



NEW MEXICO
AGING &
LONG-TERM
SERVICES
DEPARTMENT



New Mexico State Plan

Aging and Long-Term Services Department

October 1, 2021 – September 30, 2025



*Improving the Lives of Older Adults and People with Disabilities
Through Services, Research, and Education*

September 15, 2021

The Honorable Michelle Lujan Grisham
Governor of New Mexico
490 Old Santa Fe Trail, Room 400
Santa Fe, NM 87501

Dear Governor Grisham:

I am pleased to inform you that the New Mexico State Plan on Aging under the Older Americans Act for October 1, 2021 through September 30, 2025 has been approved.

The State Plan outlines a number of significant activities that will serve as a guide for New Mexico's aging service network during the next four years. Of particular note is the state's Caregiver Cooperative Respite Initiative and Greenhouse Senior Living Project. The Administration for Community Living (ACL) recognizes the on-going and difficult challenges faced by the New Mexico Aging and Long-Term Services Department during the current pandemic and I appreciate your commitment and dedication to ensure the continuity of quality services. I am delighted to see that the New Mexico Aging and Long-Term Services Department continues to serve as an effective and visible advocate for older adults at a state level.

The Dallas Regional Office looks forward to working with you and the New Mexico Aging and Long-Term Services Department in the implementation of the State Plan. If you have questions or concerns, please do not hesitate to contact Derek Lee, Regional Administrator, at 214-767-1865. I appreciate your dedication and commitment toward improving the lives of older persons in New Mexico.

Sincerely,

Alison Barkoff
Acting Administrator/Assistant Secretary for Aging

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Verification of Intent

The State Plan on Aging is hereby submitted for the State of New Mexico for the period October 1, 2021 through September 30, 2025. The Plan includes goals, objectives, strategies, and performance measures to be conducted by the Aging and Long-Term Services Department, New Mexico's State Unit on Aging.

The Aging and Long-Term Services Department has been given the authority to develop and administer the State Plan on Aging following the requirements of the Older Americans Act. The Aging and Long-Term Services Department is primarily responsible for the coordination of all state activities related to purposes of the Act, such as the development of comprehensive and coordinated systems for the delivery of supported services, including health, housing, social and nutrition services, and to serve as the effective and visible advocate for New Mexico's older adults.

The Plan is hereby approved by the Governor of New Mexico and constitutes authorization to proceed with the activities under the Plan upon approval by the Assistant Secretary for Aging.

The State Plan hereby submitted has been developed in accordance with all federal statutory and regulatory requirements. The State Agency assures that it will comply with the specific program and administrative provisions of the Older Americans Act.



Katrina Hotrum-Lopez, Cabinet Secretary, Aging and Long-Term Services Department

6/30/2021

Date



Michelle Lujan Grisham, Governor, State of New Mexico

6/29/2021

Date

Executive Summary

The Older Americans Act of 1965 requires all State Units on Aging (SUA) receiving Older Americans Act (OAA) funding to prepare and publish a “State Plan on Aging.” New Mexico’s SUA is designated as New Mexico’s Aging and Long-Term Services Department (ALTSD) and has prepared the October 2021–September 2025 State Plan on Aging as a roadmap for programs and services funded by the OAA. To help guide the development of this plan, ALTSD convened a State Plan on Aging Workgroup as well as received valuable input from community stakeholders.

Based on a revolutionized approach, the Plan has been designed to reflect New Mexico cultures and consumer landscape weaving diversity throughout. Initially to safeguard Plan achievement, tactics include: partnering with AAAs and Providers to implement modernized approaches; providing services to fulfill identified state gaps; developing and implementing innovative programs; bolstering services and quality of care across New Mexico with an emphasis in rural areas. Two specific examples are a focus on caregiver co-operatives and long-term care facility consumer protection. This Plan includes goals, objectives, strategies, performance measures, and performance dates, which are aligned with the OAA requirements. The action steps focus on sustainable and replicable programming that transforms, innovates, and expands aging services.

The New Mexico State Plan on Aging’s overarching purpose is to assist older adults and their caregivers to maintain independence, live safely, and autonomously. To achieve this, New Mexico will enhance the quality of programs through data standardization, program evaluation and outcome measurement as well as a focusing on four primary goals:

Goal 1— *Ensure high-quality home and community-based services and supports including provisions for families and caregivers.*

Goal 2— *Implement evidenced-based services to establish a continuum of care and supports in the community that improve autonomy, choice, and outcomes to consumers.*

Goal 3— *Establish innovative care and support services that allows consumer control and choice, while assuring autonomy and is focused on an older adult’s continuum of care.*

Goal 4— *Reduce occurrences of abuse, neglect and exploitation while improving outcomes in communities and long-term care settings.*

For many years ALTSD has heard from the Tribes and Pueblos that having access to Title III funding is critical. This State Plan establishes objectives, strategies and performance measures that directly responds to this significant request. A partnership was established with the University of North Dakota to receive pertinent knowledge about the needs of Tribal elders in New Mexico. The Plan also addresses the needs of older adults that were identified in the statewide needs assessment conducted by the University of New Mexico.

The modernization of ALTSD requires a multi-faceted, innovative approach which supports successful outcomes including access to more timely data making it easier to measure performance and make logical decisions. The Information Technology Division is implementing a scanning system that will provide daily data from Aging Network services. This innovation reduces manual workflow and facilitates access to timely service data.

The interventions provided by Aging Network, Adult Protective Services, Ombudsman and Consumer and Elder Rights Divisions for older adults and adults with disabilities result in appropriate collaborative links targeting services either within ALTSD or other New Mexico Departments. These service solutions are monitored and ensured by State Plan goal setting, performance measure outcomes and high-performance expectations.

Context

Setting the Stage

New Mexico is a unique state that borders Arizona, Colorado, Oklahoma, and Texas, and shares a border with Mexico. The diversity of borders lends to complex living arrangements whether living in a city, rural area, farm, or Tribal community. Throughout New Mexico, Native American languages and Spanish are intertwined in the intersection of cultures.

How does the life of an older New Mexican vary throughout the state? In metropolitan areas, New Mexico's older adults have access to necessities 24/7, while in rural communities they may travel miles for essentials such as groceries and medical care. In many areas of the state, older adults struggle with heating their homes using wood burning stoves; limited natural or caregiver supports; community resources; and caring for grandchildren. Elders may have to travel many miles not only for those essentials, but for water. From the edges of the painted desert to the eastern plains the New Mexico Aging and Long-Term Services Department is the hub for serving older adults. This State Plan is a comprehensive compilation of strategies based on the cultural and economic diversity of New Mexico, with an overarching goal of bringing new models of care and competent caregivers.

New Mexico's estimated population in 2018 was 2.1 million. Of this, 49.3% are Hispanic, 36.8% are White and not Hispanic, 11.0% are American Indian, and 2.6% Black. New Mexico's minority population comprises 63.2% of the total. Almost 35% of the people in New Mexico speak a non-English language, and 94.4% are U.S. citizens. Of the state's 65+ population (377,730 individuals), 34.8% speak a language other than English (MPI, US Census).

Approximately 513,276 (based on the 2018 five-year estimates U.S. Census Bureau) New Mexicans are over age 60 (24.5%). A larger proportion of older New Mexicans are White and not Hispanic; 56.5%; 5.8% of this age group are American Indian; 1.5% are Black; 2.1% are Asian, Pacific Islander, and mixed race combined; and 34.1% are Hispanic. The diversity of older New Mexicans is projected to increase as the population ages.

Some Background on Focus Issues in this Plan:

Services provided by New Mexico's Aging Network meet the needs expressed by older New Mexicans and supported by data. These needs include isolation, nutrition, transportation, health, employment, community engagement, safety, self-direction and legal services. In addition to services provided to address these needs, New Mexico plans to provide support to caregivers with education and respite. Service providers will be supported with business acumen training and opportunities to access Medicare and Medicaid funding. Finally, New Mexico plans to transform systems of care by fully including the Tribes, Pueblos, and Nations within New Mexico in all funding opportunities for state and federal funds, as well as working to integrate the Aging Network services with the broader healthcare system, including access to Medicare and Medicaid funding.

The following data points illustrate some of the needs behind the goals and objectives presented in this State Plan.

- 2021 American Health Rankings—United Health Foundation states:
 - Of older New Mexicans, 18.8% of those over 60, were food insecure in 2020.
 - Fruit and Vegetable Consumption of New Mexicans ages 65+ is 5.6%.
- New Mexico is the fifth-largest state in the U.S. in terms of the land area covering 121,298 square miles with 17.3 persons per square mile, making it the seventh sparsest state, which contributes to the challenge of providing transportation.

- A New Mexico Department of Health survey in 2018 asked people over 65 years old, “Have you ever been told you have....” Responses were; diabetes 23.7%; depression 14.9%; chronic obstructive pulmonary disease (COPD) 12.9%; and cardiovascular disease 8.9%.
- Approximately 28,000 New Mexicans over age 55 were on the unemployment rolls as of July 1, 2020.

As a part of the process of preparing this State Plan, the needs motivating the goals and objectives outlined were confirmed in assessments conducted by the ALTSD and other Aging Network partners and collaborators. The process of conducting these assessments and results derived from them are discussed below.

Needs Assessment

The ALTSD contracted with the Institute for Social Research at the University of New Mexico (UNM) to complete a statewide needs assessment. The Department was granted permission through a MOU with the National Resource Center on Native American Aging, the primary agency responsible for the implementation of the Native elder social and health services needs assessment project, to use the *“Identifying Our Needs: A Survey of Elders”* New Mexico state aggregate data to assist in the writing of the New Mexico State Plan on Aging.¹

Key Findings

The University of New Mexico conducted a needs assessment in 2020. The assessment defined that the greatest service needs for older adults are nutrition (68%), transportation (59%), and social interaction (43%). The UNM needs assessment also asked respondents to identify future services that ALTSD should support to meet older adult need through 2030: the time at which New Mexico’s older adult population is estimated to rank 4th highest in the U.S. 39% of respondents indicated that expanded transportation options were most vital for meeting older adult need by 2030. Additionally, 34% identified in-home services such as assistance with chores, home cleanliness, and personal care as equally important for meeting older adults’ needs as New Mexico’s aging population grows. And finally, roughly one-fifth of respondents suggested that caregiver services: adult day care, assistance for grandparents raising grandchildren, respite care, and caregiver services, represents one of the most important support services as ALTSD aims to meet older adult need through 2030. The “Survey of Elders” also showed that there is need for assistance and services for elders taking care of their grandchildren. The “Survey of Elders” demonstrated the need for increased evidence-based health promotion disease prevention programs. The survey showed that the most frequently reported health conditions are arthritis 34.1%, diabetes 36.4% and high blood pressure 52.8%.

The University of New Mexico also studied COVID-19’s impact on older adults. The result was 70% of respondents voiced an extreme negative impact because of COVID-19. Over 50% of respondents emphasized that social isolation has a negative consequence on them. Twenty eight percent of respondents described significant effects on quality of life. Twenty-two percent of the surveyed providers described limited availability of crucial older adults’ services including lack of transportation.

¹ The Administration for Community Living/Administration on Aging within the U.S. Department of Health and Human Services was the primary funding source for the Native elder social and health services needs assessment project which resulted in the New Mexico tribal aggregate data used in the State Plan.

During October of 2020, the New Mexico Aging Network was surveyed about the efficacy and quality of their emergency response plan and how prepared they were to respond to the COVID-19 pandemic. Most responses in all questions of this survey discuss concerns for the health of older adults and the impact of the pandemic on their wellbeing. One hundred percent of the respondents expressed that their elders are experiencing social isolation and loneliness. One respondent admitted that there was no way to quantify the decline in mental health and the loneliness of older adults. Another significant challenge for older adults was access to prescriptions and medical care based on isolation and lack of transportation.

Solicited Input

ALTSD also sought public input several ways:

- A Public Hearing Announcement distributed as a press release
- The Public Hearing notification was distributed via email to the Area Agencies on Aging and all service providers, which included the five ways to leave public comment
- A PowerPoint Presentation provided during the Public Hearing and posted on the ALTSD website
- Two public hearings were held, on May 12, 2021, at 2:00 p.m. and May 14, 2021, at 9:00 a.m. The hearings were recorded and available for viewing at this link, <http://www.nmaging.state.nm.us/state-plan.aspx>.
- Individuals could call a dedicated phone number and leave a voice mail
- Individuals could fill out a publicly available survey
- Individuals could send comments to a designated email; and
- Individuals could write comments and mail them via the U.S. Postal Service to ALTSD

ALTSD received a total of 36 comments through all of the specified means of collecting input. Several changes were made based directly on the public comments they are:

- The minimum percentage of Title III B funds for access services, in home services and legal assistance as required by the OAA 307(a)(2)(C) was adjusted to reflect the comment;
- Changes were made to the Intrastate Funding Formula; and
- The performance measure percentage for the work with New Mexico Grown was reduced from 5% to 3%.

Public input was specifically solicited from the Tribes, Pueblos, and Nation by the methods listed above, and at a virtual meeting with the OIEA Director. The Public Hearing Announcement was distributed via email to each entity.

Introduction

Aging and Long-Term Services Department Mission, Vision and Guiding Principles:

Our Mission: *To provide accessible, integrated services to older adults, adults with disabilities, and caregivers to assist them in maintaining their independence, dignity, autonomy, health, safety, and economic well-being, thereby empowering them to live on their own terms in their own communities as productively as possible.*

Our Vision: *Lifelong independence and healthy aging*

Our Guiding Principles: *Protect the safety and rights of those we serve; Promote personal choice and self-determination; Treat all persons with respect; Embrace cultural diversity; Encourage collaborative partnerships; Provide fiscally responsible services.*

State Unit on Aging Overview

New Mexico's Aging and Long-Term Services Department is the designated State Unit on Aging. The ALTSD consists of the Office of the Secretary and four divisions, which provide direct access to critical resources for older adults and people with disabilities. The mission of the ALTSD is to provide accessible, integrated services to older adults, adults with disabilities, and caregivers to assist them in maintaining their independence, dignity, autonomy, health, safety, and economic well-being, thereby empowering them to live on their own terms in their own communities as productively as possible.

The divisions within ALTSD include:

- Administrative Services Division
- Consumer and Elder Rights Division
- Aging Network Division
- Adult Protective Services Division

About This Plan

The New Mexico State Plan on Aging 2022–2025 (State Plan) presents goals, objectives, performance measures and strategies to address key demographic factors shaping the needs and priorities of the older adult population. The development of this plan was a cooperative effort, involving input from the Area Agencies on Aging, other State agencies, the general public and organizations throughout the state.

New Mexico's Aging Network

The New Mexico Aging Network is comprised of the ALTSD, Area Agencies on Aging (AAAs) and providers within each of the planning and service areas (PSAs). The NM Aging Network has two “federally recognized” AAAs that serve four of the designated PSAs which cover all of the counties and older individuals in the State. The “federally recognized” AAAs and their PSAs are as follows:

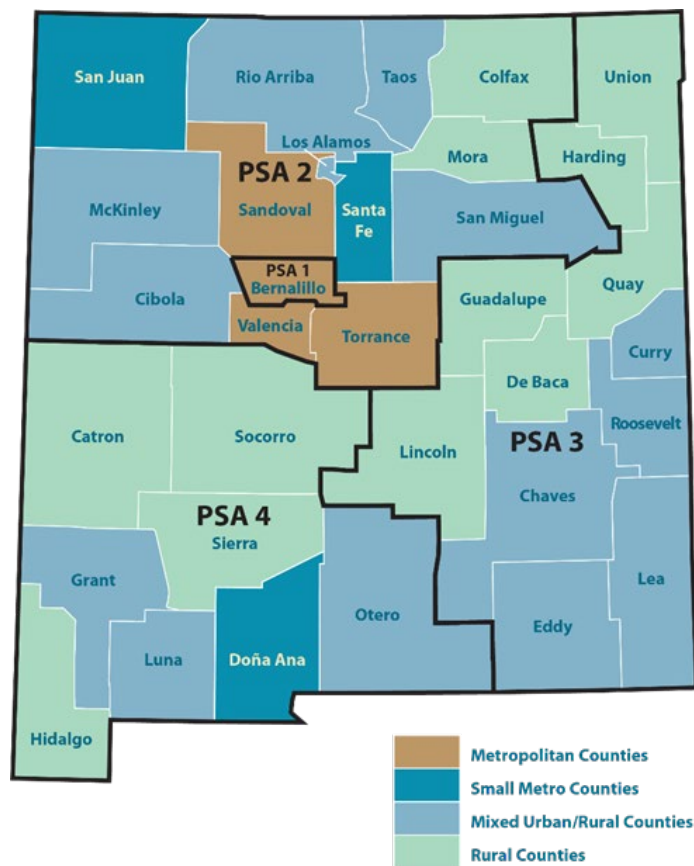
- City of Albuquerque/Bernalillo County Area Agency on Aging
 - PSA 1—County served—Bernalillo
- North Central New Mexico Economic Development District/Greater New Mexico Area Agency on Aging
 - PSA 2— Counties served—Cibola, Colfax, Los Alamos, McKinley, Mora, Rio Arriba, Sandoval, San Miguel, Santa Fe, Taos, Torrance and Valencia
 - PSA 3—Counties served—Chaves, Curry, De Baca, Eddy, Guadalupe, Harding, Lea, Lincoln, Quay, Roosevelt and Union
 - PSA 4—Counties served—Catron, Doña Ana, Grant, Hidalgo, Luna, Otero, Sierra and Socorro

The NM Aging Network also includes the NM portion of the Navajo Nation (PSA 5) and the Indian Area Agency on Aging (PSA 6).

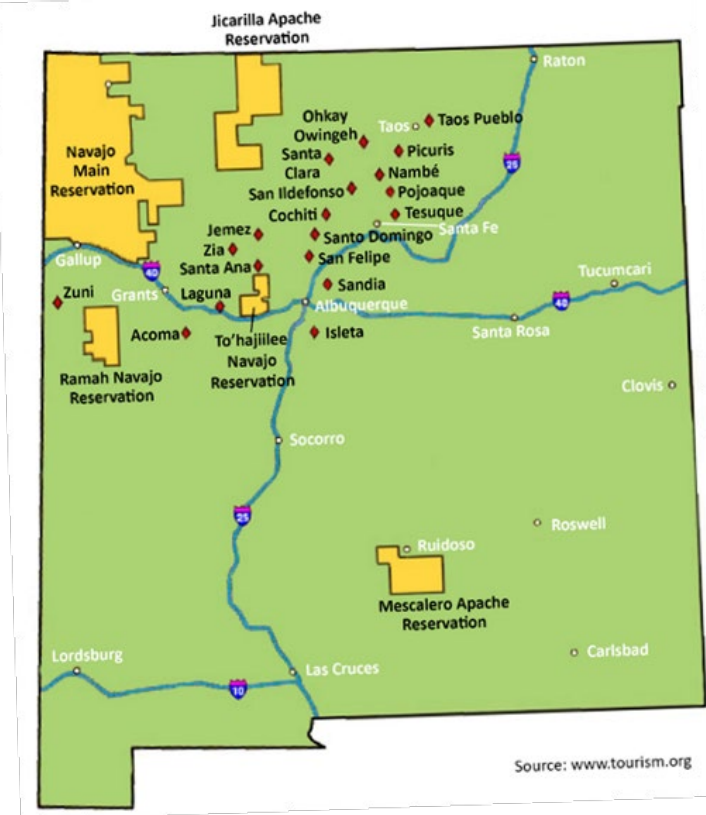
PSA 5—Services for older adults were officially established on the Navajo Nation in 1974, when the first congregate nutrition site opened in Chinle, Arizona. The Governors of Arizona, New Mexico and Utah and the U.S. Administration on Aging, created a tri-state agreement in October 1979, designating the Arizona State Unit on Aging as the entity through which the Navajo Area Agency on Aging receives federal OAA Title III funding. In NM, the ALTSD awards state general funds to the Navajo Area Agency on Aging.

PSA 6—The Indian Area Agency on Aging (IAAA) is designated under state authority, through the NM ALTSD, to develop a comprehensive and coordinated service system of senior centers and adult day care services in partnership with NM's 19 Pueblos and 2 Apache Nations. The IAAA administers a “non-federally recognized” Area Agency on Aging, which is comprised of 21 of NM's 22 Tribal geographic service areas. IAAA general operational functions include contract management of state general funds, program compliance monitoring, and the provision of technical assistance, advocacy, and training.

The Department's annual allotment of OAA Title III Funds is allocated to two of NM's four AAAs based on the intrastate funding formula. The Navajo Area Agency on Aging receives OAA Title III funding through the state of Arizona and OAA Title VI funding directly from the Administration for Community Living (ACL). NM's Pueblos and Apache Nations receive OAA Title VI funding directly from ACL. NM provides funds appropriated by the State Legislature to all four of its AAAs. Each area agency plans, develops and implements a system of services for individuals age 60 and older, or age 55 and older in the Native American Indian communities. All services are targeted to those with the greatest economic and social needs, with particular attention on minority older adults with low income and older adults residing in rural, Tribal and frontier areas.



PSAs	New Mexico Counties
PSA 1	Bernalillo
PSA 2	San Juan, McKinley, Cibola, Rio Arriba, Los Alamos, Sandoval, Valencia, Santa Fe, Taos, Torrance, Colfax, Mora, San Miguel
PSA 3	Union, Harding, Quay, Guadalupe, DeBaca, Curry, Lincoln, Chaves, Roosevelt, Eddy, Lea
PSA 4	Catron, Grant, Hidalgo, Socorro, Sierra, Luna, Doña Ana, Otero



Pueblos and Reservations in New Mexico

PSAs	Pueblo, Nation, or Tribe
PSA 5	New Mexico portion of the Navajo Nation
PSA 6	Mescalero Apache Nation, Jicarilla Apache Nation; Acoma, Cochiti, Isleta, Jemez, Laguna, Nambé, Ohkay Owingeh, San Felipe, San Ildefonso, Sandia, Santa Ana, Santa Clara, Santo Domingo, Picuris, Pojoaque, Taos, Tesuque, Zia, Zuni Pueblos

Older Americans Act Core Programs

New Mexico's federal Older Americans Act (OAA) funding, and significant state funding, supports a comprehensive array of services and the administrative infrastructure to deliver those services. OAA core programs are the foundation of the work of ALTSD. These core services include: nutrition, transportation, in-home services, caregiver support, health promotion and disease prevention services, the Senior Community Service Employment Program (SCSEP), elder rights and abuse prevention. These services provide crucial support to older adults to live in the community with dignity and independence for as long as possible.

Many factors contribute to the need for supportive services. Conditions in the places where people live, learn, work, play and age affect a wide array of health, functioning and quality-of-life outcomes. These conditions are known as social determinants of health and are largely responsible for health inequities². OAA core services positively impact social determinants of health, enhance quality of life and have a significant influence on health outcomes for older adults. The core programs support a range of home and community-based services intended to assist older adults in maintaining their independence and avoiding or delaying hospitalization and long-term care.

While anyone age 60 or older is eligible for services, assistance is targeted to persons with the greatest social or economic need, such as low-income or minority persons, older adults with limited English proficiency and those residing in rural areas. OAA programs also support family caregivers and adults 18 or older with disabilities. Over the next four-year period, ALTSD will continue to implement core OAA programs and services by providing OAA and State General Funding to the AAAs, Tribes, Pueblos and Nations in NM.

The ALTSD has specific objectives, strategies and performance measures related to Title III-B Supportive Services, Title III Nutrition Services, Title III-D Evidence-based Health Promotion Disease Prevention Programs, Title III-E National Family Caregiver Support Program as well as the Long-Term Care Ombudsman Program, Legal Services and Adult Protective Services.

Title III and Title VI Coordination

The Department's Office of Indian Elder Affairs (OIEA) is charged with developing relationships between sovereign Tribal governments and the state of New Mexico on behalf of all Indian elders in NM. The Department's Cabinet Secretary appoints the Director of the OIEA and the Department's Tribal liaison. NM has two state planning and service areas (PSAs) designated specifically to serve its Native American Indian populations and Tribal service providers: PSA 5, which consists of the Navajo Nation, and PSA 6, which consists of NM's 19 Pueblos and two Apache Nations. The designated AAA for PSA 5 is the Navajo Area Agency on Aging (a unit of the Navajo Nation government) and the designated AAA for PSA 6 is the Indian Area Agency on Aging (a unit within ALTSD). These AAAs provide technical assistance, program development and oversight for Tribal providers. They also conduct outreach to identify Indian elders eligible for assistance under the OAA and other programs, both public and private, and inform elders of the availability of such assistance. Outreach efforts target older individuals with the greatest economic and social needs, and are conducted by multilingual staff, using culturally and linguistically appropriate materials.

² Centers for Disease Control and Prevention. Social Determinants of Health: Know What Affects Health. February 2018.

During this State Plan period ALTSD has specific objectives, strategies and performance measures related to improving collaboration between federally-designated AAAs and Title VI Programs to better facilitate Title III and VI Coordination to expand services services and access to NM's Native American older adults and caregivers. Federally-designated AAAs will expand Title III services to the Tribes and Pueblos by contracting directly with Title VI Programs.

New Mexico Aging and Long-Term Services Department Initiatives

The Governor of New Mexico, Michelle Lujan Grisham, has initiated three dynamic initiatives to create a systemic revision in the services for the older adults in New Mexico. These initiatives include:

- Caregiver Cooperative Respite Initiative—an innovative cooperative that expands respite services for caregivers of older adults
- Greenhouse Senior Living Project—offers independent privacy with bathroom and bedroom while sharing common areas of the home
- Supportive Housing—housing that meets the needs of older adults and adults with disabilities so they can live in the least restrictive environment with vital supportive services

Goals, Objectives, Strategies and Performance Measures

This section of the plan contains four goals that fully align with ACL's vision, required focus areas as well as the associated objectives, strategies and performance measures fulfilling the mandate as the State Unit on Aging to effectively administer the Older Americans Act. The full listing/chart of **Goals, Objectives, Strategies, Performance Measures and Performance Dates** may be found in **Appendix E**.

Goal 1— Ensure high-quality home and community-based services and supports including provisions for families and caregivers.

Objective 1.1 Modernize ALTSD: Modernize Aging and Long-Term Services Department's rules, policies, procedures, and business practices to administer more effectively the Older Americans Act programs as well as State-funded services.

Strategies

- Update internal policies and procedures to allow for the implementation of innovative approaches of service delivery.
- Seek policy changes that will allow for the development of alternative delivery models for services including schedules for home-delivered meals and pilot testing for alternative models of service delivery for transportation.
- Partner with managed care organizations (MCOs) to minimize duplication of services.
- Transform Area Plan Guidance to reflect changes in this State Plan on Aging as well as the updated policies and procedures.
- Update, including timeframes, and standardize, for state-wide use, all sections of the consumer assessment/reassessment tool to allow Aging Network providers to use it as a comprehensive care plan as well as a referral mechanism. Acceptance of the APS assessments as a form of referring vulnerable older adults.
- Update the ALTSD emergency preparedness plan and practices to reflect lessons learned from the COVID-19 pandemic. Example: The Aging Network will work as an extension of ALTSD to make sure the emergency response protocol meets the needs of older adults and adults with disabilities. Alternative methodologies will be defined for metropolitan, mixed urban, and rural areas of the state.

- Develop and implement a framework to guide the work on improving program design ensuring innovative, sustainable, replicable model projects.

Performance Measures

- Implement and approve updated policies and procedures annually.
- Update policies and rules to align with alternative service delivery models.
- Optimize the Area Plan Guidance to ensure compliance with this State Plan and policies and procedures.
- AAAs and Providers will complete the certification for Medicaid eligibility and submit billing for reimbursable services.
- Update and implement the consumer assessment/reassessment tool.
- Update and test the emergency preparedness plan.
- Expand and improve the program design framework to guide innovative and model projects.

Objective 1.2 Title III B Information & Assistance/Referral and Outreach: Amplify outreach and promotion efforts to ensure older adults and adults with disabilities are aware of and have access to the OAA services available across the state, with a concentrated effort to connect to areas and communities that are underserved.

Strategies

- Provide technical assistance and training to NM's four AAAs for the purpose of broadening their consumer base and implementing a non-profit entrepreneurial, business management structure with diverse services and revenue streams. Examples: Implement texting capabilities; ALTSD on-demand and the case management partnership with UNM; on-line trainings; partner with faith-based organizations; revamping of the ALTSD web page; create liaisons in senior centers to inform seniors of benefits; partner with the Developmental Disabilities Planning Council (DDPC) and the Governor's Commission on Disability (GCD) on expanding the network.
- Implement a data-driven performance management system to evaluate the impact of service delivery, identify innovative best practices, areas of improvement, and gaps in services. The system will have the ability to share the outcomes and trends with citizens and stakeholders.

Performance Measures

- Expand the visibility of State-funded and OAA programs at the state, AAA, and local levels through outreach and promotion efforts by increasing the number of events and activities.
- The baseline data will be collected from FY21 and FY22.
- Develop a plan to reach 2% more unduplicated persons served by OAA programs each year of this plan.

Objective 1.3 Title III B Transportation and Assisted Transportation Services: Expand transportation availability for older adults and adults with disabilities especially in New Mexico's rural communities.

Strategies

- Collaborate with NM Department of Transportation and NM Department of Veterans Services on innovative strategies that would expand the options for transportation services and leverage MCO services throughout NM for older adults and adults with disabilities.
 - Develop partnerships with hospitals and new specialized passenger services to implement and leverage an innovative model to transport older adults to medical appointments, while collaborating with the Department of Veterans Services.
- Please see the resource Attachment D for more information.

Performance Measures

- Develop a strategic plan partnering with Departments, AAAs, Providers and Stakeholders that targets expanding transportation accessibility to older adults and adults with disabilities living in rural areas of the state, who are reliant on OAA transportation programs. Two percent more of the unduplicated persons served will be reached each year of the Plan.
- Track % and # of older adults and those with disabilities to optimize transportation accessibility for individuals living in rural areas of the state, who are reliant on OAA transportation programs.

Objective 1.4 Title III–B Supportive Services: Expand access to supportive services for underserved individuals.

Strategies

- ALTSD (APS and AND), the AAAs, Aging Network and providers of services will collaborate with food banks to expand in-house food pantries and make food boxes available to at-risk older adults and individuals with disabilities.
- ALTSD, the AAAs, Aging Network and providers will collaborate with lending closets to make durable medical equipment assessable to individuals in need.

Performance Measures

- Reduce food insecurity by one percent to 10.5% in NM. (Currently, 11.5% according Feeding America: The State of Senior Hunger in America in 2018)

Objective 1.5 Title III-C Nutrition Services: Enhance the quality and variety of meals offered to older New Mexicans to allow for personal choice, dietary restrictions, and cultural differences. Ensure consumers have access to and knowledge about nutritionally balanced meals and options.

Strategies

- Provide multigenerational training and educational opportunities for nutritional meal preparation and food handler's certification for seniors and students. Example: culinary arts programs with schools, higher education, as well as the Kids Cook Program for multigenerational courses.
- ALTSD will provide training and ongoing technical assistance on national best practices in menu planning, meal pattern requirements, culturally fitting menus, consumer choice within menus as well as the integration of, fresh, locally grown produce into meals.
- Implement a marketing campaign targeted for NM older adults and adults with disabilities: identify target market/consumer base that is culturally diverse and focuses on those at risk (nutritionally, isolated, and low income) to promote OAA services.
- ALTSD will work with AAAs to develop strategies to promote nutrition education and "meal programming" options in their service areas.
- ALTSD will also provide guidance to AAAs and providers on establishing pilot programs such as café models, restaurant, or grocery store vouchers as well as options to provide meals to individuals with complex dietary needs.
- The ALTSD, AAAs and providers of service will collaborate with NM Department of Health on older adult nutritional needs to better address food insecurity and related social determinants of health.

Performance Measures

- Provide ongoing technical assistance as well as host at least one meeting per year with the AAAs and nutrition providers to share best practices, lessons learned, older adult's dietary needs/restrictions, culturally appropriate menus, consumer choice and local purchasing.
- Develop an annual advertising platform to promote OAA services: Collaborate with other state agencies/campaigns, marketing materials; social media focused on nutrition and food insecurity and targeted to the culturally diverse communities in NM.

- Provide one training per year to the AAAs and nutrition providers led by a registered, licensed dietitian to address meal pattern requirements of the OAA to assure delivery of nutritious meals and to promote increased use of fresh fruits and vegetables.
- Expand on NM Grown pilot project by contracting with three additional senior service OAA providers in FY22.
- Increase Fruit and Vegetable Consumption of New Mexicans ages 65+ from 5.6% to 7.5%. (2021 American Health Rankings)
- Aging Network providers will use up to 3% of their NSIP and Title III C1 and C2 funding to purchase NM Grown produce.

Objective 1.6 Title III-C Nutrition Services: Congregate Meals; Increase the unduplicated count of older adults utilizing congregate meal sites through outreach efforts and community partnerships.

Strategies

- ALTSD, the AAAs and service providers will collaborate with non-profit agencies, the managed care organizations (MCOs), other local agencies, and service providers to promote OAA services.
- Outreach and educational efforts regarding State-funded and OAA services will be conducted in local communities. Example: Recruit consumers by redesigning facility programming and marketing (focus on consumer choice).
- Collaborate with NM General Service Department (GSD), Department of Agriculture, Department of Health (DOH), Early Childhood Education and Care Department and Public Education Department to update the state price agreement or request for proposal for bulk purchasing of food and supplies for the nutrition providers across the state. This will allow for the ALTSD providers to purchase directly from approved vendors.
- ALTSD will require the AAAs to collect data from the nutrition providers on food and supply expenditures for FY 2021 and FY 2022 to compile a list of “food and supplies” for the state price agreement.

Performance Measures

- Analyze and report nutrition reassessment scoring of the consumers to determine the percentage of improvement in nutritional intake and reduction of food insecurity.
- Implement the GSD state price agreement with providers of service in FY 2023.
- Analyze cost savings by assessing the implementation of the GSD state price agreement with the AAAs during FY 2024 and FY 2025.

Objective 1.7 Title III-C Nutrition Services: Home-Delivered Meals; Optimize home-delivered meal services to meet the needs of older adults.

Strategies

- Activate a reporting system and implement the process that reduces and/or eliminates the wait lists for home-delivered meal consumers.
- Ensure that the nutrition assessments target the number of qualified unduplicated older adults utilizing home-delivered meals.
- Explore the viability of implementing “fee for service” models for nutrition programs in NM to meet the need in rural areas, which could include contractual payment arrangements with healthcare/insurance organizations to provide medically tailored meals. These payment systems can help expand services beyond existing OAA funding, thereby increasing resources for enhanced capacity and quality of operation.
- ALTSD will partner with hospitals and the ALTSD Care Transition team to develop a referral process for older adults being discharged from hospitals and requiring home-delivered meals.
- APS field workers will collaborate with AAAs and Aging Network providers to deliver meals to vulnerable older adults, as well as linking with other necessary services. (Example: Add weekend meals)

Performance Measures

- Reduce and/or eliminate the number of consumers on wait lists for home-delivered meals.
- ALTSD to provide training to AAAs and senior service providers on the options and benefits of “fee for service” nutrition models.
- Expand the number of new participants receiving home-delivered meals. This will contribute to an overall growth of 2% of OAA consumers.

Objective 1.8 Title III-D Evidence-based Health Promotion and Disease Prevention Programs: Promote and maintain participation in evidence-based programs.**Strategies**

- Expand delivery options of evidence-based programs. Examples: Recruit volunteer liaisons to assist with health promotion. Determine how to leverage the cost of a nurse and certified dietitian using Medicaid reimbursement. Partner with MCOs to deliver health promotion and programming.
- Allow for incentives for older adults who use evidence-based programs outside of the senior center setting.
- Explore the viability of vouchers for evidence-based programs.
- Expand partnership with the NM DOH to assist with the application for a Centers for Disease Control (CDC) grant that focuses on three areas including: Adverse Childhood Experiences (ACES); Traumatic Brain Injury; and Transportation Safety. If the grant is awarded, become an active participant with the implementation focusing on enhancing falls prevention programs for older adults.

Performance Measures

- Contract with Title III-D providers to hold virtual workshops that adhere to evidence-based standards.

Objective 1.9 Title III-E National Family Caregiver Support Program: Lead a multi-strategy approach to assist families and caregivers at home and in long-term care settings by continuing and expanding supportive services.**Strategies**

- Understand who is being served: ethnically, culturally geographically and economically.
- Ensure that family caregivers access the resources such as: training; support groups; respite; supplemental services; planning tools through providers, the Caregiver Resource Center, and communities of support.
- Ensure that the ALTSD and community partners have the opportunity to apply for National Care Corps grants.
- Equip family caregivers to develop communities of support by promoting the use of:
 - Telephone trees;
 - On-line support/chat and Warm lines for telephone support;
 - Church groups; and
 - An age friendly community model.

Performance Measures

- Collect baseline data, year two and year three on the number of caregivers caring for adults over 60; caregivers caring for loved ones with dementia; and grandparents raising grandchildren.
- Create and market the Caregiver Resource Center within the Aging and Disability Resource Center (ADRC).

- Inventory and support training programs for family caregivers, particularly those that are evidence-based or have been tested and demonstrated to be effective. Ensure that information, including schedules, for such programs is aggregated and made easily accessible to family caregivers.
- Develop and implement an easily searchable website, organized around family (informal) caregiver needs, which will connect caregivers to relevant online resources, training, support, and planning tools.
- Create 15 sustainable age friendly communities of support.
- Create a matrix of current care coordination systems to determine locations, eligibilities, cost, duplications and identification of barriers and gaps. Develop strategies to link these systems.

Objective 1.10 Evidence-Based Models: Expand the availability of the Stanford evidence-based models to the Aging Network in New Mexico.

Strategies

- Advance the partnership between DOH and ALTSD.
- Develop a marketing plan to promote evidence-based workshops.
- Inform the ADRC staff regarding availability of evidence-based trainings.
- Develop a strategy to provide training for older adults and adults with disabilities including Tribal elders.
 - Example: Partner with DOH to provide Chronic Disease Self Management Program.

Performance Measures

- Provide workshops semi-annually for dissemination and promotion of the programming to NM older adults and adults with disabilities.
 - At the provider level incorporate in the Area Plan Guidance.
- Implement the marketing plan that promotes evidence-based programming.
- Provide information on evidence-based training resources to the ADRC staff.
- Implement the outreach strategy to the Tribes and Pueblos.

Objective 1.11 Coordinating Title III programs with Tribes and Pueblos: Improve collaboration between Area Agencies on Aging and Tribes and Pueblos to better facilitate the Older Americans Act required Title III and VI Coordination and expand services and access to New Mexico's Native American Elders and Caregivers.

Strategies

- Develop an eldercare workforce targeting rural and Tribal areas in collaboration with the New Mexico Higher Education Department.
- Gain knowledge and understanding of the Tribal and Pueblo programs and their unmet needs, while improving relations between the ALTSD, federally-recognized AAAs, and Tribes and Pueblos.
- Conduct annual follow-up meetings with Tribe and Pueblo members to gain feedback and recommendations to meet the needs of the elders. Meetings will include information provided about potential OAA services available in the area with Title III funds, service gaps and needs, and action steps to be taken to improve coordination and access to services.
- Collaborate with the AAA directors and staff to educate and improve coordination with the Tribes and Pueblos in their area.
- All ALTSD staff and AAA staff will participate in American Indian cultural awareness training during the four-year plan period.

Performance Measures

- Participate in annual Tribal Consultation meetings and share outcomes with the AAAs.
- Facilitate meetings held with AAAs, Title VI directors and Tribal stakeholders on an annual basis. The first facilitated meeting will take place prior to the release of Area Plan Guidance in late 2021.
- Require AAA directors to document that agency staff have completed American Indian cultural awareness training.
- Develop an internal documentation system to track ALTSD staff's successful completion of the training.
- Include the requirement for cultural awareness training in the Area Plan Guidance.

Objective 1.12 Expand Title III: Area Agencies on Aging will expand Title III services to the Tribes and Pueblos by contracting with Title VI Programs.**Strategies**

- Area Plan Guidance will require that the AAAs notify and encourage NM's Tribes and Pueblos to apply for Title III funding.
- Assist the AAAs in providing training and technical assistance to the Tribes and Pueblos on the process of applying for Title III funding from the AAA.
- Ongoing consultation with the Tribes and Pueblos.

Performance Measures

- Monitor progress of the contracting functions of the AAAs.

Objective 1.13 Business Acumen: Establish the business acumen of the Aging Network partners (AAAs, providers, and community-based organizations) through financial and programmatic sustainability.**Strategies**

- Work with AAAs and Providers to become Medicaid billable contractors to leverage Medicaid reimbursements in support of the total cost of eligible services.
- Conduct quarterly trainings for the Aging Network entities who are interested in increasing the Business Acumen for their organizations.
- ALTSD will provide leadership and access to training and technical assistance to prepare the NM Aging Network partners to build a viable business acumen plan.
- ALTSD and Aging Network partners will become active members of the ACL sanctioned Business Acumen Learning Collaborative.
- Gauge the readiness of the NM Aging Network by educating the network on business acumen, survey the network, evaluate the results.
- Create a strategic plan for implementation of business acumen for the NM Aging Network.
- Develop, by collaborating with medical service provider(s), a model project based on the Jesse Hill Market in Atlanta, Georgia.
- Encourage and support the Aging Network in NM applying for funding from federal agencies and other entities that fund the Aging Network to enhance service delivery across the state.

Performance Measures

- All Aging Network Division staff will participate in intensive training on business acumen.
- Require Aging Network entities to attend at least two ALTSD-sponsored trainings on the ACL Business Acumen Initiative and provide technical assistance to strengthen the Aging Network: building their business skills; enhancing their effectiveness, efficiency, and sustainability; and leveraging funding (focusing on restraining costs, reducing waste, and improving outcomes).

- Conduct a business acumen readiness review.
- Develop a business acumen strategic plan.

Objective 1.14 Integration: Work towards the integration of health, health care and social services systems, including efforts through contractual arrangements and incorporating Aging Network services with other home and community-based services.

Strategies

- Collaborate with MCOs, the New Mexico Aging Network and Community Based Organizations to leverage and maximize current services and create an array of services designed to keep older adults and adults with disabilities living in the community.
- ALTSD will work with the MCOs to develop a statewide aging plan to serve adults in need.
- In collaboration with the MCOs, ALTSD will use aggregate data to identify the needs of NM older adults and adults with disabilities.
- Work with the MCOs to determine value added services for Medicaid and Medicare enrollees.

Performance Measures

- Add Medicaid/Medicare Provider requirements in the AAA contracts.
- Complete a statewide aging plan with the MCOs.
- Certify case managers in the Aging Network as Community Health Workers (CHWs) to increase billing potential.

Objective 1.15 Leverage sustainable funding: Maximize billing Medicaid services by working with MCOs to identify and address gaps in care and develop programs to fulfill these voids in communities. Leverage other funding sources to allow the Department to expand programs and services and braid funding to implement long-term sustainable programs.

Strategies

- Require providers who deliver direct services (examples: adult day care, homemaker, and case management) to become Medicaid providers and bill Medicaid for value-added services by incorporating language into the AAA contracts.
- Develop a statewide aging plan with key stakeholders such as Medicaid, AAAs, Alzheimer's Association, AARP, and service providers to reflect the needs of the NM aging population.
- Direct the AAAs and their providers who provide case management, nutrition, homemaker, respite, and adult day care services to work with Human Services Department/Medicaid and MCOs to become Medicaid providers and enter into provider agreements with each MCO.
- APS and CERD will develop a plan to obtain Medicaid agreements for Medicaid match.

Performance Measures

- Maximize billing opportunities with Medicaid services by working with MCOs.

Objective 1.16 Strengthening the Legal Assistance Program: Provide legal assistance to older New Mexicans with economic and social needs.

Strategies

- Determine the legal needs of older New Mexicans, as well as the capacity of current providers to meet those needs, to inform legal services development.

Performance Measures

- Hold at least one meeting annually with each of the providers to discuss their services, the potential for growth of services, and strategy for continuing to meet the legal needs of older New Mexicans.

Objective 1.17 Implementation of Legal Assistance Data Changes: Title III New State Program Report/Older Americans Act Performance System data reporting will be required starting October 2021.

Strategies

- Provide information to the legal service providers explaining the changing reporting requirements.

Performance Measures

- Hold at least one meeting annually with each provider to ensure they are prepared for the new data collection requirements.

Objective 1.18 Employment Programs: Improve coordination between the Senior Community Service Employment Program (SCSEP) and the Older Americans Act Programs by training and placing Community Health Workers (CHWs) and Peer Support Workers (PSWs) with home-bound, repeat and/or long-term clients of OAA programs.

Strategies

- Connect with established CHW and Certified PSW programs such as the CHW initiatives at UNM and MCOs.
- Develop a training and placement program in conjunction with established programs. Refer older workers, paying those who qualify through the SCSEP and the NM Senior Employment Program (SEP) as budget allows.
- Supplement established CHW/PSP program funding with SCSEP or State General Funds and/or Medicare and Medicaid as possible.
- Connect certified CHWs and PSWs with repeat and long-term clients of APS or the ADRC and home-bound clients of Senior Centers.

Performance Measures

- Establish data elements to track program progress, track data for a base-line period, and then use evaluation data to continually improve the program. Establish evaluation criteria by the end of FY 2022.
- Place first cohort of CHWs/PSPs within first program year of plan (by July of 2023).

Objective 1.19 Expand Employment Opportunities: Serve older adults who are receiving unemployment benefits.

Strategies

- Contact unemployed older workers, 55 years of age and older, through outreach.
- Orient older workers to the services available through the Department of Workforce Solutions (DWS).
- Refer older workers to appropriate DWS services.

Performance Measures

- Use evaluation data to collaborate with DWS in developing age-friendly services and training that continually improves the program.

Goal 2— Implement evidenced-based services to establish a continuum of care and supports in the community that improve autonomy, choice, and outcomes to consumers.

Objective 2.1 Senior Medicare Patrol (SMP): The SMP Program will expand education and outreach efforts to senior centers and other Aging Network partners to help prevent health care fraud.

Strategies

- Recruit and train additional volunteer counselors to provide Medicare and Medicaid basics counseling peer-to-peer presentations and assist with community outreach efforts.
- Conduct outreach to educate beneficiaries about: identity protection; reporting errors on health care bills; and identifying deceptive health care practices or fraud.

Performance Measures

- Number of trained volunteers will increase by 5%.
- Expand the number of consumers who receive health care fraud training by 5%.
- NM SMP will participate in 100 ACL-approved customer satisfaction telephone surveys throughout the year.

Objective 2.2 Senior Health Insurance Program (SHIP): The SHIP Program will expand outreach efforts to increase awareness and visibility to better serve consumers in every community by expanding beneficiaries' knowledge of their Medicare benefits. The SHIP Program supports OAA programs through outreach aimed at preventing disease and promoting wellness as an additional use of these funds.

Strategies

- Improve service excellence, capacity building, operational excellence.
- Increase innovation. Examples: 1. Send email and text notifications to those who choose ADRC contact. 2. Partner with MCOs on education, information, and service availability.

Performance Measures

- Raise the number of individual contacts to all Medicare beneficiaries by 5% each year.
- Expand individual contacts to all Medicare beneficiary under 65 years by 5% each year.
- Augment individual Medicare beneficiary contacts in hard-to-reach areas as defined by the ACL by 5% each year.
- Raise individual enrollment contacts to all Medicare beneficiaries by 5% each year.
- Increase group Medicare beneficiary contacts by 5% each year.

Objective 2.3 Medicare Improvements for Patients and Providers Act (MIPPA): The MIPPA funding will enhance statewide and local coalition building focused on outreach, education, and one-to-one assistance activities to Medicare beneficiaries likely to be eligible for the Low-Income Subsidy program (LIS) or the Medicare Savings Programs (MSP).

Strategies

- Augment screening and enrollment in LIS programs so that beneficiaries who have limited income and resources get assistance with their prescription drug coverage cost, Medicare premiums and other Medicare Benefits that may be covered, such as preventable services.

Performance Measures

- Augment overall MIPPA contacts by 5% each year.
- Raise overall persons reached through outreach by 5% each year.
- Expand contact with MIPPA target populations by 5% each year.
- Increase contacts submitting applications by 5% each year.

Objective 2.4 Age and Dementia Friendly Efforts: Create a dementia-friendly environment throughout New Mexico ensuring that families have the resources they require to help individuals living with dementia.-

Strategies

- Align the New Mexico State Plan for Alzheimer's disease and related dementias with ACL Plan guidance
- Implement the action plan outlined in the New Mexico State Plan for Alzheimer's disease and related dementias including:
 - Maintain an adequate network structure
 - Raise public awareness and expand dementia resource connections
 - Support and empower caregivers
 - Expand research opportunities in New Mexico

Performance Measures

- Create, distribute, and collect dementia survey data 1 time per year to inform ALTSD and stakeholders about the status of Alzheimer's care and services in NM. (Track the number of survey responses. This will establish a baseline for 2022.)
- Update Alzheimer's support service list 12 times per year on the ALTSD website.
- Conduct evidence-based caregiver training targeting the NM Tribes, Pueblos, and Nations 2 times per year.
- The State Dementia Plan Leadership Team will submit advocacy recommendations 1 time per year, prior to the legislative session, to the ALTSD Office of the Secretary.

Objective 2.5 Age and Dementia Friendly Efforts: Become a dementia-friendly state

Strategies

Cultivate dementia-friendly practices among health care and social service providers that heighten awareness of dementia and increase warm and effective responses to the needs of people living with dementia and their families.

- Promote training in the community for professionals and service providers that interact with persons who have dementia.
- Increase access to training resources related to dementia.

Performance Measures

- 90% of ALTSD staff receive specialized dementia-friendly training. Four specialized dementia-friendly training events offered to professionals.
- Create a minimum of three age and dementia-friendly toolkits to be utilized by a minimum of five community agencies.

Goal 3— Establish innovative care and support services that allows consumer control and choice, while assuring autonomy and is focused on an older adult's continuum of care.

Objective 3.1 Veteran Directed Care Program: Expand the number of Veterans served through the Veterans Directed Care Program.**Strategies**

- Move from “pilot” status to program status. Roll out of “pilot” status to program by August 2021.
- Establish a team with all key players in the VDC space to keep momentum going and progress of goals being met.
- Partner with State and Federal Veteran's Services programming to promote the VDC program and survey consumer satisfaction and quality of care.

Performance Measures

- Expand the number of veterans served by 250% or 25 new veterans onto the program each year of the plan.
- Evaluate on an annual basis, based on progress and timely reimbursements. Successful implementation will allow the program to expand to 50 veterans per year.

Objective 3.2 Voucher Program: Explore the viability of implementing voucher programs for services funded by the Older Americans Act.**Strategies**

- Establish a workgroup to study voucher programs. Write and present a report with the findings and recommendations.

Performance Measures

- Implement the recommendations in the report.

Goal 4— Reduce occurrences of abuse, neglect and exploitation while improving outcomes in communities and long-term care settings.

Objective 4.1 Adult Protective Services (APS): Enhance the quality of trainings available on abuse, neglect, and exploitation.**Strategies**

- Enhance training, education, and outreach to include diverse populations in institutional and community-based settings.
- Increase social media and advertising presence about adult protective services.
- Develop an alert system to notify clients, families and stakeholders about exploitation scams.

Performance Measures

- Provide training on underserved populations to APS staff at least once per year.

Objective 4.2 Adult Protective Services: Reduce the percentage of repeat investigations.

Strategies

- Increase access to adequate resources and supports to alleviate the need for future interventions, including the Aging Network, food pantries, adult day care, and in-home supports to qualified clients.
- Create case management and community supports.
- Refer Adult Protective Services clients to the Aging Network for appropriate provided programs.
- Expand low income senior housing and supportive housing for older adults.

Performance Measures

- Decrease the recidivism rate by 5% annually.
- Provide and track continued case management / community support services upon the closure of APS cases.

Objective 4.3 Adult Protective Services: Reduce recidivism rates by creating and expanding critical services.

Strategies

- Enhance training, education, outreach and statewide collaboration to increase service referrals.
- Expand senior housing while linking clients to the Aging Network services provided.
- Create case management and peer services.

Performance Measures

- Determine the recidivism rate for the number of APS investigations.
- Track the number of service referrals received by APS.

Objective 4.4 Long-Term Care Ombudsman Program: Expand the volunteer program through a focused tiered level of community advocate, resident advocate, and specialized teams (first responder and defense discharge).

Strategies

- Revise training systems to connect skills/background with availability of time. Each section will have a dedicated training module that helps the volunteer meet their time and advocacy needs.

Performance Measures

- Expand the raw total of volunteers, placing them into specialized groups for focused advocacy. Monitor performance using levels of complaints established for residents at facilities and community partnerships. (10% increase to the volunteer base: 2.5% per year of the state plan).
- Create a marketing plan for volunteer recruitment and retention including resident's rights.

Objective 4.5 Long-Term Care Ombudsman Program: Expand the number of regional coordinated (RC) programs for the 8 regions of New Mexico.

Strategies

- Develop focused recruitment from existing state and local investigative agencies. Explore potential workforce pipeline options including a tiered approach, first responders and MCO navigators.
- Partner with New Mexico Higher Education Department to create a workforce for Ombudsman intern support.

Performance Measures

- Raise the number of RC investigative specialists by filling vacant positions.

Quality Management

Monitoring, Oversight, and Remediation

The New Mexico Aging and Long-Term Services Department (ALTSD) reviews each AAA and Contractor in accordance with the requirements detailed in each of these sections and with a team of ALTSD staff who are assigned monitoring responsibilities as a core function.

The ALTSD monitoring process is divided into three functional areas:

AAA and Other Contractor Administration	Program Operations	Governance and Fiscal Operations
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New Mexico State Plan reporting will be summarized in July and incorporated into the ALTSD Strategic Plan and a Statistics book that will be available to stakeholders on the website.

Goal of ALTSD Quality Management: to improve the quality of the OAA Title III core programs through:

1. Data standardization
2. Program evaluation
3. Outcome measurement

This goal will be operationalized and institutionalized through the implementation of the following strategies:

1. Area Plan Guidance
2. Streamline paperless submission process from the ALTSD Aging Network contractors
3. Implementation of timely, accurate data collection using tablet technology
4. Aligning efforts with strategic planning and reporting, ensuring a continuous improvement process

ALTSD will develop a process to review each AAA in accordance with the requirements detailed in the sections below, including a team of Senior Services Bureau (SSB) staff, OIEA staff, and additional qualified ALTSD staff who are assigned monitoring responsibilities as a core function of their duties. Centralizing this responsibility among the team allows for specialization and the development of a comprehensive knowledge of AAA operations, needs, and practices.

Monitoring of AAAs and contractors involves two distinct levels:

on-going desk reviews	periodically scheduled on-site reviews
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Senior Services Bureau, OIEA staff, and qualified ALTSD staff desk review process involves an on-going, continuous review of AAA and contractor monthly statistical and financial reports, service cost analysis, including data verification. AND, SSB, OIEA, Administrative Services Division, and qualified ALTSD staff periodically visit AAAs and contractors to conduct on-site reviews. These on-site visits are scheduled based on random selection with the final objective to review the two AAAs and other contractors within a three-year period. On-site visits last a period of one to five days depending on the scope of the review, the size of the

organization, and the complexity of the operations. A schedule of the reviews is distributed at the beginning of each calendar year. Upon prior determination by the SSB staff and management, a selected contractor may be incorporated into the interim or regular monitoring schedule based on the need for a visit.

The AND/SSB and OIEA provides a copy of the internal review/monitoring instrument to the AAAs and contractors in advance of an on-site visit. AND/SSB and OIEA recommends that directors from the AAAs and contractors distribute copies of the monitoring instruments and checklists to their staff in preparation for the on-site visit. ALTSD strongly encourages the AAAs and other contractors to utilize these tools for self-assessment and to incorporate appropriate requirements into their monitoring of sub-contractors.

For desk and on-site reviews, AND/SSB and OIEA staff draft reports that identify any deficiencies, observations, and corrective action recommendations. Upon the completion of the on-site review, AND/SSB and OIEA staff and the AAA or contractor will also have an exit conference to communicate the deficiencies and recommendations noted during the review. As needed, AAAs and contractors are provided instructions for completing a Corrective Action Plan (CAP).

The AND/SSB and OIEA staff follow-up on items identified as needing corrective action. AND/SSB and OIEA staff provide technical assistance, or if needed, arrange additional training, to ensure compliance,

Data Collection

WellSky's Aging & Disability web-based software is the AAAs primary data collection system to report on the OAA programs. The real-time, cloud-based software includes information about the OAA participants, what services participants receive, and what type of funding is expended for programs. ALTSD contracted for system use in 1999 and has invested much in the way of resources to enhance the data collection system's ever changing business requirements. The data collection system serves as a critical data source for measures of the performance of OAA programs. ALTSD also uses the data collected to perform valuable analyses of other program components.

AAA and Other Contractor Administration, Program Operations, Governance and Fiscal Operations are collected via the eFile system for desk and onsite reviews.

Monthly, ALTSD staff reviews the Aging & Disability data and performs a comparison of previous data. **Annually**, if a difference in excess of 10 percent for either individuals or units is found during the comparison, ALTSD will request a variance explanation from the AAAs to report to ACL.

Continuous Improvement

Training and technical assistance to AAAs and other Title III funded entities is the primary method ALTSD employs to continuously improve services for older adults and adults with disabilities in NM. The monitoring team members, each with unique expertise, facilitate the provision of technical assistance and training to the Aging Network. Virtual event training has become the preferred option for the NM Aging Network. ALTSD's AND/SSB and OIEA communication plan includes follow-up activities in response to desk or on-site reviews; ongoing communication facilitated through virtual meetings; thoughtful communication documents providing Aging Network updates throughout the year are an integral pillar to continuous quality improvement.

Beyond NM's efforts, AND/SSB and OIEA staff monitors national trends and information from ACL and national organizations, such as the National Association of States United for Aging and Disabilities (NASUAD), National Association of Area Agencies on Aging (N4A), and the National Council on Aging (NCOA), among others, to identify best practices and strategies that can be used in the state to improve programs and services. AND/SSB staff, in turn, share best practices gleaned from those efforts with AAAs and contractors.

Quality Management Initiatives

Objective	to be effective stewards of state and federal funds, monitor and oversee programs funded by OAA and state general funds
Strategies	<ul style="list-style-type: none"> • Update the Aging Network policies and procedures to reflect current practices. • Update Aging Network rules and regulations. • Conduct annual training for AAAs on the development and submission of Area Plans. • Monitor the national development of performance measures and identify opportunities to integrate them in the AAA contracts. • Monitor data systems to ensure collection fidelity and the accuracy of the data. • Hold monthly programmatic and fiscal review meetings to ensure fiscal and service integrity. • Provide ongoing technical assistance to AAAs. • Offer virtual AAA trainings. • Review, and revise as necessary, monitoring tools for each program. • Conduct desk and on-site reviews of AAAs, and as needed, require CAPs to correct issues. • Facilitate information sharing so that the Aging Network workforce is adequately trained and knowledgeable in their program areas.
Measures	<ul style="list-style-type: none"> • Updated Aging Network Policies and Procedures. • Updated Aging Network Rules and Regulations. • Number of AAA Area Plan trainings and AAA trainings. • Number of on-site monitoring visits. • Number of AAAs demonstrating compliance following a CAP imposition. • Increase the number of diverse providers applying for Title III funding.

Attachment A

State Plan Assurances and Required Activities

Older Americans Act, As Amended in 2020

Pages 28 to 42 are unrevised boiler plate language from the Older Americans Act required by the Administration for Community Living and taken directly from [this link](#).

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan; . . .

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be—...

(5) in the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general-purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

- (1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,
- (2) a numerical statement of the actual funding formula to be used,
- (3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and
- (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

- (4)(A)(i)(I) provide assurances that the area agency on aging will—
- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
 - (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
 - (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);
 - (ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
 - (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
 - (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
 - (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
 - (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —
 - (I) identify the number of low-income minority older individuals in the planning and service area;
 - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).
- (B) provide assurances that the area agency on aging will use outreach efforts that will—
- (i) identify individuals eligible for assistance under this Act, with special emphasis
 - (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English proficiency;
 - (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and
 - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
- (C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

- (G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;
 - (H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and
 - (I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;
- (7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—
- (A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
 - (B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—
 - (i) respond to the needs and preferences of older individuals and family caregivers;
 - (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
 - (iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
 - (C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
 - (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—
 - (i) the need to plan in advance for long-term care; and
 - (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;
- (8) provide that case management services provided under this title through the area agency on aging will—
- (A) not duplicate case management services provided through other Federal and State programs;
 - (B) be coordinated with services described in subparagraph (A); and
 - (C) be provided by a public agency or a nonprofit private agency that—
 - (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
 - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
 - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
 - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

- (9)(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;
- (B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;
- (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;
- (11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—
- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;
- (12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.
- (13) provide assurances that the area agency on aging will—
- (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
- (B) disclose to the Assistant Secretary and the State agency—
- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- (ii) the nature of such contract or such relationship;
- (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
- (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
- (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
- (14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
- (15) provide assurances that funds received under this title will be used—
- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

- (16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;
- (17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;
- (18) provide assurances that the area agency on aging will collect data to determine—

- (A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and
- (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

- (19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

- (2) Such assessment may include—

- (A) the projected change in the number of older individuals in the planning and service area;
- (B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and
- (D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

- (A) health and human services;
- (B) land use;
- (C) housing;
- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

- (c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.
- (d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.
- (2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.
- (e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.
- (f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.
- (2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.
- (B) At a minimum, such procedures shall include procedures for—
- (i) providing notice of an action to withhold funds;
 - (ii) providing documentation of the need for such action; and
 - (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.
- (3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).
- (B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.
- (g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—
- (1) contracts with health care payers;
 - (2) consumer private pay programs; or
 - (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

- (1) The plan shall—
 - (A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
 - (B) be based on such area plans.
- (2) The plan shall provide that the State agency will—
 - (A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;
 - (B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and
 - (C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).
- (3) The plan shall—
 - (A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and
- (B) with respect to services for older individuals residing in rural areas—
 - (i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...
 - (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and
 - (iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.
- (4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).
- (5) The plan shall provide that the State agency will—
 - (A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
 - (B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and
 - (C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.
- (6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.
- (7) (A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

- (B) The plan shall provide assurances that—
- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
 - (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
 - (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.
- (8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—
- (i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
 - (ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
 - (iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.
- (B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.
- (C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.
- (9) The plan shall provide assurances that—
- (A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and
 - (B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.
- (10) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.
- (11) The plan shall provide that with respect to legal assistance —
- (A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;
 - (B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of

funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

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

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

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

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

- (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—
- (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
 - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.
- (16) The plan shall provide assurances that the State agency will require outreach efforts that will—
- (A) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (i) older individuals residing in rural areas;
 - (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
 - (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
 - (iv) older individuals with severe disabilities;
 - (v) older individuals with limited English-speaking ability; and
 - (vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.
- (17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.
- (18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—
- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
 - (B) are patients in hospitals and are at risk of prolonged institutionalization; or
 - (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.
- (19) The plan shall include the assurances and description required by section 705(a).
- (20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.
- (21) The plan shall—
- (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
 - (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made—

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

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

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

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

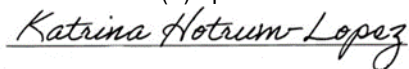
Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

- (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
- (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
- (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
- (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
- (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).
- (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
 - (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—
 - (i) public education to identify and prevent elder abuse;
 - (ii) receipt of reports of elder abuse;
 - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
 - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
 - (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
 - (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—
 - (i) if all parties to such complaint consent in writing to the release of such information;
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
 - (iii) upon court order...



Katrina Hotrum-Lopez, Cabinet Secretary, Aging and Long-Term Services Department

6-30-2021

Date

Attachment B

Information Requirements

The Administration on Community Living provided the boiler plate language, [from this link](#), to be entered and not revised, except for the sections labeled State's Response. (pages 43 to 51)

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section I. State Plan Information Requirements

Information required by Sections 102, 305, 307 and 705 that must be provided in the State Plan:

102(30)(G) – (required only if the State funds in-home services not already defined in Sec. 102(30)) The term “in-home services” includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

State's Response:

The ALTSD is investigating ways of leveraging Medicare and Medicaid funding to provide additional in-home services. Plans include training and certifying senior center staff and possibly other older workers as Community Health Workers (CHWs) and Certified Peer Support Workers (CPSWs). These staff members could work with senior center participants on chronic disease and behavioral health management strategies, allowing them to remain healthier and in their homes for longer. CHWs and CPSWs are already employed by programs around the state of New Mexico and have been established as eligible to have their services reimbursed by Medicare and/or Medicaid. In addition, other funding may be available for these programs. One possibility is the Kiki Saavedra Senior Dignity Fund, a fund created by the 2020 New Mexico Legislature to “improve and deliver high-priority services for seniors all across NM.”

Section 305(a)(2)(E)

The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan;

State's Response:

The State is utilizing multiple strategies to ensure the obligations are met pursuant to Section 305(a)(2)(E).

The SUA has identified minorities (10%), low income (13%), and rural areas (17%) as weighted factors in its revised Intrastate Funding Formula. A majority of the state is rural and also low income, so the identification and weight given to these areas in the Intrastate Funding Formula is a crucial piece to ensure preference to providing services to these populations. The state is also a majority minority, that is, more than 50% of residents claim a minority status. This percentage does not yet apply to the 60+ population, but it is projected to increase in the coming years.

The SUA also requires the AAAs to prioritize these same populations in their funding scheme. This is included in their yearly contracts.

This will also be a requirement in the upcoming Area Plan in 2022–2026. The Area Plan Guidance will distribute funding by PSA based on the funding formula and hold the AAAs accountable to assure equitable funding among providers based on the formula factors. Pueblos, tribes and nations will be included in the area plan process for the PSA that serves their geographic area.

The SUA and AAAs will analyze gaps in service and recruit program providers to respond to Requests for Proposals (RFPs) in the areas identified to assure better access of critical services across the PSAs. Case management, homemaker, and in-home services, which serve those most in need, will be encouraged as well. Education regarding the RFP process will be offered to all potential providers before the RFPs are released. This education will include the Pueblos, Tribes, and Nations, to assure equitable access to the funding available through the RFP process.

To address the requirements within the Older Americans Act section 305(a)(1)(E), New Mexico assures that individuals with limited English proficiency will have access to services as well as that the Aging Network providers will translate pertinent information into Spanish. Tribal and Pueblo providers received translated promotional and outreach information during COVID closures. Local staff provide wellness calls that are translated into the consumers native language including: Medicaid, Medicare, health/wellness information and benefits, social security and COVID vaccination registration information.

306(a)(6)(I)

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

State's Response:

The Area Agencies include in their Area Plan assurances that an adequate proportion of the amount allotted under Title-III B to the planning and service area(s), as required under the Older Americans Act, will be expended to include information and assistance. The Area Agencies

assure that they will coordinate planning, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk of institutional placement, with organizations that develop or provide services for individuals with disabilities. NM ALTSD will collaborate with the State of NM Governor's Commission on Disability/NM Technology Assistance Program to assist older New Mexicans with disabilities get the assistive technology information and services they need.

306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

State's Response:

NM ALTSD provides each Area Agency with the NM area plan development guide and assurances in preparation for completing their area plan. The guidance outlines specific elements that must be included for emergency response for the Area Plan to be acceptable. ALTSD staff reviews each Area Plan to ensure mandatory elements are included. Please see the NM area plan development guide and assurances mandatory emergency response elements below:

F. Emergency Response Plan – Must include the following elements:

- A designated staff person to oversee planning tasks and determine how emergency management is carried out in the local jurisdiction.
- Letters of agreement and understanding between the AAA and local emergency operations leadership that identify responsibilities.
- Preparedness activities and exercises done by the AAA.
- Criteria for identifying access and functional needs clients in the community.
- Plan for contacting access and functional needs clients and referring to first responders, as necessary.
- Local partners such as government agencies, first responders, and disaster relief organizations.
- Cooperation with the appropriate community agency preparedness entities when areas of unmet need are identified.
- A system for tracking unanticipated emergency response expenditures for possible reimbursement.
- An internal Business Continuity Plan that emphasizes communications, back-up systems for data, emergency service delivery options, and transportation.

In response to 307(a)(29) on page 40 of this plan the Office of the Secretary is directly involved in the following activities related to the development, revision and implementation of emergency preparedness plans, and the involvement of the State Public Health Emergency Preparedness and Response Plan:

- Participates in regular briefings with executive branch; Office of the Governor and Governor's cabinet.
- Communicates and coordinates with Homeland Security and the National Guard on aging related safety measures.
- Collaborates with the Governor's Commission on Disabilities on emergency planning.
- Coordinates with NM Department of Health and Department of Human Services to address public health and safety issues.

Section 307(a)

(2) The plan shall provide that the State agency will:

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

State's Response:

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

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

Access Services: 32%

In-Home Services: 16%

Legal Assistance: 4%

Section (307)(a)(3)

The plan shall:

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); (*Note: the "statement and demonstration" are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area*)

State's Response:

PSA	1	2	3	4	5	6	Total
Other	0	0	0	0	0	0	0
Per County	0	0	0	0	0	0	0
60+	1,350,102	1,693,071	553,506	790,327	0	0	4,387,007
60+ Rural	8,194	271,151	564,694	398,945	0	0	1,242,985
poverty (65+)	242,926	390,487	121,110	195,995	0	0	950,518
minority	216,713	300,675	77,447	136,333	0	0	731,168
Total	1,817,935	2,655,384	1,316,758	1,521,600	0	0	7,311,678
FFY 20 Funding	2,015,464	2,752,481	1,039,574	1,504,158			7,311,678
Variance	(197,529)	(97,097)	277,183.95	17,441.72	0.00	0.00	0
% of Funding	24.86%	36.32%	18.01%	20.81%	0.00%	0.00%	100.00%

(B) with respect to services for older individuals residing in rural areas:

(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

State's Response:**307(a)(3)(B)(i)**

The SUA assures that it will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

State's Response:

307(a)(3)(B)(ii)

	1	2	3	4	5	6	Total
60+	1,310,779	1,521,661	540,346	766,792	0	0	4,139,578
60+ Rural	9,640	319,002	664,346	469,347	0	0	1,462,336
Poverty (65+)	186,866	300,374	93,162	150,765	0	0	731,168
Minority	216,713	300,675	77,447	136,333	0	0	731,168
Total	1,723,998	2,441,712	1,375,301	1,523,238	0	0	7,064,249

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

State's Response

307(a)(3)(B)(iii)

Due to the COVID-19 public health emergency, Federal Fiscal Year 2021 (FFY 2021) has not been a typical year. In March 2020 a public health emergency was declared and 40,329 food boxes were distributed statewide. Each food box had enough food for seven to fourteen meals. Senior Centers have discontinued congregate meals and have been offering "grab and go" meals as well as continuing and increasing home-delivered meals. Aging Network staff have worked diligently to connect with older individuals living in rural areas by telephone, when delivering meals, and through the media. The SUA has initiated a program called "Create and Connect", which recruits people to create video or audio recordings, as well as written greetings, that are distributed to isolated older individuals. A piece of this project is a series of Facebook Live events called Senior Social Hour. These events feature speakers on topics of interest to older individuals, such as vaccine availability, employment opportunities, diabetes management, exercise, mental health and so on. ALTSD secured tablets, which were distributed to long-term care facilities across the state and used by residents and families for virtual visits.

Section 307(a)(8)) (Include in plan if applicable)

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

State's Response:

Both the Albuquerque/Bernalillo County AAA and the Greater New Mexico AAA are currently providing case management services and are allowed to continue to provide these services. Both AAAs are allowed to provide direct information and assistance services and outreach.

Section 307(a)(10)

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

State's Response:

The goals and objectives outlined in this State Plan on Aging detail the provision of services to the older population in NM. Specifics are given regarding Information and Assistance, Outreach, Congregate Meals, Home-Delivered Meals, Nutrition Education, Transportation, Assisted Transportation, Caregiver Support Services, Evidence-based Health Promotion and Disease Prevention Programs, and many others. Each of these objectives include specific performance measures and reporting dates. All of these services are provided with the funds allocated based on the Intrastate Funding Formula, outlined below. This formula has rurality as a heavily weighted factor at 17%. In addition, objectives are included in this plan to assure that Title VI providers, NM's Tribes, Pueblos, and Nations, are consulted on a regular basis, and have equal access to application for Title III funding through the Request for Proposals (RFP) processes implemented by each AAA. These providers are all in rural areas, so this effort contributes to services to NM's older, rural population.

Section 307(a)(14)

The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared--

- (A) identify the number of low-income minority older individuals in the State; and
- (B) describe the methods used to satisfy the service needs of such minority older individuals.

State's Response:

There are 41,722 low-income, minority older New Mexicans.

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

Section 307(a)(21)

The plan shall:

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

State's Response:

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

The ALTSD will revise the Area Plan Guidance to include requirements that the AAAs actively recruit NM's Tribes and Pueblos to apply for Title III funding. ALTSD will be assisting the AAAs in providing training and technical assistance to the Tribes and Pueblos on the process of applying for Title III funding.

Section 705(a)(7)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6). *(Note: Paragraphs (1) of through (6) of this section are listed below)*

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

State's Response:

The Aging and Long-Term Services Department has developed and implemented policies governing all aspects of programs operated under OAA Title VII: Vulnerable Elder Rights Protection Activities, including the manner in which the Ombudsman Program operates at the state level and the relation of the Ombudsman Program to AAAs. The Department provides all Ombudsman services and coordinates a statewide network of volunteers under agreements with the AAAs. The Department provides a Long-Term Care Ombudsman Program (STLCO) in accordance with the OAA.

In carrying out the Long-Term Care Ombudsman Program, the Department will spend, for each year of this plan, not less than the total amount expended in the prior fiscal year.

Over the last year, the Department STLCO has developed an interagency referral system. The referral combines complaints and reports from both the ombudsman and DOH to the Attorney General, State Auditor, and Office of Superintendent of Insurance. The referral system provides avenues for judicial and administrative relief to residents that wish to provide information to these agencies. The ombudsman only relays this information after securing consent from the resident or power of attorney. This referral process has been key in informing law enforcement about abuse, neglect, fraud, and other harm happening within long term care facilities.

Throughout COVID-19 the STLCO has provided digital information focused activities for residents to know both their rights and options for relief should they have a complaint. The STLCO has also broadened its volunteer base by partnering with local senior affairs programs, first responders, and the law school community. These efforts help empower our residents and also educates the general public about what the ombudsman office does and how we can serve.

Under agreement with all area agencies, the area agency on aging for PSA 1 and the Department for the rest of the state, enter into contracts with providers which have the demonstrated capacity and experience to deliver legal assistance and are best able to provide such services pursuant to standards promulgated by the Administration for Community Living. These contracts include provisions that the contractors are subject to certain regulations promulgated under the Legal Service Corporation Act as determined appropriate by the Assistant Secretary for Aging and involve the private bar in furnishing services to older individuals on a pro-bono or reduced fee basis. Legal assistance provided to older individuals with social or economic needs is coordinated with Legal Service Corporation projects and other programs serving elders, in order to concentrate the use of funds to serve individuals with the greatest needs. The Department coordinates the provision of legal assistance, advice, technical support, training and consumer education for older individuals.

Attachment C

Intrastate Funding Formula

New Mexico Aging and Long-Term Services Department Intrastate Funding Formula

A. Introduction

The New Mexico Aging and Long-Term Services Department (ALTSD) allocates Title III and State General Revenue Funds appropriated for distribution to the two Area Agencies on Aging on a formula basis in accordance with the Older Americans Act and its regulations. Section 1321.37(a) of the Older Americans Act regulations further requires the Department to "review and update its formula as often as a new State plan is submitted for approval." New Mexico's new State Plan has been developed for FFY 2022 through FFY 2025. **After thoughtful discussion, careful consideration, AAA input and a thorough review of the current intrastate funding formula, a revised formula was presented to the ALTSD Secretary of the Department for approval. The recommended revision was accepted.**

B. Formula Goals and Assumptions

The goals that will be addressed by the revised intrastate funding formula (IFF) follow:

Purpose: To develop a formula consistent with the purpose and requirements of the OAA and its regulations.

- To provide resources across the state for home and community-based services for older adults and adults with disabilities over the age of 60.
- To target resources in areas of the State with higher concentrations of older adults and adults with disabilities in greatest economic and social need, with special emphasis on low-income minority older adults residing in rural areas of the state.
- To create and implement a formula that distributes resources solely on the population characteristics of each planning and service area and reflects changes in characteristics among the PSAs by incorporating updated data.
- To develop a formula that is easily understood.

In developing the IFF, the Department determined the factors of the formula and the effects of the distribution of funds on the service delivery system across the State. Factors in the development of the formula were:

- The weights assigned to the formula factors should represent the emphasis and priority placed on the specific characteristics of adults over the age of 60.
- Funding formula factors must be derived from data, which is quantifiable by PSA, based on data from the U.S. Census Bureau.
- Older adults are currently receiving services based on existing historical patterns of service delivery. The effect on older adults presently receiving Title III services should be considered when developing and implementing a formula.

- The low revenue generating potential of rural areas and the high proportion of elderly in rural areas, including low-income elderly, necessitates a greater dependence on the Title III service system to meet the service needs of rural elderly. The revised funding formula reflects and considers these factors.
- Consideration of the NM Tribes and Pueblos applying for Title III funding during the AAAs RFP process.
- The revised funding formula reflects and considers these factors. It is the combination of federal, state, regional, and local targeting efforts that will implement this fundamental mandate of the Older Americans Act.

The revised IFF will provide AAAs with necessary resources and additional funding to support increased service cost and implement additional targeted strategies at the regional level by focusing on the greater concentration of older adults residing in rural areas of NM, minority older adults, and older adults in greatest economic and social need.

It is the combination of federal, state, regional, and local targeted efforts that will implement this fundamental mandate of the Older Americans Act. The Department will progressively apply the IFF to the state general funds over the years of the state plan.

C. Funding Formula Definitions

Federal Award means allocation for Title III services.

Minority means the race data defined by the U.S. Census Bureau.

Population means the total senior population defined by the U.S. Census Bureau and population by weighted factors.

Poverty threshold means the income cutoff, which determines an individual's poverty status as defined by the U.S. Census Bureau.

PSA means a Planning and Service Area, which is designated by the New Mexico ALTSD as authorized in the New Mexico Department on Aging and Elder Services Older Americans Act In 1973.

Rural area means a geographic location not within a Metropolitan or Urban area as defined by the State of New Mexico.

Weighted Factor determined by factor percentage.

D. Funding Formula Factors and Weights

In order for a particular factor to be included in the intrastate funding formula, it must be:

- Derived from data which is quantifiable by PSA;
- Based on data which is derived from the U.S. Census Bureau; and

Contain the following factors:

- The state's population 60 years of age and older in the PSAs as an indicator of need in general (60+ population).
- The number of the state's population 60 years of age and older at or below the poverty threshold in the PSAs as an indicator of greatest economic need (60+ Poverty).
 - As an indicator of greatest social need, the number of the state's elderly in the PSAs who are most in need and likely food insecure.
- The number of the state's population 60 years of age and older residing in rural areas of the PSAs.
- The number of the state's population 60 years of age and older and who are minority.

The funding formula factors, and their weights are as follows:

Population 60+ (POP)	60%
Population 60+ in Rural Jurisdictions (RUR)	17%
Population 60+ Minority (MIN)	10%
Population 60+ Below Poverty (POV)	13%

E. Application of The Intrastate Funding Formula

The intrastate funding formula is:

A=60% (Population-60+)

B=13 % (Population POV-60+)

C=17% (Population RUR-60+)

D=10% (Population MIN-60+)

$FF * W = F$

$F * A = X(A)$, $F * B = X(B)$, $F * C = X(C)$, $F * D = X(D)$

$X(A) + X(B) + X(C) + X(D) = \text{Total Allocation}$

The data used in the Intrastate Funding Formula reflects the most current and up-to-date information from the U.S. Census Bureau, including mid-census estimates when available. The SUA will apply the 2020 census data to the IFF when the information is available and released.

F. Other Funding Formula Provisions

For any state general funds received that have no prescribed formula stated in the appropriation, the Department has the authority to determine the methodology to be used to distribute those funds.

Whenever the SUA determines that any amount allotted to a AAA for a fiscal year under this formula will not be used by a AAA for carrying out the purposes for which the allotment was made, the Department may make such allotment available for one or more PSA(s) to the extent allowable under this funding formula. Funds will be reallocated to those AAAs, which request and demonstrate the need for additional funds in accordance with procedures developed by the Department. Any reallocated amount made available to a AAA shall remain available only until the end of that fiscal year.

The allotment to the AAA may be reduced the following fiscal year by the amount of any disallowance if the AAA has expended funds allocated under this part:

- For purposes which an audit report determines to be questionable costs which are deemed disallowed by the Department.
- For purposes which an audit report determines to be unallowable.
- For purposes that are otherwise determined to be unallowable according to cost principles contained in applicable OMB Circulars or the approved grant/contract award.

This reduction will occur in the Fiscal Year following the identification of the disallowance.

An Area Agency on Aging is required to expend the OAA, and Department approved minimum percentage of their direct Title III-B provide service allocation on access services (32%), in-home services (16%), and legal services (4%) in the Fiscal Year determined by the financial closeout report. If no waiver of the requirement has been granted by the Department for that Fiscal Year, the Area Agency on Aging must, for the next fiscal year following the submission of their report, expend the minimum percentage in the reported year. If the Area Agency on Aging does not expend the required expenditure amount, it may be withheld from the Area Agency on Aging during the Fiscal Year following the Fiscal Year in which the shortage is determined.

New Mexico Population Data Summary by PSA

PSA	Population	60+ (includes PSA 6)	60+ Rural	60+ Below Poverty (65+)	60+ Minorities	Number of Counties
1	678,701	154,205	845	10,663	64,599	1
2	746,510	193,378	27,961	17,140	89,627	13
3	299,094	63,220	58,231	5,316	23,086	11
4	371,133	90,269	41,139	8,603	40,639	8
5	65,645	*	*	*	*	*
6	74,737	*	*	*	*	*
Total	2,235,820	501,072	128,176	41,722	217,951	33

*PSA 5 and 6 older adult population totals are captured in the county totals. PSA 5 is Navajo Nation (receives Title III through the Tri-State agreement), PSA 6 IAAA (only State funds).

New Mexico Population Data Percentage by PSA

PSA →	1	2	3	4	5	6	Total
Population	30.36%	33.39%	13.38%	16.60%	0.00%	0.00%	100.00%
60+ (60%)	30.78%	38.59%	12.62%	18.02%	0.00%	0.00%	100.00%
60+ Rural (17%)	0.66%	21.81%	45.43%	32.10%	0.00%	0.00%	100.00%
60+ Below Poverty (13%)	25.56%	41.08%	12.74%	20.62%	0.00%	0.00%	100.00%
60+ Minorities (10%)	29.64%	41.12%	10.59%	18.65%	0.00%	0.00%	100.00%
Number of Counties	3.03%	39.39%	33.33%	24.24%	0.00%	0.00%	100.00%

PSA	New Mexico Counties and Tribal Lands
PSA 1	Bernalillo
PSA 2	San Juan, McKinley, Cibola, Rio Arriba, Los Alamos, Sandoval, Valencia, Santa Fe, Taos, Torrance, Colfax, Mora, San Miguel
PSA 3	Union, Harding, Quay, Guadalupe, DeBaca, Curry, Lincoln, Chaves, Roosevelt, Eddy, Lea
PSA 4	Catron, Grant, Hidalgo, Socorro, Sierra, Luna, Doña Ana, Otero
PSA 5	New Mexico portion of the Navajo Nation
PSA 6	Mescalero Apache Nation, Jicarilla Apache Nation; Acoma, Cochiti, Isleta, Jemez, Laguna, Nambe, Ohkay Owingeh, San Felipe, San Ildefonso, Sandia, Santa Ana, Santa Clara, Santo Domingo, Picuris, Pojoaque, Taos, Tesuque, Zia, Zuni Pueblos
SOURCE: US Census 2019 estimates	

Population	Acronym (Population %)	Weighted Amounts
60+	A	60%
60+<POVERTY	B	10%
60+ RURAL	C	17%
60+MINORITY	D	13%

$$XA + XB + XC + XD = \text{Total Amount of Allocation}$$

Description	Acronym for Formula
Federal Award	FF
Weighted Amounts	
Funding per factor Population	F
Population	A, B, C, D
Allocation Per Population	X

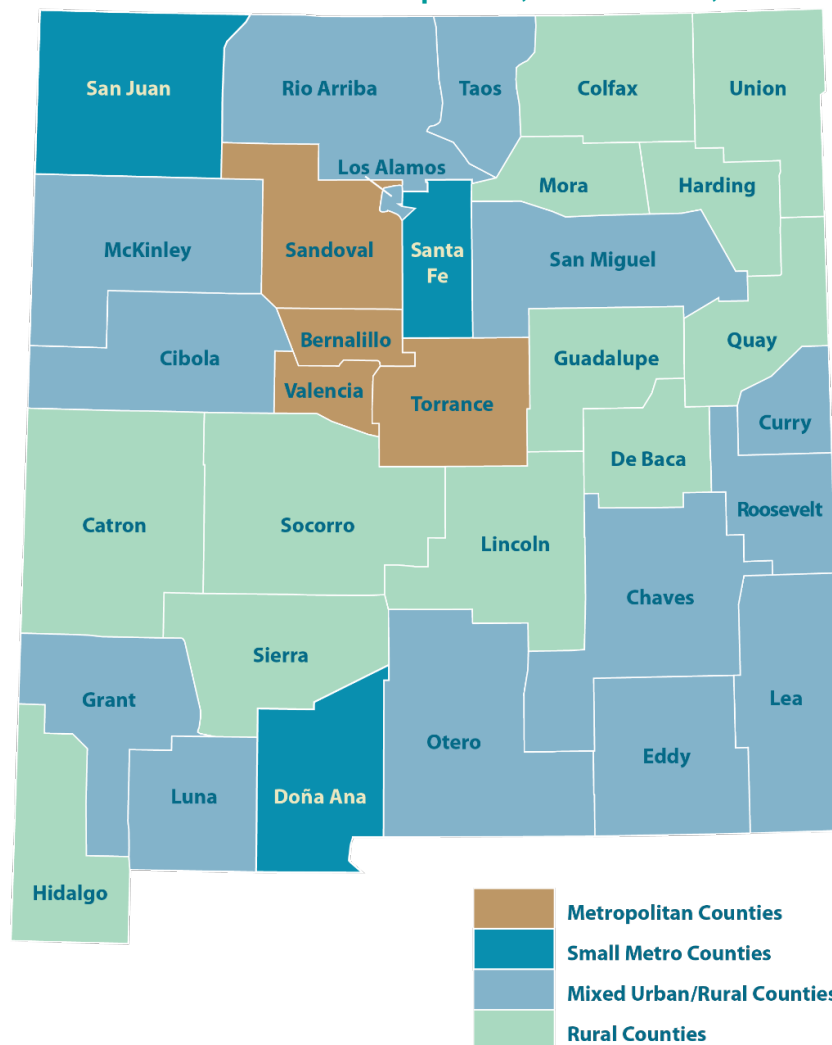
Award Calculation	$FF * W = F$
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Funding per factor population	
60+	$F * A = X(A)$
60+ < POVERTY	$F * B = X(B)$
60+ RURAL	$F * C = X(C)$
60+ MINORITY	$F * D = X(D)$

Take funding per factor population and add all together to get the total allocation:	
Total Amount of Allocation	$X(A) + X(B) + X(C) + X(D) = \text{Total Allocation}$

This Intrastate funding formula will be applied to each Title III service allocation.

New Mexico Counties—Metropolitan, Small Metro, Mixed Urban/Rural, Rural³



County Type	County
Metropolitan	Bernalillo, Sandoval, Torrance, Valencia
Small Metro	Doña Ana, San Juan, Santa Fe
Mixed Urban/Rural	Cibola, Chaves, Curry, Eddy, Grant, Lea, Los Alamos, Luna, McKinley, Otero, Rio Arriba, Roosevelt, San Miguel, Taos
Rural	Catron, Colfax, De Baca, Guadalupe, Harding, Hidalgo, Lincoln, Mora, Quay, Sierra, Socorro, Union

³ <https://ibis.health.state.nm.us/view/docs/CHA/UrbanRuralCounties.pdf>. New Mexico Department of Health, November 2014

Attachment D

Resource Attachment

Needs Assessment

http://www.nmaging.state.nm.us/uploads/files/ALTSD_StatewideNeedsAssessment_FY2020_Amended_Final%20Draft.pdf

Nutrition Business Acumen Model

- Develop a relationship with Presbyterian Medical Services to explore a model project based on the Jesse Hill Market in Atlanta, Georgia.
 - <https://www.gradyhealth.org/locations/jesse-hill-market/>
 - “Jesse Hill Market is home to our Food as Medicine program, an innovative program offering all members of the Grady community – patients, families, employees, visitors, and neighbors – access to healthy, affordable food in partnership with the Atlanta Community Food Bank and Open Hand Atlanta.”

Public Comments

<http://www.nmaging.state.nm.us/state-plan.aspx>

Rural

In 2019 the U.S. Government Accountability Office (GAO) published a report titled [“Older Americans Act: HHS Could Help Rural Service Providers by Centralizing Information on Promising Practices”](#) (linked here). GAO conducted interviews and gathered documents from 12 rural localities in a total of eight states, New Mexico being one. [The full report](#) from GAO may be a helpful resource to ALTSD’s partners and stakeholders.

NM Migration Policy—State Language <https://www.migrationpolicy.org/data/state-profiles/state/language/NM>

Transportation Business Acumen Model

- Develop partnerships with hospitals and “Lyft” to implement an innovative model to transport older adults to medical appointments
 - https://go.lyftbusiness.com/healthcare-signup?utm_source=google&utm_medium=cpc&utm_campaign=Search-Prospecting-Health-Assisted-Living-Senior-Centers-Broad&keyword=senior%20medical%20transportation&matchtype=b&network=g&device=c&placement=&adgroup=senior-medical-transportation&utm_content=SS&gclid=EAlaIqobChMlxcrmkdPM7wIVxh6tBh3w_Q0nEAMYASAAEgIDOfD_BwE

Attachment E

Goals, Objectives, Strategies, Performance Measures and Performance Dates

Goal 1— Ensure high-quality home and community-based services and supports including provisions for families and caregivers.				
Objectives	Strategies	Performance Measures	Performance Dates	
1.1 Modernize ALTSD Modernize Aging and Long-Term Services Department's rules, policies, procedures, and business practices to administer more effectively the Older Americans Act (OAA) programs as well as State-funded services.	Update internal policies and procedures to allow for the implementation of innovative approaches of service delivery.	Implement and approve updated policies and procedures annually.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ January
	Seek policy changes that will allow for the development of alternative delivery models for services including schedules for home-delivered meals and pilot testing for alternative models of service delivery for transportation.	Update policies and rules to align with alternative service delivery models.	<input checked="" type="checkbox"/> 2022	<input checked="" type="checkbox"/> Annually Reporting Month ↓ January
	Partner with managed care organizations (MCOs) to minimize duplication of services.	Optimize the Area Plan Guidance to ensure compliance with this State Plan and policies and procedures.	<input checked="" type="checkbox"/> 2022	<input checked="" type="checkbox"/> Annually Reporting Month ↓ January
	Transform Area Plan Guidance to reflect changes in this State Plan on Aging as well as the updated policies and procedures.	AAAs and Providers will complete the certification for Medicaid eligibility and submit billing for reimbursable services.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ January
	Update, including timeframes, and standardize, for state-wide use, all sections of the consumer assessment/reassessment tool to allow Aging Network providers to use it as a comprehensive care plan as well as a referral mechanism. Acceptance of the APS assessments as a form of referring vulnerable older adults.	Update and implement the consumer assessment/reassessment tool.	<input checked="" type="checkbox"/> 2022	<input checked="" type="checkbox"/> Annually Reporting Month ↓ January
	Update the ALTSD emergency preparedness plan and practices to reflect lessons learned from the COVID-19 pandemic. Example: The Aging Network will work as an extension of ALTSD to make sure the emergency response protocol meets the needs of older adults and adults with disabilities. Alternative methodologies will be defined for metropolitan, mixed urban, and rural areas of the state.	Update and test the emergency preparedness plan.	<input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ January

Goal 1— Ensure high-quality home and community-based services and supports including provisions for families and caregivers.				
Objectives	Strategies	Performance Measures	Performance Dates	
	Develop and implement a framework to guide the work on improving program design ensuring innovative, sustainable, replicable model projects.	Expand and improve the program design framework to guide innovative and model projects.	<input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ January
1.2 Title III B Information & Assistance/Referral and Outreach Amplify outreach and promotion efforts to ensure older adults and adults with disabilities are aware of and have access to the OAA services available across the state, with a concentrated effort to connect to areas and communities that are underserved.	Provide technical assistance and training to NM's four AAAs for the purpose of broadening their consumer base and implementing a non-profit entrepreneurial, business management structure with diverse services and revenue streams. Examples: Implement texting capabilities; ALTSD on-demand and the case management partnership with UNM; on-line trainings, partner with faith-based organizations; revamping of the ALTSD web page; create liaisons in senior centers to inform seniors of benefits; partner with Developmental Disabilities Planning Council (DDPC) and the Governor's Commission on Disability (GCD) on expanding the network. Implement a data-driven performance management system to evaluate the impact of service delivery, identify innovative best practices, areas of improvement, and gaps in services. The system will have the ability to share the outcomes and trends with citizens and stakeholders.	Expand the visibility of State-funded and OAA programs at the state, AAA, and local levels through outreach and promotion efforts by increasing the number of events and activities.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Quarterly Reporting Months ↓ October, January, April, July
		The baseline data will be collected from FY21 and FY22.	<input checked="" type="checkbox"/> 2023	<input checked="" type="checkbox"/> Annually Reporting Month ↓ January
		Develop a plan to reach 2% more unduplicated persons served by OAA programs each year of this plan.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
1.3 Title III B Transportation and Assisted Transportation Services: Expand transportation availability for older adults and adults with disabilities especially in New Mexico's rural communities.	Collaborate with NM Department of Transportation and NM Department of Veterans Services on innovative strategies that would expand the options for transportation services throughout NM for older adults and adults with disabilities. Develop partnerships with hospitals and new specialized passenger services to implement and leverage an innovative model to transport older adults to medical appointments, while collaborating with the Department of Veterans Services. Please see resource Attachment D for more information.	Develop a strategic plan partnering with Departments, AAAs, Providers and Stakeholders that targets expanding transportation accessibility to older adults and adults with disabilities living in rural areas of the state, who are reliant on OAA transportation programs. Two percent more of the unduplicated persons served will be reached each year of the Plan.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July

Goal 1— Ensure high-quality home and community-based services and supports including provisions for families and caregivers.				
Objectives	Strategies	Performance Measures	Performance Dates	
		Track % and # of older adults and those with disabilities to optimize transportation accessibility for individuals living in rural areas of the state, who are reliant on OAA transportation programs.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
1.4 <u>Title III B Supportive Services</u> Expand access to supportive services for underserved individuals.	ALTSD (APS and AND), the AAAs, Aging Network and providers of services will collaborate with food banks to expand in-house food pantries and make food boxes available to at risk older adults and individuals with disabilities. ALTSD, the AAAs, Aging Network and providers will collaborate with lending closets to make DME assessable to individuals in need.	Reduce food insecurity by one percent to 10.5% in NM. (Currently, 11.5% according Feeding America: The State of Senior Hunger in America in 2018.)	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Month ↓ July
1.5 <u>Title III C Nutrition Services</u> Enhance the quality and variety of meals offered to older New Mexicans to allow for personal choice, dietary restrictions, and cultural differences. Ensure consumers have access to and knowledge about nutritionally balanced meals and options.	Provide multigenerational training and educational opportunities for nutritional meal preparation and food handler's certification for seniors and students. Example: Culinary Art Programs with schools and higher education (Kids Cook) multigenerational course. ALTSD will provide training and ongoing technical assistance on national best practices in menu planning, meal pattern requirements, culturally fitting menus, consumer choice within menus as well as the integration of, fresh, locally grown produce into meals.	Provide ongoing technical assistance as well as host at least one meeting per year with the AAAs and nutrition providers to share best practices, lessons learned, older adult's dietary needs/restrictions, culturally appropriate menus, consumer choice and local purchasing.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
		Implement a marketing campaign targeted for NM older adults and adults with disabilities: identify target market/consumer base that is culturally diverse and focuses on those at risk (nutritionally, isolated, and low income) to promote OAA services.	<input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July

Goal 1— Ensure high-quality home and community-based services and supports including provisions for families and caregivers.				
Objectives	Strategies	Performance Measures	Performance Dates	
	<p>ALTSD will work with AAAs to develop strategies to promote nutrition education and “meal programming” options in their service areas.</p> <p>ALTSD will also provide guidance to AAAs and providers on establishing pilot programs such as café models, restaurant, or grocery store vouchers as well as options to provide meals to individuals with complex dietary needs.</p> <p>The ALTSD, AAAs and providers of service will collaborate with NM Department of Health on older adult nutritional needs to better address food insecurity and related social determinants of health.</p>	Provide one training per year to the AAA's and nutrition providers, led by a registered, licensed dietitian to address meal pattern requirements of the OAA to assure delivery of nutritious meals and to promote increased use of fresh fruits and vegetables.	<input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
		Expand on NM Grown pilot project by contracting with three additional senior service OAA providers in FY22.	<input checked="" type="checkbox"/> 2022	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
		Increase Fruit and Vegetable Consumption of New Mexicans ages 65+ from 5.6% to 7.5%. (2021 American Health Rankings)	<input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
		Aging Network providers will use up to 3% of their NSIP and Title III C1 and C2 funding to purchase NM Grown produce.	<input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
1.6 Title III C Nutrition Services: Congregate Meals Increase the unduplicated count of older adults utilizing congregate meal sites through outreach efforts and community partnerships.	ALTSD, the AAAs and service providers will collaborate with non-profit agencies, the managed care organizations (MCOs), other local agencies, and service providers to promote OAA services. Outreach and educational efforts regarding State-funded and OAA services will be conducted in local communities. Example: Recruit consumers by redesigning facility programming and marketing (focus on consumer choice).	Analyze and report nutrition reassessment scoring of the consumers to determine the percentage of improvement in nutritional intake and reduction of food insecurity.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Semi-Annually Months ↓ January, July
		Implement the GSD state price agreement with providers of service in FY 2023.	<input checked="" type="checkbox"/> 2023	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July

Goal 1— Ensure high-quality home and community-based services and supports including provisions for families and caregivers.				
Objectives	Strategies	Performance Measures	Performance Dates	
	<p>Collaborate with NM General Service Department, Department of Agriculture, Department of Health (DOH), Early Childhood Education and Care Department and Public Education Department to update the state price agreement or request for proposal for bulk purchasing of food and supplies for the nutrition providers across the state. This will allow for the ALTSD providers to purchase directly from approved vendors.</p> <p>ALTSD will require the AAAs to collect data from the nutrition providers on food and supply expenditures for FY 2021 and FY 2022 to compile a list of “food and supplies” for the state price agreement.</p>	Analyze cost savings by assessing the implementation of the GSD state price agreement with the AAAs during FY 2024 and FY 2025.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
<p><u>1.7 Title III C Nutrition Services: Home-delivered Meals</u></p> <p>Optimize home-delivered meal services to meet the needs of older adults.</p>	<p>Activate a reporting system and implement the process that reduces and/or eliminates the wait lists for home-delivered meal consumers.</p> <p>Ensure that the nutrition assessments target the number of qualified unduplicated older adults utilizing home-delivered meals.</p>	Reduce and/or eliminate the number of consumers on wait lists for home-delivered meals.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Quarterly Reporting Months ↓ July, October, January, April
	<p>Explore the viability of implementing “fee for service” models for nutrition programs in NM to meet the need in rural areas, which could include contractual payment arrangements with healthcare/insurance organizations to provide medically tailored meals. These payment systems can help expand services beyond existing OAA funding, thereby increasing resources for enhanced capacity and quality of operation.</p>	ALTSD to provide training to AAAs and senior service providers on the options and benefits of “fee for service” nutrition models.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Months ↓ July
	<p>ALTSD will partner with hospitals and the ALTSD Care Transition team to develop a referral process for older adults being discharged from hospitals and requiring home-delivered meals.</p>	Expand the number of new participants receiving home-delivered meals. This will contribute to an overall growth of 2% of OAA consumers.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Months ↓ July

Goal 1— Ensure high-quality home and community-based services and supports including provisions for families and caregivers.				
Objectives	Strategies	Performance Measures	Performance Dates	
	APS field workers will collaborate with AAAs and Aging Network providers to deliver meals to vulnerable older adults, as well as linking with other necessary services. (Example: Add weekend meals)			
<p><u>1.8 Title III D Evidence-based Health Promotion and Disease Prevention Programs:</u></p> <p>Promote and maintain participation in evidence-based programs.</p>	<p>Expand delivery options of evidence-based programs. Examples: Recruit volunteer liaisons to assist with health promotion. Determine how to leverage the cost of a nurse and certified dietitian using Medicaid reimbursement. Partner with MCOs to deliver health promotion and programming.</p> <p>Allow for incentives for older adults who use evidence-based programs outside of the senior center setting.</p> <p>Explore the viability of vouchers for evidence-based programs.</p> <p>Expand partnership with the NMDOH to assist with the application for a Centers for Disease Control (CDC) grant that focuses on three areas including: Adverse Childhood Experiences (ACES); Traumatic Brain Injury; and Transportation Safety. If the grant is awarded, become an active participant with the implementation focusing on enhancing falls prevention programs for older adults.</p>	Contract with Title III D providers to hold virtual workshops that adhere to evidence-based standards.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Semi-Annually Reporting Months ↓ January, July
<p><u>1.9 Title III E National Family Caregiver Support Program</u></p> <p>Lead a multi-strategy approach to assist families and caregivers at home and in long-term care settings by continuing and expanding supportive services.</p>	<p>Understand who is being served: ethnically, culturally geographically and economically.</p> <p>Ensure that family caregivers access the resources such as: training; support groups; respite; supplemental services; planning tools through providers, the Caregiver Resource Center, and communities of support.</p> <p>Ensure that the ALTSD and community partners have the opportunity to apply for National Care Corps grants.</p>	<p>Collect baseline data, year two and year three on the number of caregivers caring for adults over 60; caregivers caring for loved ones with dementia; and grandparents raising grandchildren</p>	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Quarterly Reporting Months ↓ October, January, April, July
		Create and market the Caregiver Resource Center within the Aging and Disability Resource Center (ADRC).	<input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July

Goal 1— Ensure high-quality home and community-based services and supports including provisions for families and caregivers.				
Objectives	Strategies	Performance Measures	Performance Dates	
	Equip family caregivers to develop communities of support by promoting the use of: <ul style="list-style-type: none"> • Telephone trees; • On-line support/chat and Warm lines for telephone support; • Church groups; and • An age friendly community model. 	Inventory and support training programs for family caregivers, particularly those that are evidence-based or have been tested and demonstrated to be effective. Ensure that information, including schedules, for such programs is aggregated and made easily accessible to family caregivers.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Quarterly Reporting Months ↓ October, January, April, July
		Develop and implement an easily searchable website, organized around family (informal) caregiver needs, which will connect caregivers to relevant online resources, training, support, and planning tools.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ June
		Create 15 sustainable age friendly communities of support each year.	<input checked="" type="checkbox"/> 2023	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
		Create a matrix of current care coordination systems to determine locations, eligibilities, cost, duplications and identification of barriers and gaps. Develop strategies to link these systems.	<input checked="" type="checkbox"/> 2023	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
1.10 <u>Evidence-based Models</u> Expand the availability of the Stanford evidence-based models to the Aging Network in New Mexico.	Advance the partnership between DOH and ALTSD. Develop a marketing plan to promote evidence-based workshops.	Provide workshops semi-annually for dissemination and promotion of the programming to NM older adults and adults with disabilities.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July

Goal 1— Ensure high-quality home and community-based services and supports including provisions for families and caregivers.				
Objectives	Strategies	Performance Measures	Performance Dates	
	<p>Inform the ADRC staff regarding availability of evidence-based trainings.</p> <p>Develop a strategy to provide training for older adults and adults with disabilities including Tribal elders. Example: Partner with DOH to provide Chronic Disease Self Management Program</p>	(At the provider level incorporate in the area plan guidance.)		
		Implement the marketing plan that promotes evidence-based programming.	<input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
		Implement the outreach strategy to the Tribes and Pueblos.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
		Provide information on evidence-based training resources to the ADRC staff.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
<p>1.11 <u>Coordinating Title III programs with Tribes and Pueblos</u></p> <p>Improve collaboration between Area Agencies on Aging and Tribes and Pueblos to better facilitate the Older Americans Act required Title III and VI Coordination and expand services and access to New Mexico's Native American Elders and Caregivers.</p>	<p>Develop an eldercare workforce targeting rural and Tribal areas in collaboration with the New Mexico Higher Education Department.</p> <p>Gain knowledge and understanding of the Tribal and Pueblo programs and their unmet needs, while improving relations between the ALTSD, federally-recognized AAAs, and Tribes and Pueblos.</p> <p>Conduct annual follow-up meetings with Tribe and Pueblo members to gain feedback and recommendations to meet the needs of the elders. Meetings will include information provided about potential OAA services available in the area</p>	Participate in annual Tribal Consultation meetings and share outcomes with the AAAs.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Months ↓ July
		Facilitate meetings held with AAAs, Title VI directors and Tribal stakeholders on an annual basis. The first facilitated meeting will take place prior to the release of Area Plan Guidance in late 2021.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
		Require AAA directors to document that agency staff have completed	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July

Goal 1— Ensure high-quality home and community-based services and supports including provisions for families and caregivers.				
Objectives	Strategies	Performance Measures	Performance Dates	
	with Title III funds, service gaps and needs, and action steps to be taken to improve coordination and access to services.	American Indian cultural awareness training.	☒ 2024 ☒ 2025	
	Collaborate with the AAA directors and staff to educate and improve coordination with the Tribes and Pueblos in their area.	Develop an internal documentation system to track ALTSD staff's successful completion of the training.	☒ 2022	☒ Annually Reporting Month ↓ July
	All ALTSD staff and AAA staff will participate in American Indian cultural awareness training during the four-year plan period.	Include the requirement for cultural awareness training in the Area Plan Guidance.	☒ 2022 ☒ 2025	☒ Annually Reporting Month ↓ July
1.12 <u>Expand Title III</u> Area Agencies on Aging will expand Title III services to the Tribes and Pueblos by contracting with Title VI Programs.	Area Plan Guidance will require that the AAAs notify and encourage NM's Tribes and Pueblos to apply for Title III funding. Assist the AAAs in providing training and technical assistance to the Tribes and Pueblos on the process of applying for Title III funding from the AAA. Ongoing consultation with the Tribes and Pueblos.	Monitor progress of the contracting functions of the AAAs.	☒ 2022 ☒ 2023 ☒ 2024 ☒ 2025	☒ Annually Reporting Month ↓ October
1.13 <u>Business Acumen</u> Establish the business acumen of the Aging Network partners (AAAs, providers, and community-based organizations) through financial and programmatic sustainability.	Work with AAAs and Providers to become Medicaid billable contractors to leverage Medicaid reimbursements in support of the total cost of eligible services. Conduct quarterly trainings for the Aging Network entities who are interested in increasing the Business Acumen for their organizations. ALTSD will provide leadership and access to training and technical assistance to prepare the NM Aging Network partners to build a viable business acumen plan.	All Aging Network Division staff will participate in intensive training on business acumen. Require Aging Network entities to attend at least two ALTSD-sponsored trainings on the ACL Business Acumen Initiative and provide technical assistance to strengthen the Aging Network: building their business skills; enhancing their effectiveness, efficiency, and sustainability; and	☒ 2022 ☒ 2023 ☒ 2024 ☒ 2025 ☒ 2023 ☒ 2025	☒ Annually Reporting Month ↓ July ☒ Annually Reporting Month ↓ July

Goal 1— Ensure high-quality home and community-based services and supports including provisions for families and caregivers.				
Objectives	Strategies	Performance Measures	Performance Dates	
	ALTSD and Aging Network partners will become active members of the ACL sanctioned Business Acumen Learning Collaborative.	leveraging funding (focusing on restraining costs, reducing waste, and improving outcomes).		
	Gauge the readiness of the NM Aging Network by educating the network on business acumen, survey the network, evaluate the results.	Conduct a business acumen readiness review.	☑ 2023	☑ Annually Reporting Month ↓ July
	Create a strategic plan for implementation of business acumen for the NM Aging Network.	Develop a business acumen strategic plan.	☑ 2024	☑ Annually Reporting Month ↓ July
	Develop, by collaborating with medical service provider(s), a model project based on the Jesse Hill Market in Atlanta, Georgia.			
	Encourage and support the Aging Network in NM applying for funding from federal agencies and other entities that fund the Aging Network to enhance service delivery across the state.			
1.14 <u>Integration</u> Work towards the integration of health, health care and social services systems, including efforts through contractual arrangements and incorporating Aging Network services with other home and community-based services.	Collaborate with MCOs, the New Mexico Aging Network and Community Based Organizations to leverage and maximize current services and create an array of services designed to keep older adults and adults with disabilities living in the community.	Add Medicaid/Medicare Provider requirements in the AAA contracts.	☑ 2022 ☑ 2023 ☑ 2024 ☑ 2025	☑ Annually Reporting Month ↓ July
	ALTSD will work with the MCOs to develop a statewide aging plan to serve adults in need.	Complete a statewide aging plan with the MCOs.	☑ 2023 ☑ 2025	☑ Annually Reporting Month ↓ July
	In collaboration with the MCOs, ALTSD will use aggregate data to identify the needs of NM older adults and adults with disabilities.	Certify case managers in the Aging Network as Community Health Workers (CHWs) to increase billing potential.	☑ 2023 ☑ 2024 ☑ 2025	☑ Annually Reporting Month ↓ July
	Work with the MCOs to determine value added services for Medicaid and Medicare enrollees.			

Goal 1— Ensure high-quality home and community-based services and supports including provisions for families and caregivers.				
Objectives	Strategies	Performance Measures	Performance Dates	
1.15 <u>Leverage sustainable funding</u> Maximize billing Medicaid services by working with MCOs to identify and address gaps in care and develop programs to fulfill these voids in communities. Leverage other funding sources to allow the Department to expand programs and services and braid funding to implement long-term sustainable programs.	<p>Require providers who deliver direct services (examples: adult day care, homemaker, and case management) to become Medicaid providers and bill Medicaid for value added services by incorporating language into the AAA contracts.</p> <p>Develop a statewide aging plan with key stakeholders such as Medicaid, AAAs, Alzheimer's Association, AARP, and service providers to reflect the needs of the NM aging population.</p> <p>Direct the AAAs and their providers who provide case management, nutrition, homemaker, respite, and adult day care services to work with Human Services Department/Medicaid and MCOs to become Medicaid providers and enter into provider agreements with each MCO.</p> <p>APS and CERD will develop a plan to obtain Medicaid agreements for Medicaid match.</p>	Maximize billing opportunities with Medicaid services by working with MCOs.	<input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
1.16 <u>Strengthening the Legal Assistance Program</u> Provide legal assistance to older New Mexicans with economic and social needs.	Determine the legal needs of older New Mexicans, as well as the capacity of current providers to meet those needs, to inform legal services development.	Hold at least one meeting annually with each of the providers to discuss their services, the potential for growth of services, and strategy for continuing to meet the legal needs of older New Mexicans.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ October
1.17 <u>Implementation of Legal Assistance Data Changes</u> Title III New SPR/OAAPS data reporting will be required starting October 2021.	Provide information to the legal service providers explaining the changing reporting requirements.	Hold at least one meeting annually with each provider to ensure they are prepared for the new data collection requirements.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
1.18 <u>Employment Programs</u>	Connect with established CHW and Certified PSW programs such as the CHW initiatives at UNM and MCOs.	Establish data elements to track program progress, track data for a base-line period, and then use	<input checked="" type="checkbox"/> 2022	<input checked="" type="checkbox"/> Annual Reporting Month ↓ July

Goal 1— Ensure high-quality home and community-based services and supports including provisions for families and caregivers.				
Objectives	Strategies	Performance Measures	Performance Dates	
Improve coordination between the Senior Community Service Employment Program (SCSEP) and the Older Americans Act (OAA) Programs by training and placing Community Health Workers (CHWs) and Peer Support Workers (PSWs) with home-bound, repeat and/or long-term clients of OAA programs.	Develop a training and placement program in conjunction with established programs. Refer older workers, paying those who qualify through the SCSEP and SEP programs as budget allows.	evaluation data to continually improve the program. Establish evaluation criteria by the end of FY 2022.		
	Supplement established CHW/PSP program funding with SCSEP or State General Funds and/or Medicare and Medicaid as possible. Connect certified CHWs and PSWs with repeat and long-term clients of APS or the ADRC, and home-bound clients of Senior Centers.	Place first cohort of CHW/PSPs within first program year of plan (by July of 2023).	<input checked="" type="checkbox"/> 2023	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
1.19 <u>Expand Employment Opportunities</u> Serve older adults who are receiving unemployment benefits.	Contact unemployed older workers, 55 years of age and older, through outreach. Orient older workers to the services available through the Department of Workforce Solutions (DWS). Refer older workers to appropriate DWS services.	Use evaluation data to collaborate with DWS in developing age-friendly services and training that continually improves the program.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July

Goal 2— Implement evidenced-based services to establish a continuum of care and supports in the community that improve autonomy, choice, and outcomes to consumers.				
Objectives	Strategies	Performance Measures	Performance Dates	
2.1 Senior Medicare Patrol (SMP) The SMP Program will expand education and outreach efforts to senior centers and other Aging Network partners to help prevent health care fraud.	Recruit and train additional volunteer counselors to provide Medicare, and Medicaid basics counseling peer-to-peer presentations and assist with community outreach efforts. Conduct outreach to educate beneficiaries about: identity protection; reporting errors on health care bills; and identifying deceptive health care practices or fraud.	Number of trained volunteers will increase by 5%.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
		Expand the number of consumers that receive health care fraud training by 5%.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
		NM SMP will participate in 100 ACL-approved customer satisfaction telephone surveys throughout the year.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
2.2 Senior Health Insurance Program (SHIP): The SHIP Program will expand outreach efforts to increase awareness and visibility to better serve consumers in every community by expanding beneficiaries' knowledge of their Medicare benefits. The SHIP Program supports OAA programs through outreach aimed at preventing disease and promoting wellness as an additional use of these funds.	Improve service excellence, capacity building, operational excellence. Increase innovation. Examples: 1. Send email and text notifications to those who choose ADRC contact. 2. Partner with MCOs on education, information, and service availability.	Raise the number of individual contacts to all Medicare beneficiaries by 5% each year.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
		Expand individual contacts to all Medicare beneficiary under 65 years by 5% each year.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
		Augment individual Medicare beneficiary contacts in hard-to-reach areas as defined by the ACL by 5% each year.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
		Raise individual enrollment contacts to all Medicare beneficiaries by 5% each year.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
		Increase group Medicare beneficiary contacts by 5% each year.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July

Goal 2— Implement evidenced-based services to establish a continuum of care and supports in the community that improve autonomy, choice, and outcomes to consumers.				
Objectives	Strategies	Performance Measures	Performance Dates	
			<input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	
2.3 <u>Medicare Improvements for Patients and Providers Act (MIPPA)</u> The MIPPA funding will enhance statewide and local coalition building focused on outreach, education, and one-to-one assistance activities to Medicare beneficiaries likely to be eligible for the Low-Income Subsidy program (LIS) or the Medicare Savings Programs (MSP).	Augment screening and enrollment in LIS programs so that beneficiaries who have limited income and resources get assistance with their prescription drug coverage cost, Medicare premiums and other Medicare Benefits that may be covered, such as preventable services.	Augment overall MIPPA contacts by 5% each year.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
		Raise overall persons reached through outreach by 5% each year.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
		Expand contact with MIPPA target populations by 5% each year.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
		Increase contacts submitting applications by 5% each year.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
2.4 <u>Age and Dementia Friendly Efforts</u> Create a dementia-friendly environment throughout New Mexico ensuring that families have the resources they require to help individuals living with dementia.	Align the New Mexico State Plan for Alzheimer's disease and related dementias with ACL Plan guidance. Implement the action plan outlined in the New Mexico State Plan for Alzheimer's disease and related dementias including: <ul style="list-style-type: none"> • Maintain an adequate network structure • Raise public awareness and expand dementia resource connections • Support and empower caregivers • Expand research opportunities in New Mexico 	Create, distribute, and collect dementia survey data 1 time per year to inform ALTSD and stakeholders about the status of Alzheimer's care and services in NM. (Track the number of survey responses. This will establish a baseline for 2023.)	<input checked="" type="checkbox"/> 2023	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
		Update Alzheimer's support service list 12 times per year on the ALTSD website.	<input checked="" type="checkbox"/> 2023	<input checked="" type="checkbox"/> Monthly
		Conduct evidence-based caregiver training targeting the NM Tribes,	<input checked="" type="checkbox"/> 2023	<input checked="" type="checkbox"/> Semi-annually Reporting Month ↓ June, December

Goal 2— Implement evidenced-based services to establish a continuum of care and supports in the community that improve autonomy, choice, and outcomes to consumers.				
Objectives	Strategies	Performance Measures	Performance Dates	
<p><u>2.5 Age and Dementia Friendly Efforts</u></p> <p>Become a “Dementia Friendly State”.</p>	<p>Cultivate dementia-friendly practices that heighten awareness of dementia and increase warm and effective responses to the needs of people living with dementia and their families.</p> <p>Promote training in the community for professionals and service providers that interact with persons who have dementia.</p> <p>Increase access to training resources related to dementia.</p>	Pueblos, and Nations 2 times per year.		
		The State Dementia Plan Leadership Team will submit advocacy recommendations 1 time per year, prior to the legislative session, to the ALTSD Office of the Secretary.	☒ 2022	☒ Annually Reporting Month ↓ October
		70% of ALTSD staff receive specialized dementia-friendly training to become more knowledgeable and informed staff.	☒ 2023	☒ Quarterly October, January, April, July
		Provide active support and resources to community(ies) currently working toward being recognized as a Dementia Friendly Community. Assist with developing two communities in New Mexico in becoming recognized as Dementia Friendly Community. Conduct at least two specialized dementia friendly training events in New Mexico Communities.	☒ 2022	☒ Quarterly October, January, April, July
		Create a minimum of two New Mexico focused age and dementia-friendly toolkits to be utilized by a minimum of three community agencies.	☒ 2023	☒ Quarterly Months ↓ January, April, July, October

Goal 3— Establish innovative care and support services that allows consumer control and choice, while assuring autonomy and is focused on an older adult's continuum of care.

Objectives	Strategies	Performance Measures	Performance Dates	
3.1 <u>Veteran Directed Care Program</u> Expand the number of Veterans served through the Veterans Directed Care Program.	Move from “pilot” status to Program status. Roll out of “pilot” status to Program by October 1, 2021. Establish a team with all key players in the VDC space to keep momentum going and progress of goals being met. Partner with State and Federal Veteran’s Services programming to promote the VDC program and survey consumer satisfaction and quality of care.	Expand the number of veterans served by 250% or 25 new veterans onto the program each year of the plan.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
		Evaluated on an annual basis, based on progress and timely reimbursements. Successful implementation will allow the program to expand to 50 veterans per year.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
3.2 <u>Voucher Program</u> Explore the viability of implementing voucher programs for services funded by the Older Americans Act.	Establish a workgroup to study voucher programs. Write and present a report with the findings and recommendations.	Implement the recommendations in the report.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July

Goal 4— Reduce occurrences of abuse, neglect and exploitation while improving outcomes in communities and long-term care settings.				
Objectives	Strategies	Performance Measures	Performance Dates	
4.1 <u>Adult Protective Services (APS)</u> Enhance the quality of trainings available on abuse, neglect, and exploitation.	Enhance training, education, and outreach to include diverse populations in institutional and community-based settings. Increase social media and advertising presence about adult protective services. Develop an alert system to notify clients, families and stakeholders about exploitation scams.	Provide training on underserved populations to APS staff at least once per year.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
4.2 <u>Adult Protective Services</u> Reduce the percentage of repeat investigations.	Increase access to adequate resources and supports to alleviate the need for future interventions, including the Aging Network, food pantries, adult day care, and in-home supports to qualified clients. Create case management and community supports. Refer Adult Protective Services clients to the Aging Network for appropriate provided programs. Expand low income senior housing and supportive housing for older adults.	Decrease the recidivism rate by 5% annually. Provide and track continued case management / community support services upon the closure of APS cases.	<input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Months ↓ July
4.3 <u>Adult Protective Services</u> Reduce recidivism rates by creating and expanding critical services.	Enhance training, education, outreach and statewide collaboration to increase service referrals. Expand senior housing while linking clients to the Aging Network services provided. Create case management and peer services.	Determine the recidivism rate for the number of APS investigations. Track the number of service referrals received by APS.	<input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July

Goal 4— Reduce occurrences of abuse, neglect and exploitation while improving outcomes in communities and long-term care settings.				
Objectives	Strategies	Performance Measures	Performance Dates	
4.4 <u>Long-Term Care Ombudsman Program</u> Expand the volunteer program through a focused tiered level of community advocate, resident advocate, and specialized teams (first responder and defense discharge).	Revise training systems to connect skills/background with availability of time. Each section will have a dedicated training module that helps the volunteer meet their time and advocacy needs.	Expand the raw total of volunteers, placing them into specialized groups for focused advocacy. Monitor performance using levels of complaints established for residents at facilities and community partnerships. (10% increase to the volunteer base: 2.5% per year of the state plan).	<input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
		Create a marketing plan for volunteer recruitment and retention including resident's rights.	<input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July
4.5 <u>Long-Term Care Ombudsman Program</u> Expand the number of regional coordinated (RC) programs for the 8 regions of New Mexico.	Develop focused recruitment from existing state and local investigative agencies. Explore potential workforce pipeline options including a tiered approach, first responders and MCO navigators. Partner with New Mexico Higher Education Department to create a workforce for Ombudsman intern support.	Raise the number of RC investigative specialists by filling vacant positions.	<input checked="" type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023 <input checked="" type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025	<input checked="" type="checkbox"/> Annually Reporting Month ↓ July

Attachment F

New Mexico Department of Homeland Security and Emergency Management

The New Mexico Department of Homeland Security and Emergency Management (NMDHSEM) Response and Recovery Team is responsible for overseeing and coordinating state-level all-hazards emergency response and recovery preparedness, response, recovery and homeland security activities within the state of New Mexico.

The NM Emergency Operations Center (NMEOC) regularly dispatches team members to join local emergency managers, first responders, emergency leaders and those affected by emergencies and/or disasters that threaten public safety and to provide information essential to the public.

Operations Team Operations — Team Response

New Mexico Department of Homeland Security and Emergency Management Response Team are responsible for state level emergency management preparedness. Along with assisting local governments plan for large scale events the Response Team assists state agencies, local jurisdictions and tribal entities who have been impacted by an emergency. Local Emergency Managers contact the twenty-four-hour duty line to inform the New Mexico Emergency Operations Center (NMEOC) of their pending emergency. The Duty Program allows central communication between local, state and federal agencies when an emergency or disaster affects a local jurisdiction within New Mexico. The NMEOC Duty Officer will analyze the situation and advise the Governor's Authorized Representative (GAR) on the proper course of action.

The Response Team is responsible for supporting partners in times of disaster / emergency. Routinely, public safety personnel and emergency managers respond to natural, technological, or civil emergencies throughout the State of New Mexico. Occasionally, these events reach a magnitude that is beyond the response capability of tribal, local or county level resources. Events of this nature may require the support of adjoining jurisdictions to include cities, tribes, counties, the State of New Mexico, adjoining states, and Federal resources. Given an emergency of extraordinary scale, these events may be formally declared a disaster by the Governor of New Mexico and by the President of the United States. The State of New Mexico's response to state and federal level disasters are managed in the NMEOC.

The NMEOC exists to gather, process, and report emergency situation intelligence to aid in State policy and decision making; support local communities as they direct and control disaster emergency response operations; and account for the State's response support costs. In non-disaster conditions, the NMEOC is maintained in an operational status that facilitates a timely response to rapidly evolving emergencies. The NMEOC's ability to exchange critical disaster information is achieved through diverse and redundant communications technologies.

Communications

- The New Mexico Department of Homeland Security and Emergency Management Communications Team provide technical assistance and support for locals, counties, tribal and federal partners with the development of interoperable communication systems. The Communications Team assists local jurisdictions and state agencies understand radio communications and works closely with them to achieve interoperability within disparate communications systems. Team members coordinate mass notification through local 9-1-1 centers in a coordinated process.
- Interoperability Planning Committee (IPC) At the encouragement of the New Mexico public safety community, the New Mexico Legislature recognized a need for comprehensive and coordinated statewide interoperable communications network and established the Emergency Communications Interoperability act (SB 173-2009) signed April 6, 2009, further creating the Interoperable Communications Policy Commission (IPC). The IPC is responsible for providing policy level direction related to planning, designing, and implementing guidelines, best practices, and standard approaches to address New Mexico's public safety communications interoperability issues.

Duties of the IPC as outlined in NMSA 12-10D, 1978 as amended

1. Development and coordination of a statewide interoperable emergency communications plan in compliance with national incident management system guidelines, including an integrated public safety radio communications system and other coordinated critical information systems, to achieve interoperability within and between local, state, tribal and federal agencies and first responders;
2. Implementation of the interoperable emergency communications plan by state and local agencies and shall provide specific directions for methods by which agencies shall implement those strategies;
3. Priorities relating to the interoperable emergency communications plan; and
4. Other matters relating to planning, development, coordination, promotion and implementation of the interoperable emergency communications plan."

State-Wide Interoperability Communications Working Group (SICWG)

The Statewide Interoperable Communications Working Group (SICWG) was established in 2006 to provide standards for wireless radio communications, researching best practices, facilitating cooperative and contract agreements, ensuring adequate wireless spectrum and reviewing priorities for the statewide radio interoperable needs. The establishment of the formal working group created a team of individuals from organizations around the state with knowledge and interest in the field of wireless radio communications. A sub-team of the SICWG has been established and is referred to as the Core working group (SICWG-C).

Duties of the SICWG as assigned by the IPC:

1. Act as communicating agent to state users about mission critical wireless radio communications issues and coordinate a unified state approach.
2. Interface with state, federal, tribal and private wireless radio communications advisory groups and regulatory and governing bodies (e.g., SAFECOM, NPSTC, APCO, and Regional Four Corners Committee)
3. Identify current infrastructure needs through gap analysis and technology reviews.
4. Develop and recommend system standards for wireless radio communications to be used in evaluation and authorization of federal and state funding requests.
5. Foster relationships with amateur radio operators and other non-governmental groups to participate in emergency response.

RAVE

As the expectations and needs of communities continue to grow, state and local governments are expected to do more with less. The need to be prepared for any threat or emergency has never been greater. In order to keep communities safe, government officials and public safety agencies have to partner and engage with community members to protect them from unforeseen risks. Communities can rely on Rave's scalable platform to send internal and external mass notifications and receive critical real-time incident information, all the while increasing efficiency and protecting residents, visitors, vulnerable populations and first responders. Schools, churches, outdoor events. There are a growing number of soft targets in each of our communities. A delay in notifying 9-1-1 and on-site personnel of an emergency slows down the resolution of any incidents, putting your community's safety at risk. Technology today enables fast action by those in these soft target locations to send in anonymous tips or trigger a panic button activation to 9-1-1 and on-site personnel. Bystanders and staff on the front lines are able to prevent incidents or shorten their response time with this mobile technology. While the media can be your best partner for sharing and disseminating important community updates, it can also negatively portray your agency following an incident or mistake. You can tap into the power of the media by empowering it to share your agency's steps to improve community safety and preparedness, like the City of Cincinnati did after a teenager tragically died after being trapped in his car. With regular updates and success stories of your lifesaving technology implementation, the media will work with your agency to share these powerful stories and become a partner in preparing your community for known and unforeseen risks and disasters.

All Hazard Incident Management Team (AHIMT)

The purpose of an all-hazard incident management team (AHIMT) is to assist any New Mexico jurisdiction confronted with an incident beyond its capabilities in either complexity or duration. An AHIMT provides capabilities to an all-hazards incident that can facilitate a robust management framework to support a jurisdiction in stabilizing or bringing an incident to the conclusion. Also, an AHIMT maintains the ability to support the incident as it escalates in complexity or duration requiring a more capable AHIMT to take over.

In New Mexico an AHIMT provides a support role for the local incident command structure (ICS) when an incident has exceeded the capabilities of a jurisdiction. The jurisdiction requesting the assistance of an AHIMT, known as the authority having jurisdiction (AHJ), defines the AHIMT's role with support from NMEOC representatives providing technical support and assistance through delegated authorities. An AHJ can include a local jurisdiction, state or federal agencies. (NOT SURE IF AHJ CAN BE UTILIZED WITH TRIBAL ENTITIES)

In 2018, the State of New Mexico formed the AHIMT Working Group to develop state standards for individual resources and Type 3 All-Hazard Incident Management Teams. The Type 3 AHIMT working group members are developing task books and guidelines as a standard for the state program. The documents provide guidance for the establishment of minimum standards for incident personnel using these "all-risk" task books and standards.

This initiative is designed to

- Provide incident management for state-level emergencies and disasters regardless of state and/or federal declarations.
- Provide for the interim management of an incident until the arrival of Type 1 or Type 2 team.
- Prepare team personnel for all-hazard incidents.
- Deploy management personnel when local jurisdictions are overwhelmed or for an incident with prolonged operational periods.
- Allow requests for single team resources and not necessarily the entire team.

AHIMTs provide incident management expertise and surge capacity. An AHIMT provides great benefits for the state and local communities, some of whom lack the resources to effectively manage a complex event or incident. Having the added capacity of the AHIMTs at crucial periods when the complexity of an event is growing rapidly has proven to save lives, reduce disaster losses, and resulted in faster incident stabilization with lower cost and faster recovery.⁴

⁴ <https://www.nmdhsem.org/response-and-recovery/>