

## New Mexico State Plan on Aging: Attachment B—Information Requirements

Except as indicated where optional or only applicable to States with multiple planning and service areas, the State Plan must illustrate how the following provision(s) will be met:

### Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (d) requires each State Plan must include a description of how greatest economic need and greatest social need are determined and addressed by specifying:

1. How the State agency defines greatest economic need and greatest social need, which shall include the populations set forth in the definitions of greatest economic need and greatest social need, as set forth in 45 CFR § 1321.3; and
2. The methods the State agency will use to target services to such populations, including how OAA funds may be distributed to serve prioritized populations in accordance with requirements as set forth in 45 CFR § 1321.49 or 45 CFR § 1321.51, as appropriate.

“*Greatest economic need*” means “the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses” (45 CFR § 1321.3).

“*Greatest social need*” means the need caused by the following noneconomic factors as defined in 45 CFR § 1321.3.

A State agency’s response must establish how the State agency will:

1. identify and consider populations in greatest economic need and greatest social need;
2. describe how they target the identified the populations for service provision;
3. establish priorities to serve one or more of the identified target populations, given limited availability of funds and other resources;
4. establish methods for serving the prioritized populations; and
5. use data to evaluate whether and how the prioritized populations are being served.

### **RESPONSE:**

The State of New Mexico has established the definitions for greatest economic need and greatest social need. ALTSD utilized this definition in its work.

[New Mexico Administrative Code](#) (9.2.1.7 NMAC Definitions)

“Greatest economic need” is need resulting from an income level at or below the federal poverty level.

“Greatest social need” is need caused by noneconomic factors which include physical and mental disabilities; language barriers; and cultural, social or geographical isolation, including isolation caused by racial or ethnic status, that restricts an individual’s ability to perform normal daily tasks, or which threatens an individual’s capacity to live independently.

A summary of statistical data indicating needs, to include target populations and documentation of the adequacy of the service delivery system in the planning and service area includes:

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- a. documented level of need for the service(s) requested;
- b. service level being provided by area agency on aging service providers, including units of service, unduplicated number of persons being served, level of funding; and
- c. any documented unmet need for the service.

Federally mandated priorities and preferences are implemented in accordance with the Older Americans Act (OAA). The most under-served counties will have priority under the OAA. Monitoring Area Agencies on Aging shall include an assessment of whether the program is performing all the functions, responsibilities and duties. Further, the department shall make reasonable requests for reports, including aggregated data regarding program activities, to meet the requirements of these provisions.

Area Agencies on Aging assess needs and develop Area Plans beginning with a needs assessment of quantitative factors. AAAs conduct an annual comparison of demographic information for the entire older adult population to those enrolled AAA services, by PSA and county. The purpose of this comparison is to ensure that providers within each PSA are providing services that represent the population of their service areas, and by extension, the scope of needs of that population.

Each Area Agency on Aging shall undertake a leadership role in assisting communities throughout the planning and service area to target resources to meet the needs of older individuals and family caregivers with greatest economic need and greatest social need, with particular attention to low-income minority individuals. Such activities may include location of services and specialization in the types of services most needed by these groups to meet this requirement. However, the area agency shall not permit a grantee or contractor under this part to employ a means test for services funded.

### **Native Americans: Greatest Economic and Greatest Social Need**

45 CFR § 1321.27 (g):

Demonstration that the determination of greatest economic need and greatest social need specific to Native American persons is identified pursuant to communication among the State agency and Tribes, Tribal organizations, and Native communities, and that the services provided under this part will be coordinated, where applicable, with the services provided under Title VI of the Act and that the State agency shall require area agencies to provide outreach where there are older Native Americans in any planning and service area, including those living outside of reservations and other Tribal lands.

### **RESPONSE:**

In response to the updated Older Americans Act Regulations, the Department through the Office of Indian Elder Affairs (OIEA) will develop a plan, that convenes the Tribes, Pueblos and Nations, other Tribal and non-tribal stakeholders including ALTSD relevant divisions, Area Agencies on Aging and service providers, to determine the greatest economic need and greatest social need specific to Native American persons.

The elements of the plan will include:

- Establish common purpose and goals among the stakeholders
- Educating the stakeholders on specific aspects of the Tribes, Pueblos and Nations in New Mexico
- Educating the stakeholders on greatest economic and greatest social need

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- Educating the stakeholders on services provided under the Older Americans Act, Title VI
- Educating the stakeholders on gaps and needs in Tribal communities through the OIEA AmeriCorps/Vista project.

Once the groundwork has been established there will be facilitated conversations to collectively determine the greatest economic need and greatest social need specific to Native American persons in New Mexico.

**Activities to Increase Access and Coordination for Native American Older Adults**

OAA Section 307(a)(21): The plan shall —

...

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

45 CFR § 1321.53:

a. For States where there are Title VI programs, the State agency's policies and procedures, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the State's aging network, including area agencies and service providers, will coordinate with Title VI programs to ensure compliance with sections 306(a)(11)(B) (42 U.S.C. 3026(a)(11)(B)) and 307(a)(21)(A) (42 U.S.C. 3027(a)(21)(A)) of the Act. State agencies may meet these requirements through a Tribal consultation policy that includes Title VI programs.

- b. The policies and procedures set forth in (a) of this provision must at a minimum address:
1. How the State's aging network, including area agencies on aging and service providers will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III and/or VII;
  2. The communication opportunities the State agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;
  3. The methods for collaboration on and sharing of program information and changes, including coordinating with area agencies and service providers where applicable;
  4. How Title VI programs may refer individuals who are eligible for Title III and/or VII services;
  5. How services will be provided in a culturally appropriate and trauma-informed manner; and
  6. Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils, as set forth in § 1321.63.

**RESPONSE:**

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The Aging and Long-Term Services Department through OIEA will utilize the before mentioned convening of New Mexico Tribes, Pueblos and Nations, other Tribal and non-tribal stakeholders including ALTSD relevant divisions, Area Agencies on Aging, and local service providers to not only establish the greatest economic need and greatest social need for Native American persons, but to work together to help inform the development of ALTSD's policies and procedures on the following:

1. Coordination of Title III and the Tribes, Pueblos and Nations in New Mexico including the OAA funded Title VI grantees.
2. Establish culturally appropriate outreach methods to increase access to all Older Americans Act funded services.
3. Solidify the operating procedures for effective communication from ALTSD through OIEA to the Tribes, Pueblos and Nations including the Title VI grantees, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;
4. Establish methods for collaboration on and sharing of program information and changes, including coordinating with area agencies and service providers;
5. Institute a culturally appropriate referral system/method for the Tribes, Pueblos and Nations, including the Title VI grantees to easily, without barrier, gain information and access to all Older Americans Act services;
6. Develop and implement training on how to provide services in culturally appropriate and trauma-informed manner; and
7. Establish minimum standards for Tribal participation on advisory councils, workgroups, and boards, including area agency advisory councils, as set forth in § 1321.63.

Collaborative efforts have been conducted at the AAA level with the Office of Indian Elder Affairs and are Title VI programs on statewide aging network legislative matters. In AAA service areas, coordination of services is done locally, by programs identifying ways to collaborate and support each other. Title VI programs are given the opportunity to apply for Title III funding through a Request for Proposals (RFP) offered through the AAAs. RFP information was shared with the Office of Indian Elder Affairs at ALTSD, as well as with individual Tribes and Pueblos. Training on the application process and specific requirements is offered, recorded, and made available to Title VI programs. AAAs will continue to work with are Title VI programs so that they become more familiar with Title III funding opportunities.

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

### **Low Income Minority Older Adults**

OAA Section 307(a)(14):

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

- A. identify the number of low-income minority older individuals in the State, including

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

**RESPONSE:**

There are 49,709 low-income, minority older New Mexicans.

The Intrastate Funding Formula is specifically designed to ensure that funding is allocated to satisfy the service needs of low-income, minority older New Mexicans. Low-income and minority are weighted factors in formula at 13% and 10% respectively.

The Area Agencies on Aging shall undertake a leadership role in assisting communities throughout the planning and service area to target resources from all appropriate sources to meet the needs of older individuals and family caregivers with the greatest economic need and greatest social need, with particular attention to low-income minority individuals. Such activities may include location of services and specialization in the types of services most needed by these groups to meet this requirement.

**Rural Areas—Hold Harmless**

OAA Section 307(a)(3):

The plan shall—

- B. with respect to services for older individuals residing in rural areas—
- i. provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;
  - ii. identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and
  - iii. describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

**RESPONSE:**

NMAC 9.2.14.10 DEPARTMENT RESPONSIBILITIES: The department shall:

1. Allocate funds appropriated by the state legislature:
  - a. To current contractors to maintain or enhance levels of operation; and
  - b. Expand services based on determined need; and

Contract with new organizations to the extent that funds are available - 307(a)(3)(B)(ii)

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**Updated IFF<sup>1</sup>**

PSA	Population	60+	60+ Rural	60+ Below Poverty (65+)	60+ Minorities	Number of Counties
1	672,508	163,620	1,032	15,103	72,446	1
2	757,080	201,665	29,345	18,562	102,008	13
3	302,780	65,882	61,060	6,219	26,207	11
4	380,976	95,374	43,199	9,825	44,971	8
5	40,906	*	*	*	*	0
6	79,827	*	18,084	*	18,084	21
<b>Total</b>	<b>2,234,077</b>	<b>526,541</b>	<b>152,720</b>	<b>49,709</b>	<b>263,716</b>	<b>54</b>

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

**Performance Measures and Strategies**

1. Increase the percentage of older New Mexicans receiving congregate, and home delivered meals through aging network programs that are assessed with “high” nutritional risk. This will be accomplished through strategies that include:
  - a. Implementing New Mexico Grown local sourced foods into senior meal site programming
  - b. Collaborating with the New Mexico Health Care Authority
  - c. Targeting at-risk older adults to improve their nutrition status
  - d. Conducting more outreach activities
  - e. Utilizing data and analytics
2. Grow the number of hours of service provided by senior volunteers statewide, this will be completed by implementing the following strategies:
  - a. Increasing the number of participating volunteers and volunteer opportunities
  - b. Engaging more older adults during intentional outreach events on volunteer opportunities
  - c. Adding volunteer opportunities through innovative initiatives such as; a volunteer driver program and a care companion program
3. Expand the number of outreach events and activities to identify, contact, and provide information about aging network services to potential aging network consumers who may be eligible to access senior services but are not currently accessing those services. The mechanism for implementing strategies focuses on the following:
  - a. Enlarging the number of potential older adult consumers who receive information about aging network services through the Area Agencies on Aging and ALTSD
  - b. Expanding data analysis process to further target outreach accurately
  - c. Increasing the number of meals served in congregate and home delivered settings to combat food insecurity and improve chronic health conditions

<sup>1</sup> <https://www.census.gov/quickfacts/fact/table/NM/PST045223>

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The series of strategies to accomplish these goals include:

- i. Conducting monthly promotion of nutritional services by the AAAs and local service providers that focus on underserved areas
  - ii. Coordinating with community health providers to identify older adults who do not access services
  - iii. Collaborating with other state departments on food security initiatives to—identify underserved populations such as Veterans, older relative caregivers (grandparents raising grandchildren), caregivers of older adults, and the unhoused older adult population
  - iv. Increasing the providers using the New Mexico Grown program—locally sourced foods to elevate quality of meals served at senior centers
  - v. Expanding access by identifying alternative meal sites for rural and food desert areas
  - vi. Establishing a committee with the SUA and AAAs to analyze senior nutrition service delivery which adheres to the OAA regulations, senior nutrition education and dietary guidelines
  - vii. Developing an emergency implementation plan with the SUA, AAAs, and local service providers coordinate the distribution of emergency meals during times of power outages, flooding, wildfires, and other natural disasters
  - viii. Expanding targeted outreach
  - ix. Identifying and coordinating with new partners
  - x. Forming and enacting a Senior Nutrition Committee
4. Increase the number of transportation units provided through:
    - a. Implementing innovative and alternative transportation options for consumers that support medical transportation needs outside of their counties of residence and across neighboring state lines, when appropriate
  5. Increase the number of hours of caregiver support, including homebased services by:
    - a. Adding service providers in identified service gap areas
    - b. Administering the universal consumer information tool (UCIT) to standardize the consumer assessment process across the State
    - a. Implementing more case management services through the Area Agencies on Aging.
  6. Legal services: legal assistance/guidance on senior related issues and assistance with application appeal process and civil claims.

### Rural Areas – Needs and Fund Allocations

OAA Section 307(a)(10):

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

### **RESPONSE:**

The goals and objectives outlined in this State Plan on Aging detail the provision of services to the older population in New Mexico. Specifics are given regarding Information and Assistance, Outreach, Congregate Meals, Home-Delivered Meals, Nutrition Education, Transportation, Assisted Transportation,

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Caregiver Support Services, Evidence-based Health Promotion and Disease Prevention Programs, and many others. Each of these objectives includes specific performance measures and reporting dates. All of these services are provided with the funds allocated based on the Intrastate Funding Formula, outlined below. This formula has rurality as a heavily weighted factor at 17%. In addition, objectives are included in this plan to assure that Title VI providers, New Mexico's Tribes, Pueblos, and Nations, are consulted on a regular basis, and have equal access to application for Title III funding through the Request for Proposals (RFP) processes implemented by each AAA. These providers are all in rural areas, so this effort contributes to services to New Mexico's older, rural population.

### Assistive Technology

OAA Section 306(a)(6)(I):

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the area agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

### RESPONSE:

AAAs are working toward providing services directly to homebound seniors for technology in the home, assistive technology devices and services.

ALTSD collaborates with the State of New Mexico Governor's Commission on Disability/New Mexico Technology Assistance Program to assist older New Mexicans with disabilities get the assistive technology information and services they need through:

- Assisting individuals to access short-term assistance services through an internal referral process.
- ALTSD's Short-Term Assistance (STA) program and offering short-term assistance through State Health Insurance Assistance Program (SHIP) Regional Coordinators
- Assisting consumers in obtaining services such as Medicaid, Medicare, home modifications, and meals that allow them to remain in the community.

### Minimum Proportion of Funds

OAA Section 307(a)(2):

The plan shall provide that the State agency will —...

- C. *specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

### RESPONSE:

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

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

- Access Services: 20%
- In-Home Services: 8%
- Legal Assistance: 6%

### Assessment of Statewide Service Delivery Model

OAA Section 307(a)(27):

- A. The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
- Such assessment may include—
- i. the projected change in the number of older individuals in the State;
  - ii. an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
  - iii. an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
  - iv. an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

### RESPONSE:

New Mexico's older adult population is expected to continue to grow, but the state's overall population growth is projected to decline.

Growth rate estimates:

- The University of New Mexico's Geospatial and Population Studies Department projects that the population over 65 will grow by over 80,000 people between 2020 and 2040.
- The U.S. Census Bureau estimates that more than 30% of New Mexico's population will be over 60 by 2030.
- UNM-GPS projects that the population over 65 will account for nearly 23% of New Mexico's population by 2040.

Aging population:

- The number of New Mexicans aged 85 and older is expected to more than double over the next 20 years.

Income levels:

- The median income for New Mexico seniors is lower than the median income for other age groups.
- In 2022, the median income for New Mexico households with a senior as the main householder was \$50,240.

Poverty:

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- New Mexico has high poverty rates and low-income levels across its population.

As a direct result of an assessment of the New Mexico statewide service delivery model, the OAA Section 307(a)(8)(A), (B), and (C), the Department required that the Area Agencies on Aging respond to Area Plan Guidance regarding the direct provision of services. The Area Plans have been approved and meet all of the requirements outlined in the OAA and regulations. Due to significant gaps in case management in underserved areas throughout the state, PSAs 2, 3 and 4 provide this service directly. ALTSD through its implementation of the ADRC, provide information and assistance, and outreach. The IAAA also directly provides outreach directly to the New Mexico Tribes, Pueblos and Nations.

### **Shelf Stable, Pick-Up, Carry-Out, Drive-Through, or Similar Meals Using Title III Congregate Nutrition (C-1) Service Funding (Optional, only for States that elect to pursue this activity)**

45 CFR § 1321.87(a)(1)(ii):

Title III C-1 funds may be used for shelf-stable, pick-up, carry-out, drive-through, or similar meals, subject to certain terms and conditions:

- A. Such meals must not exceed 25 percent of the funds expended by the State agency under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;
- B. Such meals must not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;
- (iii) Such meals are to be provided to complement the congregate meal program:
  - A. During disaster or emergency situations affecting the provision of nutrition services;
  - B. To older individuals who have an occasional need for such meal; and/or
  - (C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need; and

45 CFR § 1321.27 (j):

If the State agency allows for Title III, part C-1 funds to be used as set forth in §1321.87(a)(1)(i), the State agency must include the following:

1. Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor the impact on congregate meals program participation;
2. Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;
3. Description of the eligibility criteria for service provision;
4. Evidence of consultation with area agencies on aging, nutrition and other direct services providers, other stakeholders, and the general public regarding the provision of such meals; and
5. Description of how provision of such meals will be coordinated with area agencies on aging, nutrition and other direct services providers, and other stakeholders.

**RESPONSE:**

The Area Agencies on Aging have requested flexibility to allow up to 25 percent of Title III, part C-1 funds to be used as set forth in § 1321.87(a)(1)(i) through (iii) to provide shelf-stable, pick-up, carry-out, drive-through, or similar meals to complement the Congregate Nutrition program. The AAAs will start small in targeted locations, implement policies and monitor utilization to ensure the availability of Grab and Go Nutrition does not negatively impact the Congregate Nutrition program.

**ENHANCE NUTRITION:** The AAAs will develop policies and procedures regarding Grab and Go nutrition options to ensure such meals will enhance and not diminish the Congregate Nutrition program.

The AAAs will locate Grab and Go sites separate from Congregate Meal sites with the intent to expand the consumer population to those who are not likely to otherwise participate. Consumer eligibility targets will be established for providers and community partners to utilize before offering Grab and Go meals.

Grab and Go providers will post and include information encouraging consumers to attend a meal site, including transportation options, center locations, and activities.

The impact will be monitored by the AAAs and the SUA including if the Grab and Go meals may have on Congregate Meals program participation and consumers, and should a negative impact arise will implement corrective actions.

**TARGETED:** The Grab and Go meals will be targeted to focus on serving consumers in the greatest economic and greatest social need.

The AAAs will work with providers to locate Grab and Go sites in high density age 60 and older poverty areas, and in locations such as health centers serving seniors where consumers can be identified as being in the greatest need.

The AAAs will offer Grab and Go meals for identified clients at targeted sites and may offer to drop off to certain individuals. Providers and partners may be engaged to “prescribe” a set of five to ten frozen meals matched according to identified food insecurity and medical needs. At health centers serving seniors with appropriate freezers, meals may be given to the consumer to take home in real time at the end of their visit. Subsequent meals could be picked up by the consumer every other week until the quantity of the prescription is fulfilled. This model aligns with the Food as Medicine movement.

**ELIGIBILITY:** The Area Agencies on Aging will develop Grab and Go eligibility policies and procedures including current NSIP criteria with a focus on serving consumers in the greatest economic need and greatest social need not participating in Congregate or Home Delivered Nutrition programs. The Universal Consumer Information Tool (UCIT) nutrition scores may be utilized by providers to target individuals with high nutritional risk.

The policies and procedures will include eligibility based on 1321.87(a)(1)(iii):

- During disaster or emergency situations affecting the provision of nutrition services;
- To older individuals who have an occasional need for such meal; and/or
- To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need.

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**CONSULTATION:** The AAAs met with current nutrition providers in November 2024 regarding the opportunity to provide Grab and Go meals. Providers were offered the opportunity to make recommendations and share concerns. The AAAs will continue to gather feedback prior to the implementation in FY2026.

**COORDINATION:** The AAAs will engage providers regularly to monitor Grab and Go service delivery coordination with other nutrition programs. Other aging network service providers will be trained regarding Grab and Go eligibility criteria, and how to refer eligible individuals for service.

### Funding Allocation – Ombudsman Program

45 CFR Part 1324, Subpart A:

How the State agency will coordinate with the State Long-Term Care Ombudsman and allocate and use funds for the Ombudsman program under Title III and VII, as set forth in 45 CFR part 1324, subpart A.

### RESPONSE:

Responsive to the OAA Updated Regulations OAA Updated Regulations (1324) for coordinating the strategic allocation of state and federal funds to support the Ombudsman program, will work to expand communication plans and meeting frequency across all ALTSD agencies and functional partners within the Health Care Authority.

The Ombudsman program will coordinate and promote the development of citizen organizations that align with the resident interests.

The Ombudsman program will provide technical support for the development of and ongoing support as requested by resident and family councils to protect the rights and well-being of residents.

Additionally, the Ombudsman program will develop and share communication protocols and procedures for sharing appropriate information and input regarding facility and long-term care provider licensure and certification programs. Such work may require the development of memoranda of understanding or other agreements between the Ombudsman program and AAA programs, the ADRC, APS programs, protection and advocacy programs within the State established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (43 U.S.C. 15001 et seq), the State Medicaid fraud control unit, victim assistance programs, State and local law enforcement agencies, courts of competent jurisdiction, and the State Legal Assistance Developer as provided under section 731 of the Act (42 U.S. C 3058).

The plan includes expanded collaborative efforts with the AAA programs to strengthen Ombudsman initiatives, including shared training programs, when applicable, and shared efforts related to broadening the volunteer programs.

### Funding Allocation – Elder Abuse, Neglect, and Exploitation

45 CFR § 1321.27 (k):

How the State agency will allocate and use funds for prevention of elder abuse, neglect, and exploitation as set forth in 45 CFR part 1324, subpart B.

### RESPONSE:

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As required under 45 C.F.R. § 1321.27(k), the New Mexico Aging and Long-Term Services Department (ALTSD) will allocate and use funds to prevent elder abuse, neglect, and exploitation in compliance with 45 C.F.R. part 1324, subpart B.

### 1. Funding Distribution & Targeted Initiatives

ALTSD will distribute funds across core prevention, detection, and intervention strategies to ensure an effective response to elder abuse, neglect, and exploitation. This includes:

- Adult Protective Services (APS) Expansion
  - Expand APS staffing and case management services, ensuring timely investigations and follow-ups.
  - Increase in APS regional presence to reduce response times and enhance accessibility for vulnerable older adults.
  - Enhanced training for APS investigators on risk assessment, trauma-informed care, and financial exploitation detection.
- Elder Financial Exploitation Task Force
  - Partnerships with financial institutions to train professionals on recognizing and reporting elder financial exploitation.
  - Increased collaboration with law enforcement agencies to investigate and prosecute financial abuse cases.
- Elder Abuse Awareness and Prevention.
  - Collaboration with ALTSD External Affairs to establish public awareness campaigns targeting older adults, caregivers, and service providers to educate them on recognizing and reporting abuse.

### 2. Multi-Disciplinary Coordination & Compliance

To ensure statewide compliance with federal elder protection mandates, ALTSD will strengthen its collaborative framework:

- Cross-Agency Elder Protection Task Force
  - Collaboration between APS, law enforcement, healthcare providers, and financial institutions to improve abuse reporting and intervention.
  - Development of standardized reporting and response protocols across agencies for elder abuse cases. (Example: Joint Protocol)
- Legal Assistance & Case Prosecution Support
  - Continue collaborating with legal assistance programs to provide legal support to victims of elder abuse.
  - Increased collaboration with the New Mexico Attorney General's Office to coordinate efforts on unlicensed group home and Medicaid fraud.

### 3. Data-Driven Prevention & Response Strategies

To improve elder abuse prevention and response, ALTSD-APS will adopt data-driven decision-making tools and measurable performance outcomes:

- Investment in the WellSky System Data Analytics
- Implementation of enhanced tracking mechanisms to improve APS case documentation, intervention timing, and service follow-up.
- Work within WellSky system capabilities to integrate advanced evaluation and analytical tools for better risk assessment and service planning.
- Performance & Compliance Metrics

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- Reduce repeated elder abuse incidents by 5% annually through intervention
- programs.
- Improve APS case resolution efficiency by 10% through optimized workflows and process improvements.
- Increase public reporting of elder abuse cases through expanded outreach and accessibility improvements.

### 4. Public Awareness, Outreach & Professional Training

Public education and professional training are critical to preventing elder abuse. ALTSD will create campaign efforts:

- Statewide Elder Abuse Awareness Campaigns
  - Expansion of “Recognize, Report, Prevent” awareness programs in New Mexico.
  - Dissemination of educational materials in multiple languages to reach diverse communities.
- Elder Justice Training for ICW/ICWS and staff
  - Training for APS staff, healthcare workers, and law enforcement on identifying and responding to elder abuse cases.
  - Financial exploitation detection training for financial professionals to enhance fraud prevention efforts.

### Monitoring of Assurances

45 CFR § 1321.27 (m):

Describe how the State agency will conduct monitoring that the assurances (submitted as Attachment A of the State Plan) to which they attest are being met.

#### **RESPONSE:**

The Department monitors its contractors on a regular basis, at least annually. The standardized monitoring tool includes measures to assess compliance with the Older Americans Act assurances. The Department also requires that the Area Agencies on Aging sign applicable OAA assurances as part of the area plan process.

### State Plans Informed By and Based on Area Plans

45 CFR § 1321.27 (c):

Evidence that the State Plan is informed by and based on area plans, except for single planning and service area States.

#### **RESPONSE:**

Area Plans offered localized solutions and strategies that complement the state’s broader goals, ensuring that services are effectively tailored to different regions.

### Public Input and Review

#### **RESPONSE:**

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Public comment facilitated a democratic and inclusive process, allowing stakeholders to share their insights and concerns.

### **Program Development and Coordination Activities (Optional, only for States that elect to pursue this activity)**

45 CFR § 1321.27 (h):

Certification that any program development and coordination activities shall meet the following requirements:

1. The State agency shall not fund program development and coordination activities as a cost of supportive services under area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans;
2. Program development and coordination activities must only be expended as a cost of State Plan administration, area plan administration, and/or Title III, part B supportive services;
3. State agencies and area agencies on aging shall, consistent with the area plan and budgeting cycles, submit the details of proposals to pay for program development and coordination as a cost of Title III, part B supportive services to the general public for review and comment; and
4. Expenditure by the State agency and area agency on program development and coordination activities are intended to have a direct and positive impact on the enhancement of services for older persons and family caregivers in the planning and service area.

### **RESPONSE:**

New Mexico is choosing not to pursue this activity.

### **Legal Assistance Developer**

45 CFR § 1321.27 (l):

How the State agency will meet responsibilities for the Legal Assistance Developer, as set forth in part 1324, subpart C.

### **RESPONSE:**

The State Unit on Aging, the Aging and Long-Term Services Department (ALTSD), has designated a member of ALTSD's Assistant General Counsel as its State Legal Assistance Developer. The Legal Assistance Developer meets the requirements outlined in 45 CFR § 1324.303(c) and (d). ALTSD maintains capacity for coordinating legal assistance by entering into agreements with the area agencies on aging that service PSA 1-4. Legal assistance for PSA 5-6 is coordinated by ALTSD.

The City of Albuquerque/Bernalillo County Area Agency on Aging serves PSA 1 and contracts with the Senior Citizen Law Office (SCLO) to provide legal assistance. The North Central New Mexico Economic Development District Area Agency on Aging serves PSA 2-4 and contracts with New Mexico Legal Aid (New Mexico Legal Aid) to provide legal assistance. ALTSD contracts with the Legal Resources for the Elderly Program (LREP) helpline, a New Mexico Bar Association program, to provide legal assistance to PSAs 5 and 6, as well as any older adults throughout the state who are unable to access legal assistance

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from SCLO or New Mexico Legal Aid. All legal assistance providers are required to prioritize older adults with the greatest economic or social needs when providing legal assistance.

The Legal Assistance Developer will ensure that ALTSD maintains the capacity necessary to provide the AAAs, legal service providers, and all ALTSD divisions with technical assistance, training, and any other supportive function needed to comply with the Older American Act requirements to provide legal assistance. This includes utilization of resources provided by the National Center on Law and Elder Rights.

The Legal Assistance Developer will ensure that legal service providers promote financial management services to older individuals at risk of guardianship, conservatorship, or other fiduciary proceedings by requiring that this service is included in any contracts with legal service providers. The Legal Assistance Developer will also require that any contract with a legal service provider includes the requirement that older individuals be assisted in understanding their rights, exercising choices, benefitting from services and opportunities authorized by law, and maintaining the rights of older individuals at risk of guardianship, conservatorship, or other fiduciary proceedings.

The Legal Assistance Developer will engage in regular meetings with AAAs and legal service providers, and the Legal Assistance Developer will facilitate discussions on how best to improve the quality and quantity of legal services provided to older individuals.

### **Emergency Preparedness Plans – Coordination and Development**

OAA Section 307(a)(28):

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

### **RESPONSE:**

The SUA coordinates with the New Mexico Department of Homeland Security and Emergency Management in addressing emergent situations for the New Mexico older adult population, participating in regular regional meetings and including the Area Agencies on Aging and direct service providers. The SUA in coordination with the Area Agencies on Aging and direct service providers implement safety checks with local authorities and conducting wellness calls.

### **Area Agencies on Aging:**

#### **City of Albuquerque/Metro AAA**

City of ABQ. Bern. Co. AAA policies and procedures FY26 update include eligibility based on 1321.87(a)(1)(iii):

- (A) During disaster or emergency situations affecting the provision of nutrition services;
- (B) To older individuals who have an occasional need for such meal; and/or
- (C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need.

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Other approved FY25 and state general funded service expansions include the shelf-stable emergency meals/senior food boxes.

### **North Central New Mexico Economic Development District/ Non-Metro AAA**

#### **Emergency Response Plan includes:**

During the 2023-2026 Area Plan period, NMAAA is adapting to more frequent and serious emergency events due to climate change and other factors. As a result, we are working with providers to transition from more traditional “contingency” plans to more thorough emergency plans. NMAAA is also leveraging its resources as a council of governments which currently employs two emergency management professionals through U.S. Economic Development Administration funding. NMAAA will use these employees to improve provider training and use of best practices during the course the Plan.

#### **Service Continuity**

In Section IV, Number 400 and 401 of the Non-Metro Area Agency on Aging Policies and Procedures, as well as Section 2.A.4. Terms of agreement of all subrecipient contracts, subrecipient providers are required to inform NMAAA of the status of the consumers who are served through the program. The provider is required to submit annually an updated contingency and emergency preparedness plan that includes working with local emergency managers in their planning and service area to assess those in need and locate emergency resources. Specifically, the plan must address:

- What alternative plans are in place for delivering services to consumers?
- If inclement weather is expected, how far in advance will consumers be notified of changes in service delivery?
- If inclement weather is expected, how far in advance will meals be delivered to home delivered consumers?
- What agencies (i.e. Cities, Counties, Red Cross, etc.) will the program work with during severe emergencies?

In FY 2023, NCNEMEDD required a list of updated emergency contact information for each program, as well as the wellness check script that will be used by the program.

Policies and Procedures Section IV also requires providers to contact the NMAAA about a closure or emergency as soon as it is reasonable to do so and should include a plan for delivering meals and conducting welfare checks/calls. The provider should use any means available to relay the information to NMAAA so that information regarding closures can then be sent via email to ALTSD. NMAAA currently provides information regarding closures weekly in a report to ALTSD.

If a subrecipient provider reports an emergency that may result in a closure or modification of services, NMAAA helps within its staffing and budgetary capabilities to ensure continued service delivery. Such assistance includes identifying and coordinating alternative sites from which to prepare and distribute meals, securing self-stable meals and/or food boxes, conducting wellness checks, and distributing food and/or supplies.

#### **Individuals with Functional Needs**

Subrecipient contractors work with local emergency management teams to identify individuals with functional needs within their respective communities. These individuals can be identified using the Access and Functional Needs Toolkit created by the CDC, which will allow subrecipient providers to integrate a community partner network to communicate effectively during an emergency. In an emergency providers can reach out to consumers they are currently providing services to assess the need for emergency services and share their list of consumers who may have access and functional needs, while emergency

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management officials can refer other community members to providers for services they may be in need of, such as emergency nutrition services.

**NMAAA’s Role in Emergency Situations**

NMAAA follows the universally accepted “all hazards” approach to emergency preparedness and response planning which includes four elements: 1) Communication; 2) Preparedness; 3) Training/Education; and 4) Information Management. Organized by these elements, our role in emergency situations is outlined below:

	<b>Role of Non-Metro AAA</b>	<b>Mechanisms</b>
Preparedness	<p>Designate an Emergency Coordinator at NMAAA to oversee planning and preparedness tasks and coordinate with emergency management in the appropriate jurisdiction.</p> <p>Require Emergency and Contingency Plans for all providers.</p> <p>Require provider training on emergency preparedness and Emergency and Contingency Plans.</p> <p><i>Frequency: Annual and as needed</i></p>	<ul style="list-style-type: none"> <li>• NMAAA policies</li> <li>• Annual contract requirements</li> <li>• NMAAA review of provider</li> <li>• Emergency and Contingency plans</li> </ul>
Training & Education	<p>Provide annual NMAAA staff and provider training on emergency preparedness and review of Emergency and Contingency Plans.</p> <p>Provide educational and informational resources to providers, including materials for distribution to older adults, adults with disabilities, and community members with functional needs.</p> <p><i>Frequency: Annual and as needed</i></p>	<ul style="list-style-type: none"> <li>• In-person and web-based training sessions</li> <li>• Printed and online training materials</li> <li>• Wellness call scripts</li> <li>• Informational brochures and flyers</li> </ul>
Communication	<p>Notify and update providers on emergency conditions, contacts and protocols.</p> <p>Distribute emergency advisories, orders and guidance.</p> <p>Advise providers on best practices for specific emergency situations.</p> <p>Provide technical assistance to providers as needed.</p> <p><i>Frequency: Ongoing</i></p>	<ul style="list-style-type: none"> <li>• Constant Contact messages and emails</li> <li>• Phone calls/videoconferences.</li> <li>• Web-based resources such as the American Red Cross</li> <li>• On-site technical assistance</li> </ul>
	<b>Role of Non-Metro AAA</b>	<b>Mechanisms</b>
Information Management	<p>Maintain file of Emergency Management and Contingency Plans.</p> <p>Maintain up-to-date list of provider emergency contact personnel.</p>	<ul style="list-style-type: none"> <li>• Excel spread Sheets</li> <li>• WellSky data base</li> <li>• NCNMEDD accounting system (MIP Abila)</li> </ul>

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	<p>Document wellness calls and consumer data.                  Track emergency expenditure requests from providers and NMAAA, if submitted as Title III reimbursements.  <i>Frequency: Ongoing</i></p>	
Service Continuity	<p>Assist with modified Nutrition service delivery, including identification of alternative meal sites, coordination with private vendors, and delivery of food boxes and shelf stable meals.                  Ensure welfare providers and emergency managers conduct checks. Welfare checks should include the assessment of food, water, heating and cooling, support network, functional needs, and durable medical equipment and medication.                  Assist in obtaining and/or delivering emergency funding, supplies and equipment as needed.  <i>Frequency: Ongoing</i></p>	<ul style="list-style-type: none"> <li>• Coordination of local resources, providers, emergency managers, community organizations, and private vendors</li> <li>• NMAAA policies</li> <li>• Annual contract requirements</li> <li>• Referrals to relief agencies and emergency responders</li> <li>• Calls and check-ins with providers</li> </ul>

**Emergency Coordination**

In terms of compliance with emergency orders and protocols, Non-Metro AAA will follow the lead of the jurisdiction in which the emergency occurs, whether that be federal, state, or local.

For a federal emergency, NMAAA will interface directly with state agencies serving as the conduit with the federal government. It is assumed that the New Mexico Department of Homeland Security or the Aging and Long-Term Services Department (ALTSD) would serve as the lead agency. NMAAA will follow the lead of these same agencies in the event of a state-level emergency. In the event of a local emergency, Non-Metro AAA will collaborate directly with the appropriate local or tribal government district or jurisdictions. Non-Metro AAA will refer to the Emergency and Contingency Plans of individual providers in more localized situations, to determine proper protocols and to identify the network of responders and resources that may be available.

For all emergencies, NMAAA works with a range of local partners appropriate for the emergency, including but not limited to emergency management offices, food pantries, emergency shelters, churches and faith-based organizations, and volunteer organizations such as the American Red Cross. NMAAA will notify and coordinate with the appropriate emergency management entities when it identifies areas of unmet need. NMAAA will also work with local emergency management officials and local providers on agreements that will outline specific expectations of each organization. Taking the lead from the New Mexico Department of Homeland Security, the NMAAA will determine what course of action will be required.

**Emergency Situations**

Communities in New Mexico experience a broad range of emergency situations described below. NMAAA utilizes [American Red Cross checklists](#) to provide technical assistance to providers and to appropriately respond to specific emergency situations.

- **Pandemic:** Though pandemic situations may not occur frequently, it is important to address this emergency given the current COVID-19 pandemic situation affecting the world. During a pandemic there may be widespread closures, where only essential services are

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offered. Nutrition services are essential, and their continuation must be addressed in provider emergency and contingency plans.

- **Power Outage:** Planned or unexpected, power outages can last for a few hours, days or longer, and may disrupt communications, water, transportation, stores, and other services. This may impact needs such as lighting, heating, cooling, communication, food and medicine refrigeration, cooking, and medical equipment. The NMAAA collaborates with providers to conduct wellness calls in areas experiencing power outages to ensure the safety of consumers, as well as to develop tools to identify at-risk individuals who need additional support.
- **Weather-Related Storm Events:** Communities in New Mexico experience localized flooding, winter storms and heat waves every year. The NMAAA collaborates with providers to conduct outreach to communities that may be hard hit by weather-related events, to ensure that consumers have adequate access to food, water, a source of heating or cooling, and any medical devices or medication they may need.
- **Wildfire:** Many areas of the state have experienced wildfires, and the threat of wildfires is increasing with dry conditions caused by climate change. In the event of a wildfire, the NMAAA will collaborate with providers to conduct wellness calls, assess the needs of the community, and coordinate evacuations, if necessary.

### **Business Continuity**

NMAAA is committed to maintaining business continuity in the event of an emergency through the following means:

- **Office Locations:** NCNMEDD currently has office space in diverse geographic locations: Santa Fe, Tucumcari, and Las Cruces. This provides one physical location per PSA from which to coordinate emergencies, as well as options for onsite activities if one or more offices is damaged or threatened by an emergency.
- **Remote Locations:** All staff in the Santa Fe and Las Cruces offices have remote work capabilities, including laptops, cell phones, and VPN access to a central server where all NMAAA files are stored. In the event of an emergency that damages or threatens physical offices, staff can work from home or other remote locations, including emergency shelters. NCNMEDD will be upgrading computers and phones for the Tucumcari office in the next two years, which will provide Tucumcari staff with the same remote work capability.
- **Information Technology:** NCNMEDD contracts with Technology Solutions, with offices in Santa Fe, NM and Phoenix, AZ for information technology. All NMAAA data is stored in the cloud on NCNMEDD's server, OneDrive, Citrix, and WellSky. Technology Solutions backs up all data on the NCNMEDD server several times each day and manages VPN and Outlook access for staff. Technology Solutions performs an annual IT review for NCNMEDD. During the most recent review, NCNMEDD implemented multifactor identification and updated some functions to improve cybersecurity.
- **Phone Communication:** NCNMEDD has public toll free and main phone numbers through Vonage which can be forwarded to other phones or remote locations as needed.
- **Data Center:** NMAAA can utilize its Tucumcari Data Center to take, field or make calls in the event of an emergency.

### **Emergency Preparedness Plans – Involvement of the head of the State agency**

OAA Section 307(a)(29):

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

### **RESPONSE:**

The SUA coordinates with the New Mexico Department of Homeland Security and Emergency Management, New Mexico Department of Health, New Mexico Department of Health Care Authority, New Mexico Department of Veterans Services and the New Mexico Governor's Commission on Disability in addressing emergent situations for the New Mexico older adult and adults with disabilities population, participating in regular regional meetings and including the Area Agencies on Aging and direct service providers as the emergency applies.

DRAFT