



PERFORMANCE REPORT CARD

NEW MEXICO DEPARTMENT OF HEALTH (66500)

FIRST QUARTER, FISCAL YEAR 2022

CABINET SECRETARY DAVID R. SCRASE, M.D.

Department of Health (66500)

The New Mexico Department of Health (NMDOH) is a centralized system of health services. New Mexico’s 33 counties are organized into 4 public health regions governed by NMDOH. Regional directors and staff provide services to every county within their region through 52 public health offices and the local offices partner with their communities to ensure that services meet communities’ specific needs.

Combined with 9 programmatic areas that make up NMDOH’s organizational structure, NMDOH provides wide-ranging duties that formulate a statewide public health system. The department achieves its mission and vision by promoting health and preventing disease, collecting, analyzing and disseminating data, licensing and certifying health facilities, and providing clinical testing services. The department also operates health care facilities that serve veterans, persons with developmental disabilities, those with behavioral health issues and those with rehabilitation needs.

- NMDOH Programmatic Areas:**
- Administrative Services
 - Public Health
 - Epidemiology & Response
 - Scientific Laboratory
 - Developmental Disabilities Support
 - Health Certification, Licensing & Improvement
 - Medical Cannabis
 - Treatment & Long-Term Care Facilities
 - Information Technology Services

Agency Mission:

To ensure health equity, we work with our partners to promote health and well-being and improve health outcomes for all people in New Mexico.

Agency Goals/Objectives:

- We expand equitable access to services for all New Mexicans.
- We improve health status for all New Mexicans.
- We ensure safety in New Mexico healthcare environments.
- We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals.

Agency Programs Reporting FY22 Q1 Measures

PUBLIC HEALTH DIVISION	P002
EPIDEMIOLOGY AND RESPONSE DIVISION	P003
SCIENTIFIC LABORATORY DIVISION	P004
FACILITIES MANAGEMENT DIVISION	P006
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION	P007
HEALTH CERTIFICATION LICENSING AND OVERSIGHT	P008

Program Measure Rating Key		
trending positively by meeting or exceeding target	trending uncertainty with inconsistent or underperforming results	trending negatively with consistent underperformance
<p>Explanatory Measures: measure external factors over which the agency has little or no control but that have a material effect on the agency’s ability to achieve its goals, so thus there are no quarterly programmatic results or annual target.</p>		



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Public Health Division (P002)

The Public Health Division (PHD) fulfills the New Mexico Department of Health’s mission by working with individual families, communities, and partners to improve health, eliminate disparities, and ensure timely access to quality, culturally competent health care.

Budget: \$181,884.1 FTE: 783	FY20 Actual	FY21 Actual	FY22 Target	FY22 Q1 Actual	FY22 Q1 Rating
<u>Key & HB2 Measure:</u> Percent of preschoolers (19-35 months) who are indicated as being fully immunized	62.93%	64.66%	≥65%	66.8%	●
This measure assesses New Mexico’s success in attaining high levels of immunization coverage among its preschool population. The Healthy People 2020 objective is 80%, which is a realistic target for New Mexico as well.					
<u>Key & HB2 Measure:</u> Percent of NMDOH funded school-based health centers that demonstrate improvement in their primary care or behavioral health care quality improvement focus area	50%	73%	≥95%	0% (Annual Cumulative)	
As adolescents have returned to school for in-person learning this fall, school-based health centers are meeting the health care needs throughout the state. SBHCs have returned to providing integrated primary and behavioral health care for adolescents. School districts are also anxious to enlist SBHCs in assisting with COVID testing and vaccination efforts.					
<u>Key & HB2 Measure:</u> Percent of female clients ages 15-19 seen in NMDOH public health offices who are provided most or moderately effective contraceptives	85.8%	88.4%	62.5%	84.3%	●
The broad range of contraceptive methods including IUDs and implants (most effective) and pills, injectables, and rings (moderately effective) is available at 41 of the 43 public health offices that offer family planning services. In December 2020, 34 Public Health Offices provided family planning services, due to COVID response. Since 2014, the teen birth rate among 15-to-19-year-olds in New Mexico has declined by 34.8% to 24.4 per 1,000 in 2019 (NM IBIS) and is tied in 2018 for the seventh highest in the nation (at 25.2 per 1,000, with Tennessee and Texas) (National Center for Health Statistics).					
<u>Key Measure:</u> Percent of New Mexico adult cigarette smokers who access cessation services	2.6%	1.9%	≥2.6%	0.60% (Annual Cumulative)	●
The NMDOH Tobacco Use Prevention and Control (TUPAC) Program served 999 NM tobacco users in Q1, representing about 0.6% of adult smokers in the state through its QUIT NOW and DEJELO YA tobacco cessation services. For the					



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beginning of FY22, TUPAC is looking into implementing new educational and outreach strategies to combat difficulties introduced during the COVID-19 pandemic. NM and the rest of the country experienced significant declines in use of their tobacco helplines during this past year of the COVID pandemic.

<u>Key Measure:</u> Number of successful overdose reversals per client enrolled in the NMDOH Harm Reduction Program	3.444	2,572	2,750	N/A (lag time delay)	
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The New Mexico Department of Health’s Hepatitis and Harm Reduction Program has one of the nation’s longest standing overdose prevention education and naloxone distribution programs. In Q3 of FY2016, the New Mexico Legislature passed legislation that reduced barriers to providing naloxone to individuals at highest risk of experiencing an opioid overdose. In FY21, challenges including federal funding no longer being available to the harm reduction program, changes in the route of consumption of substances, and the COVID-19 pandemic’s impact in staffing has led to a decreased program utilization. It is important to note that this number is likely an undercount of those that utilized naloxone to reverse an opioid overdose as this is based on self-reporting when individuals return to receive a refill.



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Epidemiology & Response Division (P003)

The Epidemiology and Response Division (ERD) monitors health, provides health information, prevents disease and injury, promotes health and health behaviors, responds to public health events, prepares for health emergencies, and provides emergency medical, trauma and vital records to New Mexicans. ERD provides services through six bureaus: Emergency Medical Systems (EMS), Environmental Health Epidemiology (EHEB), Health Emergency Management (BHEM), Infectious Disease Epidemiology (IDEB), Injury and Behavioral Epidemiology (IBEB), and Vital Records and Health Statistics (BVRHS).

Budget: \$118,065,700 FTE: 341	FY20 Actual	FY21 Actual	FY22 Target	FY22 Q1 Actual	FY22 Q1 Rating
<u>Key Measure:</u> Percent of death certificates completed by Bureau of Vital Records and Health Statistics within 10 days of death	61%	50%	50%	53%	●
Timeliness of death reporting and registration is important to citizens who are managing the legal affairs of a deceased individual, for example with life insurance claims, closing bank accounts and credit cards. At the population level, timely death reporting is important for providing provisional statistical data for disease prevention and control, for example monitoring drug overdose deaths, suicide deaths, and infectious disease deaths, including COVID-19.					
<u>HB2 Measure:</u> Rate of drug overdose deaths per 100,000 population	Explanatory Measure				
New Mexico has long had one of the highest rates of drug overdose deaths in the US. Between 2015 and 2017 NM reported small decreases in the number of drug overdose deaths. However, the number increased in 2018. For the last few years, New Mexico has aggressively addressed opioid overdose deaths, including making naloxone more available, mandating use of the Prescription Monitoring Program (PMP), increasing the number of healthcare providers who can prescribe medication assisted treatment (MAT), paying for screening and brief intervention (SBI) services through Medicaid, increasing support for harm reduction, and including syringe services.					
<u>Key & HB2 Measure:</u> Percent of retail pharmacies that dispense naloxone	94.8%	88.3%	85%	88%	●
This measure was introduced to provide visibility on the distribution of naloxone in New Mexico. The list of retail pharmacies is compared to the Medicaid claims data to identify pharmacies that are/are not distributing naloxone. This provides opportunity to identify pharmacies not distributing naloxone, which can then be contacted for additional encouragement and education on the importance of distributing naloxone.					
<u>HB2 Measure:</u> Percent of opioid patients also prescribed benzodiazepines	11%	10.6%	≤5%	10.2%	●



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<p>Opioids and benzodiazepines both depress respiration. The risk of death increases when benzodiazepines are taken along with opioids. Prescription opioids as a drug-type are involved in more drug overdose deaths than any other drug-type, however in 2017 for the first time, a benzodiazepine drug (alprazolam) was the most common prescription drug involved in overdose deaths in New Mexico. Alprazolam remains the most common benzodiazepine involved in drug overdose deaths in 2018.</p>						
<p><u>HB2 Measure:</u> Rate of alcohol-related deaths per 100,000 population</p>			<p>Explanatory Measure</p>			
<p>New Mexico has the highest alcohol-related death rate in the US. New Mexico's CY19 alcohol-related death rate is twice the US. The alcohol-related death rate in New Mexico increased almost 8% between 2018 and 2019.</p>						
<p><u>Key Measure:</u> Percent of cities and counties with Access and Functional Needs (AFN) plans that help prepare vulnerable populations for a public health emergency</p>		5%	65%	33%	10%	●
<p>Jurisdictional Access and Functional Needs (AFN) plans assist in identifying the actions, responsibilities, and roles in creating synchronized emergency operations assistance and coordination from the Department of Health (DOH) for New Mexicans and visiting individuals to New Mexico with Access and Functional Needs (AFN). In order to increase the number of counties that utilize AFN planning, DOH provides templates and access to workshops about AFN.</p>						



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Scientific Laboratory Division (P004)

The Scientific Laboratory Division (SLD) provides a wide variety of laboratory services to programs operated by numerous partner agencies across the state of New Mexico. The activities of SLD in support of State agencies are mandated in statute and are essential for the successful mission of the programs it supports.

SLD services include:

- Veterinary, food and dairy testing for the Department of Agriculture
- Certification inspections of milk and water testing laboratories for the Environment Department
- Chemical testing for environmental monitoring and the enforcement of environmental laws and regulations for the Environment Department
- Clinical testing for infectious diseases that are of public health significance (e.g., COVID-19, Zika, Ebola, West Nile virus, avian influenza, Chikungunya, Dengue, etc.) for the Department of Health and the Centers for Disease Control & Prevention
- Biosecurity outreach and training to clinical laboratories and first responders across the state
- Identification of agents of bioterrorism in cooperation with the Federal Bureau of Investigation and state law enforcement agencies
- Forensic toxicology (drug) testing in support of the Department of Public Safety, Department of Transportation and local law enforcement agencies for the Implied Consent Act and the Office of the Medical Investigator
- Expert witness testimony for forensic toxicology testing in state courts
- Training and certification of law enforcement officers to perform breath alcohol testing within the state

Budget: \$14,759,900 FTE: 198	FY20 Actual	FY21 Actual	FY22 Target	FY22 Q1 Actual	FY22 Q1 Rating
<p><u>Key Measure:</u> Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within 30 calendar days</p>	91%	98%	≥95%	99.2%	●
<p>According to the Centers for Disease Control and Prevention, alcohol is a contributing factor in up to 49% of motor vehicle crashes. The SLD Toxicology staff analyze samples for blood alcohol concentration (BAC) and drugs to determine cause of impairment in drivers, as well as Office of Medical Investigator (OMI) samples for carboxyhemoglobin. SLD staff also serve as expert witnesses in court cases where alcohol or drugs are involved. Duplicate testing of each specimen is performed per accreditation requirements, which doubles testing time (started FY16-Q3). The Bureau exceeded its target for this quarter with 99% of cases completed and reported within 30 days. The Toxicology Bureau has had a successful ABFT inspection. The inspectors were impressed with the quality and knowledge of the employees.</p>					



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Facilities Management Division (P006)

The Facilities Management Division (FMD) fulfills the NMDOH mission by providing:

- Programs in mental health, substance abuse, long-term care, and physical rehabilitation in both facility and community-based settings; and
- Safety net services throughout New Mexico.

FMD consists of six healthcare facilities and one community program. Most individuals served by NMDOH 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 restricted to NMDOH facilities by court order. The FMD Facility and Community Program staff cares for both New Mexico adult and adolescent residents, who need continuous care 24 hours/day, 365 days/year as well as provision of a variety of behavioral health outpatient services.

Budget: \$167,287,200 FTE: 1,930.5	FY20 Actual	FY21 Actual	FY22 Target	FY22 Q1 Actual	FY22 Q1 Rating
<u>Key & HB2 Measure:</u> Percent of eligible third-party revenue collected at all agency facilities	80.8%	92.1%	≥95%	77.1%	●
Revenue collection is important to maintain services across the state. Greater revenue collection allows DOH to provide an enhanced level of care to our patients. The state's revenue fluctuates each year and as a result the amount of General Fund appropriated to DOH is directly affected. Work to improve collection rates is continuous as addressed in the action plan below.					
<u>Key & HB2 Measure:</u> Number of significant medication errors per 100 patients	.2	.6	≤2.0	.4	●
In 1999, the Institute of Medicine published To Err Is Human: Building a Safer Health System, in which they stated that between 44,000-98,000 people die in hospitals each year as a result of preventable medication errors and laid out a strategy for reducing these errors. The DOH Facilities, each of which serve a distinct population, monitor and report the rate of significant Category D or higher medications errors, according to the NCC MERP Index for Categorizing Medication Errors. This index addresses interdisciplinary error causes and promotes safe medications use. A Category D or higher is an error that reaches the patient, resulting in increased patient monitoring or treatment intervention and corrective actions taken to prevent recurrence and harm.					
<u>Key & HB2 Measure:</u> Percent of long-term care residents experiencing one or more falls with major injury	5.3%	4%	≤3.5%	4.2%	●
Falls are common and are a major safety concern for long-term care facilities. While not all falls and injuries can be prevented, it is critical to have a systematic process of assessment, intervention, and monitoring to minimize fall risk and prevent major injuries resulting from falls. DOH's long term care facilities continue to build a falls prevention infrastructure. Every new long-term care resident is assessed for fall risk. This assessment is then included in each					



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individual resident's care plan. Falls committees review CASPER reports and care plans as well as post fall therapy review for more aggressive approaches. Smartsheets are being used to standardize across long term care populations, combined with continuous staff education and reinforcement. Plus, the Facilities continue to focus on ensuring occupational therapy for residents to enhance interventions.



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Developmental Disabilities Supports Division (P007)

The Developmental Disabilities Supports Division (DDSD) effectively administers a system of person-centered community supports and services that promotes positive outcomes for all stakeholders. DDSD is the primary state agency that funds community services and supports for people with disabilities and their families in New Mexico. DDSD's primary focus is on assisting individuals with developmental disabilities and their families in exercising their right to make choices, grow and contribute to their community. DDSD oversees home and community-based Medicaid waiver programs and these include:

- The Developmental Disabilities Waiver (Traditional Waiver)
- The Medically Fragile Waiver (Traditional Waiver)
- The Mi Via Self-Directed Waiver
- The Supports Waiver

DDSD's Intake and Eligibility Bureau manages the Central Registry for individuals waiting for services. DDSD also provides several State General Funded Services. For all programs DDSD's vision is for people with intellectual and developmental disabilities and their families to exercise their right to make choices and grow and contribute to their community.

Budget: \$174,908,100 FTE: 188	FY20 Actual	FY21 Actual	FY22 Target	FY22 Q1 Actual	FY22 Q1 Rating
<u>HB2 Measure:</u> Number of individuals on the Developmental Disabilities Waiver waiting list	4,743	4,669	Explanatory		
The wait time for Home and Community-Based Services (HCBS) Waivers varies widely by state. In New Mexico, the HCBS Waivers with a wait list include the Developmental Disabilities (DD) and Mi Via Waivers. Individuals are offered waiver services as funding for allocation slots becomes available. Individuals that meet the requirements can receive standard Medicaid benefits and other services while on the waiting list. As of September 30, 2021, there were 4,604 individuals on the wait list for HCBS Waivers. These individuals have been determined to meet the definition of developmental disability. Of those individuals, 495 have placed their allocation on hold. This means these individuals were offered waiver services and have chosen to continue on the wait list for now. The number of individuals on the wait list decreased slightly during the first quarter of FY22, as number of individuals removed from the wait list through allocations or attrition exceeded the number of individuals who added to the Wait List.					
<u>HB2 Measure:</u> Number of individuals receiving Developmental Disability Waiver services	4,934	5,111	Explanatory		
Every state in the nation has the option to provide home and community-based services with approval from the Centers for Medicare and Medicaid Services (CMS). Nationwide, over 44 states, and the District of Columbia, provide home and community-based Medicaid waiver services to people with Intellectual or Developmental Disabilities (I/DD). The Developmental Disabilities Waiver program, which includes a choice between Mi Via (self-directed) waiver and the tradition DD Waiver serves as an alternative to institutional care. DDW provides a variety of services for people with I/DD to support them in living independently and participating actively in their communities. In FY22 Q1					



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the Developmental Disabilities Supports Division (DDSD) had 5,051 persons receiving Developmental Disability Waiver services (NM Human Services Department Client Counts and Expense Report 10-12-2021.).					
<u>Key Measure:</u> Percent of Developmental Disabilities Waiver applicants who have a service plan and budget within 90 days of income and clinical eligibility	95.5%	97.4%	≥95%	100%	
This performance measure is in response to Lewis v. New Mexico Department of Health. It is important in ensuring allocated individuals have a service plan in place within 90-days of income and clinical eligibility. The Developmental Disabilities Supports Division (DDSD) Intake and Eligibility Bureau (IEB) works closely with internal and external partners to ensure that individuals with developmental disabilities receive waiver services in a timely manner by completing the necessary application requirements. During FY22 Q1, 32 out of 32 individuals had a service plan in place within 90 days of income and clinical eligibility determination.					
<u>Key Measure:</u> Percent of adults of working age (22 to 64 years), served on the DD Waiver (traditional or Mi Via) who receive employment supports	28.3%	18.4%	≥27%	16.1%	
Nationally, individuals with intellectual/developmental disabilities (I/DD) experience greater levels of unemployment, underemployment, low wages, and poverty compared to those without disabilities. Community Integrated Employment (CIE) includes supports that allow individuals with developmental disabilities to participate as active community members and realize the benefits of employment. Employment First (E1st) expects that working age individuals with I/DD should be given the opportunity to work in the community. In FY22 Q1, 16.1% of eligible adults received employment services. Recent COVID related impacts are reflected in the Medicaid/Omnicaid billing data as there is a significant decline in individuals accessing employment supports. However, people are returning to the workforce, slowly.					
<u>Key Measure:</u> Percent of Developmental Disabilities Waiver providers in compliance with General Events timely reporting requirements (2-day rule)	87.3%	83%	≥86%	83.1%	
The timely submission and approval of GERs is critical to DDSD’s mission of ensuring the safety and wellbeing of the individuals on the traditional Developmental Disabilities Waiver (DDW). The purpose of General Events Reporting (GER) is to report, track and analyze events, which pose a risk to adults in the DDW program, but do not meet criteria for Abuse, Neglect & Exploitation (ANE) or other reportable incidents as defined by the Incident Management Bureau. According to DDSD requirements, providers must enter and approve GERs within two (2) full days, except for medication errors, of the event date. Following review of the compliance data, DDSD conducts outreach to the provider agencies that are not compliant with the requirement and remediation is requested. DDSD is utilizing the Therap GER system to track and monitor COVID-19 related events, including positive testing, which has added an increase in system reporting. In FY22 Q1, 83.1% of the 5,787 GERs submitted were submitted and approved in a timely manner. In FY22 Q1, 65% of the 75 providers submitting GERs complied with GER reporting requirements for timely reporting.					



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Health Certification Licensing and Oversight (P008)

The Health Certification Licensing and Oversight Division, better known as DHI (Division of Health Improvement), ensures that healthcare facilities, community-based Medicaid waiver providers and community support services deliver safe and effective healthcare and community services in accordance with laws, regulations, and standards of practice. DHI works closely with key stakeholders to promote and protect the health, safety, and quality of life of New Mexicans. Key DHI enforcement activities include:

- Conducting various health and safety surveys for both facilities and community-based programs.
- Conducting investigations of alleged abuse, neglect, exploitation, death, or environmental hazards.
- Processing over 44,000 caregiver criminal history screenings annually.

Budget: \$14,371,120 FTE: 182	FY20 Actual	FY21 Actual	FY22 Target	FY22 Q1 Actual	FY22 Q1 Rating
<u>HB2 Measure:</u> Rate of abuse for Developmental Disability Waiver and Mi Via waiver clients	Explanatory				
Abuse, neglect, and exploitation (ANE) of individuals with intellectual/developmental disabilities (I/DD) has a direct impact on their quality of life and results in increased emergency room visits, additional medications, and related medical treatment. Neglect is the most common allegation. Lack of adequate supervision, failure to follow health care plans, and insufficient staff training are the most common reasons for substantiated neglect. Many adults with I/DD are unable to recognize danger, understand their rights, and protect themselves, and neglect is the leading cause of premature death for this population.					
<u>HB2 Measure:</u> Rate of re-abuse for Developmental Disabilities Waiver and Mi Via Waiver clients	Explanatory				
It is important to measure repeat abuse, neglect, and exploitation (ANE) because many individuals are unable to recognize danger, understand their rights, and protect themselves. Lack of adequate supervision, failure to follow health care plans, and staff training are the most common reasons for substantiated neglect. By tracking the re-abuse rate, (which includes ANE), IMB can determine the effectiveness of corrective and preventive action plans and strategies intended to reduce the rate of abuse. IMB continues to make improvements to its database functionality to improve the quality of the data.					
<u>Key & HB2 Measure:</u> Percent of abuse, neglect, and exploitation investigations completed within required timeframes	81.7%	96.3%	86%	98.8%	●
Abuse, neglect, and exploitation (ANE) of individuals with intellectual/developmental disabilities (I/DD) has a direct impact on their quality of life and results in increased emergency room visits, additional medications, and related medical treatment. Neglect is the most common allegation. Lack of adequate supervision, failure to follow health care plans, and insufficient staff training are the most common reasons for substantiated neglect. Completing investigations					



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within the prescribed 45-day timeline is important to ensure the health and safety of the consumer. IMB completed and closed a total of over 600 backlog cases from February to September of 2019. Catching up on the backlog effected this case timeliness measure. Since October 2019, IMB is current on all case load and all cases have been completed within the 45-day time frame or with an approved extension for the more egregious cases.

<u>Key Measure:</u> Percent of (acute and critical care) health facility survey statement of deficiencies (CMS form 2567/state form) distributed to the facility within 10 days of survey exit	75%	71%	85%	95%	
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Providing regulatory oversight to health facilities is key to DHI’s mission to ensure that safe healthcare services are provided to all New Mexicans. Timely feedback following a survey is critical to ensure health facilities make necessary corrections and improvements to ensure safe healthcare services are being provided. DHI has a federal requirement to issue 2567s within 10 business days. A high vacancy rate has impacted DHI’s timeliness of reports and DHI has experienced a significant increase in survey workload and complaint surveys. The change in the complaint process has created an influx of assigned surveys.

<u>Key Measure:</u> Percent of Nursing Home citation(s) upheld as valid when reviewed by the Centers for Medicare and Medicaid Services (CMS) and through informal dispute resolution	100% CMS 85.71% IDR	77% CMS 90% IDR	90%	100%	
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Writing valid and defensible citations is critical to the survey process. This includes the evidence to support non-compliance with federal regulations when DHI has recommended a remedy or sanction, which triggers a review of the citation by CMS or when a nursing home requests an IDR of deficiencies cited. The measure is a useful quality improvement tool for writing of citations that are thus supportable when challenged.