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# FY22 QUARTER #1 PERFORMANCE REPORT

**Aging and Long-Term Services Department**



# Aging and Long-Term Services Department

## Agency Mission:

The Mission of the Aging and Long-Term Services Department (ALTSD) is to provide accessible, integrated services to older adults, adults with disabilities, and caregivers, to assist in maintaining their independence, dignity, health, safety, and economic well-being, thereby empowering them to live independently in their own communities as productively as possible.

## Agency Goals:

The Aging and Long-Term Services Department's three primary goals for FY22 are:

**Goal 1:** Administer core programs that enable older New Mexicans to remain in their residence and community through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers.

**Goal 2:** Expand and Innovate Services.

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

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

## AGENCY PROGRAMS

CONSUMER AND ELDER RIGHTS DIVISION AND THE LONG-TERM CARE OMBUDSMAN PROGRAM	P592
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## Consumer and Elder Rights Division and the Long -Term Care Ombudsman Program

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

CERD consists of the following areas:

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

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

### Program Budget (in thousands):

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

FY22	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	1,487.2		1,030.7	1,300.0	3,817.9	48
300	99.8		398.0		497.8	
400	154.9		530.1		685.0	
<b>TOTAL</b>	<b>1,741.9</b>	<b>-</b>	<b>1,958.8</b>	<b>1,300.0</b>	<b>5,000.7</b>	

### Program Performance Measures Annual:

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

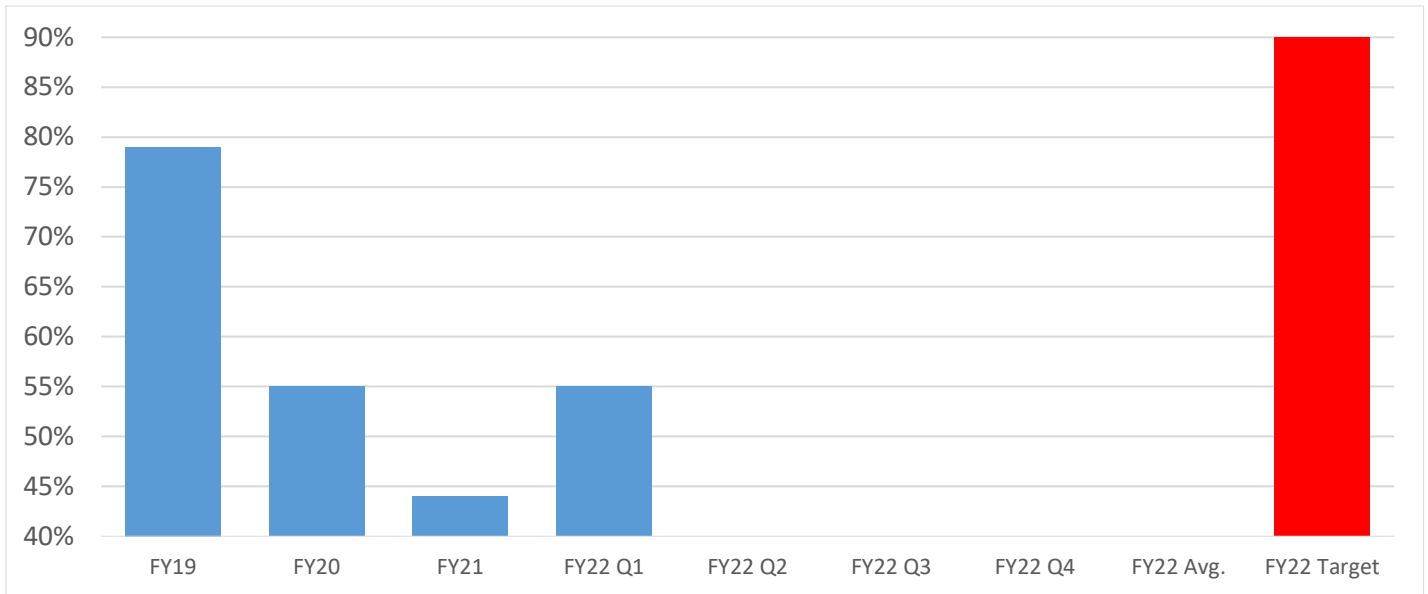
# PERFORMANCE MEASURE #1

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

## Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Avg.	FY22 Target
79%	55%	44%	55%					90%

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** During the first quarter of FY22, 55% of the calls to the ADRC were answered by a live operator. ADRC received a total of 9,137 calls (an average of 147 calls per day). The ADRC continues to assist the New Mexico Department of Health in both registering and scheduling appointments for the COVID-19 vaccinations. Part of the ADRC team has been detailed to COVID 19 rapid response and surveillance in Long Term Care facilities.

**IMPROVEMENT ACTION PLAN:** Our goal is to fill our four vacant Option Counselor positions, so to be closer to being fully staffed. Additionally, we are looking into upgrading our system in April 2022, which will alleviate the issue of abandoned calls, allowing immediate callbacks instead of calls going to voicemail and will provide the option of CHAT and robochat, which will provide additional assistance to live calls.

The *Alliance for Information and Referral Taxonomy* is used to track the topics discussed and reviewed during each counseling session. Topic entries are entered into the SAMS database which includes entries by non-ADRC staff. The top five topics of concern in this quarter were:

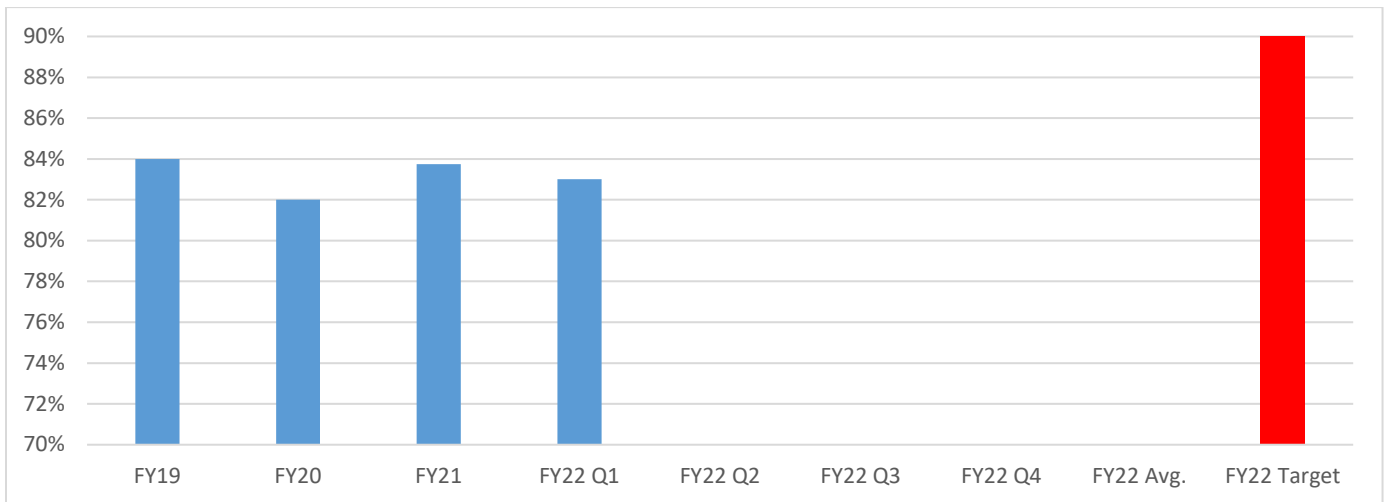
- Medicaid – 9,684 consumers
- Medicare – 3,861 consumers (benefit explanation, enrollment, and counseling).
- COVID – 195 consumers
- VA –74 consumers
- Disability - 19 consumers

## PERFORMANCE MEASURE #2

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

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Avg.	FY22 Target
84%	82%	83.75%	83%					90%

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** During the 1<sup>st</sup> quarter of FY22, 83% of residents remained in the community six months following a nursing home transition. We currently are working on engaging clients, families, facilities, and other agencies through an individualized transitional process plan. We strongly advocate for the rights and wishes of those wanting to move to a less restrictive environment. As a result of high engagement efforts, CTB has seen a decrease in re-admissions to a hospital setting and overall, better care of these clients in any type of setting. CTB has continued a steady rapport with Managed Care Organizations (MCO's), facility staff, and many other state agencies. By increasing Medicaid knowledge among all individuals. CTB has become better equipped to advocate for individuals in any type of transitional process, whether it be with individuals wanting a less restrictive setting or needing a higher level of care.

**IMPROVEMENT ACTION PLAN:** CTB will continue to provide updated information on community resources, the reintegration process to a less-restrictive setting and access and supports for residents transitioning from a facility to another facility; working through major barriers and challenges for many NM residents in all communities when it comes to finding affordable housing and direct care staff for Personal Care Services. We will continue to work with Managed Care Organizations (MCO's), facility staff, many other state agencies and with the NM State Ombudsman program to increase Medicaid outreach and education among facility staff and facility residents.

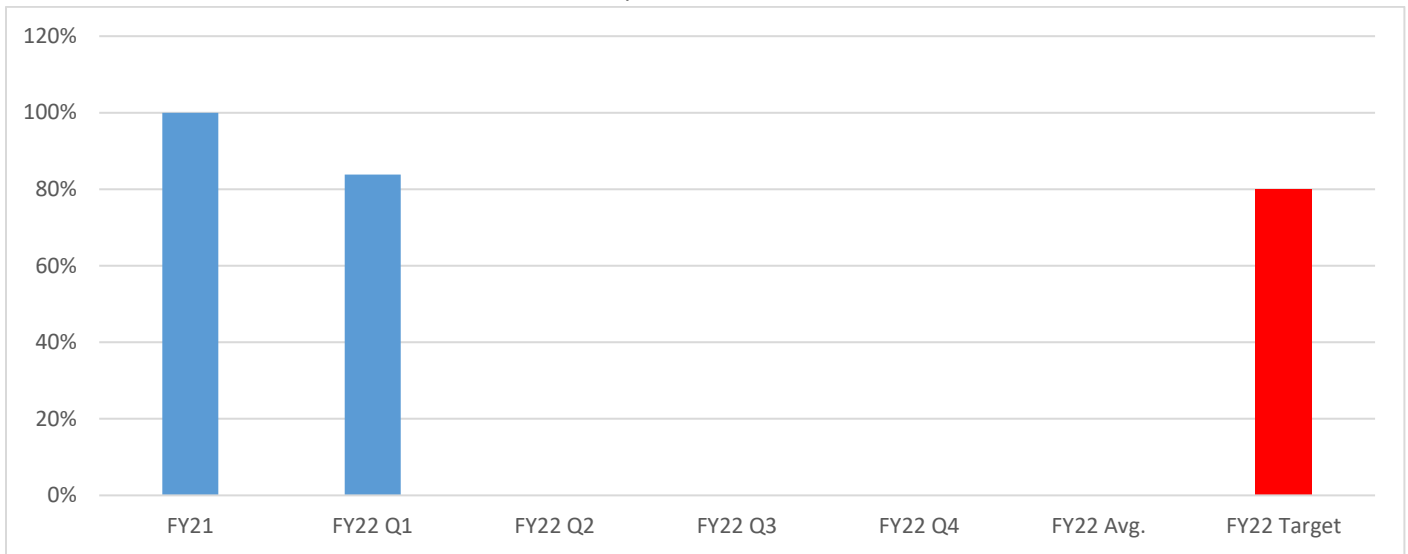
## PERFORMANCE MEASURE #3

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

### Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Avg.	FY22 Target
N/A	N/A	98.75%	83.87%					80%

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** In the 1st quarter of FY22, 83.87% of Individuals were provided short-term assistance that accessed service within 30 days of a referral from options counseling. The Short-Term Assistance Program continues to receive referrals from option counseling that accessed the service.

**IMPROVEMENT ACTION PLAN:** The program continues to reach out to community partners to provide education about the services and encouraging direct referrals from these partners. The program is continuing to reach out to partner organizations to inform about short-term assistance and increase the number of referrals for constituent needs.

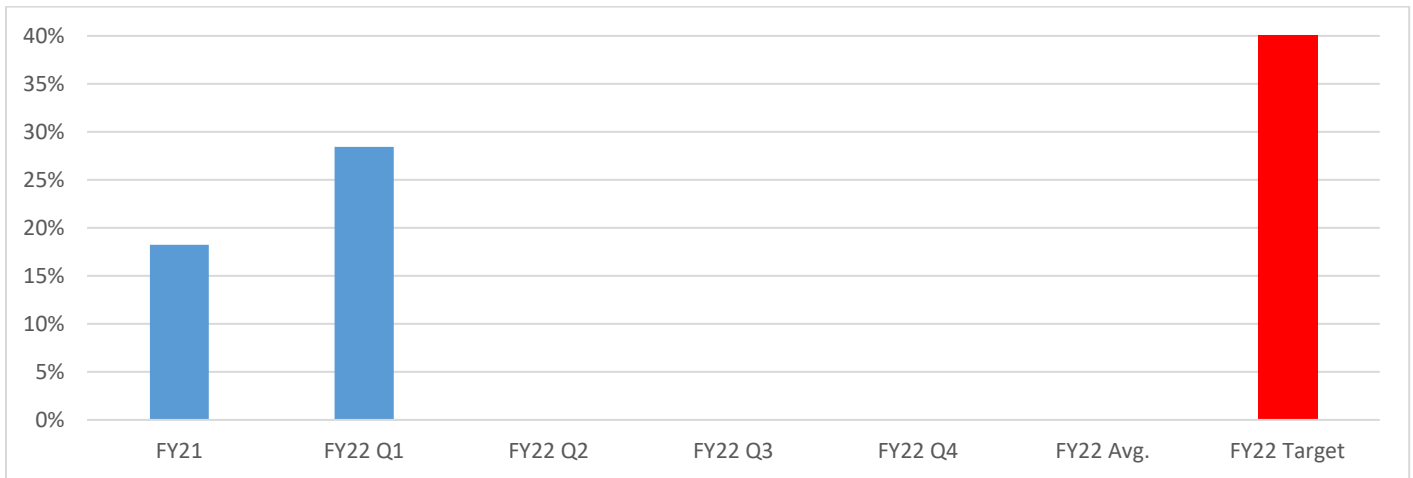
## PERFORMANCE MEASURE #4

### *Percent of Facilities Visited Monthly*

#### Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Avg.	FY22 Target
N/A	N/A	18.25%	28.43%					40%

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** The number of facilities visited monthly, has increased since the beginning of COVID-19 but continues to be lower than pre-pandemic. Facilities opened for visitors for a short period until the COVID variant, which caused facilities to return to lockdown. During lockdown, Ombudsman can only enter during an emergency, when a resident complaint cannot be resolved over the phone or by video conferencing. Although visits are not always onsite Ombudsman are still interacting with residents, family members and staff on a regular basis.

**IMPROVEMENT ACTION PLAN:** Volunteers are actively being recruited and trained. With more available trained volunteers, more facilities can be visited to provide more in person interaction with the residents.



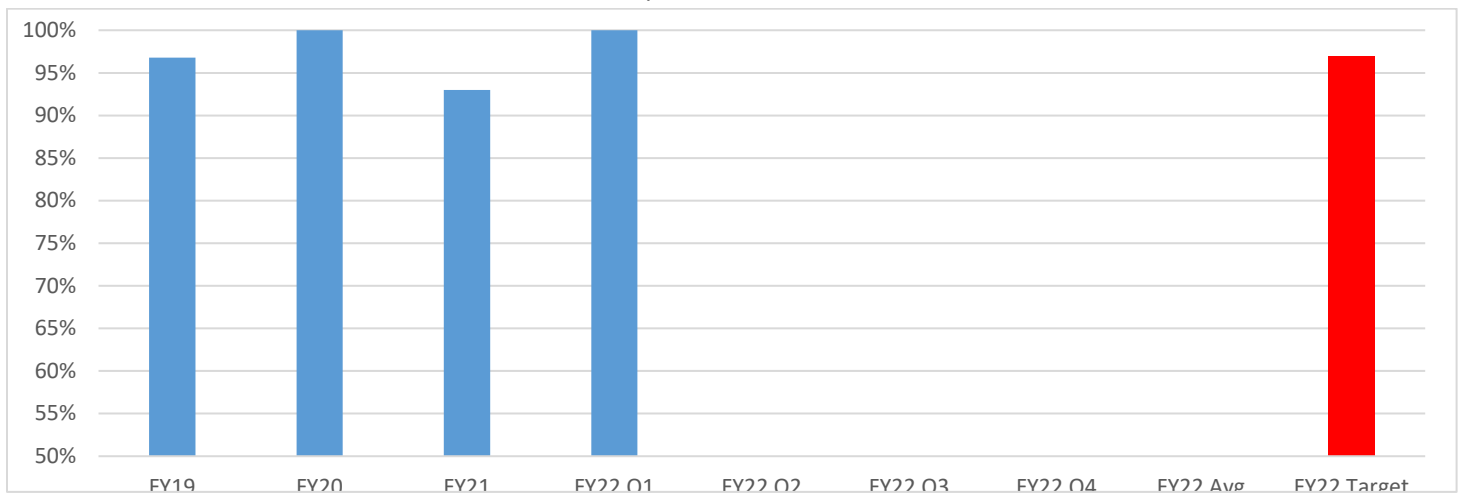
## PERFORMANCE MEASURE #5

*Percent of Ombudsman complaints resolved within sixty days.*

### Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Avg.	FY22 Target
96.8%	100%	93%	100%					97%

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** During the first quarter of FY22, 100% of all Ombudsman complaints were resolved within sixty days.

**IMPROVEMENT ACTION PLAN:** Cases will continue to be monitored to ensure that 100% of Ombudsman cases are resolved within the required timeframe.

## Adult Protective Services

### Program Description, Purpose and Objectives:

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

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

### Program Budget (in thousands):

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

FY22	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	7,508.1	-	-	2,200.00	9,708.1	128
300	1,242.3	-	-	2,176.30	3,418.6	
400	721.4	-	-		721.4	
TOTAL	9,471.8	-	-	4,376.30	13,848.1	

### Program Performance Measures:

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

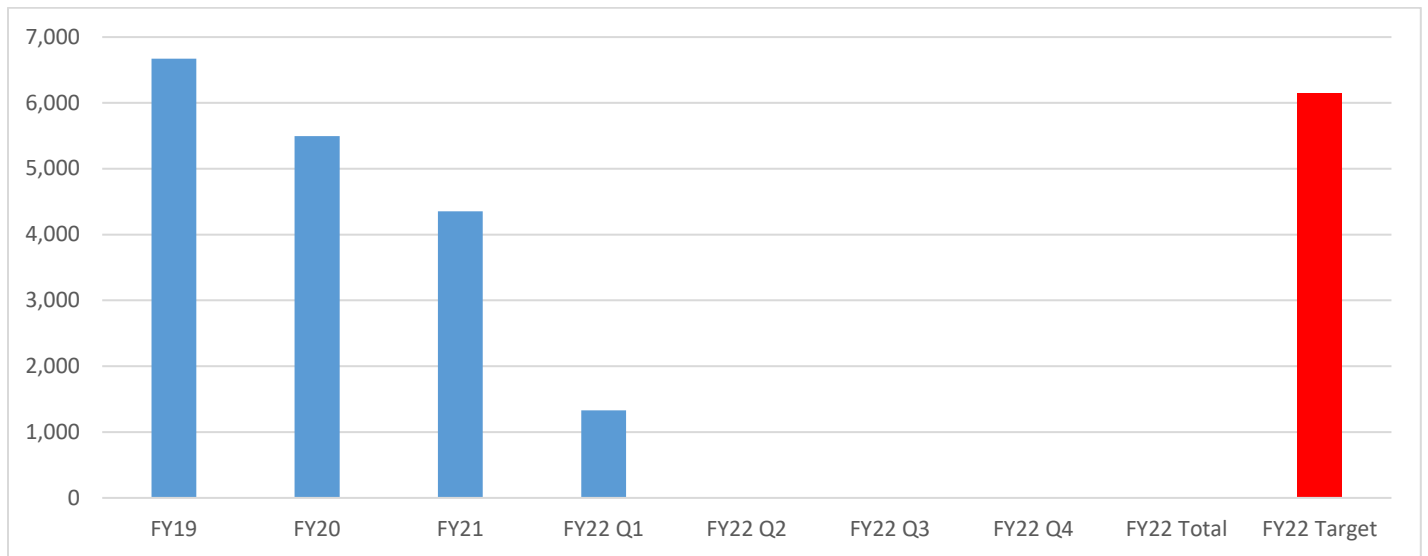
# PERFORMANCE MEASURE #1

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

## Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Total	FY22 Target
6,671	5,494	4,355	1,332					6,150

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** APS Division receives community-based referrals and agency referrals of abuse, neglect, and exploitation. During FY22 Q1, APS received 1,332 intakes that met APS criteria for investigation, APS will continue to ensure appropriate referrals are submitted.

**IMPROVEMENT ACTION PLAN:** We will continue providing outreach and education on how to make a referral to APS. APS will also create more enhanced cross-reporting mechanisms, to ensure those that meet the investigation criteria, are receiving an investigation.

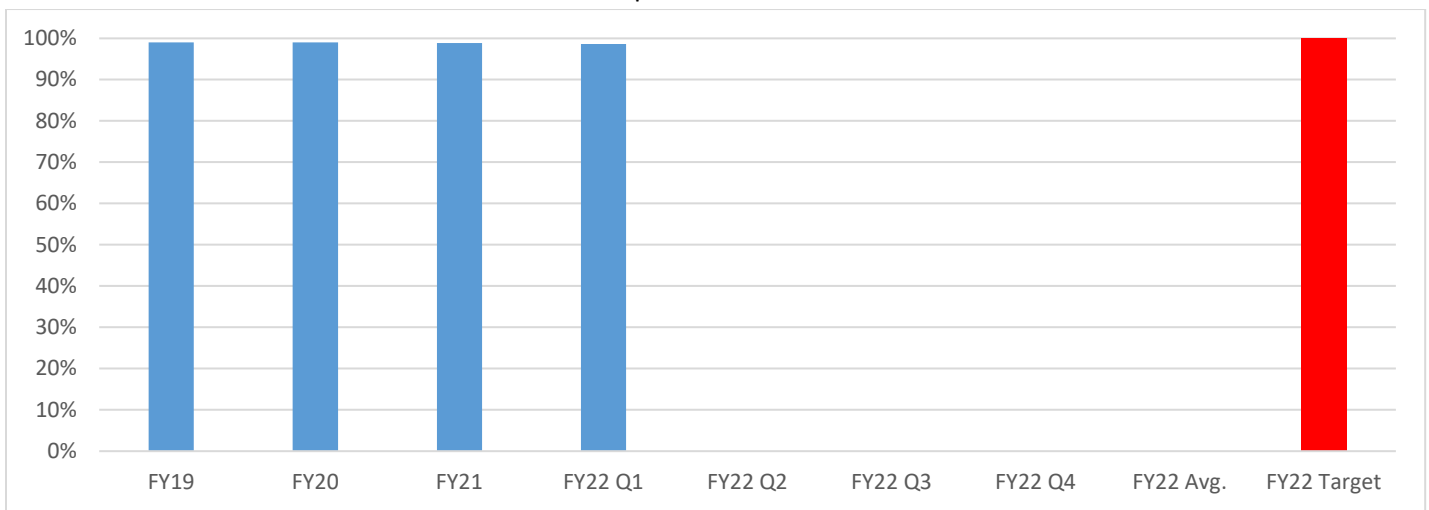
## PERFORMANCE MEASURE #2

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

### Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Avg.	FY22 Target
99%	99%	98.86%	98.67%					>99%

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** APS continues to investigate allegations of abuse, neglect, and exploitation. The investigative caseworkers are still conducting in-person investigations on time, while ensuring PPE use when entering homes to safeguard the clients and employees. Priority one referrals require a visit within 24-hours, and caseworkers are equipped with appropriate PPE, cleaning supplies, and screening methodology when making face-to-face contact. Additionally, the investigative caseworkers are required to submit monthly COVID-19 testing to ensure client safety.

**IMPROVEMENT ACTION PLAN:** ALTSD is working to secure vaccinations for APS staff and clients to maintain mission-critical supports to this vulnerable population.

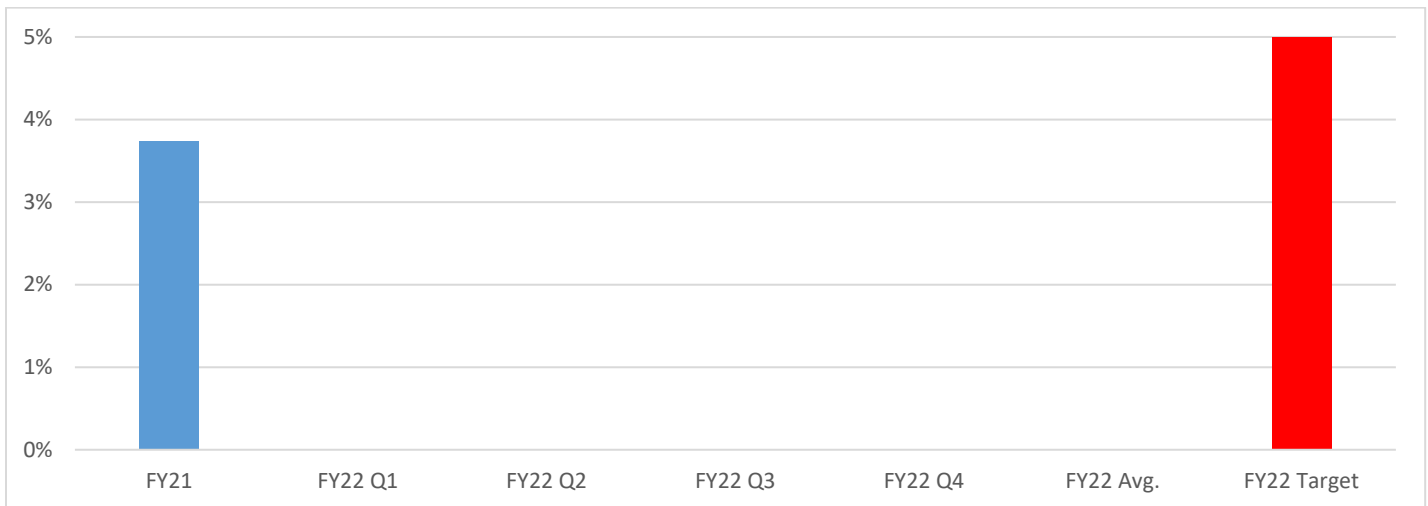
## PERFORMANCE MEASURE #3

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

### Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Avg.	FY22 Target
N/A	N/A	3.74%	0%					5%

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** APS has been keeping cases opened slightly longer in an effort to build rapport, provide more services and supports in order to reduce recidivism. Additionally, APS will be creating a case management unit to work with clients that requires more engagement, services, and supports.

**IMPROVEMENT ACTION PLAN:** APS will continue to address the issues of abuse, neglect, or exploitation and do its due diligence in preventing repeat cases through public outreach and research behind the cases to validate whether the increase was in fact due to pandemic-related concerns. APS will be providing in-depth training to all APS field and intake staff that will enhance the quality of services and supports we offer to all clients.

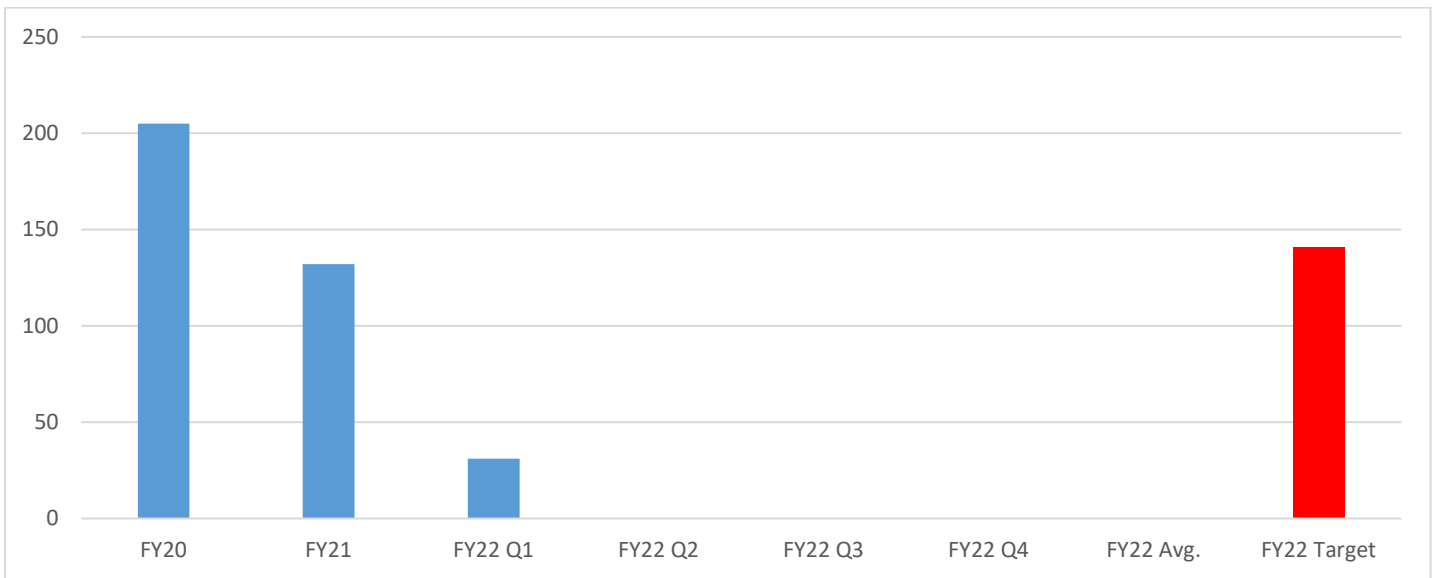
## PERFORMANCE MEASURE #4

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

### Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Total	FY22 Target
N/A	205	132	31					141

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** APS pivoted and changed how it historically conducted outreach and education. We now require adaptation of these presentations to virtual means and methods. APS is increasing the outreach provided to the public and is creatively bringing new ways to engage.

**IMPROVEMENT ACTION PLAN:** We will continue to explore other avenues to provide outreach to elders in need of services and to ensure knowledge of services available.

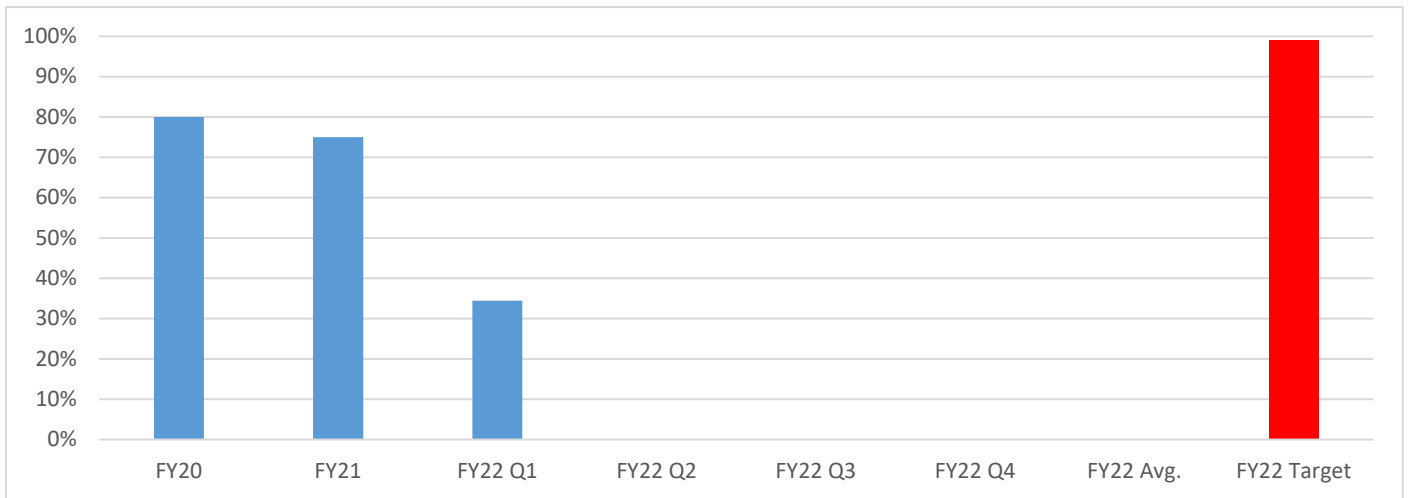
## PERFORMANCE MEASURE #5

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

### Results

FY19	FY20	FY21	FY22 Q1	FY21 Q2	FY21 Q3	FY21 Q4	FY22 Avg.	FY22 Target
N/A	80%	64.19%	34.41%					99%

Graph of Data Above



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

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

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

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

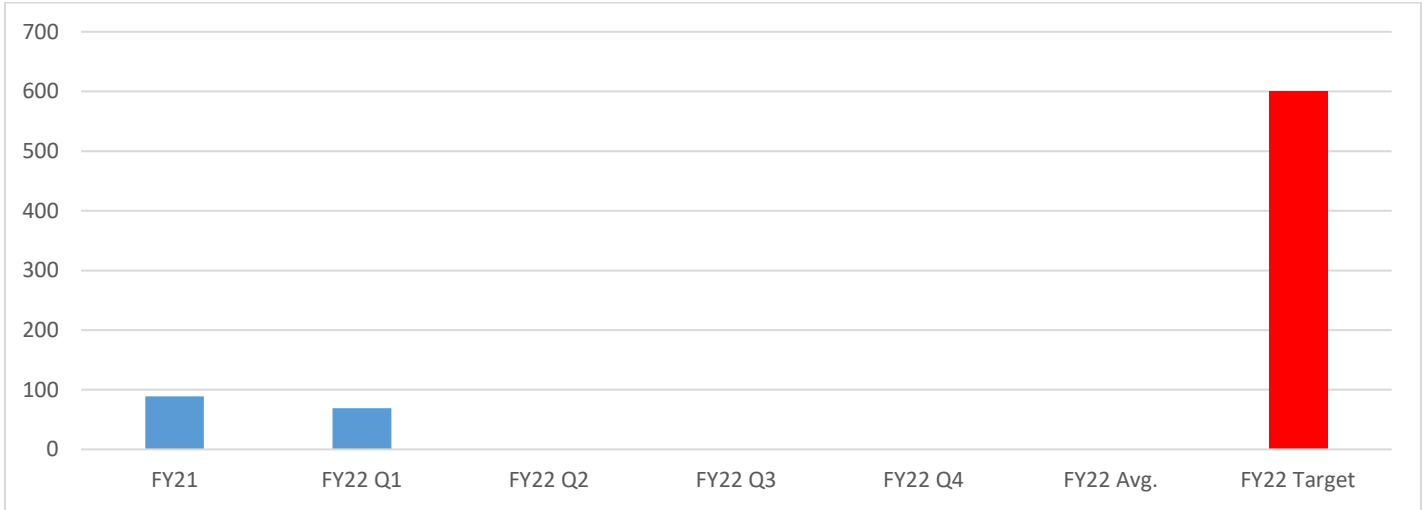
## PERFORMANCE MEASURE #6

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

### Results

FY19	FY20	FY21	FY21 Q1	FY21 Q2	FY21 Q3	FY21 Q4	FY22 Total	FY22 Target
N/A	N/A	89	69					600

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** During the 1st quarter FY22, there were 69 referrals and enrollments into home care and adult day services due to an APS investigation into abuse, neglect, or exploitation. Due to limitations and closures, referrals to providers have been limited. APS completes the community services waiver applications for all home and daycare referred clients. This added measure has contributed to an added factor to the decreased number of referrals. APS investigators can link Medicaid-funded services to APS clients before making a referral for APS-funded services. APS contracts with home care providers to ensure clients that do not qualify for home and community-based services, still have support. The home care providers continue to have difficulty recruiting caregivers. Caregiver shortages have had a significant impact when referring clients to APS funded services.

**IMPROVEMENT ACTION PLAN:** APS will continue to identify when referrals are necessary and enroll clients on an as-needed basis. Additionally, referrals to providers will also continue as reopening across the state continues. APS anticipates with the reopening of adult day care providers across the state, the number of referrals will increase.



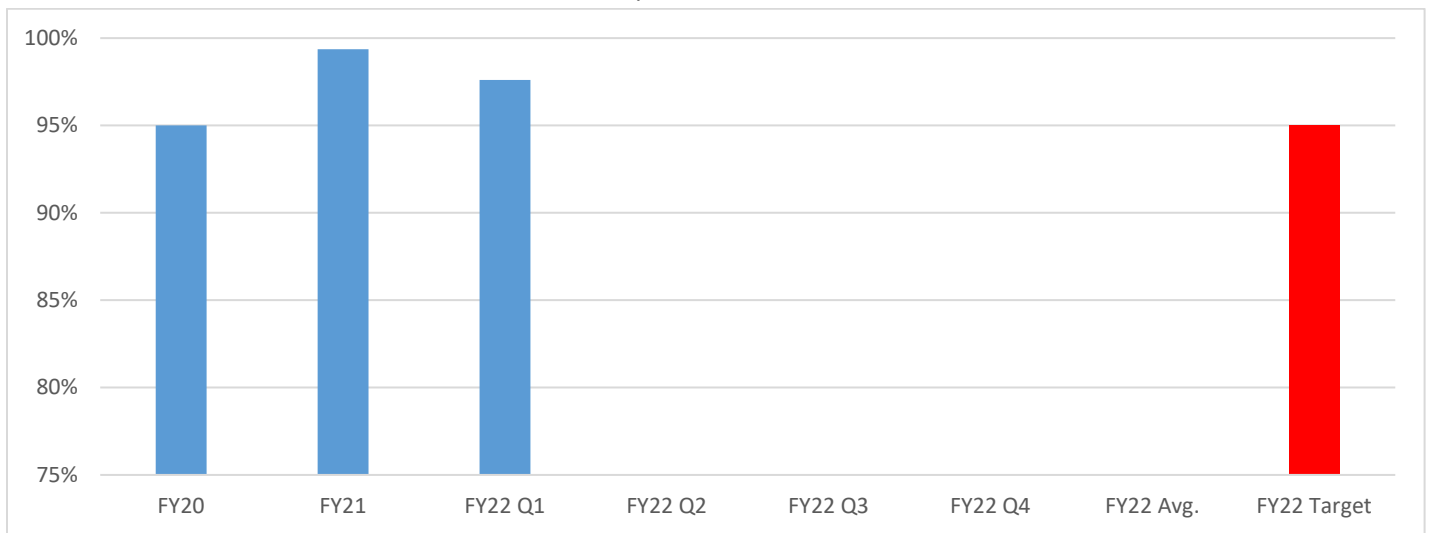
## PERFORMANCE MEASURE #7

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

### Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Avg.	FY22 Target
N/A	95%	99.36%	97.6%					95%

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** APS was able to meet priority two investigation time frames in a timelier fashion, due to the additional time allotted for these investigations. It provided caseworkers an opportunity to interview the alleged victim and coordinate in a safe manner, to conduct face-to-face visits; versus a priority one referral, which requires a face to face within 24 hours, which is slightly more difficult to navigate during the pandemic.

**IMPROVEMENT ACTION PLAN:** APS will continue to diligently pursue these investigations within the timeframe as these referrals are made. APS is actively hiring across the state for multiple positions; this will assist in increasing the percentage of timely initiation of cases.

## Aging Network

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

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

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

**Program Budget (in thousands):**

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

FY22	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	795.0	34.5	555.3		1,384.8	
300	1,235.1	10.0			1,245.1	
400	29,570.5	71.3	11,142.5		40,784.3	
TOTAL	31,600.6	115.8	11,697.8	-	43,414.2	

**Program Performance Measures:**

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

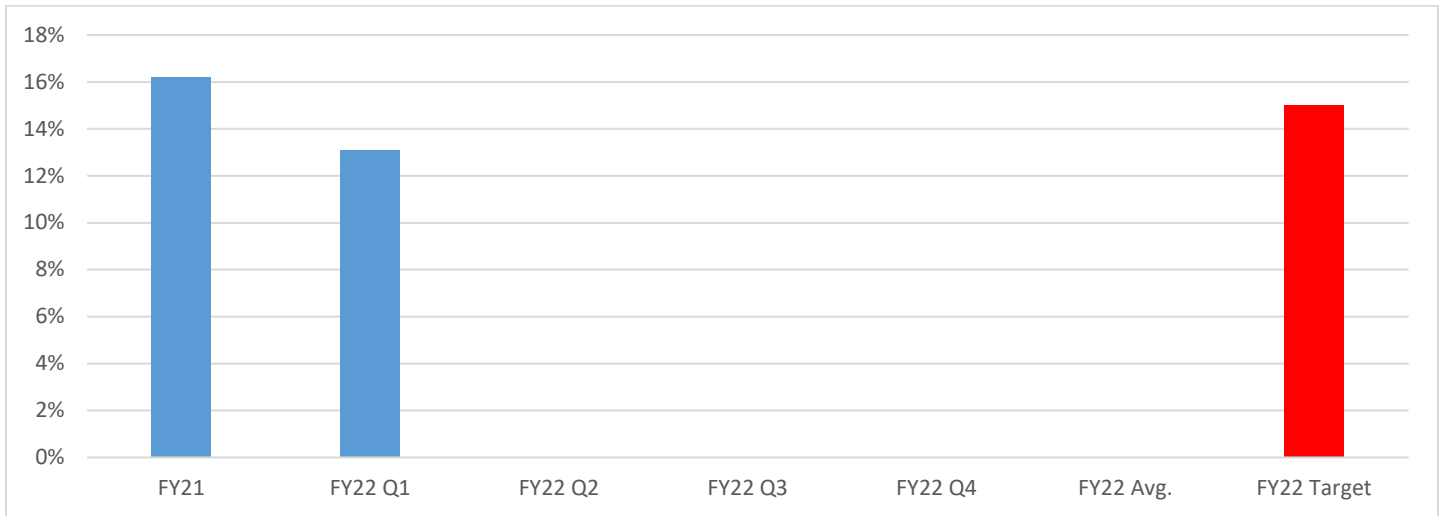
## PERFORMANCE MEASURE #1

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

### Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Avg.	FY22 Target
N/A	N/A	16.22%	13.10%					15%

Graph of Data Above



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

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

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

**STORY BEHIND THE DATA:** COVID exposure closures impacted senior center congregate services during 1<sup>st</sup> quarter in FY22, resulting in program providers having to revert to grab-n-go meals for periods of up to a week. On average we see two program providers per week reporting COVID exposures and closures.

**IMPROVEMENT ACTION PLAN:**

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

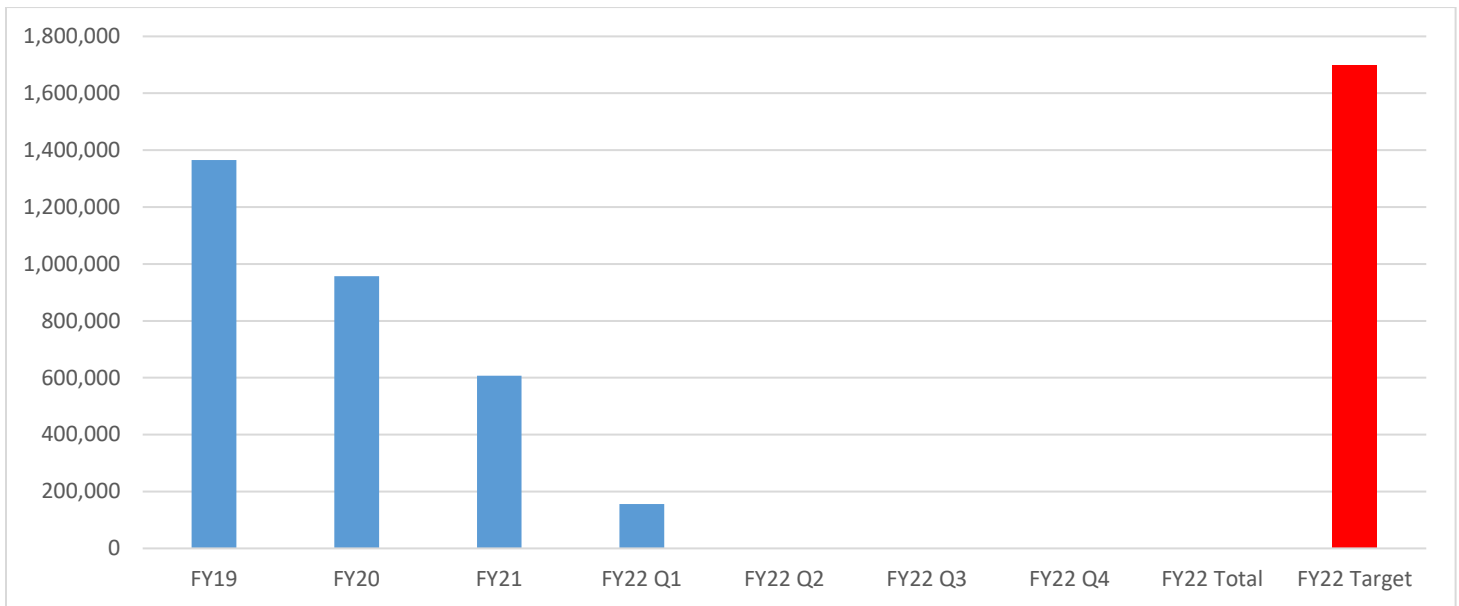
## PERFORMANCE MEASURE #2

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

### Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Total	FY22 Target
1,365,268	957,031.06	607,258	156,235					1,700,000

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** The COVID-19 pandemic resulted in a significant data change after Governor, Michelle Lujan - Grisham declared a state of emergency on March 11, 2020. The state of New Mexico was granted a major disaster declaration by the Federal Government in March 2020. After this date, provisions of services were altered to comply with the public order and isolation guidance. FY22 Quarter 1, has been affected by the pandemic. Volunteer services are affected by the facilities that remain closed due to school district, employer, city, and county restrictions. \*Due to COVID-19, AmeriCorps Senior Program volunteers were not able to perform projected volunteer hours, volunteers being classified as a vulnerable population, and the restrictions of teleworking. The numbers reported are state funded volunteer hours. AmeriCorps Seniors granted a temporary stipend allowance in March 2020 so that under COVID19 volunteer programs could continue to retain volunteers.”

**IMPROVEMENT ACTION PLAN:**

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

## PERFORMANCE MEASURE #3

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

### Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Total	FY22 Target
N/A	N/A	1,135	133					50

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** *During the 1<sup>st</sup> quarter of FY22 AND has conducted 92 outreach events (including provider volunteer outreach events), CERD has conducted 27 outreach events and OMB has conducted 14 outreach events for a total of 133 events showcasing the availability of services within the Aging Network, which is higher than our goal.* However, because of the COVID-19 pandemic, there was a significant data change after Governor, Michelle Lujan - Grisham declared a state of emergency on March 11, 2020. The state of New Mexico was granted a major disaster declaration by the Federal Government in March 2020. After this date, provisions of services were altered to comply with the public order and isolation guidance. FY 22 Quarter 1 has been affected by the pandemic, in that agency outreach events have been modified by using virtual collaboration. The remaining outreach events are affected by the facilities that continue to be closed due to employer, city, and county restrictions.

Of the service providers that are now open, the re-openings occurred during July–August 2021. In PSAs 1–4 25% of the service providers remain closed. As of October 2021, the number of service providers that remain closed for congregate meals are PSA 1= 2 PSA 2= 6, PSA 3=6, PSA 4=3, for a total of 17 programs within the Metro and Non-Metro AAA. Currently, OIEA providers are not serving congregate meals.

**IMPROVEMENT ACTION PLAN:**

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



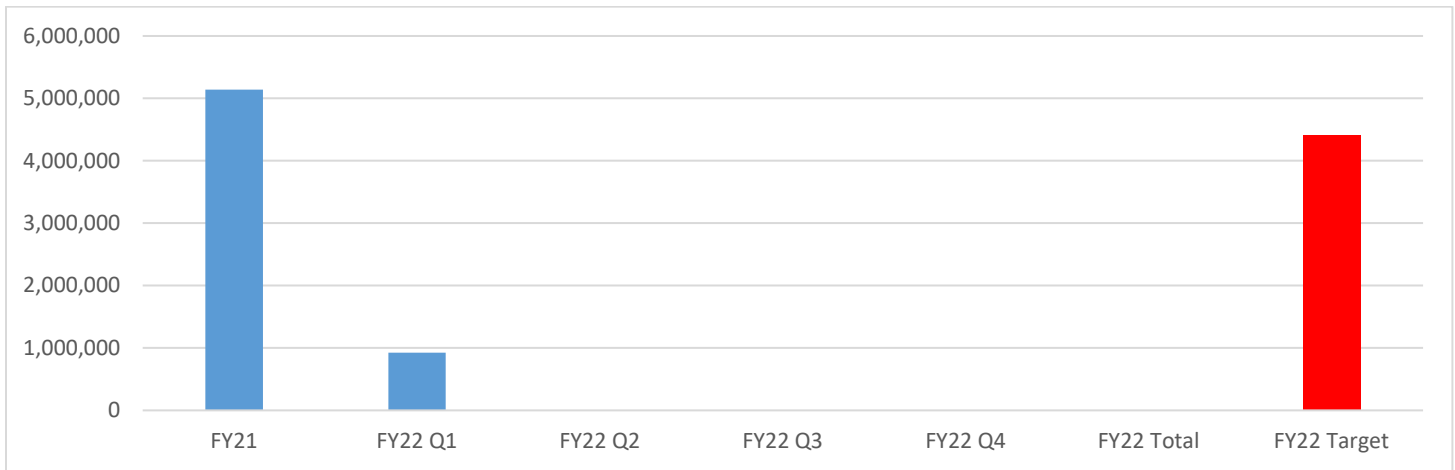
## PERFORMANCE MEASURE #4

*Number of Meals served in congregate, and home delivered meal settings.*

### Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Total	FY22 Target
N/A	N/A	5,141,387	922,422					4,410,000

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** The COVID-19 pandemic resulted in a significant data change after Governor, Michelle Lujan - Grisham declared a state of emergency on March 11, 2020. The state of New Mexico was granted a major disaster declaration by the Federal Government in March 2020. After this date, provisions of services were altered to comply with the public order and isolation guidance. FY 22 Quarter 1 has been affected by the pandemic. As of June 2021, senior center re-opening congregate sites have been staggered across the state and seniors have been hesitant to join in for congregate lunches. Grab-n-go meals have been offered however the number of seniors participating in grab-n-go meals have decreased. The remaining services are affected by the facilities that remain closed due to employer, city, and county restrictions. Of the service providers that are now open, the re-openings occurred during July–August 2021. In PSAs 1–4 25% of the service providers remain closed. As of October 2021, the number of service providers that remain closed for congregate meals are PSA 1= 2 PSA 2= 6, PSA 3=6, PSA 4=3, for a total of 17 programs within the Metro and Non-Metro AAA. Currently, OIEA providers are not serving congregate meals.

**IMPROVEMENT ACTION PLAN:**

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

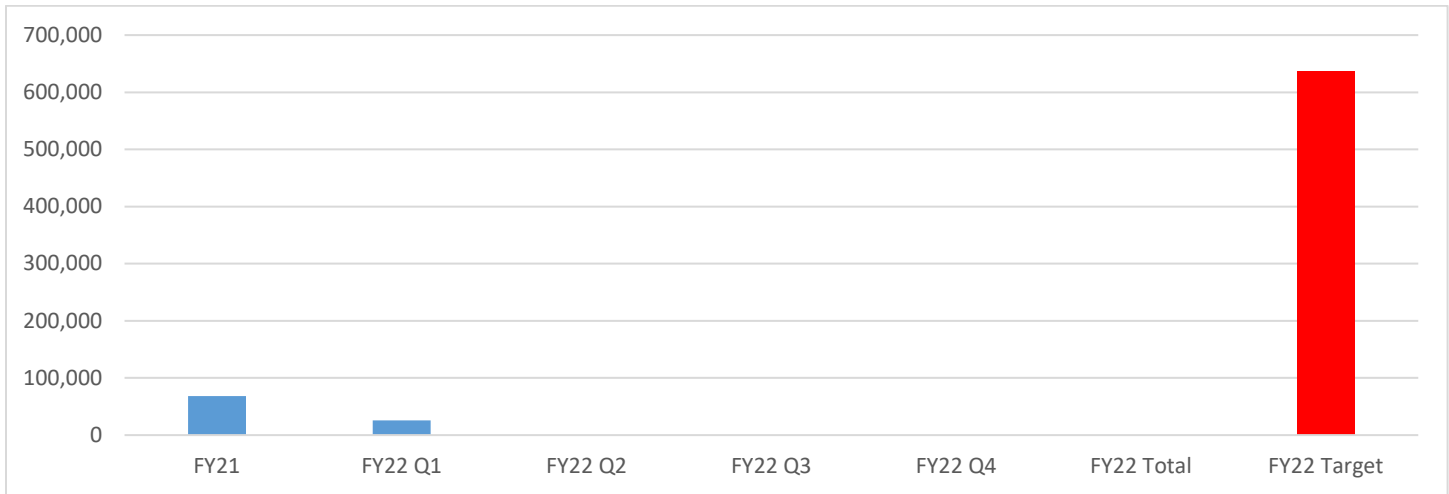
## PERFORMANCE MEASURE #5

### Number of Transportation Units Provided

#### Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Total	FY22 Target
N/A	N/A	68,180	25,582					637,000

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** The COVID-19 pandemic resulted in a significant data change after Governor, Michelle Lujan - Grisham declared a state of emergency on March 11, 2020. The state of New Mexico was granted a major disaster declaration by the Federal Government in March 2020. After this date, provisions of services were altered to comply with the public order and isolation guidance. FY 22 Quarter 1 has been affected by the pandemic. Transportation services have been modified to focus on medically necessary transportation. Transportation has been altered to comply with the employer, city, and county restrictions.

#### IMPROVEMENT ACTION PLAN:

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

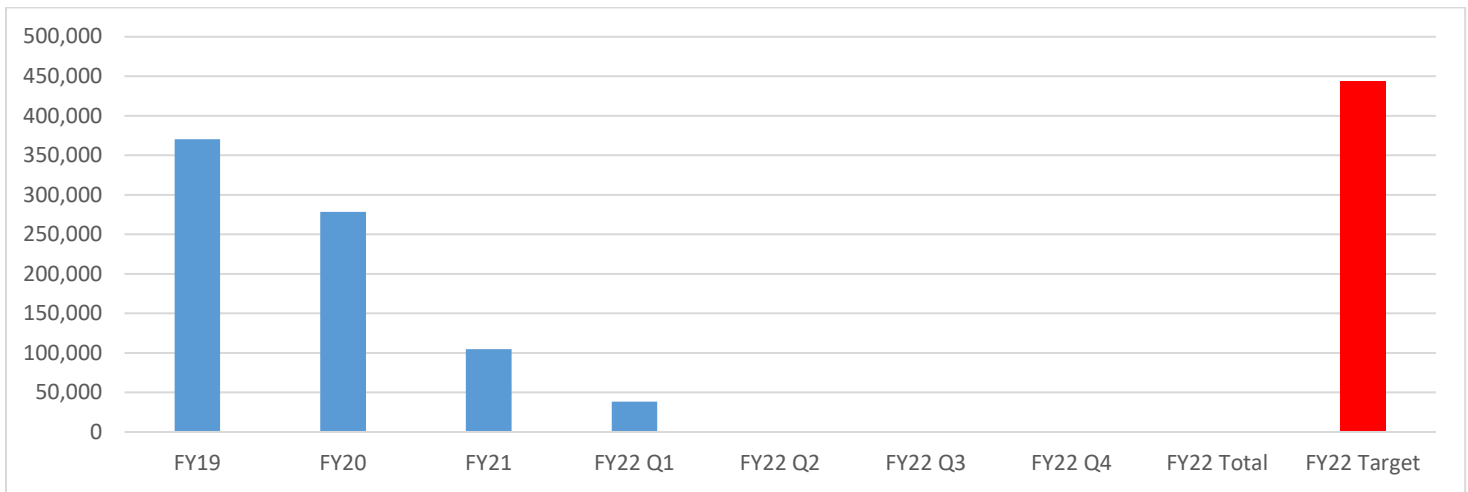
## PERFORMANCE MEASURE #6

### *Number of hours of caregiver support*

#### Results

FY19	FY20	FY21	FY22 Q1	FY22Q2	FY22 Q3	FY22 Q4	FY22 Total	FY22 Target
370,538	278,513	104,730.35	38,244.21					444,000

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** The purpose of the Aging Network is to provide supportive social and nutritional services for older individuals and persons with disabilities, so they can remain independent and involved in their communities. During FY22 Quarter 1, the number of hours of caregiver support were: **Respite Care = 15,106.46; Adult Day Care = 8,812.75; Homemaker = 11,870.25; and Other Support Services = 2,454.75.**

Due to the impacts of the COVID-19 pandemic, the number of hours of caregiver support was significantly lower during the 1<sup>st</sup> quarter of FY22, which was at **38,244.21** hours. The COVID-19 pandemic resulted in a significant data change after Governor Michelle Lujan - Grisham, declared a state of emergency on March 11, 2020. The state of New Mexico was granted a major disaster declaration by the Federal Government in March 2020. After this date, provisions of services were altered to comply with the public orders and isolation guidance. Most Adult Day Care Centers are closed, and the remaining services have also been affected by the facilities that remain closed due to employer, city, and county restrictions.

**IMPROVEMENT ACTION PLAN:**

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