PROGRAM DESCRIPTION & PURPOSE

The Human Services Department's Behavioral Health Services Division and the Behavioral Health Collaborative are working to improve access to behavioral health services and outcomes. New performance measures have been added for FY23; however, most of those new performance measures report data annually or biannually. This report card only includes the eight performance measures that report quarterly data.

BHSD LFC ENGAGEMENT DURING REPORTING PERIOD

None to report.

STORY BEHIND THE DATA

Measure 1.1: BHSD has met and exceeded the target for this measurement.

Measure 1.5: The goal for this measure is 5%. The goal is to reduce the readmission rate. BHSD is less than 1% point of reaching the goal for the measure.

Measure 1.6: The target for this measure is 51%. BHSD met and exceed the goal for the age group six through 17 years of age at 53.5%. The second part of this measure is for members 18 years and older and BHSD fell short of the 51% target. MCOs report that it is a bigger challenge to accomplish the follow-up with the adult population compared with the younger members. However, MCOs have been developing interventions to maintain and improve performance on this measure.

Measure 1.8: The first quarter of SFY23 indicates that 38,089 persons were served in urban, rural, and frontier areas through telemedicine. The most frequently provided services through telehealth have continued to be Psychotherapy, Diagnostic Evaluations and Office E & M visits. A broad array of services like Comprehensive Community Support Services (CCSS) are now being delivered through telehealth.

Measure 1.9: The target for this measure is 39.3%. BHSD met and exceeded the target at 42.7%.

Measure 1.10: At this point in the reporting period, New Mexico has not met the annual target of 25%. However, we are very close to meeting the NCQA HEDIS 2020 National Averages of 13.8% percent for 7-day follow-up and we now meet the 20.2% for 30-day follow-up respectively.

Measure 1.20: The annual target for the year is 60,000. In the 1st quarter alone, BHSD served is 25,919 (or 43% of the annual target) for which the quarter proportionally exceeds 25% of the annual target. There is nothing to indicate that this trend will change during the fiscal year.

BHSD PERFORMANCE OUTCOMES

Agency Rating Legend		
G : meeting/exceeding target	**Y** : less than or equal to 5% of target for one quarter	**R** : not meeting target two consecutive quarters OR more than 5% off target in one quarter

Budget: $82,620.6 FY23 BUDGETED FTE: 53	FY20 Actual	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1	Agency Rating	LFC Rating
Measure 1.1: Individuals served annually in substance use or mental health programs administered by the Behavioral Health Collaborative and Medicaid (reported Quarterly)	273,198	287,866	285,329	212,486	256,241	G	G
Measure 1.5: Readmissions to same level of care or higher for children or youth discharged from residential treatment centers and inpatient care (reported Quarterly)	8.9%	10.8%	8.1%	5%	5.7%	Y	Y
Measure 1.6: Medicaid members ages 6 to 17 discharged from inpatient psychiatric hospitalization stays of four or more days who receive follow-up community-based services at seven days. (reported Quarterly)	66.5%	53.7%	50.8%	51%	53.5%	G	G
Measure 1.6: Medicaid members ages 18 and older discharged from inpatient psychiatric hospitalization stays of four or more days who receive follow-up community-based services at seven days. (reported Quarterly)	66.5%	53.7%	31.8%	51%	32.8%	R	R
Measure 1.8: Percent increase in the number of persons served through telehealth in rural and frontier counties* (reported Quarterly)	308%	68.8%	-8%	N/A	-0.1%	G	Y
Measure 1.9: Adult Medicaid members diagnosed with major depression who received continuous treatment with an antidepressant medication (reported Quarterly)	40.6%	42.5%	40.4%	39.3%	42.7%	G	G
Measure 1.10: Emergency department visits for Medicaid members ages 13 and older with a principal diagnosis of alcohol or drug dependence who receive follow-up visit within seven days and 30 days (reported Quarterly)	14.3% 7 day; 21.8% 30 day	14% 7 day; 21% 30 day	13.3% 7 day; 20.5% 30 day	25%	13% 7 day; 20.2% 30 day	R	R
Measure 1.20: Persons receiving telephone behavioral health services in Medicaid and non-Medicaid programs (reported Quarterly)	N/A	NEW	62,439	60,000	25,919	G	Y
Program Rating	R	R				G	Y
*Measure is classified as explanatory and does not have a target							

HSD gave BHSD an overall rating of **G** because five out of eight measures were green with one yellow and two red.

PROGRAM DESCRIPTION & PURPOSE

The Child Support Enforcement Division (CSED) is engaged in modernizing the program to set accurate child support obligations based on the noncustodial parent's ability to pay; increasing consistent, on-time payments to families; moving nonpaying cases to paying status; improving child support collections; and incorporating technological advances and evidence-based standards that support good customer service and cost-effective management practices. These modernization efforts were tested in pilot offices and were implemented statewide beginning in February 2022. Early data is showing promise with 73% of new orders from July to December 2021 making monthly obligations. CSED is hopeful that will continue and begin to see improvements in performance metrics that fell short of targeted levels during FY22.

CSED reported child support collections totaled $28.7 million and may meet the FY23 target of $145 million for the year. A decrease in collections began in September 2021, when many noncustodial parents lost unemployment benefits, which were being collected as withholdings from the Dept. of Workforce Solutions (DWS). CSED is focusing on assisting unemployed or underemployed noncustodial parents through the Supporting, Training, and Employing Parents Up! (STEPUp!) program, a partnership with DWS with job opportunities and job development to help them get back on track in meeting their child support obligations. During the 2021 legislative session, statutory changes were made to assist CSED with setting orders based on new guidelines and reviewing cases for possible modifications for right-sized court orders that the noncustodial parents can pay on a more consistent basis. Implementation of those changes began in July 2021 and early data is showing promise for FY23 performance.

Total dollars collected per dollars expended is a federal fiscal year performance measure and has not yet been finalized for FY22. . CSED expected to see a drop in this measure in FY 21 due to several IT expenditures for modernization projects, the largest of which is the mainframe platform project, implemented in February 2022. Continued system modernization efforts will continue to impact this performance over the next several years.

CSED LFC ENGAGEMENT DURING REPORTING PERIOD

- None to report.

STORY BEHIND THE DATA

1.1: CSED projects that mainframe refactoring will reduce our annual costs and based upon trends in CSED pilot office collection performance, expects the performance in this measure to increase and the target to be met in SFY23.

1.2: In this first quarter, CSED is on track to meet the FY23 target of 145.00 million for the year, as collections tend to increase in the third and fourth quarters due to federal and state tax interceptions. CSED is implementing distribution rules in January 2023 that will result in more of those federal tax intercept payments going to families first, rather than TANF recoveries.

1.3: CSED will meet this goal and consistently sees increased performance for this goal using the caseload prioritization tool (CPT). In addition, changing the distribution rules to families first in January 2023 should also result in improved performance in the third and fourth quarters.

We updated our ranking to yellow as we are within 5% of the goal.

1.4: CSED is starting this year above previous year's first quarters and anticipates meeting or exceeding the target this year.

1.5: This is the second year CSED has reported on this measure. This measure is reported annually on the federal FY.

1.6: CSED expects to see consistent payments through the implementation of SB140, which assists the division in right-sizing orders based on the non-custodial parent's ability to pay.

CSED PERFORMANCE OUTCOMES

Agency Rating Legend		
Green: meeting/exceeding target	**Yellow:** less than or equal to 5% of target for one quarter	**Red:** not meeting target two consecutive quarters OR more than 5% off target in one quarter

Budget: $35,995.4	BUDGETED FTE: 310	FY20 Actual	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1	Agency Rating	LFC Rating
1.1 Noncustodial parents paying support per total cases with support orders		51.7%	55.7%	52.4%	58%	50.1%	R	R
1.2 Total child support enforcement collections, in millions		$156.1	$147.4	$130.3	$145	$28.7	Y	Y
1.3 Child support owed that is collected		58.7%	60.9%	57.6%	60%	56.8%	Y	R
1.4 Cases with support orders		83.2%	83.5%	83.1%	85%	83.9%	Y	Y
1.5 Total dollars collected per dollars expended		$3.44	$2.90	Report Pending	$4.00	Report Pending	R	R
1.6 Average child support collected per child		New	New	$127.92	Explanatory	$116.07	Y	Y
Program Rating		R	Y	Y			Y	Y

PROGRAM DESCRIPTION & PURPOSE

The Income Support Division (ISD) fulfills the portions of the agency mission that relate to assisting eligible low-income families through cash, food, medical, and energy assistance services so they can achieve self-sufficiency. Programs include Supplemental Nutrition Assistance Program (SNAP) that provides federal monies issued to families and single individuals with low or no income to buy nutritious food. Another program is Temporary Assistance for Needy Families (TANF) Program which provides assistance to families to enable them to become self-sufficient by providing a monthly cash benefit to be used to meet basic family needs such as housing, utilities, and clothing costs. The program also includes case management, job development, employment readiness training and assistance with job retention, through the New Mexico Department of Workforce Solutions (DWS).

The federal government measures a state's success in administering the TANF program using the work participation rate. This measure is reported based on the federal fiscal year. Due to the way in which the information is gathered and validated, there is a quarter delay in the reporting.

The Workforce Solutions Department (WSD) collaborated with ISD to establish new employment opportunities to help place TANF Career Link Program and Wage Subsidy Program participants in jobs. However, there are challenges to re-engage TANF participants while pandemic-related nonparticipation sanctions remain suspended.

CSED LFC ENGAGEMENT DURING REPORTING PERIOD

None to report.

STORY BEHIND THE DATA

1.1: Missing the timeliness of this goal is unprecedented for ISD and is a result of the removal of the waiver to suspend interim reports and extend recertifications for January - April 2022. Once ISD realized the impact of the loss of the waiver, HSD worked with FNS to re-implement the waiver and to completely waive the recertifications for July through September. ISD has implemented a specialized team of staff to work on the outstanding recertifications to allow other staff time to work on the Applications to raise the expedite timeliness.

1.2: The state as a whole continues to struggle filling many vacant positions and the same is true for the TANF program. DWS continues to encourage our participants to search and apply for open positions, career consultants provide resume coaching through their employment services programs and referrals to open positions that align with individual career path goals.

1.3: Missing the timeliness of this goal is unprecedented for ISD and is a result of the removal of the waiver to suspend interim reports and extend recertifications for January - April 2022. Once ISD realized the impact of the loss of the waiver, HSD worked with FNS to re-implement the waiver and to completely waive the recertifications for July through September. The data for SFY 2023 Quarter 1 only contains timeliness data for July and August 2022. Data for September 2022 is not yet available due to technical issues and will be updated when available. ISD has implemented a specialized team of staff to work on the outstanding recertifications to allow other staff time to work on the Applications to raise the expedite timeliness.

1.4: The majority of the TANF participants have significant barriers which prevent full participation and require more intense case management to help alleviate the barriers. Often participants are unable to keep

their scheduled appointments which prolongs engagement in work program activities. Often participants cannot be contacted because their phone numbers or addresses have changed.

1.5: The majority of the TANF participants have significant barriers which prevent full participation and require more intense case management to help alleviate the barriers. Often participants are unable to keep their scheduled appointments which prolongs engagement in work program activities. Often participants cannot be contacted because their phone numbers or addresses have changed.

ISD PERFORMANCE OUTCOMES

Agency Rating Legend		
G : meeting/exceeding target	**Y** : less than or equal to 5% of target for one quarter	**R** : not meeting target two consecutive quarters OR more than 5% off target in one quarter

SFY 22 Budget: $92,852,800.0	FY23 BUDGETED FTE: 1134	FY20 Actual	FY21 Actual	FY22 Actual	FY23 Target	FY23 Q1	Agency Rating	LFC Rating
1.1 Percent of expedited (emergency) supplemental nutrition assistance program cases meeting federally required measure of timeliness within thirty days.		98.8%	98.5%	92.1%	98%	62.5%	R	R
1.2 Percent of adult TANF recipients who have become ineligible for case assistance due to new work- related income.		14.12%	7.6%	1.9%	37%	1.7%	R	R
1.3 Percent of non-expedited Supplemental Nutrition Assistance Program cases meeting federally required measure of timeliness of thirty days.		98.8%	98.6%	95.7%	98%	38.5%	R	R
1.4 Percent of all parent participants who meet temporary assistance for needy families federal work participation requirements.		24.3%	9.0%	2.7%	37%	6.4%	R	R
1.5 Percent of temporary assistance for needy families two-parent recipients meeting federal work participation requirements.		28.2%	8.4%	2.7%	37%	10.6%	R	R
Program Rating		R	R				R	R

HSD and LFC gave ISD an overall rating of **R** because none of the five measures were met. These measurements have been greatly impacted by the pandemic.

Table 1. **Budget:** $7,269,255.3   **FTE: 219.5 (Budgeted for 163)**

FY23 Q1 HSD MAD Report Card

(rated based on comparison to previous FY)

	FY21 Actual HEDIS (CY21 final data)	FY22 Q1	FY23 Q1	FY23 Target	Direction of Measure[1]	Rating (comparing FY23 Q1 to FY22 Q1)
Infants in Medicaid managed care who had six or more well-child visits with a primary care physician during their first 15 months*	51%	53%	55%	N/A[2]	⬆	G
Percent of children and adolescents in Medicaid managed care ages three to twenty-one years who had one or more well-care visits during the measurement year.*	39.3%	29%	28.7%	67%	⬆	R
Children ages 2 to 21 enrolled in Medicaid managed care who had at least one dental visit during the measurement year*	56%	45.4%	44.7%	72%	⬆	R
Hospital readmissions for children ages 2 to 17 within 30 days of discharge	6.7%	8.8%	7.3%	<5%	⬇	Y
Hospital readmissions for adults 18 and over within 30 days of discharge*	8.8%	12.3%	11.2%	<8%	⬇	Y
Percent of non-emergent utilization of all emergency department utilization that is categorized as non-emergent care.	50%	51%	53%	45%	⬇	R
Newborns with Medicaid whose mothers received a prenatal care visit in the first trimester or within 42 days of enrollment in the managed care organization*	70%	56.5%	59.4%	83%	⬆	Y
Medicaid managed care members ages 18 through 75 with diabetes, types 1 and 2, whose HbA1c was >9 percent during the measurement year*	53%	75.4%	72.8%	86%	⬇	Y
Program Rating	Y					Y

*Measures are HEDIS measures, which represent a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Data for all measures is collected, monitored, and reported quarterly by HSD on a cumulative Calendar Year reporting period. The most recent unaudited data available reported under FY23 Q1 includes only the third quarter rate in Calendar Year 2022. Comparing the FY23 Q1 data to FY22 Q1 data, five out of the eight quarterly measures showed improvement and are trending in a positive direction from a calendar year monitoring perspective. As part of the quarterly reporting and monitoring of these measures, MCOs are required to report strategies and interventions aimed at improving outcomes for each measure. The data for HEDIS measures is preliminary and will be finalized in June 2023, which will be reported as the Actual SFY22 final rates.

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[1] The arrows indicate that numbers trending "up is better" or "down is better."

[2] This measure is called an explanatory measure as designated by LFC and therefore do not have a target. Marked green here because of positive trend quarter over quarter.

HHS 2020 IT ENTERPRISE DESCRIPTION & PURPOSE

The New Mexico Health and Human Services (HHS) 2020 Information Technology (IT) Enterprise Project encompasses the Medicaid Management Information System Replacement (MMISR), the Comprehensive Child Welfare Information System (CCWIS), and the integration of health and human services programs across New Mexico's health and human services agencies. The HHS 2020 IT Enterprise Project integrates the federal programs of Medicaid, Child Support Enforcement, Child Welfare, Temporary Assistance for Needy Families (TANF), Low Income Home Energy Assistance Program (LIHEAP) and Supplemental Nutrition Assistance Program (SNAP), as well as programs that are administered by other agencies such as the Women, Infants and Children (WIC) program and New Mexico's childcare assistance programs. The HHS 2020 IT Enterprise Project is authorized four federal agencies, including the Centers for Medicare and Medicaid Services (CMS), the Administration for Children and Families (ACF), the Office of Child Support Enforcement (OCSE), and the Food and Nutrition Services (FNS). Altogether, New Mexico receives an 89% federal match rate from these agencies to fund the project, with the remaining 11% coming from the state general fund.

The primary purpose of the project is to enable a customer-centered and outcomes-focused approach to the technology services that facilitate program eligibility, enrollment, and data-sharing across all of New Mexico's HHS agencies. The project will be designed to provide a holistic, 360-degree view to customers so with individualized program referrals and one-stop eligibility and enrollment functionality. The project will also help agency employees so they can better assist with the specific and individual needs of New Mexico's HHS customers, and provide better and more accurate information to agency and legislative leaders so they can make data-driven decisions and work proactively to improve population health.

The HHS IT Enterprise Project takes a modular approach, which offers the flexibility to make IT functions available to agencies on a rolling schedule as the functionality is completed and assures that the technology solutions utilized are nimble and more easily updated than under a single, monolithic IT system.

MMISR PROJECT DESCRIPTION & PURPOSE

The Medicaid Management Information System Replacement (MMISR) project is one component of the HHS 2020 IT Enterprise Project. MMISR will replace the Human Services Department's current Medicaid management information system and supporting applications with a modular solution that will substantially augment and enhance the functionality that exists today. The project will allow HSD to align with federal Centers for Medicare and Medicaid Services requirements to perform modular replacement projects in order to receive federal funding support and certification. The functions that will be included in MMISR include: claims payment and other financial transactions; provider transactions, including provider enrollment and credentialing; quality assurance, including cost-avoidance and third-party liability functions; customer and employee-facing portals to facilitate eligibility and enrollment; one-stop customer support services; and data services, analytics and sharing.

MMISR OVERALL STATUS

Overall agency rating is yellow with the current onboard modules - System Integrator (SI), Unified Portal (UP), and Quality Assurance (QA) -- making progress in their respective areas while the project team prepares to onboard two new module contractors in Q2 2023.

MMISR AGENCY RATINGS

Budget: $389,758,700 (Federal Share- $346,885,24; State General Fund– $42,873,457)	**FTE: 70 resources** (27 state staff; 43 contractors)	**FY23 Q1**
Budget		G
Schedule		G
Risk		Y
Project Overall Status		Y
HSD Agency Rating		Y

STORY BEHIND THE DATA

The primary driver of cost increases from the prior year budget for MMISR are: a contract amendment to shift to a cloud-hosted solution for the System Integrator; and negotiated price adjustments for the Financial Services and Benefit Management Services module vendors which included cost adjustments from the 2019 RFP responses. In total, the following project change requests and their corresponding budget changes affecting the budget adjustments can be found in the updated budget. The HHS 2020 Executive Steering Committee approved all of the project change requests and the associated budget revisions.

| Project Change Request Number	Description
PCR #145/PCR #152	Benefit Management Services Schedule, Scope and Cost changes
PCR#144/PCR	Financial Services contract Scope, Schedule and Cost changes
PCR#125/PCR#136	Software as a Service Approach and Final Adjustments for SaaS amendment

BUDGET

Conditional approval for the project budget was received from four Federal Agencies on September 15, 2022. HSD met and responded to all conditions with an updated submittal on October 15, 2022. Based on continued collaboration with Federal Partner agencies, HSD anticipates full funding approval in December 2022. All budget updates and the most recent FY24 funding request have received approval from the HHS 2020 Executive Steering Committee. Therefore, HSD has rated this budget area as green.

SCHEDULE

The Enterprise Project Schedule reflects the current status of System Integrator and Quality Assurance modules and sprint cycles for the Unified Portal. In addition, it contains procurement schedules for the Data Services Request for Quotes (RFQ), and the contract execution phase for Financial Services and Benefit Management Services modules. Once the new module vendors are under contract, we expect to receive an updated schedule for design and development implementations from the vendors, which will be incorporated into the enterprise project schedule. HSD has received approval from the HHS 2020 Executive Steering Committee for all schedule changes that exceed 60 days. At this time, the project is proceeding in accordance with the Enterprise Project Schedule; therefore, HSD has rated the schedule as green.

RISK

The project's Independent Verification and Validation (IV&V) vendor has continued to monitor the risk level on the MMISR project since 2016. The trend line over the last year has declined significantly month over month and continues to be managed to remain at a mid-point level with 9 being highest risk and 0 being no risk.

Overall Weighted Risk Level Trending
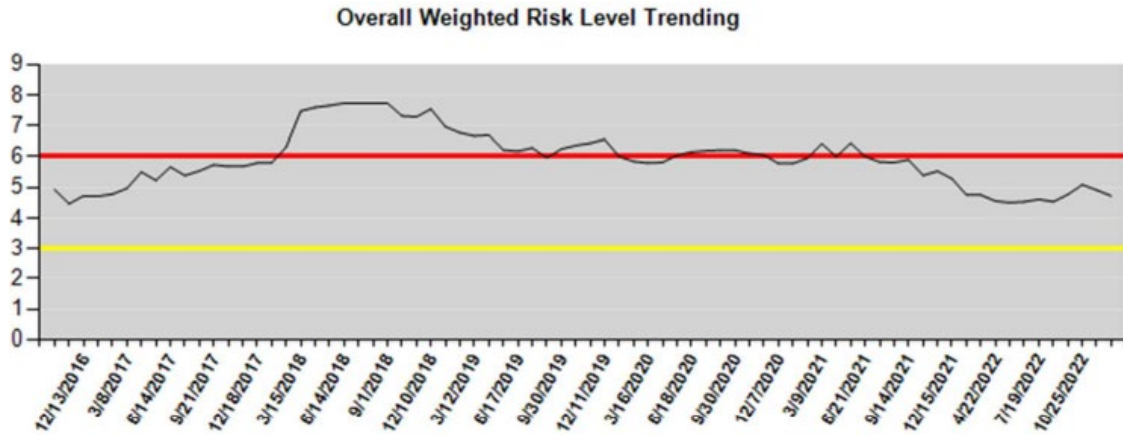
In the most recent monthly assessment report, the project health rating is trending lower with a decreased risk score for November 2022 and was 4.72 out of 9 point scale and had declined from 4.91 as assessed in the prior month. HSD concurs with the IV&V risk rating for the project, with an overall risk rating of yellow.