financing Uses		-	-	-	-	-	-
GRAND TOTAL		\$7,310,810.4	\$7,290,819.5	\$7,779,860.8	\$8,832,606.6	\$1,052,745.8	13.5%
		\$9,859.9	\$93,597.6	\$0.0	\$0.0	(\$0.0)	(\$0.0)

*Items that need to be addressed in FY24

HSD INCOME SUPPORT DIVISION (P525) FY24 BUDGET REQUEST

FY24 Budget Request Details*		
Description	Amount	Source of Funding
ISD FY24 request remains flat compared to the FY23 Operating Budget, but \$13,369.0 in Special Appropriation requested for winding down.	-	-
Total		

(in the thousands)

Agency Briefing Sheet									
AGENCY	BU								
HSD - Income Support	63000								
		FY21 ACTUALS	FY22 ACTUALS	FY23 OPBUD	FY24 REQUEST	\$ Diff. FY23-24	% Diff. FY23-24		
General Fund		\$33,733.4	\$48,710.6	\$58,312.0	\$58,312.0	\$0.0	0.0%		
Federal/Other Funds		\$70,291.1	\$1,956,084.0	\$1,028,601.5	\$1,255,919.3	\$227,317.8	22.1%		
GRAND TOTAL		\$104,024.5	\$2,004,794.6	\$1,086,913.5	\$1,314,231.3	\$227,317.8	20.9%		
200-PS & EB		\$59,637.3	\$53,709.7	\$70,856.6	\$72,856.6	\$2,000.0	2.8%		
300 - Contracts		\$25,667.7	\$52,312.6	\$42,726.8	\$39,573.6	(\$3,153.2)	-7.4%		
400 - Other		\$18,719.4	\$1,930,288.1	\$973,330.1	\$1,201,801.1	\$228,471.0	23.5%		
500 - Other Financing Uses		-	-	-	-	-	-		
GRAND TOTAL		\$104,024.4	\$2,036,310.4	\$1,086,913.5	\$1,314,231.3	\$227,317.8	20.9%		
Budgeted FTE		889	802	1133	1133	0			

*Items that need to be addressed in FY24



HSD BEHAVIORAL HEALTH SERVICES DIVISION (P767) FY24 BUDGET REQUEST

FY24 Budget Issues*		
Description	Amount	Source of Funding
To implement Certified Community Behavioral Health Clinic (CCBHC)	557.5	General Fund
To raise non-Medicaid behavioral health reimbursement rates from 85% of Medicaid to 100%	1,200.0	General Fund
For a statewide expansion of the 988/Crisis Now system	5,200.0	General Fund
To assist in the expansion of Local Collaboratives (LCs) to improve BH outcomes at the tribal, county, and local levels	100.0	General Fund
Base increase of 1.9% to support a reduction in the vacancy rate of 9 positions to ensure that Behavioral Health Services Division (BHSD) is adequately staffed to meet the increasing demands.	968.1	General Fund
To fund NMConnect for the Behavioral Health	140.0	General Fund
Total	8,165.6	

Agency Briefing Sheet		(in the thousands)					
AGENCY	BU	FY21 ACTUALS	FY22 ACTUALS	FY23 OPBUD	FY24 REQUEST	\$ Diff. FY23-24	% Diff. FY23-24
HSD - Income Support	63000						
General Fund		\$33,733.4	\$48,710.6	\$58,312.0	\$58,312.0	\$0.0	0.0%
Federal/Other Funds		\$70,291.1	\$1,956,084.0	\$1,028,601.5	\$1,255,919.3	\$227,317.8	22.1%
GRAND TOTAL		\$104,024.5	\$2,004,794.6	\$1,086,913.5	\$1,314,231.3	\$227,317.8	20.9%
200-PS & EB		\$59,637.3	\$53,709.7	\$70,856.6	\$72,856.6	\$2,000.0	2.8%
300 - Contracts		\$25,667.7	\$52,312.6	\$42,726.8	\$39,573.6	(\$3,153.2)	-7.4%
400 - Other		\$18,719.4	\$1,930,288.1	\$973,330.1	\$1,201,801.1	\$228,471.0	23.5%
500 - Other Financing Uses							
GRAND TOTAL		\$104,024.4	\$2,036,310.4	\$1,086,913.5	\$1,314,231.3	\$227,317.8	20.9%
Budgeted FTE		889	802	1133	1133	0	



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FY24 BUDGET REQUEST FACTSHEETS

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CLOSED LOOP REFERRAL SERVICES

Overview

- Lack of investment in coordinated health IT results in a fragmented healthcare delivery between health and social supports, leading to diminished health status, productivity and lifespan, and higher overall healthcare costs.
- **To improve access to medical and nonmedical supports and improve health outcomes**, HSD requests funds to develop a statewide closed loop patient-provider referral service.

General Fund and Federal Fund FY23-24 (thousands)			
	FY 2023	FY 2024	Difference
General Funds	\$-	\$704.5	\$704.5
Federal Funds	\$-	\$5,515.5	\$5,515.5
TOTAL	\$-	\$6,220.0	\$6,220.0

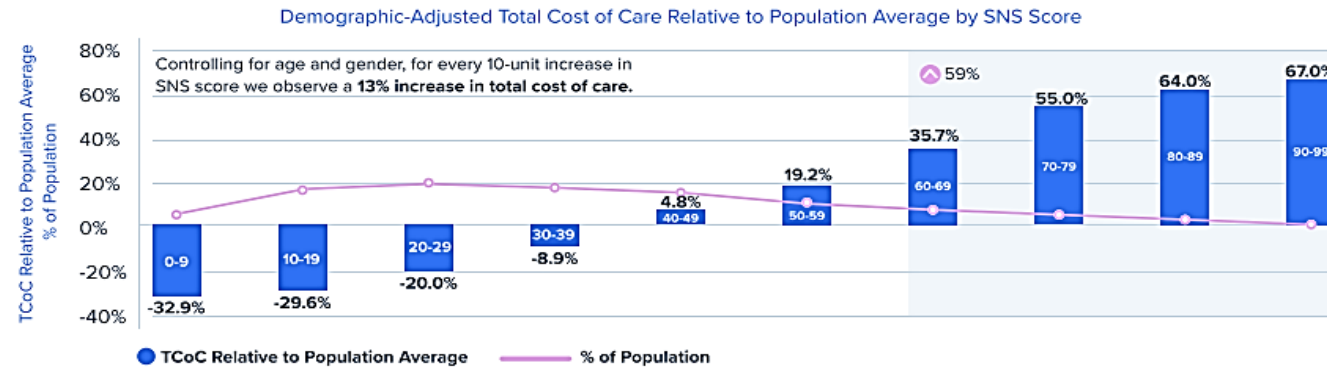
Evidence for Investment

- Across a representative Medicaid population, more socially vulnerable members had 59% higher cost of care.
- Controlling for age and gender, every 10-unit increase in social vulnerability led to a 13% increase in total cost of care.

Return on Investment

- Closing the cost of care gap by 10% among a representative Medicaid population of 100,000 members results in annual cost savings of over \$11M, while closing the cost-of-care gap by 25% results in annual cost savings of more than \$28M.

Figure 5: Total Cost of Care by Social and Economic Vulnerability



CLOSED LOOP REFERRAL SERVICES

Benefits for New Mexicans

- A closed-loop referral service facilitates whole-person care, so New Mexicans are connected to coordinated physical and behavioral health services experience positive health outcomes.
- Providers and clinicians also benefit from improved care coordination and delivery.

Frequently Asked Questions

Q. What is a "closed –loop" referral service?

A. A closed-loop referral service guides patients step-by-step as they move from one provider to another.

Q. Why is a closed-loop service optimal?

A. In the current system, customers are often stranded when it comes to seeking care from different professionals, such as social care and primary care. Closed-loop systems would maintain a singular integrated referral system that would enable customers to transition among these groups effectively, increasing customer retention and better health outcomes.

Q. How would closed-loop referral services decrease the cost of care?

A. Retaining customers through an easy to navigate system can lead to cuts in costs for both the customers as well as providers. Customers would have to seek care for the same conditions less as the system would work in unison to provide care, and better health outcomes lead to cuts in cost for future health outcomes and readmissions.



Source: <https://www.cdc.gov/publichealthgateway/sdoh/index.html>

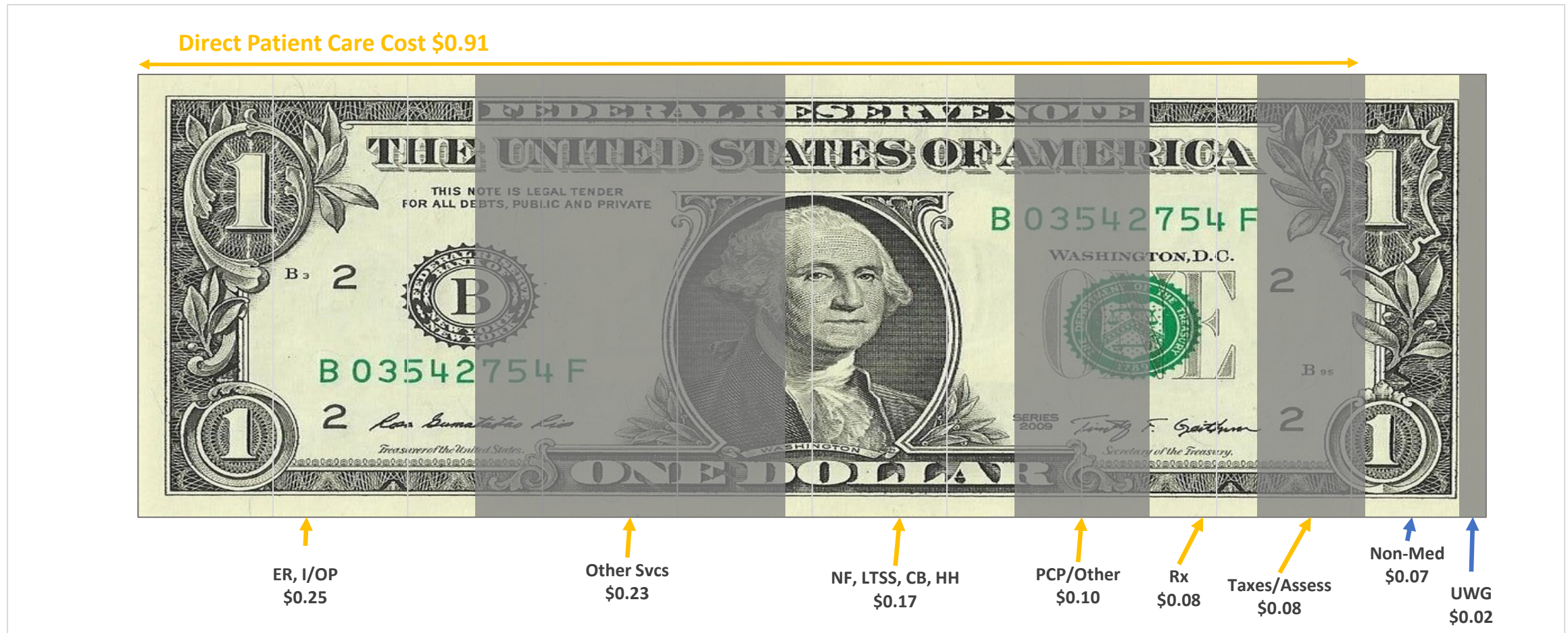
MEDICAID RATE REVIEW: GOALS AND APPROACH

COMPREHENSIVE REVIEW ACROSS ALL NON-PHARMACY MEDICAID SERVICES

1. Ensure access to high-quality care for Medicaid members through appropriate reimbursement of health care services
2. Attract and retain health care providers
3. Establish a methodology, process, and schedule for conducting routine rate reviews
4. Promote transparency with providers, legislative stakeholders, and CMS



HOW A MEDICAID DOLLAR IS SPENT: NEARLY 90% INVESTED DIRECTLY IN PATIENT CARE



Other Svcs: (BH, Dental, Clinic, Med Supplies, FQHC, Lab & Xray, Transp., Other, Subcap svc)

MEDICAID PROVIDER RATE INCREASES

Overview

- HSD seeks to raise Medicaid provider rates to no less than 120% of Medicare for primary care, maternal & child health, and behavioral health providers.
- For all other providers, HSD requests to raise rates to 100% of Medicare.

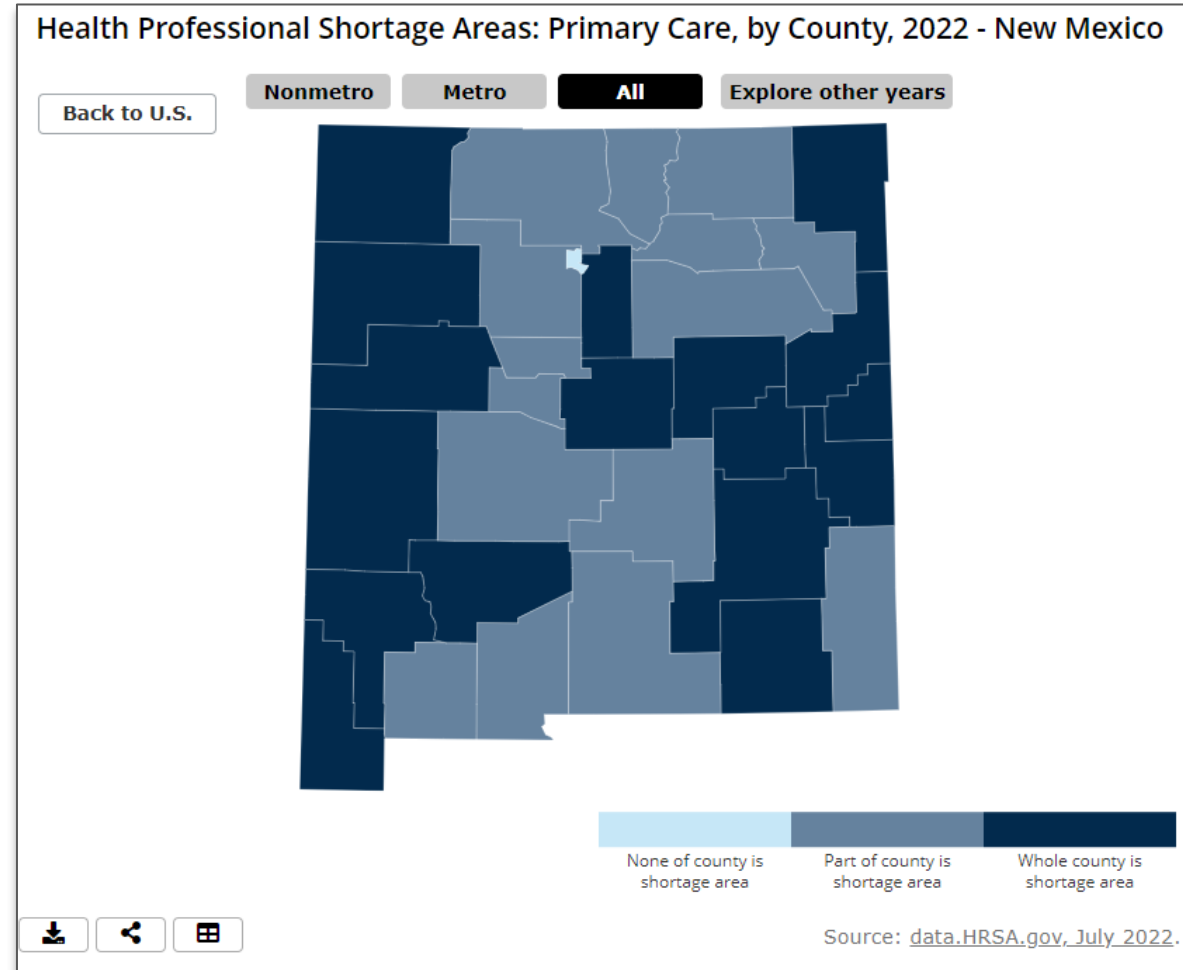
General Fund and Federal Fund FY23-24 (thousands)			
	FY 2023	FY 2024	Difference
General Funds	\$-	\$83,745.0	\$83,745.0
Federal Funds	\$-	\$291,962.0	\$291,962.0
TOTAL	\$-	\$375,707.0	\$375,707.0

Evidence for Investment

Medicaid provides coverage to over 50% of New Mexicans. (For some services, HSD serves up to 80% of the population, for example newborns.)

Return on Investment

- New Mexico Medicaid providers, generally, are reimbursed at levels less than Medicare. Given the majority market share Medicaid holds, without making payments closer to what it costs to provide services, we cannot sustain an adequate provider network.
- Raising Medicaid rates will help attract and retain providers and clinicians.



* Provider rate increases not included in 9/1 HSD budget request submission

MEDICAID PROVIDER RATE INCREASES

Benefits for New Mexicans

As the largest payor in the state, appropriate payments promote New Mexico’s ability to recruit, retain, and sustain providers so that Medicaid members can see a provider when and where they need them.

Frequently Asked Questions

Q. Why \$83.754 M?

A. At the LFC hearing in Taos on 9/22/2022, HSD presented multiple options for provider rate increase and initial advisement from LFC staff was to start with the highest cost option given LFC Committee members’ broad support.

Q. Why does this not appear in the base budget request?

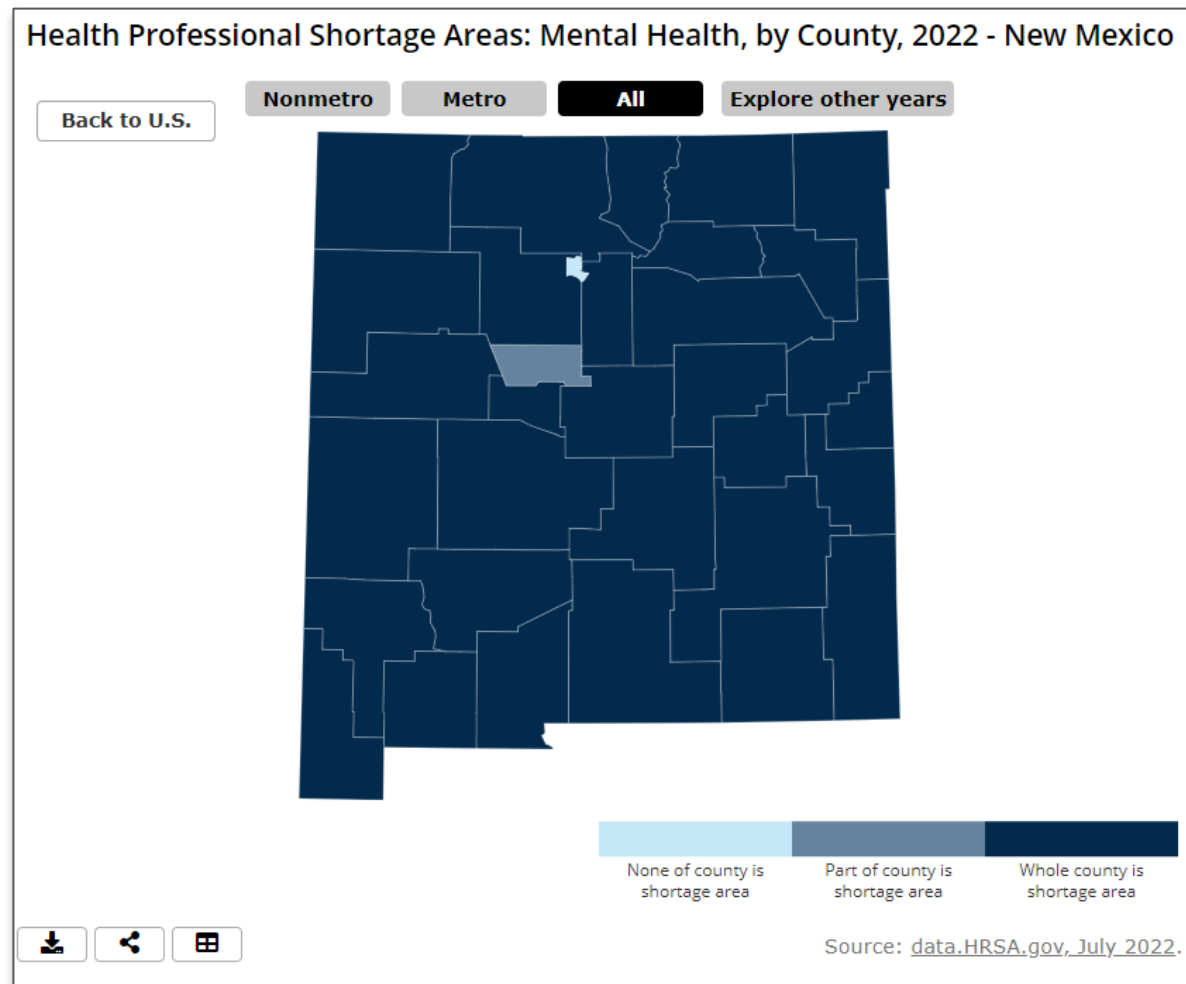
A. The LFC Hearing in Taos occurred on 9/22/2022 so we did not have this advisement in time to include in the base budget request submitted on 9/1/2022.

Q. Why higher rates for Primary Care, Behavioral Health, and Ob-Gyn?

A. These services represent the core emphasis of our Medicaid program, designed to provide comprehensive care for all Medicaid enrollees and address key healthcare issues in New Mexico.

Q. Are 100% and 120% the only options?

A. No. There are an infinite number of options. For example, to reduce total cost HSD has modeled a \$56 M option that would increase rates to 90% of Medicare for everyone, and 100*% for Primary Care, Behavioral Health, and Ob-Gyn.



* Provider rate increases not included in 9/1 HSD budget request submission

CRISIS NOW SYSTEM OF BEHAVIORAL HEALTHCARE EXPANSION

Overview

- Federal legislation designates 988 as the nation-wide three-digit number to call for behavioral health crisis, which was launched Nationwide in July 2022.
- Full implementation requires an integrated system wide response that includes Mobile Crisis Teams and Crisis Stabilization Centers designed to safely and effectively respond to a variety of behavioral health needs. In NM, there will be 3 different types of crisis structures based on geography, with a goal of full implementation throughout the state within the next 4 years. This request will support the development and launch of half of the State’s models (2 in urban areas, 7 in rural areas, and 6 in frontier areas).

General Fund and Federal Fund FY23-24 (thousands)			
	FY 2023	FY 2024	Difference
General Funds	\$0.0	\$5,200.0	\$5,200.0
Federal Funds	\$0.0	\$0.0	\$0.0
TOTAL	\$0.0	\$5,200.0	\$5,200.0

Evidence for Investment

Implementation of the Crisis Now system in Arizona and Georgia have reliably led to the savings suggested by the calculator, as well as significant savings for law enforcement and emergency medical systems.

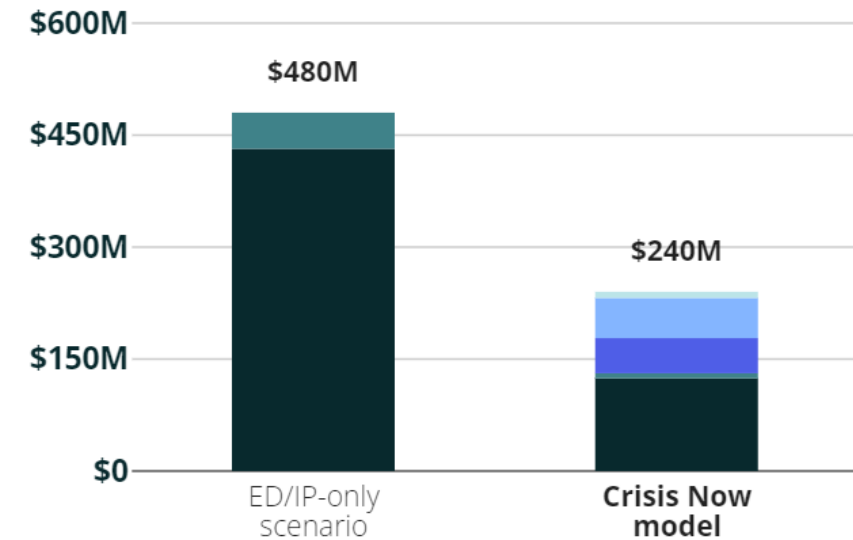
Return on Investment

Federal Medicaid funds can only be used for parts of the Crisis Now system, including Mobile Crisis Teams and Crisis Triage Centers, which are Medicaid reimbursable as services. In addition, the primary call center, NMCAL, is partially paid through administrative match reimbursement for will be reflected in future requests.

Potential annual behavioral health acute inpatient and crisis care system costs

\$240 million

\$240 million lower compared to the ED/IP-only (emergency department and inpatient beds-only) scenario



Source: https://calculator.crisisnow.com/#/data-insights?chart=SC&geo=State&lob=All&location_key=NM&metric1=bh_high_needs&tab=Map

CRISIS NOW SYSTEM OF BEHAVIORAL HEALTHCARE EXPANSION

Benefits for New Mexicans

Provide New Mexicans undergoing a behavioral health crisis with behavioral healthcare professionals who have been trained and specialize in deescalating these situations. This project is designed to ensure that NM is effectively implementing this new national project.

Frequently Asked Questions

Q. What is 988?

A. 988 is a nationwide behavioral health crisis response number. BH crisis calls are currently addressed by systems not designed for BH services. This results in an array of negative outcomes, including lack of coordinated care arising from crisis, neighbors being held in jail for an aspect of mental illness, and medical triage processes that leave people in crisis with extended wait times.

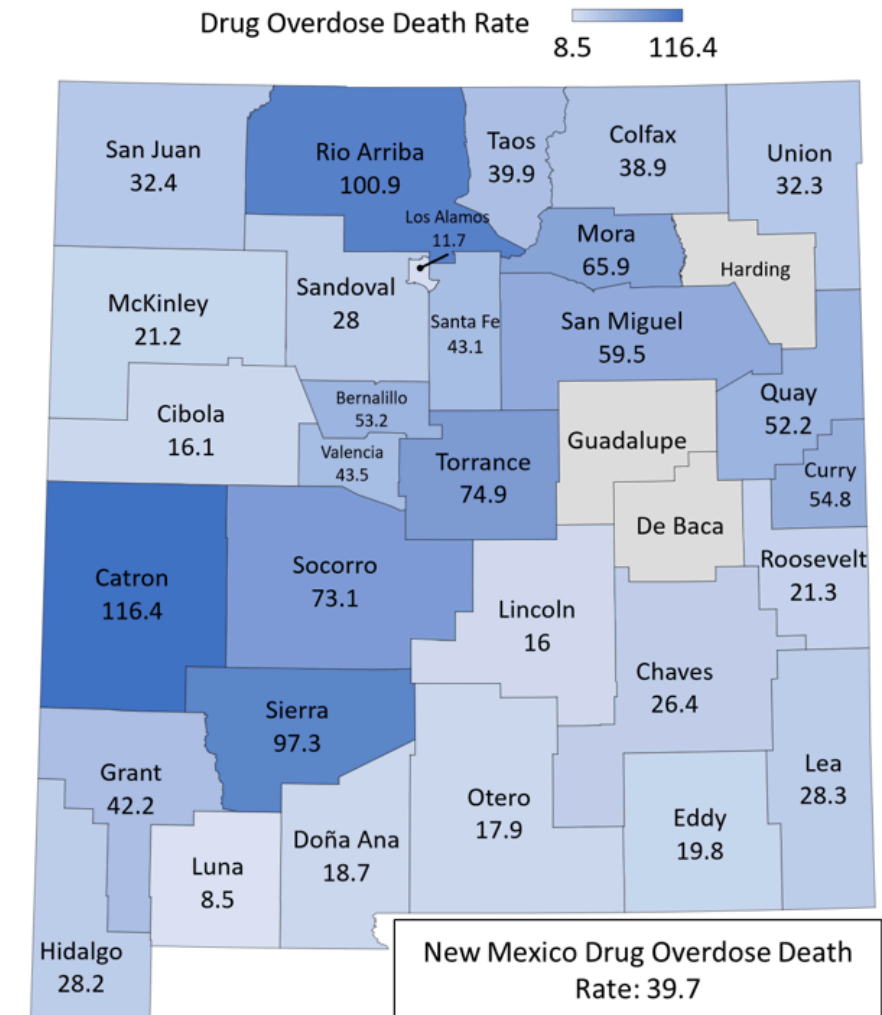
Q. How will 988 improve behavioral health outcomes?

A. This project will safely provide a behavioral health response to a behavioral health crisis, thus freeing resources not designed for this service to focus on their specialty. It can ensure the availability of mobile crisis response to BH crisis across the state.

Q. How can we measure the performance and effectiveness of 988?

A. We will monitor the performance of NM call center, including time to respond to voice, chat, and text calls; percentage of crises resolved by call center; mobilization of crisis response teams by area of the state; admission to a crisis response center when appropriate; coordination of care across the system through utilization of technological monitoring service availability.

New Mexico Drug Overdose Death Rate per 100,000 Population by County, 2020



CRISIS NOW CONTINUUM OF CARE: BEHAVIORAL HEALTH MOBILE CRISIS TEAM EXPANSION

Overview

- NM’s Crisis Now system structures services and organizes approaches to best meet the needs of individuals who experience a mental health crisis.
- Crisis services include (1) crisis lines accepting all calls and dispatching support if needed, (2) dispatching mobile crisis teams(MCTs) and (3) crisis receiving and stabilization facilities.
- HSD requesting funds to grow the number of MCTs from X to X, to ensure the effective deployment of the Crisis Now system.

General Fund and Federal Fund FY23-24 (thousands)			
	FY 2023	FY 2024	Difference
General Funds	\$-	\$1,428.2	\$1,428.2
Federal Funds	\$-	\$8,092.9	\$8,092.9
TOTAL	\$-	\$9,521.1	\$9,521.1

Evidence for Investment

The Crisis Now Difference fact sheet suggests funding the 988/Crisis Now system is a prudent investment for New Mexico.

Return on Investment

- Behavioral crisis care relies on timeliness, efficiency, and quality. Mobile Crisis Teams are a vital resource, saving lives and relieving some of the burden on emergency departments and law enforcement.


The Crisis Now Difference

In 2016, metro area Phoenix law enforcement engaged 22,000 and transferred them *directly* to crisis facilities and mobile crisis without visiting a hospital ED.

Aetna/Mercy Maricopa 2017 report *What difference did it make?*


Improved Crisis Clinical Fit to Need (CCFN) by 6x


Reduced potential state inpatient spend by \$260m



Calculated from Arizona data, 2017

Saved the equivalent of 37 FTE Police Officers






Saved hospital EDs \$37m in avoided costs/losses

Reduced total psychiatric boarding by 45 years

Fire savings just starting.



Calculated from "Impact of psychiatric patient boarding in EDs" (2012) (Nicks and Manthey)

BJA presentation at ISMICC (2017), Madison, Wisconsin data

CRISIS NOW CONTINUUM OF CARE: BEHAVIORAL HEALTH MOBILE CRISIS TEAM EXPANSION

Benefits for New Mexicans

The Mobile Crisis Teams provide a timely, specialized form of care for New Mexicans facing mental health and substance use emergencies. Applying Crisis Now's continuum of care, callers can be met in person where they are for help from trained and prepared team members.

Frequently Asked Questions

Q. What exactly does a Mobile Crisis Team do?

A. Mobile Crisis Teams deliver the following services for people in a BH crisis: *Triage and screening, including explicit screening for suicidality; Assessment of the situation, including individual needs and strengths; De-escalation/resolution of the immediate situation; Peer support; Coordination with medical and behavioral health services; and --Crisis planning and follow-up.*

Q. Why should New Mexicans call 988 instead of 911?

A. While crises are sometimes an emergency and 911 should not be ruled out entirely, the specialized training from the Mobile Crisis Team is specifically for behavioral health crises, and thus may be more beneficial and safer for users. Crisis services are for anyone, anywhere and anytime.

Q. What are the other parts of the Crisis Now System and how do they align with MCTs?

A. The 988 Call Center, which includes a Care Traffic Control function including dispatch of MCTs. The Call Center is a primary level of response for all callers to 988. Crisis Stabilization Centers are the third level of Crisis Now, providing a safe place to go for monitored stabilization of the crisis event over a longer period of time.



Dona Ana County implements First in New Mexico 988 Mobile Crisis Team, December 1, 2022

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC) BASE INCREASE

Overview

- A federally recognized model of sustainable and high quality, integrated behavioral health clinics that research demonstrates **improves behavioral health outcomes**.
- The Behavioral Health Services Division (BHSD) is responsible for implementing, certifying, monitoring, and evaluating CCBHC performance and outcomes. The requested personnel will lead implementation and administration of the CCBHC process, in collaboration with Medicaid and CYFD. The first CCBHC in the state is located in Doña Ana County, leading to statewide expansion, benefiting 146,790 New Mexicans at maturity.

General Fund and Federal Fund FY 23-24 (thousands)			
	FY 2023	FY 2024	Difference
General Funds	\$52,254.4	\$52,811.9	\$557.5
Federal Funds	\$29,922.9	\$29,922.9	\$0.0
TOTAL	\$82,447.3	\$82,734.8	\$557.5

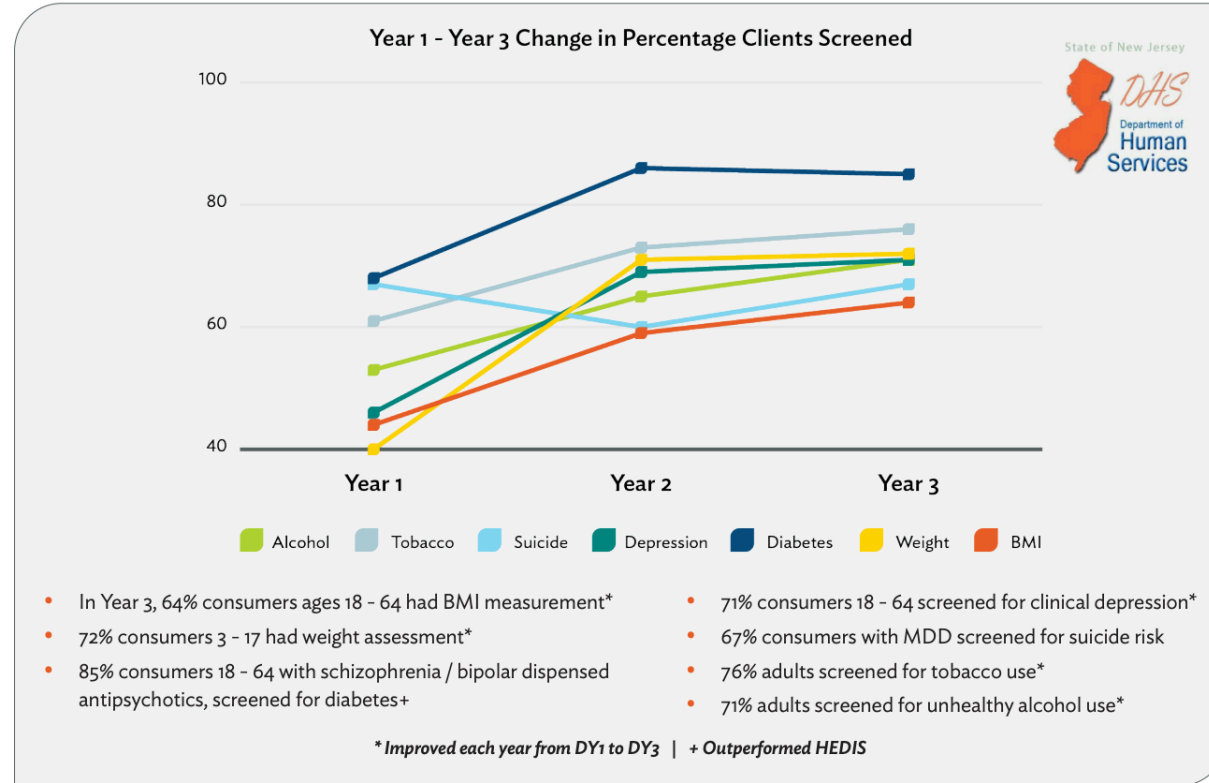
Evidence for Investment

In New Jersey, the CCBHC demonstration increased access to a comprehensive range of services, including physical, mental health and substance use screenings, crisis response, peer services and MAT (Medication-Assisted Treatment).

Return on Investment

- The CCBHC model alleviates decades-old challenges that have led to a crisis in providing access to mental health and substance use care.
- The CCBHC enabled providers to hire and retain vital staff throughout the healthcare workforce, increase the use of health information technology and the quality of care and wellbeing for New Mexicans.

FIGURE 4: New Jersey Data Snapshot: Changes in Percentage of Individuals Screened for Selected Health Conditions via CCBHCs



Source: <https://www.thenationalcouncil.org/wp-content/uploads/2022/02/Transforming-State-Behavioral-Health-Systems.pdf>

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC) BASE INCREASE

Benefits for New Mexicans

This model will expand the range of care through an array of services to create access, stabilize people in crisis, and provide the necessary treatment. CCBHCs additional services emphasize recovery, wellness, trauma-informed care, and physical behavioral health integration. It will provide meaningful and innovative strategies to support outreach and collaboration with other community sectors.

Frequently Asked Questions

Q. How will this address the behavioral healthcare workforce?

A. States such as Nevada demonstrated an increase of behavioral health professionals since pre CCBHC. This is crucial for providers in rural and frontier areas who rarely had access to psychiatrist and/or psychiatric nurses.

Q. What other services will CCBHC improve?

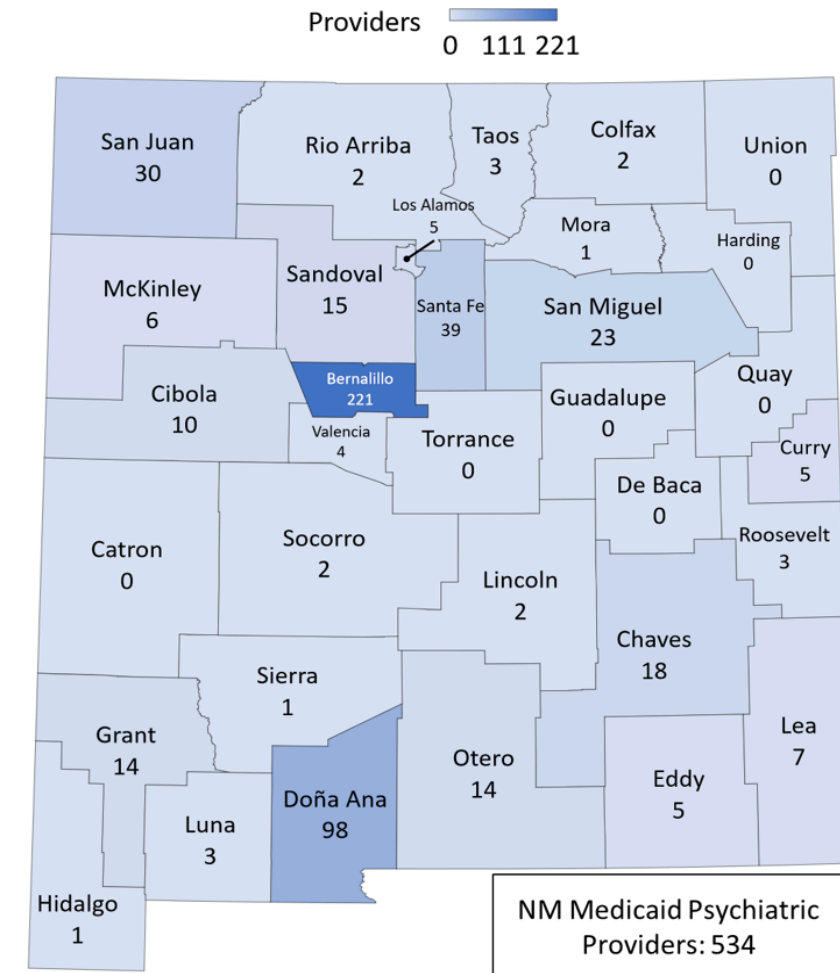
A. CCBHCs are responsible for delivering integrated and coordinated whole person care for patients. There are nine services they are responsible for ensuring are delivered to those needing them across the lifespan, with at least 5 that must be delivered directly by the CCBHC entity. In New Mexico those five include:

- Crisis Services available 24/7, including mobile crisis response and crisis stabilization
- Screening, Assessment, and diagnosis, including risk assessment
- Patient Centered treatment planning
- Outpatient mental health substance use treatment
- Peer support services

Q. Do we know how we will recruit/attract providers to these rural communities?

A. 42 States have implemented CCBHCs across 431 clinics by 2021. These states reported an enhanced behavioral health workforce through implementation of CCBHCs. Implementation of CCBHCs could help to leverage Federal Funding and divert costs from other systems such as judicial and hospitals.

New Mexico Medicaid Psychiatric Providers by County, 2021



PROVIDER RATE INCREASES FOR NON-MEDICAID BEHAVIORAL HEALTH SERVICES

Overview

- Raise non-Medicaid behavioral health reimbursement rates from 85% of Medicaid to 100%, eliminating the discrepancy between payments for services ineligible for Medicaid and/or other forms of insurance.
- Increasing non-Medicaid behavioral health provider rates will ensure providers are appropriately reimbursed for services to neighbor's ineligible for Medicaid, strengthening the BH network of care and improving the overall quality of life for New Mexicans.
- 214,951 adults were served by the non-Medicaid behavioral health network from April 2021 – March 2022 and this rate increase is expected to increase the number of New Mexicans served by 3% to 5%.

General Fund and Federal Fund FY 23-24 (thousands)			
	FY 2023	FY 2024	Difference
General Funds	\$6,800.0	\$8,000.0	\$1,200.0
Federal Funds	\$0	\$0	\$0.0
TOTAL	\$6,800.0	\$8,000.0	\$1,200.0

Evidence for Investment

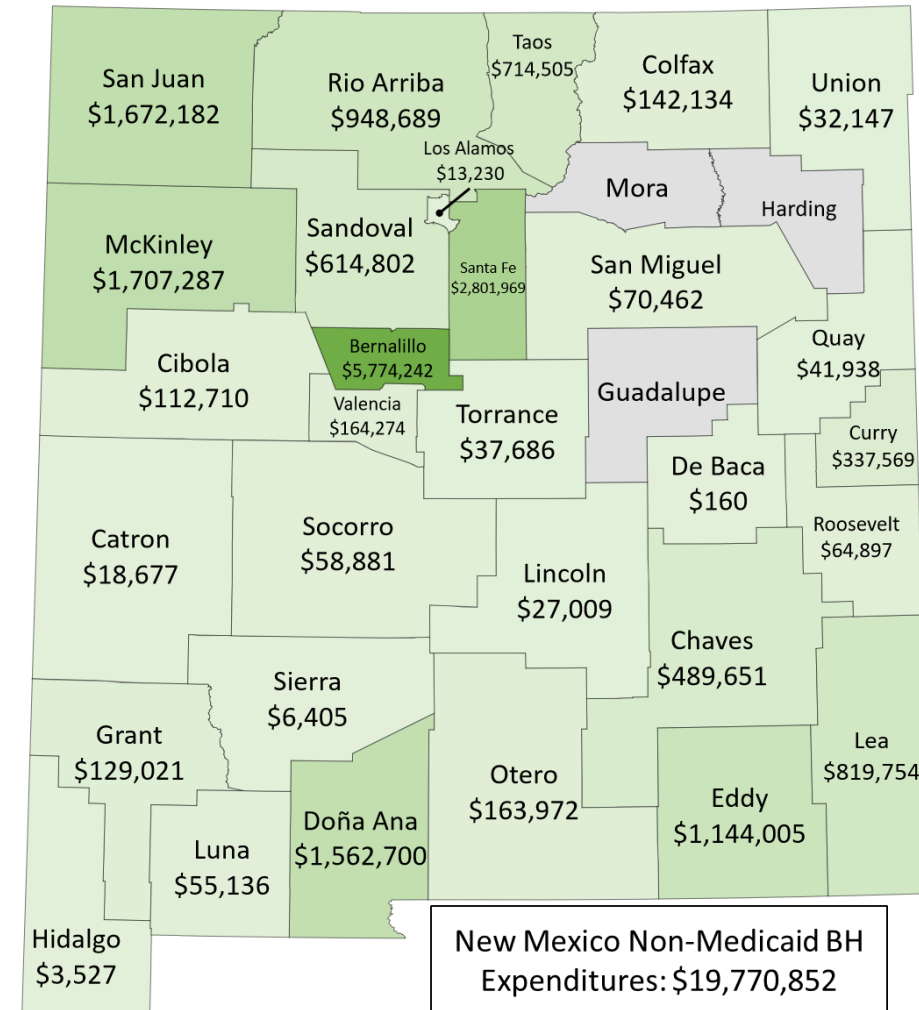
Increased provider rates will ensure providers are appropriately reimbursed for services to neighbor's ineligible for Medicaid, strengthening the BH network of care and improving the overall quality of life for New Mexicans.

Return on Investment

These initiatives increase the availability of behavioral health services by improving access to providers, coordinating enrollee care, and expanding the use of technology.

Non-Medicaid Behavioral Health Expenditures by County, Fiscal Year 2021

Non-Medicaid BH Expenditures \$160 \$5,774,242



PROVIDER RATE INCREASES FOR NON-MEDICAID BEHAVIORAL HEALTH SERVICES

Benefits for New Mexicans

This enables provider agencies to deliver the same high-quality care to all neighbors asking for assistance regardless of payor source. BH providers operating on very thin margins find it difficult to provide services that are paid at a lower rate, making financial planning and management more complex. Thus, increasing the rate should lead to expanded access to care. Access to care translates to a rise in healthcare utilization and improved overall health outcomes.

Frequently Asked Questions

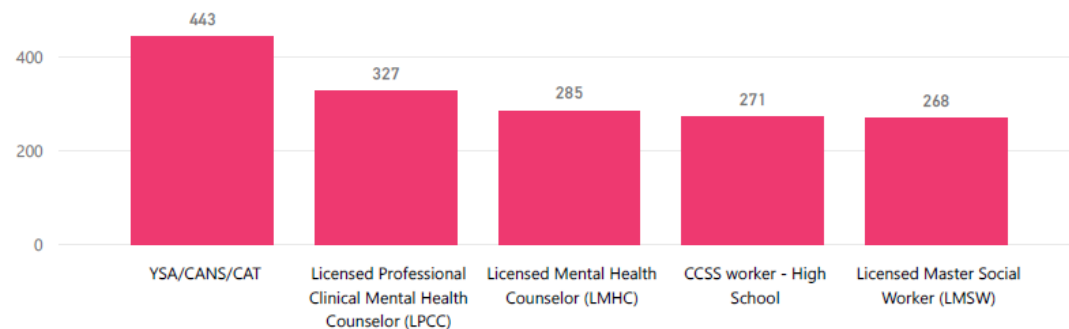
Q. What kinds of behavioral health services are not covered by Medicaid?

A. This is really a question of who. For example, services for the uninsured, and required of our network of providers, are covered by General Funds (e.g. Adult Accredited Residential Treatment Centers). Similarly, those who receive services not covered by Medicare, and are not dually eligible can receive services (like Psychosocial Rehabilitation). Specialty services funded by General Funds (e.g. for victims of sexual assault) fall into this category as well.

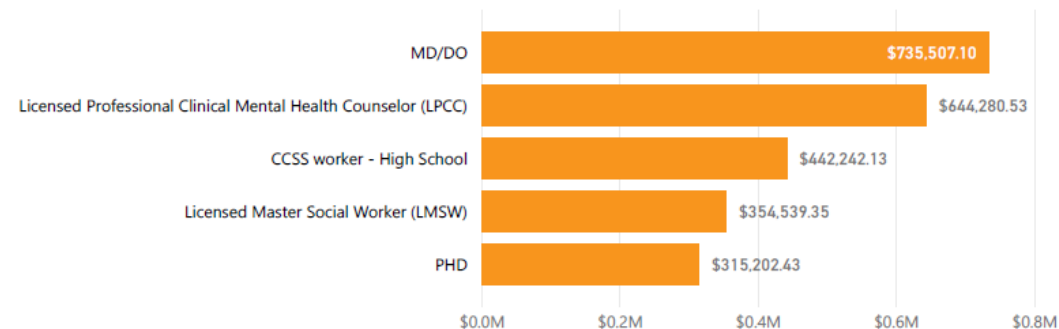
Q. Why are certain specialty services not Medicaid billable?

A. Some specialty services have regulations that do not align with Medicaid regulations. For example, sexual assault services have anonymity requirements that do not meet Medicaid requirements. I

Top 5 Licensure Levels by # of Providers



Top 5 Licensure Levels by Expenditure



Non Medicaid Providers active in Falling Colors, October 2023



BEHAVIORAL HEALTH COLLABORATIVE (BHC) BASE REQUEST FOR LOCAL COLLABORATIVES

Overview

- Expand the number of Local Behavioral Health Collaboratives from 7 to 15 to improve BH outcomes at the tribal, county, and local levels.
- Local Collaboratives conduct regional assets, needs and gaps analysis, identify and disseminate behavioral health resources, host community recovery events, and collaborate with the state.

General Fund and Federal Fund FY 23-24 (thousands)

	FY 2023	FY 2024	Difference
General Funds	\$270.1	\$370.1	\$100.0
Federal Funds	\$0.0	\$0.0	\$0.0
TOTAL	\$270.1	\$370.1	\$100.0

Evidence for Investment

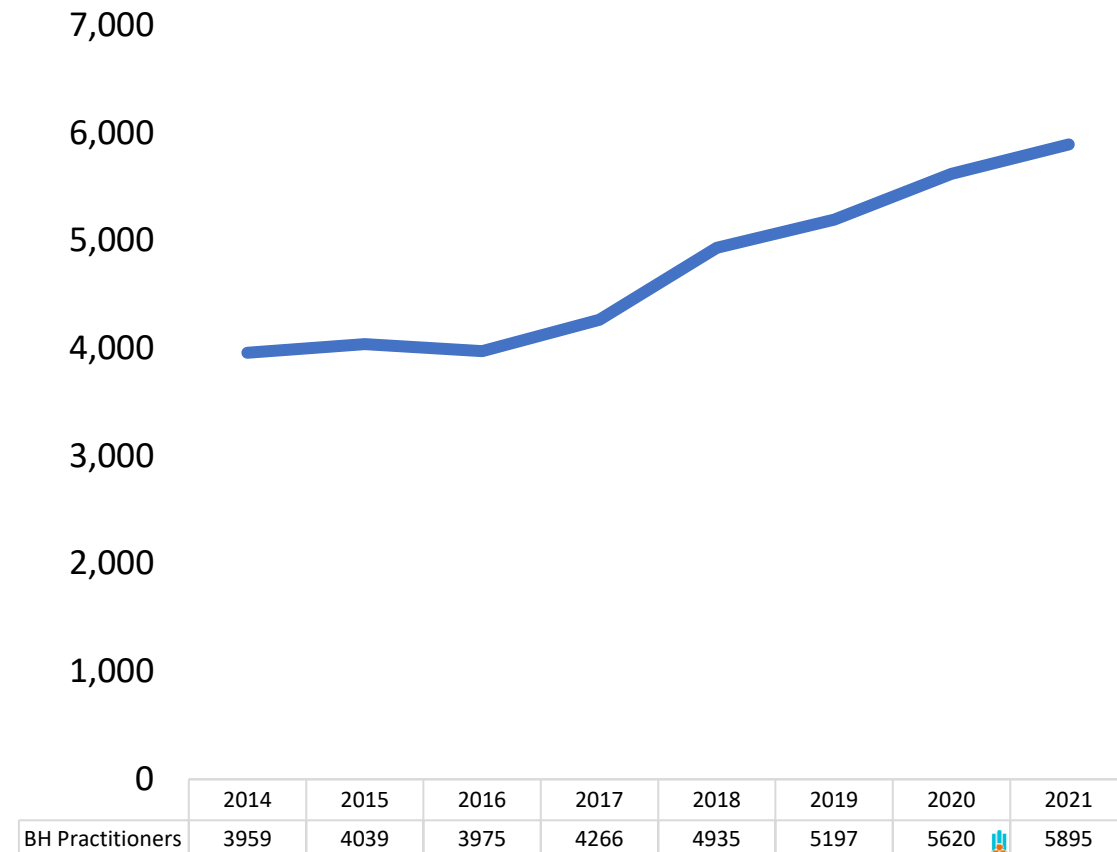
[Pew Charitable Trust identifies](#) engaged research involves “working deeply and collaboratively with stakeholders to guide and shape research from beginning to end” to produce [actionable knowledge](#)—evidence-informed insights that are formatted to drive decision making.

Return on Investment

[CDC's population health](#) for behavioral health approach includes:

- Strategize, analyze, and intervene at the community and individuals levels.
- Reach broad and diverse audiences through partnerships and alliances.
- Be culturally sensitive while also thinking transculturally.
- Recognize that inherent in every community is the wisdom to solve its own problems.
- Champion equity by addressing systemic issues (e.g., social determinants of health).

NM BH Practitioners, 2014-2021



BEHAVIORAL HEALTH COLLABORATIVE (BHC) BASE REQUEST FOR LOCAL COLLABORATIVES



Benefits for New Mexicans

The Local Collaboratives (LCs) were created in statute in 2004 to ensure there is a recognized voice of the community to inform the State of behavioral health needs of their area.

Frequently Asked Questions

Q. What are the priorities of the Behavioral Health Collaborative at the state level?

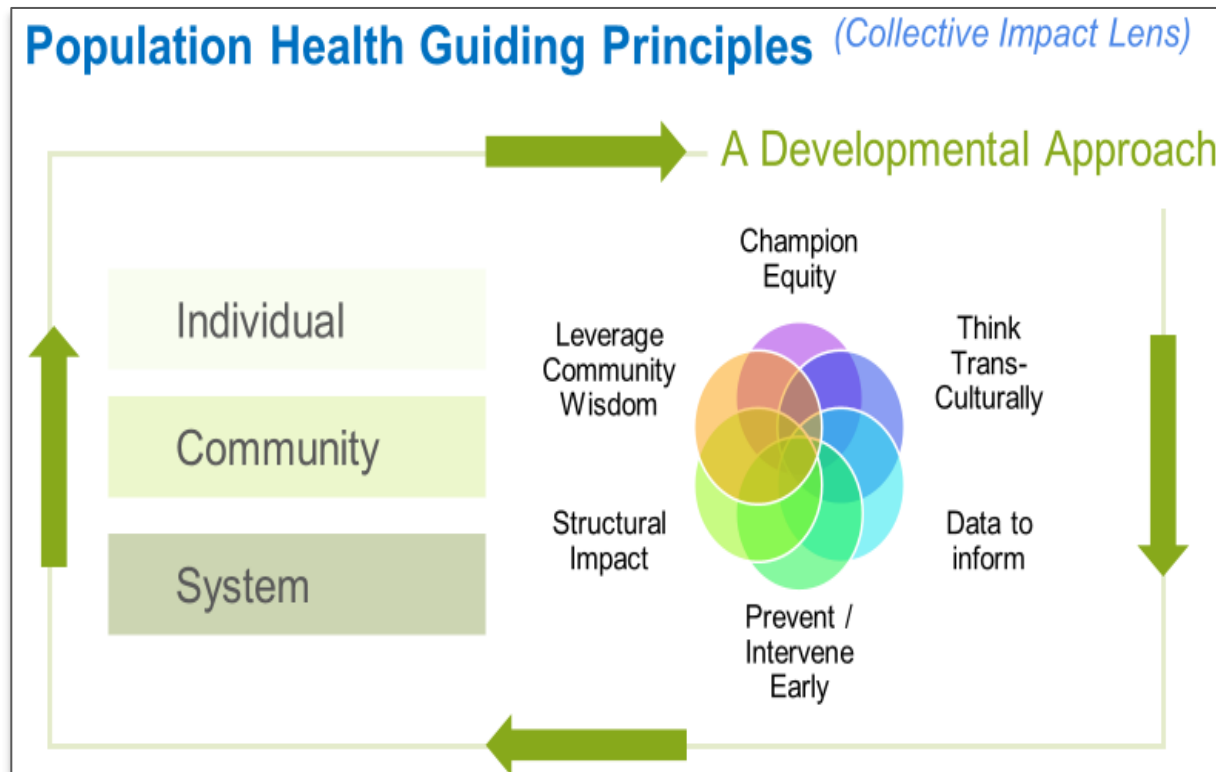
A. Our mission is to work collectively to improve the lives of New Mexicans by ensuring that behavioral health care is accessible, of high quality, fiscally responsible and meets the needs of our diverse population. 17 executive departments participate in strategic planning and 11 contribute to a combined budget.

Q. What is the relationship between both Behavioral Health Collaborative at the state level and local collaboratives?

A. The behavioral health collaborative has engaged with 7 existing local collaboratives to provide funding for regional behavioral health needs and gaps analysis; monthly meetings with stakeholders including people with lived experience, local officials, and behavioral health providers; and community recovery events.

Q. Will local collaboratives be involved in the State's strategic planning?

A. The local collaboratives are engaged with the BHC and will be included as a critical stakeholder in the FY23 strategic planning process.



NEW MEXICO PRIMARY CARE COUNCIL

Overview

- 2021 House Bill 67 (Primary Care Council Act) charges HSD to establish statewide Primary Care Council (PCC) to advise the State in increasing New Mexicans’ access to primary healthcare while improving health outcomes and lowering overall healthcare costs.
- Current PCC activities include Primary Care payment reforms, and the Primary Care Clinician & Provider Transformation Collaborative which will serve an important role in informing and communicating payment plans and activities to providers and clinicians.

General Fund and Federal Fund (thousands)			
	FY 2023	FY 2024	Difference
General Funds	\$1,000.0	\$3,000	\$2,000
Federal Funds	0	\$7,696	\$7,696
TOTAL	\$1,000.00	\$10,696	\$9,696

Evidence for Investment

Primary care focuses on wellbeing, prevention, and early detection of diseases. Keeping a patient and community healthy is more cost effective and less psychosocially traumatic than addressing an illness that could have been prevented or treated early.³

Return on Investment

Increased primary care investment is associated with fewer emergency department visits and hospitalizations which are costly to the health care system; increased primary care investment is also associated with greater overall health of a population.¹

NEW MEXICO PRIMARY CARE COUNCIL

MISSION

Revolutionize primary care into InterProfessional, sustainable teams delivering high-quality, accessible, equitable health care across New Mexico through partnerships with patients, families, and communities.

VISION

By 2026, New Mexico will exemplify same-day access to high-quality, equitable primary care for all persons, families, and communities.

Equity



Develop and drive investments in equity across New Mexico to improve the health of New Mexicans.

Payment Strategies



Develop and make recommendations regarding sustainable payment models and strategies to achieve high quality and equitable primary care for all New Mexicans.

Health Technology



Develop and drive health information technology improvements and investments that make high quality primary care seamless and easy for Primary Care Interprofessional Teams, patients, families, and communities.

Workforce Sustainability



Create a sustainable workforce, financial model, and budget to support our mission and secure necessary state and federal funding.

NEW MEXICO PRIMARY CARE COUNCIL

Benefits for New Mexicans

Primary care investments are responsible for increasing healthy years of life.² Primary care is rooted in prevention, “counteract[s] the negative effect poor economic conditions can have on health.”¹

Frequently Asked Questions

Q. How is the PCC addressing the four goals?

A. The PCC is developing new Medicaid Primary Care payments that will support health equity, workforce sustainability, and health technology. The new models will launch as part of Turquoise Care Medicaid Managed Care on January 1, 2024.





Q. Will investing in primary care in New Mexico take resources away from much needed specialty care providers?

A. No, investing in primary care will allow specialists to do specialty work and alleviate the need for them to do primary care.

Q. Are clinics in New Mexico ready to adopt new Medicaid Primary Care Alternative Payment models?

A. HSD is conducting a state-wide survey and focus groups to learn about clinical organizations' capacity to accept risk, and barriers and facilitators to updates in primary care payment adoption. Pathways for successful implementation are being built to meet the current needs in New Mexico.

NM Medicaid Primary Care payment updates will move healthcare from fee-for-service to population-based payments

			
CATEGORY 1 FEE FOR SERVICE - NO LINK TO QUALITY & VALUE	CATEGORY 2 FEE FOR SERVICE - LINK TO QUALITY & VALUE	CATEGORY 3 APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE	CATEGORY 4 POPULATION - BASED PAYMENT
	A Foundational Payments for Infrastructure & Operations (e.g., care coordination fees and payments for HIT investments)	A APMs with Shared Savings (e.g., shared savings with upside risk only)	A Condition-Specific Population-Based Payment (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)
	B Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)	B APMs with Shared Savings and Downside Risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)	B Comprehensive Population-Based Payment (e.g., global budgets or full/percent of premium payments)
	C Pay-for-Performance (e.g., bonuses for quality performance)		C Integrated Finance & Delivery System (e.g., global budgets or full/percent of premium payments in integrated systems)
		3N Risk Based Payments NOT Linked to Quality	4N Capitated Payments NOT Linked to Quality

PRIMARY CARE RESIDENCY EXPANSION

Overview

- HSD, through its Primary Care Residency Expansion Program (HB480, 2019) funds new and expanding residency programs and provides technical assistance to the program network.
- Residency is the physician training period after medical school and before independent practice.
- Building on the 2019 NM Residency Expansion [5-Year Strategic Plan](#), it is anticipated primary care programs will grow from 8 to 16 (100% increase) by 2025.

General Fund and Federal Fund (FYs 22-23, Difference)			
	FY 2023	FY 2024	Difference
General Fund	\$1,000.0	\$1,000.0	-
Federal Fund	\$-	\$-	-
Total	\$1,000.0	\$1,000.0	-

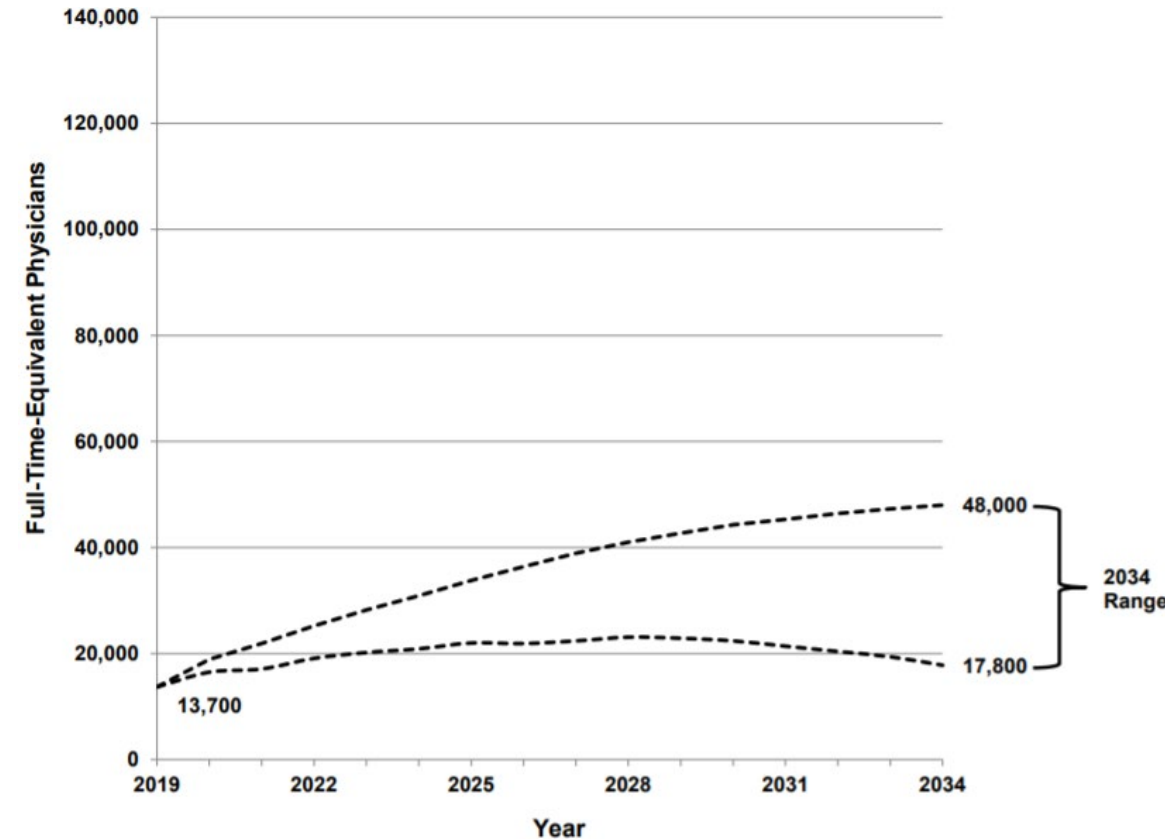
Evidence for Investment

HSD amended its State Medicaid plan and rules and regulations to incentivize primary care residency development, financing new primary care resident FTE at twice the rate (\$100,000) of specialists (\$50,000), and permitting Federally Qualified Health Centers and Rural Health Clinics to be eligible for payment. As a result of these changes and expansion funding, 8 programs have expressed interest in expansion.

Return on Investment

- ~55% of residents stay within 100 miles of their residency program.
- Each physician supports \$3,166,901 in output, an average of 17.07 jobs, ~\$1.4 million in total wages and benefits, and \$126,000 in state and local tax revenues.

U.S. Projected Primary Care Physician Shortage Range, 2019-2034



Source: <https://www.aamc.org/media/54681/download?attachment>

PRIMARY CARE RESIDENCY EXPANSION

Benefits for New Mexicans

- Individuals with a primary care physician are healthier, regardless of health status or demographics.
- NM has the oldest physician population and addressing the primary care physician shortage increases workforce capacity, including in rural communities.

Frequently Asked Questions

Q. How many programs have received support from HSD?

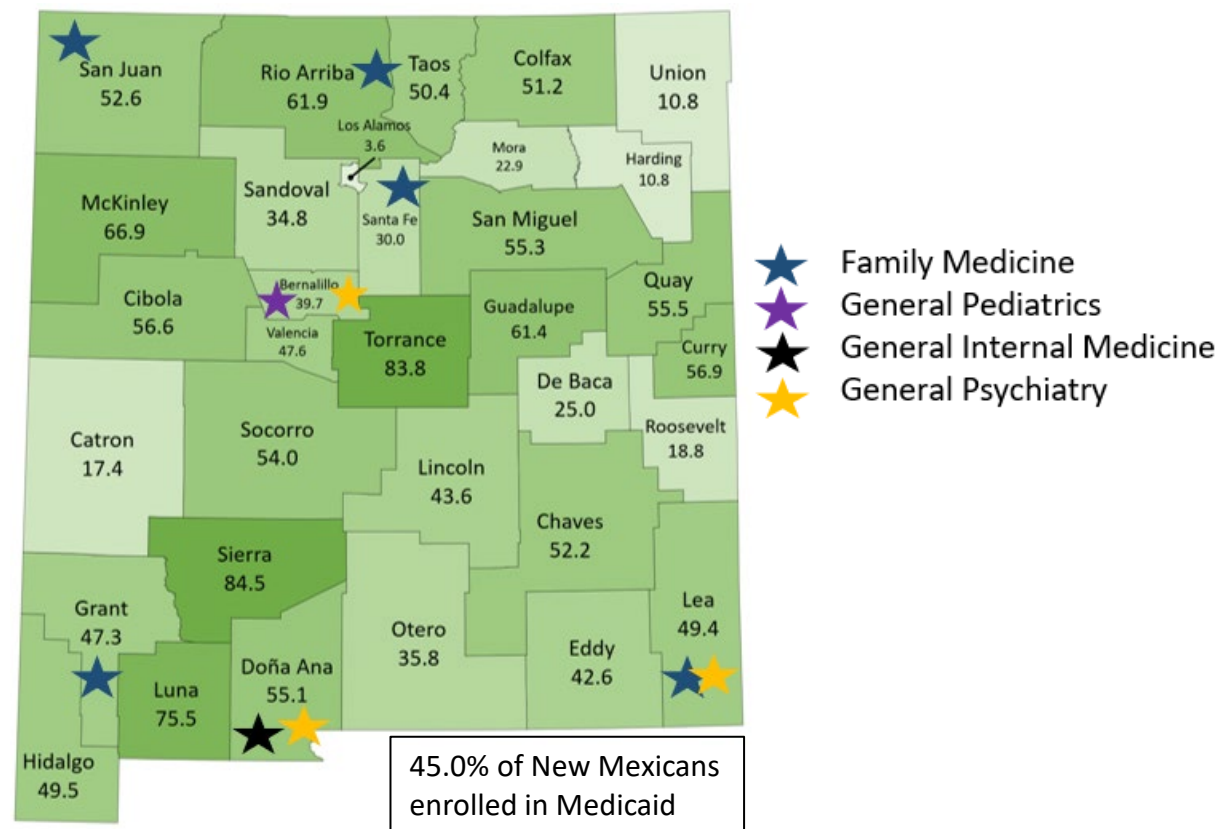
A. Since FY20 5 residency programs have received funding, totaling \$1,554,811:

1. Burrell College of Osteopathic Medicine (BCOM) (Las Cruces) for 12 new Family Medicine resident positions. Started: Summer 2021.
2. BCOM (Hobbs) for 6 new Family Medicine resident positions. Start: Summer 2024.
3. BCOM (Hobbs) for 2 new General Psychiatry resident positions. Start: Summer 2024.
4. NM Primary Care Training Consortium (Las Cruces) for 3 new General Psychiatry resident positions. Anticipated start: Summer 2024.
5. El Centro Family Health (Española) for 4 new Family Medicine resident positions. Anticipated start: Summer 2024.
6. CHRISTUS St. Vincent (Santa Fe) for 3 new Family Medicine resident positions. Started: Summer 2021.

Q. How long is a residency program?

A. It depends on specialty: 3 years for General Pediatric, General Internal Medicine, and Family Medicine, and 4 years for General Psychiatry.

PC Residencies Under Development as of 11/2022 & County Residents Enrolled in Medicaid as of 11/2021 (%)



CONSTRUCTING AN EFFECTIVE OFFICE OF HUMAN RESOURCES (OHR)

Overview

- HSD requests funding to fill open employee Office of Human Resources vacancies needed to support recruiting efforts, HSD organizational reclassification of positions, staff training, and employee and labor relations.
- This funding request will allow the Office to deliver strategic and progressive human resource solutions and counsel needed to achieve HSD's missions and goals.
- A fully staffed Office of Human Resources is key to HSD's ability to provide timely and accurate benefits, which will be vital during the unwinding of the Public Health Emergency in 2023 where an estimated 80,000 to 100,000 New Mexicans are expected to lose Medicaid coverage.

General Fund and Federal Fund (thousands)			
	FY 2023	FY 2024	Difference
General Funds	\$0	\$345.5	\$345.5
Federal Funds	\$0	\$415.5	\$415.5
TOTAL	\$0	\$761.0	\$761.0

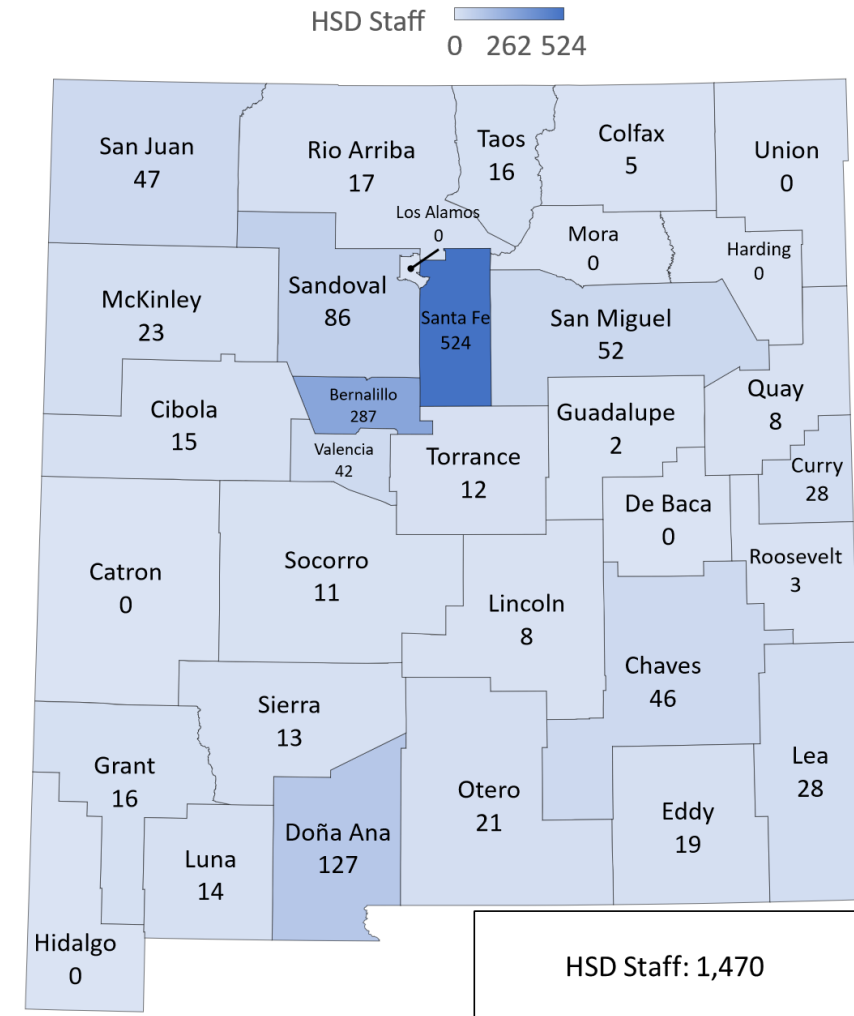
Evidence for Investment

An effective Office of Human Resources can [drive](#) organizational performance by establishing and radiating the organization's purpose, driving cultural change, promoting adoption of new business models, reskilling and upskilling talents.

Return on Investment:

An effective Office of Human Resources can promote faster onboarding, increased staff retention, and more skilled workers.

HSD Staff by County of Residence, November 2022



CONSTRUCTING AN EFFECTIVE OFFICE OF HUMAN RESOURCES (OHR)

Benefits for New Mexicans

With proper staffing and a lower turnover of HSD employees, HSD will ensure that every qualified New Mexican will receive timely and accurate benefits and services during the unwinding of the Public Health Emergency in 2023, where eligibility for services will need to be redetermined for all SNAP and Medicaid customers.

Frequently Asked Questions

Q. What is HSD's budgeted vacancy rate?

A. The budgeted vacancy rate for HSD is 15%.

Q. What position has the highest vacancy rate?

A. The Family Assistance Analyst (FAA), this is one of the most crucial positions for HSD. The FAA is the frontline employee who processes eligibility determination for multiple income support groups.

Q. How many active recruitments (job postings) does HSD currently have?

A. 185.

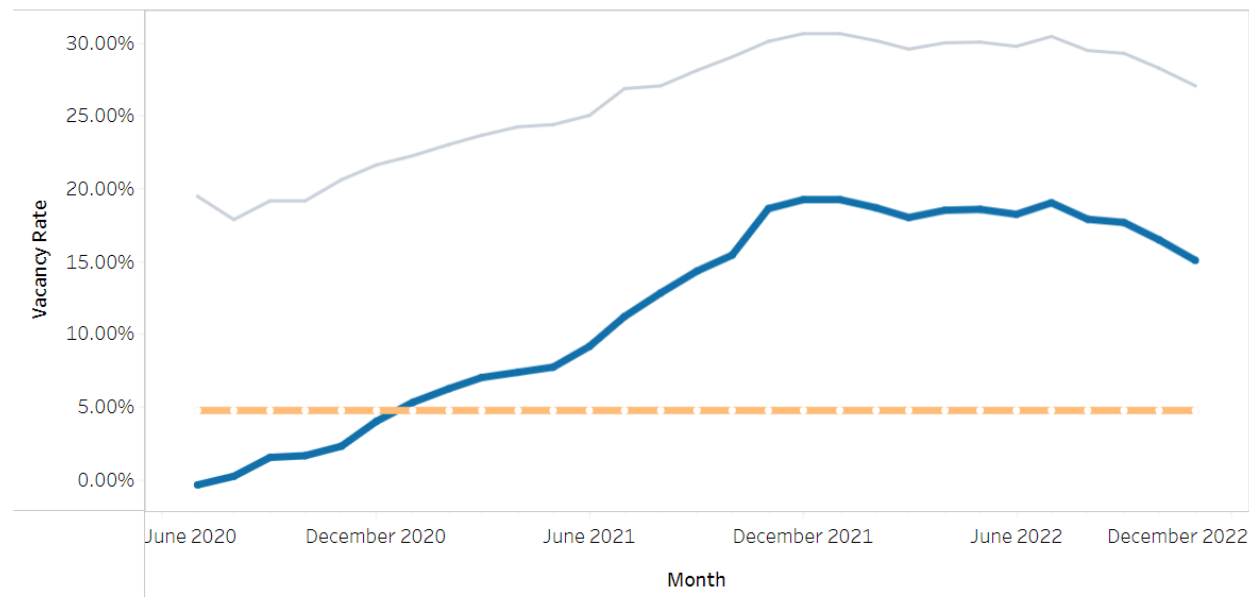
What is the rate of open positions at HSD? (↓good)

Measures:

Target: Based on National Data

Authorized Vacancy Rate

Budgeted Vacancy Rate



Last updated: 11/23/2022

Source: <https://sites.google.com/view/nmhsdscorecard/goal-4>

OFFICE OF INSPECTOR GENERAL STAFF AND OPERATIONAL FUNDING INVESTMENTS

Overview

- This request will help the OIG to effectively meet OMB Circular A-133 requirements to ensure non-Federal entities receiving Federal awards comply with all laws and regulations and to ensure internal controls provide reasonable assurance of compliance.
- This request will help the OIG to effectively meet U.S. Government Accountability Office, Government Auditing Standard 4.04, which requires audit organizations, in part, to recruit, hire, and develop its workforce.
- This request also will support the OIG in implementation of a Fraud Prevention System, which will potentially reduce pay-and-chase investigations, promote efficiency and increase cost savings in HSD’s public assistance programs.

General Fund and Federal Fund (thousands)			
	FY 2023	FY 2024	Difference
General Funds	\$0	\$230.2	\$230.2
Federal Funds	\$0	\$276.8	\$276.8
TOTAL	\$0	\$507.0	\$507.0

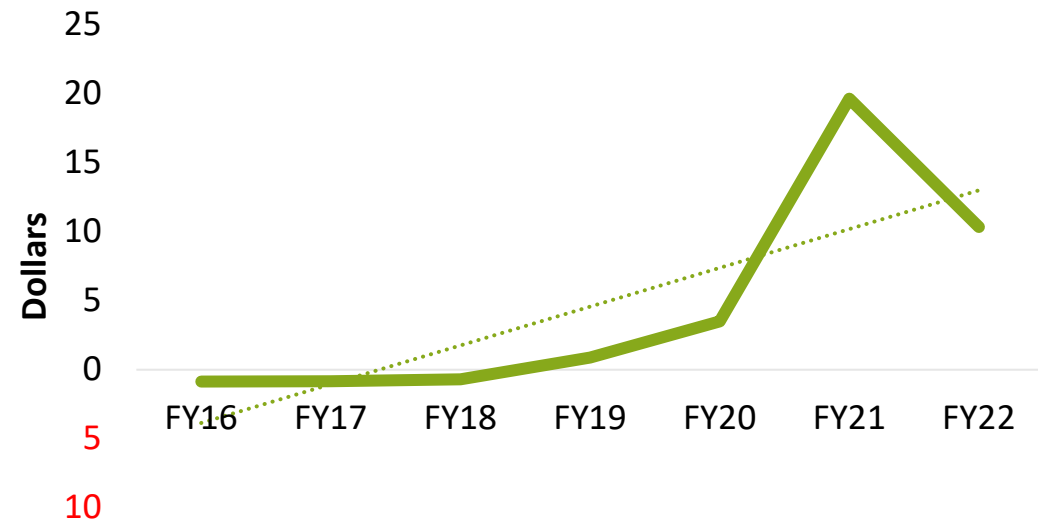
Evidence for Investment

Investment in the OIG would improve capabilities and add value to HSD. Recent examples of significant results are the OIG’s FY22 PARIS program identifying almost \$23M in savings and the FY20 MEQC audit making 6 recommendations for improvement that impacted the top 10 eligibility errors and deficiencies.

Return on Investment

The OIG identifies significant risks, problems, abuses, deficiencies, remedies, and monetary and non-monetary outcomes related to the administration of HSD’s programs and operations.

HSD OIG Return on Investment, FYs 2016-2022



OFFICE OF INSPECTOR GENERAL STAFF AND OPERATIONAL FUNDING INVESTMENTS

Benefits for New Mexicans

Through its work, the Office of Inspector General makes value added recommendations to HSD and reduces fraud to ensure its public assistance programs and operations are administered effectively and efficiently for HSD’s 1,066,409 customers and future customers to come.

Frequently Asked Questions:

Q. What is the mission of the HSD Office of Inspector General?

A. Mission of the HSD Office of Inspector General is to conduct independent audits, investigations, and special reviews of HSD programs and operations , while detecting and preventing fraud, waste, and abuse. Through its work, the OIG promotes accountability, economy, efficiency, and integrity of HSD.

Q. What does the Office of Inspector General do?

A. The OIG conducts financial and program audits, criminal, civil, and administrative investigations, special reviews, and administers the Medicaid Program Integrity Unit and Public Assistance Reporting Information System (PARIS) program.

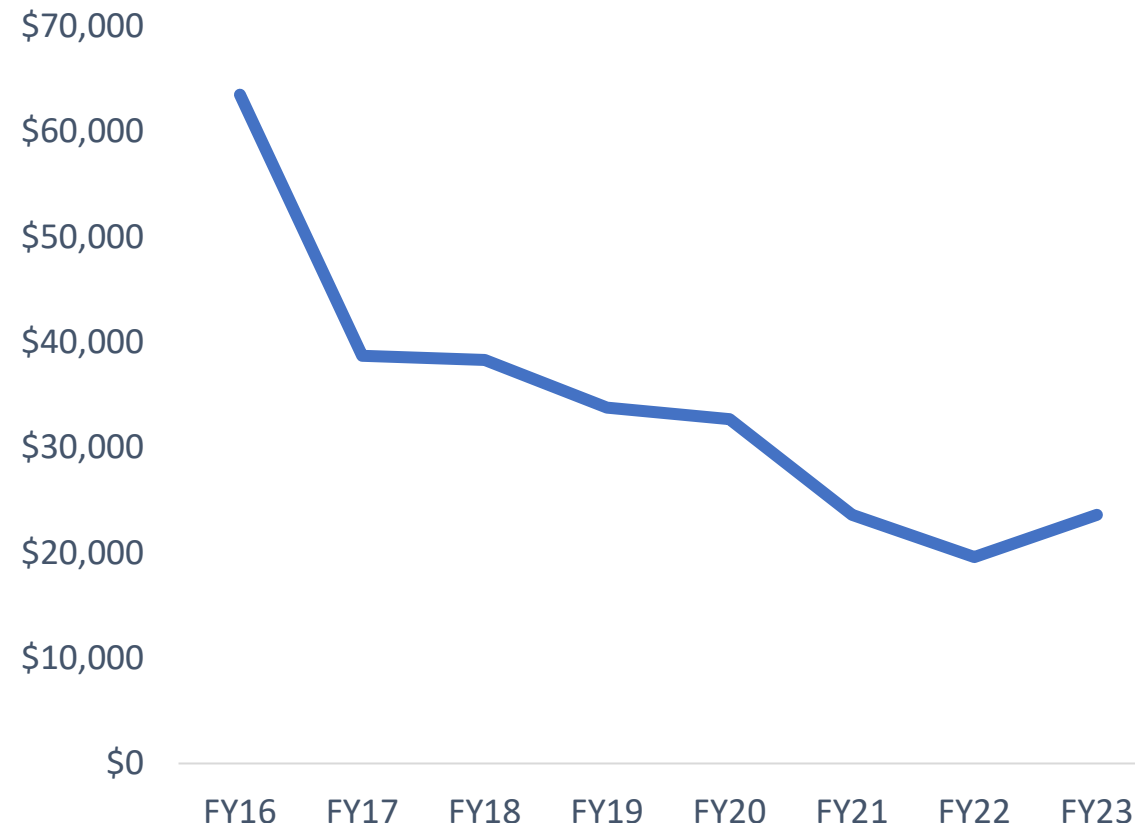
Q. What professional standards apply to OIG audits?

A. Government Auditing Standards issued by the U.S. Government Accountability Office and the Institute of Internal Auditor standards.

Q. What professional standards apply to OIG investigations?

A. Quality Standards for Investigations issued by the Council of Inspectors General for Integrity and Efficiency.

OIG Operating Budget (Excludes Salaries), FYs 2016-2023



DATA ANALYTICS ORGANIZATION: SUPPORTING NEW MEXICO'S HEALTH & HUMAN SERVICES AGENCIES

Overview

- HSD requests \$1.37M in general fund for FY24 to build and maintain a Data Analytics Organization Hub & Spoke Model, which improves and enhances data reporting and analytics across HSD and other agencies.
- Spokes are decentralized teams of analysts providing analytical support on business processes, program design, problems and decisions. The Hub will work with Spokes to standardize processes, facilitate training to enhance skills, and enhance platforms to improve performance.

General Fund and Federal Fund FY23-24 (thousands)			
	FY 2023	FY 2024	Difference
General Funds	\$-	\$1,373.7	\$1,373.7
Federal Funds	\$-	\$2,814.5	\$2,814.5
TOTAL	\$-	\$4,188.2	\$4,188.2

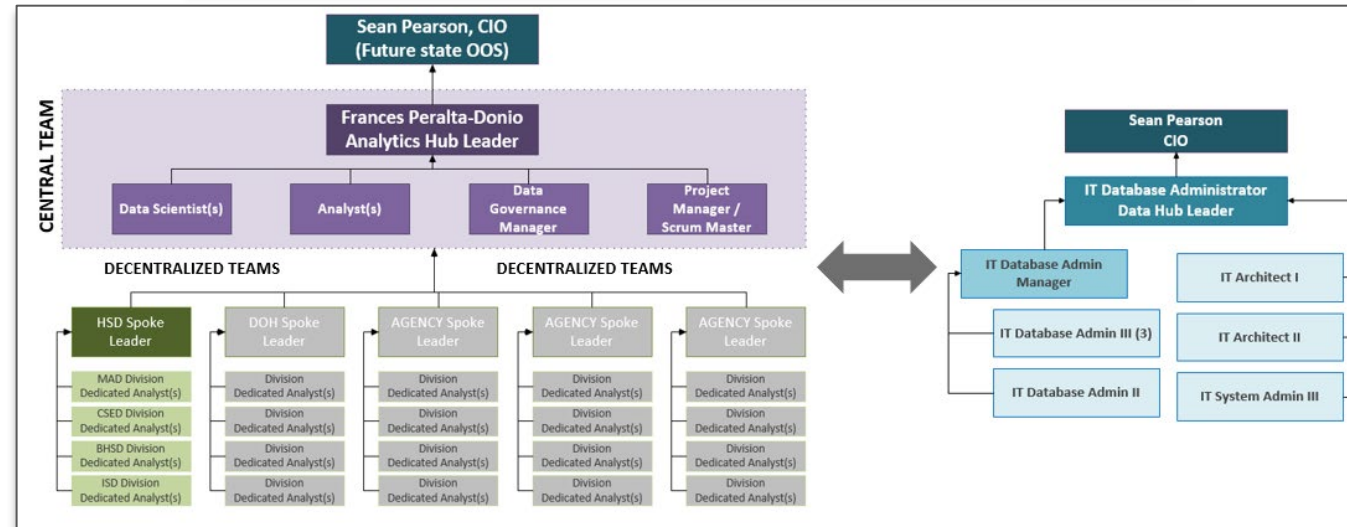
Evidence for Investment

- Significant reduction in vendor costs that currently support analytics.
- Timely and accurate analytics are readily available to support business outcomes and mission critical priorities.
- Economy of scale and lowering technical ownership costs.
- Data to support complex analytics instilling trust in the analytical results and supporting reproducibility and repeatability.

Return on Investment

- As collaboration deepens, agencies will develop cross quality measures to show program impact and cost savings.
- Real-time and prescriptive analytics can help identify agency operational efficiencies and improve customer service.
- Horizontal and patient centric analysis of care to evaluate outcomes and insight into evidence-based policymaking.

Data & Analytics Hub and Spoke Model



DATA ANALYTICS ORGANIZATION: SUPPORTING NEW MEXICO'S HEALTH & HUMAN SERVICES AGENCIES

Benefits for New Mexicans

- Develop a State of NM Social Determinants of Health and Health Equity for improved targeted programs and interventions
- Develop a 'family profile' and predictive analytics identifying what is needed most to keep families together, children safe, and ease trauma.

Frequently Asked Questions

Q. How many staff are needed for the Hub & Spoke model and how will HSD recruit them successfully?

A. Initially HSD is requesting to fill seven positions, leveraging both a short term and long-term approach. Short term includes reclassifications, external and internal advertising, contract staff, interviewing for success, and advertising page and recruiting video to share on social media. Long term focuses on a talent pipeline and career path. This includes internal training to develop staff, building relationships with educational entities, networking, and the creation and cultivation of analyst networking groups.

Q. How will this improve the experience for customers?

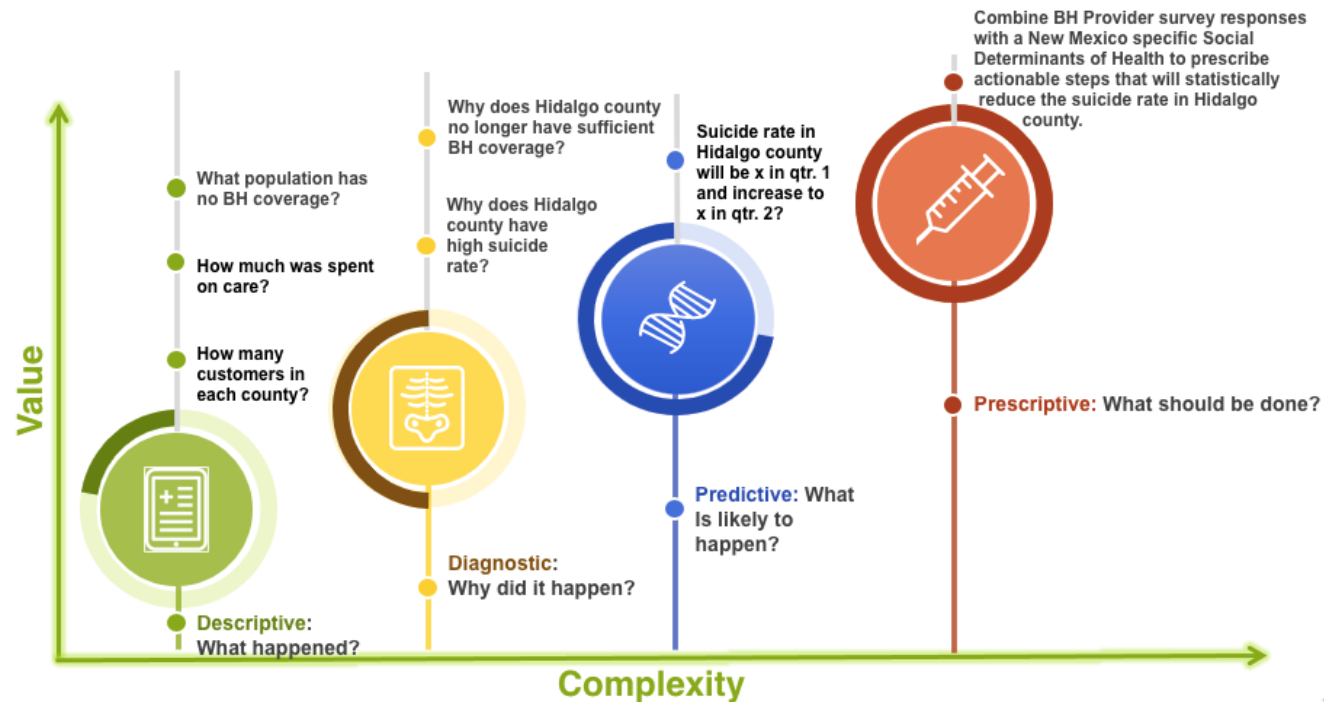
A. Although focused on HSD operations, this directly feeds back to customer service and the efficiency with which customers are reached, interacted with, and given resources to better access data and information regarding HSD services.

Q. Do Hub & Spoke Models exist in the private sector?

A. Yes, Presbyterian Healthcare Services has used this model for years, growing the analytical population from 10 to 50 with advanced analytics. The user community supported by this team is in the thousands with customers ranging from administration to physicians.

DATA ANALYTICS LEVELS

Hub & Spoke Model will help agencies move from descriptive analytics to prescriptive analytics



INCOME SUPPORT DIVISION (ISD) STAFFING BASE INCREASE

Overview

- This request brings ISD to a level of staffing that will allow HSD to meet Federal requirements for timeliness and accuracy of benefit administration, which is critically important as the Federal Public Health Emergency unwinding begins in 2023.
- This proposal reflects HSD’s 20% customer growth since the start of the COVID-19 pandemic, increased SNAP utilization which has provided funds for 539,432,811 meals to New Mexicans during the past 12 months.

General Fund and Federal Fund (thousands)			
	FY 2023	FY 2024	Difference
General Funds	\$0	\$3,635.0	\$3,635.0
Federal Funds	\$0	\$5,729.5	\$5,729.5
TOTAL	\$0	\$9,364.5	\$9,364.5

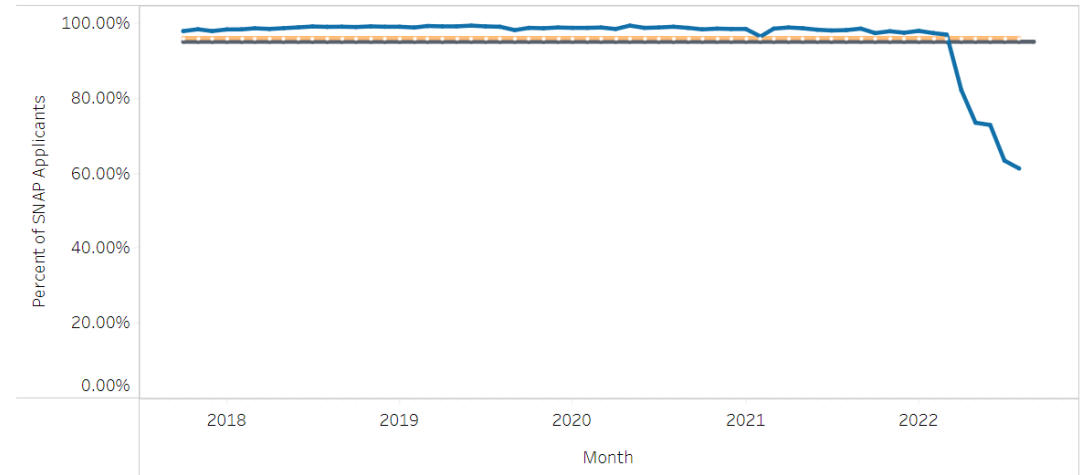
Evidence for Investment

- Based on current caseload growth, the Income Support Division will require the additional staff to maintain required federal application and recertification timeliness standards. The USDA/FNS requires merit staff to certify SNAP actions. This staffing base increase will assist the department in unwinding the public health emergency and ensuring customers receive timely and accurate benefits.

Return on Investment

- Maintain services critical to delivering timely food, shelter, and cash benefits to HSD’s 1,088,981 customers and to ensure a safe environment for customers and staff at offices.

As a SNAP applicant, what are the chances I will receive an emergency review within 7 days if eligible for one? (↑good)



Last updated: 11/7/2022

Measure Names

- SNAP: Percentage of Applications Reviewed within 7 Days
- Federal Timeliness Target
- Target - HSD Internal Target

Source: <https://sites.google.com/view/nmhdscorecard/goal-1/medicaid-and-snap>

INCOME SUPPORT DIVISION STAFFING BASE INCREASE

Benefits for New Mexicans

Make available certain services for eligible low-income individuals and families through statewide programs of financial assistance, food assistance, employment assistance and training services.

Frequently Asked Questions

Q. What is HSD doing to hire new ISD staff?

A. Hosting rapid hiring events across the state, displaying job information across social media platforms, and hosting other events geared toward the workforce will help ensure services are available for all New Mexicans.

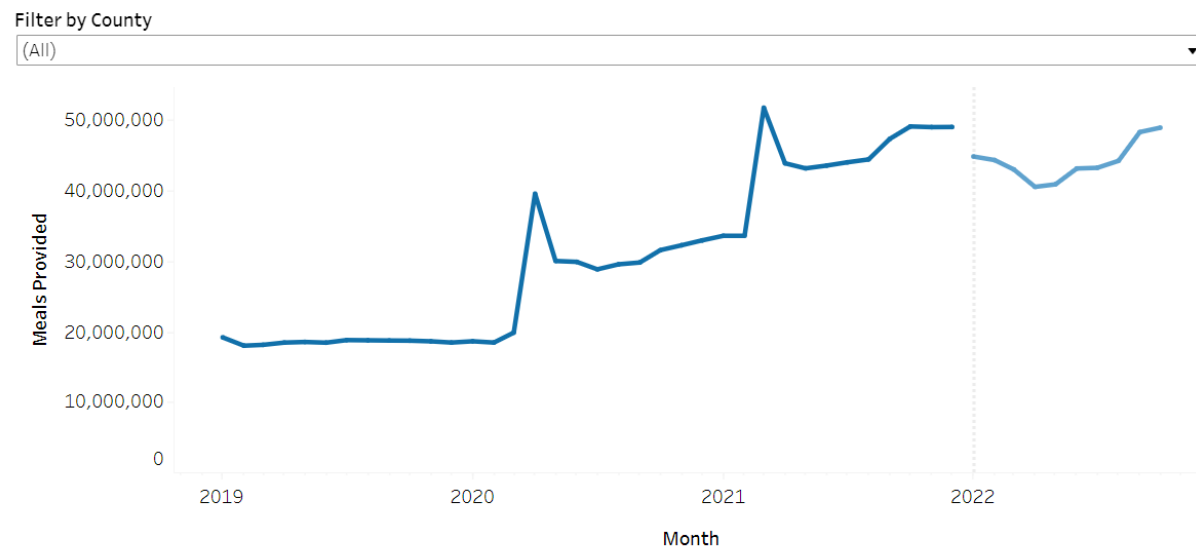
Q. Why doesn't the Department hire temporary staff for the unwinding?

A. The USDA/FNS only allows non-merit staff to complete certain actions for SNAP applications and recertifications. Merit staff or State employees, by Federal Statute, are the only employees allowed to certify a SNAP action. The Department is utilizing non-merit staff for all allowable activities.

Q. What is ISD doing to retain employees?

A. ISD has implemented a temporary retention salary increase for the Family Assistance Analyst I, II and Supervisor positions. This temporary retention increase was made possible due to the SNAP Settlement with the USDA. The temporary retention increase is available for staff through SFY 2024.

SNAP: How many meals did HSD's Supplemental Nutrition Assistance Program (SNAP) provide to New Mexicans? **539,432,811 meals over the last 12 months**



Last updated: 11/15/2022

Source: <https://sites.google.com/view/nmhsdscorecard/social-impact>

INCOME SUPPORT DIVISION TEMPORARY STAFF INCREASES TO SUPPORT PUBLIC HEALTH EMERGENCY UNWINDING

Overview

- To mitigate delays in case processing and long call center hold times arising from changes in Federal Public Health Emergency (PHE) policies and to ensure notices comply with federal regulations.
- Based on recommendations of the Governor’s Office, HSD will bring on additional positions as Term employees and then as classified position turnover occurs, convert employees from Temp to Classified as needed.

General Fund and Federal Fund FY23-24 (thousands)			
	FY 2023	FY 2024	Difference
General Funds	\$-	\$4,633.9	\$4,633.9
Federal Funds	\$-	\$9,121.2	\$9,121.2
TOTAL	\$-	\$13,755.1	\$13,755.1

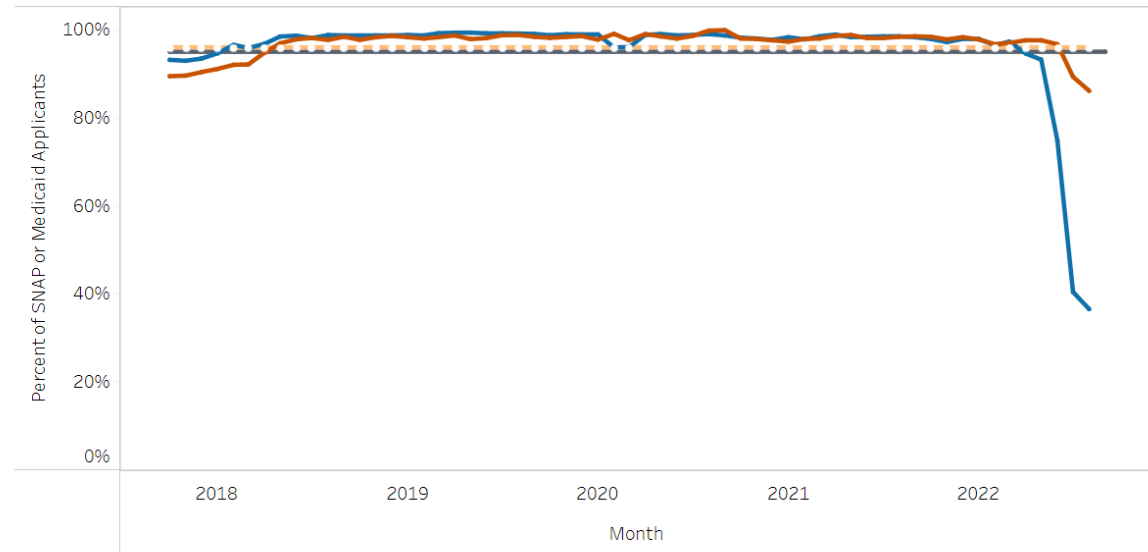
Evidence for Investment

Many states are hiring temporary staff to assist with the PHE unwinding and USDA and CMS advise temporary staff may perform certain actions, such as renewing Medicaid applications, application registration, and interview scheduling. This frees up the merit staff to perform case processing to ensure the timely and accurate issuance of benefits to New Mexicans.

Return on Investment

This one-time request for the call center will improve customer satisfaction, and call center efficiencies per federal regulations relating to required notices of policy changes due to the pandemic.

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? (↑good)



Last updated: 11/7/2022

Measure Names

- Medicaid: Percentage of Applications Processed wi... Target - HSD Internal Target
- SNAP: Percentage of Applications Processed withi... Federal Timeliness Target

Source: <https://sites.google.com/view/nmhdscorecard/goal-1/medicaid-and-snap>



INCOME SUPPORT DIVISION TEMPORARY STAFF INCREASES TO SUPPORT PUBLIC HEALTH EMERGENCY UNWINDING

Benefits for New Mexicans

Having timely responses is incredibly important for the quality of service being given and can make the next steps much smoother if New Mexicans have a line of communication that keeps them up to speed with the changes that are being made as the pandemic related changes are winding down.

Frequently Asked Questions

Q. How would this affect agency performance?

A. Improved staff capacity, automation, and efficiencies will result in improved timely case processing and reduced call center delays for HSD's 1,070,231 customers.

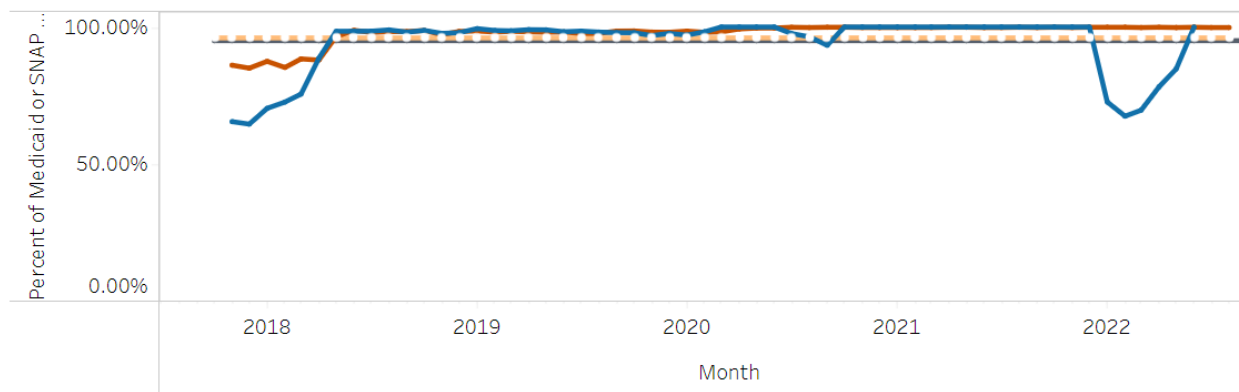
Q. What could happen if this funding is not approved?

A. If this request is not approved this will impact the ability to process applications timely, potentially resulting in federal sanctions and delayed benefits and services for HSD's 1,070,231 customers.

Q. How is the hiring of non-merit staff more effective than merit staff?

A. Temporary or non-merit staff are hired through contract and not the State Personnel Process, this reduces the hiring process, this allows us to onboard and train people faster. Due to limited scope of duty, the training period is shorter and they can be released to work faster. Merit staff are not able to begin processing cases for 4-6 months after hire. A non-merit staff can begin their duties in 2 –4 weeks depending on duty.

As Medicaid or SNAP recipient, what are the chances of having my reapplication processed within 30 days? (↑ good)



Last updated: 11/7/2022

Measure Names

- SNAP: Percentage of Applications Processed within 30 days
- Medicaid: Percentage of Applications Processed within 30 days
- Target - HSD Internal Target
- Federal Timeliness Target

Source: <https://sites.google.com/view/nmhsdscorecard/goal-1/medicaid-and-snap>

CASH ASSISTANCE PROGRAM: EXPANDING ELIGIBILITY & INCREASING MONTHLY BENEFITS

Overview

- HSD requests funding to expand eligibility of the Cash Assistance Program, which includes: Temporary Assistance for Needy Families (TANF), General Assistance, Education Works, Refugee Cash Assistance, and State Supplement for Residential Care.
- Request also will allow the income eligibility limit to expand to include families with incomes up to 100% of the Federal Poverty Guideline (FPG). The current limit is 85% of FPG. It will also increase the TANF maximum monthly household benefit amount by 21%

General Fund and Federal Fund FY23-24 (thousands)			
	FY 2023	FY 2024	Difference
General Funds	\$-	\$27,017.2	\$27,017.2
Federal Funds	\$-	\$-	\$-
TOTAL	\$-	\$27,017.2	\$27,017.2

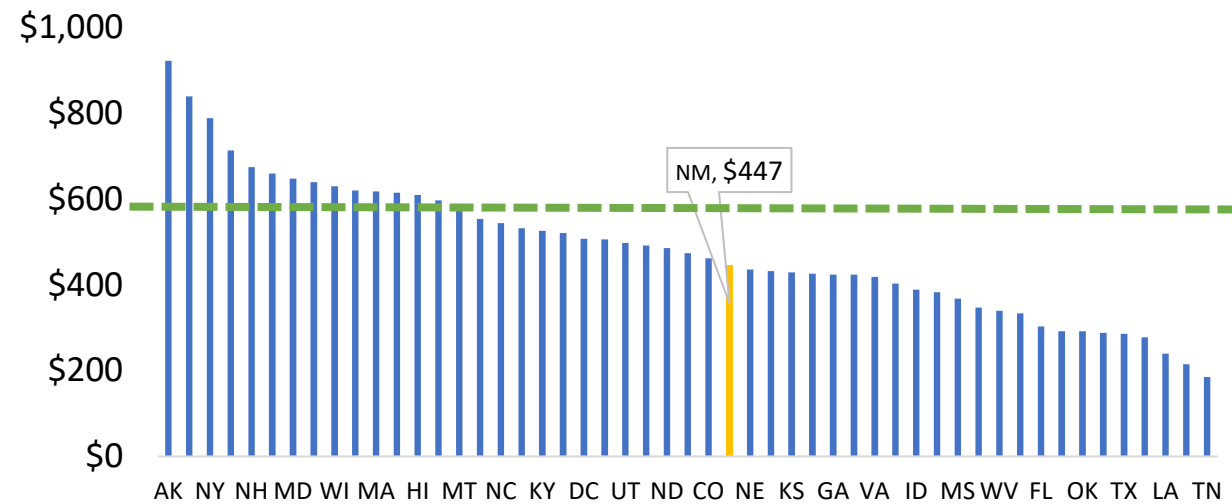
Return on Investment

A comparative analysis shows that states with higher maximum benefit levels tend to have higher work participation rates. Low participation rates imply that fewer families in poverty are taking advantage of the educational and training opportunities offered by TANF.

Evidence for Investment

Although 18.6% of the state population experiences poverty, most New Mexico children living below the poverty line do not have access to Cash Assistance Programs due to the program guidelines limiting participation at below 85% FPL.

U.S. TANF Maximum Monthly Cash Benefit for a Household of 3



Source: <https://www.hsd.state.nm.us/wp-content/uploads/Data-Book-2022-FINAL-Spring-2022.pdf>



CASH ASSISTANCE PROGRAM: EXPANDING ELIGIBILITY & INCREASING MONTHLY BENEFITS

Benefits for New Mexicans

More New Mexicans in need of these assistance programs will have access to resources, reaching a larger pool of those who are living below the poverty line. As cost of living has risen due to inflation, this adjustment will better serve those who are in need of, or already have access to programs such as TANF, General Assistance, Education Works, Refugee Cash Assistance, and State Supplement for Residential Care.

Frequently Asked Questions

Q. Why is an expansion of TANF eligibility needed, especially with such low unemployment rates?

A. New Mexico has the second highest rate of child poverty in the United States, but current eligibility requirements mean most children are not receiving assistance. In addition, lower benefit levels in New Mexico may contribute to a lower participation rate in TANF programs.

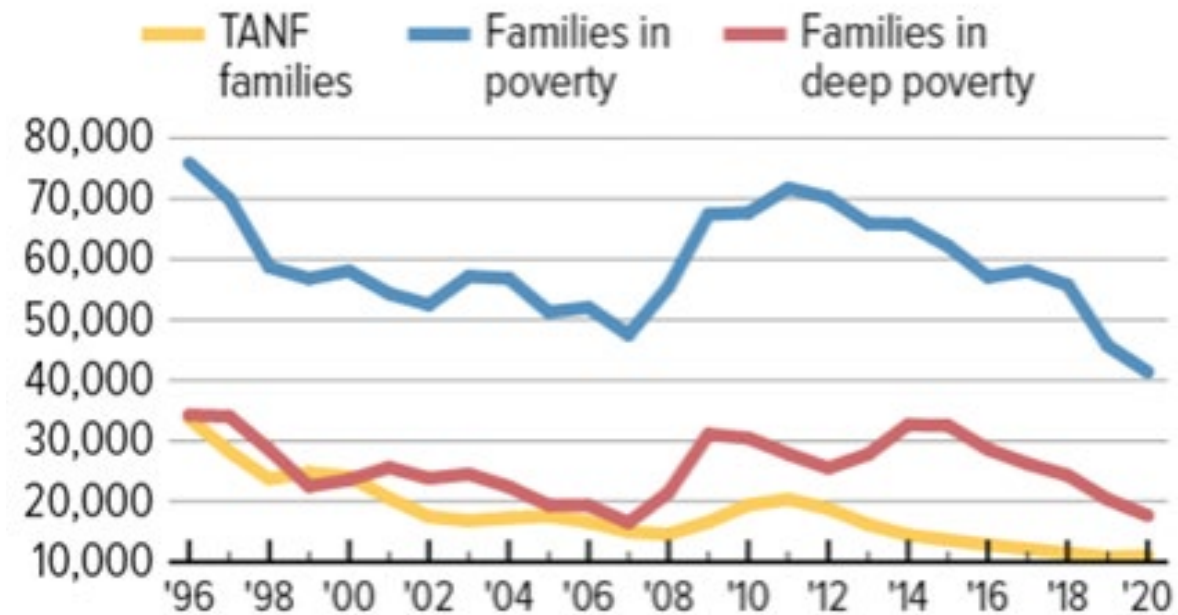
Q. Wouldn't an increase in monthly benefits cause dependency on services?

A. On the contrary, TANF provides program work activities, education, vocational training, as well as other workforce development activities that enable families to work towards independence and workforce participation.

Q. Does HSD provide any additional supports for families leaving TANF?

A. Yes, HSD offers the Transition Bonus Program for families employed 30 or more hours per month earning less than 200% of the FPL. Families can participate in this program for up to 18 months. In addition, families who leave TANF with income less than 100% of the FPL are eligible for support services that allows them to access child care, transportation, and employment services.

Number of Families with Children in Poverty, Deep Poverty, and Participating in TANF, 2020



Source: https://www.cbpp.org/sites/default/files/atoms/files/tanf_trends_nm.pdf

US FOOD & NUTRITION SERVICES (FNS) SETTLEMENT: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PROGRAM IMPROVEMENTS

Overview

- As part of the contractual obligations outlined in the 2022 HSD & U.S. Department of Agriculture Food and Nutrition Services (FNS) Supplemental Nutrition Assistance Program (SNAP) settlement agreement, HSD is required to invest in SNAP program and administrative improvements designed to ensure timely delivery and renewal of SNAP benefits, which 512,511 New Mexicans receive.
- Among the investments include funding for the Public Assistance Report Information Services (PARIS), which detects and assesses fraud, abuse, and waste of Medicaid and SNAP provisions.

HSD SNAP Reinvestment Plan as Outlined in FNS Settlement Agreement, SFYs 2023-2025

	Year One	Year Two	Year Three	Total
	SFY 2023	SFY 2024	SFY 2025	
Staff Retention	\$2,320,500	\$2,341,100	\$2,482,900	\$7,144,500
Call Center Operations	\$1,091,500	\$1,045,300	\$1,052,400	\$3,189,200
Notices Improvements	\$21,000	\$53,000	\$140,700	\$214,700
System Enhancement	\$916,900	\$979,900	\$1,177,000	\$3,073,800
Fraud Detection	\$527,200	\$570,100	\$729,400	\$1,826,700
ITO Communications	-	\$17,000	-	\$17,000
Other	\$76,800	\$93,800	\$127,800	\$298,400
Total Reinvestment	\$4,953,900	\$5,100,100	\$5,710,300	\$15,764,300

General Fund, Federal Fund & Difference FY23-24 (thousands)				
	FNS Settlement (excluding PARIS enhancements)		FNS Settlement (PARIS enhancement)	
	FY23	FY24	FY23	FY24
GF	\$4,953.9	\$5,100.1	\$-	\$1,020.2
FF	\$0	\$-	\$-	\$3,060.6
TOTAL	\$4,953.9	\$5,100.1	\$-	\$4,080.8

Evidence for Investment

The settlement agreement include a provision to improve the administrative efficiency and operational capacity of SNAP.

Return on Investment

By paying out the Agreement, this funding will go directly to improving the SNAP program. If HSD chose to not reinvest the Settlement Agreement funds in the SNAP program, HSD would be required to pay a larger sum directly to FNS, leading to less benefits for New Mexicans enrolled in the program.



US FOOD & NUTRITION SERVICES (FNS) SETTLEMENT: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) PROGRAM IMPROVEMENTS

Benefits for New Mexicans

An investment into the staffing of the programs dedicated to serving New Mexicans will improve the quality of service being directly received by those in need. By paying the settlement and stipulated amount for the PARIS program investment, then the resources provided through SNAP and other programs will be more effectively and efficiently distributed.

Frequently Asked Questions

Q. What happens if the FNS Settlement is not paid?

A. If HSD does not carry out the conditions outlined in the settlement agreement, FNS will impose a fine and HSD will be required to pay out a larger sum directly to FNS.

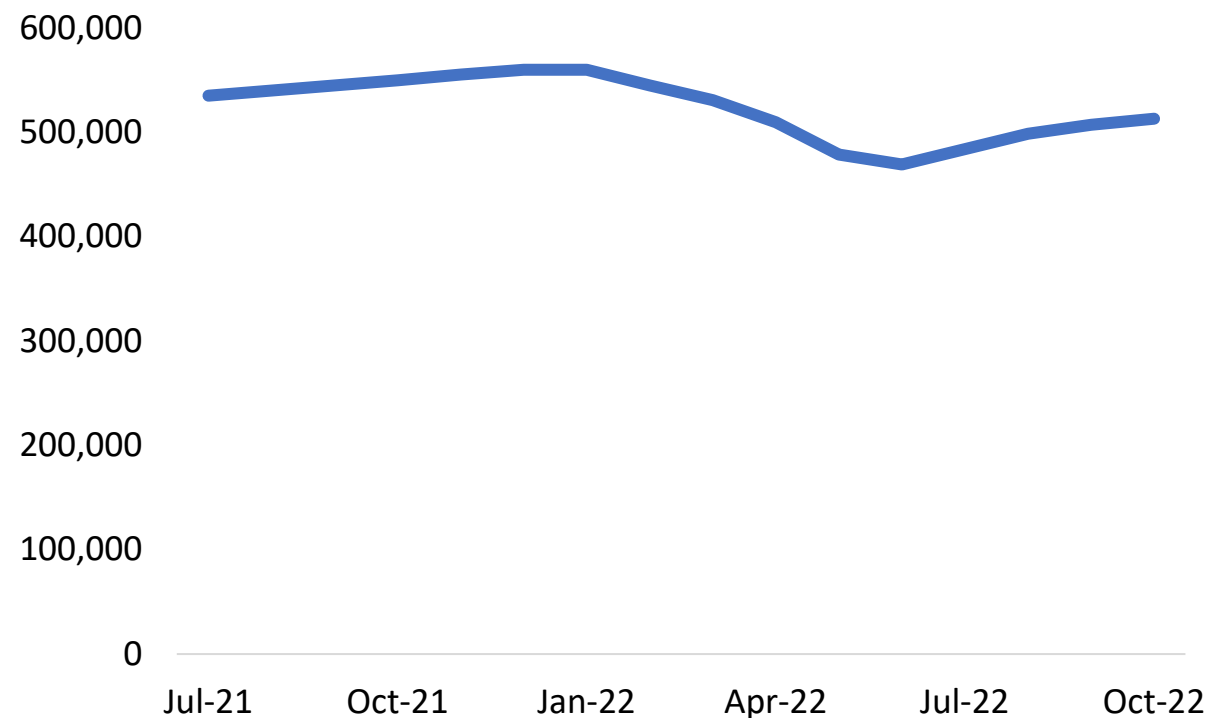
Q. How would investing in PARIS improve the HSD?

A. PARIS works primarily to detect abuse, fraud, and waste of program provisions. This aids in making sure that the money put into these systems are being used the most efficiently and effectively.

Q. How will the FNS Settlement improve the SNAP program?

A. SNAP applications are prioritized based on if they are an emergency application first. With that, the rate of those reviewed within a week are below 70%, which then creates an even larger backlog of those that are nonemergency applications. The proposals outlined in the Settlement Agreement are designed to ensure the timely delivery of benefits and services .

Monthly NM SNAP Recipients, July 2021-October 2022





SUPPORTING CRITICAL CHILD SUPPORT OPERATIONS

Overview

- NM Child Support Enforcement Division (CSED) serves 177,596 unique parents and children in nearly 52,000 cases by establishing paternity, establishing child and medical support orders, modifying orders, and enforcing orders.
- The Child Support program has critical partners to complete the mission of the program. Costs for these partner contracts have increased which include the customer service center, security, court hearing officers, building leases, new hire directory, acknowledgement of paternity documents.

General Fund and Federal Fund FY23-24 (thousands)			
	FY 2023	FY 2024	Difference
General Funds	\$-	\$1,076.0	\$1,076.0
Federal Funds	\$-	\$2,088.6	\$2,088.6
TOTAL	\$-	\$3,164.6	\$3,164.6

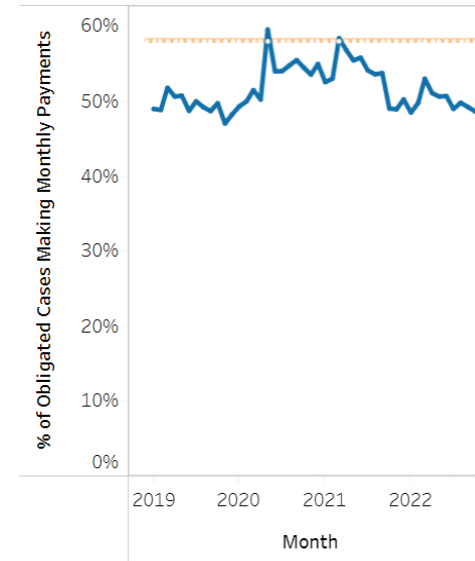
Evidence for Investment

During SFY 22 CSED Collected and distributed \$130.3 million in child and medical support

Return on Investment

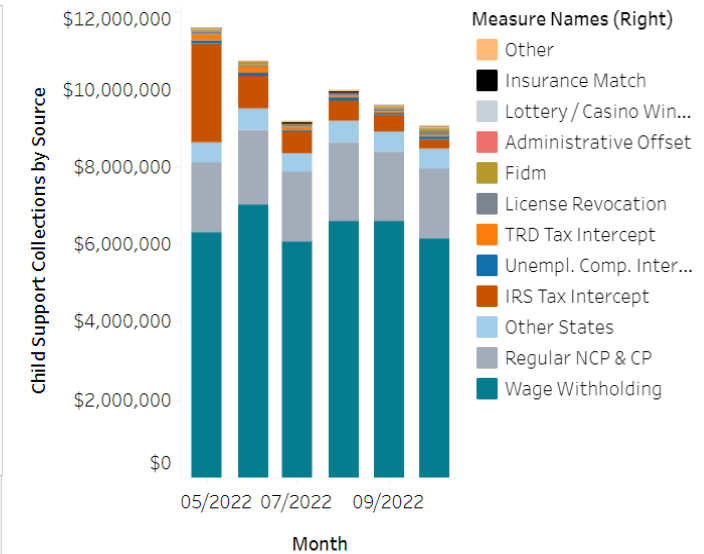
Child Support is one of the most cost-effective government programs. In New Mexico \$2.90 was collected for every \$1.00 spent in FFY 21. This was down from the previous year at \$3.44 due to system replatform costs.

What is the likelihood, as a non-custodial parent with child support obligations, that I make my monthly payment (↑good), and from what source is the payment made?



Last updated: 10/6/2022

Measure Names (Left)
 ■ ENF Cases Paying ■ Target: % Cases Paying



Last updated: 10/6/2022

Source: <https://sites.google.com/view/nmhdscorecard/goal-1/child-support>



SUPPORTING CRITICAL CHILD SUPPORT OPERATIONS

Benefits for New Mexicans

- Each month CSED collects and distributes approximately \$10 million in child and medical support obligations monthly to ensure children are financially supported to help them grow up to be healthy and happy.
- Contractual partners are critical to the child support program to complete the services it provides parents and children.

Frequently Asked Questions

Q. What do the contractual partners provide to child support customers?

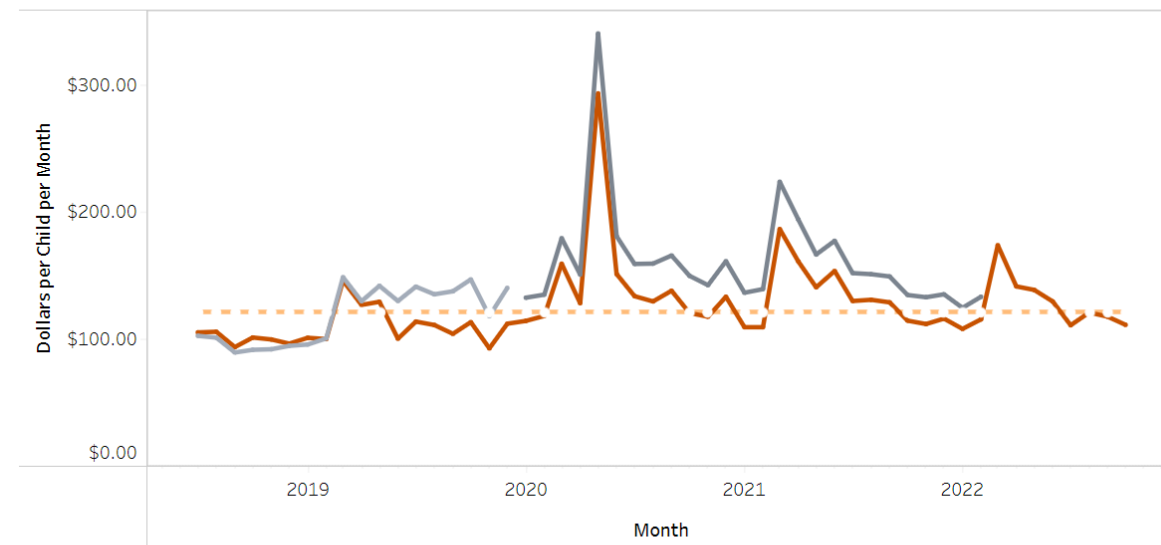
A. CSED contracts provide everything from a convenient contact center, where they can receive self-service information such as payment due, balance, or even make a payment, or reach customer service representative to get their questions answered, to contracts with the District Courts for the Child Support Hearing Office program, where child support cases are prioritized for expedited service to get orders established quickly to start the payment process.

Q. If not approved, what options would CSED have to stay within budget?

A. CSED would need to take drastic options to stay within budget, all of which would negatively impact the parents and children it serves.

1. End the Child Support Hearing officer Program
2. Close one of Albuquerque offices, and reduce FTE
3. Decrease the number of FTE across the state
4. End CSED participation in the HSD Consolidated Customer Service Center

As an average NM child on child support, how much can I expect to receive each month? (↑good)



Last updated: 10/6/2022

Measure Names

■ New Statewide Collections
 ■ Rio Rancho Pilot
 ■ Rio Rancho + Abq Offices Pilot
 ■ State-Wide Collection

Source: <https://sites.google.com/view/nmhdscorecard/goal-1/child-support>



ELIMINATE FEES CHARGED TO CHILD SUPPORT PARENTS

Overview

- The Child Support Program would like to eliminate the fees it charges to customers providing its services.
- The Child Support Program would like to cover the convenience fees charged to parents making child support payments by credit or debit.

General Fund and Federal Fund FY23-24 (thousands)			
	Service Fees	Convenience Fees	Total
General Funds	\$317.2	\$85.0	\$402.2
Federal Funds	\$615.8	\$165.0	\$780.8
TOTAL	\$933.0	\$250.0	\$1,183.0

Return on Investment

More New Mexico parents will apply for child support services once they learn there are no fees charge for services provided. This in turn will serve more children with the financial security they need to grow up happy and healthy.

Evidence for Investment

Child Support collections will increase, and more money will be distributed to families and children.

Child Support Fees Charged to New Mexican Families *HSD is requesting GF that will eliminate most fees*

a.	ESTABLISHMENT OF SUPPORT ORDER	\$250.00
b.	PATERNITY ESTABLISHMENT	\$250.00
c.	ORDER MODIFICATION	\$150.00
d.	ENFORCEMENT	\$250.00
e.	PARENTAL KNOWLEDGE LOCATIONS	\$60.00
f.	ANNUAL FEE FOR WITHHOLDING	\$25.00
g.	BAD CHECK	(ACTUAL COST)
h.	FILING FEE	(ACTUAL COST)
i.	WITNESS FEE	(ACTUAL COST)
j.	GENETIC TESTING	(ACTUAL COST)
k.	SERVICE OF PROCESS	(ACTUAL COST)
l.	EXPERT WITNESS FEE	(ACTUAL COST)
m.	COURT COSTS	(ACTUAL COST)
n.	IRS FULL SERVICE COLLECTION	(ACTUAL COST)
o.	IRS TAX INTERCEPT SERVICE	(PER INTERCEPT) \$25.00
p.	TRD TAX INTERCEPT SERVICE	(PER INTERCEPT) \$20.00
q.	ADMINISTRATIVE OFFSET	(APPLICABLE FEDERAL FEE)
r.	RECOUPMENT	(ACTUAL)



ELIMINATE FEES CHARGED TO CHILD SUPPORT PARENTS

Benefits for New Mexicans

- The Child Support program would benefit more children in absent parent homes by eliminating the fees charged to parents for simply requesting its services. More parents would seek services through CSED.
- CSED began offering online and by phone payment options in October 2020. Covering the convenience fees passed on to parents making payments by credit or debit cards would increase participation in this convenient option to meet monthly obligations.

Frequently Asked Questions

Q. What fees do parents have to pay to receive services from the Child Support Enforcement Division?

A. CSED charges its customers who are non TANF or Medicaid fees for establishment of paternity, establishment of a support order, modification of an order, enforcement actions, annual fee for wage withholding, tax intercept and offset services.

Q. What is the cost of making child support payment online or by phone through a credit or debit card?

A. The CSED vendor approved to accept credit, debit, and e-check payments for child support charges a 2.5% convenience fee (soon to be 2.29%) for credit and debit card payments.

Q. How much money does CSED collect through online and by phone options?

A. ~30% of all direct payments made by non-custodial parents are online or by phone. Covering the convenience fee, CSED hopes to increase payments made online or by phone rather than in-office.

