

New Mexico Human Services Department (HSD) Fiscal Years 2022-2023 Strategic Plan

Mission Statement: 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.

Objective		SFY2022 Tactics (7/1/21-6/30/22)		SFY2023 Tactics (7/1/22-6/30/23)	
Goal 1: Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.					
1.1	Ensure that every qualified New Mexican receives timely and accurate benefits. (Income Support Division, ISD)	1.1.1	Implement consent-by-text/email technology for HSD communications to customers, pending technological and legal feasibility while aligning with e-notices.	1.1.29	Increase food and nutrition support, specifically the State Food Supplement benefit and additional deductions.
		1.1.2	Implement technology to improve access and staff support.	1.1.30	Integrate HSD technologies with the Health Insurance Exchange to increase the customers ability to obtain health coverage.
		1.1.3	Implement human centered design for all customer or worker facing enhancements.	1.1.31	Implement Supplemental Security Income (SSI) program to provide additional cash for food for vulnerable populations, including people with disabilities.
		1.1.4	Implement real-time eligibility for Supplemental Nutrition Assistance Program (SNAP) applications and administrative renewals for SNAP interim reports.	1.1.32	Reduce Supplemental Nutrition Assistance Program (SNAP) Error Rate through increased quality reviews and system improvement. (FY 23 Pitch for the People)
		1.1.5	Launch Presumptive Eligibility Determiner (PED) assessment and outreach campaign to train PEDs in all facilities that meet criteria in accordance with Patients' Debt Collection Protection Act (2021 Senate Bill 71).	1.1.33	Reinstate the State Funded Cash Assistance Transition Bonus Program (TBP) for TANF adult recipients who lose TANF eligibility due to employment or increased earning. (FY23 Pitch for the People)
		1.1.6	Define Automated System Program and Eligibility Network (ASPEN) integration strategy with HHS 2020.	1.1.34	Incorporate voluntary sexual orientation and gender identity questions into customer application platforms and reporting.
		1.1.7	Implement telephonic signature for applications.	1.1.35	Improve access for HSD customers with limited technological resources and/or proficiency.
		1.1.8	In collaboration with NM Dept. of Workforce Solutions redesign the employment and training and support services for Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Child Support Enforcement Division (CSED) recipients.	1.1.35.1	Partner with community-based organizations to host satellite HSD offices, COVID-safe practices permitting.

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		1.1.9 Reduce Supplemental Nutrition Assistance Program (SNAP) Error Rate through increased quality reviews and system improvement. (FY 23 Pitch for the People)	1.1.36 Collaborate with other state agencies to centralize and coordinate food security efforts in New Mexico.
		1.1.10 Increase automation to support tactics specific to increased caseloads, training needs, quality and Automated System Program and Eligibility Network (ASPEN) operational support.	1.1.36.1 Using the 5 year strategic plan, begin to implement tactics listed in the plan.
		1.1.11 Enhance contractor and HSD support for Automated System Program and Eligibility Network (ASPEN) eligibility system. (FY23 Pitch for the People)	1.1.37 Collaborate with the Governor's Office and community representatives from Valencia County to explore opportunities and analyze data/financing options for building a hospital facility in the county.
		1.1.12 Collaborate with other state agencies to centralize and coordinate food security efforts in New Mexico.	
		1.1.12.1 Perform a policy analysis on food security efforts from past to present involving multiple state agencies and community partners.	
		1.1.12.2 Create a 5-year strategic, plan building off the policy analysis, involving multiple state agencies and community partners.	
		1.1.13 Establish a SNAP outreach plan, in partnership with stakeholders, that is tailored to the needs of local communities and Tribes.	
		1.1.14 Evaluate and increase the percentage of Temporary Assistance for Needy Families (TANF) participants who are work ready by the time they receive their 24th month of TANF supports.	
		1.1.15 Return to non-COVID-19 waiver process, request and implement additional administrative and program waivers to increase program efficiencies.	

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		1.1.16 Integrate HSD technologies with the Health Insurance Exchange to increase the customers ability to obtain health coverage.		
		1.1.17 Issue one-time financial assistance payments to qualifying New Mexicans, in collaboration with NM Taxation and Revenue Dept.		
		1.1.18 Develop implementation plan for incorporation of sexual orientation and gender identity questions into customer application platforms and reporting.		
		1.1.19 Improve access for HSD customers with limited technological resources and/or proficiency.		
		1.1.19.1 Partner with community-based organizations to host satellite HSD offices, COVID-safe practices permitting.		
		1.1.20 Partner with community-based organizations to host satellite HSD offices, COVID-safe practices permitting.		
		1.1.21 Optimize federal matching dollars to support other state agencies (FY23 Pitch for the People)		
		1.1.22 Complete 1115 Medicaid waiver amendment implementation plan, evaluation plan, and terms and conditions with U.S. Centers for Medicare & Medicaid Services (CMS).		
		1.1.22.1 Implement High Fidelity Wrap Around Expansion.		
		1.1.22.2 Implement Institutions for Mental Disease Exclusion.		
		1.1.22.3 Expand reimbursement for COVID-19 vaccinations for partial benefit populations.		
		1.1.23 Implement policy changes for admin renewal for non-Modified Adjusted Gross Income (MAGI) population.		
		1.1.24 Implement expansion of Medicaid services in schools.		

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		1.1.25	Issue a one-time emergency assistance payment to qualifying households that received a Temporary Assistance for Needy Families (TANF), General Assistance, Education Works or Diversion Payment.		
		1.1.26	Issue a one time supplemental payments to Low Income Home Energy Assistance Program (LIHEAP) recipients who have received a LIHEAP payment in Federal Fiscal Year 2021.		
		1.1.27	Implement a lump sum utility assistance payment for Low Income Home Energy Assistance Program (LIHEAP) recipients who have received a payment in the current state fiscal year, and who also have arrearages and are facing utilities disconnection in April of the current fiscal year.		
		1.1.28	Implement a one-time assistance payment for Low Income Household Water Assistance Program (LIHWAP) recipients who have been disconnected or are in imminent danger of disconnect or are in arrears with their water/wastewater services. A one-time payment of up to \$1,500 per household will begin in State Fiscal Year 22.		
1.2	Expand the behavioral health (BH) network to provide a full continuum of behavioral health services. (Behavioral Health Services Division, BHSD)	1.2.1	Expand BHSD behavioral health provider support team in order to effectively support provider expansion.	1.2.21	Execute 988 implementation plan due December 2021: align interoperability of Call Centers with national lifeline; 988-911; and ability to mobilize Mobile Crisis Teams.
		1.2.2	Plan and consult for future year spending of Federal Substance Use and Federal Mental Health Block Grants, with focus on building BH network capacity, quality and sustainability.	1.2.21.1	Develop 988/Crisis Now Mobile Crisis Response team pilots and plan for expansion to cover the entire state with sustainable, locally appropriate and flexible models.

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	1.2.3	Collaborate with NM Dept. of Health to complete NM Administrative Code (NMAC) revisions to clarify oversight responsibilities for behavioral health services.	1.2.21.2 Continue 988/Crisis Now development of BH Crisis response centers as locally appropriate (e.g. Crisis Triage Centers, Emergency Depts., BH Urgent Care).
	1.2.4	Streamline behavioral health provider eligibility requirements, Medicaid enrollment and Managed Care Organization (MCO) contracting and credentialing.	1.2.22 Monitor and revise enrollment and credentialing requirements for Medicaid and MCOs.
	1.2.5	Reconvene HSD and Managed Care Organization (MCO) workgroups to map and optimize workflows for credentialing of providers and practitioners to support the BH provider network.	1.2.23 Implement and incorporate systems improvements from credentialing workgroup into MCO contracts.
	1.2.6	Continue Planning for Crisis System revision, including 988 (Nationwide Mental Health Crisis and Suicide Prevention Number).	1.2.24 Continue development of network of BH crisis receiving centers throughout the state, so no one is more than 90 minutes from an appropriate facility.
	1.2.6.1	Create 988 implementation plan. (988 is a Nationwide Mental Health Crisis and Suicide Prevention Number).	1.2.25 Incorporate appropriate telehealth and remote service deliver systems into BH Provider and Billing Manual and NM Admin. Code.
	1.2.6.2	Submit 988 implementation plan by December 2021.	1.2.26 Evaluate and adjust as appropriate expansion of Certified Peer Support Workers (CPSW) in array of social locations.
	1.2.7	Develop new rate setting process, billing systems, provider credentialing, and oversight for crisis triage centers.	1.2.27 Implement payment system that incentivizes effective integration of BH and Primary Care.
	1.2.8	Plan mobile crisis response services, including processes for dispatch.	1.2.28 Implement Value Based Purchasing with state general funds and Block Grant Projects.
	1.2.9	Continue development of crisis triage centers, and other crisis stabilization facilities, especially in rural and frontier areas.	1.2.28.1 Include appropriate Value Based Purchasing mechanisms for BH system of care into MCO contracting.

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	1.2.10	Continue implementation of Adult Accredited Residential Treatment Center (AARTC) as Medicaid benefit, shifting current providers from state general fund to Medicaid funds.	1.2.29 Work with DOH and BH Collaborative to elaborate process to incorporate syndromic surveillance and data management into planning of Substance Use system of care from Prevention through to Recovery.
	1.2.11	Review implementation and quality of all services that became open to delivery through telehealth or telephone due to COVID-19 pandemic to determine which should continue, considering quality, use, Federal regulations and access.	1.2.30 Develop and implement proposal for Certification of Bi- and Multi-Lingual BH practitioners, with financial incentives for the practitioners and agencies that adopt this.
	1.2.11.1	Evaluate and maintain useful modifications of service delivery system put in place in response to COVID-19.	1.2.31 Work with Regulation and Licensing Dept. and NM Universities and Colleges to develop profession of BH Interpreter.
	1.2.12	Expand use of certified peer support workers in traditionally non-behavioral health locations (e.g. Emergency Departments, Food Banks, Social Service non-profits).	
	1.2.13	Expand provision of confidential/anonymous BH services, as appropriate.	
	1.2.14	Formally review progress and difficulties in integration of physical and behavioral health in Bridges 2 Wellness program and plan implementation of promising practices in other locations.	
	1.2.15	Identify payment mechanisms that can support sustainability of integration of physical and behavioral health.	
	1.2.16	Review various behavioral health workforce development plans and work with partners across the state to reconcile and collaborate across projects.	

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		1.2.17 Launch digitized application processes for certain specialty behavioral health services and supervisory certification as part of Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT Act) grant implementation.	
		1.2.18 Develop Value Based Purchasing methodology to ensure quality of service delivery.	
		1.2.19 Hire Native American behavioral health tribal liaison in collaboration with Indian Affairs Dept.	
		1.2.20 Collaborate with NM Children's, Youth & Families Dept. to expand BH services and BH provider network for Children In State Custody (CISC); and train staff and Medicaid Managed Care Organizations on Trauma Responsive Care.	
1.3	Develop a statewide system of behavioral healthcare (BH) that promotes the BH and well-being of children, individuals and families, encourages a seamless system of care that is accessible and continuously available, and emphasizes prevention and early intervention, resiliency, recovery and rehabilitation. (Behavioral Health Collaborative, BHC)	1.3.1 Develop FY23 Collaborative budget request and present to Executive to Legislative branches.	1.3.9 Develop FY24 Collaborative budget request and present to Executive to Legislative branches.
		1.3.2 Establish the BHC Office. (FY23 Pitch for the People)	1.3.10 Adequately support local BH Collaboratives. (FY23 Pitch for the People)
		1.3.3 Adequately support local BH Collaboratives (FY23 Pitch for the People)	1.3.11 Monitor and evaluate BHC performance measures.
		1.3.4 BHC Goal 1 (Expand BH workforce): Strengthen and expand services to ensure a coordinated system of care (e.g. Certified Peer Support Services).	1.3.12 BHC Goal 1 (Expand BH workforce): Improve quality of BH services through use of evidence based practices and modalities.
		1.3.4.1 Formalize BH services adaptations resulting from the COVID-19 pandemic (e.g. telehealth and peer support workers).	1.3.12.1 Improve BH access, including suicide prevention supports.
		1.3.4.2 Implement provider rate increases for behavioral health services.	1.3.12.2 Increase members of BH workforce who represent cultural and racial diversity of NM.

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	1.3.4.3	Settle remaining BH lawsuits.	1.3.12.3 Explore financial incentives to keep BH professionals in NM.
	1.3.4.4	Partner with providers related to credentialing and claims.	1.3.12.4 Strengthen Native American Behavioral Health network by providing technical assistance and support related to Medicaid credentialing process.
	1.3.4.5	Strengthen Native American Behavioral Health network by optimizing funds for traditional and cultural first line interventions.	1.3.13 BHC Goal 2 (BH Services for Children & Youth): Expand evidence based practices and modalities.
	1.3.5	BHC Goal 2 (BH Services for Children & Youth): Develop community based services for children and families in collaboration with state agencies and community partners.	1.3.13.1 Expand High-Fidelity Wraparound services.
	1.3.5.1	Analyze service array for children and identify evidence-based practices to develop or expand.	1.3.13.2 Reform residential treatment services in accordance with federal Family First Prevention Services Act (FFPSA) guidelines.
	1.3.5.2	Identify evidence based practices to develop or expand.	1.3.13.3 Identify prevention gaps in BH services for children and youth.
	1.3.5.3	Develop Medicaid rates for High-Fidelity Wraparound services, which is national, evidence-based process that focuses on the goals of the family to address complex emotional and behavioral needs of Children in State Custody (CISC).	1.3.14 BHC Goal 3 (Address Substance Use Disorder) (SUD): Expand Medication Assisted Treatment (MAT).
	1.3.6	BHC Goal 3 (Address Substance Use Disorder): Evaluation current services using American Society of Addiction Management (ASAM) criteria.	1.3.14.1 Determine whether to pursue harm reduction legislation.
	1.3.6.1	Determine feasibility and adaptability of Medication Assisted Treatment (MAT) in consultation with Pew Charitable Trust.	1.3.14.2 Review and maintain NARCAN (prescription medicine used for the treatment of a known or suspected opioid overdose emergency) supplies in NM.
	1.3.6.2	Conduct evaluation of Substance Use Disorder prevention and promotion services.	1.3.14.3 Evaluate use of SUD screenings across primary care and BH settings.

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		1.3.7 BHC Goal 4 (Address BH needs of justice involved individuals): Map services using Sequential Intercept Model, which details how individuals with mental and substance use disorders come into contact with and move through the justice system.	1.3.14.4 Expand SUD prevention and intervention services for youth.
		1.3.7.1 Collaborate across departments, community partners and other experts on service delivery, leveraging federal matching funds as appropriate.	1.3.15 BHC Goal 4 (Address BH needs of justice involved individuals): Increase services and supports using the Sequential Intercept Model.
		1.3.7.2 Expand use of peer support workers who provide support to people involved with the justice system.	1.3.15.1 Pursue harm reduction strategies that address complex needs of individuals in the justice system with SUD.
		1.3.8 Establish BHC performance measures.	1.3.15.2 Increase number of Medication Assisted Treatment qualified providers through NM Corrections Dept. pilot.
1.4	Ensure that as the largest payer in the state, Medicaid is providing appropriate payment for services. (Medical Assistance Division, MAD)	1.4.1 Design comprehensive Medicaid rate study and develop strategy to address inequities and gaps in coverage.	1.4.5 Develop strategy to address inequities in rate structure identified in rate study and to implement changes where gaps in service provision identified.
		1.4.2 Contract for comprehensive Medicaid rate study	1.4.6 Procure a third-party biller to facilitate and streamline reimbursement for Medicaid clinical services provided by NM state agencies.
		1.4.3 Implement Medicaid screening codes to comply with 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 OB services).	1.4.7 Propose legislation to extend the Health Care Quality Surcharge beyond CY22 to sustain quality and reimbursement changes in nursing facilities.
		1.4.4 Develop a long-term strategy for supplemental hospital payments.	1.4.8 Implement a value-based purchasing (VBP) transition plan for rural NM hospitals.

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		1.4.4.1 Redesign Health Quality Improvement Incentive (HQII).	1.4.9 Participate in the Interagency Pharmaceuticals Purchasing Council (IPPC) to examine cost-savings opportunities in drug purchasing/payment across state agencies and other public bodies.
		1.4.4.2 Revise Hospital Access Payment/Targeted Access Payment as part of Safety Net Care Pool.	
1.5	Promote primary care expansion in NM, particularly in underserved and rural areas. (Office of the Secretary (OOS) & Medical Assistance Division (MAD))	1.5.1 Organize and host meetings of the NM Primary Care Council and its workgroups.	1.5.3 Host GME Expansion Review Board & Advisory Group quarterly meetings.
		1.5.1.1 Perform analyses that demonstrates percentage of Medicaid expenditures allocated to primary care.	1.5.3.1 Revise NM GME Expansion Strategic Plan, if needed, defining number of new primary care and psychiatry residency programs that will be expanded/created in NM.
		1.5.1.2 Draft Primary Care Council 5-year strategic plan, outlining strategies to increase access to primary care, improve the quality of primary care services, lower the cost of primary care delivery, address the shortage of primary care providers and reduce overall health care costs.	1.5.3.2 Revise GME Expansion Request for Applications, if needed.
		1.5.1.3 Identify Council mission, goals, objectives, and tactics.	1.5.3.3 Resolve any outstanding Medicaid policy issues important to primary care GME expansion.
		1.5.1.4 Develop and make recommendations regarding new primary care payment strategies to support sufficient growth to meet the needs of New Mexicans.	1.5.3.4 Execute contracts with Fiscal Year 2022 funding recipients.
		1.5.1.5 Develop and make recommendations regarding information technology improvements and investments to increase healthcare experience.	1.5.3.5 Provide technical assistance existing and upcoming programs.
		1.5.1.6 Work with legislature and other partners to create a sustainable financial model to support our mission.	1.5.3.6 Ensure program compliance with quarterly reporting/evaluation.
		1.5.1.7 Refine Medicaid primary care spending data analysis.	1.5.3.7 Determine Fiscal Year 2024 funding request for legislature.

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		1.5.1.8	Execute other Council objectives and tactics, as appropriate.	1.5.3.8	Maximize federal funding for fourth round of expansion applications.
		1.5.2	Host GME Expansion Review Board & Advisory Group quarterly meetings.	1.5.3.9	Determine Fiscal Year 2023 funding recipients.
		1.5.2.1	Revise NM GME Expansion Strategic Plan, if needed, defining number of new primary care and psychiatry residency programs that will be expanded/created in NM.	1.5.3.10	Execute Fiscal Year 2023 contracts/agreements.
		1.5.2.2	Revise GME Expansion Request for Applications, if needed.	1.5.3.11	Support development of statewide academic network.
		1.5.2.3	Submit any Medicaid State Plan Amendment that addresses policy issues important to primary care GME expansion, if needed.	1.5.4	Using the Primary Care Council's 5 year strategic plan, begin implementation on objectives and tactics.
		1.5.2.4	Provide technical assistance to existing/upcoming programs.		
		1.5.2.5	Ensure compliance with quarterly reporting/evaluation.		
		1.5.2.6	Determine Fiscal Year 2022 funding recipients.		
		1.5.2.7	Execute Fiscal Year 2022 agreements.		
		1.5.2.8	Support development of statewide academic network.		
1.6	Increase insurance options for the currently uninsured. (Medical Assistance Division, MAD)	1.6.1	Implement extension of post partum Medicaid coverage from 60 days to 12 months.		
		1.6.1.1	Define post partum benefit.		
		1.6.1.2	Submit Medicaid State Plan Amendment for Post Partum Benefit.		
		1.6.1.3	Complete system changes associated with Post Partum Coverage changes.		
1.7	Modernize child support program to improve the financial and medical support of New Mexico's children. (Child Support Enforcement Division, CSED)	1.7.1	Complete and roll out the Data Driven Business Model for caseworker performance measures which will result in increased state performance.	1.7.9	Enhance Child Support Hearing Officer Program.
		1.7.2	Promulgate Federal Modernization rule changes following best practices (policy revisions, system changes).	1.7.10	Complete Centralized Case Processing Unit-Phase 2.

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		1.7.3 Assess Child Support Hearing Officer workload to ensure service to customers is provided timely and that all requirements are met.	1.7.11 Implement Pass through of millions of dollars in child support intercepts to former TANF assistance families, by choosing the Family First distribution options allowed in federal law and providing more money to NM kids (general funds permitting). (FY23 Pitch for the People)
		1.7.4 Implement Centralized Case Processing Unit.	1.7.12 Convene Child Support Guidelines Review Commission, completing report by Dec. 2022.
		1.7.5 Implement and finalize reorganization of CSED legal services division.	
		1.7.6 Implement outreach initiative (media campaign) to promote the <i>Modern Child Support Family</i> . (FY23 Pitch for the People)	
		1.7.7 Request and implement waiver from Federal Office of Child Support Enforcement (OCSE) for the employment program called Supporting, Training, and Employing Parents Up (STEPUp).	
		1.7.8 Seek general funds necessary to permit pass through of millions of dollars of Temporary Assistance for Needy Families (TANF) to Child Support families, by choosing the Family First distribution options allowed in federal law. (FY23 Pitch for the People)	
1.8	Support NM Department of Health in development of Developmental Disabilities (DD) waiver revisions (including supports waiver). (Medical Assistance Division, MAD)	1.8.1 Collaborate with NM Dept. of Health on assessment tool development.	1.8.13 Implement DD waiver renewal upon CMS approval.
		1.8.2 Collaborate with NM Dept. of Health on redesign of new tiered DD waiver.	1.8.14 Implement tiered DD waiver amendment upon CMS approval.
		1.8.3 Initiate statewide townhall meetings for tiered DD waiver redesign.	
		1.8.4 Submit original DD waiver renewal to U.S. Centers for Medicare & Medicaid Services (CMS) for approval.	

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		1.8.5 Hire resource specialist to ensure members on the waitlist are maximizing available Medicaid services.	
		1.8.6 Provide training to Income Support Division (ISD) on Supports Waiver Application process.	
		1.8.7 Submit supports waiver application to U.S. Centers for Medicare & Medicaid Services (CMS) for approval.	
		1.8.8 Continue NM Dept. of Health collaboration on tiered DD waiver redesign.	
		1.8.9 Continue statewide townhalls for tiered DD waiver redesign.	
		1.8.10 Revise NM Administrative Code regulations with tiered DD Waiver redesign.	
		1.8.11 Provide training to ISD on tiered DD waiver redesign.	
		1.8.12 Develop tiered DD waiver amendment for CMS review.	
1.9	Employ all Federal flexibility related to Public Health Emergency (PHE) to remove barriers to access for Medicaid members and lessen burden on providers. (Medical Assistance Division, MAD)	1.9.1 Monitor implementation of emergency relief efforts.	
		1.9.2 Develop transition plan to reverse emergency flexibility implemented.	
		1.9.3 Begin roll off of Maintenance of Effort population no longer eligible when the PHE declaration terminates.	
		1.9.3.1 Conduct system changes and testing for PHE roll-off.	
		1.9.3.2 Implement PHE unwinding communication plan.	
		1.9.4 Update Medicaid cost containment strategy.	
1.10	Design and maintain a high value Managed Care Medicaid Program that effectively delivers timely and accurate benefits. (Medical Assistance Division, MAD)	1.10.1 Begin the 1115 Centennial Care (Medicaid) waiver renewal process.	1.10.10 Conduct MCO Procurement Readiness.
		1.10.2 Begin Managed Care Organization Procurement (issue Request For Proposals).	
		1.10.3 Revise Manage Care Contract.	

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		1.10.4 Expand Centennial Care (Medicaid) Home Visiting Program.	
		1.10.5 Issue extension of Managed Care Organization (MCO) contract.	
		1.10.6 Complete MCO contract amendments (Early and Periodic Screening, Diagnostic and Treatment (EPSDT), Value Based Purchasing (VBP), Medical Loss Ratio (MLR), Health Insurance Exchange plan offering).	
		1.10.7 Review Direct payments and determine strategy for continuation and hire FTE to support.	
		1.10.8 Develop Value-based purchasing strategy and address in contract amendment.	
		1.10.9 Develop 2022 Dual Special Need Population Contract.	
1.11	Implement American Rescue Plan Enhanced Federal Medical Assistance Percentages (FMAP) Home and Community Based Services (HCBS) Spending Plan. (Medical Assistance Division, MAD)	1.11.1 Submit Initial Spending Plan as required by U.S. Centers for Medicare & Medicaid Services (CMS) for reinvestment of funds into expansion and enhancement of HCBS services.	1.11.10 Implement approved HCBS proposals upon CMS approval.
		1.11.2 Pursue Program of All-Inclusive Care for the Elderly (PACE) expansion, which provides comprehensive long-term services and supports to Medicaid and Medicare enrollees.	
		1.11.3 Open Personal Care Services provider network.	
		1.11.4 Expand and fill new Developmental Disabilities/Waiver slots.	
		1.11.5 Expand and fill new Community Benefit Allocations.	
		1.11.6 Expedite Allocation packet development.	
		1.11.7 Conduct Applied Behavioral Analysis (ABA) Training for Providers.	
		1.11.8 Launch HCBS webpage (public facing central registry built into Unified Portal).	

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		1.11.9	Submit 1915(c) Waiver Amendments to CMS.		
Goal 2: Create effective, transparent communication to enhance the public trust.					
2.1	Develop and implement a comprehensive external communication plan. (Office of the Secretary, OOS)	2.1.1	Expand and grow outreach through social media Facebook, Twitter, LinkedIn.	2.1.10	Expand and grow outreach through social media Facebook, Twitter, LinkedIn.
		2.1.1.1	Review social media, determine growth, and set new outreach goals.	2.1.10.1	Review social media, determine growth, and set new outreach goals.
		2.1.2	Inventory and maintain HSD website updates.	2.1.11	Inventory and maintain HSD website updates.
		2.1.2.1	Work with division staff on their section of the website.	2.1.11.1	Work with division staff on their section of the website.
		2.1.2.2	Provide continuous training on website protocols for division staff.	2.1.11.2	Provide continuous training on website protocols for division staff.
		2.1.2.3	Review Google analytics for website.	2.1.11.3	Review Google analytics for website.
		2.1.3	Strengthen relationships with key advocacy groups.	2.1.12	Develop public service announcements about HSD benefits.
		2.1.4	Develop public service announcements about HSD benefits.	2.1.13	Grow external distribution list to continuously communicate with the public.
		2.1.5	Grow external distribution list to continuously communicate with the public.	2.1.14	Maintain credibility and transparency with the media and the public.
		2.1.6	Maintain credibility and transparency with the media and the public.	2.1.15	Strengthen relationships with key advocacy groups.
		2.1.7	Conduct public hearings for HSD customers, providers, advocates, and other stakeholders.	2.1.16	Conduct public hearings for consumers and advocates.
		2.1.8	Partner with associations and speak at annual meetings.	2.1.17	Partner with associations and speak at annual meetings.
		2.1.9	Implement communication strategies designed to reach New Mexicans with limited technological access.	2.1.18	Implement communication strategies designed to reach New Mexicans with limited technological access.
2.1.9.1	Engage with HSD customers in community-based settings, providing benefits enrollment support and answering questions.	2.1.18.1	Engage with HSD customers in community-based settings, providing benefits enrollment support and answering questions.		
2.2	Implement a department wide strategy to include partners (federal, state and local, community-based	2.2.1	Collaborate with Native American liaison to share information with NM's Tribes, Nations, and Pueblos.	2.2.6	Collaborate with Native American liaison to share information with NM's Tribes, Nations, and Pueblos.

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services, providers, advocates, Managed Care Organizations, Tribes) in decisions that affect them. (Office of the Secretary, OOS)	2.2.1.1 Establish Native American distribution list.	2.2.6.1 Collaborate with Indian Affairs Public Information Officer to share information about HSD benefits available for Native American population.
	2.2.1.2 Develop public service announcements about HSD benefits specific to Native American populations.	2.2.6.2 Implement strategies developed by Medicaid Native American Technical Advisory Committee based on Committee priorities.
	2.2.1.3 Collaborate with Indian Affairs Public Information Officer to share information about HSD benefits available for Native Americans.	2.2.6.3 Broadcast public service announcements about HSD benefits specific to Native American populations.
	2.2.1.4 Assess the effectiveness of the Child Support Enforcement Divisions (CSED) Native American Initiative.	2.2.6.4 Assess the effectiveness of the Child Support Enforcement Divisions (CSED) Native American Initiative.
	2.2.1.5 Attend Native American public events to provide information about HSD programs and services.	2.2.6.5 Attend Native American public events to provide information about HSD programs and services.
	2.2.1.6 Implement strategies developed by Medicaid Native American Technical Advisory Committee based on Committee priorities.	2.2.6.6 Utilize Tribal Consultations as a means of community engagement, as needed.
	2.2.1.7 Develop HSD benefit information for Native American populations.	2.2.6.7 Support State in COVID-19 response efforts as it relates to Native American populations, if needed.
	2.2.1.8 Expand the number of Tribal Consultations.	2.2.7 Convene Medicare Administrative Contractor (MAC) subcommittees.
	2.2.1.9 Support State in COVID-19 response efforts as it relates to Native American populations.	2.2.8 Conduct public hearings for HSD customers, providers, advocates, and other stakeholders.
	2.2.2 Convene Medicare Administrative Contractor (MAC) subcommittees.	2.2.9 Partner with associations and speak at annual meetings.
2.2.3 Engage providers and users in Medicaid Management Information System Replacement (MMISR) Project activities, including testing.	2.2.10 Engage providers and users in Medicaid Management Information System Replacement (MMISR) Project activities, including testing.	

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		2.2.4 Working with community partners, including customers and providers, to solicit feedback on designing the HSD office of the future.	2.2.11 Working with community partners, including customers and providers, to solicit feedback on designing the HSD office of the future.
		2.2.5 Solicit feedback from key stakeholders (e.g. customers, HSD staff, legislators, providers, advocacy groups) related to HSD's strategic priorities.	2.2.12 Maintain relationships with key advocacy groups.
			2.2.13 Solicit feedback from key stakeholders (e.g. customers, HSD staff, legislators, providers, advocacy groups) related to HSD's strategic priorities.
2.3	Resolve major ongoing litigation and sanctions related to Deborah Hatten Gonzales (DHG) lawsuit. (Office of General Counsel, OGC)	2.3.1 Continue DHG Corrective Action Plan (CAP) implementation and work through all items to completion.	
		2.3.2 Resolve US Centers for Medicare & Medicaid (CMS) CAP.	
		2.3.3 Resolve US Dept. of Agriculture Food & Nutrition Services Corrective Action Plan.	
		2.3.4 Complete DHG Corrective Action Plan and second case review.	
		2.3.5 Close lawsuit based on completion of Correction Action Plan.	
2.4	Resolve major ongoing litigation and sanctions: US Dept. of Agriculture Food & Nutrition Services (FNS) Sanction. (Office of General Counsel, OGC)	2.4.1 Negotiate settlement with FNS.	
		2.4.2 Revise documents to reflect FNS national priorities.	
2.5	Establish regular communication channels with stakeholders. (Medical Assistance Division, MAD)	2.5.1 Evaluate and revise consumer communication materials, ensuring accessibility standards.	
		2.5.2 Evaluate and revise consumer communication materials translated into languages other than English, ensuring accessibility and accuracy standards.	

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		2.5.3	Contract for complete Medicaid billing manual development.		
2.6	Inform public of Public Health Emergency (PHE) Medicaid programmatic changes. (Medical Assistance Division, MAD)	2.6.1	Reissue all COVID-19 related supplements and Letters of Directions at the termination of the PHE declaration.		
		2.6.2	Design and implement coordinated PHE unwinding communication plan (HSD, Managed Care Organizations, Health Insurance Exchange, NM Medical Insurance Pool).		
2.7	Utilize Performance Measures to improve Managed Care Organizations (MCOs) performance on physical health and behavioral health outcomes. (Medical Assistance Division, MAD)	2.7.1	Monitor National Committee for Quality Assurance (NCQA) revisions to Healthcare Effective Data Information Sheets (HEDIS).		
		2.7.1.2	Evaluate MCO Healthcare Effective Data Information Sheets (HEDIS) data for Performance Measure target achievement.		
		2.7.1.3	Revise MCO Performance Measures to align with evolving Healthcare Effective Data Information Sheets (HEDIS) measures.		
		2.7.2	Evaluate MCO Performance Measure reporting.		
		2.7.3	Draft Performance Measure letter to MCOs, outlining contract performance compliance or non-compliance.		
		2.7.4	Recover penalties from MCOs for performance non-compliance.		
		2.7.5	Implement MCO reporting requirements related to Children in State Custody.		
2.8	Update HSD website for Americans with Disabilities Act (ADA) compliance (Office of the Secretary, OOS)	2.8.1	Post ADA disclaimer on HSD website stating HSD working on compliance.	2.8.4	Implement ADA website compliance plan, monitor and evaluate for continual compliance.
		2.8.2	Inventory HSD website for ADA compliance.		
		2.8.3	Develop a plan for website to be ADA compliant.		
2.9	Leverage the HSD Online Department	2.9.1	Regularly update Scorecard measures.	2.9.5	Regularly update Scorecard measures.

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	Performance Scorecard as a tool for evidence-based policymaking. (Office of the Secretary, OOS)	2.9.2	Evaluate staging measures, and publish online as appropriate.	2.9.6	Evaluate staging measures, and publish online as appropriate.
		2.9.3	Collaborate with HSD leaders and staff to identify additional potential measures for publishing.	2.9.7	Collaborate with HSD leaders and staff to identify additional potential measures for publishing.
		2.9.4	Determine appropriate tools for measure production and online publication.		
2.10	Utilize HSD Data Book as a tool for evidence-based policymaking. (Office of the Secretary, OOS)	2.10.1	Identify demographic data and program enrollment information to include, in collaboration with HSD leaders and staff.	2.10.6	Identify demographic data and program enrollment information to include, in collaboration with HSD leaders and staff.
		2.10.2	Identify demographic data and program enrollment information to include, in collaboration with other health and human services agencies.	2.10.7	Identify demographic data and program enrollment information to include, in collaboration with other health and human services agencies.
		2.10.3	Publish 2022 HSD Data Book.	2.10.8	Publish 2023 HSD Data Book.
		2.10.4	Distribute 2022 HSD Data Book to key stakeholders.	2.10.9	Distribute 2023 HSD Data Book to key stakeholders.
		2.10.5	Conduct outreach activities to key stakeholders, reviewing 2022 Data Book key findings and answering questions.	2.10.10	Conduct outreach activities to key stakeholders, reviewing 2023 Data Book key findings and answering questions.
Goal 3: Successfully implement technology to give customers and staff the best and most convenient access to services and information.					
3.1	Implement Health & Human Services (HHS) 2020 modules: system integration (SI), data services (DS), quality assurance (QA), financial services (FS), benefit management services (BMS), and unified public interface (UPI). (Information Technology Division, ITD)	3.1.1	Implement the unified portal.	3.1.6	Complete implementation of enhanced data services and analytics capabilities as part of the Medicaid Management Information System (MMIS).
		3.1.2	Continue implementation of enhanced data services and analytics capabilities as part of the Medicaid Management Information System (MMIS).	3.1.7	Continue implementation of the financial services and benefit management services modules as part of the Medicaid Management Information System Replacement (MMISR) project.
		3.1.3	Continue implementation of the financial services and benefit management services modules as part of the Medicaid Management Information System Replacement (MMISR) project.	3.1.8	Continue testing of HHS 2020 modules.

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		3.1.4	Continue testing of HHS 2020 modules.	3.1.9	Explore other agency collaboration opportunities as part of the HHS 2020 initiative.
		3.1.5	Complete implementation of electronic visit verification phase II and federal home health requirements.		
3.2	Provide greater access to timely enterprise data to enhance evidence-based decision making. (Information Technology Division, ITD)	3.2.1	Continue implementation of enhanced data services and analytics capabilities as part of the Medicaid Management Information System Replacement (MMISR) project.	3.2.4	Implement an open data portal or website for public access.
		3.2.2	Leverage Appriss to integrate data on justice-involved individuals (booking and release) to facilitate streamlined reactivation of benefits upon release.	3.2.5	Complete implementation of enhanced data services and analytics capabilities as part of the Medicaid Management Information System Replacement (MMISR) project.
		3.2.3	In collaboration with NM Dept. of Health, establish an All Payers Claims Database.	3.2.6	Optimize federal funding for Health Information Exchange (HIE) to build population health and geospatial mapping analytic enhancements. (FY23 Pitch for the People)
3.3	Implement business transformation to redesign, streamline and improve our processes. (Information Technology Division, ITD)	3.3.1	Ensure employees have IT equipment they need to continue teleworking.	3.3.5	Survey HSD customers, soliciting recommendations related to business redesign and improvements.
		3.3.2	Develop common standard principles for human-centered design.		
		3.3.3	Transition HSD staff to cell phones or soft phones as needed.		
		3.3.4	Survey HSD customers, soliciting recommendations related to business redesign and improvements.		
3.4	Expand and improve automation and self-service capabilities for ease of access to services. (Information Technology Division, ITD)	3.4.1	Implement the unified portal.	3.4.4	Automate provider enrollment for Medicaid providers.
		3.4.2	Implement the Lobby Management System for Income Support Division (ISD).	3.4.5	Collaborate with behavioral health leaders and organizations to implement the 988 project.

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		3.4.3	Implement OneDrive for every HSD employee.	3.4.6	Continue implementation of the unified portal.
				3.4.7	Build self service capabilities for Income Technology Division customers.
3.5	Identify replacement strategy for Child Support Enforcement System (CSES). (Information Technology Division, ITD & Child Support Enforcement Division, CSED)	3.5.1	Implement electronic document work flows through CSED Document Tracker.	3.5.5	Initiate full replacement/modernization of Child Support Enforcement System (CSES) system.
		3.5.2	Implement electronic case file for Child Support Enforcement Division (CSED).	3.5.6	Procure and Implement Integrated State Disbursement Unit solution.
		3.5.3	Implement Workpath/Salesforce solution for STEPUp referrals to Dept. of Workforce Solutions.	3.5.7	Procure and Implement Employer Management solution.
		3.5.4	Complete Child Support Enforcement System (CSES) Refactoring (restructuring of computer code from COBOL/CA Gen language to Java, which enables modern development resources to be utilized).		
3.6	COVID-19-Changes and Updates. (Information Technology Division, ITD)	3.6.1	Automated System Program and Eligibility Network (ASPEN) Change: Additional Low Income Home Energy Assistance Program (LIHEAP) benefit issuance.		
		3.6.2	Implement the Queue Management System for Income Support Division offices to support lobby and curbside operations.		
3.7	Provide requirements to systems teams on Public Health Emergency programmatic and policy changes. (Medical Assistance Division, MAD)	3.7.1	Review federal guidance, distill, and provide to systems teams for implementation.		
		3.7.2	Implement emergency coding changes.		
3.8	Provide current, accessible, and fillable electronic human resources forms on TheWire (HSD employee intranet). (Office of Human Resources, OHR)	3.8.1	Work with Information Technology Division to convert human resources forms and processes from paper to electronic using SharePoint and increase access to Adobe digital signatures for all staff.	3.8.5	Research and plan steps to turn official employee personnel records to electronic files. Request budget to cover costs of conversion.

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		3.8.2	Identify and update outdated OHR documents on TheWire, maintaining updates through standardized processes and protocols.	3.8.6	Complete revising outdated OHR documents on the Wire
		3.8.3	Convert OHR critical documents on TheWire to fillable PDF versions.	3.8.7	Complete conversion OHR critical documents on the Wire to fillable pdf versions
		3.8.4	Explore options to turn official employee personnel records to electronic files.	3.8.8	Develop and implement process to allow applicants and new hires to complete hiring process and provide confidential information electronically online pending budget availability.
3.9	Develop and implement electronic tracking mechanisms to ensure timeliness and effectiveness of employee relations actions for all staff whether teleworking or in the office. (Office of Human Resources, OHR)	3.9.1	Implement and refine strategies to complete employee relations actions using electronic processes from remote locations.	3.9.3	Implement and refine strategies to complete employee relations actions using electronic processes.
		3.9.2	Provide timely communication with employees and managers to update them on the status of specific employee relations issues that affect them.	3.9.4	Develop, track and implement standardized response times for Employee Relation issues.
				3.9.5	Utilize electronic tracking mechanisms to drive timely and effective communication strategies with employees and managers on relevant Employee Relations issues regardless of whether teleworking or in the office.
3.10	Integrate with state-based Health Insurance Exchange to ensure streamlined experience for Medicaid members. (Medical Assistance Division, MAD)	3.10.1	Complete Phase I implementation of integration with the state-based exchange.	3.10.3	Implement Phase II strategy.
		3.10.2	Outline Phase II strategy.		
3.11	Meet federal interoperability requirements. (Medical Assistance Division, MAD)	3.11.1	Complete contract and scope of work for interoperability requirements.		
		3.11.2	Complete interoperability implementation.		

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3.12	Create a secure, comprehensive and customizable electronic hiring and onboarding process available to applicants, new employees, hiring managers, and OHR using Microsoft NEO Hub SharePoint tools. (Office of Human Resources, OHR) (FY23 Pitch for the People)	3.12.1	Present proposal to secure funding or time with ITD staff to customize the Microsoft New employee Onboarding (NEO) Hub, a group of premium SharePoint tools.	3.12.5	Work with divisions, ITD and the contractor to customize and pilot the NEO Hub.
		3.12.2	Present proposal to secure funding for 3.0 FTE OHR Training and Labor Specialists, Advanced positions for the Operations Team to expedite the hiring and onboarding process for new staff by 40%.	3.12.6	Onboard new OHR FTE. Identify strategies to streamline the efficiency of the hiring and onboarding processes.
		3.12.3	Plan the customizations needed for the NEO Hub.	3.12.7	Train hiring managers to use the NEO Hub.
		3.12.4	Reclassify or create 3 FTE for the Operations Team.	3.12.8	Fully implement NEO Hub to hire and onboard new employees.
3.13	Promote ideas and information to flow clearly and quickly among all IT team members and stakeholders. (Information Technology Division, ITD)	3.13.1	Publish internal ITD scorecard measures and regularly review with IT staff.	3.13.3	Build an enterprise level knowledgebase and knowledge management process.
		3.13.2	Define IT tiered support and escalation process.	3.13.4	Define an IT service catalog.
				3.13.5	Build IT self-service capabilities to better support HSD staff.
3.14	Create and standardize clear and agile IT processes. (Information Technology Division, ITD)	3.14.1	Enhance and automate the IT system access process.		
3.15	Empower a data driven organization. (Information Technology Division, ITD)			3.15.1	Complete an analysis of data quality issues.
3.16	Leverage and invest in new and emerging technology to drive agility of ITD services. (Information Technology Division, ITD)	3.16.1	Continue migration of workloads to the cloud and execution of the cloud strategy.	3.16.2	Continue migration of workloads to the cloud and execution of the cloud strategy.
				3.16.3	Create an IT innovation center.
Goal 4: Promote an environment of mutual respect, trust and open communication for staff to grow and reach their professional goals.					
4.1	Develop and implement comprehensive internal communication plan. (Office of the Secretary, OOS)	4.1.1	Continue implementing best practices for internal communication.	4.1.10	Continue surveying employees for feedback.
		4.1.2	Continue surveying employees for feedback and modify communications as needed.	4.1.11	Hale and farewell employees on SharePoint and regularly in employee emails.

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		4.1.3	Hale and farewell employees on SharePoint and regularly in employee emails.	4.1.12	Highlight internal employee promotions.		
		4.1.4	Highlight internal employee promotions.	4.1.13	Highlight employees' kudos on social media and TheWire.		
		4.1.5	Roll out "A Day in the Life" initiative, showcasing relevant career info on leadership and field office employees.	4.1.14	Continue implementing best practices for internal communication.		
		4.1.6	Highlight employees' kudos on social media and TheWire.	4.1.15	Continue quarterly employee meetings to include recognition of employee anniversaries and allow additional time for questions to leadership.		
		4.1.7	Continue quarterly employee meetings to include recognition of employee anniversaries and allow additional time for questions to leadership.	4.1.16	Continue monthly manager meetings to include recognition of employee anniversaries and allow additional time for questions to leadership.		
		4.1.8	Continue monthly manager meetings to include recognition of employee anniversaries and allow additional time for questions to leadership.	4.1.17	HSD leadership conduct staff office visits.		
		4.1.9	HSD leadership conduct staff office visits.				
		4.2	Develop and implement a department-wide employee training program. (Office of Human Resources, OHR)	4.2.1	Take necessary steps to hire new HR Director.	4.2.11	Revise and refine Leadership program for HSD managers.
				4.2.2	Create and deliver consistent curriculum to meet statewide training needs in the areas of ethics, new employee orientation.	4.2.12	Develop training for needs and priorities identified in Division assessments.
4.2.3	Complete assessment of training needs and priorities by Division, analyze and review findings, and establish priorities with Directors.			4.2.13	Implement Human Resources 101 training on basic employee relations and operations issues for managers and supervisors.		
4.2.4	Revise leadership program for a hybrid in-office and telework environment, start up program under Office of Human Resources (OHR) with new kick off.			4.2.14	Develop process to provide access to electronic HR resources on the Wire, SharePoint and Blackboard.		

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		4.2.5	Plan and develop Human Resources 101 training on basic employee relations and operations issues for managers and supervisors.	4.2.15	Collaborate with other divisions to research, test, and select a Learning Management System, authoring tool and other training software for use across HSD.
		4.2.6	Develop process to monitor expiration dates for HSD employee defensive driving certificates, monitor employee enrollment in recertification courses, and implement defensive driving recertification training through OHR.	4.2.16	Update 3 mandatory Blackboard Trainings and develop versions for new employees and refresher trainings for experienced employees.
		4.2.7	Update 3 mandatory Blackboard Trainings and develop versions for new employees and refresher trainings for experienced employees.	4.2.17	Begin discussion to identify the structure of a training division for HSD, pending budget availability.
		4.2.8	Create and deliver an elective curriculum to meet staff training needs in the area of Structural Determinates of Health and Wellbeing.	4.2.18	Assess additional management training topics that can be provided in conjunction with leadership development and supervision skills for managers.
		4.2.9	Present proposal to secure funding for 1 FTE Coordinator Classroom Technician to develop and provide new e-learning and in person employee trainings and increase OHR training days by 192 per year.	4.2.19	Obtain 3 additional subscriptions for Lectora licenses for OHR trainers. Provide training and cross-training to staff to improve cross-trainer collaboration and strengthen the quality of trainings.
		4.2.10	Reclassify or create 1 FTE Coordinator Classroom Tech for the Training Team.	4.2.20	Hire and onboard new trainer. Develop strategies to increase the number of trainings developed and delivered.
4.3	Develop and implement Criminal History Records Check (CHRC) Process for all HSD employees, prospective employees, contractors, subcontractors, prospective contractors, and prospective	4.3.1	Finalize and implement plan to obtain background checks for new hires.		
		4.3.2	Implement CHRC plan, obtaining background checks for all required employees, prospective employees, contractors/subcontractors, prospective contractors/subcontractors.		

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	subcontractors that access Federal Tax Information (FIT). (Office of Human Resources, OHR)	4.3.3	Obtain background checks for all required employees, prospective employees, contractors/subcontractors, prospective contractors/subcontractors.		
		4.3.4	Implement CHRC for all new hires that require it.		
4.4	Provide guidance and support to employees regarding HSD policy options in order to support a combination of in-office and telework environment. (Office of Human Resources, OHR)	4.4.1	Provide resources to division leaders on team building exercises and morale boosting options.	4.4.2	Provide resources to division leaders on team building exercises and morale boosting options.
				4.4.3	Provide training and guidance to supervisors on how to be an effective manager and the challenges that arise in a combined in-office and telework environment.
4.5	Assess Division Organizational Health Indicators and prioritize interventions needed for improved health. (Income Support Division, ISD)	4.5.1	Improve career development programs, communication, cross pollination.	4.5.3	Implement technology to improve access and staff support.
		4.5.2	Establish a new workload model for a more equitable and dynamic work load.		
4.6	Address staff needs and morale. (Child Support Enforcement Division, CSED)	4.6.1	Redesign a telework/skeleton crew plan based on the advancement of systems that allow less need in physical office buildings, and more telework capabilities for those staff whose duties permit them to work at home.		
		4.6.2	Design Staff Morale Improvement Strategy.		
		4.6.3	Implement Staff Morale Improvement Strategy.		
4.7	Complete Business Transformation Council (BTC) process redesign effort and Organizational Change Management effort. (Medical Assistance Division, MAD)	4.7.1	Complete redesign of journeys related to Medicaid Management Information System Replacement (MMISR).		
		4.7.2	Conduct end to end review of completed journeys gap analysis.		

New Mexico Human Services Department (HSD) Fiscal Years 2022-2023 Strategic Plan

Mission Statement: 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.

Objective		SFY2022 Tactics (7/1/21-6/30/22)		SFY2023 Tactics (7/1/22-6/30/23)	
		4.7.3	Complete cataloging effort for Consolidated Customer Service Center (CCSC), Unified Portal (UP), and Health Insurance Exchange (HIX).		
		4.7.4	Develop comprehensive plan for Organizational Change Management.		
		4.7.5	Implement Organizational Change Management.		
		4.7.6	Drive development of modules based on requirements from journeys.		
		4.7.7	Implement staffing and program changes outlined in Organizational Change Management plan as modules go live.		
		4.7.8	Interim Business Process Workgroup structured to reassess existing IBPs, improve, and streamline process, review road map and CR timeline to eliminate IBPs		
4.8	Resolve Personnel Issues and complete personnel investigations more quickly to better support employees and management. (Office of Human Resources, OHR)	4.8.1	Reclassify or create 1 FTE HR Training and Labor Specialist Advanced for the Employee Relations Team to improve the turnaround time to investigate and resolve personnel issues.	4.8.2	Hire and onboard new Employee Relations (ER) team staff.
				4.8.3	Implement strategies and work assignments for the ER team to reduce turnaround time by 20% for completion of ER team assignments.
4.9	Position the IT workforce for success. (Information Technology Division, ITD)			4.9.1	Improve IT talent management processes.