

New Mexico



Strategic Plan

Fiscal Year 2017

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Introduction

The past few years have seen monumental changes and improvements in the management and delivery of HSD's programs. Medicaid and the Supplemental Nutrition Assistance Program (SNAP) are experiencing the highest enrollment ever seen in either program within New Mexico, and more New Mexicans are served by HSD than ever before. The implementation of major federal and state reforms, as well as information technology systems to support them, have been the focus of the Department's efforts.

Even with increased enrollment the Department has controlled costs by leveraging technology and streamlining business processes. Centennial Care and the implementation of the Department's eligibility system, ASPEN, have resulted in increased administrative efficiencies and improved outcomes. Through public and private partnerships, HSD has been successful in implementing significant changes that benefit New Mexicans.

Our focus continues to be on improving the health and well-being of New Mexicans as the Department looks ahead to fiscal year 2017. HSD's first goal, "Promote Self-Sufficiency of Our Recipients," is designed to provide support services that help individuals and families move out of poverty. The Department will look to increase job readiness and access to sustainable employment and housing, increase member engagement in their care, and support families' financial stability.

New Mexico is looking to improve the quality of care New Mexicans receive while managing health care costs. The Department's second goal, "Slow the Growth Rate of Health Care Costs and Improve Health Outcomes," will address rising health care costs and look to innovative delivery models that reduce service gaps and build health care provider capacity. Partnerships with the Federal government, tribal governments, and other state agencies will be pursued to support prevention models and reduce health disparities.

HSD has opened new channels for New Mexicans to apply for and check their benefits. Centennial Care has created new programs for Medicaid members to engage their health care provider. Through technology and partnerships with key stakeholders, the Department will "Implement Person-Centric Service Models" as defined in HSD's third goal. These models will streamline and enhance access and engagement of New Mexicans. The Department will develop new models of delivery of public assistance programs and pilot those models.

Improving the services provided to New Mexicans requires HSD to operate efficiently and effectively. The Department's fourth goal, "Improve Administrative Effectiveness and Simplicity," turns the focus inward. HSD will continue to leverage technology to automate business processes and to reduce staff time on administrative activities. The Department will continue to move forward with two major information technology projects, the Child

Support Enforcement System (CSES) Replacement project and the Medicaid Management Information System (MMIS) Replacement project. These projects will result in new information systems that better support the Child Support Enforcement program and the Medicaid program. HSD will identify efficiencies, reduce administrative burdens, and develop consistent business processes as part of the Department's internal review of program effectiveness. The Department will also invest in its workforce through staff development. HSD will strengthen employee skills leading to better job performance and productivity.

The FY217 strategic plan identifies the tasks and activities to meet these goals that ultimately will help HSD reduce the impact of poverty on New Mexicans.

The Mission of the Human Services Department

To reduce the impact of poverty on people living in New Mexico by providing support services that help families break the cycle of dependency on public assistance.

Overview of the Department

The NM Human Services Department (HSD) manages a \$6.6 billion budget of state and federal funds and administers services to more than 800,000 low-income New Mexicans through programs such as:

- Medicaid and Children's Health Insurance Program (CHIP)
- Supplemental Nutrition Assistance Program (SNAP)
- SNAP Education Program (SNAP-Ed)
- Temporary Assistance for Needy Families (TANF)
- The Emergency Food Assistance Program (TEFAP)
- School Commodity Foods Program
- Homeless Meals
- General Assistance for low-income individuals with disabilities
- Community Services Block Grant (CSBG)
- Refugee Resettlement Program (RRS)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Child Support Establishment and Enforcement
- Behavioral Health Services (mental illness, substance abuse and compulsive gambling)

The programs are administered through four Program Divisions:

1. Behavioral Health Services Division (BHSD)
2. Child Support Enforcement Division (CSED)
3. Income Support Division (ISD)
4. Medical Assistance Division (MAD)

HSD is also a key member of the NM Behavioral Health Collaborative and works across state agencies to collaborate on behavioral health issues.

Goal 1: Promote Self-Sufficiency of our Recipients

Task 1.1: Increase job readiness and access to sustainable employment and housing

HSD is focused on providing opportunities for recipients to find sustainable employment or increase their potential for employment through job readiness. Work participation rates for TANF participants have been declining nationally and in New Mexico. In order to achieve higher performance, the division plans to implement the following:

Activities:

- A. Expand the Career Links program by increasing employer participation in counties outside of the pilot program's area.**
- B. Identify skills gaps and develop training to promote recipients' job readiness.**
- C. Implement a pilot program to promote supportive employment and education.**
- D. Partner with the New Mexico Department of Workforce Solutions to implement the State Unified Plan for the Workforce Investment and Opportunity Act.**
- E. Increase incentives for developers to build new or enhance access to existing permanent supportive housing units targeted toward extremely low-income households by redesigning the Housing Pre-Development Fund to provide shallow operating subsidies.**
- F. Initiate a "Pay for Success" feasibility study to use social impact bonds to finance the development of new units of permanent supporting housing (PSH) and/or provide rental assistance to increase access to existing housing units in the community.**

Task 1.2: Increase member engagement in his/her care

Studies have shown that patient involvement in his/her own health care results in better outcomes for the patient. HSD will increase Medicaid member engagement by:

Activities:

- A. Increase health literacy for Medicaid members through use of Community Health Workers.**
- B. Promote member participation in prevention activities through Centennial Rewards program.**
- C. Ensure members' comprehensive care plans contain appropriate goals for improving members' health status and participation in the community.**
- D. Continuously evaluate the effectiveness of care coordination and member engagement.**
- E. Explore additional technology-based solutions that support home-based assessments, reporting and education of Medicaid clients to help reduce emergency room and hospital visits, manage home-based care and improve population health.**

Task 1.3: Support families' financial stability by removing barriers to child support orders and collections

The Child Support Enforcement Division (CSED) has focused on increasing the percentage of cases with child support court orders by emphasizing paternity orders and then obtaining support orders. In SFY 15 CSED reached 82.5% for percentage of new cases that now have a support order. The additional focus now is to get the court orders entered sooner after filing, within 6 months versus 12, and have payments going to families' quicker to promote financial stability. CSED is in the process of reviewing work-flow processes and piloting an implementation plan to standardize and accelerate case processing.

CSED is also engaging with state and community organizations that help parents find work, so that those parents ordered to pay support can be referred for employment if needed. CSED has a vested interest in assisting non-custodial parents to obtain job skills and employment. CSED is also endeavoring to increase electronic income withholdings (eIWO) from employers, which will increase the percentage of collections through wage withholdings, by far the best source of consistent collections.

CSED is in the process of executing a new Joint Powers Agreement with the Navajo Nation, and is negotiating with four Pueblos to execute a Memorandum of Understanding with each. CSED provides an attorney to present child support cases in these four Pueblo Courts related to child support.

Activities:

- A. Improve child support processes in order to execute child support orders sooner.**
- B. Execute agreements with tribal and state partners in support of child support enforcement.**
- C. Identify and implement solutions for engaging formerly incarcerated individuals to help them meet their child support obligations.**

Measures:

Goal 1 Measures	FY 15 Actual	FY 16 Target	FY 17 Target
Amount of support collected, in millions	\$140.1	\$142	\$145
Percent of cases with support orders	82.5%	84%	85%
Percent of children born out of wedlock with paternity establishment in child support cases	101%	100%	100%
Percent of parent participants who meet Temporary Assistance for Needy Families (TANF) federally required work participation requirements	34.5%	55%	50%
Percent of adult Temporary Assistance for Needy Families (TANF) recipients who become newly employed during the report year	48.2%	52%	50%
Percent of adults with mental illness and/or substance abuse disorders receiving services who report satisfaction with staffs' assistance with their housing need (This is an annual measure and data will be available September, 2015)	No Data	71%	71%

Goal 2: Slow the Growth Rate of Health Care Costs and Improve Health Outcomes

Task 2.1: Implement value-based purchasing that promotes integration of services, reduces costs, and increases quality of care

HSD will begin to move from traditional fee-for-service payment models that encourage volume-based payments to models that align payments with improved health outcomes.

Activities:

- A. Evaluate the Managed Care Organizations' payment reform demonstration projects to determine best practices and appropriate incentives.
- B. Evaluate the effectiveness of the health homes within the Medicaid program.
- C. Increase the number of members receiving care through patient-centered medical homes with a corresponding decrease by PCMH members of non-emergent ER visits.
- D. Implement Comprehensive Community Behavioral Health Clinics to promote the integration of substance abuse disorders and behavioral health.
- E. Plan Medicaid Management Information System (MMIS) replacement solution to support outcome-based payment models.

Task 2.2: Reduce service gaps through innovative delivery models that build provider capacity

HSD plans to expand provider capacity and network access by investing in innovative models to ensure that an appropriate array of services are available statewide.

Activities:

- A. Educate providers and consumers regarding family supports, respite assistance and recovery services.
- B. Utilize investment zones to apply resources to the most needed areas of the state.
- C. Increase the capacity and utilization of telehealth for specialty care.
- D. Increase the use of Community Health Workers to support provider practices.
- E. Collaborate with Native American tribes, pueblos, and nations to ensure access to necessary medical services for tribal members.
- F. Work with federal and state partners to streamline and improve licensing of facilities and providers.
- G. Collaborate with MCOs to utilize "virtual visits" for Urgent Care and Behavioral Health visits through the use of mobile apps.
- H. Inventory the behavioral health provider network to determine the current capacity for electronic health records (EHR) use and interoperability.
- I. Identify critical areas to support for statewide adoption of EHR.

Task 2.3: Collaborate with partners to support prevention models and reduce health disparities

Partner with MCOs, the Department of Health and other stakeholders on prevention activities aimed at reducing health disparities.

Activities:

- A. Collaborate with Native American tribes, pueblos, and nations to focus on prevention for Medicaid recipients.
- B. Collaborate with the New Mexico Department of Health on health education and population health management, including disease outbreak management, HIV and Hepatitis C prevention.
- C. Collaborate with the Managed Care Organizations to design primary and secondary prevention strategies.
- D. Actively encourage Behavioral Health Collaborative Agencies to use the Strategic Prevention Framework model to implement substance abuse and mental illness prevention strategies.

Task 2.4: Detect and prevent fraud, waste, and abuse

The Office of Inspector General (OIG) will work with federal, state, and private agencies to become more diverse in detecting fraud, waste, and abuse. As HSD programs and operations evolve, the work environment changes. Partnerships will be leveraged to improve current processes and devise new ways to adapt to ensure the public’s monies are used judiciously and responsibly.

Activities:

- A. Identify and implement solutions for detecting potential fraud before it occurs.
- B. Implement an enhanced electronic system for personal care provider monitoring.
- C. Work with Managed Care Organizations to link their program integrity functions with the agency’s program integrity functions.
- D. Work with federal and state partners to identify potential fraud, waste, and abuse within public assistance programs.

Measures:

Goal 2 Measures	FY 15 Actual	FY 16 Target	FY 17 Target
Percent of intentional violations in the Supplemental Nutrition Assistance Program (SNAP) investigated by the Office of Inspector General that are completed and referred for an administrative disqualification hearing within ninety days from the date of assignment	96.5%	90%	90%

Goal 2 Measures	FY 15 Actual	FY 16 Target	FY 17 Target
The percent of children age two through twenty-one years enrolled in Medicaid managed care who had at least one dental visit during the measurement year *Hedis 2013 - 65%	CY14 65%	70%	70%
The percent of infants in Medicaid managed care who had six or more well-child visits with a primary care physician before the age of fifteen months *Hedis 2013 - 63%	CY14 52%	70%	68%
The average percentage of children and youth, age twelve months to nineteen years in Medicaid managed care who received one or more well-child visits with a primary care physician during the measurement year *Hedis 2013 - 92%	CY14 75%	92%	92%
The percent of recipients in Medicaid managed care ages eighteen through seventy-five years with diabetes who had a HBA1c test during the measurement year *Hedis 2013 - 84%	CY14 63%	86%	86%
Rate of return on investments for program integrity recoveries	\$3.36	\$4.00	\$4.00
Number of Medicaid managed care members enrolled in a Patient Centered Medicaid Home (PCMH)	CY14 201,820	N/A	215,000
Percent of readmission to the same level of care or higher for children or youth discharged from residential treatment centers or inpatient care	7.1%	5%	5%
Percent of individuals discharged from inpatient facilities who receive follow-up services at seven days	29.9%	45%	47%
Percent of individuals discharged from inpatient facilities who receive follow-up services at thirty days	45.6%	65%	67%
Increase in the number of persons served through telehealth in the rural and frontier counties	2,699	2,800	2,900

*Hedis 2013 MCO Average

Goal 3: Implement Person-Centric Service Models

Task 3.1: Streamline and enhance access and engagement of constituents

As technology evolves, our applicants and recipients are expecting to be able to access information and engage our services in new ways. HSD will improve how we serve our recipients by:

Activities:

- A. Improve the agency's ability to respond to requests for information, questions, and complaints through call center services and enhancements to web portals.
- B. Identify solutions to provide a single point of access for applicants and recipients whether it be through the phone, over the Internet, or through a mobile device.
- C. Evaluate the use of text messaging, automated calls, and other services to improve communications with applicants and recipients.
- D. Improve notices and forms through literacy reviews.
- E. Partner with federal and state agencies to implement a unified application for services and benefits.

Task 3.2: Develop a new model for delivery of public assistance programs for demonstration

Create a delivery of services that eliminates duplication through increased communication between entities while reducing the impact of poverty on individuals and families.

Activities:

- A. Partner with federal and state agencies to pilot a one stop shop for public assistance programs.
- B. Improve data sharing among federal agencies, state agencies, tribal organizations, and community organizations.
- C. Leverage analytics and other tools to determine new models for delivering public assistance programs within the state.

Measures:

Goal 3 Measures	FY 15 Actual	FY 16 Target	FY 17 Target
Percent of expedited Supplemental Nutrition Assistance Program (SNAP) cases meeting federally required measure of timeliness within seven days	91.5%	99%	99%
Percent of regular Supplemental Nutrition Assistance Program cases meeting the federally required measures of timeliness within thirty days	94.3%	99%	99%

Goal 3 Measures	FY 15 Actual	FY 16 Target	FY 17 Target
Percent of parents/caregivers of children in service who had an overall "positive" response about the services their children received as measured by the Improved Functioning Scale in the Annual Satisfaction Survey (This is a new reporting measure)	No Data	82%	83%
Percent of members reporting satisfaction with Centennial Care services (Data for this measure will be provided in the CAHPS report due September 15, 2015)	No Data	82%	82%
Percent of members reporting satisfaction with behavioral health services (This is an annual measure and data will be available September, 2015)	No Data	85%	85%

Goal 4: Improve Administrative Effectiveness and Simplicity

Task 4.1: Implement paperless document management

Many of the processes utilized by HSD can be augmented through the use of technology. The ability to convert to a paperless document management system provides for a safe, less labor intensive method for keeping, filing and retrieving documents. Documents and files can be cross referenced for quicker retrieval and fewer lost files. Automated processes will allow actions to be completed more expeditiously by eliminating the need to physically move paper from person to person. Technologies are readily available to support paperless document management, coupled with integrated workflows that will allow HSD to streamline existing manual processes and to reduce creation and circulation of paper documents.

Activities:

- A. Review current business processes for applicability to electronic document processing.**
- B. Explore options, systems, and costs for administrative support to begin movement to paperless document management.**
- C. Develop automated processes to replace current practices.**
- D. Implement workflow management technology to reduce the amount of paper used and to streamline the processes, while maintaining security and management oversight.**
- E. Train staff on automated processes.**
- F. Review existing administrative business processes to identify opportunities for improvement, including reduced cycle times, simplified review requirements, and easier coordination and collaboration.**

Task 4.2: Execute the MMIS and CSES replacement projects

HSD is planning replacement of the existing MMIS to meet Centers for Medicare and Medicaid Services (CMS) requirements, and also to replace the existing Child Support Enforcement System (CSES) so that it uses current technology and embodies business processes that better support CSED activities and effectiveness. These replacement projects are being undertaken in a coordinated effort based upon a framework that includes both technology and business process outsourcing components. This Health and Human Services (HHS) 2020 framework is planned to enable easier accommodation of changing programmatic requirements, to allow adoption of advancing technology and delivery models, and to support other participants within the New Mexico HHS enterprise. To attain this vision, HSD will:

Activities:

- A. Complete the planning phase of the CSES replacement project.**
- B. Continue the planning and implementation of the MMIS replacement project.**
- C. Complete the Integrated Behavioral Health Information System to allow consolidated analysis of legacy, Medicaid, and non-Medicaid behavioral health information.**

- D. Implement core technology components of the HHS 2020 framework and obtain integration management services to help plan and coordinate implementation and integration of other MMIS components.
- E. Implement a data services module that supports significantly enhanced reporting and analytics for Medicaid and for the HHS enterprise as a whole.
- F. Implement several business process outsourcing components to provide core Medicaid services without requiring HSD to purchase and maintain additional systems.
- G. Continue to define ways in which the HHS 2020 framework can support additional elements of the HHS enterprise, including both HSD functions and those of other State agencies, to efficiently and cost effectively share data, deliver mission-critical functionality, and more effectively serve New Mexico's population.

Task 4.3: Implement staff development plans

Training and development of agency staff is important in expanding the knowledge base of all of our employees. The benefits of implementing an expanded staff development and training plan will help strengthen employee skills leading to a better job performance and productivity, create a consistency in knowledge through the agency and boost employee morale.

Activities:

- A. Establish an agency staff development committee focused on the identification of staff development needs and solutions.
- B. Implement an agency wide staff development plan.
- C. Partner with federal and state agencies, higher education institutions, and community organizations to provide training to staff.

Task 4.4: Internal review of program effectiveness

Collaborate with Divisions within the agency to identify efficiencies, reduce administrative burden and develop consistent business operations that ensure effective implementation of policies and procedures.

Activities:

- A. Review, evaluate, and adjust current performance measures to ensure data accuracy and provide for a more comprehensive view of how the agency's programs are serving the citizens of New Mexico.
- B. Develop a business process assessment to identify the organization's strengths and weaknesses and focus on areas in need of improvement.
- C. Review and revise policies and procedures for divisions within the agency.
- D. Develop a prioritized roadmap for refining processes and implementing technology-enabled support to deliver specific measurable improvements.

Measures:

Goal 4 Measures	FY 15 Actual	FY 16 Target	FY 17 Target
Percent of invoice payments completed within thirty days of date of payable invoice	98%	100%	100%
Percent of timely final decisions on administrative disqualification hearings	100%	100%	100%
Percent of compliance with internal schedule approved by the Department of Finance and Administration (DFA) for turnaround time associated with the expenditure of federal funds and the requests for reimbursement from the expenditures from the Federal Treasury	100%	100%	100%
Percent of federal financial reports completed accurately by due date	100%	100%	100%