



**Michelle Lujan Grisham**  
GOVERNOR

**Katrina Hotrum - Lopez**  
CABINET SECRETARY

# FY22 QUARTER #4 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
ADULT PROTECTIVE SERVICES	P593
AGING NETWORK	P594

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

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

CERD consists of the following areas:

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

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

### Program Budget (in thousands):

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

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	
TOTAL	1,741.9	-	1,958.8	1,300.0	5,000.7	

### Program Performance Measures Annual:

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

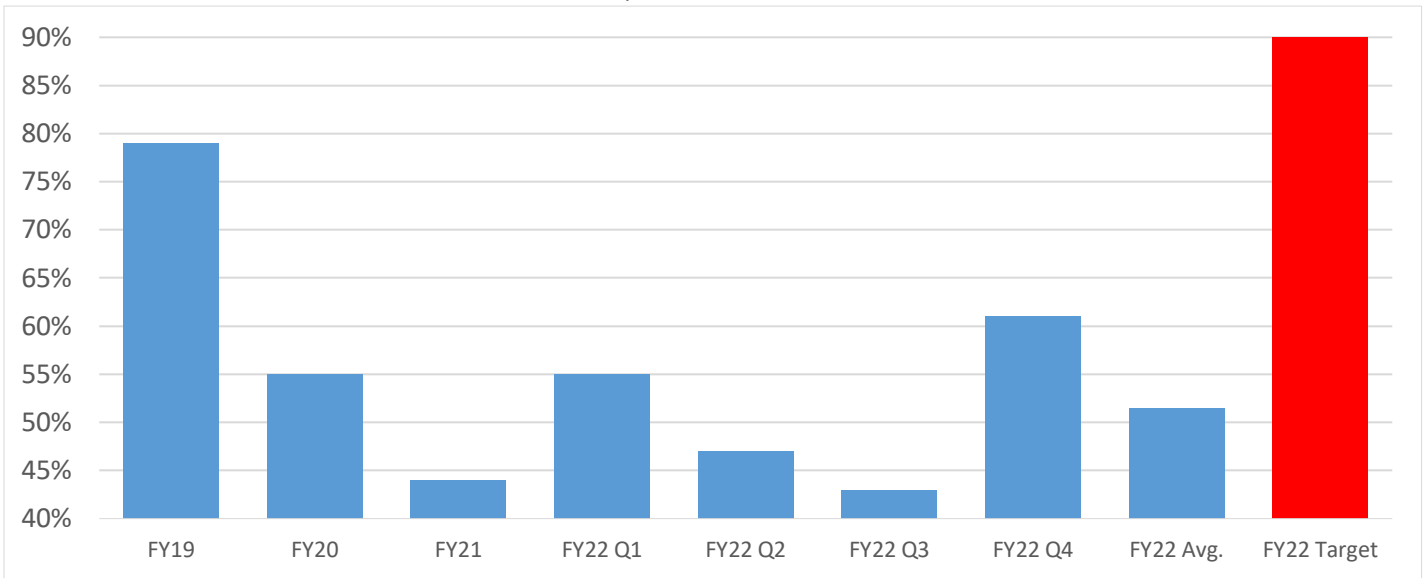
# PERFORMANCE MEASURE #1

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

## Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Avg.	FY22 Target
79%	55%	44%	55%	47%	43%	61%	52%	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:** On May 6, 2022, the ADRC (1-800-432-2080) number, was rerouted to the Department of Homeland Security and Management, at the direction of the Governor’s office. Now, when a call comes in on the rerouted number for ADRC, it is then transferred to our local Santa Fe line (505-476-4846).

During the fourth quarter, the ADRC received 6,899 calls (averaging 110 calls per day). 61% of those calls were answered by a live operator. We were unable to meet the overall goal of 90% because the ADRC worked with an average of 5 Options Counselors, which is half the staff, due to turnover. We hired 2 staff who have been fully trained, which was also a factor in the ability to answer calls during the 4<sup>th</sup> quarter. There was 1 holiday during this timeframe, and we had staff shortages due to leave (sick, annual, and administrative). We have also been consistently assisting New Mexico

Department of Health with both registering and scheduling appointments for the COVID-19 vaccinations and additional boosters and assisting the Department of Homeland Security with taking emergency fire assist calls.

**IMPROVEMENT ACTION PLAN:** There are five vacant Option Counselor positions, that we are hoping to fill, so that we can be closer to being fully staffed. Additionally, we are looking into upgrading our system, which would alleviate the issue of abandoned calls because instead of voicemails, it would allow immediate callbacks and the option of CHAT and robotchat, providing 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:

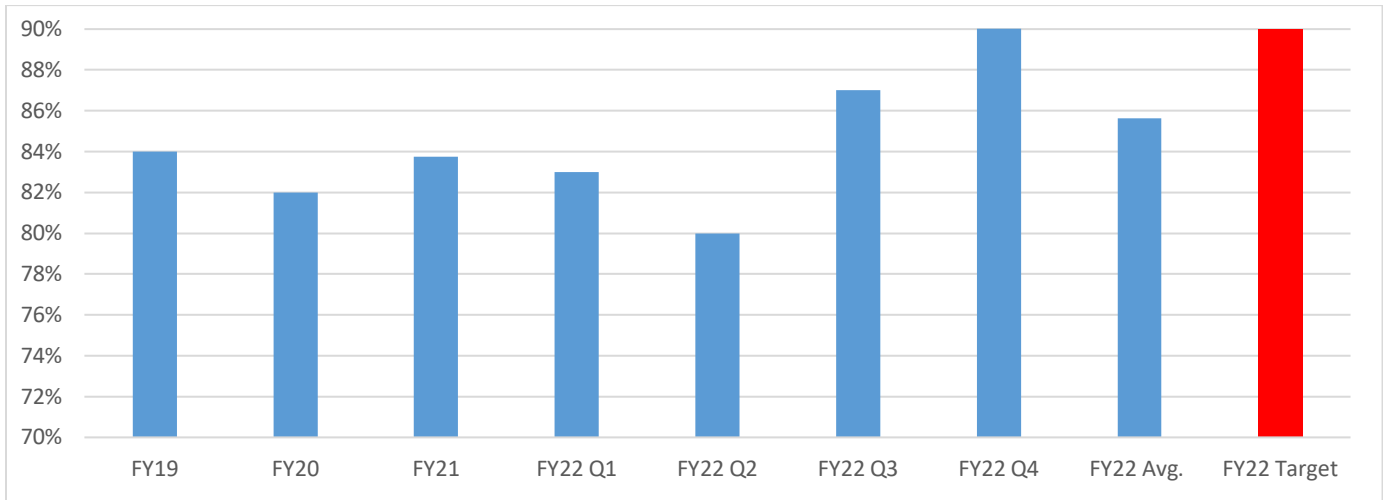
- Medicaid – 5,346 consumers
- Medicare – 1,963 consumers (benefit explanation, enrollment, and counseling)
- PDA – 176 consumers
- COVID – 112 consumers
- Senior Centers - 26 consumers

## 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%	80%	87%	92.5%	86%	90%

Graph of Data Above



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

**DATA SOURCE/METHODOLOGY:** Data will be gathered through Wellsky, SAMS, and individual 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 4<sup>th</sup> quarter of FY22, 92.5% of residents remained in the community six months following a nursing home transition. The increase is attributed to an increase in the number of CTS staff and an increase in in-person visits to facilities. CTU operates through a person-centered approach, engaging with clients, families, facilities, and other agencies through an individualized transitional process plan. CTU advocates for the rights and wishes of those wanting to move to a less restrictive environment. Due to the high engagement efforts, CTU has seen a decrease in re-admissions to a hospital setting and better overall care for these residents. During first three quarters of FY22, the CTS program was not fully staffed, impacting performance for the year. CTU staffing levels have improved and performance in this measure corresponds with staffing and other corrective actions taken.

**IMPROVEMENT ACTION PLAN:** CTU will continue increase in—person visits to facilities and post-transition home visits to advocate and provide information on community resources/supports, the community reintegration process and supports to residents transitioning to a less restrictive setting. CTU will continue to work with MCO, nursing/assisted living facilities, Long Term Care Ombudsman, and other state agencies to increase Medicaid outreach and education.

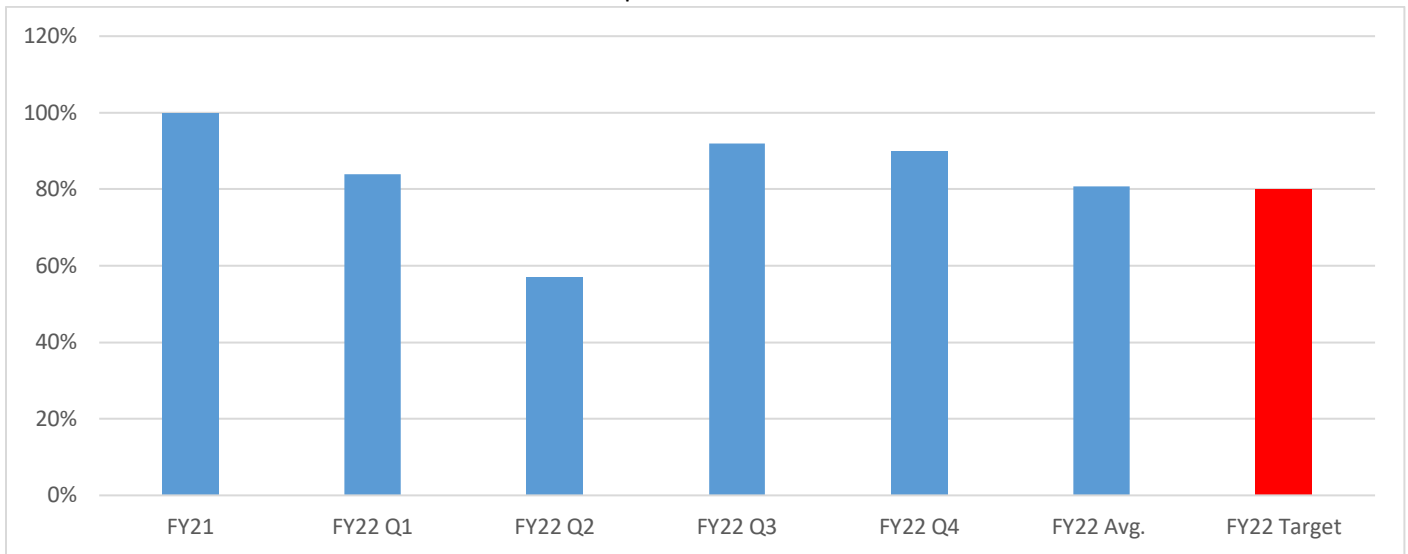
## PERFORMANCE MEASURE #3

*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%	57%	92%	90%	81%	80%

Graph of Data Above



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

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

**STORY BEHIND THE DATA:** During the 4<sup>th</sup> quarter of 2022, 90% of short-term referrals accessed requested benefits within 30-days, The numbers reflect the complexity of completing and submitting applications through multiple entities. CERD is committed to maximizing access to long-term services and supports that allows older adults and people with disabilities to reside in the community in the least restrictive environment.

**IMPROVEMENT ACTION PLAN:** CERD has hired a SHIP/STA staff member in Las Cruces, which will allow us to serve more people and complete more referrals. We are also in the process of hiring a staff member in Roswell in order to improve services in the southeast region of New Mexico

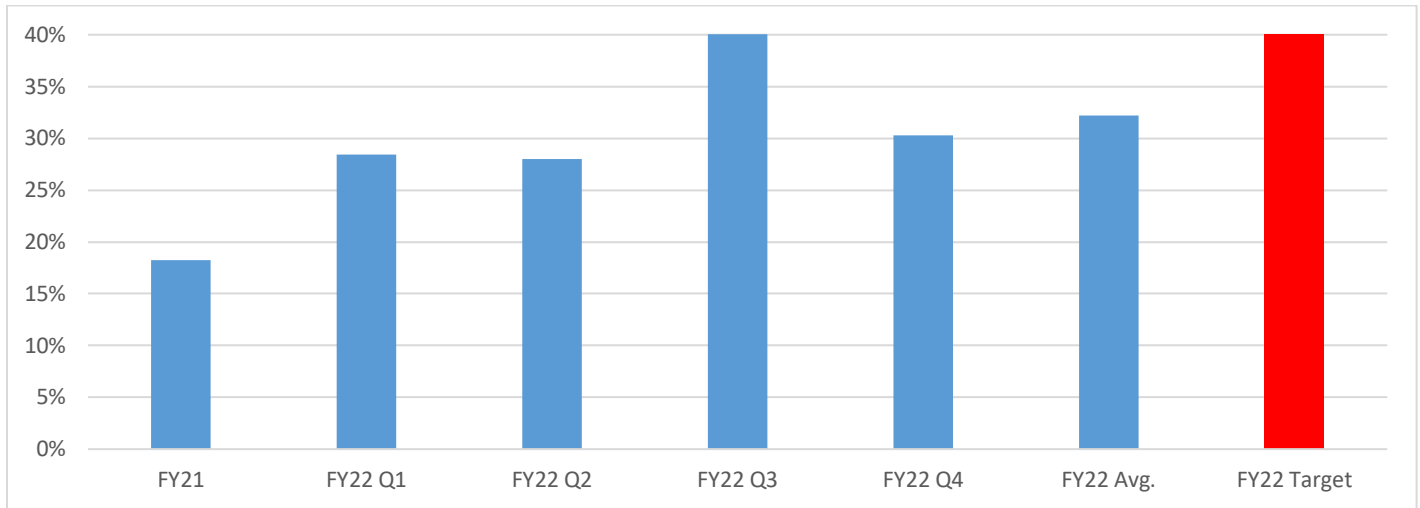
## PERFORMANCE MEASURE #4

### *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%	28.02%	42%	30.29%	32%	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 Ombud Manager 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. Ombud Manager 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. Ombud Manager 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 Long-Term Care Ombudsman Program (LTCOP) Ombudsman goal is to visit 100% of long-term care facilities each quarter. This is achieved through in-person response to complaints from or on behalf of residents and impromptu visits to facilities for which there is not a related complaint. This quarter included in person visits to the facility to investigate complaints, attend care plan meetings, conduct presentations for education purposes, and consult with staff on residents' rights. The number of complaints and complexity of investigations impacts the flexibility with which impromptu visits can be achieved and impacting this performance measure in previous quarters. However, LTCOP volunteers have resumed in-person visits to their assigned facilities, which contributes to LTCOP meeting this measure. However, LTCOP staff have been prevented from in-person visits as necessary to prevent spread of COVID-19. In total for FY22, in-person facility visits remain a priority, but performance was negatively impacted by COVID – public policy related to the public health emergency, infection rates and volunteer attrition.



**IMPROVEMENT ACTION PLAN:** LTCOP recognizes the importance of access to resident right advocacy provided by regional coordinators and ombudsman volunteers. The most effective access is in-person visits by a LTCOP representative. Therefore, LTCOP continues to aggressively recruit and train ombudsman volunteers to account attrition and unexpected illness. Additionally, regional staff within the Division will monitor visits to assisted living facilities and target in-person outreach efforts to make sure resident rights are respected and encourage utilization of LTCOP advocacy when they are not.

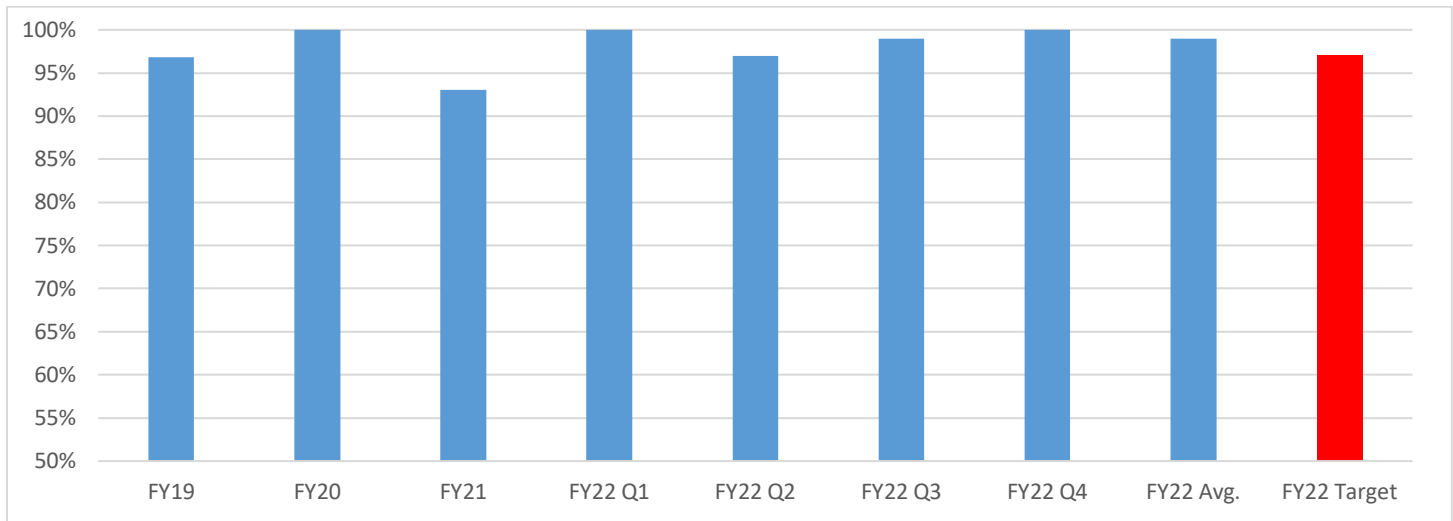
## PERFORMANCE MEASURE #5

*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%	99%	100%	99%	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:** LTCOP closed out the quarter at 100%, exceeding the target for this measure. During the fourth quarter, the number of cases that were referred to the Ombudsman program were 76. LTCOP always prioritizes timeliness in resolving complaints prior to 60 days and has implemented strategies to ensure the timeliness of data entry.

**IMPROVEMENT ACTION PLAN:** LTCOP will continue to open and close cases within 60 days. As this quarter’s performance for this measure is attributed to timeliness of reporting and not activity, LTCOP will focus on training and oversight of documentation during supervision. This is applicable for existing staff through automated prompts and will be a priority in training newer regional coordinators and ombudsman volunteers.

## 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.

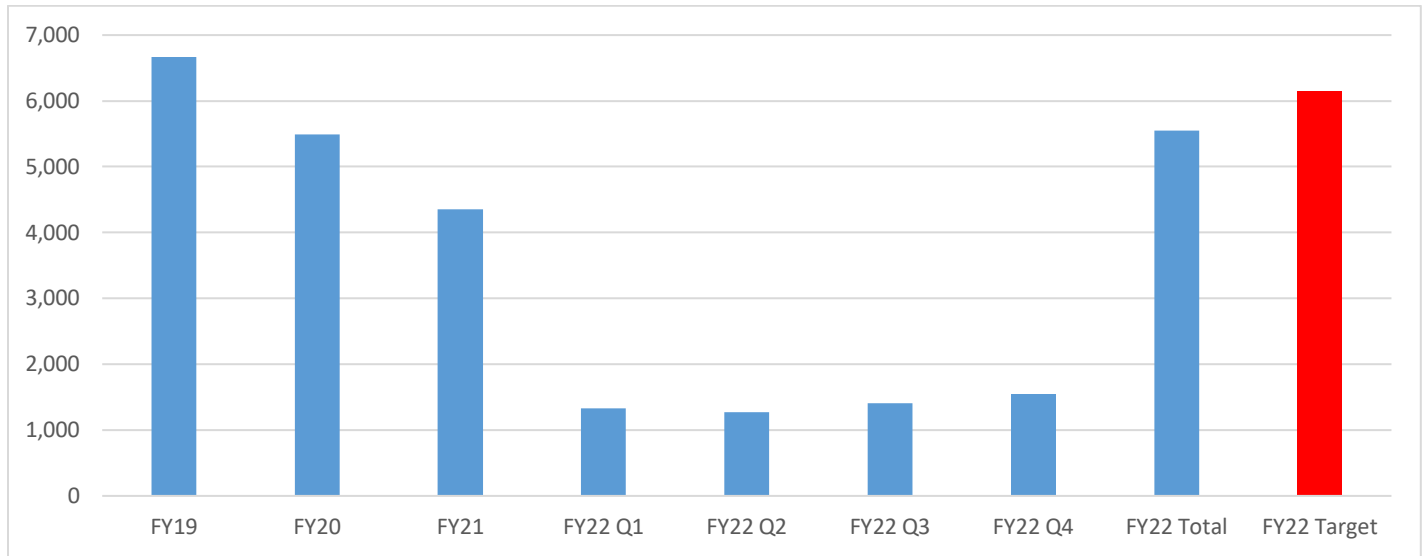
# PERFORMANCE MEASURE #1

*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	1,273	1,406	1,539	5,550	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 the 4th quarter, APS received 1,359 intakes that met APS criteria for investigation. APS has a marked increase for accepted referrals over previous years. Strategies to improve increasing acceptance rates included redefining how APS reviews and screens Critical Incident Reports (CIR's) from the State's MCO's. APS implemented a new and comprehensive approach to grouping clients first and having APS supervisors review client data in sets of client incidents rather than reviewing individual clients on a daily review. This new approach allows APS supervisors to view the clients total CIR reporting as a whole for the client instead of reviewing it in a fragmented, daily review. This new review process removes CIR reports from the regular intake queue and gives the CIR reports their own review platform for APS supervisors to review. This has caused a slight increase in reports. In addition, the screen in rates for APS supervisors in the regular queue has increased substantially. As the pandemic levels become more predictable and stable, APS will continue to review and screen in appropriate referrals for investigation.

**IMPROVEMENT ACTION PLAN:** We will continue providing outreach and education on how to make a referral to APS. APS has implemented and increased the requirement for supervisors to conduct outreach to the public. Supervisors will meet with the community at least two times per month. Presentations to the community will increase therefore providing the public with more exposure to intake reporting phone numbers and ability to report the public in need of help. APS will also create more enhanced cross-reporting mechanisms, to ensure those that meet the investigation criteria, are receiving an investigation.

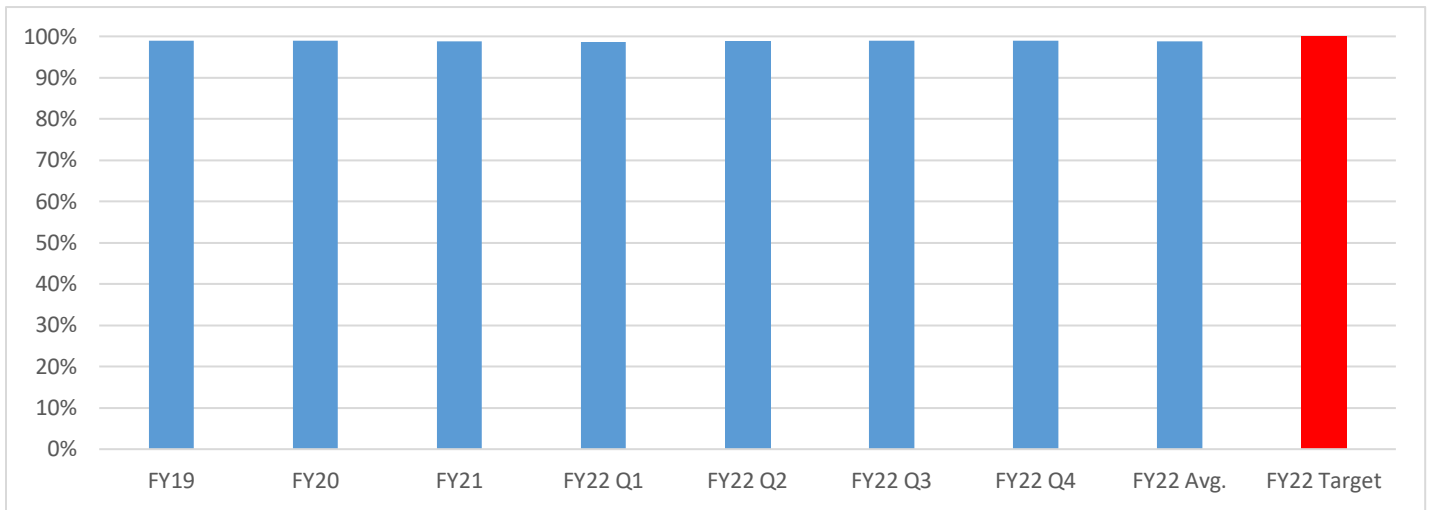
## PERFORMANCE MEASURE #2

*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%	98.7%	99%	99%	99%	>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. Emergency referrals require contact with an alleged victim within 3 hours of the report time. 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. To aid workers with the PPE requirement, each state government vehicle has been stocked with PPE equipment as a secondary source of PPE should they run out or not have at the time of case initiation. While COVID concerns were largely alleviated this quarter, clients

were more willing to see and allow caseworkers into the homes to conduct and initiate investigations, at a slightly higher rate.

**IMPROVEMENT ACTION PLAN:** ALTSD is working to maintain COVID safe protocols and safeguards for staff and clients. Supervisors continually work to strategize with caseworkers to maintain safe COVID practices. Supervisors are working to devise alternate strategies in working with caseworkers to have 100% compliant in initiations.

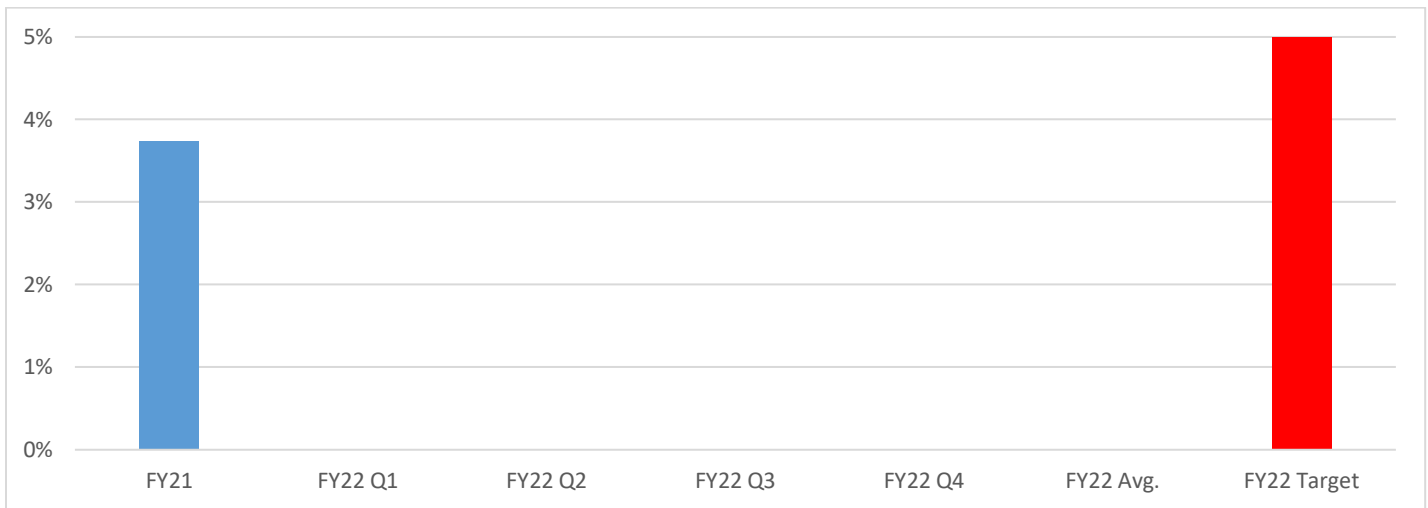
## PERFORMANCE MEASURE #3

*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%	0%	0%	0%	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 staff has worked diligently to maintain a zero percent recidivism rate for clients with new case reports. APS continues to develop and work with clinical staff to review and monitor cases where they have been deemed problematic or have lengthy APS case histories. This clinical unit has been proven successful in the determining which services and supports are needed most and the timely initiation herein. APS frontline staff have worked diligently to ensure that there are no repeat maltreatment cases reported from Abuse, Neglect, or exploitation within a six-month period.

**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. APS also has a review process by which substantiated cases are internally reviewed by management and provided with recommendations for improvement.



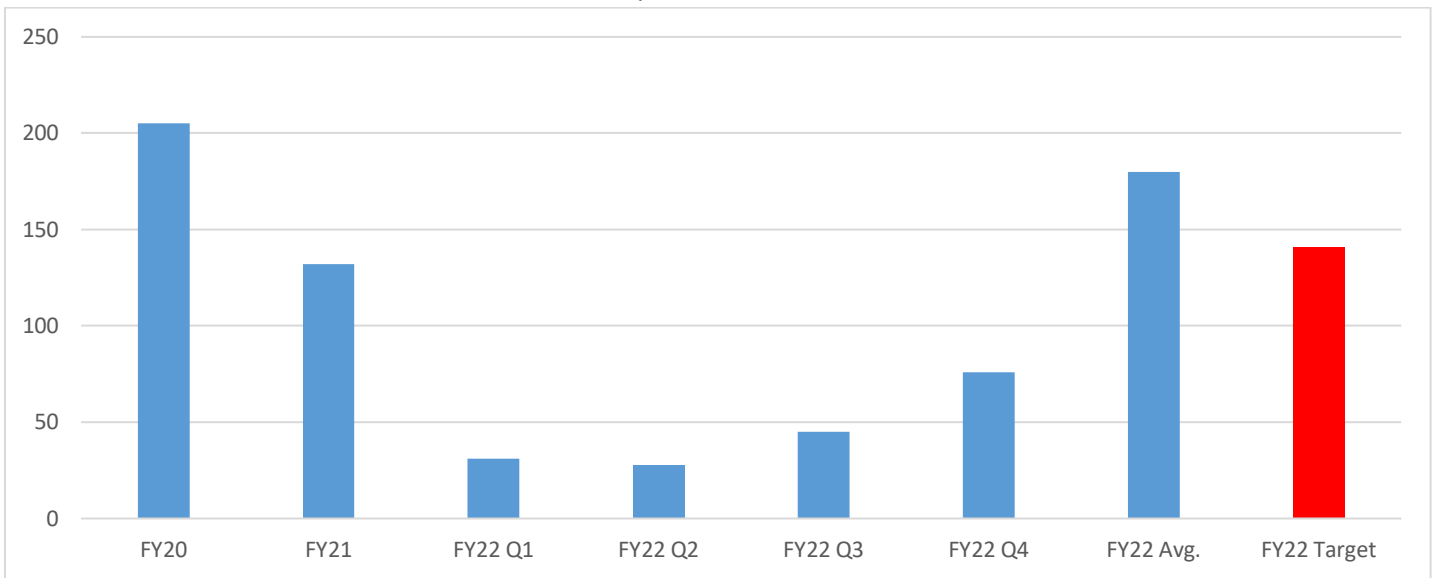
## PERFORMANCE MEASURE #4

*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	21	29	45	76	180	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 supervisors have increased their outreach efforts by conducting more outreach presentations. This is due, in part to the safe practices and regulation of COVID related social distancing and protocol adherence. Supervisors have been utilizing administrative staff to arrange for and schedule presentation within the local community. This has resulted in a substantial increase of outreach presentation from last quarter.

**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 by networking within the community and our partners.

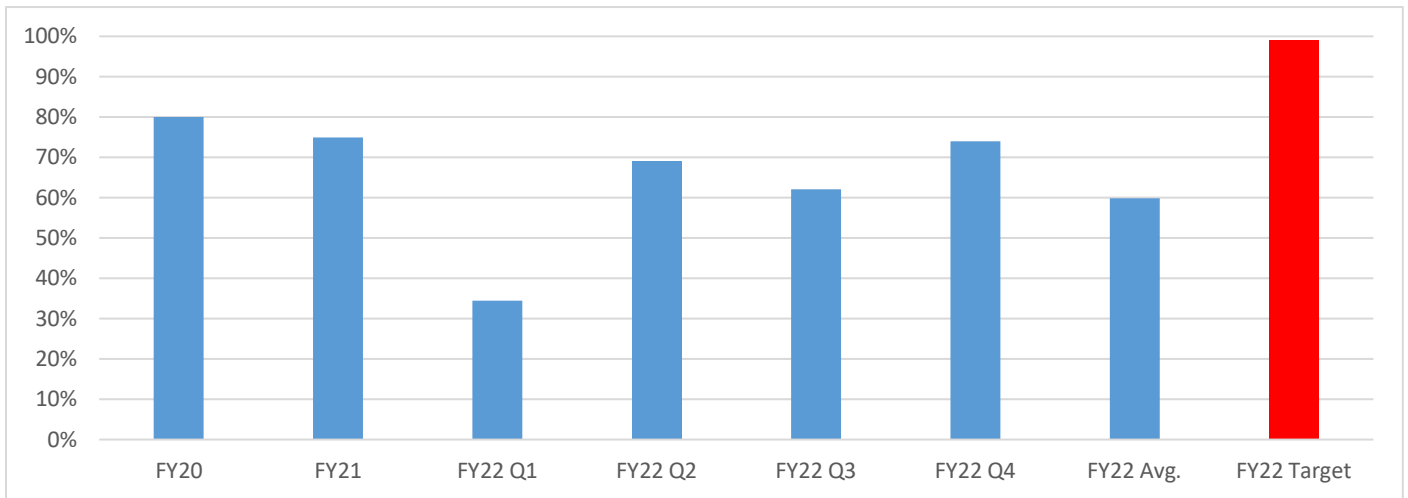
## PERFORMANCE MEASURE #5

*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%	69%	62%	74%	60%	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:** As part of the strategic initiative made by APS to aid contractors in meeting APS' goals for initiating timely, APS has provided incentive grants to most if not all home care and day care providers serving the state's 32 counties. An increase of rate is attributed to an increase of staff for contractors, weekly and ongoing meetings with APS regional office leadership, and increased accountability by contractor themselves. Although staff shortages continue to plague contractors as we exit the COVID pandemic, providers are more likely to offer alternatives and incentives to existing caregivers within their agency structure. Vendors have increased staff and, hired more staff to meet the growing needs of the agency.

**IMPROVEMENT ACTION PLAN:** APS continues to work with providers to implement services as fast as possible. Providers are increasing the number of caregivers and are noticeably being more responsive and reactive to the growing needs of APS. PS also has increased its meetings with providers, from at least quarterly to weekly, in an effort to monitor and hold accountable vendors who review home and day care referrals.

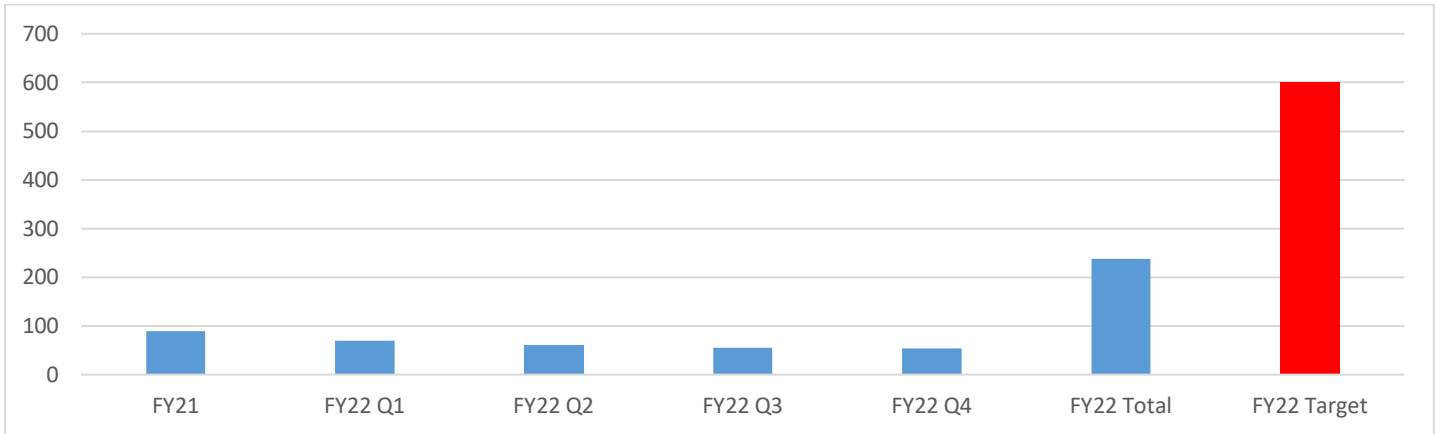
## PERFORMANCE MEASURE #6

*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	60	55	54	238	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 4th quarter, there were 55 referrals and enrollments into home care and adult day services due to an APS investigation into abuse, neglect, or exploitation. The number of referrals to home care and day cares remained essentially the same for this quarter, mainly as service providers began filling caretaker positions and APS caseworkers reengage contractors. 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. Overall, for the year, the goals in meeting this area will continue to grow, now that the COVID pandemic stabilizes and becomes predictable.

**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. APS supervisors have been staffing with caseworkers to determinate appropriate referral practices on each investigation in the upcoming quarter and future. This in turn should prompt caseworkers to refer more cases to home/day care vendors across the state and a rise in referrals will steadily gain.

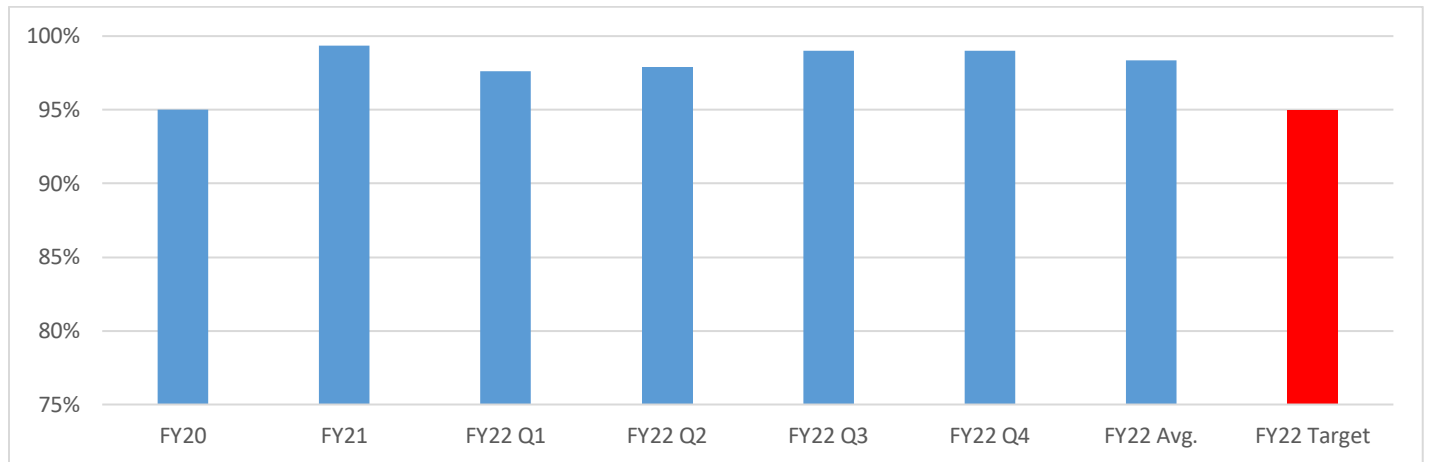
## PERFORMANCE MEASURE #7

*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%	97.9%	99%	99%	98%	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 timely, 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. As the pandemic continues to move past high numbers of infected persons, APS caseworkers have adapted to and navigate better strategies to make on time initiations more common.

**IMPROVEMENT ACTION PLAN:** APS will continue to diligently pursue these investigations within the timeframe as these referrals are made. APS will hire more caseworker positions in the coming quarter through hiring events, thereby increasing an already timely goal of initiating cases. Caseworkers and supervisors are reminded monthly via email of which cases are late in the Wellsky system and asked to verify wrongly entered information and correct those entered incorrectly.

## 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	14
300	1,237.2	10.0	0	-	1,247.2	
400	28,751.4	70.9	11,142.5	-	39,964.8	
TOTAL	30,450.6	115.8	11,697.8	-	42,264.2	
FY22	General Fund	Other State Funds	Federal Funds	Other Transfers	TOTAL	FTE
200	795.0	34.5	555.3		1,384.8	15
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.

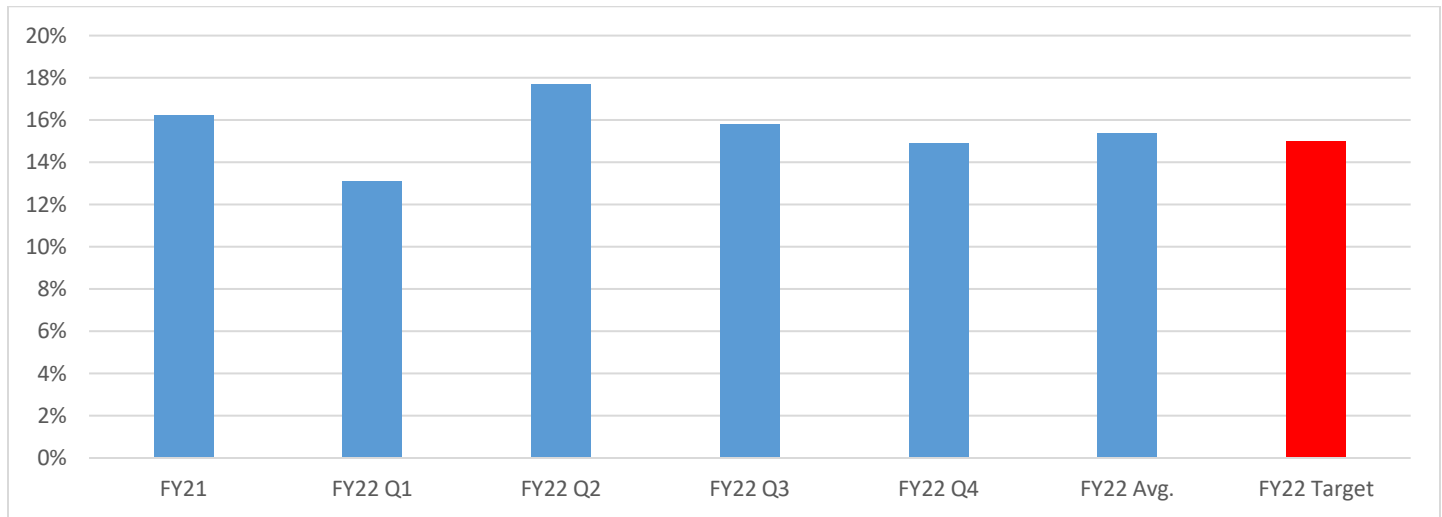
## PERFORMANCE MEASURE #1

*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%	17.69%	15.80%	14.87%	15.37%	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:** In an innovative collaboration with the Human Services Department (HSD) and Help NM, the Aging Network Division provided 420k to HSD to increase SNAP benefits for the older adult population served and 550k to Help NM for emergency food vouchers, for those displaced due to the wildfires and being evacuated from their homes.

Please note the following:

<b>ALTSD AND Data Collection Location</b>	<b>FY22 Quarter 4 Meals</b>	<b>FY22 Total Meals</b>
ALTSD Aging and Disability Database	1,080,458	4,165,651
Help-New Mexico Inc. is issued a 30-day grocery/food voucher, based on the USDA free lunch daily meal rate, \$10.36 per day for older adults impacted by the wildfires and evacuated.	155,793	155,793
HSD to increase SNAP benefits issued for individual choice— “high nutritional risk is unknown”— benefits were issued to eligible recipients	121,622	121,622
<b>Total number of congregate, and home delivered meals served in FY22</b>	<b>1,357,873</b>	<b>4,443,066</b>

COVID exposure closures impacted senior center congregate services during 4<sup>th</sup> quarter in FY22, resulting in program providers having to revert to grab-n-go meals for periods of up to a two-week period. On average we see two program providers per week reporting COVID exposures and/or closures.

*\*Due to an error in the second quarter’s data, the Aging Network Division is resubmitting its numbers to reflect the accurate percentage of 17.69%.*

**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

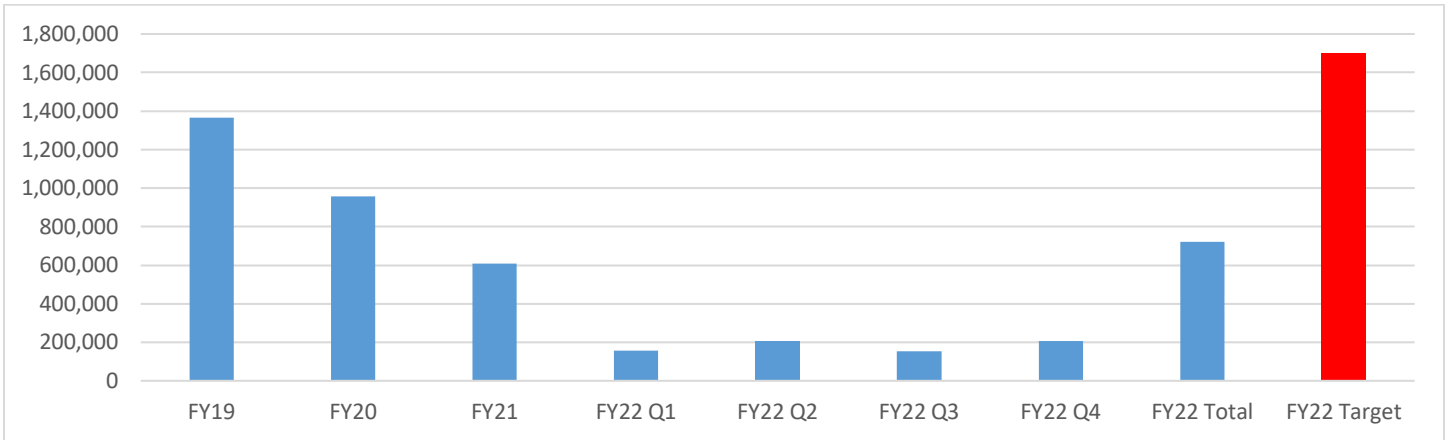
## PERFORMANCE MEASURE #2

*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	204,734	152,862	220,079	733,910	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. When a contractor does not timely provide their data during the applicable quarter, that data is included in the following quarter's data.

**STORY BEHIND THE DATA:**

**Key Performance Measure 2. Number of hours of service provided by senior volunteers, statewide:**

AND carefully considered each destination type for the metrics for *performance measures 2, 4, 5 and 6* to determine how to characterize them for the purpose of measuring outcomes. For these measures AND's intent is to count a successful outcome as *an increase in services*. AND will count outcomes, so the measure only includes services provided to clients. AND's targeted focus remains on providing stellar services to the older adults in New Mexico.

It is important to note that measures include situations that are not permanent but may still be an improvement from the former status. AND encourages *thoughtful decisions about how to evaluate the measures and services for specific subpopulations* to determine outcomes that are most appropriate for those subpopulations. ACL allowed modifications of services during COVID including wellness calls, education (COVID, vaccine), COVID vaccine clinics, vaccine registration, volunteer telework, community lock-down. **None of these service metrics, allowed by ACL, have been captured in the report card or AND's performance measures.**



AND chose five types of metrics in the performance measures when evaluating AAAs and providers for the following reasons:

1. Under reporting for non-registered consumers since services were altered during the COVID pandemic.
2. In order to increase the services provided to consumers once the COVID funds have been eliminated, the legislative budget for designated services would have to increase.
3. Staff shortages have influenced the timely, accurate reporting of clients and services: including difficulty providing consumer direct service. Some providers are threatened with closure.
  1. Tribes and Pueblos have remained closed.
  2. Raw food costs have increased creating the necessity for menu and meal revision while maintaining Required Dietary Intake (RDI).
  3. Fuel costs have increased significantly impacting services.
4. The reasons for reporting each of these measures are numerous and complex. These performance measures are beyond the control of AND or providers. They are dependent upon targeting those most in need for direct services. The measures explain the current status, due to COVID.
5. AND wants to influence AAAs or providers to make decisions about these measures because they are measures that require case-by-case decision-making to determine what is best for the client being served.
6. These services have such varied implications based on local considerations such as a project’s location, the type of assistance provided, or the subpopulations served, that it is not appropriate to generalize whether a measure is generally positive or negative or even temporary.

Strategies for increasing client services and improving performance measure outcomes are:

- Providing additional Older American Act training
- Growing targeted outreach
- Increasing client registration
- Applying a workplan in conjunction with the AAAs to ensure comprehensive, timely reporting of metrics post COVID
- Implementing ServiceScan, which is a web-based product that records services immediately
- Seeking new opportunities for senior volunteer hours of service

**IMPROVEMENT ACTION PLAN:**

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

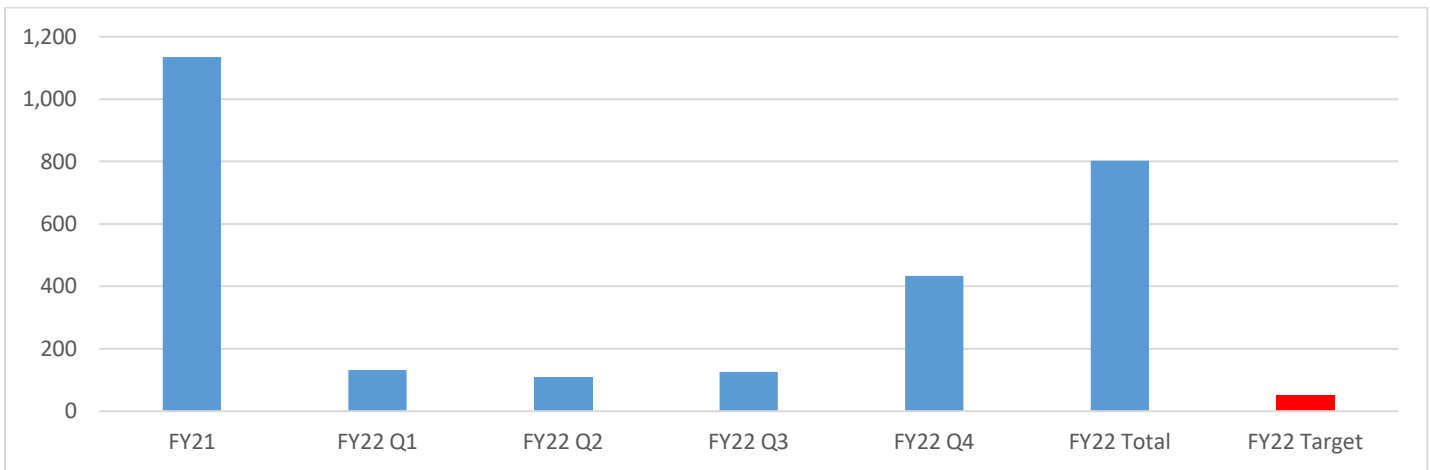
## PERFORMANCE MEASURE #3

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

### Results

FY19	FY20	FY21	FY22 Q1	FY22 Q2	FY22 Q3	FY22 Q4	FY22 Total	FY22 Target
N/A	N/A	1,135	133	110	126	433	802	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 4<sup>th</sup> quarter of FY22 AND has conducted **215** outreach events (including provider volunteer outreach events), CERD has conducted **56** outreach events and OMB has conducted **162** outreach events for a total of **433** events showcasing the availability of services within the Aging Network, which is higher than our goal. **The total of FY22 AND outreach events is 802.** 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 4 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.*

**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

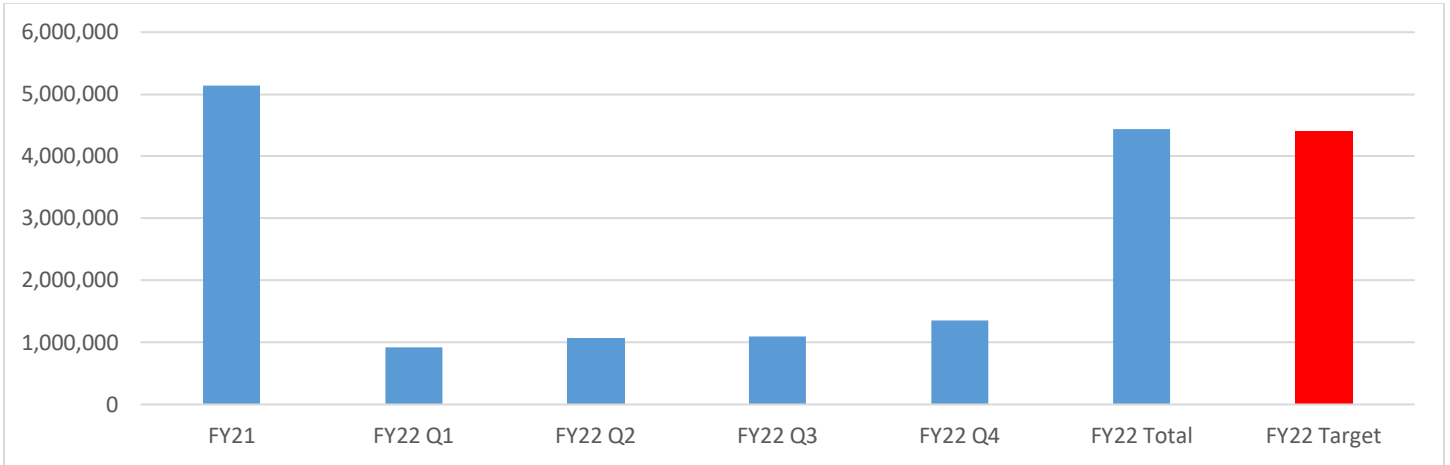
## PERFORMANCE MEASURE #4

*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	1,068,797	1,093,974	1,357,873	4,443,066	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:

In an innovative collaboration with the Human Services Department (HSD) and HelpNM, the Aging Network Division provided 420k to HSD to increase SNAP benefits for the older adult population served and 550k to HelpNM for emergency food vouchers, for those displaced due to the wildfires and being evacuated from their homes.

Please note the following:

ALTSD AND Data Collection Location	FY22 Quarter 4 Meals	FY22 Total Meals
ALTSD Aging and Disability Database	1,080,458	4,165,651
Help-New Mexico Inc. is issued a 30-day grocery/food voucher, based on the USDA free lunch daily meal rate, \$10.36 per day for older adults impacted by the wildfires and evacuated.	155,793	155,793
HSD to increase SNAP benefits issued for individual choice— "high nutritional risk is unknown"— benefits were issued to eligible recipients	121,622	121,622
<b>Total number of congregate, and home delivered meals served in FY22</b>	<b>1,357,873</b>	<b>4,443,066</b>

**Key Performance Measure 4. Number of Meals served in congregate, and home delivered meal settings:**

AND carefully considered each destination type for the metrics for *performance measures 2, 4, 5 and 6* to determine how to characterize them for the purpose of measuring outcomes. For these measures AND's intent is to count a successful outcome as *an increase in services*. AND will count outcomes, so the measure only includes services provided to clients. AND's targeted focus remains on providing stellar services to the older adults in New Mexico.

It is important to note that measures include situations that are not permanent but may still be an improvement from the former status. AND encourages *thoughtful decisions about how to evaluate the measures and services for specific subpopulations* to determine outcomes that are most appropriate for those subpopulations. ACL allowed modifications of services during COVID including: wellness calls, education (COVID, vaccine), COVID vaccine clinics, vaccine registration, volunteer telework, community lock-down. **None of these service metrics, allowed by ACL, have been captured in the report card or AND's performance measures.**

AND chose five types of metrics in the performance measures when evaluating AAAs and providers for the following reasons:

1. Under reporting for non-registered consumers since services were altered during the COVID pandemic.
2. In order to increase the services provided to consumers once the COVID funds have been eliminated, the legislative budget for designated services would have to increase.
3. Staff shortages have influenced the timely, accurate reporting of clients and services: including difficulty providing consumer direct service. Some providers are threatened with closure.
  - a. Tribes and Pueblos have remained closed.
  - b. Raw food costs have increased creating the necessity for menu and meal revision while maintaining Required Dietary Intake (RDI).
  - c. Fuel costs have increased significantly impacting services.
4. The reasons for reporting each of these measures are numerous and complex. These performance measures are beyond the control of AND or providers. They are dependent upon targeting those most in need for direct services. The measures explain the current status, due to COVID.
5. AND wants to influence AAAs or providers to make decisions about these measures because they are measures that require case-by-case decision-making to determine what is best for the client being served.
6. These services have such varied implications based on local considerations such as a project's location, the type of assistance provided, or the subpopulations served, that it is not appropriate to generalize whether a measure is generally positive or negative or even temporary.

Strategies for increasing client services and improving performance measure outcomes are:

- Providing additional Older American Act training
- Growing targeted outreach
- Increasing client registration
- Applying a workplan in conjunction with the AAAs to ensure comprehensive, timely reporting of metrics post COVID
- Implementing ServiceScan, which is a web-based product that records services immediately
- Seeking new opportunities for senior volunteer hours of service

**IMPROVEMENT ACTION PLAN:**

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

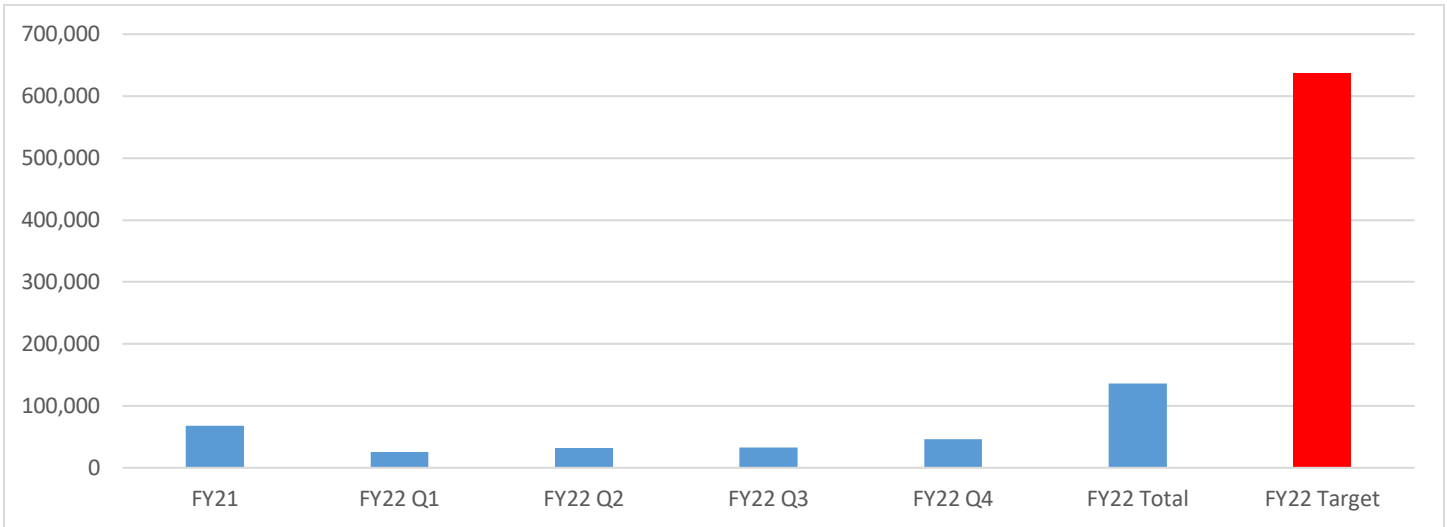
## PERFORMANCE MEASURE #5

### 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	*32,017	32,671	46,156	136,426	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:**

**Key Performance Measure 5. Number of Transportation Units Provided:**

AND carefully considered each destination type for the metrics for *performance measures 2, 4, 5 and 6* to determine how to characterize them for the purpose of measuring outcomes. For these measures AND's intent is to count a successful outcome as *an increase in services*. AND will count outcomes, so the measure only includes services provided to clients. AND's targeted focus remains on providing stellar services to the older adults in New Mexico.

It is important to note that measures include situations that are not permanent but may still be an improvement from the former status. AND encourages *thoughtful decisions about how to evaluate the measures and services for specific subpopulations* to determine outcomes that are most appropriate for those subpopulations. ACL allowed modifications of services during COVID including: wellness calls, education (COVID, vaccine), COVID vaccine clinics, vaccine registration, volunteer telework, community lock-down. **None of these service metrics, allowed by ACL, have been captured in the report card or AND's performance measures.**

AND chose five types of metrics in the performance measures when evaluating AAAs and providers for the following reasons:

1. Under reporting for non-registered consumers since services were altered during the COVID pandemic.
2. In order to increase the services provided to consumers once the COVID funds have been eliminated, the legislative budget for designated services would have to increase.
3. Staff shortages have influenced the timely, accurate reporting of clients and services: including difficulty providing consumer direct service. Some providers are threatened with closure.
  - a. Tribes and Pueblos have remained closed.
  - b. Raw food costs have increased creating the necessity for menu and meal revision while maintaining Required Dietary Intake (RDI).
  - c. Fuel costs have increased significantly impacting services.
4. The reasons for reporting each of these measures are numerous and complex. These performance measures are beyond the control of AND or providers. They are dependent upon targeting those most in need for direct services. The measures explain the current status, due to COVID.
5. AND wants to influence AAAs or providers to make decisions about these measures because they are measures that require case-by-case decision-making to determine what is best for the client being served.
6. These services have such varied implications based on local considerations such as a project’s location, the type of assistance provided, or the subpopulations served, that it is not appropriate to generalize whether a measure is generally positive or negative or even temporary.

Strategies for increasing client services and improving performance measure outcomes are:

- Providing additional Older American Act training
- Growing targeted outreach
- Increasing client registration
- Applying a workplan in conjunction with the AAAs to ensure comprehensive, timely reporting of metrics post COVID
- Implementing ServiceScan, which is a web-based product that records services immediately
- Seeking new opportunities for senior volunteer hours of service

*\*Due to an error in the second quarter’s data, the Aging Network Division is resubmitting its numbers to reflect the accurate 2<sup>nd</sup> quarter total of 32,017.*

**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



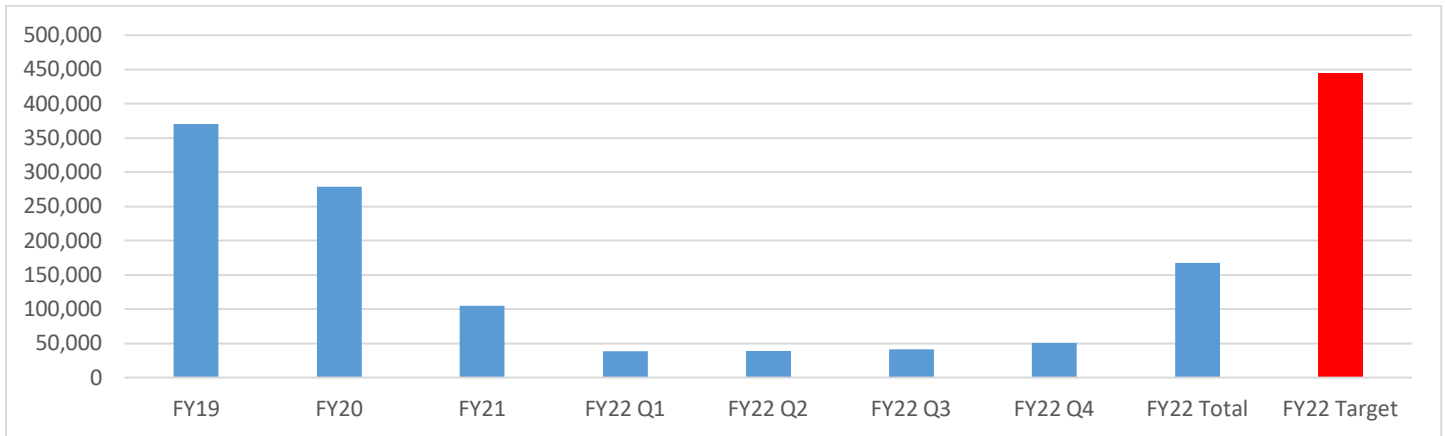
## PERFORMANCE MEASURE #6

### 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	38,079.61	41,198.62	50,178.95	167,701.39	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:

##### **Key Performance Measure 6. Number of hours of caregiver support provided:**

- *FY22 Quarter 4 Respite Care = 15,576.87*
- *FY22 Quarter 4 Adult Day Care = 8,708.00*
- *FY22 Quarter 4 Homemaker = 13,095.00*
- *FY22 Quarter 4 Other Support Services = 3,818.75*
  
- ***FY22 Quarter 4 Total Units of Service = 50,178.95 including the following:***
  - *Respite Care = 17,503.45*
  - *Adult Day Care = 11,862.50*
  - *Homemaker = 15,355*
  - *Other Support Services = 5,458.00*
- ***FY22 Total Units of Service = 167,701.39 (unduplicated count)***

AND carefully considered each destination type for the metrics for *performance measures 2, 4, 5 and 6* to determine how to characterize them for the purpose of measuring outcomes. For these measures AND's intent is to count a successful outcome as *an increase in services*. AND will count outcomes, so the measure only includes services provided to clients. AND's targeted focus remains on providing stellar services to the older adults in New Mexico.

It is important to note that measures include situations that are not permanent but may still be an improvement from the former status. AND encourages *thoughtful decisions about how to evaluate the measures and services for specific subpopulations* to determine outcomes that are most appropriate for those subpopulations. ACL allowed modifications of services during COVID including: wellness calls, education (COVID, vaccine), COVID vaccine clinics, vaccine registration, volunteer telework, community lock-down. **None of these service metrics, allowed by ACL, have been captured in the report card or AND's performance measures.**

AND chose five types of metrics in the performance measures when evaluating AAAs and providers for the following reasons:

1. Under reporting for non-registered consumers since services were altered during the COVID pandemic.
2. In order to increase the services provided to consumers once the COVID funds have been eliminated, the legislative budget for designated services would have to increase.
3. Staff shortages have influenced the timely, accurate reporting of clients and services: including difficulty providing consumer direct service. Some providers are threatened with closure.
  - a. Tribes and Pueblos have remained closed.
  - b. Raw food costs have increased creating the necessity for menu and meal revision while maintaining Required Dietary Intake (RDI).
  - c. Fuel costs have increased significantly impacting services.
4. The reasons for reporting each of these measures are numerous and complex. These performance measures are beyond the control of AND or providers. They are dependent upon targeting those most in need for direct services. The measures explain the current status, due to COVID.
5. AND wants to influence AAAs or providers to make decisions about these measures because they are measures that require case-by-case decision-making to determine what is best for the client being served.
6. These services have such varied implications based on local considerations such as a project's location, the type of assistance provided, or the subpopulations served, that it is not appropriate to generalize whether a measure is generally positive or negative or even temporary.

Strategies for increasing client services and improving performance measure outcomes are:

- Providing additional Older American Act training
- Growing targeted outreach
- Increasing client registration
- Applying a workplan in conjunction with the AAAs to ensure comprehensive, timely reporting of metrics post COVID
- Implementing ServiceScan, which is a web-based product that records services immediately
- Seeking new opportunities for senior volunteer hours of service

**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