

New Mexico
Aging and Long-Term Services Department



FY19
3rd Quarter Report
Key Performance Measures

Agency Mission

The Aging and Long-Term Services Department provides 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.

Vision

Lifelong independence and healthy aging

Strategic Priorities

- Safeguard Vulnerable Adults and Elders
- Support Caregivers
- Encourage Healthy and Independent Aging
- Combat Senior Hunger

Guiding Principles

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

Aging and Disability Resource Center

1-800-432-2080

Adult Protective Services Intake

1-866-654-3219

State Long-Term Care Ombudsman Program

1-866-451-2901

FY19 Agency Key Performance Measures

1. Percent of ombudsman complaints resolved within sixty days
2. Percent of residents who remained in the community six months following a nursing home care transition
3. Percent of calls to the aging and disability resource center that are answered by a live operator
4. Number of adult protective services investigations of abuse, neglect, or exploitation
5. Percent of emergency or priority one investigations in which a caseworker makes initial face to face contact with the alleged victim within prescribed time frames
6. Number of adults who receive home care or adult day services as a result of an investigation of abuse, neglect, or exploitation
7. Percent of older New Mexicans whose food insecurity is alleviated by meals received through the aging network
8. Number of hours of caregiver support provided

Agency Programs

Program Support

- 1) Capital Projects Bureau
- 2) Office of Indian Elder Affairs and Indian Area Agency on Aging
- 3) Office of Alzheimer's and Dementia Care
- 4) Office of Policy and Accountability

Consumer and Elder Rights

- 1) Aging and Disability Resource Center (ADRC)
 - a) Long-Term Options Counseling and Short-Term Assistance
 - b) Information and Assistance
 - c) Medicaid Choice Counseling
 - d) Benefit Counseling
 - e) Health Care Fraud Prevention
 - f) Prescription Drug Assistance (PDA)
 - g) New Mexico Social Services Resource Directory (SSRD)
 - h) ADRC Web Chat
- 2) New Mexico Veteran Directed HCBS Program (VD-HCBS)
- 3) Long-Term Care Ombudsman Program (LTCOP)
- 4) Transition Support Bureau (TSB)

Adult Protective Services

- 1) Adult Protective Services (APS) Intake

Aging Network

- 1) Senior Services Bureau
- 2) Senior Employment Programs
- 3) New Mexico Conference of Aging

Program Support

Purpose of Division

To provide clerical, record keeping and administrative support in the areas of personnel, budget, procurement and contracting to agency staff, outside contractors and external control agencies to implement and manage programs. Includes Capital Projects Bureau, Information Technology, Human Resources, Office of Indian Elder Affairs, Policy and Accountability, and the Office of Alzheimer's and Dementia.

Budget

<u>General Fund</u>	<u>Federal Funds</u>	<u>Total</u>
\$6,183.9	\$349.4	\$6,533.3

Office of Indian Elder Affairs (OIEA) and Indian Area Agency on Aging (IAAA)

OIEA houses the IAAA including the contract with Navajo Nation's Area Agency on Aging, now recognized as Department of Aging and Long-Term Care Services (DALTCS). The IAAA, contracts with New Mexico's nineteen Pueblos and two Apache Nations. Tribal contractors provide congregate and home-delivered meals, transportation and social services, such as caregiver support and in-home services. Some centers also provide adult day care and/or volunteer programs.

Capital Projects Bureau (CPB)

The CPB is responsible for coordinating the funding and administration of capital projects under the statutory authority of The Aging and Long-Term Services Department (ALTSD).

Capital outlay appropriations are made to ALTSD, to fund aging network capital projects statewide. Such projects include those awarded to both local government and tribal government providers for renovation and construction projects as well as, for the purchase of vehicles and large equipment, such as commercial kitchen equipment. CPB staff works closely with area agencies on aging (AAA), aging network providers and local and tribal governments throughout the state, to prepare an annual capital outlay legislative request for aging network projects. The CPB is responsible for administering the capital outlay projects, contracting with the funded entities, and monitoring the status of each project, which includes the budget and all expenditures. The CPB also tracks all capital appropriations and fiscal information, monitors the expiration dates of capital appropriations and ensures timely reversions of expired appropriation balances.

CPB staff provides training and technical assistance to funded entities with regard to planning, project management and administration of capital project appropriations.

Office of Alzheimer’s Disease and Dementia Care

This program implements *The New Mexico State Plan for Alzheimer's Disease and Related Dementias*. The Office identifies, facilitates, and manages collaborative partnerships with an array of public agencies and private organizations, to further the State Plan’s goals and support New Mexico’s family caregivers. The Office manages a contract with the Alzheimer’s Association, New Mexico Chapter and a contract with Pegasus Legal Services that facilitates support for grandparents raising grandchildren and other kinship caregivers.

Consumer and Elder Rights

Purpose of Division

To provide current information, assistance, counseling, education and support to older individuals and persons with disabilities, residents of long-term care facilities and their families and caregivers that allow them to protect their rights and make informed choices about quality service.

Budget

<u>General Fund</u>	<u>Transfers (HSD)</u>	<u>Federal Funds</u>	<u>Total</u>
\$1,562.9	\$1,010.0	\$2,027.0	\$4,599.9

Programs

Aging and Disability Resource Center (ADRC)

The Department’s ADRC serves more than 4,200 people a month and connects constituents to a broad array of services. The ADRC provides objective information to assist New Mexico's older adults, caregiver’s and adults with disabilities and their families through a telephonic, web-based, and community-based point of entry system. The ADRC integrates access to numerous programs and services, which has resulted in increased efficiency and availability of services throughout New Mexico. The ADRC reaches out to all of the state’s 33 counties and 23 tribal nations, providing access to information, assistance, referrals, option counseling and advocacy, to maximize personal choice and independence for older adults and adults with disabilities and their caregivers. ADRC staff offers options about services and with that, supports and empowers people to make informed decisions.

The ADRC connects New Mexicans to a broad array of services and programs, which includes:

Long-Term Options Counseling and Short-Term Assistance

ADRC counselors empower individuals to make informed decisions about Long-Term Services and Support (LTSS). Short-term assistance connects individuals to available services and support and helps consumers obtain benefits for which they are eligible.

Information and Assistance (I & A)

I & A is the consumer's gateway to information, assistance and access to services and support. Counselors provide information on community services and support throughout the state, as well as, information and education on understanding and living with disabilities, connecting to wellness programs, and staying healthy and independent.

Medicaid Choice Counseling

The ADRC can educate callers on Medicaid benefits and services assist in selection of Managed Care Organization and educate callers on Self-Directed Community Benefit.

Benefit Counseling

The ADRC's State Health Insurance Programs (SHIP) can provide answers to questions and concerns regarding private and government benefit programs. However, it does not sell, endorse or recommend any specific insurance or other health plans. The ADRC offers one-on-one benefit counseling and assistance for people with Medicare and their families in an effort to ensure that New Mexicans receive accurate, unbiased information about health care options and other entitlements.

Health Care Fraud Prevention

Senior Medicare Patrol (SMP) helps Medicare and Medicaid beneficiaries avoid, detect and prevent health care fraud. The ADRC can educate Medicare beneficiaries on how to protect their personal identity; identify and report errors on their health care bills; and, identify deceptive health care practices.

Prescription Drug Assistance (PDA)

The PDA program assists uninsured and under-insured individuals obtain the medications they need at a cost they can afford. This program can also provide a voucher to allow eligible enrollees to obtain free prescriptions, up to \$300 while awaiting shipment from drug companies.

The New Mexico Social Services Resource Directory (SSRD)

The SSRD provides an easy way to access up-to-date, comprehensive services offered by national, state, and local social service providers.

The ADRC Web Chat

This feature allows consumers to easily access information quickly and by methods, which include increasingly popular mobile devices.

New Mexico Veteran Directed HCBS Program (VD-HCBS)

This program provides veterans of all ages, the opportunity to receive participant-directed home and community-based services, enabling them to avoid nursing home placement and to continue to live in their homes and communities. The VA Medical Center refers eligible veterans to the ADRC, which assists them to manage a flexible budget, decide for themselves what mix of services will best meet their personal care needs. This includes the hiring of their own personal care aides, which can include family or neighbors and the purchasing of items or services needed to live independently within the community.

Transition Support Bureau (TTB)

The Transition Support Bureau staff provide a person-centered/directed, interactive, decision-support process whereby individuals are supported in their deliberations to make informed long-term support choices in the context of their own preferences, strengths, and values. The process may include developing action steps toward a goal, or Long-Term Service, Support plan, or when requested, assistance in accessing support options. The Bureau primary service is to provide support to individuals in short term crisis situations until long-term supports arrangements have been made. The bureau will assist individuals in accessing available programs and services to support the greatest level of independence possible in a community setting and assist clients transitioning from a critical pathway providers (hospital, physician office, nursing home, rehabilitation centers, and other community residential service providers) back into a least restrictive setting in the community.

Long-Term Care Ombudsman Program (LTCOP)

The LTCOP is federally and state mandated, to provide independent oversight and advocacy services to residents currently living within 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 numerous volunteers throughout the state, regularly visit nursing homes and other long-term care facilities to ensure that residents are properly treated.

Adult Protective Services

Purpose of Division

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.

Budget

<u>General Fund</u>	<u>Internal Transfer</u>	<u>Total</u>
\$10,864.0	\$2,498.6	\$13,362.6

Program

Adult Protective Services (APS)

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.

Adult Protective Services (APS) Intake

The APS intake function is a key component of New Mexico’s 24/7 adult protective coverage and its system. Staff take reports of alleged abuse, neglect, or exploitation of an adult in New Mexico.

Aging Network Division

Purpose of Division

The Aging Network Division (AND) exists to provide supportive social and nutrition services for older individuals and persons living with disabilities, so they can remain independent and involved in their communities. AND provides training, education and work experience to older individuals so they can enter or re-enter the work force and receive appropriate income and benefits.

Budget

<u>General Fund</u>	<u>Other State Funds</u>	<u>Federal Funds</u>	<u>Total</u>
\$25,992.7	\$115.8	\$10,773.5	\$36,882.0

Programs

Senior Services Bureau (SSB)

SSB provides contract management and support for New Mexico's three area agencies on aging (AAA) – the Navajo AAA, the ABQ/Bernalillo County AAA and the Non-Metro AAA, as well as, the New Mexico Senior Olympics, Legal Resources for the Elderly, the Retired Senior Volunteer, Foster Grandparent and Senior Companion Programs. Area agency contractors, the majority of which are senior centers, provide congregate and home-delivered meals, transportation, social services, in-home services, health promotion, adult day care and other supportive services.

Employment Programs Bureau

This program provides a federally funded older worker-training program and a state-funded senior employment program. The Bureau administers one of three federally funded older worker-training programs in New Mexico. The Bureau also operates a statewide, state-funded senior employment program. The program's intent is to support the aging network through the allocation of subsidized positions and contribute to economic development throughout New Mexico.

New Mexico Conference on Aging

Since 1978, the Department has sponsored the annual New Mexico Conference on Aging offering older adults, caregivers and professionals who work with them, an opportunity to learn and network in an environment that supports independence and dignity. This is one of the few conferences attended by both older adults and professionals in equal numbers; the approximately 1,500 people, who attend each year, are reflective of New Mexico's ethnic and cultural diversity. The cornerstone of the Conference, is its numerous and varied workshops that provide training and technical assistance to providers and caregivers.

Key Performance Measure 1: Percent of Ombudsman complaints resolved within sixty days

FY19

Target: 95%

3rd Quarter Result: 95%

Year-to-date Result: 96%

Explanation of performance for Quarter and YTD:

In the third quarter of FY19, 321 complaints were received from residents of nursing homes and assisted living facilities by the Long-Term Care Ombudsman Program (LTCOP). Out of the 354 Ombudsman complaints, 331, or 94%, were resolved within sixty days. Of the 321 complaints, 305, or 95%, were resolved within sixty days. Of the 321 complaints, 30 or 9% were withdrawn, 6 or 2% no action was needed and 56 or 17%, were referred to another agency or division (DOH, APS, etc.), because it was not within the scope of the LTCOP.

During the third quarter of FY19, the LTCOP was fully staffed and was able to recruit, train 2 new volunteers, and certify 1 seasoned volunteer. The LTCOP currently has 34 active volunteers, with 6 volunteers on inactive status due to various reasons (health problems, family issues, traveling, etc.). Due to an increase in requests for assistance and facilities in the Metro area (Albuquerque), the LTCOP has requested additional funding and FTE in the FY20 request, to assist with the said increases.

FY19 Results	1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	Annual
Number of complaints resolved in nursing homes	306	242	232		
Number of complaints resolved in assisted living	166	89	87		
Total	472	331	321		

Factors contributing to fluctuation in numbers

Fluctuations in numbers from quarter to quarter are influenced by a combination of factors. Factors that most consistently contribute to fluctuations in performance results include: the level of experience in the current SLTCOP volunteer pool, the number of reports received from volunteers, facility staffing and census, type of complaints reported and changes in program staffing.

The SLTCOP has a proactive training and consultation initiative to reduce the number of complaints in nursing homes and assisted living facilities. The intent of the preventative effort is to educate and interact with residents, families, facility representatives and the general community such that issues and concerns are dealt with prior to becoming a complaint. The success of the proactive effort will positively influence the quality of life of vulnerable adults.

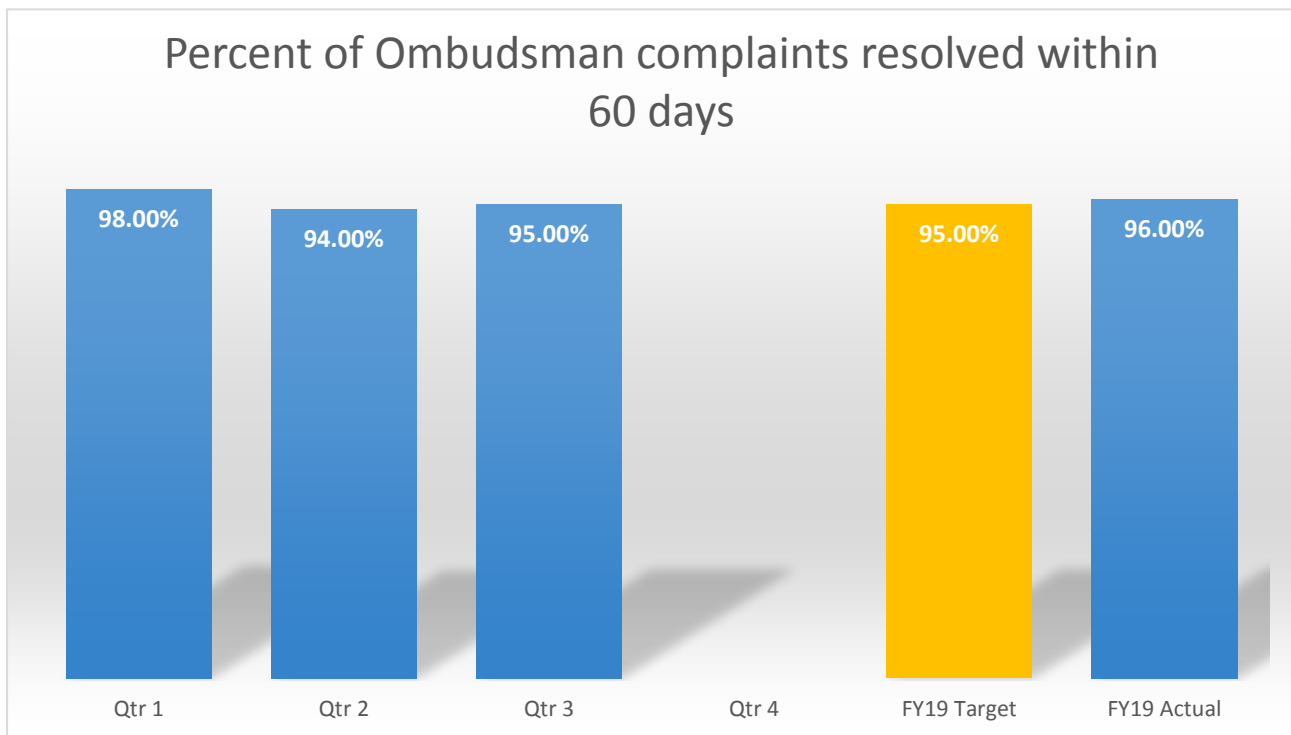
Types of complaints

The types of complaints in nursing and assisted living facilities are varied and can take from a day to several months to resolve. Some of the typical complaints received include care, food, living environment, activities and social services.

The top five complaints resolved during the third quarter of FY19 were:

- Discharge/eviction planning, notice, or procedure (8%)
- Food Service – quality, quantity, variation, choice, condiment, utensils, menu (6%)
- Medications – administration and organization (6%)
- Dignity, respect – staff attitudes (5%)
- Personal property lost, stolen, used by others, destroyed (5%)

Note: the percent represents the percent of a specific complaint as a part of all complaints.



Strategic Priority Served: Safeguard Vulnerable Adults and Elders

Program and Summary: The State Long-Term Care Ombudsman Program (SLTCOP) 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. The SLTCOP’s primary duty is to investigate and resolve complaints made by or on behalf of residents.

Methodology: A complaint is defined as a resident concern or issue brought to the attention of the SLTCOP that is appropriate for investigation and requires resolution. The complaint can be resolved to the resident’s satisfaction or it can be referred to a regulatory agency for additional investigation and oversight. The percentage of resolved cases is calculated from the *OmbudsManager* report titled “Complaint Analysis by Complaint Code”. Every complaint that is investigated is closed with a disposition (outcome). The total complaints with a disposition are divided by the total complaints, which equals the percent of complaints resolved.

Trend and Benchmark

- Sources of Data: OmbudsManager
- Benchmark Data: Analyzing trend within last 3 State fiscal years.

State Fiscal Year	Complaints Resolved within 60 days
FY16	3,611/3,615 = 99.9%
FY17	2,755/3,064 = 89.9%
FY18	1,835/1,995 = 92%

Ombudsman Action Plan

Action	Responsibility	Timeline
1. Hire new staff.	Ombudsman Staff	Ongoing
2. Train new staff.		
3. Recruit volunteer Ombudsman		
4. Train volunteer Ombudsman		
5. Visit facilities and residents	Staff and Volunteers	Ongoing
6. Resolve complaints	Staff and Volunteers	Ongoing
7. Complete reports	Staff and Volunteers	Ongoing
8. Work with Department of Health	Staff and Volunteers	Ongoing
9. Ensure all updated Ombudsman material is in each facility.	Staff and Volunteers	Ongoing

Key Performance Measure 2: Percent of residents requesting short-term transition assistance from a nursing facility who remained in the community during the six-month follow-up.

FY19

Target: 85%
 3rd Quarter Result: 82%
 Year-to-date Result: 85%

Explanation of performance for Quarter and YTD

During the third quarter of FY19, 166 of the 203 residents, or 82% of residents requesting short-term transition assistance from a nursing facility remained in the community during the six-month follow-up.

	1 st Q	2 nd Q	3 rd Q	4 th Q	Annual
Percent who remained in the community	86%	87%	82%		85%

The ADRC Transition Support Bureau residents requesting short-term transition assistance from a nursing facility who remained in the community during the six-month follow-up has slightly decreased from 87% to 82% from last quarter and came short of its 85% target goal.

Although, the bureau had a slight decrease of residents remaining in the community, there was an increase in residents wishing to return home, from 159 in quarter two, to 203 in quarter three. An increase of 44 residents receiving transition services shows the efforts set forth by the bureau, to provide continued education of the services provided by the program has efficacy to nursing facilities across New Mexico.

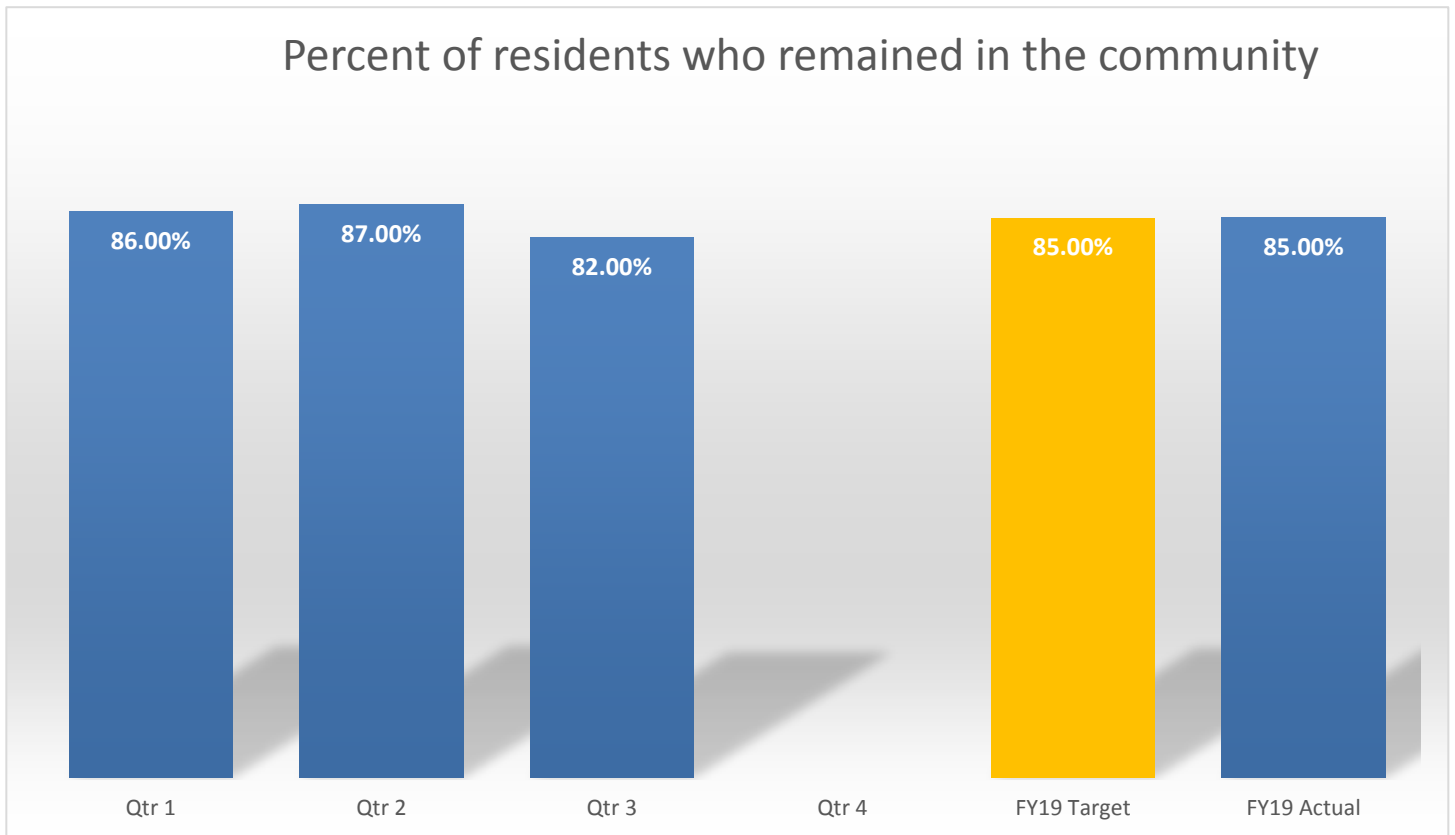
The Bureau has provided training to the nursing facilities in the Metro area, and in the Northern parts of the state. The training has informed nursing facility Social Service Directors, the administrators of the services our program provides and the advocacy residents, the benefits from working with our program.

During this quarter, the Bureau Manager attended the Housing Leadership Group, where three main goals for 2019 were discussed. The main goal for 2019 is to increase and improve access to rental assistance vouchers and subsidies for NM priority consumers. In addition, our goal is to improve and expand housing support services, increase the use of peer support services within housing programs, as well as, improve data sharing, collection and assessment related to permanent supportive housing.

During the third quarter, some of the factors that contributed to the 82% were:

- Residents not understanding the program prior to accepting the transition,
- Residents passing away,
- Residents refusing services, and
- Residents who returned to a nursing facility.

Percent of residents who remained in the community



Strategic Priorities Served: Support Caregivers; Encourage Healthy and Independent Aging

Program and Summary: The Transition Support Bureau staff provide a person-centered/directed, interactive, decision-support process whereby individuals are supported in their deliberations to make informed long-term support choices in the context of their own preferences, strengths, and values. The process may include developing action steps toward a goal, or Long-Term Service, Support plan, or when requested, assistance in accessing support options. The Bureau primary service is to provide support to individuals in short term crisis situations until long-term supports arrangements have been made. The bureau assists individuals in accessing available programs and services to support the greatest level of independence possible in a community setting and assist clients transitioning from a critical pathway providers (hospital, physician office, nursing home, rehabilitation centers, and other community residential service providers) back into a least restrictive setting in the community.. All interactions with the resident, legal representative, family members, care coordinators, and other team members throughout the transition process are documented in the Social Assistance Management System (SAMS).

Methodology: The measure indicates the degree of success residents demonstrate by remaining in their community-based home for an extended period. The long-term services and supports received by the majority of residents that have transitioned from long-term care to a community-based setting support ongoing community-based living. The percent of individuals who remained in the community for six months after discharge demonstrates a successful transition, with a likelihood that they will remain in the community indefinitely.

Trend and Benchmark

- Source of Data: Social Assistance Management System (SAMS) database queries
- The benchmark is based on the past fiscal (FY18) year data collected from the bureau. There is no national benchmark.

Transition Support Bureau's Action Plan

Action	Responsibility	Timeline
• Ensure the bureau assesses resident when a referral is made within 24-72 hours, so that individuals are adequately identified and needs are addressed	Staff	Daily
• Implement a service and support action plan directed by the resident	Staff and Supervisors upon clinical review	Daily
• Evaluate consumer file to determine if the correct service and support action plan was given to consumer based assessment	Supervisor	Daily
• Ensure all staff cases are followed up within case timeframe to ensure services are in place	Staff and Supervisor	Daily
• Continued training of coordinators in options counseling and assessment tool to include documentation in internal database	Supervisor and Bureau Chief	Monthly
• Follow up for six months post-discharge to assist in resolving any issues and ensure a successful transition.	Staff and Supervisor	Monthly

Key Performance Measure 3: Percent of calls to Aging and Disability Resource Center that are answered by a live operator.

FY19 3rd Quarter Results

FY19 Target: 85%

3rd Qtr. 90%

Year-to-date: 74%

Explanation of performance for Quarter and YTD

During the third quarter FY19, a live operator answered 90% of the calls to the ADRC and the year-to-date result is 74%.

	1 st Q	2 nd Q	3 rd Q	4 th Q	Annual
Total calls	7,247	6,585	6,669		20,501

The ADRC received 6,669 calls (average of 109 per day), of which a live person answered 6,024 of the calls. Of the 6,669 calls received, 645 callers left a voice message, with their calls returned within 2 hours. The ADRC had 10 staff answering live calls and walk-in services.

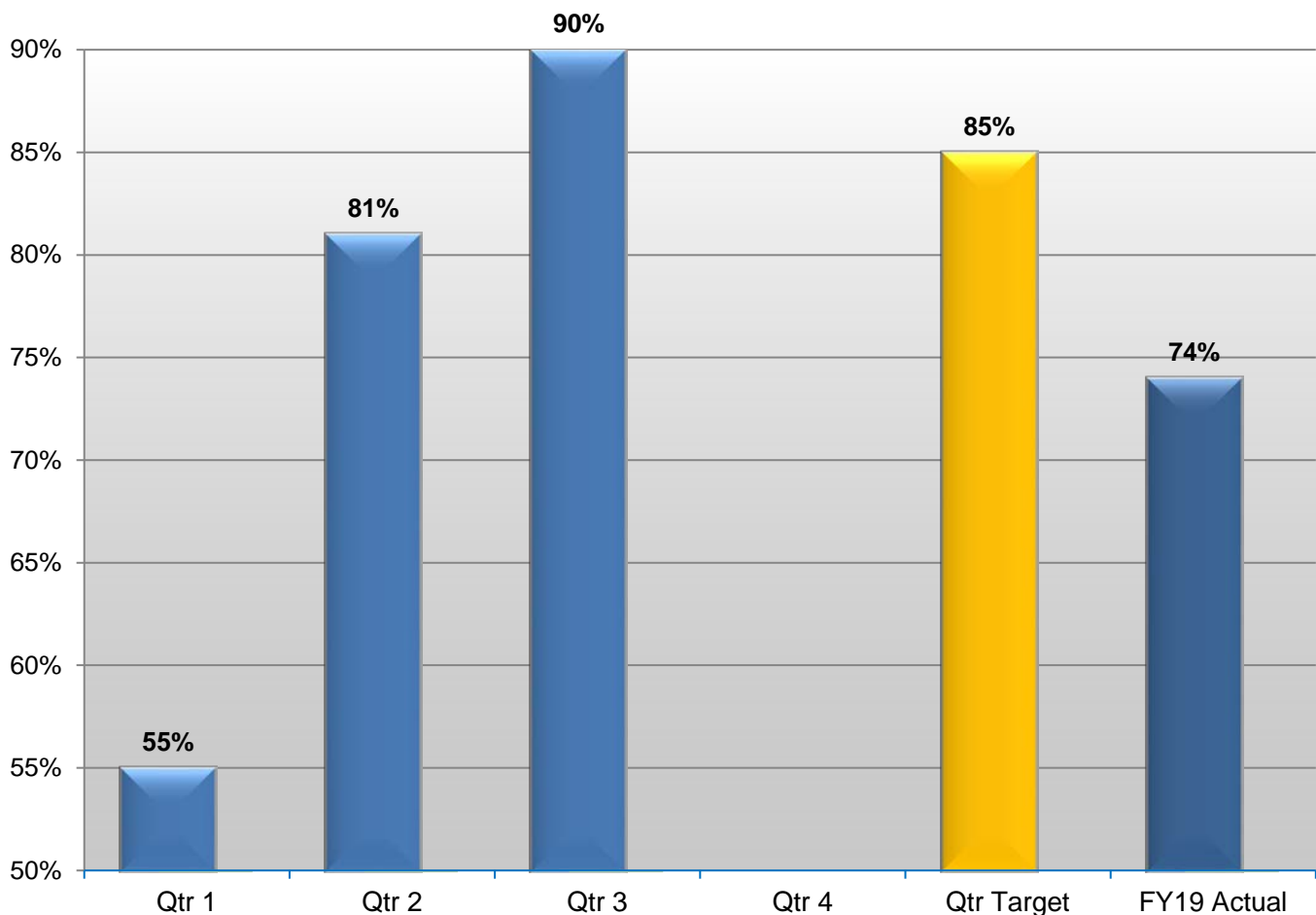
The average length in time, per call was 13 minutes, with the maximum talk time average being 1 hour 30 minutes. This quarter's average talk time is indicative that the calls received by the Aging and Disability Resource Center are complex and require additional time to support the quality of life of beneficiaries. Long-term growth in the populations of elders and caregivers served by the ADRC is expected to continue to increase the volume of calls and length of each call to the ADRC.

The ADRC uses the Alliance for Information and Referral Taxonomy system, to track the topics discussed and reviewed during each counseling session. The SAMS database records such topics, which includes entries by non-ADRC staff.

The top five topics of concern for the third quarter were:

- Medicaid – 4,986 consumers, in which 4,716 were for waiver services and Medicaid counseling.
- Medicare – 3,794 consumers (benefit explanation, enrollment, and counseling).
- Other Senior Services – 4,408 consumers (meals, transportation, senior centers).
- Prescription Drug Assistance – 496 consumers
- Social Security –37 consumers

Percent of calls to the ADRC answered by a live operator



Strategic Priority Served: Support Caregivers

Program and Summary: The ADRC continues to assess consumers for Long-Term Support Services (LTSS) using a person-centered approach through options counseling, which identifies multiple needs of consumers. Options counselors provide over-the-phone counseling in care coordination, which is the process of assisting a client in describing his/her, situation/problem as comprehensively as possible. This in-depth counseling model increases the value and quality of services by dedicating more time to examining consumers' long-term care needs.

Generally, a client recognizes the problem but may not know how to articulate it and/or may not be aware of the resources that are available to the elderly and disabled population in New Mexico. ADRC staff helps clients identify options for addressing their needs, coordinate/navigate New Mexico's aging and disability service systems and obtain objective information and assistance, which empowers them to make informed decisions.

To identify and address the multiple needs of callers, a care coordination model has been developed including an assessment tool, protocols, and a training manual. DoThe care coordination model serves as a guide for counselors to ask callers questions regarding their ability to perform Activities of Daily Living and Instrumental Activities of Daily Living. The topics discussed during the call are documented in the Social Assistance Management System (SAMS) Information and Referral database.

Methodology: 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. 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 percentage 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.

Trend and Benchmark

Source of Data: ADRC Cisco call system database and Social Assistance Management System (SAMS) database queries

Trend:

FY12: 79.3%
FY13: 77.6%
FY14: 87.0%
FY15: 70.0%
FY16: 72.0%
FY17: 85.0%

The results for this measure are affected by a combination of factors:

- Marketing: aggressive marketing through radio, television or print;
- Staffing levels: FTEs available through State General Fund/Medicaid match that are responsible for answering calls;
- Vacancies due to turnover and promotion;
- Average training time for new ADRC staff is 2 months before answering live calls;
- Number of calls, which increased 5% from FY15; and

- Seasonal or special events, such as open enrollment for Medicare, Affordable Health Care open enrollment, or changes to the Medicaid program, which can result in a temporary surge in calls during a quarter.

Note: Although the ADRC has 15 FTEs funded by Federal grants to meet specific program goals and objectives, these positions cannot be used to answer live calls. As a general rule, each FTE that can be used to answer calls accounts for an estimated 5% improvement in the measure, assuming there is no appreciable increase in the current call volume.

Benchmark: The benchmark is based on the past fiscal year data collected from the ADRC. There is no national benchmark.

Key Performance Measure 4: Number of Adult Protective Services investigations of abuse, neglect, or exploitation

FY19

Target: 6,150 (1,537.5 per quarter)

3rd Quarter: 1,772

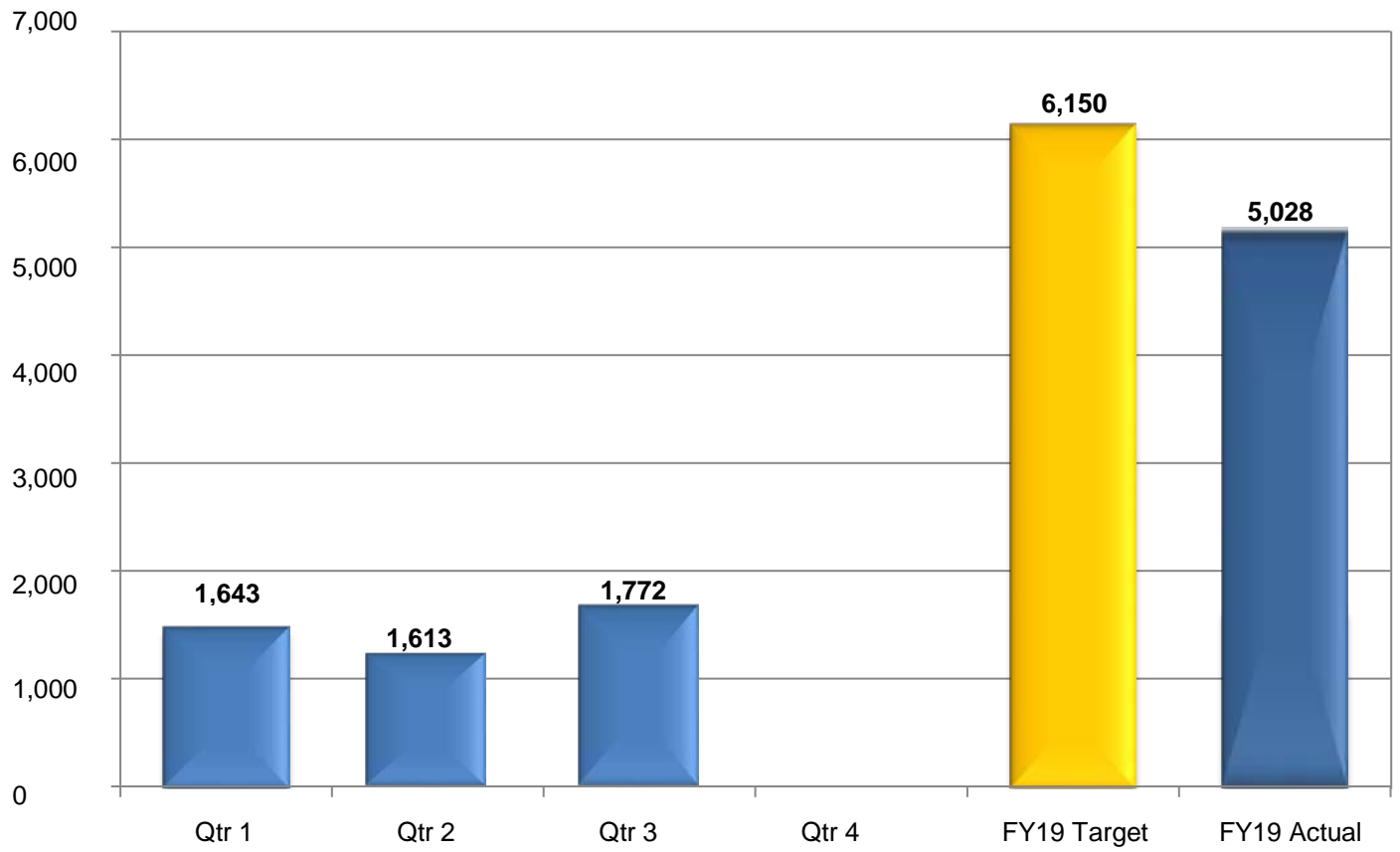
Year-to-date: 5,028

Explanation of performance for Quarter and YTD: Third quarter FY19 investigations exceeded the quarterly investigation's target rate by 234.5 (15.3%). The public made 4,179 reports of suspected abuse, neglect, or exploitation; of which, 1,772 (42.4%) were accepted for investigation.

As of March 31, 2019, the public made 11,446 reports of suspected abuse, neglect, or exploitation, of which 5,028 (43.9%) were accepted for investigation. Year-to-date investigations exceed of the YTD investigation's target of 3,075 by 416.5 or 9%.

Fiscal Year 19	Number of Investigations	Target Number	Difference (+ or -)	Percentage (+ or -)
First Quarter	1,643	1,537.5	105.5	6.9%
Second Quarter	1,613	1,537.5	75.5	4.9%
Third Quarter	1,772	1,537.5	234.5	15.3%
Fourth Quarter				
Total	5,028	4,612.5	415.5	9%

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



Strategic Priority Served: Safeguard Vulnerable Adults and Elders

Program and Summary: APS is mandated by state law to investigate allegations of abuse, neglect, and exploitation in regards to adults, 18 years of age or older who, because of a physical or mental incapacity, lack the ability to self-care or self-protect. APS Investigative Caseworkers travel to the alleged victim’s home to assess the adult’s status, address immediate safety needs and interview case participants who may have knowledge of the incident. As a result of an APS investigation, APS can provide a wide variety of services to remediate or prevent continued harm. Services include but are not limited to Emergency protective placement, short-term case management, home care, contracted adult day care, attendant care, information and referral, or filing of guardianship petitions in district court.

Methodology: The measure reflects the number of investigations conducted by APS of reported adult abuse, neglect, or exploitation. This number derives from subtracting the number of investigations from the total number of reports.

Trend and Benchmark

- Sources of Data: APSS (*Harmony*) Data System Report
- Trend:

Investigations	State Fiscal Year	Number of Adults Receiving Investigations	Benchmark
Year end	FY16	6,315	6,100
Year end	FY17	6,233	6,100
Year end	FY18	6,671	6,100

- Benchmark: Adult Protective Services based its benchmark on actual experience from fiscal year 2016 through 2018. There is no national or federal benchmark for the number of investigations that occur per population.

Key Performance Measure 5: Percent of emergency or priority one investigations in which a caseworker makes initial face-to-face contact with the alleged victim within prescribed time frames

FY19

Target (*quarter and annual*): >99%

3rd Quarter: 99.6%

Year-to-date: 99.7%

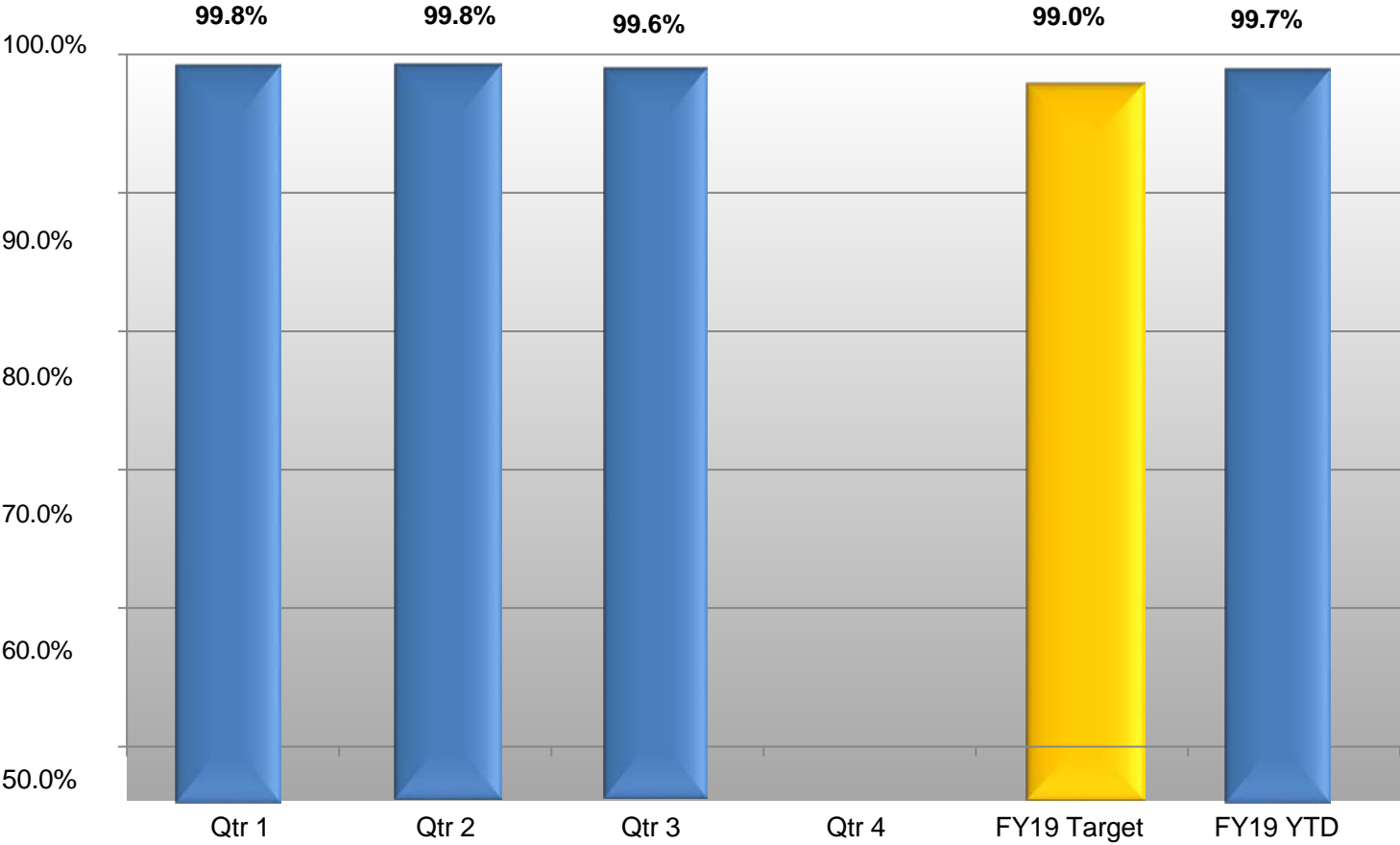
Explanation of performance for Quarter and YTD: During this quarter, APS exceeded the third quarter target rate by 0.6% and, exceeded the year-to-date target rate by 0.7%. APS conducted 1,772 investigations with 522 (29.5%) requiring face-to-face contact within 24 hours or less. Of these, 112 (6.3%) were screened in as emergencies (E) and 410 (23.1%) were priority 1 (P1). Staff responded to 520 investigations within the prescribed timeframes. APS responded to 99.6% of emergency and priority one investigations within the established response times.

On-Time Measure	Number of E and P-1 cases	E and P-1 on time	E and P-1 Late	Percent On Time
First Quarter	534	533	1	99.8%
Second Quarter	527	526	1	99.8%
Third Quarter	522	520	2	99.6%
Fourth Quarter				
Total	1,583	1,579	4	99.7%

E=Emergency (3 hours)

P-1=Priority 1 (24 hours)

E and P-1 Response within Prescribed Timeframes



Strategic Priority Served: Safeguard Vulnerable Adults and Elders

Program and Summary: APS is mandated by state law to investigate allegations of abuse, neglect and exploitation in regards to adults 18 years of age or older who, because of a physical or mental incapacity, lack the ability to self-care or self-protect. An Investigative Caseworker Supervisor reviews all reports of suspected abuse, neglect or exploitation to determine whether it meets the criteria for an investigation. If the referral is screened in, the supervisor assigns a response priority and an APS caseworker conducts an investigation.

Methodology: This measure reflects Adult Protective Services' performance in responding to high priority cases within the assigned timeframe of three hours for an emergency and 24 hours for a priority one investigation. Investigations requiring an emergency or priority one response most often involve an adult's immediate safety and are frequently more complex to resolve. The percentage is derived by subtracting the number of investigations, which are assigned as an emergency or priority one response from the total number of investigations. Obtaining the total number of emergency and priority one investigations and validating whether prescribed time frames were met utilizing the APS case management database (APSS).

Trend and Benchmark

- Sources of Data: APSS (*Harmony*) Data System Reports and records review
- Trend
 - FY16: 99.5%
 - FY17: 99.4%
 - FY18: 99.1%
- Benchmark: There are no national or federal benchmarks related to the percentage of APS investigations in which APS made face-to-face contact within the assigned timeframes.

Adult Protective Services Action Plan

Action	Responsibility	Timeline
Recruit, hire, train and retain a skilled workforce, supporting their development of increased skills, knowledge, and abilities to conduct investigations by providing high quality trainings and other training opportunities as identified.	ALTSD; Adult Protective Services management	Ongoing
Increase the public's knowledge and awareness of the role of Adult Protective Services regarding issues related to the abuse, neglect and exploitation of adults and adults with disabilities, emphasizing the importance of reporting.	APS staff	Ongoing
Remediate or prevent continued abuse, neglect, and exploitation of adults by providing home and community based service interventions which support adults and adults with disabilities to remain safely in the community, or in the least restrictive environment.	Adult Protective Services, through its field staff and service contractors	Ongoing
Foster the adult client's right to self-determination and personal choice.	APS Staff	Ongoing

Key Performance Measure 6: Number of active clients who receive home care or adult day services as a result of an investigations of abuse, neglect, or exploitation.

FY19

Target: 1,500 (375 per quarter)

3rd Quarter: 1,008

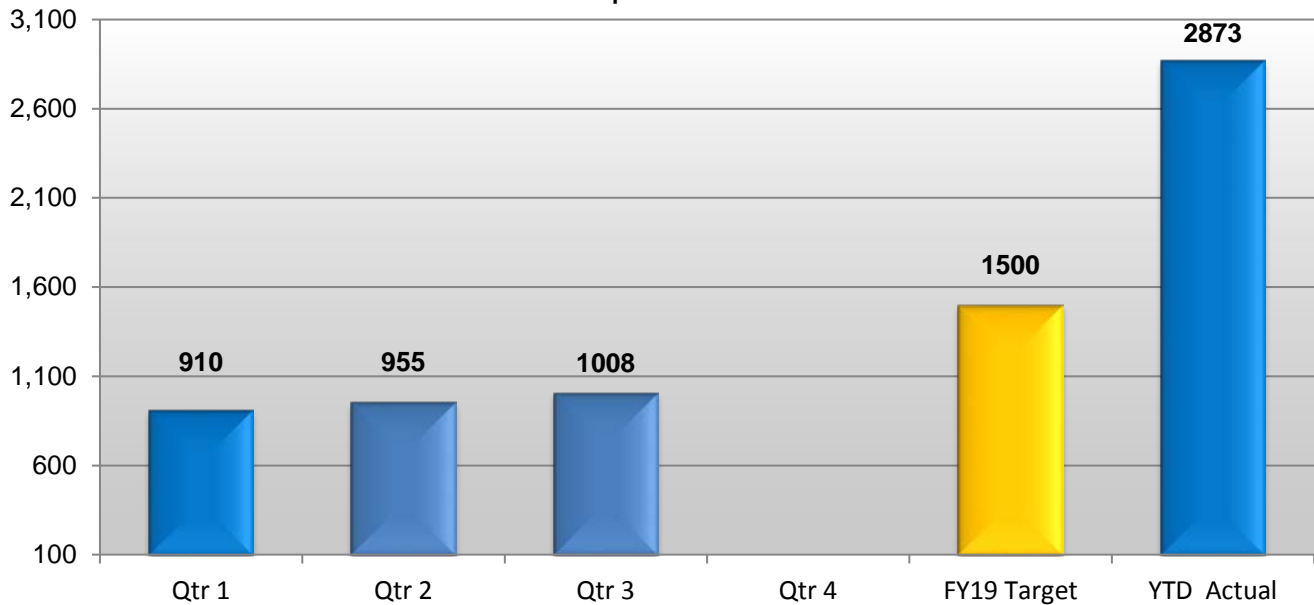
Year-to-date: 2,873

Explanation of performance for Quarter and YTD: In the third quarter of FY19, 1,008 active clients received services as a result of an investigation which exceeded the third quarter year to date target of 375 by 633.

As of March 31, 2019, APS served 2,873 clients who receive home care or adult day services. These clients have actively received services year to date. Prior to the first quarter of FY19, the performance measure was reported annually and unduplicated. This performance measure is now being reported quarterly therefore, each client will be duplicated for each quarter that the client is served.

Fiscal Year 19	Active Clients Served	Target Number	Difference (+ or -)
First Quarter	910	375	535
Second Quarter	955	375	580
Third Quarter	1,008	375	633
Fourth Quarter			
Total	2,873	1,125	1,748

Number of active clients who receive home care or adult day services as a result of an investigation of abuse, neglect, or exploitation



Strategic Priority Served: Safeguard Vulnerable Adults and Elders

Program and Summary: APS is mandated by state law to investigate allegations of abuse, neglect and exploitation in regards to adults 18 years of age or older who, because of a physical or mental incapacity, lack the ability to self-care or self-protect. The department assesses and determines the adult’s need for services based on substantiated allegations.

Adults who have been determined through a department investigation to have been abused, neglected or exploited and are assessed to continue to be at risk may be eligible to receive services on a short term basis through day care, home care, attendant care programs, and client service agents (CSA).

Methodology:

Each home and day care contractor submits a quarterly report consisting of service coordination, discharge and demographic data.

APS Regional Managers submit a monthly report that identifies the number of clients that CSAs serve. These reports are calculated per quarter.

Each attendant provides care for the same client throughout the year and submits monthly timesheets to APS as a request for payment. Attendant Care timesheets are used to indicate that a client is served.

APS calculates the number of active clients served per quarter from the source documentation. Each client will be duplicated for each quarter that the client is served.

Trend and Benchmark

- Source:
 - Home Care and Day Care Contractor Quarterly Reports
 - Attendant Care timesheets
 - Regional Client Service Agent (CSA) reports

- Trend:

State Fiscal Year	Number of Active Clients Receiving Services	Benchmark
FY16	1,520	1,500
FY17	1,181	1,500
FY18	1,217	1,500

- Benchmark: Adult Protective Services based its benchmark on actual unduplicated clients served from FY16 through FY18. This performance measure was identified annually prior to FY19.

Adult Protective Services Action Plan

Action	Responsibility	Timeline
Recruit, hire, train and retain a skilled workforce, supporting their development of increased skills, knowledge, and abilities to conduct investigations by providing high quality trainings and other training opportunities as identified.	ALTSD; Adult Protective Services management	Ongoing
Increase the public's knowledge and awareness of the role of Adult Protective Services regarding issues related to the abuse, neglect and exploitation of adults and adults with disabilities, emphasizing the importance of reporting.	APS staff	Ongoing
Remediate or prevent continued abuse, neglect, and exploitation of adults by providing home and community based service interventions which support adults and adults with disabilities to remain safely in the community, or in the least restrictive environment.	Adult Protective Services, through its field staff and service contractors	Ongoing
Foster the adult client's right to self-determination and personal choice.	APS Staff	Ongoing

Key Performance Measure 7: Percent of older New Mexicans whose food insecurity is alleviated by meals received through the aging network

Strategic Priority: Alleviate food insecurity for at-risk, older New Mexicans so that their daily nutritional requirements are met, fostering health and wellness.

FY19 3rd Quarter

Target: 95%

3rd Quarter Results: 86%

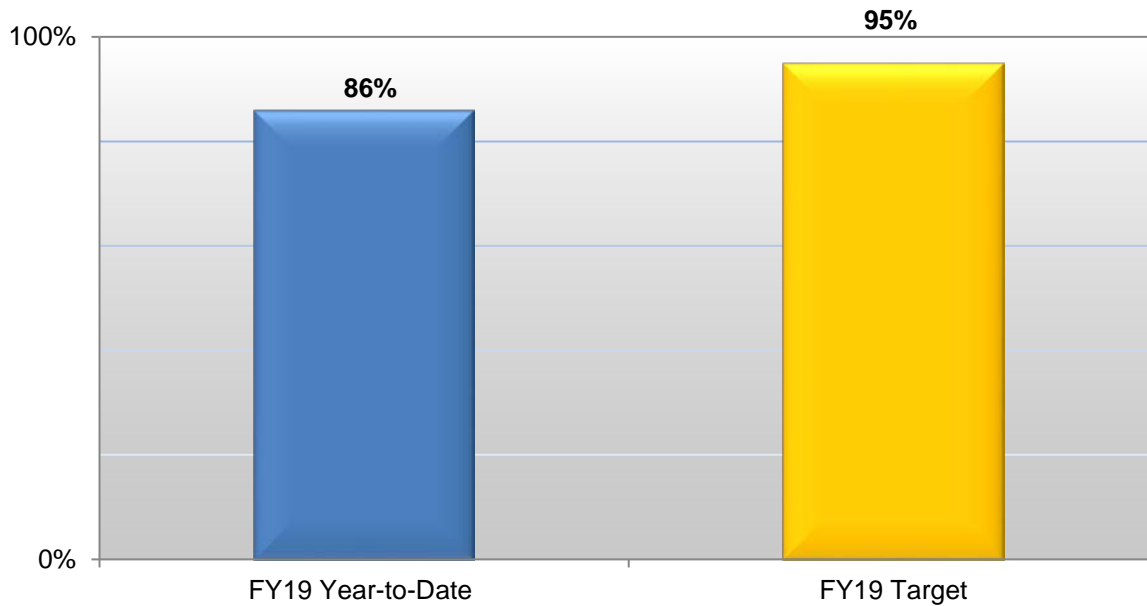
Year-to-Date Results: 86%

Explanation of performance for Quarter and YTD: In the third quarter of FY19, 30,840 people were served 907,500 meals. Of the 30,840 people served, some of them may not be food insecure. However, they were served a meal because they met the requirements of the Older Americans Act, which does not deny services to an eligible consumer. The number of meals served, can fluctuate for various reasons. Each quarter of consumers reflects the unduplicated count for that quarter only; quarters are NOT totaled for the year-to-date count. The Year-to-Date columns reflect the annual numbers of unduplicated consumers served and meals provided to date.

Meals FY19	1 st Q	2 nd Q	3 rd Q	4 th Q	Year-to-Date
Congregate	398,385	416,368	420,467		2,427,842
Home-delivered	491,124	506,278	487,033		1,484,454
Total	889,509	922,646	907,500		3,912,296

Consumers FY19	1 st Q	2 nd Q	3 rd Q	4 th Q	Year-to-Date
Congregate	21,757	23,154	22,836		32,465
Home-delivered	13,201	7,992	8,004		10,024
Total	34,958	31,146	30,840		42,489

Percentage of older New Mexicans whose food insecurity is alleviated by meals received through the Aging Network



Program and Summary: The Aging Network Division serves older adults through cooperative arrangements with New Mexico area agencies on aging for the provision of supportive services, such as congregate and home-delivered meals, transportation, caregiver support, and multipurpose senior centers. The area agencies contract with local and tribal governments and private organizations, to deliver services throughout New Mexico.

Methodology: This performance measure indicates the extent to which congregate and home-delivered meals are alleviating food insecurity amongst New Mexicans age 60 and older (age 55 and older in tribal communities). Food insecurity is defined by the U.S. Department of Agriculture (USDA) as limited access to adequate food due to lack of money and other resources. Aging Network meal providers serve congregate and home-delivered meals to consumers throughout the state, including in rural and tribal

communities. The providers report numbers of meals and consumers served to the area agencies, which, in turn, report them to the ALTSD.

Trend and Benchmark

- Source of Data: Area Agencies on Aging and service providers
- Trend

State Fiscal Year	Number of Persons Served	% of older New Mexicans whose food insecurity is alleviated
FY15	50,832	87%
FY16	54,888	94%
FY17	52,068	123%
FY18	48,937	116%

- Benchmark: The benchmark is based on a study of senior hunger, conducted in 2016 by the *National Foundation to End Senior Hunger, Inc.* The study, released in May 16, 2018, was based on a standardized survey, the Core Food Security Module—, which the USDA uses to establish official household food insecurity rates in the United States. The 2016 study reported that 12.70% of New Mexicans age 60 or older were estimated to be food insecure. According to the 2016 U.S. Census—American Community Survey 1-year estimates (<http://www.census.gov>) the total 60+ population in New Mexico is 476,552, resulting in 60,522 food insecure seniors.

Aging Network Action Plan

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

Key Performance Measure 8: Number of hours of caregiver support provided

Strategic Priority: Provide caregiver support so that older adults and persons with disabilities can remain as independent as possible in their own homes for as long as possible and so that caregivers can receive the support, they need to assist loved ones.

FY19 3rd Quarter

Target: 400,000

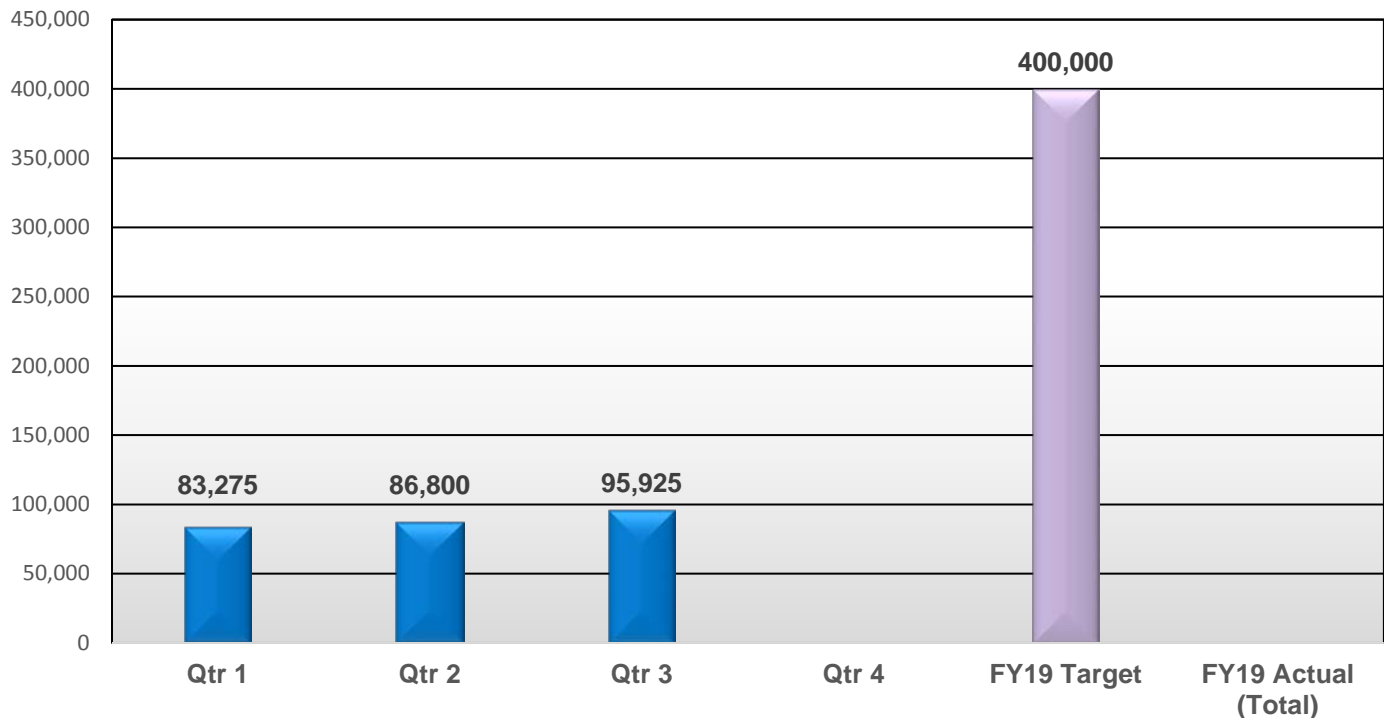
3rd Quarter Result: 95,925

Year-to-Date Result: 266,000

Explanation of performance for Quarter and YTD: Home care, adult day care, respite care, training, counseling, and support groups are key services that support New Mexicans caring for loved ones at home. Advances in medical care have enabled older adults and persons with disabilities to enjoy longer lives. However, the prevalence of chronic conditions, such as dementia and diabetes, has increased, often limiting the ability of individuals to care for themselves. Caregiver support services assist those caring for older adult parents and spouses with chronic conditions, acute diseases, mobility impairments, or dementias. They also assist older parents caring for returning disabled veterans or other younger disabled adult children, as well as kinship caregivers such as grandparents raising grandchildren.

FY19 Services	1st Q	2nd Q	3rd Q	4th Q	Year-to-Date
Home Care	20,262	19,945	20,895		61,102
Adult Day Care	32,577	30,581	33,139		96,297
Respite Care	28,071	29,917	33,616		91,604
Other Support Services	2,365	6,357	8,275		16,997
Total	83,275	86,800	95,925		266,000

Number of hours of caregiver support provided



Program and Summary: The Aging Network Division serves older adults through cooperative arrangements with New Mexico area agencies on aging for the provision of supportive services, such as congregate and home-delivered meals, transportation, caregiver support, and multipurpose senior centers. Area agencies contract with local and tribal governments and with private organizations to deliver services throughout New Mexico. The median age of both current and former caregivers is 61 and the median age of the people they are providing, or have provided care for, is 80. In addition to providing care for elders, caregivers may also be caring for younger family members; 15% are caring for children under age 18, who are living with them.

Methodology: 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 more comprehensively reflect the wide array of support services 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.

Trend and Benchmark

- Source of Data: Area Agencies on Aging and service providers
 - FY14: 379,097
 - FY15: 392,872
 - FY16: 429,612
 - FY17: 397,598
 - FY18: 357,721

- Benchmark: There is no national benchmark for caregiver support. ALTSD has examined respite care compared to other states and concluded that direct comparisons are not possible due to variations in the types of respite care provided and the segments of populations served.

Aging Network Action Plan

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