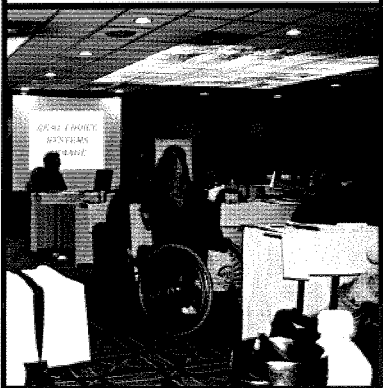
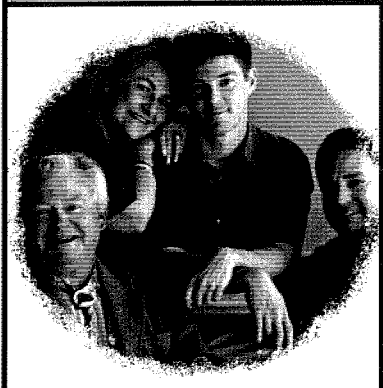


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*Partners in Lifelong Independence
and Healthy Aging*



Annual Report
July 1, 2004 to June 30, 2005

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REPLICATIONS
PROGRAM

New Mexico Aging and Long-Term Services Department

Bill Richardsdon, Governor

Deborah Armstrong, P.T., J.D., Secretary

Annual Report *July 1, 2004 to June 30, 2005*

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Introduction

I am pleased to present the Department's Annual Report for the July 1, 2004 to June 30, 2005 Fiscal Year.

As you read these pages, you will learn that we have added new programs, are preparing to add others, and have some success stories to share.

By establishing this Department, New Mexico is poised and ready for the significant increase in the demand for healthcare services in the next 25 years.

This document distills a year's worth of efforts and accomplishments into 23 pages that reflect our commitment to New Mexico's elders and individuals living with a disability.

The U.S. Census Bureau projects that by the year 2030, 26.4% of New Mexico's residents—more than one in four—will be age 65 or older.

Although the New Mexico Aging and Long-Term Services Department was established less than two years ago, our ongoing endeavors in healthcare services reflect the legacy of what had been the Agency on Aging.

As partners in lifelong independence and healthy aging, we are preparing for that substantial increase in the demand for services and are confident that we will meet this challenge.

Thanks to Governor Bill Richardson's vision and the support of the New Mexico Legislature, the Agency is now a Cabinet-level Department whose focus has expanded but whose mission remains unchanged. Our mission is to establish and deliver social supports and health services to meet the needs of individuals and maximize their independence, enabling them to live successfully on their own terms in their own communities.

How do you measure success? For all of us at the Aging and Long-Term Services Department, success is providing much-needed services to New Mexico's treasured elders and individuals living with a disability. As we cherish those people, so do we cherish our success!



New Mexico Aging and Long-Term Services Department

The Department develops programs and unified public policies that address the delivery of care and services to older persons and individuals living with a disability

throughout New Mexico. The Department is charged with creating a seamless, comprehensive, efficient and cost-effective home- and community-based long-term care system. The Department has the authority to develop and manage budgets and programs, and issue rules and regulations.

The Secretary of the Aging and Long-Term Services Department (ALTSD) is appointed by, and serves at the pleasure of, the Governor. By State statute, the Governor appoints an eleven-member Policy Advisory Committee to advise the Secretary regarding programs, policies, and issues addressed by the Department. The New Mexico Aging and Long-Term Services Department consists of the Office of the Secretary, four divisions, and the Office of Indian Elder Affairs.

The **Office of the Secretary** includes the Department Secretary, two Deputy Secretaries, a General Counsel, and a Public Information Manager.

The **Administrative Services Division** provides fiscal, human resources, clerical, record keeping, and administrative support to the Department in the areas of personnel, budget, procurement, contracting, and capital projects.

The **Aging Network Division** includes the *Employment Programs Bureau* that administers two Older Worker Programs, as well as the Golden Opportunities for Lifelong Development (GOLD) Program and the Business Outreach Liaison Development (BOLD) Program; and the *Community Involvement Bureau* which provides technical and programmatic support for all Older Americans Act programs, area agencies on aging, Volunteer Programs and other aging network contractors, such as Senior Olympics and the New Mexico Alzheimer's Association.

The **Consumer and Elder Rights Division** administers the Long-Term Care Ombudsman Program, Aging and Disability Resource Center, Seniors Saving Medicare Program, Health Insurance and Benefits Counseling Program, Legal Services Development, and a Prescription Drug Assistance Program, including MEDBANK and Brown Bag Assessments.

The **Elderly and Disability Services Division** administers home- and community-based long-term care programs including the Disabled and Elderly Waiver Program, the Personal Care Option Program, the Program of All-inclusive Care for the Elderly (PACE), the Traumatic Brain Injury Program, and *Mi Via*, a Self-Directed Waiver Program in development.

The **Office of Indian Elder Affairs** provides contract management, program monitoring, technical assistance, advocacy and training to New Mexico's 19 pueblos and two Apache tribes with regard to their provision of Older Americans Act services, as well as supporting the efforts of the Navajo Area Agency on Aging and other entities serving Native American Indian elders.

SUCCESS STORIES

Working with people who rely on the Department for answers to their health-care and independent living needs is both challenging and rewarding.

Throughout this report, we share stories about some of the people we have served and the impact of that service on their lives.

Look for these "Success Story" boxes designed to share our sense of accomplishment and satisfaction.

The \$100 Pill, a MEDBANK Story

The doctor prescribed one pill each day. The patient called the pharmacy—and learned that a 30-day supply would cost \$1,800. Her drug insurance would pay only \$300. She couldn't afford \$1,500 per month, so she called MEDBANK. Could we help her?

We checked the drug cost. Depending on potency of the medication, a 30-day supply would cost \$900 to \$2,800. We contacted the drug's manufacturer. Is there a Patient Assistance Program that might supply the drug to the patient, free? Yes! We called the patient with the welcome news.

Most people will never need cancer drugs like Tarceva and Iressa that can cost almost \$100 per pill. But it's not unusual for someone to have prescription drug costs of \$200 or more per month, difficult for someone with a low income, devastating for someone living on a modest retirement budget.

The pharmaceutical manufacturers have a Patient Assistance Program that provides free, brand-name medications to people who can't afford their medications, who don't have drug insurance and aren't eligible for Medicaid. This available help isn't widely known; pharmaceutical makers have little incentive to advertise free drugs.

A bigger problem: Each manufacturer has an application form unlike any other manufacturer's form. The forms are obtained from manufacturers or downloaded from the Internet—not an easy task for many people. Imagine the response a patient might get when she

walks into her doctor's office with a handful of forms and says, "Doctor, please help me fill out these forms."

That's where MEDBANK comes in. The New Mexico MEDBANK Program is part of the Prescription Drug Outreach Program of the Aging and Long-Term Services Department. MEDBANK counselors use an Internet-based program to assist patients and their doctors by gathering required information from them, identifying

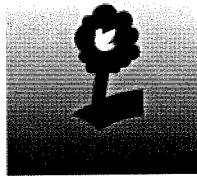
available drugs, preparing applications for their doctors to sign, and submitting them to the drug companies. Doctors, clinics, hospitals and social agencies around the state use the program to assist their patients. In the two and a half years that the MEDBANK program has been in use, more than 3,000 New Mexicans have received free prescription drugs worth more than \$3,000,000.

It can take several weeks to complete the applications and for drugs to reach patients. Until then, patients have to obtain their drugs in some other way or, worse, do without. Fortunately, MEDBANK often can provide a voucher from the New Mexico Medical Insurance Pool, issued through Blue Cross and Blue Shield of New Mexico, that allows

a patient up to \$300 to buy a 30-day supply of needed prescription drugs. This voucher is available after the patient has submitted all required information needed for applications.

MEDBANK counselors are located in the Resource Center in Santa Fe and in the Department's Albuquerque office.

NEW MEXICO



MEDBANK PROGRAM™

The bridge to brighter days ahead.

MEDBANK counselors use an Internet-based program to assist patients and their doctors by gathering required information from them, identifying available drugs, preparing applications for their doctors to sign, and submitting them to the drug companies.

Administrative Services Division

This Division provides administrative support to the Department in the form of financial management, budget, capital projects, contracts, human resources, and other

application, prioritization, budget request submission, legislative testimony, contract preparation, and technical assistance. The 2005 capital package contained \$13.1 million in severance tax bond and general fund dollars.

The Department's Human Resources Bureau is housed in this Division and performs all Department personnel functions, such as job posting, application screening, and provision of benefits information.

administrative support services.

All Department administrative support services, such as supply ordering, clerical support, and reception services, are operated out of this Division.

Division staff maintain an accounting and financial management system that meets federal and state requirements and efficiently generates required reports and audit information.

A major accomplishment for the Division was the successful completion of the seventh consecutive unqualified audit, with no findings or questioned costs. The Division successfully supported the transition of the Traumatic Brain Injury Program from the Department of Health and the Disabled and Elderly Waiver Program from the Human Services Department.

The Division's internal audit effort manages all contracts and awards and federal and state funds and provides ongoing review of financial procedures and contractor operations.

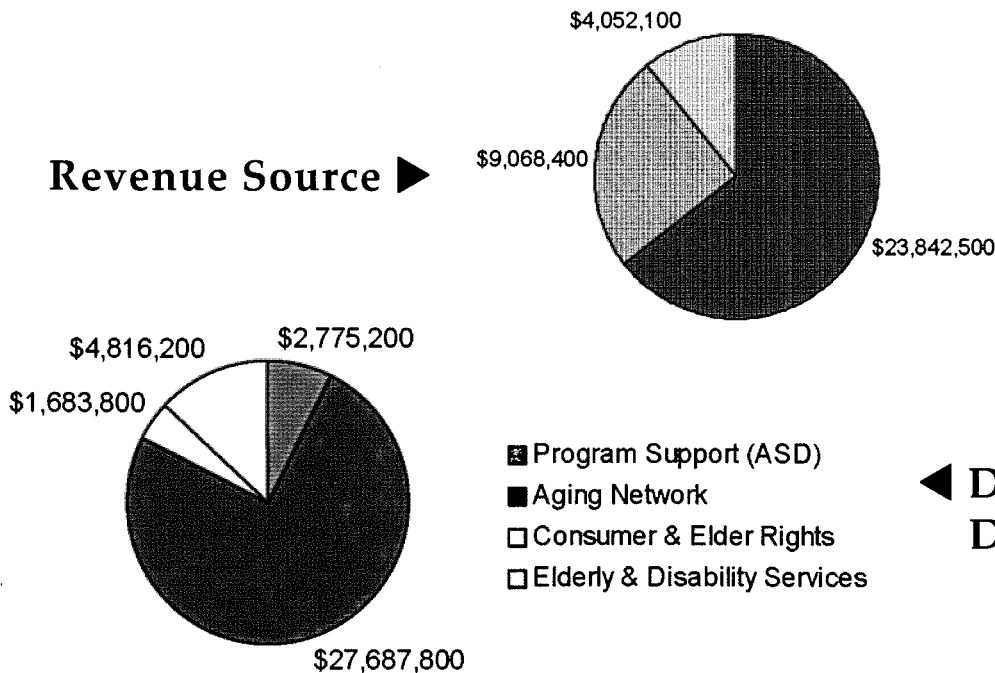
Division staff prepares and processes all payroll and accounts payable.

The Division began the process for the FY06 transition of the Adult Protective Services Program from the Children, Youth and Families Department.

This Division also manages the Department's statewide capital projects process including

The FY04-05 Budget: \$37 million

Revenue Source ▶



◀ Distribution by Division

Aging Network Division

This Division is the "Aging" in the Aging and Long-Term Services Department.

Aging Network providers include senior centers, congregate meal sites, adult day care

allotment of funds through Title III of the OAA, as amended, from the Administration on Aging in the U.S. Department of Health and Human Services.

In New Mexico, these funds are allocated to four of the six area agencies on aging based on an approved intrastate funding formula. The Navajo Area Agency on Aging receives Title III OAA funding through the state of Arizona, and New Mexico's Pueblos and Apache Tribes receive Title VI OAA funding directly from the federal Administration on Aging.

programs, volunteer programs, employment program host agencies, Senior Olympics, the New Mexico Alzheimer's Association, and others. Aging Network contract providers help families remain together, at home, in their own communities. These providers create a safety net for the vast majority of New Mexico's elders, those who don't qualify for Medicaid but whose resources are limited, those whose families are stretched to capacity caring for loved ones at home.

Employment and volunteer opportunities enable older adults to remain active, vital members of their communities. Financial subsidies offered by the employment programs and by some of the volunteer programs help seniors maintain their economic independence. The Aging Network is the only resource for many New Mexicans.

Aging Network Services

New Mexico's share of federal Older Americans Act (OAA) funding, and significant state Aging Network funding, provides for a comprehensive array of services and the administrative infrastructure to deliver those services. The Department receives an annual

Mrs. R began serving as a Senior Companion in April 2001. The first client assigned to her was Mrs. P, a 99-year-old woman who lived by herself. Mrs. P was homebound and very lonely, rarely receiving outside visitors. Mrs. P has one son who lives in another part of New Mexico and two daughters who live out of state.

One morning, Mrs. R called Mrs. P to see how she was feeling, as Mrs. R had taken her to a doctor's appointment the day before. Mrs. P didn't answer her telephone, however, so Mrs. R decided to drive to Mrs. P's home to check on her. She knocked on the front door, but Mrs. P didn't answer the door. Mrs. R then proceeded to knock on the back door, and again, no answer.

Due to her Senior Companion training, Mrs. R knew to call the Emergency Medical Technician at the Fire Department. They immediately sent an ambulance to Mrs. P's residence. The EMT knocked on the door, did not get a response, and then broke through the back door to get in. Mrs. P was found on the floor where she had fallen the night before. Mrs. P's pulse was very slow and she was very cold. They rushed her to a hospital. She was admitted and treated for pneumonia, but released a few days later. Mrs. P is now 103 years old, and doing well. Her family recently admitted her to a nursing home where she enjoys socializing with others. Mrs. R, as a Senior Companion, was able to support Mrs. P to remain independent in her own home and community for the past four years.

New Mexico provides state funds as appropriated by the New Mexico State Legislature to all six of its area agencies on aging. Each area agency plans for, develops, and implements a system of services for individuals age 60 and older, or age 55 and older in the Native American Indian communities. All services are targeted to those with the greatest economic and/or social needs, with particular emphasis on minority older persons with low incomes and older persons residing in rural areas.

Community Involvement Bureau

Within the Aging and Long-Term Services Department, the Community Involvement Bureau's programs are the focal point for services to older adults within the state of New Mexico, giving the Bureau the significant role of interfacing with both area agencies on aging and Aging Network providers statewide.

The Community Involvement Bureau provides technical and programmatic support for all state- and federally funded OAA programs, area agencies on aging, federally sanctioned volunteer programs, and other contractors, such as Senior Olympics and the NM Alzheimer's Association.

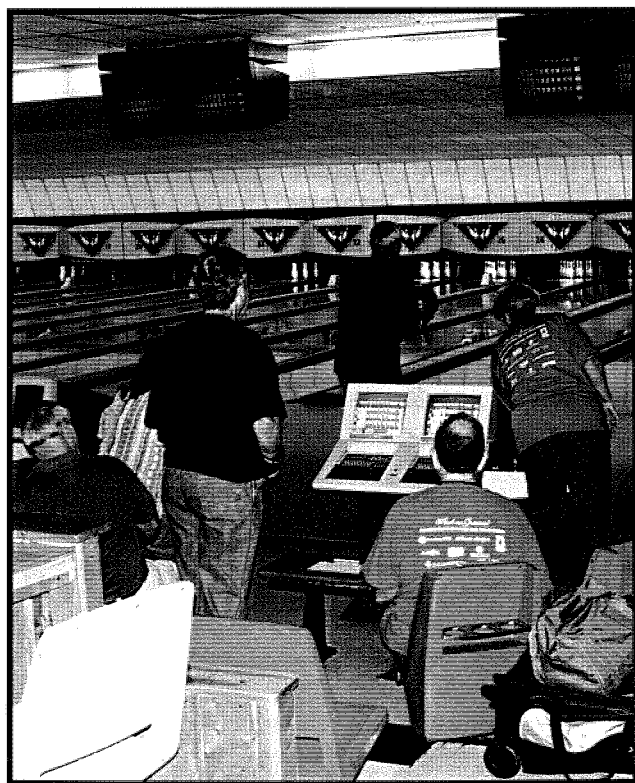
The Bureau is responsible for approving area plans to ensure a

statewide comprehensive and coordinated system of service delivery. The Bureau engages in collaboration and coordination with both the public and private sectors, including legislators, providers, consumers, other state agencies, and the federal Administration on Aging. Other areas of responsibility include: provision of training and technical assistance; grant writing and management; fiscal management; policy development for statewide services; contract negotiation and management; and legislative development and liaison.

Caregiver Support Services

With the reauthorization of the Older Americans' Act in 2000, the National Family Caregiver Support Program was established to assist those who are struggling with the daily task of caring for older family members.

The Family Caregiver Support Program targets family caregivers of older adults, as well as grandparents and older adult caregivers of children or younger adult relatives with disabilities. Emphasis is placed on serving older individuals with the greatest social and/or economic needs, with



Bowling is a popular Senior Olympics activity

particular attention to those with low-incomes and those providing care and support to persons with mental retardation or developmental disabilities.

Alzheimer's Disease Program

The New Mexico Alzheimer's Disease Program began in 1993 after a statewide study identified the needs of families and individuals effected by Alzheimer's Disease and related dementias. Services provided under this program include caregiver training conferences, information and assistance, support groups, provider training, dissemination of culturally sensitive educational materials, and advocacy.

A statewide Alzheimer's Disease Advisory Group identifies service gaps and evaluates and recommends service enhancements. The Department currently administers a federal Alzheimer's Disease Demonstration Grant awarded by the Administration on Aging. The purpose of this award is to enhance and expand the current service delivery system for families of individuals with Alzheimer's Disease and related dementias, particularly in underserved rural areas and tribal communities.

Nutrition Program

The Elderly Nutrition Program is authorized by the OAA and is funded through state and federal dollars. The program provides breakfast, lunch and/or dinner to individuals aged 60 and older, or 55 and older in tribal programs, with an emphasis on those with the greatest social and/or economic needs.

Meals and other nutrition services are provided in a variety of settings, such as senior centers and community centers, as well as delivered to individual homes. Nutrition screening, assessment, education, and counseling are provided to help enhance the health and well being of participants.

Home-delivered meals are provided to frail elders who are unable to prepare their own meals, or for whom there is no one else available to do so. Individuals age 60 and older who are homebound by reason of illness or disability, or otherwise isolated, are given priority in receiving home-delivered meals. Spouses of persons receiving home-delivered meals, regardless of age or condition, may receive home-delivered meals, based on criteria developed

by area agencies, if the receipt of such meals is in the best interest of the homebound persons. The Nutrition Program prevents malnutrition and maintains seniors' independence, enabling them to remain in their own homes and communities. Meals are provided to seniors at least once a day, five days or more a week. Meals served under the program comply with the 2005 USDA Dietary Guidelines for Americans, as well as federal and state nutrition policies.

Seventy-two year-old Mrs. K applied for an employment training position with the Department's Older Worker program. She was placed as a program assistant in a rural community beautification program. Mrs. K was trained to conduct community outreach and membership drives, as well as to coordinate special events. The program was so pleased with Mrs. K that she was hired permanently by the organization at a salary of \$7.50 per hour. The additional income enabled Mrs. K to remain independently in her own home and to remain active and involved in her community.

volunteers serving about 1,359 homebound clients annually. These volunteers provide more than 349,800 hours of service each year.

Retired and Senior Volunteer Program (RSVP)

RSVP has the dual purpose of engaging persons 55 years of age and older in volunteer service to meet critical community needs and to provide high quality experiences to enrich the lives of the volunteers. RSVP encourages older adults to

share their lifetime talents, experiences, skills, and hobbies with community projects and organizations needing volunteer talent.

New Mexico has 17 RSVP sites with more than 7,300 volunteers enrolled at 970 volunteer stations throughout the state. RSVP volunteers provide more than 1,145,800 hours of service to their respective communities throughout New Mexico each year.

Volunteer Programs

Foster Grandparent Program (FGP)

The FGP offers meaningful part-time volunteer opportunities to persons with low incomes, aged 60 and older, who provide one-to-one supportive services to children with special or exceptional needs.

Foster Grandparents serve in health and social services settings and help to address children's physical or psychosocial needs. Foster Grandparents receive stipends to support their volunteer work. The children served by the program maintain or improve their physical and/or psychosocial development. New Mexico has 20 Foster Grandparent Programs, with more than 750 active volunteers serving about 2,345 children annually. These volunteers provide more than 604,400 hours of service a year.

Senior Companion Program (SCP)

The SCP offers meaningful part-time volunteer community service opportunities to persons with low incomes, aged 60 and older, who provide supportive one-to-one services to older adults who need assistance to remain independent in their own homes. These adults may have physical or psychosocial needs, developmental disabilities, or other special needs; services are provided in the clients' homes.

Senior Companions receive stipends to support their volunteer work. The program helps frail elders maintain their independence. New Mexico has 22 Senior Companion Programs, with 440 active

Health Promotion

Health Promotion includes the provision of planned activities to maintain or improve physical or mental well-being, accomplished through personal or collective behavioral and/or environmental change. Health Promotion activities are designed to foster dignity, maintain independence, and build knowledge/skills to help older adults make informed choices about life and health issues, both for themselves and as members of the community.

Employment Programs Bureau

The Employment Programs Bureau includes two Older Worker Programs: A federally-funded Title V Senior Community Service Employment Program; and a state-funded Senior Employment Program, as well as the Golden Opportunities for Lifelong Development (GOLD) Program and the Business Outreach Liaison Development (BOLD) Program. The Older Worker programs provide training and subsidized employment opportunities to more than 250 people statewide. These programs partner with senior centers, other aging network providers, and public and private employers to provide jobs, job

The Navajo Reservation is very rural and isolated and a significant number of households do not have telephone service. The Navajo Nation Office of Economic Development reports that the service area is economically depressed and has an unemployment rate of 43%. Most homes are accessible only by traveling on two-wheeled dirt roads. Distances between the senior centers and seniors' homes often exceed 15 miles one way. At many of the Navajo Senior Centers, the phone is the

main hub of communication for elders in the community. The site manager will place calls for elders and take messages when the elder is not there for the call.

This "telephone service" use is especially important during emergencies. An example of the importance of this occurred recently when an elderly woman's daughter and granddaughter were injured in a car accident in rural New Mexico. The elderly woman was notified of the accident through the

senior center. Follow-up calls regarding the condition of her family were received through the senior center. The elder was also able to make calls to the hospital to check on the condition of her daughter and granddaughter, both of whom are recovering. The role of the senior center as a focal point has allowed families to connect and to receive needed support services in the community. The senior center truly is a center for communication as well as a critical link to the outside world.

training, and employment services throughout New Mexico.

The GOLD Program provides mentoring services to young at-risk adults entering or reentering the workforce, as well as others who may be

experiencing barriers to employment, through statewide satellite offices.

The BOLD Program provides supportive liaison services to business and industry to facilitate the use of One-Stop Employment Centers and encourage the employment of older workers.

Planning and Service Areas (PSAs)

New Mexico is unique in its establishment of planning and services areas. Five planning and service areas are designated under federal law, and a sixth is designated under state law. These areas are:

- PSA 1** Bernalillo County. Designated area agency: The City of Albuquerque.
- PSA 2** Cibola, Colfax, Los Alamos, McKinley, Mora, Rio Arriba, Sandoval, San Miguel, San Juan, Santa Fe, Taos, Torrance, and Valencia counties. Designated area agency: The North Central New Mexico Economic Development District.
- PSA 3** DeBaca, Chaves, Curry, Guadalupe, Eddy, Harding, Lea, Lincoln, Quay, Roosevelt, and Union counties. Designated area agency: The Eastern New Mexico Area Agency on Aging, Inc.
- PSA 4** Catron, Doña Ana, Grant, Hidalgo, Luna, Otero, Sierra, and Socorro counties. Designated area agency: The North Central New Mexico Economic Development District.
- PSA 5** The Navajo Nation, which essentially carves out areas of Bernalillo, Cibola, McKinley, Sandoval, San Juan, and Socorro counties. PSA 5 is an interstate planning and service area established by the State of Arizona. Designated area agency: The Navajo Nation.
- PSA 6** In addition to the federal PSA designations, under State authority, the Department has designated PSA 6, which encompasses New Mexico's 19 Pueblos and two Apache Tribes. Designated area agency: The Department's Office of Indian Elder Affairs.

Consumer and Elder Rights Division

The programs within the Consumer and Elder Rights Division assure elderly and disabled citizens of New Mexico protection of their rights to adequate standards of care

and access to essential benefits, goods, and services. These protections occur through direct counseling, information and referral, care coordination, legal advocacy, and quality management activities.

Services are delivered through five bureaus: The Long-Term Care Ombudsman Bureau; the Aging and Disabilities Resource Center; the Legal Services Development Bureau; the Benefits Counseling Bureau; and the Prescription Drug Assistance Bureau.

Beginning in FY 2006, an Adult Abuse Prevention and Enforcement Section will be created to ensure that incidents of adult abuse, neglect and

One of the most interesting Ombudsman cases involved an elderly Texas woman who suffered a ministroke and was taken to the hospital by her daughter. After the woman was discharged from the hospital, the daughter placed her in a Lovington nursing home and was awarded temporary guardianship by a Texas court. When the Ombudsman volunteer met the woman in the nursing home, she realized that the woman was competent, that she did not need a guardian, and that she wanted to go home. Working with a Hobbs attorney, the volunteer traveled to Texas to testify on the woman's behalf at the permanent guardianship hearing. The guardianship petition was defeated, and the court ordered the daughter to return more than \$100,000 she had taken from her mother.

exploitation are fully identified, carefully investigated, properly documented, and aggressively prosecuted. Consistent with this approach, the Division also will add an HIV/AIDS Consumer Advocate to its staff in FY 2006, in

response to a legislative mandate from the 2005 legislative session.

Long-Term Care Ombudsman Bureau

The Long-Term Care Ombudsman Bureau advocates for the recognition, respect and enforcement of the civil and human rights of residents of long-term care facilities in New Mexico. In addition to a small number of highly skilled staff, many volunteers throughout the state regularly visit nursing homes and other long-term care facilities to ensure that residents are properly treated.

The Ombudsman Bureau's primary duty is to investigate and resolve complaints made by or on behalf of residents. In discharging this duty, the Bureau often coordinates with other state agencies, including the Department of Health, Human Services Department, and the Adult Protective Services Division, which transfers from the Children, Youth and Families Department to the Aging and Long-Term Services Department on July 1, 2005.

Aging and Disability Resource Center

Since late 2004, this state-of-the-art information and assistance call-in center has been in full operation. The goal of the Resource Center is to provide access to information, assistance, referrals, and advocacy in those areas of daily living that will maximize personal choice and independence for seniors and adults with disabilities throughout New Mexico, as well as for their caregivers. Resource Center staff facilitate access to a variety of services, including state and federal benefits, prescription drugs, in-home and community-based care, housing, and caregiver support. The Resource Center has quickly become a statewide clearinghouse for services provided by other public and private entities, including the Disabled and Elderly Waiver, Medicaid, and Medicare. In mid-2005, the Center became host to the Santa Fe County 211 information and referral system, sponsored by the local United Way. As the center grows, it will focus on providing

coordination of care for the consumers of its services.

Legal Services Development Bureau

This Bureau provides advocacy and legal representation to assist older adults with the greatest economic or social needs in securing and maintaining government benefits, housing, health care, basic human rights, consumer protection, and domestic relation protection. Contractors provide statewide services that range from brief telephone consultation to more intensive personal contacts, including in-home visits under certain circumstances, and legal representation in judicial and administrative settings. Coordination of care is provided through linkages with the Long-Term Care Ombudsman, the Aging and Disabilities Resource Center, Benefits Counseling Bureau, Prescription Drug Assistance Bureau, and the Adult Protective Services Division of CYFD. The Department funds the New Mexico Bar Association to operate a hotline and coordinate a pro-bono panel of attorneys to provide legal services to older adults statewide.

Benefits Counseling Bureau

The Benefits Counseling Bureau is the federally designated State Health Insurance Program (SHIP), which in New Mexico is called the Health Insurance and Benefits Assistance Corps (HIBAC). Through a dedicated and diverse network of trained volunteer counselors and a small number of expert staff members, the Benefits Counseling Bureau provides information about, and assistance in accessing, the full range of benefits for which seniors and adults with disabilities may be eligible. These benefits include, but are not limited to, Medicare, Medigap Insurance, Medicare Savings Programs, prescription drug assistance, long-term care financing, patient rights and appeals, utility and food assistance, legal services, veterans and retired military benefits, Social Security, and housing. Volunteers are located statewide at senior centers, religious congregations, pharmacies, the Resource Center, Social Security offices, Income Support offices, and at many health



fairs. The Benefits Counseling Bureau also includes the Seniors Saving Medicare Program. This program recruits and trains retired professionals to identify waste, fraud, abuse, and misuse in the Medicare and Medicaid programs, as well as educates beneficiaries and their caregivers in becoming better health care consumers.

Prescription Drug Assistance Bureau

This Bureau seeks to ensure that seniors and adults with disabilities obtain the medications they need at costs they can afford. In addition to providing counseling about specific programs for citizens with low incomes and veterans, staff in this program provide information about many insurance plans, discount cards, and other options for accessing prescription drugs. This program is staffed largely with AmeriCorps volunteers. They administer the New Mexico MEDBANK Program that provides access to free or low co-pay brand name prescriptions directly to consumers from drug manufacturers. Beginning in 2005, state funds were made available to provide vouchers to consumers to purchase medications during the gap period between application for MEDBANK services and receipt of medications. In conjunction with volunteer pharmacists, staff from this Bureau also provide medication assessments at many senior fairs and health fairs around the state.

Consumer and Elder Rights Division Fiscal Year in Review

Health Insurance and Benefits Assistance Corps (HIBAC)

- ☞ 30,000 client contacts were made during the fiscal year.
- ☞ 48 volunteer trainings were conducted during the fiscal year.
- ☞ A total of 386 volunteers are active in the program.
- ☞ 28 statewide outreach events regarding the Medicare Modernization Act—specific to Medicare Drug Discount Card and Transitional Assistance—were conducted during the fiscal year.
- ☞ Staff and/or volunteers participated in 22 community or hospital sponsored health fairs throughout the state.

Senior Medicare Patrol Project

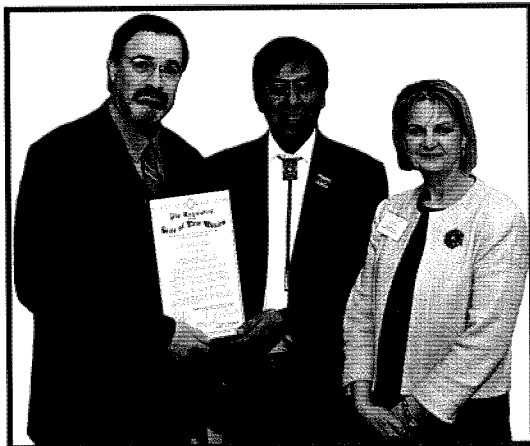
- ☞ Investigated 88 new cases involving Medicare/Medicaid waste, fraud, abuse, or underutilization review.
- ☞ Monetary recovery of \$779,137 during this fiscal year.
- ☞ Full scholarships were awarded to volunteers for the annual New Mexico Conference on Aging.
- ☞ Continued community outreach and education regarding Medicare and Medicaid waste, fraud and abuse throughout the state. Senior Medicare Patrol Project staff and volunteers provided 106 training and outreach events for the fiscal year.

Benefits Counseling Bureau Prescription Drug Assistance

- ☞ Helped more than 1,200 of New Mexico's medication-dependent residents find cost effective, reliable sources to access prescription drugs.
- ☞ Increased the number of citizens receiving free or low-cost prescriptions from all MEDBANK sites by 38%.
- ☞ Increased community-based outreach venues by 161%.
- ☞ Distributed 233 \$300 vouchers to eligible MEDBANK clients.

Legal Services Development

- ☞ Statewide legal services request for proposals completed and contract awarded for 2006 to the Lawyer Referral for the Elderly Program (LREP).



- ☞ Fiscal Year statistics exceeded the contract parameters: 4,151 intakes for LREP; 11,680 hours for LREP; more than 17,000 hours for Senior Citizens' Law Office and LREP.
- ☞ An award for a pro bono panel attorney was made to Farmington attorney F.D. Moeller during the legislative session. Mr. Moeller was presented awards on both the House and Senate floor for his outstanding work in representing low-income seniors and Indian seniors in Navajo courts.

◀ *F.D. Moeller, left, with Sen. Leonard Tsosie and Secretary Debbie Armstrong following his awards presentation.*

Aging and Disability Resource Center

On July 1, 2004, the Long-Term Care (LTC) Link contract began the transfer process to ALTSD. A dedicated Cisco Call Center Manager software product was installed to create a powerful access tool to the Resource Center. Total volume for the year exceeded 34,000 calls.

The D&E Central Registry was recreated and transferred from LTC Link by a special team of IT and Program Staff in less than three months, from October to December, 2004.

Temporary staff were hired to start business on December 21, 2004. Between that date and June 30, 2005, more than 2,700 new clients were added to the registry and 450 existing registrants were sent Letter of Interest packets for the D&E Waiver.

More than 6,000 contacts were made to 3,846 clients requesting general benefits counseling services. During this time, the focus was on the new Medicare Prescription Drug Discount Card and the overall benefits changes to Medicare.

A new facility was completely renovated for the Resource Center, requiring custom furnishings, window treatments, electrical, and computer installations.

Long-Term Care Ombudsman Program

Total cases: About 3,800.

Total resident contacts: About 83,000.

The Long-Term Care Ombudsman Program was on site to assure that residents' rights were protected during their transitions to other living arrangements when two major nursing homes—one in Carlsbad and one in Ruidoso—closed. The Program also was on site to protect residents when the Department of Health shut down several unlicensed assisted living facilities.

The Program continued to press for and participate in the "culture change" initiative in long-term care facilities.

The Program continued to promote the use of "granny cams" in long-term care facilities.

The Program continued, along with other agencies, to audit the nursing home industry.

During March 2005, staff handled a number of individual cases worthy of note. These included the case of D.M., an 83-year-old widow who for several years has resided in an assisted living facility, aided by the Medicaid D&E waiver program. At the beginning of January, she was suddenly notified that her D&E coverage—and, inter alia, vital prescription drug coverage that went along with it—were being terminated. As a result, D.M. would have

to leave the only home she had known for more than four years, and likely would be forced to go to a nursing home. D.M.'s plight was brought to the Benefits Counseling Bureau's attention by the Department's Benefits Counseling Program, to whom D.M.'s legal guardian had first turned for help. It turned out that the termination had been caused by inadequate advice and assistance the guardian claimed she had received from private and public sources.

Project staff intervened in the case—contacting the state's Income Support Division, the Human Services Department's hearings bureau, and the Department's own D&E staff, and developed a plan to get D.M.'s coverage restored. Under this plan, coverage was restored, effective April 1. As a result, D.M. will get the Medicaid D&E assistance she needs and qualifies for, worth about \$22,460 to her this year alone.

Elderly and Disability Services Division

The Elderly and Disability Services Division is responsible for the administration of the Disabled and Elderly Waiver (D&E) Program, the Personal Care Option (PCO) Program, the

Program of All-inclusive Care for the Elderly (PACE), *Mi Via*, and the Traumatic Brain Injury (TBI) Program. These programs provide support to enable older adults and individuals with disabilities to remain in their own homes and communities or to return to their homes from a nursing facility or institution. The Division also advocates for each consumer to live in the least restrictive environment, and provides education and training for consumers, case managers, and direct service providers.

Disabled and Elderly Waiver Program

The D&E Waiver Program serves persons who are eligible both medically and financially for the Medicaid institutional level of care. D&E is not an entitlement program. The number of slots is limited and dependent upon federal approval and state appropriations. Individuals eligible for services may have their names placed on a central registry until slots become available. Services include mobility assistance, personal emergency response system, nutritional counseling, home health care, chore/

Ms. G is a 60-year-old woman who receives services from the Disabled and Elderly Waiver Program. Ms. G resides in the Raton area with her two dogs. She sustained her disability from a motor vehicle accident in 1985, resulting in paraplegia, blindness in her left eye, and amputation of her left foot.

Through the D & E Waiver Program, Ms. G receives 25 hours a week of homemaker services to assist her with the needs of daily living. Some of the duties include shopping, housekeeping, and errands. Ms. G has maintained her independence to the maximum level possible with the support of the D&E Waiver services and natural supports, which include her neighbors and members of her church.

Ms. B is a caregiver for Mr. C, her younger brother, who has Downs Syndrome and a diplastic hip. Prior to PCO, she had to coordinate a confusing array of neighborhood support in addition to shuttling home from her job. The services Mr. C and Ms. B have received from the PCO program not only provided improved assistance and coordination, but also enabled Ms. B to be more productive at work and greatly reduce her stress level.

home maintenance services, home improvement, respite care, social day care, home delivered meals, and medical/social services.

Personal Care Option Program

The PCO Program is designed to improve the quality of life for individuals with disabilities and health conditions, and to prevent them from entering nursing facilities. Personal Care attendants provide a range of in-home services that enable individuals to live in their own homes and achieve the highest level of independence possible. The PCO Program is available to individuals eligible for Medicaid coverage, 21 years of age or older, who meet the level of care required for nursing facilities due to disability or functional limitations. Two options are available:

Consumer-Directed: A consumer acts as his/her own employer—selecting, hiring, training, supervising, and terminating (if necessary) his/her personal care attendants. The type of training attendants receive is at the direction of consumers. A contract provider, not a consumer, serves as the fiscal agent however, and is responsible for processing all financial paperwork and issuing payroll.

Consumer-Delegated: A contract provider performs all employer related tasks—hiring, training, supervising, and terminating (if necessary) personal care attendants. The same contract provider that employs the personal care attendants also is responsible for processing all financial paperwork and issuing payroll.

In both options, consumers may select family members (other than spouses), friends, neighbors, or

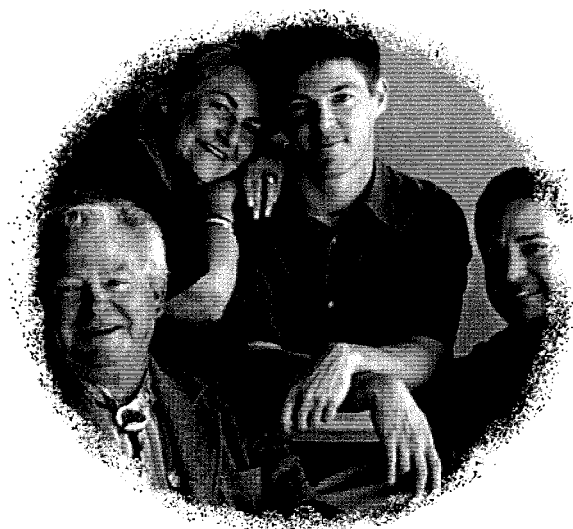
anyone of their choice as their attendants. All attendants must be 18 years of age or older, and be able to pass a nationwide caregivers' criminal history screening.

Program for All-Inclusive Care for the Elderly

PACE provides an integrated service delivery system including primary care, home care, rehabilitation services, personal care, meals, transportation, pharmacy, and hospitalization, funded by combining Medicare, Medicaid, and private financing. Enrollees in the PACE plan must be at least 55 years old, live in the PACE service area, and be certified as eligible for nursing home care per Medicaid criteria. The comprehensive service package permits most enrollees to continue living at home while receiving services rather than be institutionalized. Capitated financing allows enrollees to receive all needed services without the limitations of Medicare and Medicaid reimbursement restrictions. An interdisciplinary team of professional and paraprofessional staff assesses enrollees' needs, develops care plans, and delivers all services, including acute-care services coordinated as a seamless system of care. PACE provides the majority of services available in an adult day health center—a combination primary care clinic, adult day-care program and rehabilitation center—supplemented by in-home and referral services in accordance with each enrollee's needs.

Traumatic Brain Injury Program

The TBI Program provides case management, life skills training, and crisis interim services to residents of New Mexico. Individuals are eligible for services if they have been diagnosed with a traumatic brain injury, which has been confirmed by a physician or psychologist. TBI is defined as an assault to the brain from an outside physical force, which has caused temporary or permanent diminished cognitive or physical impairment. A TBI may, or may not, cause total functional disability and/or psychosocial disorientation. TBI services are available statewide.



Individuals who reside in institutions are not eligible to receive services. The TBI Program is funded, in part, from a \$5 fee that is added to all New Mexico traffic violation tickets.

Mi Via (My Way)

New Mexico's Self-Directed Waiver Program

This program is being developed with a planning grant from the Robert Wood Johnson Foundation Cash and Counseling Initiative. Grant funding will enable the state to implement significant changes in its home and community-based services delivery system for older adults and individuals with disabilities, who currently are receiving Medicaid waiver services, as well as individuals with an acquired brain injury. *Mi Via* will result in a rebalancing of the traditional Medicaid waiver programs to provide consumers with choice and control of services and care—the *self-directed* model. The Department, in partnership with the Human Services Department and the Department of Health, currently is developing a 1915c self-directed waiver application for submission to the Centers for Medicare and Medicaid Services (CMS) for approval prior to the implementation of *Mi Via*.

Office of Indian Elder Affairs (PSA 6)

In 1991, the New Mexico Agency on Aging (now the New Mexico Aging and Long-Term Services Department)

entered into a joint powers agreement with the New

Mexico Indian Affairs Department to create the first state-designated Native American Indian Area Agency on Aging. The Departments' joint intent was to empower the Indian Area Agency on Aging with roles and responsibilities similar to the federally designated area agencies so it would become the lead advocate for Indian elders in the state. In 2000, the Indian Area Agency on Aging was placed within

what is now the Aging and Long-Term Services Department and in 2003, it became the Office of Indian Elder Affairs. The Office of Indian Elder Affairs also is charged with developing government-to-government relationships on behalf of all Indian elders in New Mexico.

PSA 6 includes 19 federally recognized Pueblos and two federally recognized Apache Tribes. New Mexico's Indian lands are rural and predominantly isolated from urban areas. This isolation impacts the tribes' abilities to access services and resources for their elderly populations. Each tribe has its own government, which operates the tribe's senior programs. The vast majority of frail Indian elders live at home and are cared for by family members; many live with several generations of their family under one roof. Keeping elders at home, in the community, is a cultural tradition.



The major concerns of Indian elders in New Mexico fall into four categories: transportation, nutrition, long-term care, and social support services. The elders' specific concerns include chronic illnesses, long-term care, housing, disability, frailty, prevention of elder abuse, neglect and exploitation, support for caregivers, and adequate nutrition. In addition, Indian elders in New Mexico are specifically concerned about the role of the Indian Health Service in providing long-term care and geriatric care. The Office of Indian Elder Affairs conducts outreach to identify American Indian elders eligible for assistance, both public and private, inform them of the availability of assistance, and increase access to all aging programs and benefits provided by the Department. These outreach efforts place special emphasis on reaching older individuals with the greatest economic or social needs, with particular attention to those with low incomes.

PSA 6 accomplishments for the fiscal year

☞ Continued outreach and active advocacy has created an increased sense of teamwork, awareness, and participation among elders and elderly center staff.

☞ Technical support has helped secure funding to start a D&E Waiver/Personal Care Program at Isleta Pueblo.

☞ Monthly participation and joint training with the Title VI Coalition.

☞ Assisted Isleta Pueblo with its Care Corp grant application process to the University of Maryland.

☞ Provided advocacy and technical expertise to PSA 6 contractors to assist them in acquiring elderly center equipment.

☞ Improved budgeting and greater awareness about Older Americas Act services by Tribal Contractors through hands-on technical support.

☞ Coordination with ALTSD Seniors saving Medicare, Indian Health Services, Veterans Affairs, Indian Affairs Department, Social Security

Administration, and CMS to provide for benefits counseling seminars for elders.

☞ Awarded two contracts to provide adult day care services through an Alzheimer's disease demonstration grant.

☞ Developing a Native American Title VI Elder Network, which has support from the New Mexico Indian Council on Aging and the All Indian Pueblo Council. This organization will provide a structure that encourages support and collaboration from tribal administrations to increase funding for Native American senior services and program training needs.

☞ Provided diabetes information and recipes in collaboration with the various tribal diabetes coordinators and the Department nutritionist. This effort was the direct result of cosponsoring the Native American Diabetes Summit and serving on the steering committee.

☞ Meal sites were required to provide menus for the entire year when they submitted their area plan update. This allowed us to be in a proactive position when reviewing menus.



*A group of Zuni elders visited
the Department during the Legislative session*

Information Technology

The Information Technology (IT) Office supports a myriad of information systems throughout the Department.

The IT Office is responsible for the oversight and coordination of all internal information systems used to support the essential functions of the Department and its four divisions. IT also facilitates the effective interdepartmental exchange of data: The Department uses programs from the Medical Assistance Division of the Human Services Department to coordinate and verify services.

The varied responsibilities of the ALTSD staff create a unique and diverse set of technological needs. Internal software systems range from those used by the Administrative Services Division for all fiscal, accounting and capital outlay functions, to a specialized information and referral program that allows coordination of community health and social service resources by the staff of the Aging and Disability Resource Center.

To comply with federal requirements, the Department utilizes software to track activities within the aging network community and report to the Administration on Aging. ALTSD also has programs for provider tracking, coordinated jointly between the Aging and Long-Term Services Department and the Department of Health, that are used to keep a current database of providers who are authorized to deliver services.

Policy Advisory Committee

The Department's 11-member Policy Advisory Committee (PAC) advises the Secretary regarding programs, policies, and issues addressed by the Department.

The Committee is appointed by the Governor for staggered terms of four years.

Committee Members

Mr. Russell A. Boor, Chairman
Las Cruces

Mr. John Aquino
San Juan Pueblo

Ms. Dorothy Bitsilly
Tohatchi

Ms. Salome DeAgüero
Santa Fe

Ms. Joie Glenn
Albuquerque

Ms. Cookie Johnson
Truth or Consequences

Mr. Bruce Nieto
Albuquerque

Mr. Lonnie Ray Nunley
Ruidoso

Mr. Ron Montoya
Albuquerque

Mr. Robert Peets, *ex officio*
Grants

Ms. Lemma White
Hobbs

Legislative and other Initiatives

develop a report, and make recommendations to the State's lawmakers.

It is not uncommon for the Legislature to pass Memorials or other initiatives that require the Department— either on its own or in collaboration with other agencies—to study an issue or issues,

Generally, these legislative requests require an in-depth analysis of an issue that may involve community meetings throughout the state to develop an awareness of what New Mexico's citizens think of a particular health- or disability-related issue.

Because the Legislature meets every January, these requests usually overlap fiscal years. During the 2005 Legislature, the Department was involved in several important initiatives that will be reported to the Legislature toward the end of calendar year 2005.

Grandparents Raising Grandchildren

Senate Joint Memorial 50 directs the Department to participate in a multi-agency task force to develop an interdepartmental plan to assess the needs of grandchildren and grandparents living in grandparent-headed households and to ensure that such individuals have access to the educational, social, medical and mental health services to which they are entitled. This report and legislative recommendations will be presented to the Legislative Health and Human Services Committee during the next fiscal year.

Comprehensive Long-Term Services

By November 1, 2005, the Department is required to provide the Legislative Health and Human Services Subcommittee with a comprehensive plan to provide long-term services (LTS) and related services for all populations, including any recommendations for transfer of additional LTS programs from other departments to ALTSD. The Department has aggressively participated in developing this plan, which will be detailed in the 2005-2006 Annual Report.

Adult Protective Services

The Adult Protective Services Division will transfer from the Children, Youth and Families Department to the Aging and Long-Term Services Department on July 1, 2005. During this fiscal year, the Department worked on a Joint Powers Agreement with CYFD that will prepare for and serve as the basis of a smooth transition, which includes 164 employees who work for Adult Protective Services. The Adult Protective Services Division provides services mandated by state law on behalf of persons age 18 years of age or older. Services include investigation of reports of abuse, neglect and/or exploitation; protective placement; caregiver services; and legal services, such as filing for guardianship or conservatorship.

State Service Delivery Plan

The federal Older Americans Act authorizes the New Mexico Aging and Long-Term Services Department to prepare a state plan for delivering services to New Mexico's elders and individuals living with a disability. During this fiscal year, the Department worked on developing a plan for the period of October 1, 2005 through September 30, 2009 that will be delivered to the federal government in the next fiscal year. We will provide details of that plan in the Department's 2005-2006 Annual Report.

New Mexico Conference on Aging

Since 1978, the Department has sponsored an annual three-day New Mexico Conference on Aging that offers seniors and professionals who work with them a chance to learn and

have fun in an environment of support for senior independence and dignity.

The conference is at the LifeWay Glorieta Conference Center, near Glorieta, about 15 miles southeast of Santa Fe. The conference is a prime opportunity for seniors and the professionals who work with them to learn about current issues and trends. Workshops educate, entertain, or enlighten. Social workers, nursing home administrators, and nursing home activities directors who attend conference sessions receive continuing education units. This is one of the few conferences attended by both seniors and professionals in equal numbers; about 1,800 people attend each year. Conference attendees reflect New Mexico's ethnic and cultural diversity.

The cornerstone of the conference is its numerous and varied workshops. For many participants, the

conference offers access to information and ideas that might not otherwise be available to them. Workshops offer a fresh approach to familiar topics and introduce new ideas and concepts. Workshops are presented in English and Spanish, as well as the tribal languages of Navajo and Tewa.

During the lunch hours, the conference offers roundtable discussions that provide an opportunity for conference attendees to share ideas in a more informal setting than a classroom. Entertainment, which highlights New Mexico's seniors in the areas of dance, drama, and music, also is provided throughout the conference. Often, the entertainment is intergenerational, such as some of the tribal dances. Wellness activities, including line dancing, chair massage, a health fair, brown bag assessments, health screenings, and medication management workshops are another important component of the conference.

The conference awards scholarships to assist those seniors who otherwise would not be able to attend, and to reward volunteers who make a continuing contribution to seniors in their communities and have a demonstrated need for financial assistance. The conference also recognizes and awards senior citizens, other individuals, and businesses whose work benefits New Mexico's aging population.

Workshops include:

Healthy Aging
Senior Olympics
Conscious Aging
Adult Day Care
Financial Management
Health Coverage

Medicare
Medicaid
Public Benefits
Addressing Addictive Behaviors
Intergenerational Issues
Professional Development
Grants Management

Spirituality & Wholeness
Veterans Issues
Volunteerism
Adult/Elder Abuse
End-of-Life Care & Hospice
Advocacy
Policies & Politics of Aging

Culture Change Life Enhancement Project

The New Mexico Nursing Facilities Life Enhancement Project, an effort to focus on person-centered care in New Mexico's nursing homes, has shown positive results that support decision making by

elderly New Mexicans in long-term care facilities while sustaining their dignity.

During this fiscal year, Piñon Management of Lakewood, Colorado, in an agreement with the Department, worked with nursing homes in the state to change the culture to focus on all the needs of their residents through methods that have been shown to increase residents' quality of life and staff satisfaction while reducing costs.

Secretary Armstrong lauded the work, noting that the final report indicates an increased awareness on the part of nursing homes to embrace the Culture

Change concepts. Inspiring providers to develop an environment that allows elderly residents to make their own decisions when appropriate, as this project has done, truly will enhance the lives of residents.

Piñon Management is a national leader in innovative long-term care services that are designed to maintain resident individuality and cultural preferences. The company developed a unique model of care for nursing home residents almost 25 years ago in Colorado.

In resident-centered care, the focus shifts from merely meeting the medical needs of residents to meeting all of their needs. The approach returns control to the resident and develops the environment, staffing, and daily activities of life in line with each resident's choices and lifestyle.

The culture for staff changes, too. Staff is assigned consistently to the same residents, so they can develop closer relationships and a better understanding of their needs. Staff members are given broader assignments and greater decision-making authority to enhance the satisfaction they receive from the job

The final report about this year-long effort indicates an increased awareness on the part of nursing homes to embrace the Culture Change concepts.

*The Department's website provides information:
www.nmaging.state.nm.us*



Welcome to our website!

Partners in Lifelong Independence and Healthy Aging

Department Information
Information about the Department including the Office of the Secretary

New!
Hurricane Fund for the Elderly

Department Divisions
Information about all of the Divisions and available services

Medicare Part D Prescription Drug plan



Secretary
Deborah Armstrong

Department Updates
Recent news about the Department

New!
2005 Energy Rebate Information for New Mexico's Senior Citizens

Visit the [State of New Mexico](#) website. [The State of New Mexico Hurricane Katrina relief website](#)

Use this box to search our web pages

New Mexico Aging and Long-Term Services Department
Deborah Armstrong, PT, JD, Secretary

Senior Day at the Legislature

During the Legislative session, the Department sponsors an annual Senior Day that attracts elderly New Mexicans from throughout the state.

On February 10, 2005, more than 800 seniors enjoyed lunch at the Department's Santa Fe office before traveling to the Capital Building to engage legislators and visit friends.



Above: Governor Bill Richardson, flanked by Policy Advisory Committee Chairman Russell Boor and Secretary Debbie Armstrong, reads the Senior Day proclamation.



Top right: AARP National President Marie Smith spoke at the luncheon.

Right: More than 800 seniors enjoyed lunch and listened to Secretary Armstrong and AARP President Smith.



Train the Trainers Workshop

About 40 advocates with disabilities, and family members, participated in a Train the Trainers workshop on June 14-15, 2005, as part of the CMS Real Choice Systems Change (RCSC)

grant that is housed in the Department's Elderly and Disability Services Division.

The training was sponsored by the Topeka Independent Living Resource Center, which has a CMS national training grant, and ALTSD. Topeka's Mike Oxford was the lead trainer. Assistance was provided by: Jeff Hughes of Progressive Independence Center of Norman, Oklahoma; Bob

Kafka of National ADAPT of Austin; Sherry Watson of the San Juan Center for Independence of Farmington, New Mexico; and Jim Parker of the ALTSD.

The goal of the training was to assist in the development of regional advocates to become systems change advocates for long-term services in New Mexico. Each of the five regional teams identified issues and developed strategies to address the issues in their regions.

Together with long-term services, other issues addressed were: transportation; housing; employment; community awareness; education; and enforcement of the Americans with Disabilities Act.

The plan for the New Mexico RCSC grant is to provide follow-up training in all five regions, with the local advocates providing the training and the Department providing assistance. Participants also discussed another statewide training, as a follow-up, in September.



Participants at the Train the Trainers Workshop

New Mexico, being one of the leaders in the movement to home- and community-based services delivery as opposed to institutional funding, and consumer choice, control and direction of service delivery, is in the national spotlight due to its rebalancing of long-term services funding. New Mexico currently funds home- and community-based services at about 66% of its Medicaid spending.

About 15,000 New Mexicans, both young and old, are receiving long-term services in community settings as opposed to about 5,000 in institutional/nursing home settings. At 75%, New Mexico far exceeds to national 35% average for home- and community-based services.

New Mexico Senate Confirms Secretary Armstrong

On March 1, 2005, the New Mexico Senate, by a vote of 37-0, confirmed Governor Bill Richardson's appointment of Deborah Armstrong as Cabinet Secretary of the New Mexico Aging and Long-Term Services Department.

Ms. Armstrong has been with the Department since 2002, and served as Director of the Consumer and

Elder Rights Division and then as Deputy Secretary. Governor Richardson appointed her as Secretary in August 2004.

Ms. Armstrong graduated cum laude with honors from the University of New Mexico School of Law in 2001, and has taught graduate level courses on bioethics and issues in contemporary medicine.

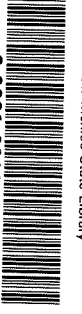
She received her Bachelor's Degree from the University of Michigan in 1975 and has been a licensed Physical Therapist for almost 30 years. Her clinical experience is primarily in the area of geriatrics and developmental disabilities.

She has almost 20 years experience in health care administration, primarily in the areas of rehab, home health, hospice and long-term care. Ms. Armstrong has been a Board member of the Elder Law Section of the State Bar since 2002.



Notes

New Mexico State Library



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