



STATE OF NEW MEXICO
Health Care Authority
Governor Michelle Lujan Grisham
Kari Armijo, Acting Cabinet Secretary
Alex Castillo Smith, Deputy Cabinet Secretary
Kathy Slater-Huff, Acting Deputy Secretary
Carolee Graham, Chief Financial Officer

Wayne Propst, Secretary
Department of Finance and Administration
180 Bataan Memorial Building
Santa Fe, New Mexico 87501

and

Charles Sallee, Director
Legislative Finance Committee
325 Don Gaspar
Santa Fe, NM 87501

RE: Transmittal of the Health Care Authority (630) FY 2025 Appropriation Request

Dear Secretary Propst and Director Sallee:

As required by Section 6-3-19 NMSA 1978, and in accordance with the Department of Finance and Administration (DFA) FY 2025 Appropriation Request Instructions, the enclosed documents and electronic copies represent the FY 2025 Appropriation Request for the New Mexico Health Care Authority (HCA), formerly the New Mexico Human Services Department (HSD). Included are:

- Appropriation Request with all required forms;
- Health Care Authority FY 2024-2026 Strategic Plan;
- Performance Measures Report for FY 2021 and FY 2022, and FY 2023 proposed measures, with certification;
- FY 2025 Information Technology Strategic Plan; and
- Behavioral Health Collaborative Appropriation Compilation, as required by Section 9-7-6.4 NMSA 1978. The compilation contains the information required by DFA to be submitted in each member agency's Appropriation Request.

Performance measures for FY 2023 have been loaded into the Budget Management and Formulation System. The measures and targets reflect the department's discussions with the DFA and LFC Budget Analysts.

Establishment of the New Mexico Health Care Authority

The establishment of the Health Care Authority (HCA) is a historic moment for the state, demonstrating Governor Michelle Lujan Grisham's commitment to prioritize the health and well-being of every New Mexican by creating a single agency that will be responsible for health care purchasing and policy, while also addressing the underlying issues that shape population health outcomes such as poverty and food insecurity.

Per 2023 [Senate Bill 16](#), we proudly submit this inaugural FY25 budget request for the New Mexico Health Care Authority, which reflects the HCA's mission, vision, and goals:

- Vision: Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.
- Mission: We ensure that New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.
- Goal 1: Leverage purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.
- Goal 2: Achieve health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.
- Goal 3: Implement innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.
- Goal 4: Build the best team in state government by supporting employees' continuous growth and wellness.

In this inaugural year, our aspirations are bold, yet grounded in a pragmatic approach to design and build a foundation that supports the HCA appropriately. This request illustrates where the HCA is willing to invest state and federal funds to enhance the benefits, programs, and services provided to our 1,091,376 customers (52% of New Mexicans). For FY25, the HCA will maintain all existing Human Services Department (HSD) functions, while adding the Developmental Disabilities Supports Division, and the Division of Health Improvement from the Department of Health (DOH), as well as the State Health Benefits Division (formerly known as the Employee Benefits Bureau) from the General Services Department (GSD).

As stewards of federal and state funding, this FY25 HCA request strives to optimize and make efficient use of resources. For example, 75.5% of the HCA FY25 base budget increase request involves the relocation of existing Developmental Disabilities services funds from DOH to the HCA. This and other existing DOH and GSD funds are a reallocation of funds that were already designated for the functions in other agencies that are now being assumed by the HCA. Additionally, there is a net decrease in FTE compared to FY24 (from 2,472.5 FTE to 2,417.5 FTE), reflecting the repurposing of existing HSD FTE to meet HCA needs, transferring of DOH and GSD FTE to the HCA, and utilizing contractual supports to improve customer service to New Mexicans.

By creating the HCA, we will improve:

- Transparency and Clarity: By consolidating these functions under one agency, we strive to provide a clearer and more transparent view of how health care funds are used. In the past, many of these costs were dispersed across multiple agencies, making it challenging to track and understand.
- Efficiency and Synergy: Combining health care functions and programs into the HCA will lead to increased efficiency and the ability to leverage expertise and purchasing power to drive improvements in the health care system. This kind of efficiency will also reduce duplication of administrative tasks, overhead, and resources leading to potential savings in the long run.
- Oversight and Compliance: With functions now centralized in one agency, oversight will be simpler and more streamlined, leading to accountability and improved outcomes.
- Cost-Effectiveness: Over time, as the HCA identifies redundancies optimizes operations, and leverages purchasing power, there will be opportunities to reduce health care costs for New Mexicans. This reorganization is an investment in a more cost-effective future, particularly as we identify areas to optimize additional federal Medicaid funds.
- Customer Service: By centralizing functions and optimizing technology and analytics, the HCA can provide services to eligible New Mexicans in an innovative, timely, streamlined, and customer-focused way.

- A Holistic Approach: The HCA allows for a more holistic approach to service, program, and benefit delivery. Instead of piecemeal solutions scattered across different agencies, there is now home for a unified vision and strategy that addresses not just health care but key factors to health outcomes such as poverty and food insecurity.

The HCA FY25 inaugural budget request can be broadly categorized into three categories:

- Health care coverage innovations and provider network supports.
- Expansion of critical safety net programs (Supplemental Nutrition Assistance Program and the Temporary Assistance for Needy Families program).
- Infrastructure investments to meet Federal requirements.

New Mexico has one of the highest levels of social vulnerability in the United States, which is why a majority of the HCA FY25 increase reflects direct spending in programs, benefits, and services for HCA customers. This increase is primarily tied to Medicaid and is described in greater detail below.

As the largest payor of health care in New Mexico, Medicaid has a responsibility to the health of New Mexicans, the healthcare system, and the economy. This means ensuring continuity of care, supporting the economic well-being of lower-income New Mexicans, reducing uncompensated care, and reimbursing providers sufficiently. New Mexico's healthcare economy has received \$29,733,671,094 in federal Medicaid funding since FY19, a nearly 30% increase compared to FYs 15-18. These additional dollars, and those proposed for FY25, will continue to provide an important source of revenue, create health care jobs, keep New Mexicans in the workforce (64% of adults in NM on Medicaid are working), and promote access to care.

With the end of the Federal COVID-19 Public Health Emergency, the FY25 Medicaid request builds on key investments from previous years, including but not limited to:

- Raise reimbursement rates to 150% of Medicare for providers of key services, including long-term care, , primary care, maternal/child health, and behavioral health; and maintaining reimbursement at 100% of Medicare for all other services, recognizing the immense value our health care providers bring, ensuring we not only retain in-state providers but also create a compelling incentive to attract providers from across the nation.
- Address the urgent needs of New Mexicans with developmental disabilities, long-term care needs, and their families by eliminating waitlists and increasing provider reimbursement rates.
- Adding new benefits and services to the benefit package, including vision benefits and eyeglasses for adults, acupuncture, and coverage of doulas and lactation consultants to improve pre- and postnatal care.

With the addition of State Health Benefits to the HCA, we will begin to assess and design models of state employee health care coverage that cater to the diverse needs of government employees, utilizing the expertise of the Medicaid program.

New Mexico has one of the highest rates of food insecurity in the nation, and the HCA is proposing several Supplemental Nutrition Assistance Program (SNAP) investments, including but not limited to:

- Raise the monthly SNAP supplemental benefit for elders and people with disabilities from \$25 to \$150 (26,670 households).
- Permit individuals who are unable to prepare meals for themselves (e.g., elders, people with disabilities, people who do not have permanent housing) to purchase prepared meals with their SNAP benefits at participating food trucks and restaurants (151,593 households).

- Continue summer SNAP benefits in the form of a Federal Summer EBT program for lower-income families with school-aged children when schools are closed for the summer (200,000 children).

These SNAP investments not only address food insecurity, but also support the food economy. SNAP benefits increase consumer spending power, are a critical revenue source for retailers, and drive demand for local food and agriculture and farmers markets. Between 2019 and 2023, Federal SNAP funding in New Mexico has increased by 135%. USDA Economic Research Service (ERS) research has estimated the GDP multiplier for SNAP benefits to be 1.54. Meaning, between 2019 and 2023, SNAP benefits alone added an additional \$854,430,060 to the state with an estimated economic impact totaling \$1,315,822,292, supporting 11,586 new jobs.

The FY25 budget request other HCA priorities included but not limited to technological investments that promote ease of access to information and automated processes, funding for behavioral health, and improvements to the child support program.

The FY25 HCA budget request aims to address both immediate needs and long-term aspirations to keep New Mexico healthy.

BASE REQUEST ASSUMPTIONS

Each program’s request will now be discussed briefly:

Program Support

The FY2025 General Fund request for Program Support includes the Office of the Secretary, the Office of General Council, the Office of Human Resources, the Office of Inspector General, the Administrative Services Division and Fair Hearings Bureau. The total Request of \$23,587.2 for FY2025 with \$7,231.2 coming from General Fund. The FY2025 budget requests reflects an increase of \$3,114.2 in General Fund and an increase of \$3,537.0 in federal funds to facilitate the expansion of Program Support within the Health Care Authority. This expansion will improve operational efficiency, ensure regulatory compliance, provide responsible fiscal management, mitigate risks, promote strategic decision-making and leadership, and successfully recruit and retain HCA. These Program Support functions are critical to the success of the HCA.

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Information Technology Division

The Information Technology Division (ITD) provides five primary cost-effective services to the Department: systems services, software services, special projects, information technology security and business operations. The total FY 2025 request for ITD is \$87,572.2 total with \$28,219.4 allocated from the General Fund. This reflects a \$15,012.0 total (\$4,487.4 GF) increase in base expenditures, and \$12,661.2 total (\$4,368.1 GF) in new expansion requests.

ITD is requesting a base increase of \$15,012.0 to support budgetary needs and support contractual obligations for ASPEN, Unified Portal, System Integration, and CSES needs. These services will allow the HCA to operate and continue to serve the customers of New Mexico with the eligible benefits that are offered by our agency as our agency expands its mission.

The base increase requested for SFY25 focuses on 2 areas. The first area is to support the requested increase in contractual obligations. ITD is requesting additional budget authority for maintenance and support as the MMISR applications are deployed into production. As recruiting for, hiring, and retaining IT talent is challenging, ITD will expand its use of IT managed services. In the other expense category, the increase will support the rising rates of the Consumer Price Index (CPI) and the Producer Price Index

(PPI) which has cause inflation of prices for IT hardware and software goods and services. As of June 2023, the CPI for IT related goods is 7.135%. Gartner predicts IT Spending Growth to increase at a rate of 6.1% (Data Systems 4.4; Software 11.8; Devices 3.0; IT Services 8.3; Communication Services 2.8). ITD is requesting total expansion request is \$12,661.2 (\$4,368.1 GF). The first expansion request is \$9,152.4 (\$3,157.5 GF) to support of the new HCA divisions from DOH and GSD. The expansion will bring an estimated 600 individuals and a minimum of 50 IT applications to the HCA. ITD will need additional support including personnel, software, and infrastructure to support the increased volume and integrate them into the HCA.

The second expansion request is \$3,508.8 (\$1,210.5 GF) to build an Office of Data Analytics, which will collect and integrate data from various sources in the HCA and other state agencies, apply advanced analytics for predictions and recommendations, create visual reports, ensure data governance, collaborate with other departments, and adapt to evolving data practices. This Office will provide data-driven decision-making, operational efficiency improvements, competitive advantages, innovation opportunities, risk mitigation, enhanced customer experiences, precise performance measurement, and agile responsiveness, all of which will collectively foster HCA growth and success as well as the needs of other state agencies.

ITD's request supports the Department's strategic plan, reflecting the very high priority the Department places on IT investments to reduce overall costs, improve operational efficiencies and better serve our 1,091,376 New Mexican customers. This administration is committed to investing in technology to achieve better interaction and outcomes for our clients and staff.

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Developmental Disabilities Supports Division (DDSD)

The Developmental Disabilities Supports Division (DDSD) is responsible for assisting individuals with intellectual and developmental disabilities (I/DD) to achieve independence and community integration. DDSD administers a statewide system of community-based services to address the developmental needs of individuals with I/DD. DDSD purchases services utilizing state general funding for those who are ineligible for Medicaid as well as covers services that are not eligible for reimbursement by Medicaid. In addition, DDSD manages the home and community-based service requirements of the Centers for Medicare & Medicaid Services (CMS) approved 1915(c) Medicaid waivers.

DDSD's General Fund (GF) request is flat to FY24 in the amount of \$19,964.0. This budget request will cover personnel services, employee benefits, contractual services, provider rate study and state general funded agreements (respite care). The DDSD budget request does not account for the GF amount being requested by MAD-Program. Because DDSD will be transitioning to the HCA, MAD-Program will request the GF needed to support the 1915c waiver population's federal match. Based on the latest projection, \$231,590,000 is the anticipated GF need to fund program expenditures. These projections include covering the costs for current individuals in the program, new allocations, suggested rate increases in provider rates, increasing the individual budgetary allotment for Mi Via participants and clearing the current waitlist for DD waiver services.

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State Health Benefits Division (SHBD)

The FY25 request for State Health Benefits Division is \$480,407.8 (\$4,335.5 GF), a 31.9% overall increase from FY24. The request includes \$1,173.3 in the 200 category to support 9 existing FTE. The request also includes \$2,122.4 in contract increases for consulting, claims integrity audit, medical, dental, and vision administrative costs associated with the plans. This represents a 6.9% increase in contract costs in FY25. The request also includes \$112,930.1 in budget for claims costs that are not currently funded due to the ongoing fund deficit. This is a 34% increase from the FY24 OPBUD in the 400 category.

Adequate funding for the SHBD is needed for several reasons. First, sufficient funds dedicated to conducting claims integrity audits serve as a crucial defense against fraud, inaccuracies, and wasteful spending. This preserves financial stability and sound reimbursement for healthcare services provided.

Secondly, funding for the SHBD will promote efficiency and accountability, pinpointing inefficiencies while holding healthcare providers responsible, thereby managing premium costs and enhancing overall value for state employees. Simultaneously, allocating resources for research and development empowers the HCA to craft innovative coverage plans that cater to evolving healthcare demands, offering personalized, cost-effective choices that both attract and retain state employees. By prioritizing the development of new coverage plans, the HCA will demonstrate its commitment to employee health and well-being, positioning the State as an appealing employer that prioritizes a healthy and engaged workforce. Lastly, these funds enable the HCA to proactively adapt to shifts in healthcare regulations and market dynamics, ensuring ongoing compliance and the delivery of top-tier coverage that aligns with state and federal standards.

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Division of Health Improvement (DHI)

The total FY 2025 request for DHI is \$23,583.5 total with \$13,515.0 allocated from the General Fund, \$10,068.5 of Federal Funds. This reflects a \$855.7 thousand total (GF) increase in growth to the base expenditures and \$2,611.4 (GF) in new expansion requests. The areas where additional state general fund is requested are as follows:

- Personnel Services budget increase (\$18,813.8): The division proposes 10 new FTE needed to support the expansion of the Home and Community Based Waiver Programs and need for additional surveyors and investigators, federal Long-Term care survey work, Acute and Continuing Care facilities, Life Safety Code Plan review and oversight of 2,300 laboratories through the clinical laboratory improvement act (CLIA) program and to adequately staff and manage complaints of abuse, neglect, and exploitation for all types of licensed health facilities to allow faster triage time and onsite assignments. This request will also support demand for new health facility applications and licensures.
- Contractual Services Increases (\$2,542.2): DHI is seeking contractors to increase oversight and staffing resources to support prompt and efficient survey and investigation work across 222 Assisted Living Facilities, 3 Boarding Homes, and a potential addition of 100 boarding homes to be licensed in FY 24 and 25. Contractors will also specifically support the increased number of surveys and investigations for the Developmental Disabled wavier participants until new positions are recruited, hired, trained and in place.
- Other Costs Category Increases (\$2.2): This increase would cover training costs, travel costs, supply costs, equipment costs, additional office space costs and fuel costs for the 10 FTE included in this Expansion request.

The mission of DHI is: *“Assuring safety and quality of care in New Mexico’s health facilities and community-based programs.”* DHI serves as the “State Survey Agency” for federally certified healthcare facilities, providing regulatory oversight to licensed and certified healthcare facilities, and state licensed only health facilities. Individuals who access Long Term Care, Acute and Continuing Care, Home Health and Hospice, Assisted Living, Boarding Homes, End-Stage Renal Clinics and Federally Certified CLIA Laboratories. DHI also provides regulatory oversight of the New Mexico 1915-C Home and Community Based Medicaid Waiver, (Community Programs) Providers which includes approximately 9,000 participants. DHI 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 for all New Mexicans.

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Child Support Services Division (CSSD)

The total FY 2025 request for the CSSD is \$42,827.7 (\$13,575.0 in General Fund (GF)) which is a 7.1% increase over the FY24 Operation budget. CSSD receives a 66% Federal Fund Participation (FFP) rate. The base budget increase is a result of, primarily, existing required contractual services, such as the Consolidated Customer Service Center, which respond to an average of 11,500 monthly calls from CSSD customers and employers.

In addition, the CSSD FY25 Pitch for the People is \$234.8 in GF is to cover the program and service fees currently charged to customers who are not on the TANF or Medicaid program. These fees are a barrier to families who need CCSD services to establish parentage, establish financial and medical support for children, and enforcing those order to provide children the necessities to grow up happy and healthy.

The CSSD serves approximately 53,000 cases, representing nearly 79,000 children/dependents for a total of 166,244 unique customers in HCA. These totals include the Navajo Nation IV-D program which CSSD partners with for services as well as the Native American Initiative program which serves customers on five pueblos with work on expanding with other pueblos.

The benefit of supporting the CSSD budget request will provide the opportunity to continue to serve the current caseload and children/dependents, but also expand services to more families who need child support services. During SFY23 the CSSD collected \$121.1 million for New Mexico families, with 64% of the collections coming from employer wage withholdings. In addition, more of the collections were distributed and funds passed through to families first, rather than TANF recoveries for the state and federal government recoupment, which was implemented in January 2023. During the first 6 months of Calendar Year 2023, approximately \$650,000 was passed through to families rather than collected and disbursed back to the state and federal governments.

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Medical Assistance Division Administration (MAD Admin)

The total FY 2024 request for MAD Admin is \$140.5 million total with \$26.3 million allocated from the General Fund. This reflects a \$26.3 million total (\$8 million GF) increase in catchup costs and growth to the base expenditures.

The areas where additional SGF is requested are as follows:

Personnel Services budget increase - \$567.2 thousand total, \$283.6 thousand SGF - The program proposes to fill 14 vacant FTE needed to address Medicaid Program growth, provider oversight and respond to oversight agencies including our Federal Partners at the U.S. Centers for Medicare & Medicaid Services (CMS). The budget also funds 1 staff in the Medicaid School Based Program, previously paid for by the Public Education Department (PED) and 1 staff for work related to Children in State Custody (CISC). The need for these staff will be a recurring expense in the HSD budget. Finally, the financing of a Medicaid Compliance Unit within the Medicaid program is critical to the operations of the administrative services of MAD. This proposed funding and staffing configuration will reduce the funded vacancy rate from 26.4% to 23.7% in FY 2024

Contractual Services Increases - \$26.1 million total of which \$ 7.6 million reflects SGF - The Medicaid program outsources many of the services required to administer the program including claims processing (Medicaid Management Information System) actuarial services, provider audit services, and customer call center to list a few. We have reviewed the anticipated contracts for SFY23 and included changes in contractual services based on known deliverables or expected volume increase in FY 2023.

Other Costs Category Increases – \$1,103.5 million total, \$183.1 thousand reflects SGF – All of the projected increase in this category are for software licenses renewal used by the program. These licenses are critical to the business processes in the Medical Assistance Division and must be renewed. MAD is charged with balancing many critical program initiatives which drive the \$8.9 billion Medicaid program. Managing these initiatives requires complex data analysis, effective program forecasting, developing and implementing program regulation, implementing new federal policies, managing Managed Care Organization (MCO) contracts and ensuring program compliance. In FY24, the New Mexico Medicaid program is projected to cover more than 948,000 New Mexicans, over 45 percent of the state's population. The total MAD administration budget request is \$139.7 million (in state and federal funding), or 1.6% of the total projected program budget, one of the lowest ratios in the country.

Medical Assistance Program and Medicaid Behavioral Health

The projected FY 2025 budget is \$10,592.7 million with 19% from General Fund (\$1,996.3 million). The additional General Fund need of \$546.6 million represents a 38% increase over the FY 2024 operating budget level and reflects a variety of factors described below.

Changes in FMAP - HSD has benefited from an FMAP increase in CY 2020, CY2021, and CY2023. This FMAP increase is no longer in effect in CY 2024 and CY 2025. The preliminary Federal medical assistance percentage (FMAP) for FFY 2025 is 72.3% compared to 72.59% in FFY 2024. The FFY 2025 FMAP is based on a 3-year average of New Mexico per-capita incomes (\$49,511) relative a 3-year average of US per-capita incomes (\$63,101), as released by the U.S. Bureau of Economic Analysis, April 5, 2023. The lower FMAP in FFY 2025 results from the phasing-out of supplemental FMAP of 6.2% received during the Public Health Emergency. This supplemental funding was phased down to 5% for the quarter ending June 30, 2023, 2.5% for the quarter ending September 30, 2023, and 1.5% for the quarter ending December 31, 2023. The changes in FMAP and EFMAP increase the FY 2025 GF need by \$68.9 million.

Changes in Enrollment – The New Mexico Medicaid program (Medicaid) is the largest health care payer in the State of New Mexico. Overall Medicaid enrollment has increased significantly since February 2020 from the policy responses to the public health emergency and its economic consequences. In March 2023 the Medicaid-Chip enrollment peaked at 1,001,136 members corresponding to 47.7% of the general population. With the expiration of the Public Health Emergency in May 2023, normal eligibility redeterminations resumed and as a result the Medicaid-CHIP enrollment is projected to drop to 903,675 members by August 2023. The projected decrease of nearly 100,000 members over a 4-month unwinding period (May-August) is significant, and as in other States reflects financially ineligible members who qualified for coverage under CMS Maintenance of Effort requirements (CMS MOE). The FFY 2025 enrollment projection assumes a pool of these individuals will complete the recertification process and regain eligibility and coverage by the end of FFY 2025.

The FY 2025 Medicaid enrollment is projected to average 934,689 members per month, 2.4% above the FY 2024 average of 912,979 and 8.7% above the FY 2020 pre-PHE average of 839,729. The FY 2025 average monthly enrollment under managed care (MCO) is projected to be 767,248, corresponding to 82% of the Medicaid-CHIP population. This includes 448,825 members in the Physical Health (PH) program which is 2.3% above FY2024; 262,903 members in the Other Adult Group (OAG) which is 2.3% above FY2024; and 55,520 members in the Long-Term Services and Supports (LTSS) program, 3.5% above FY2023. The projected year-over-year growth in managed care enrollment of 2.3% (FY 2024 to FY 2025) is relatively higher than the 1.3% growth experienced between FY 2019 to FY 2020 -the most recent pre-PHE year-over-year comparison.

The projected changes in enrollment assume the return of some of the Medicaid-CHIP members who had prior coverage under the CMS MOE requirements, depending on the completion of an eligibility redetermination and not having an alternative source of coverage through BeWell or an employer. The changes in managed care enrollment increase the FY 2025 GF need by \$32 million.

Changes in Medicaid FFS and MCO Rates – Medicaid per member per month (PMPM) rates are projected to increase in FY 2025 due to a trend adjustment of 2.6%. The trend adjustments to the Base projection increases the average Medicaid premium from \$707 to \$726. These Base PMPM adjustments reflect the provider rate adjustments made in FY 2024 representing Phases 1 and 2 of Medicare rate benchmarking. The Base trend adjustments increase the FY 2025 \$34.6 million GF.

Medicaid Provider Rate Increases Expansion Items – Provider reimbursement rates are a main component of the Governor’s strategy to rebuild, strengthen and protect New Mexico’s health care provider network. Effective provider reimbursements improve access to care for Medicaid members, while relieving cost burdens posed by consistently rising premiums and cost-sharing. By implementing Medicaid payment rate increases, New Mexico is able to address important gaps in the health care delivery system, particularly in behavioral health and rural primary care, while also maximizing federal Medicaid matching funds.

Additional expansion adjustments to Medicaid FFS and MCO rates are requested in the FY 2025 Budget. Foremost, a comprehensive Medicaid-to-Medicare benchmarking proposes increasing Medicaid FFS and MCO rates to 100% and 150% of Medicare. The new Medicare benchmarking is comprehensive in scope, covering all providers and facilities recognized in Phases 1 and 2 of the Provider Rate Benchmarking Study, and providers and facilities identified in Phase 3 (those not addressed in Phases 1 and 2). Benchmarking Medicaid-to-Medicare at 100% and 150% increases the GF need by \$91 million. Three other rate changes are recognized in the FY 2025 budget request. These additional adjustments include: an initial 100% of Medicare annual benchmarking for Phase 3 providers/facilities \$9.6 million GF; a 5.92% annual increase to the FY 2024 rates set in Phases 1 and 2 maintaining rate parity with Medicare of \$81.4 million GF; and New Mexico PACE rate increases of \$5.3 million GF. Altogether these four rate changes increase the \$177.3 million GF.

Expansion Items – The Medicaid program budget request includes \$10.5 million General Fund for new provider benefits. Expansions include pay parity reimbursement increases for non-physician practitioners such as PA, CNS, CNP CRNA, AA, midwife, audiologist, dietician, dental hygienist, LCSW, counselors.

Centennial Care Medicaid Base/Traditional – The growth in Physical Health managed care is projected to increase the General Fund need by \$66.9 million, including: \$30.9 million due to the lower FMAP, and \$36.1 million due to program growth.

Centennial Care Long Term Services & Supports (LTSS) - The growth in Long Term Services & Supports managed care is projected to increase the General Fund need by \$46.7 million, with \$23.0 million due to the lower FMAP and \$23.7 due to program growth. The PHE did not have the same impact on enrollment in the LTSS population as in the physical health and expansion populations. The LTSS population has maintained a stable historical trend growth during the PHE.

Centennial Care Medicaid Expansion - In FY 2025, the growth in Medicaid Expansion managed care is projected to increase the General Fund need by \$9.4 million. Expenditures for this population are funded with 90% federal financial participation (FFP) starting in CY 2020.

Turquoise Care – The original Centennial Care focused on integrated care with comprehensive care coordination as its centerpiece. Building upon the strong foundation created by Centennial Care, the State submitted a 5-year waiver renewal application to CMS in 2022. On July 1, 2024 the new Turquoise Care contract goes into effect with four MCOs: Presbyterian Health Plan, Blue Cross Blue Shield, UnitedHealthcare and Molina Healthcare. HSD will continue to build on the Centennial Care program by adding new and innovative initiatives designed to target Health Related Social Needs or Social Determinants of Health, including improved access to care in underserved and rural areas, provision of

housing supports, expanded supports for maternal and child health, as well as innovative initiatives around food and nutrition as components of the individual's overall health and wellbeing.

FY 2025 Budget to FY 2024 Levels - The FY 2025 Medicaid Program budget request is built by trending experience in FY 2023 into FY 2024 and FY 2025. The FY 2025 projected General Fund need is \$1,987.5 million which is \$537.7 million above the FY2024 General Fund appropriation \$1,449.8 million. About \$68.9 million reflects the decrease in FMAP & EFMAP from the expiration of the additional FMAP, \$1.7 million reflects new expansion items, \$177.3 million reflect Provider & Facility rate increases, \$67.5 million for HCBW additional need to support no wait list, rate increase from FY24 and replacement of ARPA funds, and MAD program growth accounts for \$48.6 million of the General Fund need. Decreases in revenue increase the general fund need: decreases in revenues of \$171.3 million for HCBW from DOH, \$38.7 million in HCBS ARPA funds and \$3.4 million from tobacco settlement revenue. Increases in revenues of \$8.8 million from the county supported Medicaid fund, \$34.4 million from the Safety net care pool and \$2.1 million from other revenue changes decrease the general fund need. The FY 2025 shortfall amount is subject to change. However, if the request is not funded, the Department will likely seek a supplemental appropriation to fund the projected shortfall. If the supplemental request is not approved the Department will have to reduce the expansion item requests and if further cuts are considered, then HCA/MAD will have to implement cost containment measures (very quickly) to the detriment of providers and beneficiaries.

What is built into the FY2025 Shortfall:	General Fund (\$000s)	% Total
Change due to decrease in FMAP & EFMAP	68,953	12.60%
Expansion items	10,489	5.10%
Hospital & Provider Rate Increases	177,266	61.30%
HCBW add need to support no wait list, rate increases from FY24, replace ARPA funds.	67,500	12.30%
MAD Program Growth	48,555	8.80%
Change in Total Expenditures	372,762	100.00%
DOH HCBW Revenues	(171,290)	
HCBS-ARPA Revenues	(38,655)	
County Supported Medicaid Fund	8,775	
Tobacco Settlement Revenue, Base	(3,426)	
Safety Net Care Pool (SNCP)	34,399	
Other Revenues	2,156	
GF to Support HCBW (Previous DOH FY24)	-	
Change in Total Revenues	(168,041)	
Total Changes Since Previous FY2024 Projection	540,803	
FY2024 Projected Surplus / (Shortfall)	(5,766)	
FY2025 Projected Surplus / (Shortfall)	(379,511)	
FY2025 Projected Surplus / (Shortfall) w/ HCBW \$167M	(546,569)	

The FY 2024 budget also projects a shortfall due to potential audit risks that are likely to materialize in FY 2024, which were not anticipated in the FY 2023 budget request submission.

Component Changes - The fiscal impacts of the factors described above can be both positive and negative. The table below identifies the factors affecting the Medicaid Program for FY 2025.

FY2025 Component Changes Compared to FY2024 Projection (in 000s)				
Description	Total Computable	General Fund		
FY2025 Current Projection	11,385,766	2,176,602		
FY2024 Previous HB2 Appropriation		1,449,750	GF due to FMAP Impact	GF w/o FMAP Impact
FY2025 Projected General Fund Surplus / (Shortfall) w/o GF to Support HCBW \$167M		(726,852)		
Budget Changes Since Previous Data Projection				
Expenditures				
Inpatient Hospital	831	971	804	167
DSH/GME/IME	0	571	340	232
IHS Hospital	2,962	57	45	11
ICF IID	632	673	510	163
Outpatient Hospital	516	649	541	108
BH FFS	691	275	427	(151)
Others	1,218	1,371	1,131	240
HBCS-ARPA Reinvestment - FFS	(1,595)	(437)	0	(437)
All Other Fee-for-service lines	896	1,334	1,104	230
Fee-For-Service	6,151	5,465	4,902	562
DD, MF & SW (Traditional and Mi Via)	204,222	63,313		63,313
HCBS-ARPA Reinvestment - DOH (DD, MF & SW)	(124,638)	(27,895)		(27,895)
Waivers	79,584	35,418		35,418
CC - Physical Health	135,921	66,974	30,868	36,106
CC - LTSS	89,230	46,671	23,018	23,652
CC - Behavioral Health	25,024	14,009	7,430	6,579
CC Medicaid Expansion-Physical Health	93,066	9,350		9,350
CC Medicaid Expansion-Behavioral Health	12,291	1,232		1,232
HCBS-ARPA Reinvestment - MCO	(46,108)	(10,323)		(10,323)
Centennial Care - Managed Care	309,425	127,913	61,316	66,597
Medicare Part A	106	58	31	28
Medicare Part B	18,481	8,796	2,704	6,092
Medicare Part D	7,357	7,357		7,357
Medicare	25,945	16,212	2,734	13,478
Expansion Items	33,728	10,489	2,993	7,496
Hospital & Provider Rate Increases	797,575	177,266	9,276	167,989
Other Expenditures	831,303	187,755	12,269	175,486

Δ Change in Total Expenditures	1,252,407	372,762	81,222	291,540
Revenues				
Department of Health (Line 16) ¹⁰		(167,058)		
Department of Health Transfer from Prior Year Fund Balance		(41,885)		
Department of Health Additional Need /(Surplus)		37,654		
County Supported Medicaid Fund		8,775		
Tobacco Settlement Revenue, Base		(3,426)		
UNM IGT		1,784		
Safety Net Care Pool (SNCP) ¹²		34,399		
HCBS-ARPA Revenues ²¹		(38,655)		
MSBS CPE ¹⁴		347		
All Other Revenues		25		
Δ Change in Total Revenues		(168,041)		
Total Changes Since Previous Projection	1,252,407	540,803		
FY2025 Current Projection	10,592,723	1,996,320		
FY2024 HB2 Appropriation After GF Support and GF Transfer		1,449,750		
FY2025 Projected General Fund Surplus / (Shortfall)		(379,511)		
FY2025 Projected General Fund Surplus / (Shortfall) w/ HCBW \$167M		(546,569)		

Notes:

1. Expenditures: A negative GF is a decrease in need while positive GF is an increase in need.
 3. The General Fund need for the DD & MF Waivers is provided by DOH.
 4. There is no HCBS-ARPA Reinvestment in FY2025.
 5. Only revenues that have changed are included.
 6. GF to Support HCBW [DOH Additional Need /(Surplus)] - Projected FY25 Additional Need is \$67.5M.
- Updated: 8/31/2023

.....
Income Support Division Admin (ISD Admin)

ISD Admin is requesting \$127,854.4 (\$45,111.5 GF), a 10.0% increase to our base general fund budget. This will include:

- Personnel Services and Employee Benefits overall decrease of general fund of (\$6,857.9 or (9.1% decrease)). This funding will be reallocated to the contractual services to aid in meeting our current obligations within ISD Administration.
- Contractual Services reflects an overall increase of \$17,073.8 (72.9%) general fund to base budget. This will support the current contractual obligations that we have in FY2024 and will continue to obligate in FY2025. These contracts provide services around benefit issuance, income and verification services, security at all ISD field offices, call center operations, and contract staffing directives.

- Other Cost Category reflects an overall increase of \$310.1 of general fund to support additional licensure and field staff operation costs.

The ISD Admin expansion request totals \$1,010.0 (all GF) to support two SNAP expansion programs:

- Permit individuals who may be unable to prepare meals for themselves (e.g., elders, people with disabilities) or who do not have permanent housing to purchase prepared meals with their SNAP benefits at participating restaurants/food trucks (serving 151,593 individuals). This initiative enhances the dignity and independence of these New Mexicans by offering them access to nutritious and convenient food options. It addresses barriers to food access and nutrition, promoting overall well-being. Moreover, supporting local restaurants and food vendors through SNAP transactions fosters economic growth within communities. By providing greater flexibility in meal choices and easing the burden of meal preparation for individuals who need it most, this program promotes inclusivity, ensures healthier diets, and contributes positively to both the recipients and the local food industry.
- Continue Summer SNAP benefits, in the form of the federal Summer EBT Program, for lower-income families with school-aged children when schools are closed for the summer (serving 200,000 children). By providing students with SNAP benefits during the summer months when school meals are not available, the program ensures continued access to nutritious meals. This not only helps address food insecurity but also supports children's health and well-being during a critical time. The program stimulates local economies by increasing food spending at grocery stores and farmers' markets, thereby fostering economic growth. Moreover, it encourages healthier eating habits among children and promotes nutrition education, contributing to long-term health outcomes. Ultimately, a Summer EBT program strengthens social equity, enhances child development, and bolsters community resilience by tackling hunger and its associated challenges.

Income Support Division Program (ISD Program)

ISD Program is requesting \$72,898.3 (all GF), which is a 4.7% increase over the FY24 OpBud. This includes:

- Personnel Services and Employee Benefits overall increase of federal funds of \$779.1 (39%). This funding will support the TANF New Mexico Works Program positions (10 FTE) within ISD.
- Contractual Services reflects an overall decrease of \$723.6 federal funds.
- Other Cost Category reflects an overall increase of \$3,668.4 of federal funds to support additional benefit issuances for New Mexicans.

The ISD Program expansion request totals \$52,696.9 (all GF) to support two SNAP expansion programs:

- Raise the monthly SNAP supplemental benefit for elders and people with disabilities from \$25 to \$150 (26,670 households). This adjustment acknowledges the unique financial challenges faced by these populations and significantly bolsters their ability to access nutritious food. By providing a more substantial monthly allowance, this program enhancement enables recipients to purchase a wider variety of wholesome options, improving their overall health and well-being. Moreover, by ensuring that elders and people with disabilities have greater access to nutritious food, the program contributes to better health outcomes, reduced healthcare costs, and enhanced quality of life.
- Expand Temporary Assistance for Needy Families (TANF) eligibility from 85% of the Federal Poverty Limit (FPL) to 95% FPL. By including a broader range of individuals and families, this expansion ensures those who are slightly above the previous threshold but still facing financial difficulties can access crucial support. This targeted approach mitigates the risk of individuals slipping through the cracks due to marginal income differences. Moreover, it directly addresses

the reality of rising living costs, making the safety net more responsive to economic fluctuations. This expansion helps prevent families from falling into deeper poverty and enhances their ability to meet basic needs, reducing stress and improving overall well-being. By helping those just above the previous eligibility threshold, this initiative fosters greater economic stability, reduces inequality, and strengthens social safety nets to better reflect the current economic landscape.

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Behavioral Health Services Division (BHSD) Administration

BHSD requests \$16,197.5 (\$3,104.4 GF), a 2.4% increase compared to the FY24 OpBud. This will include:

- Personnel Services and Employee Benefits overall increase of general fund of \$99.4 (2.0% increase). This funding will support a new Public Information Office Position within BHSD.
- Contractual Services reflect an overall increase of \$236.6 (2.6% increase) general fund to the base. This will support the New Mexico Crisis Line, which provides timely, effective assessment and intervention to people in times of crisis and ensures continuous quality access to professional behavioral health and wellness services.
- Other Cost Category reflects an overall increase of \$45.4 (2.9% increase) to support additional facilities costs (e.g., rent, maintenance).

Behavioral Health Services Division (BHSD) Program

BHSD requests \$80,367.5 (\$57,762.9 GF), which is 2.9% decrease compared to the FY24 OpBud. BHSD plays a key role in the management of the public behavioral health service system. BHSD purchases adult behavioral health services utilizing state general funding and federal funding for those who are ineligible for Medicaid as well as covers services that are not eligible for reimbursement by Medicaid. In addition, BHSD manages the behavioral health requirements of the Medicaid Managed Care Contract and Centennial Care 2.0. BHSD is the fastest growing Division in the HCA, its budget has grown by 60% since 2021. This request includes funding to support:

- Expand Crisis Now, including 988-crisis line (39,091 FY23 contacts), Mobile Crisis Teams (4 teams by 2025), and Crisis Triage Centers (5 by 2025) (\$5,921.5 GF). By broadening access to immediate crisis intervention and mental health support, this expansion ensures that individuals facing acute emotional distress or mental health emergencies receive timely and specialized assistance. This proactive approach reduces the likelihood of crises escalating and helps prevent hospitalizations or other severe outcomes. Moreover, expanding Crisis Now services contributes to destigmatizing mental health struggles, encouraging more individuals to seek help when needed. It establishes a network of responsive care that enhances community resilience and fosters a safer, more supportive environment.
- Continue supportive housing for people affected by Opioid Use Disorder (OUD) currently serving 387 New Mexicans (\$2,000.0 GF). This ongoing assistance ensures stable housing, a foundational element for recovery, which is especially crucial for those grappling with OUD. Providing a safe and supportive environment helps individuals focus on their health and well-being, fostering a pathway to sustained recovery. Moreover, stable housing reduces the risk of relapse, overdose, and engagement in criminal activities, thus enhancing public safety. This initiative also minimizes the strain on emergency services, hospitals, and the criminal justice system. By addressing the complex interplay of housing instability and OUD, the program actively contributes to improving individual lives, strengthening community cohesion, and reducing the broader societal costs associated with substance use disorders.
- Expand the number of Screening, Brief Intervention and Referral to Treatment programs (SBIRT) trainers from 1 to 5 (\$2,000.0 GF). With more trainers, a wider range of healthcare professionals can be effectively trained in SBIRT techniques, enhancing the identification and early intervention of substance use issues. This expanded training capacity improves the overall integration of substance use screening into healthcare settings, resulting in earlier interventions, reduced long-term healthcare costs, and improved patient outcomes. Moreover, a larger pool of trained

professionals enables SBIRT to reach a broader spectrum of individuals, addressing substance misuse across diverse populations and demographics. By multiplying the number of SBIRT trainers, this initiative creates a ripple effect that strengthens the healthcare system's ability to respond to substance use challenges, fostering healthier communities and saving lives.

- Develop Certified Community Behavioral Health Clinics, specifically IT infrastructure and community development needed to launch 2 Clinics in FY25 (\$1,500.0 GF). This investment ensures that CCBHCs can seamlessly integrate electronic health records, telehealth capabilities, and data management systems, enhancing the quality and continuity of care provided to individuals with behavioral health needs. As federally required for CCBHCs, the IT infrastructure enables efficient communication, data sharing, and coordination among healthcare providers, resulting in improved treatment outcomes and reduced gaps in care. Furthermore, investing in the development of CCBHCs within communities strengthens the local behavioral health support network, providing accessible and comprehensive services that contribute to early intervention, reduced hospitalizations, and improved mental health outcomes. Ultimately, these investments create a more interconnected and effective behavioral health system that addresses individual needs holistically, promoting overall well-being and fostering healthier, more resilient communities.
- Expand Linkages, permanent supportive housing for individuals with Serious Mental Illness (SMI) (2,006 New Mexicans served since 2019) (\$1,000.0 GF). This ongoing assistance ensures a stable and safe living environment, which is foundational for managing SMI and fostering recovery. Providing supportive housing helps individuals focus on their mental health treatment, improve medication adherence, and reduce the risk of homelessness. Additionally, stable housing contributes to decreasing emergency room visits, psychiatric hospitalizations, and involvement with the criminal justice system. By addressing the intersection of housing instability and mental health challenges, this initiative not only improves the quality of life for individuals with SMI but also reduces the strain on public resources and enhances community well-being.

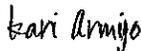
With the exception of Crisis Now, this request provides funding that shifts previously nonrecurring expenses to the BHSD base budget.

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Conclusion

Many more details and nuances about the HCA FY 2025 budget request that cannot be covered in this letter are included in the following pages. We are available at your request to answer any questions or provide additional information. You may contact me by phone at (505) 249-8773 or at Kari.Armijo@hsd.nm.gov or Carolee Graham by phone at (505) 490-1055 or Carolee.Graham@hsd.nm.gov.

Sincerely,

DocuSigned by:

 1BA9EB85EAD00499...
 Kari Armijo

Acting Cabinet Secretary

APPROPRIATION REQUEST

CERTIFICATION

FORM S-1

Agency Name: Human Services Department

Business Unit: 63000

I hereby certify that the accompanying summary and detailed statements are true and correct to the best of my knowledge and belief and that the arithmetic accuracy of all numeric information has been verified.

Kari Armijo

Digitally signed by Kari Armijo

Date: 2023.09.01 17:00:13

-06'00'

° Kari Armijo, Acting Cabinet Secretary

,

Carolee Graham

Digitally signed by Carolee Graham

Date: 2023.09.01 16:53:32 -06'00'

° Carolee Graham, ASD Director/CFO

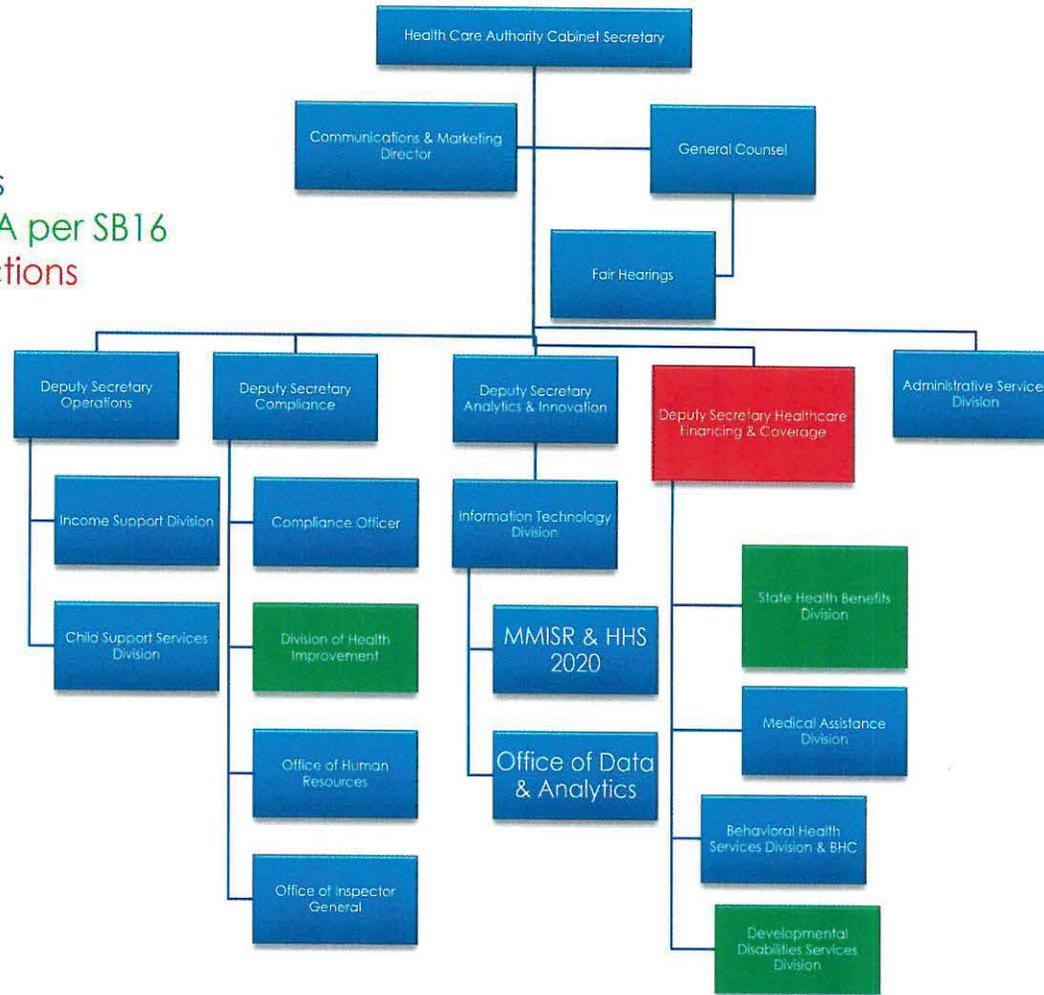
1474 Rodeo Rd.
Santa Fe, NM 87505

505-490-1055

Carolee.Graham@hsd.nm.gov

Note: Appropriation Requests for agencies headed by a board or commission must be approved by the board or commission by official action and signed by the chairperson. Operating Budgets of other agencies must be signed by the director or secretary. Appropriation Requests not properly signed will be returned.

- Existing HSD Functions
- New Functions to HCA per SB16
- Other New HCA Functions



S-8 Financial Summary

(Dollars in Thousands)

BU PCode Department
63000 0000 0000000000

	2022-23 Opbud	2022-23 Actuals	2023-24 Opbud	2024-25 PCF Proj	FY 2025 Agency Request		Total
					Base	Expansion	
REVENUE							
111 General Fund Transfers	1,427,518.4	1,343,025.2	1,611,088.7	0.0	2,046,355.5	251,065.8	2,297,421.3
112 Other Transfers	295,248.6	293,313.7	342,399.0	0.0	212,931.9	0.0	212,931.9
120 Federal Revenues	7,392,333.8	10,089,089.1	8,473,631.8	0.0	9,142,670.8	622,994.3	9,765,665.1
130 Other Revenues	136,562.5	145,833.5	103,803.6	0.0	616,435.0	0.0	616,435.0
150 Fund Balance	0.0	3.6	0.0	0.0	0.0	0.0	0.0
REVENUE, TRANSFERS	9,251,663.3	11,871,265.1	10,530,923.1	0	12,018,393.2	874,060.1	12,892,453.3
REVENUE	9,251,663.3	11,871,265.1	10,530,923.1	0	12,018,393.2	874,060.1	12,892,453.3
EXPENSE							
200 Personal Services and Employee Benefits	133,931.3	121,161.2	145,043.4	184,723.5	177,541.7	6,276.5	183,818.2
300 Contractual services	269,240.7	281,664.8	314,225.2	0.0	415,257.8	11,448.3	426,706.1
400 Other	8,848,491.3	11,440,031.0	10,071,654.5	0.0	11,425,593.7	856,335.3	12,281,929.0
EXPENDITURES	9,251,663.3	11,842,857.0	10,530,923.1	184,723.48	12,018,393.2	874,060.1	12,892,453.3
EXPENSE	9,251,663.3	11,842,857.0	10,530,923.1	184,723.48	12,018,393.2	874,060.1	12,892,453.3
FTE POSITIONS							
810 Permanent	2,004.50	0.00	2,018.50	1,984.55	2,305.50	55.00	2,360.50
820 Term	17.00	0.00	21.00	14.00	54.00	0.00	54.00
FTEs	2,021.50	0.00	2,039.50	1,998.55	2,359.50	55.00	2,414.50
FTE POSITIONS	2,021.50	0.00	2,039.50	1,998.55	2,359.50	55.00	2,414.50

56.0

BU PCode Department
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S-9 Account Code Revenue/Expenditure Summary

(Dollars in Thousands)

		2022-23	2022-23	2023-24	2024-25	FY 2025 Agency Request		
		Opbud	Actuals	Opbud	PCF Proj	Base	Expansion	Total
499105	General Fd. Appropriation	1,427,518.4	1,343,025.2	1,611,088.7	0.0	2,046,355.5	251,065.8	2,297,421.3
111	General Fund Transfers	1,427,518.4	1,343,025.2	1,611,088.7	0.0	2,046,355.5	251,065.8	2,297,421.3
425909	Other Services - Interagency	0.0	202.6	0.0	0.0	12,000.0	0.0	12,000.0
451909	Federal Contract - Interagency	2,300.0	0.0	2,300.0	0.0	2,300.0	0.0	2,300.0
499905	Other Financing Sources	292,948.6	213,131.1	270,406.6	0.0	97,562.6	0.0	97,562.6
499999	O/F Sources - Higher Ed Instit	0.0	79,980.0	69,692.4	0.0	101,069.3	0.0	101,069.3
112	Other Transfers	295,248.6	293,313.7	342,399.0	0.0	212,931.9	0.0	212,931.9
451903	Federal Direct - Operating	7,389,960.3	10,084,853.9	8,471,258.3	0.0	9,140,470.8	622,994.3	9,763,465.1
452003	Federal - Indirect	173.5	180.2	173.5	0.0	0.0	0.0	0.0
453001	Federal - Contracts & Other	2,200.0	4,055.0	2,200.0	0.0	2,200.0	0.0	2,200.0
120	Federal Revenues	7,392,333.8	10,089,089.1	8,473,631.8	0.0	9,142,670.8	622,994.3	9,765,665.1
416402	Trade & Professions Licenses	0.0	0.0	0.0	0.0	508.0	0.0	508.0
416909	Other Licenses & Permits-Inter	0.0	0.0	0.0	0.0	5.0	0.0	5.0
422001	Rebates	34,966.2	36,618.0	34,966.2	0.0	34,966.2	0.0	34,966.2
422002	Recoveries	0.0	597.4	0.0	0.0	495.0	0.0	495.0
422902	Other Fees	1,987.7	1,007.9	972.8	0.0	1,676.8	0.0	1,676.8
424302	Printing & Reproduction	0.0	0.0	0.0	0.0	0.0	0.0	0.0
425906	Other Services - CU	1,134.0	814.0	1,144.0	0.0	1,037.0	0.0	1,037.0
433102	License Plates	0.0	0.0	0.0	0.0	40.0	0.0	40.0
434301	Payment for Care - 3rd Party	1,586.0	1,587.0	1,587.0	0.0	1,587.0	0.0	1,587.0
434302	Payments For Care-Government	28,846.0	63,244.8	28,846.0	0.0	63,245.0	0.0	63,245.0
434402	Payments For Care-Individuals	0.0	0.0	0.0	0.0	144.6	0.0	144.6
441201	Interest On Investments	0.0	47.8	0.0	0.0	0.0	0.0	0.0
461502	Traffic Violation Fees	811.4	613.6	811.4	0.0	811.4	0.0	811.4
472302	Insurance Assessments	0.0	0.0	0.0	0.0	476,072.3	0.0	476,072.3
482202	Premium Surcharges	31,755.0	0.0	0.0	0.0	0.0	0.0	0.0
482302	Health Care Quality Surcharge	35,465.0	38,870.0	35,465.0	0.0	35,465.0	0.0	35,465.0
496902	Miscellaneous Revenue	0.0	504.7	0.0	0.0	201.0	0.0	201.0
496903	Miscellaneous Revenue	11.2	625.4	11.2	0.0	180.7	0.0	180.7
496909	Misc Revenue - Interagency	0.0	1,302.8	0.0	0.0	0.0	0.0	0.0
130	Other Revenues	136,562.5	145,833.5	103,803.6	0.0	616,435.0	0.0	616,435.0
326900	Committed FB - Gov	0.0	(1,544.0)	0.0	0.0	0.0	0.0	0.0
328900	Unassigned FB - Gov	0.0	1,547.6	0.0	0.0	0.0	0.0	0.0

S-9 Account Code Revenue/Expenditure Summary

(Dollars in Thousands)

BU PCode Department
63000 0000 0000000000

		2022-23	2022-23	2023-24	2024-25	FY 2025 Agency Request		
		Opbud	Actuals	Opbud	PCF Proj	Base	Expansion	Total
150	Fund Balance	0.0	3.6	0.0	0.0	0.0	0.0	0.0
TOTAL REVENUE		9,251,663.3	11,871,265.1	10,530,923.1	0	12,018,393.2	874,060.1	12,892,453.3
520000	Payroll	0.0	0.0	0.0	0.0	0.0	0.0	0.0
520100	Exempt Perm Positions P/T&F/T	22,376.1	1,033.3	1,232.3	1,667.3	1,798.5	279.5	2,078.0
520200	Term Positions	737.7	854.1	855.9	873.1	13,601.5	0.0	13,601.5
520300	Classified Perm Positions F/T	95,552.5	81,373.1	100,301.9	123,884.3	112,445.3	4,558.3	117,003.6
520400	Classified Perm Positions P/T	99.4	81.1	111.3	50.4	50.3	0.0	50.3
520600	Paid Unused Sick Leave	(21,166.9)	64.1	66.4	0.0	17.2	0.0	17.2
520700	Overtime & Other Premium Pay	258.0	1,673.2	483.9	0.0	2,041.4	0.0	2,041.4
520800	Annl & Comp Paid At Separation	170.3	616.4	398.6	0.0	374.5	0.0	374.5
520900	Differential Pay	0.2	0.7	0.6	0.0	0.6	0.0	0.6
521100	Group Insurance Premium	13,234.3	10,258.0	15,250.3	19,034.6	13,744.9	174.5	13,919.4
521200	Retirement Contributions	14,071.6	16,004.9	16,816.2	26,604.6	19,947.9	641.8	20,589.7
521300	F I C A	6,025.4	6,354.7	6,931.1	9,671.9	9,316.2	498.9	9,815.1
521400	Workers' Comp Assessment Fee	18.6	13.8	19.1	0.0	20.6	1.6	22.2
521410	GSD Work Comp Insur Premium	281.0	280.7	315.0	0.0	290.9	10.9	301.8
521500	Unemployment Comp Premium	0.2	0.0	194.8	0.0	92.1	6.8	98.9
521600	Employee Liability Ins Premium	577.3	576.2	605.2	0.0	1,626.6	44.1	1,670.7
521700	RHC Act Contributions	1,474.9	1,709.0	1,384.8	2,937.4	2,159.9	60.1	2,220.0
521900	Other Employee Benefits	0.5	5.1	0.0	0.0	0.0	0.0	0.0
523000	COVID Related Admin Leave	25.3	219.5	57.7	0.0	12.3	0.0	12.3
523100	COVID Related EFMLA	9.2	0.0	0.0	0.0	0.0	0.0	0.0
523200	COVID Related Time Worked	185.7	43.3	18.3	0.0	1.0	0.0	1.0
200	Personal Services and Employee Bene	133,931.3	121,161.2	145,043.4	184,723.5	177,541.7	6,276.5	183,818.2
530000	Contracts	0.0	0.0	0.0	0.0	0.0	0.0	0.0
535100	Medical Services	77,225.1	76,819.5	86,560.8	0.0	89,606.8	0.0	89,606.8
535200	Professional Services	34,372.4	32,006.8	47,163.7	0.0	72,603.2	1,903.5	74,506.7
535300	Other Services	96,700.0	105,782.6	113,036.4	0.0	153,066.0	1,865.5	154,931.5
535309	Other Services - Interagency	11,251.8	4,518.8	5,129.4	0.0	4,892.5	0.0	4,892.5
535310	Other Services - Higher Ed	2,500.0	2,108.8	2,650.0	0.0	11,738.5	0.0	11,738.5
535400	Audit Services	2,713.8	361.7	3,945.7	0.0	398.8	0.0	398.8
535500	Attorney Services	187.6	349.2	250.9	0.0	265.2	0.0	265.2
535600	IT Services	44,290.0	59,717.3	55,488.3	0.0	75,686.8	7,679.3	83,366.1

BU PCode Department
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S-9 Account Code Revenue/Expenditure Summary
(Dollars in Thousands)

	2022-23 Opbud	2022-23 Actuals	2023-24 Opbud	2024-25 PCF Proj	FY 2025 Agency Request		
					Base	Expansion	Total
535900 Insurance Contract Premiums	0.0	0.0	0.0	0.0	7,000.0	0.0	7,000.0
300 Contractual services	269,240.7	281,664.8	314,225.2	0.0	415,257.8	11,448.3	426,706.1
540000 Other Expenses	17.3	0.0	0.0	0.0	0.0	0.0	0.0
542100 Employee I/S Mileage & Fares	9.5	5.6	32.0	0.0	70.4	13.5	83.9
542200 Employee I/S Meals & Lodging	329.0	191.5	304.8	0.0	551.3	21.7	573.0
542500 Transp - Fuel & Oil	118.0	135.1	125.3	0.0	147.9	10.0	157.9
542600 Transp - Parts & Supplies	58.8	49.5	57.9	0.0	61.6	0.0	61.6
542700 Transp - Transp Insurance	4.1	2.7	2.1	0.0	2.1	0.0	2.1
542800 State Transp Pool Charges	235.5	292.5	340.1	0.0	592.5	0.0	592.5
543100 Maint - Grounds & Roadways	21.7	0.0	23.0	0.0	0.0	0.0	0.0
543200 Maint - Furn, Fixt, Equipment	93.5	2.6	85.7	0.0	61.8	0.0	61.8
543300 Maint - Buildings & Structures	225.2	225.1	265.1	0.0	234.7	0.0	234.7
543400 Maint - Property Insurance	6.0	5.8	2.4	0.0	1.3	0.0	1.3
543500 Maint - Supplies	3.2	1.1	3.9	0.0	3.3	0.0	3.3
543700 Maintenance Services	11.1	0.7	11.1	0.0	0.0	0.0	0.0
543820 Maintenance IT	0.0	0.0	140.0	0.0	0.0	200.0	200.0
543830 IT HW/SW Agreements	10,870.9	14,693.7	8,416.2	0.0	20,757.9	3,395.2	24,153.1
544000 Supply Inventory IT	709.0	352.0	2,086.9	0.0	1,451.6	5.0	1,456.6
544100 Supplies-Office Supplies	138.9	75.1	118.7	0.0	637.6	59.5	697.1
544200 Supplies-Medical,Lab,Personal	5.0	0.0	5.0	0.0	76.4	1.0	77.4
544400 Supplies-Field Supplies	6.0	0.9	5.1	0.0	8.7	0.0	8.7
544700 Supplies-Clothing,Unifrms,Linen	0.0	0.0	0.0	0.0	0.2	0.0	0.2
544800 Supplies-Education&Recreation	0.0	0.9	0.0	0.0	1.4	0.0	1.4
544900 Supplies-Inventory Exempt	73.5	267.9	220.7	0.0	568.0	362.6	930.6
545600 Reporting & Recording	115.5	65.6	129.5	0.0	145.8	0.0	145.8
545609 Report/Record Inter St Agency	0.0	50.0	0.0	0.0	0.0	0.0	0.0
545700 ISD Services	4,871.7	2,142.6	6,011.7	0.0	1,084.3	0.0	1,084.3
545710 DOIT HCM Assessment Fees	727.4	727.7	744.4	0.0	871.4	0.0	871.4
545900 Printing & Photo Services	24.8	74.9	12.6	0.0	46.4	2.0	48.4
546100 Postage & Mail Services	3,940.7	5,825.8	3,845.1	0.0	4,588.3	5.0	4,593.3
546310 Utilities - Sewer/Garbage	20.0	14.9	20.0	0.0	14.9	0.0	14.9
546320 Utilities - Electricity	140.0	134.7	140.0	0.0	134.7	0.0	134.7
546330 Utilities - Water	15.0	11.8	15.0	0.0	11.8	0.0	11.8

BU PCode Department
63000 0000 0000000000

S-9 Account Code Revenue/Expenditure Summary

(Dollars in Thousands)

	2022-23 Opbud	2022-23 Actuals	2023-24 Opbud	2024-25 PCF Proj	FY 2025 Agency Request		
					Base	Expansion	Total
546340 Utilities - Natural Gas	26.0	43.8	26.0	0.0	35.5	0.0	35.5
546400 Rent Of Land & Buildings	16,990.8	16,812.6	16,593.6	0.0	18,270.3	72.0	18,342.3
546409 Rent Expense - Interagency	0.0	34.6	0.0	0.0	0.0	0.0	0.0
546500 Rent Of Equipment	763.3	547.0	733.2	0.0	787.1	0.0	787.1
546600 Communications	343.9	125.2	231.4	0.0	509.2	68.2	577.4
546610 DOIT Telecommunications	3,577.8	2,245.0	3,007.5	0.0	2,284.6	18.3	2,302.9
546700 Subscriptions/Dues/License Fee	275.1	265.0	269.5	0.0	646.3	0.0	646.3
546800 Employee Training & Education	136.9	163.0	128.0	0.0	180.0	17.2	197.2
546900 Advertising	148.6	730.2	296.3	0.0	707.9	60.0	767.9
547300 Care & Support	8,704,376.7	11,290,254.4	9,926,831.3	0.0	10,841,523.1	852,014.1	11,693,537.2
547350 Claims and Benefits Expenses	0.0	0.0	0.0	0.0	445,360.4	0.0	445,360.4
547400 Grants To Local Governments	0.0	82.6	196.3	0.0	381.3	0.0	381.3
547440 Grants To Other Entities	203.0	85.4	321.5	0.0	320.4	0.0	320.4
547450 Grants to Other Agencies	98,681.3	102,282.2	98,570.1	0.0	80,935.2	0.0	80,935.2
547900 Miscellaneous Expense	34.0	660.1	555.3	0.0	568.5	0.0	568.5
547999 Request to Pay Prior Year	0.5	86.9	1.0	0.0	2.9	0.0	2.9
548200 Furniture & Fixtures	15.0	0.0	15.0	0.0	15.0	0.0	15.0
548300 Information Tech Equipment	0.0	163.3	499.1	0.0	546.3	0.0	546.3
548400 Other Equipment	0.0	0.0	0.0	0.0	0.0	0.0	0.0
548900 Buildings & Structures	0.0	0.0	0.0	0.0	0.0	0.0	0.0
549600 Employee O/S Mileage & Fares	72.6	42.0	112.1	0.0	210.7	5.0	215.7
549700 Employee O/S Meals & Lodging	54.5	57.2	103.0	0.0	182.7	5.0	187.7
400 Other	8,848,491.3	11,440,031.0	10,071,654.5	0.0	11,425,593.7	856,335.3	12,281,929.0
TOTAL EXPENSE	9,251,663.3	11,842,857.0	10,530,923.1	184,723.48	12,018,393.2	874,060.1	12,892,453.3
810 Permanent	2,004.50	0.00	2,018.50	1,984.55	2,305.50	55.00	2,360.50
810 Permanent	2,004.50	0.00	2,018.50	1,984.55	2,305.50	55.00	2,360.50
820 Term	17.00	0.00	16.00	14.00	54.00	0.00	54.00
820 Term	17.00	0.00	16.00	14.00	54.00	0.00	54.00
TOTAL FTE POSITIONS	2,021.50	0.00	2,034.50	1,998.55	2,359.50	55.00	2,414.50

S-13 Line Items by Business Unit Expenditures

(Dollars in Thousands)

520200	Term Positions	854.05	855.9	13,601.5	0	0	0	0.0
520300	Classified Perm Positions F/T	81,459.16	100,301.9	112,445.3	5,158.3	0	0	0.0
520400	Classified Perm Positions P/T	81.06	111.3	50.3	0	0	0	0.0
520600	Paid Unused Sick Leave	64.09	66.4	17.2	0	0	0	0.0
520700	Overtime & Other Premium Pay	1,673.2	483.9	2,041.4	0	0	0	0.0
520800	Ann & Comp Paid At Separation	616.4	398.6	374.5	0	0	0	0.0
520900	Differential Pay	0.66	0.6	0.6	0	0	0	0.0
521100	Group Insurance Premium	10,260.04	15,250.3	13,744.9	235.4	0	0	0.0
521200	Retirement Contributions	16,021.05	16,816.2	19,947.9	820.3	0	0	0.0
521300	F I C A	6,361.16	6,931.1	9,316.2	569.9	0	0	0.0
521400	Workers' Comp Assessment Fee	13.84	19.1	20.6	1.7	0	0	0.0
521410	GSD Work Comp Insur Premium	280.7	315	290.9	11.9	0	0	0.0
521500	Unemployment Comp Premium	0	194.8	92.1	7.1	0	0	0.0
521600	Employee Liability Ins Premium	576.25	605.2	1,626.6	49.1	0	0	0.0
521700	RHC Act Contributions	1,710.68	1,384.8	2,159.9	70.9	0	0	0.0
521900	Other Employee Benefits	5.13	0	0	0	0	0	0.0
523000	COVID Related Admin Leave	219.52	57.7	12.3	0	0	0	0.0
523200	COVID Related Time Worked	43.32	18.3	1	0	0	0	0.0
535100	Medical Services	76,819.54	86,560.8	89,606.8	0	0	0	0.0
535200	Professional Services	32,006.84	47,163.7	72,603.2	1,903.5	0	0	0.0
535300	Other Services	105,782.57	113,036.4	153,066	1,865.5	0	0	0.0
535309	Other Services - Interagency	4,518.85	5,129.4	4,892.5	0	0	0	0.0
535310	Other Services - Higher Ed	2,108.81	2,650	11,738.5	0	0	0	0.0
535400	Audit Services	361.73	3,945.7	398.8	0	0	0	0.0
535500	Attorney Services	349.24	250.9	265.2	0	0	0	0.0
535600	IT Services	68,474.77	55,488.3	75,686.8	7,679.3	0	0	0.0
535900	Insurance Contract Premiums	0	0	7,000	0	0	0	0.0
542100	Employee I/S Mileage & Fares	5.57	32	70.4	15.5	0	0	0.0
542200	Employee I/S Meals & Lodging	191.46	304.8	551.3	23.7	0	0	0.0
542500	Transp - Fuel & Oil	135.12	125.3	147.9	11	0	0	0.0
542600	Transp - Parts & Supplies	49.47	57.9	61.6	0	0	0	0.0
542700	Transp - Transp Insurance	2.65	2.1	2.1	0	0	0	0.0

State of New Me
S-13 Line Items by Business Unit Expenditures

(Dollars in Thousands)

542800	State Transp Pool Charges	292.49	340.1	592.5	4	0	0	0.0
543100	Maint - Grounds & Roadways	0	23	0	0	0	0	0.0
543200	Maint - Furn, Fixt, Equipment	2.63	85.7	61.8	1.2	0	0	0.0
543300	Maint - Buildings & Structures	225.11	265.1	234.7	0	0	0	0.0
543400	Maint - Property Insurance	5.79	2.4	1.3	0	0	0	0.0
543500	Maint - Supplies	1.12	3.9	3.3	0	0	0	0.0
543700	Maintenance Services	0.73	11.1	0	0	0	0	0.0
543820	Maintenance IT	0	140	0	200.8	0	0	0.0
543830	IT HW/SW Agreements	14,693.69	8,416.2	20,757.9	3,395.2	0	0	0.0
544000	Supply Inventory IT	351.95	2,086.9	1,451.6	5	0	0	0.0
544100	Supplies-Office Supplies	75.05	118.7	637.6	63	0	0	0.0
544200	Supplies-Medical,Lab,Personal	0	5	76.4	1	0	0	0.0
544400	Supplies-Field Supplies	0.86	5.1	8.7	0	0	0	0.0
544700	Supplies-Clothng,Unifrms,Linen	0	0	0.2	0	0	0	0.0
544800	Supplies-Education&Recreation	0.89	0	1.4	0	0	0	0.0
544900	Supplies-Inventory Exempt	267.86	220.7	568	362.6	0	0	0.0
545600	Reporting & Recording	65.59	129.5	145.8	0	0	0	0.0
545609	Report/Record Inter St Agency	50	0	0	0	0	0	0.0
545700	ISD Services	2,142.62	6,011.7	1,084.3	0	0	0	0.0
545710	DOIT HCM Assessment Fees	727.74	744.4	871.4	0	0	0	0.0
545900	Printing & Photo Services	74.94	12.6	46.4	2	0	0	0.0
546100	Postage & Mail Services	5,825.78	3,845.1	4,588.3	7	0	0	0.0
546310	Utilities - Sewer/Garbage	14.87	20	14.9	0	0	0	0.0
546320	Utilities - Electricity	134.71	140	134.7	0	0	0	0.0
546330	Utilities - Water	11.78	15	11.8	0	0	0	0.0
546340	Utilities - Natural Gas	43.82	26	35.5	0	0	0	0.0
546400	Rent Of Land & Buildings	16,812.62	16,593.6	18,270.3	132.7	0	0	0.0
546409	Rent Expense - Interagency	34.62	0	0	0	0	0	0.0
546500	Rent Of Equipment	546.96	733.2	787.1	5	0	0	0.0
546600	Communications	125.22	231.4	509.2	74.2	0	0	0.0
546610	DOIT Telecommunications	2,245.01	3,007.5	2,284.6	21.3	0	0	0.0
546700	Subscriptions/Dues/License Fee	265.01	269.5	646.3	0	0	0	0.0

S-13 Line Items by Business Unit Expenditures

(Dollars in Thousands)

546800	Employee Training & Education	162.99	128	180	17.2	0	0	0.0
546900	Advertising	730.16	296.3	707.9	60	0	0	0.0
547300	Care & Support	12,726,558.89	9,926,831.3	10,841,523.1	852,014.1	0	0	0.0
547350	Claims and Benefits Expenses	0	0	445,360.4	0	0	0	0.0
547400	Grants To Local Governments	82.59	196.3	381.3	0	0	0	0.0
547440	Grants To Other Entities	85.41	321.5	320.4	0	0	0	0.0
547450	Grants to Other Agencies	102,282.2	98,570.1	80,935.2	0	0	0	0.0
547900	Miscellaneous Expense	660.1	555.3	568.5	0	0	0	0.0
547999	Request to Pay Prior Year	86.89	1	2.9	0	0	0	0.0
548200	Furniture & Fixtures	0	15	15	0	0	0	0.0
548300	Information Tech Equipment	163.3	499.1	546.3	5	0	0	0.0
548400	Other Equipment	0	0	0	6	0	0	0.0
549600	Employee O/S Mileage & Fares	42	112.1	210.7	10	0	0	0.0
549700	Employee O/S Meals & Lodging	57.22	103	182.7	10	0	0	0.0
Grand Total		#####	#####	#####	875,099.9	0	0	0.0

R-2 Transfers
(Dollars in Thousands)

Prov PCode	Prov Fund	Prov Account	Prov Account Name	Rec PCode	Rec Fund	Rec Account	Rec Account Name	2022-23 Actual Transfers	2023-24 Adopted Transfers	2024-25 Agency GF	2024-25 Agency OSF	2024-25 Agency ISF/IAT	2024-25 Agency FF	2024-25 Total Request	Justification
P523	05200	535309	Other Service	P002	06100	451909	Federal Contr	0	0	0	0	0	52.8	52.8	
P523	05200	535309	Other Service	P002	06100	499905	Other Financi	0	0	27.2	0	0	0	27.2	
P523	05200	535309	Other Service	P003	06100	451909	Federal Contr	0	0	0	0	0	0	0	
P523	05200	535309	Other Service	P003	06100	499905	Other Financi	0	0	0	0	0	0	0	
P523	05200	535309	Other Service	P231	91800	451909	Federal Contr	0	0	0	0	0	236.7	236.7	
P523	05200	535309	Other Service	P231	91800	499905	Other Financi	0	0	121.9	0	0	0	121.9	
P523	05200	535309	Other Service	P232	67900	451909	Federal Contr	0	0	0	0	0	723.8	723.8	
P523	05200	535309	Other Service	P232	67900	499905	Other Financi	0	0	372.9	0	0	0	372.9	
P523	05200	535309	Other Service	P233	92400	451909	Federal Contr	0	0	0	0	0	393	393	
P523	05200	535309	Other Service	P233	92400	499905	Other Financi	0	0	202.4	0	0	0	202.4	
P523	05200	535309	Other Service	P234	14400	451909	Federal Contr	0	0	0	0	0	301.2	301.2	
P523	05200	535309	Other Service	P234	14400	499905	Other Financi	0	0	155.2	0	0	0	155.2	
P523	05200	535309	Other Service	P237	52200	451909	Federal Contr	0	0	0	0	0	212.3	212.3	
P523	05200	535309	Other Service	P237	52200	499905	Other Financi	0	0	109.3	0	0	0	109.3	
P523	05200	535309	Other Service	P239	92700	451909	Federal Contr	0	0	0	0	0	77.3	77.3	
P523	05200	535309	Other Service	P239	92700	499905	Other Financi	0	0	39.8	0	0	0	39.8	
P523	05200	535309	Other Service	P241	15100	451909	Federal Contr	0	0	0	0	0	253.2	253.2	
P523	05200	535309	Other Service	P241	15100	499905	Other Financi	0	0	130.4	0	0	0	130.4	
P523	05200	535309	Other Service	P243	15300	451909	Federal Contr	0	0	0	0	0	240.7	240.7	
P523	05200	535309	Other Service	P243	15300	499905	Other Financi	0	0	124	0	0	0	124	
P523	05200	535309	Other Service	P778	32900	451909	Federal Contr	0	0	0	0	0	448.4	448.4	
Sum:								0	0	1,283.1	0	0	2,939.4	4,222.5	

R-2 Transfers
(Dollars in Thousands)

Prov PCode	Prov Fund	Prov Account	Prov Account Name	Rec PCode	Rec Fund	Rec Account	Rec Account Name	2022-23 Actual Transfers	2023-24 Adopted Transfers	2024-25 Agency GF	2024-25 Agency OSF	2024-25 Agency ISF/IAT	2024-25 Agency FF	2024-25 Total Request	Justification
P524	05200	535309	Other Service	P527	05700	451909	Federal Contr	23.5	0	0	0	0	45	45	Funds for School Based and Special Education

R-2 Transfers
(Dollars in Thousands)

Prov PCode	Prov Fund	Prov Account	Prov Account Name	Rec PCode	Rec Fund	Rec Account	Rec Account Name	2022-23 Actual Transfers	2023-24 Adopted Transfers	2024-25 Agency GF	2024-25 Agency OSF	2024-25 Agency ISF/IAT	2024-25 Agency FF	2024-25 Total Request	Justification
P524	05200	535309	Other Service	P727	07900	451909	Federal Contr	0	75	0	0	0	0	0	
P524	05200	535309	Other Service	P727	64700	451909	Federal Contr	75	-75	0	0	0	75	75	
P524	05200	535309	Other Service	P737	07900	451909	Federal Contr	0	550	0	0	0	0	0	
P524	05200	535309	Other Service	P737	64700	451909	Federal Contr	550	-550	0	0	0	550	550	DDC - Claiming Guardianship Services
P524	05200	547450	Grants to Oth	P001	06100	451909	Federal Contr	859.7	0	0	0	0	800	800	DOH for Admin Cost
P524	05200	547450	Grants to Oth	P002	06100	451909	Federal Contr	6,392.9	-0.1	0	0	0	6,282.3	6,282.3	
P524	05200	547450	Grants to Oth	P007	06100	451909	Federal Contr	0	0.1	0	0	0	0	0	
P524	05200	547450	Grants to Oth	P576	06700	451909	Federal Contr	371.8	0	0	0	0	204	204	
P524	05200	547450	Grants to Oth	P577	06700	451909	Federal Contr	2,046.1	0	0	0	0	1,023.1	1,023.1	
P524	05200	547450	Grants to Oth	P578	06700	451909	Federal Contr	1,854.5	0	0	0	0	1,389.4	1,389.4	
P524	05200	547450	Grants to Oth	P592	04900	451909	Federal Contr	670.4	0	0	0	0	900	900	
P524	05200	547450	Grants to Oth	P593	04900	451909	Federal Contr	957.1	0	0	0	0	2,600	2,600	ALTSD - Adult Protective Services
P524	05200	547450	Grants to Oth	P622	20790	451909	Federal Contr	0	0	0	0	0	500	500	Medicaid Eligibility
P524	05200	547450	Grants to Oth	P622	20794	451909	Federal Contr	0	0	0	0	0	0	0	
P524	05200	547450	Grants to Oth	P800	06700	451909	Federal Contr	1,988	0	0	0	0	1,294.2	1,294.2	CYFD - Behavioral Health Medicaid Eligible Cost
Sum:								0	0	0	0	0	15,663	15,663	

R-2 Transfers
(Dollars in Thousands)

Prov PCode	Prov Fund	Prov Account	Prov Account Name	Rec PCode	Rec Fund	Rec Account	Rec Account Name	2022-23 Actual Transfers	2023-24 Adopted Transfers	2024-25 Agency GF	2024-25 Agency OSF	2024-25 Agency ISF/IAT	2024-25 Agency FF	2024-25 Total Request	Justification
P525	97500	547450	Grants to Oth	9251	79000	425909	Other Service	0	0	0	0	0	500	500	TANF: PED GRADS
P525	97500	547450	Grants to Oth	9931	79000	425909	Other Service	0	0	0	0	0	0	0	
P525	97500	547450	Grants to Oth	P002	06100	425909	Other Service	0	0	0	0	0	276.5	276.5	Refugee Health Screening: DOH
P525	97500	547450	Grants to Oth	P002	06100	451909	Federal Contr	0	0	0	0	0	774.7	774.7	SNAP Ed: DOH
P525	97500	547450	Grants to Oth	P505	10990	425909	Other Service	0	0	0	0	0	3,000	3,000	TANF: HED - Adult Basic Education \$2M; Skilled Training Programs \$1M

Human Services Department

BU
63000

State of New Mexico

R-2 Transfers
(Dollars in Thousands)

Prov PCode	Prov Fund	Prov Account	Prov Account Name	Rec PCode	Rec Fund	Rec Account	Rec Account Name	2022-23 Actual Transfers	2023-24 Adopted Transfers	2024-25 Agency GF	2024-25 Agency OSF	2024-25 Agency ISF/IAT	2024-25 Agency FF	2024-25 Total Request	Justification
P525	97500	547450	Grants to Oth	P527	79000	425909	Other Service	0	0	0	0	0	0	0	
P525	97500	547450	Grants to Oth	P578	06700	451909	Federal Contr	0	0	0	0	0	5,987	5,987	
P525	97500	547450	Grants to Oth	P581	06700	451909	Federal Contr	0	0	0	0	0	9,911.6	9,911.6	TANF: CYFD Family Services Division
P525	97500	547450	Grants to Oth	P623	21110	451909	Federal Contr	0	31,527.5	0	0	0	31,527.5	31,527.5	TANF: ECECD
P525	97500	547450	Grants to Oth	P623	21114	451909	Federal Contr	0	-31,527.5	0	0	0	0	0	
P525	97500	547450	Grants to Oth	P778	32900	425909	Other Service	0	0	0	0	0	12,609.2	12,609.2	TANF: NMWRK Programs: DWS
P525	97500	547450	Grants to Oth	P805	40274	499905	Other Financi	0	0	0	0	0	0	0	
P525	97600	547450	Grants to Oth	P002	06100	425909	Other Service	0	0	0	0	0	400	400	Refugee Health Screening: DOH
Sum:								0	0	0	0	0	64,986.5	64,986.5	

Human Services Department

BU
63000

State of New Mexico

R-2 Transfers
(Dollars in Thousands)

Prov PCode	Prov Fund	Prov Account	Prov Account Name	Rec PCode	Rec Fund	Rec Account	Rec Account Name	2022-23 Actual Transfers	2023-24 Adopted Transfers	2024-25 Agency GF	2024-25 Agency OSF	2024-25 Agency ISF/IAT	2024-25 Agency FF	2024-25 Total Request	Justification
P766	97600	547450	Grants to Oth	P340	71820	425909	Other Service	0	50	0	0	0	0	0	
Sum:								50	0	0	0	0	0	0	

Human Services Department

BU
63000

State of New Mexico

R-2 Transfers
(Dollars in Thousands)

Prov PCode	Prov Fund	Prov Account	Prov Account Name	Rec PCode	Rec Fund	Rec Account	Rec Account Name	2022-23 Actual Transfers	2023-24 Adopted Transfers	2024-25 Agency GF	2024-25 Agency OSF	2024-25 Agency ISF/IAT	2024-25 Agency FF	2024-25 Total Request	Justification
P767	05200	547450	Grants to Oth	P001	06100	451909	Federal Contr	0	0	0	0	0	0	0	

R-2 Transfers
(Dollars in Thousands)

Prov PCode	Prov Fund	Prov Account	Prov Account Name	Rec PCode	Rec Fund	Rec Account	Rec Account Name	2022-23 Actual Transfers	2023-24 Adopted Transfers	2024-25 Agency GF	2024-25 Agency OSF	2024-25 Agency ISF/IAT	2024-25 Agency FF	2024-25 Total Request	Justification
P767	05200	547450	Grants to Oth	P002	06100	451909	Federal Contr	0	0	0	0	0	204	204	Required by SAPT to use GF to monitor the sale and distribution of tobacco products to minors. To obtain epidemiological data on behavioral health (SAPT). Epidemiological data for block grant reporting (SAPT) To obtain epidemiological data on youth behavioral health.
P767	05200	547450	Grants to Oth	P003	06100	451909	Federal Contr	0	0	0	0	0	0	0	
P767	05200	547450	Grants to Oth	P006	06100	451909	Federal Contr	0	0	0	0	0	720	720	
P767	05200	547450	Grants to Oth	P800	06700	451909	Federal Contr	0	0	0	0	0	31.7	31.7	Mental Health - Children's set aside requirement
Sum:								0	0	0	0	0	955.7	955.7	

R-2 Transfers
 (Dollars in Thousands)

Prov PCode	Prov Fund	Prov Account	Prov Account Name	Rec PCode	Rec Fund	Rec Account	Rec Account Name	2022-23 Actual Transfers	2023-24 Adopted Transfers	2024-25 Agency GF	2024-25 Agency OSF	2024-25 Agency ISFIAT	2024-25 Agency FF	2024-25 Total Request	Justification
P523	05200	535309	Other Service	P002	06100	451909	Federal Contr	0	0	0	0	0	52.8	52.8	
P523	05200	535309	Other Service	P002	06100	499905	Other Financi	0	0	27.2	0	0	0	27.2	
P523	05200	535309	Other Service	P003	06100	451909	Federal Contr	0	0	0	0	0	0	0	
P523	05200	535309	Other Service	P003	06100	499905	Other Financi	0	0	0	0	0	0	0	
P523	05200	535309	Other Service	P231	91800	451909	Federal Contr	0	0	0	0	0	236.7	236.7	
P523	05200	535309	Other Service	P231	91800	499905	Other Financi	0	0	121.9	0	0	0	121.9	
P523	05200	535309	Other Service	P232	87900	451909	Federal Contr	0	0	0	0	0	723.8	723.8	
P523	05200	535309	Other Service	P232	87900	499905	Other Financi	0	0	372.9	0	0	0	372.9	
P523	05200	535309	Other Service	P233	92400	451909	Federal Contr	0	0	0	0	0	393	393	
P523	05200	535309	Other Service	P233	92400	499905	Other Financi	0	0	202.4	0	0	0	202.4	
P523	05200	535309	Other Service	P234	14400	451909	Federal Contr	0	0	0	0	0	301.2	301.2	
P523	05200	535309	Other Service	P234	14400	499905	Other Financi	0	0	155.2	0	0	0	155.2	
P523	05200	535309	Other Service	P237	52200	451909	Federal Contr	0	0	0	0	0	212.3	212.3	
P523	05200	535309	Other Service	P237	52200	499905	Other Financi	0	0	109.3	0	0	0	109.3	
P523	05200	535309	Other Service	P239	92700	451909	Federal Contr	0	0	0	0	0	77.3	77.3	
P523	05200	535309	Other Service	P239	92700	499905	Other Financi	0	0	39.8	0	0	0	39.8	
P523	05200	535309	Other Service	P241	15100	451909	Federal Contr	0	0	0	0	0	253.2	253.2	
P523	05200	535309	Other Service	P241	15100	499905	Other Financi	0	0	130.4	0	0	0	130.4	
P523	05200	535309	Other Service	P243	15300	451909	Federal Contr	0	0	0	0	0	240.7	240.7	
P523	05200	535309	Other Service	P243	15300	499905	Other Financi	0	0	124	0	0	0	124	
P523	05200	535309	Other Service	P778	32900	451909	Federal Contr	0	0	0	0	0	448.4	448.4	
Sum:								0	1,283.1	0	0	2,939.4	4,222.5		

R-2 Transfers
 (Dollars in Thousands)

Prov PCode	Prov Fund	Prov Account	Prov Account Name	Rec PCode	Rec Fund	Rec Account	Rec Account Name	2022-23 Actual Transfers	2023-24 Adopted Transfers	2024-25 Agency GF	2024-25 Agency OSF	2024-25 Agency ISFIAT	2024-25 Agency FF	2024-25 Total Request	Justification
P524	05200	535309	Other Service	P527	05700	451909	Federal Contr	23.5	0	0	0	0	45	45	Funds for School Based and Special Education

R-2 Transfers
(Dollars in Thousands)

Prov PCode	Prov Fund	Prov Account	Prov Account Name	Rec PCode	Rec Fund	Rec Account	Rec Account Name	2022-23 Actual Transfers	2023-24 Adopted Transfers	2024-25 Agency GF	2024-25 Agency OSF	2024-25 Agency ISF/IAT	2024-25 Agency FF	2024-25 Total Request	Justification
P524	05200	535309	Other Service	P727	07900	451909	Federal Cont	0	75	0	0	0	0	0	
P524	05200	535309	Other Service	P727	64700	451909	Federal Cont	75	-75	0	0	0	75	75	
P524	05200	535309	Other Service	P737	07900	451909	Federal Cont	0	550	0	0	0	0	0	
P524	05200	535309	Other Service	P737	64700	451909	Federal Cont	550	-550	0	0	0	550	550	DDC - Claiming Guardianship Services
P524	05200	547450	Grants to Oth	P001	06100	451909	Federal Cont	859.7	0	0	0	0	800	800	DOH for Admin Cost
P524	05200	547450	Grants to Oth	P002	06100	451909	Federal Cont	6,392.9	-0.1	0	0	0	6,282.3	6,282.3	
P524	05200	547450	Grants to Oth	P007	06100	451909	Federal Cont	0	0.1	0	0	0	0	0	
P524	05200	547450	Grants to Oth	P576	06700	451909	Federal Cont	371.8	0	0	0	0	204	204	
P524	05200	547450	Grants to Oth	P577	06700	451909	Federal Cont	2,048.1	0	0	0	0	1,023.1	1,023.1	
P524	05200	547450	Grants to Oth	P578	06700	451909	Federal Cont	1,854.5	0	0	0	0	1,389.4	1,389.4	
P524	05200	547450	Grants to Oth	P592	04900	451909	Federal Cont	670.4	0	0	0	0	900	900	
P524	05200	547450	Grants to Oth	P593	04900	451909	Federal Cont	957.1	0	0	0	0	2,600	2,600	ALTSD - Adult Protective Services
P524	05200	547450	Grants to Oth	P622	20790	451909	Federal Cont	0	0	0	0	0	500	500	Medicaid Eligibility
P524	05200	547450	Grants to Oth	P622	20794	451909	Federal Cont	0	0	0	0	0	0	0	
P524	05200	547450	Grants to Oth	P800	06700	451909	Federal Cont	1,888	0	0	0	0	1,294.2	1,294.2	CYFD - Behavioral Health Medicaid Eligible Cost
Sum:								0	0	0	0	0	15,663	15,663	

R-2 Transfers
(Dollars in Thousands)

Prov PCode	Prov Fund	Prov Account	Prov Account Name	Rec PCode	Rec Fund	Rec Account	Rec Account Name	2022-23 Actual Transfers	2023-24 Adopted Transfers	2024-25 Agency GF	2024-25 Agency OSF	2024-25 Agency ISF/IAT	2024-25 Agency FF	2024-25 Total Request	Justification
P525	97500	547450	Grants to Oth	9251	79000	425909	Other Service	0	0	0	0	0	500	500	TANF: PED GRADS
P525	97500	547450	Grants to Oth	9931	79000	425909	Other Service	0	0	0	0	0	0	0	
P525	97500	547450	Grants to Oth	P002	06100	425909	Other Service	0	0	0	0	0	276.5	276.5	Refugee Health Screening: DOH
P525	97500	547450	Grants to Oth	P002	06100	451909	Federal Cont	0	0	0	0	0	774.7	774.7	SNAP Ed: DOH
P525	97500	547450	Grants to Oth	P505	10990	425909	Other Service	0	0	0	0	0	3,000	3,000	TANF: HED - Adult Basic Education \$2M; Skilled Training Programs \$1M

R-2 Transfers
(Dollars in Thousands)

Prov PCode	Prov Fund	Prov Account	Prov Account Name	Rec PCode	Rec Fund	Rec Account	Rec Account Name	2022-23 Actual Transfers	2023-24 Adopted Transfers	2024-25 Agency GF	2024-25 Agency OSP	2024-25 Agency ISFIAT	2024-25 Agency FF	2024-25 Total Request	Justification
P767	05200	547450	Grants to Oth	P002	06100	451909	Federal Contr	0	0	0	0	0	204	204	Required by SAPT to use GF to monitor the sale and distribution of tobacco products to minors. To obtain epidemiological data on behavioral health (SAPT). Epidemiological data for block grant reporting (SAPT) To obtain epidemiological data on youth behavioral health.
P767	05200	547450	Grants to Oth	P003	06100	451909	Federal Contr	0	0	0	0	0	0	0	
P767	05200	547450	Grants to Oth	P006	06100	451909	Federal Contr	0	0	0	0	0	720	720	
P767	05200	547450	Grants to Oth	P800	06700	451909	Federal Contr	0	0	0	0	0	31.7	31.7	Mental Health - Children's set aside requirement
Sum:								0	0	0	0	0	955.7	955.7	

REV EXP COMPARISON

(Dollars in Thousands)

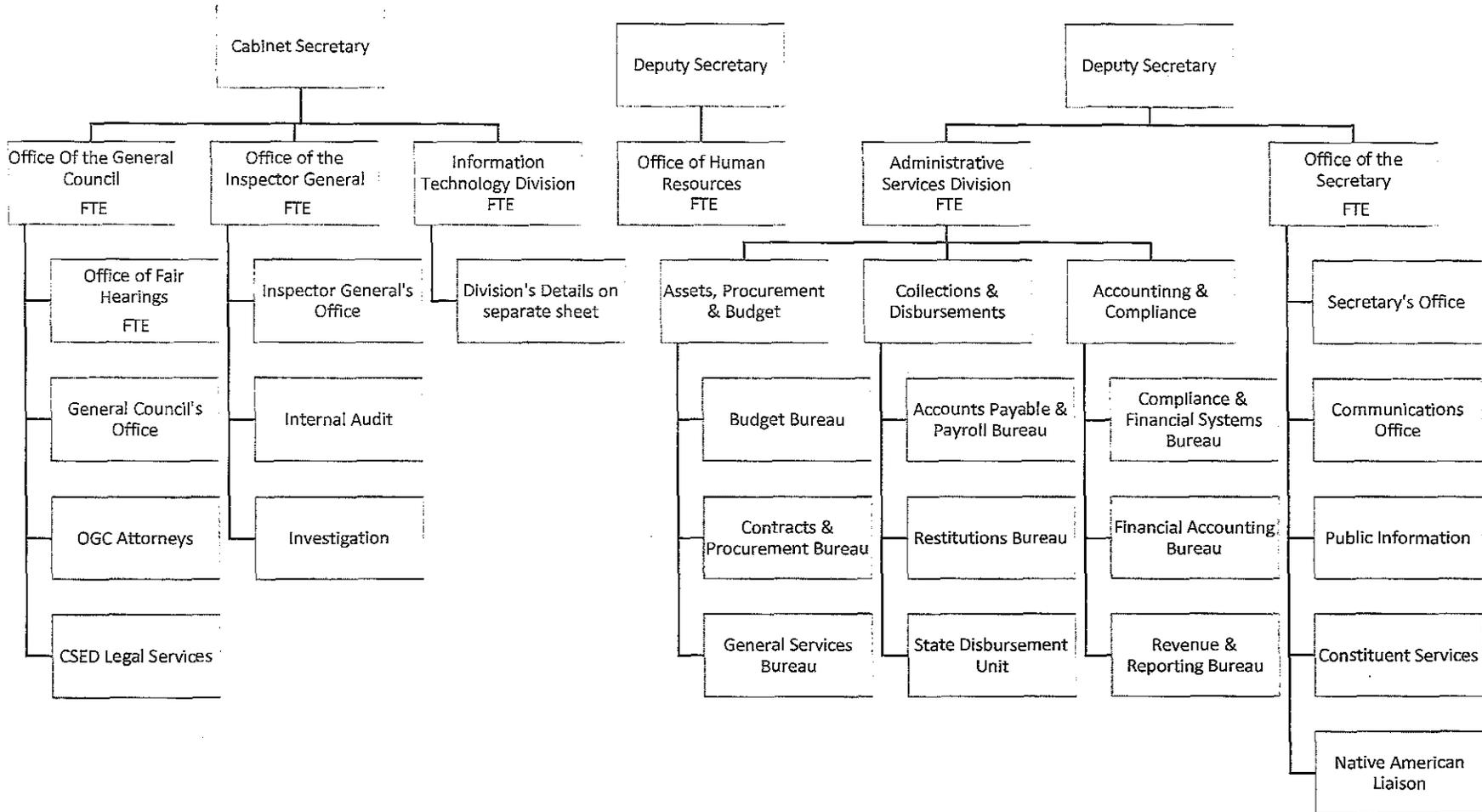
63000 - Human Services Department

	General Fund	Other Funds	Internal Funds	Federal Funds	Total
SOURCES	2,297,421.3	616,435.0	212,931.9	9,765,665.1	12,892,453.3
Personal Services and Employee Benefits	71,858.9	2,224.7	0.0	109,734.6	183,818.2
Contractual services	159,876.0	33,352.5	3,059.9	230,417.7	426,706.1
Other	2,065,686.4	580,857.8	209,872.0	9,425,512.8	12,281,929
USES Total:	2,297,421.3	616,435.0	212,931.9	9,765,665.1	12,892,453.3
Net:	0.0	0.0	0.0	0.0	0.0

Human Services Department

P522: Program Support IT

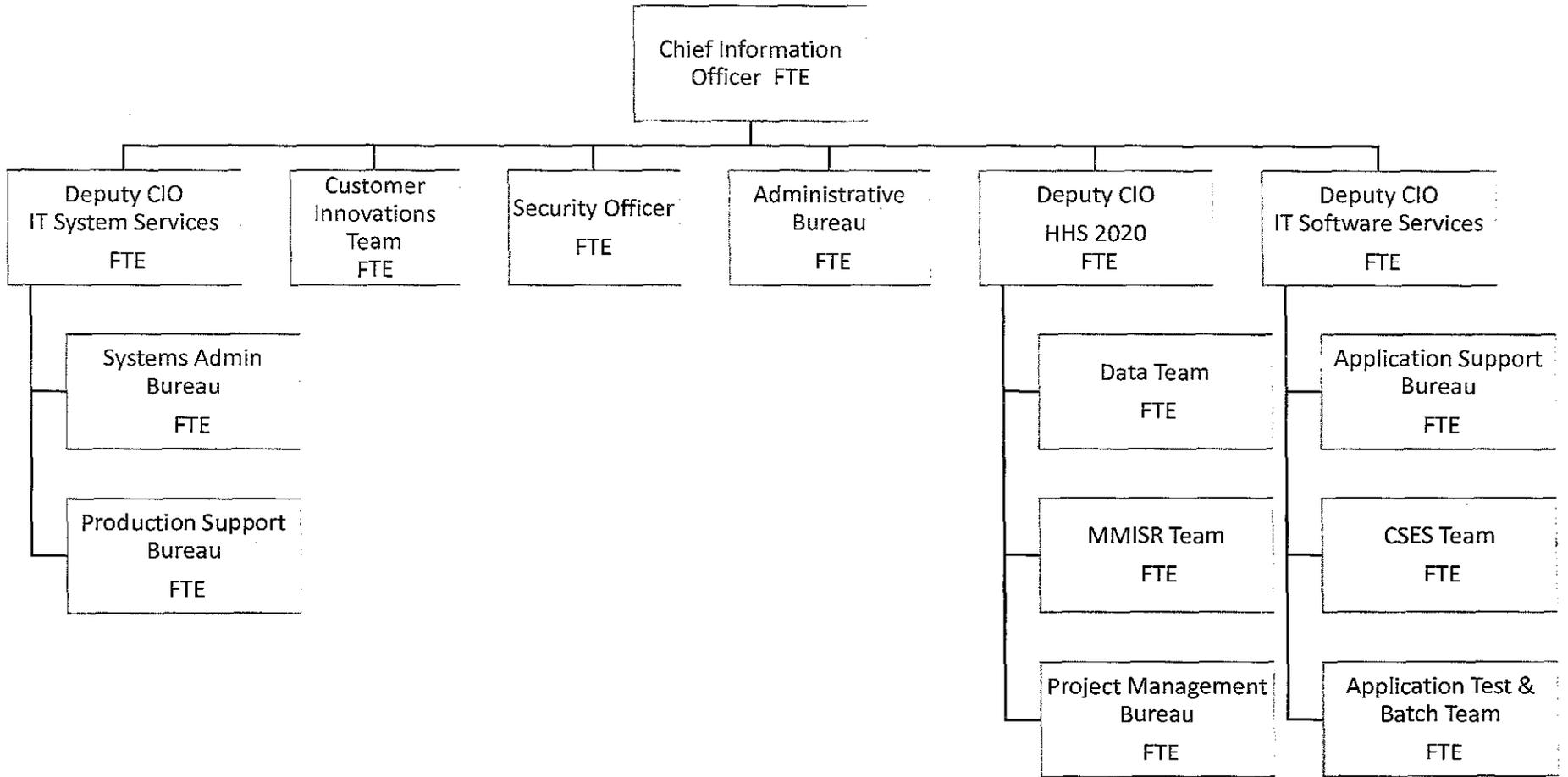
FY 25 Budget Request



Human Services Department

P522: Program Support IT

FY 25 Operating Budget



S-8 Financial Summary

(Dollars in Thousands)

BU PCode Department
63000 P522 000000

	2022-23 Opbud	2022-23 Actuals	2023-24 Opbud	2024-25 PCF Proj	Base	FY 2025 Agency Request		Total
						Expansion		
REVENUE								
111 General Fund Transfers	21,628.0	21,192.2	23,481.5	0.0	28,682.7	6,535.3		35,218.0
112 Other Transfers	2,300.0	435.8	2,300.0	0.0	2,300.0	0.0		2,300.0
120 Federal Revenues	48,607.4	37,747.6	49,842.7	0.0	60,508.3	10,753.9		71,262.2
130 Other Revenues	1,211.4	1,472.9	1,211.4	0.0	1,211.4	0.0		1,211.4
150 Fund Balance	0.0	3.6	0.0	0.0	0.0	0.0		0.0
REVENUE, TRANSFERS	73,746.8	60,852.0	76,835.6	0.0	92,702.4	17,289.2		109,991.6
REVENUE	73,746.8	60,852.0	76,835.6	0.0	92,702.4	17,289.2		109,991.6
EXPENSE								
200 Personal Services and Employee Benefits	18,747.7	17,356.7	20,812.3	27,601.3	20,821.1	4,700.4		25,521.5
300 Contractual services	40,269.3	33,509.4	40,906.6	0.0	51,180.0	8,467.7		59,647.7
400 Other	14,729.8	17,348.9	15,116.7	0.0	20,701.3	4,121.1		24,822.4
EXPENDITURES	73,746.8	68,215.1	76,835.6	27,601.28	92,702.4	17,289.2		109,991.6
EXPENSE	73,746.8	68,215.1	76,835.6	27,601.28	92,702.4	17,289.2		109,991.6
FTE POSITIONS								
810 Permanent	245.00	0.00	245.00	243.00	245.00	44.00		289.00
FTEs	245.00	0.00	245.00	243.00	245.00	44.00		289.00
FTE POSITIONS	245.00	0.00	245.00	243.00	245.00	44.00		289.00

S-9 Account Code Revenue/Expenditure Summary
(Dollars in Thousands)

		2022-23	2022-23	2023-24	2024-25	FY 2025 Agency Request		
		Opbud	Actuals	Opbud	PCF Proj	Base	Expansion	Total
499105	General Fd. Appropriation	21,628.0	21,192.2	23,481.5	0.0	28,682.7	6,535.3	35,218.0
111	General Fund Transfers	21,628.0	21,192.2	23,481.5	0.0	28,682.7	6,535.3	35,218.0
451909	Federal Contract - Interagency	2,300.0	0.0	2,300.0	0.0	2,300.0	0.0	2,300.0
499905	Other Financing Sources	0.0	435.8	0.0	0.0	0.0	0.0	0.0
112	Other Transfers	2,300.0	435.8	2,300.0	0.0	2,300.0	0.0	2,300.0
451903	Federal Direct - Operating	48,607.4	37,747.6	49,842.7	0.0	60,508.3	10,753.9	71,262.2
120	Federal Revenues	48,607.4	37,747.6	49,842.7	0.0	60,508.3	10,753.9	71,262.2
422001	Rebates	1,211.4	1,211.4	1,211.4	0.0	1,211.4	0.0	1,211.4
496902	Miscellaneous Revenue	0.0	261.5	0.0	0.0	0.0	0.0	0.0
130	Other Revenues	1,211.4	1,472.9	1,211.4	0.0	1,211.4	0.0	1,211.4
328900	Unassigned FB - Gov	0.0	3.6	0.0	0.0	0.0	0.0	0.0
150	Fund Balance	0.0	3.6	0.0	0.0	0.0	0.0	0.0
TOTAL REVENUE		73,746.8	60,852.0	76,835.6	0.0	92,702.4	17,289.2	109,991.6
520100	Exempt Perm Positions P/T&F/T	685.0	679.6	791.9	1,215.9	1,186.8	279.5	1,466.3
520200	Term Positions	13.0	0.0	25.0	0.0	0.0	0.0	0.0
520300	Classified Perm Positions F/T	12,372.7	11,576.1	14,314.5	18,629.3	14,354.1	3,372.0	17,726.1
520400	Classified Perm Positions P/T	82.2	32.9	56.0	0.0	0.0	0.0	0.0
520600	Paid Unused Sick Leave	3.5	22.0	24.0	0.0	0.0	0.0	0.0
520700	Overtime & Other Premium Pay	4.9	15.9	5.7	0.0	0.0	0.0	0.0
520800	Annl & Comp Paid At Separation	48.9	171.4	113.5	0.0	0.0	0.0	0.0
521100	Group Insurance Premium	1,489.0	1,233.3	1,590.4	1,954.9	1,544.4	127.6	1,672.0
521200	Retirement Contributions	2,482.4	2,307.8	2,430.8	3,849.1	1,677.1	426.1	2,103.2
521300	F I C A	970.8	906.4	1,044.9	1,518.2	1,800.9	407.7	2,208.6
521400	Workers' Comp Assessment Fee	2.2	1.6	2.3	0.0	1.5	1.5	3.0
521410	GSD Work Comp Insur Premium	34.0	35.7	37.7	0.0	20.2	9.1	29.3
521500	Unemployment Comp Premium	0.0	0.0	23.4	0.0	9.8	6.2	16.0
521600	Employee Liability Ins Premium	69.8	73.3	72.6	0.0	112.2	34.4	146.6
521700	RHC Act Contributions	268.6	246.4	279.6	433.8	114.1	36.3	150.4
521900	Other Employee Benefits	0.5	0.3	0.0	0.0	0.0	0.0	0.0
523000	COVID Related Admin Leave	25.3	15.2	0.0	0.0	0.0	0.0	0.0
523100	COVID Related EFMLA	9.2	0.0	0.0	0.0	0.0	0.0	0.0
523200	COVID Related Time Worked	185.7	38.8	0.0	0.0	0.0	0.0	0.0
200	Personal Services and Employee Bene	18,747.7	17,356.7	20,812.3	27,601.3	20,821.1	4,700.4	25,521.5

BU PCode Department
63000 P522 000000

S-9 Account Code Revenue/Expenditure Summary
(Dollars in Thousands)

	2022-23 Opbud	2022-23 Actuals	2023-24 Opbud	2024-25 PCF Proj	FY 2025 Agency Request		
					Base	Expansion	Total
535100 Medical Services	0.0	0.0	1.0	0.0	0.0	0.0	0.0
535200 Professional Services	149.0	145.2	2,442.8	0.0	100.4	623.5	723.9
535300 Other Services	71.2	2,025.1	52.8	0.0	4,614.0	164.9	4,778.9
535400 Audit Services	306.7	337.6	311.9	0.0	324.2	0.0	324.2
535600 IT Services	39,742.4	31,001.5	38,098.1	0.0	46,141.4	7,679.3	53,820.7
300 Contractual services	40,269.3	33,509.4	40,906.6	0.0	51,180.0	8,467.7	59,647.7
542100 Employee I/S Mileage & Fares	0.5	0.1	0.0	0.0	0.6	7.7	8.3
542200 Employee I/S Meals & Lodging	22.0	7.8	0.0	0.0	14.7	15.5	30.2
542500 Transp - Fuel & Oil	1.9	3.6	1.0	0.0	5.8	0.0	5.8
542600 Transp - Parts & Supplies	0.0	0.1	2.1	0.0	1.0	0.0	1.0
542700 Transp - Transp Insurance	0.3	0.3	0.3	0.0	0.0	0.0	0.0
542800 State Transp Pool Charges	56.8	52.8	53.4	0.0	59.3	0.0	59.3
543200 Maint - Furn, Fixt, Equipment	3.5	0.0	6.3	0.0	3.9	0.0	3.9
543300 Maint - Buildings & Structures	0.2	0.0	0.0	0.0	0.0	0.0	0.0
543400 Maint - Property Insurance	0.8	0.7	0.3	0.0	0.0	0.0	0.0
543500 Maint - Supplies	0.2	0.0	0.0	0.0	0.0	0.0	0.0
543820 Maintenance IT	0.0	0.0	0.0	0.0	0.0	200.0	200.0
543830 IT HW/SW Agreements	4,828.6	10,444.1	2,140.8	0.0	14,033.3	3,390.2	17,423.5
544000 Supply Inventory IT	466.5	209.4	1,993.2	0.0	623.7	0.0	623.7
544100 Supplies-Office Supplies	16.2	7.1	22.6	0.0	60.4	55.7	116.1
544400 Supplies-Field Supplies	0.0	0.0	0.1	0.0	0.0	0.0	0.0
544900 Supplies-inventory Exempt	8.7	66.4	0.0	0.0	25.3	255.8	281.1
545600 Reporting & Recording	1.6	1.3	2.5	0.0	27.3	0.0	27.3
545700 ISD Services	4,871.7	2,142.6	6,011.7	0.0	1,084.3	0.0	1,084.3
545710 DOIT HCM Assessment Fees	727.4	727.7	744.4	0.0	871.4	0.0	871.4
545900 Printing & Photo Services	9.7	37.2	6.1	0.0	7.8	0.0	7.8
546100 Postage & Mail Services	21.7	22.5	11.5	0.0	13.7	0.0	13.7
546400 Rent Of Land & Buildings	2,033.0	2,080.8	2,045.6	0.0	2,445.4	62.0	2,507.4
546500 Rent Of Equipment	69.7	58.8	99.6	0.0	101.4	0.0	101.4
546600 Communications	6.8	1.4	0.0	0.0	1.0	62.0	63.0
546610 DOIT Telecommunications	1,399.1	1,166.4	1,179.6	0.0	281.7	0.0	281.7
546700 Subscriptions/Dues/License Fee	57.0	50.7	48.2	0.0	341.2	0.0	341.2
546800 Employee Training & Education	73.0	72.0	57.8	0.0	60.6	12.2	72.8
546900 Advertising	47.2	0.0	190.0	0.0	44.8	60.0	104.8

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S-9 Account Code Revenue/Expenditure Summary
 (Dollars in Thousands)

	2022-23 Opbud	2022-23 Actuals	2023-24 Opbud	2024-25 PCF Proj	----- FY 2025 Agency Request -----		
					Base	Expansion	Total
547900 Miscellaneous Expense	0.7	5.6	0.5	0.0	5.8	0.0	5.8
547999 Request to Pay Prior Year	0.5	4.0	0.0	0.0	1.9	0.0	1.9
548300 Information Tech Equipment	0.0	163.3	499.1	0.0	457.3	0.0	457.3
549600 Employee O/S Mileage & Fares	3.0	9.9	0.0	0.0	66.3	0.0	66.3
549700 Employee O/S Meals & Lodging	1.5	12.3	0.0	0.0	61.4	0.0	61.4
400 Other	14,729.8	17,348.9	15,116.7	0.0	20,701.3	4,121.1	24,822.4
TOTAL EXPENSE	73,746.8	68,215.1	76,835.6	27,601.3	92,702.4	17,289.2	109,991.6
810 Permanent	245.00	0.00	245.00	243.00	245.00	44.00	289.00
810 Permanent	245.00	0.00	245.00	243.00	245.00	44.00	289.00
TOTAL FTE POSITIONS	245.00	0.00	245.00	243.00	245.00	44.00	289.00

Program Description:

To transform lives. Working with our partners, we design and deliver innovative, high-quality health and human services that improve the security and promote independence for New Mexicans in their communities. Today, the Department helps more than 1,046,000 New Mexicans make ends meet, obtain food, secure jobs or work training, pay for heating and cooling costs, locate childcare, obtain health care and receive child support. The goals in the New Mexico Health Care Authority Strategic Plan for Fiscal Year 2025:

Goals: The department has four strategic goals that support the department's mission.

- Goal 1 – Improve the value and range of services we provide to ensure that every New Mexican receives timely and accurate benefits.
- Goal 2 – Create effective, transparent communication to enhance the public trust.
- Goal 3 – Successfully implement technology to give customers and staff the best and most convenient access to services and information.
- Goal 4 – Promote an environment of mutual respect, trust and open communication for staff to grow and reach our professional goals.

The Department is led and directed by the Office of the Secretary (OOS) with four program divisions: Child Support Services Division (CSSD); Income Support Division (ISD); Medical Assistance Division (MAD); and Behavioral Health Services Division (BHSD). Support services are provided by offices and divisions found in the Program Support section of the department's Appropriation Request and include the Office of the General Counsel (OGC), Office of Inspector General (OIG), the Office of Fair Hearings (OFH), Office of Human Resources (OHR), the Administrative Services Division, (ASD), and Information Technology Division (ITD). The divisions and offices in Program Support contribute to all tasks and activities addressed in the Human Service Department Strategic Plan. Primary Services Provided/Beneficiaries, Current Service Levels

Office of the Secretary (OOS):

OOS provides leadership and direction for the agency and its services in coordination with other state agencies in accomplishing Governor Lujan Grisham's 2020-2022 State Health Improvement Plan (SHIP). The focus of the plan is on three major health issues: Access to Primary Care, Obesity & Diabetes and Substance Use & Mental Health. Along with the Governor's objectives, HSD and OOS lead the department and divisions to achieve HCA's mission, goals, and strategies outlined in the HCA strategic plan.

Staffed by the Cabinet Secretary, two Deputy Secretaries, and support staff, the OOS manages the fifth largest state agency (in terms of FTE) with 2020.5 FTE in 50 office locations statewide. The agency's \$10.53 billion budget in Fiscal Year 2024 is the largest in state government. A public information office, compliance manager and the Department's constituent services team, respond to requests for information and media inquiries, coordinate the Department's compliance efforts and support the outreach efforts of the agency. HCA's Native American Liaison position was filled in late 2020 and actively works on state-tribal issues and is committed to effective government-to-government relations with New Mexico's Pueblos, Tribes and Nations. This is accomplished through regular communication and meetings with Native American representatives and by working closely with the Indian Affairs Department and with the Native American Liaisons in the other Health and Human Services Departments. HSD's OOS represents the agency at the NM Legislature during regular sessions, and in interim periods working with the LFC and LHHS committees, focusing on HSD's complex budgets and programs. OOS is actively engaged with HCA divisional leaders to ensure programs appropriately serve intended recipients and financial resources are managed prudently.

Office of General Counsel (OGC) Primary Services

OGC assists all the Department's divisions with wide range of legal issues, including the development of

P-1 Program Overview

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OIG assists all the Department's divisions with a wide range of legal issues, including: the development of contracts, participation in recipient and provider hearings, federal and state litigation, legislative initiatives, negotiations, settlements, evaluation of legal documents, training, compliance with state and federal laws and regulations, policy and program development, employment relations.

Office of Inspector General (OIG) Primary Services

The Office of Inspector General's (OIG's) mission is to prevent, detect and investigate fraud, waste and abuse in the public assistance programs administered by the Department. The OIG conducts investigations, audits, special reviews, and identifies potential recovery, cost avoidance, and improvements for these programs. The OIG consists of the Audit (AB) and Investigations Bureaus (IB). See attached detailed descriptions.

Office of Fair Hearings (OFH) Primary Services

Administrative hearings afford HCA clientele the ability to challenge adverse actions initiated by the HCA while ensuring the due process rights of the HCA and clients are protected. This safeguard allows clients to advocate for their own needs while affording the HCA to present its work product to a federally mandated, neutral adjudicatory body as well as the appealing client/representative.

Office of Human Resources (OHR) Primary Services

It is the primary responsibility of OHR to manage HSD's human capital through recruitment, classification and compensation, employee relations, criminal history records checks and training. OHR's five key areas ensure each division within the department has the appropriate staff and resources to serve the citizens of New Mexico. The functions of each of the following units are focused to meet the needs of HCA and about 2500 staff statewide.

Administrative Services Division (ASD) Primary Services

The purpose of the Administrative Services Division (ASD) is to provide overall fiscal leadership, direction and administrative support to each of the program divisions, assisting the divisions in achieving their programmatic goals while ensuring accountability and compliance with state and federal requirements. ASD responsibilities and services include:

- Budget Preparation and Management
- Financial Accounting
- Grants Management
- General Services and Property Management
- Procurement and Contracts Management
- State Disbursements Unit for Child Support Collections
- Accounts Payable and Payroll
- Restitutions
- Accounts Receivable
- Compliance and Financial Systems

Information Technology Division (ITD)

ITD provides five primary cost-effective services to the other four HSD programs and the five HSD support offices: systems services, software services, special projects, information technology security and business operations. ITD does this in a manner to ensure HSD gains full benefit from existing and future technology investments. In the present organizational structure, IT System Services is comprised of the Systems Administration Bureau (SAB) and the Production Support Bureau (PSB). The SAB provide systems related services such as security support, administration, and maintenance for the HSD network, operating systems, workstations, servers, routers, firewalls, switches, video equipment, and hubs. IT Systems Services also coordinates all voice and data infrastructure for all leased building projects. The PSB is responsible for providing help desk and desktop support for all of HSD's staff located throughout the state.

The IT Software Services of ITD provides the Software Engineering services for many of the Department's systems. The Applications Support team supports internally developed and maintained applications, the Microsoft-based SharePoint-based online collaboration tools, the public facing YES New Mexico web portal used by the public to apply for HSD benefits, as well as the eCSE Child Support web portal. The Child Support Enforcement System (CSES) and Patch Interface teams provide system support including analysis, design, maintenance,

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(COLO) and Data Interface teams provide system support including analysis, design, maintenance,

Major Issues and Accomplishments:

Program Support transitioning seamlessly into HCA in fiscal year 25 will be our major obstacle. HCA will be absorbing two divisions from The Department of Health and one from The General Services Bureau. These three new divisions will be Department of Developmental Disabilities Supports Division (DDSD), The Division of Health Improvement (DHI), and State Health Benefits Division (SHBD). This new addition to HCA will add an additional 500 staff which will require more program support to efficiently administer public benefits timely. Information Technology Department

- A full description of the technology plans for the Department is included in the IT Plan appended to this request. Issues associated with Information Technology and the level of funding requested include:
 - Retaining skilled IT professionals is a difficult item to manage, as staff can go outside the state system at any time and be compensated at a higher salary rate.
 - ITD saw a large number of staff turnover in FY23
 - Migrate Department email, SharePoint and OneDrive to the Department of Information Technology MSO365 tenant.
 - Continue work on the improvement of customer service, operational excellence, and employee experience and performance.
 - YesNM team within ITD collaborated with Child Support Division to launch portal in April 2023.
 - Completed the annual security and penetration testing. Completed a cybersecurity risk assessment. Improved the department's cybersecurity risk by decommissioning end of life assets.
- Program Support

Overview of Request:

Program Support requests \$22,419.4 for FY2025. This is an increase of \$5,483.4 (32.4% Increase) from FY2024.

Revenue:

General Fund - \$6,998.6

Federal/Other Funds - \$15,420.8

Expenditures:

PSEB - \$17,987.8

Contracts - \$1,448.8

Other Costs - \$2,988.8

Information Technology Division (ITD)

ITD requests \$87,572.2 for FY2025. This is an increase of \$27,673.5 (46.2% increase) from FY2024.

Revenues:

General Funds - \$28,219.4

Federal/Other Funds - \$59,352.8

Expenditures:

PSEB - \$7,539.7

Contracts - \$58,198.9

Other Costs - \$21,833.6

The HCA is requesting an additional 31 FTE, which may be offset by transfers from DOH and GSD. These additional FTE will require an additional \$2,996.4 (Please see attached for further information)

Office of the Secretary: 3 FTE to include a new Deputy Secretary, a Federal/State Policy Liaison, and another communications team member.

Administrative Services Division: 22 FTE to support essential functions and volume of work associated with additional staff, transactions, and buildings, including payroll; procurement and contracts; purchases and requisitions; fiscal transactions; building maintenance, facility RFPs, and landlord oversight; budget development and monitoring; and audit functions for the new divisions.

Office of General Counsel: 1 FTE (lawyer) to handle HCA functions from the transition including absorbing any litigation currently naming DDSD/DHI and/or GSD. (Also receiving 1 paralegal from DOH)

Office of Human Resources: 6 FTE to address recruitment, retention, hiring, compensation, re classifications, union negotiations/concerns, complaints/grievances, ADA accommodations, training, HR investigations, and disciplinary actions. (Note: HSD currently only has .94 HR staff per 100 FTE, which is low compared to other agencies. DOH currently has 1.39 HR staff per 100 FTE.)

Office of Fair Hearings: 1 FTE to ensure that the agency can absorb provider and customer fair hearing volume associated with programs transferring from DOH and GSD. The increase requested for SFY25 has 3 areas that account for the increase. First is an increase for Personnel to allow for ITD to hire 18 additional authorized FTE bring the budgeted FTE count to 105. This increase will also support recruiting for these positions at Mid-Point of their advertised IT Classification pay schedules and will be allow ITD to be better equipped to support the large HSD workforce. The second area to support the requested increase is in contractual obligations. ITD is requesting additional budget authority for maintenance and support of as the MMISR applications are deployed into production. The third area to account for the requested increase is in the other expense category. The increase will support the rising rates of the Consumer Price Index (CPI) and the Producer Price Index (PPI) which has cause inflation of prices for IT hardware and software goods and services. Other price indexes that impact the IT budget are the Consumer Price Index (CPI). As of June 2023, the CPI for IT related goods is 7.135%. Gartner predicts IT Spending Growth to increase at a rate of 6.1% (Data Systems 4.4; Software 11.8; Devices 3.0; IT Services 8.3; Communication Services 2.8).

ITD's request represents Goal 3 of the Department's strategic plan, reflecting the very high priority that HSD places on IT investments to reduce overall costs, improve operational efficiencies and better serve our 1,034,001 New Mexican customers. This administration is committed to investing in technology to achieve better interaction and outcomes for our clients and staff.??

Programmatic Changes: The Health Care Authority (HCA) provides services and benefits to 1,046,816 New Mexicans through several programs including Medicaid, SNAP, and TANF. Program Support provides direct and indirect services to HCA customers and Division staff. Program Support provides fiscal review and oversight for the largest state budget, employs 1,967.5 FTE to administer the direct services offered by HSD and indirect support to ensure the operational needs of the department are met.

Base Budget Justification: The FY25 Program Support base request supports the Health Care Authority mission and goals by:

- Delivering high quality health care for New Mexicans at an affordable price.
- Leveraging the state's purchasing power and policies to make health care affordable and accessible to all New Mexicans.
- Transforming lives, by improving the value and range of services provided to New Mexicans and ensuring they receive timely and accurate benefits.

The Department currently serves 1,046,816 New Mexicans and it is anticipated that this number will increase as we change to become the Health Care Authority. With this change it is also expected that the Program Support services will also increase. We will need more program staff (e.g. financial administration, monitoring and oversight, communications and marketing) and we will need to leverage technology as we work to meet the goals of the Health Care Authority.

- ITD's base request is \$87,430.9 for FY 2025. This is an increase of \$27,531.9 or 46% from the FY 2024 operating budget.
- ITD's base increase includes software and services which is \$6,200; this base increase meets the executive guidance that our agency's funding mechanism is through a funding formula that predicts an increase in cost. This is to cover items such as, AWS costs, Salesforce renewals, and MuleSoft annual costs. As CCSC and ASPEN are developed and expanded, the cost for the software licensing needs was under-estimated. Oracle licenses were underpaid in the past and ITD has agreed to payments of which FY25 will be the 3rd year of a three-year plan.
- ITD's base increase for 2020 M&O is \$7,000; this increase meets the executive guidance that our agency requires additional funding to continue a recurring program previously funded from a non-recurring revenue source. As HCA moves forward with the implementation of MMISR, FY24 and FY25 will bring the following into production:
 - o System Integration Platform
 - o Benefits Management System
 - o Quality Assurance System
 - o Financial Services System (Claims and Pharmacy)
 - o Electronic Content Management
 - o Unified Portal

REV EXP COMPARISON

(Dollars in Thousands)

63000 - Human Services Department

	General Fund	Other Funds	Internal Funds	Federal Funds	Total
SOURCES	35,218.0	1,211.4	2,300.0	71,262.2	109,991.6
Personal Services and Employee Benefits	8,915.0	272.2	0.0	16,334.3	25,521.5
Contractual services	18,177.6	670.3	2,300.0	38,499.8	59,647.7
Other	8,125.4	268.9	0.0	16,428.1	24,822.4
USES Total:	35,218.0	1,211.4	2,300.0	71,262.2	109,991.6
Net:	0.0	0.0	0.0	0.0	0.0

Program Support

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EB-1 Expansion Justifications
(Dollars in Thousands)

IT Data Analytics Expansion

Rank: 0

New Initiative	2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/ IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
General Fund Transfers	3,157.5	0	0	0	3,157.5	0
Federal Revenues	0	0	0	5,994.8	5,994.8	0
REVENUE, TRANSFERS	3,157.5	0	0	5,994.8	9,152.3	0
Personal Services and Employee	130.1	0	0	247.9	378	0
Contractual services	1,887.4	0	0	3,557.2	5,444.6	0
Other	1,148.7	0	0	2,181	3,329.7	0
EXPENDITURES	3,166.2	0	0	5,986.1	9,152.3	0
Permanent	0	0	0	0	3	0
FTEs	0	0	0	0	3	0

Quantitative Outcome:

Brief Description:

The Information Technology Division (ITD) requests an expansion to support the new divisions that are being added into the department from Department of Health and General Services. The expansion will bring an estimated 600 individuals and a minimum of 50 IT applications to the new Department. ITD will need additional support including software and infrastructure in order to support the increased volume and integrate them into the HCA portfolio.

Item being addressed:

The expansion will provide ITD the funding to increase the current support models and ability to manage the increased volume of staff, equipment and infrastructure.

Description of how performance will be improved:

The expansion will provide ITD the funding to increase the current support models and ability to manage the increased volume of staff, equipment and infrastructure. This expansion will allow ITD's response time for problem resolutions to stay the same and/or decrease.

Consequences of not funding this expansion:

ITD's current support models will not be able to manage the increased volume of staff, equipment and infrastructure. Response time for problem resolutions will increase.

Assumptions and methodology:

ITD currently utilizes data analytics to monitor response time for problem tickets reported as well as monitoring applications' availability. With the increase in volume, a need for increase in support is needed.

Performance Measures:

ITD currently utilizes data analytics to monitor response time for problem tickets reported as well as monitoring applications' availability. With the increase in volume, a need for increase in support is needed.

Analyst recommendations and comments:

IT Data Analytics Expansion

Rank: 0

New Initiative	2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/ IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
General Fund Transfers	1,210.5	0	0	0	1,210.5	0
Federal Revenues	0	0	0	2,298.4	2,298.4	0
REVENUE, TRANSFERS	1,210.5	0	0	2,298.4	3,508.9	0
Personal Services and Employee	458.7	0	0	870.6	1,329.3	0

Program Support

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EB-1 Expansion Justifications
(Dollars in Thousands)

Contractual services	717.5	0	0	1,362.1	2,079.6	0
Other	34.5	0	0	65.5	100	0
EXPENDITURES	1,210.7	0	0	2,298.2	3,508.9	0
Permanent	0	0	0	0	10	0
FTEs	0	0	0	0	10	0

Quantitative Outcome:

Brief Description:

The Information Technology Division (ITD) requests an expansion to build a Data Analytics Organization which will be responsible for the creation and maintenance of the Analytics Organization Hub & Spoke Model. The Analytics Hub will focus on core analytic priorities such as advanced analytics and the advanced technical and quantitative skills benefiting Spokes. Data Governance and data governance processes are managed through the analytics hub.

Problem being addressed:

The expansion will provide the opportunity to cut costs by building the Analytics Organization Hub & Spoke Model and save time by increasing productivity of internal staff as well as Statewide customers. The Analytics Organization Hub & Spoke Model will help with public trust.

Description of how performance will be improved:

The Data Analytics Organization expansion will provide the framework for gathering, storing and utilizing data for decision making. Future analytic capabilities benefit from this model could result in creating predictive measure for proactive MCO oversight beyond traditional HEDIS measures, develop a State of New Mexico Social Determinants of Health and Health Equity for improved targeted programs and interventions, real-time and prescriptive operational analytics to support tactical maneuvers in servicing HSD customers efficiently while improving quality of service, just to name a few.

This model will host numerous intangible benefits for staff as well. It allows analytical staff to adequately support business outcomes and mission critical priorities, create analytics that will prescribe services and support fundamental change for New Mexicans, reduce administrative cost by limiting analytical service contracts. Allow technical staff to provide support for data platforms and enhancement for advanced analytics, increase access and usability of current and future State data, and bring economy of scale at the same time lowering technical ownership costs. Staff training is also a huge benefit factor. It will train staff how to use Business Intelligence tools effectively, understand complex data structures and how to query such data and allow staff to transform detail data into audience appropriate story formulating actionable insights and strategies.

Indirect benefits of this model that will enhance the public trust are data quality, access to data, customer satisfaction, efficiency and employee satisfaction.

Consequences of not funding this expansion:

Without a Data Analytics Organization, the Department will not be able build and operate an analytics organizational model and will not leverage the opportunity to utilize significant IT investments currently being made to enhance and mature data reporting and analytics.

Assumptions and methodology:

The Data Analytics Organization expansion will build the Analytics Organization Hub & Spoke Model.

The Spokes are decentralized teams of dedicated analysts providing analytical support on business processes, program design, questions, problems and decisions. The Analytics Hub effectively works with Spokes across the enterprise to standardize processes, facilitate training to enhance analytical and technical skills, and enhancing analytical platforms to improve performance and promote repeatability and reproducibility.

The Data Hub provides the technological support for the Analytics Hub and Spokes. In collaboration with the Analytics Hub and Spoke, the Data Hub will build and enhance data structures for analytics. The Data Hub owns and manages the data platforms, Business Intelligence platforms, analytics platforms and is responsible for the introduction of new technology platforms.

Performance Measures:

Program Support

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EB-1 Expansion Justifications
(Dollars in Thousands)

The Data Analytics Organization expansion's success will be measured in two capacities. The first will be through cost saving methodologies. This can be measured by time saved, identification of program efficiency opportunities, and reduction of contracts and expenditures on external entities. The second capability is through productivity. This is measured by number of reports, dashboards and or model delivered through this model.

Analyst recommendations and comments:

Program Support HCA Expansion

Rank: 0

New Initiative	2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/ IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
General Fund Transfers	2,167.3	0	0	0	2,167.3	0
Federal Revenues	0	0	0	2,460.7	2,460.7	0
REVENUE, TRANSFERS	2,167.3	0	0	2,460.7	4,628	0
Personal Services and Employee	1,402.1	0	0	1,591	2,993.1	0
Contractual services	441.3	0	0	502.2	943.5	0
Other	323.7	0	0	367.7	691.4	0
EXPENDITURES	2,167.1	0	0	2,460.9	4,628	0
Permanent	0	0	0	0	30	0
FTEs	0	0	0	0	30	0

Quantitative Outcome:

Brief Description:

The expansion request supports HCA mission and goals by ensuring we can help fellow New Mexicans, make access easier, communicate effectively and supporting each other. Program Support is made up of the following offices: Office of the Secretary, Office of Human Resources, Office of General Council, Office of Inspector General, Fair Hearings and Administrative Services Division. The base budget allows for continued administration of multiple program support services. Our base budget request increased by 3% over the FY24 OpBud to support increases in our Personal Services and Employee Benefits, Contacts and Other Costs

Problem being addressed:

The FY25 Program Support expansion request allows HCA to:

Delivering high quality health care for New Mexicans at an affordable price.

Leveraging the state's purchasing power and policies to make health care affordable and accessible to all New Mexicans.

Transforming lives, by improving the value and range of services provided to New Mexicans and ensuring they receive timely and accurate benefits.

The Department currently serves 1,046,816 New Mexicans and it is anticipated that this number will increase as we change to become the Health Care Authority. With this change it is also expected that the Program Support services will also increase. We will need more program staff (e.g. financial administration, monitoring and oversight, communications and marketing) and we will need to leverage technology as we work to meet the goals of the Health Care Authority

Description of how performance will be improved:

As always, the Health Care Authority-Program Support Divisions and Bureaus would always look to improving performance and automating processes that would ensure timely and accurate processing, review, and management of the administrative and programmatic dollars that are spent or issued to New Mexicans.

Consequences of not funding this expansion:

Program Support

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EB-1 Expansion Justifications
(Dollars in Thousands)

The consequences of not funding the Program Support expansion request would mean:

The Office of the Secretary would not be able to hire and fill the necessary positions to fulfill the missions and goals of the Health Care Authority and the newly created divisions/bureaus. This could hinder the effectiveness of our transition plan by not being able to effectively communicate to our customer to ensure a smooth transition and we won't be able to meet and advocate on tribal needs more effectively.

The Administrative Support Division would not be able to hire and fill the necessary positions needed to address the administrative support, such as ensure all state and federal guidelines are met without any disruption in benefits being provided and being able to support the additional staff and fiscal responsibilities of the new Divisions transferring from other state agencies.

The Office of General Council handles the legal issues of the Agency. Transitioning to the Health Care Authority and taking on added responsibilities from the DDSD, DHI and SHB will increase the need for legal support. Not being able to fund this area appropriately could potentially put the Health Care Authority in a legal liability.

The Office of Human Resources would not be able to hire adequately and retain properly trained staff to assist the Agency with personnel needs for approximately 600 agency staff. Not being able to hire the adequate staff needed to complete day to day work would have a direct impact to New Mexicans receiving benefits.

There are other areas that are requesting expansion dollars to help support the Health Care Authority, they too would see an increase in fair hearings and independent audit reviews to ensure the efficiency and due process to the activities performed by the Agency and to its customers.

Assumptions and methodology:

Assuming HCA receives adequate funding, the program support division will be able to adequately support DHI, DDSD and SBB. These additional programs will bring in new federal dollars and general fund to manage along with more staff per program for payroll, HR, accounts payable/receivable to support. Along with these support services our General Council and Fair Hearings will need to expand to a higher volume with more services and staff.

Performance Measures:

HCA has extensive performance measures in place that can direct the effective delivery of high-quality support services across each division within HCA.

Best recommendations and comments:

Program Support

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EB-2 Expansion Fiscal Summary
(Dollars in Thousands)

IT Data Analytics Expansion

Rank: 0

		2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/ IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
111	General Fund Transfers	3,157.5	0	0	0	3,157.5	0
120	Federal Revenues	0	0	0	5,994.8	5,994.8	0
REVENUE, TRANSFERS		3,157.5	0	0	5,994.8	9,152.3	0
200	Personal Services and Employee Benefits	130.1	0	0	247.9	378	0
300	Contractual services	1,887.4	0	0	3,557.2	5,444.6	0
400	Other	1,148.7	0	0	2,181	3,329.7	0
EXPENDITURES		3,166.2	0	0	5,986.1	9,152.3	0
810	Permanent	0	0	0	0	3	
FTEs		0	0	0	0	3	0

IT Data Analytics Expansion

Rank: 0

		2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/ IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
114	General Fund Transfers	1,210.5	0	0	0	1,210.5	0
120	Federal Revenues	0	0	0	2,298.4	2,298.4	0
REVENUE, TRANSFERS		1,210.5	0	0	2,298.4	3,508.9	0
200	Personal Services and Employee Benefits	458.7	0	0	870.6	1,329.3	0
300	Contractual services	717.5	0	0	1,362.1	2,079.6	0
400	Other	34.5	0	0	65.5	100	0
EXPENDITURES		1,210.7	0	0	2,298.2	3,508.9	0
810	Permanent	0	0	0	0	10	
FTEs		0	0	0	0	10	0

Program Support HCA Expansion

Rank: 0

		2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/ IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
111	General Fund Transfers	2,167.3	0	0	0	2,167.3	0
120	Federal Revenues	0	0	0	2,460.7	2,460.7	0
REVENUE, TRANSFERS		2,167.3	0	0	2,460.7	4,628	0
200	Personal Services and Employee Benefits	1,402.1	0	0	1,591	2,993.1	0
300	Contractual services	441.3	0	0	502.2	943.5	0
400	Other	323.7	0	0	367.7	691.4	0

Program Support

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EB-2 Expansion Fiscal Summary
(Dollars in Thousands)

EXPENDITURES	2,167.1	0	0	2,460.9	4,628	0
810 Permanent	0	0	0	0	30	
FTEs	0	0	0	0	30	0

Program Support

State of New Mexico

BU PCode Department
63000 P522 000000

EB-3 Expansion Line Item Detail
(Dollars in Thousands)

IT HCA Expansion

Rank: 0

		2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
520100	Exempt Perm Positions P/T&F/T	0	0	0	0	0	0
520300	Classified Perm Positions F/T	97.5	0	0	185.4	282.9	0
521100	Group Insurance Premium	9.7	0	0	18.5	28.2	0
521200	Retirement Contributions	14.2	0	0	27	41.2	0
521300	F I C A	6	0	0	11.3	17.3	0
521400	Workers' Comp Assessment Fee	0.1	0	0	0.3	0.4	0
521410	GSD Work Comp Insur Premium	0.3	0	0	0.7	1	0
521500	Unemployment Comp Premium	0.3	0	0	0.7	1	0
521600	Employee Liability Ins Premium	0.3	0	0	0.7	1	0
521700	RHC Act Contributions	1.7	0	0	3.3	5	0
200	Personal Services and Employee Benefit	130.1	0	0	247.9	378	0
535600	IT Services	1,887.4	0	0	3,557.2	5,444.6	0
300	Contractual services	1,887.4	0	0	3,557.2	5,444.6	0
543830	IT HW/SW Agreements	1,140.2	0	0	2,164.8	3,305	0
543840	Supplies-Office Supplies	8.5	0	0	16.2	24.7	0
400	Other	1,148.7	0	0	2,181	3,329.7	0
Total for IT HCA Expansion		3,166.2	0	0	5,986.1	9,152.3	0

IT Data Analytics Expansion

Rank: 0

		2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
520300	Classified Perm Positions F/T	343.4	0	0	652	995.4	0
521100	Group Insurance Premium	34.3	0	0	65.1	99.4	0
521200	Retirement Contributions	50.1	0	0	95.1	145.2	0
521300	F I C A	21	0	0	39.8	60.8	0
521400	Workers' Comp Assessment Fee	0.2	0	0	0.4	0.6	0
521410	GSD Work Comp Insur Premium	0.2	0	0	0.4	0.6	0
521500	Unemployment Comp Premium	0.4	0	0	0.6	1	0
521600	Employee Liability Ins Premium	1.1	0	0	2	3.1	0
521700	RHC Act Contributions	8	0	0	15.2	23.2	0
200	Personal Services and Employee Benefit	458.7	0	0	870.6	1,329.3	0
535600	IT Services	717.5	0	0	1,362.1	2,079.6	0
300	Contractual services	717.5	0	0	1,362.1	2,079.6	0
543820	Maintenance IT	34.5	0	0	65.5	100	0

Program Support

State of New Mexico

BU PCode Department
63000 P522 000000

EB-3 Expansion Line Item Detail
(Dollars in Thousands)

400	Other	34.5	0	0	65.5	100	0
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Total for IT Data Analytics Expansion		1,210.7	0	0	2,298.2	3,508.9	0
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Program Support HCA Expansion Rank: 0

		2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
520100	Exempt Perm Positions P/T&F/T	210.5	0	0	239	449.5	0
520300	Classified Perm Positions F/T	882.6	0	0	1,001	1,883.6	0
521100	Group Insurance Premium	0	0	0	0	0	0
521200	Retirement Contributions	112.2	0	0	127.5	239.7	0
521300	F I C A	154.3	0	0	175.3	329.6	0
521400	Workers' Comp Assessment Fee	0.2	0	0	0.3	0.5	0
521410	GSD Work Comp Insur Premium	3.5	0	0	4	7.5	0
521500	Unemployment Comp Premium	2	0	0	2.2	4.2	0
521600	Employee Liability Ins Premium	14.2	0	0	16.1	30.3	0
521700	RHC Act Contributions	3.8	0	0	4.3	8.1	0
521900	Other Employee Benefits	18.8	0	0	21.3	40.1	0
200	Personal Services and Employee Benefit	1,402.1	0	0	1,591	2,993.1	0
535000	Professional Services	291.6	0	0	331.9	623.5	0
535500	Other Services	77.1	0	0	87.8	164.9	0
535600	IT Services	72.6	0	0	82.5	155.1	0
300	Contractual services	441.3	0	0	502.2	943.5	0
542100	Employee I/S Mileage & Fares	3.6	0	0	4.1	7.7	0
542200	Employee I/S Meals & Lodging	7.3	0	0	8.2	15.5	0
543820	Maintenance IT	46.8	0	0	53.2	100	0
543830	IT HW/SW Agreements	39.9	0	0	45.3	85.2	0
544100	Supplies-Office Supplies	14.5	0	0	16.5	31	0
544900	Supplies-Inventory Exempt	119.8	0	0	136	255.8	0
546400	Rent Of Land & Buildings	29	0	0	33	62	0
546600	Communications	29	0	0	33	62	0
546800	Employee Training & Education	5.7	0	0	6.5	12.2	0
546900	Advertising	28.1	0	0	31.9	60	0
400	Other	323.7	0	0	367.7	691.4	0
Total for Program Support HCA Expansion		2,167.1	0	0	2,460.9	4,628	0

DFA Performance Based Budgeting Data System
Annual Performance Report

Agency: 63000 Human Services Department

Program: P522 Program Support

The purpose of program support is to provide overall leadership, direction and administrative support to each agency program and to assist it in achieving its programmatic goals.

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Outcome	Average customer self-reported satisfaction with the human services department and its programs supplemental nutrition assistance program, temporary assistance for needy families, child support, medicaid and low-income home energy assistance program	4%	0%	No	
Outcome	Average human services department staff self-reported score related to having the tools, training, and resources needed to telework effectively	4%	0%	No	
Outcome	Percent of administrative cost compared to total claims collected by the restitution services bureau	15%	0%	Yes	
Outcome	Percent of automated eligibility decisions including real time eligibility, administrative renewal, auto denial/closure, and mass update	30%	0%	No	
Outcome	Percent of employees who leave the human services department during the quarter as an annualized number	15%	0%	No	
Outcome	Percent of human services department mentions in the media with positive and neutral sentiments compared to negative sentiments	0	0%	Yes	
Outcome	Percent of human services department positions that are filled as a portion of authorized full time equivalent positions and budgeted positions	95%	0%	No	
Outcome	Total medicaid program integrity recoveries collected for each dollar expended by the program	\$3	0	No	
Output	Number of visits across human services department website, medicaid portal, yesNM portal, child support portal, human services department facebook page and human services department twitter account	638,550	0	No	
Output	Percent of timely final decisions on administrative disqualification hearings (within ninety days of hearing being scheduled)	100.00%	0.0%	No	

Performance Measures Summary

P522 Program Support

Purpose: The purpose of program support is to provide overall leadership, direction and administrative support to each agency program and to assist it in achieving its programmatic goals.

Performance Measures:		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Output	Percent of timely final decisions on administrative disqualification hearings (within ninety days of hearing being scheduled)	0.0%	0.0%	100.0%	100.0%	
Output	Number of visits across human services department website, medicaid portal, yesNM portal, child support portal, human services department facebook page and human services department twitter account	1,102,633	0	900,000	900,000	
Outcome	Percent of administrative cost compared to total claims collected by the restitution services bureau	0%	0%	15%	15%	
Outcome	Total medicaid program integrity recoveries collected for each dollar expended by the program	\$10	0	\$7	\$7	
Outcome	Average customer self-reported satisfaction with the human services department and its programs supplemental nutrition assistance program, temporary assistance for needy families, child support, medicaid and low-income home energy assistance program	3%	0%	3%	3%	
Outcome	Average human services department staff self-reported score related to having the tools, training, and resources needed to telework effectively	4%	0%	4%	4%	
Outcome	Percent of automated eligibility decisions including real time eligibility, administrative renewal, auto denial/closure, and mass update	41%	0%	30%	30%	
Outcome	Percent of employees who leave the human services department during the quarter as an annualized number	17%	0%	15%	15%	
Outcome	Percent of human services department mentions in the media with positive and neutral sentiments compared to negative sentiments	81%	0%	81%	81%	
Outcome	Percent of human services department positions that are filled as a portion of authorized full time equivalent positions and budgeted positions	82%	0%	95%	95%	

**FY25 APPROPRIATION REQUEST
FORM E-6B LEASED PASSENGER-RELATED VEHICLES**

Account code 542800

LEASED VEHICLE INFORMATION @ 7/1/23

Agency Name: Health Care Authority

Program Name: Administrative Services Department

Business Unit: 63000

Program Code: P522

Item No.	LONG TERM LEASES ONLY						Lease Type Operational (O) or Standard (S)	Long Term Only			SHORT TERM ONLY			Put (x) if Fed \$
	Year	Make/Model	Vehicle Type	A** R C	License Plate Number	Mileage As of 7/1/23		A	B	A x B = C	D	E	D x E = F	
								FY24 Monthly Rate O=\$224.47 S= Rate Schedule	Number of months to lease	Total cost Rate FY25	Daily Rate Based On Vehicle Type	No. of Days	Total Lease Rate	
Example														
1	2009	Ford Econoline	05D	C	001293SG	50,268	Operational (O)	235.69	12	2,828.3			-	
2	2009	Chevy Van	05D	C	002009SG	79,391	Operational (O)	235.69	12	2,828.3			-	
3	2015	Chevy Silvarado	04C	C	005427SG	92,489	Standard (S)	490	12	5,520.0				
4	2020	Nissan Altima	02BA	C	007860SG	17,176	Standard (S)	490	12	5,760.0				
5	2021	Nissan Altima	02BA	C	008779SG	4,033	Standard (S)	490	12	5,880.0			-	
6	2021	Nissan Altima	02BA	C	008067SG	4,076	Standard (S)	490	12	5,880.0			-	
7	2021	Nissan Altima	02BA	C	008677SG	2,632	Standard (S)	490	12	5,880.0			-	
8	2021	Nissan Altima	02BA	C	008752SG	3,911	Standard (S)	490	12	5,880.0			-	
9	2021	Nissan Altima	02BA	C	008776SG	3,437	Standard (S)	490	12	5,880.0			-	
10	2021	Nissan Altima	02BA	C	008687SG	5,268	Standard (S)	490	12	5,880.0			-	
11	2005	Ford Focus	02B	C	G59094	105,385	Operational (O)	235.69	12	2,828.3			-	
12	2005	Ford Focus	02B	C	G61633	100,265	Operational (O)	235.69	12	2,828.3			-	
13	2007	Ford F-150	04C	C	G71424	73,837	Operational (O)	235.69	12	2,828.3	-		-	
14										-			-	
15										-			-	
16										-			-	
17										-			-	
18										-			-	
19										-			-	
TOTAL LONG TERM:										60,701.4	TOTAL SHORT TERM:		-	

** Code A = additional leased vehicle request C = vehicle currently leased R = request to replace previously purchased vehicle

Child Support Services Division
(CSSD) Director

RESOLUTIONS SECTION

Deputy Director of Field Operations

4 FTE Regional Operations Managers (ROM)
4 Field Offices

Deputy Director of Central Operations

Program Support Bureau - Finance Unit, HR Admin, VP U

Deputy Director of Performance Management

Policy, Quality Assurance, Training, CSES Helpdesk, Employer Unit/Reporting

Deputy General Counsel of CSSD
Legal Services

Managing Attorneys, Supervising Attorneys, and Field attorneys

State Disbursement Unit (SDU)

S-8 Financial Summary

(Dollars in Thousands)

BU PCode Department
63000 P523 000000

	2022-23 Opbud	2022-23 Actuals	2023-24 Opbud	2024-25 PCF Proj	Base	----- FY 2025 Agency Request ----- Expansion	Total
REVENUE							
111 General Fund Transfers	10,924.9	10,105.2	12,641.0	0.0	13,340.2	234.8	13,575.0
112 Other Transfers	0.0	819.7	0.0	0.0	0.0	0.0	0.0
120 Federal Revenues	23,788.6	21,425.9	27,062.3	0.0	28,529.9	455.8	28,985.7
130 Other Revenues	1,281.9	908.5	267.0	0.0	267.0	0.0	267.0
REVENUE, TRANSFERS	35,995.4	33,259.3	39,970.3	0.0	42,137.1	690.6	42,827.7
REVENUE	35,995.4	33,259.3	39,970.3	0.0	42,137.1	690.6	42,827.7
EXPENSE							
200 Personal Services and Employee Benefits	23,876.6	21,947.7	24,960.2	32,335.1	24,960.2	0.0	24,960.2
300 Contractual services	7,202.4	8,254.3	10,353.1	0.0	12,519.9	690.6	13,210.5
400 Other	4,914.4	4,426.9	4,657.0	0.0	4,657.0	0.0	4,657.0
EXPENDITURES	35,995.4	34,628.8	39,970.3	32,335.06	42,137.1	690.6	42,827.7
EXPENSE	35,995.4	34,628.8	39,970.3	32,335.06	42,137.1	690.6	42,827.7
FTE POSITIONS							
810 Permanent	370.00	0.00	370.00	369.00	340.00	0.00	340.00
FTEs	370.00	0.00	370.00	369.00	340.00	0.00	340.00
FTE POSITIONS	370.00	0.00	370.00	369.00	340.00	0.00	340.00

BU 63000 PCode P523 Department 000000

S-9 Account Code Revenue/Expenditure Summary
(Dollars in Thousands)

	2022-23 Opbud	2022-23 Actuals	2023-24 Opbud	2024-25 PCF Proj	FY 2025 Agency Request		
					Base	Expansion	Total
499105 General Fd. Appropriation	10,924.9	10,105.2	12,641.0	0.0	13,340.2	234.8	13,575.0
111 General Fund Transfers	10,924.9	10,105.2	12,641.0	0.0	13,340.2	234.8	13,575.0
499905 Other Financing Sources	0.0	819.7	0.0	0.0	0.0	0.0	0.0
112 Other Transfers	0.0	819.7	0.0	0.0	0.0	0.0	0.0
451903 Federal Direct - Operating	21,588.6	18,584.0	24,862.3	0.0	26,329.9	455.8	26,785.7
453001 Federal - Contracts & Other	2,200.0	2,841.9	2,200.0	0.0	2,200.0	0.0	2,200.0
120 Federal Revenues	23,788.6	21,425.9	27,062.3	0.0	28,529.9	455.8	28,985.7
422002 Recoveries	0.0	597.4	0.0	0.0	0.0	0.0	0.0
422902 Other Fees	1,281.9	67.5	267.0	0.0	66.0	0.0	66.0
424302 Printing & Reproduction	0.0	0.0	0.0	0.0	0.0	0.0	0.0
496902 Miscellaneous Revenue	0.0	243.2	0.0	0.0	201.0	0.0	201.0
496903 Miscellaneous Revenue	0.0	0.4	0.0	0.0	0.0	0.0	0.0
130 Other Revenues	1,281.9	908.5	267.0	0.0	267.0	0.0	267.0
TOTAL REVENUE	35,995.4	33,259.3	39,970.3	0.0	42,137.1	690.6	42,827.7
520100 Exempt Perm Positions P/T&F/T	21,300.3	0.0	82.4	133.4	82.4	0.0	82.4
520300 Classified Perm Positions F/T	17,590.1	15,458.6	18,186.1	21,647.9	18,186.1	0.0	18,186.1
520600 Paid Unused Sick Leave	(21,189.3)	8.5	11.4	0.0	11.4	0.0	11.4
520700 Overtime & Other Premium Pay	0.0	0.2	0.0	0.0	0.0	0.0	0.0
520800 Annl & Comp Paid At Separation	0.0	72.8	90.7	0.0	90.0	0.0	90.0
521100 Group Insurance Premium	2,230.8	1,883.7	2,199.6	3,770.8	2,199.0	0.0	2,199.0
521200 Retirement Contributions	2,408.2	2,892.6	2,724.2	4,612.8	2,719.1	0.0	2,719.1
521300 F I C A	1,092.6	1,130.8	1,086.6	1,666.3	1,079.6	0.0	1,079.6
521400 Workers' Comp Assessment Fee	3.4	2.6	3.4	0.0	3.1	0.0	3.1
521410 GSD Work Comp Insur Premium	51.4	50.7	56.8	0.0	42.6	0.0	42.6
521500 Unemployment Comp Premium	0.0	0.0	35.1	0.0	13.9	0.0	13.9
521600 Employee Liability Ins Premium	105.5	104.0	109.2	0.0	235.4	0.0	235.4
521700 RHC Act Contributions	285.6	308.9	298.7	504.0	284.3	0.0	284.3
523000 COVID Related Admin Leave	0.0	33.4	57.7	0.0	12.3	0.0	12.3
523200 COVID Related Time Worked	0.0	1.0	18.3	0.0	1.0	0.0	1.0
200 Personal Services and Employee Bene	23,878.6	21,947.7	24,960.2	32,335.1	24,960.2	0.0	24,960.2
535100 Medical Services	2,268.0	24.9	1,104.6	0.0	22.0	0.0	22.0
535200 Professional Services	25.9	1,050.8	883.4	0.0	4,987.3	0.0	4,987.3
535300 Other Services	1,651.8	2,183.5	3,420.9	0.0	1,592.4	690.6	2,283.0

BU PCode Department
63000 P523 000000

S-9 Account Code Revenue/Expenditure Summary
(Dollars in Thousands)

	2022-23	2022-23	2023-24	2024-25	FY 2025 Agency Request		
	Opbud	Actuals	Opbud	PCF Proj	Base	Expansion	Total
535309 Other Services - Interagency	9,956.8	3,982.1	4,459.4	0.0	4,222.5	0.0	4,222.5
535400 Audit Services	0.0	11.0	0.0	0.0	12.8	0.0	12.8
535500 Attorney Services	0.0	0.0	0.8	0.0	0.5	0.0	0.5
535600 IT Services	(6,700.1)	1,002.0	484.0	0.0	1,682.4	0.0	1,682.4
300 Contractual services	7,202.4	8,254.3	10,353.1	0.0	12,519.9	690.6	13,210.5
542100 Employee I/S Mileage & Fares	0.0	1.3	1.0	0.0	1.1	0.0	1.1
542200 Employee I/S Meals & Lodging	0.0	52.4	9.0	0.0	9.0	0.0	9.0
542500 Transp - Fuel & Oil	22.2	8.6	6.0	0.0	10.0	0.0	10.0
542600 Transp - Parts & Supplies	4.3	0.0	1.1	0.0	0.2	0.0	0.2
542700 Transp - Transp Insurance	1.9	0.5	0.4	0.0	0.3	0.0	0.3
542800 State Transp Pool Charges	84.6	89.3	92.2	0.0	92.2	0.0	92.2
543200 Maint - Furn, Fxt, Equipment	30.7	0.7	20.0	0.0	23.1	0.0	23.1
543300 Maint - Buildings & Structures	0.0	0.0	1.0	0.0	0.5	0.0	0.5
543400 Maint - Property insurance	1.1	1.0	0.4	0.0	0.2	0.0	0.2
543500 Maint - Supplies	0.3	0.0	1.2	0.0	0.5	0.0	0.5
543830 IT HW/SW Agreements	1.3	102.2	110.0	0.0	122.0	0.0	122.0
544000 Supply Inventory IT	31.0	18.2	30.1	0.0	15.0	0.0	15.0
544100 Supplies-Office Supplies	37.9	35.9	30.0	0.0	30.0	0.0	30.0
544400 Supplies-Field Supplies	0.0	0.2	0.0	0.0	0.5	0.0	0.5
544900 Supplies-Inventory Exempt	28.0	16.6	20.0	0.0	15.0	0.0	15.0
545600 Reporting & Recording	1.9	3.9	8.0	0.0	8.0	0.0	8.0
545900 Printing & Photo Services	8.6	14.9	2.0	0.0	2.0	0.0	2.0
546100 Postage & Mail Services	308.9	166.2	200.0	0.0	220.1	0.0	220.1
546400 Rent Of Land & Buildings	3,558.5	2,885.9	3,073.1	0.0	3,070.0	0.0	3,070.0
546409 Rent Expense - Interagency	0.0	6.9	0.0	0.0	0.0	0.0	0.0
546500 Rent Of Equipment	233.0	185.5	200.0	0.0	200.0	0.0	200.0
546600 Communications	22.9	22.6	23.0	0.0	25.0	0.0	25.0
546610 DOIT Telecommunications	362.8	395.7	305.0	0.0	323.2	0.0	323.2
546700 Subscriptions/Dues/License Fee	103.8	104.3	105.0	0.0	106.8	0.0	106.8
546800 Employee Training & Education	17.3	43.4	10.0	0.0	10.0	0.0	10.0
546900 Advertising	52.2	51.6	54.0	0.0	54.0	0.0	54.0
547300 Care & Support	1.2	0.0	0.0	0.0	0.0	0.0	0.0
547900 Miscellaneous Expense	0.0	212.6	331.0	0.0	292.3	0.0	292.3
547999 Request to Pay Prior Year	0.0	0.6	1.0	0.0	1.0	0.0	1.0

BU PCode Department
 63000 P523 000000

S-9 Account Code Revenue/Expenditure Summary
 (Dollars in Thousands)

		2022-23	2022-23	2023-24	2024-25	FY 2025 Agency Request		
		Opbud	Actuals	Opbud	PCF Proj	Base	Expansion	Total
549600	Employee O/S Mileage & Fares	0.0	2.8	7.5	0.0	10.0	0.0	10.0
549700	Employee O/S Meals & Lodging	0.0	3.1	15.0	0.0	15.0	0.0	15.0
400	Other	4,914.4	4,426.9	4,657.0	0.0	4,657.0	0.0	4,657.0
TOTAL EXPENSE		35,995.4	34,626.8	39,970.3	32,335.1	42,137.1	690.6	42,827.7
810	Permanent	370.00	0.00	370.00	369.00	340.00	0.00	340.00
810	Permanent	370.00	0.00	370.00	369.00	340.00	0.00	340.00
TOTAL FTE POSITIONS		370.00	0.00	370.00	369.00	340.00	0.00	340.00

P-1 Program Overview

Program Description:

The purpose and the mission of the Child Support Services Division (CSSD) is derived from Title IV-D of the Social Security Act: to enhance the well-being of children by assuring that assistance in obtaining support, including financial and medical, is available to children through locating parents, establishing parentage, establishing support obligations, and monitoring and enforcing those obligations.

The CSSD mission contributes to the HCA mission to transform lives, by working with our partners to encourage both parents to assume responsibility for improving the economic and social well-being, health, and stability of their children through child and medical support.

Health Care Authority

Goal 1: Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits

Objective 1.6: Modernize child support program to improve the financial and medical support of New Mexico's children.

The NM Title IV-D program ("CSSD") is a state and federal program implemented to obtain financial and medical support from non-custodial parents (NCPs). Its primary mission is to maximize the collection of child support for all NM children. State IV-D agencies are required by federal and state laws to help families receiving Temporary Assistance for Needy Families (TANF) funds and Medicaid customers by establishing and collecting child and medical support. Families who are not receiving TANF or Medicaid may also apply for CSSD services. Services for TANF and Medicaid families are provided without charge; families not receiving TANF or Medicaid may be charged fees for services provided.

In SFY23, there were 52,755 active child support cases, 2,996 of which are Navajo Nation cases as part of its Tribal IV-D/Child Support program worked through the New Mexico child support enforcement system ("CSES"). Total collections amounted to \$121.1 million. While this was a decrease in total collections from previous years, there was a 4% increase in payments made through employer wage withholdings at 64%, which is the most consistent payment source for families and children, rather than one-time payments through intercepts. More importantly, thanks to the families first distribution rule changes and the additional pass-through payments implemented in January 2023, more of the collections are going to families rather than recouped for the state and federal share of TANF recoveries. For example, in SFY19, CSSD collected \$137.4 million, with the average collection per dependent at \$1,203.14. In SFY23, the average collection per dependent increased to \$1,363.42.

The SFY24 CSSD budget is \$39,970.3, with \$12,641.0 in General Fund, \$267 in Other State Revenue (totaling 32% in state funds), \$24,862.3 in Federal Match, and \$2,200 in Federal Incentive (totaling 68% in federal funds).

CSSD initiated Child Support Modernization initiatives in SFY19, which has led to many positive changes in the program. These changes are resulting in a cultural shift of the Child Support program from a punitive legal enforcement model to a new model where staff are freed up from manual tasks so that they can make customer service the priority.

P-1 Program Overview

Additionally, in support of the IV-D program and the effort to improve customer service, enhance business operations, and to specifically address changing federal requirements and outdated technical system functionality, CSSD kicked off its planning process in August 2023 to replace its 25 + year old, outdated CSES. To this end, CSSD is part of a department-wide effort that focuses on systems that offer a modular, cost-effective approach that fits into the HHS 2020 enterprise integration strategy to replace the CSES system.

CSSD and the HCA Information Technology Division (ITD) completed its CSES replatform/refactor project during SFY22. This project took CSES off the mainframe and moved from COBAL to Java, which will benefit the next steps in CSES Replacement/Modernization.

Major Issues and Accomplishments:

The purpose and the mission of the Child Support Services Division (CSSD) is derived from Title IV-D of the Social Security Act: to enhance the well-being of children by assuring that assistance in obtaining support, including financial and medical, is available to children through locating parents, establishing parentage, establishing support obligations, and monitoring and enforcing those obligations.

The CSSD mission contributes to the HCA mission to transform lives, by working with our partners to encourage both parents to assume responsibility for improving the economic and social well-being, health, and stability of their children through child and medical support.

Health Care Authority

Goal 1: Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits

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P-1 Program Overview

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CSSD and the HCA Information Technology Division (ITD) completed its CSES replatform/refactor project during SFY22. This project took CSES off the mainframe and moved from COBAL to Java, which will benefit the next steps in CSES Replacement/Modernization.

CSSD is now part of HCA Unified Portal (UP), YES.NM.GOV. This site provides child support customers with a much more user-friendly way of communicating with CSSD. With UP, customers can now apply for services, upload documents, check the status of payments, as well as the status of their case. UP also assists employers with updating information regarding employment and wage withholding on behalf of payors.

All of these accomplishments resulted in the 2022 Excellence Award from the Western Intergovernmental Child Support Engagement Council!

Overview of Request:

For SFY2025, CSSD is requesting a total computable base request of \$42,137.1, a total increase of \$2,166.8 or 5.4% over the SFY24 Operating Budget. In addition, a Pitch for the People request of \$690.6 at a rate of 34% state (\$234.8) to 66% federal match (\$455.8) will allow the Division to eliminate program and service fees charged to customers not receiving TANF and/or Medicaid who apply for services, such as establishing parentage, establishing child and medical support orders, and enforcing those orders, which can range from \$150 - \$1,000 per application. Eliminating these fees can result in providing these services to more families who need the assistance of the CSSD.

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Programmatic Changes: The modern child support family program is beginning to see the benefits made through the recent changes to the Child Support Program and hopes to build on the progress resulting in more consistent payments for New Mexico's children to be happy and healthy. The funding request for SFY25 continues to focus on these efforts.

The Deficit Reduction Act (DRA) of 2005's family first distribution rule and pass through changes required detailed and complicated CSES changes before they could be implemented, which was done in January 2023.

The Supporting, Training, and Employing Parents Up (STEPUp!) program is designed to help parents with job development and job opportunities. STEPUp! was highly promoted during SFY23 with public service announcements on TV and radio in English and Spanish, and in Diné on radio, thanks to the funding approved for SFY23. This is a collaborative effort with the Department of Workforce Solutions (DWS) where unemployed or underemployed non-custodial parents are referred to DWS career consultants to assist with employability, resulting in more consistent child support payments. During the first three quarters of SFY23, there were 339 non-custodial parents referred to DWS, and of those 127 of those found job placement, for a 37% success rate. During SFY23, the two agencies worked on automating these referrals between the two systems, which will be completed in SFY24. This automation should result in more referrals and increased job placement success rate.

Base Budget Justification: The total budget reflects an increase of \$2,166.8 (5.4%) for State Fiscal Year 2025 (SFY2025) with a General Fund increase of \$699.2 driven by increases in existing required contractual services. The largest of which is HCA's contract with Accenture, the Consolidated Customer Service Center (CCSC). CSSD pays an 11% portion of this contract for the CCSC, that is shared with the Medical Assistance Division (MAD) and the Income Support Division (ISD). The contract cost unexpectedly increased by 100% from SFY23 to SFY24. The CCSC provides convenient customer service support to the CSSD customers by resolving many basic customer questions rather than referring them to field offices. The CCSC also includes an Interactive Voice Response (IVR), which provides customers with convenient self-service opportunities. Funding this proposal will benefit the 186,739 unique child support parties and children the HCA serves.?

The CCSC contract is the driver of the 5.4% increase to the base budget request. Regarding the Executive guidance for appropriation requests that exceed a 3% increase, the CCSC contract qualifies as an increased cost driven by mandated services. Due to the nature of the CCSC services and costs being shared by multiple divisions within HCA, CSSD cannot opt out of the contract and is required to pay the 11% portion designated to the division.

Federal Funds:

Federal Funds reflects an increase of 5.9%, in direct relation to the static nature of the percentage (66%) available against the State of New Mexico matching resources. The Federal Financial Participation (FFP) rate has not changed since at least 1990.

Other State Funds:

TANF Recoveries, Program Fees, and Navajo Nation Fees make up most of the total categorized as "Other State Funds". The Budget Request for this revenue source has remained stagnant until SFY23 when CSSD received funding to cover the loss of TANF recoveries when the distribution rule and pass-through changes were implemented.

Incentives:

This funding source is exactly as named. It reflects funding by the Federal Government to states over and above normal federal share received that is not allowed for FFP match. This is a 100% grant that states receive for meeting or exceeding the federal performance measures.

EXPENDITURES

Personal Services and Employee Benefits:

These are the costs directly related to hiring and maintaining staff. The Division is prioritizing staff recruitment and retention, by improving training, bridging the gap between CSSD field offices and the CSSD Central Office, and promoting growth within the CSSD. The salary projection reflects a total number of FTE at 298. This reflects a funded vacancy rate of 12.4% when compared to total authorized positions of 340. The base budget for this category will remain flat at \$24,960.2.

Contractual Services:

Programs and services related to locating, processing services, and supporting the Child Support Hearing Officer (CSHO) Program all advance the mission of the CSSD by establishing parentage and support orders, and enforcing those orders. The base budget of \$12,519.9 for contractual services reflects an increase of 20.9% over the SFY24 contractual budget. This rise is due to HCA's contract with Accenture, the CCSC. CSSD pays an 11% portion of the CCSC contract that is shared with MAD and ISD. The contract cost unexpectedly increased by 100% from SFY23 to SFY24. This increase was a surprise and therefore not included in the SFY24 budget request, forcing CSSD to use incentive funds to cover the increase. For SFY25, CSSD is requesting a total of \$12,519.9 (at a rate of state General Fund (\$4,256.8) to 66% federal match (\$8,263.1) to cover the CCSC contract increase.

The Pitch for the People request for SFY25 Elimination of Program and Service Fees charged to CCSD customers is \$234.8 in new general fund at a rate of 34% with a 66% federal match of \$455.8, for a total computable amount of \$690.6. Eliminating these fees will allow more customers to apply for services and get their children the services they need to grow up happy and healthy which include, establishing parentage, establishing and modifying a child and medical support order, and enforcing these orders.

Other Costs:

This category is for costs related to employee travel, building maintenance, office supplies, postage, rent of buildings, telephone costs, etc. The SFY25 Other Costs base budget will remain flat at \$4,657.0.

REV EXP COMPARISON

(Dollars in Thousands)

63000 - Human Services Department

P523 - Child Support Enforcement

	General Fund	Other Funds	Internal Funds	Federal Funds	Total
SOURCES Totals	13,575.0	267.0	0.0	28,985.7	42,827.7
Personal Services and Employee Benefits	7,902.5	164.9	0.0	16,892.8	24,960.2
Contractual services	4,181.1	71.6	0.0	8,957.8	13,210.5
Other	1,491.4	30.5	0.0	3,135.1	4,657
USES Total:	13,575.0	267.0	0.0	28,985.7	42,827.7
Net:	0.0	0.0	0.0	0.0	0.0

EB-1 Expansion Justifications
(Dollars in Thousands)

Program and Services Fees Expansion

Rank: 0

New Initiative	2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
General Fund Transfers	234.8	0	0	0	234.8	0
Federal Revenues	0	0	0	455.8	455.8	0
REVENUE, TRANSFERS	234.8	0	0	455.8	690.6	0
Contractual services	234.8	0	0	455.8	690.6	0
EXPENDITURES	234.8	0	0	455.8	690.6	0

0

Quantitative Outcome:

Brief Description:

Parties who need child support services and are not receiving public assistance benefits through the Income Support Division (ISD) could be charged a range of fees from \$150 - \$1,000 per application which involve establishing parentage, establishing child and medical support orders, and judicially and/or administratively enforcing those orders. These program and service fees are required to be collected as a part of the Child Support Services Division (CSSD) base budget. CSSD is requesting general fund to eliminate these fees, and thereby eliminating a financial barrier that may be keeping parties from applying for the needed legal services to keep children happy and healthy.

Problem being addressed:

National studies have identified that lower-income parents who do not have a child support order tend to never have been married, are people of color, and/or have only one child.

Eliminating child support fees are a government policy that creates a barrier to needed child support services, which establishes parentage, establishes and modifies child and medical support orders, and enforces those orders. CSSD also provides referrals for non-custodial parties who have difficulty meeting their child support obligation to the Department of Workforce Solutions (DWS) to assist with job development and job opportunities.

By not participating in the child support program, children may not be receiving the financial and medical support they deserve to grow up happy and healthy.

The CSSD is requesting \$234.8 in new general fund that would be used to cover the program and service fees currently collected from CSSD customers to fund its base budget, which will generate a 66% Federal Financial Participation (FFP) for a total of \$690.6.

Description of how performance will be improved:

Consequences of not funding this expansion:

New Mexico will continue to have a barrier for families who are in need of a legal child support orders, negatively impacting a consistent financial and medical support for children who are living in split-households.

Assumptions and methodology:

This investment addresses a policy-related structural determinant to health and well-being, whereby eliminating these fees will result in more parties applying for child support services that will result in financial and medical support for more children who are currently going without.

Performance Measures:

Nationally the child support caseload has been declining, including in New Mexico, but the need for child support services has not gone away. Parents are in many instances making their own agreements that are not legally binding negatively impacting children. By eliminating fees for child support services, more parents will apply for the administrative and legal services provided by the CSSD, which would see an increase several performance measures including the total annual collections, which was \$121.1 million in SFY23, the current support collections, which was near 60% in SFY23, and the obligated case percentage, which is at 84%.

Analyst recommendations and comments:

EB-2 Expansion Fiscal Summary
(Dollars in Thousands)

Program and Services Fees Expansion

Rank: 0

		2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/ IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
111	General Fund Transfers	234.8	0	0	0	234.8	0
120	Federal Revenues	0	0	0	455.8	455.8	0
REVENUE, TRANSFERS		234.8	0	0	455.8	690.6	0
300	Contractual services	234.8	0	0	455.8	690.6	0
EXPENDITURES		234.8	0	0	455.8	690.6	0

EB-3 Expansion Line Item Detail
(Dollars in Thousands)

Program and Services Fees Expansion

Rank: 0

	2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
535300 Other Services	234.8	0	0	455.8	690.6	0
300 Contractual services	234.8	0	0	455.8	690.6	0
Total for Program and Services Fees Expansion	234.8	0	0	455.8	690.6	0

**DFA Performance Based Budgeting Data System
Annual Performance Report**

Agency: 63000 Human Services Department

Program: P523 Child Support Enforcement

The purpose of the child support enforcement program is to provide location, establishment and collection services for custodial parents and their children; to ensure that all court orders for support payments are being met to maximize child support collections; and to reduce public assistance rolls.

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Explanatory	Average amount of child support collected, per child	N/A	0	N/A	
Explanatory	Percent of noncustodial parents paying support to total cases with support orders	N/A	0%	N/A	
Outcome	Amount of child support collected, in millions	\$145	0	No	
Outcome	Percent of cases with support orders	85%	0%	No	
Outcome	Percent of current support owed that is collected	60%	0%	No	
Output	Total dollars collected in child support obligations for each dollar expended by the child support enforcement program	\$4	0	No	

Human Services Department
Performance Measures Summary

P523 Child Support Enforcement						
Purpose:		The purpose of the child support enforcement program is to provide location, establishment and collection services for custodial parents and their children; to ensure that all court orders for support payments are being met to maximize child support collections; and to reduce public assistance rolls.				
Performance Measures:		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Output	Total dollars collected in child support obligations for each dollar expended by the child support enforcement program	0	0	\$4	\$4	
Outcome	Amount of child support collected, in millions	\$130	0	\$147	\$147	
Outcome	Percent of current support owed that is collected	58%	0%	63%	0%	
Outcome	Percent of cases with support orders	83%	0%	85%	85%	
Explanatory	Average amount of child support collected, per child	0	0	N/A	N/A	
Explanatory	Percent of noncustodial parents paying support to total cases with support orders	52%	0%	N/A	N/A	

**FY25 APPROPRIATION REQUEST
FORM E-6B LEASED PASSENGER-RELATED VEHICLES**

Account code 542800

LEASED VEHICLE INFORMATION @ 7/1/23

Agency Name: Health Care Authority
Program Name: Child Support Enforcement Division

Business Unit: 63000
Program Code: P523

Item No.	LONG TERM LEASES ONLY						Lease Type Operational (O) or Standard (S)	Long Term Only			SHORT TERM ONLY			Put (x) if Fed \$
	Year	Make/Model	Vehicle Type	A** R C	License Plate Number	Mileage As of 7/1/23		A	B	A x B = C	D	E	D x E = F	
Example														
1	2008	Chevy Impala	02B	C	000278SG	150,941	Operational (O)	235.69	12	2,828.3			-	
2	2008	Dodge Durango	06B	C	000427SG	121,429	Operational (O)	235.69	12	2,828.3			-	
3	2008	Dodge Durango	06B	C	000442SG	135,777	Operational (O)	235.69	12	2,828.3			-	
4	2009	Chevy Malibu	02B	C	001276SG	102,627	Operational (O)	235.69	12	2,828.3			-	
5	2009	Chevy St Wgn	02C	C	001301SG	109,736	Operational (O)	235.69	12	2,828.3			-	
6	2009	Chevy Malibu	02B	C	001304SG	82,868	Operational (O)	235.69	12	2,828.3			-	
7	2009	Chevy Malibu	02B	C	001307SG	82,601	Operational (O)	235.69	12	2,828.3			-	
8	2009	Ford Focus	02B	C	001317SG	71,567	Operational (O)	235.69	12	2,828.3			-	
9	2009	Ford Fusion	02B	C	001342SG	89,037	Operational (O)	235.69	12	2,828.3			-	
10	2009	Ford Fusion	02B	C	001343SG	100,413	Operational (O)	235.69	12	2,828.3			-	
11	2009	Dodge Caravan	02B	C	001396SG	115,128	Operational (O)	235.69	12	2,828.3			-	
12	2014	Ford Fusion	02B	C	003297SG	87,449	Operational (O)	235.69	12	2,828.3			-	
13	2014	Ford Fusion	02B	C	003298SG	80,480	Operational (O)	235.69	12	2,828.3			-	
14	2005	Dodge Caravan	06B	C	007021SG	124,668	Operational (O)	235.69	12	2,828.3			-	
15	2021	Nissan Altima	02BA	C	008435SG	4,120	Standard (S)	490.00	12	5,880.0			-	
16	2021	Nissan Altima	02BA	C	008438SG	5,826	Standard (S)	490.00	12	5,880.0			-	
17	2021	Nissan Altima	02BA	C	008441SG	5,549	Standard (S)	490.00	12	5,880.0			-	
18	2021	Nissan Altima	02BA	C	008445SG	1,245	Standard (S)	490.00	12	5,880.0			-	
19	2021	Nissan Altima	02BA	C	008614SG	4,889	Standard (S)	490.00	12	5,880.0			-	
20	2021	Nissan Altima	02BA	C	008708SG	5,566	Standard (S)	490.00	12	5,880.0			-	
21	2021	Nissan Altima	02BA	C	008750SG	5,738	Standard (S)	490.00	12	5,880.0			-	
22	2021	Nissan Altima	02BA	C	008775SG	5,049	Standard (S)	490.00	12	5,880.0			-	
23	2021	Nissan Altima	02BA	C	008778SG	11,757	Standard (S)	490.00	12	5,880.0			-	
24	2005	Dodge Neon	02B	C	G61644	94,580	Operational (O)	235.69	12	2,828.3			-	
TOTAL LONG TERM:										95,344.2	TOTAL SHORT TERM:		-	

** Code A = additional leased vehicle request C = vehicle currently leased R = request to replace previously purchased vehicle

New Mexico Health Care Authority Medical Assistance Division



7/3/2023

Program Description:

The Health Care Authority (HCA), through the Medical Assistance Division (MAD), administers the New Mexico Medicaid program, which includes Title XIX – Medicaid, Title XXI – the Children’s Health Insurance Program (CHIP), and other health care related programs. As of June 2023, 936,969 New Mexicans are estimated to be enrolled in one of the medical assistance programs. This represents a decrease of 64,167 individuals since the commencement of eligibility redeterminations in April 2023 following the COVID-19 Public Health Emergency. The Medicaid-CHIP enrollment is projected to decrease to 903,675 members by August 2023 and thereafter expand moderately through June 2025 at an average annual rate of 2.3%. This enrollment projection assumes the continuation of the normal eligibility redetermination process, and the current statewide trends in labor force participation and insurance coverage.

The New Mexico Medicaid program is operated under an 1115 demonstration waiver, i.e., Centennial Care, with mandatory managed care enrollment, except certain excluded populations and Native Americans. Centennial Care is focused on integrated care with comprehensive care coordination as its centerpiece. The managed care program is a comprehensive service delivery system within which the managed care organizations (MCOs) are responsible for the delivery of all covered services to Medicaid clients enrolled in managed care. On January 1, 2019, Centennial Care 2.0 (CC 2.0) went into effect, building upon the successes of Centennial Care. The Centennial Care 2.0 Waiver is expected to expire December 31, 2023, and New Mexico submitted a Demonstration Renewal to the Centers for Medicaid and Medicare Services (CMS) in December of 2022 under its’ new Demonstration name, Turquoise Care.

The Department works with a number of state agencies, school districts, local governments, MCOs, and health care providers to ensure access to quality health care for New Mexico Medicaid enrollees.

Primary Services Provided/Beneficiaries, Current Service Levels:

Selected medical assistance programs are:

Medicaid

The Medicaid program is a means-tested public assistance program and is jointly funded by the state and federal governments. It provides comprehensive health insurance benefits for primary care, behavioral health, and long-term services and supports. The federal share of the medical payments varies by federal expenditure categories from 0% to 100%; the largest portion of the Medicaid program payment is matched at the federal medical assistance percentage (FMAP). The preliminary FMAP for federal fiscal year FFY 2025 is 72.30%. The FMAP for FFY 2024 is 72.59% and includes a transition-period phase-down of the 6.2% FMAP increase provided under the Consolidated Appropriations Act, 2023. The quarterly transition recognizes 6.2% for the quarter ending March 31, 2023; 5.0% for quarter ending June 30, 2023; 2.5% for the quarter ending September 30, 2023; and 1.5% for the quarter ending December 31, 2023. The preliminary FMAP for FFY 2025 of 72.30% is based on a 3-year average of New Mexico per-capita income (\$49,511) relative the average per-capita income of the United States (\$63,101), released by the U.S. Bureau of Economic Analysis April 5, 2023.

P-1 Program Overview

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U.S. Bureau of Economic Analysis, April 9, 2023.

Children's Health Insurance Program (CHIP)

Like Medicaid, CHIP is also a means-tested program and jointly funded by both the state and federal governments. However, the federal share of CHIP is funded through an allotment that occasionally requires reauthorization by Congress. CHIP provides comprehensive health insurance benefits for primary and behavioral health care. The federal share of CHIP is the enhanced federal medical assistance percentage (EFMAP), which is capped at 85% for FFY 2022 and the first and second quarters of FFY 2023. The EFMAP follows the quarterly transition-period phase down described above. The EFMAP is 84.78% for the quarter ending June 30, 2023; 83.03% for the quarter ending September 30, 2023; 81.86% for the quarter ending December 31, 2023. The EFMAP for FFY 2024 is 80.61% according to statutory calculation, and the preliminary EFMAP for FFY 2025 is 80.61%. The FY 2025 program budget request accounts for an expenditure distribution that crosses federal fiscal years and blends the FFY 2024 EFMAP and preliminary FFY 2025 EFMAP, as appropriate.

Working Disabled Individuals (WDI) Program

The WDI program serves disabled working individuals who, because of their earnings, do not qualify for Medicaid under any other programs for disabled individuals. Individuals must meet the Social Security Administration's (SSA) criteria for disability without regard to "substantial gainful activity". The program covers individuals with a recent attachment to the workforce. An individual is considered to have recent attachment to the workforce if he or she: 1) has enough earnings in a quarter to meet the SSA's definition of a qualifying quarter, or 2) has lost SSI and Medicaid due to the initial receipt of Social Security Disability Insurance (SSDI) benefits, until Medicare entitlement. As of July 2023, there are 4,271 individuals identified in the WDI program.

Breast & Cervical Cancer Program

The Breast and Cervical Cancer (BCC) program covers women who are under 65 years of age, uninsured, and have met screening criteria as set forth in the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The New Mexico Department of Health is responsible for verifying that women referred for treatment have met screening requirements that include an income test of 250% of the Federal Poverty Level Guidelines and diagnostic testing by a contracted CDC provider that results in a diagnosis of breast or cervical cancer including pre-cancerous conditions. The federal financial participation rate for this program is the EFMAP. As of July 2023, there are 123 individuals identified in the BCC program.

Home- and Community-Based Services (HCBS) Programs

The Medicaid program provides coverage to individuals who require certain long-term services and supports so that

The Medicaid program provides coverage to individuals who require certain long-term services and supports so that the individuals may remain in their family residence, in their own home, or in community residences. New Mexico consistently ranks at the top of states in terms of the percentage of individuals who receive long term services and supports in their home in lieu of nursing home care. The following HCBS programs, administered both inside and outside of Centennial Care, serve as alternatives to institutional care:

The Developmental Disabilities (DD) Waiver serves individuals with intellectual or developmental disabilities (IDD). Services provided through the DD Waiver are case management, personal care, residential and day habilitation, supported employment, community access, environmental modification, behavior support consultation, non-medical transportation, nutritional counseling, personal plan facilitation, tier III crisis support, goods and services, private duty nursing, and dental care, as well as physical, speech, and occupational therapies. Currently, the Healthcare Authority (HCA) in collaboration with the New Mexico Department of Health (DOH) administers the DD Waiver. DD Waiver services are not delivered through Centennial Care, but individuals on the DD Waiver receive their acute care services through Centennial Care 2.0.

The Medically Fragile (MF) Waiver serves individuals who have been diagnosed with a medically fragile condition before reaching age 22, and who have a developmental disability or delay or who are at risk for a developmental disability. A medically fragile condition is defined as a chronic physical condition which results in a prolonged dependency on medical care for which skilled nursing intervention is medically necessary. Services provided

Major Issues and Accomplishments:

The Centennial Care Section 1115 Demonstration waiver expired on December 31, 2018. The Waiver was renewed and approved for CY 2019 thru CY 2023, dubbed Centennial Care 2.0. Under the Waiver MAD has:

Continued contracting with an independent organization to evaluate the demonstration.

Continued contracting with an independent organization to assist with CMS requirements, transitional requirements, and costs of implementing the waiver.

The Centennial Care MCO contracts were re-procured effective January 1, 2019, through a request for proposal (RFP). Three MCOs were selected: Western Sky Community Care, Presbyterian Health Plan, and Blue Cross Blue Shield. These three contracts are in full effect with a successful implementation of Centennial Care 2.0.

The Centennial Care 2.0 Waiver expires on December 31st, 2023. Building upon the strong foundation created by Centennial Care, the State submitted a 5-year waiver renewal application to CMS in 2022. Through the demonstration renewal, the State will introduce its new demonstration name: Turquoise Care, which will be effective through December 31, 2028. Initiatives included in the renewal application are designed to target Health Related Social Needs and improve access and supports for New Mexicans:

Targeting expanded services for maternal and child health

Housing support.

Food and nutritional support

Targeting the historically underserved populations of justice involved individuals and Native Americans

Effective July 1, 2024, the state will have four MCOs: Presbyterian Health Plan, Blue Cross Blue Shield, UnitedHealthcare, and Molina Healthcare. The Turquoise Care contract targets improvements to critical areas such as care coordination, quality and performance, behavioral health networks and services, and provider enrollment.

Continued procurement and implementation of a replacement Medicaid Management Information System.

Under Centennial Care 2.0 MAD budgeted for higher contractual costs, anticipating broader responsibility for mandatory requirements under CMS managed care and other regulations effective FY 2017 (continuing into FY 2022 and FY 2023).

HCA also implemented rate increases for home and community-based providers under the ARPA HCBS Spending Plan as approved by CMS. Funding included in the FY 2024 budget request was supported by \$38.7 million in federal revenues which offsets the general fund need. The ARPA HCBS funding expires in FY 2024 and must be replaced by general fund in the FY 2025 budget request.

MAD is engaged in ongoing activities and programs that have affected its base program budget request. These include:

P-1 Program Overview

Overview of Request: The budget projection for FY 2025 applied historic growth and changes in programs.

Modest increases in managed care enrollment of children and working-age adults from normal operations of eligibility renewal processes.

Modest increase in long term services & support enrollment, in particular those enrolled in the Community Benefits program.

Increasing Medicaid provider rates up to 100% and 150% of the Medicare benchmark, account for \$187.3 million in General Funds covering providers and facilities in the rate benchmarking study.

Projected expenditures for new proposals in the Turquoise Care Demonstration Waiver of approximately \$612.2 million for the 5-year renewal period.

Continued rate increases based on the PCG rate study for the HCBW programs is now part of the HCA/MAD budget rather than the DOH budget. The program will continue to project no wait list.

State of New Mexico
S-3 Financial Summary
 (Dollars in Thousands)

BU PCode Department
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	2022-23 Opbud	2022-23 Actuals	2023-24 Opbud	2024-25 PCF Proj	Base	FY 2025 Agency Request Expansion	Total
REVENUE							
111 General Fund Transfers	1,140,342.1	1,059,903.5	1,285,112.2	0.0	1,650,213.9	187,977.4	1,838,191.3
112 Other Transfers	292,948.8	289,058.5	339,800.8	0.0	210,133.7	0.0	210,133.7
120 Federal Revenues	5,701,956.2	7,584,445.4	6,436,523.7	0.0	7,014,810.2	611,784.6	7,626,594.8
130 Other Revenues	184,008.4	141,870.0	102,264.4	0.0	136,556.4	0.0	136,556.4
REVENUE, TRANSFERS	7,269,255.3	9,075,275.4	8,163,501.1	0.0	9,011,714.2	799,762.0	9,811,476.2
REVENUE	7,269,255.3	9,075,275.4	8,163,501.1	0.0	9,011,714.2	799,762.0	9,811,476.2
EXPENSE							
200 Personal Services and Employee Benefits	15,680.6	13,252.2	16,996.8	21,319.5	18,819.3	418.0	19,237.3
300 Contractual services	102,930.3	106,511.5	131,102.5	0.0	159,511.2	0.0	159,511.2
400 Other	7,150,644.4	8,914,124.9	8,015,401.8	0.0	8,833,383.7	799,344.0	9,632,727.7
EXPENDITURES	7,269,255.3	9,033,888.7	8,163,501.1	21,319.53	9,011,714.2	799,762.0	9,811,476.2
EXPENSE	7,269,255.3	9,033,888.7	8,163,501.1	21,319.53	9,011,714.2	799,762.0	9,811,476.2
FTE POSITIONS							
810 Permanent	219.50	0.00	221.50	203.55	221.50	1.00	222.50
820 Term	0.00	0.00	0.00	1.00	0.00	0.00	0.00
FTEs	219.50	0.00	221.50	203.55	221.50	1.00	222.50
FTE POSITIONS	219.50	0.00	221.50	203.55	221.50	1.00	222.50

Medical Assistance

BU PCode Department
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State of New Mexico

S-9 Account Code Revenue/Expenditure Summary
(Dollars in Thousands)

	2022-23 Opbud	2022-23 Actuals	2023-24 Opbud	2024-25 PCF Proj	FY 2025 Agency Request		
					Base	Expansion	Total
499105 General Fd. Appropriation	1,140,342.1	1,059,903.5	1,285,112.2	0.0	1,650,213.9	187,977.4	1,838,191.3
111 General Fund Transfers	1,140,342.1	1,059,903.5	1,285,112.2	0.0	1,650,213.9	187,977.4	1,838,191.3
425909 Other Services - Interagency	0.0	0.0	0.0	0.0	12,000.0	0.0	12,000.0
499905 Other Financing Sources	292,948.6	209,076.5	269,908.4	0.0	97,064.4	0.0	97,064.4
499999 O/F Sources - Higher Ed Instit	0.0	79,980.0	69,692.4	0.0	101,069.3	0.0	101,069.3
112 Other Transfers	292,948.6	289,056.5	339,600.8	0.0	210,133.7	0.0	210,133.7
451903 Federal Direct - Operating	5,701,956.2	7,584,445.4	6,436,523.7	0.0	7,014,810.2	611,784.6	7,626,594.8
120 Federal Revenues	5,701,956.2	7,584,445.4	6,436,523.7	0.0	7,014,810.2	611,784.6	7,626,594.8
422001 Rebates	33,754.8	35,406.6	33,754.8	0.0	33,754.8	0.0	33,754.8
422002 Recoveries	0.0	0.0	0.0	0.0	495.0	0.0	495.0
422902 Other Fees	645.0	731.5	645.0	0.0	150.0	0.0	150.0
425906 Other Services - CU	1,134.0	814.0	1,144.0	0.0	1,037.0	0.0	1,037.0
434301 Payment for Care - 3rd Party	1,586.0	1,587.0	1,587.0	0.0	1,587.0	0.0	1,587.0
434302 Payments For Care-Government	28,846.0	63,244.8	28,846.0	0.0	63,245.0	0.0	63,245.0
441201 Interest On Investments	0.0	47.8	0.0	0.0	0.0	0.0	0.0
461502 Traffic Violation Fees	811.4	613.6	811.4	0.0	811.4	0.0	811.4
482202 Premium Surcharges	31,755.0	0.0	0.0	0.0	0.0	0.0	0.0
482302 Health Care Quality Surcharge	35,465.0	38,870.0	35,465.0	0.0	35,465.0	0.0	35,465.0
496903 Miscellaneous Revenue	11.2	554.6	11.2	0.0	11.2	0.0	11.2
130 Other Revenues	134,008.4	141,870.0	102,264.4	0.0	136,556.4	0.0	136,556.4
TOTAL REVENUE	7,269,255.3	9,075,275.4	8,163,501.1	0.0	9,011,714.2	799,762.0	9,811,476.2
520000 Payroll	0.0	0.0	0.0	0.0	0.0	0.0	0.0
520100 Exempt Perm Positions P/T&F/T	120.1	84.0	119.0	104.0	119.0	0.0	119.0
520200 Term Positions	259.9	86.5	0.0	94.5	0.0	0.0	0.0
520300 Classified Perm Positions F/T	13,798.9	9,229.4	12,435.4	15,008.8	13,819.4	308.5	14,127.9
520400 Classified Perm Positions P/T	17.2	14.1	17.2	0.0	17.2	0.0	17.2
520600 Paid Unused Sick Leave	0.0	4.9	0.0	0.0	0.0	0.0	0.0
520700 Overtime & Other Premium Pay	0.0	12.4	0.0	0.0	0.0	0.0	0.0
520800 Annl & Comp Paid At Separation	0.0	83.3	0.0	0.0	0.0	0.0	0.0
521100 Group Insurance Premium	1,389.3	996.2	1,464.7	1,623.7	1,442.0	15.8	1,457.8
521200 Retirement Contributions	0.0	1,765.6	1,839.5	2,986.0	2,095.5	60.0	2,155.5
521300 F I C A	0.0	684.4	783.3	1,163.4	890.7	24.0	914.7
521400 Workers' Comp Assessment Fee	2.0	1.3	2.1	0.0	2.1	0.0	2.1

Medical Assistance

State of New Mexico

BU PCode Department
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S-9 Account Code Revenue/Expenditure Summary
(Dollars in Thousands)

		2022-23	2022-23	2023-24	2024-25	FY 2025 Agency Request		
		Opbud	Actuals	Opbud	PCF Proj	Base	Expansion	Total
521410	GSD Work Comp Insur Premium	30.5	30.0	34.0	0.0	27.7	0.5	28.2
521500	Unemployment Comp Premium	0.0	0.0	21.0	0.0	9.1	0.2	9.3
521600	Employee Liability Ins Premium	62.7	61.7	65.4	0.0	153.3	2.8	156.1
521700	RHC Act-Contributions	0.0	188.5	215.2	339.2	243.3	6.2	249.5
523000	COVID Related Admin Leave	0.0	8.8	0.0	0.0	0.0	0.0	0.0
523200	COVID Related Time Worked	0.0	1.0	0.0	0.0	0.0	0.0	0.0
200	Personal Services and Employee Bene	15,680.6	13,252.2	16,996.8	21,319.5	18,819.3	418.0	19,237.3
530000	Contracts	0.0	0.0	0.0	0.0	0.0	0.0	0.0
535100	Medical Services	374.4	43.0	465.5	0.0	241.6	0.0	241.6
535200	Professional Services	32,186.9	26,249.7	35,067.9	0.0	39,046.8	0.0	39,046.8
535300	Other Services	63,433.2	63,878.5	82,156.7	0.0	101,179.0	0.0	101,179.0
535309	Other Services - Interagency	1,295.0	536.7	670.0	0.0	670.0	0.0	670.0
535310	Other Services - Higher Ed	2,500.0	2,108.8	2,650.0	0.0	2,650.0	0.0	2,650.0
535400	Audit Services	2,403.2	13.1	3,633.8	0.0	61.8	0.0	61.8
535500	Attorney Services	187.6	8.8	250.1	0.0	257.6	0.0	257.6
535600	IT Services	550.0	13,672.8	6,208.5	0.0	15,404.4	0.0	15,404.4
300	Contractual services	102,930.3	106,511.5	131,102.5	0.0	159,511.2	0.0	159,511.2
542100	Employee I/S Mileage & Fares	0.0	0.0	1.0	0.0	5.0	0.8	5.8
542200	Employee I/S Meals & Lodging	17.0	4.2	19.2	0.0	27.2	1.2	28.4
542500	Transp - Fuel & Oil	6.0	0.5	6.4	0.0	6.4	0.0	6.4
542600	Transp - Parts & Supplies	4.2	0.0	4.4	0.0	4.4	0.0	4.4
542700	Transp - Transp Insurance	0.3	0.3	0.2	0.0	0.2	0.0	0.2
542800	State Transp Pool Charges	0.0	5.8	18.1	0.0	8.5	0.0	8.5
543200	Maint - Fum, Fixt, Equipment	20.0	0.0	20.0	0.0	20.0	0.0	20.0
543300	Maint - Buildings & Structures	20.0	0.0	20.0	0.0	20.0	0.0	20.0
543400	Maint - Property Insurance	0.6	0.7	0.3	0.0	0.1	0.0	0.1
543830	IT HW/SW Agreements	4,295.6	1,057.8	4,457.3	0.0	4,457.3	0.0	4,457.3
544000	Supply Inventory IT	162.4	0.3	18.0	0.0	174.8	0.0	174.8
544100	Supplies-Office Supplies	18.0	4.6	22.4	0.0	190.9	2.8	193.7
544900	Supplies-Inventory Exempt	0.0	0.0	166.0	0.0	281.0	12.0	293.0
545600	Reporting & Recording	100.0	58.4	106.0	0.0	109.2	0.0	109.2
545900	Printing & Photo Services	0.0	1.3	0.0	0.0	0.0	0.0	0.0
546100	Postage & Mail Services	38.4	26.3	40.8	0.0	40.8	0.0	40.8
546400	Rent Of Land & Buildings	1,250.0	1,245.0	1,325.6	0.0	570.0	0.0	570.0

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S-9 Account Code Revenue/Expenditure Summary
(Dollars in Thousands)

		2022-23	2022-23	2023-24	2024-25	FY 2025 Agency Request		
		Opbud	Actuals	Opbud	PCF Proj	Base	Expansion	Total
546409	Rent Expense - Interagency	0.0	6.9	0.0	0.0	0.0	0.0	0.0
546500	Rent Of Equipment	100.0	49.4	100.0	0.0	100.0	0.0	100.0
546600	Communications	64.2	0.0	78.4	0.0	134.4	6.2	140.6
546610	DOIT Telecommunications	195.4	197.2	164.2	0.0	210.5	3.8	214.3
546700	Subscriptions/Dues/License Fee	24.0	21.0	28.0	0.0	28.0	0.0	28.0
546800	Employee Training & Education	23.6	2.4	37.2	0.0	37.2	0.0	37.2
546900	Advertising	40.0	343.3	42.4	0.0	250.0	0.0	250.0
547300	Care & Support	7,114,938.3	8,879,688.2	7,978,361.4	0.0	8,811,579.8	799,317.2	9,610,897.0
547450	Grants to Other Agencies	29,261.4	30,941.0	30,229.5	0.0	14,993.0	0.0	14,993.0
547900	Miscellaneous Expense	0.0	400.3	0.0	0.0	0.0	0.0	0.0
547999	Request to Pay Prior Year	0.0	58.7	0.0	0.0	0.0	0.0	0.0
548200	Furniture & Fixtures	15.0	0.0	15.0	0.0	15.0	0.0	15.0
549600	Employee O/S Mileage & Fares	25.0	4.9	60.0	0.0	60.0	0.0	60.0
549700	Employee O/S Meals & Lodging	25.0	6.4	60.0	0.0	60.0	0.0	60.0
400	Other	7,150,644.4	8,914,124.9	8,015,401.8	0.0	8,833,383.7	799,344.0	9,632,727.7
TOTAL EXPENSE		7,269,255.3	9,033,888.7	8,163,501.1	21,319.5	9,011,714.2	799,762.0	9,811,476.2
810	Permanent	219.50	0.00	221.50	202.55	221.50	1.00	222.50
810	Permanent	219.50	0.00	221.50	202.55	221.50	1.00	222.50
820	Term	0.00	0.00	0.00	1.00	0.00	0.00	0.00
820	Term	0.00	0.00	0.00	1.00	0.00	0.00	0.00
TOTAL FTE POSITIONS		219.50	0.00	221.50	203.55	221.50	1.00	222.50

P-1 Program Overview

BU PCode
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Programmatic Changes: Other program changes that have affected MAD's base program budget request include:

Adjustments for FMAP changes. As described above, the FMAP for FFY 2024 is 72.59%, and includes a transition-period phase-down of the 6.2% FMAP increase provided under the Consolidated Appropriations Act, 2023. The preliminary FMAP for FFY 2025 of 72.30% is based on a 3-year average of New Mexico per-capita income relative to the average per-capita income of the United States, released by the U.S. Bureau of Economic Analysis, April 5, 2023.

Adjustments for EFMAP changes. As described above, the EFMAP for FFY 2024 is 80.81% according to statutory calculation, and the preliminary EFMAP for FFY 2025 is 80.61%.

Total computable projected expenditures for new proposals in the Turquoise Care Demonstration Waiver are approximately \$612.2 million for the 5-year renewal period.

Hospital and provider rate increases for FY 2025 account for \$187.3 million in General Funds (\$797.6 million total computable). The increase in hospital and provider rates is comprehensive, covering mass adjustments in medical procedure codes and capitated non-medical costs. The increase includes phase 3 of the provider rate benchmarking, adding provider types previously not included in the FY 2024 phase 1 and 2 benchmarking. In addition, the FY 2025 increase applies a 5.92% Medicare COLA adjustment to the rates set in phase 1 and 2, with additional increases of 12% and 20% thereby bringing Medicaid rates as close to 100% and 150% of the Medicare Benchmark, subject to budgetary constraints.

Supplemental services to be introduced in FY 2025 includes DOULA/Lactation services with a planned implementation date of July 1, 2024.

Pay parity reimbursement increases for non-physician practitioners (PA, CNS, CNP, CRNA, AA, midwife, audiologist, dietician, dental hygienist, LCSW, counselors), Silver Diamine Fluoride, Doulas & Lactation Consultants, Acupuncture, Vision (Expanding Benefits to adults >= 21).

Medicaid continues supporting high-cost drugs, including Hepatitis C treatments and pharmaceutical products which contribute to a higher base budget for FY 2025.

Projected Medicare Part B rate increase continuing into calendar year 2024. A projected premium increase on January 1, 2024, will trend a higher rate into the FY 2025 budget request.

Continued steady enrollment growth for Medicare Part D. The State pays its share of Part D cost to Medicare.

HCBW rate increases in FY24, continued elimination of the wait list and rate parity in Community Benefit rates are anticipated to cost \$67.5 million General Fund. Operating transfers-in from the Department of Health to support HCBW revenues are replaced by General Fund appropriations to support these same programs under the Health Care Authority.

Additional revenue is expected from Drug Rebates, the Safety Net Care Pool, and the County Supported Medicaid Fund.

P-1 Program Overview

Base Budget Justification: The FY 2025 projected general fund need is \$1,996.3 million, an increase of \$546.6 million relative to the FY2024 general fund need of \$1,996.3 million.

Of the \$546.6 million need, changes in expenditures account for \$372.8 million of the increased General Fund need while \$167.1 million is from moving the DOH/DDSD budget to HCA/MAD.

Lower FMAP and EFMAP percentages following the end of the PHE account for \$68.9 million of the increased general fund needs required for maintaining/expanding programmatic operations in FY 2025.

Programmatic growth (without FMAP changes) accounts for \$303.8 million of the increased general fund need. Hospital and provider rate increases account for \$177.3 million of the increased general fund need. Expansion items account for \$10.5 million of the increased general fund need. An additional GF need of \$67.5 million recognizes support of HCBW no wait list and HCBS rate increases from FY24, and to replace ARPA funding. The changes due to decreased FMAP and EFMAP account for \$68.9 million. The remaining \$48.6 million accounts for regular program growth.

Changes in General Fund revenues account for -\$168.0 million of the General Fund need. These revenue changes include various factors: supporting HCBW by moving budget out of DOH operating transfers-in (-\$171.3 million); decreased HCBS-ARPA revenues of -\$38.7 million; increase county supported Medicaid revenues of \$8.8 million, increased SNCP revenues of \$34.4 million, decreased tobacco settlement revenues of \$3.5 million, and other revenues accounting for \$2.2 million.

REV EXP COMPARISON

(Dollars in Thousands)

63000 - Human Services Department

	General Fund	Other Funds	Internal Funds	Federal Funds	Total
SOURCES	1,838,191.3	136,556.4	210,133.7	7,626,594.8	9,811,476.2
Personal Services and Employee Benefits	8,765.1	0.0	0.0	10,472.2	19,237.3
Contractual services	41,204.7	1,727.4	759.9	115,819.2	159,511.2
Other	1,788,221.5	134,829.0	209,373.8	7,500,303.4	9,632,727.7
USES Total:	1,838,191.3	136,556.4	210,133.7	7,626,594.8	9,811,476.2
Net:	0.0	0.0	0.0	0.0	0.0

Medical Assistance

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EB-1 Expansion Justifications
(Dollars in Thousands)

BU PCode Department
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New FTE for New MCOs

Rank: 0

New Initiative	2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/ IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
General Fund Transfers	222.4	0	0	0	222.4	0
Federal Revenues	0	0	0	222.4	222.4	0
REVENUE, TRANSFERS	222.4	0	0	222.4	444.8	0
Personal Services and Employee	209	0	0	209	418	0
Other	13.4	0	0	13.4	26.8	0
EXPENDITURES	222.4	0	0	222.4	444.8	0
Permanent	0	0	0	0	1	0
FTEs	0	0	0	0	1	0

Quantitative Outcome:

Brief Description:

New FTE for new managed care organizations

Problem being addressed:

Medicaid will be adding 4 new Managed Care Organizations (MCO) to their roster and additional staff will be needed to monitor, assist and track these MCOs

Description of how performance will be improved:

Retention

Consequences of not funding this expansion:

Assumptions and methodology:

Performance Measures:

Analyst recommendations and comments:

MAD Program Expansion

Rank: 0

New Initiative	2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/ IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
General Fund Transfers	187,755	0	0	0	187,755	0
Federal Revenues	0	0	0	611,562.2	611,562.2	0
REVENUE, TRANSFERS	187,755	0	0	611,562.2	799,317.2	0
Other	187,755	0	0	611,562.2	799,317.2	0
EXPENDITURES	187,755	0	0	611,562.2	799,317.2	0

0

Quantitative Outcome:

Brief Description:

Medical Assistance

State of New Mexico

EB-1 Expansion Justifications
(Dollars In Thousands)

BU PCode Department
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Additional expansion adjustments to Medicaid FFS and MCO rates are requested in the FY 2025 Budget. Foremost, a comprehensive Medicaid-to-Medicare benchmarking proposes increasing Medicaid FFS and MCO rates to 150% of Medicare for targeted services for Primary Care, Behavioral Health and Maternal Health. Additional expansion adjustments to Medicaid FFS and MCO rates are requested in the FY 2025 Budget. Foremost, a comprehensive Medicaid-to-Medicare benchmarking proposes increasing Medicaid FFS and MCO rates to 100% and 150% of Medicare. The new Medicare benchmarking is comprehensive in scope, covering all providers and facilities recognized in Phases 1 and 2 of the Provider Rate Benchmarking Study, and providers and facilities identified in Phase 3 (those not addressed in Phases 1 and 2). Benchmarking Medicaid-to-Medicare at 100% and 150% increases the GF need by \$91 million. Three other rate changes are recognized in the FY 2025 budget request. These additional adjustments include: an initial 100% of Medicare annual benchmarking for Phase 3 providers/facilities \$9.8 million GF; a 5.92% annual increase to the FY 2024 rates set in Phases 1 and 2 maintaining rate parity with Medicare of \$81.4 million GF; and New Mexico PACE rate increases of \$5.3 million GF. Altogether these four rate changes increase the \$177.3 million GF. The Medicaid program budget request includes \$11.8 million General Fund for items proposed for the purpose of program and provider expansion and support. Provider expansions include pay parity reimbursement increases for non-physician practitioners such as PA, CNS, CNP, CRNA, AA, midwife, audiologist, dietitian, dental hygienist, LCSW, counselors for the purpose of incentivizing provider retention and recruitment; and adding reimbursement for doula & lactation consultants, as well as Doctor's of Oriental Medicine and other licensed providers for acupuncture services. Program expansion items include coverage of silver diamine fluoride and the expansion of vision coverage for the adult population. The general fund need for these program expansions is \$11.8 million.

Problem being addressed:

New Mexico struggles to attract and retain providers, suffers from a deficit of Primary Care providers, and experiences a disparity in quality of coverage between Medicaid and private insurance plans.

New Mexico struggles to attract and retain providers.

Description of how performance will be improved:

Expansion of provider parity across provider types whose licensure and training allows for similar services to be rendered will attract and retain more mid-level providers, expanding access to care for New Mexicans. The addition of new provider types expands access to services for underserved and rural counties. The expansion of coverage for Medicaid to match that of private insurance closes the gap for New Mexicans and targets individuals identified as having the highest social determinates of health vulnerability.

Provider reimbursement rates are a main component of the Governor's strategy to rebuild, strengthen and protect New Mexico's health care provider network. Effective provider reimbursements improve access to care for Medicaid members, while relieving cost burdens posed by consistently rising premiums and cost-sharing. By implementing Medicaid payment rate increases, New Mexico is able to address important gaps in the health care delivery system, particularly in behavioral health and rural primary care, while also maximizing federal Medicaid matching funds.

Consequences of not funding this expansion:

New Mexicans will continue to struggle to have access to care and services that enhance overall community health and reduce the negative impact of poverty.

New Mexico will continue to struggle to attract and retain providers.

Assumptions and methodology:

Expanding access to care will mitigate the cost of emergency care, increase the health of the workforce, and improve the lives of New Mexicans.

Methodology compare Medicaid payment rates to Medicare rates.

Performance Measures:

Identify an increase in provider retention and recruitment and reduction of social vulnerability for the state.

New Mexico will evaluate the impact these rates have on provider sustainability and retention.

Analyst recommendations and comments:

Medical Assistance

BU PCode Department
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State of New Mexico
EB-2 Expansion Fiscal Summary
 (Dollars in Thousands)

New FTE for New MCOs

Rank: 0

		2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/ IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
111	General Fund Transfers	222.4	0	0	0	222.4	0
120	Federal Revenues	0	0	0	222.4	222.4	0
REVENUE, TRANSFERS		222.4	0	0	222.4	444.8	0
200	Personal Services and Employee Benefits	209	0	0	209	418	0
400	Other	13.4	0	0	13.4	26.8	0
EXPENDITURES		222.4	0	0	222.4	444.8	0
810	Permanent	0	0	0	0	1	
FTEs		0	0	0	0	1	0

MAD Program Expansion

Rank: 0

		2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/ IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
111	General Fund Transfers	187,755	0	0	0	187,755	0
	Federal Revenues	0	0	0	611,562.2	611,562.2	0
REVENUE, TRANSFERS		187,755	0	0	611,562.2	799,317.2	0
400	Other	187,755	0	0	611,562.2	799,317.2	0
EXPENDITURES		187,755	0	0	611,562.2	799,317.2	0

Medical Assistance

State of New Mexico

BU PCode Department
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EB-3 Expansion Line Item Detail
 (Dollars in Thousands)

New FTE for New MCOs

Rank: 0

		2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
520300	Classified Perm Positions F/T	154.2	0	0	154.3	308.5	0
521100	Group Insurance Premium	7.9	0	0	7.9	15.8	0
521200	Retirement Contributions	30	0	0	30	60	0
521300	F I C A	12	0	0	12	24	0
521410	GSD Work Comp Insur Premium	0.3	0	0	0.2	0.5	0
521500	Unemployment Comp Premium	0.1	0	0	0.1	0.2	0
521600	Employee Liability Ins Premium	1.4	0	0	1.4	2.8	0
521700	RHC Act Contributions	3.1	0	0	3.1	6.2	0
200	Personal Services and Employee Benefit	209	0	0	209	418	0
542100	Employee I/S Mileage & Fares	0.4	0	0	0.4	0.8	0
542200	Employee I/S Meals & Lodging	0.6	0	0	0.6	1.2	0
544100	Supplies-Office Supplies	1.4	0	0	1.4	2.8	0
544900	Supplies-Inventory Exempt	6	0	0	6	12	0
546600	Communications	3.1	0	0	3.1	6.2	0
546610	DOIT Telecommunications	1.9	0	0	1.9	3.8	0
0	Other	13.4	0	0	13.4	26.8	0
Total for New FTE for New MCOs		222.4	0	0	222.4	444.8	0

MAD Program Expansion

Rank: 0

		2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
547300	Care & Support	187,755	0	0	611,562.2	799,317.2	0
400	Other	187,755	0	0	611,562.2	799,317.2	0
Total for MAD Program Expansion		187,755	0	0	611,562.2	799,317.2	0

Table 2

Human Services Department
Performance Measures Summary

63000

P524 Medical Assistance						
Purpose:		The purpose of the medical assistance program is to provide the necessary resources and information to enable low-income individuals to obtain either free or low-cost healthcare.				
Performance Measures:		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Quality	Percent of members reporting satisfaction with New Mexico's medicaid services	83%	0%	82%	82%	
Output	Number of medicaid managed care members that have received treatment for hepatitis C in the reporting year	1,112	0	1,200	0	
Output	Percent of provider payments included in value-based purchasing arrangements	0%	0%	50%	50%	
Output	Number of unique medicaid managed care members receiving behavioral health services by a behavioral health provider	0	0	240,000	240,000	
Output	Number of unique medicaid managed care members receiving behavioral health services by a non-behavioral health provider	0	0	150,000	150,000	
Output	Number of unique medicaid managed care members with a telemedicine visit at the end of the previous calendar year	0	0	140,000	140,000	
Outcome	Percent of children ages two to twenty years enrolled in medicaid managed care who had at least one dental visit during the measurement year	0%	0%	68%	68%	
Outcome	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	0%	0%	60%	60%	
Outcome	Percent of members eighteen to seventy-five years of age in medicaid managed care with diabetes, types 1 and 2, whose HbA1c was 9 percent during the measurement year	0%	0%	65%	65%	
Outcome	Percent of hospital readmissions for children in medicaid managed care ages two through seventeen years within thirty days of discharge	7%	0%	5%	5%	
Outcome	Percent of adults in medicaid managed care age eighteen and over readmitted to a hospital within thirty days of discharge	0%	0%	8%	8%	
Outcome	Percent of medicaid managed care member deliveries who received a prenatal care visit in the first trimester or within forty-two days of eligibility	0%	0%	80%	80%	
Outcome	Percent of medicaid managed care members participating in member rewards	45%	0%	47%	47%	
Outcome	Rate of short-term complication admissions for medicaid managed care members with diabetes per one hundred thousand members	16.60	0	16.40	16.40	
Outcome	Percent of medicaid managed care members five through sixty-four years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year	0%	0%	55%	55%	
Outcome	Percent of non-emergent utilization of all emergency department utilization that is categorized as non-emergent care	53%	0%	50%	50%	
Outcome	Percent of medicaid managed care members with a nursing facility level of care who are being served in a non-institutional setting	89%	0%	85%	85%	

Table 2

Human Services Department
Performance Measures Summary

63000

Performance Measures:		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Outcome	Percent of discharges for members six years of age or older in medicaid managed care who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within thirty days after discharge	0%	0%	55%	55%	
Outcome	Percent of children two years of age enrolled in medicaid managed care who had four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps, and rubella; three haemophilus influenza type B; three hepatitis B; one chicken pox and four pneumococcal conjugate vaccines by their second birthday	0%	0%	69%	69%	
Outcome	Percent of emergency department visits for members six years of age and older with a principal diagnosis of mental illness who had a follow-up visit for mental illness within thirty days of the emergency department visit	0%	0%	48%	48%	
Outcome	Percent of medicaid managed care member deliveries with a postpartum visit on or between seven and eighty-four calendar days after delivery	0%	0%	66%	66%	
Outcome	Percent of members three to seventeen years of age enrolled in medicaid managed care who had an outpatient visit with a primary care physician or obstetrician/gynecologist and who had evidence of counseling for physical activity during the measurement year	0%	0%	58%	58%	
Outcome	Percent of medicaid managed care members eighteen to sixty-four years of age with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year	0%	0%	77%	77%	
Outcome	Percent of Medicaid managed care members age eighteen years and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression during the intake period and received at least one-hundred eighty calendar days six months of continuous treatment with an antidepressant medication	0%	0%	35%	35%	
Outcome	Percent of adolescent and adult medicaid managed care members with a new episode of alcohol or other drug dependence who received initiation of alcohol and other drug treatment	0%	0%	50%	50%	
Explanatory	Percent of infants and children in medicaid managed care who had six or more well-child visits in the first fifteen months of life	0%	0%	N/A	N/A	
Explanatory	Expenditures for children and youth receiving services through medicaid school-based service programs through an individualized education program, in millions	15,811,816	0	N/A	N/A	
Explanatory	Number of justice-involved individuals who are made eligible for medicaid prior to release	487	0	N/A	N/A	
Explanatory	Number of medicaid managed care members being served by patient-centered medical homes	454,690	0	N/A	N/A	

DFA Performance Based Budgeting Data System
Annual Performance Report

Agency: 63000 Human Services Department

Program: P524 Medical Assistance

The purpose of the medical assistance program is to provide the necessary resources and information to enable low-income individuals to obtain either free or low-cost healthcare.

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Explanatory	Expenditures for children and youth receiving services through medicaid school-based service programs through an individualized education program, in millions	N/A	0	N/A	
Explanatory	Number of justice-involved individuals who are made eligible for medicaid prior to release	N/A	0	N/A	
Explanatory	Number of medicaid managed care members being served by patient-centered medical homes	N/A	0	N/A	
Outcome	Percent of adolescent and adult medicaid managed care members with a new episode of alcohol or other drug dependence who received initiation of alcohol and other drug treatment	46%	0%	No	
Outcome	Percent of adults in medicaid managed care age eighteen and over readmitted to a hospital within thirty days of discharge	8%	0%	Yes	
Outcome	Percent of children ages two to twenty years enrolled in medicaid managed care who had at least one dental visit during the measurement year	72%	0%	Yes	
Outcome	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	88%	0%	No	
Outcome	Percent of children two years of age enrolled in medicaid managed care who had four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps, and rubella; three haemophilus influenza type B; three hepatitis B; one chicken pox and four pneumococcal conjugate vaccines by their second birthday	71%	0%	No	
Outcome	Percent of discharges for members six years of age or older in medicaid managed care who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within thirty days after discharge	52%	0%	No	
Outcome	Percent of emergency department visits for members six years of age and older with a principal diagnosis of mental illness who had a follow-up visit for mental illness within thirty days of the emergency department visit	47%	0%	No	
Outcome	Percent of hospital readmissions for children in medicaid managed care ages two through seventeen years within thirty days of discharge	5%	0%	No	
Outcome	Percent of medicaid managed care member deliveries who received a prenatal care visit in the first trimester or within forty-two days of eligibility	83%	0%	No	

DFA Performance Based Budgeting Data System
Annual Performance Report

Program: P524 Medical Assistance

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Outcome	Percent of medicaid managed care member deliveries with a postpartum visit on or between seven and eighty-four calendar days after delivery	66%	0%	No	
Outcome	Percent of Medicaid managed care members age eighteen years and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression during the intake period and received at least one-hundred eighty calendar days six months of continuous treatment with an antidepressant medication	35%	0%	No	
Outcome	Percent of medicaid managed care members eighteen to sixty-four years of age with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year	82%	0%	No	
Outcome	Percent of medicaid managed care members five through sixty-four years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year	55%	0%	No	
Outcome	Percent of medicaid managed care members participating in member rewards	47%	0%	No	
Outcome	Percent of medicaid managed care members with a nursing facility level of care who are being served in a non-institutional setting	80%	0%	No	
Outcome	Percent of members eighteen to seventy-five years of age in medicaid managed care with diabetes, types 1 and 2, whose HbA1c was 9 percent during the measurement year	86%	0%	No	
Outcome	Percent of members three to seventeen years of age enrolled in medicaid managed care who had an outpatient visit with a primary care physician or obstetrician/gynecologist and who had evidence of counseling for physical activity during the measurement year	58%	0%	No	
Outcome	Percent of non-emergent utilization of all emergency department utilization that is categorized as non-emergent care	50%	0%	No	
Outcome	Rate of short-term complication admissions for medicaid managed care members with diabetes per one hundred thousand members	16.40	0	No	
Output	Number of medicaid managed care members that have received treatment for hepatitis C in the reporting year	1,200	0	No	
Output	Number of unique medicaid managed care members receiving behavioral health services by a behavioral health provider	230,000	0	No	
Output	Number of unique medicaid managed care members receiving behavioral health services by a non-behavioral health provider	140,000	0	No	

DFA Performance Based Budgeting Data System
Annual Performance Report

Program: P524 Medical Assistance

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Output	Number of unique medicaid managed care members with a telemedicine visit at the end of the previous calendar year	140,000	0	No	
Output	Percent of provider payments included in value-based purchasing arrangements	20%	0%	No	
Quality	Percent of members reporting satisfaction with New Mexico's medicaid services	82%	0%	No	

**FY25 APPROPRIATION REQUEST
FORM E-6B LEASED PASSENGER-RELATED VEHICLES**

Account code 542800

LEASED VEHICLE INFORMATION @ 7/1/23

Agency Name: Health Care Authority

Program Name: Medical Assistance Division

Business Unit: 63000

Program Code: P524

Item No.	LONG TERM LEASES ONLY						Lease Type Operational (O) or Standard (S)	Long Term Only			SHORT TERM ONLY			Put (x) if Fed \$
	Year	Make/Model	Vehicle Type	A** R C	License Plate Number	Mileage As of 7/1/23		A	B	A x B = C	D	E	D x E = F	
								FY24 Monthly Rate O=\$224.47 S= Rate Schedule	Number of months to lease	Total cost Rate FY25	Daily Rate Based On Vehicle Type	No. of Days	Total Lease Rate	
Example														
1	2021	Nissan Altima	02BA	C	009202SG	2,812	Standard (S)	490.00	12	5,880.0			-	
2	2008	Chevy Impala	02B	C	000260SG	100,262	Operational (O)	235.69	12	2,828.3			-	
3										-			-	
4										-			-	
5										-			-	
6										-			-	
7										-			-	
8										-			-	
9										-			-	
10										-			-	
11										-			-	
12										-			-	
13										-			-	
14										-			-	
15										-			-	
16										-			-	
17										-			-	
18										-			-	
19										-			-	
TOTAL LONG TERM:										8,708.3	TOTAL SHORT TERM:		-	

** Code A = additional leased vehicle request C = vehicle currently leased R = request to replace previously purchased vehicle

State of New Mexico
S-8 Financial Summary
 (Dollars in Thousands)

BU PCode Department
 63000 P766 000000

	2022-23 Opbud	2022-23 Actuals	2023-24 Opbud	2024-25 PCF Proj	Base	FY 2025 Agency Request Expansion	Total
REVENUE							
111 General Fund Transfers	143,787.0	143,787.0	169,772.5	0.0	183,968.8	0.0	183,968.8
112 Other Transfers	0.0	0.0	498.2	0.0	498.2	0.0	498.2
120 Federal Revenues	559,518.0	612,357.4	653,227.0	0.0	712,675.0	0.0	712,675.0
REVENUE, TRANSFERS	703,305.0	756,144.4	823,497.7	0.0	897,142.0	0.0	897,142.0
REVENUE	703,305.0	756,144.4	823,497.7	0.0	897,142.0	0.0	897,142.0
EXPENSE							
400 Other	703,305.0	738,940.2	823,497.7	0.0	897,142.0	0.0	897,142.0
EXPENDITURES	703,305.0	738,940.2	823,497.7	0	897,142.0	0.0	897,142.0
EXPENSE	703,305.0	738,940.2	823,497.7	0	897,142.0	0.0	897,142.0

REV EXP COMPARISON

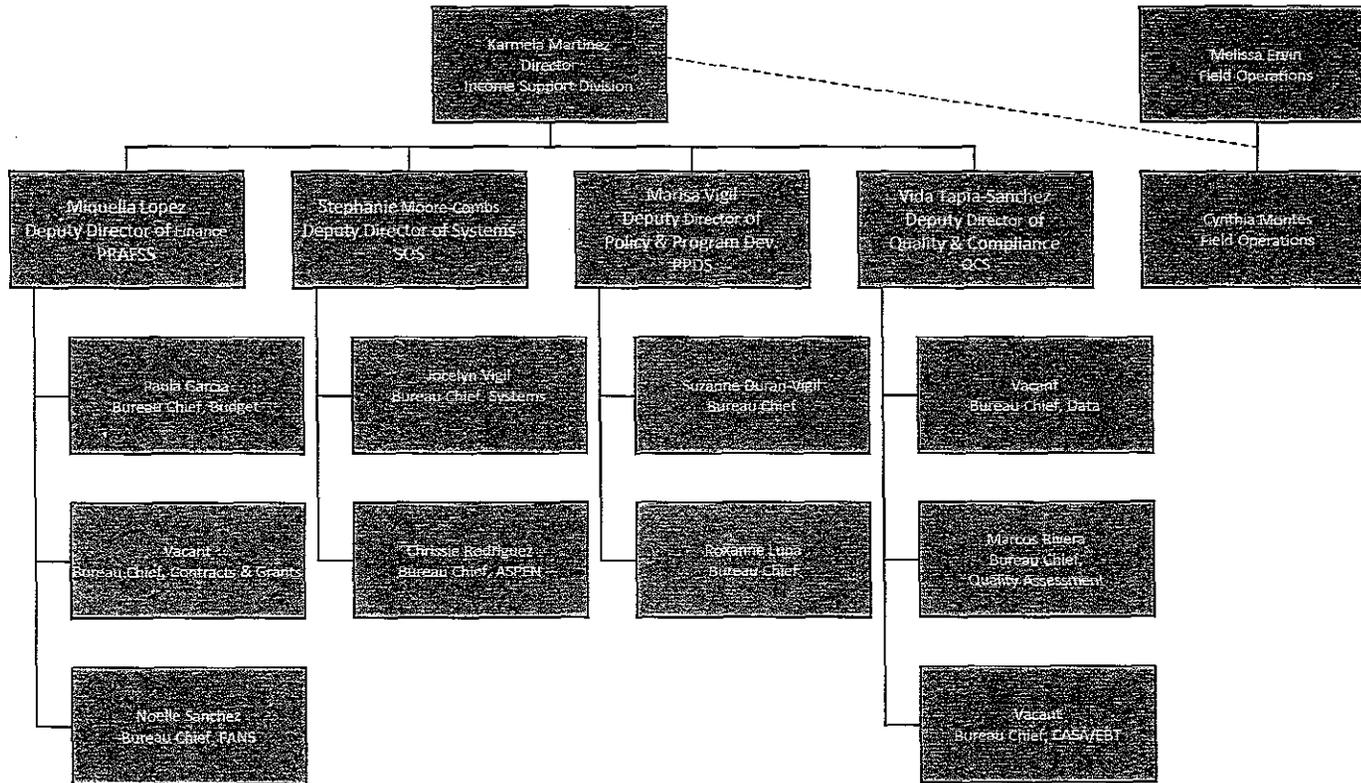
(Dollars in Thousands)

63000 - Human Services Department

P766 - Medicaid Behavioral Health

	General Fund	Other Funds	Internal Funds	Federal Funds	Total
SOURCES Totals	183,968.8	0.0	498.2	712,675.0	897,142.0
Other	183,968.8	0.0	498.2	712,675.0	897,142
USES Total:	183,968.8	0.0	498.2	712,675.0	897,142.0
Net:	0.0	0.0	0.0	0.0	0.0

**Healthcare Authority
Income Support Division**



S-8 Financial Summary

(Dollars in Thousands)

	2022-23 Opbud	2022-23 Actuals	2023-24 Opbud	2024-25 PCF Proj	Base	FY 2025 Agency Request		Total
						Expansion		
REVENUE								
111 General Fund Transfers	58,312.0	55,751.6	61,200.7	0.0	64,302.9	53,706.9		118,009.8
112 Other Transfers	0.0	2,560.4	0.0	0.0	0.0	0.0		0.0
120 Federal Revenues	1,028,540.7	1,802,289.9	1,266,452.1	0.0	1,272,488.4	0.0		1,272,488.4
130 Other Revenues	60.8	1,537.9	60.8	0.0	72.0	0.0		72.0
150 Fund Balance	0.0	0.0	0.0	0.0	0.0	0.0		0.0
REVENUE, TRANSFERS	1,086,913.5	1,862,139.8	1,327,713.6	0.0	1,336,863.3	53,706.9		1,390,570.2
REVENUE	1,086,913.5	1,862,139.8	1,327,713.6	0.0	1,336,863.3	53,706.9		1,390,570.2
EXPENSE								
200 Personal Services and Employee Benefits	70,856.6	64,507.1	77,138.9	97,837.8	71,060.1	0.0		71,060.1
300 Contractual services	42,726.8	53,303.4	40,273.6	0.0	55,493.8	1,010.0		56,503.8
400 Other	973,330.1	1,762,654.1	1,210,301.1	0.0	1,210,298.2	52,696.9		1,262,995.1
EXPENDITURES	1,086,913.5	1,880,464.6	1,327,713.6	97,837.77	1,336,852.1	53,706.9		1,390,559.0
EXPENSE	1,086,913.5	1,880,464.6	1,327,713.6	97,837.77	1,336,852.1	53,706.9		1,390,559.0
FTE POSITIONS								
810 Permanent	1,124.00	0.00	1,124.00	1,121.00	1,062.00	0.00		1,062.00
820 Term	10.00	0.00	9.00	8.00	9.00	0.00		9.00
FTEs	1,134.00	0.00	1,133.00	1,129.00	1,071.00	0.00		1,071.00
FTE POSITIONS	1,134.00	0.00	1,133.00	1,129.00	1,071.00	0.00		1,071.00

S-9 Account Code Revenue/Expenditure Summary
(Dollars in Thousands)

		2022-23	2022-23	2023-24	2024-25	FY 2025 Agency Request		
		Opbud	Actuals	Opbud	PCF Proj	Base	Expansion	Total
499105	General Fd. Appropriation	58,312.0	55,751.6	61,200.7	0.0	64,302.9	53,706.9	118,009.8
111	General Fund Transfers	58,312.0	55,751.6	61,200.7	0.0	64,302.9	53,706.9	118,009.8
499905	Other Financing Sources	0.0	2,560.4	0.0	0.0	0.0	0.0	0.0
112	Other Transfers	0.0	2,560.4	0.0	0.0	0.0	0.0	0.0
451903	Federal Direct - Operating	1,028,540.7	1,801,076.8	1,266,452.1	0.0	1,272,488.4	0.0	1,272,488.4
453001	Federal - Contracts & Other	0.0	1,213.2	0.0	0.0	0.0	0.0	0.0
120	Federal Revenues	1,028,540.7	1,802,289.9	1,266,452.1	0.0	1,272,488.4	0.0	1,272,488.4
422902	Other Fees	60.8	208.9	60.8	0.0	60.8	0.0	60.8
496903	Miscellaneous Revenue	0.0	26.2	0.0	0.0	0.0	0.0	0.0
496909	Misc Revenue - Interagency	0.0	1,302.8	0.0	0.0	0.0	0.0	0.0
130	Other Revenues	60.8	1,537.9	60.8	0.0	60.8	0.0	60.8
326900	Committed FB - Gov	0.0	(1,544.0)	0.0	0.0	0.0	0.0	0.0
328900	Unassigned FB - Gov	0.0	1,544.0	0.0	0.0	0.0	0.0	0.0
150	Fund Balance	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL REVENUE		1,086,913.5	1,862,139.8	1,327,713.6	0.0	1,336,852.1	53,706.9	1,390,559.0
520100	Exempt Perm Positions P/T&F/T	109.7	108.3	111.3	114.9	121.4	0.0	121.4
520200	Term Positions	220.9	347.7	322.1	432.1	347.7	0.0	347.7
520300	Classified Perm Positions F/T	48,909.8	42,774.3	52,404.9	64,995.0	49,376.4	0.0	49,376.4
520400	Classified Perm Positions P/T	0.0	34.1	38.1	50.4	33.1	0.0	33.1
520600	Paid Unused Sick Leave	18.9	26.1	31.0	0.0	0.0	0.0	0.0
520700	Overtime & Other Premium Pay	253.1	1,643.9	478.2	0.0	1,199.3	0.0	1,199.3
520800	Annl & Comp Paid At Separation	121.4	234.4	194.4	0.0	232.9	0.0	232.9
520900	Differential Pay	0.2	0.7	0.6	0.0	0.6	0.0	0.6
521100	Group Insurance Premium	8,125.2	5,870.1	9,522.0	11,278.6	5,877.9	0.0	5,877.9
521200	Retirement Contributions	8,287.2	8,492.5	9,159.3	14,378.1	8,533.3	0.0	8,533.3
521300	F I C A	3,401.2	3,418.5	3,739.0	5,014.3	3,443.6	0.0	3,443.6
521400	Workers' Comp Assessment Fee	10.5	8.0	10.5	0.0	9.5	0.0	9.5
521410	GSD Work Comp Insur Premium	157.4	155.1	173.9	0.0	140.4	0.0	140.4
521500	Unemployment Comp Premium	0.0	0.0	107.5	0.0	39.6	0.0	39.6
521600	Employee Liability Ins Premium	323.3	318.4	333.8	0.0	793.1	0.0	793.1
521700	RHC Act Contributions	917.8	906.8	512.3	1,574.4	911.3	0.0	911.3
521900	Other Employee Benefits	0.0	4.8	0.0	0.0	0.0	0.0	0.0
523000	COVID Related Admin Leave	0.0	161.2	0.0	0.0	0.0	0.0	0.0

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S-9 Account Code Revenue/Expenditure Summary
(Dollars in Thousands)

		2022-23	2022-23	2023-24	2024-25	FY 2025 Agency Request		
		Opbud	Actuals	Opbud	PCF Proj	Base	Expansion	Total
523200	COVID Related Time Worked	0.0	2.4	0.0	0.0	0.0	0.0	0.0
200	Personal Services and Employee Bene	70,856.6	64,507.1	77,138.9	97,837.8	71,060.1	0.0	71,060.1
535100	Medical Services	2.1	0.8	2.1	0.0	2.1	0.0	2.1
535200	Professional Services	2,010.2	4,498.7	3,697.8	0.0	1,557.8	0.0	1,557.8
535300	Other Services	30,012.9	34,419.2	25,876.0	0.0	41,637.9	1,010.0	42,647.9
535309	Other Services - Interagency	0.0	0.0	0.0	0.0	0.0	0.0	0.0
535400	Audit Services	3.9	0.0	0.0	0.0	0.0	0.0	0.0
535500	Attorney Services	0.0	340.5	0.0	0.0	0.0	0.0	0.0
535600	IT Services	10,697.7	14,044.2	10,697.7	0.0	12,296.0	0.0	12,296.0
300	Contractual services	42,726.8	53,303.4	40,273.6	0.0	55,493.8	1,010.0	56,503.8
542100	Employee I/S Mileage & Fares	9.0	3.1	9.0	0.0	12.6	0.0	12.6
542200	Employee I/S Meals & Lodging	290.0	116.5	276.6	0.0	155.4	0.0	155.4
542500	Transp - Fuel & Oil	86.0	121.3	110.0	0.0	88.1	0.0	88.1
542600	Transp - Parts & Supplies	50.0	49.3	50.0	0.0	49.5	0.0	49.5
542700	Transp - Transp Insurance	1.5	1.5	1.2	0.0	1.1	0.0	1.1
542800	State Transp Pool Charges	77.6	128.1	156.4	0.0	136.5	0.0	136.5
543100	Maint - Grounds & Roadways	21.7	0.0	23.0	0.0	0.0	0.0	0.0
543200	Maint - Furn, Fxt, Equipment	35.0	2.0	35.0	0.0	2.6	0.0	2.6
543300	Maint - Buildings & Structures	204.5	225.1	243.6	0.0	206.5	0.0	206.5
543400	Maint - Property Insurance	3.3	3.1	1.3	0.0	0.6	0.0	0.6
543500	Maint - Supplies	1.5	1.1	1.5	0.0	1.5	0.0	1.5
543700	Maintenance Services	11.1	0.7	11.1	0.0	0.0	0.0	0.0
543830	IT HW/SW Agreements	1,745.4	3,032.2	1,708.1	0.0	1,745.4	0.0	1,745.4
544000	Supply Inventory IT	12.0	123.3	12.0	0.0	110.0	0.0	110.0
544100	Supplies-Office Supplies	60.0	19.4	32.3	0.0	310.2	0.0	310.2
544200	Supplies-Medical, Lab, Personal	5.0	0.0	5.0	0.0	0.0	0.0	0.0
544400	Supplies-Field Supplies	6.0	0.6	5.0	0.0	6.0	0.0	6.0
544800	Supplies-Education&Recreation	0.0	0.9	0.0	0.0	0.0	0.0	0.0
544900	Supplies-Inventory Exempt	20.0	8.9	18.0	0.0	187.0	0.0	187.0
545600	Reporting & Recording	12.0	2.0	13.0	0.0	1.3	0.0	1.3
545900	Printing & Photo Services	6.0	19.7	4.0	0.0	33.2	0.0	33.2
546100	Postage & Mail Services	3,569.6	5,610.4	3,590.7	0.0	4,278.3	0.0	4,278.3
546310	Utilities - Sewer/Garbage	20.0	14.9	20.0	0.0	14.9	0.0	14.9
546320	Utilities - Electricity	140.0	134.7	140.0	0.0	134.7	0.0	134.7

S-9 Account Code Revenue/Expenditure Summary
 (Dollars in Thousands)

	2022-23 Opbud	2022-23 Actuals	2023-24 Opbud	2024-25 PCF Proj	FY 2025 Agency Request		
					Base	Expansion	Total
546330 Utilities - Water	15.0	11.8	15.0	0.0	11.8	0.0	11.8
546340 Utilities - Natural Gas	26.0	43.8	26.0	0.0	35.5	0.0	35.5
546400 Rent Of Land & Buildings	9,782.4	10,217.5	9,782.4	0.0	9,785.6	0.0	9,785.6
546409 Rent Expense - Interagency	0.0	20.7	0.0	0.0	0.0	0.0	0.0
546500 Rent Of Equipment	347.0	246.8	320.0	0.0	347.0	0.0	347.0
546600 Communications	250.0	101.2	130.0	0.0	341.8	0.0	341.8
546610 DOIT Telecommunications	1,591.3	427.5	1,337.6	0.0	1,015.6	0.0	1,015.6
546700 Subscriptions/Dues/License Fee	24.0	16.6	22.0	0.0	27.0	0.0	27.0
546800 Employee Training & Education	15.0	22.2	15.0	0.0	28.8	0.0	28.8
546900 Advertising	7.3	333.9	8.0	0.0	354.3	0.0	354.3
547300 Care & Support	886,132.2	1,671,676.0	1,125,022.2	0.0	1,125,405.7	52,696.9	1,178,102.6
547440 Grants To Other Entities	203.0	85.4	321.5	0.0	320.4	0.0	320.4
547450 Grants to Other Agencies	68,464.2	69,728.2	66,749.6	0.0	64,986.5	0.0	64,986.5
547900 Miscellaneous Expense	30.5	40.0	30.0	0.0	107.8	0.0	107.8
547999 Request to Pay Prior Year	0.0	20.7	0.0	0.0	0.0	0.0	0.0
548900 Buildings & Structures	0.0	0.0	0.0	0.0	0.0	0.0	0.0
549600 Employee O/S Mileage & Fares	27.0	16.7	27.0	0.0	27.0	0.0	27.0
549700 Employee O/S Meals & Lodging	28.0	26.3	28.0	0.0	28.0	0.0	28.0
400 Other	973,330.1	1,762,654.1	1,210,301.1	0.0	1,210,298.2	52,696.9	1,262,995.1
TOTAL EXPENSE	1,086,913.5	1,880,464.6	1,327,713.6	97,837.8	1,336,852.1	53,706.9	1,390,559.0
810 Permanent	1,124.00	0.00	1,124.00	1,121.00	1,062.00	0.00	1,062.00
810 Permanent	1,124.00	0.00	1,124.00	1,121.00	1,062.00	0.00	1,062.00
820 Term	10.00	0.00	9.00	8.00	9.00	0.00	9.00
820 Term	10.00	0.00	9.00	8.00	9.00	0.00	9.00
TOTAL FTE POSITIONS	1,134.00	0.00	1,133.00	1,129.00	1,071.00	0.00	1,071.00

Program Description:

SNAP Primary Services – Beginning in 1968, the USDA started funding the Supplemental Nutrition Assistance Program (SNAP). In New Mexico, SNAP income eligibility is at the maximum Federal Poverty Limit (FPL) of 165 percent of poverty. SNAP provides a supplemental food assistance benefit to alleviate food insecurity for individuals who qualify. SNAP provides an Employment and Training (E&T) program as a support service utilizing federal and state funds. In FY23, SNAP helped an average of 481,641 people each month, with the average household receiving approximately \$383 per month. In FY22, over \$1,503 billion in SNAP benefits were issued.

State SNAP Supplement – Beginning July 2007, state funding was appropriated to develop a state funded SNAP supplement to the federal benefit amount. Elderly and/or disabled members that receive the minimum federal SNAP benefit are ensured at least \$25 per month. In FY22, an average of 1553 households per month received this supplement.

State SNAP Nutrition Education Program – New Mexico received \$5.4 million from USDA in FFY23 to carry out Nutrition Education for SNAP eligible individuals. Six implementing agencies carried out nutritional and physical educational activities such as cooking classes, gardening lessons, activity-based birthday parties in schools, etc.

TANF Primary Services – Temporary Assistance for Needy Families (TANF) or NMW began in 1997, replacing other financial aid programs in existence since the Great Depression. TANF provides families with dependent children cash assistance and a host of other employment related support services to enable families to become self-sufficient. Case management, job development, work activities placement and support services are provided state-wide through contracts with, the NMW service providers. Childcare, transportation support and work-related supports are also provided through contracts.

In FY23, the TANF program served an average of 9,294 families each month, with the average household receiving \$320 per month in June 2023. TANF cash assistance is capped at a lifetime limit of 60-months, but some families may qualify to receive cash assistance beyond the 60 months lifetime limit. Cash assistance recipients have participation standards, depending on each family's situation, which they must meet to continue to receive benefits. For example, a single parent with a dependent child age 6 or older has a 30-hour per week work participation requirement, while a parent with a dependent child age 5 or younger has a 20-hour per week work participation requirement.

In the Transitional Employment Programs, the TANF Block Grant funded \$2.75 million for the Career Link Program and \$2.0 million for the Wage Subsidy Program in FY23. In the Career Link Program, there were 57 placements of which 15 completed their High School Equivalency and 5 transitioned to unsubsidized employment. In the Wage Subsidy Program, the total number of participants who received job placement was 90 with 22 participants transitioning to unsubsidized employment. In FY23, \$31.5 million in TANF funding was appropriated for the ECECD's Child Care Program, \$5.0 million Home Visiting and \$14.1 million to Pre-K services. ECECD provided childcare to a total of 85,133 TANF eligible children and 15,128 TANF recipient children; average of 4,439 home visits quarterly; and assisted an average of 4,164 children quarterly through the Pre-K service to eligible families. In FY23, \$3.5 million in TANF funding was appropriated to PED for the Pre-K program.

General Assistance (GA) Primary Services – Individual adults are eligible for GA based on a disability determination completed through the Incapacity Review Unit (IRU). The cash payment made under the GA program is to help the recipient with personal needs such as shelter, personal items and prescribed medications. The monthly allotment for one household member is \$245 per month. The program assisted an average of 1,802 persons per month in FY23, of which 173 were children in the month of June. Unrelated children are eligible for GA when the child resides in the home of adult caretakers who are not within the 5th degree of relationship. The cash payment is made to the adult caretaker to help meet the needs of the unrelated child including shelter, clothing and other personal needs.

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Community Service Block Grant (CSBG) Primary Services – Through contracts with HSD, six non-profit Community Action Agencies (CAAs) use CSBG funds to provide services to low-income individuals and families. These services include emergency payment assistance for housing and utilities, employment and training programs, financial literacy/income management education, and migrant/seasonal farmworker services. The CAAs also use CSBG funds to augment programs funded by other federal, state, and local government agencies. The CAAs leverage CSBG funds to administer and coordinate multiple programs, such as pre-school, day care, USDA Rural Development, home repair and rehabilitation, and senior companions. In FFY22, the CAAs used \$4.2 million in CSBG funding and \$52.4 million in other funding to provide services to 96,348 individuals and 59,415 households.

Low Income Home Energy Program (LIHEAP) Services – Low Income Home Energy Program (LIHEAP) began in 1981. LIHEAP pays an annual benefit that helps reduce the costs of heating or cooling the homes of eligible low-income households. Households whose income is at or below 150% of federal poverty guidelines may qualify. In most cases, HSD sends payments on behalf of the eligible households directly to utility and fuel vendors to be credited to the customer's accounts. The state received funding of \$21.3 million in FFY22 and \$21.1 million in FFY23. In FFY22, 61,595 households were served with an average benefit amount of \$286. In FFY23 (as of June 2023), 38,115 households were served with an average benefit of \$270.

Low Income Household Water/Wastewater Assistance Program (LIHWAP) Services - Congress appropriated \$638M in the Consolidated Appropriations Act of 2021, and an additional \$500M in the American Rescue Plan Act (ARP) of 2021 for a new emergency water and wastewater assistance program. Of these funds, New Mexico Human Services Department received \$9.3 million to be liquidated no later than December 30, 2023. Funds are being used to provide assistance to low-income households-particularly those with the lowest incomes-that pay a high proportion of household income for drinking water and wastewater services. Congress requires that funds be paid directly to owners or operators of public water systems or Mutual Domestic Water Associations. Funds may be used to reconnect services, reduce arrearages, or pay customer's monthly water/wastewater bills. As of June 30, 2023, \$2,464,039 have been paid in benefits to qualifying households. In order to receive the benefit, households must have income at or below 150% of the federal poverty guidelines.

Food Distribution/USDA Foods (Commodities) – The USDA Foods Program provides about 16-20% of a school food authority's food budget to help provide an average of 170,000 lunches daily. In FFY23, New Mexico schools received \$13.3 million worth of USDA Foods.

The Emergency Food Assistance Program – Five Food Banks received \$11.7 million in USDA Foods for FY23 and helped an average of 36,1041 low-income households monthly with food boxes.

The Commodity Supplemental Food Program (CSFP) – CSFP provides nutritionally balanced monthly boxes of USDA food to persons 60 years of age and older. Recipients are qualified at or below 130% federal poverty income guidelines. CSFP food is purchased by the state utilizing USDA entitlement dollars. New Mexico's approved caseload for FFY23 is 12,860. Available Administrative Funds for FFY23 \$1.233million.

Homeless Meals Programs – In FY23, eight homeless shelters

Major Issues and Accomplishments:

SNAP Primary Services – Beginning in 1968, the USDA started funding the Supplemental Nutrition Assistance Program (SNAP). In New Mexico, SNAP income eligibility is at the maximum Federal Poverty Limit (FPL) of 165 percent of poverty. SNAP provides a supplemental food assistance benefit to alleviate food insecurity for individuals who qualify. SNAP provides an Employment and Training (E&T) program as a support service utilizing federal and state funds. In FY23, SNAP helped an average of 481,641 people each month, with the average household receiving approximately \$383 per month. In FY22, over \$1,503 billion in SNAP benefits were issued.

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Homeless Meals Programs – in FY23, eight homeless shelters

Overview of Request:

Administrative

Revenue

- The Income Support Division requests \$126,844.5 for FY25. This is an increase of \$9,516.0 (8.1%) from the FY24 operating budget.

General Fund

- o The FY25 general fund request is \$44,101.5, which is an increase of \$3,102.2 (7.6%) compared to the FY24 operating budget.

Federal Funds

- o The FY25 federal request is \$82,682.2, which is an increase of \$6,413.8 (8.4%) compared to the FY24 operating budget.

Expenses

- Income Support Division requests \$126,844.5 for FY25. This is an increase of \$9,516.0 (8.1%) from the FY24 operating budget.

Program:

Revenue

- The Income Support Division Program requests \$1,210,007.6 for FY25, with an increase of \$3,723.9 (.3%) from the FY24 operating budget.

General Fund

- o The FY25 general fund request is flat for FY25 at \$20,201.4.

Federal Revenue

- o The FY25 federal request is \$1,189,806.2, with an increase of \$3,723.9 from the FY24 operating budget.

Expenses

- ISD programs FY25 expenses will increase by \$3,723.9 from the FY24 operating budget.

Programmatic Changes:

Pitches for the People

- SNAP – Senior and Individuals w/ Disabilities Supplement in the amount of \$29,772,504 million. This program will increase supplement threshold to \$150, 200% FPL.
- SNAP – Increase threshold to 200% FPL.
- SNAP – Meal Access Program (MAP) food truck and restaurant expansion.
- SNAP – Summer EBT

P-1 Program Overview

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Base Budget Justification:

- Administrative
 - Personal Services and Employee Benefits (200 Category)
 - Reflects and overall decrease of general fund of (\$6,857.9 or (7.6%)). This funding will be reallocated to the contractual services to aid in meeting our current obligations within ISD Administration.
 - Contractual Services (300 Category)
 - Reflects an overall increase of \$16,063.6 (68.6%) general fund to base budget. This will support the current contractual obligations that we have in FY2024 and will continue to obligate in FY2025. These contracts provide services around benefit issuance, income and verification services, security at all ISD field offices, call center operations, and contract staffing directives.
 - Other Costs (400 Category)
 - Reflects an overall increase of \$310.1 of general fund to support additional licensure and field staff operation costs
- Program
 - Personal Services and Employee Benefits
 - Reflects overall increase of federal funds of \$779.1 (39%). This funding will support the TANF New Mexico Works Program positions (10 x pay band 65's) within ISD.
 - Contractual Services
 - Reflects an overall decrease of \$723.6 federal funds.
 - Other Cost Category
 - Reflects an overall increase of \$3,668.4 of federal funds to support additional benefit issuances for New Mexicans.

REV EXP COMPARISON

(Dollars in Thousands)

63000 - Human Services Department

	General Fund	Other Funds	Internal Funds	Federal Funds	Total
SOURCES	118,009.8	60.8	0.0	1,272,488.4	1,390,559.0
Personal Services and Employee Benefits	22,432.0	0.0	0.0	48,628.1	71,060.1
Contractual services	19,348.8	0.0	0.0	37,155.0	56,503.8
Other	76,229.0	60.8	0.0	1,186,705.3	1,262,995.1
USES Total:	118,009.8	60.8	0.0	1,272,488.4	1,390,559.0
Net:	0.0	0.0	0.0	0.0	0.0

Income Support

State of New Mexico

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EB-1 Expansion Justifications
(Dollars in Thousands)

Expansion

Rank: 0

New Initiative	2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/ IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
General Fund Transfers	1,010	0	0	0	1,010	0
REVENUE, TRANSFERS	1,010	0	0	0	1,010	0
Contractual services	1,010	0	0	0	1,010	0
EXPENDITURES	1,010	0	0	0	1,010	0

0

Quantitative Outcome:

Brief Description:

Brief Description:

Temporary Assistance for Needy Families (TANF), the primary cash assistance program for families with children when they face a crisis or have very low incomes, can play a key role in ensuring that these families have incomes to meet their basic needs. Research shows that providing cash assistance to families experiencing poverty can improve children's health and academic achievement, which in turn can lead to better health and higher earnings in adulthood. Cash assistance to families struggling to make ends meet enables them to afford necessities such as rent, utilities, personal hygiene products, and school supplies. States, which have total flexibility to set benefit levels, have kept them too small to meet families' basic needs and maintain their financial stability.

Regular increases in cash benefits keep the value of TANF benefits from eroding over time due to inflation. These increases are especially important during hard economic times when families face higher prices and additional expenses. Driven by the economic consequences of the COVID-19 pandemic, inflation increased 9.1 percent for the 12 month-period ending in June 2022, the largest 12-month increase since the period ending in November 1981. (U.S. Bureau of Labor Statistics, "Consumer Price Index News Release," July 13, 2022, https://www.bls.gov/news.release/archives/cpi_07132022.htm.)

Problem being addressed:

As of 2022, NM has the 3rd highest poverty rate in the nation, at 18.4% with poverty rates varying by county vary from 4% to 35.2%. The TANF maximum benefit has not been increased since 2006, and the monthly net income must be less than 24% of the Federal Poverty Guideline to be eligible.

<https://www.census.gov/quickfacts/fact/table/NM/PST045222>). Currently, there are 22,530 TANF recipients in the state with 65.9% being children. TANF is currently has the lowest poverty limit in the state at 85% federal poverty guidelines being the 2nd lowest eligibility standard in the country. To better support families with children support themselves with housing and other basic needs ISD is proposing increasing the income limits to qualify to match the national average of 100% federal poverty guidelines.

Performance Improvements:

ISD will continue to offer work program supports to all TANF customers to and meet the current LFC measures associated with the TANF program.

Consequences of not funding:

NM will not be able to adequately address poverty.

Problem being addressed:

Description of how performance will be improved:

Consequences of not funding this expansion:

Assumptions and methodology:

Performance Measures:

Analyst recommendations and comments:

Senior: Elderly and Disabled

Rank: 0

New Initiative	2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/ IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
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Income Support

State of New Mexico

BU PCode Department
83000 P525 000000

EB-1 Expansion Justifications
(Dollars in Thousands)

General Fund Transfers	29,772.5	0	0	0	29,772.5	0
REVENUE, TRANSFERS	29,772.5	0	0	0	29,772.5	0
Other	29,772.5	0	0	0	29,772.5	0
EXPENDITURES	29,772.5	0	0	0	29,772.5	0

0

Quantitative Outcome:

Brief Description:

ISD is requesting to increase benefits to the Elderly and/or Disabled SNAP households increasing the minimum benefit from \$25 to \$150 per month. Increasing the minimum benefit for this population provides an increased grocery budget to purchase healthier foods in turn improving physical and mental wellbeing.

Problem being addressed:

This population typical received \$25 and faces hunger because \$25 dollars doesn't go far.

Description of how performance will be improved:

Raising the threshold amount of benefit while making comparable to other households.

Consequences of not funding this expansion:

This population typical received \$25 and faces hunger because \$25 dollars doesn't go far.

Assumptions and methodology:

Assumption is that by bringing up the threshold we can reduce hunger to Elderly and Disabled.

Performance Measures:

ISD is requesting to increase benefits to the Elderly and/or Disabled SNAP households increasing the minimum benefit from \$25 to \$150 per month. Increasing the minimum benefit for this population provides an increased grocery budget to purchase healthier foods in turn improving physical and mental wellbeing. This change will positively impact an approximate 87,625 New Mexicans with an annual cost of 29,772,500. The problem being addressed is this population typical received \$25 and faces hunger because \$25 dollars doesn't go far. This would improve hunger in elderly and disabled by raising the threshold amount of benefit while making comparable to other households.

Analyst recommendations and comments:

TANF Cash Assistance Expansion

Rank: 0

New Initiative	2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
General Fund Transfers	22,924.4	0	0	0	22,924.4	0
REVENUE, TRANSFERS	22,924.4	0	0	0	22,924.4	0
Other	22,924.4	0	0	0	22,924.4	0
EXPENDITURES	22,924.4	0	0	0	22,924.4	0

0

Quantitative Outcome:

Brief Description:



Income Support

BU PCode Department
63000 P525 000000

State of New Mexico

EB-1 Expansion Justifications

(Dollars in Thousands)

Temporary Assistance for Needy Families (TANF), the primary cash assistance program for families with children when they face a crisis or very low incomes, can play a key role in ensuring that these families have incomes to meet their basic needs. Research shows that providing cash assistance to families experiencing poverty can improve children's health and academic achievement, which in turn can lead to better health and higher earnings in adulthood. Cash assistance to families struggling to make ends meet enables them to afford necessities such as rent, utilities, personal hygiene products, and school supplies. States, which have total flexibility to set benefit levels, have kept them too small to meet families' basic needs and maintain their financial stability.

Regular increases in cash benefits keep the value of TANF benefits from eroding over time due to inflation. These increases are especially important during hard economic times when families face higher prices and additional expenses. Driven by the economic consequences of the COVID-19 pandemic, inflation increased 9.1 percent for the 12-month period ending in June 2022, the largest 12-month increase since the period ending in November 1981. (U.S. Bureau of Labor Statistics, "Consumer Price Index News Release," July 13, 2022, https://www.bls.gov/news.release/archives/cpi_07132022.htm.)

Problem being addressed:

As of 2022, NM has the 3rd highest poverty rate in the nation, at 18.4% with poverty rates varying by county vary from 4% to 35.2%. The TANF maximum benefit has not been increased since 2006, and the monthly net income must be less than 24% of the Federal Poverty Guideline to be eligible.

<https://www.census.gov/quickfacts/fact/table/NM/PST045222>). Currently, there are 22,530 TANF recipients in the state with 65.9% being children. TANF is currently has the lowest poverty limit in the state at 85% federal poverty guidelines being the 2nd lowest eligibility standard in the country. To better support families with children support themselves with housing and other basic needs ISD is proposing increasing the income limits to qualify to match the national average of 100% federal poverty guidelines.

Description of how performance will be improved:

ISD will continue to offer work program supports to all TANF customers to and meet the current LFC measures associated with the TANF program.

Consequences of not funding this expansion:

NM will not be able to adequately address poverty.

Assumptions and methodology:

NM used evidence based practices from other states and data from Administration of Children and Families to support the request.

Performance Measures:**Analyst recommendations and comments:**

Income Support

BU PCode Department
63000 P525 000000

State of New Mexico

EB-2 Expansion Fiscal Summary
(Dollars in Thousands)

Expansion

Rank: 0

		2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/ IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
111	General Fund Transfers	1,010	0	0	0	1,010	0
REVENUE, TRANSFERS		1,010	0	0	0	1,010	0
300	Contractual services	1,010	0	0	0	1,010	0
EXPENDITURES		1,010	0	0	0	1,010	0

SNAP: Senior: Elderly and Disabled

Rank: 0

		2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/ IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
111	General Fund Transfers	29,772.5	0	0	0	29,772.5	0
REVENUE, TRANSFERS		29,772.5	0	0	0	29,772.5	0
400	Other	29,772.5	0	0	0	29,772.5	0
EXPENDITURES		29,772.5	0	0	0	29,772.5	0

1. Cash Assistance Expansion

Rank: 0

		2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/ IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
111	General Fund Transfers	22,924.4	0	0	0	22,924.4	0
REVENUE, TRANSFERS		22,924.4	0	0	0	22,924.4	0
400	Other	22,924.4	0	0	0	22,924.4	0
EXPENDITURES		22,924.4	0	0	0	22,924.4	0

Income Support

BU PCode Department
63000 P525 000000

State of New Mexico
EB-3 Expansion Line Item Detail
(Dollars in Thousands)

ISD Expansion

Rank: 0

		2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
535300	Other Services	1,010	0	0	0	1,010	0
300	Contractual services	1,010	0	0	0	1,010	0
Total for ISD Expansion		1,010	0	0	0	1,010	0

SNAP: Senior: Elderly and Disabled

Rank: 0

		2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
547300	Care & Support	29,772.5	0	0	0	29,772.5	0
400	Other	29,772.5	0	0	0	29,772.5	0
Total for SNAP: Senior: Elderly and Disabled		29,772.5	0	0	0	29,772.5	0

TANF Cash Assistance Expansion

Rank: 0

		2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
547300	Care & Support	22,924.4	0	0	0	22,924.4	0
400	Other	22,924.4	0	0	0	22,924.4	0
Total for TANF Cash Assistance Expansion		22,924.4	0	0	0	22,924.4	0

DFA Performance Based Budgeting Data System

Annual Performance Report

Agency: 63000 Human Services Department

Program: P525 Income Support

The purpose of the income support program is to provide cash assistance and supportive services to eligible low-income families so they can achieve self-sufficiency. Eligibility requirements are established by state law within broad federal statutory guidelines.

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Outcome	Average supplemental nutrition assistance program benefit payment, per client	0	0	Yes	
Outcome	Number of supplemental nutrition assistance program and medicaid recertifications, including supplemental nutrition assistance program and medicaid benefits, that were approved ongoing and terminated during reporting period	96.0%	0.0%	No	The measure name should say "Percent of" instead of "Number of"
Outcome	Percent of adult temporary assistance for needy families recipients who become newly employed during the report year	30%	0%	No	
Outcome	Percent of adult temporary assistance for needy families recipients who have become ineligible for cash assistance due to new work-related income	0	0%	Yes	
Outcome	Percent of all parent participants who meet temporary assistance for needy families federal work participation requirements	37%	0%	No	
Outcome	Percent of expedited (emergency) supplemental nutritional assistance program cases meeting federally required measure of timeliness within seven days	98%	0%	No	
Outcome	Percent of mandatory temporary assistance for needy families adults with an active work participation agreement and who are in compliance with the temporary assistance for needy families work requirements	0	0.0%	Yes	
Outcome	Percent of non-expedited (non-emergency) supplemental nutritional assistance program cases meeting the federally required measure of timeliness within thirty days	98%	0%	No	
Outcome	Percent of supplemental nutrition assistance program payment errors showing percent over issued during reporting period	1.18%	0.0%	No	
Outcome	Percent of supplemental nutrition assistance program payment errors showing percent under issued during reporting period	1.18%	0.0%	No	
Outcome	Percent of supplemental nutrition assistance program recertifications processed in a timely manner	0	0.0%	Yes	
Outcome	Percent of temporary assistance for needy families two-parent recipients meeting federal work participation requirements	52%	0%	No	
Outcome	Percent of two-parent temporary assistance for needy families meeting federal work participation requirements	62%	0%	No	This measure was retired in 2023
Output	Number of homes heated and cooled in New Mexico via the low-income home energy assistance program	N/A	0	No	
Output	Number of meals provided to New Mexican families via the supplemental nutrition assistance program	N/A	0	No	

DFA Performance Based Budgeting Data System
Annual Performance Report

Program: P525 Income Support

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Output	Number of New Mexican families provided with necessities and shelter for the last full month via the temporary assistance for needy families program	N/A	0	No	

Table 2

Human Services Department
Performance Measures Summary

63000

P519 Developmental Disabilities Support Division

Purpose:

Performance Measures:		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Quality	Number of home visits	0	0	0	N/A	
Outcome	Percent of adults between ages twenty-two and sixty-two served on a developmental disabilities waiver (traditional or mi via) who receive employment supports	0.0%	0.0%	0.0%	13.0%	
Outcome	Percent of general event reports in compliance with general events timely reporting requirements (two day rule)	0.0%	0.0%	0.0%	86.0%	
Outcome	Percent of people receiving waiver services that have received their annual level of care assessment	0%	0%	0%	95%	
Explanatory	Number of individuals on the developmental disabilities waiver waiting list	0	0	N/A	N/A	
Explanatory	Number of individuals receiving developmental disabilities waiver services	0	0	N/A	N/A	
Explanatory	Percent of home visits that result in an abuse, neglect, or exploitation report	0.0%	0.0%	N/A	N/A	
Efficiency	Percent of developmental disabilities waiver applicants who have a service plan and budget in place within ninety days of income and clinical eligibility determination	0.0%	0.0%	0.0%	95.0%	

P Division of Health Improvement

Purpose:

Performance Measures:		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Quality	Percent of developmental disabilities support division clients receiving wellness checks per year as part of the audit conducted by the quality management bureau	0.0%	0.0%	0.0%	N/A	
Quality	Percent of nursing home incident reports submitted following participation in a division of health improvement training on reporting requirements	0.0%	0.0%	0.0%	85.0%	
Quality	Percent of nursing home survey citation(s) upheld when reviewed by the centers for medicare and medicaid services and through informal dispute resolution process	0.0%	0.0%	0.0%	90.0%	
Quality	Percent of abuse, neglect and exploitation investigations completed according to established timelines	0.0%	0.0%	0.0%	86.0%	
Output	Number of caregiver criminal history screening appeal clearance recidivism/ re-offense (conviction) after a successful appeal	0	0	0	10	
Output	Percent of acute and continuing care facility survey statement of deficiencies (center for medicare and medicaid services form 2567/ state form) distributed to the facility within ten days of survey exit	0.0%	0.0%	0.0%	85.0%	
Output	Percent of assisted living facilities complaints that meet criteria for seventy-two hour priority assignments surveys initiated	0.0%	0.0%	0.0%	85.0%	
Output	Percent of assisted living health facility survey statement of deficiencies CMS form 2567/state form) distributed to the facility within 10 days of survey exit	0.0%	0.0%	0.0%	85.0%	
Output	Percent of incident management bureau-assigned investigations initiated within required timelines	0.0%	0.0%	0.0%	86.0%	

Table 2

**Human Services Department
Performance Measures Summary**

63000

Performance Measures:		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Output	Percent of long-term care health facility survey statement of deficiencies (center for medicare and medicaid services form 2567/ state form) distributed to the facility within ten days of survey exit	0.0%	0.0%	0.0%	85.0%	
Output	Percent of quality management bureau 1915c home and community-based services waivers report of findings distributed within twenty-one working days from end of survey	0.0%	0.0%	0.0%	86.0%	
Explanatory	Abuse rate for developmental disability waiver and mi via waiver clients	0%	0%	N/A	N/A	
Explanatory	Re-abuse rate for developmental disabilities waiver and mi via waiver clients	0%	0%	N/A	N/A	

P521 State Health Benefits Division

Purpose:

Performance Measures:		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Quality	Percent of members with diabetes receiving at least one hemoglobin A1C test in the last 12 months	0.0%	0.0%	0.0%	0.0%	
Quality	Percent of members with diabetes receiving an annual screening for diabetic nephropathy	0.0%	0.0%	0.0%	0.0%	
Outcome	Percent change in state employee medical premium	0.0%	0.0%	0.0%	0.0%	
Outcome	Percent change in the average per-member per-month total healthcare cost	0.0%	0.0%	0.0%	5.0%	
Outcome	Percent of state group prescriptions filled with generic drugs within 3% of public-entity-peer rate as reported by pharmacy benefits manager	0.0%	0.0%	0.0%	80.0%	
Explanatory	Number of members who designate the stay well health center as their primary care provider	0	0	N/A	N/A	
Explanatory	Number of visits to the stay well health center	0	0	N/A	N/A	
Explanatory	Percent of available appointments filled at the stay well health center	0.0%	0.0%	N/A	N/A	
Explanatory	Percent of eligible state employees purchasing state medical insurance	0.0%	0.0%	N/A	N/A	
Explanatory	Projected year-end fund balance of the health benefits fund, in thousands	0	0	N/A	N/A	
Explanatory	Rate per one thousand members of emergency department use categorized as non-emergent	0	0	N/A	N/A	
Efficiency	Annual loss ratio for the health benefits fund	0	0	0	98:000	

P522 Program Support

Purpose: The purpose of program support is to provide overall leadership, direction and administrative support to each agency program and to assist it in achieving its programmatic goals.

Performance Measures:		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Output	Percent of timely final decisions on administrative disqualification hearings (within ninety days of hearing being scheduled)	0.0%	0.0%	100.0%	100.0%	
Output	Number of visits across human services department website, medicaid portal, yesNM portal, child support portal, human services department facebook page and human services department twitter account	1,102,633	0	900,000	900,000	
Outcome	Percent of administrative cost compared to total claims collected by the restitution services bureau	0%	0%	15%	15%	

Table 2 **Human Services Department** **63000**
Performance Measures Summary

Performance Measures:		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Outcome	Total medicaid program integrity recoveries collected for each dollar expended by the program	\$10	0	\$7	\$7	
Outcome	Average customer self-reported satisfaction with the human services department and its programs supplemental nutrition assistance program, temporary assistance for needy families, child support, medicaid and low-income home energy assistance program	3%	0%	3%	3%	
Outcome	Average human services department staff self-reported score related to having the tools, training, and resources needed to telework effectively	4%	0%	4%	4%	
Outcome	Percent of automated eligibility decisions including real time eligibility, administrative renewal, auto denial/closure, and mass update	41%	0%	30%	30%	
Outcome	Percent of employees who leave the human services department during the quarter as an annualized number	17%	0%	15%	15%	
Outcome	Percent of human services department mentions in the media with positive and neutral sentiments compared to negative sentiments	81%	0%	81%	81%	
Outcome	Percent of human services department positions that are filled as a portion of authorized full time equivalent positions and budgeted positions	82%	0%	95%	95%	

P523 Child Support Enforcement

Purpose: The purpose of the child support enforcement program is to provide location, establishment and collection services for custodial parents and their children; to ensure that all court orders for support payments are being met to maximize child support collections; and to reduce public assistance rolls.

Performance Measures:		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Output	Total dollars collected in child support obligations for each dollar expended by the child support enforcement program	0	0	\$4	\$4	
Outcome	Amount of child support collected, in millions	\$130	0	\$147	\$147	
Outcome	Percent of current support owed that is collected	58%	0%	63%	0%	
Outcome	Percent of cases with support orders	83%	0%	85%	85%	
Explanatory	Average amount of child support collected, per child	0	0	N/A	N/A	
Explanatory	Percent of noncustodial parents paying support to total cases with support orders	52%	0%	N/A	N/A	

P524 Medical Assistance

Purpose: The purpose of the medical assistance program is to provide the necessary resources and information to enable low-income individuals to obtain either free or low-cost healthcare.

Performance Measures:		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Quality	Percent of members reporting satisfaction with New Mexico's medicaid services	83%	0%	82%	82%	
Output	Number of medicaid managed care members that have received treatment for hepatitis C in the reporting year	1,112	0	1,200	0	
Output	Percent of provider payments included in value-based purchasing arrangements	0%	0%	50%	50%	
Output	Number of unique medicaid managed care members receiving behavioral health services by a behavioral health provider	0	0	240,000	240,000	

Table 2

Human Services Department Performance Measures Summary

63000

Performance Measures:		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Output	Number of unique medicaid managed care members receiving behavioral health services by a non-behavioral health provider	0	0	150,000	150,000	
Output	Number of unique medicaid managed care members with a telemedicine visit at the end of the previous calendar year	0	0	140,000	140,000	
Outcome	Percent of children ages two to twenty years enrolled in medicaid managed care who had at least one dental visit during the measurement year	0%	0%	68%	68%	
Outcome	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	0%	0%	60%	60%	
Outcome	Percent of members eighteen to seventy-five years of age in medicaid managed care with diabetes, types 1 and 2, whose HbA1c was 9 percent during the measurement year	0%	0%	65%	65%	
Outcome	Percent of hospital readmissions for children in medicaid managed care ages two through seventeen years within thirty days of discharge	7%	0%	5%	5%	
Outcome	Percent of adults in medicaid managed care age eighteen and over readmitted to a hospital within thirty days of discharge	0%	0%	8%	8%	
Outcome	Percent of medicaid managed care member deliveries who received a prenatal care visit in the first trimester or within forty-two days of eligibility	0%	0%	80%	80%	
Outcome	Percent of medicaid managed care members participating in member rewards	45%	0%	47%	47%	
Outcome	Rate of short-term complication admissions for medicaid managed care members with diabetes per one hundred thousand members	16.60	0	16.40	16.40	
Outcome	Percent of medicaid managed care members five through sixty-four years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year	0%	0%	55%	55%	
Outcome	Percent of non-emergent utilization of all emergency department utilization that is categorized as non-emergent care	53%	0%	50%	50%	
Outcome	Percent of medicaid managed care members with a nursing facility level of care who are being served in a non-institutional setting	89%	0%	85%	85%	
Outcome	Percent of discharges for members six years of age or older in medicaid managed care who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within thirty days after discharge	0%	0%	55%	55%	
Outcome	Percent of children two years of age enrolled in medicaid managed care who had four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps, and rubella; three haemophilus influenza type B; three hepatitis B; one chicken pox and four pneumococcal conjugate vaccines by their second birthday	0%	0%	69%	69%	
Outcome	Percent of emergency department visits for members six years of age and older with a principal diagnosis of mental illness who had a follow-up visit for mental illness within thirty days of the emergency department visit	0%	0%	48%	48%	

**Human Services Department
Performance Measures Summary**

Performance Measures:		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Outcome	Percent of medicaid managed care member deliveries with a postpartum visit on or between seven and eighty-four calendar days after delivery	0%	0%	66%	66%	
Outcome	Percent of members three to seventeen years of age enrolled in medicaid managed care who had an outpatient visit with a primary care physician or obstetrician/gynecologist and who had evidence of counseling for physical activity during the measurement year	0%	0%	58%	58%	
Outcome	Percent of medicaid managed care members eighteen to sixty-four years of age with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year	0%	0%	77%	77%	
Outcome	Percent of Medicaid managed care members age eighteen years and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression during the intake period and received at least one-hundred eighty calendar days six months of continuous treatment with an antidepressant medication	0%	0%	35%	35%	
Outcome	Percent of adolescent and adult medicaid managed care members with a new episode of alcohol or other drug dependence who received initiation of alcohol and other drug treatment	0%	0%	50%	50%	
Explanatory	Percent of infants and children in medicaid managed care who had six or more well-child visits in the first fifteen months of life	0%	0%	N/A	N/A	
Explanatory	Expenditures for children and youth receiving services through medicaid school-based service programs through an individualized education program, in millions	15,811,816	0	N/A	N/A	
Explanatory	Number of justice-involved individuals who are made eligible for medicaid prior to release	487	0	N/A	N/A	
Explanatory	Number of medicaid managed care members being served by patient-centered medical homes	454,690	0	N/A	N/A	

P525 Income Support

Purpose: The purpose of the income support program is to provide cash assistance and supportive services to eligible low-income families so they can achieve self-sufficiency. Eligibility requirements are established by state law within broad federal statutory guidelines.

Performance Measures:		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Output	Number of meals provided to New Mexican families via the supplemental nutrition assistance program	0	0	1,250,000	1,250,000	
Output	Number of homes heated and cooled in New Mexico via the low-income home energy assistance program	0	0	4,000	4,000	
Output	Number of New Mexican families provided with necessities and shelter for the last full month via the temporary assistance for needy families program	0	0	6,000	6,000	
Outcome	Percent of all parent participants who meet temporary assistance for needy families federal work participation requirements	3%	0%	45%	45%	
Outcome	Percent of temporary assistance for needy families two-parent recipients meeting federal work participation requirements	3%	0%	60%	60%	

Table 2

**Human Services Department
Performance Measures Summary**

63000

Performance Measures:		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Outcome	Percent of expedited (emergency) supplemental nutritional assistance program cases meeting federally required measure of timeliness within seven days	92%	0%	98%	98%	
Outcome	Percent of non-expedited (non-emergency) supplemental nutritional assistance program cases meeting the federally required measure of timeliness within thirty days	96%	0%	98%	98%	
Outcome	Percent of adult temporary assistance for needy families recipients who become newly employed during the report year	4%	0%	45%	45%	
Outcome	Percent of adult temporary assistance for needy families recipients who have become ineligible for cash assistance due to new work-related income	1%	0%	37%	37%	
Outcome	Average supplemental nutrition assistance program benefit payment, per client	0	0	\$300.00	\$300.00	
Outcome	Percent of supplemental nutrition assistance program payment errors showing percent over issued during reporting period	0.0%	0.0%	1.2%	1.2%	
Outcome	Percent of supplemental nutrition assistance program payment errors showing percent under issued during reporting period	0.0%	0.0%	1.2%	1.2%	
Outcome	Number of supplemental nutrition assistance program and medicaid recertifications, including supplemental nutrition assistance program and medicaid benefits, that were approved ongoing and terminated during reporting period	0.0%	0.0%	96.0%	96.0%	
Outcome	Percent of supplemental nutrition assistance program recertifications processed in a timely manner	New	0.0%	97.0%	75.0%	
Outcome	Percent of mandatory temporary assistance for needy families adults with an active work participation agreement and who are in compliance with the temporary assistance for needy families work requirements	New	0.0%	75.0%	97.0%	

P766 Medicaid Behavioral Health

Purpose: The purpose of the medicaid behavioral health program is to provide the necessary resources and information to enable low-income individuals to obtain either free or low-cost behavioral healthcare.

Performance Measures:		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Output	Number of individuals served annually in substance use or mental health programs administered through the behavioral health collaborative and medicaid programs	212,486	0	210,000	0	
Outcome	Percent of readmissions to same level of care or higher for children or youth discharged from residential treatment centers and inpatient care	10%	0%	5%	0%	
Outcome	Percent of people with a diagnosis of alcohol or drug dependency who initiated treatment and received two or more additional services within thirty-four days of the initial visit	19%	0%	19%	0%	

P767 Behavioral Health Services

Purpose: The purpose of the behavioral health services program is to lead and oversee the provision of an integrated and comprehensive behavioral health prevention and treatment system so the program fosters recovery and supports the health and resilience of all New Mexicans.

Performance Measures:		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
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Table 2

Human Services Department Performance Measures Summary

63000

Performance Measures:		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Quality	Percent of persons receiving behavioral health services who report satisfaction with those services	86%	0%	86%	0%	
Output	Percent of certified peer support workers providing services in at least two quarters of the measurement year	76%	0%	50%	0%	
Output	Number of unique medicaid managed care members receiving behavioral health services by a non-behavioral health provider	0	0	0		New
Output	Number of unique medicaid managed care members receiving behavioral health services by a behavioral health provider	0	0	0		New
Outcome	Percent of individuals discharged from inpatient facilities who receive follow-up services at thirty days	59%	0%	60%	0%	
Outcome	Percent of increase in health homes clients over the prior year	9%	0%	5%	0%	
Outcome	Percent of adults diagnosed with major depression who remained on an antidepressant medication for at least one hundred eighty days	38%	0%	42%	0%	
Outcome	Number of persons served through telehealth in urban, rural and frontier counties for behavioral health	35,062	0	35,062	0	
Outcome	Percent of emergency department visits, for medicaid managed care members thirteen years of age and older, with a principal diagnosis of alcohol or other drug dependence, who had a follow-up visit for mental illness within thirty days of emergency department visit	0.0%	0.0%	54.0%	0.0%	
Outcome	Percent of medicaid members released from inpatient psychiatric hospitalization stays of four or more days who receive seven-day follow-up visits into community-based behavioral health	34%	0%	51%	0%	
Outcome	Number of persons receiving telephone behavioral health services through medicaid and non-medicaid programs	62,439	0	30,000	0	
Outcome	Percent of emergency department visits for members six years of age and older with a principal diagnosis of mental illness who had a follow-up visit for mental illness within thirty days of the emergency department visit	0.0%	0.0%	54.0%	0.0%	
Outcome	Percent of emergency department visits, for medicaid managed care members thirteen years of age and older, with a principal diagnosis of alcohol or other drug dependence, who had a follow-up visit for mental illness within seven days of emergency department visit	0.0%	0.0%	54.0%	0.0%	
Explanatory	Number of suicides of youth served by the behavioral health collaborative and medicaid programs in the prior fiscal year	0	0	N/A	N/A	
Explanatory	Members with opioid abuse or dependence who initiated treatment within fourteen days of diagnosis	0	0	N/A	N/A	
Explanatory	Members with alcohol abuse or dependence who initiated treatment within fourteen days of diagnosis	0	0	N/A	N/A	
Explanatory	Members with opioid abuse or dependence who had two or more additional visits within thirty-four days	0	0	N/A	N/A	
Explanatory	Members with alcohol abuse or dependence who had two or more additional visits within 34 days	0	0	N/A	N/A	
Explanatory	Number of certified community behavioral health clinics enrolled within the medicaid program	0	0	N/A	N/A	

**Human Services Department
Performance Measures Summary**

**FY25 APPROPRIATION REQUEST
FORM E-6B LEASED PASSENGER-RELATED VEHICLES**

Account code 542800

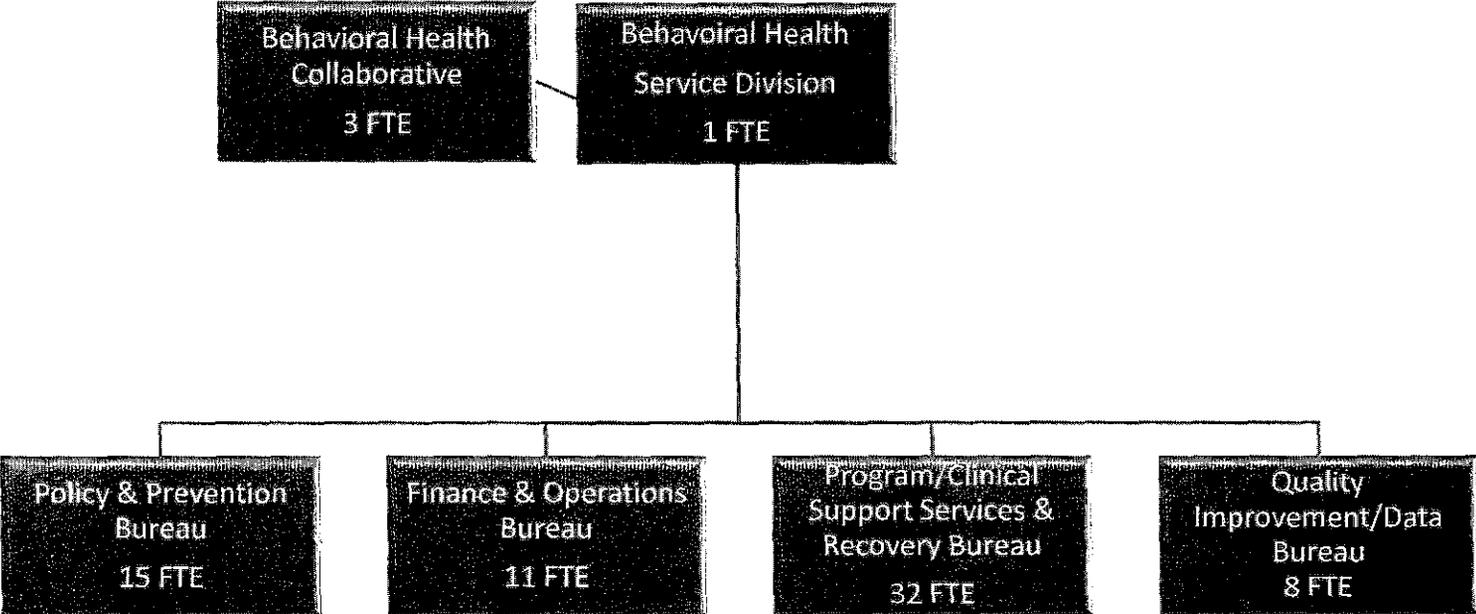
LEASED VEHICLE INFORMATION @ 7/1/23

Agency Name: Health Care Authority
Program Name: Income Support Division

Business Unit: 63000
Program Code: P525

Item No.	LONG TERM LEASES ONLY						Lease Type Operational (O) or Standard (S)	Long Term Only			SHORT TERM ONLY			Put (x) if Fed \$
	Year	Make/Model	Vehicle Type	A** R C	License Plate Number	Mileage As of 7/1/23		A	B	A x B = C	D	E	D x E = F	
								FY24 Monthly Rate O=\$224.47 S= Rate Schedule	Number of months to lease	Total cost Rate FY25	Daily Rate Based On Vehicle Type	No. of Days	Total Lease Rate	
Example														
1	2008	Chevy Colorado	04C	C	000298SG	86,554	Operational (O)	235.69	12	2,693.6			-	
2	2009	Chevy Malibu	02B	C	001278SG	91,849	Operational (O)	235.69	12	2,828.3			-	
3	2009	Ford Fusion	02B	C	001328SG	125,158	Operational (O)	235.69	12	2,828.3			-	
4	2020	Chevy Malibu	02BA	C	007503SG	32,466	Standard (S)	490.00	12	5,760.0				
5	2020	Nissan Altima	02BA	C	007844SG	1,158	Standard (S)	490.00	12	5,760.0				
6	2020	Nissan Altima	02BA	C	007851SG	20,099	Standard (S)	490.00	12	5,760.0				
7	2020	Nissan Altima	02BA	C	007852SG	10,489	Standard (S)	490.00	12	5,760.0				
8	2020	Nissan Sentra	02BA	C	007857SG	1,449	Standard (S)	490.00	12	5,760.0				
9	2021	Nissan Altima	02BA	C	008038SG	5,849	Standard (S)	490.00	12	5,760.0			-	
10	2021	Nissan Altima	02BA	C	008434SG	23,323	Standard (S)	490.00	12	5,880.0			-	
11	2021	Nissan Altima	02BA	C	008444SG	16,113	Standard (S)	490.00	12	5,880.0			-	
12	2021	Nissan Altima	02BA	C	008447SG	6,083	Standard (S)	490.00	12	5,880.0			-	
13	2021	Nissan Altima	02BA	C	008706SG	5,877	Standard (S)	490.00	12	5,880.0			-	
14	2021	Nissan Altima	02BA	C	008760SG	5,877	Standard (S)	490.00	12	5,880.0			-	
15	2021	Nissan Altima	02BA	C	008765SG	8,959	Standard (S)	490.00	12	5,880.0			-	
16	2021	Nissan Altima	02BA	C	008766SG	11,601	Standard (S)	490.00	12	5,880.0			-	
17	2021	Nissan Altima	02BA	C	008767SG	4,588	Standard (S)	490.00	12	5,880.0			-	
18	2021	Nissan Altima	02BA	C	008771SG	4,615	Standard (S)	490.00	12	5,880.0			-	
19	2021	Nissan Altima	02BA	C	008784SG	11,290	Standard (S)	490.00	12	5,880.0			-	
20	2021	Nissan Altima	02BA	C	009206SG	12,746	Standard (S)	490.00	12	5,880.0			-	
22	2021	Nissan Altima	02BA	C	009287SG	17,598	Standard (S)	490.00	12	5,880.0			-	
23	2021	Nissan Altima	02BA	C	009292SG	18,387	Standard (S)	490.00	12	5,880.0			-	
24	2003	Ford Explorer	06A	C	G54463	136,339	Operational (O)	490.00	12	5,880.0			-	
25	2003	Ford F150	04C	C	G54469	64,497	Operational (O)	235.69	12	2,828.3			-	
26	2005	Ford Focus	02B	C	G59068	88,212	Operational (O)	235.69	12	2,828.3			-	
27	2006	Dodge Caravan	05A	C	G64518	68,975	Operational (O)	235.69	12	2,693.6			-	
28	2006	Dodge Caravan	05A	C	G64582	143,248	Operational (O)	235.69	12	2,693.6			-	
29	2006	Dodge Caravan	05A	C	G64584	123,318	Operational (O)	235.69	12	2,828.3			-	
TOTAL LONG TERM:										139,102.2	TOTAL SHORT TERM:		-	

FY25 APPROPRIATION OPBUD ORGANIZATION CHART



BU 63000 PCode P767 Department 000000

S-8 Financial Summary

(Dollars in Thousands)

	2022-23 Opbud	2022-23 Actuals	2023-24 Opbud	2024-25 PCF Proj	Base	FY 2025 Agency Request		Total
						Expansion		
REVENUE								
111 General Fund Transfers	52,524.4	52,285.7	58,880.8	0.0	71,683.7	0.0		71,683.7
112 Other Transfers	0.0	441.3	0.0	0.0	0.0	0.0		0.0
120 Federal Revenues	29,922.9	30,823.0	40,524.0	0.0	25,539.5	0.0		25,539.5
130 Other Revenues	0.0	44.3	0.0	0.0	169.5	0.0		169.5
REVENUE, TRANSFERS	82,447.3	83,594.2	99,404.8	0.0	97,392.7	0.0		97,392.7
REVENUE	82,447.3	83,594.2	99,404.8	0.0	97,392.7	0.0		97,392.7
EXPENSE								
200 Personal Services and Employee Benefits	4,767.8	4,097.4	5,135.2	5,629.8	5,631.4	0.0		5,631.4
300 Contractual services	76,111.9	80,086.2	91,589.4	0.0	89,035.7	0.0		89,035.7
400 Other	1,567.6	2,536.0	2,680.2	0.0	2,725.6	0.0		2,725.6
EXPENDITURES	82,447.3	86,719.6	99,404.8	5,629.84	97,392.7	0.0		97,392.7
EXPENSE	82,447.3	86,719.6	99,404.8	5,629.84	97,392.7	0.0		97,392.7
FTE POSITIONS								
810 Permanent	46.00	0.00	58.00	49.00	68.00	0.00		68.00
820 Term	7.00	0.00	12.00	5.00	2.00	0.00		2.00
FTEs	53.00	0.00	70.00	54.00	70.00	0.00		70.00
FTE POSITIONS	53.00	0.00	70.00	54.00	70.00	0.00		70.00

S-9 Account Code Revenue/Expenditure Summary
 (Dollars in Thousands)

		2022-23	2022-23	2023-24	2024-25	FY 2025 Agency Request		
		Opbud	Actuals	Opbud	PCF Proj	Base	Expansion	Total
499105	General Fd. Appropriation	52,524.4	52,285.7	58,880.8	0.0	71,683.7	0.0	71,683.7
111	General Fund Transfers	52,524.4	52,285.7	58,880.8	0.0	71,683.7	0.0	71,683.7
425909	Other Services - Interagency	0.0	202.6	0.0	0.0	0.0	0.0	0.0
499905	Other Financing Sources	0.0	238.7	0.0	0.0	0.0	0.0	0.0
112	Other Transfers	0.0	441.3	0.0	0.0	0.0	0.0	0.0
451903	Federal Direct - Operating	29,749.4	30,642.8	40,350.5	0.0	25,539.5	0.0	25,539.5
452003	Federal - Indirect	173.5	180.2	173.5	0.0	0.0	0.0	0.0
120	Federal Revenues	29,922.9	30,823.0	40,524.0	0.0	25,539.5	0.0	25,539.5
496903	Miscellaneous Revenue	0.0	44.3	0.0	0.0	169.5	0.0	169.5
130	Other Revenues	0.0	44.3	0.0	0.0	169.5	0.0	169.5
TOTAL REVENUE		82,447.3	83,594.2	99,404.8	0.0	97,392.7	0.0	97,392.7
520100	Exempt Perm Positions P/T&F/T	161.0	161.4	127.7	99.1	132.8	0.0	132.8
520200	Term Positions	243.9	419.9	508.8	346.5	529.3	0.0	529.3
520300	Classified Perm Positions F/T	2,881.0	2,334.7	2,961.0	3,603.3	3,358.1	0.0	3,358.1
520600	Paid Unused Sick Leave	0.0	2.6	0.0	0.0	0.0	0.0	0.0
520700	Overtime & Other Premium Pay	0.0	0.9	0.0	0.0	0.0	0.0	0.0
520800	Annl & Comp Paid At Separation	0.0	54.5	0.0	0.0	0.0	0.0	0.0
521100	Group Insurance Premium	0.0	274.7	473.6	406.6	492.6	0.0	492.6
521200	Retirement Contributions	893.8	546.3	662.4	778.6	688.9	0.0	688.9
521300	F I C A	560.8	214.5	277.3	309.7	288.4	0.0	288.4
521400	Workers' Comp Assessment Fee	0.5	0.4	0.8	0.0	0.6	0.0	0.6
521410	GSD Work Comp Insur Premium	7.7	9.2	12.6	0.0	8.5	0.0	8.5
521500	Unemployment Comp Premium	0.2	0.0	7.8	0.0	2.8	0.0	2.8
521600	Employee Liability Ins Premium	16.0	18.8	24.2	0.0	47.3	0.0	47.3
521700	RHC Act Contributions	2.9	58.3	79.0	86.0	82.1	0.0	82.1
523000	COVID Related Admin Leave	0.0	1.0	0.0	0.0	0.0	0.0	0.0
523200	COVID Related Time Worked	0.0	0.1	0.0	0.0	0.0	0.0	0.0
200	Personal Services and Employee Bene	4,767.8	4,097.4	5,135.2	5,629.8	5,631.4	0.0	5,631.4
535100	Medical Services	74,580.6	76,750.8	84,987.6	0.0	85,881.4	0.0	85,881.4
535200	Professional Services	0.4	62.4	5,071.8	0.0	440.0	0.0	440.0
535300	Other Services	1,530.9	3,276.2	1,530.0	0.0	2,714.3	0.0	2,714.3
535600	IT Services	0.0	(3.2)	0.0	0.0	0.0	0.0	0.0
300	Contractual services	76,111.9	80,086.2	91,589.4	0.0	89,035.7	0.0	89,035.7

S-9 Account Code Revenue/Expenditure Summary
 (Dollars in Thousands)

	2022-23 Opbud	2022-23 Actuals	2023-24 Opbud	2024-25 PCF Proj	FY 2025 Agency Request		
					Base	Expansion	Total
540000 Other Expenses	17.3	0.0	0.0	0.0	0.0	0.0	0.0
542100 Employee I/S Mileage & Fares	0.0	1.0	21.0	0.0	22.9	0.0	22.9
542200 Employee I/S Meals & Lodging	0.0	10.6	0.0	0.0	0.0	0.0	0.0
542500 Transp - Fuel & Oil	1.9	1.2	1.9	0.0	2.1	0.0	2.1
542600 Transp - Parts & Supplies	0.3	0.1	0.3	0.0	0.3	0.0	0.3
542700 Transp - Transp Insurance	0.1	0.1	0.0	0.0	0.1	0.0	0.1
542800 State Transp Pool Charges	16.5	16.5	20.0	0.0	14.2	0.0	14.2
543200 Maint - Furn, Fixt, Equipment	4.3	0.0	4.4	0.0	4.8	0.0	4.8
543300 Maint - Buildings & Structures	0.5	0.0	0.5	0.0	0.5	0.0	0.5
543400 Maint - Property Insurance	0.2	0.2	0.1	0.0	0.1	0.0	0.1
543500 Maint - Supplies	1.2	0.0	1.2	0.0	1.3	0.0	1.3
543820 Maintenance IT	0.0	0.0	140.0	0.0	0.0	0.0	0.0
543830 IT HW/SW Agreements	0.0	57.5	0.0	0.0	160.7	0.0	160.7
544000 Supply Inventory IT	37.1	0.7	33.6	0.0	36.7	0.0	36.7
544100 Supplies-Office Supplies	6.8	8.0	11.4	0.0	12.5	0.0	12.5
544900 Supplies-Inventory Exempt	16.8	175.9	16.7	0.0	18.2	0.0	18.2
545900 Printing & Photo Services	0.5	2.0	0.5	0.0	0.5	0.0	0.5
546100 Postage & Mail Services	2.1	0.5	2.1	0.0	2.3	0.0	2.3
546400 Rent Of Land & Buildings	366.9	383.3	366.9	0.0	766.7	0.0	766.7
546500 Rent Of Equipment	13.6	6.3	13.6	0.0	14.9	0.0	14.9
546600 Communications	0.0	0.1	0.0	0.0	0.0	0.0	0.0
546610 DOIT Telecommunications	29.2	58.2	21.1	0.0	66.5	0.0	66.5
546700 Subscriptions/Dues/License Fee	66.3	72.4	66.3	0.0	72.4	0.0	72.4
546800 Employee Training & Education	8.0	23.1	8.0	0.0	8.7	0.0	8.7
546900 Advertising	1.9	1.4	1.9	0.0	2.1	0.0	2.1
547400 Grants To Local Governments	0.0	82.6	196.3	0.0	381.3	0.0	381.3
547450 Grants to Other Agencies	955.7	1,613.0	1,541.0	0.0	955.7	0.0	955.7
547900 Miscellaneous Expense	2.8	1.6	193.8	0.0	160.9	0.0	160.9
547999 Request to Pay Prior Year	0.0	3.0	0.0	0.0	0.0	0.0	0.0
549600 Employee O/S Mileage & Fares	17.6	7.7	17.6	0.0	19.2	0.0	19.2
549700 Employee O/S Meals & Lodging	0.0	9.0	0.0	0.0	0.0	0.0	0.0
400 Other	1,567.6	2,536.0	2,680.2	0.0	2,725.6	0.0	2,725.6
TOTAL EXPENSE	82,447.3	86,719.6	99,404.8	5,629.8	97,392.7	0.0	97,392.7
810 Permanent	46.00	0.00	58.00	49.00	58.00	0.00	68.00

BU PCode Department
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S-9 Account Code Revenue/Expenditure Summary
 (Dollars in Thousands)

810	Permanent	46.00	0.00	58.00	49.00	68.00	0.00	68.00
820	Term	7.00	0.00	7.00	5.00	2.00	0.00	2.00
820	Term	7.00	0.00	7.00	5.00	2.00	0.00	2.00
TOTAL FTE POSITIONS		53.00	0.00	65.00	54.00	70.00	0.00	70.00

State of New Mexico
P-1 Program Overview**Program Description:**

The Behavioral Health Services Division (BHSD) of the Human Services Department (HSD), is the single state authority for behavioral health services in New Mexico. BHSD collaborates with many other state agencies and community stakeholders to ensure comprehensive service delivery by provider organizations in prevention, treatment, and recovery for those with substance use disorders (SUD), mental health conditions, or co-occurring disorders.

BHSD's key role is the management of the public behavioral health service system. BHSD purchases adult behavioral health services utilizing State General Funds (SGF) and federal funding for those who are ineligible for Medicaid and covers services that are not reimbursable by Medicaid. In addition, BHSD manages the behavioral health requirements of the Medicaid Managed Care Contract and Centennial Care 2.0.

BHSD's mission is to lead the provision of integrated and comprehensive behavioral health services, together with its partners in the Behavioral Health Collaborative, to promote the health and resilience of all New Mexicans and to foster recovery and healthy living in communities. BHSD works to:

- Prevent behavioral health conditions from developing;
- Assure the availability of quality treatment and support services in the least restrictive setting;
- Build the behavioral health workforce's capacity and competency;
- Assist providers and peer support specialists in providing recovery and resiliency focused evidence-based best practice; and
- Monitor quality of all behavioral health programs and services, as well as treatment outcomes, to obtain the best outcomes possible for New Mexicans.

Interagency Behavioral Health Purchasing Collaborative

Interagency Behavioral Health Purchasing Collaborative also known as Behavioral Health Collaborative (BHC) is created under 9-7-6.4 NMSA 1978 consisting of several Cabinet Secretaries and co-chaired by Human Services Department and with the alternation between Department of Health and Children, Youth and Families Department annually. BHC works with all partnering State Agencies to identify behavioral health needs statewide utilizing the Administrative Service Organization (ASO). BHC assists all partners on giving special attention to regional differences on behavioral health issues while tracking expenditures including encouragement on collaborating between all partners. BHC establishes strategic plans with all partners while ensuring focuses are with children, adults, seniors, and special populations on addressing workforce development, family-focused principles, substance use and justice involvement.

P-1 Program Overview

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Major Issues and Accomplishments:

Medicaid is the largest payor for behavioral health services in New Mexico. This benefit is administered through the Medical Assistance Division (MAD). BHSD works closely with MAD to ensure that the Managed Care Organizations (MCO) deliver behavioral health services that follow contracted requirements. The behavioral health benefits, including prescription medications, are managed by BHSD in conjunction with MAD are outlined in the Behavioral Health Policy & Billing Manual and include the following:

- Accredited Residential Treatment Centers for Adults with Substance Use Disorder (AARTC)
- Accredited Residential Treatment Center for Youth (AARTC)
- Applied Behavior Analysis (ABA)
- Assertive Community Treatment Services (AC)
- Behavioral Health Professional Services for Screenings, Evaluations, Assessment and Therapy
- Behavioral Health Respite Care
- Behavior Management Services
- CareLink Health Homes
- Cognitive Enhancement Therapy (CET)
- Comprehensive Community Support Services (CCSS)
- Crisis Intervention Services
- Crisis Triage Center (CTC)
- Day Treatment
- Family Support Services
- Inpatient Psychiatric Care in Freestanding Psychiatric Hospitals or Psychiatric Units of Acute Care Hospitals
- Institution for Medical Diseases (IMD) for Substance Use Disorder
- Intensive Outpatient Program (IOP) for Substance Abuse Disorder
- Intensive Outpatient Program (IOP) for Mental Health Disorders
- Medication Assisted Treatment (MAT)
- Multi-Systemic Therapy (MST)
- Non-Accredited Residential Treatment Centers and Group Homes
- Opioid Treatment Program (OTP)
- Partial Hospitalization Services in an Acute Care or Freestanding Psychiatric Hospital
- Pre-admission Screening and Resident Review (PASRR)
- Psychosocial Rehabilitation Services (PSR)
- Recovery Services
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Smoking Cessation Counseling
- Supportive Housing Pre-Tenancy and Tenancy Services
- Treatment Foster Care I and II

Overview of Request:

Behavioral Health Services Division (BHSD) Administration

BHSD is requesting \$381.4 State General Fund Increase for Administration Budget. This will include:

- Personnel Services and Employee Benefits overall increase of general fund of \$99.4 (2.0%). This funding will support the Public Information Office Position (Payband 65) within BHSD.
- Contractual Services reflect an overall decrease of \$236.6 (2.0%) general fund to the base. This will support \$236.6 -New Mexico Crisis Line (NMCAL) - provides timely, effective assessment and intervention to people in times of crisis and ensures continuous quality access to professional behavioral health and wellness services.
- Other Cost Category reflects an overall increase of \$45.4 to support additional facilities costs (e.g. rent, maintenance).

Behavioral Health Services Division (BHSD) Program

BHSD requests \$12,421.5M GF in FY25 for statewide continuation support of the 988/Crisis Now implementation (\$5,921.5M) and FY24 Special Appropriations (\$6.5M) to become re-occurring funding in FY25.

Funding of \$5,921.5M would support training for coordination of 911 and 988 response, develop, launch and support Mobile Crisis Teams and Crisis Triage Centers, modify ED processes for responding to BH crisis and public outreach

P-1 Program Overview

BU PCode
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to promote use of 988. Full implementation requires an integrated system wide response that includes Mobile Crisis Teams and Crisis Triage Centers designed to safely and effectively respond to a variety of behavioral health needs.

Funding request for \$6.5M is for FY24 Special Appropriations to become re-occurring for FY25 Budget. The following Special Appropriations are as follows:

- \$1,000.0 – Linkages Programs – permanent supportive housing where eligibility criteria are Serious Mental Illness (SMI). This currently is a non-recurring special appropriation in FY24 related to the Opioid settlement. BHSD program is requesting this amount recur for future fiscal years to ensure permanent supportive housing.
- \$1,500.0 – Maintain and support the continuation of Certified Community Behavioral Health Clinics (CCBHC). This currently is a non-recurring special appropriation in FY24 related to the Opioid settlement. The division is requesting this funding to recur for future fiscal years to support CCBHCs.
- \$2,000.0 – Continue to provide housing assistance for people affected by opioid use disorder. This also is a non-recurring special appropriation in FY24 related to the Opioid settlement. The division is requesting recurring funds to support housing assistance for people affected by opioid use disorder.
- \$2,000.0 – To continue to provide screening, brief intervention and referral to treatment programs (SBIRT), SBIRT is an evidence-based approach to identify individuals who use alcohol and other drugs (substances) at risky levels. This funding is currently a non-recurring special appropriation granted in FY24 related to the Opioid settlement. The division is requesting recurring funds to support the need of the SBIRT program. There currently is one trainer in the State of New Mexico that provides SBIRT training. The funding would assist in adding more SBIRT trainers throughout the state.

Administrative Services Organization for State General Funds

BHSD's SGF are administered by Falling Colors Inc. as the designated Administrative Services Organization. Falling Colors administers designated behavioral health contracts with behavioral health providers that have been approved by BHSD. There are more than 200 providers across the state that provide substance abuse and mental health services for adults with mental illness or substance abuse disorders, who are unable to pay. Falling Colors also administers the contracts for prevention services. These environmental interventions exist across 22 of NM's 33 counties through county Prevention Coalitions.

Federal Grants

The Substance Abuse Block Grant Block Grant (SABG) is the largest source of non-Medicaid federal funds received by the BHSD. Utilization of block grant funds is intended for planning, implementing, and evaluating activities to prevent and treat substance use disorders. It is also the largest federal program dedicated to these state-level problems. BHSD collaborates with the Behavioral Health Planning Council to plan and monitor service delivery for priority populations. The BHSD Office of Substance Abuse Prevention (OSAP) is largely funded by the SABG grant. Targeted populations include women with SUDs, intravenous drug users (IVDU), services to individuals with tuberculosis (TB), and primary prevention services. BHSD funds an array of service providers. These include interventions for women with a SUD who are pregnant, have children, or who are trying to regain custody of their children. Funded services also address the social determinants of health for women and their families. Services for those experiencing IVDU are prioritized under the SABG

Programmatic Changes: BHSD is currently evaluating all programmatic workflows within the Clinical and Program Service's Team to include structure and oversight. It is anticipated that changes to the structure will yield policy changes in project management, contractual and budget oversight particularly in the implementation of new projects (i.e. 988 Expansion, CCBHC, Justice Involved Service's).

Base Budget Justification: Per Executive guidance, the FY25 Budget request was to include a 3% increase to Base Budget. Overall, the base budget increase is \$12,802.9M (22%) % for State General Funds.

REV EXP COMPARISON

(Dollars in Thousands)

000 - Human Services Department

	General Fund	Other Funds	Internal Funds	Federal Funds	Total
SOURCES	71,683.7	169.5	0.0	25,539.5	97,392.7
Personal Services and Employee Benefits	3,913.0	0.0	0.0	1,718.4	5,631.4
Contractual services	66,040.8	169.5	0.0	22,825.4	89,035.7
Other	1,729.9	0.0	0.0	995.7	2,725.6
USES Total:	71,683.7	169.5	0.0	25,539.5	97,392.7
Net:	0.0	0.0	0.0	0.0	0.0

Table 2

Human Services Department Performance Measures Summary

63000

P767 Behavioral Health Services		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Purpose: The purpose of the behavioral health services program is to lead and oversee the provision of an integrated and comprehensive behavioral health prevention and treatment system so the program fosters recovery and supports the health and resilience of all New Mexicans.						
Performance Measures:						
Quality	Percent of persons receiving behavioral health services who report satisfaction with those services	86%	0%	86%	0%	
Output	Percent of certified peer support workers providing services in at least two quarters of the measurement year	76%	0%	50%	0%	
Output	Number of unique medicaid managed care members receiving behavioral health services by a non-behavioral health provider	0	0	0	New	
Output	Number of unique medicaid managed care members receiving behavioral health services by a behavioral health provider	0	0	0	New	
Outcome	Percent of individuals discharged from inpatient facilities who receive follow-up services at thirty days	59%	0%	60%	0%	
Outcome	Percent of increase in health homes clients over the prior year	9%	0%	5%	0%	
Outcome	Percent of adults diagnosed with major depression who remained on an antidepressant medication for at least one hundred eighty days	38%	0%	42%	0%	
Outcome	Number of persons served through telehealth in urban, rural and frontier counties for behavioral health	35,062	0	35,062	0	
Outcome	Percent of emergency department visits, for medicaid managed care members thirteen years of age and older, with a principal diagnosis of alcohol or other drug dependence, who had a follow-up visit for mental illness within thirty days of emergency department visit	0.0%	0.0%	54.0%	0.0%	
Outcome	Percent of medicaid members released from inpatient psychiatric hospitalization stays of four or more days who receive seven-day follow-up visits into community-based behavioral health	34%	0%	51%	0%	
Outcome	Number of persons receiving telephone behavioral health services through medicaid and non-medicaid programs	62,439	0	30,000	0	
Outcome	Percent of emergency department visits for members six years of age and older with a principal diagnosis of mental illness who had a follow-up visit for mental illness within thirty days of the emergency department visit	0.0%	0.0%	54.0%	0.0%	
Outcome	Percent of emergency department visits, for medicaid managed care members thirteen years of age and older, with a principal diagnosis of alcohol or other drug dependence, who had a follow-up visit for mental illness within seven days of emergency department visit	0.0%	0.0%	54.0%	0.0%	
Explanatory	Number of suicides of youth served by the behavioral health collaborative and medicaid programs in the prior fiscal year	0	0	N/A	N/A	
Explanatory	Members with opioid abuse or dependence who initiated treatment within fourteen days of diagnosis	0	0	N/A	N/A	
Explanatory	Members with alcohol abuse or dependence who initiated treatment within fourteen days of diagnosis	0	0	N/A	N/A	
Explanatory	Members with opioid abuse or dependence who had two or more additional visits within thirty-four days	0	0	N/A	N/A	
Explanatory	Members with alcohol abuse or dependence who had two or more additional visits within 34 days	0	0	N/A	N/A	

DFA Performance Based Budgeting Data System
Annual Performance Report

Agency: 63000 Human Services Department

Program: P767 Behavioral Health Services

The purpose of the behavioral health services program is to lead and oversee the provision of an integrated and comprehensive behavioral health prevention and treatment system so the program fosters recovery and supports the health and resilience of all New Mexicans.

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Explanatory	Members with alcohol abuse or dependence who had two or more additional visits within 34 days	N/A	0	N/A	
Explanatory	Members with alcohol abuse or dependence who initiated treatment within fourteen days of diagnosis	N/A	0	N/A	
Explanatory	Members with opioid abuse or dependence who had two or more additional visits within thirty-four days	N/A	0	N/A	
Explanatory	Members with opioid abuse or dependence who initiated treatment within fourteen days of diagnosis	N/A	0	N/A	
Explanatory	Number of certified community behavioral health clinics enrolled within the medicaid program	N/A	0	N/A	
Explanatory	Number of suicides of youth served by the behavioral health collaborative and medicaid programs in the prior fiscal year	N/A	0	N/A	
Outcome	Number of persons receiving telephone behavioral health services through medicaid and non-medicaid programs	15,000	0	No	
Outcome	Number of persons served through telehealth in urban, rural and frontier counties for behavioral health	N/A	0	No	
Outcome	Percent of adults diagnosed with major depression who remained on an antidepressant medication for at least one hundred eighty days	39%	0%	No	
Outcome	Percent of adults with mental illness or substance abuse disorders receiving services who report satisfaction with staff's assistance with their housing need	55%	0%	No	
Outcome	Percent of emergency department visits, for medicaid managed care members thirteen years of age and older, with a principal diagnosis of alcohol or other drug dependence, who had a follow-up visit for mental illness within seven days of emergency department visit	0	0.0%	Yes	
Outcome	Percent of emergency department visits, for medicaid managed care members thirteen years of age and older, with a principal diagnosis of alcohol or other drug dependence, who had a follow-up visit for mental illness within thirty days of emergency department visit	19.6%	0.0%	No	
Outcome	Percent of emergency department visits for members six years of age and older with a principal diagnosis of mental illness who had a follow-up visit for mental illness within thirty days of the emergency department visit	0	0.0%	Yes	

DFA Performance Based Budgeting Data System
Annual Performance Report

Program: P767 Behavioral Health Services

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Outcome	Percent of increase in health homes clients over the prior year	5%	0%	No	
Outcome	Percent of individuals discharged from inpatient facilities who receive follow-up services at seven days	36%	0%	No	
Outcome	Percent of individuals discharged from inpatient facilities who receive follow-up services at thirty days	57%	0%	No	
Outcome	Percent of medicaid members released from inpatient psychiatric hospitalization stays of four or more days who receive seven-day follow-up visits into community-based behavioral health	51%	0%	No	
Outcome	Percent of people with a diagnosis of alcohol or drug dependency who initiated treatment and received two or more additional services within thirty days of the initial visit	35%	0%	No	
Outcome	Percent reduction in number of incidents from the first to last day of the school year in classrooms participating in the pax good behavior games, as measured by the spleem instrument	50%	0%	No	
Output	Percent of certified peer support workers providing services in at least two quarters of the measurement year	30%	0%	No	
Output	Percent of youth on probation who were served by the behavioral health collaborative and medicaid programs	62%	0%	No	
Quality	Percent of persons receiving behavioral health services who report satisfaction with those services	85%	0%	No	

**FY25 APPROPRIATION REQUEST
FORM E-6B LEASED PASSENGER-RELATED VEHICLES**

Account code 542800

LEASED VEHICLE INFORMATION @ 7/1/23

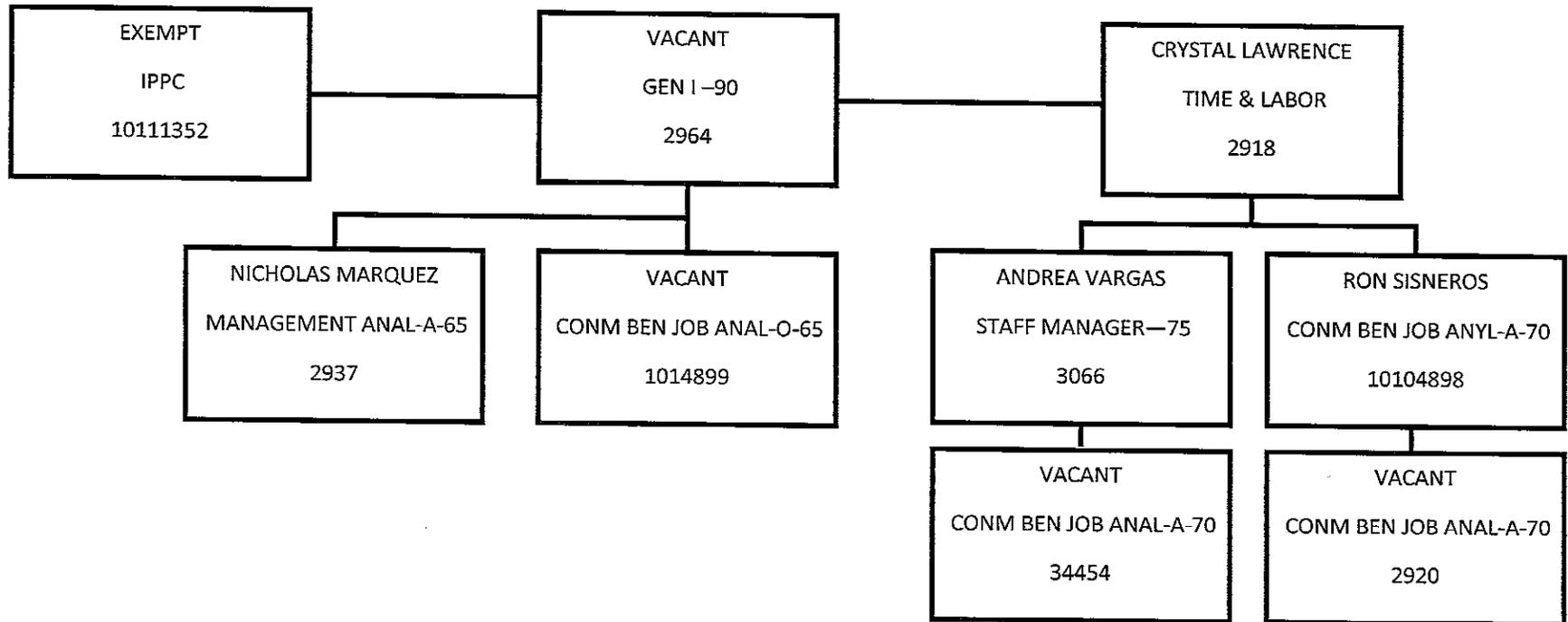
Agency Name: Health Care Authority
Program Name: Behavioral Health Services Division

Business Unit: 63000
Program Code: P767

Item No.	LONG TERM LEASES ONLY						Lease Type Operational (O) or Standard (S)	Long Term Only			SHORT TERM ONLY			Put (x) if Fed \$
	Year	Make/Model	Vehicle Type	A** R C	License Plate Number	Mileage As of 7/1/23		A	B	A x B = C	D	E	D x E = F	
								FY24 Monthly Rate O=\$22.47 S= Rate Schedule	Number of months to lease	Total cost Rate FY25	Daily Rate Based On Vehicle Type	No. of Days	Total Lease Rate	
Example 1	2009	Ford Fusion	02B	C	001339SG	117,906	Operational (O)	235.69	12	2,828.3			-	
2	2021	Nissan Altima	02BA	C	008448SG	12,487	Standard (S)	490	12	5,880.0			-	
3	2021	Nissan Altima	02BA	C	008749SG	6,143	Standard (S)	490	12	5,880.0			-	
4										-			-	
5										-			-	
6										-			-	
7										-			-	
8										-			-	
9										-			-	
10										-			-	
11										-			-	
12										-			-	
13										-			-	
14										-			-	
15										-			-	
16										-			-	
17										-			-	
18										-			-	
19										-			-	
TOTAL LONG TERM:										14,588.3	TOTAL SHORT TERM:		-	

** Code A = additional leased vehicle request C = vehicle currently leased R = request to replace previously purchased vehicle

BENEFITS



BU 63000 PCode P521 Department 000000

S-8 Financial Summary

(Dollars in Thousands)

	2022-23 Opbud	2022-23 Actuals	2023-24 Opbud	2024-25 PCF Proj	Base	FY 2025 Agency Request		Total
						Expansion		
REVENUE								
111 General Fund Transfers	0.0	0.0	0.0	0.0	3,295.7	0.0		3,295.7
130 Other Revenues	0.0	0.0	0.0	0.0	476,072.3	0.0		476,072.3
REVENUE, TRANSFERS	0.0	0.0	0.0	0.0	479,368.0	0.0		479,368.0
REVENUE	0.0	0.0	0.0	0.0	479,368.0	0.0		479,368.0
EXPENSE								
200 Personal Services and Employee Benefits	0.0	0.0	0.0	0.0	1,173.3	0.0		1,173.3
300 Contractual services	0.0	0.0	0.0	0.0	32,825.7	0.0		32,825.7
400 Other	0.0	0.0	0.0	0.0	445,369.0	0.0		445,369.0
EXPENDITURES	0.0	0.0	0.0	0	479,368.0	0.0		479,368.0
EXPENSE	0.0	0.0	0.0	0	479,368.0	0.0		479,368.0
FTE POSITIONS								
810 Permanent	0.00	0.00	0.00	0.00	9.00	0.00		9.00
FTEs	0.00	0.00	0.00	0.00	9.00	0.00		9.00
FTE POSITIONS	0.00	0.00	0.00	0.00	9.00	0.00		9.00

BU PCode Department
63000 P521 000000

S-9 Account Code Revenue/Expenditure Summary
(Dollars in Thousands)

		2022-23	2022-23	2023-24	2024-25	FY 2025 Agency Request		
		Opbud	Actuals	Opbud	PCF Proj	Base	Expansion	Total
499105	General Fd. Appropriation	0.0	0.0	0.0	0.0	3,295.7	0.0	4,335.5
111	General Fund Transfers	0.0	0.0	0.0	0.0	3,295.7	0.0	4,335.5
472302	Insurance Assessments	0.0	0.0	0.0	0.0	476,072.3	0.0	476,072.3
130	Other Revenues	0.0	0.0	0.0	0.0	476,072.3	0.0	476,072.3
TOTAL REVENUE		0.0	0.0	0.0	0.0	479,368.0	0.0	480,407.8
520100	Exempt Perm Positions P/T&F/T	0.0	0.0	0.0	0.0	156.1	0.0	156.1
520300	Classified Perm Positions F/T	0.0	0.0	0.0	0.0	681.9	0.0	1,281.9
521100	Group Insurance Premium	0.0	0.0	0.0	0.0	88.3	0.0	149.2
521200	Retirement Contributions	0.0	0.0	0.0	0.0	161.3	0.0	339.8
521300	F I C A	0.0	0.0	0.0	0.0	64.1	0.0	135.1
521400	Workers' Comp Assessment Fee	0.0	0.0	0.0	0.0	0.1	0.0	0.2
521410	GSD Work Comp Insur Premium	0.0	0.0	0.0	0.0	1.1	0.0	2.1
521500	Unemployment Comp Premium	0.0	0.0	0.0	0.0	0.4	0.0	0.7
521600	Employee Liability Ins Premium	0.0	0.0	0.0	0.0	6.2	0.0	11.2
521700	RHC Act Contributions	0.0	0.0	0.0	0.0	13.8	0.0	24.6
200	Personal Services and Employee Bene	0.0	0.0	0.0	0.0	1,173.3	0.0	2,100.9
535100	Medical Services	0.0	0.0	0.0	0.0	3,455.0	0.0	3,455.0
535200	Professional Services	0.0	0.0	0.0	0.0	22,370.7	0.0	22,370.7
535900	Insurance Contract Premiums	0.0	0.0	0.0	0.0	7,000.0	0.0	7,000.0
300	Contractual services	0.0	0.0	0.0	0.0	32,825.7	0.0	32,825.7
542100	Employee I/S Mileage & Fares	0.0	0.0	0.0	0.0	0.0	0.0	0.0
542200	Employee I/S Meals & Lodging	0.0	0.0	0.0	0.0	0.0	0.0	0.0
542500	Transp - Fuel & Oil	0.0	0.0	0.0	0.0	0.0	0.0	0.0
542800	State Transp Pool Charges	0.0	0.0	0.0	0.0	0.0	0.0	0.0
543200	Maint - Furn, Fixt, Equipment	0.0	0.0	0.0	0.0	0.0	0.0	0.0
543400	Maint - Property Insurance	0.0	0.0	0.0	0.0	0.0	0.0	0.0
543820	Maintenance IT	0.0	0.0	0.0	0.0	0.0	0.0	0.0
544100	Supplies-Office Supplies	0.0	0.0	0.0	0.0	0.0	0.0	0.0
546100	Postage & Mail Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0
546400	Rent Of Land & Buildings	0.0	0.0	0.0	0.0	0.0	0.0	0.0
546500	Rent Of Equipment	0.0	0.0	0.0	0.0	0.0	0.0	0.0
546600	Communications	0.0	0.0	0.0	0.0	0.0	0.0	0.0
546610	DOIT Telecommunications	0.0	0.0	0.0	0.0	8.6	0.0	11.6

BU PCode Department
 63000 P521 000000

S-9 Account Code Revenue/Expenditure Summary
 (Dollars in Thousands)

	2022-23	2022-23	2023-24	2024-25	FY 2025 Agency Request		
	Opbud	Actuals	Opbud	PCF Proj	Base	Expansion	Total
547350 Claims and Benefits Expenses	0.0	0.0	0.0	0.0	445,360.4	0.0	445,360.4
548300 Information Tech Equipment	0.0	0.0	0.0	0.0	0.0	0.0	0.0
548400 Other Equipment	0.0	0.0	0.0	0.0	0.0	0.0	0.0
549600 Employee O/S Mileage & Fares	0.0	0.0	0.0	0.0	0.0	0.0	0.0
549700 Employee O/S Meals & Lodging	0.0	0.0	0.0	0.0	0.0	0.0	0.0
400 Other	0.0	0.0	0.0	0.0	445,369.0	0.0	445,481.2
TOTAL EXPENSE	0.0	0.0	0.0	0.0	479,368.0	0.0	480,407.8
810 Permanent	0.00	0.00	0.00	0.00	9.00	0.00	9.00
810 Permanent	0.00	0.00	0.00	0.00	9.00	0.00	9.00
TOTAL FTE POSITIONS	0.00	0.00	0.00	0.00	9.00	0.00	9.00

P-1 Program Overview

Program Description: The Healthcare Authority Program, provides Health Benefits to include medical, pharmacy, dental, vision, flexible spending, life insurance, disability and employee assistance to all covered State agencies and Local Public Bodies in the State of New Mexico.

The State of New Mexico's State Health Benefits Division (SHBD) of the Healthcare Authority (HCA), is solely responsible for the procurement, implementation, and management of all benefits of those participating in the State's Group Benefits Plan. The plan serves all State agencies and over 140 local public bodies with a total membership of nearly 58,000. In order to ensure public employees have access to more affordable and enhanced quality of health insurance the State bids the health services together with the IBAC, (Interagency Benefit Advisory Committee), composed of the State's Group Benefits Plan, NM Retiree Health Insurance Association, NM Public Schools Insurance Association, and Albuquerque Public Schools. The fund continues to be adversely impacted by high claims costs and prescription drug costs. In FY23 the IBAC entities have successfully negotiated and deployed a new life carrier contract for the plan as well as a contract for a consultant to write the big bid medical, dental, vision and EAP RFP in FY24. Each IBAC entity, including SHBD, will continue to evaluate major cost-drivers and implement strategies to put downward pressure on costs through collaborative efforts including the Interagency Pharmaceutical Purchasing Council.

Major Issues and Accomplishments: The State Health Benefits Division (SHBD) has made progress in developing value-based reimbursement methodologies that evolve beyond traditional fee-for-service payments. Starting in FY23 and continuing in FY24, SHBD is focusing on employee wellness and is launching new and innovative programs to assist in reducing costs to the plan. Programs include Hinge health for pain management, Tyto clinic and Tyto home for rural communities will limited access to healthcare, Catapult for biometric screening, and Virta and Wondr health for diabetes management. SHBD is focusing on an expanded employee assistance program (EAP) for its members. This includes employee assistance for depression, stress/anxiety management, parenting, panic attacks, phobias and self esteem.

Overview of Request: The FY25 request for SHBD includes \$1,173.3 million in the 200 category to support nine existing FTE to include a Division Director and Gen I for the program. This represents a 100% increase to the plan based on the difference in how RMD budgets for its operating costs. The request also includes \$922.4 thousand in contract increases for medical, dental, and vision administrative costs associated with the plans. This represents a 3% increase in contract costs in FY25. The request also includes \$112,930.1 million in budget for claims costs that are not currently funded due to the ongoing fund deficit. This is a 34% increase from the FY24 OPBUD in the 400 category.

Programmatic Changes: SHBD is working on expanding the coverage to include site specific pre-incident training for employees. SHBD will continue to work with the Interagency Pharmaceutical Purchasing Council on developing an updated bidding process with a possibly expanded membership base involving other public purchasers across the state.

Base Budget Justification: The Health Benefits fund balance continues to trend negative due to a lack of premium increases. The plan implemented a 9.2% premium increase for State Agencies and employees in July of FY24. The budget request in FY25 is 6.9% higher in the 300 category due to expected administrative cost increases from carrier contracts beginning in FY25. The 400 category budget request is 34% higher than the FY24 OPBUD due to lack of revenue to support the expected costs for the plan to include inflation. SHBD is meeting with carriers to evaluate the impact on plan expenses due to signed legislation passed during the 2023 legislative session. The overall increase of the EBB budget is 31.6% higher from FY24 OPBUD to the FY25 request which is primarily due to a lack of adequate revenue to cover claims cost.

REV EXP COMPARISON

(Dollars in Thousands)

63000 - Human Services Department

P521 - State Health Benefits Division

	General Fund	Other Funds	Internal Funds	Federal Funds	Total
SOURCES Totals	3,295.7	476,072.3	0.0	0.0	479,368.0
Personal Services and Employee Benefits	1,173.3	0.0	0.0	0.0	1,173.3
Contractual services	2,122.4	30,703.3	0.0	0.0	32,825.7
Other	0.0	445,369.0	0.0	0.0	445,369.0
USES Total:	3,295.7	476,072.3	0.0	0.0	479,368.0
Net:	0.0	0.0	0.0	0.0	0.0

DFA Performance Based Budgeting Data System
Annual Performance Report

Agency: 63000 Human Services Department

Program: P519 Developmental Disabilities Support Division

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Outcome	Percent of general event reports in compliance with general events timely reporting requirements (two day rule)	0	0.0%	Yes	DDSD goal for this measure is to keep it at the CMS 86% compliance standard.
Quality	Number of home visits	0	0	Yes	This is a new measure for DDSD. We are using 2025 to create a baseline.

Program: P520 Division of Health Improvement

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Output	Number of caregiver criminal history screening appeal clearance recidivism/ re-offense (conviction) after a successful appeal	0	0	Yes	The goal is to have <10.
Quality	Percent of developmental disabilities support division clients receiving wellness checks per year as part of the audit conducted by the quality management bureau	0	0.0%	Yes	Requesting to make this an Explanatory target as this is a new target and 2025 will be the baseline year.
Quality	Percent of home visits that result in an abuse, neglect, or exploitation report	0	0.0%	Yes	This is a DDSD measure, not a DHID measure
Quality	Percent of nursing home survey citation(s) upheld when reviewed by the centers for medicare and medicaid services and through informal dispute resolution process	0	0.0%	Yes	Requesting to split this measure as it is measuring two different surveys with two different targets. 1. Percent of nursing home survey citation(s) upheld when reviewed by the centers for medicare and medicaid services (CMS) - 90.0% 2. Percent of nursing home survey citation(s) upheld when reviewed through Informal dispute resolution process (IDR) - 50.0%

Program: P522 Program Support

The purpose of program support is to provide overall leadership, direction and administrative support to each agency program and to assist it in achieving its programmatic goals.

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Outcome	Average customer self-reported satisfaction with the human services department and its programs supplemental nutrition assistance program, temporary assistance for needy families, child support, medicaid and low-income home energy assistance program	4%	0%	No	
Outcome	Average human services department staff self-reported score related to having the tools, training, and resources needed to telework effectively	4%	0%	No	

DFA Performance Based Budgeting Data System

Annual Performance Report

Program: P522 Program Support

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Outcome	Percent of administrative cost compared to total claims collected by the restitution services bureau	15%	0%	Yes	
Outcome	Percent of automated eligibility decisions including real time eligibility, administrative renewal, auto denial/closure, and mass update	30%	0%	No	
Outcome	Percent of employees who leave the human services department during the quarter as an annualized number	15%	0%	No	
Outcome	Percent of human services department mentions in the media with positive and neutral sentiments compared to negative sentiments	0	0%	Yes	
Outcome	Percent of human services department positions that are filled as a portion of authorized full time equivalent positions and budgeted positions	95%	0%	No	
Outcome	Total medicaid program integrity recoveries collected for each dollar expended by the program	\$3	0	No	
Output	Number of visits across human services department website, medicaid portal, yesNM portal, child support portal, human services department facebook page and human services department twitter account	638,550	0	No	
Output	Percent of timely final decisions on administrative disqualification hearings (within ninety days of hearing being scheduled)	100.00%	0.0%	No	

Program: P523 Child Support Enforcement

The purpose of the child support enforcement program is to provide location, establishment and collection services for custodial parents and their children; to ensure that all court orders for support payments are being met to maximize child support collections; and to reduce public assistance rolls.

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Explanatory	Average amount of child support collected, per child	N/A	0	N/A	
Explanatory	Percent of noncustodial parents paying support to total cases with support orders	N/A	0%	N/A	
Outcome	Amount of child support collected, in millions	\$145	0	No	
Outcome	Percent of cases with support orders	85%	0%	No	
Outcome	Percent of current support owed that is collected	60%	0%	No	
Output	Total dollars collected in child support obligations for each dollar expended by the child support enforcement program	\$4	0	No	

Program: P524 Medical Assistance

The purpose of the medical assistance program is to provide the necessary resources and information to enable low-income individuals to obtain either free or low-cost healthcare.

DFA Performance Based Budgeting Data System

Annual Performance Report

Program: P524 Medical Assistance

Performance Measures:	2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Explanatory Expenditures for children and youth receiving services through medicaid school-based service programs through an individualized education program, in millions	N/A	0	N/A	
Explanatory Number of justice-involved individuals who are made eligible for medicaid prior to release	N/A	0	N/A	
Explanatory Number of medicaid managed care members being served by patient-centered medical homes	N/A	0	N/A	
Outcome Percent of adolescent and adult medicaid managed care members with a new episode of alcohol or other drug dependence who received initiation of alcohol and other drug treatment	46%	0%	No	
Outcome Percent of adults in medicaid managed care age eighteen and over readmitted to a hospital within thirty days of discharge	8%	0%	Yes	
Outcome Percent of children ages two to twenty years enrolled in medicaid managed care who had at least one dental visit during the measurement year	72%	0%	Yes	
Outcome 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	88%	0%	No	
Outcome Percent of children two years of age enrolled in medicaid managed care who had four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps, and rubella; three haemophilus influenza type B; three hepatitis B; one chicken pox and four pneumococcal conjugate vaccines by their second birthday	71%	0%	No	
Outcome Percent of discharges for members six years of age or older in medicaid managed care who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within thirty days after discharge	52%	0%	No	
Outcome Percent of emergency department visits for members six years of age and older with a principal diagnosis of mental illness who had a follow-up visit for mental illness within thirty days of the emergency department visit	47%	0%	No	
Outcome Percent of hospital readmissions for children in medicaid managed care ages two through seventeen years within thirty days of discharge	5%	0%	No	
Outcome Percent of medicaid managed care member deliveries who received a prenatal care visit in the first trimester or within forty-two days of eligibility	83%	0%	No	
Outcome Percent of medicaid managed care member deliveries with a postpartum visit on or between seven and eighty-four calendar days after delivery	66%	0%	No	

DFA Performance Based Budgeting Data System

Annual Performance Report

Program: P524 Medical Assistance

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Outcome	Percent of Medicaid managed care members age eighteen years and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression during the intake period and received at least one-hundred eighty calendar days six months of continuous treatment with an antidepressant medication	35%	0%	No	
Outcome	Percent of Medicaid managed care members eighteen to sixty-four years of age with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year	82%	0%	No	
Outcome	Percent of Medicaid managed care members five through sixty-four years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year	55%	0%	No	
Outcome	Percent of Medicaid managed care members participating in member rewards	47%	0%	No	
Outcome	Percent of Medicaid managed care members with a nursing facility level of care who are being served in a non-institutional setting	80%	0%	No	
Outcome	Percent of members eighteen to seventy-five years of age in Medicaid managed care with diabetes, types 1 and 2, whose HbA1c was 9 percent during the measurement year	86%	0%	No	
Outcome	Percent of members three to seventeen years of age enrolled in Medicaid managed care who had an outpatient visit with a primary care physician or obstetrician/gynecologist and who had evidence of counseling for physical activity during the measurement year	58%	0%	No	
Outcome	Percent of non-emergent utilization of all emergency department utilization that is categorized as non-emergent care	50%	0%	No	
Outcome	Rate of short-term complication admissions for Medicaid managed care members with diabetes per one hundred thousand members	16.40	0	No	
Output	Number of Medicaid managed care members that have received treatment for hepatitis C in the reporting year	1,200	0	No	
Output	Number of unique Medicaid managed care members receiving behavioral health services by a behavioral health provider	230,000	0	No	
Output	Number of unique Medicaid managed care members receiving behavioral health services by a non-behavioral health provider	140,000	0	No	
Output	Number of unique Medicaid managed care members with a telemedicine visit at the end of the previous calendar year	140,000	0	No	
Output	Percent of provider payments included in value-based purchasing arrangements	20%	0%	No	

DFA Performance Based Budgeting Data System

Annual Performance Report

Program: P524 Medical Assistance

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Quality	Percent of members reporting satisfaction with New Mexico's medicaid services	82%	0%	No	

Program: P525 Income Support

The purpose of the income support program is to provide cash assistance and supportive services to eligible low-income families so they can achieve self-sufficiency. Eligibility requirements are established by state law within broad federal statutory guidelines.

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Outcome	Average supplemental nutrition assistance program benefit payment, per client	0	0	Yes	
Outcome	Number of supplemental nutrition assistance program and medicaid recertifications, including supplemental nutrition assistance program and medicaid benefits, that were approved ongoing and terminated during reporting period	96.0%	0.0%	No	The measure name should say "Percent of" instead of "Number of"
Outcome	Percent of adult temporary assistance for needy families recipients who become newly employed during the report year	30%	0%	No	
Outcome	Percent of adult temporary assistance for needy families recipients who have become ineligible for cash assistance due to new work-related income	0	0%	Yes	
Outcome	Percent of all parent participants who meet temporary assistance for needy families federal work participation requirements	37%	0%	No	
Outcome	Percent of expedited (emergency) supplemental nutritional assistance program cases meeting federally required measure of timeliness within seven days	98%	0%	No	
Outcome	Percent of mandatory temporary assistance for needy families adults with an active work participation agreement and who are in compliance with the temporary assistance for needy families work requirements	0	0.0%	Yes	
Outcome	Percent of non-expedited (non-emergency) supplemental nutritional assistance program cases meeting the federally required measure of timeliness within thirty days	98%	0%	No	
Outcome	Percent of supplemental nutrition assistance program payment errors showing percent over issued during reporting period	1.18%	0.0%	No	
Outcome	Percent of supplemental nutrition assistance program payment errors showing percent under issued during reporting period	1.18%	0.0%	No	
Outcome	Percent of supplemental nutrition assistance program recertifications processed in a timely manner	0	0.0%	Yes	
Outcome	Percent of temporary assistance for needy families two-parent recipients meeting federal work participation requirements	52%	0%	No	
Outcome	Percent of two-parent temporary assistance for needy families meeting federal work participation requirements	62%	0%	No	This measure was retired in 2023

DFA Performance Based Budgeting Data System
Annual Performance Report

Program: P525 Income Support

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Output	Number of homes heated and cooled in New Mexico via the low-income home energy assistance program	N/A	0	No	
Output	Number of meals provided to New Mexican families via the supplemental nutrition assistance program	N/A	0	No	
Output	Number of New Mexican families provided with necessities and shelter for the last full month via the temporary assistance for needy families program	N/A	0	No	

Program: P766 Medicaid Behavioral Health

The purpose of the medicaid behavioral health program is to provide the necessary resources and information to enable low-income individuals to obtain either free or low-cost behavioral healthcare.

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Outcome	Percent of adults with mental illness or substance use disorders receiving medicaid behavioral health services who have housing needs who receive assistance with their housing needs	55%	0%	No	
Outcome	Percent of people with a diagnosis of alcohol or drug dependency who initiated treatment and received two or more additional services within thirty-four days of the initial visit	14%	0%	No	
Outcome	Percent of readmissions to same level of care or higher for children or youth discharged from residential treatment centers and inpatient care	5%	0%	Yes	
Output	Number of individuals served annually in substance use or mental health programs administered through the behavioral health collaborative and medicaid programs	200,000	0	No	

Program: P767 Behavioral Health Services

The purpose of the behavioral health services program is to lead and oversee the provision of an integrated and comprehensive behavioral health prevention and treatment system so the program fosters recovery and supports the health and resilience of all New Mexicans.

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Explanatory	Members with alcohol abuse or dependence who had two or more additional visits within 34 days	N/A	0	N/A	
Explanatory	Members with alcohol abuse or dependence who initiated treatment within fourteen days of diagnosis	N/A	0	N/A	
Explanatory	Members with opioid abuse or dependence who had two or more additional visits within thirty-four days	N/A	0	N/A	
Explanatory	Members with opioid abuse or dependence who initiated treatment within fourteen days of diagnosis	N/A	0	N/A	

DFA Performance Based Budgeting Data System

Annual Performance Report

Program: P767 Behavioral Health Services

Performance Measures:	2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Explanatory	N/A	0	N/A	Number of certified community behavioral health clinics enrolled within the medicaid program
Explanatory	N/A	0	N/A	Number of suicides of youth served by the behavioral health collaborative and medicaid programs in the prior fiscal year
Outcome	15,000	0	No	Number of persons receiving telephone behavioral health services through medicaid and non-medicaid programs
Outcome	N/A	0	No	Number of persons served through telehealth in urban, rural and frontier counties for behavioral health
Outcome	39%	0%	No	Percent of adults diagnosed with major depression who remained on an antidepressant medication for at least one hundred eighty days
Outcome	55%	0%	No	Percent of adults with mental illness or substance abuse disorders receiving services who report satisfaction with staff's assistance with their housing need
Outcome	0	0.0%	Yes	Percent of emergency department visits, for medicaid managed care members thirteen years of age and older, with a principal diagnosis of alcohol or other drug dependence, who had a follow-up visit for mental illness within seven days of emergency department visit
Outcome	19.6%	0.0%	No	Percent of emergency department visits, for medicaid managed care members thirteen years of age and older, with a principal diagnosis of alcohol or other drug dependence, who had a follow-up visit for mental illness within thirty days of emergency department visit
Outcome	0	0.0%	Yes	Percent of emergency department visits for members six years of age and older with a principal diagnosis of mental illness who had a follow-up visit for mental illness within thirty days of the emergency department visit
Outcome	5%	0%	No	Percent of increase in health homes clients over the prior year
Outcome	36%	0%	No	Percent of individuals discharged from inpatient facilities who receive follow-up services at seven days
Outcome	57%	0%	No	Percent of individuals discharged from inpatient facilities who receive follow-up services at thirty days
Outcome	51%	0%	No	Percent of medicaid members released from inpatient psychiatric hospitalization stays of four or more days who receive seven-day follow-up visits into community-based behavioral health
Outcome	35%	0%	No	Percent of people with a diagnosis of alcohol or drug dependency who initiated treatment and received two or more additional services within thirty days of the initial visit

DFA Performance Based Budgeting Data System

Annual Performance Report

Program: P767 Behavioral Health Services

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Outcome	Percent reduction in number of incidents from the first to last day of the school year in classrooms participating in the pax good behavior games, as measured by the spleem instrument	50%	0%	No	
Output	Percent of certified peer support workers providing services in at least two quarters of the measurement year	30%	0%	No	
Output	Percent of youth on probation who were served by the behavioral health collaborative and medicaid programs	62%	0%	No	
Quality	Percent of persons receiving behavioral health services who report satisfaction with those services	85%	0%	No	

Human Services Department
Performance Measures Summary

P521 State Health Benefits Division

Page:

Performance Measures:		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Quality	Percent of members with diabetes receiving at least one hemoglobin A1C test in the last 12 months	0.0%	0.0%	0.0%	0.0%	
Quality	Percent of members with diabetes receiving an annual screening for diabetic nephropathy	0.0%	0.0%	0.0%	0.0%	
Outcome	Percent change in state employee medical premium	0.0%	0.0%	0.0%	0.0%	
Outcome	Percent change in the average per-member per-month total healthcare cost	0.0%	0.0%	0.0%	5.0%	
Outcome	Percent of state group prescriptions filled with generic drugs within 3% of public-entity-peer rate as reported by pharmacy benefits manager	0.0%	0.0%	0.0%	80.0%	
Explanatory	Number of members who designate the stay well health center as their primary care provider	0	0	N/A	N/A	
Explanatory	Number of visits to the stay well health center	0	0	N/A	N/A	
Explanatory	Percent of available appointments filled at the stay well health center	0.0%	0.0%	N/A	N/A	
Explanatory	Percent of eligible state employees purchasing state medical insurance	0.0%	0.0%	N/A	N/A	
Explanatory	Projected year-end fund balance of the health benefits fund, in thousands	0	0	N/A	N/A	
Explanatory	Rate per one thousand members of emergency department use categorized as non-emergent	0	0	N/A	N/A	
Efficiency	Annual loss ratio for the health benefits fund	0	0	0	98:000	

State of New Mexico
S-8 Financial Summary
 (Dollars in Thousands)

BU PCode Department
 63000 P520 000000

		2022-23 Opbud	2022-23 Actuals	2023-24 Opbud	2024-25 PCF Proj	Base	FY 2025 Agency Request		Total
							Expansion		
REVENUE									
111	General Fund Transfers	0.0	0.0	0.0	0.0	10,903.6	2,611.4		13,515.0
120	Federal Revenues	0.0	0.0	0.0	0.0	8,155.5	0.0		8,155.5
130	Other Revenues	0.0	0.0	0.0	0.0	1,913.0	0.0		1,913.0
REVENUE, TRANSFERS		0.0	0.0	0.0	0.0	20,972.1	2,611.4		23,583.5
REVENUE		0.0	0.0	0.0	0.0	20,972.1	2,611.4		23,583.5
EXPENSE									
200	Personal Services and Employee Benefits	0.0	0.0	0.0	0.0	17,655.7	1,158.1		18,813.8
300	Contractual services	0.0	0.0	0.0	0.0	1,262.2	1,280.0		2,542.2
400	Other	0.0	0.0	0.0	0.0	2,054.2	173.3		2,227.5
EXPENDITURES		0.0	0.0	0.0	0	20,972.1	2,611.4		23,583.5
EXPENSE		0.0	0.0	0.0	0	20,972.1	2,611.4		23,583.5
FTE POSITIONS									
810	Permanent	0.00	0.00	0.00	0.00	203.00	10.00		213.00
FTEs		0.00	0.00	0.00	0.00	203.00	10.00		213.00
FTE POSITIONS		0.00	0.00	0.00	0.00	203.00	10.00		213.00

S-9 Account Code Revenue/Expenditure Summary
(Dollars in Thousands)

		2022-23	2022-23	2023-24	2024-25	FY 2025 Agency Request		
		Opbud	Actuals	Opbud	PCF Proj	Base	Expansion	Total
499105	General Fd. Appropriation	0.0	0.0	0.0	0.0	10,903.6	2,611.4	13,515.0
111	General Fund Transfers	0.0	0.0	0.0	0.0	10,903.6	2,611.4	13,515.0
451903	Federal Direct - Operating	0.0	0.0	0.0	0.0	8,155.5	0.0	8,155.5
120	Federal Revenues	0.0	0.0	0.0	0.0	8,155.5	0.0	8,155.5
416402	Trade & Professions Licenses	0.0	0.0	0.0	0.0	508.0	0.0	508.0
416909	Other Licenses & Permits-Inter	0.0	0.0	0.0	0.0	5.0	0.0	5.0
422902	Other Fees	0.0	0.0	0.0	0.0	1,400.0	0.0	1,400.0
130	Other Revenues	0.0	0.0	0.0	0.0	1,913.0	0.0	1,913.0
TOTAL REVENUE		0.0	0.0	0.0	0.0	20,972.1	2,611.4	23,583.5
520200	Term Positions	0.0	0.0	0.0	0.0	7,152.5	0.0	7,152.5
520300	Classified Perm Positions F/T	0.0	0.0	0.0	0.0	5,988.3	877.8	6,866.1
520700	Overtime & Other Premium Pay	0.0	0.0	0.0	0.0	456.9	0.0	456.9
520800	Annl & Comp Paid At Separation	0.0	0.0	0.0	0.0	9.2	0.0	9.2
521100	Group Insurance Premium	0.0	0.0	0.0	0.0	1,067.1	31.1	1,098.2
521200	Retirement Contributions	0.0	0.0	0.0	0.0	1,751.5	155.7	1,907.2
521300	F I C A	0.0	0.0	0.0	0.0	802.9	67.2	870.1
521400	Workers' Comp Assessment Fee	0.0	0.0	0.0	0.0	1.9	0.1	2.0
521410	GSD Work Comp Insur Premium	0.0	0.0	0.0	0.0	25.4	1.3	26.7
521500	Unemployment Comp Premium	0.0	0.0	0.0	0.0	8.3	0.4	8.7
521600	Employee Liability Ins Premium	0.0	0.0	0.0	0.0	140.6	6.9	147.5
521700	RHC Act Contributions	0.0	0.0	0.0	0.0	251.1	17.6	268.7
200	Personal Services and Employee Bene	0.0	0.0	0.0	0.0	17,655.7	1,158.1	18,813.8
535100	Medical Services	0.0	0.0	0.0	0.0	4.7	0.0	4.7
535200	Professional Services	0.0	0.0	0.0	0.0	1,015.6	1,280.0	2,295.6
535300	Other Services	0.0	0.0	0.0	0.0	172.2	0.0	172.2
535500	Attorney Services	0.0	0.0	0.0	0.0	7.1	0.0	7.1
535600	IT Services	0.0	0.0	0.0	0.0	62.6	0.0	62.6
300	Contractual services	0.0	0.0	0.0	0.0	1,262.2	1,280.0	2,542.2
542100	Employee I/S Mileage & Fares	0.0	0.0	0.0	0.0	18.2	5.0	23.2
542200	Employee I/S Meals & Lodging	0.0	0.0	0.0	0.0	335.0	5.0	340.0
542500	Transp - Fuel & Oil	0.0	0.0	0.0	0.0	19.3	10.0	29.3
542700	Transp - Transp Insurance	0.0	0.0	0.0	0.0	0.2	0.0	0.2
542800	State Transp Pool Charges	0.0	0.0	0.0	0.0	104.6	0.0	104.6

BU PCode Department
63000 P520 000000

S-9 Account Code Revenue/Expenditure Summary
(Dollars in Thousands)

	2022-23 Opbud	2022-23 Actuals	2023-24 Opbud	2024-25 PCF Proj	FY 2025 Agency Request		
					Base	Expansion	Total
543300 Maint - Buildings & Structures	0.0	0.0	0.0	0.0	7.2	0.0	7.2
543400 Maint - Property Insurance	0.0	0.0	0.0	0.0	0.1	0.0	0.1
543830 IT HW/SW Agreements	0.0	0.0	0.0	0.0	126.0	5.0	131.0
544000 Supply Inventory IT	0.0	0.0	0.0	0.0	347.2	5.0	352.2
544100 Supplies-Office Supplies	0.0	0.0	0.0	0.0	14.5	1.0	15.5
544200 Supplies-Medical, Lab, Personal	0.0	0.0	0.0	0.0	56.6	1.0	57.6
544900 Supplies-Inventory Exempt	0.0	0.0	0.0	0.0	24.7	94.8	119.5
545700 ISD Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0
545710 DOIT HCM Assessment Fees	0.0	0.0	0.0	0.0	0.0	0.0	0.0
545900 Printing & Photo Services	0.0	0.0	0.0	0.0	2.3	2.0	4.3
546100 Postage & Mail Services	0.0	0.0	0.0	0.0	23.3	5.0	28.3
546400 Rent Of Land & Buildings	0.0	0.0	0.0	0.0	639.0	10.0	649.0
546500 Rent Of Equipment	0.0	0.0	0.0	0.0	16.4	0.0	16.4
546600 Communications	0.0	0.0	0.0	0.0	0.6	0.0	0.6
546610 DOIT Telecommunications	0.0	0.0	0.0	0.0	192.9	14.5	207.4
546700 Subscriptions/Dues/License Fee	0.0	0.0	0.0	0.0	7.1	0.0	7.1
546800 Employee Training & Education	0.0	0.0	0.0	0.0	1.7	5.0	6.7
546900 Advertising	0.0	0.0	0.0	0.0	1.7	0.0	1.7
547900 Miscellaneous Expense	0.0	0.0	0.0	0.0	1.7	0.0	1.7
548300 Information Tech Equipment	0.0	0.0	0.0	0.0	86.0	0.0	86.0
549600 Employee O/S Mileage & Fares	0.0	0.0	0.0	0.0	19.6	5.0	24.6
549700 Employee O/S Meals & Lodging	0.0	0.0	0.0	0.0	8.3	5.0	13.3
400 Other	0.0	0.0	0.0	0.0	2,054.2	173.3	2,227.5
TOTAL EXPENSE	0.0	0.0	0.0	0.0	20,972.1	2,611.4	23,583.5
810 Permanent	0.00	0.00	0.00	0.00	203.00	10.00	213.00
810 Permanent	0.00	0.00	0.00	0.00	203.00	10.00	213.00
820 Term	0.00	0.00	0.00	0.00	0.00	0.00	0.00
820 Term	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL FTE POSITIONS	0.00	0.00	0.00	0.00	203.00	10.00	213.00

P-1 Program Overview**Program Description:**

The Division of Health Improvement (DHI) is one of seven program divisions within the New Mexico Department of Health (DOH). The mission of DHI is: "Assuring safety and quality of care in New Mexico's health facilities and community-based programs." DHI serves as the "State Survey Agency" for federally certified healthcare facilities, providing regulatory oversight to licensed and certified healthcare facilities, and state licensed only health facilities. DHI also provides regulatory oversight of the New Mexico 1915-C Home and Community Based Medicaid Waiver, (Community Programs) Providers also known as the Developmental Disabilities Waiver (DDW) providers.

DHI 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; and
- Processing over 46,000+ caregiver criminal history screenings annually.
- Processing over 4,300+ certified nurse aide registry reciprocities

DHI is organized into Four program and administrative areas:

- Health Facilities Licensing and Certification
- Community Programs
- Policy, Planning & Performance and the Caregivers Criminal History Screening Program
- Administrative or Program Support Services

Health Facilities Licensing and Certification Program Description:

Health Facility Licensing and Certification (HFLC) is made up of the District Operations (DOB) and Program Operations (POB) Bureaus which are responsible for state licensing and federal certification of healthcare facilities in New Mexico. For those facilities that receive Medicare and Medicaid funding, the Centers for Medicare and Medicaid Services (CMS) contract with this State Agency (SA) to carry out the Medicare certification process, which includes performing surveys to determine whether the provider/supplier is rendering a safe and acceptable quality of care for the residents of New Mexico. Surveys are conducted on an annual basis (or other predetermined interval) to determine regulatory compliance, and they are also conducted when there is a complaint/incident that alleges a threat to the health, safety and welfare of individuals receiving the services.

Community Programs:

DHI Community Programs consists of the Incident Management and Quality Management Bureaus. The DHI Community Programs Bureaus provide regulatory oversight for the community-based service providers who are subcontracted by the Developmental Disabilities Supports Division (DDSD). Community Providers may offer the following types of services: Living Services, Community Support Services, Supported Employment Services, Case Management, Consultant Services and Community Supports Coordinator Services.

The Incident Management Bureau (IMB) conducts investigations of abuse, neglect, exploitation, environmental hazard, suspicious injury, and deaths for individuals receiving services through the State's Developmentally Disabled (DD) waivers; the traditional DD waiver, the Mi Via self-directed waiver, the Medically Fragile waiver (those over the age of 18), and the Supports Waiver.

Currently, caseloads for each investigator are within the protective services national average of eight to ten cases per month for a yearly caseload of 80-100 cases however due to the recent allocations part of the waiver expansion, the IMB workforce was supplemented by an outside contractor in March 2022 to create manageable caseload sizes for existing staff and ensure adherence to quality standards and CMS obligations.

P-1 Program Overview

BU 63000
PCode P520**The Quality Management Bureau (QMB)**

QMB work consists of completing compliance surveys of community providers based on State and Federal regulations and DDSD standards for providers. As well as ensuring regulations and standards are followed by the provider, QMB works to ensure the health and safety of individuals by ensuring they are receiving the services and supports set forth in their service plans, are free from any type restrictions and are receiving the healthcare supports necessary.

Policy Planning & Performance: The Office of Policy, Planning and Performance consists of the Caregivers Criminal History Screening Program, the Certified Nurse Aide Training and Abuse Registry Program, the Employee Abuse Registry, the Policy & Records Office, and the DHI Performance Management system.

Caregivers Criminal History Screening Program (CCHSP) DHI ensures compliance with "Caregiver Criminal History Screening Requirements" NMAC 7.1.9 this rule has general applicability to all applicants, caregivers, hospital caregivers, and care providers in New Mexico as defined by the rule.

The Caregiver Criminal History Screening Program CCHSP has seen a significant increase in processing background checks, increasing from 40,000 checks to over 46,000+ background checks annually, with an average processing time of one business day. During the pandemic the digital scanning facilities were closed to the public, DHI however was able to adjust and return to using ink and fingerprint cards, with the facilities and community programs submitting the cards directly to DHI via USPS. Once received DHI scans the cards and processes them within the one-day timeframe.

When health facilities and community provider screen potential caregivers to ensure they are hiring qualified personnel it is effective in reducing the likelihood of abuse, neglect, and exploitation. DHI enforces this rule during the health survey process by reviewing caregivers' personnel files during the onsite survey process for health facilities and community program providers, verifying they received a CCHSP screening at the time of hire.

CNA Registry and Training Program (NAR), DHI also operates and manages the Nurse Aide Training and Abuse Registry (NAR) program approving long-term care facilities and school (community colleges) to provide a Certified Nurse Aide training program. Programs must maintain certain standards to remain in approved status. The CNA program also grants and approves CNA reciprocities for CNAs transferring into and out of the state. Reciprocities have doubled in recent years to over 4,300+ for FY23.

DHI operates utilizing multiple funding streams including various Federal funding streams determined by the program type, various grants and federal contracts, self-generating revenues from; licensing fees, background checks, and civil monetary penalties, and state general funds.

Major Issues and Accomplishments:

The major issue facing DHI is years of being under resourced. In order for DHI to successfully fulfill its mission DHI needs to be appropriately resourced. This calls for DHI to expand in all areas in order to meet its current workload. This includes expanding access to healthcare services through license and certification of new and existing Healthcare Facilities, Laboratories, and Community Providers and ensuring the Health, Safety and Welfare for all New Mexicans by conducting health & safety surveys and investigations of abuse, neglect and exploitation in accordance with regulations, to meet this demand, DHI will need upgraded information technology systems and increase staffing.

Key accomplishments for FY23:

- Key Achievements for 68 Nursing Homes
- Conducted 133 onsite surveys
- Cited 935 health citation with (20) citations identified at Immediate Jeopardy

P-1 Program Overview

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- Investigated 242 complaint assignments

 - Key Achievements for 227 Assisted Living Facilities
 - Conducted 130 survey investigations
 - Cited 677 citation
 - Investigated 172 complaint assignments

 - Key Accomplishments for Acute & Continuing Care Facilities (Hospitals, Hospice, Dialysis centers, etc.)
 - FY2023 Total Surveys: 130

 - Key Accomplishments for Life Safety Code & Plan Review
 - Surveys: 120
 - New Building Approvals: 79

 - Key Accomplishments for Laboratories
 - FY23 New Applications: 112
 - Total Surveys: 28

 - Key Accomplishments for Home and Community-based Medicaid Waiver Program
 - DHI has successfully disengaged from all Jackson Settlement obligations and maintained full compliance with obligations.
 - Out of 1702 cases assigned for investigation, 1623 were initiated within the appropriate time frames at 95.35%
 - In SFY22 there were 1790 investigations completed within the appropriate time frames for a compliance rate of 97.5% for cases completed 'on time' – this is above the CMS recommendation.
 - In April 2022 IMB secured ten Columbus contractors to assist in case investigations to prevent a back log, due to the increased number of allocations onto the waiver programs. From May 1, 2022 to June 30, 2022, Columbus completed and IMB closed 68 investigations.
 - Home and Community Waiver compliance survey team completed 54 survey which were distributed within 20-day 90.9% for FY22 quarter 1 – 3.
 - FY22 quarter 1 – 3, Home and Community Waiver compliance survey team completed 678 Individual receiving services review, 2,711 agency personnel reviews and cited 507 tags.

 - Key Accomplishments for Facility Complaints and Incident Reporting
 - 499 out of 914 Consumer complaints regarding care issues from patients, family members and the community were received and assigned for survey
 - 5,856 out of 6,791 Incident reports were completed by Health Facilities with approved corrective actions plans

 - Key Accomplishments for Caregivers Criminal History Screening Program
 - Processed an increase in background applicants by 10,000 for FY21 to FY22
 - Completed background determinations with an average of 1.5 days to process.
 - Updated and improved background fingerprint trainings for new and existing providers.
 - Updated and Improved CCHSP2.0 data base. Improved data reports.

 - Other Major Accomplishments:
 - New Mexico was the only state to meet federal Tier 1 workload with CMS for FY2022
 - Processed over 300 requests for Inspection of Public Records Act, Freedom of Information Act, Subpoenas, and other legal requests
 - Processed 2658 CNA reciprocities for CY21, currently trending 4300 for CY22
 - Conducted site visits of potential Boarding Homes in New Mexico provided information on the licensure process
 - Licensed three (3) new boarding homes in the state

P-1 Program Overview

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- Partnered with epidemiology to assist with the pandemic response.
- Maintained Compliance with the Jackson Settlement Agreement and the Jackson case received final dismissal in April 2022.
- Transformed Survey and Investigation process to utilize audio-video technology.

DHI is experiencing a tremendous growth in demand for licensing and oversight service with the super allocation of 5,000 new individuals in Home and Community Based waiver services, and the growth of new facilities opening up throughout New Mexico, however, DHI has been unable to grow as the increase in demand for services and oversight has grown, and is now significantly under resourced.

Key considerations for future projections:

- This initiative supports the governor's direction to have annual QMB surveys and see 80% of individuals receiving services annually.
- ALFs are complaint based surveys, a large number of ALFs have not surveyed in over a decade
- The Division of Health Improvement (DHI) has been operating in a budget deficit over FY22 and potentially FY23, due to the increase workload based on the super allocation and the need for additional contractors.
- DHI has requested supplemental increases each year, and the requests have not been funded. This prevents DHI from being able to hire and fill vacant positions to meet the increased workload.
- The nature of work at DHI happens as a result of employees, when we have boots on the ground, to keep DHI sustainable more personnel are needed in all areas.
- The current increase in workflow and inadequate staffing levels pose a significant risk for the potential for harmful outcomes.
- Consequences for inadequate funding include staff burnout due to unmanageable caseloads, timelines missed due to under staffing, issues with staff retention due to lack of incentive and/or inability to offer increases or advancements and the ongoing need to request supplemental funding to fulfill the budget gaps of DHI without depending on other DOH divisions to make the DHI budget whole.

Overview of Request:

DHI is requesting the approved 3% increase to allow for the agency to support loss of CARES funding provided in previous years.

Key considerations for expansion:

This request reflects a three-year strategic plan to incrementally build up DHI staff resources to address identified vulnerabilities in gaps in oversight of health care facilities and community programs.

- Home and Community Based Waiver super allocation oversight. This initiative supports the three-year phased incremental build up to achieve the governor's direction based on the recent audit to have annual QMB surveys and see 80% of individuals receiving waiver services annually. The additional funding will address the increase needed in demand for oversight and staffing resources to support prompt and efficient survey and investigation work in an effort to protect and promote the safety and wellbeing of all New Mexican's. It also provides contractual support for investigations. For year one, it includes 24 new FTEs (10 IMB Investigators, 14 QMB Surveyors).

- Currently, Assisted living Facilities (ALFs) are complaint-based surveys, a large number of ALFs have not surveyed in over a decade. To address the longstanding vulnerability of under resourcing of New Mexico licensed only facilities including 227 Assisted Living Facilities, 4 Crisis Triage Centers and 3 Boarding Homes, DHI is seeking additional funding over a three-year strategic plan to incrementally increase oversight and staffing resources to support prompt and efficient survey and investigation work, in an effort to protect and promote the wellbeing of all New Mexican's. This includes researching potentially contracting for 100 full regulatory review compliance surveys, and the addition of 4 new FTES.

- In FY22 DHI was the only state in the US that completed its tier 1 Federal Survey Workload.

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- In FY24 our federal partners are enforcing changes to the State Operations Manual (SOM) Chapter 5 expanding the complaint triage process requirements. Additional resources will be needed to meet these new federal requirements to adequately staff and manage complaints of abuse, neglect and exploitation (12,613 FY22) for all types of licensed health facilities to allow faster triage time and onsite assignments.
- The Program & District Operations Bureaus are seeking additional funding to cover the GF match to support federal Long-Term care survey work, Acute and Continuing Care facilities, Life Safety Code Plan review and oversight of 2,300 laboratories through the clinical laboratory improvement act (CLIA) program, and to meet the increase in demand for new health facility applications (FY22 85 new facilities, 1,595 renewals). This includes contracting for 10 recertification surveys for Long-term care facilities, researching potential contractors to conduct ALF surveys and state licensed facilities, as well as, \$200.0 thousand for regulatory compliance health surveys for Acute & Continuing Care facilities, \$100.0 thousand for CLIA laboratory compliance surveys and an additional 18 new FTEs (9 for POB, 9 for DOB) to adequately support the increased workload.
- The expansion with the waiver super allocation and growth in healthcare facilities has put a tremendous strain on the caregiver workforce. Creating the need to hire 1,000's of caregivers. In its mission to assure safety and quality of care, Background screenings are critical to assuring a qualified workforce. To meet the increase in demand Caregivers Criminal History Screening Program is requesting additional funding to appropriately staff, manage and process the increase in caregiver criminal history screening background checks (46,000+ in FY22) this includes 3 new FTEs to meet the increase in demand to process new caregiver applications.
- The ongoing need to revise, update and promulgate rules and regulations as well as, provide administrative hearings continues as a reoccurring cost. DHI is requesting 300 thousand annually to meet this need.
- The nature of work at DHI happens as a result of employees, when we have boots on the ground, (conducting surveys and investigations in the field), to keep DHI sustainable more personnel are needed in all areas. This request includes 10 FTEs in year one of three of DHI's strategic plan to meets its mission critical obligations.
- The Division of Health Improvement (DHI) has been operating in a budget deficit over FY22 and FY23, due to the increased workload based on the super allocation and the need for additional contractors.
- DHI has requested supplemental increases each year, and the requests have not been funded. This prevents DHI from being able to hire and fill vacant positions to meet the increased workload.
- The current increase in workflow and inadequate staffing levels pose a significant risk for the potential for harmful outcomes.
- Consequences for inadequate funding include staff burnout due to unmanageable caseloads, timelines missed due to u

Programmatic Changes:

- DHI is being mandated to make several programmatic changes in FY25.
- This initiative supports the governor's direction based on the recent audit to have annual QMB surveys and see 80% of individuals receiving services annually.
 - This Initiative meets the changes in the federal requirements of the State Operations Manual -- Chapter 5 for new triage requirements.
 - This initiative will adequately resource the acute and continuing care and long-term care programs to have adequate staff to conduct regular healthcare surveys of all licensed only facilities.

This request does not include DHI expanding to license and survey behavioral health facilities. That will be submitted in a separate submission once additional details have been identified.

Base Budget Justification:

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Base Budget

DHI is requesting a 3% overall increase in our base budget compared to FY24.

For the General Fund, DHI is requesting a 9% to help support the loss of CARES funding and other one-time federal funding.

A breakdown of the increases by category are as follows:

- Personnel Category- increased by 2% or \$276.7 to support the GF and FF split for personnel.
- Contractual- Increased by 37% or \$339.7 to support the Contracts needed to provide investigations of abuse, neglect, and exploitation cases. This contract is necessary until we have the appropriate staffing to meet the complaint work. In previous fiscal years, this contract was covered by other Divisions within DOH. This funding will no longer be available to DHI in FY25.
- Other Cost Category- increased by 1% or \$20.0 to cover expenses such as rent, meals and lodging, motor pool charges in which the expense is split between general fund and federal funds.

Expansion

DHI is requesting an Expansion in the amount of \$2,613.5 to support 10 new FTE.

Personnel Services- reflects an increase of general fund of \$1,164.1. This funding will provide the following:

- Support for the super allocation for Home and Community Based Waiver (HCBW) initiative.
- Support for the general fund match for federal Long-Term care survey work, Acute and Continuing Care facilities, Life Safety Code Plan review and oversight of laboratories.
- To address under resourcing of New Mexico licensed only facilities.
- To increase oversight and staffing resources to support prompt and efficient survey and investigation work.
- To appropriately staff, manage and process the increase in caregiver criminal history screening background checks.
- To adequately staff and manage the Certified Nurse Aid Registry and training program, Employee Abuse Registry, Records requests, Policy & rulemaking, and performance management.

Expansion of Contractual Services.

DHI is requesting an expansion of contractual services for \$1,280.0 million in order to complete our critical workload to conduct an annual compliance survey of all licensed health care facilities and community programs provider agencies. These contracted services will augment the current on-going surveys by reaching additional facilities and provides, where DHI lacks the resources to complete all surveys.

This includes contracting for 10 recertification surveys for Long-term care facilities, researching potential contractors to conduct ALF surveys and state licensed facilities, as well as, \$200.0 thousand for regulatory compliance health surveys for Acute & Continuing Care facilities, \$100.0 thousand for CLIA laboratory compliance surveys

In addition to on-going IMB Investigations contract \$400K yearly, and Technology (new Incident management database – set up and on-going support and maintenance -\$150K.

QMB will continue to contract for Smartsheet (est. \$30K annually) (electronic survey process, tracking and trending, etc.)

P-1 Program Overview

Other Cost Category reflects an increase of \$169.4. This increase would cover training costs, travel costs, supply costs, equipment costs, additional office space costs and fuel costs for the 10 FTE included in this Expansion request.

This expansion request will address needed increase in oversight of the super allocation of the waiver program and identified gaps in regulatory oversight of health facilities, in DHI's mission to "assure safety and quality of care to New Mexicans". These include:

- Supporting the governor's direction based on the recent audit to have annual QMB surveys of community-based waiver providers and see 80% of individuals receiving services annually.
- Supporting the initiative to increase the needed demand for oversight and staffing resources to support prompt and efficient survey and investigation work to protect and promote the safety and wellbeing of all New Mexican's as impacted by the super allocation.
- Supporting the requirement of our federal partners who are enforcing the State Operations Manual (SOM) Chapter 5 which requires a complaint to be triaged from date "Received" not the date the state agency "processes it" and to adequately staff and manage complaints of abuse, neglect, and exploitation (12,613 FY22) for all types of licensed health facilities to allow faster triage time and onsite assignments.
- Supporting and addressing longstanding under resourcing of New Mexico licensed only facilities oversight including 227 Assisted Living Facilities, 4 Crisis Triage Centers and 3 Boarding Homes. This expansion will facilitate the annual surveying of state licensed facilities throughout New Mexico, which are currently seen specific to a complaint is made.
- Supporting the increase in the GF match to support increasing workload for federal Long-Term care survey work, Acute and Continuing Care facilities, Life Safety Code Plan review and oversight of 2,300 laboratories through the clinical laboratory improvement ac

REV EXP COMPARISON

(Dollars in Thousands)

63000 - Human Services Department

P520 - Division of Health Improvement

	General Fund	Other Funds	Internal Funds	Federal Funds	Total
SOURCES Totals	13,515.0	1,913.0	0.0	8,155.5	23,583.5
Personal Services and Employee Benefits	10,047.7	1,787.6	0.0	6,978.5	18,813.8
Contractual services	2,085.8	10.4	0.0	446.0	2,542.2
Other	1,381.5	115.0	0.0	731.0	2,227.5
USES Total:	13,515.0	1,913.0	0.0	8,155.5	23,583.5
Net:	0.0	0.0	0.0	0.0	0.0

EB-1 Expansion Justifications
(Dollars in Thousands)

New FTE for DHI

Rank: 0

New Initiative	2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
General Fund Transfers	2,611.4	0	0	0	2,611.4	0
REVENUE, TRANSFERS	2,611.4	0	0	0	2,611.4	0
Personal Services and Employee	1,158.1	0	0	0	1,158.1	0
Contractual services	1,280	0	0	0	1,280	0
Other	173.3	0	0	0	173.3	0
EXPENDITURES	2,611.4	0	0	0	2,611.4	0
Permanent	0	0	0	0	10	0
FTEs	0	0	0	0	10	0

Quantitative Outcome:

Brief Description:

The Division of Health Improvement (DHI) is one currently one of seven program divisions within the New Mexico Department of Health (DOH). The mission of DHI is: "Assuring safety and quality of care in New Mexico's health facilities and community-based programs." DHI serves as the "State Survey Agency" for federally certified healthcare facilities, providing regulatory oversight to licensed and certified healthcare facilities, and state licensed only health facilities. DHI also provides regulatory oversight of the New Mexico 1915-C Home and Community Based Medicaid Waiver, (Community Programs) Providers also known as the Developmental Disabilities Waiver (DDW) providers.

DHI 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.

Problem being addressed:

The major issue facing DHI is years of being under resourced. For DHI to successfully fulfill its mission DHI needs to be appropriately resourced. This calls for DHI to expand in all areas to meet its current workload. This includes expanding access to healthcare services through license and certification of new and existing Healthcare Facilities, Laboratories, and Community Providers and ensuring the Health, Safety and Welfare for all New Mexicans by conducting health & safety surveys and investigations of abuse, neglect, and exploitation in accordance with regulations, to meet this demand, DHI will need upgraded information technology systems. A base budget increase will allow competitive salaries and increase staffing to meet Federal and State workload.

Description of how performance will be improved:

Keep up with increased surveyors/workload and provide survey reports to providers within statutory timelines.

Reduce employee burnout.

Meet the current & increased workload, process license applications/changes timely and provide clerical support for Plan review.

Additional staff to license new Behavioral facility types.

Support and meet the regulatory oversight of all laboratories, increased workload, pass the CMS SPAR yearly grading report, including supporting and oversight to the ACC/CLIA program manager.

Faster triage time as required by statute and onsite assignments. It will also include weekend coverage for the complaint hotline.

Meet CMS triage mandatory requirement.

Increase staffing will allow 80% of the individuals in the waiver programs to be seen annually.

Allows for all provider agencies to be seen annually.

Ability to meet the increasing workload and improve the timely processing of caregiver criminal screens of statewide health facilities and community programs.

DHI has the resources and finance-administrative support needed to support survey and investigation activities to protect New Mexicans.

Division of Health Improvement

State of New Mexico

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EB-1 Expansion Justifications
(Dollars in Thousands)

Consequences of not funding this expansion:

This expansion request will address the following gaps in service:

- Additional funding to support the super allocation for HCBW Initiative to increase the needed demand for oversight and staffing resources to support prompt and efficient survey and investigation work to protect and promote the safety and wellbeing of all New Mexican's, additional contractual support for investigations.

This supports the governor's direction based on the recent audit to have annual QMB surveys and see 80% of individuals receiving services annually.

- Funding to cover the GF match to support federal Long-Term care survey work, Acute and Continuing Care facilities, Life Safety Code Plan review and oversight of 2,300 laboratories through the clinical laboratory improvement act (CLIA) program and to adequately staff and manage complaints of abuse, neglect, and exploitation (12,613 FY22) for all types of licensed health facilities to allow faster triage time and onsite assignments. And to meet demand for new health facility applications (FY22 85 new facilities, 1,595 renewals).

- Address longstanding under resourcing of New Mexico licensed only facilities including 238 Assisted Living Facilities, and 3 Boarding Homes, with a possibility of an additional 100 boarding homes to be licensed in FY 24 and 25. DHI is seeking additional funding to increase oversight and staffing resources to support prompt and efficient survey and investigation work to protect and promote the wellbeing of all New Mexican's.

- Additional funding to appropriately staff, manage and process the increase in caregiver criminal history screening background checks (46,000+ in FY22).

- Funding to support the increase in workflow for Administrative Services Bureau.

o projected travel costs/ number of employees

o projected All DOIT costs HCM/ISD/Radio Services

o projected supply costs/ number of employees

o projected equipment costs/ number of employee

Assumptions and methodology:

Assuming DHI receives adequate funding, the survey and investigation program will be able to demonstrate improved health outcomes to New Mexicans receiving health care services.

Performance Measures:

DHI has extensive performance measures in place that can direct the effective delivery of high-quality surveys, investigations, and facility oversight.

Analyst recommendations and comments:

Division of Health Improvement

State of New Mexico

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EB-2 Expansion Fiscal Summary
 (Dollars in Thousands)

New FTE for DHI

Rank: 0

		2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/ IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
111	General Fund Transfers	2,611.4	0	0	0	2,611.4	0
REVENUE, TRANSFERS		2,611.4	0	0	0	2,611.4	0
200	Personal Services and Employee Benefits	1,158.1	0	0	0	1,158.1	0
300	Contractual services	1,280	0	0	0	1,280	0
400	Other	173.3	0	0	0	173.3	0
EXPENDITURES		2,611.4	0	0	0	2,611.4	0
810	Permanent	0	0	0	0	10	
FTEs		0	0	0	0	10	0

Division of Health Improvement

State of New Mexico

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EB-3 Expansion Line Item Detail
(Dollars in Thousands)

New FTE for DHI

Rank: 0

		2024-25 GF Sources	2024-25 OSF Sources	2024-25 ISF/IAT Sources	2024-25 FF Sources	2024-25 Total Request	2024-25 Exec Recommendation
520300	Classified Perm Positions F/T	877.8	0	0	0	877.8	0
521100	Group Insurance Premium	31.1	0	0	0	31.1	0
521200	Retirement Contributions	155.7	0	0	0	155.7	0
521300	F I C A	67.2	0	0	0	67.2	0
521400	Workers' Comp Assessment Fee	0.1	0	0	0	0.1	0
521410	GSD Work Comp Insur Premium	1.3	0	0	0	1.3	0
521500	Unemployment Comp Premium	0.4	0	0	0	0.4	0
521600	Employee Liability Ins Premium	6.9	0	0	0	6.9	0
521700	RHC Act Contributions	17.6	0	0	0	17.6	0
200	Personal Services and Employee Benefit	1,158.1	0	0	0	1,158.1	0
535200	Professional Services	1,280	0	0	0	1,280	0
300	Contractual services	1,280	0	0	0	1,280	0
542100	Employee I/S Mileage & Fares	5	0	0	0	5	0
542200	Employee I/S Meals & Lodging	5	0	0	0	5	0
542500	Transp - Fuel & Oil	10	0	0	0	10	0
542800	State Transp Pool Charges	50	0	0	0	50	0
543830	IT HW/SW Agreements	5	0	0	0	5	0
544000	Supply Inventory IT	5	0	0	0	5	0
544100	Supplies-Office Supplies	1	0	0	0	1	0
544200	Supplies-Medical,Lab,Personal	1	0	0	0	1	0
544900	Supplies-Inventory Exempt	30	0	0	0	30	0
545700	ISD Services	5	0	0	0	5	0
545710	DOIT HCM Assessment Fees	14.8	0	0	0	14.8	0
545900	Printing & Photo Services	2	0	0	0	2	0
546100	Postage & Mail Services	5	0	0	0	5	0
546400	Rent Of Land & Buildings	10	0	0	0	10	0
546610	DOIT Telecommunications	9.5	0	0	0	9.5	0
546800	Employee Training & Education	5	0	0	0	5	0
549600	Employee O/S Mileage & Fares	5	0	0	0	5	0
549700	Employee O/S Meals & Lodging	5	0	0	0	5	0
400	Other	173.3	0	0	0	173.3	0
Total for New FTE for DHI		2,611.4	0	0	0	2,611.4	0

DFA Performance Based Budgeting Data System
Annual Performance Report

Agency: 63000 Human Services Department

Program: P520 Division of Health Improvement

Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Output	Number of caregiver criminal history screening appeal clearance recidivism/ re-offense (conviction) after a successful appeal	0	0	Yes	The goal is to have <10.
Quality	Percent of developmental disabilities support division clients receiving wellness checks per year as part of the audit conducted by the quality management bureau	0	0.0%	Yes	Requesting to make this an Explanatory target as this is a new target and 2025 will be the baseline year.
Quality	Percent of home visits that result in an abuse, neglect, or exploitation report	0	0.0%	Yes	This is a DDSD measure, not a DHID measure
Quality	Percent of nursing home survey citation(s) upheld when reviewed by the centers for medicare and medicaid services and through informal dispute resolution process	0	0.0%	Yes	Requesting to split this measure as it is measuring two different surveys with two different targets. 1. Percent of nursing home survey citation(s) upheld when reviewed by the centers for medicare and medicaid services (CMS) - 90.0% 2. Percent of nursing home survey citation(s) upheld when reviewed through informal dispute resolution process (IDR) - 50.0%

Table 2

Human Services Department
Performance Measures Summary

63000

P520 Division of Health Improvement						
Purpose:						
Performance Measures:		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Quality	Percent of developmental disabilities support division clients receiving wellness checks per year as part of the audit conducted by the quality management bureau	0.0%	0.0%	0.0%	N/A	
Quality	Percent of nursing home incident reports submitted following participation in a division of health improvement training on reporting requirements	0.0%	0.0%	0.0%	85.0%	
Quality	Percent of nursing home survey citation(s) upheld when reviewed by the centers for medicare and medicaid services and through informal dispute resolution process	0.0%	0.0%	0.0%	90.0%	
Quality	Percent of abuse, neglect and exploitation investigations completed according to established timelines	0.0%	0.0%	0.0%	86.0%	
Output	Number of caregiver criminal history screening appeal clearance recidivism/ re-offense (conviction) after a successful appeal	0	0	0	10	
Output	Percent of acute and continuing care facility survey statement of deficiencies (center for medicare and medicaid services form 2567/ state form) distributed to the facility within ten days of survey exit	0.0%	0.0%	0.0%	85.0%	
Output	Percent of assisted living facilities complaints that meet criteria for seventy-two hour priority assignments surveys initiated	0.0%	0.0%	0.0%	85.0%	
Output	Percent of assisted living health facility survey statement of deficiencies CMS form 2567/state form) distributed to the facility within 10 days of survey exit	0.0%	0.0%	0.0%	85.0%	
Output	Percent of incident management bureau-assigned investigations initiated within required timelines	0.0%	0.0%	0.0%	86.0%	
Output	Percent of long-term care health facility survey statement of deficiencies (center for medicare and medicaid services form 2567/ state form) distributed to the facility within ten days of survey exit	0.0%	0.0%	0.0%	85.0%	
Output	Percent of quality management bureau 1915c home and community-based services waivers report of findings distributed within twenty-one working days from end of survey	0.0%	0.0%	0.0%	86.0%	
Explanatory	Abuse rate for developmental disability waiver and mi via waiver clients	0%	0%	N/A	N/A	
Explanatory	Re-abuse rate for developmental disabilities waiver and mi via waiver clients	0%	0%	N/A	N/A	

**FY25 APPROPRIATION REQUEST
FORM E-6B LEASED PASSENGER-RELATED VEHICLES**

Account code 542800

LEASED VEHICLE INFORMATION @ 7/1/22

Agency Name: Health Care Authority

Program Name: Division of Health Improvement

Business Unit: 63000

Program Code: P520

Item No.	LONG TERM LEASES ONLY							Lease Type Operational (O) or Standard (S)	Long Term Only			SHORT TERM ONLY			Put (x) if Fed \$
	Year	Make	Model	Vehicle Type	A** R C	License Plate Number	Mileage As of 7/1/22		A	B	A x B = C	D	E	D x E = F	
Example	2011	Ford/Taurus	FUSION	02BO	C	001894SG	93,002	Standard (S)	236	12	2,828.3				
1	2011	FORD	FUSION	02BO	C	001895SG	85,810	Standard (S)	236	12	2,828.3				
2	2011	FORD	FUSION	02BO	C	001896SG	114,817	Standard (S)	236	12	2,828.3				
3	2011	FORD	FUSION	02BO	C	001897SG	80,912	Standard (S)	236	12	2,828.3				
	2011	FORD	FUSION	02BO	C	001898SG	83,809	Standard (S)	236	12	2,828.3				
	2011	FORD	FUSION	02BO	C	001899SG	69,131	Standard (S)	236	12	2,828.3				
	2011	FORD	CIVIC	02BO	C	006463SG	94,246	Standard (S)	236	12	2,828.3				
	2008	HONDA	JOURNEY	06AO	C	007430SG	43,387	Standard (S)	236	12	2,828.3				
	2019	DODGE	CARAVAN	05AO	C	007431SG	34,943	Standard (S)	236	12	2,828.3				
	2019	DODGE	JOURNEY	06AO	C	007432SG	18,123	Standard (S)	236	12	2,828.3				
	2019	DODGE	CARAVAN	05AO	C	007433SG	23,764	Standard (S)	236	12	2,828.3				
	2019	DODGE	ALTIMA	02BA	C	007518SG	11,662	Standard (S)	236	12	2,828.3				
	2021	NISSAN	JOURNEY	06A	C	007787SG	1,420	Standard (S)	236	12	2,828.3				
	2019	DODGE	ALTIMA	02B	C	007903SG	1,234	Standard (S)	236	12	2,828.3				
	2020	NISSAN	ALTIMA	02BA	C	008464SG	7,981	Standard (S)	236	12	2,828.3				
	2021	NISSAN	ALTIMA	02BA	C	008470SG	16,804	Standard (S)	236	12	2,828.3				
	2021	NISSAN	ALTIMA	02BA	C	008472SG	10,424	Standard (S)	236	12	2,828.3				
	2021	NISSAN	ALTIMA	02BA	C	008495SG	1,933	Standard (S)	236	12	2,828.3				
	2021	NISSAN	ALTIMA	02BA	C	008716SG	8,887	Standard (S)	236	12	2,828.3				
	2021	NISSAN	ALTIMA	02BA	C	008744SG	11,664	Standard (S)	236	12	2,828.3				
4	2021	NISSAN	ALTIMA	02BA	C	008789SG	8,890	Standard (S)	236	12	2,828.3				
5	2021	NISSAN	ALTIMA	02BA	C	008795SG	11,722	Standard (S)	236	12	2,828.3				
6	2021	NISSAN	ALTIMA	02BA	C	008801SG	10,678	Standard (S)	236	12	2,828.3				
7	2021	NISSAN	ALTIMA	02BA	C	008819SG	12,484	Standard (S)	236	12	2,828.3				
8	2021	NISSAN	ALTIMA	02BA	C	008847SG	10,460	Standard (S)	236	12	2,828.3				
9	2021	NISSAN	ALTIMA	02BA	C	008854SG	10,348	Standard (S)	236	12	2,828.3				
10	2021	NISSAN	PACIFICA	05AC	C	008897SG	15,148	Standard (S)	236	12	2,828.3				
11	2021	CHRYSLER	ALTIMA	02BA	C	008903SG	5,476	Standard (S)	236	12	2,828.3				
12	2021	NISSAN	ALTIMA	02BA	C	008904SG	10,729	Standard (S)	236	12	2,828.3				
13	2021	NISSAN	ALTIMA	02BA	C	008933SG	6,036	Standard (S)	236	12	2,828.3				
14	2021	NISSAN	ALTIMA	02BA	C	008941SG	6,016	Standard (S)	236	12	2,828.3				
15	2021	NISSAN	ALTIMA	02BA	C	009225SG	4,344	Standard (S)	236	12	2,828.3				

16	2021	NISSAN	CARAVAN	05AO	C	G61453	123,747	Standard (S)	236	12	2,828.3			-	
17	2006	DODGE	CARAVAN	05AO	C	G61478	126,861	Standard (S)	236	12	2,828.3			-	
18	2006	DODGE	CARAVAN	05AO	C	G61575	132,390	Standard (S)	236	12	2,828.3			-	
19	2006	DODGE	CARAVAN	05AO	C	G64560	104,822	Standard (S)	236	12	2,828.3			-	
	2006	DODGE	CARAVAN	05AO		G64562	83,003	Standard (S)	236	12	2,828.3				
Operational(O) rate for FY23 will be									TOTAL LONG TERM:		104,646.4	TOTAL SHORT TERM:		-	

**FY25 APPROPRIATION REQUEST
FORM E-6B LEASED PASSENGER-RELATED VEHICLES**

Account Code 542800

LEASED VEHICLE INFORMATION @ 8/23/2023

Agency Name: Health Care Authority
Program Name: Developmental Disabilities Support Division

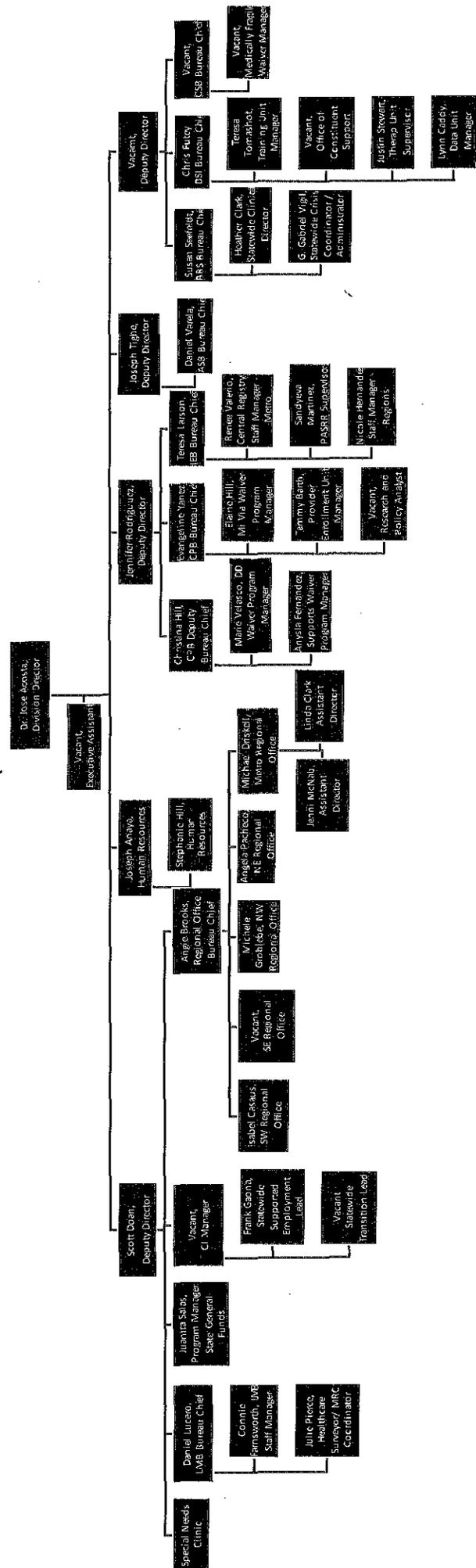
Business Unit: 66500

Program Code: P007

Item No.	LONG TERM LEASES ONLY						Lease Type Operational (O) or Standard (S)	Long Term Only			SHORT TERM ONLY			Put (x) if Fed \$
	Year	Make/Model	Vehicle Type	A** R C	License Plate Number	Mileage As of 8/23/2023		A	B	A x B = C	D	E	D x E = F	
								FY25 Monthly Rate O=\$209.00 S= Rate Schedule	Number of months to lease	Total cost Rate FY25	Daily Rate Based On Vehicle Type	No. of Days	Total Lease Rate	
1	2008	Chevy Uplander	05A	C	000343SG	125,966	Operational (O)	\$ 209.00	12	\$ 2,508.00				
2	2009	Dodge Caravan	05A	C	001393SG	58,797	Operational (O)	\$ 209.00	12	\$ 2,508.00				
3	2015	Ford Explorer	06A	C	004644SG	51,208	Operational (O)	\$ 209.00	12	\$ 2,508.00				
4	2015	Ford Explorer	06A	C	004649SG	63,232	Operational (O)	\$ 209.00	12	\$ 2,508.00				
5	2021	Toyota RAV4	06AM	C	008305SG	12,454	Standard (S)	\$ 480.00	12	\$ 5,760.00				
6	2021	Toyota RAV4	06AM	C	008307SG	11,751	Standard (S)	\$ 480.00	12	\$ 5,760.00				
7	2021	Toyota RAV4	06AM	C	008405SG	10,841	Standard (S)	\$ 480.00	12	\$ 5,760.00				
8	2021	Nissan Altima	02BM	C	008468SG	5,340	Standard (S)	\$ 480.00	12	\$ 5,760.00				
9	2021	Nissan Altima	02BM	C	008471SG	8,610	Standard (S)	\$ 480.00	12	\$ 5,760.00				
10	2021	Nissan Altima	02BM	C	008490SG	6,519	Standard (S)	\$ 480.00	12	\$ 5,760.00				
11	2021	Nissan Altima	02BM	C	008496SG	2,276	Standard (S)	\$ 480.00	12	\$ 5,760.00				
12	2021	Nissan Altima	02BM	C	008725SG	6,833	Standard (S)	\$ 480.00	12	\$ 5,760.00				
13	2021	Nissan Altima	02BM	C	008831SG	9,307	Standard (S)	\$ 480.00	12	\$ 5,760.00				
14	2021	Nissan Altima	02BM	C	008840SG	5,441	Standard (S)	\$ 480.00	12	\$ 5,760.00				
15	2021	Nissan Altima	02BM	C	008874SG	6,477	Standard (S)	\$ 480.00	12	\$ 5,760.00				
16	2021	Nissan Altima	02BM	C	008907SG	7,963	Standard (S)	\$ 480.00	12	\$ 5,760.00				
17	2021	Nissan Altima	02BM	C	008916SG	6,693	Standard (S)	\$ 480.00	12	\$ 5,760.00				
18	2021	Nissan Altima	02BM	C	008929SG	5,148	Standard (S)	\$ 480.00	12	\$ 5,760.00				
19	2021	Nissan Altima	02BM	C	008936SG	10,169	Standard (S)	\$ 480.00	12	\$ 5,760.00				
20	2021	Nissan Altima	02BM	C	008940SG	10,242	Standard (S)	\$ 480.00	12	\$ 5,760.00				
21	2021	Nissan Altima	02BM	C	008954SG	6,508	Standard (S)	\$ 480.00	12	\$ 5,760.00				
22	2021	Nissan Altima	02BM	C	008989SG	8,641	Standard (S)	\$ 480.00	12	\$ 5,760.00				
23	2021	Nissan Altima	02BM	C	008990SG	12,859	Standard (S)	\$ 480.00	12	\$ 5,760.00				
24	2021	Nissan Altima	02BM	C	008992SG	8,712	Standard (S)	\$ 480.00	12	\$ 5,760.00				
25	2021	Nissan Altima	02BM	C	009107SG	8,105	Standard (S)	\$ 480.00	12	\$ 5,760.00				
26	2021	Nissan Altima	02BM	C	009113SG	6,727	Standard (S)	\$ 480.00	12	\$ 5,760.00				
27	2021	Nissan Altima	02BM	C	009115SG	11,341	Standard (S)	\$ 480.00	12	\$ 5,760.00				
28	2021	Nissan Altima	02BM	C	008493SG	#N/A	Standard (S)	\$ 480.00	12	\$ 5,760.00				
29	2021	Nissan Altima	02BM	C	008495SG	#N/A	Standard (S)	\$ 480.00	12	\$ 5,760.00				
30	2021	Nissan Altima	02BM	C	008818SG	#N/A	Standard (S)	\$ 480.00	12	\$ 5,760.00				
31	2021	Nissan Altima	02BM	C	008914SG	#N/A	Standard (S)	\$ 480.00	12	\$ 5,760.00				
32	2021	Nissan Altima	02BM	C	008943SG	#N/A	Standard (S)	\$ 480.00	12	\$ 5,760.00				
TOTAL LONG TERM:								\$ 142,512.00	TOTAL SHORT TERM:					

Operational (O) Rate for FY25 will be \$208.34

** Code A = additional leased vehicle request C = vehicle currently leased R = request to replace previously purchased vehicle



BU PCode Department
63000 P519 000000

S-8 Financial Summary

(Dollars in Thousands)

	2022-23 Opbud	2022-23 Actuals	2023-24 Opbud	2024-25 PCF Proj	Base	----- FY 2025 Agency Request -----		Total
						Expansion		
REVENUE								
111 General Fund Transfers	0.0	0.0	0.0	0.0	19,964.0	0.0		19,964.0
120 Federal Revenues	0.0	0.0	0.0	0.0	19,964.0	0.0		19,964.0
130 Other Revenues	0.0	0.0	0.0	0.0	184.6	0.0		184.6
REVENUE, TRANSFERS	0.0	0.0	0.0	0.0	40,112.6	0.0		40,112.6
REVENUE	0.0	0.0	0.0	0.0	40,112.6	0.0		40,112.6
EXPENSE								
200 Personal Services and Employee Benefits	0.0	0.0	0.0	0.0	17,420.6	0.0		17,420.6
300 Contractual services	0.0	0.0	0.0	0.0	13,429.3	0.0		13,429.3
400 Other	0.0	0.0	0.0	0.0	9,262.7	0.0		9,262.7
EXPENDITURES	0.0	0.0	0.0	0	40,112.6	0.0		40,112.6
EXPENSE	0.0	0.0	0.0	0	40,112.6	0.0		40,112.6
FTE POSITIONS								
810 Permanent	0.00	0.00	0.00	0.00	157.00	0.00		157.00
820 Term	0.00	0.00	0.00	0.00	43.00	0.00		43.00
FTEs	0.00	0.00	0.00	0.00	200.00	0.00		200.00
FTE POSITIONS	0.00	0.00	0.00	0.00	200.00	0.00		200.00

BU PCode Department
63000 P519 000000

S-9 Account Code Revenue/Expenditure Summary
(Dollars in Thousands)

		2022-23	2022-23	2023-24	2024-25	FY 2025 Agency Request		
		Opbud	Actuals	Opbud	PCF Proj	Base	Expansion	Total
499105	General Fd. Appropriation	0.0	0.0	0.0	0.0	19,964.0	0.0	19,964.0
111	General Fund Transfers	0.0	0.0	0.0	0.0	19,964.0	0.0	19,964.0
451903	Federal Direct - Operating	0.0	0.0	0.0	0.0	19,964.0	0.0	19,964.0
120	Federal Revenues	0.0	0.0	0.0	0.0	19,964.0	0.0	19,964.0
433102	License Plates	0.0	0.0	0.0	0.0	40.0	0.0	40.0
434402	Payments For Care-Individuals	0.0	0.0	0.0	0.0	144.6	0.0	144.6
130	Other Revenues	0.0	0.0	0.0	0.0	184.6	0.0	184.6
TOTAL REVENUE		0.0	0.0	0.0	0.0	40,112.6	0.0	40,112.6
520200	Term Positions	0.0	0.0	0.0	0.0	5,572.0	0.0	5,572.0
520300	Classified Perm Positions F/T	0.0	0.0	0.0	0.0	6,681.0	0.0	6,681.0
520600	Paid Unused Sick Leave	0.0	0.0	0.0	0.0	5.8	0.0	5.8
520700	Overtime & Other Premium Pay	0.0	0.0	0.0	0.0	385.2	0.0	385.2
520800	Annl & Comp Paid At Separation	0.0	0.0	0.0	0.0	42.4	0.0	42.4
521100	Group Insurance Premium	0.0	0.0	0.0	0.0	1,033.6	0.0	1,033.6
521200	Retirement Contributions	0.0	0.0	0.0	0.0	2,321.2	0.0	2,321.2
521300	FICA	0.0	0.0	0.0	0.0	946.0	0.0	946.0
521400	Workers' Comp Assessment Fee	0.0	0.0	0.0	0.0	1.8	0.0	1.8
521410	GSD Work Comp Insur Premium	0.0	0.0	0.0	0.0	25.0	0.0	25.0
521500	Unemployment Comp Premium	0.0	0.0	0.0	0.0	8.2	0.0	8.2
521600	Employee Liability Ins Premium	0.0	0.0	0.0	0.0	138.5	0.0	138.5
521700	RHC Act Contributions	0.0	0.0	0.0	0.0	259.9	0.0	259.9
200	Personal Services and Employee Bene	0.0	0.0	0.0	0.0	17,420.6	0.0	17,420.6
535200	Professional Services	0.0	0.0	0.0	0.0	3,084.6	0.0	3,084.6
535300	Other Services	0.0	0.0	0.0	0.0	1,156.2	0.0	1,156.2
535310	Other Services - Higher Ed	0.0	0.0	0.0	0.0	9,088.5	0.0	9,088.5
535600	IT Services	0.0	0.0	0.0	0.0	100.0	0.0	100.0
300	Contractual services	0.0	0.0	0.0	0.0	13,429.3	0.0	13,429.3
542100	Employee I/S Mileage & Fares	0.0	0.0	0.0	0.0	10.0	0.0	10.0
542200	Employee I/S Meals & Lodging	0.0	0.0	0.0	0.0	10.0	0.0	10.0
542500	Transp - Fuel & Oil	0.0	0.0	0.0	0.0	16.2	0.0	16.2
542600	Transp - Parts & Supplies	0.0	0.0	0.0	0.0	6.2	0.0	6.2
542700	Transp - Transp Insurance	0.0	0.0	0.0	0.0	0.2	0.0	0.2
542800	State Transp Pool Charges	0.0	0.0	0.0	0.0	177.2	0.0	177.2

BU PCode Department
63000 P519 000000

S-9 Account Code Revenue/Expenditure Summary
(Dollars in Thousands)

	2022-23 Opbud	2022-23 Actuals	2023-24 Opbud	2024-25 PCF Proj	FY 2025 Agency Request		
					Base	Expansion	Total
543200 Maint - Furn, Fixt, Equipment	0.0	0.0	0.0	0.0	7.4	0.0	7.4
543400 Maint - Property Insurance	0.0	0.0	0.0	0.0	0.2	0.0	0.2
543830 IT HW/SW Agreements	0.0	0.0	0.0	0.0	113.2	0.0	113.2
544000 Supply Inventory IT	0.0	0.0	0.0	0.0	144.2	0.0	144.2
544100 Supplies-Office Supplies	0.0	0.0	0.0	0.0	19.1	0.0	19.1
544200 Supplies-Medical, Lab, Personal	0.0	0.0	0.0	0.0	19.8	0.0	19.8
544400 Supplies-Field Supplies	0.0	0.0	0.0	0.0	2.2	0.0	2.2
544700 Supplies-Clothing, Uniforms, Linen	0.0	0.0	0.0	0.0	0.2	0.0	0.2
544800 Supplies-Education&Recreation	0.0	0.0	0.0	0.0	1.4	0.0	1.4
544900 Supplies-Inventory Exempt	0.0	0.0	0.0	0.0	16.8	0.0	16.8
545700 ISD Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0
545710 DOIT HCM Assessment Fees	0.0	0.0	0.0	0.0	0.0	0.0	0.0
545900 Printing & Photo Services	0.0	0.0	0.0	0.0	0.6	0.0	0.6
546100 Postage & Mail Services	0.0	0.0	0.0	0.0	9.8	0.0	9.8
546400 Rent Of Land & Buildings	0.0	0.0	0.0	0.0	993.6	0.0	993.6
546500 Rent Of Equipment	0.0	0.0	0.0	0.0	7.4	0.0	7.4
546600 Communications	0.0	0.0	0.0	0.0	6.4	0.0	6.4
546610 DOIT Telecommunications	0.0	0.0	0.0	0.0	185.6	0.0	185.6
546700 Subscriptions/Dues/License Fee	0.0	0.0	0.0	0.0	63.8	0.0	63.8
546800 Employee Training & Education	0.0	0.0	0.0	0.0	33.0	0.0	33.0
546900 Advertising	0.0	0.0	0.0	0.0	1.0	0.0	1.0
547300 Care & Support	0.0	0.0	0.0	0.0	7,395.6	0.0	7,395.6
548300 Information Tech Equipment	0.0	0.0	0.0	0.0	3.0	0.0	3.0
549600 Employee O/S Mileage & Fares	0.0	0.0	0.0	0.0	8.6	0.0	8.6
549700 Employee O/S Meals & Lodging	0.0	0.0	0.0	0.0	10.0	0.0	10.0
400 Other	0.0	0.0	0.0	0.0	9,262.7	0.0	9,262.7
TOTAL EXPENSE	0.0	0.0	0.0	0.0	40,112.6	0.0	40,112.6
810 Permanent	0.00	0.00	0.00	0.00	157.00	0.00	157.00
810 Permanent	0.00	0.00	0.00	0.00	157.00	0.00	157.00
820 Term	0.00	0.00	0.00	0.00	43.00	0.00	43.00
820 Term	0.00	0.00	0.00	0.00	43.00	0.00	43.00
TOTAL FTE POSITIONS	0.00	0.00	0.00	0.00	200.00	0.00	200.00

Program Description:

The purpose of the Developmental Disabilities Supports Division (DDSD) is to administer a statewide system of community-based services and supports that increase functional independence, promote community integration, address other developmental needs of individuals with intellectual and developmental disabilities (I/DD)

Major Issues and Accomplishments:

The overarching issue and challenge to DDSD is supporting the provider network to ensure the Super Allocation Plan is successful. Unless the DDW appropriation is restored, and the expansion request honored, the provider network will be unable to secure the work force necessary to implement the super allocation plan. The turnover rate of 50% for agency staff remains a significant issue, with starting wages comparable to the NM minimum wage. An independent rate study was recently completed, and those recommended rate increases are included in this request.

In response to the COVID-19 pandemic, DDSD along with its partners from HSD, were able to secure two Appendix K approvals from the Centers for Medicare and Medicaid services allowing critical services to be provided in the home, remote monitoring, increased technology, and allowed for services to be completed using telephonic or video conferencing technology. In terms of mitigating the pandemic, the DDSD case mortality rate is less than 4.5%.

DDSD has been able to continue its work in pursuing renewals for the Developmental Disabilities Waiver and Mi Via Waiver programs.

One hundred thirty-two participants had paid claims in Supports Waiver for FY 23; by end of FY23 all but 5 had completed transition to comprehensive Waiver choosing either DD Waiver or Mi Via Waiver through initiative to eliminate the 13-year waitlist.

Overview of Request:

DDSD's General Fund request is flat to FY24 in the amount of \$19,964. This does not account for the GF amount being requested by MAD-Program. This is because under the HCA, MAD-Program will be requesting the General Fund needed to support the 1915c waiver population's federal match. Based on the latest projection, \$231,590 is the anticipated GF need to fund program expenditures. DDSD did not need to request the 3% because of the anticipated federal match available under the HCA.

FY25 request reflects an increase of \$19,964. The federal revenue is anticipated to support the salary and benefits for the DDSD employees that are responsible for successfully administering the Medicaid program (1915c). Federal Financial Participation is also expected at a 50% match rate for administrative contracts.

Other Revenue is flat for FY25. DDSD receives other revenue from the Payments for Care Individuals and MVD License Plates -Autism.

P-1 Program Overview

Programmatic Changes:

1. Continuation of eliminating the 13-year, 4200 person DD waiting list. Currently, there are nearly 1900 new persons in services.
2. DDSD has conducted a provider rate and capacity study in SFY23 to comply with federal and state law. Provider Rate increases will be recommended for SFY25.
3. New services are being defined for inclusion in upcoming waiver amendments: Speech Language pathology assistant; Employer of Record as a Paid Service; Health and Assessment Coordination
4. DDSD is implementing Emergency Department/Urgent Care Diversion using Telehealth to minimize ED/UC usage for non-life-threatening care. The state of Missouri currently diverts over 90% percent of calls out of the ED/UC using a similar service. This may generate large savings for the Medicaid program as current New Mexico data shows that less the 5% of ED/UC visits translate to admissions. This could result is a reduction of over 1700 ED/UC visits annually for the DD Population.
5. New applicants to HCBS Waiver are registered weekly and the Supports Waiver will resume to continue to be an option for people while on waitlist. The Supports Waiver is currently approved by Centers for Medicare and Medicaid Services to continue operations through June 30, 2025.

Base Budget Justification:

The personnel category reflects an increase of \$1,505.7 to support 8 FTEs for the increased frequency of Wellness Checks for waiver participants. This is supported by the new federal dollars leveraged from HCA. No new GF is needed to support these FTE.

The budget request reflects the 54 TERM positions that were converted from PERM in FY24 be restored to PERM positions in the FY25 request. No new GF is needed to support this conversion.

Contractual Services reflects a total budget of \$13,429.6. Below is a description of the contracts needed to support DDSD in FY25. All contracts received a 5% COLA apart from the Provider Rate Study. HB395 requires more frequent rate studies so an additional \$225.0 was budgeted. This is offset by the additional federal match available, and no new GF is needed.

DDSD has 30-35 State General Funded Provider Agreements. These provider agreements create a network of respite providers to ensure access to Respite, Adult Day/Residential/Behavioral Support Consultation services across New Mexico. Providers will receive a provider agreement to serve one or multiple counties. Certain Native American Tribes, Pueblos or Nations will serve their communities. In this way provider agencies are located across the state and are then able recruit, train and supervise respite staff in local communities to serve people with intellectual / developmental disabilities and their families. These SGF Provider Agreements are also budgeted with a 5% COLA increase, which is offset by the redistribution of GF due to increase federal match.

REV EXP COMPARISON

(Dollars in Thousands)

63000 - Human Services Department

	General Fund	Other Funds	Internal Funds	Federal Funds	Total
SOURCES	19,964.0	184.6	0.0	19,964.0	40,112.6
Personal Services and Employee Benefits	8,710.3	0.0	0.0	8,710.3	17,420.6
Contractual services	6,714.8	0.0	0.0	6,714.5	13,429.3
Other	4,538.9	184.6	0.0	4,539.2	9,262.7
USES Total:	19,964.0	184.6	0.0	19,964.0	40,112.6
Net:	0.0	0.0	0.0	0.0	0.0

DFA Performance Based Budgeting Data System
Annual Performance Report

Agency: 63000 Human Services Department

Program: P519 Developmental Disabilities Support Division

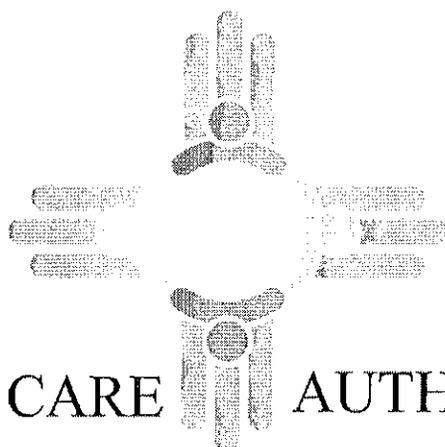
Performance Measures:		2022-23 Target	2022-23 Result	Met Target	Year End Result Narrative
Outcome	Percent of general event reports in compliance with general events timely reporting requirements (two day rule)	0	0.0%	Yes	DDSD goal for this measure is to keep it at the CMS 86% compliance standard.
Quality	Number of home visits	0	0	Yes	This is a new measure for DDSD. We are using 2025 to create a baseline.

Table 2

**Human Services Department
Performance Measures Summary**

63000

P522 Program Support		2021-22 Actual	2022-23 Actual	2023-24 Budget	2024-25 Request	2024-25 Recomm
Purpose:	The purpose of program support is to provide overall leadership, direction and administrative support to each agency program and to assist it in achieving its programmatic goals.					
Performance Measures:						
Output	Percent of timely final decisions on administrative disqualification hearings (within ninety days of hearing being scheduled)	0.0%	0.0%	100.0%	100.0%	
Output	Number of visits across human services department website, medicald portal, yesNM portal, child support portal, human services department facebook page and human services department twitter account	1,102,633	0	900,000	900,000	
Outcome	Percent of administrative cost compared to total claims collected by the restitution services bureau	0%	0%	15%	15%	
Outcome	Total medicaid program integrity recoveries collected for each dollar expended by the program	\$10	0	\$7	\$7	
Outcome	Average customer self-reported satisfaction with the human services department and its programs supplemental nutrition assistance program, temporary assistance for needy families, child support, medicaid and low-income home energy assistance program	3%	0%	3%	3%	
Outcome	Average human services department staff self-reported score related to having the tools, training, and resources needed to telework effectively	4%	0%	4%	4%	
Outcome	Percent of automated eligibility decisions including real time eligibility, administrative renewal, auto denial/closure, and mass update	41%	0%	30%	30%	
Outcome	Percent of employees who leave the human services department during the quarter as an annualized number	17%	0%	15%	15%	
Outcome	Percent of human services department mentions in the media with positive and neutral sentiments compared to negative sentiments	81%	0%	81%	81%	
Outcome	Percent of human services department positions that are filled as a portion of authorized full time equivalent positions and budgeted positions	82%	0%	95%	95%	



HEALTH CARE AUTHORITY

**Fiscal Year 2025
Health Care Authority
IT STRATEGIC PLAN
September 1, 2023**

**Paula N. Morgan
Acting Chief Information Officer**

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EXECUTIVE SUMMARY

This Information Technology Strategic Plan provides a framework to guide Information Technology (IT) efforts at the New Mexico Health Care Authority (HCA) for State Fiscal Year 2025. The plan confirms the critical role of Information Technology as an enabler of success in achieving the four strategic goals of the department to:

1. Leverage purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.
2. Achieve health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.
3. Implement innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.
4. Build the best team in state government by supporting employees' continuous growth and wellness.

IT is an essential piece of the department's ability to achieve its mission: *"To make New Mexico healthy. We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services."*

Current and future IT investments are critical to achieving the department's strategic goals and mission.

In developing this plan, division leadership participated in a comprehensive department level strategic decision-making process that recognizes and honors the critical functions of the individual divisions and our customers. This plan is the product of both a collaborative group effort and a formal strategy formulation procedure enacted over a long period.

Since State Fiscal Year 2021, the Human Services Department (HSD) has maintained a department strategic goal centered around IT. The Health Care Authority has expanded the goal. This goal, *"Implement innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information,"* is the cornerstone for the IT strategic plan. This goal provides a practical guide and a scope within which the department will focus its IT planning, development, management, and support in State Fiscal Year 2025.

This plan includes initiatives that support the department's FY25 Strategic Plan. The department's strategic plan is available at https://www.hsd.state.nm.us/about_the_department/strategic_plan/ and includes tactics that are supported by IT. The initiatives within this plan are described in terms that make clear the alignment with the mission and strategic goals of the department. This strategy will evolve and sharpen to improve business value and services using information technology, **with a central focus on how HCA can develop and build IT to improve the experience of our customers and our workforce.**

I. AGENCY OVERVIEW

A. AGENCY MISSION

The mission of the department is *“To make New Mexico healthy. We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.”* The work of the IT division aligns with the mission of the department as technology provides the backbone by which innovative, high-quality health and human services are designed and delivered.

MISSION & VISION

- Mission: To make New Mexico healthy. We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.
- Vision: Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.

GOALS

1. Leverage purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.
2. Achieve health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.
3. Implement innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.
4. Build the best team in state government by supporting employees' continuous growth and wellness.

B. AGENCY GOALS

The department has four strategic goals that support the department's mission.

- Goal 1 – Leverage purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.
- Goal 2 – Achieve health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.
- Goal 3 – Implement innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.
- Goal 4 – Build the best team in state government by supporting employees' continuous growth and wellness.

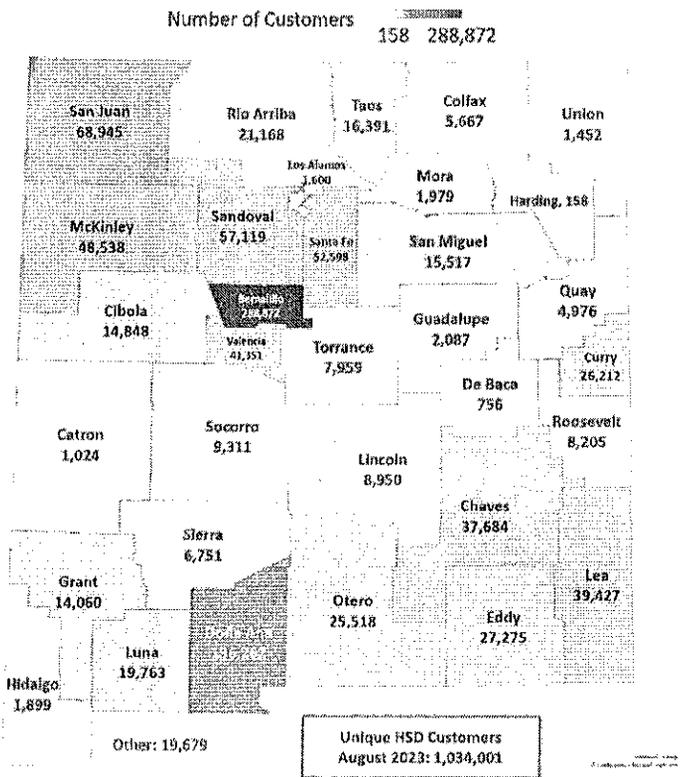
While Goal 3 is directly supported by the IT division, technology can be found supporting all four goals of the department.

C. VISION AND PRIORITIES

The Department’s vision is: **Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.**

The department is currently supporting the 1,034,001 New Mexicans who are enrolled in the public assistance programs administered by the department.

Unique HSD Customers, August 2023



The impact of the department’s services can be seen in the figure below. Technology provides the backbone by which the department can positively impact the lives of New Mexicans.

HSD’s programs have had the following social impact:

499,844,738 meals provided to New Mexicans through Supplemental Nutrition Assistance Program (SNAP) over the last 12 months

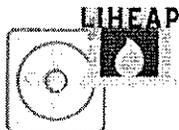


last updated: 7/26/23

934,308 individuals provided the ability to visit a doctor, afford medication and appointments through Medicaid in June 2023



22,800 homes heated and cooled for New Mexico families through Low Income Energy Assistance Program (LIEAP) in Federal Fiscal Year 2023



7,962 families provided shelter and necessities through Temporary Assistance for Needy Families (TANF) in June 2023



\$124.76* per month on average through child support to help kids be happy and healthy over the last 12 months



216,488 New Mexico adults supported by Behavioral Health programs and services** from July 2022 - June 2023



*Monthly TANF benefit amount subject to the needs of the state and the needs of the family. The total is affected by a number of other factors and therefore this measure is a simplified estimate.

D. AGENCY DESCRIPTION AND ORGANIZATION STRUCTURE

HCA manages a budget of over nine billion dollars of state and federal funds and administers services to 1,034,001 low-income New Mexicans through programs such as:

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

The programs are administered through Program Divisions:

1. Medical Assistance Division (MAD)
2. Income Support Division (ISD)
3. Child Support Enforcement Division (CSED)
4. Behavioral Health Services Division (BHSD)
5. Development Disabilities Division (DDSD)
6. Division of Health Improvement (DHI)
7. Employee Benefits Bureau (EBB)

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

HCA is a large organization with over 2000 Full-Time Equivalents (FTE). As such, the organizational charts for the department are too large to embed within this document.

A high-level organizational chart for the Health Care Authority (HCA) is provided at Appendix A-I. The organizational chart for the Information Technology Division (ITD) is available in Appendix A-II.

II. IT ENVIRONMENT

1. Major Applications

Automated System Program and Eligibility Network (ASPEN): Internal web-based application used by multiple divisions for eligibility determination for public assistance programs managed by HCA.

Behavioral Health STAR (BHSD STAR): Is the non-Medicaid information system used by Behavioral Health Collaborative agencies and the Behavioral Health Services Division (BHSD) to process non-Medicaid claims, encounters, and workbooks which support behavioral health services funded through federal block grants and state funds.

Child Support Enforcement System (CSES): Application used by the Child Support Enforcement Division for the establishment and enforcement of child support obligations.

Consolidated Customer Service Center (CCSC) - The CCSC also enables our customers to interact with HCA through phone, email, text, or chat 24 hours a day, 7 days a week, 365 days a year with automated support and engage a live person during normal business days.

Medicaid Management Information System (MMIS): Medicaid Management Information System, also known as Omnicaid, used by the Medical Assistance Division as the principal system for claims processing, capitation payments, third party liability, fraud detection, pharmacy benefit management, and other Medicaid functions.

Your Eligibility System (YES) New Mexico: Public facing web portal for New Mexicans to apply for benefits or services, check the status of an application or case, and to report changes.

YES.NM.GOV - Public facing web portal for New Mexicans to apply for child support services, check the status of their child support case and report changes.

2. Infrastructure

HCA has 45+ offices across the state and utilizes the Department of Information Technology's (DoIT) backbone network to provide wide area and internet connectivity to all HCA offices. The HCA network consists of Cisco routers, switches, and firewalls, load balancers, and the main perimeter Palo Alto firewall.

HCA currently hosts production infrastructure at the Simms data center and in Amazon Web Services (AWS). AWS currently hosts two of HCA's most critical enterprise applications, ASPEN and CSES. AWS and associated services allow for greater scalability, resiliency, and disaster recovery capabilities.

HCA hosts nearly all on premise systems on aging converged Simplivity OmniCubes which are housed at the Simms data center. As this converged infrastructure ages out, HCA is moving existing systems and workloads to the cloud as well as implementing new systems within the cloud. File storage and other server functions will continue to be migrated during FY25.

HCA’s servers are nearly all virtual, utilizing the VMware platform and AWS native virtualization. Servers are running Windows Server and Linux operating systems. In support of the ASPEN and CSES applications, HCA has large Oracle database services which will be migrated in FY24 and FY25.

Backup of critical HCA data is accomplished via traditional tape and SAN backups, AWS backup services, virtualization redundancy, and built in Microsoft technologies. The HCA’s primary backup software is Veeam.

3. Security

IT security is built into operations, software development, and project management activities within the department. The department conducts regular security, vulnerability, and compliance scans utilizing various tools such as Nessus. The department also contracts with third parties on an annual basis to conduct internal and external penetration testing, internal control assessments for compliance of federal security standards, and identification of security best practices.

The HCA security is driven mainly by the Internal Revenue Service (IRS), the Center for Medicare and Medicaid Services (CMS), and the Social Security Administration (SSA) security specifications, which are derived from the National Institute of Standards and Technology (NIST) 800-53 information security controls. Security assessments are conducted annually as required for CMS and IRS compliance. An independent assessment of technical, management, and operational controls, including penetration testing, was completed June 2023 by a 3rd party contracted assessment team. HCA staff and contractors complete security awareness training upon hire and annually thereafter, using Blackboard and Knowbe4 training platforms.

4. Agency IT Certified Projects

Delivering business value and enhancing services to our customers is provided through successful implementation of various IT projects within HCA. The department has two certified projects: the Medicaid Management Information System Replacement (MMISR) project and the Child Support Enforcement System Replacement (CSESR) project. Each project directly supports the department’s strategic goal to *Implement innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.*

PROJECT NAME	
Project Description	The Health Care Authority (HCA) is executing the Medicaid Management Information System Replacement (MMISR) project which is a multi-year effort to replace the department’s existing Medicaid Management Information System (MMIS). This business case is a continuation for the project which has been funded in previous years since 2013 and continues the replacement of the existing legacy MMIS

	<p>with a modular solution on a platform that can be extended to the rest of the HCA enterprise with components leveraged by other state agencies. MMISR functionality will be completed in 2025; HHS 2020 other agency integration occurs in 2025 and 2026. Technology types planned for the MMISR system include Software as a Service (SaaS), web/mobile applications, and electronic content management. The MMISR project will phase in delivery of services based upon implementation of multiple modules. The current MMIS is a monolithic solution that will no longer be supported by the Centers for Medicare and Medicaid Services (CMS). CMS has mandated that states replace their monolithic solutions with modular solutions in order to continue federal funding support. CMS wants to be able to leverage the modular approach to optimize project design for agility, interoperability, and flexibility to allow for a “plug and play” approach to avoid vendor lock in for systems. The System Integrator (SI) was ready for managed file transfer (MFT) service in June of 2023.</p> <p>The MMISR’s modules include:</p> <p>System Integrator (SI) – a Service-Oriented Architecture (SOA) Integration Platform including an Enterprise Service Bus (ESB) to integrate the discrete modules and enable them to function as a single cohesive system</p> <p>Data Services (DS) – Enterprise data warehouse, analytics capability, and business intelligence</p> <p>Quality Assurance (QA) – Third Party Liability (TPL), Recovery Audit Contract (RAC), Fraud and Abuse Detection, and Quality Reporting</p> <p>Financial Services (FS) – the centralized engine to adjudicate and process claims and capitation payments, pharmacy benefit management, data exchange, and reporting</p> <p>Provider Management (formerly Benefit Management Services) – streamlined solution for enrolling and managing providers</p> <p>Care and Case Management Services (C/CMS) – Case management solution supporting multiple programs across health and human services state agencies</p> <p>Unified Public Interface (UPI) – providing new web-based self-service tools and an enhanced, cross agency customer service center to act as a single point of entry for customers and providers, designated as the Consolidated Customer Service Center (CCSC) and Unified Portal (UP)</p> <p>Children’s Behavioral Health (CBH) is made up of several Children Youth and Families Department (CYFD) functional modules which compromise the child welfare information systems (CCWIS) and children’s behavioral health programs. Funding for the module is requested by the CYFD.</p>
<p>Estimated Project Costs</p>	<p>\$415,997</p>

Current Funding	\$294,547,229 including \$30,331,663 in state general fund. The remainder is federally funded.
Certified Project Phase	Implementation
Estimated Completion	Core MMIS functions in 2025; Enterprise functions in 2026
Strategic Priority	1
PROJECT NAME	
Project Description	<p>The CSESR project involves replacing or modernizing Refactored CSES to a modern and modular system. Refactored CSES went live on February 21, 2022. The new code base is Java. HCA continues to recognize benefits from the refactored CSES including a decrease in Maintenance and Operation (M&O) support costs and a knowledge accumulation by our CSES Development team to make changes to CSES in this new Java code base. These benefits will continue to be captured as the CSESR project continues with modernization and replacement efforts. The decision to modernize the refactored CSES or replace it altogether will be determined by a feasibility study to find the most desired solution for CSES. The major steps of this project include:</p> <ol style="list-style-type: none"> 1. Engaging with the selected contractor to provide Project Management Office (PMO) Services to manage the project through Design, Development, and Implementation (DDI), and through Go Live. 2. Submitting and receiving approval of a feasibility study from the federal Office of Child Support Services (OCSS). The feasibility study creation and any necessary revisions would be led by the PMO. The PMO will also create and submit for approval an Implementation Advanced Planning Document (IAPD). 3. Procuring a DDI contractor and IV&V contractor for developing and implementing the solution as defined from the feasibility study. 4. Transitioning from the refactored CSES to the new modular CSES replacement through Go Live. Integrating the modular CSES replacement to existing HCA systems and shared services such as Data Services, Unified Portal, Consolidated Customer Service Center (CCSC), Electronic Content Management, and more.
Estimated Project Costs	\$76,700,000
Current Funding	\$18,527,700 including \$5,143,400 in state general fund. The remainder is federally funded.
Certified Project Phase	Initiation
Estimated Completion	June 2027
Strategic Priority	2

TABLE II.1: Current Certified IT Projects

5. Workforce

A. Full Time Employees

The Information Technology Division is currently authorized for 87 full time FTE. ITD is currently seeking budget authority to fill 95 positions in FY25. ITD currently has 47 FTE filled. The workforce of our division is made up of developers, IT architects, IT database administrators, IT project managers, IT business analysts, IT end user support personnel, network and system administrators as well financial and business operations support positions. All ITD employees are working in the office except for those with approved ADA accommodations allowing for telework.

B. IT Professional Services Contractors

The Information Technology Division utilizes various vendors for staff augmentation purposes. These contractors can provide the skills and efforts needed for projects hosted by HCA or are able to fill roles needed for daily operations such as developer support, project management, and also support for network and systems administration duties while we actively recruit for those positions that are currently vacant. In addition to staff augmentation, ITD utilized an IT managed services vendor for network support. ITD looks to expand the use of IT managed services in FY25. Between IT managed services, fixed price deliverable contracts, and staff augmentation contracts, the division has several hundred additional contractors supporting the delivery of IT professional services.

6. Challenges

ITD faces many challenges that impact the division's ability to be successful and to achieve the goals the department has established.

- Recruiting for, hiring, and retaining IT talent. State pay bands and classifications are not aligned with changes occurring in the public and private sectors the past several years making these challenges more difficult.
- Shipping delays which began during the COVID-19 pandemic have made refreshing critical infrastructure difficult.
- Ensuring critical applications are flexible enough to adapt to changes in business processes quickly and cost effectively.
- Maintaining staff morale when the demands for IT services are greater than the supply of resources to deliver the services.
- Ensuring security of IT assets and data in an evolving threat landscape with minimal staff and tools.
- Increases in IT costs and migration of large applications into production.

III. FY23 KEY ACCOMPLISHMENTS

State fiscal year 2023 continued to be a challenging year as the department and division pivoted focus to COVID-19 post-pandemic activities while supporting emergency response functions for wildfires and flash flooding and seeing significant turnover in the fiscal year. The division is proud of the work our teams have done to support the mission and goals of the department and those accomplishments are reflected in the table below.

A. FY23 STRATEGIC IT ACCOMPLISHMENTS

STRATEGIC PRIORITY 1 – Successfully implement technology to give customers and staff the best and most convenient access to services and information.	
HSD strives to continuously improve customer service, operational excellence, and employee experience and performance	
FY23 Strategy 1	Promote ideas and information to flow clearly and quickly among all team members and stakeholders
Accomplishments	IT participated in numerous Department MINGLE and Great Expectations meetings to improve communication and to highlight the work IT does in support of the department’s mission, goals, and workforce.
Outcomes/Metrics	For FY23, 81% of division respondents reported that they strongly agreed or agreed that they know what is expected of them at work. 0% disagreed with this statement.
FY23 Strategy 2	Position our workforce for success
Accomplishments	Began to examine the effectiveness of IT processes with regards to the needs of the Department.
Outcomes/Metrics	The department has continued to see a decline in the rating of how well-equipped employees felt to effectively do their jobs based on the IT equipment, technology, and services they had over the past several years. In FY23, 75% of division respondents reported that they agreed or strongly agreed that the department provided the technological tools, training and resources needed to be effective while working. Only 16% disagreed with this statement.
FY23 Strategy 3	Create and standardize clear and agile IT processes
Accomplishments	The Child Support team continues to use the Atlassian suite of software development tools, and the unified portal project and continues to use a hybrid agile methodology for development of the portal.
Outcomes/Metrics	The migration has enabled IT and the Child Support Services Division to communicate and collaborate better regarding enhancements to the Child Support system.

FY23 Strategy 4	Empower a data driven organization
Accomplishments	<ul style="list-style-type: none"> IT continues to the multi-agency Data Governance Council (DGC). The Council consists of members from all HSD divisions and sister HHS agencies such as ALTSD, CYFD, DOH, and ECECD. Data quality standards have been defined. Golden record and survivorship rules for customers were defined.
Outcomes/Metrics	The DGC executed an enterprise memorandum of understanding (MOU) across HHS agencies in FY23.
FY23 Strategy 5	Leverage and invest in new and emerging technology to drive agility of IT services
Accomplishments	MMISR System Integration Platform (SIP) was ready for deployment.
Outcomes/Metrics	They SIP was ready for managed file transfer (MFT) service in June of 2023. This is the first production use-case for the MMISR project.

TABLE III.1: FY23 Strategic IT Accomplishments

B. OTHER KEY IT ACCOMPLISHMENTS – FY23

[Preface this section with a statement that summarizes the content in this table.]

APPLICATION	
Accomplishment	CSSES Distribution Rule Change - This change will result in as much as \$6.96 million annually disbursed to custodial parties who were formerly on Temporary Assistance for Needy Families (TANF) rather than distribution to the state and federal government.
Value or Impact	The pass through increased on January 1, 2023, to \$200 when a payment of at least the same amount made on a case. Previously the maximum amount passed-through the current TANF assistance families was \$100 regardless of the number of dependents.
Accomplishment	ASPEN Statewide Queues (SWQ) roll out. This change converts the original ASPEN task distribution model into a statewide model.
Value or Impact	SWQ makes task assignment more efficient across the workforce spread across different locations. County offices execute the majority of lobby-based services, while task-based eligibility operations are shifted across multiple locations.
Accomplishment	ASPEN Realtime Eligibility (RTE) for Medicaid Renewals.
Value or Impact	Medicaid members can get an automated determination for renewal of benefits online in addition to the automation for new applications that already exists.
DATA	
Accomplishment	IT continues to lead the multi-agency Data Governance Council (DGC). The Council consists of members from all HSD divisions and sister HHS agencies such as ALTSD, CYFD, DOH, and ECECD. Data quality standards have been defined.
	Golden record and survivorship rules for customers were defined.

Value or Impact	Continues the work of the department to become data driven.
WORKFORCE	
Accomplishments	ITD provided a hybrid telework environment for half of FY23. ITD worked with staff to return to the office full-time the first part of 2023.
Value or Impact	ITD can meet both department and employee needs in multiple work environments.
CUSTOMER SERVICE	
Accomplishments	The Child Support Enforcement Division's Unified Portal went live in April 2023
Value or Impact	The new website helps with submitting child support applications and managing cases. The site also makes it easier for employers to assist in child support.
TELEWORK	
Accomplishments	HSD resumed full time in-office work in FY23.
Value or Impact	Staff now have the benefit of in-person collaboration with colleagues in addition to the use of online meeting applications such as Teams.
SECURITY	
Accomplishments	Completed the annual security and penetration testing. Completed a cybersecurity risk assessment. Improved the department's cybersecurity risk by decommissioning end of life assets.
Value or Impact	Improves the IT security posture of the department.

TABLE III.2: Other Key IT Accomplishments – FY23

IV. FY25 IT STRATEGIC GOALS AND STRATEGIES

For State Fiscal Year 2025, the division will focus on the new Department's goals which are in sync with IT strategies from the previous fiscal year. The department's FY25 strategic plan contains numerous tactics that IT owns or supports. The department's strategic plan can be found at https://www.hsd.state.nn.us/about_the_department/strategic_plan/

STRATEGIC PRIORITY 1 – Implement innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.	
FY25 Strategy 1	Promote ideas and information to flow clearly and quickly among all team members and stakeholders
Outcomes/Metrics	Improved communication as measured by employee listening sessions and surveys conducted by the department
FY25 Strategy 2	Position our workforce for success

Outcomes/Metrics	Improved rating by department employees related to how well equipped they feel to effectively do their jobs.
FY25 Strategy 3	Create and standardize clear and agile IT processes
Outcomes/Metrics	Improved customer service, operational excellence, and employee experience and performance.
FY25 Strategy 4	Empower a data driven organization.
Outcomes/Metrics	Increased level of maturity within the analytics maturity model
FY25 Strategy 4	Leverage and invest in new and emerging technology to drive agility of ITD services
Outcomes/Metrics	Measured by several scorecard measures on the department's scorecard at https://sites.google.com/view/nmhsdscorecard/home

TABLE IV.1. FY25 IT Strategic Goals and Strategies

V. IT FISCAL AND BUDGET MANAGEMENT

*Information Technology (IT) Operating Budget (C1)

To update this table, please double click on the embedded spreadsheet and add the required information. Before exiting the spreadsheet, please make sure to scroll up. Otherwise, the entries of this table will not be fully previewed.)

Agency Name		Agency Code			
Human Services Department		630			
Base Request Operational Support of IT. Check one of the options below:		Flat Budget	Expansion from		
Yes/No			Yes		
Revenue IT Base Budget (dollars in thousands)					
Appropriation Funding Type	FY22 Actual	FY23 Actual	FY24 OpBud	FY25 Request	FY26 Estimate
General Fund	15,458.2	18,976.8	19,363.9	28,219.4	28,219.4
Other State Funds	0.0	2,300.0	2,300.0	2,300.0	2,300.0
Federal Funds	30,701.9	36,400.4	38,235.1	57,052.8	57,052.8
Internal Svc Funds/Interagency Transfer	0.0		0.0	0.0	0.0
Total	46,160.1	57,677.2	59,899.0	87,572.2	87,572.2
Expenditure Categories (dollars in thousands)					
Category or Account Description	FY22 Actual	FY23 Actual	FY24 OpBud	FY25 Request	FY26 Estimate
Personal Services & Employee Benefits	5,572.1	5,143.9	6,681.7	7,539.7	7,539.7
Contractual & Professional Services	26,317.5	37,503.9	40,398.1	58,198.9	58,198.9
IT Other Services	14,270.5	15,029.4	12,819.2	21,833.5	21,833.5
Other Financing Uses	0.0	0.0	0.0	0.0	0.0
Total	46,160.1	57,677.2	59,899.0	87,572.2	87,572.2
	Print Name	Phone	Email Address	Date	
Agency Cabinet Secretary/ Director (Mandatory)	Kari Armijo	505-827-1344	kari.armijo@hsd.nm.gov	1-Sep	
Chief information Officer or IT Lead(Mandatory)	Paula Morgan	505-231-7892	paulan.morgan@hsd.nm.gov	1-Sep	
Chief Finance Officer (Mandatory)	Carolee Graham	505-570-1046	carolee.graham@hsd.nm.gov	1-Sep	

TABLE V.1: IT Operating Budget

Agency Cabinet Secretary/Director Signature

Chief Information Officer/IT Lead Signature

Chief Financial Officer Signature

DocuSigned by: Kari Armijo	9/1/2023
DocuSigned by: Carolee Graham	9/1/2023
DocuSigned by: Carolee Graham	9/1/2023

VI. SPECIAL FUNDING, SUPPLEMENTAL, COMPUTER SYSTEM ENHANCEMENT (C2) FUNDING AND REAUTHORIZATION OF C2 APPROPRIATIONS

A. The Information Technology Division (ITD) will request five special appropriations:

- ITD's expansion for Health Care Authority (HCA) is an additional \$9,152.4 (\$3,157.5 GF). This additional expansion request is to support the new divisions that are being added to the existing Human Services Department from Department of Health and General Services to create the Health Care Authority.
- ITD's expansion for the Data Analytics Organization Special appropriation request is \$3,508.8 (\$1,210.5 GF). *This expansion request will build a Data Analytics Organization which will be responsible for the creation and maintenance of the Analytics Organization Hub & Spoke Model. The Analytics Hub will focus on core analytic priorities such as advanced analytics and the advanced technical and quantitative skills benefiting Spokes. Data Governance and data governance processes are managed through the analytics hub.*
- ITD's ASPEN Enrollment and Eligibility Special appropriation request is \$3,400 (\$1,122 GF). HCA awarded its Eligibility and Enrollment RFP to Deloitte in FY23. The cost for the new application was not accurately forecasted.
- ITD's Child Support System Special appropriation request is \$3,800 (\$1,292.0 GF). The Special appropriation request is for the Child Support Enforcement application CSES. As greater scalability, resiliency, and disaster recovery capabilities are sought for the CSES application, the large Oracle database will be migrated to a is a powerful, object-relational database system.
- ITD's Oracle license Special appropriation request is \$1,500 (\$510.0 GF). ITD underpaid for Oracle licenses in the past and ITD has agreed to a three-year payment plan of which FY25 will be the 3rd year of a three-year plan.

B. The Information Technology Division currently has three C2 funding requests:

- Medical Management Information System Replacement (MMISR). The CSEF form for the MMISR project can be found in Appendix A-III.
- Child Support Enforcement System Replacement (CSESR). The CSEF form for the CSESR project can be found in Appendix A-III.
- Division of Health Improvement (DHI) licensing application (FELIX). The CSEF form for the MMISR project can be found in Appendix A-III.

C. REQUEST FOR REAUTHORIZATION OF C2 APPROPRIATIONS

Information Technology Request for Reauthorization of C2 Appropriations			
Agency Name	<i>Health Care Authority</i>	Agency Code	63000
Lead Agency Name Listed on Appropriation	<i>Health Care Authority</i>	Project Name	<i>Medicaid Management Information System Replacement (MMISR)</i>
Source of Authorization (e.g. Laws 2022, Chapter 54, Section 7 (12) or Grant/Federal Fund #)		Appropriation Amount (in thousands)	Remaining Balance (in thousands)
Laws of 2018, Chapter 73, Section 7, Item 21		\$67,657.0	0
Laws of 2019, Chapter 271, Section 7, Item 22		\$12,556.1	\$1,760.2
Laws of 2020, Chapter 83, Section 7, Item 23		\$40,250.4	\$34,070.6
Laws of 2021, Chapter 137, Section 7, Item 17		\$12,030.7	\$3,490.8
Laws of 2022, Chapter 54, Section 7, Item 23		\$76,441.5	\$51,702.4
Laws of 2023, Chapter 210, Section 7, Item 16		\$74,933.7	\$74,933.7
		\$283,869.4	\$165,957.7
Total amount appropriated over project life (in thousands)	\$369,190.9	Will the project be completed within the next fiscal year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reason for Requesting Reauthorization	1. Scope of the project was expanded to include other health and human services agencies, improve customer service, and optimize federal funding. 2. The COVID-19 pandemic required reassignment of program and IT staff for emergency response IT activities. 3. Terminating the original System Integrator resulted in schedule delays impacting other modules while HCA procured a new vendor.		

Information Technology Request for Reauthorization of C2 Appropriations			
Agency Name	<i>Health Care Authority</i>	Agency Code	63000
Lead Agency Name Listed on Appropriation	<i>Human Service Department</i>	Project Name	<i>Child Support Enforcement System Replacement (CSESR)</i>
Source of Authorization (e.g. Laws 2022, Chapter 54, Section 7 (12) or Grant/Federal Fund #)		Appropriation Amount (in thousands)	Remaining Balance (in thousands)
ZD7021, Laws of 2020, Chapter 271, Section 7, Item 21		\$5,245.8	\$326.2
ZB7022, Laws of 2021, Chapter 83, Section 7, Item 22		\$8,330.9	\$2,400.1
ZG7022, Laws of 2022, 2nd Session, Chapter 54, Section 7, Item 22		\$14,338.9	\$14,338.90

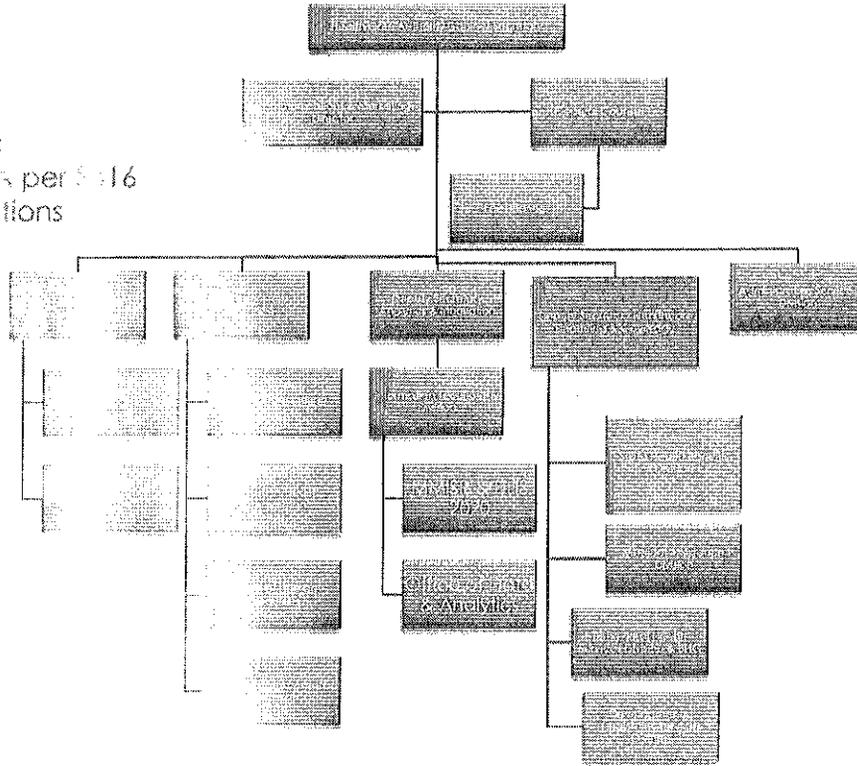
		\$27,915.6	\$17,065.2
Total amount appropriated for project life (in thousands)	\$23,576.8	Will the project be completed within the next fiscal year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reason for Requesting Reauthorization	The second phase of the CSESR Replacement Project is ramping up and projected expenditures for the second phase of the project show that the current appropriations need to be carried forward for future fiscal year project needs.		

Information Technology Request for Reauthorization of C2 Appropriations			
Agency Name	Health Care Authority	Agency Code	63000
Lead Agency Listed on Appropriation	Health Care Authority	Project Name	Developmental Disabilities Support Division Client Data Management System
Source of Authorization (e.g. Laws 2022, Chapter 54, Section 7 (12) or Grant/Federal Fund #)	Appropriation Amount (in thousands)	Remaining Balance (in thousands)	
Laws 2016, Chapter 54, Section 7(17)	\$400.0	0	
Laws 2017, Chapter 5, Section 7(10); Reauthorization Laws 2019, Chapter 271, Section 7(25); Reauthorization Laws 2020, Chapter 54, Section 7(33); Reauthorization Laws 2021, Chapter 137, Section 7(26); Reauthorization Laws 2022, Chapter 54, Section 7(33); Reauthorization Laws 2023, Chapter 210, Section 7(24)	\$2,400.0	\$2,173.1	
Laws 2021, Chapter 7, Section 7(27); Reauthorization Laws 2023, Chapter 210, Section 7(28)	\$5,000	\$5,000	
Laws 2022, Chapter 54, Section 7(29)	\$2,000	\$2,000	
	\$9,800	\$9,173.1	
Total amount appropriated for project life (in thousands)	\$9,173.1	Will the project be completed within the next fiscal year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reason for Requesting Reauthorization	1. To continue Initiation, Planning, Implementation and Closeout phases of the project 2. The COVID-19 pandemic required reassignment of program and IT staff for emergency response IT activities. 3. Terminating the original System Integrator resulted in schedule delays impacting other modules while PCIT required a new vendor.		

TABLE V-4: Request for Reauthorization of C2 Appropriations

APPENDIX A-I: AGENCY ORGANIZATION CHART

- Existing HSD Functions
- New Functions per 5-16
- Other New HICA Functions



APPENDIX A-III: C2 IT DATA PROCESSING CSEF

C2: Information Technology

Data Processing - Computer Systems Enhancement Fund (CSEF)

(To update this table, please double click on the embedded spreadsheet and add the required information. Before exiting the spreadsheet, please make sure to scroll up. Otherwise, the entries of this table will not be fully previewed.)

Agency Name	Agency Code	Project Name			
Health Care Authority	630	Medicaid Management Information System Replacement			
Multi-Agency Project	Participating Agencies	Priority	Projected Start Date	Projected End Date	
Yes/No		1	7/5/2013	7/18/2026	
Yes	DOH, ALTSD, CYFD, ECECD				
Revenue Project Cost (dollars in thousands)					
Category or Account Description	FY23 & Prev Actual	FY24 Budget	FY25 Request	FY26 Estimate	Total
General Fund (CSEF)	24,371.10	7,425.90	2,070.70	3,560.90	37,428.60
Other State Funds (*specify funds below)	0	0	5,954.40	0	5,954.40
Federal Funds	232,575.80	67,507.80	18,635.90	28,845.80	347,565.30
Internal Svc Funds/Inte ragency Transfer	0	0	27,369.30	0	27,369.30
Total	256,946.90	74,933.70	54,030.30	32,406.70	418,317.60
*If Other State Funds, Specify Funding Source/Fund Name	Rollover amounts from previous requests				
** Federal Funds	Rollover amounts from previous requests				
Expense Categories (dollars in thousands)					
	FY23 & Prev Actual	FY24 Budget	FY25 Request	FY26 Estimate	Total
Personal Services & Employee Benefits	17,279.60	1,764.40	3,175.10	5,159.00	27,378.10
Professional Services	171,322.50	61,375.10	76,807.40	18,957.60	328,462.60
Travel/Lodging	198.1	48.3	40.8	12.2	299.4
IT Hardware	3,047.80	1,527.70	100		4,675.50
IT Software	33,432.30	12,552.90	2,996.90	\$8,519.90	57,502.00
Other	0	0	0	0	0
Total	225,280.30	77,268.40	83,120.20	32,648.70	418,317.60

C2: Information Technology**Data Processing - Computer Systems Enhancement Fund (CSEF)**

(To update this table, please double click on the embedded spreadsheet and add the required information. Before exiting the spreadsheet, please make sure to scroll up. Otherwise, the entries of this table will not be fully previewed.)

Agency Name	Agency Code	Project Name			
Health Care Authority	630	Child Support Service Replacement			
Multi-Agency Project	Participating Agencies		Priority	Projected Start Date	Projected End Date
Yes/No			2	12/1/2013	SFY2027

No

Revenue Project Cost (dollars in thousands)					
Category or Account Description	FY23 & Prev Actual	FY24 Budget	FY25 Request	FY26 Estimate	Total
General Fund (CSEF)	5,061.0	1,136.0	7,601.0	7,434.0	21,232.0
Other State Funds (*specify funds below)	0.0	0.0	0.0	0.0	0.0
Federal Funds	9,824.0	2,206.0	14,754.0	14,428.0	41,212.0
Internal Svc Funds/Interagency Transfer	0.0	0.0	0.0	0.0	0.0
Total	14,885.0	3,342.0	22,355.0	21,862.0	62,444.0
*If Other State Funds, Specify Funding Source/Fund Name					

Expenditure Categories (dollars in thousands)					
	FY23 & Prev Actual	FY24 Budget	FY25 Request	FY26 Estimate	Total
Personal Services & Employee Benefits	467.0	1,802.0	2,039.0	1,903.0	6,211.0
Professional Services	13,238.0	1,540.0	18,102.0	18,052.0	50,932.0
Travel/Lodging	0.0	0.0	250.0	125.0	375.0
IT Hardware	957.0	0.0	0.0	0.0	957.0
IT Software	189.0	0.0	0.0	0.0	189.0
Other	34.0	0.0	1,964.0	1,782.0	3,780.0
Total	14,885.0	3,342.0	22,355.0	21,862.0	62,444.0

C2: Information Technology

Data Processing - Computer Systems Enhancement Fund (CSEF)

(To update this table, please double click on the embedded spreadsheet and add the required information. Before exiting the spreadsheet, please make sure to scroll up. Otherwise, the entries of this table will not be fully previewed.)

Agency Name	Agency Code	Project Name			
Health Care Authority	030	FELIX Replacement			
Multi-Agency Project	Participating Agencies	Priority	Projected Start Date	Projected End Date	
Yes/No		3	11/13/2018	6/30/2025	

No

Revenue Project Cost (dollars in thousands)					
Category or Account Description	FY23 & Prev Actual	FY24 Budget	FY25 Request	FY26 Estimate	Total
General Fund (CSEF)	0.0	0.0	350.0	0.0	350.0
Other State Funds (*specify funds below)	0.0	0.0	0.0	0.0	0.0
Federal Funds	0.0	0.0	350.0	0.0	350.0
Internal System/Inter-agency Transfer	0.0	0.0	0.0	0.0	0.0
Total	0.0	0.0	700.0	0.0	700.0
*If Other State Funds, specify fund number and Source/Fund Code					

Expenditure Categories (dollars in thousands)					
	FY23 & Prev Actual	FY24 Budget	FY25 Request	FY26 Estimate	Total
Personnel Salaries & Employee Benefits	0.0	0.0	0.0	0.0	0.0
Professional Fees	0.0	125.0	575.0	0.0	700.0
Travel	0.0	0.0	0.0	0.0	0.0
IT Hardware	0.0	0.0	0.0	0.0	0.0
IT Software	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0
Total	0.0	125.0	575.0	0.0	700.0

DocuSigned by:

Agency Chief Security Officer Signature

Kari Armijo 9/1/2023

Chief Information Officer/IT Lead Signature

Robert Hays 9/1/2023

Budget Director Signature

Carolee Graham 9/1/2023

APPENDIX A-III: C2 IT Data Processing CSEF

Goal 1: Leverage purchasing power and partnerships to create innovative policies, and models of comprehensive healthcare coverage that health and well-being of New Mexicans and the workforce.

Objective 1.1 Ensure that as the largest payer in the state, Medicaid is providing appropriate payment for services. (Medical Assistance Division)

Revise NM Administrative Code and implement communications regarding changes in standard of care requirements in prenatal care (Maternal Carrier Screening Cystic Fibrosis, Maternal Carrier Screening Spinal Muscular Atrophy, Prenatal Genetic Screening (Cell Free DNA), Prohibit prior authorization for Obstetrics services).

Establish cadence and requirements for periodic rate reviews based on outcomes from Benchmarking report.

Participate in the Interagency Pharmaceuticals Purchasing Council to examine cost-savings opportunities in drug purchasing/payment across state agencies and other public bodies.

Implement the identified changes to provider rate reviews/increases/assessment

Implement the revised Targeted Access Payment.

Develop annual Medicaid percentage reimbursement rate benchmarks to Medicare.

Ensure Managed Care Organization (MCO) reimbursement is not lower than Fee for Service schedule.

Identify areas where unbundling reimbursement rates might be beneficial.

Cultivate relationships with Tribal providers and work to leverage 100% Federal Medical Assistance Percentage (FMAP) for Indian Health Service (IHS)/638 providers

Objective 1.2 Promote primary care expansion in New Mexico, particularly in underserved and rural areas. (Office of the Secretary (OOS) & Medical Assistance Division (MAD))

Annually update NM Primary Care Council (PCC) Strategic Plan for January release.

Provide financial support and technical assistance to primary care residency expansion partners.

Reform Medicaid policies, programs and procedures to optimize primary care residency expansion.

Collaborate with US Centers for Medicare and Medicaid Services in its pilot to implement new Medicare primary care payment model in New Mexico, shifting payments from fee-for-service to patient outcomes.

Develop and implement sustainable primary care alternative payment models (APMs) in Medicaid that will improve quality of care; increase equity, access, health outcomes, and value; and incentivize interprofessional teams.

Drive health equity through developing and incentivizing models of interprofessional, person-centered primary care teams that include Behavioral Health (BH) and Community Health Workers.

Strengthen primary care APM clinician and provider transformation collaborative that builds relationships with stakeholders and provides them technical assistance and support related to APM adoption in their practice.

Design health equity measures for primary care alternative payment model and value based purchasing payments.

Evaluate primary care residency expansion program performance.

Develop and implement strategies to create a sustainable and diverse primary care workforce that supports interprofessional teams, education, and residency programs; addresses barriers to recruitment and provider burn-out; and improves provider-to-population ratios and access to care.

Develop strategies to improve and invest in health technology that supports high quality primary care including systems for APMs, Health Care Authority Information Exchange, electronic health records, and population health; and systems that make primary care seamless and easy for patients and providers.

Design and implement a Rural Health Care Authority Delivery Fund (per 2023 Senate Bill 7) that provides funding for new or expanded Health Care Authority services in rural New Mexico counties.

Promote, in coordination with NMDOH, the Health Professional Loan Repayment supports designed to recruit and retain professionals in the state.

Implement Centers for Medicare & Medicaid Services Access rules (if finalized)

Objective 1.3 Employ all Federal flexibility related to Public Health Emergency (PHE) to remove barriers to access for Medicaid members and providers. (Medical Assistance Division, MAD)

Continue to communicate to members about the unwinding

Collaborate with beWellnm to support transition of health care coverage

Objective 1.4 Design and maintain a high value Managed Care Medicaid Program that effectively delivers timely and accurate benefits. (Medical Assistance Division, MAD)

Issue extension of Managed Care Organization (MCO) contract.

Develop 2022 Dual Special Needs Population Contract.

Review Direct payments and determine strategy for continuation and hire staff to support.

Conduct MCO Procurement Readiness.

Implement new models for the Medicaid home visiting program.

Complete MCO contract amendments for changes to Early and Periodic Screening, Diagnostic and Treatment (EPSDT), and the Health Insurance Exchange plan offering.

Revise Medicaid Managed Care Contract.

Complete MCO contract amendments for changes to EPSDT, Value Based Purchasing (VBP), Medical Loss Ratio (MLR), and the Health Insurance Exchange plan offering.

Develop and submit waiver renewal applications to The Centers for Medicare & Medicaid Services (CMS) for Fiscal Years 25 and 26.
Develop training for Income Support Division on DD waiver changes in FY25 and FY26.
Outline options and continue stakeholder engagement for waiver renewals in FY25 and FY26.
Review NM Administrative Code regulations for changes that need to be made with DD waiver changes.
Initiate statewide townhall meetings and stakeholder meeting for information gathering to develop recommendations for changes to waiver renewal applications.
Continue NM Dept. of Health collaboration on waiver redesign.
Participate in Developmental Disabilities Support Division Provider Training Workgroup
Strengthen communication pathways between divisions
Evaluate payment methodology in 1915c waiver
Objective 1.8 Implement American Rescue Plan Enhanced Federal Medical Assistance Percentages (FMAP) Home and Community Based Service Spending Plan. (Medical Assistance Division, MAD).
Open Personal Care Services provider network.
Pursue Program of All-Inclusive Care for the elderly (PACE) expansion, which provides comprehensive long-term services and supports to Medicaid and Medicare enrollees.
Launch Home and Community Based Services (HCBS) webpage (public facing central registry built into Unified Portal).
Initiate stakeholdering to pursue PACE expansion, which provides comprehensive long-term services and supports to Medicaid and Medicare enrollees.
Expand and fill new Community Benefit Allocations.
Objective 1.9 Expand the behavioral health (BH) network to provide a full continuum of behavioral health services. (Behavioral Health Service BHSD)
Incorporate appropriate telehealth and remote service delivery systems into BH Provider and Billing Manual and New Mexico Administrative Code. Includes Telehealth Expansion Funds from Opioid Settlement Funds.
Evaluate and adjust as appropriate expansion of Certified Peer Support Workers in array of social locations.
Develop Certified Community Behavioral Health Clinics, which are a Federal model for sustainable and high quality integrated Behavioral Health Clinics.
Continue 988/Crisis Now Mobile Crisis Response team pilots and plan for expansion to cover the entire state with sustainable, locally appropriate and flexible models.
Continue 988/Crisis Now development of BH Crisis response centers as locally appropriate (e.g. Crisis Triage Centers (CTC), Alternative CTC models, Emergency Depts., BH Urgent Care). This includes SB310
Implement payment system that incentivizes effective integration of BH and Primary Care.
Implement Value Based Purchasing with state general funds and Block Grant Projects.
Include appropriate Value Based Purchasing mechanisms for BH system of care into Managed Care Organization contracting.
Forensics: Quality Improvement, Program Management, and Budgeting
Work with New Mexico Dept. of Health and Behavioral Health Collaborative to elaborate process to incorporate syndromic surveillance and data management into planning of Substance Use system of care from Prevention through to Recovery.
Expansion of supportive housing services for those affected by opioid use disorder.
Expansion of Screening, Brief Intervention and Referral to Treatment (SBIRT) Services
Expansion of Medically Assisted Treatment services in county and state detention facilities.
Design and implement a Rural Health Care Authority Delivery Fund (per 2023 Senate Bill 7) that provides start-up grant funding for new or expanded BH services in rural NM counties.
Continue development of Tribal 988 services that includes an identified warm line or hotline for tribal communities
Objective 1.10 Develop a statewide system of behavioral health (BH) Health Care that promotes the BH and well-being of children, individuals encourages a seamless system of care that is accessible and continuously available, and emphasizes prevention and early intervention, resilience and rehabilitation. (Behavioral Health Collaborative, BHC)
Reform residential treatment services in accordance with federal Family First Prevention Services Act (FFPSA) guidelines.
Increase number of Medication Assisted Treatment qualified providers through NM Corrections Dept. pilot.
Support the BHC Administrative Services Organization operations, BHC member agencies, and look for expansion opportunities.
Identify prevention gaps in BH services for children and youth.
Support Local BHC expansion, facilitating partnerships with health councils and facilitating regional recommendations to BHC.
Contract with new Local BHC for desired objectives and expand membership and relationships with health councils.
Evaluate use of Substance Use Disorder (SUD) screenings across primary care and BH settings.
Expand SUD prevention and intervention services for youth.
Expand evidence based practices and modalities to address BH needs of children and youth.
Monitor and evaluate BHC performance measures.
Improve BH access, including suicide prevention supports.
Explore financial incentives to keep BH professionals in NM.
Expand Medication Assisted Treatment statewide.
Increase services and supports for people involved in the justice-system using the Sequential Intercept Model.

Increase health reduction strategies that address complex needs of individuals in the justice system with 200.

Collective 1.1: Increase state employee health benefits.

Develop strategies for long-term financial sustainability so plans are affordable, robust, and actuarially sound.

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Develop strategies for long-term financial sustainability so plans are affordable, robust, and actuarially sound.

Objective 5.1: Ensure that every unaffiliated New Mexican receives timely and accurate benefits. (Income Support Division, Income Support Division)

Increase food and nutrition support, specifically the State Food Supplement benefit and additional deductions.

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Objective 5.2: Modernize child support program to improve the financial and medical support of New Mexico's children. (Child Support Service)

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Objective 5.3: Enhance access to Home and Community-Based Waiver services and State General Fund services that serve people with disabilities.

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Implement a predictive analytics model for identifying participants/clients who may be at a higher risk of abuse, neglect, and exploitation.
Implement a provider monitoring system that accounts for provider oversight, accountability, and technical assistance.
Engage with providers, individual's participant in in DDSD program, and stakeholder groups to create a program focuses on preventing abuse, neglect, and exploitation.
Implement provider rate increases that support the provider network and direct support professionals to keep New Mexico competitive within the region.
Increase visibility of <i>Mi Via</i> participants about increased funding options when needs exceed current Individual Budgetary Allotment (IBA).
Review current waiver standards across all 1915c waivers and develop waiver renewal applications that support strategic programmatic initiatives.
Implement an integrated Client Data Management System that serves as a single platform for all waiver related data.
Leverage federal financial participation under Medicaid to procure a case management system that meets the needs of the division.
Leverage a central repository for all process documentation across all waiver programs.
Explore opportunities for collaboration and efficiencies with other Healthcare Authority divisions.
Complete the Super Allocation Plan and continue efforts to eliminate the waitlist.
Prevent abuse, neglect, and exploitation by partnering with state, federal, providers, individual's participant in in DDSD program, advocacy group and the entire community.
Objective 2.4 Develop and implement a comprehensive external communication plan. (Office of the Secretary, OOS)
Implement best practices for social media to connect with HSD audiences and for outreach purposes.
Expand and grow outreach through social media channels: Facebook, Instagram, Twitter, LinkedIn.
Provide continuous training on website protocols for division staff.
Review Google analytics for website.
Grow and maintain external distribution list to continuously communicate with the public.
Maintain credibility and transparency with the media and the public.
Partner with associations and speak at annual meetings.
Implement communication strategies designed to reach New Mexicans with limited technological access.
Review social media analytics, determine growth, and set new digital outreach goals.
Work with division staff to inventory and update their section of the website.
Develop public service announcements about HSD benefits.
Inventory and maintain HSD website updates.
Strengthen relationships with key advocacy groups.
Conduct public hearings for customers, advocates, and various stakeholders.
Engage with HSD customers in community-based settings, providing benefits enrollment support and answering questions.
Enhance and expand in person outreach and education to tribal communities
Enhance and expand participation in tribal stakeholder meetings
To improve timely communication to the field regarding upcoming changes. To communicate with the affected parties regarding changes or a need for change in procedures (prior to implementation). Increase communication rating by the next survey.
Cultivate relationships with media to promote positive coverage of HSD
Objective 2.5 Implement a department wide strategy to include partners (federal, state and local, community-based services, providers, advo Care Organizations, Tribes) in decisions that affect them. (Office of the Secretary, OOS)
Assess the effectiveness of the Child Support Services Divisions (CSSD) Native American Initiative.
Solicit feedback from key stakeholders (e.g. customers, HSD staff, legislators, providers, advocacy groups) related to HSD's strategic priorities.
Collaborate with Native American liaison to share information with NM's Tribes, Nations, and Pueblos.
Collaborate with Indian Affairs Public Information Officer to share information about HSD benefits available for Native American population.
Broadcast public service announcements about HSD benefits specific to Native American populations.
Attend Native American public events to provide information about HSD programs and services.
Utilize Tribal Consultations as a means of community engagement, as needed.
Convene Medicare Administrative Contractor (MAC) subcommittees.
Conduct public hearings for HSD customers, providers, advocates, and other stakeholders, as needed.
Maintain relationships with key advocacy groups.
Engage providers and users in Medicaid Management Information System Replacement (MMISR) Project activities, including testing.
Working with community partners, including customers and providers, to solicit feedback on designing the HSD office of the future.
Establish an Limited English Proficiency plan in collaboration with other state agencies house bill

Begin enhancements for other agencies as part of the HHS 2020 initiatives
Objective 3.2 Provide greater access to timely enterprise data to enhance evidence-based decision making. (Information Technology Division, ITD)
Seek an increase to the operating budget for Information Technology Division (ITD) to implement a data analytics organization that includes the filling of 7 positions.
Implement an open data portal or website for public access.
Objective 3.3 Implement business transformation to redesign, streamline and improve our processes. (Information Technology Division, ITD)
Survey HSD customers, soliciting recommendations related to business redesign and improvements.
Update Service Desk software
Partner with Code for America to create a customer feedback loop for new enhancements to the Consolidated Customer Service Center
Objective 3.4 Expand and improve automation and self-service capabilities for ease of access to services. (Information Technology Division, ITD)
Automate provider enrollment for Medicaid providers.
Continue implementation of the unified portal.
Implement real-time eligibility for Supplemental Nutrition Assistance Program (SNAP) applications and administrative renewals for SNAP Interim reports.
Partner with Code for America to review opportunities for enhanced customer experience automations in CCSC
Objective 3.5 Identify replacement strategy for Child Support Enforcement System (CSES). (Information Technology Division, ITD & Child Support Division, CSSD)
Initiate full replacement/modernization of Child Support Enforcement System (CSES) system.
Complete an API for STEPUpI referrals to the Dept. of Workforce Solutions
Objective 3.6 Integrate with state-based Health Insurance Exchange to ensure streamlined experience for Medicaid members. (Medical Assistance Division, MAD)
Implement Phase II Medicaid-HIE integration strategy.
Objective 3.7 Meet federal interoperability requirements. (Medical Assistance Division, MAD)
Complete interoperability implementation.
Objective 3.8 Promote ideas and information to flow clearly and quickly among all IT team members and stakeholders. (Information Technology Division, ITD)
Define an IT service catalog.
Build an enterprise level knowledgebase and knowledge management process.
Build IT self-service capabilities to better support HSD staff.
Objective 3.9 Empower a data driven organization. (Information Technology Division, ITD)
Complete an analysis of data quality issues.
Objective 3.10 Leverage and invest in new and emerging technology to drive agility of ITD services. (Information Technology Division, ITD)
Continue migration of workloads to the cloud and execution of the cloud strategy.
Objective 3.11 Utilize Performance Measures to improve Managed Care Organizations (MCOs) performance on physical health and Behavioral Health (BH) outcomes. (Medical Assistance Division, MAD)
Revise MCO Performance Measures to align with evolving Health Care Authority Effective Data Information Sheets (HEDIS) measures.
Monitor National Committee for Quality Assurance (NCQA) revisions to Health Care Authority Effective Data Information Sheets (HEDIS).
Evaluate MCO Health Care Authority Effective Data Information Sheets (HEDIS) data for Performance Measure target achievement.
Evaluate MCO Performance Measure reporting.
Draft Performance Measure letter to MCOs, outlining contract performance compliance or non-compliance.
Recover penalties from MCOs for performance non-compliance.
Develop a customer satisfaction survey to be administered to Children in State Custody to are engaged in Care Coordination through their MCO.
Objective 3.12 Automate processes (Administrative Services Department (ASD))
Identify plan for automating the cost allocation process.
Identify and implement automation process for grant reporting, Drug Rebate Analysis and Management System (DRAMS), Audit Schedules and the Statement of Expenditures of Federal Awards and Accounts Receivables (SEFA)
Optimize and implement the Statewide Human Resources Accounting and Reporting (SHARE) Grants Module & Billing Module
Goal 4: Build a culture of empowerment, continuous growth, and wellness, cultivating the best team in state government.
Objective 4.1 Develop and Implement comprehensive internal communication plan. (Office of the Secretary, OOS)
Highlight internal employee promotions.
Continue surveying employees & holding biannual employee listening sessions for feedback.
Welcome and farewell employees on SharePoint and regularly in employee emails.
Highlight employees' kudos on social media and TheWire.
Continue implementing best practices for internal communication.

<p>Continue quarterly employee meetings to include recognition of employee anniversaries and allow additional time for questions to leadership.</p> <p>Continue monthly manager meetings to include recognition of employee anniversaries and allow additional time for questions to leadership.</p>
<p>Objective 1.2 Develop and implement a department-wide employee training program. (Office of Human Resources) (OHR)</p> <p>Update the White Paper on Leadership and Reinforce</p> <p>Assess organizational management training topics that can be provided in conjunction with leadership development and supervision skills for</p> <p>Develop strategies to increase the number of trainees developed and delivered</p>
<p>Objective 1.3 Provide guidance and support to employees regarding HR policy options in order to support a continuation of in-office and position of training and guidance to supervisors on how to be an effective manager and the challenges that arise due with alternative work</p>
<p>Objective 1.4 Assess division organizational health indicators and provide interventions needed for improved results. (Income support division)</p>
<p>Objective 2 Complete Business Transformation Council (BTC) process redesign effort and Organizational Change Management effort. (IMR)</p> <p>Staff plan for Organizational Change Management completed to present to Organizational Steering Committee</p> <p>Implement Organizational Change Management initiative in preparation for presentation to the Organizational Steering Committee</p> <p>Multiple contract review initiatives as well as inclusion for recruitment and are included in recruitment sessions with staff</p> <p>Develop and align Organizational Change Management schedule with modules</p> <p>Assess organizational structure with implementation of Health Care Authority</p>
<p>Objective 3 Resolve personnel issues and complete personnel investigations more quickly to better support employees and management. (Resources OHR)</p> <p>Hire and onboard new Employee Relations (ER) team staff</p> <p>Implement strategies and work assignments for the ER team to reduce turnaround time by 20% for completion of ER team assignments</p> <p>Implement strategies and work assignments for the ER team to reduce turnaround time by 20% for completion of ER team assignments</p>
<p>Objective 4 Position the IT workforce for success. (Information Technology Division) (ITD)</p> <p>Improve IT talent management processes</p>

New Mexico Behavioral Health Collaborative

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September 1, 2023

Wayne Propst, Secretary
Department of Finance and Administration
180 Bataan Memorial Building
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And

Charles Sallee, Director
Legislative Finance Committee
325 Don Gaspar
Santa Fe, NM 87501

RE: Transmittal of Behavioral Health Compilation from all State Agencies

Legislation adopted in 2008, specifically Chapter 69, Laws of 2008, requires an inventory of expenditures and the preparation and submission of a consolidated behavioral health budget request. Following are the relevant sections:

B. The collaborative shall meet regularly and at the call of either co-chair and shall.....
(3) inventory all expenditures for behavioral health, including mental health and substance abuse;

G. The collaborative shall, through the Healthcare Authority, submit a separately identifiable consolidated behavioral health budget request. The consolidated behavioral health budget request shall account for requested funding for the behavioral health services program at the Healthcare Authority and any other requested funding for behavioral health services from agencies identified in Subsection A of this section that will be used pursuant to Paragraph (5) of Subsection B of this section.

The attached document entitled the *FY 2025 Budget Compilation* is intended to fulfill both purposes stipulated in the legislation. The Healthcare Authority, in cooperation with the State Budget Division of the Department of Finance and Administration, developed a form and instructions which were included FY 2023 Performance-Based Operating Budget Request Instructions. State agencies were instructed to complete the Form E-BH and submit it with their FY 2025 Budget Requests and also submit a copy to the Healthcare Authority.

The Compilation includes the detailed information by agency and a summary by agency of the data collected in the E-BH forms received. Copies of each agency's forms were submitted with the agency's Appropriation Request. The FY 2025 Compilation includes information on the actual FY 2023 expenditures (preliminary and un-audited expenditures as of the 9/1/23 submission), FY 2024 Operating Budget and FY 2025 Base Budget and Expansion Requests received from all the agencies reflecting their



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Agency	Busn Unit	F-Code	State-wide Entity	BUDGET ITEM DESCRIPTION	FY23 ACTUAL EXPENDITURES				FY24 OPERATING BUDGET				FY25 BASE BUDGET				FY25 EXPANSION BUDGET			
					GF	OSF	FF	Total	GF	OSF	FF	TOTAL	GF	OSF	FF	TOTAL	GF	OSF	FF	TOTAL
AOC	21800	P620	Y	*St Wide Drug Courts (GF/LETF)	1,473.7	2,917.9	-	4,391.6	1,473.7	2,917.9	-	4,391.6	2,015.3	2,917.9	-	4,933.2	560.0	-	-	360.0
AOC	21800	P559	N	St Wide Drug Courts (FF)	-	-	307.2	307.2	-	-	300.0	300.0	-	-	300.0	300.0	360.0	-	-	360.0
AOC	21800	P610	N	Mag DWI Drug Courts (GF & Red Light)	-	-	-	-	-	150.0	-	150.0	-	150.0	-	150.0	-	-	-	150.0
AOC	23100	P231	N	Adult Drug Court	249.6	170.9	-	420.5	249.0	188.8	-	437.8	249.0	188.8	-	437.8	-	150.0	-	150.0
AOC	23100	P231	N	Mental Health Court	88.1	61.3	-	149.4	109.3	63.2	-	172.5	109.3	63.2	-	172.5	-	-	-	-
AOC	23100	P231	N	Mag Crt DWI Drug Court	-	199.9	-	199.9	-	172.1	-	172.1	-	172.1	-	172.1	-	-	-	-
AOC	23200	P232	N	Adult Drug Court	2.8	-	-	2.8	-	-	-	-	53.9	-	-	53.9	-	-	-	-
AOC	23200	P232	N	Young Adult Court	104.6	-	122.7	227.3	113.6	258.5	204.9	577.0	117.0	330.0	-	447.0	-	-	-	-
AOC	23200	P232	N	Juvenile Drug Court	68.7	49.1	-	117.8	91.6	176.1	-	267.7	100.0	300.0	-	400.0	-	-	-	-
AOC	23200	P232	N	Mental Health Court	26.2	186.9	-	213.1	28.4	198.0	-	226.4	31.0	202.9	-	233.9	-	-	-	-
AOC	23200	P232	N	Veteran's Court	-	-	-	-	-	-	-	-	53.9	-	-	53.9	-	-	-	-
AOC	23200	P232	N	DWI Court	106.0	76.4	-	182.4	105.9	76.5	-	182.4	113.0	75.7	-	188.7	-	-	-	-
AOC	23300	P233	N	Adult Drug Court	323.9	107.7	-	431.6	334.7	121.7	-	456.4	334.7	121.7	-	456.4	-	-	-	-
AOC	23300	P233	N	Juvenile Drug Court	376.2	19.6	-	395.8	393.3	19.6	-	412.9	393.3	19.7	-	413.0	-	-	-	-
AOC	23300	P233	N	Family Treatment Court	124.6	64.9	-	189.5	133.2	64.9	-	198.1	133.2	64.9	-	198.1	-	-	-	-
AOC	23300	P233	N	Veterans Treatment Court	42.1	66.3	116.1	224.5	131.5	379.1	29.1	539.7	131.5	347.1	-	478.6	-	-	-	-
AOC	23300	P233	N	DWI Court	2.9	239.8	-	242.7	89.3	168.0	-	257.3	89.3	168.0	-	257.3	-	-	-	-
AOC	23300	P233	N	Pretrials Services Court	20.1	340.3	-	360.4	406.8	55.0	-	461.8	406.8	-	-	406.8	-	-	-	-
AOC	23400	P234	N	Adult Drug Court	87.7	96.5	75.0	259.2	93.9	100.1	75.0	269.0	93.9	100.1	75.0	269.0	-	-	-	-
AOC	23400	P234	N	DWI Drug Court	-	181.0	-	181.0	-	186.3	-	186.3	-	186.3	-	186.3	-	-	-	-
AOC	23500	P235	N	Adult Drug Court	52.8	27.0	-	79.8	51.5	28.0	-	79.5	51.5	28.0	-	79.5	-	-	-	-
AOC	23500	P235	N	DWI Mag Court	4.4	175.3	-	179.7	5.6	175.3	-	180.9	5.6	175.3	-	180.9	-	-	-	-
AOC	23500	P235	N	Family Drug Court	62.3	82.0	-	144.3	67.5	99.4	-	166.9	67.5	99.4	-	166.9	-	-	-	-
AOC	23600	P236	N	Adult Drug Court	86.1	111.4	-	197.5	88.6	111.4	-	200.0	93.4	111.4	-	204.8	-	-	-	-
AOC	23600	P236	N	Adult Drug Court	91.4	16.2	-	107.6	93.2	16.2	-	109.4	93.3	16.2	-	109.5	-	-	-	-
AOC	23600	P236	N	Adult Drug Court	212.4	7.7	-	220.1	215.4	7.7	-	223.1	243.3	7.7	-	251.0	-	-	-	-

Agency	Busn Unit	P-C	ate-wide Entity	BUDGET ITEM DESCRIPTION	FY23 ACTUAL EXPENDITURES				FY24 RATING BUDGET				FY25 BASE BUDGET				FY25 EXPANSION BUDGET			
					GF	OSF	FF	Total	GF	OSF	FF	TOTAL	GF	OSF	FF	TOTAL	GF	OSF	FF	TOTAL
AOC	23700	P237	N	Adult Drug Court					352.4	36.8	-	389.2	368.4	36.8	-	405.2				
AOC	23700	P237	N	DWI Court - Magistrate Division					-	58.8	-	58.8	-	58.8	-	58.8				
AOC	23800	P238	N	Adult Drug Court	308.7	82.0	-	390.7	341.9	87.1	-	429.0	341.9	87.1	-	429.0				
AOC	23800	P238	N	Family Domestic Violence Court	226.3			226.3	208.0	-	-	208.0	123.0	-	-	123.0		44.7	-	44.7
AOC	23800	P238	N	Raton Behavioral Health Court					-	-	-	-	-	-	-	-				
AOC	23900	P239	N	Adult Drug Court	165.2	90.5	14.1	269.8	269.2	96.3	14.1	379.6	295.5	96.3	-	391.8				
AOC	24000	P240	N	Adult Drug Court					-	-	-	-	-	-	-	-				
AOC	24000	P240	N	Juvenile Drug Court					-	-	-	-	-	-	-	-				
AOC	24000	P240	N	Mental Health Court					-	-	-	-	-	-	-	-				
AOC	24100	P241	N	Adult Drug Court	814.5	82.4		896.9	854.9	82.4	-	937.3	854.9	82.4	-	937.3				
AOC	24100	P241	N	Adult Treatment Court	121.8	47.1		168.9	128.5	47.1		175.6	128.5	47.1		175.6				
AOC	24100	P241	N	Juvenile Drug Court Ends FY23 Replace with YAC	421.1	62.0		483.1	-	-	-	-	-	-	-	-				
AOC	24100	P241	N	Young Adult Court Begin FY24					441.3	62.0		503.3	441.3	62.0		503.3				
AOC	24100	P241	N	Magistrate DWI		240.6		240.6		240.6		240.6		333.6		333.6				
AOC	24200	P242	N	Adult Drug Court Otero	9.5	34.6		44.1	9.5	34.6		44.1	9.5	34.6		44.1				
AOC	24200	P242	N	Juvenile Drug Court	9.2			9.2	9.2			9.2	9.2			9.2				
AOC	24200	P242	N	Pretrial Services					237.8			237.8	254.5			254.5				
AOC	24200	P242	N	Veterans Treatment Court	41.4			41.4	41.4			41.4	41.4			41.4				
AOC	24300	P243	N	Valencia Juvenile Drug Court	1,342.4	265.6		2,108.0	1,881.0	265.6		2,146.6	1,881.0	265.6		2,146.6				
AOC	24300	P243	N	Cibola Juvenile		24.9		24.9	64.3	135.7		200.0	64.3	135.7		200.0				
AOC	24300	P243	N	Sandoval Juvenile																
AOC	24300	P243	N	Valencia Adult	2,011.1	125.0		2,136.1	2,100.0	125.0		2,225.0	2,100.0	125.0		2,225.0				
AOC	24300	P243	N	Sandoval Adult	2,339.7	518.8		2,858.5	2,350.0	518.8		2,868.8	2,350.0	518.8		2,868.8				
AOC	24300	P243	N	Cibola Adult	277.7	167.8		445.5	500.0	167.8		667.8	500.0	167.8		667.8				

Agency	Busn Unit	P-C	ate-wide Entity	BUDGET ITEM DESCRIPTION	FY23 ACTUAL EXPENDITURES				FY24 RATING BUDGET				FY25 BASE BUDGET				FY25 EXPANSION BUDGET			
					GF	OSF	FF	Total	GF	OSF	FF	TOTAL	GF	OSF	FF	TOTAL	GF	OSF	FF	TOTAL
AOC	24300	P243	N	Cibola Family	908.7	-	-	908.7	1,620.0	-	-	1,620.0	1,620.0	-	-	1,620.0	-	-	-	-
AOC	24300	P243	N	Mental Health	1,169.8	228.9	-	1,398.7	1,220.0	228.9	-	1,448.9	1,220.0	228.9	-	1,448.9	-	-	-	-
AOC	24300	P243	N	Mental Health	-	1,764.3	-	1,764.3	-	1,540.0	-	1,540.0	-	1,540.0	-	1,540.0	-	44.7	-	44.7
AOC	24400	P244	N	Adult Drug Court	709.2	213.0	-	922.2	862.0	233.6	-	1,095.6	862.0	233.6	-	1,095.6	-	-	-	-
AOC	24400	P244	N	Behavioral Health Court	-	83.1	-	83.1	404.8	95.0	-	499.8	404.8	95.0	-	499.8	-	-	-	-
AOC	24400	P244	N	City of Albuquerque 514	-	21.8	-	21.8	-	50.0	-	50.0	-	-	-	-	-	-	-	
AOC	24400	P244	N	SAMHSA Grant 905	-	-	373.5	373.5	-	-	372.2	372.2	-	-	-	-	-	-	-	
AOC	24400	P244	N	BJA Grant 907	-	-	200.6	200.6	-	-	166.6	166.6	175.0	-	70.6	245.6	-	-	-	
AOC	24400	P244	N	BJA Grant 908	-	-	99.1	99.1	-	-	122.7	122.7	134.6	-	41.0	175.6	-	-	-	
DFA	34100	P543	N	DWI Prevention	-	4,432.0	-	4,432.0	-	4,534.0	-	4,534.0	-	4,534.0	-	4,534.0	-	-	-	
DFA	34100	P543	N	DWI Treatment	-	7,348.0	-	7,348.0	-	8,675.0	-	8,675.0	-	8,675.0	-	8,675.0	-	-	-	
HCA	63000	P766	Y	Medicaid Behavioral Health - FFS	6,849.0	-	60,861.0	67,710.0	8,368.0	-	55,041.8	63,409.8	8,600.0	-	60,485.0	69,085.0	-	-	-	
HCA	63000	P766	Y	Medicaid Behavioral Health - Managed Care	102,945.0	-	414,635.0	517,580.0	139,433.6	-	387,241.1	526,676.7	148,568.8	-	404,555.0	553,123.8	-	-	-	
HCA	63000	P766	Y	Medicaid Behavioral Health - Managed Care Expansion Pop	23,278.0	-	215,961.0	239,239.0	21,918.9	-	210,944.1	232,863.0	26,750.0	-	247,635.0	274,385.0	-	-	-	
HCA	63000	P766	-	Transfer to AHO	50.0	-	-	50.0	50.0	-	-	50.0	-	-	50.0	-	-	-	-	
HCA	63000	P766	-	Transfer from ECECD	-	-	-	-	-	498.2	-	498.2	-	498.2	-	498.2	-	-	-	
HCA	63000	P767	Y	Behavioral Health Services Division (BHCA Substance Abuse	23,192.5	-	12,650.1	35,842.6	23,801.2	-	18,268.8	42,070.0	37,635.9	-	7,470.5	45,106.4	-	-	-	
HCA	63000	P767	Y	Behavioral Health Services Division (BHCA) Community Mental Health Services	22,253.8	-	23,971.0	46,224.8	26,687.6	-	22,255.2	48,942.8	20,118.1	-	15,759.6	35,877.7	-	-	-	
DOH	66500	P006	N	Turquoise Lodge Hospital	-	-	-	-	4,680.9	3,797.0	-	8,477.9	-	-	45.0	45.0	-	-	-	
DOH	66500	P006	N	NM Behavioral Health Institute	13,229.9	8,752.2	2,337.5	24,319.6	13,229.9	8,752.2	2,337.5	24,319.6	13,229.9	8,752.2	2,337.5	24,319.6	-	-	-	
DOH	66500	P006	N	NM Rehabilitation Center	795.7	747.6	275.5	1,818.8	795.7	859.7	316.8	1,972.2	795.7	859.7	316.8	1,972.2	837.7	910.5	413.8	2,162.0
DOH	66500	P006	N	Fort Bayard Medical Center	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
DOH	66500	P006	N	Epidemiology and Response Division	1,256.8	578.8	537.1	2,172.5	1,990.0	403.8	563.1	2,956.9	1,990.0	403.8	537.1	2,930.9	-	-	-	
CYFD	69000	P577	N	Lead Psychiatrists	598.0	-	-	598.0	492.5	-	-	492.5	492.5	-	-	492.5	-	-	-	
CYFD	69000	P577	N	Facilities Mental Health	2,520.1	-	-	2,520.1	3,138.8	-	-	3,138.8	2,701.9	-	-	2,701.9	-	-	-	
CYFD	69000	P800	Y	Field Mental Health	5,200.0	-	-	5,200.0	5,515.0	-	-	5,515.0	5,700.0	-	-	5,700.0	-	-	-	
CYFD	69000	P800	Y	Infant Mental Health	2,288.7	-	-	2,288.7	2,503.7	-	-	2,503.7	2,503.7	-	-	2,503.7	-	-	-	
CYFD	69000	P800	Y	Shelter/Housing	5,208.1	-	-	5,208.1	6,184.0	-	-	6,184.0	6,184.0	-	-	6,184.0	-	-	-	
CYFD	69000	P800	Y	Service Array	586.6	-	-	586.6	1,270.4	-	-	1,270.4	6,184.0	-	-	6,184.0	-	-	-	
CYFD	69000	P800	Y	Children's Behavioral Health Services	2,722.5	-	-	2,722.5	2,958.1	-	-	2,958.1	3,500.0	-	-	3,500.0	-	-	-	
CYFD	69000	P800	Y	High Fidelity Wraparound	64.8	-	-	64.8	300.0	-	-	300.0	300.0	-	-	300.0	-	-	-	
CYFD	69000	P800	Y	Functional Family Therapy (FFT)	89.9	-	-	89.9	250.0	-	-	250.0	250.0	-	-	250.0	-	-	-	
CYFD	69000	P800	Y	MST Services (MHBG)	-	31.7	-	31.7	-	31.7	-	31.7	-	31.7	-	31.7	-	-	-	
CYFD	69000	P800	Y	MST Services	246.3	-	-	246.3	250.0	-	-	250.0	250.0	-	-	250.0	-	-	-	
CYFD	69000	P800	Y	MST Services Special Appropriation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
CYFD	69000	P800	Y	Healthy Transitions Expansion Grant	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
CYFD	69000	P800	Y	ASURE - TI Grant	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
CYFD	69000	P800	Y	Systems of Care (SOC) III Grant	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
DOT	80300	P6562	Y	Community DWI Prevention	-	350.0	-	350.0	-	350.0	-	350.0	-	350.0	-	350.0	-	-	-	
DOT	80300	P6562	Y	DWI prevention for ages 18 and under	-	460.0	180.0	640.0	-	460.0	180.0	640.0	-	460.0	180.0	640.0	-	-	-	
DOT	80300	P6562	Y	ENDWI	-	560.0	5,000.0	5,560.0	-	560.0	5,000.0	5,560.0	-	560.0	5,000.0	5,560.0	-	-	-	
IAD	60900	P696	Y	Suicide Prevention	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
PED	92400	P527	Y	MEDICAID Administrative Match for Medicaid Supporting Staff Activities	-	45.0	-	45.0	-	45.0	-	45.0	-	45.0	-	45.0	-	45.0	45.0	
NMCD	77000	P531	N	MHM/CENTURION	3,521.3	-	-	3,521.3	4,606.3	-	-	4,606.3	4,744.5	-	-	4,744.5	-	-	-	
NMCD	77000	P531	N	NMCD Behavioral Health Services Bureau (salaries)	4,435.2	-	-	4,435.2	5,289.2	-	-	5,289.2	5,712.3	-	-	5,712.3	-	-	-	
NMCD	77000	P534	N	Behavioral Health Services/NM Solutions Behavioral Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NMCD	77000	P534	N	ALTERNATIVE HOUSE INC/ Behavioral Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NMCD	77000	P534	N	Albuquerque Health Services/Behavioral Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NMCD	77000	P534	N	A New Awakening/Behavioral Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NMCD	77000	P534	N	Canvon Light - Behavioral Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NMCD	77000	P534	N	Crossroads for Women/Behavioral Health Transitional	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NMCD	77000	P534	N	Eagles Unlimited/Behavioral Health Transitional	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NMCD	77000	P534	N	Human Resources Development Association/Behavioral Health Transitional	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NMCD	77000	P534	N	Hopeworks/Behavioral Health Transitional	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NMCD	77000	P534	N	Journey's Counseling Services LLC/Behavioral Health Transitional	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NMCD	77000	P534	N	Las Clinica de Familia (La Frontera)-/Behavioral Health Transitional	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NMCD	77000	P534	N	GEO REENTRY SERVICES LLC/Behavioral Health Transitional	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

See P535 Tab

See P535 Tab

Agency	Busn Unit	P.C.	State-wide Entity	BUDGET ITEM DESCRIPTION	FY23 ACTUAL EXPENDITURES				FY24 RATING BUDGET				FY25 BASE BUDGET				FY25 EXPANSION BUDGET			
					GF	OSF	FF	Total	GF	OSF	FF	TOTAL	GF	OSF	FF	TOTAL	GF	OSF	FF	TOTAL
NMCD	77000	P534	N	Presbyterian Medical Services/Behavioral Health Transitional																
NMCD	77000	P534	N	TRAA Group/Behavioral Health Transitional																
NMCD	77000	P534	N	CARLSBAD LIFEHOUSE INC/Behavioral Health Transitional																
NMCD	77000	P534	N	RAMP SERVICES LLC/Behavioral Health Transitional																
NMCD	77000	P534	N	SANTA FE MOUNTAIN CENTER INC/transitional																
NMCD	77000	P535	N	A New Awakening	118.0			118.0	90.0			90.0	126.0							
NMCD	77000	P535	N	Albuquerque Behavioral Health	95.1			95.1	78.0			78.0	100.0							
NMCD	77000	P535	N	Alternative House Inc. - La Pasada	1,042.6			1,042.6	95.0			95.0	1,500.0							
NMCD	77000	P535	N	Behavioral Healthcare Services	27.0			27.0												
NMCD	77000	P535	N	Best Chance																
NMCD	77000	P535	N	Cairns Lifehouse	10.6			10.6	100.0			100.0	125.0							
NMCD	77000	P535	N	Center of Southwest Culture, Inc.	60.0			60.0												
NMCD	77000	P535	N	Cottonwood Clinical Services					25.0			25.0	25.0							
NMCD	77000	P535	N	Crossroads for Women	1,181.9			1,181.9	1,471.7			1,471.7	1,539.3							
NMCD	77000	P535	N	Duke City Recovery					100.0			100.0	115.0							
NMCD	77000	P535	N	Eagles Unlimited	686.7			686.7	600.0			600.0	625.0							
NMCD	77000	P535	N	GEO Reentry Services	3,616.5			3,616.5	5,690.8			5,690.8	5,865.7							
NMCD	77000	P535	N	Hopewoods	155.3			155.3	276.6			276.6	289.2							
NMCD	77000	P535	N	Human Resources Development	94.6			94.6	110.0			110.0	115.0							
NMCD	77000	P535	N	Krossroads					90.0			90.0	95.0							
NMCD	77000	P535	N	Journey's Counseling	302.9			302.9	250.0			250.0								
NMCD	77000	P535	N	La Clinica de Familia	60.9			60.9	75.0			75.0	80.0							
NMCD	77000	P535	N	Lifehouse Whole Life Svcs					225.6			225.6	279.4							
NMCD	77000	P535	Y	NM Solutions					50.0			50.0	55.0							
NMCD	77000	P535	Y	Perfectly Imperfect					75.0			75.0	80.0							
NMCD	77000	P535	Y	Presbyterian Medical Services	10.5			10.5	30.0			30.0	35.0							
NMCD	77000	P535	Y	Protect Fernando					222.0			222.0	222.0							
NMCD	77000	P535	Y	RAMP Services, LLC	319.0			319.0	525.6			525.6	560.0							
NMCD	77000	P535	Y	Rapha Provider Agency					90.0			90.0	100.0							
NMCD	77000	P535	Y	Santa Fe The Mountain Center	55.9			55.9	150.8			150.8	151.0							
NMCD	77000	P535	Y	Santa Fe Recovery Center					75.0			75.0	75.0							
NMCD	77000	P535	Y	Steelbridge Ministries					310.3			310.3	310.3							
NMCD	77000	P535	Y	Tierra Nueva Counseling Center					75.0			75.0	75.0							
NMCD	77000	P535	Y	TRAA group/Vibe Wellness Center	97.0			97.0	90.0			90.0	90.0							
HED	95000	P506	Y	Health Professional Loan Repayment	895.1		330.6	1,225.7	4,648.0			4,648.0	4,648.0							
ECECD	61100	P621	N	Comprehensive Addiction Recovery Act (CARA) navigator (Early Childhood Trust Fund (ECTF))	20.0			20.0	64.1			64.1	64.1							
ECECD	61100	P621	N	CARA Data Analyst (ECTF)					64.0			64.0								
ECECD	61100	P621	N	CARA trauma responsive training (ECTF)						300.0		300.0		300.0						
ECECD	61100	P621	N	CARA trauma responsive training (ECTF)						200.0		200.0		200.0						
ECECD	61100	P622	Y	Evidence-based, Medicaid funded home Visiting Services (Early Childhood Trust Fund (ECTF))		974.8		974.8		374.9		374.9		2,000.0						
ECECD	61100	P622	Y	EC Trust Home Visiting Svcs		2,450.0		2,450.0		2,464.2		2,464.2		4,000.0						
ECECD	61100	P622	Y	MIECHV Home Visiting Svcs			4,453.2	4,453.2			4,076.3	4,076.3			5,169.6					
ECECD	61100	P622	Y	ARPA2 Home Visiting Svcs			292.5	292.5			527.4	527.4								
ECECD	61100	P622	Y	SGF Home Visiting/Professional Services	12,312.5			12,312.5	23,844.1			23,844.1	37,286.0							
ECECD	61100	P622	Y	ARP1 Home Visiting/Professional Services			75.9	75.9												
ECECD	61100	P622	N	Infant Early Childhood Mental Health Consultation (Early Childhood Trust Fund (ECTF))		980.0	2,350.0	3,330.0		2,300.0	650.0	2,950.0		3,250.0						
DDPC	64700	P737	Y	Office of Guardianship	6,041.0			6,041.0	7,205.3			7,205.3	8,028.7							
TOTAL					263,317.8	36,760.4	745,218.7	1,045,296.9	338,684.9	44,445.6	708,686.7	1,091,817.2	378,144.5	44,915.1	749,977.7	1,173,037.3	21,909.7	1,194.9	413.8	23,518.4
Non-recurring																				
GRAND Total With Out Transfers *See Note 1					263,317.8	36,760.4	745,218.7	1,045,296.9	338,684.9	44,445.6	708,686.7	1,091,817.2	378,144.5	44,915.1	749,977.7	1,173,037.3	21,909.7	1,194.9	413.8	23,518.4

Codes: GF=General Fund OSF=Other State Funds, Interagency Transfers and Internal Service Funds FF=Federal Funds

BUDGET ITEM DESCRIPTION	FY23 ACTUAL EXPENDITURES				FY24 OPERATING BUDGET				FY25 BASE BUDGET				FY25 EXPANSION BUDGET			
	GF	OSF	FF	Total	GF	OSF	FF	TOTAL	GF	OSF	FF	TOTAL	GF	OSF	FF	TOTAL
AGENCY	FY23 ACTUAL EXPENDITURES				FY24 OPERATING BUDGET				FY25 BASE BUDGET				FY25 EXPANSION BUDGET			
FUND	GF	OSF	FF	TOTAL	GF	OSF	FF	TOTAL	GF	OSF	FF	TOTAL	GF	OSF	FF	TOTAL
AOC	14,982.9	9,250.3	1,308.3	25,541.5	18,172.20	9,839.90	1,284.60	29,296.70	19,159.50	9,995.50	486.60	29,641.60	720.00	239.40	-	959.40
DFA	-	11,780.0	-	11,780.0	-	13,209.00	-	13,209.00	-	13,209.00	-	13,209.00	-	-	-	-
HCA	178,568.3	-	728,078.1	906,646.4	220,261.30	498.20	693,751.00	914,510.50	241,722.80	498.20	735,905.10	978,126.10	-	-	-	-
DOH	15,282.2	9,878.6	3,150.1	28,310.9	20,696.50	13,812.72	3,217.40	37,726.62	16,015.60	10,015.72	3,236.40	29,267.72	837.70	910.50	413.80	2,162.00
CYFD	19,325.0	31.7	-	19,356.7	22,862.50	31.70	-	22,894.20	28,066.10	31.70	-	28,097.80	-	-	-	-
DOT	-	1,370.0	5,180.0	6,550.0	-	1,370.00	5,180.00	6,550.00	-	1,370.00	5,180.00	6,550.00	-	-	-	-
LAD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PED	-	45.0	-	45.0	-	45.00	-	45.00	-	45.00	-	45.00	-	45.00	-	45.00
NMCD	15,890.8	-	-	15,890.8	20,866.90	-	-	20,866.90	23,089.70	-	-	23,089.70	-	-	-	-
HED	895.1	-	330.6	1,225.7	4,648.00	-	-	4,648.00	4,648.00	-	-	4,648.00	20,352.00	-	-	20,352.00
HED/INSTITUTION	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ECECD	12,332.5	4,404.8	7,171.6	23,908.9	23,972.20	5,639.10	5,253.70	34,865.00	37,414.10	9,750.00	5,169.60	52,333.70	-	-	-	-
DDPC	6,041.0	-	-	6,041.0	7,205.26	-	-	7,205.26	8,028.70	-	-	8,028.70	-	-	-	-
SUBTOTALS	263,317.8	36,760.4	745,218.7	1,045,296.9	338,684.86	44,445.62	708,686.70	1,091,817.17	378,144.50	44,915.12	749,977.70	1,173,037.31	21,909.70	1,194.90	413.80	23,518.40
TOTALS	263,317.8	36,760.4	745,218.7	1,045,296.9	338,684.86	44,445.62	708,686.70	1,091,817.17	378,144.50	44,915.12	749,977.70	1,173,037.31	21,909.70	1,194.90	413.80	23,518.40

