

Department of Health

FY 15 Quarter 2

Key Performance Measures

Report



October 1, 2014 - December 31, 2014

New Mexico Department of Health
Retta Ward, Cabinet Secretary



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Produced by the
Office of Policy and Accountability
Office of Health Equity
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NEW MEXICO DEPARTMENT OF HEALTH

MISSION:

Promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico.

FY 15 OPERATING BUDGET:

General Funds: 307,971.0

Federal Funds: 101,302.0

Other State Funds: 117,049.4

Other Transfers: 28,451.2

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At-A-Glance

Performance Measure	FY11	FY12	FY13	FY14	FY15 Q1	FY15 Q2	FY15 Q3	FY15 Q4	FY15 Target
Public Health (Poo2)									
New Percent of students using school-based health centers who receive a comprehensive well exam			34.5%	34.2%	45.7%	31.9%			35.0%
Percent of QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up		33.0%	33.0%	32.0%	29.9%	33.0%			33.0%
Epidemiology and Response(Poo3)									
Ratio of infant pertussis cases to total pertussis cases of all ages			1:13	1:16	1:9	1:23			1:15
New Percent of vital records front counter customers who are satisfied with the service they received					No Data Available	97.4%			85.0%
Scientific Laboratory (Poo4)									
New Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within fifteen business days					98.7%	89.7%			90.0%
New Percent of OMI cause of death toxicology cases that are completed and reported to office of medical investigator within sixty business days				67.0%	52.0%	65.2%			90.0%
Facilities Management (Poo6)									
Percent of staffed beds filled at all agency facilities	93.5%	87.0%	86.0%	81.1%	97.6% (revised)	97.6%			90.0%
New Percent of uncompensated care at all agency facilities					39.7% (revised)	39.5%			25.0%
New Percent of long-term care patients experiencing one or more falls with injury					0.4%	1.0%			3.3%
Developmental Disabilities Supports (Poo7)									
Percent of developmental disabilities waiver applicants who have a service plan in place within ninety days of income and clinical eligibility	90.0%	98.3%	83.0%	75.0%	91.0%	91.0%			95.0%
Percent of adults receiving developmental disabilities day services who are engaged in community-integrated employment	32.0%	36.0%	30.0%	27.0%	26.0%	29.0%			35.0%
Number of individuals receiving developmental disabilities waiver receiving services	3,812	3,888	3,829	4,403	4,419	4,468			4,500
Number of individuals on the developmental disabilities waiver waiting list	5,401	5,911	6,248	6,133	6,035	6,076			6,100

PROGRAM AREA 002: Public Health

Purpose:

Public Health fulfills the Department of Health (DOH) mission by working with individuals, families, communities and partners to improve health, eliminate disparities, and ensure timely access to quality, culturally competent health care. Public health assures access to health care through case management, and through recruitment and retention efforts including the J-1 Visa Program, licensing of midwives, tax credits for rural health providers, and administering funds for rural primary health care providers throughout the state. Public Health staff members promote healthy lifestyle choices in all of their work, and they provide safety net clinical services to New Mexicans who cannot otherwise access them.



FY 15 OPERATING BUDGET:

General Funds: 65,307.6

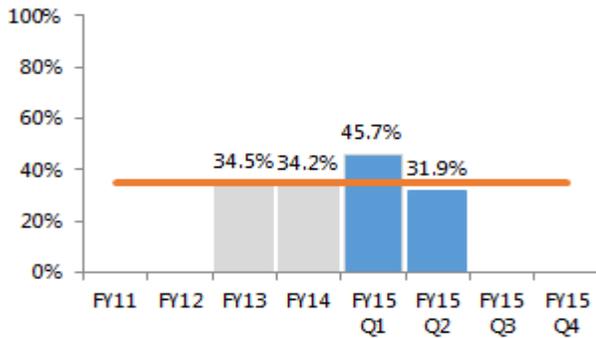
Federal Funds: 74,907.0

Other State Funds: 32,321.2

Other Transfers: 13,002.5

PROGRAM AREA 002: Public Health

Percent of students using school based health centers who receive a comprehensive well exam



Partners

New Mexico School Based Health Alliance
University of New Mexico – Envision
Health Care Quality Improvement
Initiative
Apex Evaluation
NM Human Services Department (HSD)
and Centennial Care Providers
NM Primary Care Association
NM Community Health Centers
NM Public Education Department
NM Children Youth and Families
NM Behavior Health Services Division
NM Forum for Youth in Community
Local school districts and school boards

Story Behind the Data

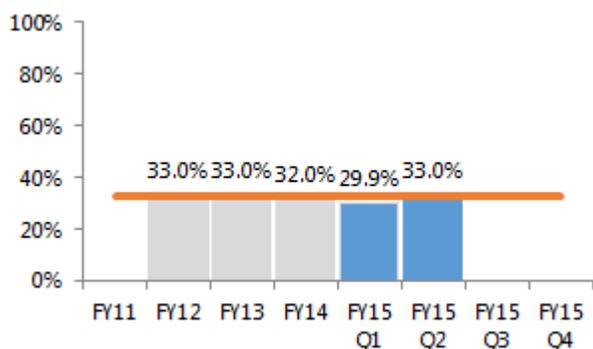
- School Based Health Centers (SBHC) begin the school year identifying youth who have not had a comprehensive well exam. Much of their effort is to identify youth who plan to play fall sports and instead of simply providing a sports physical, they use the opportunity to provide a comprehensive well exam that includes all the elements of the Medicaid EPSDT (early, periodic, screening, development and treatment).
- Students seen in SBHCs are screened using the SBHC Student Health Questionnaire which screens for a variety of risk areas, including nutrition and physical exercise, reproductive health, substance use, depression, anxiety and injury prevention. The results are used to determine a health plan for the student.
- The number of well exams is high in the first and second quarter of the year. SBHCs are engaged in outreach to identify youth in need, with an overarching goal of identify health risks and creating opportunities to be engaged in delivering health throughout the school year. Quarter two results show a decrease in well exams. Much of the effort is focused on follow up visits and services for students identified in first quarter. It's also important to note the UNM school-based health center program was unable to submit data due to a transition to a new electronic health record. OSAH is working with UNM to resolve reporting issues with a goal of obtaining all data from UNM by May 31, 2015.

Action Plan

- The Office of School and Adolescent Health will continue to monitor individual SBHC performance in the delivery of comprehensive well exams and promote performance measure on an individual site basis.
- Facilitate quality improvement activities focused on the elements of a comprehensive well exam for youth in middle and high school.
- Partner with HSD and Centennial Care providers to ensure reimbursement for comprehensive well exams delivered to Medicaid eligible youth through SBHCs.

PROGRAM AREA 002: Public Health

Percent of QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up



Story Behind the Data

- Although adult smoking has declined in recent years, we still see significantly higher smoking rates among people who have lower incomes, lower levels of education, are uninsured, are unemployed, have a disability, or identify as lesbian, gay, or bisexual.
- Youth cigar and cigarette smoking has declined significantly in the past decade, (53% decline for cigarettes); however, smokeless tobacco use is stagnant, hookah tobacco use is high, and little is known about e-cigarette use.
- Most people are protected from secondhand smoke (SHS) in public and work places, however, SHS exposure is still of concern on tribal lands, in multi-unit housing, and on educational/workplace campuses.
- The use of emerging tobacco products, such as electronic vapor products (e-cigarettes, e-hookahs, vape pens) and various flavored tobacco products presents new public health challenges, including policy options and potential impact on youth tobacco initiation and sustained nicotine addiction among adults.

Partners

American Cancer Society—Cancer Action Network

American Lung Association of New Mexico

NM Human Services Department—Synar and FDA Programs

Statewide Priority Population Tobacco Networks

Health Care Providers, Clinics, and Insurers

Community-Based Tobacco Prevention, Cessation, and SHS Grantees

Action Plan

- Continue providing QUIT NOW and DEJELO YA Cessation Services.
- Promote online brief intervention training to more health care providers and clinic systems to increase referrals to QUIT NOW.
- Increase awareness of DEJELO YA Spanish services through media promotion, and increased outreach to Spanish-speaking populations and organizations who serve them.
- Continue to expand linkages with other DOH programs and community-based organizations to take online training and refer smokers to QUIT NOW.
- Smoke-Free Housing—Continue outreach, education, and training regarding the harms of secondhand smoke exposure and benefits of smoke-free environments to community groups, landlords, property managers, and tenants of multi-unit housing to support voluntary smoke-free policies. A statewide smoke-free housing coalition and various funded partners are available to support (technical assistance, training) smoke-free housing efforts.

PROGRAM AREA 003: Epidemiology and Response

Purpose:

Epidemiology and Response fulfills the DOH mission by monitoring health, providing health information, preventing disease and injury, promoting health and healthy behaviors, responding to public health events, preparing for health emergencies, and providing emergency medical, trauma, vital registration, and sexual assault-related services to New Mexicans.



FY 15 OPERATING BUDGET:

General Funds: 8,352.6

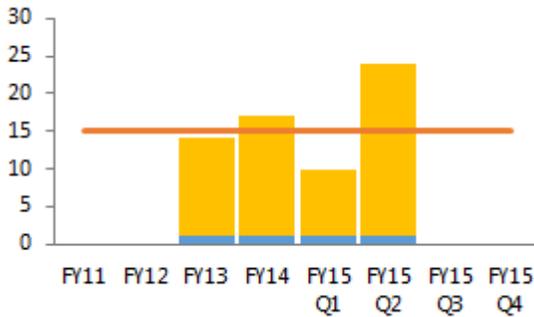
Federal Funds: 12,747.3

Other State Funds: 1,252.2

Other Transfers: 439.8

PROGRAM AREA 003: Epidemiology and Response

Ratio of infant pertussis cases to total pertussis cases of all ages



Story Behind the Data

- Pertussis is a highly contagious bacterial infection that causes an uncontrollable violent cough lasting several weeks or even months.
- Infants with pertussis are at increased risk of hospitalization, secondary complications, and death.
- Current prevention strategies and vaccination recommendations from the Centers for Disease Control and Prevention focus on prevention of pertussis among the infant population.
- Vaccination is recommended beginning at the age of two months and continuing until 12-18 months, with older children receiving booster doses.
- From 2008 through 2012, the New Mexico infant pertussis rate increased five-fold, from 56.2 to 257.7 cases per 100,000 infants. In 2013, the infant pertussis rate declined to 130.1 cases per 100,000 infants, and in 2014, the rate declined further, to 106.2 cases per 100,000 infants.
- The rate of pertussis cases declined nearly 50% from 2013 to 2014, from 29.9 cases per 100,000 people to 16.6 cases per 100,000 people.
- During Quarter 2, the ratio of pertussis cases was 1:23 (infant:total cases). This is an improvement from Quarter 1 ratio of 1:8 (infant:total cases).

Partners

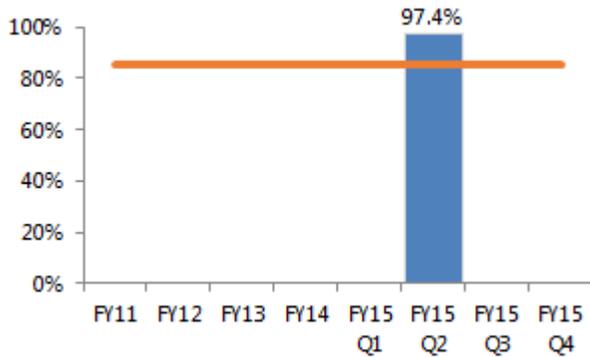
NM Immunizations Coalition
Regional Immunization Staff
Immunization Providers
Indian Health Services
NM Medicaid
NM Medical Society
NM Primary Care Association
NM American Congress of Obstetricians and Gynecologists
Pediatricians
Hospital staff
Individual Care Practitioners

Action Plan

- Provide accurate and complete data that supports vaccination prevention activities.
- Collaborate with community organizations and local/regional health partners to increase the number of access points for adults seeking immunizations.
- Assist the Women, Infants and Children (WIC) Program to develop educational and informational materials in order to increase awareness among older adults about vaccines and immunizations services.
- Increase advocacy in the community through education of providers (i.e., healthcare providers, WIC staff) by developing and preparing an educational "sound-byte" to be used during patient encounters.
- Collaborate with community services to increase access points to immunization.
- Educate providers to use reminder recall and the State Immunization Information System for tracking.
- Educate the public about immunization needs.

PROGRAM AREA 002: Epidemiology and Response

Percent of Vital Records front counter customers who are satisfied with the service they received



Story Behind the Data

- The New Mexico Bureau of Vital Records and Health Statistics (BVRHS) has been working to redesign and revamp their customer satisfaction survey process in hopes of gaining a larger sample of customers willing to complete surveys. The BVRHS evaluated automated software systems and vendors to move from a paper based survey method to an electronic system that could be more widely used by their office and expandable for future use in local vital records offices throughout the state.
- During the second quarter, the BVRHS conducted a customer satisfaction survey for two months for customers who ordered birth and death certificates from the walk-in customer service area in Santa Fe, New Mexico. The goal for this satisfaction survey was to achieve a satisfaction rating of 85%. BVRHS maintained a satisfaction rating over the two month period of 97% which is significantly above the goal of 85%.
- During the third quarter of FY15, BVRHS will be installing automated customer survey equipment which will allow for immediate customer feedback and generate customer satisfaction data in real time.
- Birth and Death certifications (Vital Records) are legal documents representing the registration of vital events.

Partners

Hospitals
Midwives
Funeral homes
Office of Medical Examiner
Physicians
Tribal authorities
Family members

Action Plan

- Implement a simplified electronic customer service satisfaction measuring tool which will take the customer seconds to give their feedback. This new process is expected to increase the number of responses because of the ease and speed to complete. The new approach will also reduce language barriers for most customers.
- Run internal reports to determine customer satisfaction and attempt to identify the employee specialty areas necessary to meet customer needs.
- Assess procedures to improve services through quarterly reviews of the survey data.

PROGRAM AREA 004: Scientific Laboratory

Purpose:

The Scientific Laboratory fulfills the DOH mission by providing laboratory analysis and scientific expertise for public health policy development, environment, and toxicology programs in New Mexico. The laboratory provides timely identification in order to prevent, identify, and respond to threats to public health and safety from emerging and unusual infectious diseases in humans, animals, water, food, and dairy, as well as chemical and radiological hazards in drinking water systems and environmental water, air, and soil. The laboratory also performs drug testing and provides expert witness testimony for forensic investigations of DWI/DUID and cause of death from drugs and infectious disease. The laboratory is the primary bioterrorism and chemical terrorism response laboratory for the state and provides training for clinical laboratories throughout New Mexico. New Mexico statute dictates that the Scientific Laboratory Division (SLD) is the primary laboratory for the New Mexico Department of Health, the New Mexico Office of the Medical Investigator, the New Mexico Environment Department, and the New Mexico Department of Agriculture.



FY 15 OPERATING BUDGET:

General Funds: 8,483.8

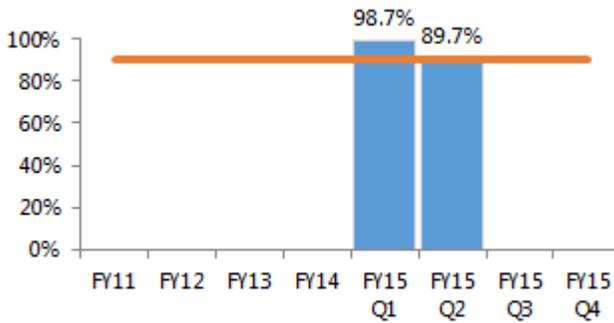
Federal Funds: 2,138.7

Other State Funds: 2,510.1

Other Transfers: 0.0

PROGRAM AREA 004: Scientific Laboratory

Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within 15 business days



Story Behind the Data

- New Mexico has a relatively high rate of alcohol-related deaths. Excessive alcohol consumption through binge drinking and heavy daily drinking contribute to this high rate.
- Scientific Laboratory Division (SLD) Toxicology staff analyze human samples for alcohol (e.g., blood alcohol concentration) and drugs to determine cause of impairment in drivers.
- SLD Toxicology staff analyze cause-of-death toxicology samples from the Office of Medical Investigator (OMI) to determine if alcohol and/or drugs are contributing factors to an individual's death.
- To analyze lab samples, it is critical to exceed published turn-around times to give officials ample time to prepare for court cases.
- Training keeps analysts up-to-date on current methods.
- Maintaining and updating equipment allows for samples to be analyzed without interruptions.
- The decline in performance during Quarter 2 can be attributed to the resignation of two staff members which created vacancies in key positions.

Partners

Courts

Public safety officials (e.g., law enforcement)

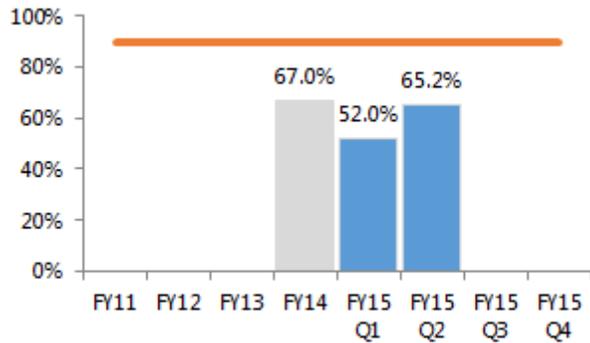
New Mexico Department of Transportation/Traffic Safety Bureau

Action Plan

- Continue method development and validation.
- Monitor and maintain equipment.
- Continue staff training.
- Fill vacant positions.

PROGRAM AREA 004: Scientific Laboratory

Percent of Office of Medical Investigator cause of death toxicology cases that are completed and reported to Office of Medical Investigator within 60 business days



Story Behind the Data

- New Mexico continues to have one of the highest drug overdose death rates in the country.
- In recent years the number of deaths due to prescription drugs has increased.
- SLD toxicologists assist the Office of Medical Investigator (OMI) in determining cause of an unexpected death by testing for illicit and prescription drugs.
- To analyze lab samples, it is critical to exceed published turn-around times to give officials time to prepare death certificates needed for families to file for insurance benefits.
- This measure can indicate when there are competing interests, such as how many scientists are being subpoenaed to give expert witness in court or an increase in driving while impaired either under the influence of alcohol or drugs cases.
- In January 2013 OMI shifted all of their laboratory testing to SLD, doubling SLD's overall caseload and increasing the number of the most complex and time consuming analyses by 15-fold.
- By August 2013 this increased workload had outstripped SLD's capacity, resulting in a backlog of cases and necessitating mandatory overtime and more urgent requests for funding to hire additional staff.

Partners

Office of Medical Investigator

Action Plan

- Continue method development and validation.
- Monitor and maintain equipment.
- Continue staff training.
- Additional staff are being hired.
- Staff have been working overtime to reduce the backlog of samples and to improve turnaround times. By the end of Quarter 2, SLD successfully eliminated the backlog and has begun to make progress toward achieving the target for this performance measure.

PROGRAM AREA 006: Office of Facilities Management

Purpose:

Facilities Management fulfills the DOH mission by overseeing six health care facilities and one community program; the safety net services provided throughout New Mexico include programs in mental health, substance abuse, long term care, and physical rehabilitation in both facility and community-based settings. Facility staff care for both New Mexico adult and adolescent residents who need continuous care 24 hours-a-day, 365 days-a-year. Most individuals served by DOH facilities have either complex medical conditions or psychiatric disorders that manifest in violent behaviors, and private sector providers are either unable or unwilling to serve these complex individuals, many of whom are remanded to DOH facilities by court order.



FY 15 OPERATING BUDGET:

General Funds: 66,112.4

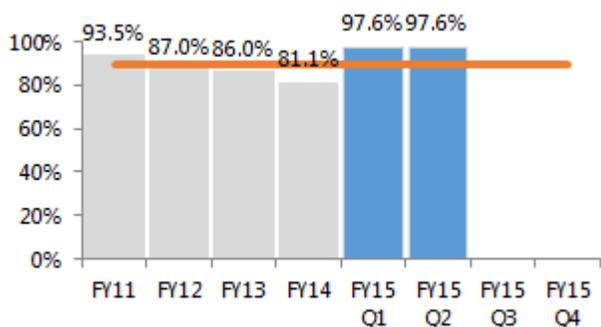
Federal Funds: 0.0

Other State Funds: 75,360.5

Other Transfers: 716.0

PROGRAM AREA 006: Office of Facilities Management

Percent of staffed beds filled at all agency facilities



Story Behind the Data

- Joint Commission accreditation and certification is recognized nationwide as a symbol that reflects an organization's commitment to provide high quality health care and improved patient outcomes.
- The facilities operation by the Department of Health provide programs to New Mexicans who may not otherwise be able to receive mental health, substance abuse, nursing home care or rehabilitation services.

Partners

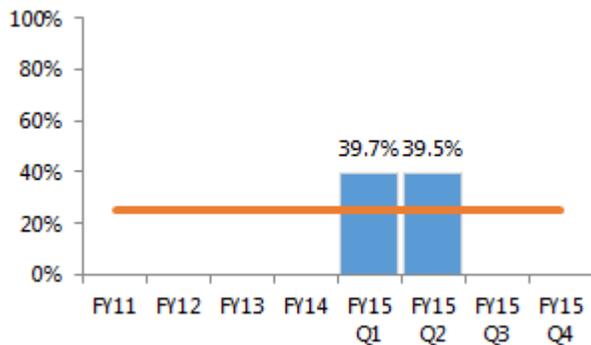
CYFD
State District Courts
Third party payers
Referral agencies
Veterans Administration
Community-based services
Facility employees

Action Plan

- Work to strengthen ties and improve response times with referral sources to improve and optimize facility admissions.

PROGRAM AREA 006: Office of Facilities Management

Percent of uncompensated care at all agency facilities



Story Behind the Data

- NMDOH facilities provide safety net programs in mental health, substance abuse, long term care, and physical rehabilitation, in both facility and community based settings, to individuals who have no financial resources yet need treatment.
- Facilities provide residential care for adults and adolescents 24 hours-a-day, 365 days-a-year.
- Most individuals served by NMDOH facilities have complex medical conditions or psychiatric disorders that manifest in violent behaviors, and private providers are either unable or unwilling to serve these complex individuals, many of whom are remanded to NMDOH facilities by court order.
- NMDOH financial directors meet periodically to develop standardized methodologies necessary to calculate data for the facilities performance measures. For example, billed third party revenues collected do not represent all billable charges, because some uncompensated care cannot be billed to those clients without a payer source (e.g., Medicaid).
- Due to implementation of the Affordable Care Act, there are eminent, third-party revenue and uncompensated care caveats that have not yet been identified.

Partners

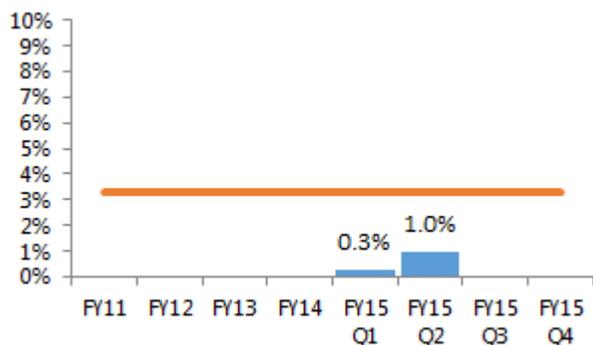
Facility staff
Department financial officers
Payer sources

Action Plan

- Conduct monthly Facility Finance Committee meetings to monitor expenses and increase revenues while ensuring standardized, approved fiscal practices and compliance with requirements in all facilities.
- Continue to improve revenue collections through the implementation of electronic billing and transcription services.
- Work toward Joint Commission accreditation to aid in improvement of care.
- Hire additional administrative (billing-related) staff at Fort Bayard and Las Vegas facilities.

PROGRAM AREA 006: Office of Facilities Management

Percent of long-term care patients experiencing one or more falls with injury



Story Behind the Data

- Accreditation and certification are recognized nationwide as symbols that reflect an organization's commitment to provide high quality health care and improved patient outcomes.
- The Centers for Medicare and Medicaid Services (CMS) manual describes falls with major injury as: bone fractures, joint dislocations, closed head injuries with altered consciousness, and subdural hematomas.
- The Department of Health (NMDOH) provides programs to New Mexicans who may not otherwise be able to receive mental health, substance abuse, nursing home care or rehabilitation services.

Partners

Centers for Medicare and Medicaid Services

The Joint Commission or appropriate accrediting agency

Health Licensing and Certification, Department of Health Facility employees

Action Plan

- Implement effective fall prevention plans, including staff and resident education in NMDOH facilities.
- Improve patient fall risk assessment processes.
- Continue to collect, report, and analyze data on falls with injury to the Centers for Medicaid and Medicare.
- Improve fall prevention performance by using analysis findings to make improvements.
- Maintain Joint Commission Accreditation for those facilities currently accredited. Seek, attain, and maintain appropriate accreditation for those facilities not currently accredited.

PROGRAM AREA 007: Developmental Disabilities Supports

Purpose:

Developmental Disabilities Supports Division (DDSD) fulfills the DOH mission by effectively administering a system of person-centered community supports and services that promotes positive outcomes for all stakeholders with a primary focus on assisting individuals with developmental disabilities and their families to exercise their right to make choices, grow and contribute to their community.



FY 15 OPERATING BUDGET:

General Funds: 148,908.0

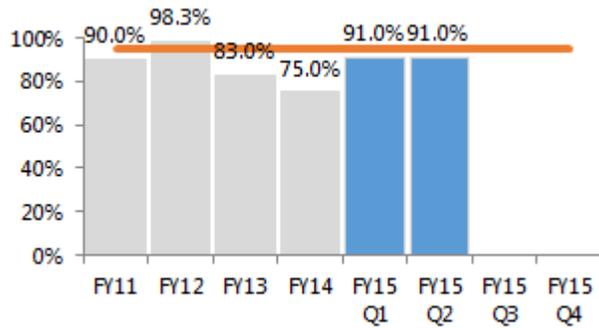
Federal Funds: 2,820.4

Other State Funds: 1,200.0

Other Transfers: 10,030.3

PROGRAM AREA 007: Developmental Disabilities Supports

Percent of developmental disabilities waiver applicants who have a service plan in place within 90 days of income and clinical eligibility



Story Behind the Data

The Developmental Disability Supports Division (DDSD) made significant improvements to the allocation process during FY 14:

- Changed the allocation process to ensure facilitation of an efficient and timely determination of eligibility and entrance into DD Waiver services.
- Moved the timing of the SIS referral much sooner in the process. By the time eligibility was confirmed at the Income Support Division (ISD) the SIS was already scheduled. This sped up the ISP process resulting in people entering services more quickly.
- Collaborated with the Medical Assistance Division (MAD), ISD, and Molina to articulate and outline the allocation process roles and responsibilities of each party involved, including the individuals/guardians.
- Revised our Allocation Tracking Form to incorporate all pertinent information necessary to inform the division when key benchmarks are accomplished and identify any delays.
- Communicated to all providers that allocating individuals to the waiver is a priority and provided training, in conjunction with MAD and Molina, to case managers and DDSD staff on the allocation process.
- The Intake and Eligibility Bureau (IEB) worked with Mi Via to clarify timeframe expectations with consultant agencies.

Partners

Human Services Department (HSD) Medical Assistance Division (MAD)

HSD Income Support Division (ISD)

Molina, Third Party Assessor (TPA)

Healthcare providers, parent support groups, and case managers

Mi Via

Community Providers

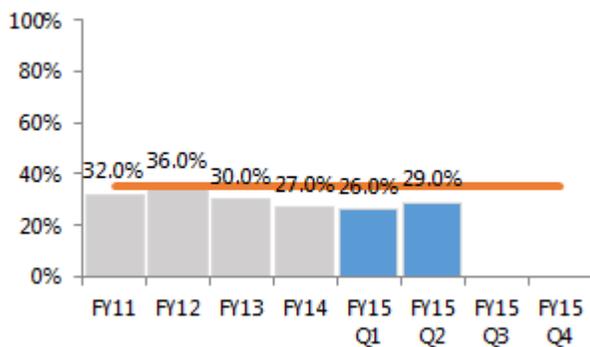
Case Management Agencies

Action Plan

- Conduct Orientation/Informational Presentations to persons recently offered allocations.
- IEB will continue to work with Mi Via to clarify timeframe expectations with consultant agencies.
- Create a more up-to-date and robust Central Registry database.
- Streamline Mi Via to make it easier for individuals and their families to complete the application more independently.
- Reinstitute annual “keeping in touch” mailings to maintain current contact info and determine when people move out-of-state, decease, or decide they are no longer interested in services.
- Create automatic crosswalk with the Vital Statistics Bureau to identify deaths.
- Participate in ongoing meetings with MAD and ISD representatives to: 1) review the DD waiver allocation process 2) identify barriers and 3) troubleshoot potential problems.
- Develop pre-services work, assessment, allocation eligibility, and case management a year early so that individuals complete as much of the eligibility process as possible.
- Assess regional provider capacity based on regional waiting list and provider areas of interest. Assess state capacity based on program capacity estimates and information technology evaluation.

PROGRAM AREA 007: Developmental Disabilities Supports

Percent of adults receiving developmental disabilities day services who are engaged in community-integrated employment



Story Behind the Data

- Nationally, individuals with intellectual/developmental disabilities experience greater levels of unemployment, underemployment, low wages, and poverty compared to those without disabilities.
- FY 14 was a very difficult time for people with and without disabilities to find employment. In addition DDSD revised the rate structure for Supported Employment services through the DD Waiver with the intent of introducing more accountability into the system.
- Based on the outcomes in FY 14 regarding Supported Employment, DDSD is in the process of revising the rate structure.

Partners

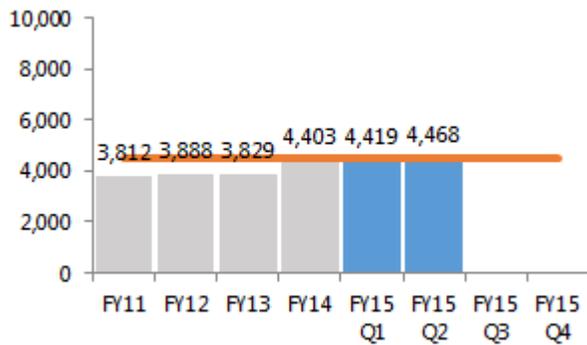
Division of Vocational Rehabilitation
Supported Employment Providers
Supported Employment Leadership Network
Local business owners and community leaders
UNM/Center for Development and Disability - Partners for Employment

Action Plan

- Collaborate with consultants, Division of Vocational Rehabilitation (DVR), UNM/Center for Development and Disability - Partners for Employment, and regional community inclusion coordinators to train stakeholders and provide technical assistance in the areas of job development, customized employment, systematic instruction, social security benefits, microenterprise business ownership, visual resumes, and other best practices.
- Assist providers and interdisciplinary teams (IDT) to plan effectively using the new service standards, service options, and community resources.
- Continue to schedule and conduct local networking events to support employment efforts amongst a variety of stakeholders, which may include supported employment providers, current and potential employers, community leaders, individuals and their families.
- Develop metrics that will allow individuals and teams to determine whether supported employment providers are demonstrating quality outcomes. Enhance monitoring efforts and provide outreach to providers to assist or intervene, as needed.
- Work closely with stakeholders to build a sustainable system of expertise and local networks to increase capacity in supported employment options and services.

PROGRAM AREA 007: Developmental Disabilities Supports

Number of individuals receiving developmental disabilities waiver receiving services



Story Behind the Data

- DDS is the primary state agency that funds community services and supports for people with a developmental disabilities and their families in New Mexico.
- The Developmental Disabilities Waiver (DDW) program is designed to provide services to allow eligible individuals with developmental disabilities to participate as active community members.
- The DDW is one of several waiver programs available, and the DDW program serves as an alternative to institutional care, providing an array of residential, habilitation, employment, therapeutic and family support services.
- Participants can choose the traditional waiver or the Mi Via waiver.
- Mi Via ("my way") is a program that provides choices of goods and services to DDS participants. Also, participants have a key role and responsibility in developing a flexible Service and Support Plan that meets their needs. The choice of Mi Via changes the responsibility to the individual/family for designating level of care and for completing the service planning process.
- The number of people choosing the Mi Via Waiver increased from 145 in FY 10 to 623 in FY 14.

Partners

Human Services Division's (HSD) Medical Assistance Division (MAD)

Human Services Division's (HSD) Income Support Division (ISD)

Molina, Third Party Assessor (TPA)

Healthcare providers, parent support groups, and case managers

HSD Mi Via

Community Providers

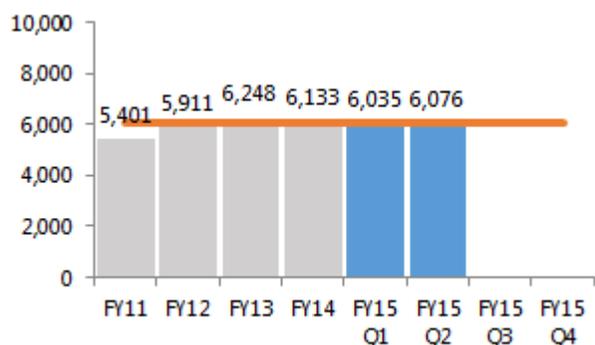
Case Management Agencies

Action Plan

- Assist providers and interdisciplinary teams (IDT) to plan effectively using the new service standards, service options, and community resources.
- Create a more up-to-date and robust Central Registry database.
- Increase provider capacity.
- Increase awareness of services for individuals with developmental disabilities.
- Improve case management services to provide information regarding different types of available services.
- To maximize the number of individuals who enter and receive services, DDS will send letters of interest based on the projected number of new allocations.
- Assess regional provider capacity based on regional waiting list and provider areas of interest.
- Assess state capacity based on program capacity estimates and information technology evaluation.

PROGRAM AREA 007: Developmental Disabilities Supports

Number of individuals on the developmental disabilities waiver waiting list



Story Behind the Data

Reducing the DD Waiver waiting list (i.e., the Central Registry) is an ongoing challenge due to the continuous addition of new people qualifying for the DD Waiver. Approximately 300 people are determined to be newly eligible and are added to the waiting list every year. The good news is that because FY15 is the 3rd year in a row that DDS has allocated over 300, the waiting list is down by 213 people since FY 13. Eligible applicants are placed on the waiting list in order by the date they applied for services. People for whom DD Waiver Program services are provided are selected from this list based on their date of application and/or emergency needs.

The Central Registry (CR) contains several status categories reflecting applicants' progress in the application/allocation process. Cases in these status categories comprise the total reported CR "Wait List." The CR status categories are:

- **Start Status:** An applicant has applied services but verification of intellectual/development disability (I/DD) has not been completed. About two-thirds of applicants in this category will not match the definition of I/DD and, as a result, will be moved to the Pending Status category or be closed.
- **Pending Status:** Children younger than age eight who have a confirmed specific related condition but do not have documentation of substantial functional limitations in three or more areas of life activities.
- **Completed Status:** Applicants who have completed the application process, match the definition of I/DD, and are waiting for allocation.
- **Allocation on Hold:** Persons who have been offered allocation who have chosen to not accept an allocation currently. The DD Waiver original registration date is preserved so the person can be allocated quickly when they decide they are ready to receive services on the DD Waiver.

Partners

Human Services Division's (HSD) Medical Assistance Division (MAD)

Human Services Division's (HSD) Income Support Division (ISD)

Molina, Third Party Assessor (TPA)

Healthcare providers, parent support groups, and case managers

HSD Mi Via

NMDOH's Vital Records

Community Providers

Case Management Agencies

Action Plan

- Continue the work of the DDS Senate Memorial 20 Comm. of the DDS Advisory Council on Quality.
- Create a more up-to-date and robust Central Registry database.
- Streamline Mi Via to make it easier for applicants to complete the application more independently.
- Reinstigate annual "keeping in touch" mailings to maintain current contact info and determine when people move out-of-state, become deceased, or decide they are no longer interested in services.
- Create automatic crosswalk with Vital Statistics to identify deaths.
- Participate in ongoing meetings with MAD and ISD representatives to: 1) review the DD waiver allocation process 2) identify barriers and 3) troubleshoot potential problems.
- Develop pre-services work, assessment, allocation eligibility, and case management a year early so that individuals complete as much of the eligibility process as possible.

NOTES



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