



NEW MEXICO
AGING &
LONG-TERM
SERVICES
DEPARTMENT



New Mexico State Plan

Aging and Long-Term Services Department

October 1, 2021 – September 30, 2025

Table of Contents

Verification of Intent	3
Executive Summary	4
Context.....	5
Needs Assessment.....	6
Solicited Input	7
Introduction.....	8
Goals, Objectives, Strategies and Performance Measures	12
Quality Management	26
Monitoring, Oversight, and Remediation.....	26
Data Collection.....	27
Continuous Improvement.....	28
Quality Management Initiatives.....	28
Attachment A.....	29
State Plan Assurances and Required Activities	29
Attachment B.....	39
Information Requirements.....	39
Attachment C.....	46
Intrastate Funding Formula.....	46
New Mexico Population Data Summary by PSA.....	51
New Mexico Population Data Percentage by PSA.....	51
New Mexico Counties—Metropolitan, Small Metro, Mixed Urban/Rural, Rural.....	53
Attachment D.....	54
Attachment E.....	55
Goals, Objectives, Strategies, Performance Measures and Performance Dates	55

Verification of Intent

The State Plan on Aging is hereby submitted for the State of New Mexico for the period October 1, 2021 through September 30, 2025. The Plan includes goals, objectives, strategies, and performance measures to be conducted by the Aging and Long-Term Services Department, New Mexico's State Unit on Aging.

The Aging and Long-Term Services Department has been given the authority to develop and administer the State Plan on Aging following the requirements of the Older Americans Act. The Aging and Long-Term Services Department is primarily responsible for the coordination of all state activities related to purposes of the Act, such as the development of comprehensive and coordinated systems for the delivery of supported services, including health, housing, social and nutrition services, and to serve as the effective and visible advocate for New Mexico's older adults.

The Plan is hereby approved by the Governor of New Mexico and constitutes authorization to proceed with the activities under the Plan upon approval by the Assistant Secretary for Aging.

The State Plan hereby submitted has been developed in accordance with all federal statutory and regulatory requirements. The State Agency assures that it will comply with the specific program and administrative provisions of the Older Americans Act.

Katrina Hotrum-Lopez, Cabinet Secretary, Aging and Long-Term Services Department

Date

Michelle Lujan Grisham, Governor, State of New Mexico

Date

Executive Summary

The Older Americans Act of 1965 requires all State Units on Aging (SUA) receiving Older Americans Act (OAA) funding to prepare and publish a “State Plan on Aging.” New Mexico’s SUA is designated as New Mexico’s Aging and Long-Term Services Department (ALTSD) and has prepared the October 2021–September 2025 State Plan on Aging as a roadmap for programs and services funded by the OAA. To help guide the development of this plan, ALTSD convened a State Plan on Aging Workgroup as well as received valuable input from community stakeholders.

The New Mexico State Plan is composed of action steps to transform, innovate, and expand aging services. This Plan includes goals, objectives, strategies, performance measures, and performance dates, which are aligned with the OAA requirements. The action steps will focus on aging services that provide sustainable and replicable programming.

The New Mexico State Plan on Aging’s overarching purpose is to assist older adults and their caregivers to maintain independence and live safely and autonomously. To achieve this, New Mexico will enhance the quality of programs through data standardization, program evaluation and outcome measurement as well as a focusing on four primary goals:

Goal 1—*Fulfill mandate as the State Unit on Aging to effectively administer the Older Americans Act, Title III core programs in partnership with the Area Agencies on Aging and other partners in the Aging Network. The New Mexico Aging Network will enable older New Mexicans to remain in their own residence and community of choice through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.*

Goal 2—*Expand and innovate services provided by the Administration for Community Living (ACL) Discretionary Grants to better support community living.*

Goal 3—*Establish and expand inventive programs that support consumer control and choice.*

Goal 4—*Prevent and improve response to abuse, neglect, and exploitation while preserving the rights and autonomy of older New Mexicans.*

ALTSD partnered with the University of New Mexico to conduct a statewide needs assessment. A partnership was developed with the University of North Dakota to receive critical information about the needs of Tribal elders in New Mexico.

The modernization of ALTSD requires a multi-faceted, innovative approach which supports successful outcomes including access to more timely data making it easier to measure performance and provide the ability to make logical decisions. The Information Technology Division is implementing a scanning system that will provide daily data from Aging Network services. This innovation reduces manual workflow and increases production.

The interventions provided by Aging Network, Adult Protective Services, Ombudsman and Consumer and Elder Rights Divisions for older adults and adults with disabilities result in appropriate matches with services either with ALTSD or other New Mexico Departments. These service solutions are ensured by State Plan goal setting, performance measure results and high-performance expectations.

Context

Setting the Stage

New Mexico is a unique state that borders Arizona, Colorado, Oklahoma, and Texas, and shares a border with Mexico. The diversity of borders lends to complex living arrangements whether living in a city, rural area, farm, or Tribal community. Throughout New Mexico, Native American languages and Spanish are intertwined in the intersection of cultures.

The landscape is sprinkled with mountain ranges, flat plains, and desert. The life of older adults can range from 24/7 access to necessities in the metropolitan areas, while in rural communities they travel miles for groceries, medical appointments, or other essentials. From the edges of the painted desert to the eastern plains the New Mexico Aging and Long-Term Services Department is the hub for reaching older adults.

What does the life of an older adult look like in New Mexico? You may find an individual whose everyday life consists of hauling water for drinking and eating or chopping wood for cooking and heating. In some areas of the state, an older adult may only have access to a landline and no other technology or could have access to a cellphone, wi-fi and transportation. This State Plan is a wide-eyed approach with the goal of embracing older adults and their choices, so they may thrive and enjoy life!

New Mexico's estimated population in 2018 was 2.1 Million. Of this, 49.3% are Hispanic, 36.8% are White and not Hispanic, 11.0% are American Indian, and 2.6% Black. New Mexico's minority population comprises 63.2% of the total. Almost 35% of the people in New Mexico speak a non-English language, and 94.4% are U.S. citizens.

Approximately 513,276 (based on the 2018 five-year estimates U.S. Census Bureau) New Mexicans are over age 60 (24.5%). A larger proportion of older New Mexicans are White and not Hispanic; 56.5%; 5.8% of this age group are American Indian; 1.5% are Black; 2.1% are Asian, Pacific Islander, and mixed race combined; and 34.1% are Hispanic. The diversity of older New Mexicans is projected to increase as the population ages.

Some Background on Focus Issues in this Plan:

Services provided by New Mexico's Aging Network meet the needs expressed by older New Mexicans and supported by data. These needs include isolation, nutrition, transportation, health, employment, community engagement, safety, self-direction and legal services. In addition to services provided to address these needs, New Mexico plans to provide support to caregivers with education and respite. Service providers will be supported with business acumen training and opportunities to access Medicare and Medicaid funding. Finally, New Mexico plans to transform systems of care by fully including the Tribes, Pueblos, and Nations within New Mexico in all funding opportunities for state and federal funds, as well as working to integrate the Aging Network services with the broader healthcare system, including access to Medicare and Medicaid funding.

The following data points illustrate some of the needs behind the goals and objectives presented in this State Plan.

- 61,000 older New Mexicans, 11.9% of those over 60, were food insecure in 2018.
- New Mexico is the fifth-largest state in the U.S. in terms of the land area covering 121,298 square miles with 17.3 persons per square mile, making it the seventh sparsest state, which contributes to the challenge of providing transportation.
- A New Mexico Department of Health survey in 2018 asked people over 65 years old, “Have you ever been told you have....” Responses were; diabetes 23.7%; depression 14.9%; chronic obstructive pulmonary disease (COPD) 12.9%; and cardiovascular disease 8.9%.
- Approximately 28,000 New Mexicans over age 55 were on the unemployment rolls as of July 1, 2020.

As a part of the process of preparing this State Plan, the needs motivating the goals and objectives outlined were confirmed in assessments conducted by the ALTSD and other Aging Network partners and collaborators. The process of conducting these assessments and results derived from them are discussed below.

Needs Assessment

The ALTSD contracted with the Institute for Social Research at the University of New Mexico (UNM) to complete a statewide needs assessment. The Department was granted permission through a MOU with the National Resource Center on Native American Aging, the primary agency responsible for the implementation of the Native elder social and health services needs assessment project, to use the “*Identifying Our Needs: A Survey of Elders*” New Mexico state aggregate data to assist in the writing of the New Mexico State Plan on Aging.¹

Key Findings

The University of New Mexico conducted a needs assessment in 2020. The assessment defined that the greatest service needs for older adults are nutrition (68%), transportation (59%), and social interaction (43%). The UNM needs assessment also asked respondents to identify future services that ALTSD should support to meet older adult need through 2030: the time at which New Mexico’s older adult population is estimated to rank 4th highest in the U.S. 39% of respondents indicated that expanded transportation options were most vital for meeting older adult need by 2030. Additionally, 34% identified in-home services such as assistance with chores, home cleanliness, and personal care as equally important for meeting older adults’ needs as New Mexico’s aging population grows. And finally, roughly one-fifth of respondents suggested that caregiver services: adult day care, assistance for grandparents raising grandchildren, respite care, and caregiver services, represents one of the most important support services as ALTSD aims to meet older adult need through 2030. The “Survey of Elders” also showed that there is need for assistance and services for elders taking care of their grandchildren. The “Survey of Elders” demonstrated the need for increased evidence-based health promotion disease prevention programs. The survey showed that the most frequently reported health conditions are arthritis 34.1%, diabetes 36.4% and high blood pressure 52.8%.

The University of New Mexico also studied COVID-19’s impact on older adults. The result was 70% of respondents voiced an extreme negative impact because of COVID-19. Over 50% of respondents emphasized that social isolation has a negative consequence on them. Twenty eight percent of respondents described

¹ The Administration for Community Living/Administration on Aging within the U.S. Department of Health and Human Services was the primary funding source for the Native elder social and health services needs assessment project which resulted in the New Mexico tribal aggregate data used in the State Plan.

significant effects on quality of life. Twenty-two percent of the surveyed providers described limited availability of crucial older adults' services including lack of transportation.

During October of 2020, the New Mexico Aging Network was surveyed about the efficacy and quality of their emergency response plan and how prepared they were to respond to the COVID-19 pandemic. Most responses in all questions of this survey discuss concerns for the health of older adults and the impact of the pandemic on their wellbeing. One hundred percent of the respondents expressed that their elders are experiencing social isolation and loneliness. One respondent admitted that there was no way to quantify the decline in mental health and the loneliness of older adults. Another significant challenge for older adults was access to prescriptions and medical care based on isolation and lack of transportation.

Solicited Input

DRAFT

Introduction

Aging and Long-Term Services Department Mission, Vision and Guiding Principles:

Our Mission: *To provide accessible, integrated services to older adults, adults with disabilities, and caregivers to assist them in maintaining their 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.*

Our Vision: *Lifelong independence and healthy aging*

Our Guiding Principles: *Protect the safety and rights of those we serve; Promote personal choice and self-determination; Treat all persons with respect; Embrace cultural diversity; Encourage collaborative partnerships; Provide fiscally responsible services.*

State Unit on Aging Overview

New Mexico's Aging and Long-Term Services Department is the designated State Unit on Aging. The ALTSD consists of the Office of the Secretary and four divisions, which provide direct access to critical resources for older adults and people with disabilities. The mission of the ALTSD is to provide accessible, integrated services to older adults, adults with disabilities, and caregivers to assist them in maintaining their 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.

The divisions within ALTSD include:

- Administrative Services Division
- Consumer and Elder Rights Division
- Aging Network Division
- Adult Protective Services Division

About This Plan

The New Mexico State Plan on Aging 2022–2025 (State Plan) presents goals, objectives, performance measures and strategies to address key demographic factors shaping the needs and priorities of the older adult population. The development of this plan was a cooperative effort, involving input from the Area Agencies on Aging, other State agencies, the general public and organizations throughout the state.

New Mexico's Aging Network

The New Mexico Aging Network is comprised of the ALTSD, Area Agencies on Aging (AAAs) and providers within each of the planning and service areas (PSAs). The NM Aging Network has two “federally recognized” AAAs that serve four of the designated PSAs in the State. The “federally recognized” AAAs and their PSAs are as follows:

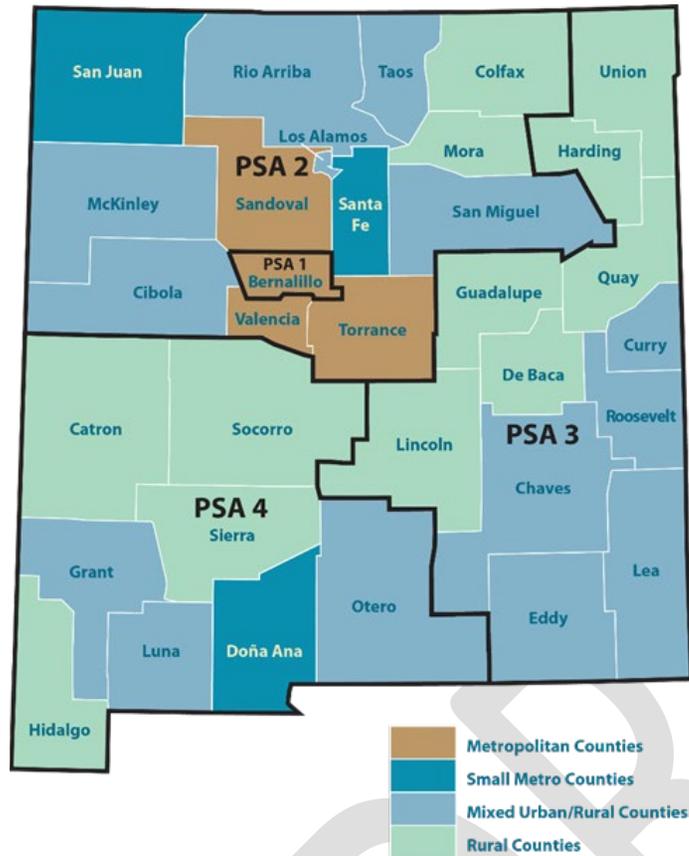
- City of Albuquerque/Bernalillo County Area Agency on Aging
 - PSA 1—County served—Bernalillo
- North Central New Mexico Economic Development District/Non-Metro Area Agency on Aging
 - PSA 2— Counties served—Cibola, Colfax, Los Alamos, McKinley, Mora, Rio Arriba, Sandoval, San Miguel, Santa Fe, Taos, Torrance and Valencia
 - PSA 3—Counties served—Chaves, Curry, De Baca, Eddy, Guadalupe, Harding, Lea, Lincoln, Quay, Roosevelt and Union
 - PSA 4—Counties served—Catron, Doña Ana, Grant, Hidalgo, Luna, Otero, Sierra and Socorro

The NM Aging Network also includes the NM portion of the Navajo Nation (PSA 5) and the Indian Area Agency on Aging (PSA 6).

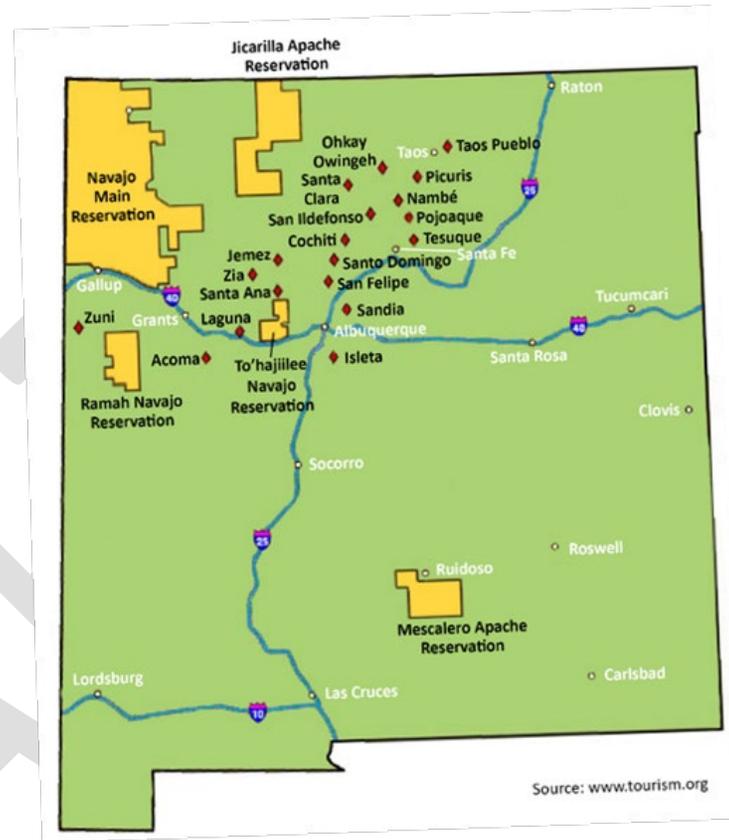
PSA 5—Services for older adults were officially established on the Navajo Nation in 1974, when the first congregate nutrition site opened in Chinle, Arizona. The Governors of Arizona, New Mexico and Utah and the U.S. Administration on Aging, created a tri-state agreement in October 1979, designating the Arizona State Unit on Aging as the entity through which the Navajo Area Agency on Aging receives federal OAA Title III funding. In NM, the ALTSD awards state general funds to the Navajo Area Agency on Aging.

PSA 6—The Indian Area Agency on Aging (IAAA) is designated under state authority, through the NM ALTSD, to develop a comprehensive and coordinated service system of senior centers and adult day care services in partnership with NM's 19 Pueblos and 2 Apache Nations. The IAAA administers a “non-federally recognized” Area Agency on Aging, which is comprised of 21 of NM's 22 Tribal geographic service areas. IAAA general operational functions include contract management of state general funds, program compliance monitoring, and the provision of technical assistance, advocacy, and training.

The Department's annual allotment of OAA Title III Funds is allocated to two of NM's four AAAs based on the 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 Administration for Community Living (ACL). NM's Pueblos and Apache Nations receive OAA Title VI funding directly from ACL. NM provides funds appropriated by the State Legislature to all four of its AAAs. 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 and social needs, with particular attention on minority older adults with low income and older adults residing in rural, Tribal and frontier areas.



PSAs	New Mexico Counties
PSA 1	Bernalillo
PSA 2	San Juan, McKinley, Cibola, Rio Arriba, Los Alamos, Sandoval, Valencia, Santa Fe, Taos, Torrance, Colfax, Mora, San Miguel
PSA 3	Union, Harding, Quay, Guadalupe, DeBaca, Curry, Lincoln, Chaves, Roosevelt, Eddy, Lea
PSA 4	Catron, Grant, Hidalgo, Socorro, Sierra, Luna, Doña Ana, Otero



Pueblos and Reservations in New Mexico

PSAs	Pueblo, Nation, or Tribe
PSA 5	New Mexico portion of the Navajo Nation
PSA 6	Mescalero Apache Nation, Jicarilla Apache Nation; Acoma, Cochiti, Isleta, Jemez, Laguna, Nambé, Ohkay Owingeh, San Felipe, San Ildefonso, Sandia, Santa Ana, Santa Clara, Santo Domingo, Picuris, Pojoaque, Taos, Tesuque, Zia, Zuni Pueblos

Older Americans Act Core Programs

New Mexico's federal Older Americans Act (OAA) funding, and significant state funding, supports a comprehensive array of services and the administrative infrastructure to deliver those services. OAA core programs are the foundation of the work of ALTSD. These core services include: nutrition, transportation, in-home services, caregiver support, health promotion and disease prevention services, the Senior Community Service Employment Program (SCSEP), elder rights and abuse prevention. These services provide crucial support to older adults to live in the community with dignity and independence for as long as possible.

Many factors contribute to the need for supportive services. Conditions in the places where people live, learn, work, play and age affect a wide array of health, functioning and quality-of-life outcomes. These conditions are known as social determinants of health and are largely responsible for health inequities². OAA core services positively impact social determinants of health, enhance quality of life and have a significant influence on health outcomes for older adults. The core programs support a range of home and community-based services intended to assist older adults in maintaining their independence and avoiding or delaying hospitalization and long-term care.

While anyone age 60 or older is eligible for services, assistance is targeted to persons with the greatest social or economic need, such as low-income or minority persons, older adults with limited English proficiency and those residing in rural areas. OAA programs also support family caregivers and adults 18 or older with disabilities. Over the next four-year period, ALTSD will continue to implement core OAA programs and services by providing OAA and State General Funding to the AAAs, Tribes, Pueblos and Nations in NM.

The ALTSD has specific objectives, strategies and performance measures related to Title III-B Supportives Services, Title III Nutrition Services, Title III-D Evidence-based Health Promotion Disease Prevention Programs, Title III-E National Family Caregiver Support Program as well as the Long-Term Care Ombudsman Program, Legal Services and Adult Protective Services.

Title III and Title VI Coordination

The Department's Office of Indian Elder Affairs (OIEA) is charged with developing relationships between sovereign Tribal governments and the state of New Mexico on behalf of all Indian elders in NM. The Department's Cabinet Secretary appoints the the Director of the OIEA and the Department's Tribal liaison. NM has two state planning and service areas (PSAs) designated specifically to serve its Native American Indian populations and Tribal service providers: PSA 5, which consists of the Navajo Nation, and PSA 6, which consists of NM's 19 Pueblos and two Apache Nations. The designated AAA for PSA 5 is the Navajo Area Agency on Aging (a unit of the Navajo Nation government) and the designated AAA for PSA 6 is the Indian Area Agency on Aging (a unit within ALTSD). These AAAs provide technical assistance, program development and oversight for Tribal providers. They also conduct outreach to identify Indian elders eligible for assistance under the OAA and other programs, both public and private, and inform elders of the availability of such assistance. Outreach efforts target older individuals with the greatest economic and social needs, and are conducted by multilingual staff, using culturally and linguistically appropriate materials.

² Centers for Disease Control and Prevention. Social Determinants of Health: Know What Affects Health. February 2018.

During this State Plan period ALTSD has specific objectives, strategies and performance measures related to improving collaboration between federally-designated AAAs and Title VI Programs to better facilitate Title III and VI Coordination to expand services services and access to NM's Native American older adults and caregivers. Federally-designated AAAs will expand Title III services to the Tribes and Pueblos by contracting directly with Title VI Programs.

Goals, Objectives, Strategies and Performance Measures

The New Mexico State Plan on Aging's overarching purpose is to assist older adults and their caregivers to maintain independence and live safely and autonomously. To achieve this, NM will enhance the quality of programs through data standardization, program evaluation and outcome measurement. This section of the plan contains four goals that align with ACL's vision as well as the associated objectives, strategies and performance measures. The full listing/chart of **Goals, Objectives, Strategies, Performance Measures and Performance Dates** may be found in **Appendix E**.

Goal 1—Fulfill mandate as the State Unit on Aging to effectively administer the Older Americans Act Title III core programs in partnership with the Area Agencies on Aging and other partners in the Aging Network. The New Mexico Aging Network will enable older New Mexicans to remain in their own residence and community of choice through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.

Objective 1.1 Modernize ALTSD: Modernize Aging and Long-Term Services Department's rules, policies, procedures, and business practices to administer more effectively the Older Americans Act programs as well as State-funded services.

Strategies

- Update internal policies and procedures to allow for the implementation of innovative approaches of service delivery.
- Seek policy changes that will allow for the development of alternative delivery models for services including schedules for home-delivered meals and pilot testing for alternative models of service delivery for transportation.
- Transform Area Plan Guidance to reflect changes in this State Plan on Aging as well as the updated policies and procedures.
- Update, including timeframes, and standardize, for state-wide use, all sections of the consumer assessment/reassessment tool to allow Aging Network providers to use it as a comprehensive care plan as well as a referral mechanism. Acceptance of the APS assessments as a form of referring vulnerable older adults.
- Update the ALTSD emergency preparedness plan and practices to reflect lessons learned from the COVID-19 pandemic. Example: The Aging Network will work as an extension of ALTSD to make sure the emergency response protocol meets the needs of older adults and adults with disabilities (Alternative methodologies will be defined for metropolitan, mixed urban, and rural areas of the state.)
- Develop and implement a framework to guide the work on improving program design ensuring innovative, sustainable, replicable model projects.

Performance Measures

- Implement and approve updated policies and procedures annually.
- Update policies and rules to align with alternative service delivery models.
- Optimize the Area Plan Guidance to ensure compliance with this State Plan and policies and procedures.
- Update and implement the consumer assessment/reassessment tool.

- Update and test the emergency preparedness plan.
- Expand and improve the program design framework to guide innovative and model projects.

Objective 1.2 Title III B Information & Assistance/Referral and Outreach: Amplify outreach and promotion efforts to ensure older adults and adults with disabilities are aware of and have access to the OAA services available across the state, with a concentrated effort to connect to areas and communities that are underserved.

Strategies

- Provide technical assistance and training to NM's four AAAs for the purpose of broadening their consumer base and implementing a non-profit entrepreneurial, business management structure with diverse services and revenue streams. Examples: Implement texting capabilities; ALTSD on-demand and the case management partnership with UNM; on-line trainings; partner with faith-based organizations; revamping of the ALTSD web page; create liaisons in senior centers to inform seniors of benefits; partner with the Developmental Disabilities Planning Council (DDPC) and the Governor's Commission on Disability (GCD) on expanding the network.
- Implement a data-driven performance management system to evaluate the impact of service delivery, identify innovative best practices, areas of improvement, and gaps in services. The system will have the ability to share the outcomes and trends with citizens and stakeholders.

Performance Measures

- Expand the visibility of State-funded and OAA programs at the state, AAA, and local levels through outreach and promotion efforts by increasing the number of events and activities.
- The baseline data will be collected from FY21 and FY22.
- Develop a plan to reach 2% more unduplicated persons served by OAA programs each year of this plan.

Objective 1.3 Title III B Transportation and Assisted Transportation Services: Expand transportation availability for older adults and adults with disabilities especially in New Mexico's rural communities.

Strategies

- Collaborate with NM Department of Transportation and NM Department of Veterans Services on innovative strategies that would expand the options for transportation services throughout NM for older adults and adults with disabilities.
- Develop partnerships with hospitals and new specialized passenger services to implement and leverage an innovative model to transport older adults to medical appointments, while collaborating with the Department of Veterans Services.
Please see the resource Attachment D for more information.

Performance Measures

- Develop a strategic plan that targets expanding transportation accessibility to older adults and adults with disabilities living in rural areas of the state, who are reliant on OAA transportation programs.
- Optimize transportation accessibility to older adults and adults with disabilities living in rural areas of the state, who are reliant on OAA transportation programs.

Objective 1.4 Title III–B Supportive Services: Expand access to supportive services for underserved individuals.

Strategies

- ALTSD (APS and AND), the AAAs, Aging Network and providers of services will collaborate with food banks to expand in-house food pantries and make food boxes available to at-risk older adults and individuals with disabilities.
- ALTSD, the AAAs, Aging Network and providers will collaborate with lending closets to make durable medical equipment assessable to individuals in need.

Performance Measures

- Reduce food insecurity and hunger in NM.

Objective 1.5 Title III-C Nutrition Services: Enhance the quality and variety of meals offered to older New Mexicans to allow for personal choice, dietary restrictions, and cultural differences. Ensure consumers have access to and knowledge about nutritionally balanced meals and options.

Strategies

- ALTSD will provide training and ongoing technical assistance on national best practices in menu planning, meal pattern requirements, consumer choice within menus as well as the integration of fresh, locally grown produce into meals.
- Implement a marketing campaign targeted for NM older adults and adults with disabilities: identify target market/consumer base that is culturally diverse and focuses on those at risk (nutritionally, isolated, and low income) to promote OAA services.
- ALTSD will work with AAAs to develop strategies to promote nutrition education and “meal programming” options in their service areas.
- ALTSD will also provide guidance to AAAs and providers on establishing pilot programs such as café models, restaurant, or grocery store vouchers as well as options to provide meals to individuals with complex dietary needs.
- The ALTSD, AAAs and providers of service will collaborate with NM Department of Health on older adult nutritional needs to better address food insecurity and related social determinants of health.
- Provide multigenerational training and educational opportunities for nutritional meal preparation and food handler's certification for seniors and students. Example: culinary arts programs with schools, higher education, as well as the Kids Cook Program for multigenerational courses.

Performance Measures

- Provide ongoing technical assistance as well as host at least one meeting per year with the AAAs and nutrition providers to share best practices, lessons learned, older adult's dietary needs/restrictions, consumer choice and local purchasing.
- Develop an annual advertising platform to promote OAA services: collaborate with other state agencies/campaigns, marketing materials; social media focused on nutrition and food insecurity and targeted to the culturally diverse communities in NM.
- Provide one training per year to the AAAs and nutrition providers led by a registered, licensed dietitian to address meal pattern requirements of the OAA to assure delivery of nutritious meals and to promote increased use of fresh fruits and vegetables.
- Expand on NM Grown pilot project by contracting with three additional senior service OAA providers in FY22.
- Aging Network providers will use up to 5% of their NSIP and Title III C1 and C2 funding to purchase NM Grown produce.

Objective 1.6 Title III-C Nutrition Services: Congregate Meals; Increase the unduplicated count of older adults utilizing congregate meal sites through outreach efforts and community partnerships.

Strategies

- Outreach and educational efforts regarding State-funded and OAA services will be conducted in local communities. Example: Recruit consumers by redesigning facility programming and marketing (focus on consumer choice).
- ALTSD, the AAAs and service providers will collaborate with non-profit agencies, the managed care organizations (MCOs), other local agencies, and service providers to promote OAA services.
- Collaborate with NM General Service Department (GSD), Department of Agriculture, Department of Health (DOH), Early Childhood Education and Care Department and Public Education Department to update the state price agreement or request for proposal for bulk purchasing of food and supplies for the nutrition providers across the state. This will allow for the ALTSD providers to purchase directly from approved vendors.
- ALTSD will require the AAAs to collect data from the nutrition providers on food and supply expenditures for FY 2021 and FY 2022 to compile a list of “food and supplies” for the state price agreement.

Performance Measures

- Analyze and report nutrition reassessment scoring of the consumers to determine the percentage of improvement in nutritional intake and reduction of food insecurity.
- Implement the GSD state price agreement with providers of service in FY 2023.
- Analyze cost savings by assessing the implementation of the GSD state price agreement with the AAAs during FY 2024 and FY 2025.

Objective 1.7 Title III-C Nutrition Services: Home-Delivered Meals; Optimize home-delivered meal services to meet the needs of older adults.

Strategies

- Activate a reporting system and implement the process that reduces and/or eliminates the wait lists for home-delivered meal consumers.
- Ensure that the nutrition assessments target the number of qualified unduplicated older adults utilizing home-delivered meals.
- Explore the viability of implementing “fee for service” models for nutrition programs in NM to meet the need in rural areas, which could include contractual payment arrangements with healthcare/insurance organizations to provide medically tailored meals. These payment systems can help expand services beyond existing OAA funding, thereby increasing resources for enhanced capacity and quality of operation.
- ALTSD will partner with hospitals and the ALTSD Care Transition team to develop a referral process for older adults being discharged from hospitals and requiring home-delivered meals.
- APS field workers will collaborate with AAAs and Aging Network providers to deliver meals to vulnerable older adults, as well as linking with other necessary services.

Performance Measures

- Reduce and/or eliminate the number of consumers on wait lists for home-delivered meals.
- ALTSD to provide training to AAAs and senior service providers on the options and benefits of “fee for service” nutrition models.
- Expand the number of new participants receiving home-delivered meals. This will contribute to an overall growth of 2% of OAA consumers.

Objective 1.8 Title III-D Evidence-based Health Promotion and Disease Prevention Programs: Promote and maintain participation in evidence-based programs.

Strategies

- Expand delivery options of evidence-based programs. Examples: Recruit volunteer liaisons to assist with health promotion. Determine how to leverage the cost of a nurse and certified dietitian using Medicaid reimbursement. Partner with MCOs to deliver health promotion and programming.
- Allow for incentives for older adults who use evidence-based programs outside of the senior center setting.
- Explore the viability of vouchers for evidence-based programs.
- Expand partnership with the NM DOH to assist with the application for a Centers for Disease Control (CDC) grant that focuses on three areas including: Adverse Childhood Experiences (ACES); Traumatic Brain Injury; and Transportation Safety. If the grant is awarded, become an active participant with the implementation focusing on enhancing falls prevention programs for older adults.

Performance Measures

- Contract with Title III-D providers to hold virtual workshops that adhere to evidence-based standards.

Objective 1.9 Title III-E National Family Caregiver Support Program: Lead a multi-strategy approach to assist families and caregivers at home and in long-term care settings by continuing and expanding supportive services.

Strategies

- Understand who is being served: ethnically, culturally geographically and economically.
- Ensure that family caregivers access the resources such as: training; support groups; respite; supplemental services; planning tools through providers, the Caregiver Resource Center, and communities of support.
- Ensure that the ALTSD and community partners have the opportunity to apply for National Care Corps grants.
- Equip family caregivers to develop communities of support by promoting the use of:
 - Telephone trees;
 - On-line support/chat;
 - Church groups; and
 - Warm lines for telephone support.

Performance Measures

- Collect baseline data, year two and year three on the number of caregivers caring for adults over 60, grandparents raising grandchildren and caregivers caring for loved ones with dementia.
- Create and market the Caregiver Resource Center within the Aging and Disability Resource Center (ADRC).
- Inventory and support training programs for family caregivers, particularly those that are evidence-based or have been tested and demonstrated to be effective. Ensure that information, including schedules, for such programs is aggregated and made easily accessible to family caregivers.
- Develop and implement an easily searchable website, organized around family (informal) caregiver needs, which will connect caregivers to relevant online resources, training, support, and planning tools.
- Create 15 sustainable communities of support each year.

- Create a matrix of current care coordination systems to determine locations, eligibilities, cost, duplications and identification of barriers and gaps. Develop strategies to link these systems.

Objective 1.10 Evidence-Based Models: Expand the availability of the Stanford evidence-based models to the Aging Network in New Mexico.

Strategies

- Advance the partnership between DOH and ALTSD.
- Develop a marketing plan to promote evidence-based workshops.
- Inform the ADRC staff regarding availability of evidence-based trainings.
- Develop a strategy to provide training for older adults and adults with disabilities including Tribal elders.
 - Example: Partner with DOH to provide Chronic Disease Self Management Program.

Performance Measures

- Provide workshops semi-annually for dissemination and promotion of the programming to NM older adults and adults with disabilities.
 - At the provider level incorporate in the Area Plan Guidance.
- Implement the marketing plan that promotes evidence-based programming.
- Provide information on evidence-based training resources to the ADRC staff.
- Implement the outreach strategy to the Tribes and Pueblos.

Objective 1.11 Coordinating Title III programs with Title VI Native American Programs: Improve collaboration between Area Agencies on Aging and Title VI Programs to better facilitate Title III and VI Coordination and expand services and access to New Mexico's Native American Elders and Caregivers.

Strategies

- Gain knowledge and understanding of the Tribal and Pueblo programs and their unmet needs, while improving relations between the ALTSD, federally-recognized AAAs, and Tribes and Pueblos.
- Conduct annual follow-up meetings with Tribe and Pueblo members to gain feedback and recommendations to meet the needs of the elders. Meetings will include information provided about potential OAA services available in the area with Title III funds, service gaps and needs, and action steps to be taken to improve coordination and access to services.
- Collaborate with the AAA directors and staff to educate and improve coordination with the Tribes and Pueblos in their area.
- All ALTSD staff and AAA staff will participate in American Indian cultural awareness training during the four-year plan period.
- Develop an eldercare workforce targeting rural and Tribal areas in collaboration with the New Mexico Higher Education Department.

Performance Measures

- Participate in annual Tribal Consultation meetings and share outcomes with the AAAs.
- Facilitate meetings held with AAAs, Title VI directors and Tribal stakeholders on an annual basis. The first facilitated meeting will take place prior to the release of Area Plan Guidance in late 2021.
- Require AAA directors to document that agency staff have completed American Indian cultural awareness training.
- Develop an internal documentation system to track ALTSD staff's successful completion of the training.

- Include the requirement for cultural awareness training in the Area Plan Guidance.

Objective 1.12 Expand Title III: Area Agencies on Aging will expand Title III services to the Tribes and Pueblos by contracting with Title VI Programs.

Strategies

- Area Plan Guidance will require that the AAAs notify and encourage NM's Tribes and Pueblos to apply for Title III funding.
- Assist the AAAs in providing training and technical assistance to the Tribes and Pueblos on the process of applying for Title III funding from the AAA.
- Ongoing consultation with the Tribes and Pueblos.

Performance Measures

- Monitor progress of the contracting functions of the AAAs.

Objective 1.13 Business Acumen: Establish the business acumen of the Aging Network partners (AAAs, providers, and community-based organizations) through financial and programmatic sustainability.

Strategies

- ALTSD will provide leadership and access to training and technical assistance to prepare the NM Aging Network partners to build a viable business acumen plan.
- ALTSD and Aging Network partners will become active members of the ACL sanctioned Business Acumen Learning Collaborative.
- Conduct quarterly trainings for the AAAs and providers who are interested in increasing the Business Acumen for their organizations.
- Gauge the readiness of the NM Aging Network by educating the network on business acumen, survey the network, evaluate the results.
- Create a strategic plan for implementation of business acumen for the NM Aging Network.
- Develop, by collaborating with medical service provider(s), a model project based on the Jesse Hill Market in Atlanta, Georgia.
- Encourage and support the Aging Network in NM applying for funding from federal agencies and other entities that fund the Aging Network to enhance service delivery across the state.

Performance Measures

- All Aging Network Division staff will participate in intensive training on business acumen.
- Require AAAs and Aging Network providers to attend at least two ALTSD-sponsored trainings on the ACL Business Acumen Initiative and provide technical assistance to the AAA and Aging Network providers to strengthen the Aging Network: building their business skills; enhancing their effectiveness, efficiency, and sustainability; and leveraging funding (focusing on restraining costs, reducing waste, and improving outcomes).
- Conduct a business acumen readiness review.
- Develop a business acumen strategic plan.

Objective 1.14 Integration: Work towards the integration of health, health care and social services systems, including efforts through contractual arrangements and incorporating Aging Network services with other home and community-based services.

Strategies

- Collaborate with MCOs, AAAs, Aging Network Providers and Community Based Organizations to leverage and maximize current services and create an array of services designed to keep older adults and adults with disabilities living in the community.
- ALTSD will work with the MCOs to develop a statewide aging plan to serve adults in need.
- In collaboration with the MCOs, ALTSD will use aggregate data to identify the needs of NM older adults and adults with disabilities.
- Work with the MCOs to determine value added services for Medicaid and Medicare enrollees.

Performance Measures

- Add Medicaid/Medicare Provider requirements in the AAA contracts.
- Complete a statewide aging plan with the MCOs.
- Certify case managers in the Aging Network as Community Health Workers (CHWs) to increase billing potential.

Objective 1.15 Leverage sustainable funding: Maximize billing Medicaid services by working with MCOs to identify and address gaps in care and develop programs to fulfill these voids in communities. Leverage other funding sources to allow the Department to expand programs and services and braid funding to implement long-term sustainable programs.

Strategies

- Require providers who deliver direct services (examples: adult day care, homemaker, and case management) to become Medicaid providers and bill Medicaid for value-added services by incorporating language into the AAA contracts.
- Develop a statewide aging plan with key stakeholders such as Medicaid, AAAs, Alzheimer's Association, AARP, and service providers to reflect the needs of the NM aging population.
- Direct the AAAs and their providers who provide case management, nutrition, homemaker, respite, and adult day care services to work with Human Services Department/Medicaid and MCOs to become Medicaid providers and enter into provider agreements with each MCO.
- APS and CERD will develop a plan to obtain Medicaid agreements for Medicaid match.

Performance Measures

- Maximize billing opportunities with Medicaid services by working with MCOs.

Objective 1.16 Strengthening the Legal Assistance Program: Provide legal assistance to older New Mexicans with economic and social needs.

Strategies

- Determine the legal needs of older New Mexicans, as well as the capacity of current providers to meet those needs, to inform legal services development.

Performance Measures

- Hold at least one meeting annually with each of the providers to discuss their services, the potential for growth of services, and strategy for continuing to meet the legal needs of older New Mexicans.

Objective 1.17 Implementation of Legal Assistance Data Changes: Title III New State Program Report/Older Americans Act Performance System data reporting will be required starting October 2021.

Strategies

- Provide information to the legal service providers explaining the changing reporting requirements.

Performance Measures

- Hold at least one meeting annually with each provider to ensure they are prepared for the new data collection requirements.

Objective 1.18 Employment Programs: Improve coordination between the Senior Community Service Employment Program (SCSEP) and the Older Americans Act Programs by training and placing Community Health Workers (CHWs) and Peer Support Workers (PSWs) with home-bound, repeat and/or long-term clients of OAA programs.

Strategies

- Connect with established CHW and Certified PSW programs such as the CHW initiatives at UNM and MCOs.
- Develop a training and placement program in conjunction with established programs. Refer older workers, paying those who qualify through the SCSEP and the NM Senior Employment Program (SEP) as budget allows.
- Supplement established CHW/PSP program funding with SCSEP or State General Funds and/or Medicare and Medicaid as possible.
- Connect certified CHWs and PSWs with repeat and long-term clients of APS or the ADRC and home-bound clients of Senior Centers.

Performance Measures

- Establish data elements to track program progress, track data for a base-line period, and then use evaluation data to continually improve the program. Establish evaluation criteria by the end of FY 2022.
- Place first cohort of CHWs/PSPs within first program year of plan (by July of 2023).

Objective 1.19 Expand Employment Opportunities: Serve older adults who are receiving unemployment benefits.

Strategies

- Contact unemployed older workers, 55 years of age and older, through outreach.
- Orient older workers to the services available through the Department of Workforce Solutions (DWS).
- Refer older workers to appropriate DWS services.

Performance Measures

- Use evaluation data to collaborate with DWS in developing age-friendly services and training that continually improves the program.

Goal 2—Expand and innovate services provided by the ACL Discretionary Grants to better support community living.

Objective 2.1 Senior Medicare Patrol (SMP): The SMP Program will expand education and outreach efforts to senior centers and other Aging Network partners to help prevent health care fraud.

Strategies

- Recruit and train additional volunteer counselors to provide Medicare and Medicaid basics counseling peer-to-peer presentations and assist with community outreach efforts.
- Conduct outreach to educate beneficiaries about: identity protection; reporting errors on health care bills; and identifying deceptive health care practices or fraud.

Performance Measures

- Number of trained volunteers will increase by 5%.
- Expand the number of consumers who receive health care fraud training by 5%.
- NM SMP will participate in 100 ACL-approved customer satisfaction telephone surveys throughout the year.

Objective 2.2 Senior Health Insurance Program (SHIP): The SHIP Program will expand outreach efforts to increase awareness and visibility to better serve consumers in every community by expanding beneficiaries' knowledge of their Medicare benefits. The SHIP Program supports OAA programs through outreach aimed at preventing disease and promoting wellness as an additional use of these funds.

Strategies

- Improve service excellence, capacity building, operational excellence.
- Increase innovation. Examples: 1. Send email and text notifications to those who choose ADRC contact. 2. Partner with MCOs on education, information, and service availability.

Performance Measures

- Raise the number of individual contacts to all Medicare beneficiaries by 5% each year.
- Expand individual contacts to all Medicare beneficiary under 65 years by 5% each year.
- Augment individual Medicare beneficiary contacts in hard-to-reach areas as defined by the ACL by 5% each year.
- Raise individual enrollment contacts to all Medicare beneficiaries by 5% each year.
- Increase group Medicare beneficiary contacts by 5% each year.

Objective 2.3 Medicare Improvements for Patients and Providers Act (MIPPA): The MIPPA funding will enhance statewide and local coalition building focused on outreach, education, and one-to-one assistance activities to Medicare beneficiaries likely to be eligible for the Low-Income Subsidy program (LIS) or the Medicare Savings Programs (MSP).

Strategies

- Augment screening and enrollment in LIS programs so that beneficiaries who have limited income and resources get assistance with their prescription drug coverage cost, Medicare premiums and other Medicare Benefits that may be covered, such as preventable services.

Performance Measures

- Augment overall MIPPA contacts by 5% each year.
- Raise overall persons reached through outreach by 5% each year.
- Expand contact with MIPPA target populations by 5% each year.
- Increase contacts submitting applications by 5% each year.

Objective 2.4 Age and Dementia Friendly Efforts: Create a dementia-friendly environment by assessing caregiver knowledge, skills, and needs to ensure that families have the resources they require to help individuals living with dementia remain at home if safely possible.

Strategies

- Create a caregiver survey to determine the status of Alzheimer's services in NM including caregiver needs, quality of care, and awareness of resource locations.

Performance Measures

- Create, distribute, and collect annual survey data to inform ALTSD and stakeholders about the status of Alzheimer's care and services in NM (baseline).

Objective 2.5 Age and Dementia Friendly Efforts: Raise public awareness and expand dementia resource connections regarding the stigma of dementia, the support of caregivers, and dementia advocacy across the state's diverse cultures and locations.

Strategies

- Provide resources and support for family caregivers and others caring for, or treating, individuals with Alzheimer's disease and related dementias.
- Provide access to resource information on the benefits of healthy lifestyle choices in the prevention of Alzheimer's disease.
- Publicize the Healthy Aging Training Academy website which houses the curricula for elementary and secondary schools regarding Alzheimer's disease and related dementias.
- Deliver safety training and protections offered for those who live alone or care for someone with Alzheimer's disease.
- Promote financial planning and execution of medical advanced directives.

Performance Measures

- Add resource information monthly to the ALTSD Alzheimer's page on the website.
- Publicize where to locate Alzheimer's resources using quarterly public service announcements.
- Create training modules on safety and financial planning, then publish them on the ALTSD website.

Objective 2.6 Age and Dementia Friendly Efforts: Support and empower caregivers to create an environment in which the needs of caregivers are addressed.

Strategies

- Provide information on supportive services, respite, care coordination, and case management services, in a time, manner, and location that meets caregiver and care-recipient needs.
- Provide information regarding evidence-based caregiver training in a manner that is effective across NM cultures and locations.
- Advocate for the development of additional services to support caregivers in urban, rural, frontier and Tribal communities throughout NM.

Performance Measures

- Update Alzheimer's support service information monthly on the ALTSD website.
- Conduct quarterly evidence-based caregiver training targeting the NM Tribes, Pueblos, and Nations.
- The State Dementia Plan Leadership Team will submit advocacy recommendations annually, prior to the legislative session, to the ALTSD Office of the Secretary.

Objective 2.7 Age and Dementia Friendly Efforts: Expand research opportunities in New Mexico. Work with laboratories, universities, and other educational research-based entities to address the need for research surrounding Alzheimer's disease and related dementias.

Strategies

- Participate in the New Mexico Alzheimer's Disease Coalition to promote successful and collaborative medical, scientific, and social research in NM.
- Participate in the planning of the annual research symposium incorporating medical, scientific, social and behavioral research findings and approaches.
- Extend the study of the incidence, impact and other aspects of Alzheimer's disease and related dementias, with a focus on underrepresented populations in rural, Tribal and frontier communities.
- Provide ongoing support to seek private and public funding, including research opportunities, for Alzheimer's disease and related dementias.

Performance Measures

- Inventory the number of Alzheimer's research opportunities currently in NM.
- Participate and promote the annual research symposium by the end of each state fiscal year.
- Produce an annual summary of the impact of Alzheimer's disease and related dementias in NM.
- Post the summary on the ALTSD website and distribute it through the monthly Office of Alzheimer's and Dementia Care (OADC) newsletter.
- Identify three new sources of funding for Alzheimer's disease and related dementias annually.

Objective 2.8 Age and Dementia Friendly Efforts: Support Education and Training for a Dementia-competent workforce and other stakeholders invested in the Alzheimer's and Dementia fields.

Strategies

- Support the University of New Mexico Memory and Aging Center and the New Mexico Alzheimer's Coalition to foster their widespread professional knowledge and resources.
- Expand education and training throughout the state of NM by collaborating with partners in the community.

Performance Measures

- Meet with UNM Memory and Aging Center quarterly to create and implement an action plan for expanding education and training to create a dementia-competent workforce in NM, providing continuous education to health care professionals and other stakeholders.

Objective 2.9 Age and Dementia Friendly Efforts: Promote quality in all aspects of Alzheimer's disease care, education, public awareness, and research.

Strategies

- Encourage agencies to adopt the Alzheimer’s Association dementia care and training practices including the development and implementation of strategies that benefit communities.
- Partner with the Alzheimer’s Association to implement Alzheimer’s training in all long-term care (LTC) facilities.

Performance Measures

- Create training modules that showcase the best practice dementia care training from the Alzheimer’s Association and record them for *ad hoc* presentations on the ALTSD website.

Goal 3—Establish and expand inventive programs that support consumer control and choice.

Objective 3.1 Veteran Directed Care Program: Expand the number of Veterans served through the Veterans Directed Care Program.

Strategies

- Move from “pilot” status to program status. Roll out of “pilot” status to program by August 2021.
- Establish a team with all key players in the VDC space to keep momentum going and progress of goals being met.
- Partner with State and Federal Veteran’s Services programming to promote the VDC program and survey consumer satisfaction and quality of care.

Performance Measures

- Expand the number of veterans served by 250% or 25 new veterans onto the program each year of the plan.
- Evaluate on an annual basis, based on progress and timely reimbursements. Successful implementation will allow the program to expand to 50 veterans per year.

Objective 3.2 Voucher Program: Explore the viability of implementing voucher programs for services funded by the Older Americans Act.

Strategies

- Establish a workgroup to study voucher programs. Write and present a report with the findings and recommendations.

Performance Measures

- Implement the recommendations in the report.

Goal 4—Prevent and improve response to abuse, neglect, and exploitation while preserving the rights and autonomy of older New Mexicans.

Objective 4.1 Adult Protective Services (APS): Enhance the quality of trainings available on abuse, neglect, and exploitation.

Strategies

- Enhance training, education, and outreach to include diverse populations in institutional and community-based settings.

Performance Measures

- Provide training on underserved populations to APS staff at least once per year.

Objective 4.2 Adult Protective Services: Reduce the percentage of repeat investigations.

Strategies

- Provide adequate resources and supports to alleviate the need for future interventions, including the Aging Network, food pantries, adult day care, and in-home supports to qualified clients.

Performance Measures

- Decrease the recidivism rate by 5% annually.
- Provide and track continued case management / community support services upon the closure of APS cases.

Objective 4.3 Adult Protective Services: Determine the recidivism rates and service referrals received by APS.

Strategies

- Enhance training, education, outreach and statewide collaboration to increase service referrals.

Performance Measures

- Determine the recidivism rate for the number of APS investigations.
- Track the number of service referrals received by APS.

Objective 4.4 Long-Term Care Ombudsman Program: Expand the volunteer program through a focused tiered level of community advocate, resident advocate, and specialized teams (first responder and defense discharge).

Strategies

- Revise training systems to connect skills/background with availability of time. Each section will have a dedicated training module that helps the volunteer meet their time and advocacy needs.

Performance Measures

- Expand the raw total of volunteers, placing them into specialized groups for focused advocacy. Monitor performance using levels of complaints established for residents at facilities and community partnerships. (10% increase to the volunteer base: 2.5% per year of the state plan).

Objective 4.5 Long-Term Care Ombudsman Program: Expand the number of regional coordinated (RC) programs for the 8 regions of New Mexico. Strategies

- Develop focused recruitment from existing state and local investigative agencies. Explore potential workforce pipeline options including a tiered approach, first responders and MCO navigators.

Performance Measures

- Raise the number of RC investigative specialists by filling vacant positions.

Quality Management

Monitoring, Oversight, and Remediation

The New Mexico Aging and Long-Term Services Department (ALTSD) reviews each AAA and Contractor in accordance with the requirements detailed in each of these sections and with a team of ALTSD staff who are assigned monitoring responsibilities as a core function.

The ALTSD monitoring process is divided into three functional areas:

AAA and Other Contractor Administration	Program Operations	Governance and Fiscal Operations
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New Mexico State Plan reporting will be summarized in July and incorporated into the ALTSD Strategic Plan and a Statistics book that will be available to stakeholders on the website.

Goal of ALTSD Quality Management: to improve the quality of the OAA Title III core programs through:

1. Data standardization
2. Program evaluation
3. Outcome measurement

This goal will be operationalized and institutionalized through the implementation of the following strategies:

1. Area Plan Guidance
2. Streamline paperless submission process from the ALTSD Aging Network contractors
3. Implementation of timely, accurate data collection using tablet technology
4. Aligning efforts with strategic planning and reporting, ensuring a continuous improvement process

ALTSD will develop a process to review each AAA in accordance with the requirements detailed in the sections below, including a team of Senior Services Bureau (SSB) staff and additional qualified ALTSD staff who are assigned monitoring responsibilities as a core function of their duties. Centralizing this responsibility among the team allows for specialization and the development of a comprehensive knowledge of AAA operations, needs, and practices.

Monitoring of AAAs and contractors involves two distinct levels:

on-going desk reviews	periodically scheduled on-site reviews
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Senior Services Bureau and qualified ALTSD staff desk review process involves an on-going, continuous review of AAA and contractor monthly statistical and financial reports, service cost analysis, including data verification. AND, SSB, Administrative Services Division, and qualified ALTSD staff periodically visit AAAs and contractors to conduct on-site reviews. These on-site visits are scheduled based on random selection with the final objective to review the two AAAs and other contractors within a three-year period. On-site visits last a period of one to five days depending on the scope of the review, the size of the organization, and the complexity of the operations. A schedule of the reviews is distributed at the beginning of each calendar year. Upon prior determination by the SSB staff and management, a selected contractor may be incorporated into the interim or regular monitoring schedule based on the need for a visit.

The AND/SSB provides a copy of the internal review/monitoring instrument to the AAAs and contractors in advance of an on-site visit. AND/SSB recommends that directors from the AAAs and contractors distribute copies of the monitoring instruments and checklists to their staff in preparation for the on-site visit. AND strongly encourages the AAAs and other contractors to utilize these tools for self-assessment and to incorporate appropriate requirements into their monitoring of sub-contractors.

For desk and on-site reviews, AND/SSB staff draft reports that identify any deficiencies, observations, and corrective action recommendations. Upon the completion of the on-site review, AND/SSB staff and the AAA or contractor will also have an exit conference to communicate the deficiencies and recommendations noted during the review. As needed, AAAs and contractors are provided instructions for completing a Corrective Action Plan (CAP).

The AND/SSB staff follow-up on items identified as needing corrective action. AND/SSB staff provide technical assistance, or if needed, arrange additional training, to ensure compliance,

Data Collection

WellSky's Aging & Disability web-based software is the AAAs primary data collection system to report on the OAA programs. The real-time, cloud-based software includes information about the OAA participants, what services participants receive, and what type of funding is expended for programs. ALTSD contracted for system use in 1999 and has invested much in the way of resources to enhance the data collection system's ever changing business requirements. The data collection system serves as a critical data source for measures of the performance of OAA programs. ALTSD also uses the data collected to perform valuable analyses of other program components.

AAA and Other Contractor Administration, Program Operations, Governance and Fiscal Operations are collected via the eFile system for desk and onsite reviews.

Monthly, ALTSD staff reviews the Aging & Disability data and performs a comparison of previous data. **Annually**, if a difference in excess of 10 percent for either individuals or units is found during the comparison, ALTSD will request a variance explanation from the AAAs to report to ACL.

Continuous Improvement

Training and technical assistance to AAAs and other Title III funded entities is the primary method ALTSD employs to continuously improve services for older adults and adults with disabilities in NM. The monitoring team members, each with unique expertise, facilitate the provision of technical assistance and training to the Aging Network. Virtual event training has become the preferred option for the NM Aging Network. ALTSD’s AND/SSB communication plan includes follow-up activities in response to desk or on-site reviews; ongoing communication facilitated through virtual meetings; thoughtful communication documents providing Aging Network updates throughout the year are an integral pillar to continuous quality improvement.

Beyond NM’s efforts, AND/SSB staff monitors national trends and information from ACL and national organizations, such as the National Association of States United for Aging and Disabilities (NASUAD), National Association of Area Agencies on Aging (N4A), and the National Council on Aging (NCOA), among others, to identify best practices and strategies that can be used in the state to improve programs and services. AND/SSB staff, in turn, share best practices gleaned from those efforts with AAAs and contractors.

Quality Management Initiatives

Objective	to be effective stewards of state and federal funds, monitor and oversee programs funded by OAA and state general funds
Strategies	<ul style="list-style-type: none"> • Update the Aging Network policies and procedures to reflect current practices. • Update Aging Network rules and regulations. • Conduct annual training for AAAs on the development and submission of Area Plans. • Monitor the national development of performance measures and identify opportunities to integrate them in the AAA contracts. • Monitor data systems to ensure collection fidelity and the accuracy of the data. • Hold monthly programmatic and fiscal review meetings to ensure fiscal and service integrity. • Provide ongoing technical assistance to AAAs. • Offer virtual AAA trainings. • Review, and revise as necessary, monitoring tools for each program. • Conduct desk and on-site reviews of AAAs, and as needed, require CAPs to correct issues. • Facilitate information sharing so that the Aging Network workforce is adequately trained and knowledgeable in their program areas.
Measures	<ul style="list-style-type: none"> • Updated Aging Network Policies and Procedures. • Updated Aging Network Rules and Regulations. • Number of AAA Area Plan trainings and AAA trainings. • Number of on-site monitoring visits. • Number of AAAs demonstrating compliance following a CAP imposition. • Increase the number of diverse providers applying for Title III funding.

Attachment A

State Plan Assurances and Required Activities

Older Americans Act, As Amended in 2020

Pages 29 to 38 are unrevised boiler plate language from the Older Americans Act required by the Administration for Community Living.

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 2020.

Sec. 305, 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 minority individuals 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, outreach, information and assistance, 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) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan.

(4)(A)(ii) Each area agency on aging shall 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 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 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 and older individuals residing in rural areas within the planning and service area.

(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-speaking ability; and

(VI) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

(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, with agencies that develop or provide services for individuals with disabilities.

(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) Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

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.

(14) 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 identify individuals eligible for assistance under this Act, with special emphasis on--

(A) older individuals residing in rural areas;

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

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

(D) older individuals with severe disabilities;

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

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) 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.

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.

Note: 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)(29), 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 volunteers and programs and services of voluntary organizations) have the capacity and actually meet such need.

(4) The State agency conducts periodic evaluations of, and public hearings on, activities and projects carried out in the State under titles III and 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 individuals 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.

Signature and Title of Authorized Official

Date

Attachment B

Information Requirements

The Administration on Community Living provided the boiler plate language below to be entered and not revised, except for the sections labeled State's Response. (pages 39 to 45)

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section I. State Plan Information Requirements

Information required by Sections 102, 305, 307 and 705 that must be provided in the State Plan:

102(30)(G) – (required only if the State funds in-home services not already defined in Sec. 102(30)) The term “in-home services” includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

State's Response:

The ALTSD is investigating ways of leveraging Medicare and Medicaid funding to provide additional in-home services. Plans include training and certifying senior center staff and possibly other older workers as Community Health Workers (CHWs) and Certified Peer Support Workers (CPSWs). These staff members could work with senior center participants on chronic disease and behavioral health management strategies, allowing them to remain healthier and in their homes for longer. CHWs and CPSWs are already employed by programs around the state of New Mexico and have been established as eligible to have their services reimbursed by Medicare and/or Medicaid. In addition, other funding may be available for these programs. One possibility is the Kiki Saavedra Senior Dignity Fund, a fund created by the 2020 New Mexico Legislature to “improve and deliver high-priority services for seniors all across NM.”

Section 305(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 minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan;

State's Response:

The State is utilizing multiple strategizes to ensure the obligations are met pursuant to Section 305(a)(2)(E).

The SUA has identified minorities (10%), low income (10%), and rural areas (20%) as weighted factors in its revised Intrastate Funding Formula. A majority of the state is rural and also low income, so the identification and weight given to these areas in the Intrastate Funding Formula is a crucial piece to ensure preference to providing services to these populations. The state is also a majority minority, that is, more than 50% of residents claim a minority status. This percentage does not yet apply to the 60+ population, but it is projected to increase in the coming years.

The SUA also requires the AAAs to prioritize these same populations in their funding scheme. This is included in their yearly contracts.

This will also be a requirement in the upcoming Area Plan in 2022–2026. The Area Plan Guidance will distribute funding by PSA based on the funding formula and hold the AAAs accountable to assure equitable funding among providers based on the formula factors. Pueblos, tribes and nations will be included in the area plan process for the PSA that serves their geographic area.

The SUA and AAAs will analyze gaps in service and recruit program providers to respond to Requests for Proposals (RFPs) in the areas identified to assure better access of critical services across the PSAs. Case management, homemaker, and in-home services, which serve those most in need, will be encouraged as well. Education regarding the RFP process will be offered to all potential providers before the RFPs are released. This education will include the Pueblos, Tribes, and Nations, to assure equitable access to the funding available through the RFP process.

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(b) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (*Note: those categories are access, in-home, and legal assistance*).

State's Response:

The SUA requires each area agency on aging to expend a minimum percentage of part B funding for access, in-home and legal assistance services. (See Section F. of the Intrastate Funding Formula.)

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

Access Services: 28%

In-Home Services: 18%

Legal Assistance: 6%

Section (307)(a)(3)

The plan shall:

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); (Note: the “statement and demonstration” are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area)

(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).

(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.

State’s Response:

A. See the end of the Intrastate Funding Formula in Attachment C for the “statement and demonstration.”

B i. The SUA assures that it will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

B. ii.

	1	2	3	4	5	6	Total
60+	1,310,779	1,521,661	540,346	766,792	0	0	4,139,578
60+ Rural	9,640	319,002	664,346	469,347	0	0	1,462,336
Poverty (65+)	186,866	300,374	93,162	150,765	0	0	731,168
Minority	216,713	300,675	77,447	136,333	0	0	731,168
Total	1,723,998	2,441,712	1,375,301	1,523,238	0	0	7,064,249

B. iii. Due to the COVID-19 public health emergency, Federal Fiscal Year 2021 (FFY 2021) has not been a typical year. In March 2020 a public health emergency was declared and 40,329 food boxes were distributed statewide. Each food box had enough food for seven to fourteen meals. Senior Centers have discontinued congregate meals and have been offering “grab and go” meals as well as continuing and increasing home-delivered meals. Aging Network staff have worked diligently to connect with older individuals living in rural areas by telephone, when delivering meals, and through the media. The SUA has initiated a program called “Create and Connect”, which recruits people to create video or audio recordings, as well as written greetings, that are distributed to isolated older individuals. A piece of this project is a series of Facebook Live events called Senior Social Hour. These

events feature speakers on topics of interest to older individuals, such as vaccine availability, employment opportunities, diabetes management, exercise, mental health and so on. ALTSD secured tablets, which were distributed to long-term care facilities across the state and used by residents and families for virtual visits.

Section 307(a)(8)) (Include in plan if applicable)

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

State's Response:

Both the Albuquerque/Bernalillo County AAA and the Non-Metro AAA are currently providing case management services and are allowed to continue to provide these services.

Both AAAs are allowed to provide direct information and assistance services and outreach as well.

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.

State's Response:

The goals and objectives outlined in this State Plan on Aging detail the provision of services to the older population in NM. Specifics are given regarding Information and Assistance, Outreach, Congregate Meals, Home-Delivered Meals, Nutrition Education, Transportation, Assisted Transportation, Caregiver Support Services, Evidence-based Health Promotion and Disease Prevention Programs, and many others. Each of these objectives include specific performance measures and reporting dates. All of these services are provided with the funds allocated based on the Intrastate Funding Formula, outlined below. This formula has rurality as a heavily weighted factor at 20%. In addition, objectives are included in this plan to assure that Title VI providers, NM's Tribes, Pueblos, and Nations, are consulted on a regular basis, and have equal access to application for Title III funding through the Request for Proposals (RFP) processes implemented by each AAA. These providers are all in rural areas, so this effort contributes to services to NM's older, rural population.

Section 307(a)(15)

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; and

(B) describe the methods used to satisfy the service needs of such minority older individuals.

State's Response:

There are 41,722 low-income, minority older New Mexicans.

The Intrastate Funding Formula is specifically designed to ensure that funding is allocated to satisfy the service needs of low-income, minority older New Mexicans. Low-income and minority are weighted factors in formula at 10% each.

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.

State's Response:

The ALTSD is actively pursuing activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the Department. ALTSD is working in collaboration with the AAAs and the OAA funded Title VI Programs facilitating better Title III / VI coordination to expand services and access to NM's Native American older adults and caregivers. The NM AAAs will expand Title III services to the Tribes and Pueblos by contracting with Title VI Programs.

The ALTSD will revise the Area Plan Guidance to include requirements that the AAAs actively recruit NM's Tribes and Pueblos to apply for Title III funding. ALTSD will be assisting the AAAs in providing training and technical assistance to the Tribes and Pueblos on the process of applying for Title III funding.

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). *(Note: Paragraphs (1) of through (6) of this section are listed below)*

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

(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.*

State's Response:

The Aging and Long-Term Services 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 AAAs. The Department provides all Ombudsman services and coordinates a statewide network of volunteers under agreements with the AAAs. The Department provides a Long-Term Care Ombudsman Program (STLCO) in accordance with the OAA.

In carrying out the Long-Term Care Ombudsman Program, the Department will spend, for each year of this plan, not less than the total amount expended in the prior fiscal year.

Over the last year, the Department STLCO has developed an interagency referral system. The referral combines complaints and reports from both the ombudsman and DOH to the Attorney General, State Auditor, and Office of Superintendent of Insurance. The referral system provides avenues for judicial and administrative relief to residents that wish to provide information to these agencies. The ombudsman only relays this information after securing consent from the resident or power of attorney. This referral process has been key in informing law enforcement about abuse, neglect, fraud, and other harm happening within long term care facilities.

Throughout COVID-19 the STLCO has provided digital information focused activities for residents to know both their rights and options for relief should they have a complaint. The STLCO has also broadened its volunteer base by partnering with local senior affairs programs, first responders, and the law school community. These efforts help empower our residents and also educates the general public about what the ombudsman office does and how we can serve.

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 which have the demonstrated capacity and experience to deliver legal assistance and are best able to provide such services pursuant to standards promulgated by the Administration for Community Living. 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 for Aging 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.

Attachment C

Intrastate Funding Formula

New Mexico Aging and Long-Term Services Department Intrastate Funding Formula

A. Introduction

The New Mexico Aging and Long-Term Services Department (ALTSD) allocates Title III and State General Revenue Funds appropriated for distribution to the two Area Agencies on Aging on a formula basis in accordance with the Older Americans Act and its regulations. Section 1321.37(a) of the Older Americans Act regulations further requires the Department to "review and update its formula as often as a new State plan is submitted for approval." New Mexico's new State Plan has been developed for FFY 2022 through FFY 2025. **After thoughtful discussion, careful consideration, AAA input and a thorough review of the current intrastate funding formula, a revised formula was presented to the ALTSD Secretary of the Department for approval. The recommended revision was accepted.**

B. Formula Goals and Assumptions

The goals that will be addressed by the revised intrastate funding formula (IFF) follow:

Purpose: To develop a formula consistent with the purpose and requirements of the OAA and its regulations.

- To provide resources across the state for home and community-based services for older adults and adults with disabilities over the age of 60.
- To target resources in areas of the State with higher concentrations of older adults and adults with disabilities in greatest economic and social need, with special emphasis on low-income minority older adults residing in rural areas of the state.
- To create and implement a formula that distributes resources solely on the population characteristics of each planning and service area and reflects changes in characteristics among the PSAs by incorporating updated data.
- To develop a formula that is easily understood.

In developing the IFF, the Department determined the factors of the formula and the effects of the distribution of funds on the service delivery system across the State. Factors in the development of the formula were:

- The weights assigned to the formula factors should represent the emphasis and priority placed on the specific characteristics of adults over the age of 60.
- Funding formula factors must be derived from data, which is quantifiable by PSA, based on data from the U.S. Census Bureau.
- Older adults are currently receiving services based on existing historical patterns of service delivery. The effect on older adults presently receiving Title III services should be considered when developing and implementing a formula.

- The low revenue generating potential of rural areas and the high proportion of elderly in rural areas, including low-income elderly, necessitates a greater dependence on the Title III service system to meet the service needs of rural elderly. The revised funding formula reflects and considers these factors.
- Consideration of the NM Tribes and Pueblos applying for Title III funding during the AAAs RFP process.
- The revised funding formula reflects and considers these factors. It is the combination of federal, state, regional, and local targeting efforts that will implement this fundamental mandate of the Older Americans Act.

The revised IFF will provide AAAs with necessary resources and additional funding to support increased service cost and implement additional targeted strategies at the regional level by focusing on the greater concentration of older adults residing in rural areas of NM, minority older adults, and older adults in greatest economic and social need.

It is the combination of federal, state, regional, and local targeted efforts that will implement this fundamental mandate of the Older Americans Act. The Department will progressively apply the IFF to the state general funds over the years of the state plan.

C. Funding Formula Definitions

Federal Award means allocation for Title III services.

Minority means the race data defined by the U.S. Census Bureau.

Population means the total senior population defined by the U.S. Census Bureau and population by weighted factors.

Poverty threshold means the income cutoff, which determines an individual's poverty status as defined by the U.S. Census Bureau.

PSA means a Planning and Service Area, which is designated by the New Mexico ALTSD as authorized in the New Mexico Department on Aging and Elder Services Older Americans Act In 1973.

Rural area means a geographic location not within a Metropolitan or Urban area as defined by the State of New Mexico.

Weighted Factor determined by factor percentage.

D. Funding Formula Factors and Weights

In order for a particular factor to be included in the intrastate funding formula, it must be:

- Derived from data which is quantifiable by PSA;
- Based on data which is derived from the U.S. Census Bureau; and

Contain the following factors:

- The state's population 60 years of age and older in the PSAs as an indicator of need in general (60+ population).
- The number of the state's population 60 years of age and older at or below the poverty threshold in the PSAs as an indicator of greatest economic need (60+ Poverty).
 - As an indicator of greatest social need, the number of the state's elderly in the PSAs who are most in need and likely food insecure.
- The number of the state's population 60 years of age and older residing in rural areas of the PSAs.
- The number of the state's population 60 years of age and older and who are minority.

The funding formula factors, and their weights are as follows:

Population 60+ (POP)	60%
Population 60+ in Rural Jurisdictions (RUR)	20%
Population 60+ Minority (MIN)	10%
Population 60+ Below Poverty (POV)	10%

E. Application of The Intrastate Funding Formula

The intrastate funding formula is:

A=60% (Population-60+)

B=10 % (Population POV-60+)

C=20% (Population RUR-60+)

D=10% (Population MIN-60+)

$FF * W = F$

$F * A = X(A)$, $F * B = X(B)$, $F * C = X(C)$, $F * D = X(D)$

$X(A) + X(B) + X(C) + X(D) = \text{Total Allocation}$

The data used in the Intrastate Funding Formula reflects the most current and up-to-date information from the U.S. Census Bureau, including mid-census estimates when available.

F. Other Funding Formula Provisions

For any state general funds received that have no prescribed formula stated in the appropriation, the Department has the authority to determine the methodology to be used to distribute those funds.

Whenever the SUA determines that any amount allotted to a AAA for a fiscal year under this formula will not be used by a AAA for carrying out the purposes for which the allotment was made, the Department may make such allotment available for one or more PSA(s) to the extent allowable under this funding formula. Funds will be reallocated to those AAAs, which request and demonstrate the need for additional funds in accordance with procedures developed by the Department. Any reallocated amount made available to a AAA shall remain available only until the end of that fiscal year.

The allotment to the AAA may be reduced the following fiscal year by the amount of any disallowance if the AAA has expended funds allocated under this part:

- For purposes which an audit report determines to be questionable costs which are deemed disallowed by the Department.
- For purposes which an audit report determines to be unallowable.
- For purposes that are otherwise determined to be unallowable according to cost principles contained in applicable OMB Circulars or the approved grant/contract award.

This reduction will occur in the Fiscal Year following the identification of the disallowance.

An Area Agency on Aging is required to expend the OAA, and Department approved minimum percentage of their direct Title III-B provide service allocation on access services (28%), in-home services (18%), and legal services (6%) in the Fiscal Year determined by the financial closeout report. If no waiver of the requirement has been granted by the Department for that Fiscal Year, the Area Agency on Aging must, for the next fiscal year following the submission of their report, expend the minimum percentage in the reported year. If the Area Agency on Aging does not expend the required expenditure amount, it may be withheld from the Area Agency on Aging during the Fiscal Year following the Fiscal Year in which the shortage is determined.

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New Mexico Population Data Summary by PSA

PSA	Population	60+	60+ Rural	60+ Below Poverty (65+)	60+ Minorities	Number of Counties
1	678,701	153,360	845	10,663	64,599	1
2	746,510	178,033	27,961	17,140	89,627	13
3	299,094	63,220	58,231	5,316	23,086	11
4	371,133	89,714	41,139	8,603	40,639	8
5	65,645	12,204				
6	74,737	16,745				
Total	2,235,820	513,276	128,176	41,722	217,951	33

New Mexico Population Data Percentage by PSA

PSA	Population	60+ (60%)	60+ Rural (20%)	60+ Below Poverty (10%)	60+ Minorities (10%)	Number of Counties
1	30.36%	29.88%	0.66%	25.56%	29.64%	3.03%
2	33.39%	34.69%	21.81%	41.08%	41.12%	39.39%
3	13.38%	12.32%	45.43%	12.74%	10.59%	33.33%
4	16.60%	17.48%	32.10%	20.62%	18.65%	24.24%
5	2.94%	2.38%	0.00%	0.00%	0.00%	0.00%
6	3.34%	3.26%	0.00%	0.00%	0.00%	0.00%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

PSA	New Mexico Counties and Tribal Lands
PSA 1	Bernalillo
PSA 2	San Juan, McKinley, Cibola, Rio Arriba, Los Alamos, Sandoval, Valencia, Santa Fe, Taos, Torrance, Colfax, Mora, San Miguel
PSA 3	Union, Harding, Quay, Guadalupe, DeBaca, Curry, Lincoln, Chaves, Roosevelt, Eddy, Lea
PSA 4	Catron, Grant, Hidalgo, Socorro, Sierra, Luna, Doña Ana, Otero
PSA 5	New Mexico portion of the Navajo Nation
PSA 6	Mescalero Apache Nation, Jicarilla Apache Nation; 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 2019 estimates	

Population	Acronym (Population %)	Weighted Amounts
60+	A	60%
60+<POVERTY	B	10%
60+ RURAL	C	20%
60+MINORITY	D	10%

$XA + XB + XC + XD = \text{Total Amount of Allocation}$

Description	Acronym for Formula
Federal Award	FF
Weighted Amounts	
Funding per factor Population	F
Population	A, B, C, D
Allocation Per Population	X

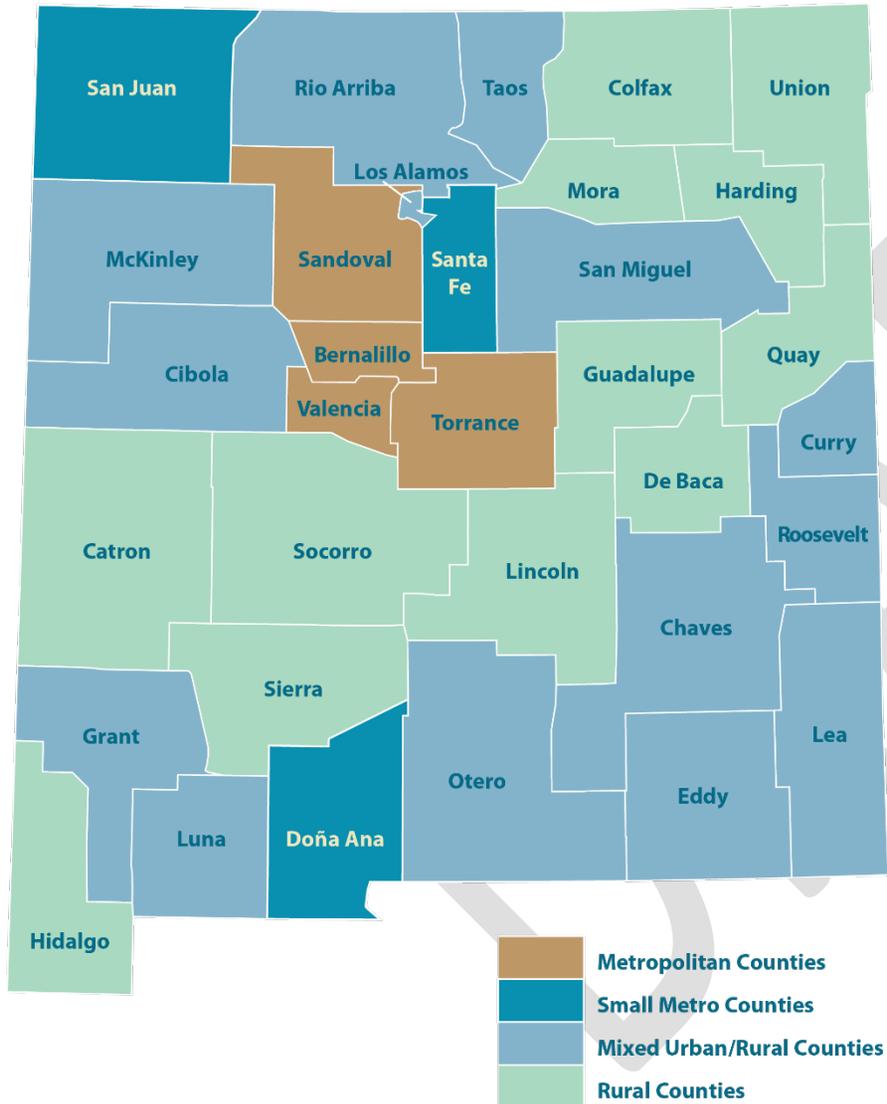
Award Calculation	$FF*W=F$
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Funding per factor population	
60+	$F* A= X(A)$
60+<POVERTY	$F* B=X(B)$
60+ RURAL	$F*C=X(C)$
60+MINORITY	$F*D= X(D)$

Take funding per factor population and add all together to get the total allocation:	
Total Amount of Allocation	$X(A)+X(B)+X(C)+X(D)= \text{Total Allocation}$

This Intrastate funding formula will be applied to each Title III service allocation.

New Mexico Counties—Metropolitan, Small Metro, Mixed Urban/Rural, Rural³



County Type	County
Metropolitan	Bernalillo, Sandoval, Torrance, Valencia
Small Metro	Doña Ana, San Juan, Santa Fe
Mixed Urban/Rural	Cibola, Chaves, Curry, Eddy, Grant, Lea, Los Alamos, Luna, McKinley, Otero, Rio Arriba, Roosevelt, San Miguel, Taos
Rural	Catron, Colfax, De Baca, Guadalupe, Harding, Hidalgo, Lincoln, Mora, Quay, Sierra, Socorro, Union

³ <https://ibis.health.state.nm.us/view/docs/CHA/UrbanRuralCounties.pdf>. New Mexico Department of Health, November 2014

Attachment D
Resource Attachment

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Attachment E

Goals, Objectives, Strategies, Performance Measures and Performance Dates

Goal 1—Fulfill mandate as the State Unit on Aging to effectively administer the Older Americans Act Title III core programs in partnership with the Area Agencies on Aging and other partners in the Aging Network. The New Mexico Aging Network will enable older New Mexicans to remain in their own residence and community of choice through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.				
Objectives	Strategies	Performance Measures	Performance Dates	
<p>1.1 <u>Modernize ALTSD</u></p> <p>Modernize Aging and Long-Term Services Department’s rules, policies, procedures, and business practices to administer more effectively the Older Americans Act (OAA) programs as well as State-funded services.</p>	<p>Update internal policies and procedures to allow for the implementation of innovative approaches of service delivery.</p> <p>Seek policy changes that will allow for the development of alternative delivery models for services including schedules for home-delivered meals and pilot testing for alternative models of service delivery for transportation.</p> <p>Transform Area Plan Guidance to reflect changes in this State Plan on Aging as well as the updated policies and procedures.</p> <p>Update, including timeframes, and standardize, for state-wide use, all sections of the consumer assessment/reassessment tool to allow Aging Network providers to use it as a comprehensive care plan as well as a referral mechanism. Acceptance of the APS assessments as a form of referring vulnerable older adults.</p> <p>Update the ALTSD emergency preparedness plan and practices to reflect lessons learned from the COVID-19 pandemic. Example: The Aging Network will work as an extension of ALTSD to make sure the emergency response protocol meets the needs of older adults and adults with disabilities (Alternative methodologies will be defined for metropolitan, mixed urban, and rural areas of the state.)</p> <p>Develop and implement a framework to guide the work on improving program design ensuring innovative, sustainable, replicable model projects.</p>	<p>Implement and approve updated policies and procedures annually.</p> <p>Update policies and rules to align with alternative service delivery models.</p> <p>Optimize the Area Plan Guidance to ensure compliance with this State Plan and policies and procedures.</p> <p>Update and implement the consumer assessment/reassessment tool.</p> <p>Update and test the emergency preparedness plan.</p> <p>Expand and improve the program design framework to guide innovative and model projects.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Quarterly Reporting Months ↓ October, January, April, July

Goal 1—Fulfill mandate as the State Unit on Aging to effectively administer the Older Americans Act Title III core programs in partnership with the Area Agencies on Aging and other partners in the Aging Network. The New Mexico Aging Network will enable older New Mexicans to remain in their own residence and community of choice through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.

Objectives	Strategies	Performance Measures	Performance Dates	
<p><u>1.2 Title III B Information & Assistance/Referral and Outreach</u></p> <p>Amplify outreach and promotion efforts to ensure older adults and adults with disabilities are aware of and have access to the OAA services available across the state, with a concentrated effort to connect to areas and communities that are underserved.</p>	<p>Provide technical assistance and training to NM's four AAAs for the purpose of broadening their consumer base and implementing a non-profit entrepreneurial, business management structure with diverse services and revenue streams. Examples: Implement texting capabilities; ALTSD on-demand and the case management partnership with UNM; on-line trainings, partner with faith-based organizations; revamping of the ALTSD web page; create liaisons in senior centers to inform seniors of benefits; partner with Developmental Disabilities Planning Council (DDPC) and the Governor's Commission on Disability (GCD) on expanding the network.</p> <p>Implement a data-driven performance management system to evaluate the impact of service delivery, identify innovative best practices, areas of improvement, and gaps in services. The system will have the ability to share the outcomes and trends with citizens and stakeholders.</p>	<p>Expand the visibility of State-funded and OAA programs at the state, AAA, and local levels through outreach and promotion efforts by increasing the number of events and activities.</p> <p>The baseline data will be collected from FY21 and FY22.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Quarterly Reporting Months ↓ October, January, April, July
		<p>Develop a plan to reach 2% more unduplicated persons served by OAA programs each year of this plan.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
<p><u>1.3 Title III B Transportation and Assisted Transportation Services:</u></p> <p>Expand transportation availability for older adults and adults with disabilities especially in New Mexico's rural communities.</p>	<p>Collaborate with NM Department of Transportation and NM Department of Veterans Services on innovative strategies that would expand the options for transportation services throughout NM for older adults and adults with disabilities.</p> <p>Develop partnerships with hospitals and new specialized passenger services to implement and leverage an innovative model to transport older adults to medical appointments, while collaborating with the Department of Veterans Services.</p> <p>Please see the resource attachment for more information.</p>	<p>Develop a strategic plan that targets expanding transportation accessibility to older adults and adults with disabilities living in rural areas of the state, who are reliant on OAA transportation programs.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
		<p>Optimize transportation accessibility to older adults and adults with disabilities living in rural areas of the state, who are reliant on OAA transportation programs.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
<p><u>1.4 Title III B Supportive Services</u></p>	<p>ALTSD (APS and AND), the AAAs, Aging Network and providers of services will collaborate with food banks to expand in-house food pantries and make food boxes.</p>	<p>Reduce food insecurity and hunger in NM.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024	<input type="checkbox"/> Annually Months ↓ July

Goal 1—Fulfill mandate as the State Unit on Aging to effectively administer the Older Americans Act Title III core programs in partnership with the Area Agencies on Aging and other partners in the Aging Network. The New Mexico Aging Network will enable older New Mexicans to remain in their own residence and community of choice through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.

Objectives	Strategies	Performance Measures	Performance Dates	
Expand access to supportive services for underserved individuals.	available to at risk older adults and individuals with disabilities. ALTSD, the AAAs, Aging Network and providers will collaborate with lending closets to make DME assessable to individuals in need.		<input type="checkbox"/> 2025	
<p>1.5 <u>Title III C Nutrition Services</u></p> <p>Enhance the quality and variety of meals offered to older New Mexicans to allow for personal choice, dietary restrictions, and cultural differences.</p> <p>Ensure consumers have access to and knowledge about nutritionally balanced meals and options.</p>	<p>ALTSD will provide training and ongoing technical assistance on national best practices in menu planning, meal pattern requirements, consumer choice within menus as well as the integration of fresh, locally grown produce into meals.</p> <p>Implement a marketing campaign targeted for NM older adults and adults with disabilities: identify target market/consumer base that is culturally diverse and focuses on those at risk (nutritionally, isolated, and low income) to promote OAA services.</p> <p>ALTSD will work with AAAs to develop strategies to promote nutrition education and “meal programming” options in their service areas.</p> <p>ALTSD will also provide guidance to AAAs and providers on establishing pilot programs such as café models, restaurant, or grocery store vouchers as well as options to provide meals to individuals with complex dietary needs.</p> <p>The ALTSD, AAAs and providers of service will collaborate with NM Department of Health on older adult nutritional needs to better address food insecurity and related social determinants of health.</p> <p>Provide multigenerational training and educational opportunities for nutritional meal preparation and food handler’s certification for seniors and students. Example:</p>	<p>Provide ongoing technical assistance as well as host at least one meeting per year with the AAAs and nutrition providers to share best practices, lessons learned, older adult’s dietary needs/restrictions, consumer choice and local purchasing.</p> <p>Develop an annual advertising platform to promote OAA services: collaborate with other state agencies/campaigns, marketing materials, social media focused on nutrition and food insecurity and targeted to the culturally diverse communities in NM.</p> <p>Provide one training per year to the AAA’s and nutrition providers, led by a registered, licensed dietitian to address meal pattern requirements of the OAA to assure delivery of nutritious meals and to promote increased use of fresh fruits and vegetables.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July

Goal 1—Fulfill mandate as the State Unit on Aging to effectively administer the Older Americans Act Title III core programs in partnership with the Area Agencies on Aging and other partners in the Aging Network. The New Mexico Aging Network will enable older New Mexicans to remain in their own residence and community of choice through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.

Objectives	Strategies	Performance Measures	Performance Dates	
	Culinary Art Programs with schools and higher education (Kids Cook) multigenerational course.	Expand on NM Grown pilot project by contracting with three additional senior service OAA providers in FY22. Aging Network providers will use up to 5% of their NSIP and Title III C1 and C2 funding to purchase NM Grown produce.		
<p><u>1.6 Title III C Nutrition Services: Congregate Meals</u></p> <p>Increase the unduplicated count of older adults utilizing congregate meal sites through outreach efforts and community partnerships.</p>	<p>Outreach and educational efforts regarding State-funded and OAA services will be conducted in local communities. Example: Recruit consumers by redesigning facility programming and marketing (focus on consumer choice).</p> <p>ALTSD, the AAAs and service providers will collaborate with non-profit agencies, the managed care organizations (MCOs), other local agencies, and service providers to promote OAA services.</p> <p>Collaborate with NM General Service Department, Department of Agriculture, Department of Health (DOH), Early Childhood Education and Care Department and Public Education Department to update the state price agreement or request for proposal for bulk purchasing of food and supplies for the nutrition providers across the state. This will allow for the ALTSD providers to purchase directly from approved vendors.</p> <p>ALTSD will require the AAAs to collect data from the nutrition providers on food and supply expenditures for FY 2021 and FY 2022 to compile a list of “food and supplies” for the state price agreement.</p>	<p>Analyze and report nutrition reassessment scoring of the consumers to determine the percentage of improvement in nutritional intake and reduction of food insecurity.</p> <p>Implement the GSD state price agreement with providers of service in FY 2023.</p> <p>Analyze cost savings by assessing the implementation of the GSD state price agreement with the AAAs during FY 2024 and FY 2025.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Semi-Annually Months ↓ January, July

Goal 1—Fulfill mandate as the State Unit on Aging to effectively administer the Older Americans Act Title III core programs in partnership with the Area Agencies on Aging and other partners in the Aging Network. The New Mexico Aging Network will enable older New Mexicans to remain in their own residence and community of choice through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.

Objectives	Strategies	Performance Measures	Performance Dates	
<p><u>1.7 Title III C Nutrition Services: Home-delivered Meals</u></p> <p>Optimize home-delivered meal services to meet the needs of older adults.</p>	<p>Activate a reporting system and implement the process that reduces and/or eliminates the wait lists for home-delivered meal consumers.</p> <p>Ensure that the nutrition assessments target the number of qualified unduplicated older adults utilizing home-delivered meals.</p> <p>Explore the viability of implementing “fee for service” models for nutrition programs in NM to meet the need in rural areas, which could include contractual payment arrangements with healthcare/insurance organizations to provide medically tailored meals. These payment systems can help expand services beyond existing OAA funding, thereby increasing resources for enhanced capacity and quality of operation.</p> <p>ALTSD will partner with hospitals and the ALTSD Care Transition team to develop a referral process for older adults being discharged from hospitals and requiring home-delivered meals.</p> <p>APS field workers will collaborate with AAAs and Aging Network providers to deliver meals to vulnerable older adults, as well as linking with other necessary services.</p>	<p>Reduce and/or eliminate the number of consumers on wait lists for home-delivered meals.</p> <p>ALTSD to provide training to AAAs and senior service providers on the options and benefits of “fee for service” nutrition models.</p> <p>Expand the number of new participants receiving home-delivered meals. This will contribute to an overall growth of 2% of OAA consumers.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Quarterly Reporting Months ↓ July, October, January, April <input type="checkbox"/> Annually Reporting Months ↓ July
<p><u>1.8 Title III D Evidence-based Health Promotion and Disease Prevention Programs:</u></p> <p>Promote and maintain participation in evidence-based programs.</p>	<p>Expand delivery options of evidence-based programs. Examples: Recruit volunteer liaisons to assist with health promotion. Determine how to leverage the cost of a nurse and certified dietitian using Medicaid reimbursement. Partner with MCOs to deliver health promotion and programming.</p> <p>Allow for incentives for older adults who use evidence-based programs outside of the senior center setting.</p>	<p>Contract with Title III D providers to hold virtual workshops that adhere to evidence-based standards.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually Months ↓

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Objectives	Strategies	Performance Measures	Performance Dates	
	<p>Explore the viability of vouchers for evidence-based programs.</p> <p>Expand partnership with the NMDOH to assist with the application for a Centers for Disease Control (CDC) grant that focuses on three areas including: Adverse Childhood Experiences (ACES); Traumatic Brain Injury; and Transportation Safety. If the grant is awarded, become an active participant with the implementation focusing on enhancing falls prevention programs for older adults.</p>			
<p><u>1.9 Title III E National Family Caregiver Support Program</u></p> <p>Lead a multi-strategy approach to assist families and caregivers at home and in long-term care settings by continuing and expanding supportive services.</p>	<p>Understand who is being served: ethnically, culturally geographically and economically.</p> <p>Ensure that family caregivers access the resources such as: training; support groups; respite; supplemental services; planning tools through providers, the Caregiver Resource Center, and communities of support.</p> <p>Ensure that the ALTSD and community partners have the opportunity to apply for National Care Corps grants.</p> <p>Equip family caregivers to develop communities of support by promoting the use of:</p> <ul style="list-style-type: none"> • Telephone trees; • On-line support/chat; • Church groups; and • Warm lines for telephone support. 	<p>Collect baseline data, year two and year three on the number of caregivers caring for adults over 60, grandparents raising grandchildren and caregivers caring for loved ones with dementia.</p> <p>Create and market the Caregiver Resource Center within the Aging and Disability Resource Center (ADRC).</p> <p>Inventory and support training programs for family caregivers, particularly those that are evidence-based or have been tested and demonstrated to be effective. Ensure that information, including schedules, for such programs is aggregated and made easily accessible to family</p>	<p><input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025</p> <p><input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025</p> <p><input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025</p>	<p><input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually Months ↓</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually Months ↓</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually Months ↓</p>

Goal 1—Fulfill mandate as the State Unit on Aging to effectively administer the Older Americans Act Title III core programs in partnership with the Area Agencies on Aging and other partners in the Aging Network. The New Mexico Aging Network will enable older New Mexicans to remain in their own residence and community of choice through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.

Objectives	Strategies	Performance Measures	Performance Dates	
		caregivers.		
		Develop and implement an easily searchable website, organized around family (informal) caregiver needs, which will connect caregivers to relevant online resources, training, support, and planning tools.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually Months ↓
		Create 15 sustainable communities of support each year.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
		Create a matrix of current care coordination systems to determine locations, eligibilities, cost, duplications and identification of barriers and gaps. Develop strategies to link these systems.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
<p>1.10 <u>Evidence-based Models</u></p> <p>Expand the availability of the Stanford evidence-based models to the Aging Network in New Mexico.</p>	<p>Advance the partnership between DOH and ALTSD.</p> <p>Develop a marketing plan to promote evidence-based workshops.</p> <p>Inform the ADRC staff regarding availability of evidence-based trainings.</p> <p>Develop a strategy to provide training for older adults and adults with disabilities including Tribal elders. Example: Partner with DOH to provide Chronic Disease Self Management Program</p>	<p>Provide workshops semi-annually for dissemination and promotion of the programming to NM older adults and adults with disabilities. (At the provider level incorporate in the area plan guidance.)</p> <p>Implement the marketing plan that promotes evidence-based programming.</p> <p>Provide information on evidence-based training resources to the ADRC staff.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July

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Objectives	Strategies	Performance Measures	Performance Dates	
		Implement the outreach strategy to the Tribes and Pueblos.		
<p>1.11 <u>Coordinating Title III programs with Title VI Native American Programs</u></p> <p>Improve collaboration between Area Agencies on Aging and Title VI Programs to better facilitate Title III and VI Coordination and expand services and access to New Mexico’s Native American Elders and Caregivers.</p>	Gain knowledge and understanding of the Tribal and Pueblo programs and their unmet needs, while improving relations between the ALTSD, federally-recognized AAAs, and Tribes and Pueblos.	Participate in annual Tribal Consultation meetings and share outcomes with the AAAs.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually Months ↓
	Conduct annual follow-up meetings with Tribe and Pueblo members to gain feedback and recommendations to meet the needs of the elders. Meetings will include information provided about potential OAA services available in the area with Title III funds, service gaps and needs, and action steps to be taken to improve coordination and access to services.	Facilitate meetings held with AAAs, Title VI directors and Tribal stakeholders on an annual basis. The first facilitated meeting will take place prior to the release of Area Plan Guidance in late 2021.	<input checked="" type="checkbox"/> 2021 <input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually Months ↓
	Collaborate with the AAA directors and staff to educate and improve coordination with the Tribes and Pueblos in their area.	Require AAA directors to document that agency staff have completed American Indian cultural awareness training.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually Months ↓
	All ALTSD staff and AAA staff will participate in American Indian cultural awareness training during the four-year plan period.	Develop an internal documentation system to track ALTSD staff’s successful completion of the training.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually Months ↓
	Develop an eldercare workforce targeting rural and Tribal areas in collaboration with the New Mexico Higher Education Department.	Include the requirement for cultural awareness training in the Area Plan Guidance.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually Months ↓

Goal 1—Fulfill mandate as the State Unit on Aging to effectively administer the Older Americans Act Title III core programs in partnership with the Area Agencies on Aging and other partners in the Aging Network. The New Mexico Aging Network will enable older New Mexicans to remain in their own residence and community of choice through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.

Objectives	Strategies	Performance Measures	Performance Dates	
<p>1.12 <u>Expand Title III</u></p> <p>Area Agencies on Aging will expand Title III services to the Tribes and Pueblos by contracting with Title VI Programs.</p>	<p>Area Plan Guidance will require that the AAAs notify and encourage NM's Tribes and Pueblos to apply for Title III funding.</p> <p>Assist the AAAs in providing training and technical assistance to the Tribes and Pueblos on the process of applying for Title III funding from the AAA.</p> <p>Ongoing consultation with the Tribes and Pueblos.</p>	<p>Monitor progress of the contracting functions of the AAAs.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually Months ↓
<p>1.13 <u>Business Acumen</u></p> <p>Establish the business acumen of the Aging Network partners (AAAs, providers, and community-based organizations) through financial and programmatic sustainability.</p>	<p>ALTSD will provide leadership and access to training and technical assistance to prepare the NM Aging Network partners to build a viable business acumen plan.</p>	<p>All Aging Network Division staff will participate in intensive training on business acumen.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
	<p>ALTSD and Aging Network partners will become active members of the ACL sanctioned Business Acumen Learning Collaborative.</p> <p>Conduct quarterly trainings for the AAAs and providers who are interested in increasing the Business Acumen for their organizations.</p> <p>Gauge the readiness of the NM Aging Network by educating the network on business acumen, survey the network, evaluate the results.</p> <p>Create a strategic plan for implementation of business acumen for the NM Aging Network.</p>	<p>Require AAAs and Aging Network providers to attend at least two ALTSD-sponsored trainings on the ACL Business Acumen Initiative and provide technical assistance to the AAA and Aging Network providers to strengthen the Aging Network: building their business skills; enhancing their effectiveness, efficiency, and sustainability; and leveraging funding (focusing on restraining costs, reducing waste, and improving outcomes).</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
	<p>Develop, by collaborating with medical service provider(s), a model project based on the Jesse Hill Market in Atlanta, Georgia.</p>	<p>Conduct a business acumen readiness review.</p>	<input type="checkbox"/> 2023	

Goal 1—Fulfill mandate as the State Unit on Aging to effectively administer the Older Americans Act Title III core programs in partnership with the Area Agencies on Aging and other partners in the Aging Network. The New Mexico Aging Network will enable older New Mexicans to remain in their own residence and community of choice through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.

Objectives	Strategies	Performance Measures	Performance Dates	
	Encourage and support the Aging Network in NM applying for funding from federal agencies and other entities that fund the Aging Network to enhance service delivery across the state.	Develop a business acumen strategic plan.	<input type="checkbox"/> 2024	<input type="checkbox"/> Annually Reporting Month ↓ July
<p>1.14 Integration</p> <p>Work towards the integration of health, health care and social services systems, including efforts through contractual arrangements and incorporating Aging Network services with other home and community-based services.</p>	<p>Collaborate with MCOs, AAAs, Aging Network Providers and Community Based Organizations to leverage and maximize current services and create an array of services designed to keep older adults and adults with disabilities living in the community.</p> <p>ALTSD will work with the MCOs to develop a statewide aging plan to serve adults in need.</p> <p>In collaboration with the MCOs, ALTSD will use aggregate data to identify the needs of NM older adults and adults with disabilities.</p> <p>Work with the MCOs to determine value added services for Medicaid and Medicare enrollees.</p>	<p>Add Medicaid/Medicare Provider requirements in the AAA contracts.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually Months ↓
		<p>Complete a statewide aging plan with the MCOs.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually Months ↓
		<p>Certify case managers in the Aging Network as Community Health Workers (CHWs) to increase billing potential.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually Months ↓
<p>1.15 Leverage sustainable funding</p> <p>Maximize billing Medicaid services by working with MCOs to identify and address gaps in care and develop programs to fulfill these voids in communities. Leverage other funding sources to allow the Department to expand programs and services and braid funding to implement long-term sustainable programs.</p>	<p>Require providers who deliver direct services (examples: adult day care, homemaker, and case management) to become Medicaid providers and bill Medicaid for value added services by incorporating language into the AAA contracts.</p> <p>Develop a statewide aging plan with key stakeholders such as Medicaid, AAAs, Alzheimer’s Association, AARP, and service providers to reflect the needs of the NM aging population.</p> <p>Direct the AAAs and their providers who provide case management, nutrition, homemaker, respite, and adult day care services to work with Human Services</p>	<p>Maximize billing opportunities with Medicaid services by working with MCOs.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually Months ↓

Goal 1—Fulfill mandate as the State Unit on Aging to effectively administer the Older Americans Act Title III core programs in partnership with the Area Agencies on Aging and other partners in the Aging Network. The New Mexico Aging Network will enable older New Mexicans to remain in their own residence and community of choice through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.

Objectives	Strategies	Performance Measures	Performance Dates	
<p>1.19 <u>Expand Employment Opportunities</u></p> <p>Serve older adults who are receiving unemployment benefits.</p>	<p>Contact unemployed older workers, 55 years of age and older, through outreach.</p> <p>Orient older workers to the services available through the Department of Workforce Solutions (DWS).</p> <p>Refer older workers to appropriate DWS services.</p>	<p>Use evaluation data to collaborate with DWS in developing age-friendly services and training that continually improves the program.</p>	<p><input type="checkbox"/> 2022</p> <p><input type="checkbox"/> 2023</p> <p><input type="checkbox"/> 2024</p> <p><input type="checkbox"/> 2025</p>	<p><input type="checkbox"/> Annually</p> <p>Reporting Month ↓</p> <p>July</p>

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Goal 2—Expand and innovate services provided by the ACL Discretionary Grants to better support community living.				
Objectives	Strategies	Performance Measures	Performance Dates	
<p>2.1 Senior Medicare Patrol (SMP)</p> <p>The SMP Program will expand education and outreach efforts to senior centers and other Aging Network partners to help prevent health care fraud.</p>	<p>Recruit and train additional volunteer counselors to provide Medicare, and Medicaid basics counseling peer-to-peer presentations and assist with community outreach efforts.</p> <p>Conduct outreach to educate beneficiaries about: identity protection; reporting errors on health care bills; and identifying deceptive health care practices or fraud.</p>	<p>Number of trained volunteers will increase by 5%.</p> <p>Expand the number of consumers that receive health care fraud training by 5%.</p> <p>NM SMP will participate in 100 ACL-approved customer satisfaction telephone surveys throughout the year.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
<p>2.2 Senior Health Insurance Program (SHIP):</p> <p>The SHIP Program will expand outreach efforts to increase awareness and visibility to better serve consumers in every community by expanding beneficiaries' knowledge of their Medicare benefits. The SHIP Program supports OAA programs through outreach aimed at preventing disease and promoting wellness as an additional use of these funds.</p>	<p>Improve service excellence, capacity building, operational excellence.</p> <p>Increase innovation. Examples: 1. Send email and text notifications to those who choose ADRC contact. 2. Partner with MCOs on education, information, and service availability.</p>	<p>Raise the number of individual contacts to all Medicare beneficiaries by 5% each year.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
		<p>Expand individual contacts to all Medicare beneficiary under 65 years by 5% each year.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
		<p>Augment individual Medicare beneficiary contacts in hard-to-reach areas as defined by the ACL by 5% each year.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
		<p>Raise individual enrollment contacts to all Medicare beneficiaries by 5% each year.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
		<p>Increase group Medicare beneficiary contacts by 5% each year.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
	<p>Augment screening and enrollment in LIS programs so that beneficiaries who have limited income and resources get</p>	<p>Augment overall MIPPA contacts by 5% each year.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023	<input type="checkbox"/> Annually Reporting Month ↓

Goal 2—Expand and innovate services provided by the ACL Discretionary Grants to better support community living.				
Objectives	Strategies	Performance Measures	Performance Dates	
<p>2.3 Medicare Improvements for Patients and Providers Act (MIPPA)</p> <p>The MIPPA funding will enhance statewide and local coalition building focused on outreach, education, and one-to-one assistance activities to Medicare beneficiaries likely to be eligible for the Low-Income Subsidy program (LIS) or the Medicare Savings Programs (MSP).</p>	<p>assistance with their prescription drug coverage cost, Medicare premiums and other Medicare Benefits that may be covered, such as preventable services.</p>		<input type="checkbox"/> 2024	July
			<input type="checkbox"/> 2025	
		Raise overall persons reached through outreach by 5% each year.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
		Expand contact with MIPPA target populations by 5% each year.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
		Increase contacts submitting applications by 5% each year.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
<p>2.4 Age and Dementia Friendly Efforts</p> <p>Create a dementia-friendly environment by assessing caregiver knowledge, skills, and needs to ensure that families have the resources they require to help individuals living with dementia remain at home if safely possible.</p>	<p>Create a caregiver survey to determine the status of Alzheimer’s services in NM including—caregiver needs, quality of care, and awareness of resource locations.</p>	<p>Create, distribute, and collect annual survey data to inform ALTSD and stakeholders about the status of Alzheimer’s care and services in NM (baseline).</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
<p>2.5 Age and Dementia Friendly Efforts</p>	<p>Provide resources and support for family caregivers and others caring for, or treating, individuals with Alzheimer’s disease and related dementias.</p>	<p>Add resource information monthly to the ALTSD Alzheimer’s page on the website.</p>	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Monthly

Goal 2—Expand and innovate services provided by the ACL Discretionary Grants to better support community living.				
Objectives	Strategies	Performance Measures	Performance Dates	
Raise public awareness and expand dementia resource connections regarding the stigma of dementia, the support of caregivers, and dementia advocacy across the state’s diverse cultures and locations.	Provide access to resource information on the benefits of healthy lifestyle choices in the prevention of Alzheimer’s disease.	Publicize where to locate Alzheimer’s resources using quarterly Public Service Announcements.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Quarterly Months ↓ January, April, July, October
	Publicize the Healthy Aging Training Academy website which houses the curricula for elementary and secondary schools regarding Alzheimer’s disease and related dementias. Deliver safety training and protections offered for those who live alone or care for someone with Alzheimer’s disease. Promote financial planning and execution of medical advanced directives.	Create training modules on safety and financial planning, then publish them on the ALTSD website.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
<u>2.6 Age and Dementia Friendly Efforts</u> Support and empower caregivers to create an environment in which the needs of caregivers are addressed.	Provide support services, including information on respite, care coordination, and case management services, in a time, manner, and location that meets caregiver and care-recipient needs.	Update Alzheimer’s support service information monthly on the ALTSD website.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Monthly
	Provide information regarding evidence-based caregiver training in a manner that is effective across NM cultures and locations.	Conduct quarterly evidence-based caregiver training targeting the NM Tribes, Pueblos, and Nations.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Quarterly Reporting Months ↓ January, April, July, October
	Advocate for the development of additional services to support caregivers in urban, rural, frontier and Tribal communities throughout NM.	The State Dementia Plan Leadership Team will submit advocacy recommendations annually, prior to the legislative session, to the ALTSD Office of the Secretary.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
<u>2.7 Age and Dementia Friendly Efforts</u>	Participate in the NM Alzheimer’s Disease Coalition to promote successful and collaborative medical, scientific, and social research in NM.	Inventory the number of Alzheimer’s research opportunities currently in NM.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July

Goal 2—Expand and innovate services provided by the ACL Discretionary Grants to better support community living.				
Objectives	Strategies	Performance Measures	Performance Dates	
Expand research opportunities in New Mexico. Work with laboratories, universities, and other educational research-based entities to address the need for research surrounding Alzheimer's disease and related dementias.	Participate in the planning of the annual research symposium incorporating medical, scientific, social and behavioral research findings and approaches.	Participate and promote the annual research symposium by the end of each state fiscal year.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
	Extend the study of the incidence, impact and other aspects of Alzheimer's disease and related dementias, with a focus on underrepresented populations in rural, Tribal and frontier communities.	Produce an annual summary of the impact of Alzheimer's disease and related dementias in NM.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
	Provide ongoing support to seek private and public funding, including research opportunities, for Alzheimer's disease and related dementias.	Post the summary on the ALTSD website and distribute it through the monthly Office of Alzheimer's and Dementia Care (OADC) newsletter.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
		Identify three new sources of funding for Alzheimer's disease and related dementias annually.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
<u>2.8 Age and Dementia Friendly Efforts</u> Support education and training for a dementia-competent workforce and other stakeholders invested in the Alzheimer's and dementia fields.	Support the University of New Mexico Memory and Aging Center and the New Mexico Alzheimer's Coalition to foster their widespread professional knowledge and resources. Expand education and training throughout the state of NM by collaborating with partners in the community.	Meet with UNM Memory and Aging Center quarterly to create and implement an action plan for expanding education and training to create a dementia-competent workforce in NM, providing continuous education to health care professionals and other stakeholders.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Quarterly Reporting Month ↓ January, April, July, October
<u>2.9 Age and Dementia Friendly Efforts</u> Promote quality in all aspects of Alzheimer's disease care, education, public awareness, and research.	Encourage agencies to adopt the Alzheimer's Association dementia care and training practices including the development and implementation of strategies that benefit communities. Partner with the Alzheimer's Association to implement Alzheimer's training in all long-term care (LTC) facilities.	Create training modules that showcase the best practice dementia care training from the Alzheimer's Association and record them for <i>ad hoc</i> presentations on the ALTSD website.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July

Goal 3—Establish and expand inventive programs that support consumer control and choice.				
Objectives	Strategies	Performance Measures	Performance Dates	
3.1 <u>Veteran Directed Care Program</u> Expand the number of Veterans served through the Veterans Directed Care Program.	Move from “pilot” status to Program status. Roll out of “pilot” status to Program by August 2021. Establish a team with all key players in the VDC space to keep momentum going and progress of goals being met. Partner with State and Federal Veteran’s Services programming to promote the VDC program and survey consumer satisfaction and quality of care.	Expand the number of veterans served by 250% or 25 new veterans onto the program each year of the plan.	<input type="checkbox"/> 2021 <input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
		Evaluated on an annual basis, based on progress and timely reimbursements. Successful implementation will allow the program to expand to 50 veterans per year.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
3.2 <u>Voucher Program</u> Explore the viability of implementing voucher programs for services funded by the Older Americans Act.	Establish a workgroup to study voucher programs. Write and present a report with the findings and recommendations.	Implement the recommendations in the report.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July

Goal 4— Prevent and improve response to abuse, neglect, and exploitation while preserving the rights and autonomy of older New Mexicans				
Objectives	Strategies	Performance Measures	Performance Dates	
4.1 <u>Adult Protective Services (APS)</u> Enhance the quality of trainings available on abuse, neglect, and exploitation.	Enhance training, education, and outreach to include diverse populations in institutional and community-based settings.	Provide training on underserved populations to APS staff at least once per year.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Annually Reporting Month ↓ July
4.2 <u>Adult Protective Services</u> Reduce the percentage of repeat investigations.	Provide adequate resources and supports to alleviate the need for future interventions, including the Aging Network, food pantries, adult day care, and in-home supports to qualified clients.	Decrease the recidivism rate by 5% annually. Provide and track continued case management / community support services upon the closure of APS cases.	<input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025	<input type="checkbox"/> Semi-Annually Reporting Months ↓ January, July

<p><u>4.3 Adult Protective Services</u></p> <p>Determine the recidivism rates and service referrals received by APS.</p>	<p>Enhance training, education, outreach and statewide collaboration to increase service referrals.</p>	<p>Determine the recidivism rate for the number of APS investigations.</p> <p>Track the number of service referrals received by APS.</p>	<p><input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025</p>	<p><input type="checkbox"/> Annually Reporting Month ↓</p>
<p><u>4.4 Long-Term Care Ombudsman Program</u></p> <p>Expand the volunteer program through a focused tiered level of community advocate, resident advocate, and specialized teams (first responder and defense discharge).</p>	<p>Revise training systems to connect skills/background with availability of time. Each section will have a dedicated training module that helps the volunteer meet their time and advocacy needs.</p>	<p>Expand the raw total of volunteers, placing them into specialized groups for focused advocacy. Monitor performance using levels of complaints established for residents at facilities and community partnerships. (10% increase to the volunteer base: 2.5% per year of the state plan).</p>	<p><input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025</p>	<p><input type="checkbox"/> Annually Reporting Month ↓ July</p>
<p><u>4.5 Long-Term Care Ombudsman Program</u></p> <p>Expand the number of regional coordinated (RC) programs for the 8 regions of New Mexico.</p>	<p>Develop focused recruitment from existing state and local investigative agencies. Explore potential workforce pipeline options including a tiered approach, first responders and MCO navigators.</p>	<p>Raise the number of RC investigative specialists by filling vacant positions.</p>	<p><input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025</p>	<p><input type="checkbox"/> Annually Reporting Month ↓ July</p>