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FY21 QUARTER #1 PERFORMANCE REPORT

Aging and Long-Term Services Department



Aging and Long-Term Services Department

Agency Mission:

The Mission of the Aging and Long Term Services Department (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.

Agency Goals/Objectives:

The Aging and Long-Term Services Department's three primary goals and objectives for FY21 are:

Goal 1: Protect the population we serve.

Strategic Objective 1.1: Expand safe, high-quality options, and encourage innovation

Strategic Objective 1.2: Improve access for constituents by expanding choices of care and service options

Goal 2: Build and maintain a sustainable service delivery system.

Strategic Objective 2.1: Develop a high-quality array of service delivery alternatives

Strategic Objective 2.2: Propose or revise guidance, consistent with law and supported by sound policy, to increase the usability and sustainability of the service delivery system

Goal 3: Strengthen Program Infrastructure.

Strategic Objective 3.1: Strengthen and expand the Department's program infrastructure to meet the diverse constituent needs

Strategic Objective 3.2: Promote equal and nondiscriminatory participation through outreach, education, access, and capacity building

Key Strategic Plan Initiatives:

Protecting the population, we serve.

- The Long-Term Care Ombudsman Program (LTCOP) will continue to advocate for residents in facilities and address isolation and ensure safe visitation alternatives are in place.
- The Adult Protective Services Division (APS) will develop and implement its communication plan, conduct quarterly webinars for community partners, doing outreach on social media and will be partnering with the aging network and senior centers to ensure ongoing information sharing and encourage reporting by the public.
- The Aging Network Division (AND) will continue to work with AAA's to work with providers on implementing innovative solutions during the pandemic to provide services and meals to seniors.

Build and maintain a sustainable service delivery system.

- The Long-Term Care Ombudsman program will continue to expand its recruitment and partnership efforts and will continue to utilize the new volunteer portal to train prospective volunteers.
- The Consumer and Elder Rights Division (CERD) will continue to expand upon partnerships and will continue to increase the utilization of virtual and telephonic enhancements for its services so that each customer's concern is adequately addressed.

- APS will continue to work with AND to identify and build the capacity of adult services in rural areas.
- AND will initiate the identification of diverse populations who may have not previously sought services through ALTSD and begin partnerships with these organizations.

Strengthen Program Infrastructure.

- ALTSD will improve data collection and reporting in existing, disparate applications, while preparing to migrate to a modern, robust platform with the capability of sharing pertinent data across the different divisions with ALTSD.
- ALTSD will implement smartphone-based application – ALTSD ON-Demand, which will provide access to services via a smart phone device.
- AND will implement WellSky Service Scan, an application designed to capture service units easily utilizing a smart device to scan a barcode. Also, eFile Cabinet – a centralized database repository to collect and maintain contracts between ALTSD, the AAA’s and the volunteer services contract providers, sanctioned under the CNCN Ameri Corps/Senior Corps program, streamlining the auditing process by ensuring accuracy and efficiency.
- Consumer and Elder Rights Division will improve data collection and reporting in the short-term by enabling data sharing across application platforms within ALTSD.
- APS will mobilize staff to ensure better remote connectivity to Harmony and access to resources to conduct more efficient and effective investigations. Also, application improvements to ensure better handling of investigations regarding adult abuse, neglect, and exploitation.
- State Long-Term Care Ombudsman will capitalize on use of smart devices (tablets) that ALTSD deployed to long-term care facilities within New Mexico.
- ALTSD ITD is migrating toward a cloud-based IT infrastructure, to provide improved access to remote employees, while also ensuring IT security protocols and practices are in line with industry standards and best practices.

AGENCY PROGRAMS

| | |
|------------------------------------------------------------------------------------|-------------|
| CONSUMER AND ELDER RIGHTS DIVISION AND THE LONG-TERM CARE OMBUDSMAN PROGRAM | P592 |
| ADULT PROTECTIVE SERVICES | P593 |
| AGING NETWORK | P594 |

Consumer and Elder Rights Division and the Long -Term Care Ombudsman Program

Program Description, Purpose and Objectives: The Consumer & Elder Rights Division assists older adults, adults with disabilities, and their caregivers through a telephonic, web-based, and community-based point of entry system. CERD helps people understand their options, access information, maximize personal choice, navigate systems to improve their quality of life.

CERD consists of the following areas:

- Aging & Disability Resource Center (ADRC) with Live Web Chat availability
- State Health Insurance Program (SHIP)
- Senior Medicare Patrol (SMP)
- Care Transitions Bureau (CTB)
- Prescription Drug Assistance Program
- NM Veteran Directed Care Program

The Long-Term Care Ombudsman Program is federally, and state mandated to provide independent oversight and advocacy services to residents in New Mexico’s long-term care facilities. The program advocates for the recognition, respect, and enforcement of the civil and human rights of residents of long-term care facilities in New Mexico. Highly skilled staff and many volunteers throughout the state regularly visit nursing homes and other long-term care facilities to ensure that residents are properly treated.

Program Budget (in thousands):

| FY20 | General Fund | Other State Funds | Federal Funds | Other Transfers | TOTAL | FTE |
|--------------|----------------|-------------------|----------------|-----------------|----------------|-----|
| 200 | 1,621.0 | - | 995.0 | 1,200.0 | 3,816.0 | 50 |
| 300 | 24.8 | - | 591.1 | - | 615.9 | |
| 400 | 195.1 | - | 522.7 | - | 717.8 | |
| TOTAL | 1,841.5 | - | 2,108.8 | 1,200.0 | 5,150.3 | |

| FY21 | General Fund | Other State Funds | Federal Funds | Other Transfers | TOTAL | FTE |
|--------------|----------------|-------------------|----------------|-----------------|----------------|-----|
| 200 | 1,467.9 | - | 987.6 | 1,300.0 | 3,755.5 | 48 |
| 300 | 99.8 | - | 441.1 | - | 540.9 | |
| 400 | 114.2 | - | 530.1 | - | 644.3 | |
| TOTAL | 1,681.9 | - | 1,958.8 | 1,300.0 | 4,940.7 | |

Program Performance Measures Annual:

1. Percent of calls to the Aging and Disability Resource Center that are answered by a live operator.
2. Percent of residents who remained in the community six months following a nursing home care transition.
3. Percent of individuals provided short-term assistance that accessed services within 30 days of a referral from options counseling.
4. Percentage of facilities visited monthly.
5. Percent of ombudsman complaints resolved within sixty days.

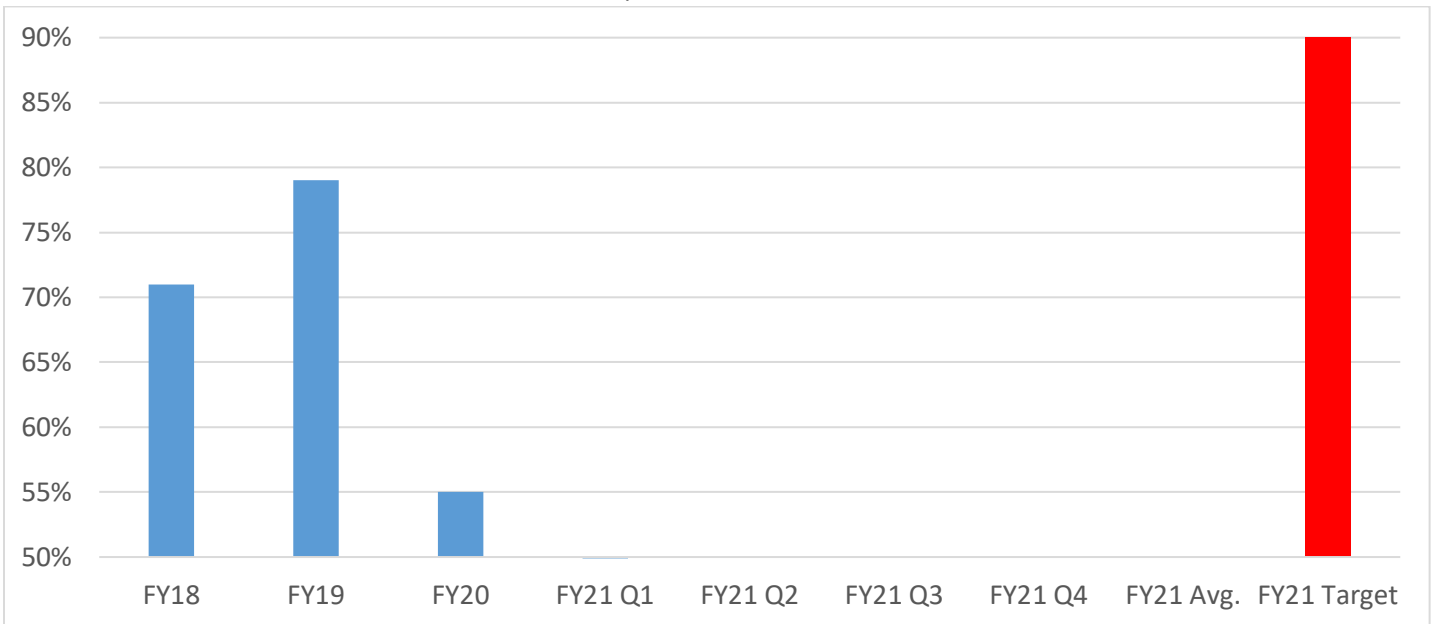
PERFORMANCE MEASURE #1

Percent of calls to the Aging and Disability Resource Center that are answered by a live operator.

Results

| FY18 | FY19 | FY20 | FY21 Q1 | FY21 Q2 | FY21 Q3 | FY21 Q4 | FY21 Avg. | FY21 Target |
|------|------|------|---------|---------|---------|---------|-----------|-------------|
| 71% | 79% | 55% | 0% | | | | | 90% |

Graph of Data Above



MEASURE DESCRIPTION: The measure indicates the complexity of calls received by the Aging and Disability Resource Center. It also reflects the extent to which social service program changes are affecting the quality of life of beneficiaries.

DATA SOURCE/METHODOLOGY: The ADRC utilizes the Cisco call system database and Social Assistance Management System (SAMS) database. The ADRC model required by the Federal government's Administration for Community Living (ACL) is an entry where consumers obtain information, assistance, and referrals. The percent of calls answered by a live operator provides an indication of the demand for services and its relationship to customer service and ADRC staff resources.

STORY BEHIND THE DATA: During the first quarter of FY21, the ADRC received 10,022 calls (average of 157 per day). Of the 10,022 calls received, all left a voice message, and their calls were returned. Although the ADRC did not meet its goal of answering calls by a live operator we have been working through the COVID 19 pandemic, which has resulted in most personnel working remotely, taking calls via voicemail, and doing callbacks.

IMPROVEMENT ACTION PLAN: As of October 15, 2020, ADRC has begun answering calls by a live operator. The 2nd quarter measures will reflect this data.

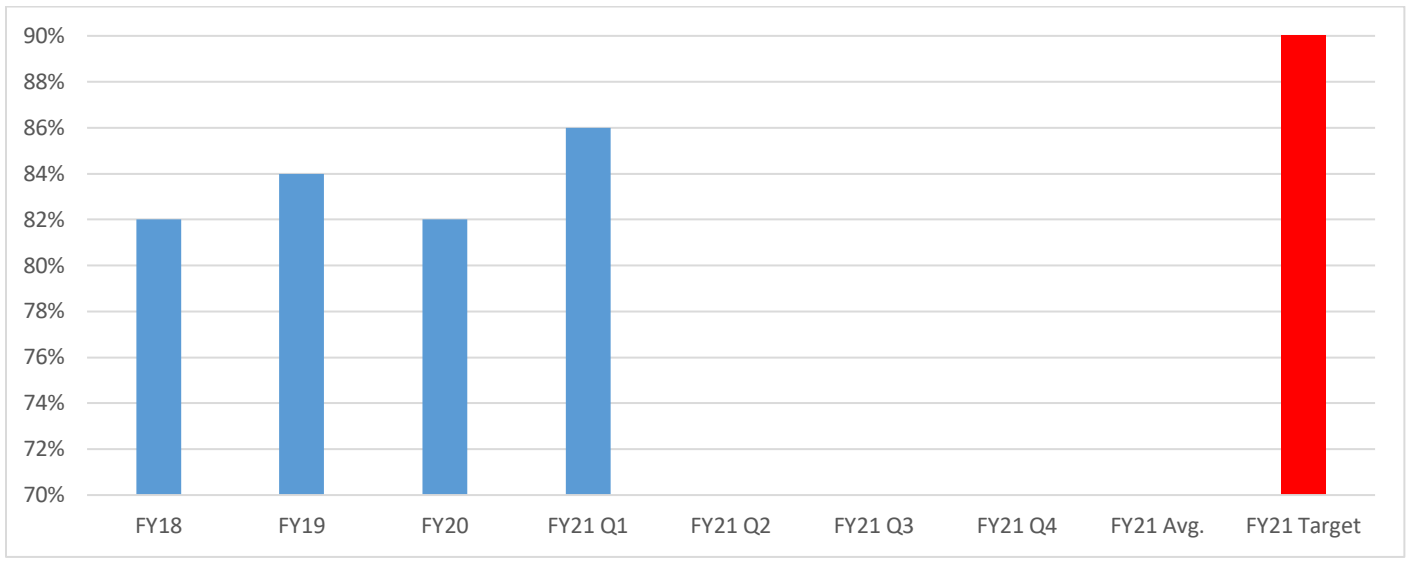
PERFORMANCE MEASURE #2

Percent of residents who remained in the community six-months following a nursing home care transition.

Results

| FY18 | FY19 | FY20 | FY21 Q1 | FY21 Q2 | FY21 Q3 | FY21 Q4 | FY21 Avg. | FY21 Target |
|------|------|------|---------|---------|---------|---------|-----------|-------------|
| 82% | 84% | 82% | 86% | | | | | 90% |

Graph of Data Above



MEASURE DESCRIPTION: The percent of residents who left a nursing facility and have remained in the community six months after the transition.

DATA SOURCE/METHODOLOGY: Data will be gathered through Wellsky, SAMS, and individual CTS case managers. This data is developed from the aggregate amount of people served and the wellbeing check provided after their reentry or transfer.

STORY BEHIND THE DATA: During the 1st quarter of FY21, 86% of residents left a nursing facility and have remained in the community six months after the transition. This is due to the COVID-19 public health crisis, which significantly continues to change the way that CTB operates. The pandemic and public health orders continue to keep businesses and many senior center programs shut down, across the state. Due to this, CTB has seen an increase in the vulnerability of our clients. CTB continues to be unable to enter any of the facilities and conduct in person meetings with residents, which has directly caused an increase of consumers wanting to return to the community and live in a less restrictive setting, in order be with family and friends; overcoming the current visitation restrictions set by the CDC.

IMPROVEMENT ACTION PLAN: CTS continues to provide on-going education and training to nursing homes, social workers, managed care organizations (MCO) and other state agencies, to obtain more referrals and reach more consumers wanting to live in a less restrictive setting. This is done with the clear mandate that all necessary services must be in place to assist the consumer to live a better quality of life within their own community.

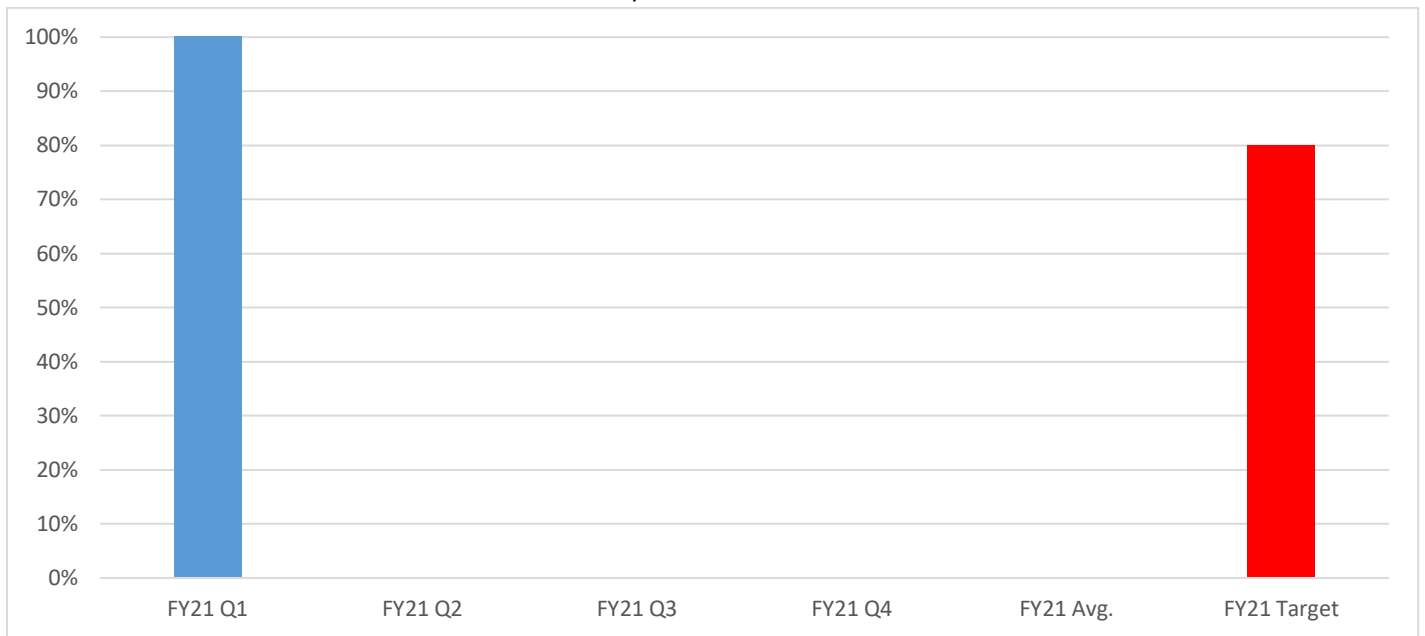
PERFORMANCE MEASURE #3

Percent of Individuals provided short-term assistance that accessed service within 30 days of a referral from options counseling.

Results

| FY18 | FY19 | FY20 | FY21 Q1 | FY21 Q2 | FY21 Q3 | FY21 Q4 | FY21 Avg. | FY21 Target |
|------|------|------|---------|---------|---------|---------|-----------|-------------|
| N/A | N/A | N/A | 100% | | | | | 80% |

Graph of Data Above



MEASURE DESCRIPTION: This measure identifies how many individuals were reached through the referral process.

DATA SOURCE/METHODOLOGY: Data will be gathered through Wellsky, SharePoint, and Short-Term Assistance Program. CTS will match this information to monthly staffing sheets.

STORY BEHIND THE DATA: During the 1st quarter of FY21, CTS provided short-term assistance that accessed service within 30 days of a referral from options counseling to 100% of individuals. This was due CTS tracking these numbers through the Short-Term Assistance Program and ensuring consumer needs did not fall through the cracks. This aggressive approach has resulted in more focused case management and success for consumers to access the program.

IMPROVEMENT ACTION PLAN: CTS will continue to provide outreach and education under qualified programs for NM residents. CTS will also continue data gathering while refining the Short-Term Assistance Program done by Option Councilors who gather information in ADRC.

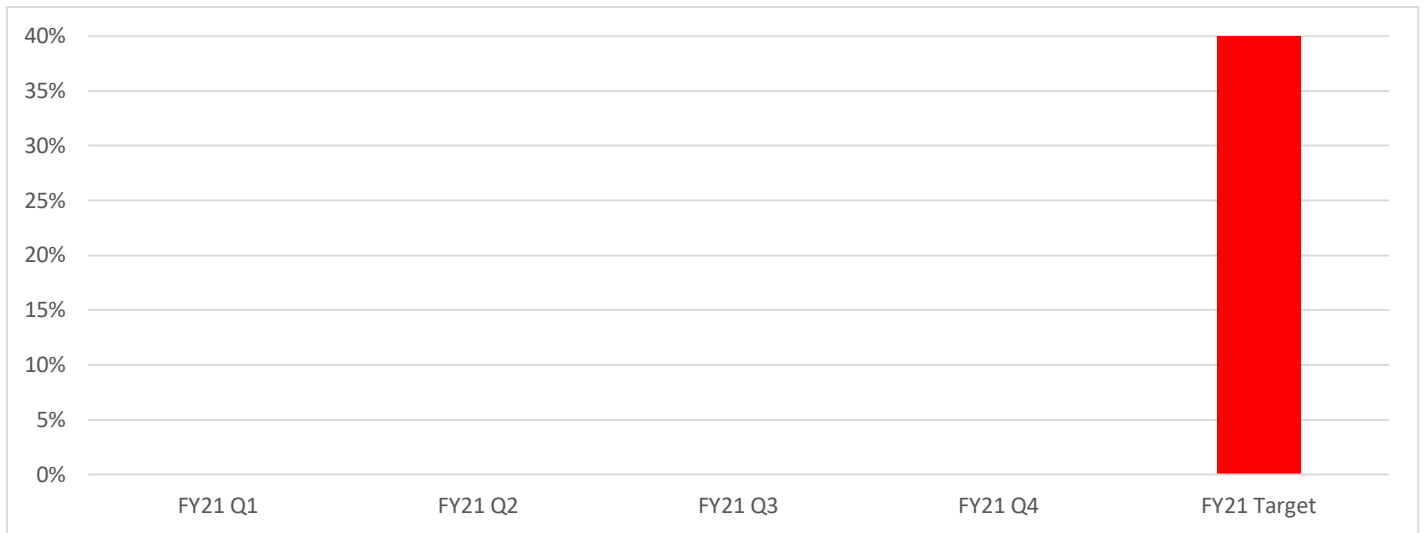
PERFORMANCE MEASURE #4

Percent of Facilities Visited Monthly

Results

| FY18 | FY19 | FY20 | FY21 Q1 | FY21 Q2 | FY21 Q3 | FY21 Q4 | FY21 Avg. | FY21 Target |
|------|------|------|---------|---------|---------|---------|-----------|-------------|
| N/A | N/A | N/A | 0 | | | | | 40% |

Graph of Data Above



MEASURE DESCRIPTION: This measure identifies how often the Ombudsman completes in-person visits to nursing and assisted living facilities, on a monthly basis.

DATA SOURCE/METHODOLOGY: The OmbudsManager database is a comprehensive nursing home complaint and case management system that allows users to manage facility data, complaints, complainants, activities, residents, investigations, and resolutions. OmbudsManager fully automates National Ombudsman Reporting Systems (NORS) reporting. All complaint automated reports and statistics are aggregated automatically into the format required by the Federal Administration on Aging. OmbudsManager is the industry standard for nursing home complaint management and is used by 34 State Long-Term Care Ombudsman offices throughout the country.

STORY BEHIND THE DATA: During the 1st quarter of FY 21, in person visits have been transferred to both window visits and digital visits to ensure the safety of residents, facility staff and the Ombudsmen. These numbers are now recorded by the daily report numbers submitted from the Ombudsman Regional Coordinators. During COVID-19, the Ombudsman Program has completed over 450 window visits and thousands of digital visits.

IMPROVEMENT ACTION PLAN: The Secretary of ALTSD and Department of Health, have provided clearance for the Ombudsman Program to resume in person visits on a case by case basis. These visits will be recorded alongside the window and digital visits.

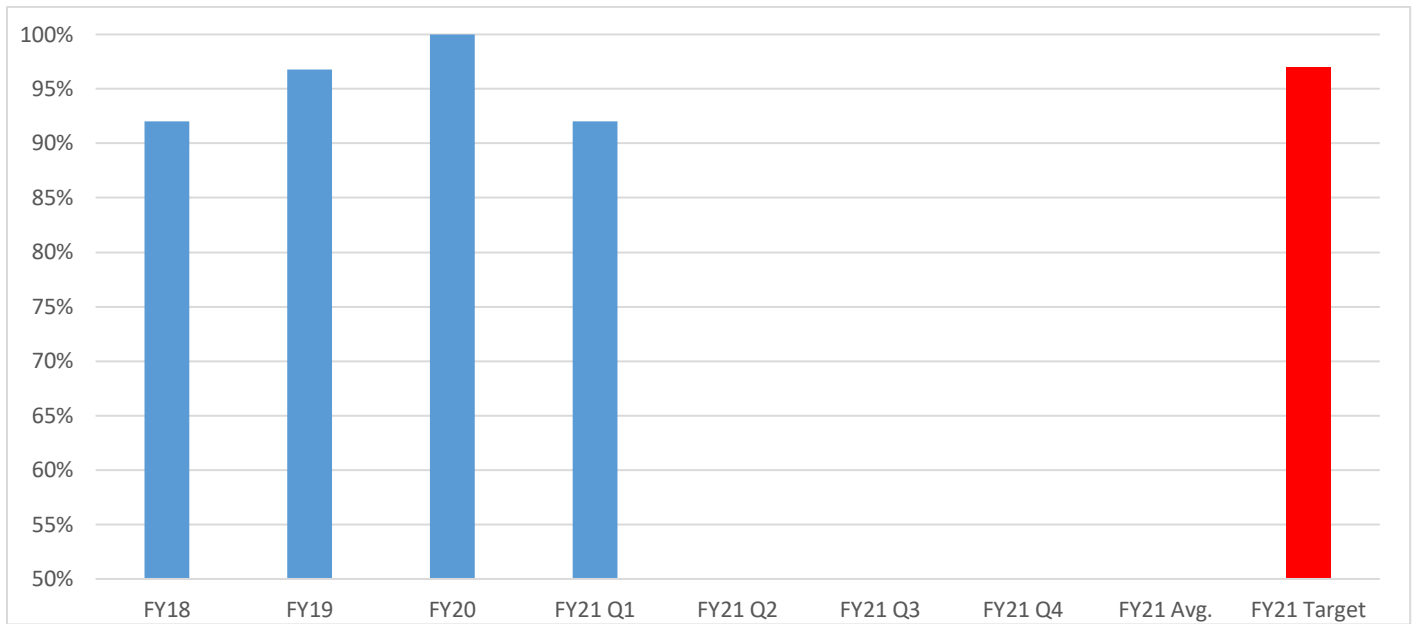
PERFORMANCE MEASURE #5

Percent of Ombudsman complaints resolved within sixty days.

Results

| FY18 | FY19 | FY20 | FY21 Q1 | FY21 Q2 | FY21 Q3 | FY21 Q4 | FY21 Avg. | FY21 Target |
|------|-------|------|---------|---------|---------|---------|-----------|-------------|
| 92% | 96.8% | 100% | 92% | | | | | 97% |

Graph of Data Above



MEASURE DESCRIPTION: The percent of complaints that the Ombudsmen resolved in 60 days or less.

DATA SOURCE/METHODOLOGY: A complaint is a concern relating to the health, safety, welfare, or rights of one or more residents in nursing or assisted living facilities, which requires investigation and action. The number of complaints, the investigation findings and disposition of each complaint, and the dates when the complaints are opened and closed are tracked in Ombudsmanager, a database platform provided by WellSky. This information is exported to an excel spreadsheet to calculate the number of days it took to resolve each complaint, and the percentage of complaints that were resolved in 60 days or less.

STORY BEHIND THE DATA: During the 1st quarter of FY21, the Office of the Ombudsmen resolved 92% of its complaints within 60 days or less, which is lower than our desired target of 97%. This was due to the pandemic. The referral process of family members or ombudsmen quickly identifying issues within the facilities in-person, have declined. Resources that would typically be employed and recorded for everyday issues, have become more focused on identifying complaints of severe abuse and neglect cases.

Since the onset of the pandemic, the OMB operations have had to make changes to meet the needs of those we serve. With that said, during the 1st quarter of FY21, OMB operations shifted to a completely digital format, apart from window visits. A daily reporting system will now be used for tracking the specificity of the complaints and their resolution throughout the week. We will now have a daily referral count and updates in our 8 regions.

IMPROVEMENT ACTION PLAN:

Moving forward our data will now be able to effectively capture and monitor our progress for identification of issues we typically would find from in-person visits.

Adult Protective Services

Program Description, Purpose and Objectives:

To investigate reports of abuse, neglect, or exploitation of adults who do not have the capacity to protect themselves and to provide short-term services to prevent continued abuse, neglect, or exploitation.

APS is mandated by state law to provide a system of protective services and to ensure availability of those services to abused, neglected or exploited adults 18 years of age or older, who do not have the ability to self-care or self-protect. APS responds to situations in which functionally incapacitated adults are being harmed, are in danger of mistreatment, are unable to protect themselves, and have no one else to assist them. There are five APS regions serving all 33 counties of New Mexico.

Program Budget (in thousands):

| FY20 | General Fund | Other State Funds | Federal Funds | Other Transfers | TOTAL | FTE |
|-------|--------------|-------------------|---------------|-----------------|----------|-----|
| 200 | 8,907.6 | - | - | - | 8,907.6 | 130 |
| 300 | 1,285.3 | - | - | 2,164.4 | 3,449.7 | |
| 400 | 1,460.4 | - | - | 11.9 | 1,472.3 | |
| TOTAL | 11,653.3 | - | - | 2,176.3 | 13,829.6 | |

| FY21 | General Fund | Other State Funds | Federal Funds | Other Transfers | TOTAL | FTE |
|-------|--------------|-------------------|---------------|-----------------|----------|-----|
| 200 | 9,793.8 | - | - | 0 | 9,793.8 | 127 |
| 300 | 1,399.1 | - | - | 2,164.4 | 3,563.5 | |
| 400 | 184.4 | - | - | 11.9 | 196.3 | |
| TOTAL | 11,377.3 | - | - | 2,176.3 | 13,553.6 | |

Program Performance Measures:

1. Number of Adult Protective Services investigations of abuse, neglect, or exploitation.
2. Percent of emergency or priority one investigations in which a caseworker makes initial face-to-face contact with the alleged victim within prescribed timeframes.
3. Percentage of repeat abuse, neglect, or exploitation cases within six months of a substantiation of an investigation.
4. Number of outreach presentations conducted in the community within adult protective services’ jurisdiction.
5. Percentage of contractor referrals in which services were implemented within two weeks of the initial referral.
6. Number of referrals made to and enrollments in home care and adult day care services as a result of an investigation of abuse, neglect, or exploitation.
7. Percentage of priority two investigations in which a caseworker makes initial face to face contact with the alleged victim within prescribed time frames.

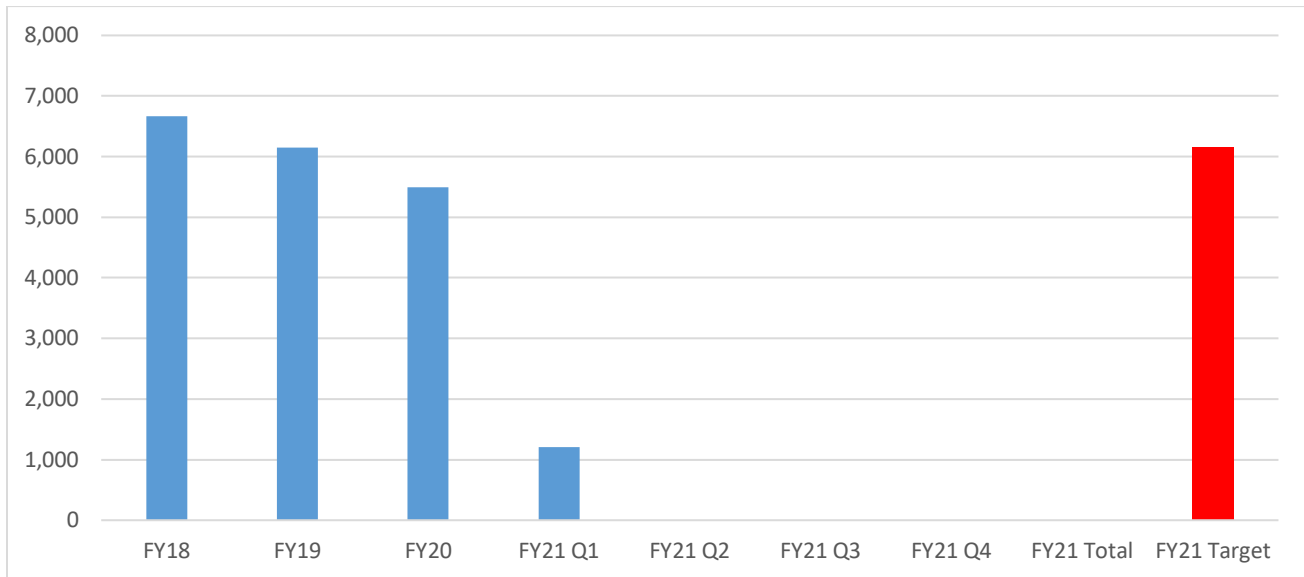
PERFORMANCE MEASURE #1

Number of Adult Protective Services investigations of abuse, neglect, or exploitation

Results

| FY18 | FY19 | FY20 | FY21 Q1 | FY21 Q2 | FY21 Q3 | FY21 Q4 | FY21 Total | FY21 Target |
|-------|-------|-------|---------|---------|---------|---------|------------|-------------|
| 6,233 | 6,671 | 5,494 | 1,204 | | | | | 6,150 |

Graph of Data Above



MEASURE DESCRIPTION: This measure is the number of investigations of abuse, neglect or exploitation initiated by Adult Protective Services in a given time period.

DATA SOURCE/METHODOLOGY: Adult Protective Services uses the WellSky Human Services system to maintain a data base of investigation information. To provide data for this performance measure APS uses a report within the WellSky Human Services system to extract the data.

STORY BEHIND THE DATA: During the first quarter of FY21, the number of investigations of abuse, neglect or exploitation initiated by Adult Protective Services was 1,204. This is a significant increase from FY20 Q4 (984 investigations) where APS saw a decline in referrals resulting in less investigations. FY21 Q1 saw a drop in COVID-19 cases, as well as loosening of restrictions in communities, likely resulting in more visits to doctor’s offices, banks and other community resources that are largely the source of referrals to APS. Additionally, APS developed policies and procedures for safely conducting in person investigations when necessary.

IMPROVEMENT ACTION PLAN: APS will continue to actively and safety investigate all referrals to ensure the safety of any potential victims of abuse.

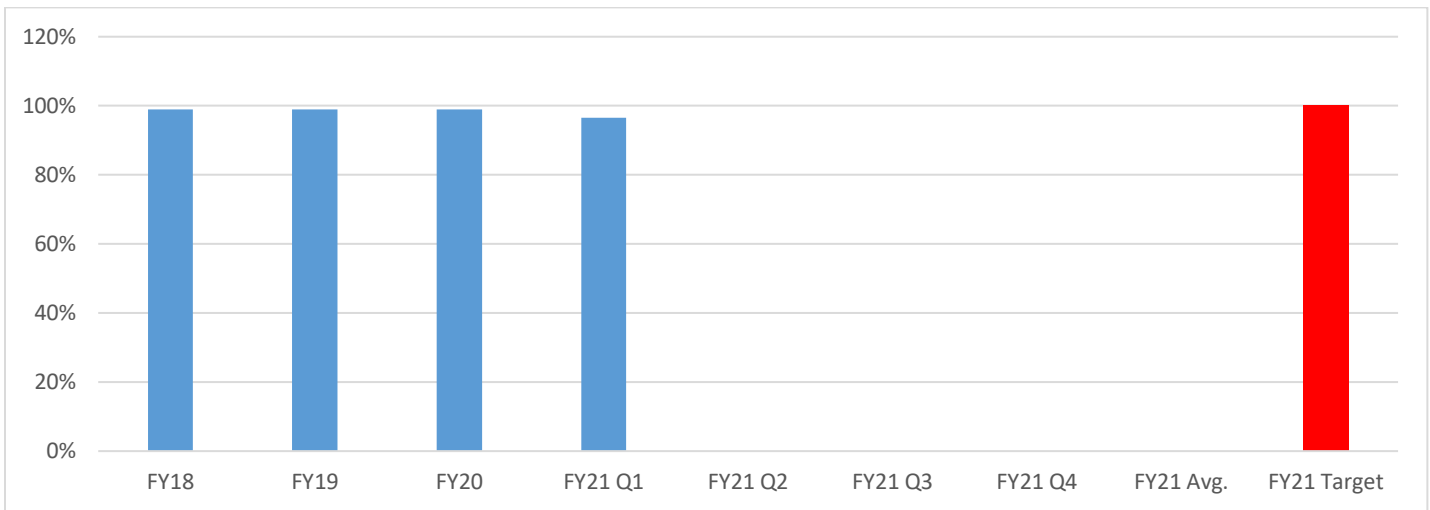
PERFORMANCE MEASURE #2

Percent of emergency or priority one investigations in which a caseworker makes initial face-to-face contact with the alleged victim within prescribed timeframes.

Results

| FY18 | FY19 | FY20 | FY21 Q1 | FY21 Q2 | FY21 Q3 | FY21 Q4 | FY21 Avg. | FY21 Target |
|------|------|------|---------|---------|---------|---------|-----------|-------------|
| 99% | 99% | 99% | 96.56% | | | | | >99% |

Graph of Data Above



MEASURE DESCRIPTION: Reports to APS are assessed to determine priority. Cases assigned to emergency priority are when an alleged victim in a situation of serious harm or danger of death from abuse or neglect. Cases assigned to Emergency priority require that an APS caseworker make face-to-face contact with the alleged victim within three hours of assignment of the case. Cases assigned a Priority One status require an APS caseworker to make face-to-face contact within 24 hours of the assignment of the case. This measure reports how successful APS is in meeting these requirements.

DATA SOURCE/METHODOLOGY: Adult Protective Services uses the WellSky Human Services system to maintain a data base of investigation information. To provide data for this performance measure APS uses a report within the WellSky Human Services system to extract the data. The calculation used in this measure in each quarter is based off of an average of the emergency investigations and priority one investigations.

STORY BEHIND THE DATA: During the 1st quarter of FY21, APS was at 96.56%, which is still on track to meet the desired outcomes for the year. The investigative case workers are still going out on all calls in a timely manner and ensuring the use of PPE when entering homes, to safeguard the client’s and their own safety. Priority one referrals require a visit within 24-hours and caseworkers are equipped with appropriate PPE, cleaning supplies, and screening methodology when making face to face contact. Additionally, the investigative case workers are required to submit monthly to COVID-19 testing to ensure client safety.

IMPROVEMENT ACTION PLAN: APS will continue to ensure all reporting systems are functional so case workers can conduct these investigations within the prescribed timeframes.

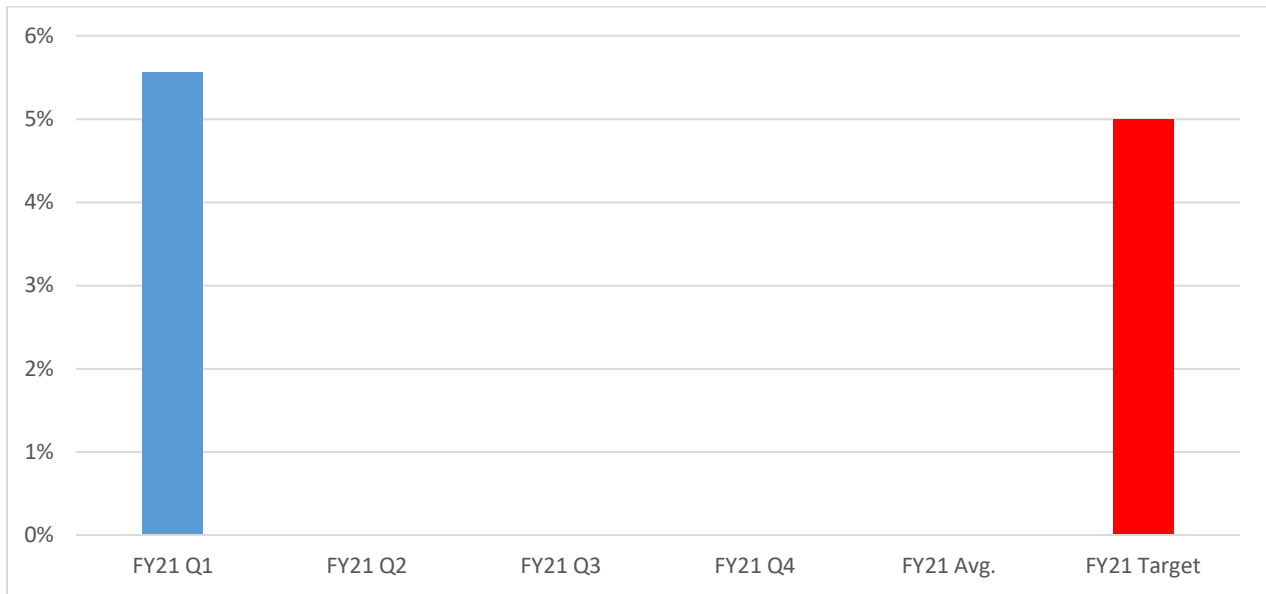
PERFORMANCE MEASURE #3

Percentage of repeat abuse, neglect, or exploitation cases within six months of a substantiation of an investigation.

Results

| FY18 | FY19 | FY20 | FY21 Q1 | FY21 Q2 | FY21 Q3 | FY21 Q4 | FY21 Avg. | FY21 Target |
|------|------|------|---------|---------|---------|---------|-----------|-------------|
| N/A | N/A | N/A | 5.56% | | | | | 5% |

Graph of Data Above



MEASURE DESCRIPTION: The percentage of those repeat cases of abuse, neglect, or exploitation that occur within six months of a substantiation of an investigation.

DATA SOURCE/METHODOLOGY: Adult Protective Services uses the WellSky Human Services system to maintain a data base of investigation information. To provide data for this performance measure APS uses a report within the WellSky Human Services system to extract the data.

STORY BEHIND THE DATA: During the first quarter of FY21, the percentage of repeat cases of abuse, neglect, or exploitation, that occurred within six months of a substantiation of an investigation was at 5.56%, which is slightly higher than our target goal of 5%. The slight increase in recidivism, could be attributed to concern for older adults who are particularly vulnerable to the COVID-19 virus.

IMPROVEMENT ACTION PLAN: APS will continue to address the issues of abuse, neglect, or exploitation and do its due diligence in preventing repeat cases through public outreach as well as research behind the cases to validate whether the increase was in fact to due to pandemic related concerns.

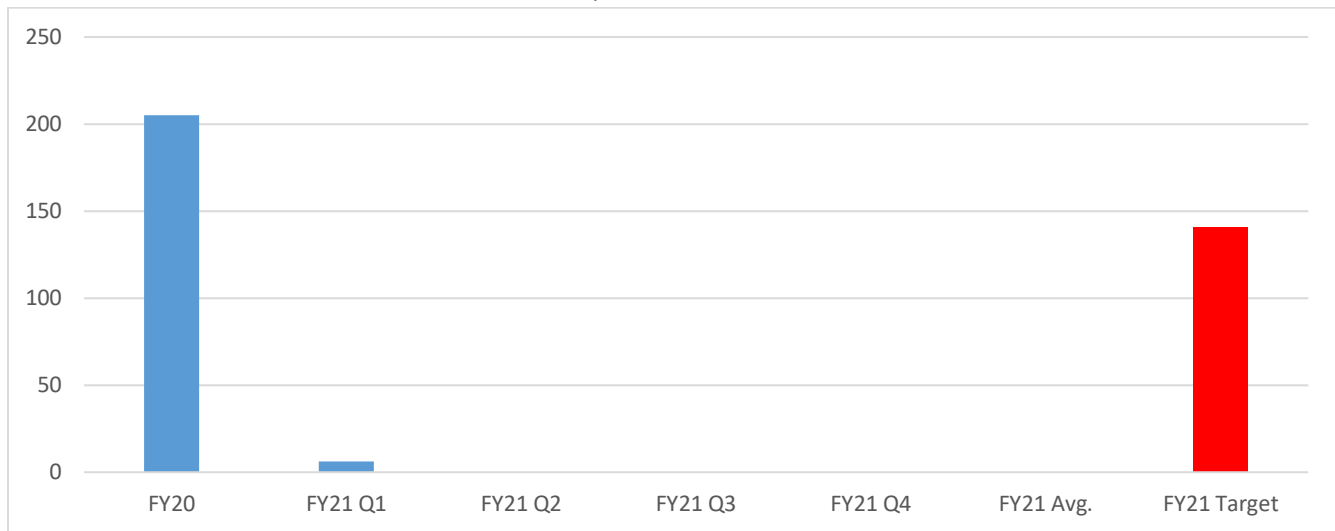
PERFORMANCE MEASURE #4

Number of Outreach Presentations conducted in the community within Adult Protective Services' jurisdiction.

Results

| FY18 | FY19 | FY20 | FY21 Q1 | FY21 Q2 | FY21 Q3 | FY21 Q4 | FY21 Avg. | FY21 Target |
|------|------|------|---------|---------|---------|---------|-----------|-------------|
| N/A | N/A | 205 | 6 | | | | | 141 |

Graph of Data Above



MEASURE DESCRIPTION: The amount of outreach presentations conducted by APS staff within communities that align under within APS jurisdiction.

DATA SOURCE/METHODOLOGY: Adult Protective Services uses the WellSky Human Services system to maintain a data base of information. To provide data for this performance measure APS uses a report within the WellSky Human Services system to extract the data. Staff reports are also utilized as a means to identify community outreach presentations.

STORY BEHIND THE DATA: During the 1st quarter of FY21, APS conducted 6 outreach presentations. Prior to the onset of the pandemic, APS conducted regional outreach presentations mainly at senior centers and banks. COVID-19 has changed the way APS thinks about outreach and requires adaptation of these presentations to virtual means and methods.

IMPROVEMENT ACTION PLAN: In September, APS began a social media campaign through Facebook and Twitter, providing information regularly to the public on the services APS provides, how to recognize abuse, neglect, and exploitation, and how to report. There was a change in structure in the outreach delivery processes within APS at the beginning of the quarter. However, APS will be reverting to a regionally based outreach approach. APS will also be presenting regularly on Area Agencies on Aging calls (held weekly throughout the pandemic), as well as other webinars to law enforcement agencies, district attorney's offices, hospitals, and the State Bar. Additionally, APS has a dedicated attorney, who is now working with staff on improving presentations. APS will continue to explore other avenues to provide outreach to elders in need of services and to ensure knowledge of services available.

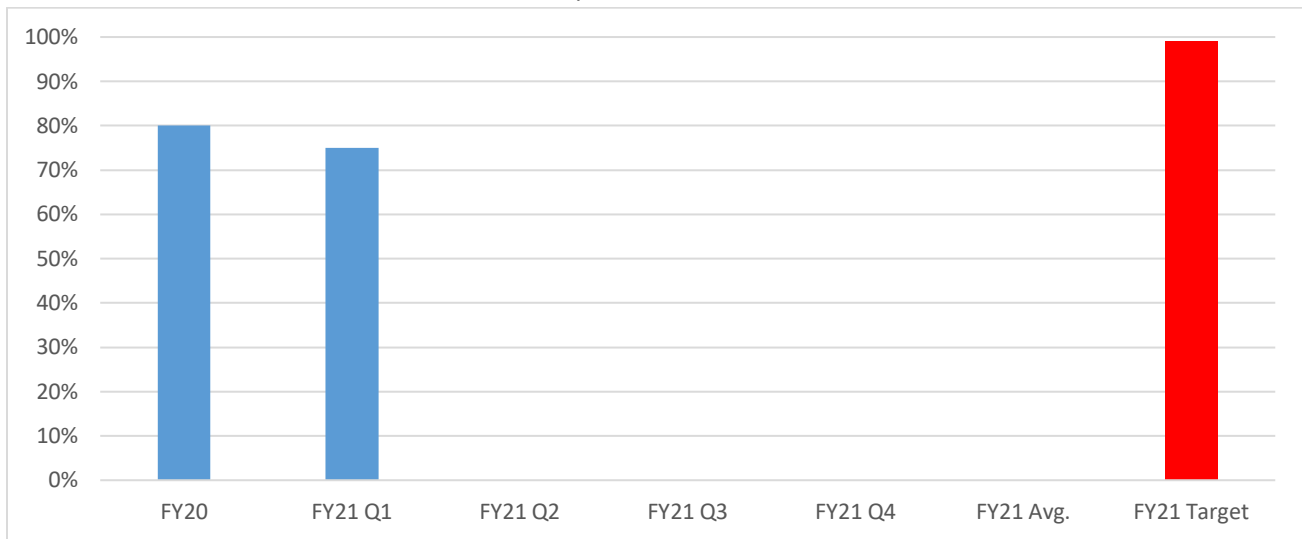
PERFORMANCE MEASURE #5

Percentage of contractor referrals in which services were implemented within two weeks of the initial referral.

Results

| FY18 | FY19 | FY20 | FY21 Q1 | FY21 Q2 | FY21 Q3 | FY21 Q4 | FY21 Avg. | FY21 Target |
|------|------|------|---------|---------|---------|---------|-----------|-------------|
| N/A | N/A | 80% | 75% | | | | | 99% |

Graph of Data Above



MEASURE DESCRIPTION: The number of contractor referrals in which services were implemented within two weeks/total number of referrals in which services were implemented.

DATA SOURCE/METHODOLOGY: Adult Protective Services uses the WellSky Human Services system to maintain a data base of Investigation information. To provide data for this performance measure APS uses a report within the WellSky Human Services system to extract the data.

STORY BEHIND THE DATA: The pandemic has created numerous challenges for APS, and appropriately assessing clients for services was one of these challenges. When a referral is made, the adult services contractors must contact the client and conduct their own assessment. The pandemic caused fear in many people and particularly older adults who we know are the most vulnerable. Many of these clients were hesitant to allow the contractors in their homes to provide a proper assessment of needed services (for example, some clients would only want to talk to the contractor from the door and at least 6 feet apart, which wouldn't allow them to enter the home and assess additional needs such as laundry and housekeeping needs). This was ultimately not a barrier to providing the services, but a delay in the assessment of appropriate need.

IMPROVEMENT ACTION PLAN: APS will diligently work with contractors to implement services as fast as possible. There does not seem to be any barriers with the implementation of services with timeframes and proper safety protocols in place.

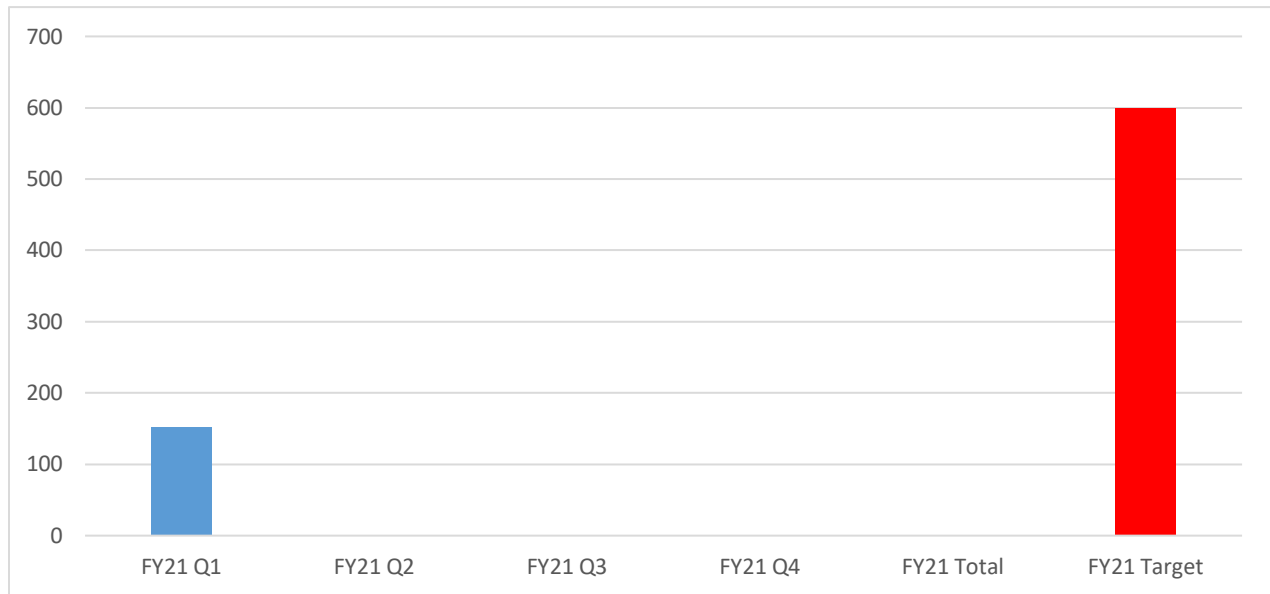
PERFORMANCE MEASURE #6

Number of referrals made to and enrollments in home care and adult day care services as a result of an investigation of abuse, neglect, or exploitation

Results

| FY18 | FY19 | FY20 | FY21 Q1 | FY21 Q2 | FY21 Q3 | FY21 Q4 | FY21 Total | FY21 Target |
|------|------|------|---------|---------|---------|---------|------------|-------------|
| N/A | N/A | N/A | 153 | | | | | 600 |

Graph of Data Above



MEASURE DESCRIPTION: This measure identifies the number of referrals and enrollments into home care and adult day services, as a result of an APS investigation into abuse, neglect, or exploitation.

DATA SOURCE/METHODOLOGY: Adult Protective Services uses the WellSky Human Services system to maintain a data base of Investigation information. To provide data for this performance measure APS uses a report within the WellSky Human Services system to extract the data.

STORY BEHIND THE DATA: During the 1st quarter of FY21, there were 153 referrals and enrollments into home care and adult day services, as a result of an APS investigation into abuse, neglect or exploitation. These have been steady, as APS continues to conduct assessments or investigations into allegations being reported.

IMPROVEMENT ACTION PLAN: APS will continue to identify when referrals are necessary and enroll clients on an as needed basis.

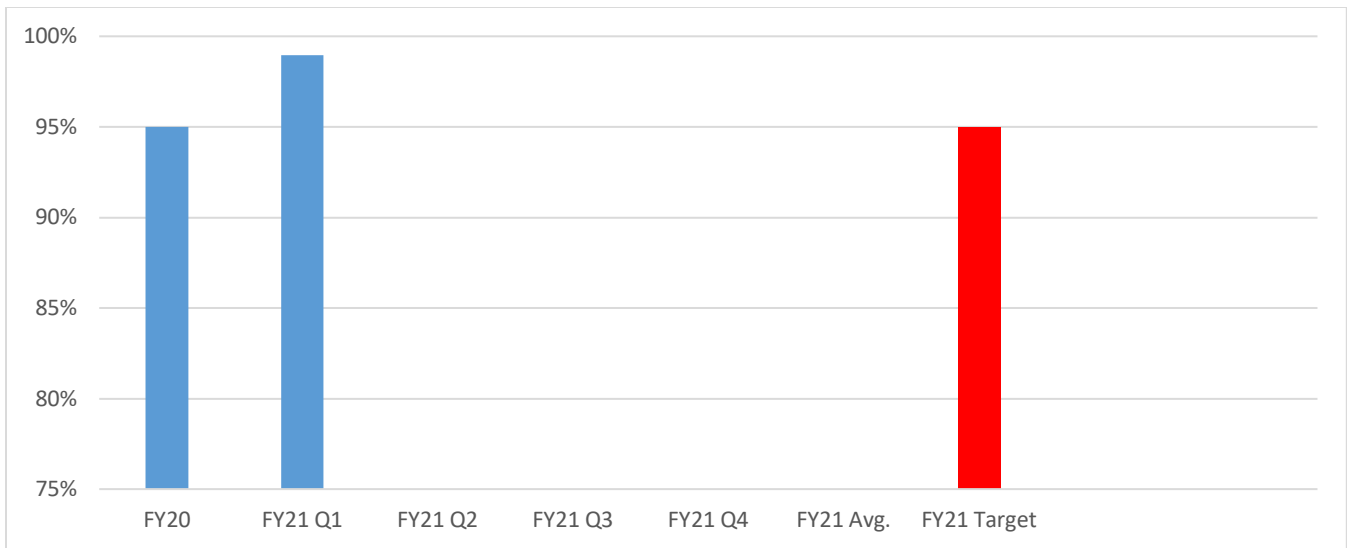
PERFORMANCE MEASURE #7

Percentage of Priority two investigations in which a case worker makes initial face to face contact with the alleged victim within prescribed time frames.

Results

| FY18 | FY19 | FY20 | FY21 Q1 | FY21 Q2 | FY21 Q3 | FY21 Q4 | FY21 Avg. | FY21 Target |
|------|------|------|---------|---------|---------|---------|-----------|-------------|
| N/A | N/A | 95% | 98.97% | | | | | 95% |

Graph of Data Above



MEASURE DESCRIPTION: Percentage of priority two investigations, where a case worker has made initial face-to-face contact with the alleged victim within the priority two investigative time frames. A priority two investigation is assigned no later than twenty four hours from the time the referral is received and face to face contact with the alleged victim must be made no later than 5 calendar days after being received by the screening supervisor.

DATA SOURCE/METHODOLOGY: Adult Protective Services uses the WellSky Human Services system to maintain a data base of investigation information. To provide data for this performance measure APS uses a report within the WellSky Human Services system to extract the data.

STORY BEHIND THE DATA: APS was able to meet priority two investigation time frames more quickly due to the additional time allowed for these investigations. It gives caseworkers additional time to talk with the alleged victim and coordinate a safe way to conduct the face to face visit. Versus a priority one referral, which requires a face to face within 24 hours, and is slightly more difficult to navigate during the pandemic.

IMPROVEMENT ACTION PLAN: APS will diligently pursue these investigations within the timeframe as these referrals are made.

Aging Network

Program Description, Purpose and Objectives: The Aging Network Division (AND) is comprised of the Senior Services Bureau (SSB); AmeriCorps Seniors (Volunteer Programs)—Foster Grandparent (FGP), Senior Companion Program (SCP), and RSVP; and Senior Employment Programs Bureau (SEP). Additionally, AND houses the budgets for the Office of Alzheimer’s and Dementia Care and the Office of Indian Elder Affairs.

The Aging Network advocates for older adults, people with disabilities, families, and caregivers; funds services and supports provided primarily by networks of community-based programs; and invests in training, education, research, and innovation. This is accomplished by providing assistance on health and wellness, protecting rights and preventing abuse, supporting consumer control, strengthening the networks of community-based organizations, funding research and services (like home-delivered meals, homemaker assistance, and transportation) to support independent living. Strengthening the Aging and Network includes promoting evidence-based programs and practices, enhancing diversity and cultural competency, improving quality of services, and targeting employment initiatives as a critical part of community inclusion to accessing meaningful and integrated employment. (ACL. Program Areas. Overview)

AND serves older adults, people with disabilities, families, and caregivers through contractual agreements with New Mexico Area Agencies on Aging (AAA's) and the AmeriCorps Seniors, for the provision of supportive services. The AAA's contract with local and tribal governments, and private organizations; to deliver services throughout New Mexico.

Program Budget (in thousands):

| FY20 | General Fund | Other State Funds | Federal Funds | Other Transfers | TOTAL | FTE |
|-------|--------------|-------------------|---------------|-----------------|----------|-----|
| 200 | 608.3 | 34.9 | 555.3 | - | 1,198.5 | 14 |
| 300 | 622.2 | 10.0 | | - | 632.2 | |
| 400 | 27,787.0 | 70.9 | 10,506.6 | - | 38,364.5 | |
| TOTAL | 29,017.5 | 115.8 | 11,061.9 | - | 40,195.2 | |

| FY21 | General Fund | Other State Funds | Federal Funds | Other Transfers | TOTAL | FTE |
|-------|--------------|-------------------|---------------|-----------------|----------|-----|
| 200 | 462.0 | 34.9 | 555.3 | - | 1,052.2 | 14 |
| 300 | 1,237.2 | 10.0 | 0 | - | 1,247.2 | |
| 400 | 28,751.4 | 70.9 | 11,142.5 | - | 39,964.8 | |
| TOTAL | 30,450.6 | 115.8 | 11,697.8 | - | 42,264.2 | |

Program Performance Measures:

1. Percentage of older New Mexicans receiving congregate and home delivered meals through Aging Network programs that are assessed with “high” nutritional risk.
2. Number of hours of services provided by senior volunteers, statewide.
3. Number of outreach events and activities to identify, contact and provide information about aging network services to potential aging network consumers who may be eligible to access senior services but are not currently accessing those services
4. Number of meals served in congregate and home delivered meal settings
5. Number of transportation units provided
6. Number of hours of caregiver support provided

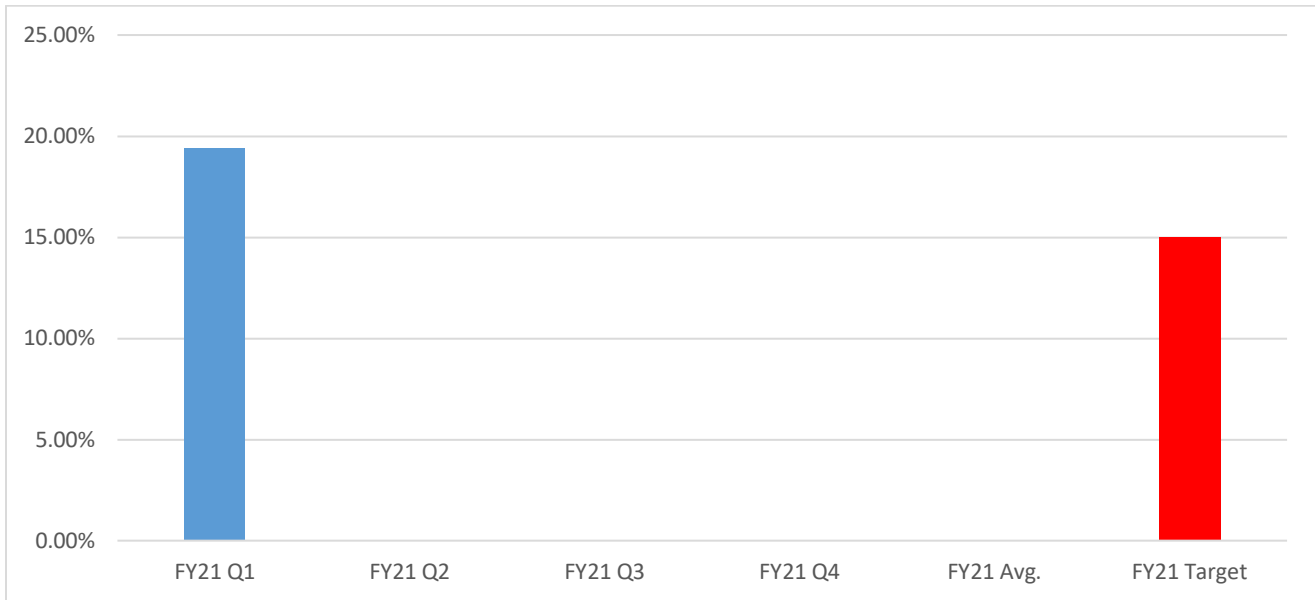
PERFORMANCE MEASURE #1

Percentage of older New Mexicans receiving congregate and home delivered meals through aging network programs that are assessed with “high” nutritional risk.

Results

| FY18 | FY19 | FY20 | FY21 Q1 | FY21 Q2 | FY21 Q3 | FY21 Q4 | FY21 Avg. | FY21 Target |
|------|------|------|---------|---------|---------|---------|-----------|-------------|
| N/A | N/A | N/A | 19.41% | | | | | 15% |

Graph of Data Above



MEASURE DESCRIPTION: This measure reports the percentage of high nutritional risk older adults, people with disabilities, families, and caregiver New Mexicans, who received meals by congregate, home-delivered, and “grab and go” service during the timeframe identified.

DATA SOURCE/METHODOLOGY: The WellSky Aging and Disability Database is the repository used by providers contracted through the AAAs to document services. All AAAs, except for the Navajo Area Agency on Aging (NAAA), use this database to capture monthly service and expense data from the senior centers and providers, then report it to ALTSD. The Aging Network Division and the Office of Indian Elder Affairs compile the data for quarterly and annual performance measure reporting. The quarter one total for this measure only reflects PSAs 1–4, and PSA 6.

“High” nutritional risk is determined of those currently receiving nutritional services, congregate/grab-n-go or home delivered meals, scoring 6 or higher on the nutritional assessment section of the state required state needs assessment, based on ACL/OAA and NMAC regulations.

STORY BEHIND THE DATA: The Older Americans Act (OAA) Nutrition Program helps older Americans remain healthy and independent in their communities by providing meals and related services in a variety of community settings (including congregate facilities such as senior centers) and via home-delivery to older adults who are homebound due to illness, disability, or geographic isolation. (ACL. Program Areas. Innovations in Nutrition Programs and Services)

The COVID-19 pandemic resulted in a significant data change after Governor; Michelle Lujan - Grisham declared a state of emergency on March 11, 2020. The state of New Mexico was granted a major disaster declaration by the Federal Government in March 2020. After this date, provisions of services were altered to comply with the public order and isolation guidance. FY 21 Quarter 1 has been affected by the pandemic. Adult Day Care Centers and Senior Centers are closed. Congregate meal delivery has been modified to "grab and go" or home delivered meals. The remaining services are affected by the stay at home and social distancing orders.

IMPROVEMENT ACTION PLAN:

| Action | Responsibility | Timeline |
|-----------------------------------|----------------------------------------|-----------------|
| 1. Issue Area Plan Guidelines | ALTSD | 3rd Quarter |
| 2. Area agencies develop plans | Area Agencies on Aging | 4th Quarter |
| 3. Approve plans | ALTSD | 4th Quarter |
| 4. Service delivery and reporting | Area Agency Contract Service Providers | Monthly |
| 5. Training | ALTSD and Area Agencies on Aging | Quarterly |

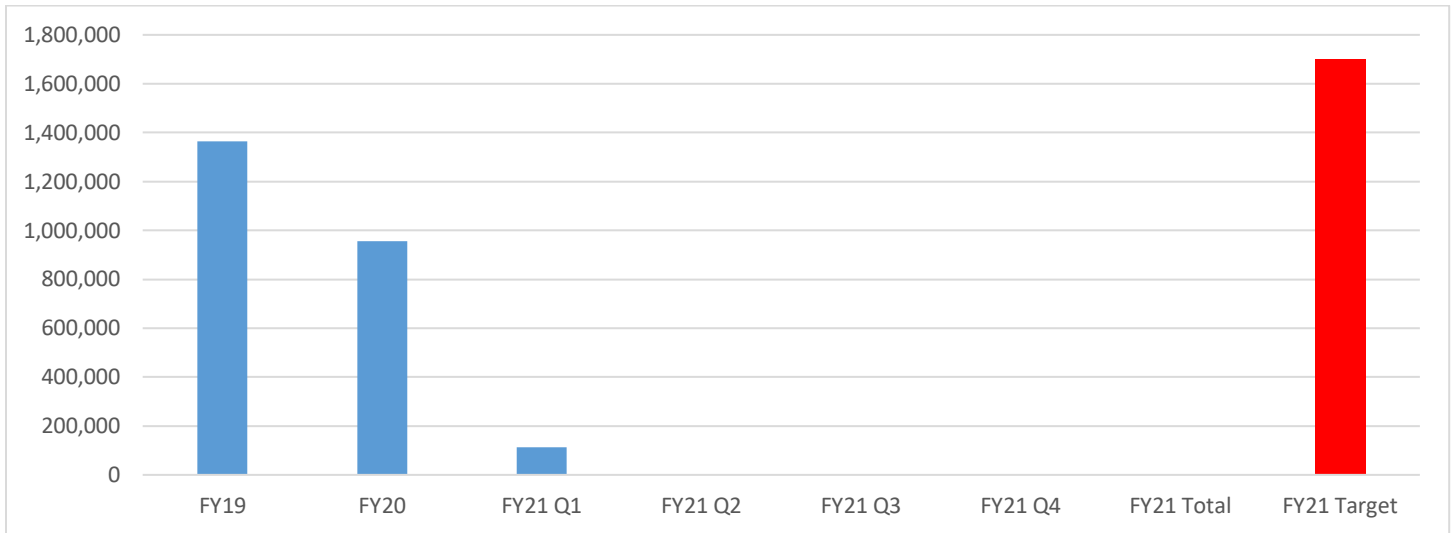
PERFORMANCE MEASURE #2

Number of hours of services provided by senior volunteers, statewide.

Results

| FY18 | FY19 | FY20 | FY21 Q1 | FY21 Q2 | FY21 Q3 | FY21 Q4 | FY21 Total | FY21 Target |
|------|-----------|------------|---------|---------|---------|---------|------------|-------------|
| N/A | 1,365,268 | 957,031.06 | 113,669 | | | | | 1,700,000 |

Graph of Data Above



MEASURE DESCRIPTION: Number of hours provided by New Mexico senior volunteers in the AmeriCorps Seniors: Foster Grandparent Program (FGP), Senior Companion Program (SCP), and the RSVP.

DATA SOURCE/METHODOLOGY: The statewide contractors for the AmeriCorps Seniors: FGP, SCP, and RSVP submit quarterly data to the Senior Services Bureau which is then compiled, verified, and reported for this performance measure.

STORY BEHIND THE DATA: The COVID-19 pandemic resulted in a significant data change after Governor, Michelle Lujan - Grisham declared a state of emergency on March 11, 2020. The state of New Mexico was granted a major disaster declaration by the Federal Government in March 2020. After this date, provisions of services were altered to comply with the public order and isolation guidance. FY 21 Quarter 1 has been affected by the pandemic. Volunteer services are affected by the stay at home and social distancing orders. *Due to COVID-19, AmeriCorps Senior Program volunteers were not able to perform projected volunteer hours because of the stay at home order, volunteers being classified as a vulnerable population, and the restrictions of teleworking. The numbers reported are state funded volunteer hours. AmeriCorps Seniors granted a temporary stipend allowance in March 2020 so that under COVID19 volunteer programs could continue to retain volunteers.

IMPROVEMENT ACTION PLAN:

| Action | Responsibility | Timeline |
|-----------------------------------|----------------------------------------|-------------|
| 1. Issue Area Plan Guidelines | ALTSD | 3rd Quarter |
| 2. Area agencies develop plans | Area Agencies on Aging | 4th Quarter |
| 3. Approve plans | ALTSD | 4th Quarter |
| 4. Service delivery and reporting | Area Agency Contract Service Providers | Monthly |
| 5. Training | ALTSD and Area Agencies on Aging | Quarterly |

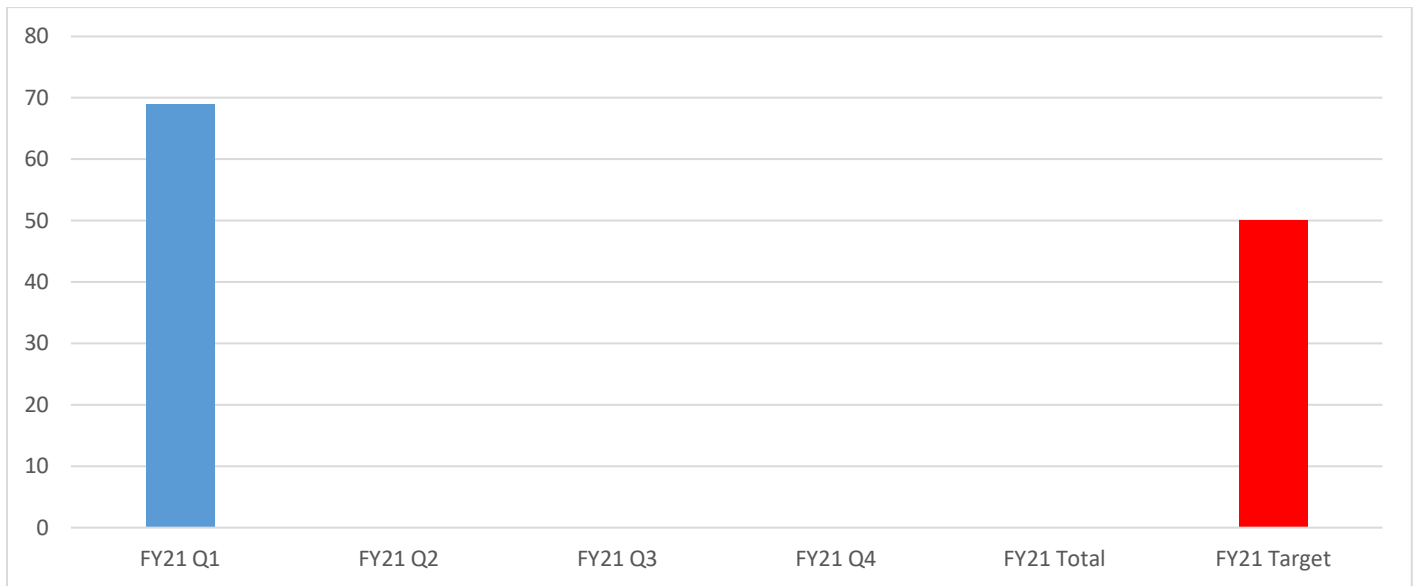
PERFORMANCE MEASURE #3

Number of outreach events and activities to identify, contact and provide information about aging network services to potential aging network consumers who may be eligible to access senior services but are not currently accessing those services.

Results

| FY18 | FY19 | FY20 | FY21 Q1 | FY21 Q2 | FY21 Q3 | FY21 Q4 | FY21 Total | FY21 Target |
|------|------|------|---------|---------|---------|---------|------------|-------------|
| N/A | N/A | N/A | 69 | | | | | 50 |

Graph of Data Above



MEASURE DESCRIPTION: Identifies the number of outreach events showcasing the availability of services within the Aging Network.

DATA SOURCE/METHODOLOGY: The Aging Network Division collects the number of outreach events held each quarter in the following categories: # of Aging and Long-Term Services Department Outreach Events; # of Program Provider Outreach Events; # of State Program Report Outreach Events. The number of total Outreach Events is then compiled.

STORY BEHIND THE DATA: *During the 1st quarter of FY21, AND has conducted 69 outreach events, CERD has conducted 12 outreach events and OMB has conducted 6 outreach events showcasing the availability of services within the Aging Network, which is higher than our goal.* However, because of the COVID-19 pandemic, there was a significant data change after Governor, Michelle Lujan - Grisham declared a state of emergency on March 11, 2020. The state of New Mexico was granted a major disaster declaration by the Federal Government in March 2020. After this date, provisions of services were altered to comply with the public order and isolation guidance. FY 21 Quarter 1 has been affected by the pandemic, in that agency outreach events have been modified by using virtual collaboration. The remaining outreach events are affected by the stay at home and social distancing orders.

IMPROVEMENT ACTION PLAN:

| Action | Responsibility | Timeline |
|-----------------------------------|----------------------------------------|-----------------|
| 1. Issue Area Plan Guidelines | ALTSD | 3rd Quarter |
| 2. Area agencies develop plans | Area Agencies on Aging | 4th Quarter |
| 3. Approve plans | ALTSD | 4th Quarter |
| 4. Service delivery and reporting | Area Agency Contract Service Providers | Monthly |
| 5. Training | ALTSD and Area Agencies on Aging | Quarterly |

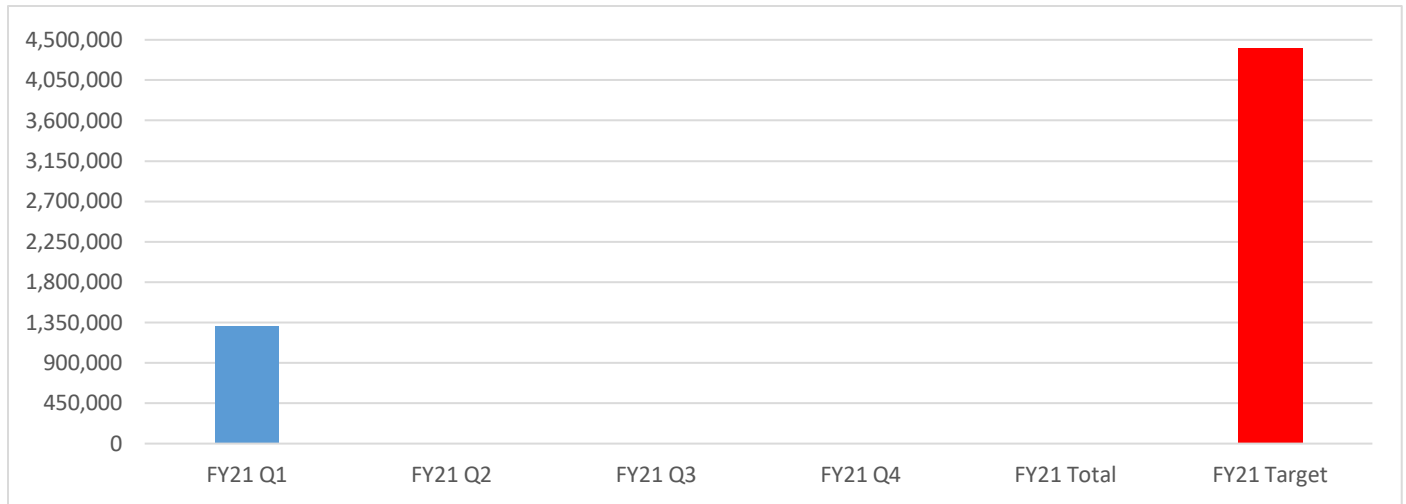
PERFORMANCE MEASURE #4

Number of Meals served in congregate and home delivered meal settings

Results

| FY18 | FY19 | FY20 | FY21 Q1 | FY21 Q2 | FY21 Q3 | FY21 Q4 | FY21 Total | FY21 Target |
|------|------|------|-----------|---------|---------|---------|------------|-------------|
| N/A | N/A | N/A | 1,307,763 | | | | | 4,410,000 |

Graph of Data Above



MEASURE DESCRIPTION: This measure includes the number of meals served in congregate, home delivered, "grab and go" settings. Meals are reported for breakfast, lunch, dinner, and weekends.

DATA SOURCE/METHODOLOGY: The WellSky Aging and Disability Database is the repository used by providers contracted through the AAAs to document services. All AAAs, except for the Navajo Area Agency on Aging (NAAA), use this database to capture monthly service and expense data from the senior centers and report it to ALTSD. The Aging Network Division and the Office of Indian Elder Affairs compile the data for quarterly and annual performance measure reporting.

STORY BEHIND THE DATA: The COVID-19 pandemic resulted in a significant data change after Governor, Michelle Lujan - Grisham declared a state of emergency on March 11, 2020. The state of New Mexico was granted a major disaster declaration by the Federal Government in March 2020. After this date, provisions of services were altered to comply with the public order and isolation guidance. FY 21 Quarter 1 has been affected by the pandemic. Adult Day Care Centers and Senior Centers are closed. Congregate meal delivery has been modified to "grab and go" or home delivered meals. The remaining services are affected by the stay at home and social distancing orders.

IMPROVEMENT ACTION PLAN:

| Action | Responsibility | Timeline |
|-----------------------------------|----------------------------------------|-------------|
| 1. Issue Area Plan Guidelines | ALTSD | 3rd Quarter |
| 2. Area agencies develop plans | Area Agencies on Aging | 4th Quarter |
| 3. Approve plans | ALTSD | 4th Quarter |
| 4. Service delivery and reporting | Area Agency Contract Service Providers | Monthly |
| 5. Training | ALTSD and Area Agencies on Aging | Quarterly |

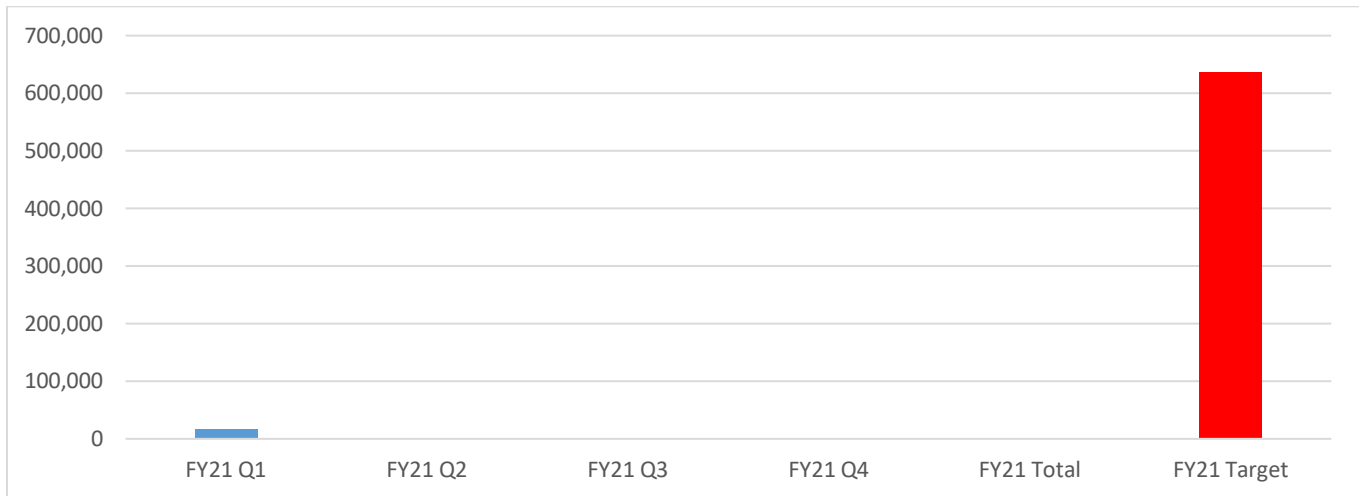
PERFORMANCE MEASURE #5

Number of Transportation Units Provided

Results

| FY18 | FY19 | FY20 | FY21 Q1 | FY21 Q2 | FY21 Q3 | FY21 Q4 | FY21 Total | FY21 Target |
|------|------|------|---------|---------|---------|---------|------------|-------------|
| N/A | N/A | N/A | 16,975 | | | | | 637,000 |

Graph of Data Above



MEASURE DESCRIPTION: One unit of service provided to older adults and people with disabilities.

DATA SOURCE/METHODOLOGY: The WellSky Aging and Disability Database is the repository used by providers contracted through the AAAs to document services. All AAAs, except for the Navajo Area Agency on Aging (NAAA), use this database to capture monthly service and expense data from the senior centers and report it to ALTSD. The Aging Network Division and the Office of Indian Elder Affairs compile the data for quarterly and annual performance measure reporting.

STORY BEHIND THE DATA: The COVID-19 pandemic resulted in a significant data change after Governor, Michelle Lujan - Grisham declared a state of emergency on March 11, 2020. The state of New Mexico was granted a major disaster declaration by the Federal Government in March 2020. After this date, provisions of services were altered to comply with the public order and isolation guidance. FY 21 Quarter 1 has been affected by the pandemic. Transportation services have been modified to focus on medically necessary transportation. Transportation has been altered to comply with the stay at home and social distancing orders.

IMPROVEMENT ACTION PLAN:

| Action | Responsibility | Timeline |
|-----------------------------------|----------------------------------------|-------------|
| 1. Issue Area Plan Guidelines | ALTSD | 3rd Quarter |
| 2. Area agencies develop plans | Area Agencies on Aging | 4th Quarter |
| 3. Approve plans | ALTSD | 4th Quarter |
| 4. Service delivery and reporting | Area Agency Contract Service Providers | Monthly |
| 5. Training | ALTSD and Area Agencies on Aging | Quarterly |

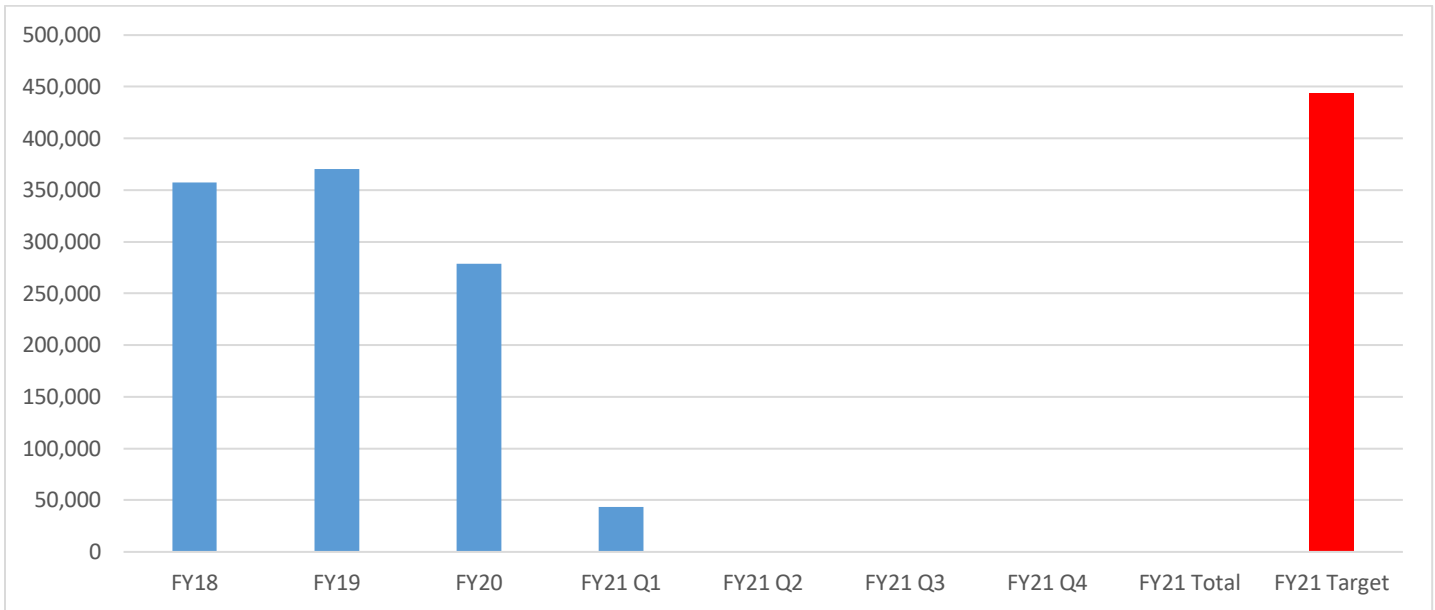
PERFORMANCE MEASURE #6

Number of hours of caregiver support

Results

| FY18 | FY19 | FY20 | FY21 Q1 | FY21 Q2 | FY21 Q3 | FY21 Q4 | FY21 Total | FY21 Target |
|---------|---------|---------|-----------|---------|---------|---------|------------|-------------|
| 357,721 | 370,538 | 278,513 | 43,743.58 | | | | | 444,000 |

Graph of Data Above



MEASURE DESCRIPTION: Caregiver support is a strategic priority for ALTSD. Services reported under this measure include home care, adult day care, respite care, and other support services. The measure expanded last year to include training, counseling, and support groups, in order to reflect the wide array of support services more comprehensively being provided to New Mexico caregivers. The training data reported includes evidence-based caregiver training, such as that provided through the Savvy Caregiver training program. In addition to the services provided by area agency contract providers, this measure includes services provided by the Alzheimer’s Association, New Mexico Chapter.

DATA SOURCE/METHODOLOGY: The WellSky Aging and Disability Database is the repository used by providers contracted through the AAAs and caregiver entities to document services provided by caregivers. All AAAs, except for the Navajo Area Agency on Aging (NAAA), use this database to capture monthly service data and report it to ALTSD. The Aging Network Division, Consumer and Elder Rights Division (CERD), Office of Alzheimer’s and Dementia Care, and the Office of Indian Elder Affairs compile the data for quarterly and annual performance measure reporting.

STORY BEHIND THE DATA: The purpose of the Aging Network is to provide supportive social and nutritional services for older individuals and persons with disabilities, so they can remain independent and involved in their communities. During FY21 Quarter 1, the number of hours of caregiver support were: **Respite Care = 10,144.81; Adult Day Care (IAAA) = 693.00; Homemaker = 7,778.08; and Other Support Services = 25,127.69.**

Due to the impacts of the COVID-19 pandemic, the number of hours of caregiver support was significantly lower during the 1st quarter of FY21, which was at 43,743.58 hours. The COVID-19 pandemic resulted in a significant data change after Governor Michelle Lujan - Grisham, declared a state of emergency on March 11, 2020. The state of New Mexico was granted a major disaster declaration by the Federal Government in March 2020. After this date, provisions of services were altered to comply with the public orders and isolation guidance. Adult Day Care Centers are closed, and the remaining services have also been affected by the stay at home and social distancing orders.

IMPROVEMENT ACTION PLAN:

| Action | Responsibility | Timeline |
|-----------------------------------|----------------------------------------|-----------------|
| 1. Issue Area Plan Guidelines | ALTSD | 3rd Quarter |
| 2. Area agencies develop plans | Area Agencies on Aging | 4th Quarter |
| 3. Approve plans | ALTSD | 4th Quarter |
| 4. Service delivery and reporting | Area Agency Contract Service Providers | Monthly |
| 5. Training | ALTSD and Area Agencies on Aging | Quarterly |