

**NEW MEXICO STATE PLAN  
FOR  
AGING & LONG-TERM  
SERVICES**



**“Partners in Lifelong Independence & Healthy Aging”**

**October 1, 2013 - September 30, 2017**

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# **Mission**

To provide accessible, integrated services to older adults, adults with disabilities, and caregivers to assist them in maintaining independence, dignity, autonomy, health, safety and economic well-being, thereby empowering them to live on their own terms in their own communities as productively as possible.

# **Vision**

Lifelong independence and healthy aging

# **Guiding Principles**

Protect the safety and rights of those we serve  
Promote personal choice and self-determination  
Treat all persons with respect, embracing cultural diversity  
Encourage collaborative partnerships  
Provide fiscally responsible services

# INTRODUCTION

The role of the NM Aging & Long-Term Services Department is to develop programs and public policies which foster the delivery of integrated programs and services to adults in need, older persons, persons with disabilities, and their families, throughout New Mexico. The Department is charged with creating a seamless, comprehensive, efficient and cost-effective array of programs and services, which emphasize home & community-based long-term care, healthy & productive aging, economic security, protection of rights, and prevention of abuse, neglect and exploitation. The Department has the authority to develop and manage budgets and programs, issue rules and regulations, and develop this statewide plan for addressing the needs of older New Mexicans and New Mexicans with disabilities. The Older Americans Act and the Governor of the State of New Mexico authorize the Department to prepare this plan for delivering services to New Mexico's older adults and adults with disabilities. The period covered by this plan is October 1, 2013 through September 30, 2017. The Cabinet Secretary of the Aging & Long-Term Services Department is appointed by, and serves at the pleasure of, the Governor. By State statute, the Governor appoints an eleven member Policy Advisory Committee to advise the Secretary regarding programs, policies and issues addressed by the Department. The Aging & Long-Term Services Department consists of the Office of the Secretary and four divisions.

The **Office of the Secretary** includes the Cabinet Secretary, Deputy Secretary, Director of Policy & Planning, Office of the General Counsel, Legal Services Development, Information Technology, Office of Indian Elder Affairs and Long-Term Care Ombudsman Program.

The **Administrative Services Division** includes human resources, financial management, budgeting, procurement, contracting, and administrative support for the Department.

The **Adult Protective Services Division** is mandated by state law to provide a system of protective services to persons age 18 and older who are unable to protect themselves from abuse, neglect or exploitation. Investigations are conducted through a network of regions and field offices which cover all New Mexico counties. When necessary, Adult Protective Services (APS) provides short-term services, including emergency protective placement, home care, adult day care, attendant care and filing of guardianship petitions in district court. APS remains on call for emergent reports of adult abuse, neglect, or exploitation 24 hours a day, 7 days a week.

The **Aging Network Division** includes an Employment Programs Bureau which administers two Older Worker Programs and 50+ Employment Connection offices, the Indian Area Agency on Aging, the Capital Projects Bureau, the NM Conference on Aging, HIV/AIDS Advocacy and the Senior Services Bureau which provides technical and programmatic support for all Older Americans Act programs, area agencies on aging, Volunteer Programs (FGP, SCP, RSVP) and other aging network contractors, such as NM Senior Olympics and the NM Alzheimer's Association.

The **Consumer and Elder Rights Division** includes the Aging & Disability Resource Center, the State Health Insurance Program (SHIP), the Senior Medicare Patrol (SMP), the NM Bill Pay Program, and a Prescription Drug Assistance Program.

## **EXECUTIVE SUMMARY**

The Aging and Long-Term Services Department is New Mexico's single state agency for the administration of programs and services designed to meet the needs of older adults and adults with disabilities. The Department has developed a coordinated system of services for older adults and adults with disabilities and manages a comprehensive home and community-based services system throughout New Mexico. The Department's array of services includes training & education, legal services, long-term care ombudsmen, an aging & disability resource center, health insurance & benefits counseling, prescription drug assistance, HIV/AIDS outreach, senior employment, volunteer programs, health promotion, nutrition, caregiver support, statewide capital projects, and adult abuse prevention, education & protection.

The focus of the Department's efforts is to support older adults and adults with disabilities to live on their own terms in their own communities with the highest possible quality of life. Many of the Department's programs and services ensure the rights of older adults and adults with disabilities and prevent their abuse, neglect and exploitation; others empower them to stay active, engaged and healthy. The Aging & Long-Term Services Department serves as the primary advocate for New Mexico's older adults, adults with disabilities, their families and caregivers. The Department's services facilitate easy access to health and social services for older adults, adults with disabilities, and their families. Department staff empowers these consumers to make informed decisions about their care options.

New Mexico is a geographically large, predominantly rural state. It is the fifth largest, and the sixth most sparsely populated state in the nation. New Mexico's population is ethnically and culturally diverse, with large Hispanic, Anglo and Native American Indian populations. Over a third of the state's population is non-English Speaking; the predominant other languages are Spanish, Diné (Navajo) and Pueblo dialects. New Mexico's aging population is growing rapidly. From 2000 to 2030, New Mexico's population of persons age 60 and older is projected to increase by 70%. By the year 2030, New Mexico will rank 3<sup>rd</sup> in the nation in percentage of population age 60 and older; currently it ranks 10<sup>th</sup>. New Mexico's growing population of older adults reflects the aging of its baby boomers, as well as the continuing migration of retirees and others to western states. The graying of New Mexico will have a significant effect on the state, ranging from changing demands on government services to increased political involvement and advocacy on the part of elders.

The current economic crisis has resulted in increasing demands among persons with low incomes for services, particularly for meals, in-home support services and employment. The problems of hunger and food insecurity in New Mexico are major. New Mexico ranks 7<sup>th</sup> in the nation in food insecurity; 5<sup>th</sup> among older adults. One in seven New Mexicans are not sure they have enough money to buy food; and many do not have enough to eat at least once during the month. Aging network providers are experiencing increased demand for meals, transportation, homemakers, respite care and other in-home services, as well as services that support economic security such as employment training and public benefits advocacy.

The Department is authorized, by the Older Americans Act and the Governor of the State of New Mexico, to prepare this plan for delivering services to New Mexico's older adults and adults with disabilities. The period covered by this plan is October 1, 2013 through September 30, 2017. The plan includes specific goals, objectives and strategies to address the growing needs of older adults and adults with disabilities throughout New Mexico.

In this plan, the Department proposes to facilitate access to services and resources designed to build aging network capacity and to support the provision of home and community-based services throughout the network. State and federal resources will be maximized to target a full continuum of services to those with the greatest needs. The Department will maintain a statewide continuum of services which offers seamless access to a choice of culturally responsive, self-directed, and high quality services. The provision of quality services will be assured through monitoring of compliance and consumer satisfaction. The Department will improve access to long-term support services for older adults and adults with disabilities through its telephonic, web-based and community-based single-point-of-entry system, known as the Aging & Disability Resource Center.

The Department will support innovation in evidence-based health promotion, disease prevention, nutrition, and caregiver support initiatives. The health and wellness of New Mexico's older adults and adults with disabilities will be improved through the provision of health promotion and disease prevention information, activities and programs. The nutritional health of older adults will be improved, and their hunger alleviated, through the provision of nutritionally adequate congregate and home-delivered meals throughout New Mexico. Caregiver support programs, including culturally competent caregiver training and care coordination, will be enhanced. Public and private collaborative partnerships will be strengthened to build capacity and promote volunteerism throughout New Mexico. The Department will assist older workers in preparing for, and securing, meaningful employment, including transition from subsidized employment programs, to foster economic security. Employers will be educated about the value of hiring older workers to increase employment opportunities for older adults, statewide.

The Department and its contractors will provide systemic advocacy in the areas of public benefits, consumer protection, health care, and housing. Adult abuse, neglect, and exploitation will be investigated, prevented or reduced. Efforts to educate the public regarding recognition and reporting of adult abuse, neglect, and exploitation will be increased. The rights of residents in long-term care facilities will be preserved and protected. Access to legal services will be expanded through outreach, training and collaboration with other legal service providers.

The Department will continue to provide a wide array of services to assist well-elders in maintaining their health and functional ability, enable those with functional limitations to maintain their independence, and support the frail who have the greatest service needs. As those with limited incomes become frail, higher demands are placed on the system to provide them with all types of services. The adequate provision of services to all involves balancing resources and priorities. Preserving the independence of well-elders, and fostering their continued engagement in their communities, is as important as meeting the needs of the frail. This multi-faceted approach will enable the state to maintain the desire and right of its citizens to age in place.

## **PLANNING AND SERVICE AREAS (PSAs)**

New Mexico is unique in its establishment of planning and services areas. Planning and Service Areas 1 through 5 are designated under federal law. Planning and Service Area 6 is designated under state authority.

**PSA 1:** Bernalillo County

**PSA 2:** Cibola, Colfax, Los Alamos, McKinley, Mora, Rio Arriba, Sandoval, San Miguel, San Juan, Santa Fe, Taos, Torrance and Valencia Counties

**PSA 3:** De Baca, Chaves, Curry, Guadalupe, Eddy, Harding, Lea, Lincoln, Quay, Roosevelt and Union Counties

**PSA 4:** Catron, Dona Ana, Grant, Hidalgo, Luna, Otero, Sierra and Socorro Counties

**PSA 5:** the New Mexico portion of the Navajo Nation, which includes areas within Bernalillo, Cibola, McKinley, Sandoval, San Juan and Socorro Counties. PSA 5 is an interstate planning and service area established under a tri-state agreement with the states of Arizona and Utah.

**PSA 6:** New Mexico's 19 Pueblos and 2 Apache Tribes.

## **NEW MEXICO AREA AGENCIES ON AGING**

The following organizations are the designated area agencies:

**PSA 1:** City of Albuquerque/Bernalillo County AAA (operated by the City of ABQ under a joint powers agreement with Bernalillo County)

**PSA 2:** Non-Metro AAA (operated under the umbrella of the North Central New Mexico Economic Development District)

**PSA 3:** Non-Metro AAA (operated under the umbrella of the North Central New Mexico Economic Development District)

**PSA 4:** Non-Metro AAA (operated under the umbrella of the North Central New Mexico Economic Development District)

**PSA 5:** Navajo AAA (operated by the Navajo Nation)

**PSA 6:** Indian AAA (operated by the Office of Indian Elder Affairs under the umbrella of the NM Aging & Long-Term Services Department)

Specific descriptions of these organizations and the areas they serve, as well as a map of the Planning & Services Areas, comprise the rest of this section, as follows:

## **City of Albuquerque/Bernalillo County Area Agency on Aging: PSA 1**

In 1995, a joint powers agreement to provide services to older Americans was executed between the County of Bernalillo, the City of Albuquerque, the Village of Los Ranchos de Albuquerque, and the Village of Tijeras. The agreement authorized the City of Albuquerque to serve as the area agency and countywide sponsor for the receipt and use of federal, state and local resources to provide services benefiting older residents, as set forth in the area plan for PSA 1. As the designated area agency, the City enters into contracts with private and public entities, including the City's Department of Senior Affairs, for the provision of a variety of senior services. The joint powers agreement establishes an eleven-member advisory council consisting of six individuals representing the City of Albuquerque, three representing Bernalillo County, one representing the Village of Los Ranchos de Albuquerque, and one representing the Village of Tijeras.

In addition to its three incorporated municipalities - the City of Albuquerque, the Village of Los Ranchos de Albuquerque, and the Village of Tijeras, Bernalillo County includes portions of four Indian reservations. These include Sandia Pueblo to the north, Isleta Pueblo to the south, To'hajiilee Navajo to the west, and Laguna Pueblo, which extends from the southwest to the northwest border of the County. The 2010 census figures show that there are more than 121,950 persons aged 60 and older living in Bernalillo County; this represents more than 19% of the county's total population. Almost 20% percent of these residents are age 75 or older. The South Valley and the Southeast Heights areas of the county contain large immigrant populations of Cuban, Korean, Mexican and Vietnamese elders. Although PSA 1 is an urbanized area of New Mexico, access for those residing in outlying areas of the County to many of the services offered within the metropolitan area is a factor affecting the service delivery system. Concern about the lack of public transportation in less populated areas is addressed through the use of senior vans.

Multiple resources, including funds, facilities, supplies and in-kind services, are provided to support programs and services offered to older residents within the county. Within Bernalillo County there are seven multipurpose senior centers in various quadrants of Albuquerque and multiple satellite sites throughout the city and county, which provide nutrition programs and a variety of other services for elders. The City of Albuquerque contributes significant annual funding to support the operations of senior centers and programs for older adults, as well as to construct and equip the centers and to purchase vans. Bernalillo County also contributes administrative funding, as well as county-owned facilities used as senior centers and meal sites.

The needs and concerns of older adults in the service area include housing, home repair & retrofit, chore assistance, health care, health insurance, Medicare, Medicaid, benefits entitlement and prescription drugs. Many seniors believe they will need much more than they are currently receiving in terms of support services within the next five to ten years. The area offers a wide variety of services to the senior population, provided by federal, state, and local governments, as well as numerous private non-profit and for-profit organizations. Collaboration among the many organizations providing services within the PSA has resulted in a strong, cooperative network that promotes the sharing of information and resources. Even with efforts designated to avoid duplication of services, some needs are not being met. This is particularly true for those who are at-risk and in need of in-home services. As the number of seniors age 75 and older continues to increase, the importance of early identification of at-risk elders becomes crucial. Providing such seniors with services to improve or maintain their health status and functioning is a goal of the area agency. Toward this end, an extensive system has been developed for information, assistance & referral; this system continues to be a major strength and now operates as a satellite of the state's Aging & Disability Resource Center.

## **Non-Metro Area Agency on Aging: PSAs 2, 3 & 4**

The Non-Metro Area Agency on Aging administers three planning and service areas, comprising 120,189 square miles; the entire state of New Mexico with the exception of Bernalillo County. The area is primarily rural and has three urban communities; the City of Las Cruces with a population of 99,665, the City of Santa Fe with a population of 68,642 and the City of Rio Rancho with a population of 87,521. The number of individuals age 60 and older in PSAs 2, 3 and 4 is more than 274,700. More than 68,600 of these individuals are living with disabilities and 24,138 are living in poverty. The area is a combination of desert, high plains and rugged mountains. Elevations range from 13,161 to 2,842 feet above sea level. Weather plays an important role in the delivery of services throughout the entire area. Snow in the higher elevations along with dirt storms in the desert areas can make the delivery of services a challenge. Distance and terrain impact travel throughout the area and the delivery of services. New Mexico is a culturally diverse state, and the three planning and service areas administered by the Non-Metro AAA reflect that diversity. New Mexico has the highest percentage of Hispanic Americans in the nation, including both recent immigrants and descendants of the Spanish colonial era. The state has the second highest percentage of Native American Indians – Navajo, Apache and Pueblo Indians. The demographics and diversity of the three planning and services areas are influenced by strong Spanish, Mexican and Native American Indian cultures. According to the U.S. Census Bureau, 1.5% of the population is multiracial or of mixed-race. Cultural diversity plays a strong role in service delivery. The area agency and its contractors must have the staff and skills to deliver culturally, ethnically and linguistically appropriate services, statewide. The diversity of individuals served requires sensitivity and respect when addressing needs and delivering required services.

The parent organization of the Non-Metro AAA, the North Central New Mexico Economic Development District (NCNMEDD) was established through a joint powers agreement in 1967. The District is governed by a 35-member board of directors consisting of representatives from each north central county, including local elected officials, economic development committee representatives, members at large and representatives of tribal organizations. The NCNMEDD served as the area agency for an 8-county area of northern New Mexico from 1974 to 1984. In 1983, the state legislature designated new planning service areas, and the 8-county area was expanded to include 13 counties and designated as PSA 2. In 1984, a new area agency was designated to administer PSA 2 until 1987, at which time the NCNMEDD was again designated as the area agency for PSA 2. In 2002, the NCNMEDD was designated as the area agency for PSA 4, an 8-county area in southern New Mexico, and in 2006, the NCNMEDD was designated as the area agency for PSA 3, as well as PSAs 2 and 4. This new designation gave a stronger voice to rural areas and smaller cities, and allowed for greater efficiencies in administration and improved services to seniors. Regional offices have been established in Deming, Taos, Tucumcari and Clovis, in addition to the main office in Santa Fe. The centralized administrative structure provides more resources for contract providers. The Non-Metro AAA has a 32-member advisory council whose members assist in identifying the needs of older adults and provide advice on service delivery and planning. AAA Advisory Council members serve as ex-officio members of the NCNMEDD Board of Directors.

Planning and Services Area 2 has the largest number of older individuals and is the largest planning and service area in the Non-Metro AAA network. It is a 13-county area with almost 143,000 residents age 60 or older, representing 20% of the total population. Some counties have even higher percentages of older adult residents, mostly notably Mora at 27% and Colfax at almost 28%. McKinley County has the lowest percent at almost 14%. Over 34,400 older individuals are living with disabilities and 12,463 are living in poverty. More than 60,750 minority older adults reside in PSA 2; they include Hispanics, Native American Indians, Asians and African Americans. Many northern New Mexican Hispanic families have lived in the area for over 12 generations. PSA 2 is in the northern part of New Mexico, bordering the State of Colorado to the north and the State of Arizona to the west. Sixteen tribes and pueblos are located in PSA 2 and the service area borders the New Mexico and Arizona portions of the Navajo Nation. The

area's terrain is a combination of high desert and the Rocky Mountains. Winters are cold with snow in the mountains and high desert areas; summers can be hot with little rainfall.

Planning and Service Area 3 is an 11-county area in eastern New Mexico, encompassing 37,592 square miles. It is largely composed of the Great Plains and extends from Union County on the Colorado border to Eddy County in the south. The state of Texas borders the entire eastern side of PSA 3. There is a "pioneer spirit" in the area, embodied in the many farming and ranching families who have lived on the eastern side of New Mexico for generations and the many individuals who spent most of their lifetimes working in the oil and gas fields of the southeastern part of the state. The 60+ population in PSA 3 is expected to almost double by the year 2020. Almost 56,000 individuals age 60 or older live in PSA 3. This constitutes 19% of the area's population. Almost 5,000 older adults live in poverty and almost 16,000 live with disabilities. New Mexico's most scarcely populated county is located in the service area: Harding County with a total population of 695, of which, 278 are age 60 or older. Another county in the area, Guadalupe County, has the second highest Hispanic population in the state – almost 80%. The area's weather ranges from snow storms in the high county to severe thunder storms on the high plains; the eastern side of the area is plagued with tornadoes.

Planning and Service Area 4, the second largest of the PSAs, encompasses 8 counties located in south central and southwestern New Mexico. Its southern borders include Mexico and the state of Texas; its western border is the state of Arizona. The area has a variety of mountain terrain and high desert. The area has almost 76,000 senior residents; representing 21% of the total population. Several counties have significantly higher percentages of older adults - Catron and Sierra at 40% each, Grant at 29.5%, and Luna at 26%. The largest population of seniors in PSA 4 resides in Doña Ana County in the City of Las Cruces. More than 18,200 individuals in PSA 4 live with disabilities; 9% live at or below the poverty level. Thirty-nine percent of the senior population in PSA 4 is minority, with Hispanics being the predominant minority. The border with Mexico presents service delivery challenges; many people residing close to the border are non-English speaking and have very low incomes. Many elders are isolated and live in "colonias", residential areas of sub-standard housing along the Mexican border that lack basic water & sewer systems, electricity and paved roads. The mild climate of southern New Mexico also brings "snow birds", or winter visitors, to the area. These visitors are retired, with middle to upper incomes, and have come south to escape the winter cold of the northern United States. Many also go to Mexico for low cost medical treatments or prescription drugs. Towns such as Deming increase their population by 30% during the winter months. Many retirees have also moved permanently to the area due to a lower cost of living. While this can be good for the economy, it can strain the infrastructure. Many of these retirees have moved away from family members and do not have support as they age. The area agency faces many challenges in meeting the needs of a region as diverse as it is long and wide; it takes at least 6 hours to travel from the small town of Lordsburg on the west side of the service area to the City of Alamogordo on the east side.

The Non-Metro AAA coordinates and supports a wide range of home and community-based services that enable older individuals to remain in their own homes and communities, preserving their independence and dignity. The area agency works to heighten awareness among other organizations and the public about the valuable contributions that elders make to their communities, as well as to alert them to the needs of vulnerable older adults. The area agency is dedicated to removing social and individual barriers for older adults and assuring the provision of a continuum of care for elders in need. With the rapid growth of the aging population, the needs will continue to increase. The rural and frontier communities of the three planning and service areas continue to experience increased demand for in-home services for frail and at-risk elders. Health and medical issues, such as lack of physicians and medical facilities in rural areas and the high cost of pharmaceuticals, are of concern to area residents. Housing, transportation and employment issues have also been identified as high priorities in the service area. Historically, the current structure has relied almost exclusively on federal and state funding to provide services to this vulnerable

population; some local governments also provide funding and resources. Limited funding and scarce resources make the area agency's role in facilitating collaboration among organizations and across communities crucial in building the capacity of its service providers to meet the growing needs.

## **Navajo Area Agency on Aging: PSA 5**

Services for older adults were officially established on the federally recognized Navajo Reservation in 1974, when the first senior nutrition site opened in Chinle, Arizona. The Governors of Arizona, New Mexico and Utah, and the U.S. Administration on Aging, created a tri-state agreement in October 1979, designating the Arizona State Unit on Aging as the entity through which the Navajo Area Agency on Aging receives federal Title III funding; Title VI funding is awarded directly to the nation. In New Mexico, the Aging & Long-Term Services Department awards state general funds to the Navajo AAA. The Navajo AAA was the first Native American Indian area agency; it is located within the Navajo Nation Division of Health and is a tribal-government sponsored organization with official designation to serve as an area agency on aging. The Navajo AAA provides services to eligible elders residing throughout the vast, rural, and isolated regions of the 26,000 square-mile Navajo Nation. The Nation straddles three states - Arizona, New Mexico, and Utah with tribal, state, and federal jurisdictions interlocking and overlapping.

Nine percent of the Navajo Nation population, or more than 16,100 persons, is age 55 or older. Many tribal elders have fixed incomes well below the federal poverty level. Many elders are monolingual - speaking only the Navajo language of Diné, and inhabit the rural and frontier regions of the Nation where inadequate infrastructure presents challenges to elders, as well as to service providers. Ninety-five percent of the Nation's elders live in isolated rural and frontier areas, accessible only by dirt and gravel roads. Public transportation is neither readily available nor accessible and, during adverse weather, roads become impassable and conditions become perilous for elders. According to the 2010 Census, there are 43,627 housing units on Navajo land. Of the total, 11,153 homes belong to elders; many of these homes lack indoor plumbing, electricity, gas, or telephone service. Navajo elders haul water in barrels, firewood for cooking and heating, and, in some instances, coal (over great distances) for primary heating. Often these homes are inaccessible for those with disabilities and are need of repairs or renovations. Remote regions of the Nation lack grocery stores, health care services, pharmacies, ambulance services and other basic services. The cost of living is inflated, which affects elders who subsist on fixed incomes. In many instances, elders deplete their fixed monthly incomes within the first two weeks of a month.

Since 1978, the Navajo AAA has been the sole organization designated to provide Older Americans Act Title III and Title VI services to tribal elders who are age 60 or older. In certain communities, age eligibility is lowered to 55, subsequent to incorporating Title VI of the Older Americans Act. Currently, the area agency operates 88 senior centers, family caregiver support services, a Foster Grandparent Program, a LTC Ombudsman Program and health insurance/benefits counseling services. The Navajo AAA has established five regional agencies. The Crownpoint Regional Agency is entirely within New Mexico's state boundaries and operates 23 senior centers; the Shiprock Regional Agency operates 10 centers in New Mexico and the Fort Defiance Regional Agency operates 7 centers in New Mexico. Senior centers provide congregate and home delivered meals, transportation, and social services. More than 14,200 Navajo elders benefit from the services of the area agency. Modern medical treatments, advanced standards of living, better nutrition and education have resulted in Navajos living well into their eighth decade of life. This is particularly true for the "Baby Boomer" generation. In anticipation of a growing population of tribal elders, due to the aging of the "Boomers", the Navajo Nation government has directed the area agency to take the lead in establishing comprehensive long-term service programs to meet the needs of the expanding elderly population. Tribal funds have been allocated to support this endeavor.

## **Indian Area Agency on Aging: PSA 6**

The Indian Area Agency on Aging provides contract management, program monitoring, technical assistance, advocacy and training to New Mexico's 19 pueblos and 2 Apache tribes with regard to their provision of Older Americans Act services. In 1991, the Aging & Long-Term Services Department entered into a joint powers agreement with the NM Department of Indian Affairs creating the first state-designated Native American Indian area agency on aging. The joint intent of the two departments was to empower the Indian Area Agency on Aging with roles and responsibilities similar to the state's federally designated area agencies and for it to serve as the leading advocacy organization for Indian elders in the state. In 2000, the Indian AAA was placed within the Aging & Long-Term Services Department.

Planning and Service Area 6 includes nineteen federally-recognized Pueblos and two federally-recognized Apache Tribes. These tribes and pueblos receive Title VI federal funding directly from the U.S. Administration on Aging. To supplement the Title VI funding, the Aging & Long-Term Services Department awards significant state funding, under contract, to each sovereign tribal government. The Indian AAA works with each tribal provider to manage these contracts. Each tribe in PSA 6 has a tribal council, which acts as the legislative arm of the tribal government, and a tribal court, which performs the judicial functions of the government. Each tribal government operates a tribal senior program. There are more than 14,300 Indian elders living in New Mexico, participating in various senior services offered in their communities. Tribal senior centers provide congregate and home delivered meals, as well as transportation services. Some centers also provide social services (including adult day care) and volunteer programs. Tribally-based services are most effective in reaching the target elderly populations. However, low salaries and poor benefits contribute to staff turnover, thereby increasing the need for onsite training, an important factor in capacity building.

Communal living and decision making by consensus are two of the characteristics of Indian tribal life in New Mexico. Daily living is tied to a religious calendar which emphasizes ceremonial activities to mark the seasons of the year. There is a cultural imperative to keep elders at home, in the community. The vast majority of frail Indian elders live at home, cared for by family members; many live with several generations of family. Some of the tribal programs provide in-home services and caregiver support. Adult Day Care Centers operate in Zuni, Isleta and Cochiti Pueblos. Two tribal nursing home facilities are currently operating in PSA 6: the Laguna Rainbow Center located in the Laguna Pueblo, 50 miles west of Albuquerque, and the Mescalero Care Center at Mescalero Reservation in southern New Mexico. The Mescalero Reservation and Zuni Pueblo have dialysis care units.

New Mexico's Indian lands can be described as rural or frontier and predominantly isolated from urban areas. This isolation impacts tribal members' access to services, and particularly impacts tribal elders. There is a need for additional long-term care services (both in-home and facility-based), access to adequate medical care, expanded transportation services, adequate housing and legal services to address issues of elder abuse, neglect or exploitation. The major concerns of Indian elders in PSA 6 include transportation, nutrition, long-term care and social support services. In addition, elders are concerned about the role of Indian Health Service in providing long-term care and geriatric care. The Indian AAA conducts outreach to identify Native American Indian elders eligible for assistance, and informs them of the availability of aging programs and benefits, including those provided directly by the Department. These outreach efforts place special emphasis on reaching older individuals with greatest economic and social needs, with particular attention to those with low incomes. The Indian Area Agency on Aging maintains an active advocacy network which responds to Indian elder concerns throughout the state, and works to address identified gaps and barriers. The area agency advisory council plays a key role in these advocacy efforts. The advisory council consists of representatives from the NM Title VI Coalition.



# STATE DATA AND DEMOGRAPHICS

## New Mexico Population Data Summary by PSA

New Mexico PSAs	60+ Population	% of Total Area Population
Planning & Service Area 1	117,660	18%
Planning & Service Area 2	142,830	20%
Planning & Service Area 3	55,949	19%
Planning & Service Area 4	75,953	21%
Planning & Service Area 5	11,288	11%
Planning & Service Area 6	10,494	15%
Total	283,285	N/A

PSA 1 Bernalillo County

PSA 2 San Juan, McKinley, Cibola, Rio Arriba, Los Alamos, Sandoval, Valencia, Taos, Santa Fe, Torrance, Colfax, Mora, & San Miguel Counties

PSA 3 Union, Harding, Quay, Guadalupe, DeBaca, Curry, Lincoln, Chaves, Roosevelt, Eddy and Lea Counties

PSA 4 Catron, Grant, Hidalgo, Socorro, Sierra, Luna, Dona Ana and Otero Counties

PSA 5 New Mexico portion of the Navajo Nation

PSA 6 Mescalero Apache & Jicarilla Apache Reservations; Acoma, Cochiti, Isleta, Jemez, Laguna, Nambe, Ohkay Owingeh, San Felipe, San Ildefonso, Sandia, Santa Ana, Santa Clara, Santo Domingo, Picuris, Pojoaque, Taos Tesuque, Zia & Zuni Pueblos

SOURCE: US Census 2010

## Population by Age Group, Numbers: 2012

Geography	All Ages	50+	55+	60+	65+	70+	75+	80+	85+
<b>United States Total (50 states + DC)</b>	308,745,538	99,048,838	76,750,713	57,085,908	40,267,984	27,832,721	18,554,555	11,236,760	5,493,433
<b>New Mexico</b>	2,059,179	676,361	529,191	392,392	272,255	184,365	118,461	68,231	31,993

## Population by Age Group, As a Percentage: 2012

Geography	All Ages	50+	55+	60+	65+	70+	75+	80+	85+
<b>United States Total (50 states + DC)</b>	100.0%	32.1%	24.9%	18.5%	13.0%	9.0%	6.0%	3.6%	1.8%
<b>New Mexico</b>	100.0%	32.8%	25.7%	19.1%	13.2%	9.0%	5.8%	3.3%	1.6%

### Percent of Persons 60+ by Race and Hispanic Origin: 2011

Geography	Total 60+	Persons Not Hispanic						Hispanic/ Latino (may be of any race)
		Black/ African American (Alone)	American Indian/ Alaskan Native (Alone)	Native Hawaiian/ Pacific Islander (Alone)	Asian (Alone)	Two or More Races	White (Alone - Non- Hispanic)	
US Total (50 states + DC)	100.0%	8.8%	0.5%	0.1%	3.6%	0.8%	78.9%	7.3%
New Mexico US Census	100.0%	1.3%	5.2%	0.0%	1.0%	0.8%	60.1%	31.5%

### Non-institutionalized Persons Age 65 or Older with Disabilities: 2011

Geography	Non-institutionalized persons age 65 or older	Persons with any disability	Persons with a hearing difficulty	Persons with a vision difficulty	Persons with a cognitive difficulty	Persons with an ambulatory difficulty	Persons with a self-care difficulty	Persons with a difficulty living independently
US Persons (50 States + DC)	40,086,253	14,658,874	6,030,390	2,727,843	3,783,900	9,470,278	3,550,196	6,491,548
New Mexico Persons	278,206	112,020	52,185	24,435	30,567	70,556	26,006	46,878
US %	-----	36.6%	15.0%	6.8%	9.4%	23.6%	8.9%	16.2%
New Mexico %	-----	40.3%	18.8%	8.8%	11.0%	25.4%	9.3%	16.9%

Note: A person may have more than one disability  
US Census

### Income and Poverty Status of New Mexicans Age 60 & Older: 2011

Geography	At or Below Poverty Level	At 125 % of Poverty Level
US Persons (50 States + DC)	4,690,091	5,892,679
New Mexico Persons	40,340	49,242
US %	12%	14.7%
New Mexico %	15%	17.7%

US Census

## CHANGING DEMOGRAPHICS

### The Boomers are Aging

#### Projections of the Population, By Age: 2000 to 2030

AGE 60 & Older	2000	2005	2010	2015	2020	2025	2030
United States – Persons	45,797,200	49,712,714	56,922,418	65,551,441	75,487,837	84,652,165	91,129,331
New Mexico – Persons	283,837	329,715	401,973	486,868	575,267	647,186	682,036
United States – %	16.3%	16.8%	18.4%	20.3%	22.5%	24.2%	25.1%
New Mexico – %	15.6%	17.3%	20.3%	23.8%	27.6%	30.7%	32.5%

US Census

## TRENDS

- From 2000 to 2030, the number of New Mexicans age 60 or older will more than double.
- By the year 2030, New Mexico will rank 4<sup>th</sup> in the nation in percentage of population age 65 and older; currently New Mexico is 39<sup>th</sup>.
- New Mexico's growing population of older adults reflects the aging of its Baby Boomers, as well as the continuing migration of retirees and others to western states.
- New Mexico is the 5<sup>th</sup> largest, and the 6<sup>th</sup> most sparsely populated state in the nation.
- The 85+ population of New Mexico will more than triple from 23,306 in 2000 to 75,629 in 2030.
- 15% of New Mexicans age 60 or older live at or below the federal poverty level; 17.7% live at 125% of the federal poverty level.
- New Mexico's 60 and older population is ethnically and culturally diverse; 31.5% of persons age 60 and older are of Hispanic origin, 5.2% are Native American Indian, 1.3% is African American and 1% is Asian, for a combined 39%.
- Over a third of the state's population is non-English Speaking; the predominant other languages are Spanish, Diné (Navajo) and Pueblo dialects (such as Zuni, Keres, Tiwa, Towa or Tewa).
- Almost half of all New Mexicans age 65 or older, more than 112,000 people, are living with disabilities. Over 40% of the community-living population age 65 and older has at least one disability; many have more than one.
- 31,000 people in New Mexico are directly suffering from Alzheimer's disease or related disorders; this is projected to increase to 43,000 New Mexicans by 2025. Many more caregivers and family members of these individuals are secondarily affected.
- More than 200,000 people in New Mexico, or nearly 10% of the state's population, served as family caregivers in 2006. The estimated economic value of this care was \$1.6 billion.
- More than 54,500 grandparents in New Mexico are living with their grandchildren, almost 26,400 of whom are raising and solely responsible for their grandchildren; almost 50% of these grandparent-headed families are living below the federal poverty level.
- The problems of hunger and food insecurity (not knowing where one's next meal will come from) in New Mexico are major, and greatly impact the state's older population. New Mexico ranks 2<sup>nd</sup> in the nation for older adult hunger; 11% of older New Mexicans are at risk of hunger; many are not sure they have enough money to buy food and many do not have enough to eat.

## IMPACTS

- The aging of the baby boomers is already impacting New Mexico's Aging Network:
  - Boomers are more physically active; more inclined toward fitness, travel and outdoor activities;
  - Boomers are less inclined to participate in traditional senior center services;
  - Many Boomers, with more education than previous generations and a history of activism, want to remain civically engaged and continue contributing to their communities;
  - Although the prevalence of diabetes, arthritis and cancer has increased, the health status of the Boomer generation is, on average, better than that of previous generations.
- The fastest rate of population growth is those age 85 or older. Increased age increases the probability of frailty; frail elders have different needs from those of younger, more active elders.
- As New Mexico's older population increases, the percentage of New Mexicans who are disabled will increase, putting more of a strain on the dwindling pool of paid caregivers, and the growing pool of family caregivers.
- The role of caregivers in keeping people in their own homes is critical, but support systems for caregivers have not kept up with the demand.
- There is an increasing demand for comprehensive, coordinated services for at-risk and frail elders, as well as adults of all age with disabilities. These individuals require different, more intensive and more costly services. The projections of increasing levels of functional and health impairments indicate that the number of persons needing assistance is increasing faster than the state's ability to provide services.
- As New Mexico's population ages, per capita hospital and nursing home care expenditures will continue to rise. Per capita health care spending is 3.5 times greater for elders than for those under age 65. The debilitating effects of unhealthy behavior at earlier ages can often be reduced or reversed by health promotion and disease prevention activities later in life.
- Due to significant number of elders living in poverty, there will be an increasing demand for services designed for elders with low incomes, such as employment programs. As elders with limited incomes become frail, the demand for many types of subsidized services increases. The NM Medicaid system is bearing the brunt of increasing demand for long-term care.
- The aging network is experiencing increased demand for meals, transportation, homemakers, respite care and other in-home services, as well as services that support economic security such as employment training and public benefits advocacy.
- Multi-faceted services are needed to assist well-elders in maintaining their health and functional ability, to enable those with functional limitations to maintain independence and to support frail elders who have the greatest service needs. Provision of multi-faceted services involves balancing resources and priorities; preserving the independence of well-elders is as important as meeting the needs of the frail if the state is to maintain the desire and right of its citizens to age in place.
- The graying of New Mexico will have a significant effect on the state, ranging from changing demands on government services to increased political involvement and advocacy on the part of elders.

# QUALITY MANAGEMENT & DATA COLLECTION

The quality management processes utilized by the Aging & Long-Term Services Department consists of a performance-based budgeting system, Baldrige Criteria for Performance Excellence and the US Centers for Medicare & Medicaid Services (CMS) Quality Framework. Collectively, these depend on integrated data collection, analysis and reporting as the basis for qualitative and quantitative performance assessments and continuous improvement of services, organizational capabilities and management.

## **New Mexico State Government Performance Based Budgeting System (PBBS)**

PBBS requires a strategic plan, updated each state fiscal year and formally submitted with the annual budget. The strategic plan includes priorities, goals, objectives, performance measures and targets, which are reviewed quarterly and annually by the Department's senior management, bureau chiefs and program managers, as well as by the Department of Finance and Administration and the Legislative Finance Committee. The Department's Strategic Plan is aligned with the State Plan and the Area Plans developed by the state's four Area Agencies on Aging. The NM Accountability in Government Act requires state agencies to develop and implement performance measures against which organizational and cost effectiveness can be evaluated. The act identifies five types of performance measures:

1. Efficiency – measures cost per unit of service provided,
2. Explanatory – measures external factors over which an agency has little or no control, but that have a material effect on the agency's ability to achieve its goals,
3. Outcome – measures the actual impact or public benefit of a program,
4. Output – measures the volume of work completed or the level of actual services or products delivered,
5. Quality – measures the value of the service being provided.

The Aging & Long-Term Services Department has nine outcome measures, nine output measures and four quality measures, as detailed in this plan. The measures are approved a year in advance of implementation. Performance measures often remain in effect for more than one year, and are reviewed annually with analysts from the Department of Finance and Administration and the Legislative Finance Committee. The Legislative Finance Committee prepares a quarterly report card for each state agency and the measures and targets are incorporated into the Governor's Executive Budget recommendation.

## **Baldrige Criteria For Performance Excellence**

These evidenced-based criteria consist of seven interrelated categories and are used to strategically assess and continuously improve organizational and managerial performance. These criteria, which are the basis of the National Baldrige Quality Award Program, also are used in New Mexico's state-wide quality awards program for government, business, education, health care and non-profit organizations.

- **Leadership:** How senior leaders' personal actions guide and sustain the Department, fulfill its legal, ethical, and societal responsibilities, and support its key constituents.
- **Strategic Planning:** How the Department develops strategic objectives and action plans, how such are deployed and changed if circumstances require, and how progress is measured.
- **Customer Focus:** How the Department engages customers for long-term success, including building a customer-focused culture, listening to customers and using this information to improve and identify opportunities for innovation.
- **Measurement, Analysis, and Knowledge Management:** How the Department selects, gathers, analyzes, manages, and improves data, information, and knowledge assets; how it manages information technology and how it uses analyses to improve performance.
- **Workforce Focus:** How the Department engages, manages, and develops employees to utilize full potential in alignment with mission, strategy, and action plans, including the ability to assess staffing capability and capacity and to build an environment conducive to high performance.

- **Process Management:** How the Department designs work systems and designs, manages, and improves key processes for implementing those work systems, to deliver customer value and achieve organizational success and sustainability. Process management includes readiness for emergencies.
- **Results:** Performance and improvement in all key areas – program and service outcomes, customer-focused outcomes, fiscal and market outcomes, workforce-focused outcomes, process effectiveness outcomes, and leadership outcomes. Performance levels are benchmarked using state and national trends and compared with comparable states with similar programs and services.

The criteria emphasize alignment of strategy, processes and measures across the Department. Measures tie directly to customer and stakeholder value and to overall performance. They permit channeling different activities in consistent directions with less need for detailed procedures, centralized decision making, or overly complex process management. The resulting alignment ensures consistency of purpose across the Department while supporting agility, innovation, and decentralized decision making. Feedback, developed through review of core processes and results, leads to action-oriented cycles of improvement with four stages:

1. Designing and selecting effective processes, methods, and measures (approach),
2. Executing with consistency (deployment),
3. Assessing progress and capturing new knowledge, including seeking opportunities for innovation (learning),
4. Revising plans based on assessment findings and organizational performance, harmonizing processes and work-unit operations, selecting better process and results measures (integration).

### **CMS Quality Management Framework**

Quality management at the program level encompasses three functions which align with the Department’s six strategic priorities. These priorities emphasize a comprehensive approach to the needs of older adults, adults with disabilities and caregivers through a continuum of integrated services. Collectively, the strategic priorities support lifelong independence and healthy aging, achieved in collaboration with federal agencies, state executive and legislative agencies, and a network of community partners.

<b>Quality Management Functions\ Strategic Priorities</b>	<b>Discovery</b>	<b>Remediation</b>	<b>Continuous Improvement</b>
<b>Services in Homes and Communities</b>			
<b>Prevention of Adult Abuse, Neglect, &amp; Exploitation</b>			
<b>Caregiver Support</b>			
<b>Person-Centered Planning for Long-Term Care Services</b>			
<b>Active and Healthy Lifestyles</b>			
<b>Economic Security – Food, Employment, Transportation and Community Living</b>			

- **Discovery:** Collecting quantitative and qualitative data and feedback in order to assess the ongoing implementation of a program, and identify strengths and opportunities for improvement.
- **Remediation:** Taking action to remedy specific problems or concerns that arise.
- **Continuous Improvement:** Utilizing quantitative and qualitative data and feedback to engage in actions that lead to continuous improvement.

### **Data Collection, Analysis and Reporting**

The New Mexico Aging & Long-Term Services Department and New Mexico's aging network have used Harmony Information Systems *Social Assistance Management System* (SAMS) since 1998 to meet U.S. Administration on Aging State Program Report requirements. The Department administers numerous state and federal programs; reporting requirements for these programs are satisfied through the use of applications from Harmony Information Systems, Inc. and its legal subsidiary Synergy Software Technologies. These applications consist of Harmony for Aging (which includes SAMS Case Management and SAMS Information & Referral), Harmony OmbudsManager, and Harmony for Adult Protective Services.

The Aging & Long-Term Services Department functions as the Harmony administrator; this requires the provision of on-going technical support to area agencies and aging network providers. The Department purchases annual licenses from Harmony Information Systems to serve as the host. Users access SAMS through the internet and a web browser. The Department has a single state-wide Harmony for Aging data base to prevent duplication of data and effort. The benefits of Harmony for Aging include the capacity to track multiple service programs; clients who receive services from multiple programs, funded by federal, state and/or local funds, can be profiled in the same data management system to facilitate care coordination. Consumer and service data can also be reported by program to each funding source. Area agencies and providers throughout New Mexico have the ability to access provider and consumer data for care coordination, planning, contract oversight and reporting.

### **System Improvement Initiatives**

- The Department is exploring the feasibility and cost effectiveness of SAMS implementation by the Navajo Area Agency on Aging.
- ALTSD is participating in the ACL Sentinel States Project, which began as a pilot in FY11 in four states. The initiative is exploring the potential for "already-existing" data to be used to answer complex questions through advanced analytics to help demonstrate program effectiveness and provide new insights about aging program trends and outcomes.

# PERFORMANCE MEASURES

## **Administrative Services Division**

1. Percent of vouchers and purchase orders accepted by the Department of Finance and Administration without rejection.
2. Number of working days between payment of state funds and draw of federal funds.

## **Adult Protective Services Division**

1. Number of adults receiving Adult Protective Services investigations of abuse, neglect, or exploitation.
2. Percent of emergency or priority one Adult Protective Services investigations in which a caseworker makes initial face to face contact with the alleged victim within prescribed time frames.
3. Number of senior center outreach contacts made by Adult Protective Services staff to provide information on identifying and reporting adult abuse, neglect, and exploitation.
4. Percent of contracted home care and day care service providers receiving no deficiencies during annual on-site audit by adult protective services.
5. Number of adults who receive home care or adult day services as a result of an investigation of abuse, neglect, or exploitation.

## **Aging Network Division**

1. Percent of older New Mexicans whose food insecurity is alleviated by meals received through the aging network.
2. Number of hours of respite care provided.
3. Number of one-way trips to access community services provided to eligible consumers.
4. Number of hours of service provided by senior volunteers, statewide.
5. Number of persons receiving aging network community services.
6. Percent of individuals exiting from the federal older worker program who obtain unsubsidized employment.
7. Community service hours provided by the state older worker program as a percent of work hours budgeted.
8. Percent of older adults served by the 50+ older worker connection who obtain unsubsidized employment.
9. Percent of clients appointed as legal guardians of kinship children in their care.

## **Consumer and Elder Rights Division**

1. Percent of people in need of two or more daily living services who access the Aging & Disability Resource Center and are satisfied with the information, referral and assistance received.
2. Percent of calls to the Aging & Disability Resource Center that are answered by a live operator.
3. Percent of Medicare beneficiaries who receive benefits counseling regarding Medicare and Medicaid programs, including changes in the Medicare prescription drug plan.
4. State ranking of New Mexico State Health Insurance Program (SHIP).
5. Percent of people receiving options counseling who are satisfied with the information they received to make informed decisions about long-term support services.
6. Percent of uninsured individuals qualified to receive critical medication services through MEDBANK.
7. Percent of Ombudsman complaints resolved within sixty days.
8. Percent of resident requested transitions from nursing homes to home & community-based services completed to the satisfaction of the resident within nine months of the request.
9. Ranked in the top quarter of comparable states with regard to the number of complaints per nursing and assisted living facility beds.

# **OLDER AMERICANS ACT CORE PROGRAMS**

New Mexico's Older Americans Act (OAA) funding, and significant state funding, supports a comprehensive array of services and the administrative infrastructure to deliver those services. The Department's annual allotment of OAA Title III funds is allocated to two of New Mexico's four area agencies on aging based on an intrastate funding formula. The Navajo Area Agency on Aging receives OAA Title III funding through the state of Arizona and OAA Title VI funding directly from the AoA. New Mexico's Pueblos and Apache Tribes receive OAA Title VI funding directly from the AoA. New Mexico provides funds appropriated by the State Legislature to all four of its area agencies on aging.

## **SUPPORTIVE SERVICES**

Each area agency plans, develops and implements a system of services for individuals age 60 and older, or age 55 and older in the Native American Indian communities. All services are targeted to those with the greatest economic or social needs, with particular emphasis on minority older persons with low incomes and older persons residing in rural areas. Some of the many services offered include, but are not limited to, adult day care, home delivered meals, respite care, case management, in-home care, transportation, caregiver support, congregate meals, health promotion and nutrition education. Aging Network contract providers help families remain together, at home, in their own communities and create a safety net for the vast majority of New Mexico's elders, those who may not qualify for Medicaid but whose resources are limited, those whose families are stretched to capacity caring for loved ones at home. The Aging Network is the only resource for many New Mexicans, particularly those in rural, tribal and frontier areas. Senior employment and volunteer opportunities enable older adults to remain active, vital members of their communities. Financial subsidies offered by the employment programs and some of the volunteer programs help seniors maintain their economic independence. The Department sponsors an annual New Mexico Conference on Aging that offers older adults, caregivers and professionals a chance to learn and have fun in an environment that supports independence and dignity. It is one of the few conferences attended by both seniors and professionals. Approximately 1500 people, reflecting New Mexico's ethnic and cultural diversity, attend each year. The conference includes numerous workshops, entertainment highlighting the talents of New Mexico's seniors, and wellness activities, such as medication assessment, health screening and exercise classes.

### **Goals**

- Maintain an effective aging network structure that provides a coordinated delivery system of services to older New Mexicans.
- Support innovation in evidence-based health promotion, disease prevention, nutrition, and caregiver support initiatives.
- Enhance public and private collaborative partnerships to build capacity and maintain and develop quality state-wide services and supports.

### **Objectives**

- Work with area agencies on aging and other contract providers to maximize resources and target a full continuum of services to those with the greatest needs.
- Work with area agencies on aging and other contract providers, to assure provision of quality services, by monitoring compliance and consumer satisfaction.
- Identify and create options for older persons to engage in meaningful activities throughout their life spans, to address the needs of New Mexico's growing older adult population.
- Provide training and disseminate information to and about older adult issues, including training for contract providers and aging network partners, to meet federal mandates and build capacity.

## **NUTRITION**

New Mexico's Nutrition Services are funded through state and federal funds. Breakfast, lunch and/or dinner are provided to individuals aged 60 and older, or 55 and older in tribal programs, and to spouses of any age with emphasis on those with the greatest social or economic needs. Meals and other nutrition services are provided in a variety of settings, such as senior centers and community centers, and are also delivered to individuals' homes. Congregate meal programs give seniors the opportunity to socialize with others and engage in daily activities. Nutrition screening, assessment, education and counseling are provided to help enhance the health and well being of participants. Home-delivered meals are provided to persons who are homebound by reason of illness or disability, or otherwise isolated. The Nutrition Program addresses the growing incidence of food insecurity and hunger in New Mexico, preventing malnutrition and maintaining elders' independence, enabling them to remain in their own homes and communities. Meals are provided at least once a day, five days or more per week. New Mexico has 212 congregate meal sites throughout its thirty-three counties and twenty-two tribal communities (19 Pueblos, 2 Apache tribes and the Navajo Nation).

### **Goal**

Improve nutritional health, alleviate hunger and prevent malnutrition by providing nutritionally adequate meals to older adults throughout New Mexico.

### **Objectives**

- Promote visually appealing, appetizing meals that meet the nutritional requirements and dietary guidelines for older adults.
- Promote the provision of therapeutic meals, particularly "diabetes friendly" meals.
- Assist area agencies in the operation of senior nutrition programs, including conducting on-site assessments, and providing training and technical assistance.

## **HEALTH PROMOTION/DISEASE PREVENTION**

Health Promotion activities are designed to maintain or improve physical and mental well-being, maintain independence, manage chronic disease and build knowledge/skills to enable older adults make informed choices about lifestyle and health issues. Such efforts include evidence-based programs such as *Enhance Fitness*, *A Matter of Balance* and *MyCD*. The Department sponsors a HIV/AIDS Outreach & Advocacy Program, to address the growing incidence of HIV infection in older adults. The program conducts outreach events and educational forums for individuals infected and affected by HIV/AIDS. HIV testing is performed at the Department's ABQ Tijeras office and at outreach events.

### **Goal**

In collaboration with area agencies on aging, aging network providers, governmental entities, health care organizations and others, provide health promotion & disease prevention information, activities and programs throughout New Mexico.

### **Objectives**

- In partnership with the NM Department of Health, sponsor and support health promotion & disease prevention activities, including chronic disease self-management, to help older adults maintain or improve their physical and mental well-being.
- Conduct and promote health fairs, workshops and other venues to assist healthy active seniors in maintaining their lifestyles and to teach techniques for improving health status to others.
- In partnership with NM Senior Olympics, promote physical fitness, statewide, for adults age 50 and older, by providing year-round opportunities and motivation to participate in local, state and national senior Olympic games and other health promotion initiatives.
- Maintain up-to-date knowledge on current best practices in health promotion and disease prevention through involvement in collaborative partnerships and organizations that promote healthy aging.
- Maintain a leadership role in the New Mexico Healthy Aging Collaborative, a collaboration of public and private organizations focused on providing statewide health promotion activities and initiatives targeted to older adults.

## **CAREGIVER SUPPORT**

The Family Caregiver Support Program targets family caregivers of older adults, as well as grandparents and older adults caring for children or younger adult relatives with disabilities (known as kinship caregivers). Emphasis is placed on serving older individuals with greatest social and/or economic needs, with particular attention to those with low-incomes. New Mexico's Family Caregiver Support Program is comprised of five service categories:

- **Information** about health conditions, resources, and community-based long-term care services that might best meet a caregiver's needs.
- **Access** in securing appropriate help.
- **Counseling, Support Groups & Caregiver Training** to help caregivers make decisions, resolve problems, and develop the skills to care effectively for loved ones.
- **Respite Care** to provide caregivers with relief from caregiving responsibilities.
- **Supplemental Services**, such as provision of home modifications, incontinence supplies, nutritional supplements and assistive devices, to support the efforts of caregivers.

### **Goal**

Work with the Aging & Disability Resource Center, area agencies, faith-based & community organizations and service providers to maintain and enhance caregiver support programs.

### **Objectives**

- Provide caregiver training and technical assistance throughout the aging network.
- Provide comprehensive support services for caregivers, statewide, expanding services to additional rural and tribal areas.
- Develop new partnerships with other state agencies, community providers, and faith-based organizations to enhance services.
- In consultation with area agencies, implement caregiver support program standards, performance measures and consumer satisfaction measures to aid in program planning and quality improvement.
- Continue to staff and support advisory work groups for input into strategic and programmatic planning.

## **COLLABORATION WITH VOLUNTEER PROGRAMS**

The Department, in collaboration with the federal Corporation for National and Community Service provides funding, training and technical assistance to Volunteer Programs, statewide, as follows:

**FOSTER GRANDPARENT PROGRAM (FGP):** FGP offers meaningful part-time volunteer opportunities to persons with low incomes, aged 55 and older, who provide one-to-one supportive services to children with special or exceptional needs. Foster Grandparents serve in health and social service settings and help address children's physical or psychosocial needs. Foster Grandparents receive stipends to support their volunteer work. New Mexico has twenty Foster Grandparent Programs, with 552 active volunteers serving 1,717 children annually. Volunteers provided 503,959 hours of service last year.

**SENIOR COMPANION PROGRAM (SCP):** SCP offers meaningful part-time volunteer opportunities to persons with low incomes, aged 55 and older, who provide supportive one-to-one services to older adults who need assistance remaining independent in their own homes. Senior Companions receive stipends to support their volunteer work. New Mexico has twenty Senior Companion Programs, with 377 active volunteers serving 1,361 homebound clients annually. Volunteers provided 365,968 hours of service last year.

**RETIRED SENIOR VOLUNTEER PROGRAM (RSVP):** RSVP has the dual purpose of engaging persons 55 years of age and older in volunteer service to meet critical community needs and of providing high quality experiences to enrich the lives of the volunteers. RSVP encourages older adults to share their talents, expertise, and skills with community projects and organizations needing volunteer talent. New Mexico has fifteen RSVP sites with 4,530 volunteers enrolled at 573 volunteer stations throughout the state. Last year, RSVP volunteers provided 948,547 hours of service in communities throughout New Mexico.

## **ELDER RIGHTS PROGRAMS**

The Department's **Adult Protective Services** Division operates under the authority of the NM Adult Protective Services Act, the purpose of which is to establish a system of protective services for adults who are unable to protect themselves from abuse, neglect, or exploitation and to authorize the least possible restriction on the exercise of personal & civil rights and religious beliefs consistent with an adult's need for protective services or protective placement. The Act further requires that due process be followed in imposing any restrictions. In addition to investigating reports of adult abuse, neglect, or exploitation, Adult Protective Services provides short-term protective services to alleviate and prevent continued abuse. Least restrictive alternatives, utilizing community based-services rather than institutional services, are employed whenever possible. Actions taken by Adult Protective Services balance the duty to protect the safety of an individual with the individual's right to self-determination. Adults have the right to make decisions which do not conform with societal norms, as long as those decisions do not harm others. A key concept defined in the Adult Protective Services Act is the "ability to consent", which is defined as an adult's ability to understand and appreciate the nature and consequences of proposed protective services or protective placement, including the benefits, risks, and alternatives to such, and to make or communicate an informed decision.

### **Goals**

- Protect adult victims of abuse, neglect, and exploitation without the capacity to protect themselves.
- Continue to provide all counties with a coordinated system of referral, response, assessment, investigation, and when appropriate, short-term services, to mitigate risk to victims.
- Provide public education and outreach to help people recognize and report adult abuse, neglect, and exploitation.

### **Objectives**

- Strengthen the capability of Adult Protective Services to respond to the growing numbers of disabled adults and elders who are abused, neglected, or exploited.
- Maintain contracts for home and community-based services which provide optimal benefits to clients with the most serious incapacities and immediate need for assistance.
- Assist the general public in making appropriate referrals to Adult Protective Services through dissemination of the toll-free intake number and through public outreach presentations.

**Legal Services** are a resource offered to individuals and families served by all divisions of the Department. The Department's Legal Services Development includes contracts with area agencies and legal service organizations, statewide, to provide advocacy and legal representation for older adults with greatest economic or social needs, to assist them in securing and maintaining government benefits, housing, health care, human rights, consumer protection and domestic relations protection. Contractors provide services throughout New Mexico, including brief telephone consultation, intensive personal contact, in-depth legal consultation and advice, and legal representation in judicial and administrative settings. The Department provides funding to the New Mexico Bar Foundation to operate a hotline and coordinate a pro-bono panel of attorneys to provide legal services, outreach and education to older adults, statewide. As part of its Grandparents Raising Grandchildren Initiative, the Department contracts with Pegasus Legal Services to provide Kinship Caregiver Legal Advocacy Services, including a statewide legal services delivery network for kinship caregivers. A kinship caregiver is any individual who has assumed primary responsibility for raising a child who is not his or her legal child. Kinship caregivers in New Mexico may be members of the child's family, tribe or clan, godparents, family friends, or any individual with whom the child has a significant bond; many kinship caregivers are grandparents. The Kinship Caregiver Legal Advocacy Network includes a guardianship legal helpline, community outreach & education, legal advice, information & brief service, legal representation for kinship caregivers in guardianship cases, and counseling for kinship caregivers who represent themselves in guardianship legal proceedings.

## **Goals**

- Expand access to legal services through provider outreach, continuing legal education venues, and community attorney associations.
- Provide systemic advocacy on legal issues impacting older New Mexicans with the greatest economic and social needs.
- Provide legal assistance to older New Mexicans with the greatest economic and social needs, particularly in the priority areas of income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

The **Long-Term Care Ombudsman Program** is federally and state mandated to provide oversight, advocacy and resident-centered protection of the rights of New Mexicans living in long-term care facilities. Funded primarily under the Older Americans Act, the Ombudsman Program provides independent, individual and systemic advocacy on behalf of long-term care residents. Staff and volunteers strive to fulfill this responsibility by providing prompt and fair resolutions of residents' complaints, advocating for their wishes and providing a voice for those who often go unheard. The Program has 12 fulltime staff and a corps of over 100 Certified Ombudsmen Volunteers who maintain a weekly presence in nursing homes and a quarterly presence in Adult Residential Care facilities. Advocacy services are offered at the request of any resident or surrogate decision maker regardless of payer source. In addition to in-facility advocacy, the Ombudsman Program offers advocacy to residents living in institutions who wish to return to living in their own homes and communities. Transition advocacy begins when a resident expresses a wish to receive care in a non-institutional setting. Transition Ombudsmen are knowledgeable about housing options, Medicaid Managed Care Organizations, and Medicaid Waiver Services; they serve as advocates to ensure that residents' wishes are heard and respected during the nursing home discharge process. Providing advocacy during this process has positively impacted the safety of residents returning to their communities. The NM Ombudsman Program is fortunate to have a mutually supportive relationship with the Navajo Nation Ombudsman Program. The Navajo Ombudsman completed NM certification training and is certified by the NM State Ombudsman to enter facilities in New Mexico. The Navajo Ombudsman often participates in New Mexico cultural training and is available for Navajo nursing home residents who need translation services. Navajo volunteers have also been trained by the NM Ombudsman Program and are assigned to facilities in New Mexico.

## **Goals**

- Preserve and protect the rights of residents in long-term care facilities and those wishing to transition to different care settings.
- Increase access to person-centered home and community-based services in order to minimize the need for more restrictive long-term care services.
- Ensure that all long-term care facility residents have regular contact with an Ombudsman to support and protect their civil and resident rights, including the right to be free from harm.

## **Objectives**

- Advocate for individuals who have transitioned from nursing homes to home and community-based service settings
- Collaborate with area agencies on aging, independent living centers, other state agencies and local service providers to facilitate the provision of home and community-based long-term care services.
- Advocate for stronger regulation of assisted living facilities, board and care homes and shelter homes.
- Conduct quarterly visits of all nursing facilities in the state, and monthly volunteer contacts, in order to offer residents regular opportunities for complaint resolution and advocacy.
- Advocate for increased minimum staffing requirements in long-term care facilities.
- Expand the number of trained and certified volunteer Ombudsmen to insure resident access to advocacy services.

## **SERVING NATIVE AMERICAN INDIAN ELDERS**

The Department's Office of Indian Elder Affairs is charged with developing government-to-government relationships between sovereign tribal governments and the state of New Mexico on behalf of all Indian elders in New Mexico. The Department's Cabinet Secretary serves as the Director of the Office of Indian Elder Affairs and, as such, appoints the Department's tribal liaison. The Office of Indian Affairs advocates on behalf of Indian elders and works with tribal providers, statewide, to strengthen their capacity to deliver a wide range of services.

New Mexico has two state planning & service areas (PSAs) designated specifically to serve its Native American Indian populations and tribal service providers. These are PSA 5, which consists of the Navajo Nation, and PSA 6, which consists of the nineteen pueblos and two Apache tribes in New Mexico. The designated area agency on aging for PSA 5 is the Navajo Area Agency on Aging (a unit of the Navajo Nation government) and the designated area agency on aging for PSA 6 is the Indian Area Agency on Aging (a unit within the Department's Aging Network Division). These area agencies provide technical assistance, program development and oversight for tribal providers and others serving Native American Indian elders. They also conduct outreach to identify Indian elders eligible for assistance under the Older Americans Act and other programs, both public and private, and inform elders of the availability of such assistance. These outreach efforts emphasize reaching older individuals with the greatest economic and social needs, and are conducted by multilingual staff, using culturally and linguistically appropriate materials.

Traditionally, Indian elders occupy an important, revered position in tribal life; age is equated with wisdom and experience. The role of the elder at the center of the family is of critical importance in the culture. In most cases, families want to care for elders at home. Most Indian elders wish to remain at home, in their local communities, regardless of their degree of frailty. The vast majority of frail Indian elders live at home, cared for by family members. Many elders live with several generations of family under one roof. There are strong and compelling religious and cultural reasons for this choice. These caregiving families are in need of services which are consistent with the desires of their elders and which cohere with their unique cultures. This most often means care that is based in the home. Many tribes provide in-home services, respite care, and caregiver support, and several tribes have developed adult day care programs to address this need. Some of the traditional ways are changing, however, as the impact of non-Indian culture becomes more prevalent. The rise of elder abuse and the need for tribal elder protection codes is an indication of these changes.

The concerns of New Mexico's Indian elders are similar to the concerns of the general older adult population throughout New Mexico. They include chronic diseases, long-term care, housing, disability, adequate nutrition, caregiver support, and prevention of elder abuse, neglect & exploitation. Gaps in service delivery and related barriers are numerous and complex for tribal elderly programs. Isolation, distance from health and support services, limited transportation, complex state and federal regulations, lack of adequate funding, language barriers, cultural disparities, and buildings in need of repair are some of the major issues effecting the service delivery system for Indian elders in New Mexico. These gaps and concerns have been identified by the NM Indian Council on Aging, the NM Title VI Coalition, the Indian AAA and the Navajo AAA, as well as the Department's public hearing process. New Mexico's tribal aging network providers are being impacted by current economic conditions and a growing population of Indian elders with many needs. Tribal elders are concerned about the need to develop and support long-term care services on tribal lands, using available federal, state and tribal resources.

Most tribal elderly programs have access to Title VI funding, USDA cash in lieu of commodities, and NM state funding. Programs also rely heavily on tribal in-kind support and local fundraising efforts. Financial support in the form of cash, goods and services is provided by various tribal organizations. It has become increasingly apparent that the need for a coordinated system of health and social services to meet the needs of Indian elders is paramount. The current system consists predominantly of meal sites, transportation services, limited social services and home-delivered meals. The current system requires additional funding to meet increasing home care and long-term care needs for accessible, affordable, and culturally sensitive services that focus on ensuring independence.

The Department has addressed these needs and issues by promoting and supporting tribal programs that serve Indian elders in their own communities. The Office of Indian Elder Affairs is a clearinghouse for training opportunities, advocacy information, and funding resources, and provides technical assistance to aid in building capacity. Frequent communication keeps the Indian Aging Network in New Mexico informed about issues, training, funding opportunities, and proposed state and federal legislation impacting elders and adults with disabilities. Advocacy is most successful through collaborative efforts - the aging network, the disability community and tribal and state government officials working together. Staff from the Office of Indian Elder Affairs, the Indian AAA and the Department's Senior Services Bureau conducts site visits and provide individualized technical support and culturally sensitive training at each site throughout the state. Staff works with local providers to maintain or expand services within tribal communities and has facilitated the development of relationships between various tribal and non-tribal service providers. The main focus continues to be providing services to older individuals with the greatest economic or social needs, with particular emphasis on persons with low incomes and those residing in rural areas.

### **Goals**

1. Assist tribes in developing home and community-based services to keep elders in their own homes and support family and other caregivers.
2. Collaborate with the Indian Health Service to expand and strengthen long-term care services.
3. Increase options and access to Medicare and Medicaid services and reimbursement.
4. Collaborate with tribal leaders to expand and strengthen long-term care, health care, social services and advocacy efforts.
5. In partnership with tribes, advocate for Indian elders by serving on community boards and coalitions and through active participation in the New Mexico legislative process.

### **Objectives**

1. Continue and expand adult day centers where there are demonstrated needs.
2. Conduct outreach in coordination with tribal Community Health Representatives.
3. Renovate existing senior centers to make them ADA compliant.

## **ACL/AoA DISCRETIONARY GRANTS**

### **Aging & Disability Resource Center**

The Department's Aging & Disability Resource Center (ADRC) serves more than 3,600 people a month, connecting constituents to a broad array of services. It is a "visible and trusted" source to which people turn for objective information. New Mexico's implementation of the "No Wrong Door" model has gained national recognition as an innovative single-point-of-entry to access services and supports. The ADRC integrates access to numerous programs and services, which has resulted in increased efficiency and availability of services throughout New Mexico. The ADRC reaches out to all of the state's 33 counties and 23 tribal nations, providing access to information, assistance, referrals, resource coordination and advocacy to maximize personal choice and independence for older adults, adults with disabilities and their caregivers. ADRC staff offers options about services and supports and empowers people to make informed decisions. The ADRC offers one-on-one counseling and assistance to all New Mexicans, regardless of income. Families, friends, caregivers, providers, and others who work with or care about older people and people with disabilities access the services offered by the ADRC. ADRC information services are provided in person, over the telephone, during visits to individual homes, and at other locations convenient to consumers.

ADRC Information & Assistance Coordinators are knowledgeable about programs and services that address varied and complex needs, such as independent living, legal assistance, homemaker services, transportation, home-delivered meals, home modifications, assisted living, long-term care, respite care, and caregiver support. ADRC staff provides information and education on health and wellness, maintaining independence, and preventing and managing disease. These services include programs to review medications, nutrition education, chronic disease management, elimination of home hazards and falls prevention. The Prescription Drug Assistance and New Mexico MEDBANK programs, offered by the ADRC, assist uninsured and under-insured individuals in obtaining medications they need at costs they can afford. The Prescription Drug Assistance Program also provides vouchers, up to \$300, to enable eligible MEDBANK enrollees obtain prescription medications while awaiting free medications from drug manufacturer subsidy programs. The ADRC Bill Payer Program provides daily money management services to help older adults and adults with disabilities residing in Valencia, Sandoval and Bernalillo Counties. Individuals served by this program have low incomes and difficulty budgeting, paying routine bills, and keeping track of financial matters.

ADRC staff provides options counseling to empower individuals to make informed decisions regarding long-term services and supports (LTSS). This critical service helps provide clear pathways for individuals wishing to access LTSS. Some consumers may only need information, but many need options counseling. A tremendous amount of information about LTSS is available on-line, but it can be complex, contradictory and confusing. Individuals and families may want or need additional support interpreting the available information and weighing the pros and cons of different choices regarding LTSS. Few people plan ahead for long-term care and are often unaware of available community-based options. ADRC Options Counselors educate consumers regarding how to access public and private resources. The ADRC State Health Insurance Assistance Program (SHIP) is a national program that offers one-on-one counseling and assistance to Medicare and Medicaid beneficiaries and their families. SHIP Counselors provide benefits counseling with regard to health insurance, Medicare, Medicare prescription drug coverage, Social Security, Medicaid, and veteran benefits. SHIP ensures that older New Mexicans receive accurate, unbiased information about health care options and other entitlements.

Adult Protective Services Intake is also a component of the ADRC. Adult Protective Services is mandated by New Mexico statute to provide a system of protective services to persons age 18 and older, who are unable to protect themselves from abuse, neglect or exploitation. The ADRC intake function is a key component of New Mexico's 24/7 adult protective coverage and its system of safety for the state's most vulnerable residents. The ADRC registers consumers for the NM Coordination of Long-Term Services (CoLTS) Medicaid Waiver. The CoLTS Waiver serves elders and persons with disabilities, providing in-home care, adult day care, respite care, assisted living, emergency response services and environmental modifications. Community transition services, private duty nursing, physical therapy, occupational therapy and speech/language therapy are also covered under the waiver.

The New Mexico Social Services Resource Directory, another component of the ADRC, provides easy access for consumers, families and caregivers to find up-to-date comprehensive information about national, state and local services and service providers. The directory can be accessed at [www.nmresourcedirectory.org](http://www.nmresourcedirectory.org). ADRC staff conducts a variety of community presentations on Medicare, Medicare Prevention Services, Low-Income Subsidy, Medicare Fraud and the services of the ADRC.

The Aging and Long-Term Services Department recently received a one-year ADRC discretionary grant to strengthen its "No Wrong Door" approach by expanding its existing Options Counseling Program to deliver services to veterans and to demonstrate its ability to be a financially sustainable ADRC. The ADRC receives funding from multiple public programs including State General Funds, Medicaid and Medicare. Options Counseling is being expanded to specifically target veterans. Through Options Counseling, ADRC staff facilitate a person-centered interactive decision-support process whereby veterans and other consumers, families, significant others and caregivers are supported in making long-term care choices. The process is designed to incorporate consumer needs, preferences, and values and is focused on consumer education. Options Counseling is a form of short-term assistance, in which Options Counselors take the time to fully understand each consumer's strengths, as well as needs. Consumers receiving the service may need more than one session regarding potential options. If case management is needed, a referral is made for that service. Options Counseling is composed of six essential components:

- A person-centered/directed interview;
- Identification of desired and available options, including personal, public, and private resources;
- A facilitated decision-support process to weigh the pros and cons of various options;
- An action steps plan, directed by the consumer;
- Connection to services and supports when requested; and
- Follow-up.

### **Goals**

- Increase access to person-centered home & community-based services in order to minimize the need for more restrictive long-term care and health care services.
- Increase the Department's capability to recruit, train and retain qualified and committed volunteers to augment and effectively deliver programs and services.
- Improve access to long-term support services for older adults, adults with disabilities and caregivers by utilizing options counseling to assist them in make informed decisions.

### **Objectives**

- Collaborate with Area Agencies on Aging, Independent Living Centers, other state agencies, and local service providers to facilitate the provision of home & community-based long-term care.
- Increase utilization of the ADRC web-based Social Services Resource Directory among aging network providers, hospital discharge planners, transition case workers, pharmacy staff, and case managers.

- Provide a telephonic, web- & community-based, single-point-of-entry system to enable consumers to access services.
- Collaborate with the Department of Veteran Services to support veterans and their families in accessing services.
- Increase screening for, and enrollment in, subsidy programs that cover some or all of the costs of Medicare prescription drug coverage, premiums, yearly deductibles, coinsurance and co-payments for New Mexicans with limited incomes and resources, to prevent gaps in coverage.
- Increase access to prescription drug assistance programs so that older adults and adults with disabilities can obtain the medications they need at costs they can afford.
- Increase access to certified volunteers who assist people in their homes to organize and pay bills.
- Increase the number of volunteers serving as SHIP benefits counselors.

### **Senior Medicare Patrol**

The Senior Medicare Patrol (SMP) operates as a program within the Department's ADRC. Program staff and volunteers help Medicare and Medicaid beneficiaries avoid, detect, and prevent health care fraud. This enables beneficiaries to protect themselves and helps preserve the integrity of the Medicare Program. The SMP program empowers older adults by increasing their awareness and understanding of health care programs. SMP staff works to resolve beneficiary fraud complaints in partnership with state and national fraud control and consumer protection entities. These activities support the goals of the Federal Administration for Community Living to promote increased choice and greater independence among older adults. The activities of the SMP program also serve to enhance the financial, emotional, physical and mental well-being of older adults – thereby increasing their capacity to maintain security and independence and make better financial and health care choices.

The Department received a three-year grant to expand its recruitment and training of retired senior professionals to serve as SMP volunteers, to increase SMP outreach and education, and to educate beneficiaries on how to protect, detect, and report health care fraud, statewide. These enhanced efforts will support increased awareness of health care fraud among Medicare beneficiaries throughout the state of New Mexico. The SMP grant will enable the program to increase and expand recruitment of volunteers with a focus on multicultural and multilingual volunteers and to enhance and increase outreach. Public awareness of health care fraud will be increased as a result of statewide outreach events, public service announcements, and television and radio advertising. The program will target New Mexico's 322,141 Medicare beneficiaries, empowering them by increasing their knowledge of their rights and how to recognize and advocate for themselves with regard to Medicare and Medicaid error, fraud and under/over utilization.

#### **Goal**

Educate and empower New Mexicans to prevent health care fraud.

#### **Objective**

- Recruit and train additional counselors to resolve complex Medicare, Medicaid, and private insurance billing issues, appeals, and grievances and conduct outreach to educate beneficiaries regarding identity protection, reporting errors on health care bills, and identifying deceptive health care practices or fraud.

## **Alzheimer's Disease Supportive Services Program**

Through AoA Alzheimer's Disease Demonstration Grant funding and the National Family Caregiver Support Program, the Department has implemented interventions to help family members care for loved ones at home, particularly in tribal and rural areas. The New Mexico Alzheimer's Disease Program began in 1993 after a statewide study identified the needs of families and individuals effected by Alzheimer's Disease and related dementias. Services provided under this program include caregiver training, information & assistance, support groups, provider training, dissemination of culturally sensitive educational materials and advocacy. A statewide task force, authorized by the state legislature and operating under the direction of the Department, is currently developing an Alzheimer's disease plan for the state. The Department currently administers a federal Alzheimer's Disease Supportive Services discretionary grant awarded by ACL/AoA. The purpose of this award is to enhance and expand New Mexico's current service delivery system for families of individuals with Alzheimer's disease and related dementias, particularly for veterans who are caregivers and for family members caring for veterans. The project is known as the Veterans Caregiver Project. The initiative includes two evidence-based program components: Savvy Caregiver and Cuidando con Respeto (a Spanish version of Saavy Caregiver). A statewide Alzheimer's Disease Advisory Group has been established for the project to identify service gaps and evaluate and recommend service enhancements.

### **Goal**

Increase awareness and understanding of Alzheimer's disease and supports and services available.

### **Objectives**

- Facilitate and increase coordination and collaboration among project partners: area agencies (including tribal area agencies), the Department, the NM Alzheimer's Association, NM primary veteran services agencies, and local aging network providers.
- Provide veterans and veteran caregivers with access to interventions that will increase their knowledge, skills, attitudes and abilities to handle the challenges of dealing with Alzheimer's disease, as measured by pre- and post-intervention surveys of caregivers.
- Provide Hispanic veterans and veteran caregivers with access to culturally and linguistically appropriate interventions that will increase their knowledge, skills, attitudes and abilities to handle the challenges of dealing with Alzheimer's disease, as measured by pre- and post-intervention surveys of caregivers.
- Provide veteran caregivers with access to consumer-directed respite services that will increase their ability to care for their loved-ones with dementia, as measured by data collected regarding number of respite hours provided.
- Collect accurate and reliable data regarding the needs of NM veterans with Alzheimer's disease and their caregivers to guide state-wide policy development, practice and improvement of New Mexico's long-term care delivery system.

## **Evidence-Based Disease & Disability Prevention Programs**

The Department has partnered with the NM Department of Health on the implementation of two chronic disease self-management projects funded by ACL/AoA. The NM Department of Health serves as the lead agency on these projects. The current project is entitled *Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs*. The purpose of the project is to preserve and expand on the previous *American Recovery and Reinvestment Act: Communities Putting Prevention to Work* grant which enabled the state-wide implementation of Stanford University's evidence-based *Manage Your Chronic Disease*, or *MyCD*, program throughout New Mexico, as well as the Spanish version of the program, known as *Tomando Control de su Salud*. These programs have been provided to older adults disproportionately burdened by chronic health conditions or disabilities. Multi-site delivery system partners with the capacity to embed the programs into routine operations have been identified and enrolled in the project. These partners include local and tribal aging network providers and health care organizations. The project also builds upon previous collaborative initiatives conducted by the Aging & Long-Term Services Department and the Department of Health, to provide health promotion & disease prevention information, activities and programs throughout New Mexico. These initiatives are designed to help older adults maintain or improve their physical and mental well-being, and include evidence-based programs such as *Enhance Fitness* and *A Matter of Balance*. The two departments worked together to establish the New Mexico Healthy Aging Collaborative, a collaboration of public and private organizations focused on providing statewide health promotion activities and initiatives targeted to older adults. Members of the Healthy Aging Collaborative include health care providers, aging network partners, the University of New Mexico Schools of Medicine and Nursing, tribal organizations, and the Indian Health Service. The departments have also partnered to foster immunizations among older adults, particularly for influenza and pneumonia.

### **Goal**

Support the health and wellness of New Mexico's older adults, adults with disabilities and caregivers through a focus on nutrition, fall prevention, physical activity, chronic disease management, and medication management.

### **Objectives**

- Provide increased outreach and education to Medicare beneficiaries regarding disease prevention and wellness coverage.
- Provide outreach and education to reduce prescription drug interactions and address other medication management issues.
- Coordinate and collaborate with state and local partners to deliver evidence-based health promotion and disease prevention services and supports.
- Partner with the NM Healthy Aging Collaborative to offer wellness and disease management programs statewide.

## **PARTICIPANT-DIRECTED PERSON-CENTERED PLANNING**

The Department addresses participant-directed person-centered planning by empowering older people, their families, and other consumers to make informed decisions about, and to access, existing health, social service and long-term care options. This is primarily accomplished through the work of the Department's Aging & Disability Resource Center (ADRC). The ADRC is a "visible and trusted" source to which people turn for objective information. New Mexico's implementation of the "No Wrong Door" model has gained national recognition as an innovative single-point-of-entry to access services and supports. The ADRC integrates access to numerous programs and services, which has resulted in increased efficiency and availability of services throughout New Mexico. The Center's data base and on-line directory include extensive information regarding the state's health care, social service and long-term care resources. Specific measures and methods include the following:

- The ADRC is New Mexico's single point-of-entry, or "No Wrong Door", by which older adults, people with disabilities and their families can access a variety of health, social and long-term care services. ADRC staff offers options regarding long-term services and supports, provides information and assistance, and empowers people to make informed decisions.
- ADRC Options Counseling provides individualized short-term assistance and possible solutions to those unable to identify the specific nature of their needs and those who may not have capacity to follow through to resolve their problems or access services. ADRC Options Counseling is an interactive, person-centered process whereby individuals, family members and significant others are informed of all care options available and are supported in their decisions to choose the resources they feel are most appropriate. Providing services to at-risk populations presents health care providers, social service providers, families and informal caregivers, with complex challenges. The added involvement of multiple payers and managed care providers further complicates service delivery. Options Counselors help consumers sort through the "maze" of available options.
- The ADRC is strengthening its "No Wrong Door" approach by expanding its existing Options Counseling Program to New Mexico veterans in need of long-term support services by establishing a formal provider agreement with the NM Veterans Health Administration health care system.
- The ADRC provides Options Counseling to residents of nursing facility who are transitioning from a facility back to the community. The ADRC is the local contact agency for the Minimum Data Set (MDS), a core set of screening and assessment elements that is part of a Resident Assessment Instrument (RAI). The RAI provides a comprehensive and standardized assessment of each long-term care facility resident's functional capabilities and helps staff to identify health problems. This assessment is performed on every resident in a Medicare and/or Medicaid-certified long-term care facility. Options Counselors are able to work with nursing home and hospital discharge planners to provide an interface between home-based and facility-based care. Counselors provide education, information and access to a variety of community services, public benefits, and other long-term services and supports, to help individuals remain in their own homes and communities, as independently as possible.
- The ADRC utilizes a variety of instruments and tools for screening, assessment, and evaluation so that the daily living needs of individuals served can be adequately identified and addressed. These instruments are used by ADRC staff to assess consumers' abilities to perform Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) needs, as well as other functional and health status domains.
- The ADRC includes a web-based Social Services Resource Directory that can be used by anyone with internet access.
- The ADRC has a person-centered planning tool, accessible on the Social Services Resource Directory web-site, which individuals can use to plan for future long-term care needs.

## ELDER JUSTICE

The Aging and Long-Term Services Department is the designated state agency for the protection of adults who are victims of abuse, neglect, or exploitation. The Department's Adult Protective Services Division provides a statewide system of protective services for adults and elders without the capacity to protect themselves. Each year, the Adult Protective Services Division receives and screens over 10,000 reports of adult abuse, neglect, and exploitation and investigates approximately 6,000 cases. Sixty-three percent or more of these cases involve adults age 60 and older and 25-30% percent of these involve individuals age 80 and older. More than half of the victims are female. The most frequently reported and substantiated cases in New Mexico over recent years have involved self-neglect (50%), followed by caregiver neglect (24%), exploitation (15%), and abuse (11%). Service interventions, especially home care, are utilized to increase victims' safety, reduce the potential for premature institutionalization, and prevent continued abuse, neglect, and exploitation in high risk situations. Many older adults are "aging in place" and Adult Protective Services is committed to assisting adult victims in the least restrictive manner consistent with the individuals' welfare and safety. Approximately 1,500 adult victims a year receive home care, adult day care, emergency placement, attendant care, or assistance with a guardianship filing through Adult Protective Services.

Adult Protective Services continues to partner with the New Mexico Coalition of Sexual Assault Programs under a US Department of Justice, Office on Violence Against Women, Abuse Later in Life training grant award. Although Adult Protective Services is not a recipient of grant funding, it continues to be a major contributor in this training initiative, currently focused in New Mexico's Los Alamos, Rio Arriba and Santa Fe Counties. Adult Protective Services staff has developed training materials, participated in "train the trainer" sessions, and is providing training to law enforcement personnel and domestic violence advocates in the target counties throughout the duration of the project. Adult Protective Services staff provides presentations on identifying and reporting adult and elder abuse for health care providers, social work and nursing students, aging network providers, community groups and conferences throughout the state. Public outreach to senior centers has increased with the distribution of posters in English, Spanish, and Diné (the Navajo language) about how to make reports of adult abuse, neglect, or exploitation. Adult Protective Services staff facilitates and participates in local multi-disciplinary care coordination teams throughout New Mexico, and meets regularly with staff of the Veterans Administration Medical Center and other health facilities to work collaboratively on high-risk cases. Although funding is not yet available through the Elder Justice Act, New Mexico Adult Protective Services would benefit significantly from any appropriation of funding to support direct services and elder abuse prevention efforts.

As New Mexico's designated State Unit on Aging, the Aging and Long-Term Services Department is the designated administrative home of the Ombudsman Program. The Ombudsman Program is mandated by state and federal law to advocate for the respect, recognition and enforcement of the rights of all residents in long-term care facilities throughout New Mexico. Twelve employees and a corps of more than one hundred volunteers provide prompt investigation and resolution of resident complaints, advocacy for resident wishes and a voice for those who often go unheard. The intent of the Elder Justice Act provisions within the Patient Protection and Affordable Care Act is to support pilot programs to improve Ombudsman services and establish training programs for state agencies involved in Ombudsman activities. The NM Ombudsman Program provides oversight and advocacy for more than 12,000 citizens living in long-term care facilities.

National standards for all Long-Term Care Ombudsman Programs require quarterly visits to nursing facilities and annual visits to assisted living facilities. During federal fiscal year 2012, Ombudsman employees and volunteers visited 100% of New Mexico's nursing facilities, with the majority visited weekly; 80% of assisted living facilities were visited, with the majority visited quarterly. Ombudsman employees and volunteers resolve more than 4000 complaints annually; 70% of complaints involve nursing facilities, 29% assisted living facilities and 1% other settings. Eighty percent of the complaints pertain to rights, quality of life and care. Discharge issues and requests for placement in less restrictive care settings have doubled in the past year. In addition, Ombudsmen provided more than 10,000 proactive consultations, logged over 80,000 resident contacts, and provided systems advocacy to more than 7,000 individuals through facility and community presentations.

Ombudsmen work closely with other New Mexico State agencies (such as the Department of Health and the Human Services Department) to resolve complaints beyond the scope of the Ombudsman Program. The State Ombudsman works through national networks, including the National Association of State Ombudsman Programs, to address systemic issues in the long-term care industry. The State Ombudsman is authorized to represent the interests of vulnerable adults residing in long-term care facilities, working with governmental agencies, private organizations, legislators and other persons. The State Ombudsman is authorized to seek administrative, legal and other remedies on behalf of residents, with regard to their problems and concerns, in order to protect their health, safety, and welfare. The State Ombudsman represents the interests and wishes of residents in long-term care facilities, as well as those seeking to transition to community-based settings, in partnership with state and national entities concerned with the protection and self-determination of vulnerable adults.

# DISASTER PREPAREDNESS

*"A nation is judged by how it treats its most vulnerable citizens".*

## STATEWIDE PANDEMIC INFLUENZA EMERGENCY RESPONSE AND ALL-HAZARD EMERGENCY OPERATIONS PLANS

The New Mexico Aging & Long-Term Services Department was designed as the lead state agency to coordinate a Work Group on Vulnerable Populations, as a component of New Mexico's Task Force on Emergency Preparedness & Response for Targeted Populations. The group was charged with reviewing two documents – the NM Pandemic Influenza Emergency Response and the NM All-Hazard Emergency Operations Plan – and developing plans in those documents to address the needs of the elderly and other vulnerable populations in the state. The focus was on individuals living in the community who would require additional assistance during an emergency, as plans were in place for those living in long-term care facilities. The group conducted a needs assessment of the two plans to determine if they sufficiently addressed the needs of the workgroup's target populations and identified gaps that existed in the plans. The Work Group made recommendations regarding changes and additions to be made to the existing plans to address the identified gaps. The workgroup's recommendations included the need for more details regarding planning for, and impact on, tribal governments and members, as well as the distribution of materials, written in simple language, to the general public. As a result of this process, the Aging & Long-Term Services Department has produced Department-specific components of these plans.

## DISASTER PREPAREDNESS GUIDANCE

In addition to playing a significant role in the development of the state's Pandemic Influenza Emergency Response and All-Hazard Emergency Operations Plans, the department has developed the following guidance for area agencies with regard to disaster preparedness.

### POLICY:

An area on agency on aging will work with local authorities and state, federal and private sector personnel to coordinate assistance efforts on behalf of the elderly population in an affected planning and service area in the event of a disaster. In the event of government designation of a coordinating agency, an area agency will work under the direction of that coordinating agency.

### ROLE OF AN AREA AGENCY:

The primary role of an area agency in disaster relief is assuring the well being and safety of the elderly population. Achieving this goal requires close cooperation with all others involved in disaster relief. Specific activities may include, but are not limited to, the following:

1. Providing information to elders about the nature of a disaster and its consequences.
2. Collecting information about the impact of a disaster on an area's elderly population.
3. Training and empowering employees and volunteers to provide direct immediate assistance, such as evacuation, emergency shelter, food and clothing.
4. Providing funds and other assets for emergency needs.
5. Providing referrals and linkages to services for elders and their families.
6. Assisting in long term recovery efforts with special attention to the physical, social and emotional needs of elders.
7. Insuring that at least one member of the area agency staff has attended Federal Emergency Management Agency disaster coordination training.

## PROCEDURES AT THE TIME OF A DISASTER:

1. Designate a Disaster Preparedness Coordinator at the area agency level and provide the NM Aging & Long-Term Services Department (Office of the Secretary, Public Information Officer and Aging & Disability Resource Center) and the State Disaster Relief Office with the name of the Disaster Preparedness Coordinator.
2. Designate local Disaster Preparedness Coordinators throughout its planning & service area(s).
3. Provide training to all designated Disaster Preparedness Coordinators, to include methods for accessing assistance organizations, conducting assessments, and providing advocacy and relief services.
4. Conduct an assessment to determine the type, scope and exact location of the disaster.
5. Establish contacts with all public and private organizations to be involved in providing assistance, such as the Federal Emergency Management Agency, the American Red Cross, Civil Defense Authorities, the Housing & Urban Development Agency, the State Disaster Relief Office, local governments and faith-based organizations.
6. Assess the impact of the disaster on the elderly population based on data gathered by the Disaster Preparedness Coordinator(s) and other disaster relief agencies. Determine the
  - number of affected elders,
  - number of ill, injured or deceased elders,
  - extent of damage to the property of elders, including homes and mobile homes,
  - type and extent of services needed by elders, such as home repair, food, medical care, housing, and utilities, and
  - impact on long-term care facilities in the area.
7. In coordination with other disaster relief agencies, inform all affected elders of available assistance.
8. In coordination with other disaster relief agencies, develop an action plan specific to the role of local aging network providers. The action plan must:
  - Address provision of services such as transportation, nutrition, legal assistance, counseling, advocacy and emergency housing.
  - Include a communication plan.
  - Include forms for conducting individual assessments.
  - Include a method for assessing the cost of services provided.
9. Seek funding for the provision of emergency services.
  - Identify unobligated funds that could be shifted to meet the needs of victims of the disaster.
  - Contact the state and federal governments for financial assistance, including targeted funds for victims of disaster relief.
10. In Coordination with other disaster relief agencies, assess the long-term needs of elders after the disaster's initial impact. Some services, such as counseling or in-home support, may need to be continued for months after a disaster.

## TITLE III INTRASTATE FUNDING FORMULA

The Older Americans Act specifies the guidelines that states are to follow to distribute federal funds to planning and service areas. New Mexico has four federally designated planning and service areas to which the Department distributes federal Older Americans Act funds. The Intrastate Funding Formula incorporates population data using the 2010 census. The formula for the allocation of Title III funds includes the following elements:

- grandfather differential, which allows for the maintenance of the same funding level as the previous year;
- A 10% base of new funds divided equally
- 60 and older population;
- 60 and older, minority population; and,
- 65 and older, low-income population

The final three factors are weighted equally and are applied only to the funds, which exceed the amount allocated under the first two elements. The following chart identifies the specific data for the last three elements.

### NEW MEXICO INTRASTATE FUNDING FORMULA

PSA	60+ POPULATION		60+ MINORITY		65+ & Below 100% FPL		AVERAGE
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	PERCENT
<b>1</b>	117,660	29.98%	45,530	29.09%	7,955	24.47%	27.85%
<b>2</b>	142,830	36.40%	64,337	41.11%	12,883	39.63%	39.05%
<b>3</b>	55,949	14.26%	16,602	10.61%	4,611	14.19%	13.02%
<b>4</b>	75,953	19.36%	30,024	19.19%	7,056	21.71%	20.08%
<b>TOTAL</b>	392,392	100.00%	156,493	100.00%	32,505	100.00%	100.00%

Planning & Service Area 1, Bernalillo County, is the largest urban area of the State. New Mexico has defined "rural" as those areas outside Standard Metropolitan Statistical Areas as defined by the US Census. The use of the base and the grandfather differential has provided additional funds for the balance of the state, thereby providing increased resources to rural areas. The additional urban areas, Santa Fe and Las Cruces, are included in Planning & Service Areas 2 and 4, respectively. Area agencies have been encouraged to develop distribution formulas to address the needs of rural areas. Increased state funding has allowed targeting of specific appropriations to areas requiring additional funding.

**NEW MEXICO INTRASTATE FUNDING FORMULA  
IMPLEMENTATION EXAMPLE**

PSA	Grandfather Differential	Distribution of \$100,000 of new funds				Total Allocation
		Base 10% percent	Distribution factor %	Percent amount	Total factor distribution	
<b>1</b>	966,033	2,500	27.85%	25,066	27,566	993,599
<b>2</b>	1,947,568	2,500	39.05%	35,144	37,644	1,985,212
<b>3</b>	1,127,049	2,500	13.02%	11,716	14,216	1,141,265
<b>4</b>	1,165,884	2,500	20.08%	18,075	20,575	1,186,459
<b>Total</b>	5,206,534	10,000	100.00%	90,000	100,000	5,306,534

The chart above illustrates an example of the implementation of New Mexico’s formula. The assumption is that in the year 201X, PSA 1 received \$966,033, PSA 2 received \$1,947,568, PSA 3 received \$1,127,049 and PSA 4 received \$1,165,884 in Title IIIB funds. It is also assumed that an additional \$100,000 in new Title IIIB funds becomes available in the following year. Based on these assumptions, the distribution for the following year would be as indicated above.

## **COST SHARING AND SLIDING FEE SCALES**

The Older Americans Act (OAA) includes a provision for cost sharing, such as the implementation of a sliding fee scale, with regard to certain services provided with federal funds. In making application to apply cost sharing to services, area agencies and programs must consider the intent of the OAA to serve targeted populations and must ensure that the application of cost sharing will not prevent the provision of services to these populations: low-income, minority, socially isolated and rural. Additionally, area agencies shall solicit the views of older individuals, providers and other stakeholders prior to implementation of cost sharing in each respective service area of the state.

Area agencies may contract to purchase services that charge a sliding fee based on income and the cost of delivering services. Such services may include, and, if OAA funds are used, are limited to:

- Transportation/ Assisted Transportation
- Shopping Assistance
- Homemaker/Housekeeping
- Adult Day Care/Day Health Care
- Personal Care
- Home Health
- Respite Care
- Home Repair
- Chore
- Escort
- Recreation
- Physical Fitness/Exercise
- Education/Training
- Home Safety/Accident Prevention

If OAA funds are used, such services may NOT include:

- Information & Assistance
- Outreach
- Benefits Counseling
- Case Management
- Ombudsman Services
- Consumer Protection Services
- Congregate Meals
- Home Delivered Meals
- Legal Assistance
- Elder Abuse Prevention

Such services may also NOT include any services delivered through tribal organizations.

A fee is defined as a charge allowed by law for a service. A sliding fee scale is a graduated series of fees to be paid based on amount of income. If a sliding fee scale is implemented, area agencies and providers must protect the privacy and confidentiality of older individuals. The individuals to be served must be informed that the service is provided on a fee-for- service basis and be notified of the sliding fee scale.

With regard to any fees charged for OAA services, determination of a client's fee for a service shall be based on a client's confidential self-declaration of income, and spouse's income (if applicable), without verification. Older Americans Act services may not be denied due to the income of an individual or an individual's failure to make a cost sharing payment.

If a sliding fee scale is to be used, a description of the scale – its criteria, policies and payments must be written in language(s) reflecting the reading abilities of older individuals and posted in high visibility areas. Such postings must include a statement that no services will be denied for failure to pay any fee. Assets, savings or other property owned may not be considered in determining the fee for a service. Revenues generated by a fee-for-service program must be spent on the same program that generates the funds in order to enhance the program. Appropriate procedures to safeguard and account for cost sharing payments must be established.

The basis for a sliding fee scale is to be the U.S. Administration on Aging's annual issuance of "Estimated Poverty and Near Poverty Thresholds". Near-Poverty is defined as 125% of poverty. Individuals and families whose income is at or below the Near-Poverty threshold may not be charged for services. Each and any specific sliding fee scale must be annually reviewed and approved by the Department. The current Federal Poverty Guidelines can be obtained from the following web site: <http://aspe.hhs.gov/poverty/poverty.shtml>. These guidelines are revised annually in the month of February. If a provider does not have Internet access, a copy of the guidelines can be obtained from an area agency or the Department.

Proposed sliding fee scales must meet the following requirements:

- Be approved by the Department prior to implementation.
- Be reviewed in a public hearing prior to implementation. (The Department may grant short-term approval prior to a public hearing to test the concept).
- Be fully described by an area agency in its area plan.
- Be implemented based on established policies and procedures. (These policies and procedures must address the circumstances that allow the provider to waive the fee-for-service and also address when an individual's or family's net income may be considered rather than gross income).

Fees:

- Are to be based on the actual cost of providing a service (as determined by a program, submitted to an area agency and approved by the Department).
- Cannot exceed the actual cost of providing a service.

## **VOLUNTARY CONTRIBUTIONS**

The Older Americans Act (OAA) establishes requirements for voluntary contributions. Each older person who receives OAA-funded services shall be provided an opportunity to voluntarily contribute to the cost of services rendered. Area agencies and programs are allowed to, and may solicit, voluntary contributions for all OAA-funded services, provided that the method of solicitation is non-coercive. Each service provider may develop a suggested contribution schedule for services provided with OAA funds. In developing such a schedule, the provider shall consider the income ranges of older persons in the provider's community, as well as the provider's other sources of income. Area agencies and providers shall not means test for any service for which contributions are accepted, or deny services to any individual who does not contribute. Each area agency shall consult with its relevant service providers and older individuals in its planning & service area(s) to determine the best method(s) for accepting voluntary contributions.

Area agencies and programs shall:

- Establish policies and procedures for soliciting, safeguarding and accounting for contributions.
- Protect the privacy of each person with respect to his/her contribution, or lack of contribution.
- Clearly inform each person that there is no obligation to contribute, contribution is voluntary.
- Fully describe the contribution policy in the area plan or program plan.
- Use any collected contributions to expand the service(s) for which the contributions were given.

## DIRECT SERVICE WAIVERS

Area agencies may provide direct services if they have met the conditions set forth in the Older American Act and have formally requested a waiver to do so and the Department has approved the request. An area agency must provide a formal, written request for the waiver and all necessary supplemental documentation. A direct service waiver request must document and demonstrate, at a minimum, that one or more of three test standards are met: (1) *Adequate Supply Test Standard*, (2) *Relationship to AAA Administrative Function Test Standard*, (3) *More Economic Test Standard*, as contained in the Department's regulations. The funds to provide the direct service must be budgeted separately with the area agency identified as the provider.

### ***Adequate Supply Test Standard***

The adequate supply test requires an area agency to demonstrate that the service(s) for which the waiver is being requested are not offered, or are only partially available, in the planning and service area. The area agency must demonstrate that it has not received any proposals to deliver the service(s) in the planning and service area, or a portion of the area, after advertising the availability of funds, contacting potential service providers and encouraging the development of service providers in the area.

### ***Relationship to AAA Administrative Function Test Standard***

The relationship to AAA administrative function test requires an area agency to identify the specific administrative function(s) currently occurring which relate to the service(s) for which the waiver is being requested. The area agency must provide documentation that the proposed service(s) can be integrated into its current administrative function(s); that service delivery will not compete with, or eliminate, local program efforts to provide the same service(s) in the area; and that there is no conflict of interest in the provision of the service(s) by the area agency.

### ***More Economic Test Standard***

The more economic test requires an area agency to provide documentation that the service(s) for which the waiver is being requested will be provided by the area agency at a unit rate which is at least 10% lower than the lowest responsible offeror's proposed unit rate for services of comparable quality; or that the amount of local resources invested in the service delivery system would be substantially diminished or removed should the existing service provider be changed. The area agency must demonstrate that it has implemented an open, competitive bid process for selecting a service provider and must substantiate that it meets all service delivery standards in a manner comparable, or superior, to the lowest responsible offeror's proposal.

An area agency requesting a waiver shall submit the request in writing, as part of its area plan or area plan amendment, or as a separate request. An area agency may request a multi-year or a single year waiver. The request must include:

- Identification of the test(s) under which the waiver is being requested and documentation required.
- Documentation of review and support by the area agency's advisory and governing bodies.
- A description of the proposed administrative structure for delivering the service(s) and its relationship to the area agency.
- A description of the impact on the area agency's staffing and current roles and responsibilities.

# ATTACHMENT A: ASSURANCES & REQUIRED ACTIVITIES

## Older Americans Act, As Amended in 2006

*By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2006.*

### ASSURANCES

#### Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

**States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.**

#### Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance

to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on aging shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(17) Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

### **Sec. 307, STATE PLANS**

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--  
(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;  
(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and  
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;

(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

- (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
- (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--

- (A) to coordinate services provided under this Act with other State services that benefit older individuals; and
- (B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

### **Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS**

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

### **Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)**

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order

## **REQUIRED ACTIVITIES**

### **Sec. 307(a) STATE PLANS**

*(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and*

*(B) The State plan is based on such area plans.*

*THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.*

*(2) The State agency:*

*(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;*

*(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;*

*(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

*(5) The State agency:*

*(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;*

*(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and*

*(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.*

*(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.*

*(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--*

*(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;*

*(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or*

*(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.*



Gino Rinaldi, Secretary Designate

March 8, 2013

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*Signature and Title of Authorized Official*

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*Date*

## ATTACHMENT B: INFORMATION REQUIREMENTS

### Section 305(a)(2)(E)

*Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan.*

**The Department gives preference, and instructs area agencies on aging to give preference, to older individuals with the greatest economic and/or social needs, with particular emphasis on minority older persons with low incomes and older persons residing in rural areas. Special efforts are made to provide technical assistance and training to minority providers of services, particularly tribal providers and those serving Hispanic elders. These efforts include the availability of multilingual/multicultural staff and training materials in culturally and linguistically appropriate formats, as well as designation of two tribal area agencies on aging - the Navajo Area Agency on Aging which serves the Navajo Nation, and the Indian Area Agency on Aging, which serves New Mexico's 19 pueblos and 2 Apache tribes. These area agencies provide technical assistance, program development and monitoring to build the capacity of tribal providers and others serving American Indian elders. The Department requires area agencies to arrange for outreach at the community level to identify individuals eligible for assistance under the Older Americans Act and other programs, both public and private, and inform them of the availability of assistance. These outreach efforts place special emphasis on reaching older individuals with the greatest economic or social needs, with particular attention to minority individuals with low incomes, and individuals residing in rural areas. These efforts also include outreach to identify American Indian elders in each planning and service area. The Department and area agencies on aging utilize care coordination, as appropriate, to facilitate access to supportive services. The Department's statewide Aging & Disability Resource Center is a key component in facilitating access to supportive services, as well as in providing assistance in securing and maintaining benefits and rights.**

### Section 306(a)(17)

*Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.*

**The Department requires each area agency on aging to develop, and submit for approval, an area plan that complies with the Older Americans Act. The Department prepares and distributes uniform guidance, known as *Area Plan Guidelines*, for use by area agencies in developing plans in a uniform format. Further information is provided in the Disaster Preparedness section of this plan.**

### Section 307(a)(2)

The plan shall provide that the State agency will:

(C) *Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2)*

**The Department has established the following minimum percentages for priority services:**

- **Access Services: 43%**
- **In-Home Services: 7%**
- **Legal Assistance: 2.1%**

**Section (307(a)(3)**

The plan shall:

(B) with respect to services for older individuals residing in rural areas:

(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

(ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).*

<b>Title III-B:</b>	<b>\$ 1,635,633</b>
<b>Title III-B Ombudsman:</b>	<b>\$ 350,902</b>
<b>Title III-C1:</b>	<b>\$ 1,954,214</b>
<b>Title III-C2:</b>	<b>\$ 1,007,388</b>
<b>Title III-D:</b>	<b>\$ 121,577</b>
<b>Title III-E:</b>	<b>\$ 897,195</b>
<b>Title III Administration:</b>	<b>\$ 500,000</b>
<b>Total:</b>	<b>\$ 6,441,908</b>

(iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

**The Department, in collaboration with area agencies, conducts periodic evaluations, including public hearings, of activities and projects carried out under the Older Americans Act, including evaluation of the effectiveness of the Department in reaching older individuals with the greatest economic needs, social needs or disabilities, with particular attention to minority individuals with low incomes and individuals residing in rural areas. In conducting such evaluations and public hearings, the Department solicits the views and experiences of entities knowledgeable about the needs and concerns of the populations served. The Department holds public hearings and uses other means, such as web site communication and statewide conferences/meetings/training, to obtain the views of older individuals, area agencies, recipients of OAA Title VI grants and others regarding programs carried out under the Older Americans Act.**

**Section 307(a)(10)**

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

**The special needs of older individuals residing in rural areas are taken into consideration and those needs are met by locating senior centers and meal sites in such rural areas. Twenty-seven of New Mexico’s 33 counties are designated as rural, of these, 17 are designated as frontier. These counties contain a total of 125 senior centers and/or meal sites funded by the Department. In addition, New Mexico includes 19 pueblos, 2 Apache nations and portions of the Navajo Nation. The Department has contracts with tribal providers to serve all of these communities, with a total of 65 senior centers on tribal lands. Funds have been allocated to meet identified needs through the Department’s intrastate funding formula base and the provision of state funding. Methods used to meet the service needs of older individuals residing in rural areas include:**

- **use of state capital outlay funds to construct, renovate and equip senior centers in rural areas;**
- **use of state capital outlay funds to purchase vehicles to serve rural residents;**
- **continuation and expansion of services provided by organizations with a history of, and expertise in, providing services in rural areas;**
- **conducting meetings and training in rural locations to gather information regarding concerns and recommendations for future planning.**

**With respect to services for older persons residing in rural areas, the Department will spend, for each fiscal year of this plan, not less than the amount expended for such services in the prior fiscal year.**

**Section 307(a)(14)**

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency;*

**New Mexico has 17,273 minority persons age 60 and older with low incomes. Those with limited English proficiency speak predominantly Spanish, followed by American Indian languages such as Diné, Tewa, Tiwa, Towa, Zuni and Keres.**

(B) *describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

**In planning and service areas in which a substantial number of older persons have limited English-speaking ability, the Department requires area agencies to utilize staff fluent in the other predominant language(s) to assist the limited English-speaking in participating in programs and receiving assistance under the Older Americans Act. Area agencies are also required to employ culturally and linguistically competent staff, reflecting the diversity of each community, and to sensitize staff with regard to cultural and linguistic diversity. Other methods used to address the needs of minority older persons, including those with low incomes, include conducting targeted outreach, providing information in culturally/ linguistically appropriate formats, and locating senior centers in minority communities.**

**Section 307(a)(21)**

The plan shall:

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (*title III*), if applicable, *and specify the ways in which the State agency intends to implement the activities.*

**This is detailed in the Serving Native American Indian Elders section of this plan.**

**Section 307(a)(29)**

*The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.*

**This is detailed in the Disaster Preparedness section of this plan.**

**Section 307(a)(30)**

*The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.*

**This is included in the Disaster Preparedness section of this plan.**

**Section 705(a)(7)**

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307:*

(7) *a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).*

(1) *an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;*

- (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
- (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
- (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
- (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);
- (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--
- (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:
- (i) public education to identify and prevent elder abuse;
- (ii) receipt of reports of elder abuse;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
- (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order.

**The Department has developed and implemented policies governing all aspects of programs operated under OAA Title VII: Vulnerable Elder Rights Protection Activities, including the manner in which the Ombudsman Program operates at the state level and the relation of the Ombudsman Program to area agencies. The Department provides all services and coordinates a statewide network of volunteers under agreements with the area agencies on aging. The Department provides a Long Term Care Ombudsman Program in accordance with the Older Americans Act. The Department, in carrying out the Long-Term Care Ombudsman Program, will spend, for each year of this plan, not less than the total amount expended in the prior fiscal year.**

**With respect to programs for the prevention of abuse, neglect and exploitation under OAA Title VII, the Department conducts such programs consistent with relevant state law. The Department has established and operates a Division within the Department which focuses on elder rights protection activities, including health insurance & benefits counseling, advocacy and an Aging & Disability Resource Center. This Division is known as the Consumer & Elder Rights Division. The Department has also established and operates a Division within the Department that focuses on Adult Protective Services, including prevention of elder abuse, neglect and exploitation. This Division is known as the Adult Protective Services Division. The Department has also established a Legal Services Developer in the Office of the Secretary. Programs operated under OAA Title VII are coordinated with other state adult protective service activities, including public education to**

identify and prevent elder abuse, receipt of reports of elder abuse, active engagement of older individuals through outreach/educational efforts, referral of such individuals to other sources of assistance, and referral of complaints to law enforcement or public protective services if appropriate. The state does not permit involuntary or coerced participation in these services by alleged victims, abusers, or their households. All information gathered in the course of receiving reports and making referrals remains confidential, unless all parties consent in writing to the release of such information or the release of such information is to a law enforcement agency, public protective services agency, licensing and certification agency, ombudsman program, protection & advocacy system, or upon court order. The Department works in collaboration with area agencies on aging to prevent elder abuse, neglect and exploitation, through the following activities:

- public education to identify and prevent abuse of older individuals;
- receipt of reports of abuse of older individuals;
- active participation of older individuals in educational programs;
- referral of such older individuals to appropriate sources of assistance;
- referral of complaints to law enforcement or other public protective service agencies where appropriate.

Under agreement with all area agencies, the area agency on aging for PSA 1 and the Department for the rest of the state, enter into contracts with providers of legal assistance which have the demonstrated capacity and experience to deliver legal assistance and are best able to provide such services pursuant to standards promulgated by AoA. These contracts include provisions that the contractors are subject to certain regulations promulgated under the Legal Service Corporation Act as determined appropriate by the Assistant Secretary of AoA, and involve the private bar in furnishing services to older individuals on a pro-bono or reduced fee basis. Legal assistance provided to older individuals with social or economic needs is coordinated with Legal Service Corporation projects and other programs serving elders, in order to concentrate the use of funds to serve individuals with the greatest needs. The Department coordinates the provision of legal assistance, advice, technical support, training and consumer education for older individuals. The Department's Legal Services Developer provides leadership in developing legal assistance programs throughout the state.

# ATTACHMENT C: NM STATE PLAN PUBLIC MEETINGS

## Public Hearing, Albuquerque, New Mexico

April 17, 2013

Sixty-two persons attended a Public Hearing in Albuquerque at the Park Inn by Radisson to provide input regarding the New Mexico State Plan for Aging & Long-Term Services to be submitted to the US Administration on Community Living. Comments were as follows:

### SUPPORTIVE SERVICES

#### • **Transportation**

- Suggestion made to develop a ride-sharing program in New Mexico.
- Transportation in rural areas is a huge issue; a private organization using volunteer programs as a core could help with this.
- The City of Albuquerque is working on volunteer transportation services, mostly for field trips, but for other services as well. It is working on integrating volunteer drivers into other transportation programs; would be very interested in pursuing a ride-sharing program.
- Las Cruces Senior Services is working with RSVP to coordinate a ride-sharing program.
- The Beverly Foundation, Helen Kerschner, Executive Director, is an organization in New Mexico that can assist with transportation issues.
- The transportation formula needs to be changed.

#### • **In-Home Services**

- Rural homemakers can keep seniors at home.

#### • **Family Caregiver Support**

- More caregiver support retreats are needed throughout the state.
- Caregiving is critical.
- Alzheimer's is the most costly disease in the US; its growth in NM is significant. The ALTSD is currently collaborating with various partners to develop a state Alzheimer's Plan.
- Funding for caregivers has not increased.

#### • **Health Promotion & Disease Prevention**

- End of life costs are huge; evidence-based healthy aging programs and health maintenance can reduce these costs.

### TRIBAL SERVICES

- There needs to be strong leadership providing services and linking tribes to resources.
- Leadership is needed to build capacity linking tribes to all services available through the ALTSD.
- There needs to be a strong reference between government relationships and governing relationships.
- Tribal senior centers are at the tribal level not the government level.
- The Navajo AAA develops an area plan that represents the Navajo Nation.
- Suggestion for a separate meeting with tribal governments regarding the state plan.
- The Navajo Nation is developing its own Medicaid program.
- The Navajo Nation should receive Title III funding directly from the federal government, rather than from the state of Arizona.
- Each tribe prepares a four-year local plan and conducts public hearings.
- Pueblos should be involved in original writing, not just commenting on plans.
- New tribal program directors should revise local plans, as needed.

- Tribal contractors submit plans directly to the federal government.
- Tribal consultation is required when one or more significant policies change.

### **PARTICIPANT-DIRECTED PERSON-CENTERED PLANNING**

- The NM State Plan is a welcoming, collaborative and supportive document, especially the language used in this section.
- The direct caregiver workforce is the fastest growing workforce in the United States and New Mexico.
- The NM Direct Caregivers Coalition is developing on-line training for direct caregivers and would like to be involved in Aging Network Training.

### **ELDER JUSTICE**

- New Mexico's 23 different tribes have different customs, laws, codes and regulations that should be recognized. APS should hold training on these differences.

### **GENERAL COMMENTS**

- Thank you to the ALTSD, the Non-Metro AAA and Cabinet Secretary Rinaldi for all their hard work.
- The Older Americans Act needs to be rewritten; it is a very old document.
- Collaboration among the state, area agencies on aging and providers is good.

### **Tribal Input, Albuquerque, New Mexico**

**May 28, 2013**

Six persons attended a meeting in Albuquerque at the Department of Health Carlisle Community Facility to provide tribal input regarding the New Mexico State Plan for Aging & Long-Term Services to be submitted to the US Administration on Community Living. Comments were as follows:

- ACL Discretionary Grants under Title IV are an important component of the Older Americans Act.
- Request for clarification of when and how the State Plan would be submitted. (To be emailed next week to the Dallas regional ACL office and from there to Washington.)
- The Navajo Nation is in the process of seeking authorization to become a designated state unit on aging and its regional offices would become area agencies on aging. Federal funding that currently comes to the Navajo Nation through the state of Arizona would be granted directly to the Nation.
- Request for clarification regarding collaboration with HUD in the areas of senior housing and funding for nursing facilities. (ALTSD has a limited role in these efforts.)
- The ALTSD, the Indian AAA and the Navajo AAA need to work closely, coordinating and collaborating to reduce duplication of services and to expand services.
- Collaboration is critical; ALTSD has placed the Indian AAA and the Capital Outlay Projects Bureau in the Aging Network Division to foster collaboration and communication.
- Site visits should include an assessment on the needs of the community.
- There has been significant improvement and understanding in relation to the tribes and the Navajo Nation.

# NM Aging & Long-Term Services Department Contact Information

## **STATEWIDE**

Adult Protective Services Statewide Centralized Intake  
866-654-3219 (toll-free)

Aging & Disability Resource Center  
800-432-2080 (toll-free in NM)

Department web site: [www.nmaging.state.nm.us](http://www.nmaging.state.nm.us)

## **SANTA FE**

Main Office, Toney Anaya Building  
2550 Cerrillos Road  
Santa Fe, New Mexico 87505  
505-476-4799  
866-451-2901 (toll free in NM)

## **ALBUQUERQUE**

Parks Building  
1015 Tijeras NW, Suite 200  
Albuquerque, New Mexico 87102  
505-222-4500  
866-842-9230 (toll free in NM)

Adult Protective Services  
Silver Square  
625 Silver SW  
Albuquerque NM 87102  
505-841-4500

## **LAS CRUCES**

Palms Office Complex  
2407 West Picacho, Suite B2  
Las Cruces, New Mexico 88007  
575-647-2023  
800-762-8690 (toll free in NM)